December 19, 2022

Babies First! Program Evaluation Overview

Babies First! Advisory Group Meeting

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Oregon Health Authority

Agenda

1. Intro to the Evaluation
2. Key Activities
3. Culturally Responsive Care
4. Challenges
5. Next Steps/Conclusion

What is program evaluation?

- Determine effectiveness of a specific program or model and understand why a program may or may not be working

- Aims to systematically collect information about the activities, characteristics, and outcomes of a public health program in order to improve program effectiveness and inform decisions about program development

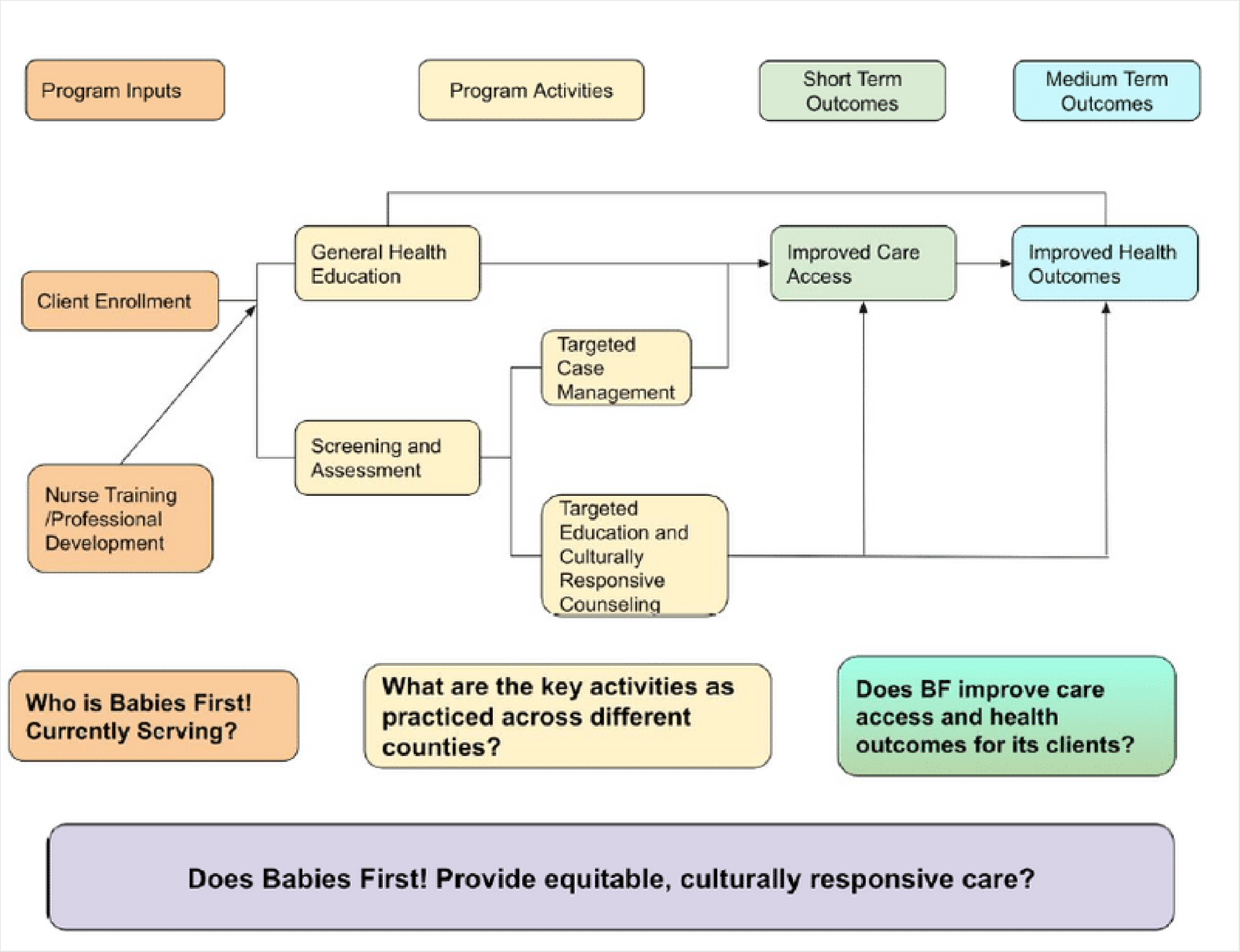
Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11)

Why are we doing ***this***? (i.e. evaluating Babies First!)

- Program has not been formally evaluated in over ten years and has never had a comprehensive evaluation
- Want a more comprehensive understanding of how BF* is being practiced and its outcomes across the state
  - Especially because BF is managed differently in each county
- Hope to understand what we're doing well, and what we can improve going forward

*BF: Babies First!

On paper, how BF functions



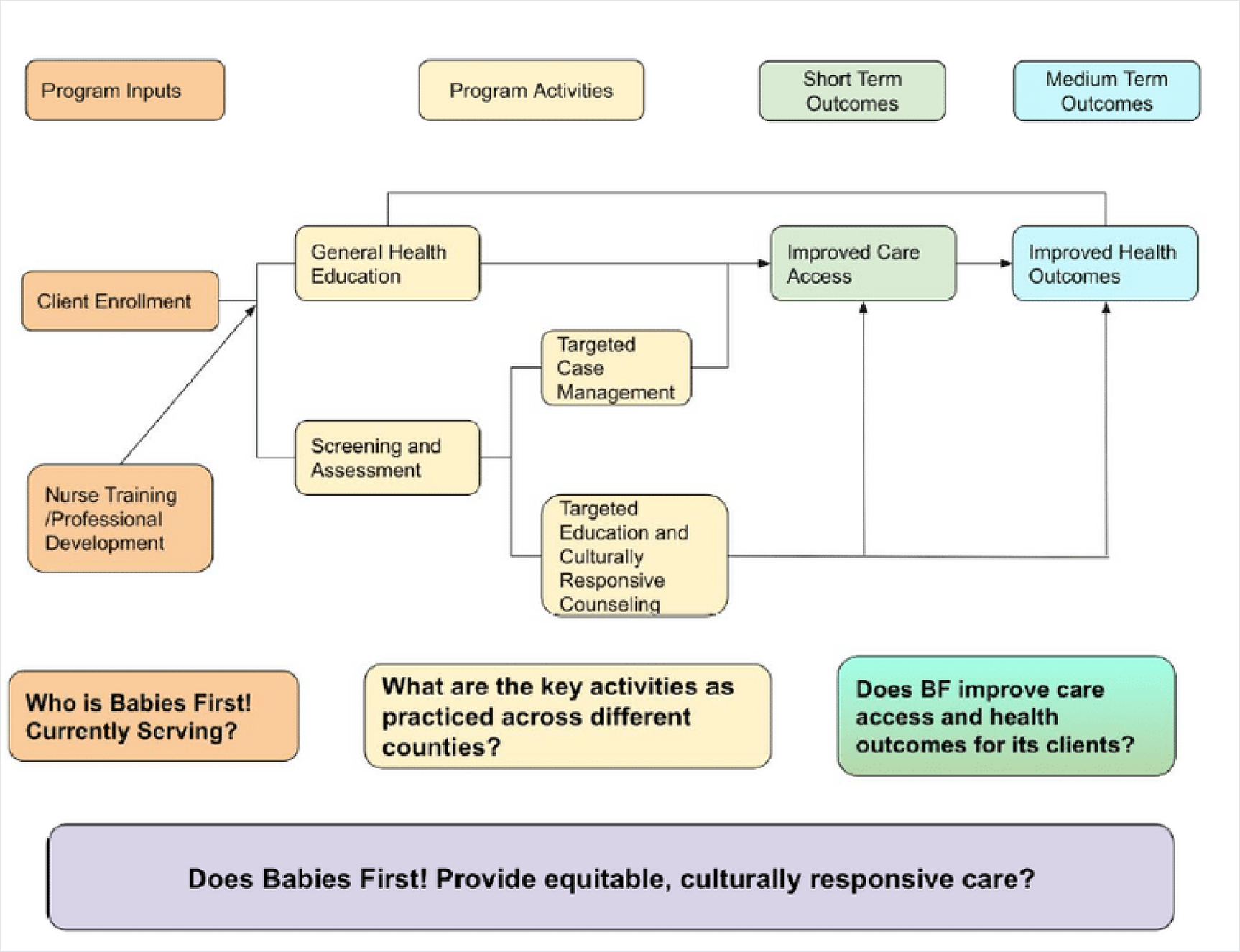
Evaluation Questions

Who is Babies First! Currently Serving?

What are the key activities as practiced across different counties?

Does BF improve care access and health outcomes for its clients?

Does Babies First! Provide equitable, culturally responsive care?



Evaluation Questions

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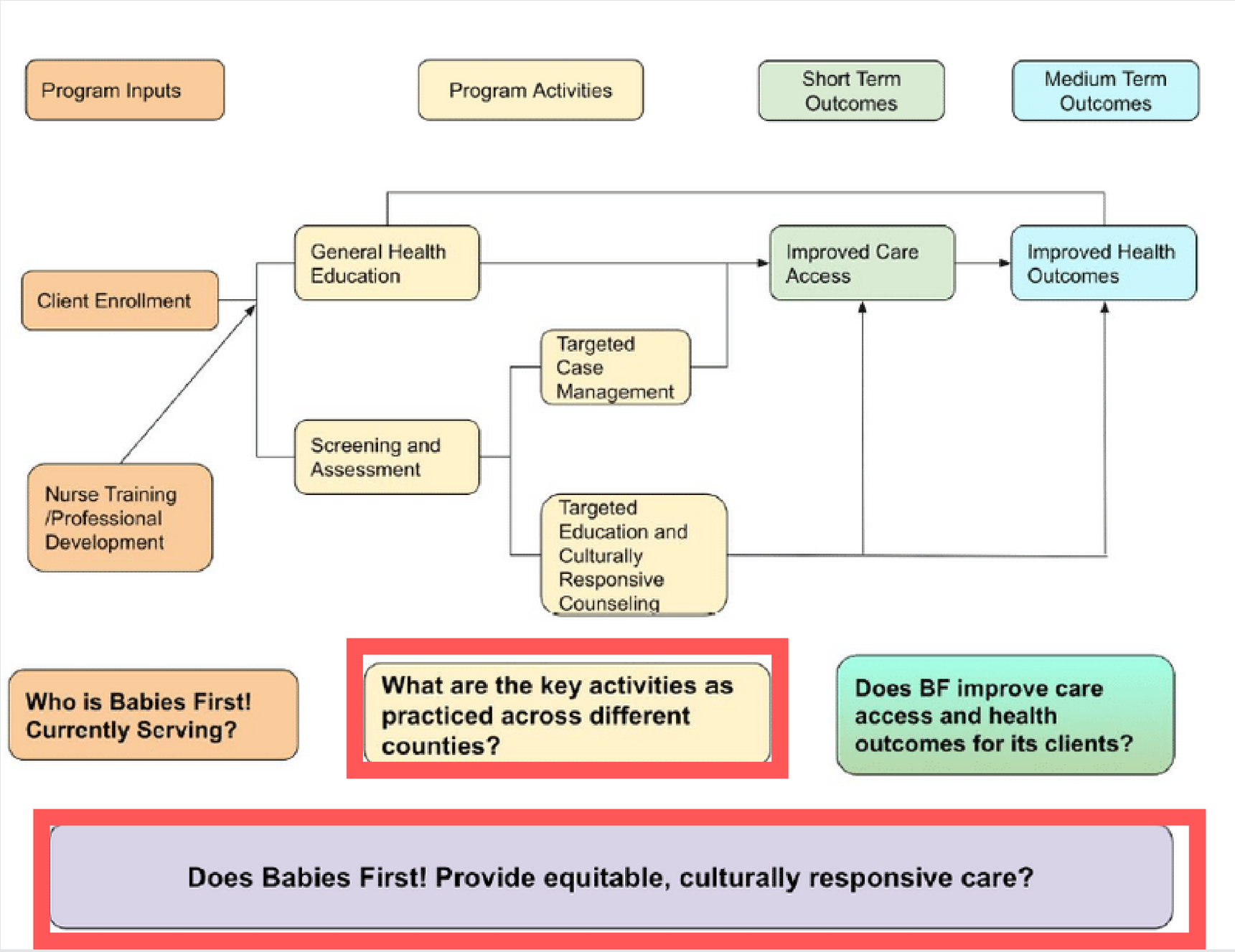


Evaluation Questions

What are the key activities as practiced across different counties?

