

WASHINGTON STATE DEPARTMENT OF HEALTH

Washington State Home Visiting Needs Assessment

User Guide for
2017 Report

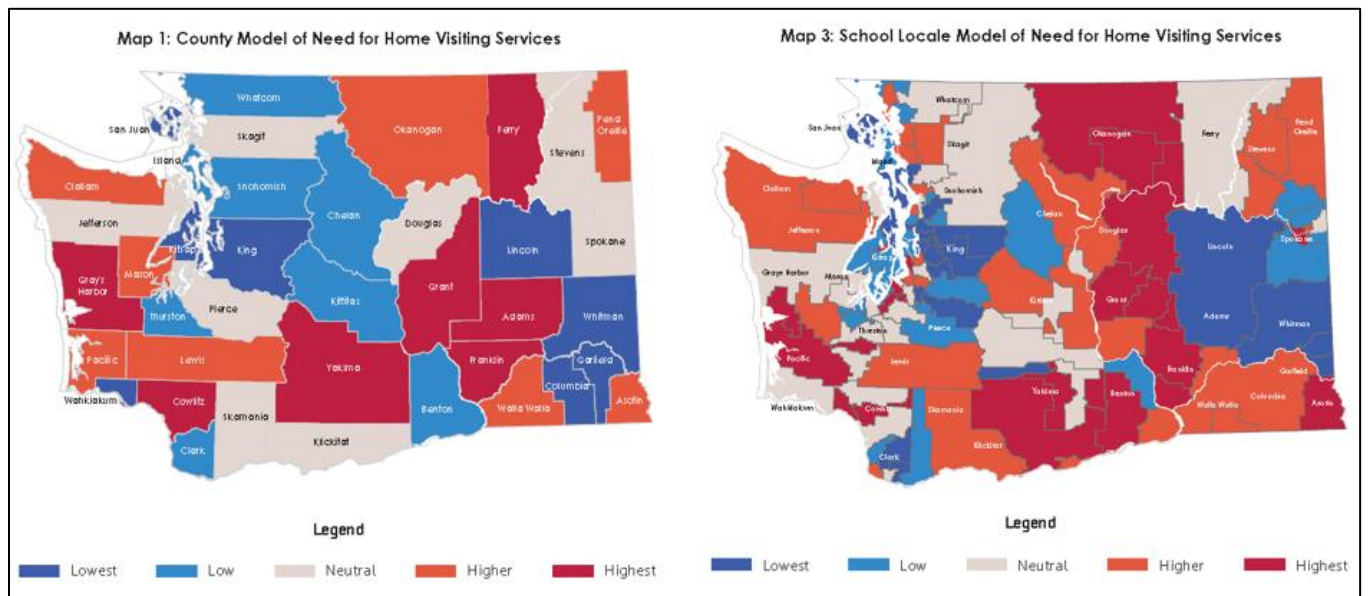
Introduction

This User Guide serves as an accompanying document to support leveraging the [2017 Needs Assessment Report](#) for community and state level planning efforts. The 2017 Needs Assessment provides data on three topics: the risk in communities compared to Washington State, number of families in potential need of services, and home visiting services currently available in the community. These three pieces of information can be combined and analyzed to explore expansion of home visiting services with stakeholders.

Risk in the community

The 2017 Needs Assessment defines community three different ways: by county, by school locale, and by race/ethnicity. For each community definition, we created a set of analytic models to describe perceived risk by community compared to the state. The two geographic models, county and school locale, provide different lenses to support planning for distribution of home visiting services across Washington state. The County Model provides risk estimates at the same geography used by county and state offices for planning, including public health and social support interventions. The School Locale Model provides the ability to identify high risk areas within counties that on average appear to be low or neutral risk. This is important for large, diverse counties. For example, the Locale Model identifies sub-county areas within King, Snohomish, Pierce, and Spokane counties to be high risk, yet in the County Model they are in the neutral and lower risk quintiles (Figure 1). The Locale Model can also be used to define catchment areas in rural counties. For example, one high risk locale (#20) includes both portions of Yakima and Klickitat counties. While communities in Klickitat County may be too small to support their own home visiting program, they may be able to partner with organizations in Yakima. A map legend identifying location of School Locales is available [here](#).

