Massachusetts Maternal, Infant, and Early Childhood Home Visiting Initiative

March 2, 2011

MA Community Selection Processes

- **Step 1:** Needs Assessment (1st SIR)
- **Step 2:** Assessing Community Capacity & Readiness (Updated State Plan)
  - Phase 1: Community Survey
  - Phase 2: Community Engagement Forums

MA Home Visiting Initiative Roles

Task Force

Representation from:
Dept of Public Health (DPH)
Dept of Children and Families (DCF)
Dept of Transitional Assistance (DTA)
Dept of Early Education and Care (DEEC)
Head Start State Collaboration Office
Children's Trust Fund (CTF)
MassHealth (EHS)
EOE secretariat level
EOHHS secretariat level

- Provide overall direction, input and guidance
- Review materials prepared by working group
- Make recommendations to Secretary of EOHHS and Governor Patrick

Workgroup

Representation from:
Dept of Public Health (DPH)
Dept of Children and Families (DCF)
Dept of Early Education and Care (DEEC)
Children's Trust Fund (CTF)
Head Start

- Draft workplan and timeline
- Complete Needs Assessment
- Complete scan of existing programs in Massachusetts
- Review national evidence-based home-visiting programs
- Assess substance abuse treatment capacity
- Document all findings
- Develop draft recommendations for review by Taskforce

Step 1
Needs Assessment: Domains Identified in Legislation

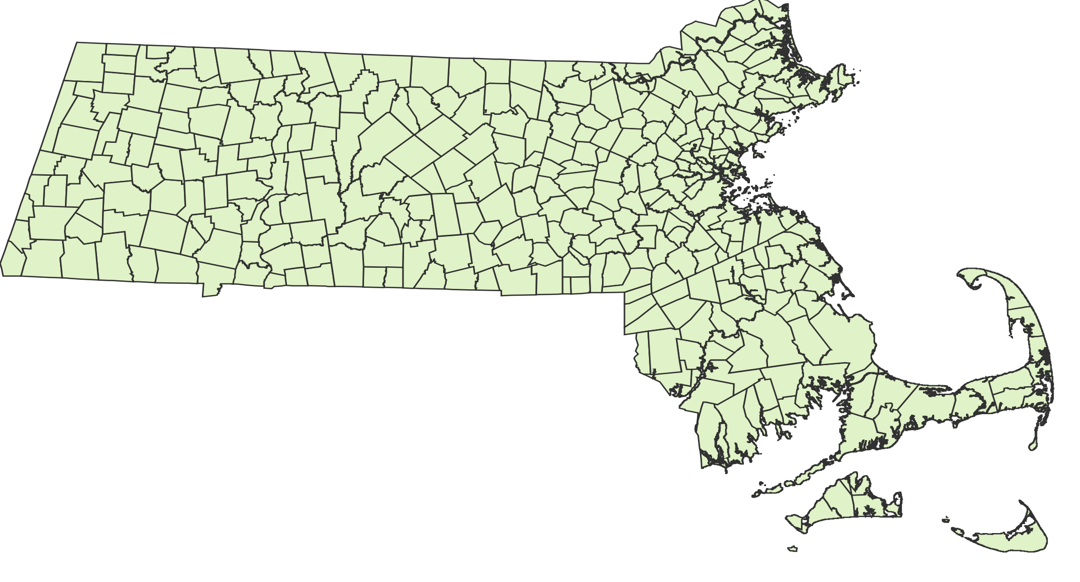
1. Maternal and infant health
2. Child health and development
3. Child school readiness
4. Child injuries and maltreatment
5. Parenting stressors
6. Crime or domestic violence
7. Family economic self-sufficiency
8. Coordination of referrals for other community resources and supports

MA Additional Indicator

9. Vulnerable populations

Needs Assessment: MA Definition of Community

- 351 cities and towns
- Each city/town has own Board of Health
  - No regional or county public health system
  - Data available on city/town level



Needs Assessment: Indicator Selection Process

Phase 1:
Brainstorming

Phase 2:
Model Selection of Indicators Available at Community Level

Task Force

Work Group

Research Team

Broad brainstorming session on potential indicators related to infant, child, and maternal health

Research suggested indicators and determine availability at state or community level

Does indicator add unique value? Does indicator align with MA priorities?

