



Equity Initiatives in Home Visiting

Introduction

Home visiting is a two-generation strategy that delivers caregiver- and child-oriented services to support the whole family (NHVRC, 2021). Many home visiting programs tailor services to account for families' unique goals, strengths, needs, challenges, and access to resources. In recognizing such differences, they take a step toward achieving health equity—i.e., the “absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality” (Office of Health Equity, 2020, Core Functions section).

Home visiting programs can further adopt an equity approach by elevating family and community voice, and by identifying the historical and structural factors (e.g., racism, discriminatory policies and practices) impacting families and communities served. Working to eliminate barriers such as poverty and discrimination can, in turn, improve families' access to quality jobs and housing, safe environments, and healthcare (Braveman et al., 2017). This brief summarizes several efforts to advance health and/or racial equity in home visiting:

- ✔ Home Visiting Collaborative Improvement and Innovation Network 2.0 (HV CoIIN 2.0) Health Equity Collaborative
- ✔ Michigan Home Visiting Initiative (MHVI)
- ✔ Massachusetts Racial Equity Movement

The NHVRC is a partnership of James Bell Associates and the Urban Institute. Support is provided by the Heising-Simons Foundation and previously was also provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations.

Suggested citation: Singleton, M., Atukpawu-Tipton, G., & Joraanstad, A. (2022, March). Advancing equity in home visiting. *National Home Visiting Resource Center Innovation Roundup Brief*. James Bell Associates.

Home Visiting Collaborative Improvement and Innovation Network 2.0 Health Equity Collaborative

About: Since 2013, HV CoIIN has used an adapted [breakthrough series model](#) and [scale methods](#) to advance improvements in process and outcome measures within the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. HV CoIIN 2.0 focuses on several topics, including health equity.

Goals and Purpose: Launched in summer 2020, the Health Equity Collaborative aims to develop and test an evidence-informed framework to support MIECHV awardees and their local agencies to advance health equity in home visiting. It also applies the hallmarks of the breakthrough series model by prioritizing peer sharing and content teaching through learning sessions, hosting monthly webinars to report shared measures and Plan-Do-Study-Act testing, and conducting monthly coaching calls with participating awardees and local agencies.

Who Is Involved: The Health Resources and Services Administration (HRSA) and Education Development Center (EDC) implement [HV CoIIN 2.0](#) through a cooperative agreement (HV CoIIN 2.0, n.d.). The EDC-led Health Equity Collaborative works with many partners, including HRSA's Maternal and Child Health Bureau, the Institute for Healthcare Improvement, Change Matrix, MIECHV awardees, local agencies, and families receiving home visiting services. Several experts from the home visiting field contributed to the development of the HV CoIIN 2.0 Health Equity Framework (Health Equity Framework), which is being tested by 3 MIECHV awardees (Florida, Michigan, Rhode Island) and 10 local agencies.

Definitions Established by HV CoIIN 2.0 and the Health Equity Collaborative

Health equity: All families served by MIECHV programs have fair and just opportunities to achieve the highest level of health and well-being. This requires that MIECHV advance and sustain family informed practices, policies and resources that value all home visiting participants and staff equally and engage in focused and ongoing programmatic and societal efforts that address historical and contemporary injustices. Health equity demands that MIECHV programs remove obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, transportation, safe environments, and health care with the goal of eliminating inequities in the key family outcomes that home visiting aims to improve.

Antiracist: Antiracist is the active process of identifying and challenging racism, by changing systems, organizational structures, policies and practices, and attitudes, to redistribute power and resources in an equitable manner.

Notable Details: The Health Equity Framework, adapted from the Institute for Healthcare Improvement’s [Pursuing Equity Framework](#), presents five primary drivers needed to build MIECHV capacity to advance and sustain health equity with families served by home visiting (HV CoIIN 2.0, 2021):

1. Health equity as a strategic priority
2. Antiracist infrastructure that centers families' lived experience and community context
3. Continuous quality improvement that explicitly promotes health equity in home visiting outcomes
4. Family-centered, antiracist service delivery
5. Relationships and linkages within and beyond MIECHV that center families' needs

The framework also identifies secondary drivers—i.e., elements that will result in a change associated with the primary driver—and change ideas for how local home visiting teams can put drivers in place. For example, the secondary drivers identified for “health equity as a strategic priority” include prioritizing health equity at all levels of the home visiting program, establishing health equity-specific goals and objectives, and obtaining commitment and accountability from senior leadership and decisionmakers to improve health equity with families. Related change ideas include establishing shared equity language and definitions to ensure a common understanding and use of terms, and assessing the readiness of the program to engage in health equity work.

