



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

HV CollN 2.0 brought 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 (CollNs), using the Institute for Healthcare Improvement’s Breakthrough Series (BTS) Collaborative to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. HV CollN 1.0 (September 2013–August 2017) 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. In HV CollN 2.0 (September 2017–August 2022), we used this model to address health inequities in local and state home visiting programs.

Health Equity Framework

The Health Equity CollN aimed to co-create a framework to build MIECHV capacity to advance and sustain health equity with families served by home visiting.

Guided by equity efforts across health care, public health, education, maternal and child health and, more specifically, the needs and priorities of MIECHV awardees and their LIAs, the first step of the collaborative was to establish common shared language and together defining health equity for home visiting. 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.

The Health Equity CollN then identified five drivers (i.e., what needs to be in place to accomplish the aim), and change ideas (i.e., how teams can put those drivers in place) which guided teams throughout the collaborative. The **Primary Drivers** include:

- **Primary Driver 1.** Health equity as a strategic priority
- **Primary Driver 2.** Antiracist infrastructure that centers families’ lived experience and community context
- **Primary Driver 3.** Continuous quality improvement explicitly promotes health equity in home visiting outcomes
- **Primary Driver 4.** Family-centered, antiracist service delivery

- **Primary Driver 5.** Relationships and linkages within and beyond MIECHV center families' needs

Our Approach

Launched early in 2021, the Health Equity CollN included three state awardees (Florida, Michigan, and Rhode Island), 10 LIAs (representing all home visiting models), and various languages served (e.g., English, Spanish, Portuguese, Haitian-Creole).

To capture progress toward the collective aim, each month LIAs completed a reporting template on their individual action steps and monthly measures. The monthly template identified 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 completed an equity assessment to gauge their progress in each of the drivers. Over the course of the collaborative, teams saw a change in overall score and created resources to help them not only strengthen, but sustain, health equity. Also quarterly, families receiving services from these LIAs completed 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 CollNs, data was captured in a measurement plan that collected quantitative *and* qualitative data. Participants learned how to collect *REAL* data, conduct data analysis, and communicate a narrative about the data.

Home visiting professionals had access to coaching that supported learning and developed their confidence in working with families experiencing disparities.

Outcomes

By its conclusion in June 2022, the Health Equity CollN saw **improvements across all five primary drivers.**

Other key lessons included:

- A clear vision, a shared definition of health equity, and a common language supports teams to build capacity and advance towards health equity with families
- Health equity efforts required grounding in the understanding and acknowledgment of historical and ongoing context for racism and other forms of oppression
- Real time data captures progress and the impact of changes at both the structural-level and family-level.
- Fostering dedicated spaces for learning, investing in resources, and reflection create space for innovation and progress.

"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

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EDC 43 Foundry Ave, Waltham, MA 02453
E-mail: HVCollN@edc.org
Web: hv-coiin.edc.org