Does Babies First! Provide equitable, culturally responsive care?

- To answer these two questions, I conducted 16, one-hour interviews with members of the BF workforce
- The evaluation plan discusses other methods, including using home visiting data, to answer these questions but decided to start with qualitative piece

Evaluation Timeline

JANUARY 2021

Harvard students + OHA State team create evaluation plan and other evaluation materials

FALL 2021

Edit evaluation plan and interview questions

JAN+FEB 2022

Pilot interviews + prescreen survey with BF workforce

MARCH-MAY 2022

Zoom/phone interviews +transcribe interviews

JUNE-DECEMBER 2022

Analyze interviews + present on results

Pilot + Prescreen

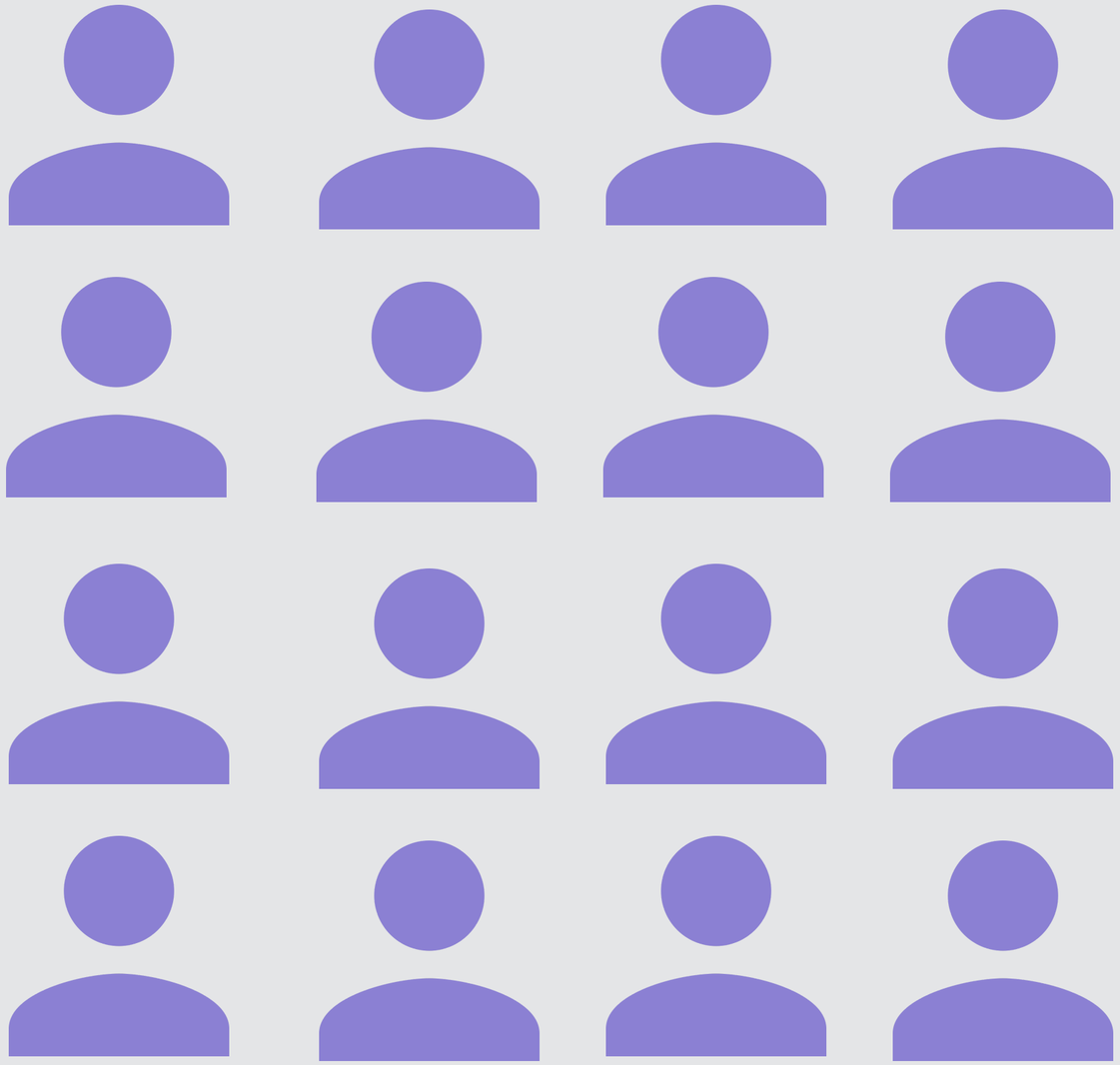
- Did pilot interviews with 2 counties in Jan/Feb 2022- they are included in this data below and interview results

- Prescreen sent to all of BF! workforce in March
- Received 43 responses (~40% response rate)
  - 32 volunteered as yes/maybe

- 14 volunteers were selected by Bonnie/Suzanne/Maria + 2 pilots = 16 total participants

- How were people picked?
  - Staff of color were prioritized
  - After that, we selected based on which county they came from in terms of geographic location and how their county's Babies First program was functioning

Who participated in the evaluation?



16 people interviewed

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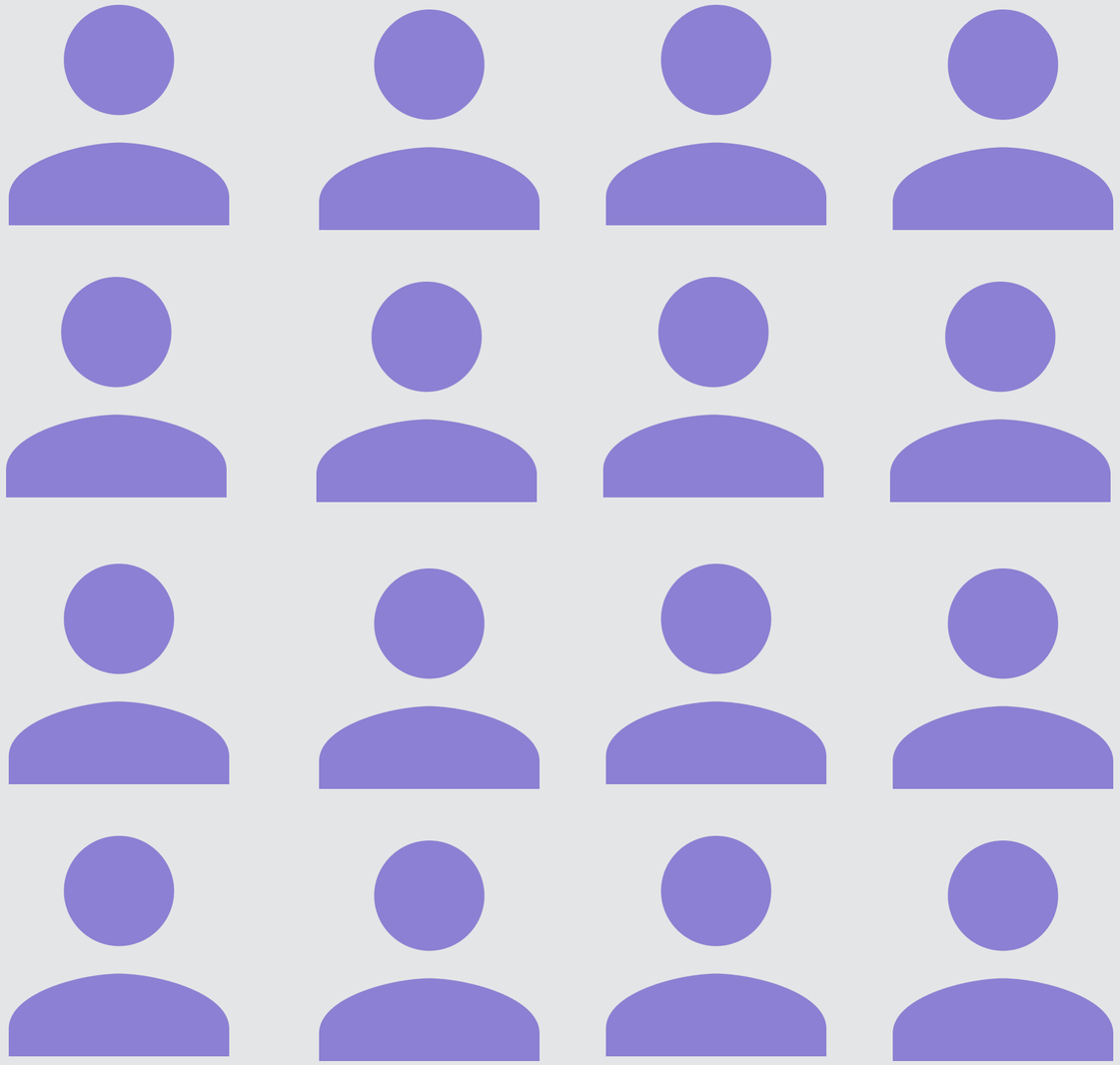
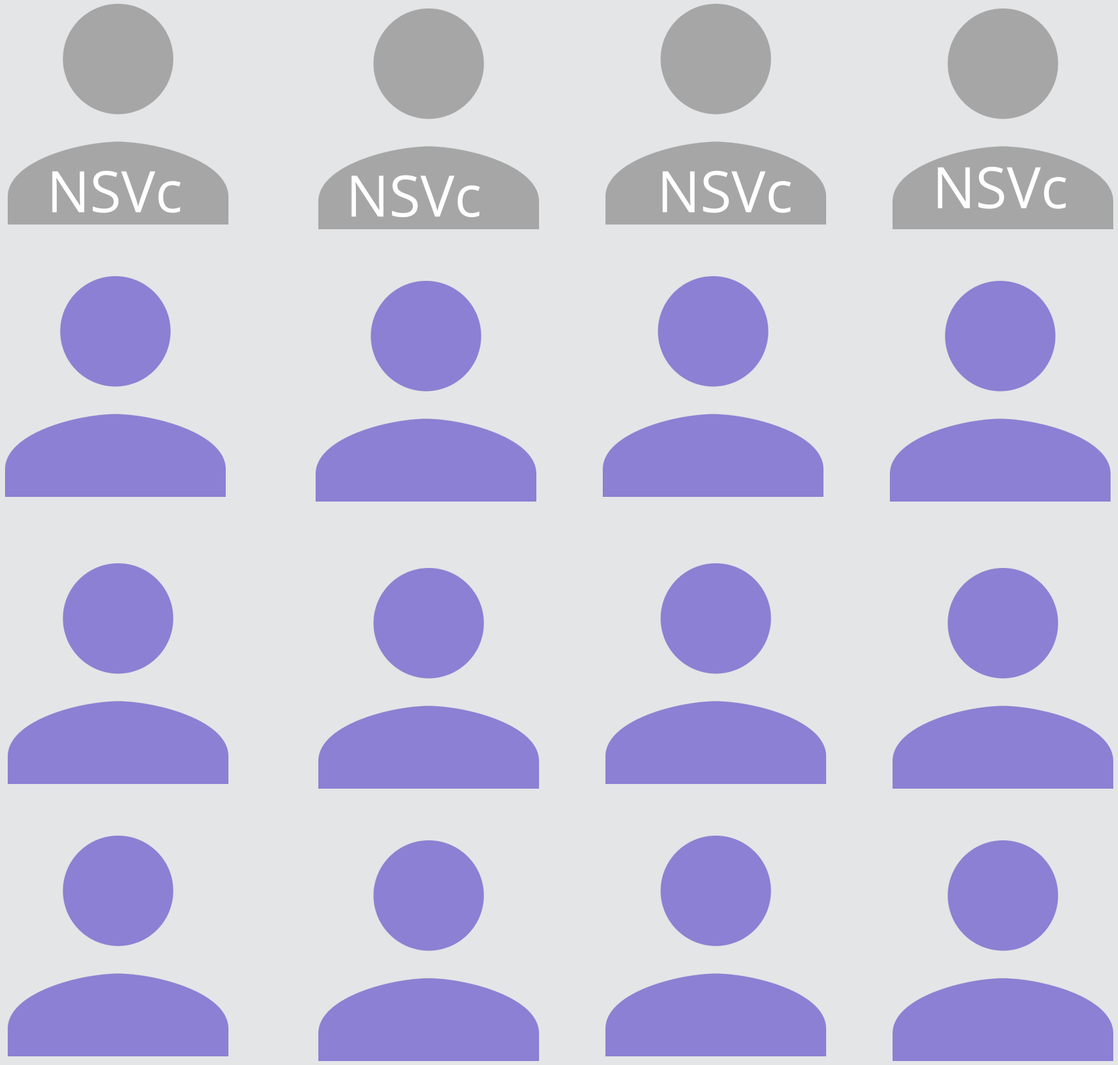


