

COMMUNITY ENGAGEMENT MANUAL

EXECUTIVE SUMMARY



EVERY CHILD
SUCCEEDS®

*Preparing new mothers and their children
for healthy, successful lives.*

HOW COMMUNITY ENGAGEMENT MADE A STRONG HOME VISITATION PROGRAM EVEN STRONGER



After providing more than 500,000 home visits to help more than 23,000 low-income, first-time mothers in and near Cincinnati, Ohio, provide the best possible start in life for their children, the **Every Child Succeeds (ECS)** agency has the data and experience to plainly state: ***early childhood home visiting works.***

Years of research has demonstrated the positive influences provided by the social workers, child development specialists and nurses who serve as **ECS** home visitors. From pregnancy through the child's third birthday, **ECS** home visitors provide weekly, biweekly, or monthly services that target parenting skills, child development, home safety, maternal health, and self-sufficiency. In the process, they establish caring, trusting relationships with new mothers that promote positive parent-child interaction, support healthy child development, and achieve family sufficiency. Among the documented results in the 2015 **ECS** Report Card:

- Clear reductions in infant mortality
- Measurable improvements in children attaining early developmental milestones
- Documented success at early detection and treatment of maternal depression

However, as positive as these results have been, we at **Every Child Succeeds** also have learned a crucial lesson: no single agency can achieve and maintain such successes on its own. Sustained improvement against the challenges facing at-risk families, be it here in Cincinnati or in similar neighborhoods throughout the United States, requires meaningful engagement among community groups, program providers, local and state government agencies, and other concerned stakeholders.

The "how-to" guide you have received in this package is based upon learnings that **ECS** has experienced as part of a pilot project focusing on Avondale, one of several Cincinnati neighborhoods with a high concentration of at-risk first-time mothers. Our objective in creating this guide is to help agencies in other cities develop the strategies they will need to maximize the success of home visiting programs through effective community engagement.

WHO NEEDS HOME VISITING ASSISTANCE?

The sober reality is that 47 percent of all infants and toddlers in the United States live in low-income families, defined as at or below 200 percent of the federal poverty threshold (FPT). A quarter of all infants and toddlers live with families that are poor, with incomes at or below 100 percent of the FPT.

The figures become even more alarming when examining single parent households: 74 percent of infants and toddlers residing with a single parent are low-income, and 47 percent are poor. Although the number of single father households is rising, most single parent households remain headed by single mothers. Low maternal socioeconomic status increases the risk of numerous adverse child outcomes, including preterm birth, developmental delays, and child abuse.

In many cities, at-risk, single-mother households are concentrated among specific neighborhoods, which suggests that geographically targeted interventions may be an especially valuable method of deploying often-limited resources. This was a central factor in the **ECS** focus on Avondale.

WHAT IS COMMUNITY ENGAGEMENT?

According to the Centers for Disease Control and Prevention, community engagement is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.” In recent years, community engagement has been used increasingly to improve outcomes for children and families. Community-based initiatives such as the Harlem Children’s Zone are being implemented around the country. These efforts recognize that children develop in the context of their families, their caregivers, and their community.

Further, there is growing evidence that factors such as income, family and household structure, social supports, education, and neighborhood conditions have an impact on health and healthy development. These social determinants of health underscore the need to engage the community and individuals in targeted interventions that can have lasting, positive impacts. Interventions that focus solely on individual behavior without taking into account the physical and social environments in which the individual lives often do not reduce health disparities.

OUR AVONDALE RESULTS

ECS chose the Avondale community based on the results of a 2006 report released by the Child Policy Research Center at Cincinnati Children’s Hospital Medical Center that characterized the neighborhood as “severely disadvantaged” in terms of child well-being. Specifically, Avondale had a high incidence of infant mortality and preterm births, while the child poverty rate was two to three times higher than the county, state, and national rates.

As Avondale community leaders including businesses, residents, and pastors began working to address these disparities in maternal and child health, **ECS** developed an enhanced home visiting program that leveraged their involvement and commitment. The program enhancements, described in detail in the how-to guide, led to these outcomes:

- **Improved program retention:** 51 percent of families enrolled in the target community had a 12-month retention rate, compared to 38 percent of their counterparts enrolled in a standard **ECS** home visiting program.
- **Greater number of home visits:** Families in the target community received a median of 20 home visits, compared to 14 for their counterparts enrolled in a standard **ECS** home visiting program.
- **Improved program reach:** **ECS** reached 85% of families who were newly eligible for services and remained in the target community, compared to 27% countywide. (2011 data)
- **Higher prenatal enrollment rates:** Families in the target community were more likely to enroll in **ECS** home visiting prenatally than their counterparts enrolled in a standard **ECS** home visiting program.
- **Shorter wait times:** Families in the target community had a shorter wait time between referral to home visiting and the initial home visit than their counterparts enrolled in a standard **ECS** home visiting program.

A growing body of evidence indicates that factors including social capital, social cohesion, even the level of violence in a community, can affect the voluntary participation of families who receive home visitation services. To date, there has been little evidence about how to improve engagement and retention in home visiting. However, the **ECS** program encountered all these issues in Avondale, and developed strategies that mitigated their influence.

Our approach to this work employed the relatively new concept of “community-based participatory research,” a collaborative approach that brings researchers together with community members to work together throughout the research process to address an issue important to the community. **ECS** believes that community-based enrichment of home visiting is an effective example of this work in action. We plan to continue developing this approach.

The enclosed guide explores three fundamental elements of **ECS’s** community-based enrichment of home visiting strategy. It describes how we got started, how we leveraged individual capacity to enhance the typical home visit, and how we developed ancillary supports to go beyond the typical home visit. Practical tools and resources developed by **ECS** in support of this strategy are referenced throughout these sections.

This guide also addresses issues relating to resources and sustainability, the challenges we faced and lessons we learned. We hope you find this guide to be a valuable resource as you work to help children in your at-risk communities get their best start in life.

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“ECS is a great program for new moms. It gives you all the help and support you and your baby need. It helped me out a lot and still does. I feel very blessed to be a part of a program as good as this one! ECS visitors are very smart and caring. When they help you, it comes from the heart” -- Frankie Cox-John, ECS mom and Avondale Community Liaison (quote edited slightly for length and clarity).

WELCOME LETTERS

Letter from Judy Van Ginkel, President, Every Child Succeeds



Dear Friends and Colleagues:

I am proud to present our guide, **“Home Visiting + Engaged Communities = Family Success.”** This guide reflects our belief that families and community members are the heart of a community and essential to creating change in the lives of its residents. Over the last 16 years, **Every Child Succeeds** has worked to engage communities as true and equal partners in supporting children and families through home visiting and other strategies, as determined, developed, and enhanced by community members.

It has been and continues to be a learning process, and we are challenged and humbled every day by the men, women, and children who are living and succeeding in the communities in which we work.

We developed this guide to share our experiences with others who may be interested in enriching their communities through home visiting programs, supporting family and child well-being, and creating healthy, vibrant communities. We hope it is helpful.

Letter from Ennis F. Tait, Pastor, Church of the Living God



Dear Friends and Colleagues:

There are systems and practices that have been created to serve the needs of “the community.” However, these systems and practices often do not reflect the unique perspective, characteristics, and experiences of their target audience. To address this gap, **Every Child Succeeds** is partnering with community members and program participants to deliver quality home visiting services, channel information, empower action, and build capacity for success in the lives of families. I am proud to be a part of this work, and I invite you to learn more about engaging your community in home visiting to improve the quality of life for all families.

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GETTING STARTED: ENGAGING THE COMMUNITY IN THE PROGRAM



Defining and Assessing the Community

A community can be broadly defined as a group of people with something in common. Often, this means people who live in the same area, such as a neighborhood, Zip code, or city, but it can also refer to people who have similar characteristics or share an identity. Due to the place-based nature of the community-based enrichment of home visiting strategy, **Every Child Succeeds (ECS)** uses a geographic definition of community. While the **ECS Avondale** project focused on an urban neighborhood in Cincinnati, the strategy also can apply to suburban or rural areas.

Defining the community and developing a thorough understanding of community dynamics are the first steps in engaging a community in home visiting. Data and on-the-ground experiences help inform and shape understanding.

Data collection

Data on community demographics, employment, education, housing, health, environment, and crime provide a high-level portrait of the community and can be used to develop strategies tailored to the community. Metrics regarding poverty, and child and maternal health and well-being, are particularly relevant in providing a home visiting program.

Often, data can be collected from public data sources. The American Community Survey from the United States Census Bureau collects and makes available data at the community and Zip code level every year. Other data may be available from other local and state programs working in the community.

A few data sources and examples of key metrics are identified below.

Data Sources

U.S. Census/American Community Survey www.census.gov/acs

Examples of Key Metrics

- Families receiving WIC/TANF
- Children in poverty
- Unemployment rate
- Children in single parent families

State Health Department Vital Statistics

www.odh.ohio.gov/healthstats/dataandstats.aspx

- Medicaid births
- No or inadequate prenatal care
- Prenatal tobacco use (self-reported)
- Births to unmarried mothers
- Births to mothers under 18
- Preterm births
- Low birth weight
- Child mortality

Other local or community data sources

- Child abuse and neglect: Child abuse prevention agency, such as Hamilton County Jobs and Family Services
- Children with developmental delays: Home visiting programs track the number of referrals for developmental delays; pediatric medical providers may have data on children evaluated for developmental delays in a specific community.
- Community violence: Community level injury surveillance systems, such as Hamilton County Injury Surveillance System.

Recent studies or reports on communities can also highlight disparities and catalyze partnership. An Avondale public health report prepared by Cincinnati Children's Hospital Medical Center showcased the stark disparities in child well-being and maternal and infant health measures for Avondale compared with those of the greater Cincinnati community. This report set the stage for bringing home visiting to this community.



