Adapting, Enhancing, and Integrating Home Visiting Programs in Rural Communities: Lessons and Challenges from Pennsylvania

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BACKGROUND

The disparity in maternal and child health (MCH) outcomes is increasingly evident across the rural/urban continuum. In rural geographies, limited access to healthcare, community services, and economic opportunity contributes to poor MCH outcomes.

Delivering care to families in the home presents an opportunity to mitigate challenges in low-density and under-resourced communities where evidence based home visiting (HV) programs may be particularly effective. As HV programs have scaled up, program fidelity, evaluation, and adaptation in rural communities is underexplored.

Flora and Flora's (2004) Community Capitals Framework (CCF) provides a structure for improving rural community well-being through interactions between multiple capitals. We adapt the framework to distill how home visitors adapt delivery of services to account for larger, rural-specific community wide barriers in accessing employment, social and health services, transportation, and social interaction.

OBJECTIVES

- Understand how home visitors in rural communities expand evidence based program curriculum on health to build social and human capital investments critical to improving overall community well-being.
- Document these rural-specific adaptations and enhancements to provide implementation guidance for health programs implemented across a diverse geographic range.

METHODS

- Interviews with administrators, home visitors, and clients were conducted at 11 of 32 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funded programs in Pennsylvania.
- Sampling frame included 4 program models, Nurse Family Partnerships (NFP), Parents as Teachers (PAT), Early Health Start (EHS), and Healthy Families America (HFA) serving a range of rural densities.
- Interviews were recorded, transcribed, de-identified, and imported into NVivo 10.
- A thematic analysis was conducted of barriers and facilitators by individual subtheme and rural/urban geography. Key emerging themes were triangulated with clients and staff of the same geography.
- We highlight emerging themes unique to rural areas.

RESULTS

County	Geography	Program	Interviews with admin. & staff	Interviews with clients
1	Rural	HFA	6	7
2, 3	Rural	PAT	4	5
4	Rural	EHS	7	6
5	Rural	NFP	10	8
6, 7	Rural	EHS	6	2
8	Rural	PAT	6	6
9, 10, 11	Rural	EHS	5	3
12	Urban	NFP	8	10
13	Urban	NPF, PAT	13	22
14	Urban	HFA	9	7
		Total	74	76

Table 1. Study sample included interviews with administrators, home visitors, and clients at 10 program sites serving 14 counties, for a total sample of 150 interviews.

- Program staff and clients at rural sites identified particular areas of need related to accessing employment, social and health services, transportation, and social interaction as community-wide barriers to maternal child health.
- Certain features of HV programming are suited to meet the specified needs of rural communities.
- Rural HV sites engage in adaptations and curricular enhancements beyond standard implementation practice and across multiple community capitals to overcome barriers unique to rural communities.

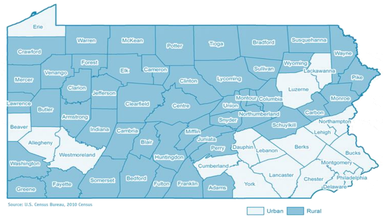


Figure 1. Selected sites comprised a representative sample of agencies based on program size, geographic distribution, and model type across Pennsylvania.

"The biggest challenges are resources in such a rural area - adults without insurance and with huge mental health needs…Most clients have mental health issues…To get somebody to agree to counseling and go for treatment is an issue in our communities. [Unlike cities] where they have lots of public transit…it's harder [for us] to get people to go." – Home Visitor

ADAPTATION

Hire mental health consultant to do home visits.

"The area that I live in is a small, rural area…in the mountains. My biggest fear was my son being raised in a household of adults with no other children around until five years old. He acted more like an adult at four…than he should have. So my whole issue was socialization with other kids, even if it was once a month. He needed to be around other kids." –Client

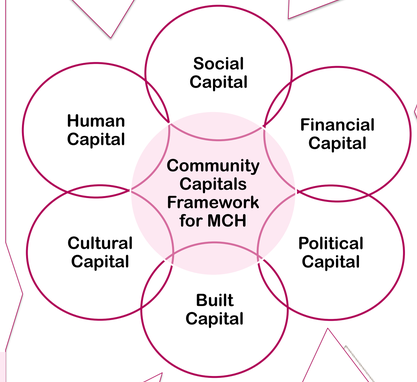
UNIQUE RURAL FIT / ENHANCEMENT

Host client-led social events for families.

"I think experience with agencies, and people coming in and knowing their business…some people are very private. Just my experience working in my county, I know one community that they're very private. They're very isolated, they're very private. You go into that community, they look at you like, 'Okay, who are you and why are you here?' Until you get to know the families, and then you get accepted." – Home Visitor

ADAPTATION

Conduct first visit in public space.



"I don't know that [HV] would be sustainable without the [federal] funding. We're not a community that has…benefactors... We do not have anyone that makes contributions. It's just a high poverty area…not a lot of upper [class] and… those that are, are not really relating to [clients]. There's not a lot of philanthropy around here. […W]ithout the MIECHV funding, we could not sustain the number of slots now." – Administrator

UNIQUE RURAL FIT

Fill service gap in high-need rural areas via MIECHV expansion.

"Transportation…it's practically not existent. For me, finding that my clients don't have cars, they walk everywhere they go, just blows my mind. I have a client who was planning to walk to [Hospital A] to deliver her baby." –Home Visitor

ADAPTATION

Use MIECHV funding to purchase a van.

"I'm a grandparent raising a grandchild and I knew that I couldn't be the only [one]… I have been very vocal about – we need more stuff geared towards grandparents raising grandchildren…They have listened to my concerns and worked really closely with me…Now, HVs can go into a home where the grandparent is not the custodial parent and we can come to meetings…when both parents are working." –Client

UNIQUE RURAL FIT / ENHANCEMENT

Create Parent Policy Council.

CONCLUSIONS

Previous research (Emery & Flora 2006) suggests that the best entry point for rural community development is through investments in **social** and **human** capital.

Rural home visiting adaptations and enhancements extend beyond health-based curriculum to build on multiple community capitals, particularly social and human capital.

This suggests that home visitors occupy a critical capacity building space within rural communities which have limited capacity and restricted opportunities.

HV programs should be viewed as a vehicle for larger community development efforts in rural areas.

ACKNOWLEDGEMENTS

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CITATIONS

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Emery, M., & Flora, C. (2006). Spiraling-Up: Mapping Community Transformation with Community Capitals Framework. Community Development, 37(1).