Yes → Indicator added to community rankings

No → Indicator included in statewide profile

Needs Assessment: Indicator Research Obstacles and Approaches

- **<u>Obstacle:</u>** Small numbers and suppression of data
  - Ex. MassCHIP, MA's online data resource for many of the HV indicators, suppresses cell information <5 for confidentiality
- **<u>MA Approach:</u>**
  - Aggregated five years to have stable data (ex. IMR)
  - In cases where communities had no data, statewide averages were used in rankings to minimize both over- and under-estimating risk
  - When data were missing in >50% of cells, indicator excluded from analysis and only used in statewide profile (ex. Childhood BMI)

- **<u>Obstacle:</u>** Not all MA data aligned with city/towns
  - Ex. MA school districts overlap
- **<u>MA Approach:</u>**
  - Mapped one indicator to multiple communities

Needs Assessment Example: MA Indicator Selection Process for Domain 1:

#	Outcome Domain	Data Indicators (bold=required / highlighted=included in community ranking)	City/Town	Statewide
1	Improvements in Maternal and Infant Health	**% premature (<37 wks) by gestational age**	**X**	
		% low birth weight	**X**	
		Infant mortality rate per 1,000	**X**	
		% less than adequate prenatal care	X	
		% of mothers not intending to breastfeed	X	
		Maternal overweight and obesity		X
		Rate of women smoking during pregnancy	X	
		Substance abuse in pregnancy		X
		Alcohol use in pregnancy		X
		Maternal deaths per 100,000 live births		X
		Pregnancy-associated deaths per 100,000 live births		X
		Inter-pregnancy intervals (IPI)		X
		Maternal Depression/Family Mental Health		X
		# of mental health visits to ER's for women aged 15-44 years	X	
		# of mental health visits to ER's for men aged 15-44 years	X	

Needs Assessment: MA Indicator Selection for Community Ranking Across Domains

Domain (# Indicators)	Indicators (Bold=required)
Maternal and Infant Health (6)	**Premature birth; Low-birthweight; IMR;** prenatal care; breastfeeding; maternal smoking
Child health and development (2)	Asthma; Lead poisoning
Child school readiness (4)	EI enrollment; **HS dropout rate**; Poor performing schools; Waitlist for subsidized child care
Child injuries and maltreatment (2)	Unintentional injuries; **Composite maltreatment score**
Parenting skills (4)	Teen birth rate; Mothers <HS edu; Single parent households; Substance abuse
Crime or domestic violence (1)	**Violent crime***
Family economic self-sufficiency (3)	**Unemployment**; **< 100% poverty**; Women giving birth on public assistance
Coordination of referrals for other community resources and supports (0)	
Vulnerable population (4)	ESL; Limited English proficiency; non-white population; Foreign-born mothers

***Note: Although required, there was no MA domestic violence indicator available at community level.**

Needs Assessment: Indicator Ranking and Community Scoring Process

Step 1:	If indicator is not available at city/town level, substitute statewide value for city/town
Step 2:	Sort (in ascending order) cities/towns using 1 indicator at a time as the primary sort key
Step 3:	Calculate Range: Subtract city/town with highest value in given indicator from city/town with lowest value
Step 4:	Take the magnitude of the range and divide it into 100 equal intervals in order to obtain grouped data for each indicator (this determines the category increments based on 100 categories)
Step 5:	The cities/towns that fell into the lowest category are assigned a rank value of 1; those that fell into the highest category are assigned a rank value of 100; the rest are ranked accordingly based on their positions in respective categories
Step 6:	Final community ranking is based on composite score of each community (add individual rank values across all indicators)

Source: Health Status Need Ranking of Massachusetts Communities: A Methodology for Needs Assessment by Marlene Anderka and Ahmad Sharbatoglie

Needs Assessment Example: Holyoke, MA

Indicator	Holyoke	Standardized Score (1-100)	Risk Assessment
% Premature birth (<37 wks gestation)	8.22%	78	Low Risk
% Low-birth weight infants (<2500g)	9.3%	52	Average Risk
Infant mortality rate (deaths/1,000 live births)	8.93/1,000	13	Very High Risk
% Less than adequate prenatal care (Kotelchuck index)	23.4%	71	Low Risk
% Mothers not intending to breastfeed	30.6%	61	Low Risk
% Maternal smoking during pregnancy	8.32%	78	Low Risk

Sum: 353

Needs Assessment: Composite score for each community Example: Holyoke, MA

Domain (# Indicators)	Sum of Indicator Standardized Scores
Maternal and Infant Health (6)	353
Child health and development (2)	141
Child school readiness (4)	98
Child injuries and maltreatment (2)	90
Parenting skills (4)	63
Crime or domestic violence (1)	35
Family economic self-sufficiency (3)	39
Vulnerable population (4)	204
COMPOSITE SCORE	**1023**

Fact Sheet: Holyoke (#1)

Holyoke, At A Glance:

- Population: 41,089 (12th)
- Estimated Population (0-3yrs): 1,908
- Resident Births: 701
- Median Income: $34,496
- Number of HV Programs: 7
- Ranked Top 5 at-risk in Domains: **Child Readiness (#2), Parenting Stressors (#1), Violent Crime (#5) and Economic Self Sufficiency (#2)**

HIGHLIGHTS:

- 26.4% of residents live below 100% FPL / **highest** in MA
- 74.5% of women giving birth receive publically financed health care / **highest** in MA
- Teen (15-19 years) birth rate is 95.7 per 1,000 live births / **highest** in MA
- 40.9% of infants are born to mothers with less than a high school education / **2nd highest** in MA

