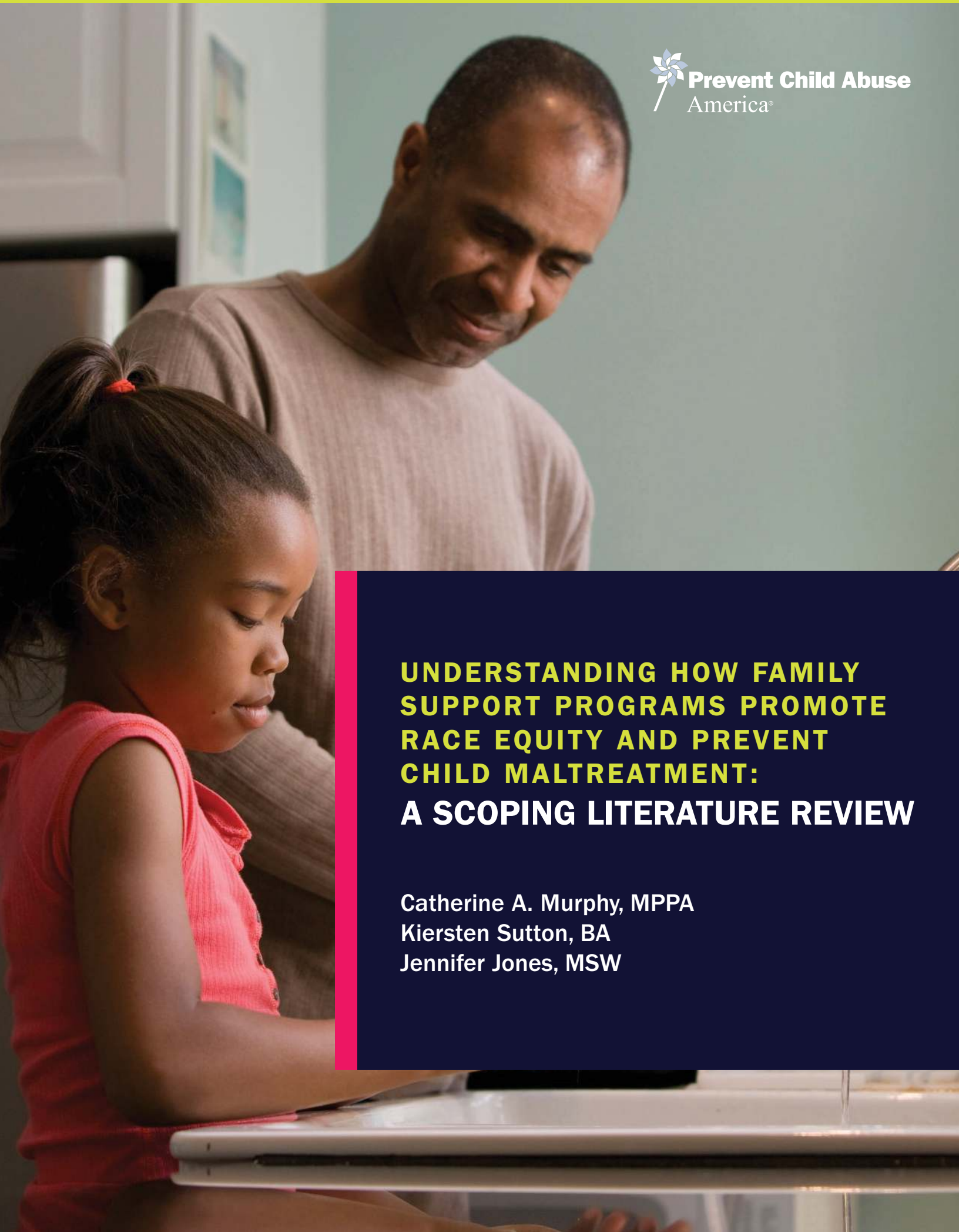


Prevent Child Abuse America®

UNDERSTANDING HOW FAMILY SUPPORT PROGRAMS PROMOTE RACE EQUITY AND PREVENT CHILD MALTREATMENT:

A SCOPING LITERATURE REVIEW

Catherine A. Murphy, MPPA
Kiersten Sutton, BA
Jennifer Jones, MSW

ACKNOWLEDGEMENTS

This project was funded by The Annie E. Casey Foundation (AECF). On behalf of Prevent Child Abuse America (PCA America), the authors wish to express their gratitude to AECF in supporting their work. Additionally, the authors thank Drs. Melissa T. Merrick, President and CEO, and J. Bart Klika, Chief Research Officer, for their insight and review of this report.

This report used data obtained via a literature search performed by Social Current using the scope reviewing requirements defined by PCA America. The interpretation of the data sources and research content are solely the responsibility of the authors. Requests for information about the search methods used can be submitted to the Social Current Knowledge and Insights Center: library@social-current.org.

ABOUT PREVENT CHILD ABUSE AMERICA

Prevent Child Abuse America is the nation's oldest and largest organization committed to preventing child abuse and neglect *before it happens*. We promote programs and resources informed by science that enable kids, families, and entire communities to thrive—today, tomorrow, and for generations to come.

To learn more about PCA America's work, visit our website www.preventchildabuse.org. Additionally, PCA America encourages you to connect with Healthy Families America, the organization's signature home visiting program.

Permission to copy, disseminate, or otherwise use information from this report is granted with appropriate acknowledgement. Suggested citation:

Murphy, C. A., Sutton, K., Jones, J. (2023). Understanding how family support programs promote race equity and prevent child maltreatment: A scoping literature review. Prevent Child Abuse America.

TABLE OF CONTENTS

Executive Summary	**3**
Introduction	**4**
Background	**5**
Defining Equity Concepts & Terms	5
Inequity, Adversity, and Primary Prevention	7
The Family Support Movement & Programs	8
Methods	**9**
Scoping Review	9
Empirical Literature Search	10
Grey Literature Search	10
Results	**11**
Guiding Research Questions	11
Empirical Literature Search	12
Grey Literature Search	14
Discussion	**17**
Recommendations	**19**
Limitations	**21**
Conclusion	**21**
References	**22**
Appendix A: Social Current EBSCOHost Database	**28**

EXECUTIVE SUMMARY

The conditions and contexts in which people live have a profound impact on health, well-being, and quality of life. Primary prevention strategies (e.g., programs, policies, or other approaches) aim to reduce or prevent child abuse and neglect before it occurs and ensure safe, stable, nurturing relationships and environments for children and families (Frieden, 2010; Fortson et al., 2016). Upstream efforts, like prevention programming, provide caregivers access to the services and supports they need, when they need it, in a culturally meaningful manner without stigma (Ungar, 2013; Klika et al., 2022). However, there is limited understanding whether primary prevention-focused programs are culturally responsive and help advance racial equity (The National Research Agenda Project for a 21st Century Approach to Child Welfare, 2022). This review aims to understand how family support programs working towards primary prevention—specifically evidence-based home visiting programs and family resource centers (FRCs)—actively promote racial equity efforts within their communities.

Through a scoping review of the literature, the authors originally sought to identify successes and barriers in equitable access, service delivery, and workforce for family support programs. Overall, there was limited empirical research on the topic. However, during this process, the authors found that the available research instead reflected how family support programs promote equitable outcomes, support service access and engagement, and identify factors that increase service engagement. While the results changed the project slightly, this collective knowledge is valuable to help build a primary prevention infrastructure with racial equity at its core. Findings from existing literature suggests that an intentional, multi-disciplinary system-level approach to prevention—with a diverse, authentic, caring, empathetic, and flexible workforce that recognizes, values, and partners equally with minoritized racial, ethnic, and cultural groups—is essential in building an equitable universal system of care and support.

