Assessing women's healthcare access needs through the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Evaluation

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INTRODUCTION

- healthcare, access and utilization remain poor.¹ Despite significant annual US expenditures on
- The Affordable Care Act (ACA) aims to minimize health disparities in low socioeconomic status (SES) and racial minority groups in the US.²
- Individuals with lower SES tend to underutilize healthcare services due to numerous barriers.³
- Home visiting programs have been shown to positively impact healthcare access amongst individuals served. To address growing concerns over maternal and child health status in the US, the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program was created, initially under ACA.^{4, 5}
- Florida MIECHV promotes health and development for 1100 pregnant women, children and families with low SES through evidence-based home visiting.



RESEARCH OBJECTIVES

- The primary aim of this exploratory study was to assess the extent to which participants perceive the FL MIECHV program facilitates their access to healthcare.
- The second aim of this study was to assess whether FL MIECHV serves as a conduit to mental health services for program participants.

METHODS

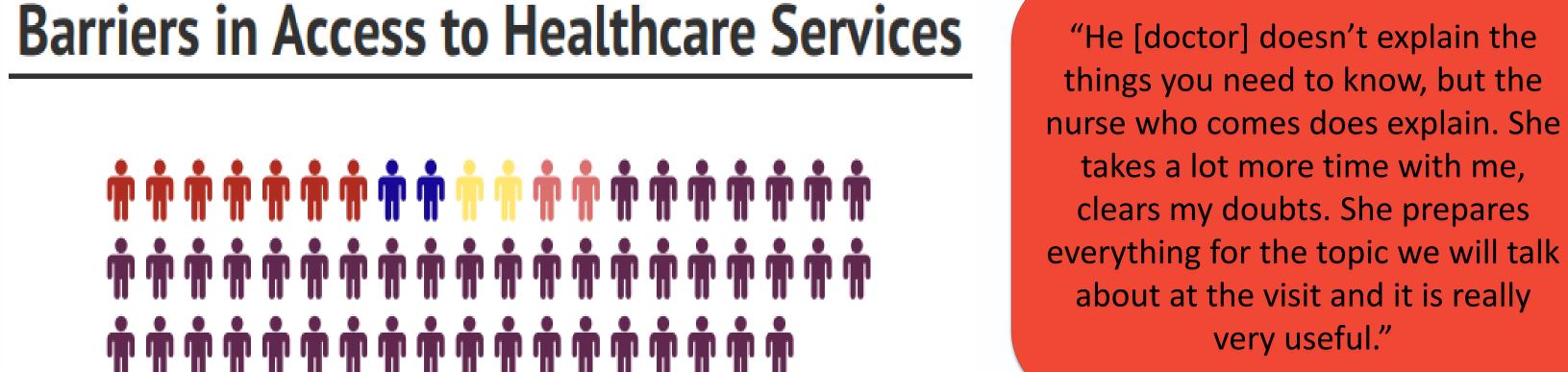
- > FL MIECHV participants were recruited for this study via fliers distributed by their home visitors.
- A \$25 gift card was offered as incentive for participation.
- After obtaining verbal consent, 58 semi-structured interviews were conducted in English, Spanish and Haitian-Creole via telephone.
- Topics of discussion included:
 - Healthcare experiences
 - Home visitors aid in access to care
 - Challenges in access to care
- Interviews were audio-recorded and transcribed.

METHODS

- Each interview transcript was reviewed for accuracy by FL MIECHV Evaluation research staff.
- A subset of transcripts were reviewed to develop a codebook using an inductive, grounded theory approach to identify emerging themes.
- > Transcripts were systematically coded by two independent raters.
 - 29 transcripts were used to assess inter-rater reliability
 - Kappa (K) = .788
 - Percentage agreement = 70.8%
- Codes were then analyzed to assess themes that emerged from the interviews.

