

# Letting Every Light Shine Bright: Lessons Learned from Engaging Diverse Stakeholders in a Needs Assessment of Maryland's Home Visiting Services

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## Abstract

MAEC, a non-profit that focuses on equity issues impacting children's education, partnered with the state of Maryland to conduct a comprehensive needs assessment of Maryland's Maternal and Infant, Early Childhood Home Visiting (MIECHV) services. The purpose of the needs assessment was to understand critical issues affecting expecting families and those with young children in the state, particularly focusing on diverse stakeholders facing adversity. This poster summarizes key findings from the needs assessments, especially as they relate to improving services for all families in the state. It also highlights how MAEC's approach to gathering data which focused on engaging stakeholders who traditionally might not have participated in a needs assessment including families facing adversity, non-English speaking constituents, and the Native American populations in the state was affected by COVID-19.

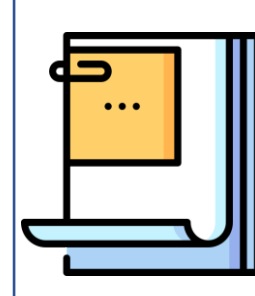
## Introduction

MAEC conducted a statewide needs assessment on Maryland's home visiting to assist the state in recognizing and understanding how to best meet the diverse needs of families with young children living in Maryland, especially those at greatest risk for poor outcomes.

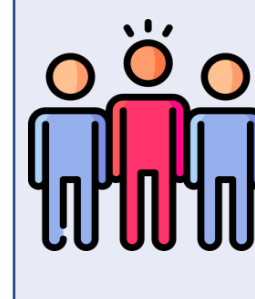
Home visiting programs aim to support expectant parents and families with young children through providing direct education on infant and child health, educational development, and school readiness; screening children for developmental delays and families for issues such as substance use and intimate partner violence (IPV); and the referral and coordination of services such as pre-natal care and mental health and IPV resources to support family well-being. Home visiting services are delivered at a family's home or another location chosen by the family, and are voluntary (National Home Visiting Resource Center, 2019).

The needs assessment helped to identify at-risk communities in the state, their needs, the capacity and quality of home visiting programs across the 24 jurisdictions in Maryland, gaps in home visiting and community health services, and opportunities for stakeholder collaboration to increase health and well-being outcomes for families in the state.

## Methods and Materials



**Document Review and Literature Review:** MAEC reviewed 147 documents related to families, women, and children birth through 5, including information gathered about Maryland's home visiting programs from previous needs assessments, strategic plans, research studies, policy reports, and evaluations. These documents were synthesized to create a literature review; key findings from the literature review were integrated into the state agency's final report document.



**Focus Groups & Interviews:** MAEC conducted eight focus groups: four with home visitors, three with community members (one was with representatives from a health organization that works with Maryland's Native American families), and one with a state agency employees. Also, MAEC conducted 18 interviews with parents (three in Spanish). In light of the impact of COVID-19, all focus groups and interviews were conducted virtually.



**Survey:** MAEC created three surveys, one specific to each stakeholder group (parents, home visitors, and community members), to collect perspectives on the access, quality, and scope of home visiting and other services and stakeholder needs. Similar questions were asked of all three stakeholder groups to allow for comparisons across groups. Overall, 897 responses were submitted: 352 from parents (331 in English, 21 in Spanish), 311 from home visitors, and 234 from community members.



**At-Risk Analysis:** MAEC analyzed 23 health and wellness indicators across five domains: Maternal and Newborn Health (n=12); Child Injuries, Maltreatment, and Reduction of ED Visits (n=3); School Readiness and Achievement (n=2); Crime (n=1); and Family Economic Self-Sufficiency (n=5). Data from these indicators were averaged across jurisdictions to ascertain which of Maryland's jurisdictions were "at-risk" (those with two or more raised indicators) and thus in greater need of home visiting services.