The Health Equity Framework identifies primary and secondary drivers and change ideas for putting drivers in place.

Accomplishments: The collaborative has focused on defining health equity in home visiting and understanding how it may look in individual communities, bringing participants together around a common set of definitions (see sidebar on page 2), engaging caregivers as members of the CoIIN, and establishing a safe and productive community for reflection and learning. The creation of the Health Equity Framework provides MIECHV awardees and local agencies with a practical, feasible, and actionable path forward to achieve their equity goals.

The Health Equity Collaborative also supports teams in learning about the impact of their changes through data. For example, a modified version of the Mothers on Respect Index (MORi) is being tested to measure caregivers' experiences of respect when interacting with home visitors (Vedam et al., 2017). Data collected using the modified MORi can potentially help local agencies better understand the influence of equity efforts on their relationships with families and invite families to engage as leaders in these efforts.

Implications: HV CoIIN's Health Equity Collaborative supports home visiting programs seeking to initiate a journey to providing equitable and antiracist services. The collaborative is testing modifiable factors that promote health equity at all levels of the home visiting system (e.g., state, program, home visiting staff). The HV CoIIN 2.0 has prioritized leading with the voice of those with lived experience, diversifying teams to reflect the communities they serve, and using history to help contextualize their work with communities. These actions can help empower communities and more equitably redistribute resources and opportunities.

Upcoming Activities: The Health Equity Framework will be tested and refined through July 2022.

For More Information: Email Project Directors Zhandra Levesque (zlevesque@edc.org) and Mary Mackrain (MMackrain@edc.org), or the general inbox (hvcoiin2.0@edc.org) with questions and examples of home visiting equity work.

Michigan Home Visiting Initiative

About: The MHVI works to advance health equity in home visiting by investing in parent leadership and voice. This gives parents the ability to serve in leadership roles and shape the direction of policies and programs that impact their families. The initiative also encourages equitable approaches to data collection and analysis.

Beyond the work occurring at the state level, Michigan's Home Visiting Unit funds a Parent Coordinator position to help prepare parents to join key policy conversations. The Parent Coordinator position has played a lead role in Michigan's authentic engagement of families over the years in early intervention, home visitation, and early childhood systems building. This position also works to prepare state and local representatives to cocreate with parents and relies on additional opportunities such as the Parent Leadership in State Government Initiative.

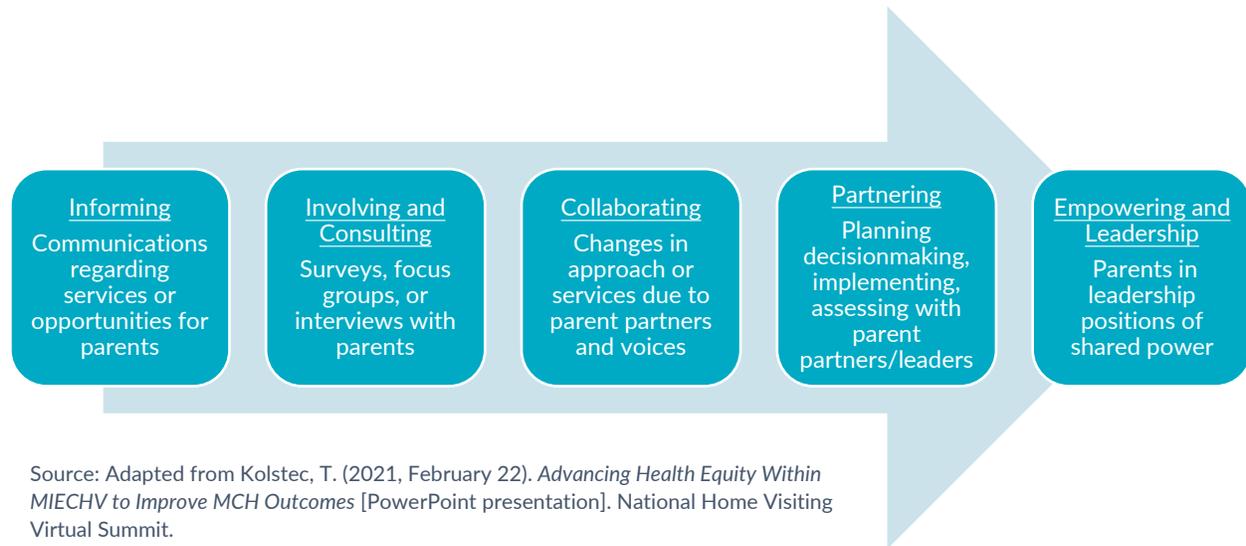
The Parent Coordinator supports collaboration among parents and state/local representatives during key policy conversations.