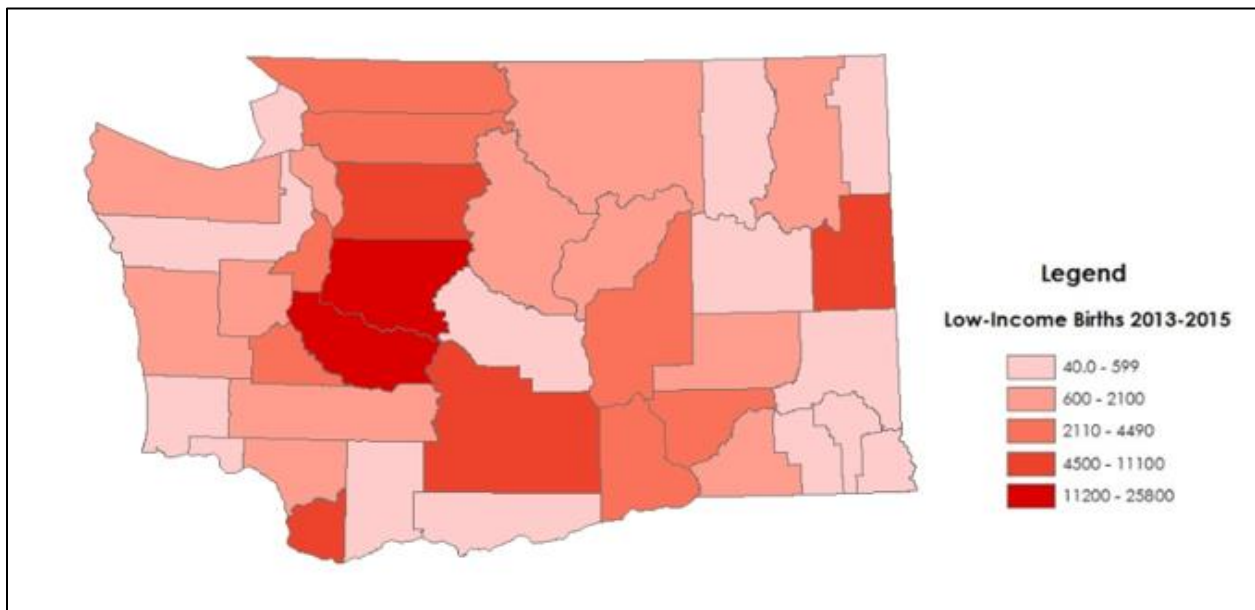
Figure 1: Comparing the County and Locales Models



Number of families in the community who may benefit from services

The 2017 Needs Assessment uses the total number of low income births from 2013-2015 in Washington State as a proxy for number of families in potential need of services. We defined low income as a mother reporting using WIC and/or Medicaid during pregnancy. The three year total gives us the number of low income pregnant women and women with a child under two which corresponds to our target population for enrollment into services. Figure 2 shows the number of low income births by county. Note, some counties have very high or high risk in the County Model, yet they have very few numbers of low-income births. For example, Ferry County is in the highest risk of the County Model but had only 136 low-income births between 2013-2015. Furthermore, counties that appear to be low or neutral risk overall may have large numbers of families in potential need of services. For example, King County is in the lowest risk quintile in the County Model, but has the largest number of low-income births in Washington State. When using the data, it is important to consider not just the risk in the community, but number of families potentially in need of services to ensure a large enough population to support a program.

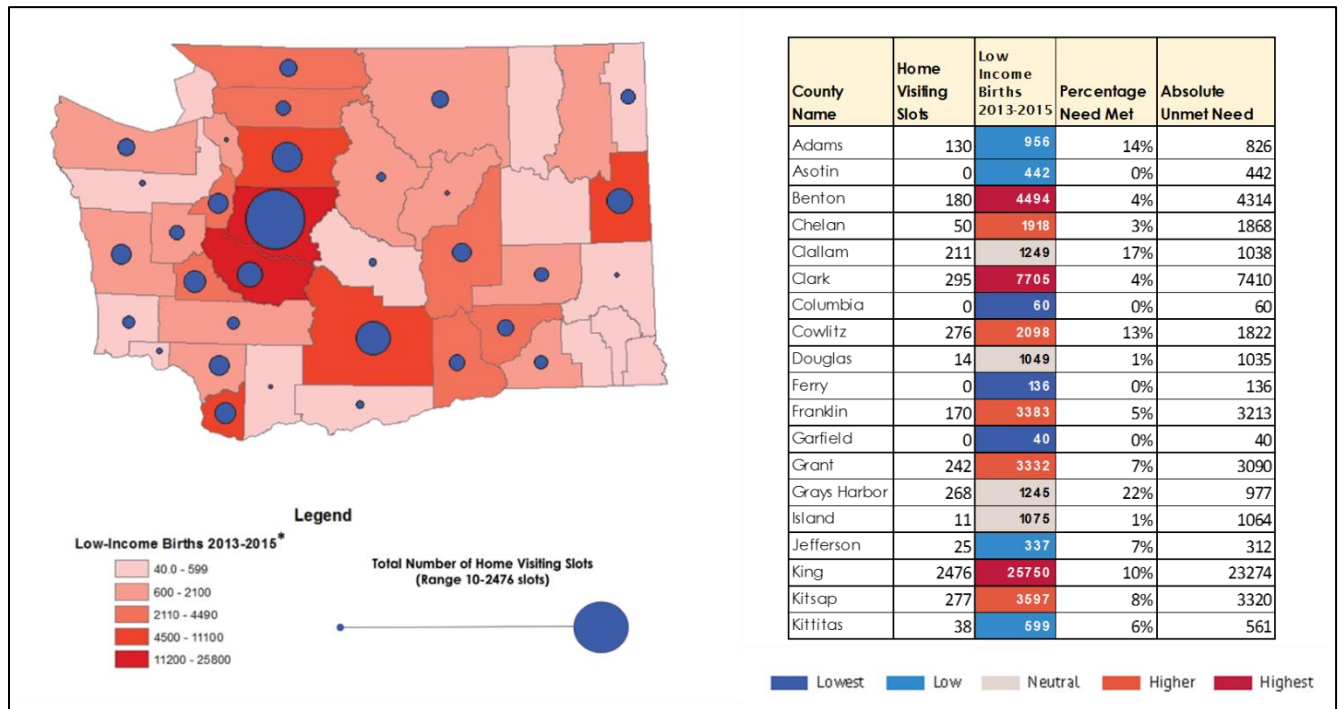
Figure 2: Total number of low income births by county, 2013-2015