On the ground experience

Even more important to developing a comprehensive understanding of a community is conducting on-the-ground research in the community. Knocking on doors and getting out in the community is necessary to understanding its social structures and dynamics. How politically or civically engaged are community members? Who are the trusted individuals and opinion leaders in the community?

What services and resources are available in the community, and how do families access those services and resources? These questions can be answered only by spending time in the community. Getting to know the unique strengths and assets in the community can help determine whether a community is prepared to launch a successful community-based enrichment of a home visiting strategy. Ideally, a community will have some key assets that can be employed to begin and grow efforts to engage the community in home visiting. Examples of such assets include churches, community or neighborhood councils, economic development organizations, or schools. Community-based enrichment of home visiting is more likely to be successful in communities with social or organizational strengths that can help engage community members in the issue.

Appendix A (Page23) provides additional questions for reflection that can be used to guide community assessment efforts.

Partnering with the Community

Building trust and developing relationships is fundamental to engaging a community in home visiting. This begins with efforts to get to know its residents and leaders. By reaching out to community residents and leaders and establishing an on-the-ground presence in the community, home visiting program providers show that they are invested in the community and want to work as a collaborative partner – one with an equal say in the goals for the families, the community and the activities of the program.

Efforts to assess and partner with a community must be culturally competent. Cultural competence has been defined as “the knowledge, skills, and attitudes that allow an organization to work effectively with diverse racial, ethnic, religious, low income and other social groups.” Cultural competence includes an understanding of cultural domains, including heritage, communication, family roles, workforce issues, nutrition, pregnancy and childbearing, and spirituality. “A culturally competent organization has the capacity to bring into its system many different behaviors, attitudes and policies, and work effectively in cross-cultural settings to produce better outcomes.” In other words, to work effectively with a unique population, you must have a clear understanding of its cultural beliefs and values. This understanding is vital to successful outreach and engagement efforts.



Identify community champions

The efforts described above to assess and reach out to community members likely will identify one or two community champions. These are trusted opinion leaders in the community who are invested in improving outcomes in the community and who are willing to engage other community members and social service organizations. The goal is to enlist others in a partnership group focused on home visiting and improving child and maternal outcomes in the community.

The community champion chairs the partnership group. Individuals who serve as champions/partnership chairs vary from community to community and could include faith leaders, local social service agency leaders, or community residents. Partnership chairs receive strong support from the community engagement coordinator in executing the partnership; it is essential that this individual can fill the role of champion within the community.

Identify an anchor organization

To effectively engage communities in home visiting, ECS identifies a trusted “anchor” organization in the community. This includes an actual physical space that can serve as a home base for the home visiting program within the community. The anchor organization helps bring home visiting out of the home and into the community.

The decision on where to locate the anchor is informed by assessing where services are provided in the community, and where children and families congregate. Community residents and leaders can help identify places in the community that are open, well-known, and respected. In Avondale, a local church serves as the anchor; in Price Hill, the anchor is a long-standing social services organization. Other potential anchors include schools, health departments, community council buildings, and recreation centers.

Convening Ongoing Partnership Meetings

Once community champions and partners and an anchor organization have been identified, partnership meetings can begin. Initial meetings should seek input from community stakeholders about neighborhood priorities. Because each community is unique and should be empowered to originate and determine the focus of partnership and its activities, it is not expected that each partnership will look the same or take on the same work.

Subsequent meetings are used to identify community-centered strategies that build on community strengths, are sensitive to local family needs, and that can be delivered in connection with the home visiting program. Regular partnership meetings continue in an ongoing manner to share program data, exchange information and ideas, and leverage connections to other resources and initiatives.

Partnership meetings should occur the day after family group meetings ([described on page 13](#)) to ensure that the partnership is kept up-to-date with the most current information on challenges and successes experienced by community members. These meetings facilitate assistance in crisis situations. Home visitors working with families in the community alert the community engagement coordinator when a family is facing a crisis, and the community engagement coordinator can bring those issues to the partnership. Community supports can then help to alleviate the crisis.

The partnership serves as the collective voice of the community. Its role is to ensure a strong program-community connection and to guide efforts to support children and families. Key members of the partnership may include local faith and community leaders, business leaders, social service providers, development corporations, and community council members. Membership is open, and interest in the partnership can evolve over time as it becomes better known through outreach and word of mouth.

In Avondale, the initial partnership group was chaired by a pastor and included community members, business leaders and other pastors. See Appendix A ([page 24](#)) for a sample partnership Memorandum of Understanding (including organization affiliation form) and a sample partnership meeting agenda.

The Importance of Setting Goals, Collecting Data, and Measuring Success

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To ensure accountability, the partnership should set goals and develop an evaluation plan. While the specific goals and plan employed by a partnership will vary due to the unique features of each partnership and each community.

The overall goal is to improve maternal health and child outcomes through increased engagement and retention in home visiting. The goals of the partnership should be aligned to these goals. Improvements in child and maternal health outcomes or family self-sufficiency can be measured to assess the impact of the program and the partnership. Satisfaction surveys administered to program participants can be useful in understanding what is resonating with community members and what is not.



Collecting and analyzing data is important to measure progress and identify successes and challenges. Data collection and analysis efforts do not have to be complicated (see [page 5](#) for some data resources). The partnership can determine a few key questions to determine whether the strategies employed are having the desired effect. These questions can be answered using both process and outcome measures. Process measures provide information on how a program or initiative is being implemented. One key process measure that the partnership may want to use to assess implementation of community-based enrichment of home visiting is the Fidelity Checklist, provided on [page 27](#).

Outcome measures provide information on the results of a program or initiative, and should be aligned to the goals of the partnership. For some examples of process and outcome measures and a sample evaluation plan, see [page 28](#). An ECS issue brief ([page 36](#)) provides an example of how to use data and report findings.

ENHANCING TYPICAL HOME VISITING PRACTICE: LEVERAGING INDIVIDUAL CAPACITY



Community Engagement Coordinator

The leader of the community-based enrichment of home visiting strategy is the community engagement coordinator. This is a dedicated staff person who leads community engagement and program outreach in the community. He or she represents the program in the community and is a consistent presence, visiting homes, businesses and other organizations and meeting people. This role is focused on building relationships, so personal interaction with program participants and community stakeholders is critical. He or she should be available to the community and able to make connections between people, programs, and resources.

The community engagement coordinator leads community assessment efforts and facilitates the convening of the partnership described in the previous section. He or she works closely with the partnership chair(s) in convening and facilitating partnership meetings. The coordinator works with home visitors to identify challenges and opportunities for program participants, such as linking participants with resources or job opportunities. The community engagement coordinator also facilitates the provision of ancillary supports for the community, described in Section VI below.

A sample job description for the community engagement coordinator position can be found in Appendix A.

Community Liaisons

The other key program enhancement is hiring and training community liaisons. Community liaisons are parents and residents of the community who are empowered to take a leadership role in the community. Alongside the community engagement coordinator, the community liaisons represent the

program in the community. They provide information, encouragement, and connection to resources for the families who reside in the community. The position builds leadership capacity and provides networking opportunities for the community liaisons as they connect with people and organizations through this role.

Community liaisons are compensated by the program and selected via input from program staff. Staff look for skills that include an outgoing and likeable personality, a strong voice in the community, presentation skills, and trustworthiness.

Community liaisons have two key functions. The first is to assist the community engagement coordinator with crisis intervention. Program participants often experience crisis situations, and the community liaisons serve as a bridge between the participants and the community engagement coordinator to ensure a full, immediate, and supportive response to the crisis. The second key function is representing the program in outreach and recruitment efforts in the community. This includes developing strategies to engage the community, representing the program at community events, assisting with the provision of ancillary supports (discussed in Section VI below), and canvassing the community to meet residents and raise awareness of the program.

The community liaison role is intended to change over time to adapt to the capacity of the individuals in the role and the needs of the community. For instance, a liaison in the Avondale community assists with a fathers' group that was created in response to an identified need in the community. Liaisons also focus on specific issues that are important to the community, such as assisting families with preschool readiness.

Community Liaison Training

Community volunteer Terresa Adams introduces a mapping process to the Avondale community liaisons as they identify strategies to reach more families.



Community liaisons know the community, its people, and are part of the community culture. Their association with the program builds trust within the community. At the same time, they bring community perspective to the program and to the engagement strategy, and provide insight into what will have an impact on community members. A sample Community Liaison job description can be found on [page 30](#).

Home Visitors

In community-based enrichment of home visiting, program participants are engaged in traditional home visiting services while having access to supports in the community. Home visitors are vital in this strategy – they provide support and connections to resources that help families achieve their goals. They foster connections to the ancillary supports provided in the community ([discussed on page 13](#)).

Home visitors participate in quarterly meetings with their supervisors and with the community engagement coordinator to share updates on families, discuss process improvements, and review goals and targets. A sample operations meeting agenda can be found in Appendix A.

Successful implementation of community-based enrichment of home visiting depends on a strong relationship between the home visitor and the community engagement coordinator. Home visitors work with the community engagement coordinator to share successes and challenges of program participants, provide crisis intervention, and recruit and retain families in the program.

Recruitment, Outreach, and Marketing

Community-based enrichment of home visiting uses a variety of methods of recruitment, outreach, and marketing. Participants in community-based enrichment of home visiting continue to be referred through traditional home visiting routes: hospitals, prenatal clinics, and community agencies. As community engagement efforts get underway, however, outreach, recruitment, and marketing naturally become more active and tailored to the specific community. Partnership members who work in the community, such as church leaders and service providers, refer community members to the program.

Community liaisons help identify effective advertising and marketing efforts that will appeal to community members. Efforts may include posting flyers in public spaces, hosting booths at public events, or simply walking around the neighborhood talking with people. The goal of these efforts is to generate interest in the program and promote a sense of pride and positive feelings throughout the community.

Outreach and marketing efforts evolve as the community becomes more invested and participants and community liaisons grow in leadership capacity. As the program becomes better known in the community, child care, health care, and law enforcement professionals can become referral sources as well. In Avondale, community liaisons are working to develop events and radio advertising campaigns to raise awareness of the partnership and the family groups happening in the community.