Based on the literature review, the authors recommend the following to aid in advancing racial equity within primary prevention-focused family support programs:

1. Continued research,
2. Enhancing equitable community engagement,
3. Continued promotion of systems-level primary prevention,
4. Enhancing initiatives to increase a diverse family support program workforce, and
5. Building a compendium of best practice informed by science to understand how family support programs advance equity in access to services, use an equity lens in service delivery, and advance equity in the workforce.

INTRODUCTION

The conditions and contexts in which people live have a profound impact on health, well-being, and quality of life. Socioeconomic factors (i.e., social determinants of health), such as discrimination and violence, may contribute to differences in health and life outcomes (Krug et al., 2002; Merrick et al., 2019; Metzler et al., 2017; Pascoe & Smart Richman, 2009). In the United States (U.S.), minoritized racial, ethnic, and cultural groups (i.e., impacted communities) have been disproportionately affected by structural and interpersonal racial discrimination (i.e., racism), increasing experiences of adversity and trauma (Mendez et al., 2022; Merrick et al., 2018; Merrick et al., 2019; Polanco-Roman et al., 2016; Vines et al., 2016). Government systems, like the child welfare system, perpetuate racism on a societal level—where oversurveillance within an array of community services (e.g., healthcare services, social and school programs, and law enforcement) heighten the risk of child welfare involvement for millions of, often impoverished, families of color (Baughman et al., 2021; Derezotes et al., 2004; Fong, 2019; Fong, 2020; Kim et al., 2017; Sedlak et al., 2010). This oversurveillance has led to overrepresentation of minoritized racial, ethnic, and cultural groups within the child welfare system and programs they received through child protective services (Dettlaff et al., 2020). Coincidentally, the U.S. child welfare system may be one of the only options for families to get the help they need due to an inadequate universal system of care and support.

Support for families should occur further upstream—where caregivers can access the supports and services they need, when they need it, in a culturally meaningful manner without stigma (Ungar, 2013; Klika et al., 2022). Primary prevention strategies (e.g., programs, policies, or other approaches) aim to reduce or prevent child abuse and neglect before it occurs and ensure safe, stable, nurturing relationships and environments for children and families (Frieden, 2010; Fortson et al., 2016). Upstream community-based prevention programs are a key approach to delivering services directly to families. However, there is limited understanding whether primary prevention-focused programs are culturally responsive and help advance racial equity (The National Research Agenda Project for a 21st Century Approach to Child Welfare, 2022). This review aims to understand how family support programs working towards primary prevention—specifically evidence-based home visiting programs and family resource centers (FRCs)—actively promote racial equity efforts within their communities. Through a scoping review of the literature, the authors originally sought to identify successes and barriers in equitable access[1], service delivery, and workforce for family support programs. However, during the scoping review process, the authors found that the available research instead reflected how family support programs promote equitable outcomes, support service access and engagement, and identify factors that increase service engagement. While the results changed the project slightly, this collective knowledge will aid in building primary prevention infrastructure in communities with a distinct focus of racial equity at its core *(see Table I)*.

TABLE I. GUIDING RESEARCH QUESTIONS

Initial Research Questions	Revised Research Questions
• How do family support programs advance equity in access to services? • How do family support programs utilize an equity lens in service delivery? • How do family support programs advance equity in the workforce? • Who is using family support programs (demographics/populations served)?	• How do family support programs promote equitable outcomes? • How do family support programs support service access and engagement for minoritized racial, ethnic, and cultural groups? • How do family support programs identify factors that increase service engagement for minoritized racial, ethnic, and cultural groups? • Who is using family support programs (demographics/populations served)?

[1] For this review, the project team defined access as both geographical location (i.e., where services are located) and utilization of services (i.e., whether services are available in communities of need).

BACKGROUND

Defining Equity Concepts & Terms

Table I provides definitions of equity-related concepts and terms used throughout this report, as defined by The Annie E. Casey Foundation (AECF) and W. Haywood Burns Institute (2018). Expanded definitions are included for some core concepts and terms—they are noted as such in the table.