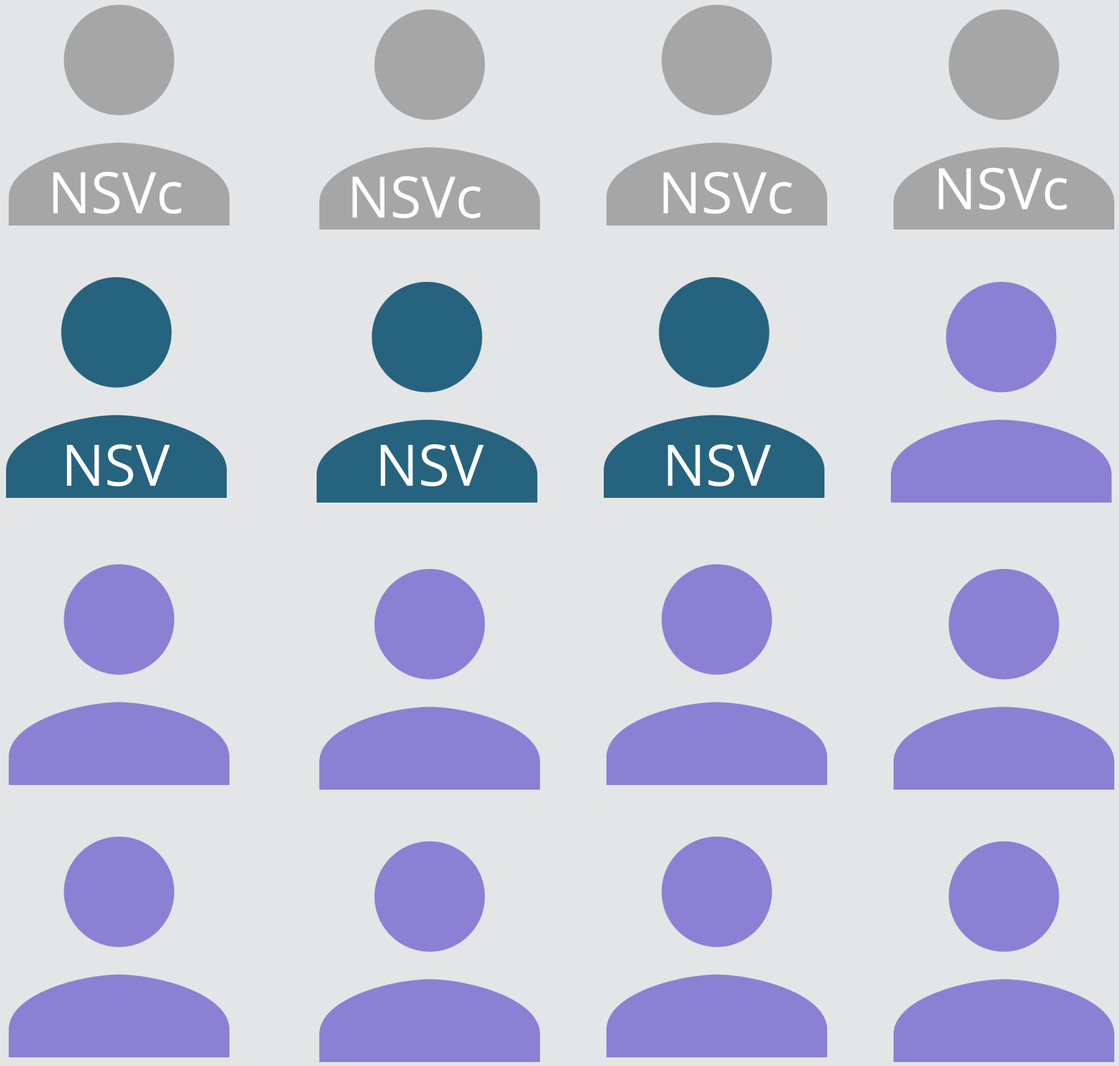
- Average years worked in Babies First!: 8 years
  - Minimum: <1 year
  - Maximum: 20+ years
- Represent 15 different counties (of 29 total counties w BF contracts)

Who participated in the evaluation?



4/16
Nurse Supervisors w Clients
NSVc

Who participated in the evaluation?