Community members may also use social media, such as Facebook, to communicate with one another and raise awareness of the program. Programs should use caution when communicating via social media to ensure that the privacy and confidentiality of program participants is maintained.

GOING BEYOND TYPICAL HOME VISITING PRACTICE: DEVELOPING ANCILLARY SUPPORTS FOR THE COMMUNITY



Ancillary Supports Respond to Community Needs

Additional opportunities for residents to learn about and participate in home visiting can be created through ancillary supports such as family groups or a weekly pantry.

Family groups

As ECS began its community-based enrichment of home visiting strategy, we found that social isolation was a concern in the Avondale community. Residents, ministers, and emergency responders in the community reported that mothers were socially isolated and afraid to leave their homes due to violence in the community. These women were often depressed and lacked community connections and social supports. In response to this identified issue, ECS began a support group for mothers in the community. These regular two-hour sessions cultivate social support networks and provide exposure to content identified as a need by participants (for example, job skill development and employment opportunities, education regarding child care/preschool selection, nutrition, health, or child safety). The groups promote connections to community supports and resources by sharing information and bringing in guest speakers to make a direct connection with group members. Food and child care are provided at the meetings to encourage attendance.

Support groups should be tailored to the needs of the community and may shift or expand in response to community need. In Avondale, a fathers' group was created to respond to an identified need in the community: fathers did not have opportunities to come together in a supportive way, and the majority of parenting resources were aimed at mothers. Now regular fathers' group meetings provide an opportunity for fathers to get the support they need in their role as parent. The mothers' support group has likewise adapted to include other family members and caregivers.

While mothers are a natural place to start, communities may decide to develop support groups for other groups in the community that are caring for children or taking on a leadership role with families. There might be a need for support for fathers, uncles, pastors, or other men that are serving as male role models in the community. Other communities may determine that support groups will not meet the needs of the community, and pursue other ways to support children and families. See [page 32](#) for an example of a support group flyer.

Pantry

An important component of ECS's community-based enrichment of home visiting strategy is a weekly pantry that distributes donated items – diapers, formula, clothing, and other child care items – that are needed by families. Community partners and social service organizations are aware that the pantry is targeted to families with children from birth to age 3, and can help provide and arrange donations that meet these specific needs. The pantry also provides information on other resources that are available to young families in the community. Ancillary supports should build on existing resources where possible. In Avondale, a pantry was established in the church that serves as the anchor organization. In Price Hill, local providers were already providing a pantry, so there was no need to provide this additional support.

The parents' groups help the child and the parent, too, with things like emotions and housing. It helps you out overall in life. My daughter was a preemie, which is one of the things that the program tries to prevent. My home visitor went with me to my appointments and she helped me along the way. She was there to listen, and I did not need to worry about her judging me. She knew how to get the resources. I have given back, as well. As my son and daughter have gotten bigger I have donated their clothes and shoes so that other people can use them. Both the home visitor and the program are a friend.

Jessica Sneed, an Avondale resident and mother of two who has participated in community-based enrichment of home visiting (quote edited slightly for length and clarity)

Ancillary Supports Reinforce the Program

Beyond supporting the needs of community members, ancillary supports also reinforce the home visiting program.

Family groups

Home visitors and supervisors attend family support group sessions, which enable them to gain insight into how participants interact with their peers and respond in group settings. The support groups empower home visiting participants by fostering confidence and providing leadership opportunities. Support groups are a place to recognize and celebrate home visiting participants and their children.

Regular group meetings offer a means of connecting with program participants who have difficulty attending home visiting appointments due to work schedules, competing appointments, or stresses in their lives. The group meets at the same time and place and participants can attend any time they are able. Regular group meetings also offer an opportunity to reconnect with participants who have moved or otherwise been out of contact. Finally, support groups serve as natural program outreach, as they are open to the community and participants are encouraged to bring others.

Pantry

A community pantry offers another opportunity for program outreach and connection with participants. As with the support groups, the pantry is held at the same time and place on a regular basis. ECS has found that the community pantry is a way to reach individuals outside of the traditional home visiting population, including fathers. For instance, a community liaison in Avondale first became involved in the program because he saw a flyer for the community pantry after receiving custody of his son and needed baby supplies.

Pantry volunteers ask individuals using the pantry to complete a client information card, which is kept on file and is updated every time he or she returns to the pantry. The client information card assists in identifying eligibility for home visiting and other services available in the community and helps maintain contact with a transient and difficult-to-reach population.

An integral component of the ECS home visiting program is moving families toward self-sufficiency. Individuals accessing the pantry are asked to volunteer with various tasks to support the pantry before accessing any items. These tasks include things like cleaning toys or folding clothes— tasks that help the pantry run smoothly. Volunteer time is tracked and the community engagement coordinator will provide a letter to potential employers or educational institutions documenting the volunteer's time and experience assisting at the pantry. This volunteer aspect fosters autonomy and job skills among community members while also supporting the operation of the pantry. An example of a client information card is provided on [page 33](#).

The Importance of Community Volunteers

Community volunteers are an integral part of providing ancillary supports. Community-based enrichment of home visiting engages volunteers who live and work in the community to assist with family groups, the pantry, and other aspects of the program. Volunteers provide support to the program in a variety of ways – assisting with sign-in, organizing and distributing supplies, serving meals, or providing child care.

Some volunteers are trained in areas such as engaging fathers, safe sleep, or breastfeeding, so they can assist program participants with these issues. Volunteers also support and smooth the experience for individuals who are attending the pantry or support group for the first time or otherwise need additional support in these settings. Such experiences can be overwhelming for new moms and dads or individuals who are living in crisis or with high levels of stress. Volunteers are trained to engage these individuals, help ensure they are comfortable in the situation and have a positive experience.

Many of our families in the Avondale community attend the parenting group and the pantry. At the parenting group, they receive a warm, nutritious meal and prenatal/parenting education, as well as community support. They receive health information from premed students at the University of Cincinnati as well as pediatricians from Cincinnati Children's Hospital. Parents in Every Child Succeeds also get the benefit of receiving fresh fruits and vegetables from the community nonprofit marketplace, Gabriel's Place. Our dads have the opportunity to attend our "Soldiers" parenting groups and receive support from a male coordinator to address personal and parenting issues.

*The Avondale program impacts the families in a great way no matter their age, race, gender, or socioeconomic status. **Every Child Succeeds** assists in creating the bond between the parent and child, laying the early foundation for their success in life. As a result we see the journey for LEARNING beginning to unfold.*

Arista Warrenhuffman, ECS Family Support Worker (quote edited for length and clarity)

Community Involvement

Employees and staff from the University of Cincinnati joined the members of Carmel Presbyterian Church in an all-day cleanup day as part of the UC Serves program. The UC Serves volunteers painted the front of the Carmel Presbyterian Church main entrance doors. Students from Gamble Montessori also participated. They received community service hours for their time and talents.



Involving community members in managing support groups and pantries helps build trust in the program.

When community members see people who share a similar background getting involved in the program, it demonstrates that the program is working with the community in a tangible way. It also provides an opportunity for volunteers to give back to their community and support their friends and neighbors. Volunteers learn more about the program and can become advocates for the program and for the community.

The Importance of Place

Tying the home visiting program to a physical space in the community is important in community-based enrichment of home visiting. This connection grounds the home visiting program and weaves it into the fabric of the community. Providing support groups, a pantry, and other activities and supports in a location such as a local church where community members congregate makes it easy for them to take advantage of resources provided and reinforces that the program is part of the community.

Research and experience shows that families are more successful when they live in solid, compassionate communities. Ensuring that all neighborhoods become these types of thriving communities requires intentional efforts to build community capacity. Community-based enrichment of home visiting recognizes this and seeks to engage not just program participants but the whole community i to create places where children and families can thrive.

RESOURCES AND SUSTAINABILITY



Resources

The overall goal of community-based enrichment of home visiting is for the community to come together in support of young children and families. Home visiting is viewed as a resource that helps everyone learn how to support children in getting an optimal start in life. It is embedded into other systems serving the community and seen as a part of the community.

Much of the groundwork in achieving this goal is accomplished through the efforts of the community engagement coordinator and the community liaisons, as described in previous sections of this guide. These individuals are a community-based enrichment of home visiting strategy's most vital assets.

Beyond the human resources, there are also material resources and assets that should be obtained to support community engagement efforts around home visiting.

- Adequate space: The anchor organization must have space to host groups and meetings
- Equipment: Tables, chairs, paper
- Information technology: AV equipment, computer, Wi-Fi access, printer, cell phones
- Pantry items: Donated baby and child care items
- Transportation assistance: Bus passes, vans, or other assistance

Material supports may be provided in-kind by a community partner or by the home visiting program. Additional information on building a community engagement budget is included in Appendix A to assist in planning and development efforts.

Sustainability

Focusing on sustainability from the beginning is critical to a successful community-based enrichment of home visiting strategy. Ongoing funding and material resources are necessary, but not sufficient, to generate and support the community's ownership of home visiting and the outcomes for children and families it seeks to attain.

Engaging community members as equal partners and empowering them to determine priorities and activities from the outset fosters sustainability. The program, through its community engagement coordinator and community liaisons, must also maintain an ongoing presence in the community to demonstrate real commitment and partnership with the community.

Capacity-building among participants also supports sustainability, as those individuals can become community leaders and advocates for the program. Regular partnership meetings and ancillary support events (support groups, pantries, etc.) create continuous opportunities to involve new participants, address challenges, and improve and enhance the program and services offered. These efforts help ensure that the community and the home visiting program can maintain a strong and enduring partnership.

CHALLENGES AND LESSONS LEARNED



As ECS has developed our community-based enrichment of home visiting strategy, we have faced challenges that fall into two basic categories: home visiting program challenges and community challenges.