The authors acknowledge that findings from the empirical and grey literature reviews reflect minoritized racial, ethnic, and cultural (e.g., Black, Latinx/Hispanic, and Indigenous) communities grouped together within this report. The project team made efforts to distinguish the findings for each distinct group but used the term "impacted communities" (defined in Table II) when discussing the collective whole of diverse racial, ethnic, and cultural groups. "Impacted communities" and "minoritized racial, ethnic, and cultural groups" are used interchangeably throughout this report. The authors recognize that each of these groups are distinct, with unique traditions and dynamic communities. Advancing racial equity is a nuanced and complex process that requires continued open dialogue, listening, and learning—the project team is open to discussion on how best to describe these groups in future work.

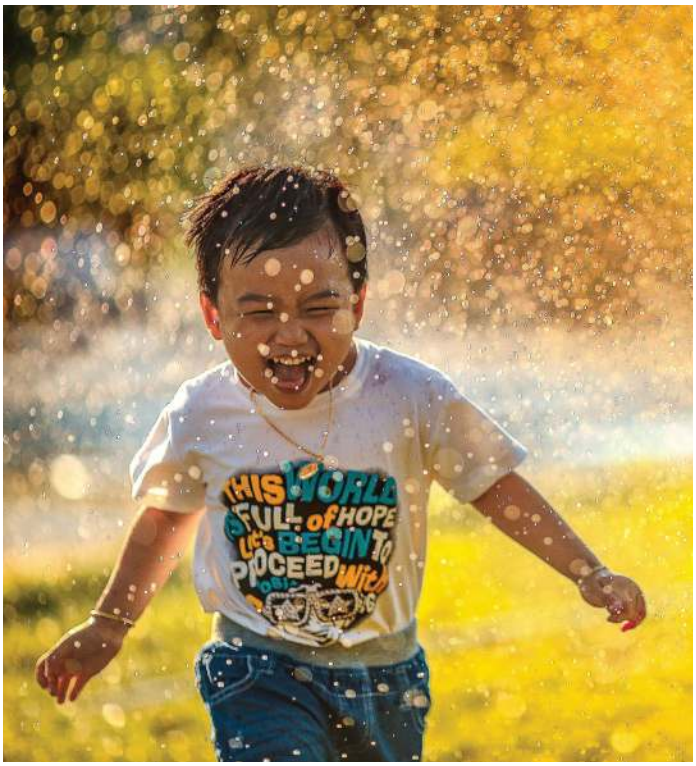
TABLE II. TERMINOLOGY

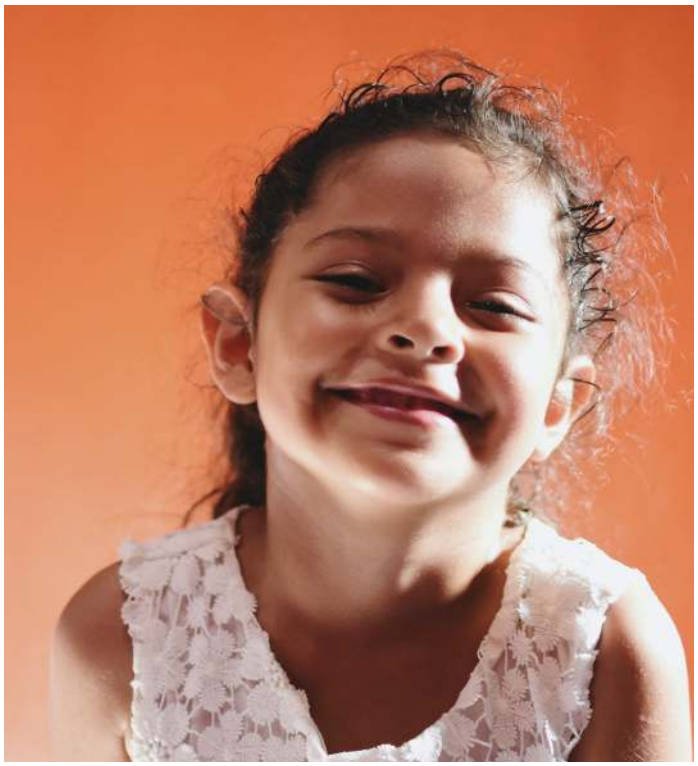
Culture: "a learned set of values, beliefs, customs, norms, and perceptions shared by a group of people that provide a general design for living and a pattern for interpreting life. 'Culture [is] those deep, common, unstated experiences which members of a given culture share, which they communicate without knowing, and which form the backdrop against which all other events are judged'" (Hall, 1966 as cited in AECF, 2018).
Disparity: "A difference in experience, treatment, or outcome. Racial disparities are differences in outcomes based on race (i.e., one racial group is worse off than another racial group)."
Disproportionality: "The state of being out of proportion. Either an over- or under-representation of a given population, often defined by racial and ethnic backgrounds, at any given point in a child-serving system."
Diversity: "All the ways in which people differ, encompassing all the different characteristics that make one individual or group different from another" (Racial Equity Tools, n.d., as cited in AECF, 2018). "A variety of racial identities or characteristics (e.g., African Americans, Native Americans, Latinx). Diversity is a quantitative measure of representation" (W. Haywood Burns Institute, n.d.).
Equitable community engagement: "Ensures that the affected community is directly involved in the design, operationalization, and monitoring of any and all solutions to problems that are affecting said community. An equitable community engagement process or strategy is participatory, recognizes and values the experiences and expertise of community members and involves sharing power and resources as equal partners."
Equity: "Fairness. Everyone receives or has what is needed to thrive and reach one's full potential."