Required Indicators	Holyoke	Statewide
Premature Birth[1] -% before 37 weeks)	8.2	9.0
Low Birth Weight[2] - % live birth <2500 grams	9.3	7.9
Infant Mortality[3] - infant deaths per 1,000 live births	8.9	4.9
Poverty -% below 100% FPL[4]	26.4	9.3
Crime[5& 6] -violent crimes per 100,000 residents	1135.4	449.0
Domestic Violence	13.2	5.5
School Drop-out Rates[7] - % high school drop outs	10.4	2.9
Unemployment[9] - % unemployed	11.7	8.0
Child Maltreatment[10] -rate of substantiated reports per 1,000 (0- <9 years)	56.6	19.5
Child Maltreatment - rate of substantiated maltreatment by type	Neglect: 94 % Physical: 9 % Sexual: 2%	Neglect: 92% Physical: 13% Sexual: 2%

Needs Assessment: Community Ranking
Identifying High Need Communities in Massachusetts

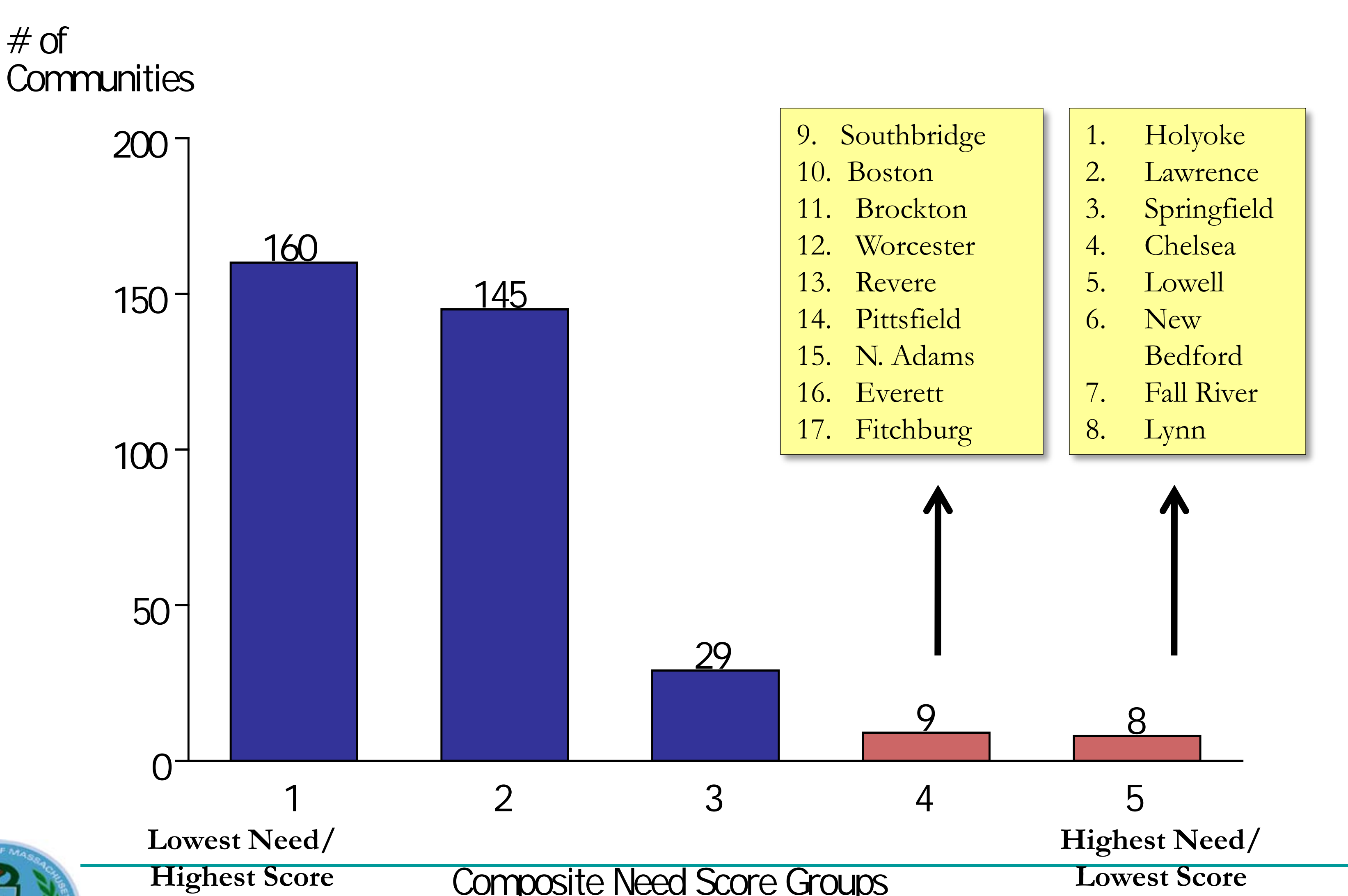
- Lowest Composite Score: 1023
- Highest Composite Score: 2394