Home Visiting Challenges

The first set of challenges consists of those likely to arise in the provision of home visiting, regardless of community or the community engagement strategy employed.

Initiating and sustaining relationships with home visiting participants

Home visiting is an intensive, relationship-based prevention strategy. Many home visiting participants navigate challenges in their home or community environment – unsafe conditions, drugs, and violence - from which they want to protect a home visitor. Participants may also be reluctant to answer the in-depth questions that home visitors ask. They might encounter difficulty in keeping regular appointments due to work and school schedules, competing appointments, or crisis situations.

Often these families need some sort of support, whether it be diapers or wipes or just someone to check on them and ask how they are doing. The benefit of community-based enrichment of home visiting is that providing ancillary supports is a less-intensive strategy that can be used to engage families in their children’s development when home visits are not possible. Sometimes these families move from attending the pantry to enrolling in home visiting, sometimes they don’t, but the ancillary supports provide a place for home visitors to engage these families and keep trying. Community liaisons are a key asset in efforts to identify what a family might need or be interested in based on their experiences with them at the pantry, in the group, or in the community.

Maintain regular communication and contact with home visiting participants

Maintaining regular contact with home visiting participants can be a significant challenge, especially when they are dealing with crisis situations. Providing ancillary supports offers additional opportunities to check in with families in the home visiting program. Home visitors and community liaisons have the opportunity to engage one-on-one with individuals during family groups and the pantry, checking in on an informal basis and creating a platform for communication going forward. Beyond personal contact, the client information card collected at the pantry provides up-to-date contact information that can be used to connect with home visiting participants.

Address the unique needs of caregivers

Home visiting has traditionally focused on the mother and her relationship to the child. In the communities in which ECS has engaged in home visiting, however, caregivers may be fathers, grandparents, or other relatives or caregivers who are caring for children. These caregivers have unique needs that may not be addressed by traditional home visiting models and may feel excluded from resources that focus on the mother alone. Community-based enrichment of home visiting thus must be tailored to the evolving needs of each community. In Avondale, we started a fathers' group to provide education, resources, and a supportive environment for fathers to share experiences. It also meant changing the name of the traditional moms' group meetings to "family group" meetings to reflect the diverse attendees.

Community Challenges

The second set of challenges relates to the conditions in the community.

Transportation

Transportation is a challenge for many community members and program participants. Programs may have to meet this need through bus passes, car pools, or other means to facilitate participation.

Distrust and "initiative fatigue"

Distressed communities are often the target of a multitude of programs and interventions. "Initiative fatigue" may set in, creating resistance to yet another group or program working with the community. The importance of earning trust in the community cannot be overstated. Distrust and suspicion need to be countered openly and honestly. On the ground efforts to ensure community buy-in and generate champions from the community are the foundation to forming a real partnership with the community, and essential to successfully implementing community-based enrichment of home visiting.

CONCLUSION

The goal of community-based enrichment of home visiting is to help create and maintain healthy communities where children and families are thriving. Community-based enrichment of home visiting recognizes that it is the community – not the home visiting program – that knows itself best and understands its unique strengths and challenges. In community-based enrichment of home visiting, the community and the home visiting program are equal partners in supporting families and children to ensure an optimal support for all children in the community.

APPENDICES

TOOLS

Community Assessment: Questions for Reflection

The following questions can be used to guide community assessment efforts and ensure a comprehensive understanding of the community and its readiness to support community-based enrichment of home visiting. Many of these areas overlap with one another but taken together, these questions can help paint a portrait of the community at a moment in time.

It is recommended that a diverse group of individuals from the community be brought together to gather their respective viewpoints on the questions below. Youths, young adults, adults, and elders should all be engaged, as well as a mix of new residents and old.

1. Demographics

- Who lives in the community? This includes getting a sense of the overall makeup of the community: language, race, ethnicity age, sex, and other data that provide a picture of the community.
- Are there any special or unique populations in the community?
- How do residents in the community compare with other local communities in areas such as education, income level, and health?

2. Geography

- What are the geographic boundaries of the community?
- What are the key or unique physical/geographic features of the community? For example, the Avondale community has a great number of churches (more than 50). The Price Hill community is characterized by the presence of several large hills, one in particular that serves as a social/physical boundary.
- What places and spaces are important to the community?

3. History

- How has the community developed or transformed over time?
- What events, past or recent, have shaped the community and/or its residents?
- What are the community's traditions?

4. Leaders

- Who are the formal leaders in the community? These could include elected or appointed officials, clergy, or business and civic leaders.
- Who are the informal leaders in the community? These are people who are leaders in the community due to their role as opinion leaders, activists, or other trusted members of the community.

5. Culture

- What groups and institutions exist in the community?
- What are important social or cultural events in the community?
- What are the prevailing norms or behaviors in the community?

6. Social Structures

- How do people in the community interact and relate to one another?
- Who socializes with whom?
- Who does business with whom?
- How socially and civically engaged are community residents?
- Which people or institutions have power or authority in the community?

7. Attitudes and Values

- What matters to people in the community?
- How do residents view themselves?
- How do residents view the community?

*Adapted from the University of Kansas Community Tool Box, Chapter 3, Section 2: Understanding and Describing the Community.
<http://ctb.ku.edu/en/table-of-contents/assessment/assessingcommunity-needs-and-resources/describe-the-community/main>.

Sample Partnership Memorandum of Understanding and Organization Affiliation Form

Memorandum of Understanding

Today, _____ enters into a
(Date) (Organization Name)

Memorandum of Understanding to increase its combined capacity and collaborative advocacy efforts to improve health outcomes for young children and women and seek to achieve the following objectives:

- Increase number of families enrolled in home visiting
- Engage families prenatally
- Connect to other community partners to improve the outcomes for families in the _____ community.
(Community Name)

To meet the aforementioned objectives, the organization agrees to:

- Attend monthly partnership meetings
- Refer families to the _____
(Home Visiting Program Name)
- Support program development

_____ agrees to:
(Organization Name)

- Improve maternal and newborn health
- Reduce child injuries, child abuse, neglect or maltreatment and reduce emergency room visits
- Support and encourage improvements in school readiness and achievement
- Identify strategies to reduce crime or domestic violence
- Improve family economic self-sufficiency
- Coordinate referrals for other community resources and supports
- Organize/offer monthly educational sessions and community forums to discuss social determinants of health
- Facilitate monthly family group meetings
- Other: _____

This Memorandum of Understanding will become effective when signed by all participants. It may be modified at any time by joint agreement of the parties involved.

I, _____ have read the above and agree to follow the program
(Printed Name of Organization Representative)
expectations as defined for participation in the _____
(Partnership Name)

I, _____, an employee, student, volunteer, parent, resident
(Printed Name of Organization Representative)
or board member of _____ understand that any
(Organization Name)
information (written, verbal or other form) obtained during _____
(Partnership Name)

Partnership Meetings will remain confidential. This includes all information about members, clients, families, employees and other associate organizations, as well as any other information otherwise marked or known to be confidential.

Signature: _____ Date: _____

Organization Affiliation Form

Organization Name: _____

Organization Address: _____

Lead Contact: _____

Lead Contact Email: _____

Lead Contact Phone Number: _____

Secondary Contact: _____

Secondary Contact Email: _____

Secondary Contact Phone Number: _____

Organization Mission:

Organization Services:

Sample Partnership Meeting Agenda

[Name of Partnership]
[Meeting Location]
[Meeting Date and Time]

- **Prayer/Welcome/Introductions**
- **Partnership Chair Report**
- **Community Resource Presentation** (Insert specific information regarding community programs, resources or services)
- **Community Data/Trend Report**
- **Home Visiting Program Update**
 - Family groups
 - Other updates
- **Announcements**

[Insert next meeting information]
[Insert contact information]

Community-Based Enrichment of Home Visiting Fidelity Checklist

OBJECTIVE	ACTION STEPS	DATE COMPLETED
Assessing the Community	<input type="checkbox"/> Review community data (see Section IV(A)(1))	
	<input type="checkbox"/> Review recent community studies/reports (see Section IV(A)(1))	
	<input type="checkbox"/> Conduct on the ground research and outreach (See Section IV(A)(2))	
	<input type="checkbox"/> Convene group to consider the Community Assessment: Questions for Reflection included in this guide (see Section IV(A)(2))	
	<input type="checkbox"/> Identify community assets (see Section IV(A)(2))	
Partnering with the Community	<input type="checkbox"/> Identify community champions/partnership chairs (see Section IV(B)(1))	
	<input type="checkbox"/> Identify anchor organization (see Section IV(B)(2))	
Convening Ongoing Partnership Meetings	<input type="checkbox"/> Convene initial meetings to set goals and strategies and identify members (see Section IV(C))	
	<input type="checkbox"/> Convene ongoing meetings to ensure partnership is up-to-date on the community and the program (see Section IV(C))	
Setting Goals and Measuring Success	<input type="checkbox"/> Establish goals (see Section IV(D))	
	<input type="checkbox"/> Determine evaluation plan (see Section IV(D))	
	<input type="checkbox"/> Collect and analyze data (see Section IV(D))	
Leveraging Individual Capacity	<input type="checkbox"/> Identify and hire community engagement coordinator (see Section V(A))	
	<input type="checkbox"/> Identify and hire community liaisons (see Section V(B))	
	<input type="checkbox"/> Convene operations meetings with home visitors, supervisors, and community engagement coordinator (see Section V(C))	
Developing Ancillary Supports	<input type="checkbox"/> Convene regular family groups or other social supports (see Section VI)	
	<input type="checkbox"/> Establish pantry or other material supports (see Section VI)	
	<input type="checkbox"/> Recruit and train volunteers (see Section VI(C))	

Question 1: Are we effectively engaging the community?

PROCESS MEASURES	12 month target	12 month observed	24 month target	12 month observed
Number of contacts with community members				
Number of family groups held				
Number of other outreach events held (pantries, etc.)				

Question 2: Are we increasing family's involvement in home visiting?

