

Georgia Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

2020 Needs Assessment Update

Maternal and Child Health Section
Division of Health Promotion
Georgia Department of Public Health

Agenda

- Overview
- Purpose of the Needs Assessment Update
- Methodology
- Results
- Conclusions
- Next Steps

Overview

Home visiting as a prevention strategy used to:

- Support at-risk families
- Promote infant and child health
- Foster educational development and school readiness
- Prevent child abuse and neglect



Purpose of the Needs Assessment Update

This needs assessment affords the State of Georgia the opportunity to:

- Conduct a thorough analysis of existing data
- Collect additional information from stakeholders statewide
- Complement the existing quantitative data and identify any emerging trends
- Identify any data gaps and incomplete data sets
- Establish baselines for future home visiting activities in Georgia

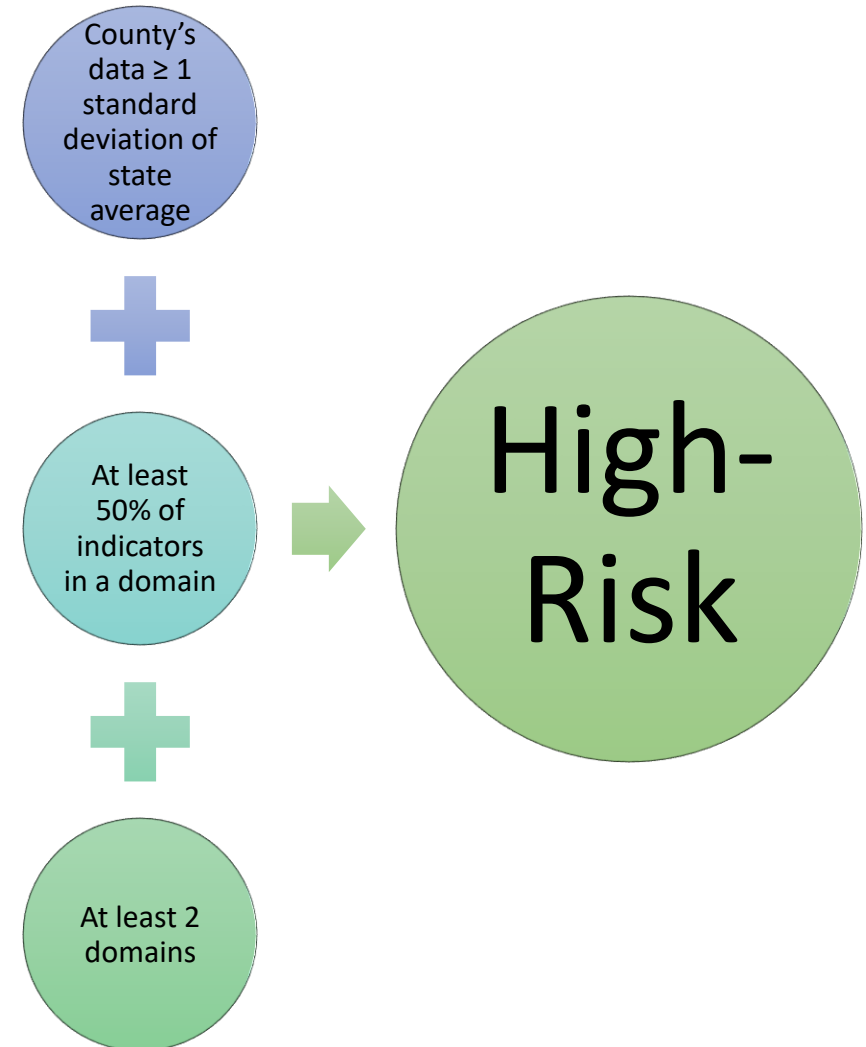
Methodology

Needs Assessment Components

- Community Risk Assessment: Simplified Method & Phase Two
- MIECHV - Completed 5 Focus Groups
- Community Readiness Surveys