Goals and Purpose: The MHVI aims to advance health equity throughout home visiting practice and to implement strategies to incorporate equity in targeted ways.

Who Is Involved: The MHVI consists of partners from the Department of Health and Human Services (MDHHS) Public Health and Behavioral Health, Department of Education, Children's Trust Fund, Early Childhood Investment Corporation, Michigan Public Health Institute, Michigan Council for Maternal and Child Health, and Inter-Tribal Council of Michigan, among others. It aligns activities with Michigan's Mother Infant Health & Equity Improvement Plan to integrate interventions that encompass health and well-being for mothers and babies.

Notable Details: The MHVI established the Parent Leadership in Home Visiting spectrum (see exhibit 1), which describes how parent leaders become change agents to impact decisions.

Exhibit 1. Elements of Michigan’s Parent Leadership in Home Visiting Spectrum



Accomplishments: The Home Visiting Unit developed a Health Equity Spotlight Series that allows grantees to see how maternal and child health data are being disaggregated. The data are used to understand the experiences of families enrolled in home visiting and to help local agencies develop more focused improvement strategies. Two Spotlight Reports have been released to date.

Given the importance of understanding the disparities families are experiencing in social determinants of health (SDOH), Michigan is implementing mandatory SDOH screenings by home visiting programs. To prepare for screening, parents took part in a focus group to provide their expertise and experience being screened through home visiting. This has resulted in a core group of parents being brought together to address concerns parents have about oversharing their personal data and making sure their input is considered. The parent group also discussed necessary supports and training for home visitors and provided feedback on SDOH screening tools before implementation is rolled out to all local agencies.

The state has also led an ongoing investment in parent leadership. For example, the home visiting advisory group includes representatives from the state, local programs, and parents to ensure that more voices are heard, and requires a parent to serve as an advisory cochair. The Parent Coordinator prepares parents to present their viewpoints on home visiting program components and to advocate for themselves in a variety of settings.

Implications: Incorporating caregiver voice into early childhood organizations may lead to better outcomes for children and families. By making space for parents to be included as cocreators and decisionmakers of programs designed for them and their families, systems can be more effective in making equitable and culturally competent decisions.

Upcoming Activities: The MHVI is further encompassing parent leadership and voice through development of an equitable common process for state partners to seek parent voice. It will also facilitate parent-led groups to discuss family-level data, how data are shared, and how families could be better involved in decisions around data.

For More Information: Email Tiffany Kostelec (kostelect@michigan.gov), MDHHS Home Visiting Unit manager, or the MCHI inbox (MDHHS-HVInitiative@michigan.gov).

Massachusetts Racial Equity Movement

About: The Massachusetts Maternal, Infant, and Early Childhood Home Visiting Initiative (MA MIECHV) aims to embed racial equity into all aspects of the program, including data collection and analysis, staff recruitment and retention, and service delivery. These efforts take place within the broader context of the Massachusetts Department of Public Health (MDPH) Racial Equity Movement, the goal of which is to eliminate institutional and structural racism in its programs, policies, and practices. The movement also aligns with the [Title V Maternal and Child Health](#) priority to eliminate racism to improve maternal and child health.

Goals and Purpose: MA MIECHV is committed to improving the health and well-being of the families it serves, while eliminating the inequities that disproportionately affect communities of color. The Racial Equity Movement responds to the need to improve the public health workforce's capacity to promote racial equity within MDPH programs. MDPH staff, including those at MA MIECHV, are developing knowledge, tools, and resources to identify and address racism within core elements of public health work, such as community engagement, procurement, and data collection and analysis. MA MIECHV has worked to apply tools and resources from the broader Racial Equity Movement to program planning and implementation at the state and local levels.

Who Is Involved: In its racial equity work, MA MIECHV partners with programs and offices across MDPH, external training organizations and consultants, the MA MIECHV Advisory Committee, local agencies, and families.