Outcome Measures (Short-term)	Baseline	Year 1	Year 2	Year 3
% increase in families engaged in community over time				
% increase in percent of families engaged in home visiting prenatally				
% increase in home visits per family over time				

Question 3: Are child and maternal outcomes improving in the community?

Outcome Measures (Long-term)	Baseline	Year 1	Year 2	Year 3
% of children born at healthy birth weight				
% of children on target developmentally				
% mothers in school or working				

Sample Community Engagement Coordinator Job Description

Position Title: Community Engagement Coordinator (Other typical position titles include Program Coordinator, Community Engagement Project Manager)

Purpose of Position: To coordinate activities and resources and function as part of a multi-disciplinary team to implement successful community engagement strategies to optimize program impact.

Key Responsibilities:

- 1. Community Engagement:** Responsible for engaging individuals, organizations and families within targeted communities. Develop and maintain positive relationships with community stakeholders. Provide staff leadership and support to partnership committees within each targeted community.
- 2. Planning:** As part of a team, execute a community strategic plan to recruit and retain clients within each targeted community. Track and monitor family status. Ensure program goals and objectives are met and that results are communicated to the community stakeholders.
- 3. Professional Development:** Develop knowledge and professional skills through cross training and attendance at staff meetings.
- 4. Marketing and Communication:** Work collaboratively with internal peers and community contacts to develop messages for target groups. Develop materials and presentations for partners, families and other collaborators.
- 5. Outcomes Data:** Develop and maintain tracking mechanisms, collect data, and develop reports. Develop and maintain outcomes measures and report progress.

Competencies:

- 1. Communication:** Strong verbal, written, and interpersonal communication skills with the ability to develop materials for a variety of audiences.
- 2. Diversity Appreciation:** Capable of relating to diverse age and demographic backgrounds. Understanding and showing respect and appreciation for the uniqueness of all individuals; leveraging differences in others' perspectives and ideas; appreciating cultural differences and adjusting one's approach to successfully integrate with others who are different from oneself.
- 3. Organizational Skills:** Ability to manage multiple projects simultaneously, demonstrated organizational and project management skills.
- 4. Problem Solving Skills:** Demonstrated problem solving and decision making skills.
- 5. Professional Demeanor:** Demonstrates an independent work initiative, sound judgment, diplomacy, tact and professional demeanor. Ability to work cooperatively and successfully with community organizations.
- 6. Flexibility:** Being open to change and considerable variety in work activities; effortlessly adjusting to new or changing situations and unexpected events; altering one's approach to tasks and projects with minimal loss of efficiency. Capable of working independently performing non-routine functions and problem solving. Willing to work flexible hours including evenings and weekends.

Sample Community Liaison Job Description

Position Title: Community Liaison

Purpose of Position: This is a contract, part-time position designed to provide direct connection to individuals and organizations within the community. The Community Liaison will support recruitment of potential program participants, identify families who are in need of assistance, identify appropriate resources, promote the program, and assist in the advancement of the partnership.

Key Responsibilities:

- 1. Recruitment:** Actively recruit eligible families of children ages 0-3 from within the community based on their knowledge of the community and its people.
- 2. Encouragement:** Encourage and support those families who are participating in the program by maintaining contact and communication.
- 3. Resource Support:** Provide health and social services resources which are relevant to families with young children and support families in using these resources in conjunction with the appropriate home visitor.
- 4. Crisis Support:** Alert home visitors or agency supervisors when a family is in need of intervention or is in crisis.
- 5. Relationship-Building:** Develop and maintain a relationship with health and social service providers to support communication and to assist families in accessing services
- 6. Representation:** Provide positive representation of the partnership to the broader community by participating in community events.
- 7. Meeting Attendance:** Attend meetings with program staff when requested.
- 8. Data Reporting:** Maintain and submit documentation of contacts, telephone calls, meetings attended, referrals made, and other activities weekly.
- 9. Confidentiality:** Understand and maintain family and individual confidentiality in a professional and rigorous manner.

Competencies:

- 1. Communication:** Effective written, verbal skills.
- 2. Organizational Skills:** Strong organizational skills.
- 3. Problem Solving Skills:** Ability to problem solve.
- 4. Leadership Skills:** Ability to work independently and collaboratively and make mature judgments about when to notify and consult with supervisor. Ability to interact positively and effectively with community leaders, agency professionals, families, children, and community members.

Sample Operations Meeting Agenda

Operations Meeting Agenda

[Meeting Time, Date, and Location]

- **Welcome/Introductions**

- **Enrollment Data Review**
 - Number currently enrolled
 - Number pending
 - Trend analysis (numbers increasing/decreasing over time)

- **Home Visits Data Review**
 - Number completed since last meeting
 - Trend analysis (numbers increasing/decrease over time)

- **Family Updates**

- **Community/Program Updates (insert information related to specific community or program initiatives)**

- **Resources**

- **Upcoming Events and Announcements**

[Insert next meeting information]

Sample Family Group Flyer

[Group Name]
[Regular Meeting Time]
[Specific Time and Date]
[Meeting Location]
[Sample Meeting Topics:
Preparing Your Child for Preschool
Adult Education Options]

Sample Group Mission: To become resourceful women and men who are able to instill goals and values in their children's lives that will carry them into adulthood.

Sample Goals:

- Provide a support system for parents and their children.
- Provide group meetings with other first-time parents to prevent isolation and encourage a spirit of community.
- Provide health related workshops and presentations to help empower and educate families.
- Provide education and support to families with children ages 3 and under.
- Create a social/community organization that uplifts and inspires parents to be positive and effective role models for their families and community.
- Women and men become independent and self-sufficient members in their community.

Please contact _____ at _____ if you have any questions.
(Contact Name) (Phone Number)

Sample Client Information Card

Client Information Card

Name _____ DOB _____

Address _____ Apt # _____

Zip code _____ Contact # _____

Prenatal _____ Estimated Delivery Date _____ Postnatal _____ Delivery Date _____

Site of Obstetric Care _____

Medical Home _____

Children (list ages): Female _____ Male _____

Diaper size _____ Clothing size _____

Referral Source _____ Employment: _____

Highest Education Completed _____ GED: _____

Ask: "Do you have a copy of the following?"

Proof of residence _____ Driver's License/ State ID _____

Pay stub _____ Birth certificate for children 0-3 _____

Health Insurance: _____

Name of church attended regularly: _____

Program: _____ **Name of Agency/ Home Visitor:** _____

Other agency you receive services from: _____

Other services you need assistance with: _____

Date of first visit: _____

Notes: *Insert Yes or No*

Job Hunting _____

GED/Back to School Program _____

Reading Program _____

Volunteer Hours _____

Record of Attendance: Circle month

Jan.	Feb.	Mar.	Apr.	May	June
July	Aug.	Sept.	Oct.	Nov.	Dec

Building a Community Engagement Budget

The funding needed for community-based enrichment of home visiting will vary depending on the specific community. Below you will find general categories of expenditures used in implementing this strategy, some estimated costs for these budget categories, and suggestions and considerations regarding how to determine or pay for various budget items.

Personnel costs will likely be the largest expenditures in a community-based enrichment of home visiting strategy. Programs should leverage partnerships, volunteers, and donations wherever possible to defray costs, create and maintain community buy-in and support, and help sustain the program.

Expense	Suggestions and Considerations
Community Engagement Coordinator	<ul style="list-style-type: none"> • Compensation for this position will depend on the community, the scope of the community engagement initiative, and whether this position is a salaried position with benefits or a contracted position. • ECS typically pays a community engagement coordinator \$25-\$35/hour, depending on background and experience.
Community Liaisons (2-3)	<ul style="list-style-type: none"> • Number of community liaisons may vary depending on specific community. • ECS typically pays community liaisons \$10-\$20/hour, depending on background and experience. An individual with little formal work experience or training is paid at the lower end of the range, while an individual with professional experience and training, such as a registered nurse or health care professional, would be paid at the higher end of the range.
Rent	<ul style="list-style-type: none"> • Pays for space from anchor organization to host partnership meetings, family group meetings, pantries, and other community engagement activities. • Explore options for in-kind donation.
Pantry supplies (e.g., diapers, wipes)	<ul style="list-style-type: none"> • Demand for diapers and wipes usually exceeds donation supply. • Explore options for in-kind donations.
AV equipment	<ul style="list-style-type: none"> • ECS uses a portable projector and a tablet (e.g., Amazon Fire, Samsung Galaxy) for use during family group meetings and other community engagement activities.
Office supplies	<ul style="list-style-type: none"> • Includes bags, folders, paper, pens, markers
Program materials	<ul style="list-style-type: none"> • Includes printed materials and activities

Building a Community Engagement Budget

Expense	Suggestions and Considerations
Refreshments	<ul style="list-style-type: none"> • This will vary depending on a variety of factors, including the specific community and the time of day activities occur. • ECS focuses on promoting healthy choices and exposing participants to different cuisines. Meals are served family style and feature different healthy food options. Water is typically the only beverage served. • Explore options for in-kind donation. For example, engage a volunteer group each month to prepare and serve food for the family group meeting.
Mileage	<ul style="list-style-type: none"> • Reimbursement is for staff and will vary based on area that will be covered.
Transportation	<ul style="list-style-type: none"> • Bus passes or other public transit for participants to attend family group meetings and other program activities, as well as for other short term needs families may have: school, work, job interviews, doctor's appointments, etc. • Explore options with local transportation providers to see if special programs are available to at-risk families.