- Range: 1371
- Distribution: 274.2

High Need Communities

	Lower Bound	Upper Bound	# Cities
Group 1	1023	1297.2	8
Group 2	1297.2	1571.4	9
Group 3	1571.4	1845.6	29
Group 4	1845.6	2119.8	145
Group 5	2119.8	2394	160
			351

Needs Assessment: Composite Need Score for All 351 MA Cities/Towns



Needs Assessment: Highest Need Communities as Determined by Needs Assessment

NORTH ADAMS
ADAMS
PITTSFIELD
FITCHBURG
LAWRENCE
LOWELL
LYNN
REVERE
BOSTON
BOSTON
WORCESTER
HOLYOKE
SPRINGFIELD
SOUTHBRIDGE
BROCKTON
FALL RIVER
NEW BEDFORD

Step 2
Assessing Community Capacity & Readiness
Phase 1: Community Survey

<u>Community Survey: Survey Goals</u>

- Collect and interpret actionable information to assist the Task Force in narrowing model and community selection

  - Gather community-level insight into the needs and concerns of the highest risk communities

  - Understand current capacity and degree of communication and coordination around home visiting

  - Get a sense for community resources available to meet the needs and concerns of those in need of services

Community Survey: Executive Summary

- Highest need outcome domains:
  Economic self-sufficiency and parenting stressors
- Highest need services:
  Transportation, housing, mental health, child care and detox services

- Highest need populations:
  - Youth/teens ages 12-19
  - Individual/families who are homeless, with mental health conditions, low income and undocumented most underserved

- Responses reinforced home visiting needs assessment:
  - Perceived needs aligned with data findings and understanding of home visiting capacity
  - Wide interpretation of what constitutes home visiting

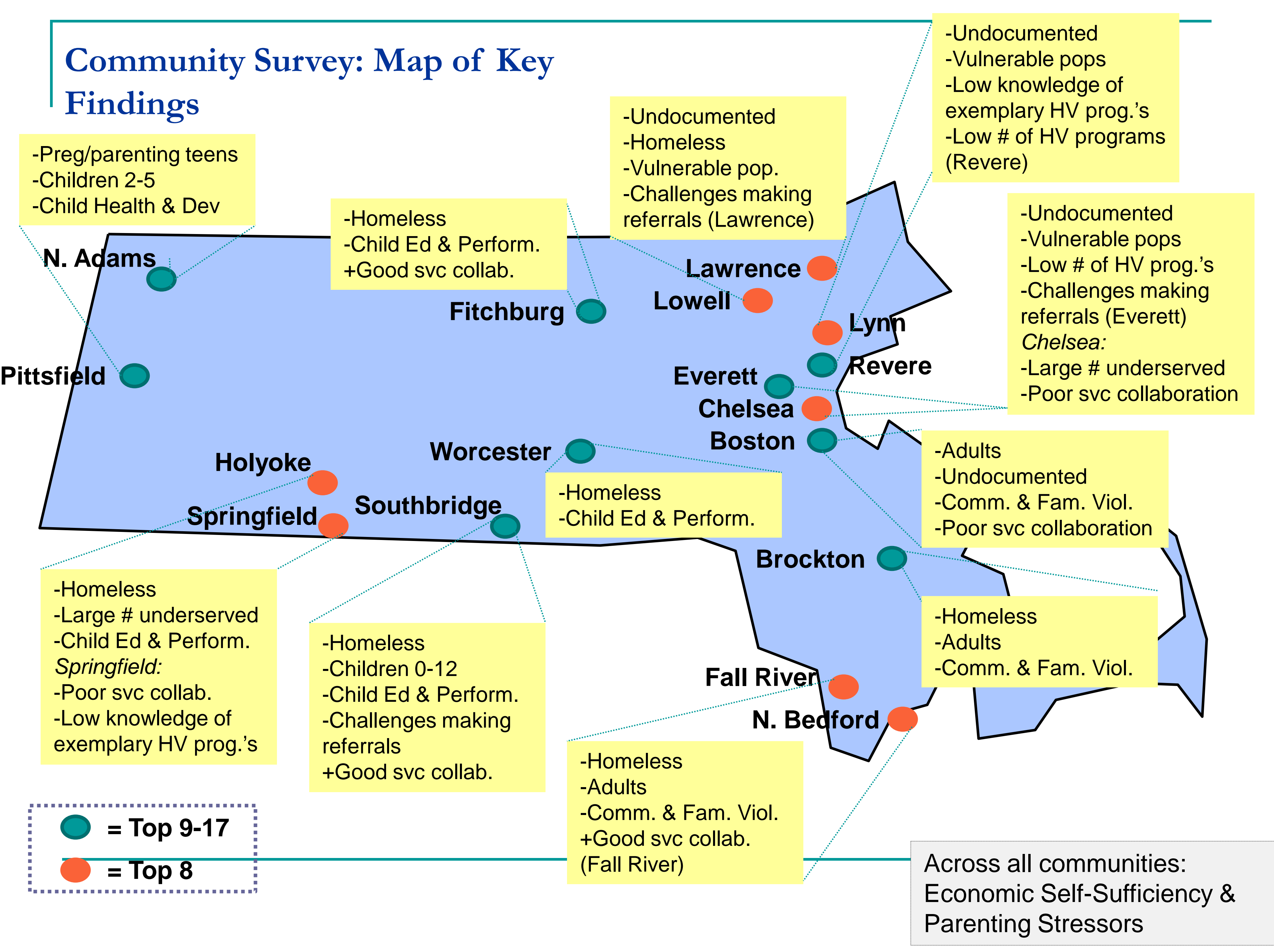
Community Survey: Summary of Key Findings

