

# 2022 MIECHV STAFF SURVEY REPORT

## Assessing Disparities in Home Visiting

### THE SURVEY

The MIECHV Staff Survey is conducted each year by the Center for Prevention Research and Development (CPRD) at the University of Illinois in conjunction with the Illinois Department of Human Services, Division of Early Childhood, Bureau of Home Visiting (IDHS DEC BHV). The goals of the survey are to obtain feedback and better understand the needs of the Illinois MIECHV Home Visiting workforce. In 2022, 77 out of 116 MIECHV staff members responded to the survey, a 66% response rate. To learn more about Illinois MIECHV, including the communities served and benchmark achievements, see the [Illinois MIECHV Statewide Annual Report 2022](#).



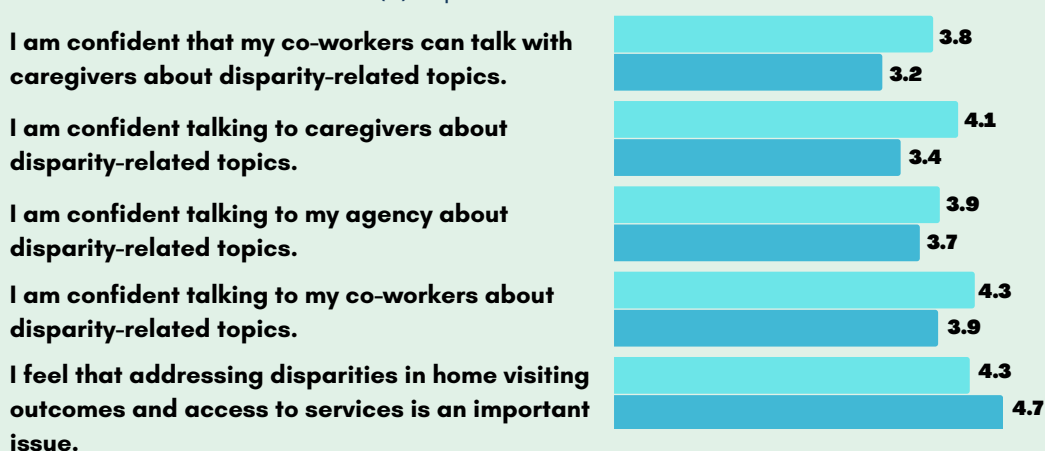
### ADDRESSING DISPARITIES

A priority of the Illinois Early Learning Council is to address racial and ethnic disparities for children participating in early childhood programs. Therefore, MIECHV is beginning to examine data to understand the availability and impact of home visiting services on all populations served.

Questions about disparities in home visiting outcomes and services were asked of Coordinated Intake (CI) staff (9 responses) as well as Home Visiting (HV) staff (68 responses). The chart below summarizes the level of agreement with various statements related to addressing disparities, prioritizing disparity related issues, and feeling confident discussing this topic with others. Findings indicate that:

- There is agreement that addressing disparities is an important issue.
- Overall, the level of confidence talking with others about disparity-related topics was slightly higher for HV staff than for CI staff. Regarding their level of confidence talking with co-workers, leadership, and caregivers, HV staff feel least confident talking with leadership, while CI staff feel least confident talking with caregivers.

The responses to these questions are charted below, on a scale from 1 (strongly disagree) to 5 (strongly agree). The light blue (■) represents HV staff and dark blue (■) represents the CI staff.



- HV staff were asked 3 additional questions about their level of agreement. The majority of HV staff agree (average of 3.9 on a 1 to 5 scale): their agency prioritizes recruiting and hiring diverse staff; addressing disparities is a priority in the agency; and addressing disparities is a key component of CQI.

### BREAKING DOWN THE IMPORTANCE OF ADDRESSING DISPARITIES

We examined the results from the statements in the graph above by years worked at the agency, by race, ethnicity, and proficiency in more than one language. We found that:

- Generally, HV staff with longevity at their agency (6 years or more) tend to have a higher level of agreement regarding the importance of addressing disparities, as well as greater confidence in themselves and their agency to discuss disparity-related topics.
- Among HV staff working at their agency for one year or less, 2-3 years, and 4-5 years, there is a great deal of variability in their responses to the statements related to addressing and prioritizing disparities. These findings may indicate unique environments or challenges within the community that the agency is located. They may also point to differences in how agencies engage their HV staff in strategic planning and training about disparities.
- As HV leaders work to engage the workforce in strategic planning for addressing disparities, these findings point to the importance of considering the length of experience of individuals when determining training opportunities, as well as the benefits of forming agency-level groups to work together on community-specific disparities.