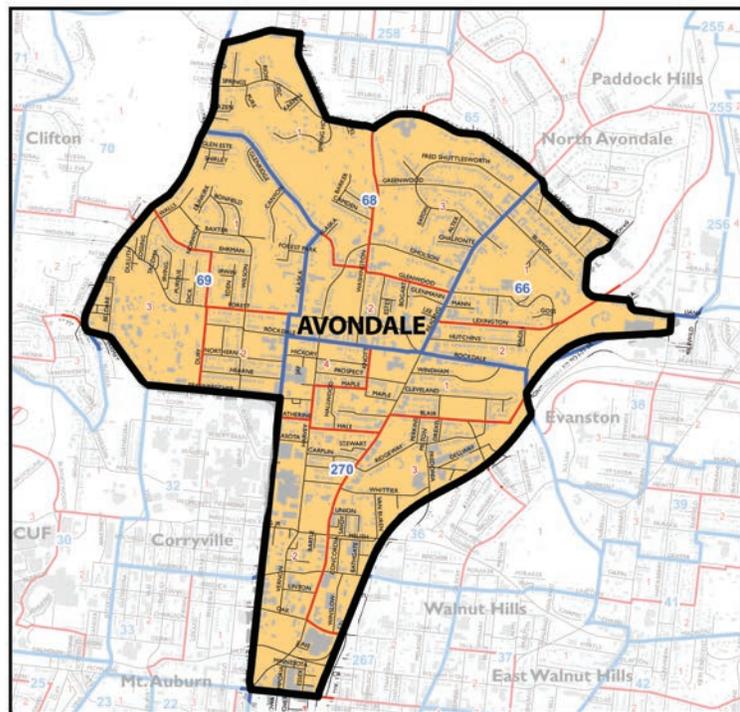
Avondale ECS Issue Brief No. 1:

The Avondale Focus of Every Child Succeeds: Evaluation of Process Measures

Alonzo T. Folger, PhD, Anita Brentley, MEd, MPH

Every Child Succeeds (ECS) provides evidence-based interventions to at-risk first-time mothers and their children through home visitation (HV) services that occur prenatally and during early childhood. The ECS program seeks to engage families whose children are at the highest risk for inadequate development (cognitive, social, and emotional) and poor physical and/or mental health outcomes. Standard procedures and curricula are used for evaluating and cultivating the health and development of ECS children and the interactions with their caregivers. Also, recognizing the importance of the mother's role in HV, ECS promotes maternal self-efficacy in order to engender self-sufficiency.

In 2006, the ECS program launched an enhanced HV strategy in the neighborhood of Avondale. New and expecting mothers (and eventually fathers) were recruited and encouraged to participate in ECS-hosted group sessions that complemented the HV curriculum. This added layer of intervention was designed to enhance the HV curriculum, stimulate greater social supports, and better prevent disengagement from ECS. The work in Avondale is coordinated



by ECS, and to minimize program variation, only a small number of HV agencies are involved in implementation. The unique service in Avondale was designed to cultivate family and community engagement and education needed to realize the optimal impact of HV. This evaluation report is the first in a series of briefs to review the Avondale service model and impact. The "At-a-Glance" table below contains select characteristics of Avondale residents and their ECS involvement.

The Issue Brief

The report contains brief questions and answers that help characterize maternal and child risk in Avondale, the ECS program implemented in Avondale, and the impact of this neighborhood-specific approach on family engagement. Because African American mothers accounted for 93 percent of the Avondale enrollment (2008-2012), many of the comparisons with the ECS population in Hamilton County were restricted to African American mothers. Please note that the statistics provided in this report are unadjusted and should be interpreted with caution; subsequent updates will provide adjustment for potential confounding factors and interactions that may have contributed to the findings.

What are the health risks among neonates and young children in Avondale?

- In Avondale, the incidence of infant mortality is higher than in many other Cincinnati neighborhoods (Figure 1). Although risks for infant death are heterogeneous, prenatal engagement in HV has promise to reduce this risk in Avondale. Local (ECS) research has shown that the risk of infant death was reduced among ECS families, and namely for African Americans.(1)
- Preterm birth, a leading cause of infant morbidity and mortality, is also disproportionately high in this neighborhood. In 2006-2008, 20 percent of live births occurred preterm. In a similar time period, 16 percent of the live births occurred preterm in the city of Cincinnati.(2) Also, according to ECS records in Avondale prior to 2006, mothers were estimated to be 45 percent more likely to report substance abuse at screen than mothers outside Avondale and in Hamilton County.
- In 2006, a CCHMC report characterized Avondale as a severely disadvantaged neighborhood on many indicators of child well-being

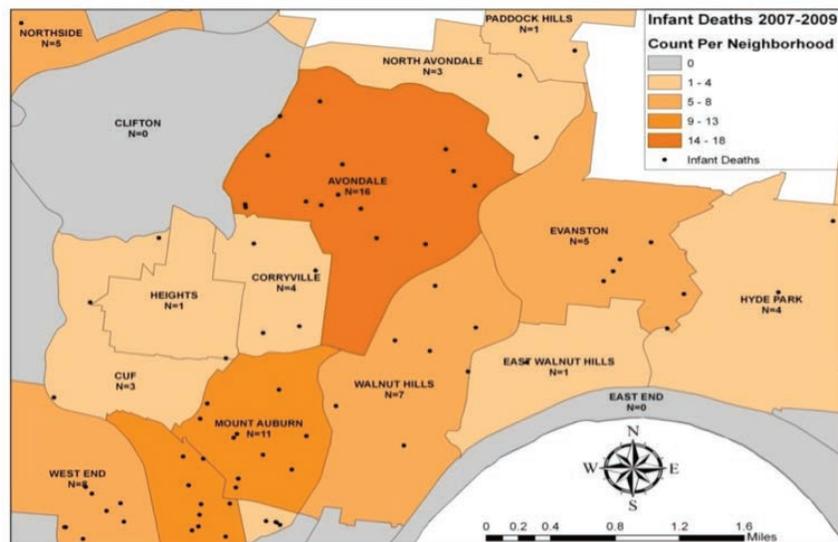


Figure 1. Infant Deaths in Avondale and the Contiguous Neighborhoods

The Avondale Program

How are families recruited to the Avondale ECS program?

- Traditional routes: hospitals, prenatal clinics, and HV agencies
- Moms to moms— recruitment at group sessions
- Weekly recruiting strategies at Reading Road and Avondale Town Center shops
- Key Partnerships—Community residents and Faith-based institutions
- Crisis Management— referrals by the Boys and Girls Club, child services, health care professionals, and law enforcement officials.

What are the enhanced outreach and discharge policies in Avondale?

- **One dedicated HV agency provides service to Avondale families.** The concentrated work in Avondale requires that the HV agency seeks discharge approval by the ECS coordinator, who can then work to facilitate enhanced reengagement.
- **A community liaison is used to enhance recruitment and retention of Avondale mothers.** The liaison is an Avondale mother who is experiencing the ECS program and can effectively aid in implementation and community support of the program. This ECS mother and liaison helps manage the group sessions and tracking of address changes, serves as a peer mentor, and initiates monthly outreach to augment HV support and to prevent disengagement.
- **The policy requires 10-15 attempts within 90 days to reconnect with an absent mother using the following methods:** phone calls, text messaging, contacting emergency phone numbers, neighbors, drive-by visits, contact with initial referral sites, and finally discharge letters.

What happens at the group sessions?

- **Celebration of child developmental milestones.** Significant events in each child's development are recognized and celebrated from the first prenatal movements to the first successful potty. These sessions build maternal self-efficacy and camaraderie among peers
- Children are supervised by ECS, while the **mothers are engaged in educational sessions.** The content of group education is designed to complement the HV curriculum and topics run the gamut from fostering self-esteem to understanding medication dosing and baby cues. Special events are also held to prepare mothers for job interviews and entering the workforce.

• ***ECS staff operates a “pantry” at the conclusion of group sessions.*** At the pantry, which takes place at a community church, mothers are given the opportunity to search for donated items of which they are in need. This is a popular service that provides essential resources for the Avondale mothers.

• ***ECS Avondale Coordinator:*** “I recognize this evening that everything we do has multiple purposes. One is to alleviate isolation; one is to celebrate the accomplishments of these young ladies; and one is for just 2 hours to remove them from a stress-filled environment. I can’t imagine being criticized, judged and ridiculed just because you have a child. The craziest part of this is most of this criticism is coming from the mother’s family!!!! The people who are supposed to love you. I saw the looks on faces today and we are on the right track.”

The Findings

What is the ECS penetration in the neighborhood of Avondale?

The penetration of ECS has historically been measured by the proportion of first-time (primiparous), at-risk mothers who were served by the program (i.e., received a minimum of an assessment visit or one home visit). Anecdotally, it is known that variation exists in the penetration rates at the sub-county level in Ohio. In Avondale, where a targeted effort was launched to enroll/retain families, the estimated needs met reached approximately †85 percent in 2011.

In 2011, the estimated penetration rate was 85 percent for Avondale and 27 percent for Hamilton County. During 2009-2011, the odds of being reached in Avondale were significantly higher than in Hamilton County as a whole (Odds Ratio: 5.99, [95% CI: 4.62-7.78]). This trend was driven by an apparent reduction in the estimated population of first-time, at-risk mothers in the Avondale neighborhood (Figure 2). Nevertheless, the ECS program has sustained a solid presence and recruitment in this community, meeting a greater proportion of the need and maximizing the opportunities for program impact.

Conclusion: The Avondale program is reaching most women who are eligible for ECS services

Figure 2. The Estimated Number of Primiparous, At-risk Mother's in Avondale Compared with the Number of Avondale Residents †Served by ECS.

† Avondale ECS participants who received at minimum an assessment home visit and remained in the neighborhood; women with a "No Longer" status were excluded

How has the ECS initiative in Avondale impacted client wait times?

The time that elapses between an ECS referral and the initial home visit may have an impact on early engagement. The results of the evaluation (2008-2012) revealed that African American mothers in Avondale had lower median †wait time (28-days) to engagement than the median †wait time (37-days) for African American mothers in Hamilton County. After adjusting for family risk and maternal age, the finding remained and was significant ($p < 0.01$) — a better than 1-week, race-specific reduction in wait time for women in Avondale relative to others in Hamilton County. There are many factors that affect the length of wait times including the collection of adequate data for outreach, the size of agency case loads, and the scheduling of a home visit. The Avondale program affords mothers a priority, which ensures no wait listing due to caseloads and allows ECS to manage directly the outreach process.