Ethnicity: "A social construct that divides people into smaller social groups based on characteristics such as shared sense of group membership, values, behavioral patterns, language, political and economic interest, history and ancestral geographical base. (Examples: Cape Verdean, Haitian, Polish, etc.)."
Impacted communities: "Refers to groups of people with some thread of commonality who are disproportionately exposed to environmental or social factors that negatively affect their well-being directly or indirectly." In this report, the authors use "impacted communities" and "diverse racial, ethnic, and cultural groups" interchangeably.
Interpersonal racism: "How our private beliefs about race become public when we interact with others. When we act upon our prejudices or unconscious biases—whether or not it is intentional, visible or verbal—we engage in interpersonal racism. This type of racism can take the form of bigotry, hate speech or racial violence." (AECF, 2014, as cited in AECF, 2018).
Minoritized groups: "[referring] to people whose racial, ethnic, sexual identity or orientation, gender identity, or other social-identity membership has been marginalized in society" (Adams & Bryant Miller, 2022).
Race: "A socially constructed system of categorizing humans primarily based on observable physical features such as skin color and/or on ancestry. There is no scientific basis for or discernible distinction between racial categories" (AECF, 2014, as cited in AECF, 2018).

Racial equity: "The condition that would be achieved if one's racial identity was no longer a predictor of one's outcomes (i.e., if every person was given what is needed to enjoy a full and healthy life)." Or "the measure of the quality of representation, such as full access, authentic representation, empowered participation, true belonging and power-sharing. Inclusion is a qualitative measure of representation and participation" (W. Haywood Burns Institute, n.d.).

Structural racism: "Racial bias across institutions and society. It describes the cumulative and compounding effects of an array of factors that systematically privilege white people and disadvantage people of color" (AECF, 2014, as cited in AECF, 2018). "Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional & interpersonal, that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color. It is this normalization that then binds together white controlled institutions – interlocking them into larger systems of power and control" (W. Haywood Burns Institute, n.d.).

Note: All definitions are from the AECF report "Understanding the Basics: Core Concepts and Terms" published in 2018. Additional citations are included per term.