Home Visiting Services Currently Available

Figure 3 illustrates the potential need and unmet need for services across the state by combining two pieces of information: low-income births and total home visiting slots funded as reported by the [Home Visiting Scan, 2017](#). The blue circles represent the number of home visiting slots. The size of the circle on the map is proportional to the number of funded slots, ranging from 10 slots in Skamania to 2,476 slots in King. This data is represented in the second column in the table (Figure 3). Figure 3 presents Map 5 and an excerpt of Table 5 from the 2017 Needs Assessment Report.

Figure 3: Home Visiting Services available



Using the number of slots and the low income birth data, we estimated the proportion of need met (number of funded slots divided by number of low income births) and the absolute number of potential families with unmet need. These data are represented in columns 4 and 5 of Table 5, respectively. The met need ranges from a high of 56% in Pend Oreille to 0% in seven counties without any funded home visiting slots.

Leveraging the Data for Planning

The data from the 2017 Needs Assessment can be combined in multiple ways to explore program and policy questions. For example, we can use the data on the number of families in need of services and the home visiting services available in the community to answer: “How many additional slots would Washington State need to fund to meet 15% of the need in each county?” To answer this question, we need to do some simple math highlighted in the box below:

Additional Slots Needed to Meet X% of Need=
 (Low income births X 0.15 (or any other percentage) – Funded HV slots)

Table 1 below takes the data presented in Table 5 of the full report and adds a new column for the number of new slots needed to meet 15% of the need in each of the counties (see Excel Tables for further data exploration). Note, some of the numbers are negative because more than 15% of the need is already being met.

Turning the question around, Table 5 can also be used to answer “If Washington State Funds an additional 200 slots in Franklin County, what proportion of the need will be met?” Again doing a little math, we calculate that 200 additional slots would cover 11% of the estimated need $[(170 \text{ (Currently funded slots)} + 200 \text{ (New Slots)})/3383 \text{ (Low income births)}]$.