Conclusion: The Avondale program is engaging women referred to ECS more quickly

How has the ECS initiative in Avondale impacted prenatal enrollment?

The ECS program prefers to reach families in the prenatal period to maximize early exposure to intervention and to improve birth outcomes. Since 2006, the prenatal enrollment has been upward in Hamilton County (Figure 3). The likelihood of any mother entering prenatally was an average of 1.05 (95% CI: 1.03-1.06) times higher in

each subsequent year from 2006-2011. A special prenatal recruitment focus in Avondale had a similar enrollment trend to that in Hamilton County (Figure 3). However, there was evidence of an interaction with the year of enrollment and the intensive efforts in Avondale. In other words, more impressive prenatal enrollment rates were observed over time in Avondale relative to Hamilton County. In 2011, Avondale reached nearly 80 percent of mothers enrolled prenatally (Figure 3). Women in the Avondale program were 1.22 (95% CI: 1.12-1.32) times more likely than others in Hamilton County to enroll while pregnant.

Conclusion: The Avondale program is enrolling women prenatally at an increasingly better rate

Figure 3. The Proportion of ECS Families Enrolled Prenatally in the Hamilton County, Ohio and the Neighborhood of Avondale, 2006-2011

Why is engagement in home visiting important and what is the level of engagement in Avondale?

There are many factors that mediate the quality and adequacy of home visiting interventions such as parental receptivity, model fidelity, and engagement. One common measure of program success is the level of family engagement. Although engagement can be measured in several domains, the quantity and duration of service may be markers of family engagement in the program. A greater quantity of home visits and duration of active involvement in HV could help optimize intervention exposure and therefore impact. Recent literature supports the relationship between more intensive home visiting and improved outcomes such as positive academic achievement among children.(3) The Avondale program was designed to promote robust engagement, resulting in more optimal exposure to recommended dosages of HV services. Avondale family engagement is influenced by the use of a community liaison, HV relationships fostered in group sessions, more stringent protocols for outreach and discharge, and central ECS management.

During the enrollment period of 2008-2011, African American mothers in Avondale were active in the program for a median number of 379 days (IQL: 101-842) as compared to a median of 234 days (IQL: 64-522) for African American mothers outside of Avondale in Hamilton County (Table 1). The improved program participation of was largely the result of rigorous efforts to engage women in the Avondale program. Perhaps expectedly due to the longer duration of engagement, women in Avondale also had more home visits than their peers in Hamilton County (Median: 20 visits vs. 14 visits, Table 1).

Conclusion: The Avondale program is ensuring stronger family engagement, which contributed to a longer duration of intervention and more home visits.

Table 1. The Quantity and Duration of Engagement in ECS among African American Mothers in Avondale and Hamilton County Enrolled from 2008-2011

Area	N	Variable	Mean	Lower Quartile	Median	Upper Quartile
Hamilton County	1,620	Total Visits	19.85	4.00	14.00	31.00
		Active Days	340.31	64.00	234.00	522.00
Avondale	213	Total Visits	24.23	6.00	20.00	37.00
		Active Days	465.78	101.00	379.00	842.00

Note: Black lines represent the least squares fit to the Avondale and Hamilton County data; n=26 missing due to no child date of birth and expected delivery date. † 83 Hamilton County records and 5 Avondale records were excluded because of anomalous wait times (>250 days)

What is the effect of the Avondale program on ECS home visitation retention rates?

Retention in ECS is often measured by the proportion of families who are still active in the program at specified intervention time points (e.g., 12 months after enrollment date). In addition to characterizing the duration and quantity of HV, it is important to understand the rate at which retention milestones are achieved. Family retention at 12 months post enrollment is an ECS program quality indicator— system-wide and for individual service agencies. The ECS target is a 50 percent retention rate or greater at 12 months. During the first 12 months of participation, home visitors have opportunities to establish a strong rapport, assess family risks, provide direct services to improve family functioning and promote health and development, and facilitate linkages to other support programs. Past research has indicated that approximately 50 percent of families remain active at 12 months and there is notable variation by service agency.(4) Refusal to participate is the largest factor affecting attrition and has tendency to occur early during the program. (4) Indeed, this suggests that programs (e.g., Avondale) designed to enhance early family engagement with a dedicated service agency may lead to improved retention and optimize the HV intervention, resulting in improved child health and development outcomes.

Families enrolled in the Avondale program from 2008-2011 had a 12 month retention rate of 51%. This rate was significantly higher than the 38 percent retention rate for African American mothers in Hamilton County (outside Avondale) during the same time period ($p < 0.01$). In fact, the probability of program retention was higher at each time point during the HV intervention. The curves plotted in Figure 4 show retention probabilities with 95 percent confidence bands for Hamilton County mothers in Avondale (blue) and †Hamilton County mothers outside of Avondale (red). The difference between these curves was statistically significant and supported markedly higher retention rates among Avondale families through three years of ECS service ($p < 0.01$). The improved retention contributed to an ECS graduation rate in the 2008-2009 Avondale cohort (18.6%) that was significantly higher than the graduation rate (10.9%) of other African American mothers in Hamilton County ($p < 0.01$). Namely, Avondale mothers had a likelihood of ECS graduation that was nearly two times (1.71 [95% CI: 1.21-2.40]) that of other mothers in †Hamilton County.

Conclusion: The Avondale program has stronger retention rates at all points in the program and a better ECS graduation rate.

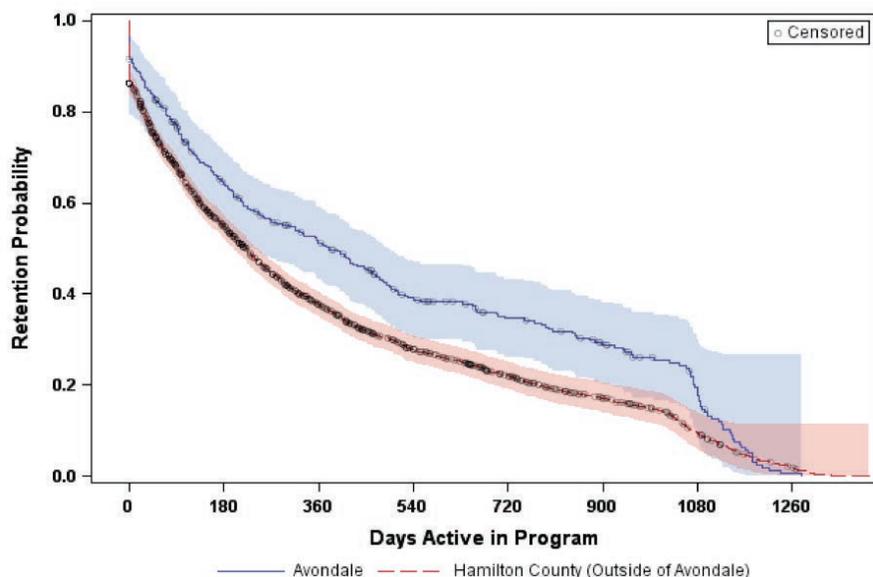
Figure 4. The Probability of Retention in ECS among African American Mothers Enrolled in ECS 2006-‡2012 in Avondale and Hamilton County (Outside Avondale)

† African American mothers

‡ Data generated from January 1, 2012 through December 12, 2012

Notes: Censored points represented by circles represent mothers who were still actively enrolled in the program.

Note: 55 records were missing maternal race and were excluded from the analysis



Summary

- Avondale is a disadvantaged community in Hamilton County with documented poor child health outcomes. A sentinel indicator of community health, infant mortality, was markedly higher than expected for this community 2007-2009. The unique and harrowing circumstances of the Avondale neighborhood were the impetus for the unprecedented, ongoing effort by **ECS** to engage and educate at-risk families.
- The Avondale program hosted 62 group sessions from 2008-2012 to complement the HV curriculum. Over 300 families have been enrolled in the Avondale program since 2006 and over 250 families since 2008. Families in the Avondale program (2008-2012) received 6,351 home visits. The evaluation revealed that **ECS** is reaching most women eligible for HV services in Avondale and ensuring more rapid engagement (often prenatal) than in other communities served by **ECS**.
- Stronger engagement in HV has been observed in Avondale. An index of engagement is the intensity of participation measured through the quantity of visits and duration of activity in the program. Families in the Avondale program (2008-2011) had significantly more days active in **ECS** and more home visits than families outside of Avondale. These findings were likely associated with the documented superior 12-month retention and **ECS** graduate rates.
- The next phases of evaluation will focus on comparing measures of child health and development. The aim of the evaluation will be to describe the connection between changes in program process measures (e.g., engagement, retention) and improved child health and development outcomes including, but limited to gestational age, safety, and social/emotional development.

Data Sources and Methods

Data were abstracted from the **eECS** database on December 12, 2012. The **eECS** system is a web-based application used to collect program data; data are routinely transferred to a program database and used for administrative and evaluation purposes. All datasets were prepared and analyzed in SAS 9.2. The evaluation was restricted to data generated from January 1, 2006-December 12, 2012. Because of the high percentage (nearly 100%) of African American mothers in the Avondale program and race as a known confounder for many outcomes, comparisons were restricted to African American mothers in Hamilton County. Further exclusion criteria included children who received services through Part C (The Program for Infants and Toddlers with Disabilities) and/or who did not meet the **ECS** eligibility criteria (provided elsewhere).

Race-specific (African American) mean and median values (and IQLs) of program duration (active days) and quantity (home visits) were calculated for Avondale and Hamilton County. Client wait times were log-transformed and compared in a general linear model to test for significant differences between Avondale and Hamilton County. Logistic regression was used to generate unadjusted/adjusted odds ratios and 95 percent confidence intervals for comparisons with dichotomous outcomes: served, enrolled prenatally, and

graduated from ECS. For outcomes with prevalent outcomes (> 10%), Proc GENMOD was used to model dichotomous outcomes using log link function and binomial distribution. The retention curves were generated with Proc Lifetest and evaluated for significance using a Log-rank test.