3/16
Nurse Supervisors
NSV

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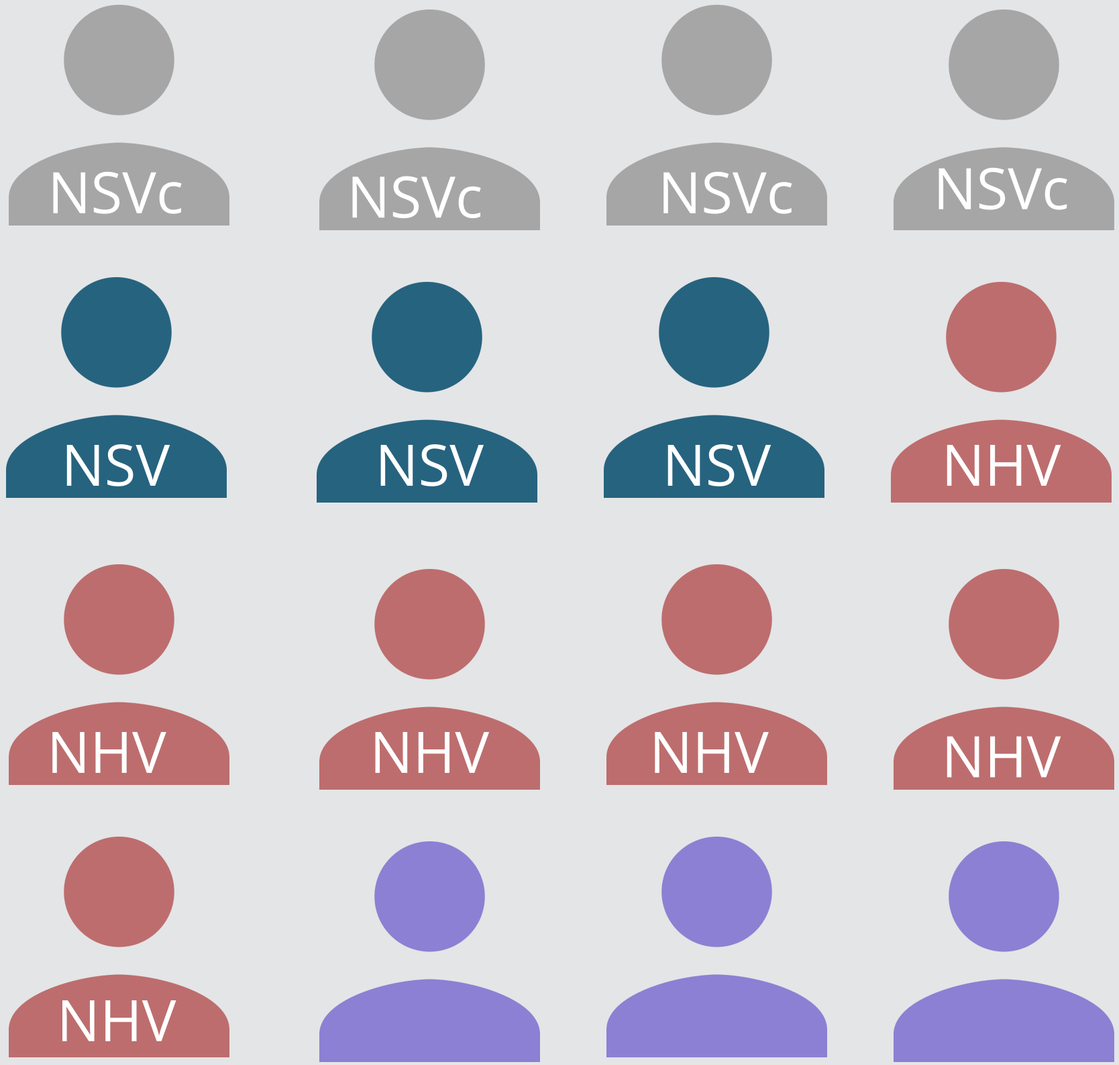
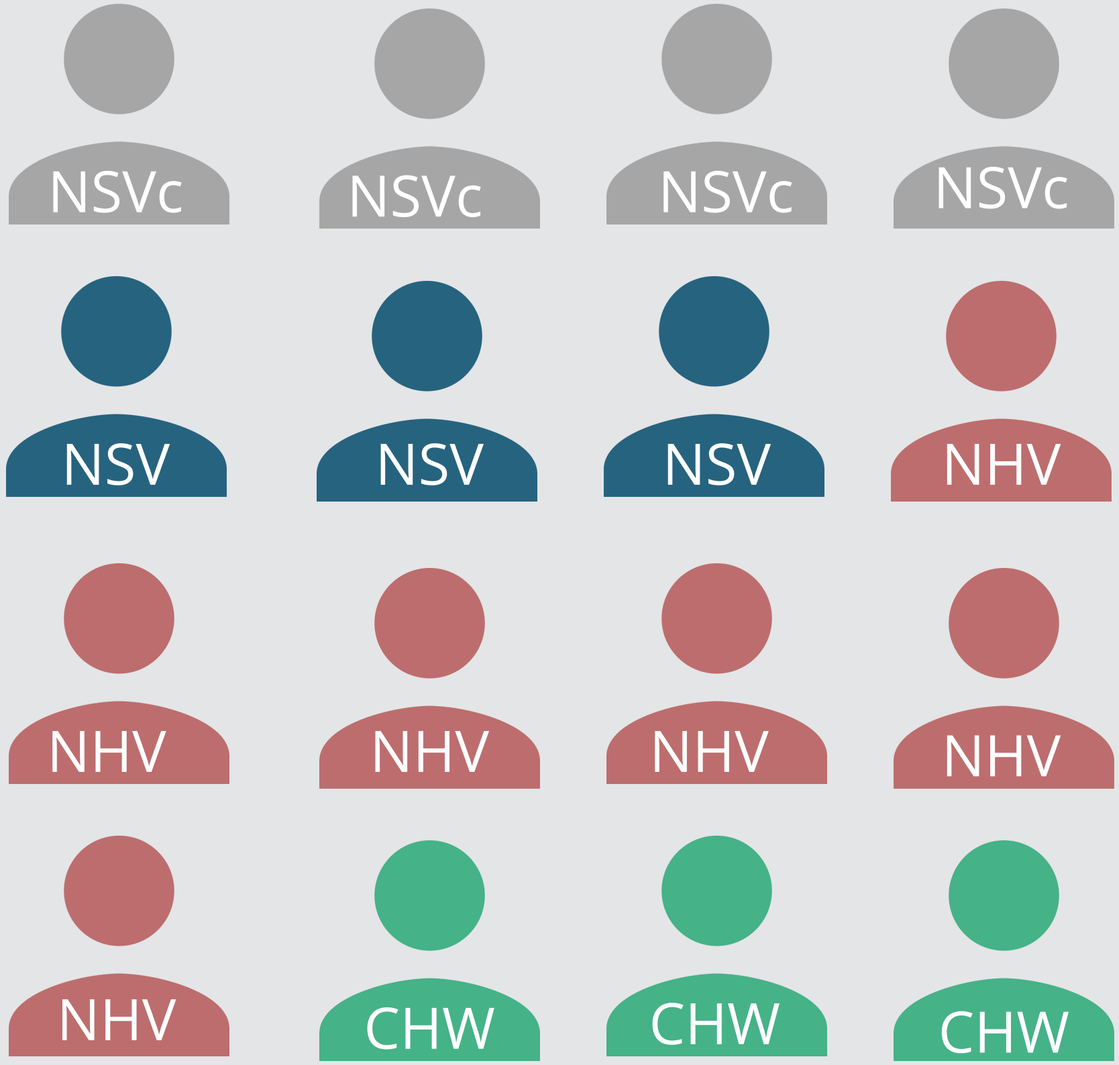


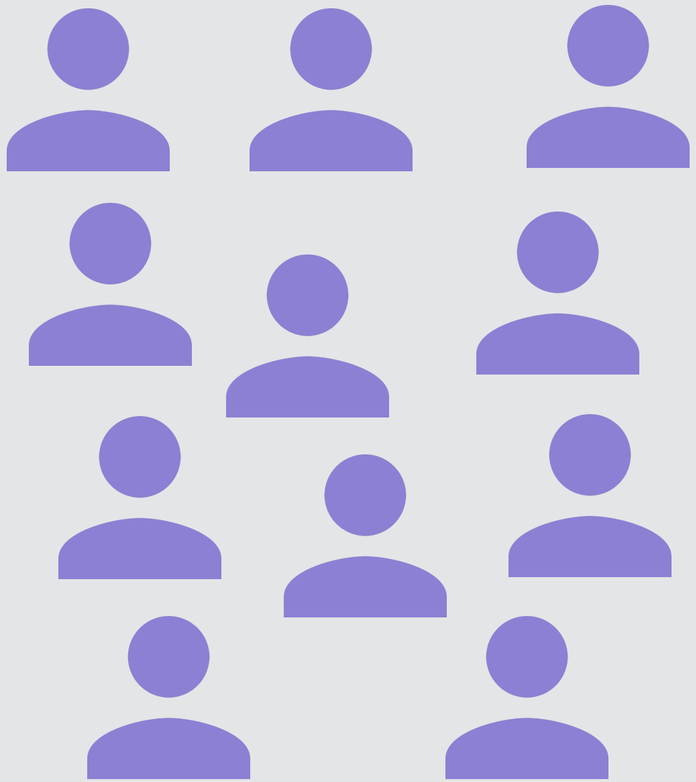
6/16
Nurse Home Visitors
NHV

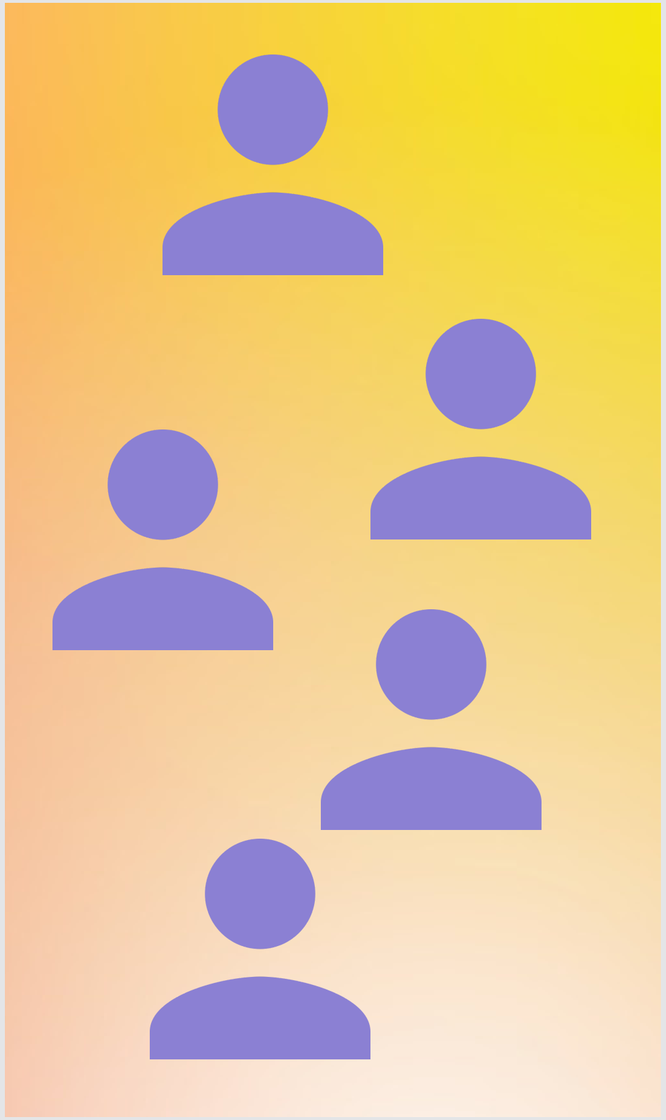
Who participated in the evaluation?



3/16
Community Health Workers
CHW

Who participated in the evaluation?





~31% self-identified as Black, Indigenous, or Person of Color

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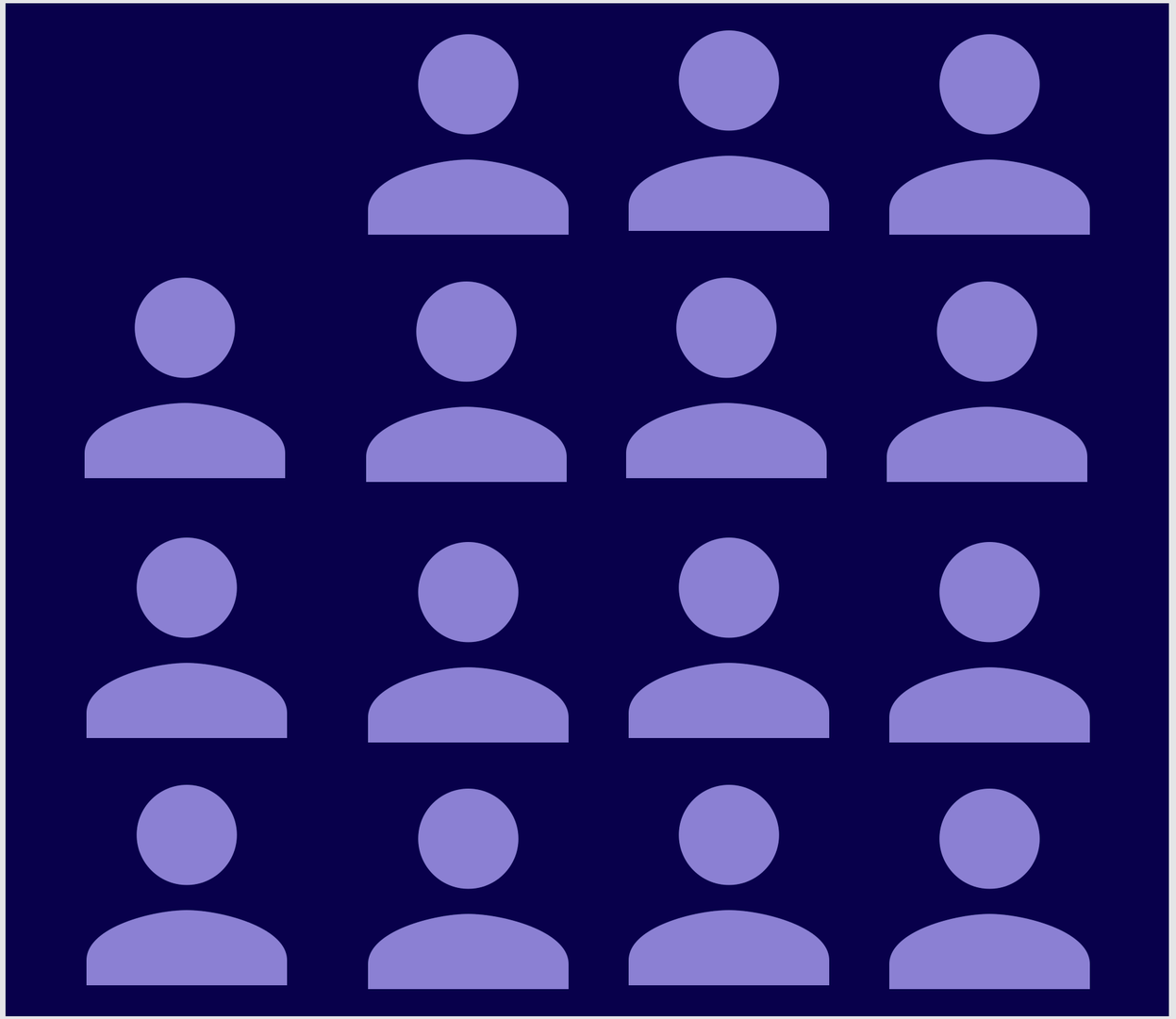

~93% also work or previously have worked with another HV program including Family Connects, CaCoon, or NFP

Note about language

*HV: Home Visitor

For the purposes of this analysis, I mainly am grouping all 4 categories of workforce together

Key Activities of Babies First!