Table 1: Using Table 5 to Reflect on Program and Policy Questions

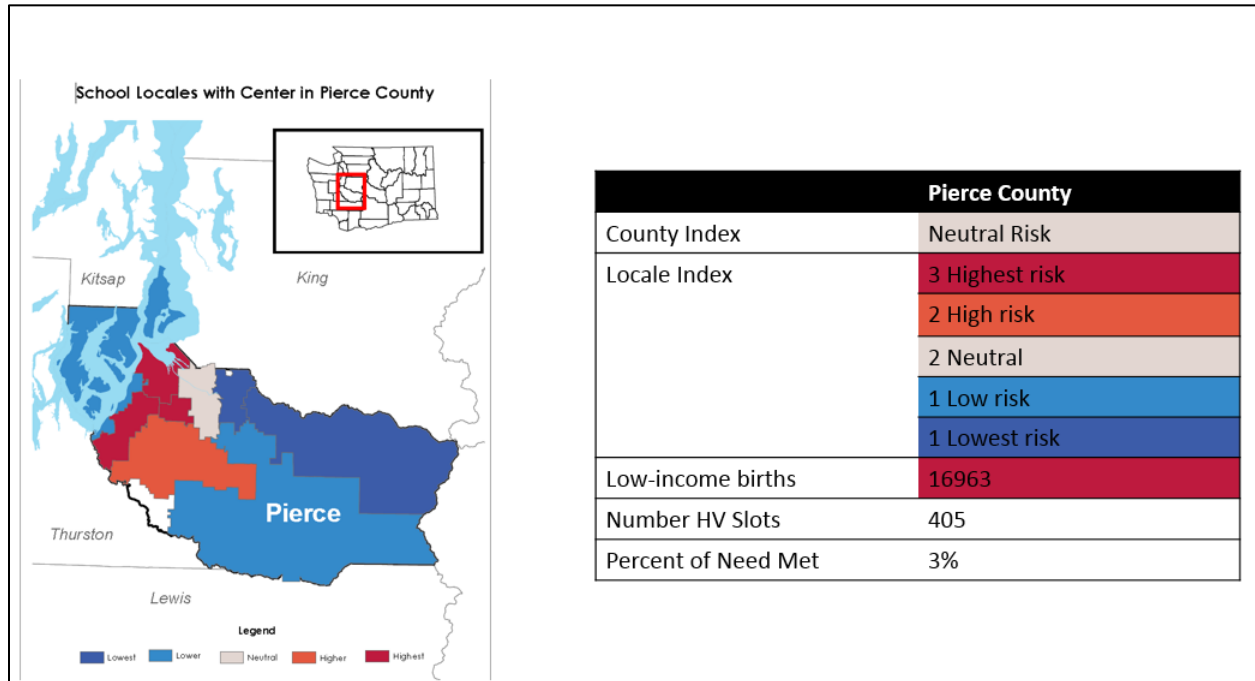
County Name	Home Visiting Slots	Low Income Births 2013-2015	Percentage Need Met	Absolute Unmet Need	Additional Slots needed to meet 15% need
Adams	130	956	14%	826	13
Asotin	0	442	0%	442	66
Benton	180	4494	4%	4314	494
Chelan	50	1918	3%	1868	238
Clallam	211	1249	17%	1038	-24
Clark	295	7705	4%	7410	861
Columbia	0	60	0%	60	9
Cowlitz	276	2098	13%	1822	39
Douglas	14	1049	1%	1035	143
Ferry	0	136	0%	136	20
Franklin	170	3383	5%	3213	337
Garfield	0	40	0%	40	6
Grant	242	3332	7%	3090	258
Grays Harbor	268	1245	22%	977	-81
Island	11	1075	1%	1064	150
Jefferson	25	337	7%	312	26
King	2476	25750	10%	23274	1387
Kitsap	277	3597	8%	3320	263
Kittitas	38	599	6%	561	52

Lowest
 Low
 Neutral
 Higher
 Highest

Focus on Locale Communities

The Needs Assessment may be used to evaluate the need in one specific community. Figure 4 is an illustrative example focused on Pierce County using Map 3 and data from Tables 2, 3, and 5 from the full Needs Assessment report.

Figure 4: Focus on Pierce County



Based on the County Model, Pierce is a neutral risk county; however, when using the School Locale Model we see some heterogeneity: 3 of the locales are highest risk, 2 are the high risk group, 2 neutral risk, 1 in the low risk, and 1 is in the lowest risk quintile. This may suggest a finer geographic focus for services.

When doing a deep dive on a specific community it is also useful to consider the race and ethnic makeup of the community. For example, Tacoma has a large Black community. According to the Race/Ethnicity Model, non-Hispanic Blacks are at high risk compared to Washington State overall, suggesting potential demographic as well as geographic clustering of risk.

Finally, when focusing on a single geography, it may be beneficial to consider the specific risk factors present in the community using supplemental tables 1-3 found in the report. For example, Tacoma School District is in the highest quintile for prevalence of low-birth weight infants and intimate partner violence. This information may be useful when considering specific home visiting models or interventions.

Conclusion

This User Guide is intended to give stakeholders some guidance on how to leverage the data provided in the 2017 Needs Assessment. The examples presented are designed to be illustrative of the potential ways the data can be viewed but does not represent an exhaustive list. Any stakeholder wishing to leverage the data should consider three things. First, pick your geography based on the community you wish to serve. The Locale Model will be best for identifying high risk communities within larger counties, the County Model will be best to coordinate planning within the same catchment as other county-based initiatives (public health, early learning), and the Race/Ethnicity Model will be best for planning around services and gaps in reaching specific populations of color. Second, consider the number of people potentially in need of services within your community. Small counties such as Garfield or Asotin may not have a large enough population to support a stand-alone home visiting program. Rural areas may consider combining locales or counties to ensure a large enough population to support a program. Finally, consider the services already provided in your community that may support the same or similar families.

Communities and stakeholders wishing to further explore the Needs Assessment data may reach out to the Home Visiting Unit at the Department of Health for additional support by emailing Martha Skiles (martha.skiles@doh.wa.gov).