



## Home Visiting Collaborative Improvement and Innovation Network 2.0: Advancing & Sustaining Health Equity In Home Visiting

HV CoIIN 2.0 brings together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

### The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (CoIINs) using the Institute for Healthcare Improvement Breakthrough Series (BTS) to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. HV CoIIN 1.0 demonstrated that the BTS model can be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent spread and scale efforts. Currently, in HV CoIIN 2.0, we are using the model to address health inequities in local and state home visiting programs.

### What Are We Trying to Accomplish?

Launched early in 2021, the Health Equity Collaborative Improvement & Innovation Network (CoIIN) aims to produce an actionable, evidence-based framework that presents factors that are modifiable by MIECHV-funded programs to ensure sustainable changes leading to health equity in home visiting. HV CoIIN 2.0 acknowledges that there is not an existing equity framework that can be directly applied to home visiting. Thus, this is an exploratory project to co-create a framework that will improve equity in home visiting amongst various

implemented models, served communities, and funded agencies.

Home visiting strives to address equity by equipping the workforce with tools to identify fractures in the system that influence health disparities, and to promote and sustain health equity in the services provided to families. The workforce completes screenings such as well child visits, continuum of insurance coverage, referral linkage, and much more to capture potential health inequities that families experience. They also capture many of the participating families' social determinants at enrollment. MIECHV programs equip the home visiting workforce by providing ongoing training, safe spaces for processing bias that can create larger inequality gaps, and guidance for applying empathy to their caseload. In addition, programs are engaging parents as leaders in their program structure, community meetings, and CQI initiatives to center their work around the families' voices.

### How Are We Going to Accomplish the Aim?

The Health Equity CoIIN includes:

- **3 State Awardees:** Florida, Michigan, and Rhode Island
- **10 LIAs:** representing all home visiting models

- **Speaking 4 languages:** English, Spanish, Portuguese, Haitian-Creole
- **4 Expert Faculty:** Kelly Bower, Deidre McDaniel, Debra Morris, and Monica Gaines
- **2 Coaches:** Patricia Finnerty and Suganya Sockalingam

To capture progress toward the collective aim, each month LIAs complete a reporting template on their individual action steps and monthly measures. The monthly template identifies the following:

- Individual aim supported by contextual background information and conditions
- Analysis of the current problem
- Changes to test with action items and next steps

Quarterly, LIAs complete an equity assessment to gauge their readiness to advance health equity. It is hoped that, over the course of the collaborative, teams will see a change in overall score and create resources that help them not only strengthen, but sustain, health equity. Also quarterly, families receiving services from these LIAs complete the **Families on Respect Index (FORi)**. This survey was adapted from the Birthplace Lab's *Mothers on Respect Index* to assess the nature of respectful patient-provider interactions, and their impact on a person's sense of comfort, and perceptions of racism or discrimination.

Unlike previous CoIINs, data is captured in a measurement plan that collects quantitative *and* qualitative data. The framework is exploratory, making it essential that faculty intentionally: (1) insert new methods of data collection to analysis root causes of inequities, (2) progress in closing the gap, and (3) capture successful strategies to strengthen the framework. Participants learn how to collect *real* data, conduct data analysis, and communicate a narrative about the data. Home visiting professionals have access to coaching that supports learning and develops their confidence in working with families experiencing disparities.

## Current Progress

One of the first steps in this journey was to define health equity in home visiting as a collaborative. The following definition was created during the first virtual learning session, which spanned four days and laid the foundation for the work ahead:

### Defining Health Equity for Home Visiting

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.

Since then, the Health Equity CoIIN, with the support and guidance of expert staff and faculty, continues to lay the groundwork for equity-centered practices in home visiting services. Through tools like the quarterly equity assessment and the FORi, both of which contain quantitative as well as qualitative data, we have found that:

- The majority of caregivers submitting the FORi feel respected by their Home Visitor
- LIAs understand community partnerships and linkages as foundational components of health equity in home visiting

The Health Equity CoIIN is expected to conclude in mid-2022 and will subsequently undergo further data analysis.

"I love how she shows respect and supports and cheers us mothers on -- she gives uplifting ideas and words -- she is the best. Makes me want to be like her one day."

—FORi Respondent on her Home Visitor

HV CoIIN 2.0: Health Equity Key Driver Diagram & Change Package (May 2021)

For more information: <http://hv-coiin.edc.org> or email us at [hvcoiin2.0@edc.org](mailto:hvcoiin2.0@edc.org) to learn more.

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