Areas of Concern

- Outcome Domains: Economic self-sufficiency & parenting stressors were consistently listed as top 2 highest across all respondent types & regions
- Age Groups: Youth/teens ages 12-19 viewed as highest risk. Top 8 communities more concerned with ages 12-19 + than Top 9-17
- Underserved Populations: Homeless, Individual/Families with Mental Health Conditions, Low-income, and Undocumented
- **Chelsea**, **Holyoke**, **Springfield** reported overall highest rates of underserved
- Undocumented families ranked highest as underserved in **Boston, Chelsea, Everett, Revere, Lynn** (N. Shore region), and **Lawrence, Lowell** (Northeast)

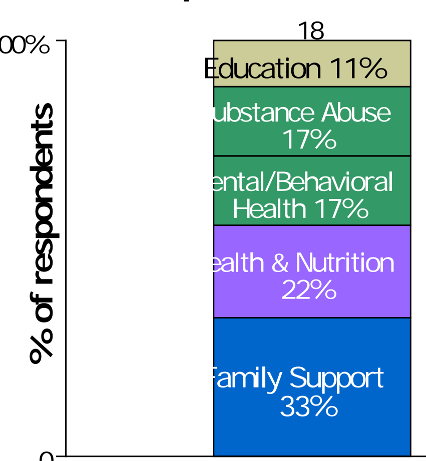
Home Visiting Capacity and Coordination

- **Fall River, Fitchburg, Southbridge** reported highest degree of maternal, infant, early childhood collaboration; **Boston, Chelsea, Springfield** reported lowest
- **Everett, Lawrence, Southbridge** reported greatest challenges making referrals
- **Chelsea**, **Everett**, **Revere** have the least number of home visiting programs
- EI and Healthy Families most often named as exemplary home visiting programs



Community Survey: Map of Key Findings
-Preg/parenting teens
-Children 2-5
-Child Health & Dev
-Homeless
-Child Ed & Perform.
+Good svc collab.
-Undocumented
-Homeless
-Vulnerable pop.
-Challenges making referrals (Lawrence)
-Undocumented
-Vulnerable pops
-Low knowledge of exemplary HV prog.'s
-Low # of HV programs (Revere)
-Undocumented
-Vulnerable pops
-Low # of HV prog.'s
-Challenges making referrals (Everett)
Chelsea:
-Large # underserved
-Poor svc collaboration
N. Adams
Pittsfield
Fitchburg
Lawrence
Lowell
Lynn
Revere
Everett
Chelsea
Boston
Worcester
Holyoke
Springfield
Southbridge
Brockton
Fall River
N. Bedford
-Homeless
-Child Ed & Perform.
-Adults
-Undocumented
-Comm. & Fam. Viol.
-Poor svc collaboration
-Homeless
-Large # underserved
-Child Ed & Perform.
Springfield:
-Poor svc collab.
-Low knowledge of exemplary HV prog.'s
-Homeless
-Children 0-12
-Child Ed & Perform.
-Challenges making referrals
+Good svc collab.
-Homeless
-Adults
-Comm. & Fam. Viol.
-Homeless
-Adults
-Comm. & Fam. Viol.
+Good svc collab. (Fall River)
= Top 9-17
= Top 8
Across all communities: Economic Self-Sufficiency & Parenting Stressors

Example of Community Dashboard: Holyoke, MA



Most difficult service areas to refer:

- **Transportation**
- **Housing**
- Mental & behavioral services
- Substance abuse

Major barriers to making referrals:

- **Transportation**
- Capacity to serve new clients
- Client access to services

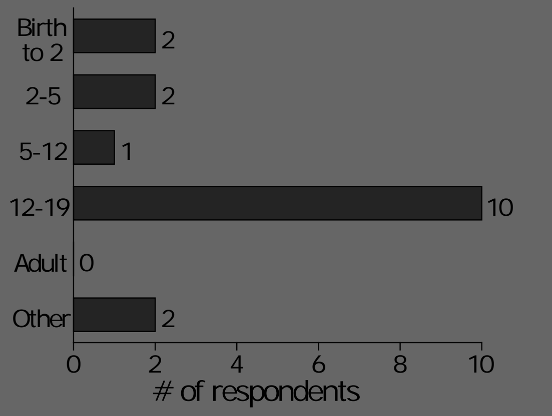
Outcome domains of primary concern:

- **Economic self-sufficiency**
- Parenting stressors
- Child education

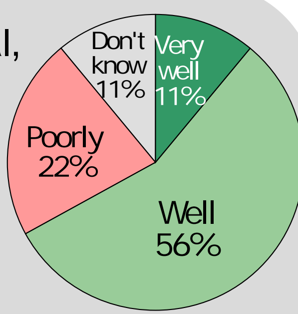
Underserved populations:

- **Homeless families**
- **Individuals with mental health conditions**
- Low income families
- Pregnant or parenting teens

Underserved by age group:



Level of maternal, infant & early childhood services interaction with other programs:



Gaps in maternal, infant & early childhood services:

- **Lack of funding/capacity**
- Teen parenting & pregnancy
- Child care services
- Maternal services

Gaps in substance abuse services:

- **Detox & treatment resources**
- Lack of funding/capacity
- Awareness & access to services
- Services for women

Exemplary home visiting Programs (unbiased*):

- **Early Intervention**
- Healthy Families
- MSPCC

*biased responses (for which respondents chose their own program as exemplary) were not considered; **bold** items indicate top responses in each category

Phase 2: Community Engagement Forums

- Forum Agenda
  - Framing the Issue: Maternal Health and Early Childhood Development
  - Presenting Information on Federal Legislation & the Evidence-Based Models
  - Facilitating Community Working Sessions

Community Forum Agenda Details: Facilitating Community Working Sessions

Materials for Working Session Discussion

- Community Needs Assessment Review (community profiles)
- Community Survey Results Review (Dashboard)
- Community Evidence-Based Home Visiting Model Discussion
- Community Readiness & Capacity Self Assessment Tools

Tools for Community Readiness & Capacity Self Assessment

Community Readiness:

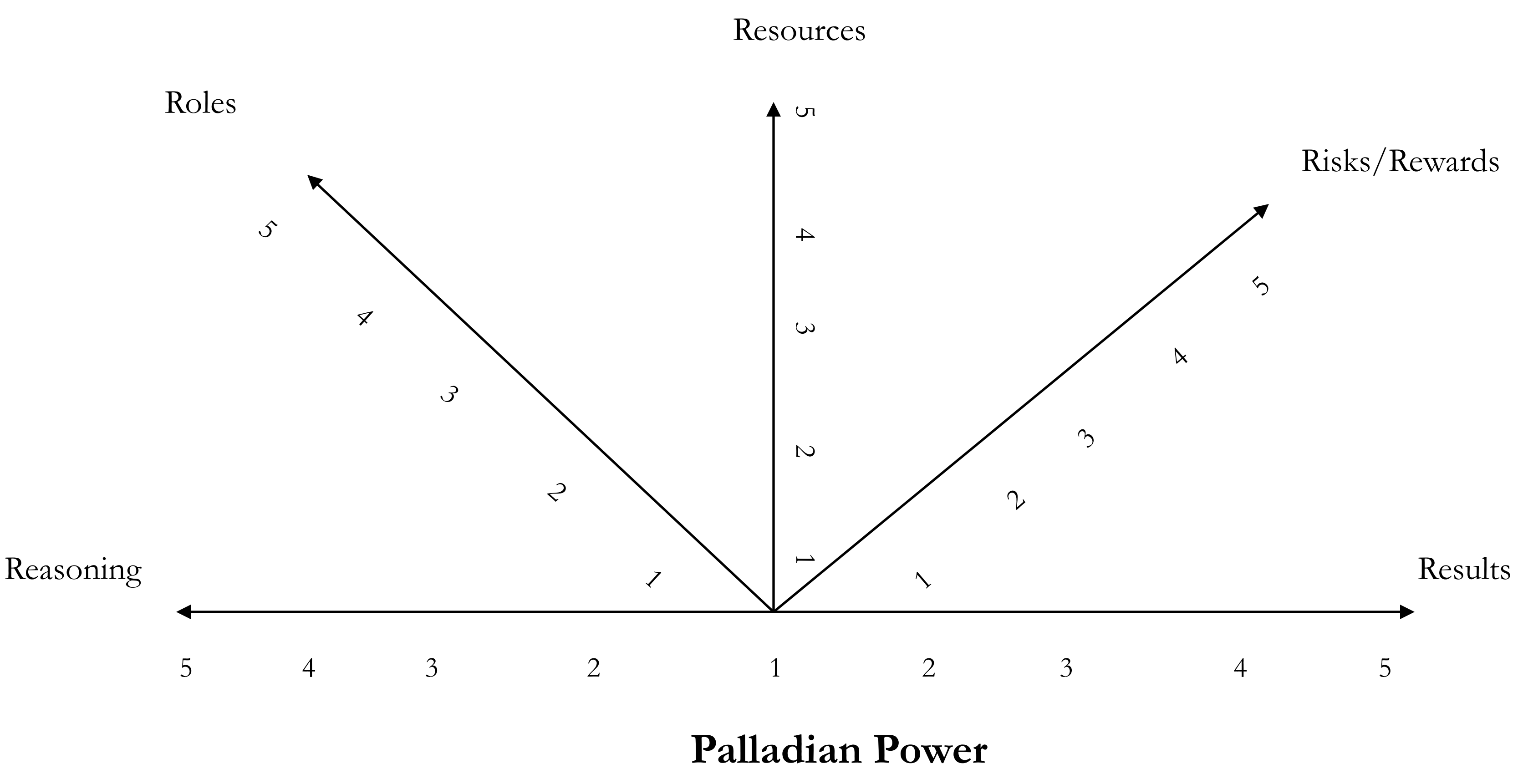
- CityMATCH: Five R Framework: Assessing Community Readiness for PPOR
  http://webmedia.unmc.edu/community/citymatch/PPOR/howto/CommunityReadinessPPOR.ppt