**"I think cultural humility trainings are essential to our work and should be given on an ongoing basis to staff."**  
HOME VISITING SUPERVISOR

- There is some variability in the responses to statements by race and ethnicity, but not a consistent pattern. It will be important to track variability in responses to these statements over time.
- Those that speak more than one language (18 people) are more confident on all questions compared to those that speak only English.

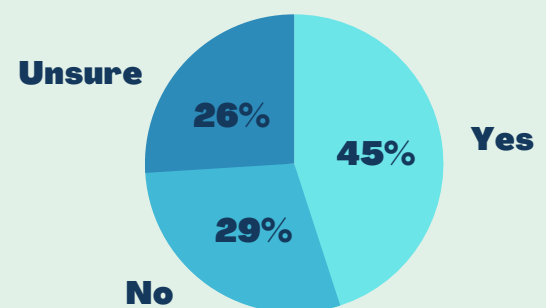
#### For More Reports on the 2022 MIECHV Staff Survey:

- [Parent Engagement & Caseload Capacity Report](#)
- [Professional Development Report](#)
- [Assessing Disparities in Home Visiting Report](#)
- [Home Visiting Workforce: Demographics, Salaries, & Turnover Report](#)
- [Home Visiting Workforce: Burnout, Stressors, & Supports Report](#)

### AGENCY LEADERSHIP

A question was asked of all MIECHV HV staff: ***"Does your agency have leadership comprised of at least half of their individuals who share the cultural background of the community served?"***

Although 45% of the respondents think that at least half of their agency leadership reflects the community served, 29% don't think so, and 26% are unsure. Results were very similar across different levels of staff (HVs, supervisors, others).



### SUPPORTS NEEDED FOR STAFF

A question was asked of all MIECHV HV staff: ***What supports (i.e., training, data, planning, strategies) do you and your agency need to be able to address disparities in home visiting outcomes and access to services in your community?***

Over half of all HV staff (54%) who were asked about the supports needed to address disparities did not list any supports needed or they indicated NA, not sure, or none. Home visitors (63%) were more likely than supervisors (41%) to leave this question blank or indicate that no supports were needed.

Among the 15 people (22%) who answered, the most frequent additional support needed to address disparities is professional development and trainings. Topics for trainings needed include:

- Cultural Humility
- Inequities
- Systemic Racism
- How to talk with co-workers and families about disparities
- Increasing collaboration between HV and medical and mental health services
- Engaging African American families.

**"Continued trainings on inequity, systemic racism and bias, how capitalism effects people in poverty... it's so important to learn and understand what barriers and challenges families in every community deal with."**

**MIECHV HOME VISITOR**

Other supports mentioned (by 5 or fewer) are: increased collaboration with local organizations to provide services to families (such as referrals, medical, mental health, and educational); the need for current data and training on how to best use data to understand disparities; recruitment strategies for underserved populations; assistance with supporting families with transportation, technology, access to the medical and mental health services they need; and developing visit plans with families to ensure understanding of their unique needs.

### KEY DISPARITIES IN OUTCOMES IN MY COMMUNITY

A question was asked of all MIECHV HV staff: ***"What do you see as key disparities in home visiting outcomes in your community that you feel need to be addressed?"***

Nearly half of all respondents (47%) did not list any key disparities or they indicated NA, not sure, or nothing at this time. Home visitors (50%) were more likely than supervisors (41%) to leave this question blank or list no disparities.

A third of respondents (31%, 21 people) indicated that certain benchmark outcomes had disparities in their community that need to be addressed. The most common benchmarks identified as having disparities include:

- Maternal depression
- Well-child visits
- Safe sleep
- Literacy and early language
- Breastfeeding

**"Honestly, housing is a big issue for participants. If you don't have safe, clean, stable housing the most basic of your needs is not met. Not having stable housing affects so many areas."**

**MIECHV HOME VISITOR**

Other disparities listed (by 5 people) that need to be addressed include housing and employment, access to health care, particularly mental health programs, and access to child care.