Community Risk Assessment - Simplified Method

- For the Community Risk Assessment, HRSA offers an approach known as the Simplified Method
- Analyzes indicators from five domains:
 - Low socioeconomic status
 - Adverse perinatal outcomes
 - Child maltreatment
 - Crime
 - Substance use disorder



Example – Simplified Method

County*	Number of At Risk Domains	2017 Population	SES	Adverse Perinatal Outcomes	Substance Use Disorder	Crime	Child Maltreatment
Baldwin County	4	45,691	0	1	0.5	0.5	1

County	Poverty	Unemployment	HS dropout	Income Inequality	Preterm Birth	Low Birth Rate	Alcohol	Marijuana 2016	Illicit Drugs	Pain Relievers	Crime Reports	Juvenile Arrests	Child Maltreatment
Baldwin County	0.8	0.5	-0.5	0.9	1.1	1.1	0.8	0.2	1.7	1.4	0.9	1.3	2.3

Socioeconomic Status

Adverse Perinatal Outcomes

Substance Use Disorder

Crime

Child Maltreatment

At-Risk Communities in Georgia (Simplified Method)

County	Number of At-risk Domains	County	Number of At-risk Domains 2	County	Number of At-risk Domains	County	Number of At-risk Domains
Baldwin County	4	Toombs County	3	Elbert County	2	Rockdale County	2
Crisp County	4	Ware County	3	Emanuel County	2	Seminole County	2
Jenkins County	4	Warren County	3	Jasper County	2	Sumter County	2
Bibb County	3	Bacon County	2	Jefferson County	2	Taylor County	2
Clinch County	3	Ben Hill County	2	Lamar County	2	Treutlen County	2
Hancock County	3	Brooks County	2	Macon County	2	Twiggs County	2
Putnam County	3	Burke County	2	Monroe County	2	Upson County	2
Screven County	3	Colquitt County	2	Morgan County	2	Wilcox County	2
Spalding County	3	Clarke County	2	Rabun County	2	Wilkes County	2
Taliaferro County	3	Dougherty County	2	Richmond County	2	Wilkinson County	2

Community Risk Assessment - Phase Two

Bartow, Chatham, Liberty, Glynn, DeKalb, Whitfield, Muscogee, and Houston Counties were added as at-risk counties based on SIDS, infant mortality, and additional data points.

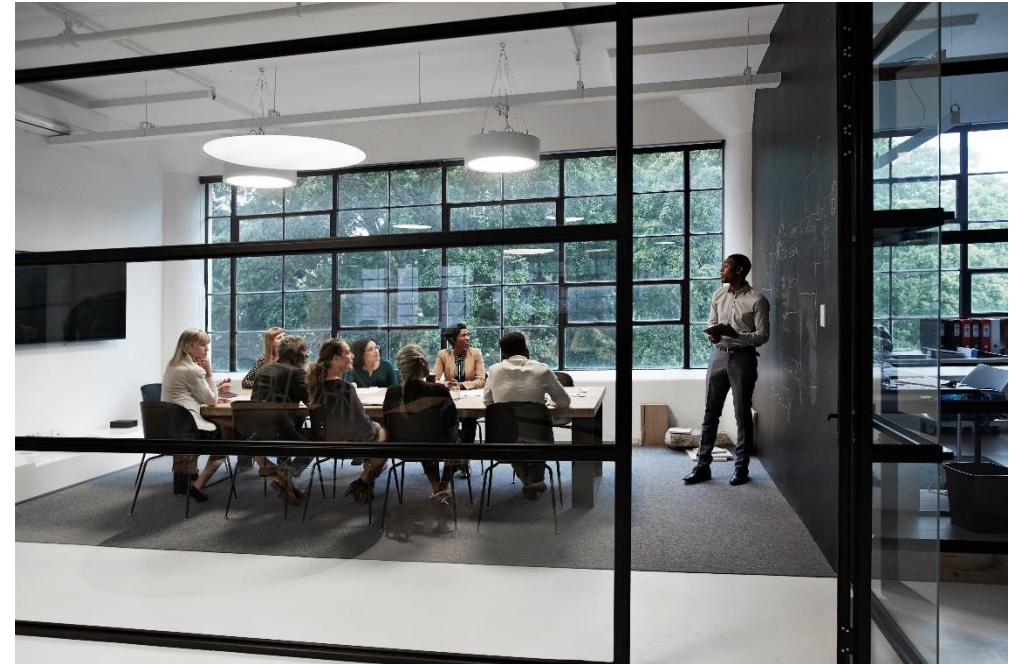


MIECHV Focus Groups

Five focus groups held with 21 participants

Topics included:

- Client population
- Community needs
- Organizational relationships and family supports
- Program strengths
- Opportunities for program improvement
- Recommendations



Community Readiness Surveys

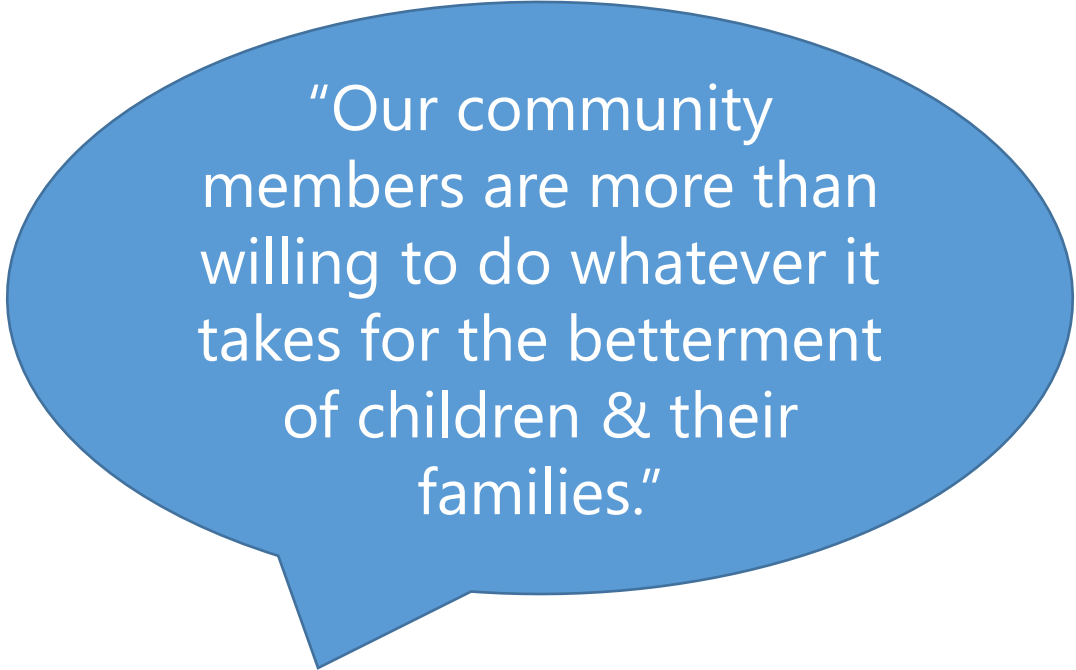
Three types of surveys developed:

- Community Service Providers=Local Implementing Agencies
- Community Leadership=Directors of Community Partners
- Other MIECHV Stakeholders=Parents, Community Agencies

Results

Support for Home Visiting in the Community

- Home visiting staff ranked community support as high
- Wide range of partners
- Partners instrumental to programs' success



"Our community members are more than willing to do whatever it takes for the betterment of children & their families."