How does the workforce define Babies First as a program?

Conventional Definitions

Unconventional Definitions

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Conventional Definitions

"We offer lots of support and education and assessment. We weigh your baby. We can do developmental screenings. We make lots of referrals. We answer your basic parenting questions and make sure that you know about all kinds of resources in your community."

Unconventional Definitions

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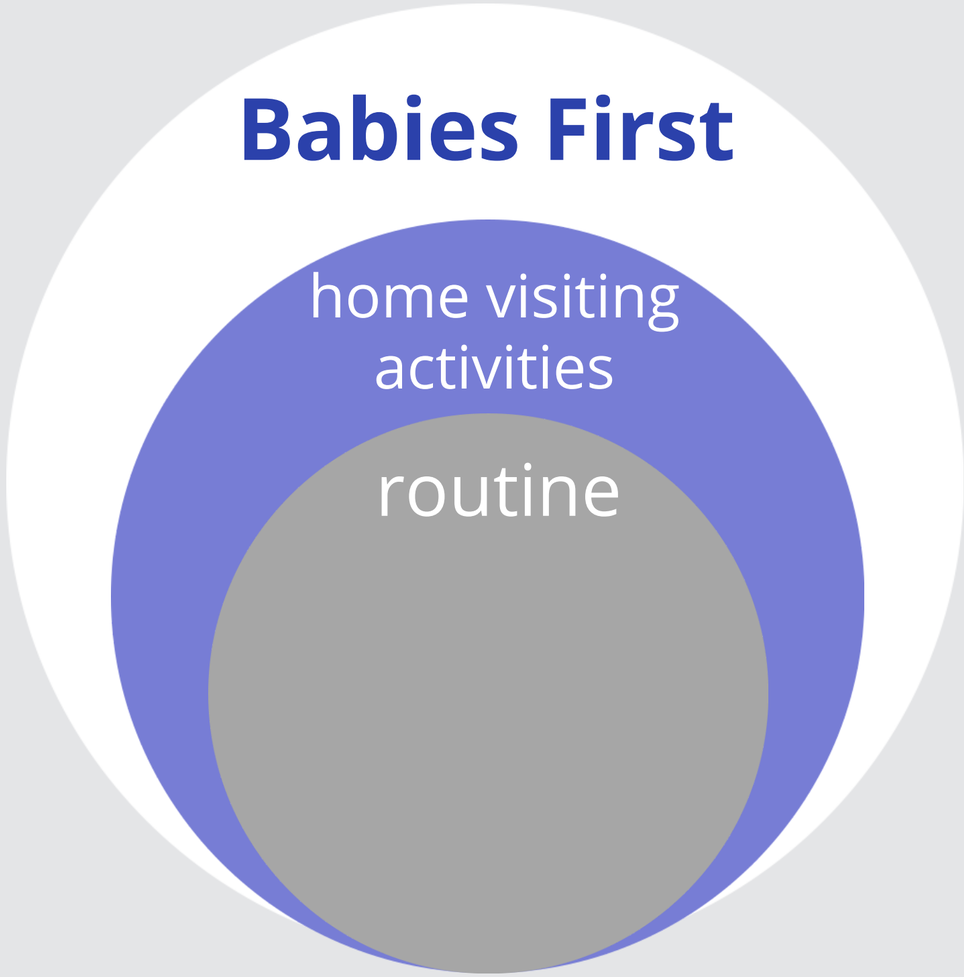
Unconventional Definitions

"We try to help our community grow through our next generation. Make sure they're healthy, not just physically, but mentally as well to help offset that burden of generational trauma... if we can work through that and change that, we'll all be able to have a better future."

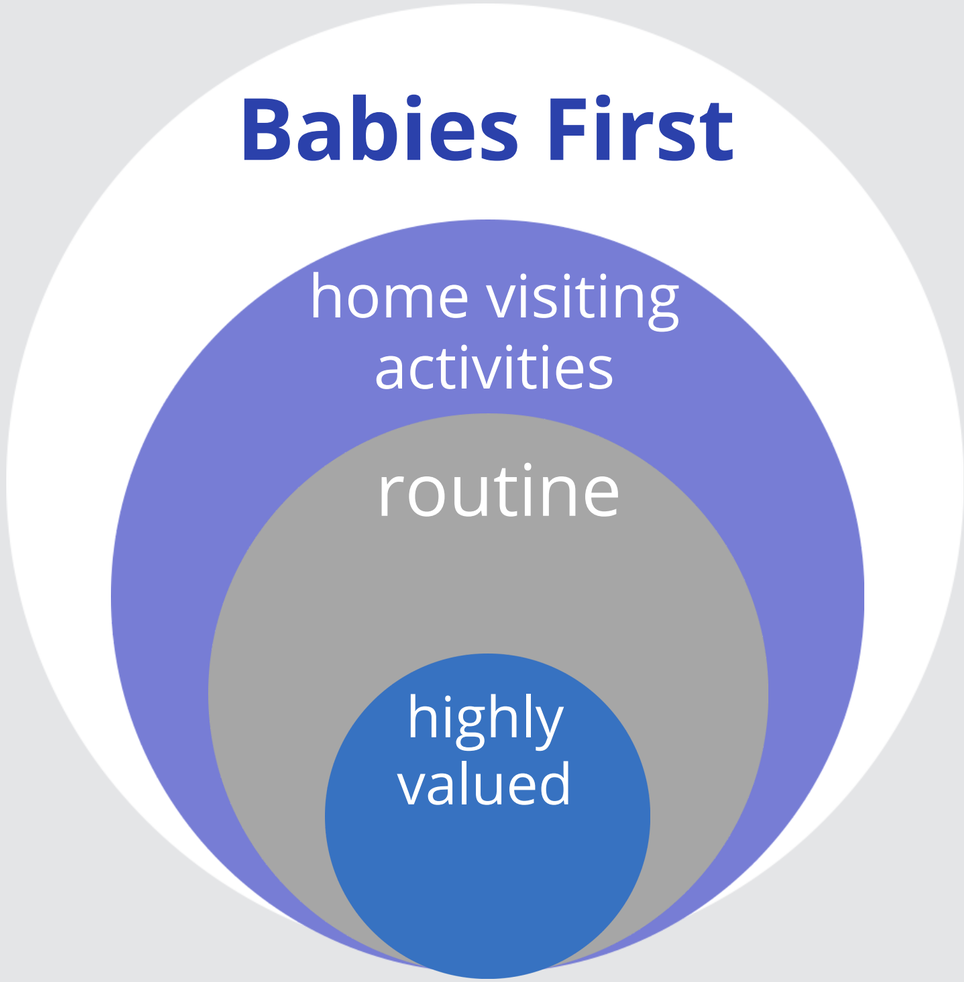
What are the key activities as practiced across different counties?

- Questions asked during the interview:
  - ***Walk me through a typical visit with one of your regular clients***
    - Routine activities
  -

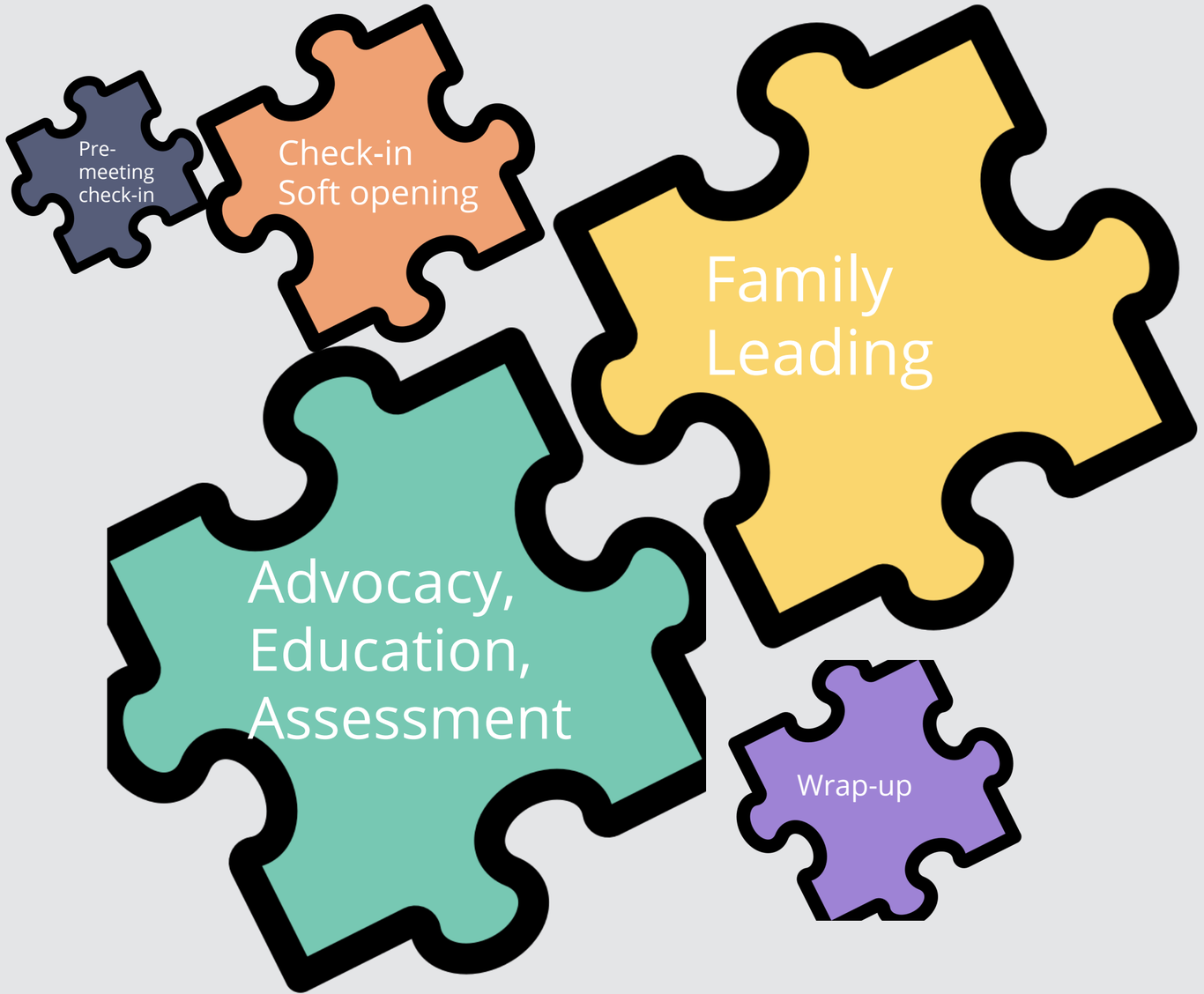


What are the key activities as practiced across different counties?