## Findings

***There is a need throughout the state to address racial/ethnic health care disparities, especially in prenatal care, infant mortality, and pregnancy outcomes for Black, American Indian/Alaskan Native (AIAN), and Asian/Pacific Islander families to improve outcomes for those who are eligible to receive/could benefit from these services.*** To address these disparities, the Maryland Health Care Commission (2019) identified the expansion and improvement of home visiting programs as a strategy to reduce infant mortality and improve maternal and infant health.

***Staff turnover in Maryland's home visiting programs is prevalent. Half of home visitor turnover is due to finding better compensation and benefits elsewhere.*** Thirty-six out of 66 (54.5%) home visiting sites in Maryland experienced staff turnover during FY 2019. In total, 61 staff turned over, representing 27% of the home visiting workforce. Fifty percent of 36 reporting sites (n=18) indicated that the most frequent reason for staff turnover was visitors finding better employment opportunities (Governor's Office for Children, 2019).

***Home visiting is commonly perceived to be a function of CPS and serves as a barrier to family enrollment.*** During interviews with parents and focus groups with home visitors and community members conducted for this needs assessment, 14 participants discussed that the view of home visiting as a function of CPS is a commonly held perception and that and this perception serves as a barrier to family enrollment, particularly for Spanish-speaking and Native American families.

***Across Maryland, home visiting is highly regarded and the quality of services is rated high.*** Over 97% of stakeholders agreed that services provide families with the skills they need to improve the health and well-being of their young children, as well as help families build a strong relationship with their children. However, only 68% of stakeholders agreed that families know about home visiting services, and only 34% agreed that the services are well advertised.

***Results from this analysis identified 10 jurisdictions as "at-risk" including Baltimore City and the counties of Somerset, Washington, Talbot, Queen Anne's, St. Mary's, Dorchester, Garrett, Prince George's and Worcester.*** Baltimore City had the greatest number of elevated indicators (n=8). Four of the 10 jurisdictions are located on the state's Eastern Shore region and three of the 10 jurisdictions are rural.

## Discussion

**This needs assessment was affected by COVID-19.** Due to the global pandemic, MAEC had to conduct focus groups, parent interviews, and stakeholder meetings virtually, modify interview and focus group protocols to address the impact of COVID-19 on families with young children and the delivery of home visiting services. Certain findings and attitudes of stakeholders towards home visiting were also possibly affected by COVID-19 and the changes made to the delivery of home visiting programs.

- Home visitors and families reported a *lack of access to technology* that would facilitate a virtual visit, which posed as a barrier for families to participate in home visiting during this time.
- All parents interviewed who indicated they participated in home visiting discussed challenges with virtual visits, such as concern over the validity of evaluations or visits feeling less personal than they did when visits were in-person.
- Community members communicated seeing an *increase in intimate partner violence (IPV)* and families [with a primary language other than English] requesting visits placed on-hold until their previous in-person interpreter is available virtually.

## Conclusions

The needs assessment found that Maryland's populations experiencing adversity manifest various needs ranging from racially and ethnically disproportionate health outcomes to lack of mental health services, especially in rural areas. Maryland has a comprehensive home visiting network, and services are offered in every jurisdiction. **Home visiting services in the state rated consistently as high quality.** The state actively works to improve the quality of home visiting programs that are federally funded through a thorough Continuous Quality Improvement system. The home visiting staff in Maryland is very diverse, and its racial composition is similar to the population they serve. They are eager to participate in training, and Maryland has a robust training program for home visitors through the University of Maryland, Baltimore County (UMBC).

**However, in most of the state, demand for home visiting services is greater than the current capacity of programs.** Throughout the state, data collection is fragmented, including screenings administered to families and children. Furthermore, there is evidence that parents do not always know about the services. Home visiting programs serve an important role in connecting families to vital community resources, including substance use disorder treatment. However, of those who screen positive for substance use, only about half are referred to treatment, and only half of those referred get treatment. More could be done to help home visiting programs coordinate and collaborate with state and local agencies who serve these vulnerable populations.

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