Gaps and Challenges

- Delivery of Home Visiting Services
- Healthy System Barriers and Needs
- Individual Barriers and Needs



Home Visiting Services

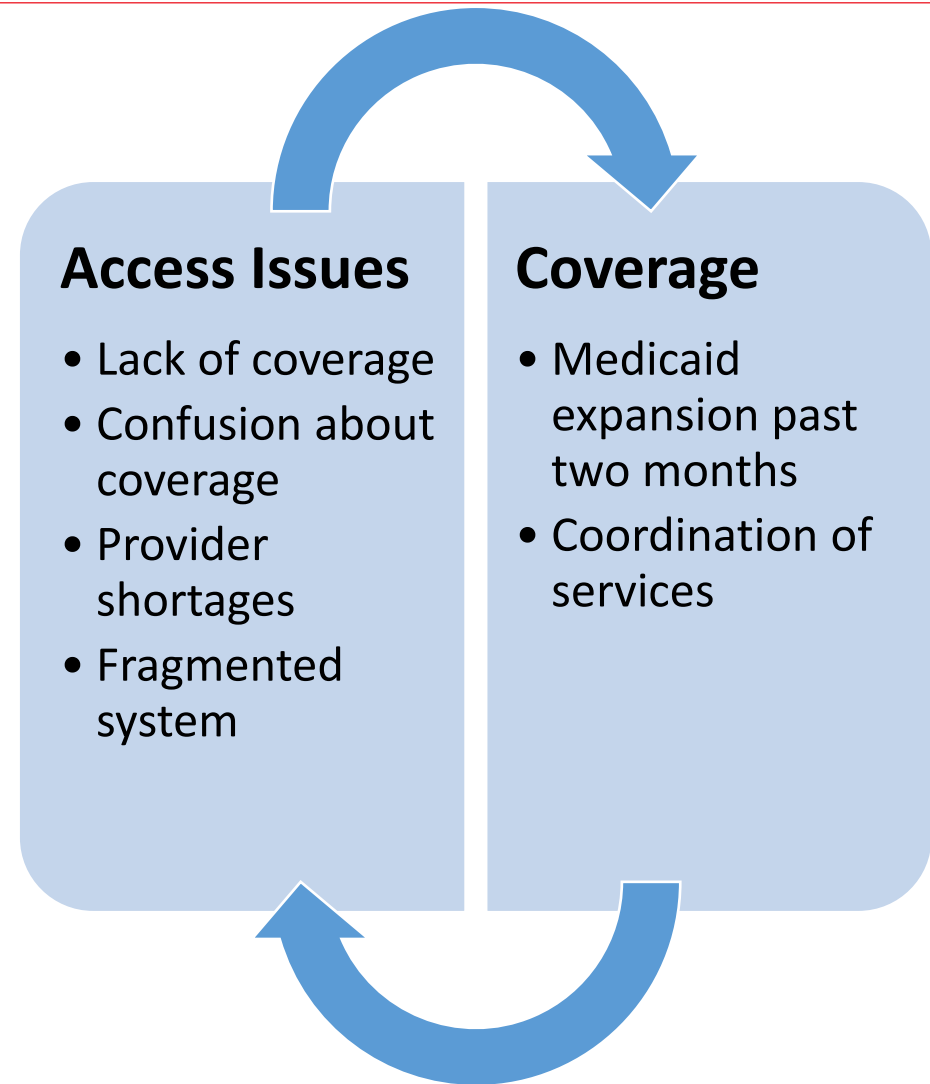
- 77% of home visitors and 93% of community leaders reported challenges to starting or expanding home visiting services in their communities
- Lack of phones or computers as major barriers to delivering home visiting services to clients

"A lot of programs duplicate services and often the perception is that programs are re-created without truly finding out what exists."

"Questions arise as to why funds were not put into existing programs with the experience and knowledge to expand their services, instead of implementing a new program."