- Questions asked during the interview:
  - ***Walk me through a typical visit with one of your regular clients***
    - Routine activities
  - ***From your perspective, what are the most important activities you do as a home visitor for your clients?***
    - Highly valued activities from the HVs POV



Routine activities as described by HVs



Routine activities as described by HVs

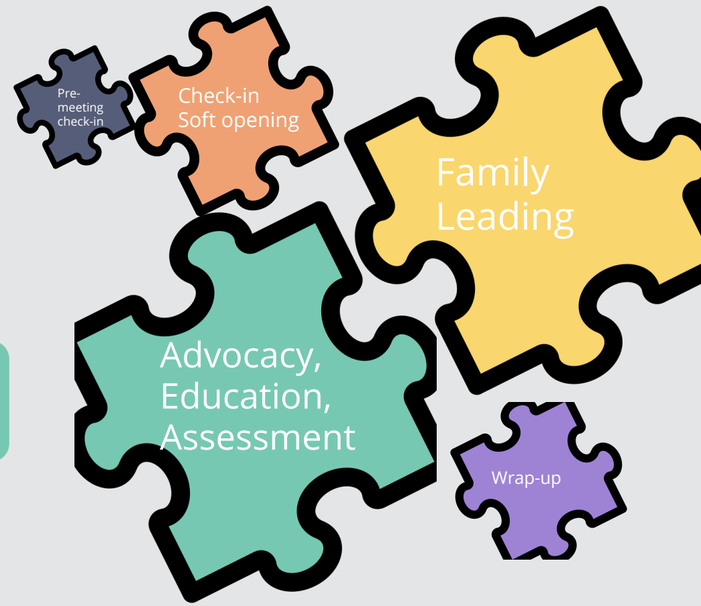
"In current times, I text the family to make sure it's still OK for a visit. If it's in person, how are you feeling, any symptoms? That sort of thing. If there's anything they need

Once I get to the visit, I do that just initial warm up of how have things been going for you… tell me how little so and so is. Maybe play with the kiddo.

Then I get into the questions I had already preconceived that I want to ask about. I always review my notes from the previous visit before I go to the next visit and be like: OK that's right I referred them to such and such. Let's ask how that went. Also getting to what's on their mind: tell me, is baby doing anything new? Tell me how how parenting has been for the last two weeks.

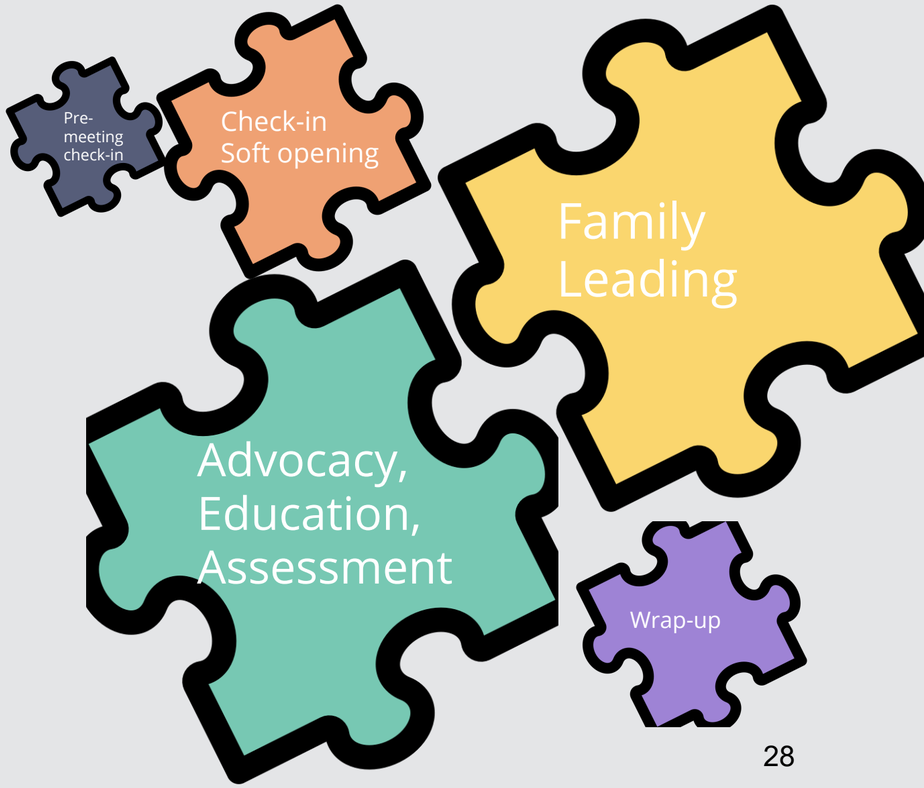
Then kind of letting them lead with what they want to talk about. Sometimes it's addressing things in the moment: I see you handed baby a piece of pepperoni. Do you think he's quite ready for that? Yeah and also doing those screeners while the family is talking and playing with baby.

Yeah and then just kind of closing with that action plan: OK here's a couple things I'm gonna do and/or bring for next time. Hey I don't know the answer to that - let me research that and then I can text you what I find. And then on the next one"

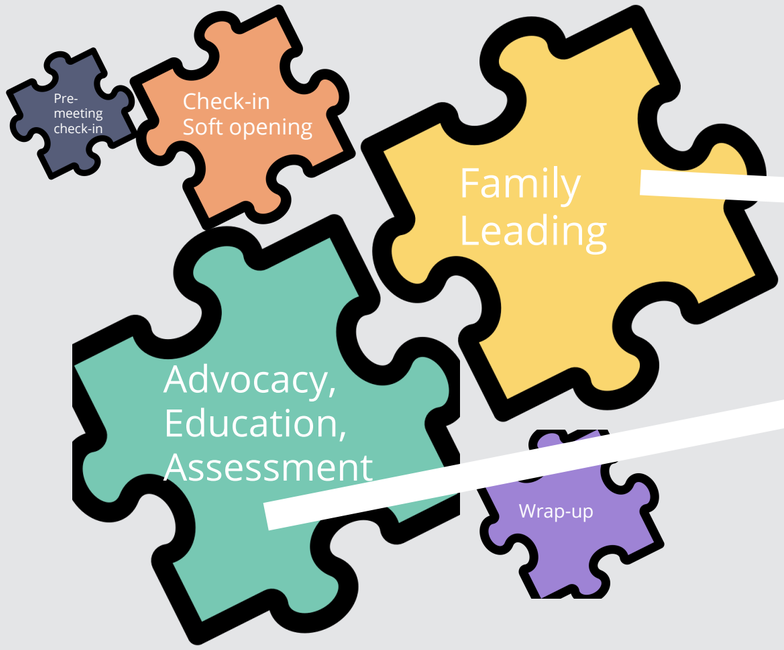


Regular or typical visit as described by HVs

- 4-5 main pieces to a "regular" or "typical" home visit
- Many people started their answer with: it depends!
  - Reflects the flexibility of BF/CaCoon
  - Idea that these puzzle pieces are changing in size each visit and not necessarily always being used/put together
- Family leading
  - Letting families vent
  - Empowering families to take charge over their own health + education



Routine Activities



Highly Valued Activities

Education

Assessment

Advocacy

Relationship-based care

Highly valued activities as described by home visitors

I think a really big thing we do is those health screenings. Making sure our clients are going to the doctor. Really problem solving around what's going on if they're not going or if they're not getting the services they need. A lot of our babies first families, I feel like we're helping with breastfeeding and feeding. Lots of referrals to social service agencies and helping them get their basic needs met. A lot of processing with families about just things going on in their life. Being a listening ear. Being that advocate for them. I think all of our families really appreciate when we do developmental screenings, the ASQs, and talk about those results.

Wrapping up *key activities*

- Very meaningful quotes from HVs about how to define this home visiting program and their role
  - Could be used in future BF marketing, client recruitment, mission statements, motivation statements, workforce hiring etc...
  - Toxic stress, intergenerational trauma, *help our community grow through our next generation*