- Zero to Three: Key Components of a Successful Early Childhood Home Visitation System
  http://www.zerotothree.org/public-policy/webinars-conference-calls/home-visitation-tool-june-16-2010.pdf.

Community Capacity:

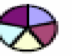
- Asset mapping/ Capacity Development: Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organizations' Capacity
  http://www.abcdinstitute.org/docs/kelloggabcd.pdf
- Assessment of community's existing services/ penetration of services

CityMATCH: Using the 5 R's to Map Community Readiness



Palladian Power

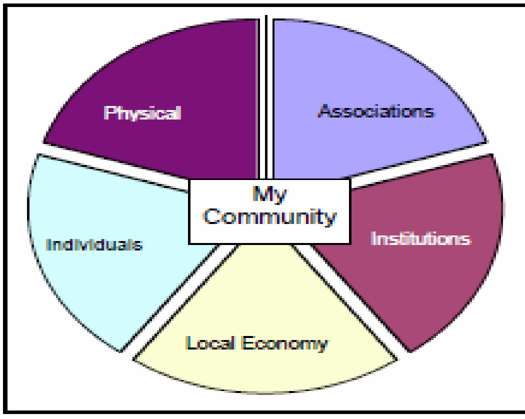
With the 5 R's aligned (all at level 5), room for many and room to grow

A Sample Community Asset Map 

Review this sample community asset map. Use the next page to create an asset map of your own community.

Associations

Animal Care Groups
Anti Crime Groups
Block Clubs
Business Organizations
Charitable Groups
Civic Events Groups
Cultural Groups
Disability/Special Needs Groups
Education Groups
Elderly Groups
Environmental Groups
Family Support Groups
Health Advocacy and Fitness
Heritage Groups
Hobby and Collectors Groups
Men's Groups
Mentoring Groups
Mutual Support Groups
Neighborhood Groups
Political Organizations
Recreation Groups
Religious Groups
Service Clubs
Social Groups
Union Groups
Veteran's Groups
Women's Groups
Youth Groups



Physical Space

Gardens
Parks
Playgrounds
Parking lots
Bike Paths
Walking Paths
Forest / Forest Preserves
Picnic areas
Campsites
Fishing spots
Duck ponds
Zoos
Wildlife center
Natural Habitats - coastal, marine, amphibian
Bird Watching Sites
Star Gazing Sites
Housing
Vacant Land & Buildings
Transit stops and facilities
Streets

Institutions

Schools
Universities
Community Colleges
Police Departments
Hospitals
Libraries
Social Service Agencies
Non Profits
Museums
Fire Departments
Media
Foundations

Individuals

Gifts, Skills, Capacities, Knowledge and Traits of:

Youth
Older Adults
Artists
Welfare Recipients
People with Disabilities
Students
Parents
Entrepreneurs
Activists
Veterans
Ex-offenders

Local Economy

For-Profit Businesses
Consumer Expenditures
Merchants
Chamber of Commerce
Business Associations
Banks
Credit Unions
Foundations
Institutional - purchasing power and personnel
Barter and Exchange
CDCs
Corporations & branches