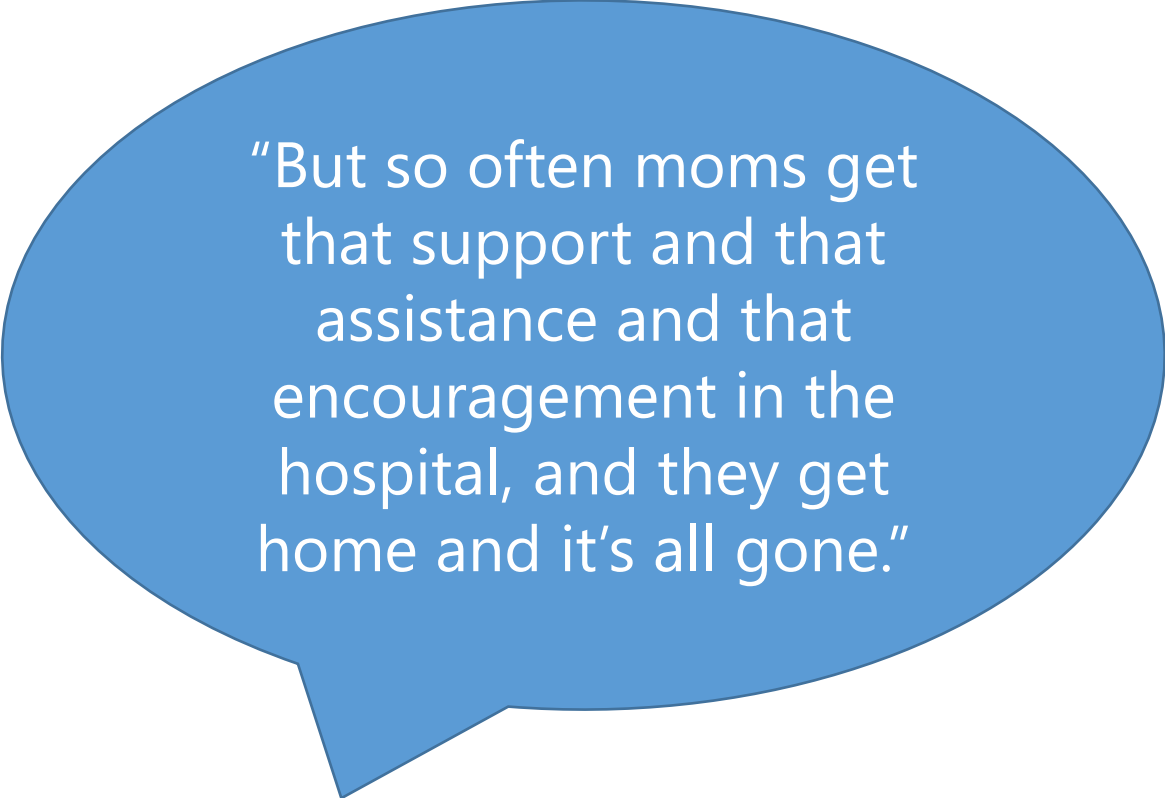
Health System Barriers and Needs

- Clients lack health care coverage or its complexity prevents care-seeking
- Inability to coordinate care once coverage ends