Limitations

The data used in this evaluation were gathered from the ECS administrative dataset. Although improvements including user instruction and some field validation have occurred in recent years, there remains the potential for errors in data collection. Differential error rates by HV agency could have introduced bias that affected the reported findings. For example, data collected through the Avondale program could have been more accurate than that collected throughout Hamilton County. Fortunately, most data used in the evaluation were from required fields such as home visiting dates. In parallel with evaluation work, data quality assessments are conducted to better recognize and elucidate potential biases.

Another potential bias is the effectiveness of the home visiting agency that delivers service to the Avondale community. Independent of the Avondale program interventions, it may be that the performance of this agency resulted in strong family engagement and retention. However, an analysis revealed that the home visiting agency had retention rates that were significantly improved within the Avondale population as opposed to other areas of Hamilton County. This finding suggested that the policies and practices adopted by the Avondale program likely accounted for the observed improvement in engagement and retention.

The estimation of “penetration” or proportion “served” (Figure 2) requires the use of population-based data gathered from the Ohio birth registry. The pattern in the birth data suggested a declining rate of at-risk, first-time mothers from 2009-2011 in Avondale. Although there were no significant system changes with Ohio birth data identified, there remains a chance that our finding regarding penetration in Avondale was an artifact of unreported system-based changes. Changes in the technical processes used by the Ohio Department of Health to assign geographic residence (e.g., census tract) could have impacted the estimated number of ECS-eligible births in Avondale and overestimated penetration. Work will continue to investigate trends associated with Ohio birth data in Hamilton County.

Abbreviations and Definitions

ECS: Every Child Succeeds is a collaborative, evidence-based home visitation program that serves Greater Cincinnati including Hamilton, Clermont, Butler, and Brown counties in Ohio and Boone, Campbell, and Kenton counties in Northern Kentucky. The program was founded in 1999 by Cincinnati Children’s Hospital Medical Center, the United Way of Greater Cincinnati, and Cincinnati-Hamilton County Community Action Agency. ECS contracts with 12 provider agencies whose social workers, child development specialists and nurses provide services for first-time, at-risk mothers on a regular basis from the time of pregnancy until the child's third birthday.

ECS Enrollment: Women in the ECS service area who are eligible for services and receive at least one home visit.

ECS Served: Women in the ECS service area who are eligible for services and receive an assessment visit AND/OR at least one home visit.

HV: Home visitation service is a compilation of interventions provided in the home of disadvantaged families at high risk for poor child development and health outcomes. Standard curricula are delivered by a network of professionals (e.g., nurses and social workers) at a regular frequency during pregnancy and up to three years post-partum.

IQL: Interquartile Range is a measure of statistical dispersion equal to range between the lower (25th) and upper (75th) quartiles.

Prenatal: The time period during which a woman is pregnant.

Primiparous: A woman's first live birth. In ECS, the objective is to target first-time mothers to improve outcomes associated with the current pregnancy/birth and subsequent pregnancies/births.

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Additional Community Engagement Resources

Community Tool Box

Workgroup for Community Health and Development at the University of Kansas Available at <http://ctb.ku.edu/en>

Making a Difference in Your Neighborhood: A Handbook for Using Community Decision-Making to Improve the Lives of Children, Youth, and Families

Center for the Study of Social Policy Available at <http://www.cssp.org/community/constituents-co-invested-in-change/community-decision-making/Making-a-Difference-in-Your-Neighborhood-A-Handbook-for-Using-Community-Decision-Making-to-Improve-the-Lives-of-Children-Youth-and-Families.pdf>

Making Community Partnerships Work: A Toolkit March of Dimes

Available at <http://www.aapcho.org/wp/wp-content/uploads/2012/02/Giachello-MakingCommunityPartnershipsWorkToolkit.pdf>

END NOTES

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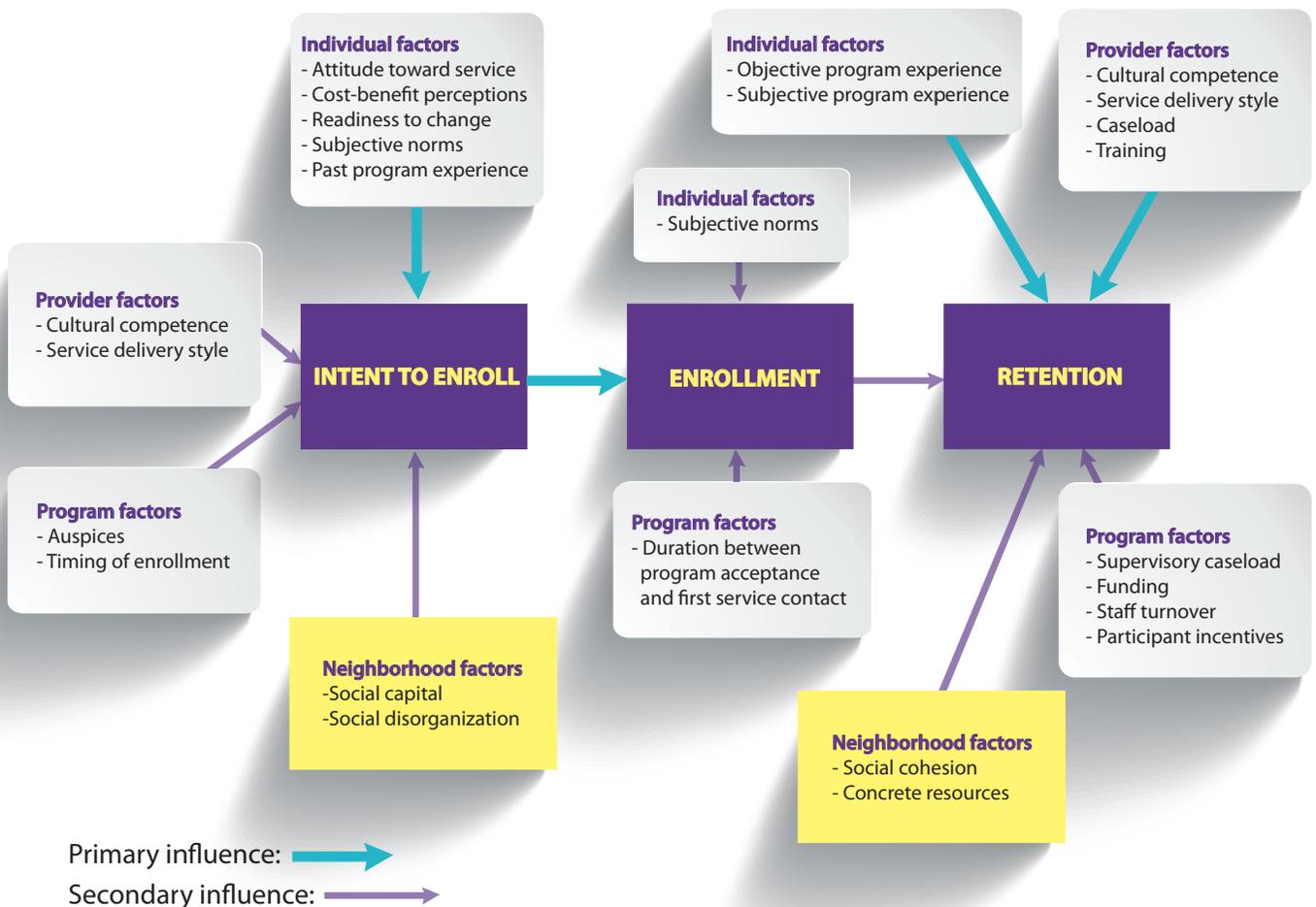


COMMUNITY ENGAGEMENT RESEARCH FRAMEWORK

Most home visiting programs use an ecological framework in assessing child development. This framework views the child as developing in a multi-faceted environment. The parent-child relationship is presumed to directly affect child outcomes, while factors outside that relationship – other family members, neighborhood, social or economic status – directly affect that primary relationship, and thus indirectly influence child development outcomes.

Just as social and environmental factors influence healthy development, these same factors can play a role in home visiting participation. Researchers have proposed an ecological framework in which neighborhood factors such as social capital, social cohesion, and the availability of resources influence parental enrollment and retention in voluntary family support programs. This is represented in the diagram on the following page.

CONCEPTUAL MODEL OF PARENT INVOLVEMENT



Adapted from McCurdy, K., and Daro, D. (2001). "Parent Involvement in Family Support Programs: An Integrated Theory." *Family Relations*, Vol. 50, No. 2, 113-121.

Other emerging research indicating that community characteristics can influence home visiting participation supports this approach. One study found that community violence significantly reduces the likelihood that mothers will remain in a home visiting program.

Home visiting outcomes: Why engagement and retention matter

Studies of home visiting effectiveness have shown positive impacts on child development, and a reduction in child maltreatment and child mortality. But do engagement and retention in home visiting matter when it comes to achieving these outcomes? The evidence points to yes. Research has shown that the level of participation in a home visiting program can influence program outcomes. For example, studies suggest that programs with more frequent home visits achieve greater improvement in parenting behavior and reduce the likelihood of adverse pregnancy outcomes, such as preterm birth. However, home visiting programs often face implementation challenges that can affect service delivery and program participation. Many families enrolled in home visiting have fewer home visits than prescribed. Increasing participation in home visiting through improved engagement and retention may help produce more meaningful and reliable home visiting outcomes.

While research has shed some light on the family, provider, and community characteristics that may influence participation in home visiting, there is little evidence about how to improve engagement and retention in home visiting. Engagement approaches that consider the unique strengths and challenges of a community are only beginning to be explored. Just as community characteristics may create barriers to retention in home visiting, community-level support of home visiting could strengthen retention, even in communities with high levels of community violence or other challenges.

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