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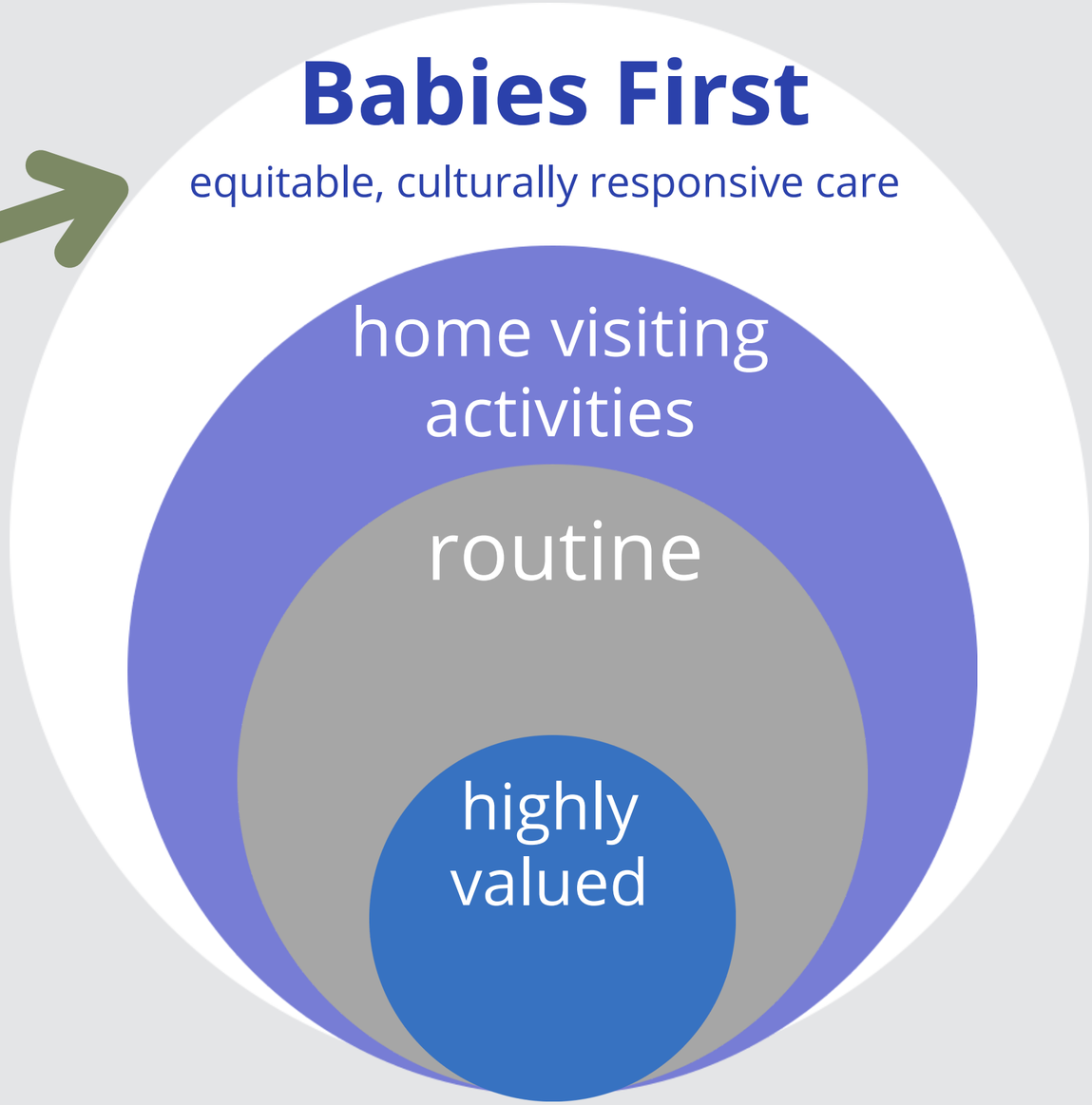
- *"Across different counties"*
  - These interviews suggest that home visiting activities do not differ across different counties

Culturally Responsive Care in Babies First!

Evaluation question #4: Does Babies First! provide equitable, culturally responsive care?



Does Babies First! provide equitable, culturally responsive care?

- How HVs define + practice culturally responsive care
- HVs perceived ability to deliver culturally responsive care
- Culturally specific home visiting
- HVs ideas about how to improve culturally responsive care

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- **Culturally specific home visiting**
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Perceived ability to deliver CRC*

Complacent

Critical Growth

*Culturally responsive care

Complacent

- Equate culturally and linguistically responsive care/services to having bilingual staff
- They have "arrived"
  - Don't see a lot of room for improvement in their counties' ability to serve everyone who wants home visiting
- Don't know what they don't know - exhibits some cultural humility but not quite there
  - Difficult to imagine how their county could better serve clients
- Sentiment that: we don't need to/don't have the opportunity deliver culturally responsive care because my county is mostly White
  - See the onus to participate on the client rather than the program

Complacent HVs

"Well the CHW speaks fluent Spanish so that's wonderful and so all the materials we give our families typically are in Spanish too. The CHW usually has a caseload and typically has mostly Spanish speaking families because she's fluent. So I mean I think that all the families that need specific cultural assistance, if you will, are covered - we're doing pretty good."

"Honestly, if you want feedback, sometimes I'm kind of feeling like, okay, there's a lot of talk in our statewide Babies First things about racial diversity, but there just isn't that much racial diversity where I live, you know? So it's good to have the training, but it doesn't always feel applicable."

Critical growth

- Very transparent about their counties limited ability to delivery culturally and linguistically responsive services
- Able to move a step beyond bilingual nurses/CHWs

Critical growth HVs

"I think there's always room for improvement. I know we do have a higher percentage of Hispanic clients in our population here. And so we do have bilingual staff. And so I think that is good but there are a lot of other communities and we need to learn more on how to better engage them here."

"We're working on it. It's a work in progress. We have one Spanish-speaking community health worker who is doing a wonderful job, but we do not have any bilingual nurses. We are working on it. I think there's always room to improve but I have a team that's really dedicated to equity, diversity, and inclusion and our county is really supportive of that."

Culturally specific home visiting

- Some recognized that being able to offer clients culturally specific home visiting would be best option but not always possible
- Culturally specific HV = different type of relationships because clients can relate to HV because of that shared lived experience
- CHWs acting as cultural broker between nurse + client

Culturally specific home visiting

"It’s hard to find the words like… like you just kind of feel it. Being that you are embodied in the culture and it’s really that understanding piece that you get. I can give example of clients who say like, I can talk to you about my hair and it’s not a problem. Like, you come in, you see my hair change and I’m not getting basically interviewed about why my hair has changed or the food I’m cooking or why I dress my kids this way or you know whatever things like that. You just understand and I know I’m gonna be fine and you’re not gonna judge me on any of that piece."

How do you think the clients you work with relate to you at all?

"So reflecting the community and population that you serve helps. And I think that's one of the reasons families stay engaged and the lived experience of a lot of the families and the staff, they can really relate to what the clients are going through and so we have a lot in common that we can talk to the families about which helps."

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"Mm, well, I'm in my fifties, I'm White. I'm not married. I don't have kids. So that is not usually the profile of the people I'm visiting <laugh>. Yeah. So I guess, you know, part of what they relate to might just be that I'm a female"

Community Health Workers as Cultural Brokers

- CHWs acting as the liaison between White HVs and BIPOC clients
- This dual CHW/Nurse relationship has potential to fill gaps in delivering cultural and linguistic responsive services to clients
  - Some caveats

Community Health Workers filling gaps in delivering culturally and linguistically responsive services

"I am not bilingual. So I use interpreters. We have community health workers that also do visits as they're assigned tasks. I find that a lot of times the family feels more connected with the person of the same race and culture and language that they speak. We'll go to a visit and the client will hug the community health worker and they'll shake my hand or say hi. And they're friendly to me but they have that really close bond with the community health worker. But the community health worker will also say, you know, the family sees you as the authority, as the knowledgeable one. And I am the friend that helps them navigate how to get to the food bank and which food bank they can shop to get the things they'll actually feed their family"

Community Health Workers as Cultural Brokers - Caveats

- Bilingual pay differential?
- Hierarchy/authority of nurse over CHW
  - how that relationship dynamic plays out could be problematic
  - when CHWs + nurses have conflicting ideas about how best to help a client
- Unpaid labor of BIPOC CHWs educating nurses + other staff
  - also the unpaid labor of staff (including nurses) translating for other nurses
  - Concerned about microaggressions and other harm that could be caused

Wrapping up culturally responsive care

- When it comes to their perceived ability to deliver culturally responsive services, I would place HVs into two stages
  - Critical growth
    - Had a well-developed understanding of what it means to deliver culturally responsive care to their clients and reported that this work, albeit challenging, is important and rewarding
  - Complacent
    - Understood the importance of CRC but don't quite understand the "why" behind, sentiment that OR/their clients are majority White so why focus on racial equity?

Wrapping up culturally responsive care

- Culturally specific HV, specifically shared lived experience between HV and a client, leads to very meaningful/powerful relationships
- When HBI or other culturally specific HV programs aren't an option, CHWs may be able to fill this gap
- Nurses wouldn't be able to do their job effectively without their CHW
- The nurse/CHW dynamic needs to be explored further

Challenges to being a home visitor in Babies First!

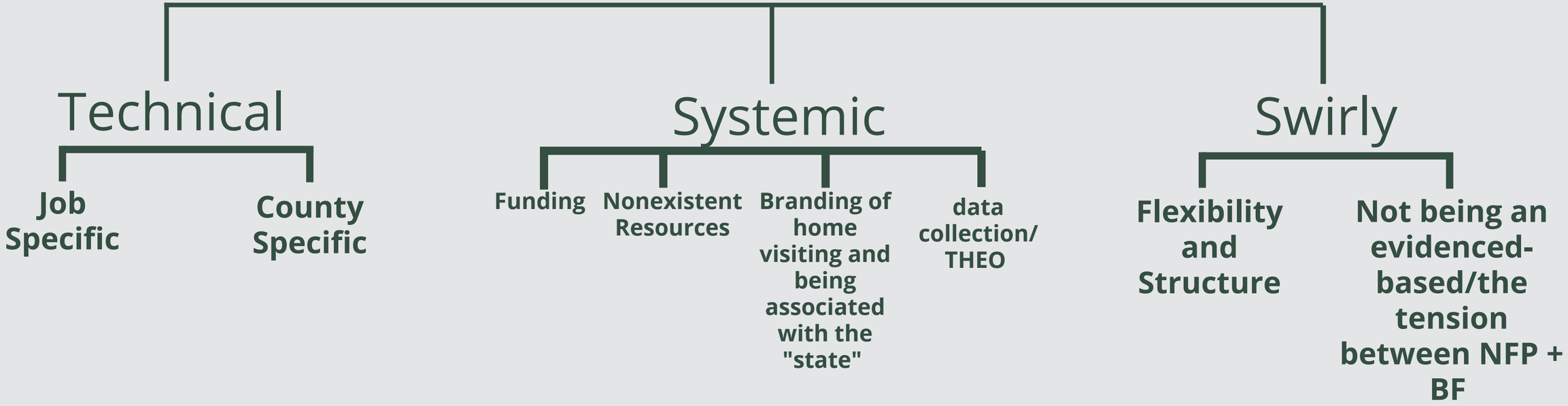
Challenges as a HV in Babies First!

Technical

Systemic

Other/Swirly/Combined

Challenges as a HV in Babies First!