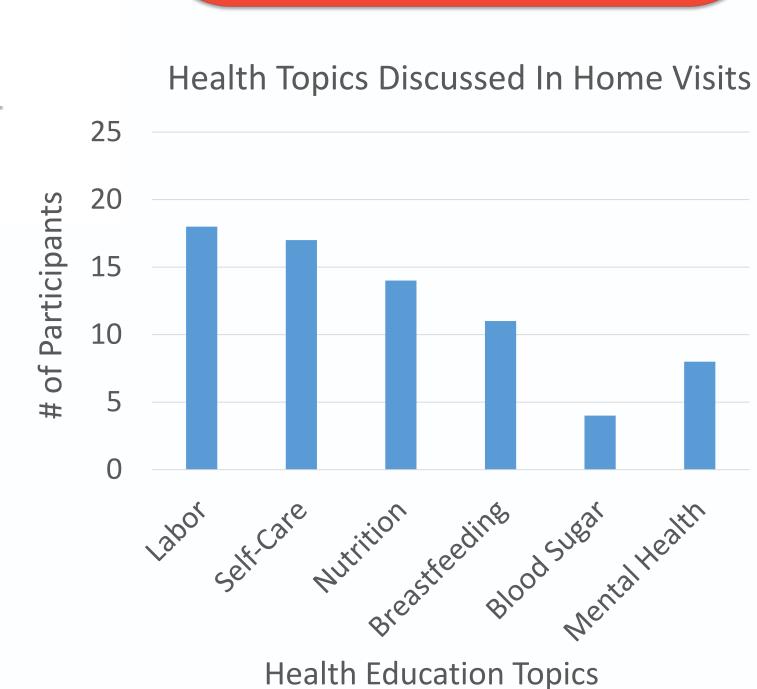
Participant Characteristics 26.53 yrs. Mean Age (n=55) 2(3.4%) 31(53.4%) Latina 20(34.5%) **Multiracial** 2(3.4%) Not reported 3(5.2%) Language (spoken during interview) 36(62.1%) **English Spanish** 13(22.4%) **Haitian-Creole** 9(15.5%) **Marital Status** 42(72.4%) Single Married 13(22.4%) **Separated or Divorced** 1(1.7%) 2(3.4%) Not reported Education Some High School and below 19(32.8%) **High School Diploma or GED** 17(29.3%) Some College and above 21(36.2%) 1(1.7%) Not reported **Employment** 35(60.3%) Unemployed **Part-time** 15(25.9%) **Full-time** 5(8.6%) 3(5.2%) Not reported

RESULTS





"I haven't used it yet due to my own schedule. That's why I haven't used it but I am planning on using it because I know it is going to be very helpful to me."



DISCUSSION

- > Participants described how the FL MIECHV program increases health literacy through multiple venues that include, but are not limited to: educational videos, handouts, pamphlets, etc.
- > Forty-four percent of the study sample discussed mental health in some capacity during the telephone interviews. Analysis revealed that:
- Mental health was the most offered/discussed service that was deemed unnecessary by the study participants.
- Some participants cited that their home visitor served as their emotional support/therapist.
- > An overwhelming majority of the study participants stated that they had or would refer a pregnant friend or family member to FL MIECHV.

"There's nothing you can lose with this program. You can only gain, gain knowledge and health and support."

- > Due to the open-ended structure of the interviews, participants reported on issues most salient to them. Thus, results may not be representative of health related concerns and experiences within the FL MIECHV population.
- > Further research utilizes additional methods to assess the extent to which healthcare is accessed by participants in FL MIECHV, including qualitative focus groups with program staff and quantitative data linkage and analysis.

RESULTS

- The primary emerging themes fell into two broad healthcare domains:
 - Primary and Obstetrical Healthcare

tor Medicaid."
"I didn't have access to
a doctor. She actually
referred me because I
told her, well we told
her, me and my
husband told her that
we were struggling
because we didn't have
insurance"

Mental Health Care

She helped me apply

Primary and Obstetrical Emerging Themes Participants Had or obtained Medicaid as their primary insurance during the 25.86% **15** Did not have insurance 17.25% Used a clinic as their main source of primary/OBGYN care 29.31% Stated that they had a primary care physician/OBGYN 5.17% Used a doula Referred to a primary care physician/OBGYN through their home 6.90% Received a health assessment (i.e. Blood pressure, weight and/or temperature) from their home visitor

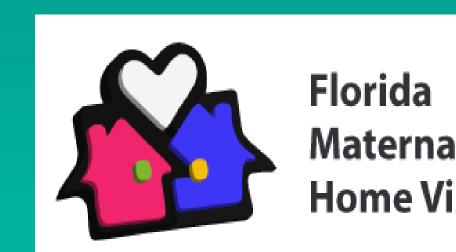
% of **Mental Health Emerging Themes** Discussed mood/mental health with their Home Visitor STRESS most the discussed Mental Health Issue Discussed other mood related issues (e.g., Anxiety, etc.) Identified their Home Visitor as a major source of support/therapist Received mental health services outside of MIECHV Stated they did not require mental health services

"Honestly, it is one of those things when you know that you are not alone and you always have somebody there to look out for you and help you in any situation." "I think of her as my

therapist."

JEARS

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Maternal Infant & Early Childhood Home Visiting Initiative





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