EB Models in MA Proven Impacts for Mapped Domain

Domain of High Need**	Top 1-8 (in order)							
	Holyoke	Lawrence	Springfield	Chelsea	Lowell	N. Bedford	Fall River	Lynn
Maternal Health			None			None	None	
Child Health		•**HFA** •Healthy Steps	•**HFA** •Healthy Steps	•**HFA** •Healthy Steps		•**HFA** •Healthy Steps	•**HFA** •Healthy Steps	•**HFA** •Healthy Steps
Child School Readiness	•**HFA** •**EHS** •PAT	•**HFA** •EHS •PAT	•**HFA** •**EHS** •PAT	•**HFA** •EHS •PAT	•**HFA** •**EHS** •PAT	•**HFA** •EHS •**PAT**	•**HFA** •**EHS** •PAT	•**HFA** •**EHS** •PAT
Child Maltreat.	•**HFA**		•**HFA**			•**HFA**	•**HFA**	
Parenting	•**HFA** •**EHS** •PAT •Healthy Steps	•**HFA** •EHS •PAT •Healthy Steps	•**HFA** •**EHS** •PAT •Healthy Steps	•**HFA** •EHS •PAT •Healthy Steps	•**HFA** •**EHS** •PAT •Healthy Steps	•**HFA** •EHS •**PAT** •Healthy Steps	•**HFA** •**EHS** •PAT •Healthy Steps	•**HFA** •**EHS** •PAT •Healthy Steps
Crime	•**HFA**	•**HFA**	•**HFA**	•**HFA**	•**HFA**	•**HFA**	•**HFA**	•**HFA**
Family Economic Self Suffic.	•**HFA** •**EHS**	•**HFA** •EHS	•**HFA** •**EHS**	•**HFA** •EHS	•**HFA** •**EHS**	•**HFA** •EHS	•**HFA** •**EHS**	•**HFA** •**EHS**
Vulnerable Pops	N/A	N/A		N/A	N/A			N/A

*Note: Model names in **BOLD** ... ty.*

**Demonstrated favorable imp ... aluations of p ... mes. See HRSA HomeVE*

***Indicates community fell in top 5% of all 351 cities/towns when ranked by individual outcome domain*

Number of Existing Home Visiting Programs in 17 At-Risk Communities											
Top 8 At-Risk Towns in MA	**Number of Home Visiting Programs (including EBHV)**										
	3	4	5	6	7	8	9	10	11	12	13
Holyoke					X						
Lawrence				X							
Springfield							X				
Chelsea		X									
Lowell					X						
New Bedford					X						
Fall River			X								
Lynn					X						
Southbridge			X								
Boston											X
Brockton		X									
Worcester				X							
Revere		X									
Pittsfield				X							
North Adams		X									
Everett	X										
Fitchburg				X							

Contacts

- Claudia Catalano, MPP

MA Department of Public Health
250 Washington St.
Boston, MA 02108
Claudia.Catalano@state.ma.us

- Karin Downs, RN, MPH,

MA Department of Public Health
250 Washington St.
Boston, MA 02108
Karin.Downs@state.ma.us

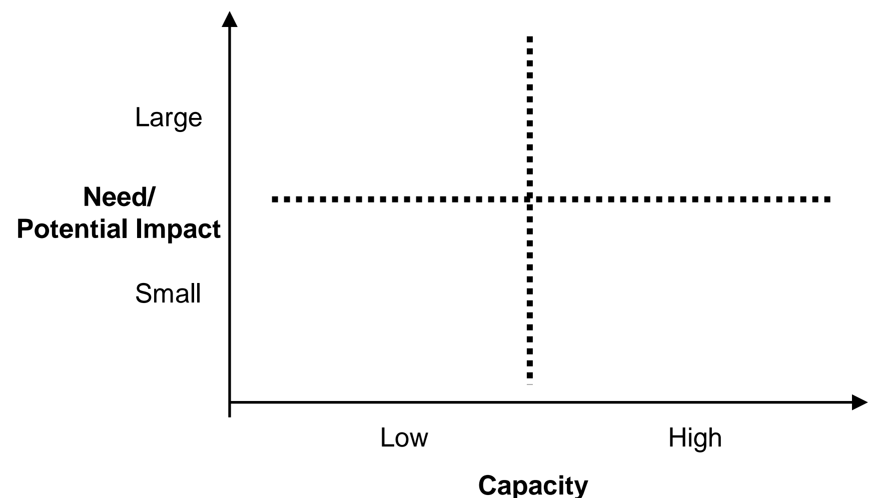
- Lizzie Harvey, MPH

MA Department of Public Health
250 Washington St.
Boston, MA 02018
Lizzie.Harvey@state.ma.us

Criteria – Primary Evaluation for Community Selection

Phase 1: Needs Assessment
What is the need/ potential impact?

- # and type of home visiting programs
- High need domain/indictor??
- # of underserved/vulnerable populations
- Quality of service collaboration
- Community gaps
    - Quality of service collaboration
    - Community resources/program
    - Community infrastructure



Phase 2: Community Capacity & Readiness Assessment
What is the capacity for successful implementation?

- # and type of home visiting programs: saturation (avoid duplication/ competition) – should this go here or in impact?
- Community Readiness
    - Community program collaboration
    - Referral networks
    - Resource availability
    - Relative cost
    - Infrastructure to implement (& timeline)
    - Political and organizational will