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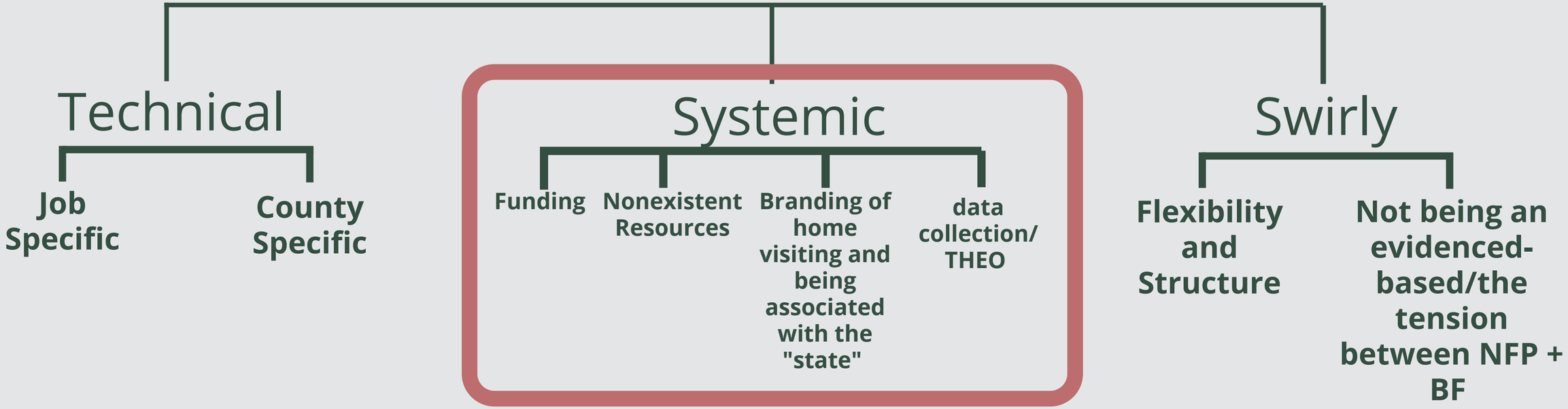

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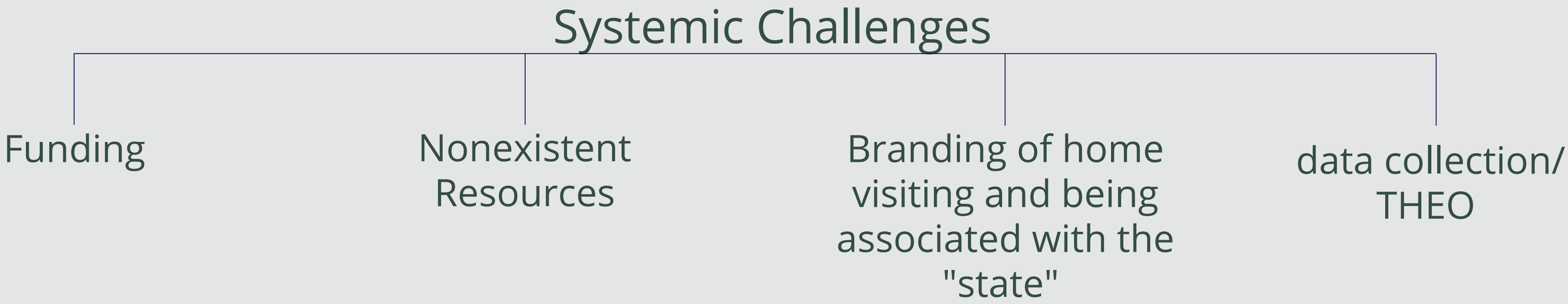


Challenges as a HV in Babies First!

Systemic Challenges

Funding

- TCM Billing
- Client No-Show
- Limited staff/capacity
- Caseload

Challenges as a HV in Babies First!

Systemic Challenges

Funding

- TCM Billing
- Client No-Show
- Limited staff/capacity
- Caseload

a client no shows to an appointment

HV not able to TCM bill because no appointment

lost money and lost time

Funding as a Systemic Challenge

- more caseload = more TCM billing by HV = more revenue brought in
- "fee for service" model or however best to describe this payment system contributing to burn out among HVs bc must have a lot of clients in order to fund their program

Funding as a Systemic Challenge

"So funding is the biggest issue; we just don't have the money to do the things that we need to do. We don't have the money to scale up. Another is that its leadership is like, yeah, go for it. But like, there's no real guidance... we are that analogy of a bag floating in the wind. Go forth and bill is basically what we're told. So it's been really hard and our Commissioners aren't super supportive of it and we are the only program within the public health dept. that has to self-fund. And it's really hard. It's a lot of pressure on the team. There's not a lot of room for professional development because we have to see a lot of clients in order to bill appropriately, to be able to fund our roles."

Funding as a Systemic Challenge

"I'll be honest. That's been one of my struggles with the program is knowing what is appropriate TCM goals and what is not appropriate TCM goals. And the fear of being audited and saying that we have to pay back a certain amount because it was inappropriate is a fear of mine."

Challenges as a HV in Babies First!

Systemic Challenges

Nonexistent Resources

- Housing
- Mental health care
- PCP
- Dentists
- transportation
- Food
- no culturally speciifc resources

- Majority of interviews mentioned that housing was a major issue facing clients
- Contributing to burn out, feelings of hopelessness, among HV

Nonexistent Resources as a Systemic Challenge

"Transportation, housing, mental health. There's a lot of lacks right now. It's pretty consistent lack of mental healthcare providers or access for families that are needing more intensive services."

"Well housing's number one, obviously."

*"Well right now in our area, we are significantly lacking in **housing** and I think that's the biggest thing that obviously I can't provide."*

Challenges as a HV in Babies First!

Systemic Challenges

the branding of home visiting and being associated with the "state" as an entity

Stigma as a Systemic Challenge

"[home visiting is] stigmatized. Some people also might have the mindset being limited by their living situation. A lot of our clients, they don't necessarily have a home of their own... And yeah there's some families that don't want services 'cause they're afraid of DHS."

"Some people are like, heck no, I don't want anybody in my house, because they've been traumatized by agencies and interventions"

Challenges as a HV in Babies First!

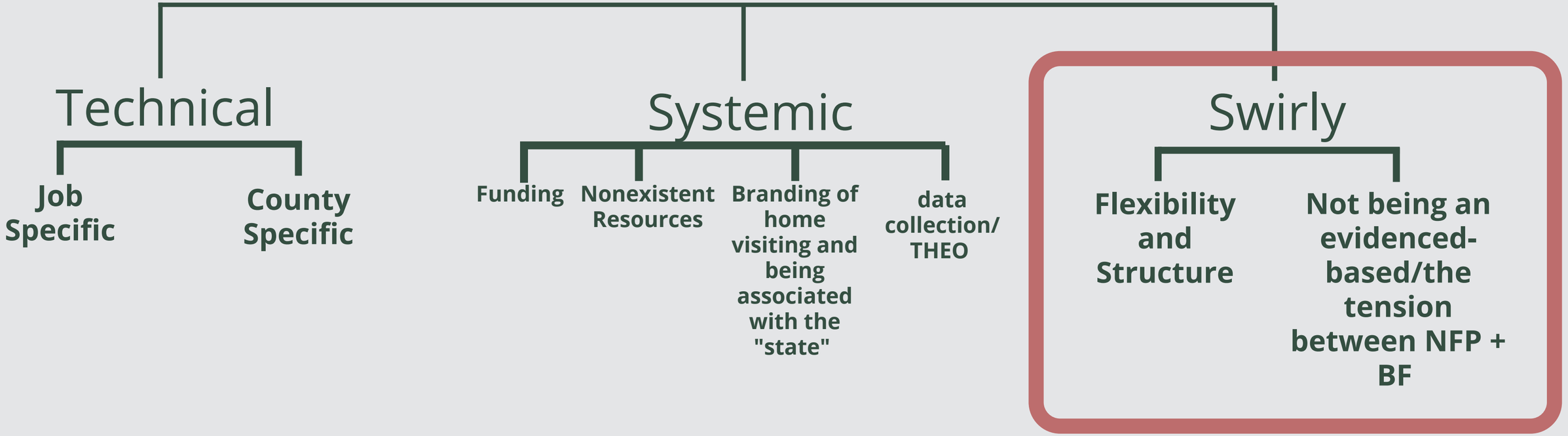
Systemic Challenges

Data Collection/THEO

Data Collection as a Systemic Challenge

"Well, with the new THEO forms... the paperwork and data entry for my team is more because we do it all. And so it just feels like, okay, the why behind? We're collecting this new information and for who? for what? What are we gonna do with it? That's the question we always come back with. So what are they doing with the information that we have to ask?"

Challenges as a HV in Babies First!



Swirly Challenges

Flexibility and Structure

Being new/how to **be** a home visitor

Not being an evidenced-based model/the tension between NFP + BF

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Swirly Problems

Flexibility and Structure

Everyone interviewed is really in agreement that the flexibility from the client-side of BF is very good and working well

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Flexibility and Structure

Everyone interviewed is really in agreement that the flexibility from the client-side of BF is very good and working well

However, most staff interviewed reported that the flexibility hinders their practice because things are not defined enough --> they want more structure

Swirly Problems

Flexibility and Structure

"I think that it's a little bit challenging in that the lack of structure leads to a lot of insecurity from home visitors like they/we never know if we're doing the right thing, like everybody jokes that we don't really know what our job is, we're just going with it."

"I feel like the biggest challenges for Babies First! and even CaCoon are the gray areas in the program. There's a lot of autonomy. But with autonomy comes a lot of gray areas that we have to kind of stop and ask for clarification from the state nurse consultants or from each other."

Swirly Problems

Flexibility and Structure

"So to be very open and honest with you, it's been really hard since I got here. The previous home visitor here was extremely burnt out and was not helpful. She just, she was done... So I've been figuring out things myself and finding out how to do stuff on my own. Yeah. Which is okay too, because I'm a self-motivator, but it, it does create some gaps in things for me."

Swirly Problems

Flexibility and Structure

However, not all staff want more structure. Specifically those who have been in home visiting for a while.

Swirly Problems

Flexibility and Structure

"I used to think I wanted more structure. Because when we started doing NFP, it's pretty structured. They have a lot of really specific things, but you know, the new babies first manual has kind of copied that. I mean that was part of their intention. And so I feel like there's enough curriculum or structure to babies first now that if you didn't have your own thoughts or your own instincts about what you should do or would do, it gives you really good guidance."

Swirly Challenges

Flexibility and Structure

Being new/how to **be** a home visitor

Not being an evidenced-based model/the tension between NFP + BF

Swirly Problems

Evidence-based/NFP Comparison

"I think a lot of it comes down to unfortunately that babies first gets compared to NFP quite a bit. In terms of that's a very structured program whereas with babies first... it's pretty loosey goosey."

"I just love that that curriculum that we get [with NFP]... And some of our home visitors are like, you know I wish we had more direction on activities that we do with their family at each visit. But I think that's the only thing I've ever heard that they don't like about the flexibility is that sometimes we wish we had a curriculum but that's really it."

Limitations and Conclusions

Limitations

- Would have liked to talk to more CHWs
- Evaluation done in the beginning of THEO rollout, as well as other significant changes/resources being added to BF
  - This may alleviate some challenges, especially related to job-specific and flexibility/structure
  - Also may create new or exacerbate existing challenges
  - Need to have ongoing/recurring evaluation of BF happening
    - Major lack of personnel/resources to do this
- Missing the client perspective

Conclusions

- Babies First!/CaCoon home visiting activities are the same across the state
  - Highly valued activities include education, assessment, advocacy - all grounded in relationship-centered care
  - Subject matter of home visits/referrals to services differ depending on the family
- Room for improvement on culturally responsive care portion of home visiting
- Systemic challenges contributing to burnout + feelings of hopelessness among HVs
  - Swirly challenges relating to flexibility of the programs also complicate home visiting, need for more structure
- Home visitors playing the role of nurse, social worker, teacher, therapist, community organizer etc... asking a lot of one person

Thank you!
Please contact me with any questions or comments

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