Individual Barriers and Needs

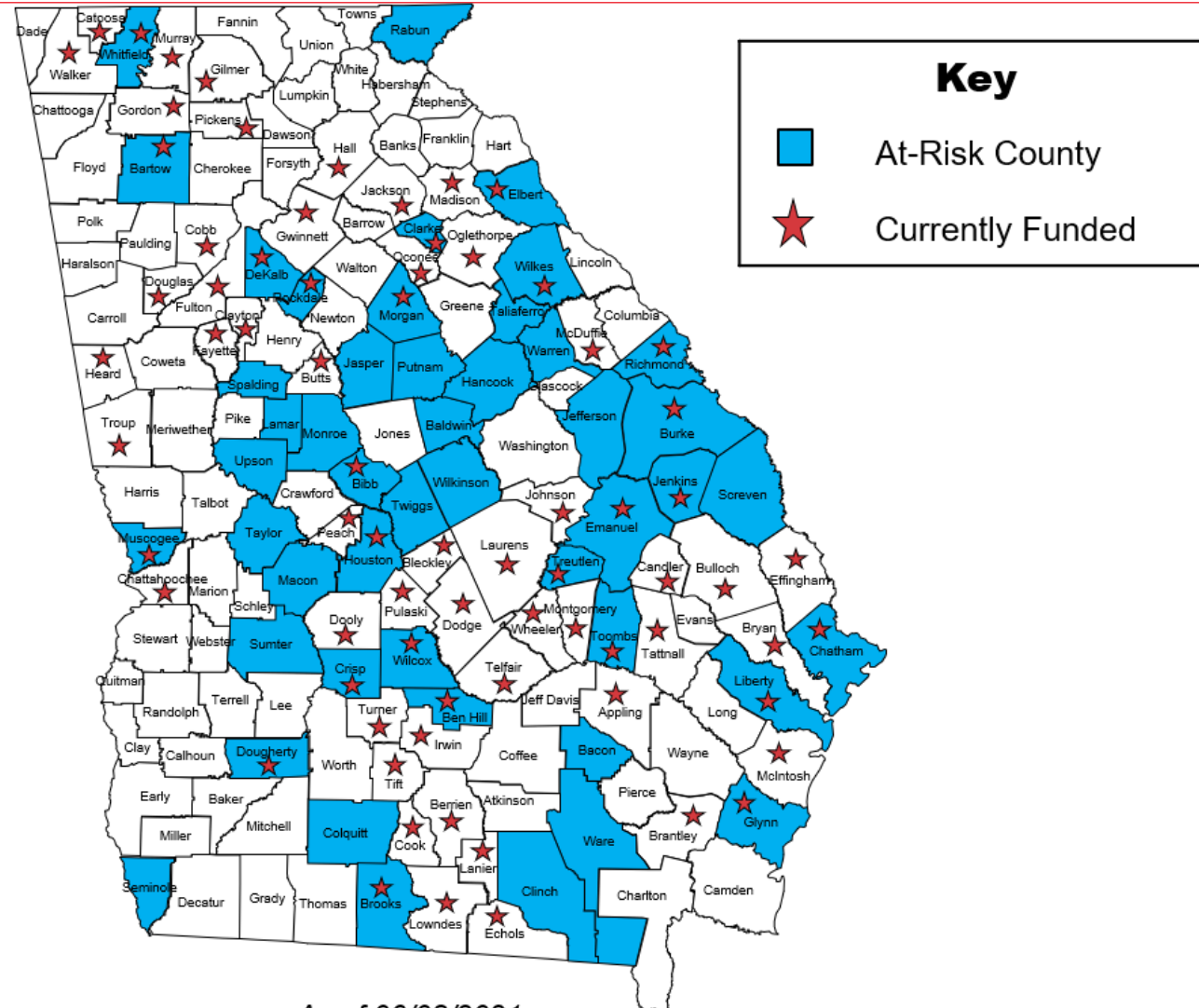
- Health literacy gaps in breastfeeding, medication adherence, reproductive health, and self-advocacy
- Mental health as a barrier to retention
- Cultural and language barriers
- Resources for basic needs, social support, education about child development and navigating health and social service systems



“But so often moms get that support and that assistance and that encouragement in the hospital, and they get home and it’s all gone.”

Conclusions

Georgia 2020 Needs Assessment At-Risk Communities



48 High Need Counties in GA
25 = Currently Funded
23 = Not Funded
73 = Total Counties Have Home Visiting Services (46%)

As of 06/08/2021

Recommendations

Staff

- Review support trainings provided for home visitors
- Expand the availability fatherhood support resources
- Provide mental health training for home visitors
- Update resources guides
- Improve coordination of care
- Improve home visiting workloads with technology
- Address workforce issues identified by home visiting staff, such as workplace flexibility

Recommendations Continued

Families

- Expand availability of perinatal health support services
- Encourage fatherhood support
- Integrate mental health services and referrals



Next Steps

Sustaining, enhancing and expanding home visiting services throughout Georgia

- Opportunity to expand existing programs into new communities
- LIAs to gather feedback on how GA DPH can address the recommendations.
- Continue the work with our Fatherhood State Lead (Wykinia Culbreth) to assist with the translation of best practices/resources to the LIAs.
- Reengage the Professional Development Workgroup to further assist with the needs assessment recommendations.

Thank You!