Notable Details: The key components of MA MIECHV's work to advance racial equity include—

- ✔ Participating in coordinated approaches with the MDPH Racial Equity Movement
- ✔ Integrating a racial equity lens into procurement processes, including the content, clarity of information for applicants, and budgeting
- ✔ Applying a racial equity lens and structural analysis to data, continuous quality improvement, and evaluation activities, including the [Racial Equity Data Road Map](#) (Road Map)
- ✔ Funding and supporting professional development opportunities at the state and local levels, such as trainings available to home visiting program staff
- ✔ Facilitating meaningful stakeholder engagement in program development and implementation, including with families, local agencies, and the Advisory Committee

Accomplishments: Welcome Family, a MA MIECHV program, piloted the MDPH-developed Road Map, a collection of guiding questions, tools, and resources that offers a suggested methodology for using data to address racial and ethnic inequities in service delivery and health outcomes. The Road Map guides its users to authentically engage communities; frame data in the broader historical and structural contexts that impact health; communicate that inequities are unfair, unjust, and preventable; and design solutions that address the root causes of these issues. Welcome Family leveraged the Road Map to develop Plan-Do-Study-Act cycles to address racial and ethnic inequities in program performance measures.

Welcome Family piloted the Road Map to develop Plan-Do-Study-Act cycles to address racial and ethnic inequities in performance measures.

As part of the MA MIECHV Needs Assessment, Tufts Interdisciplinary Evaluation Research (TIER) recruited and trained individuals who identify as members of MIECHV and Title V focus populations (e.g., parents with disabilities, fathers, people who identify as Black, Indigenous, or People of Color) to facilitate family focus groups. MA MIECHV then engaged in the process of applying findings from the MA MIECHV Needs Assessment to programming over the next 5 years and built upon this community-driven work by contracting with a subset of community evaluators as program planning consultants. Together, they prioritized actionable program policies and practices with a focus on equity, and shared recommendations with MDPH for how MA MIECHV can address inequities identified in the needs assessment over the next 5 years.

Implications: The program's racial equity work is an opportunity to motivate funders, local leaders, and partners to fully recognize and understand that MIECHV has a role to play at the federal, state, community, and individual levels in addressing racism.

Upcoming Activities: In partnership with TIER and other programs, MDPH is planning to expand the community evaluator model implemented for the MA MIECHV Needs Assessment department-wide under a new COVID-19 grant to ensure MDPH's public health response to COVID-19 is guided by those most impacted. This project will involve training and partnering with community members on needs assessments, evaluations, and policy analysis projects on the effects of COVID-19 in their communities.

MA MIECHV is also developing guidance on best practices for using interpreters during home visits and developing a learning collaborative focused on equitable enrollment and retention.

For More Information: Contact Christine Silva (christine.silva@mass.gov), director of MA MIECHV.

Another Notable Initiative

The National Leadership Academy for the Public's Health (NLAPH) program focuses on improving population health by training multisector leadership teams through an applied, team-based collaborative leadership development model. This model develops skills that advance team and individuals' leadership knowledge, attitude, and practice to lead policy and systems change efforts (Leadership Academy for the Public's Health, n.d.).

In late fall 2020, representatives from the Advisory Committee of the National Home Visiting Network (the Network) were accepted into the NLAPH program through 2021. Their project focused on centering parent voice to advance equity in home visiting by building on the Network's racial equity learning journey. The Network's NLAPH team delved into discussions linking the leadership learnings to the Network's racial equity learning journey. The Network will issue a racial equity call to action in early 2022, and the NLAPH team will partner with the Network's Advisory Committee to move it forward.

For more information, email Melissa Kelley (melissaloukelley@gmail.com), National Home Visiting Network facilitator.

Conclusion

A number of states and organizations are developing innovative ways to incorporate health and racial equity into their home visiting programs and practices. The initiatives described in this brief highlight how the field can apply a more equitable approach to its work and better serve the unique needs of families. Meaningfully incorporating equity within state and local systems requires cross-sector partnerships and the engagement of caregivers and communities. Collaboration and shared learning will allow for continued progress.

Acknowledgments

Thank you to Emma Posner, Katie Stetler, Bryn Fortune, Tiffany Kostelec, Zhandra Levesque, Patricia Finnerty, and Mary Mackrain for sharing information about their equity initiatives in home visiting. Thank you to Allison Meisch, Joelle Ruben, and Jill Filene for shaping and refining the brief.

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