Inequity, Adversity, and Primary Prevention

Creating safe, stable, and nurturing relationships and environments for children and minimizing early childhood adversity ensures healthy development, enhanced life opportunities, and thriving families and communities (Fortson et al., 2016). Social determinants of health (SDOH) are the environmental conditions (i.e., where people are born, live, learn, work, play, worship, and age) that contribute to differences in health, well-being, and quality of life outcomes (Office of Disease Prevention and Health Promotion, n.d.). SDOH factors, such as discrimination and violence, are not equally distributed amongst the population and may contribute to differences in intergenerational health and life outcomes (Merrick et al., 2019; Metzler et al. 2017; Pascoe & Smart Richman, 2009). Minoritized racial, ethnic, and cultural groups have been disproportionately affected by structural and interpersonal racial discrimination (i.e., racism)—leading to increased adversity and traumatic experiences (Mendez et al., 2022; Merrick et al., 2018; Merrick et al., 2019; Polanco-Roman et al., 2016; Vines et al., 2016).

For example, Merrick and colleagues (2018) found that Black, Hispanic, or multiracial individuals reported significantly higher adverse childhood experience[2] (ACE) exposure than their white counterparts—while ACEs are common, some groups are at a higher risk of experiencing them than others. Therefore, to reduce or prevent ACEs, primary prevention strategies and approaches must be prioritized (Merrick et al., 2018). Additionally, research suggests that youth and young adults who experience racial/ethnic discrimination are at a higher risk for poor mental health outcomes (Vines et al., 2017), including dissociative symptoms (Polanco-Roman et al., 2016), and compounding stressors which may have a cumulative impact on one's mental health throughout their life (Vines et al., 2017). Yet, active coping strategies (e.g., talking to others; trying to do something) helped buffer symptoms associated with racial/ethnic discrimination (Polanco-Roman et al., 2016).
Some children from minoritized racial, ethnic, and cultural groups are overrepresented in the child welfare system—as of 2019 American Indian/Alaska Native (AI/AN) children make up 2% of the foster care population, but only 1% of the child population; whereas Black/African American children account for 23% of the foster care population, yet only 14% of the child population (Child Welfare Information Gateway, 2021). Once involved in the child welfare system, these groups continue to experience disparities. For instance, home removal and termination of parental rights (TPR) are more likely to occur for AI/AN and Black/African American children (Child Welfare Information Gateway, 2021; Maguire-Jack et al., 2020; Wildeman et al., 2020). Interestingly, Asian, Hispanic, and White children are underrepresented in the child protection system, though it is unclear if this results from underreporting due to cultural norms/perceptions or lower occurrences of child maltreatment within these groups (Cheung & LaChapelle, 2011; Child Welfare Information Gateway, 2021; Maguire-Jack et al., 2015).

The National Conference of State Legislatures (2021) share five strategies to address child welfare disproportionality and disparities: (a) understand and address the individual bias impact on child welfare processes (i.e., reporting, investigating, intervening, and placement); (b) develop culturally responsive practices; (c) recruit and retain foster families from diverse populations; (d) engage impacted communities in policy development, and (e) use data to identify and address disparate outcomes. While these are important system-level strategies for change within the child welfare system, support for families can occur further upstream to prevent child maltreatment in the first place. Primary prevention strategies (e.g., programs, policies, or other approaches) aim to reduce or prevent child abuse and neglect before it occurs and can help ensure safe, stable, nurturing relationships and environments for children and families (Frieden, 2010; Fortson et al., 2016). Family support programs (i.e., evidence-based home visiting programs and FRCs) focused on primary prevention work to prevent child maltreatment, build strong communities, and may help to promote racial equity.

[2] Adverse childhood experiences (ACEs) are "potentially traumatic events that occur in childhood," and include experiencing/witnessing violence, unsafe environments, and/or household dysfunction (CDC, 2022).

The Family Support Movement & Programs

The Family Support Movement

Beginning in the late 20th century, the Family Support Movement expanded family support programs, focused on healthy child development, and strengthening families across the U.S. (Thomas, 1994; Zigler & Black, 1989). Historically rooted in cultural (e.g., informal support networks) and past initiatives (e.g., settlement houses, self-help/parent education), the recent movement is theoretically grounded in human development ecology and social intervention (Thomas, 1994; Zigler & Black, 1989). The Family Support Movement amplified programs that work across the social ecology (i.e., individual-, community-, and systems-level) to support family well-being through various activities and approaches to improve child health and development, enhance parenting skills, promote community supports (i.e., formal or informal networks), and prevent familial dysfunction (Thomas, 1994). This movement stemmed from traditional social services inability to meet the needs of their community and realigned family support by emphasizing an upstream approach through local responsiveness, flexibility, provider-caregiver partnership, and caregiver empowerment (Thomas, 1994; Zigler & Black, 1989). Home visiting programs and Family Resource Centers exemplify programs that developed and expanded from the Family Support Movement.

Home Visiting Programs

Home visiting programs provide new and expectant caregivers with in-home support to build parenting skills, encourage healthy child development and promote a positive home environment (Child Welfare Information Gateway, n.d.-b). Caregiver participation in services is voluntary and utilizes a two-generational approach to family-oriented services (Child Welfare Information Gateway, n.d.-b; National Home Visiting Resource Center [NHVRC], 2018). Home visiting programs focus on promoting child health and well-being; child development and school readiness; positive parent-child relationships; parent health and well-being; family economic self-sufficiency; and family functioning (NHVRC, 2018). Home visiting has had a storied history in the U.S., dating back to the early 1900s and the urban settlement houses for the poor. In the late 20th century—following Dr. Henry C. Kempe's child maltreatment awareness campaign and the passage of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974—home visiting became an approach for preventing child abuse and neglect, thus establishing several home visiting models across the U.S. (NHVRC, 2018). This culminated in Congress investing, and reinvesting, in home visiting through Maternal, Infant and Early Childhood Home Visiting (MIECHV) (NHVRC, 2018). Home visiting programs help empower families by providing them with the tools they need to thrive.

While home visiting continues to expand, according to the National Home Visiting Research Center (2022) home visiting programs only reach 1.6% of potential beneficiaries and 3.3% of families categorized as "high-priority." Further research has found that families were more likely to receive home visiting services in affluent states, as these states likely invest in at-risk families due to additional resources (Lanier et al., 2015).

Family Resource Centers

Family Resources Centers (FRCs) are "community-based or school-based, flexible, family-focused, and culturally sensitive hubs of support and resources" that provide a variety of programs and services to diverse families (Child Welfare Information Gateway, n.d.-a). FRCs go by various names (e.g., family support centers or family centers), are in different places throughout a community (e.g., school, community center, or hospital), and aid in developing strong, supportive communities for families and children (Child Welfare Information Gateway, n.d.-a). Caregivers can receive or get connected to a wide array of services at an FRC including parenting skill training, job training, mental health counseling, and childcare and housing support (Child Welfare Information Gateway, n.d.-a).

Similar to home visiting, the concept of FRCs dates back to the early settlement houses in the late 19th early 20th centuries (Russo, 2019). Since the 1970s, local parent support programs were established as family resource centers, and this notion has grown significantly since then. Today, FRCs are designed for all families and provide accessible support to families in a destigmatizing manner by engaging them in a family-centered, strengths-based approach (Russo, 2019). Unlike home visiting, there is no dedicated federal funding for FRCs. The National Family Support Network (NFSN) is a coordinated, membership-based organization for state-level FRCs (National Family Support Network [NFSN], n.d.-a) and uses the collective impact framework, ensuring coordinated quality support for families involved with FRCs throughout the U.S. (NFSN, n.d.-a).

Current Project

The current review seeks to summarize the empirical and grey literature regarding how two of the "gold standard" family support programs, namely home visiting programs and FRCs, actively promote race equity through service access, service delivery, and workforce development. However, during the scoping review process, the authors found that research instead reflected how family support programs support service access and engagement, and identify factors that increase service engagement and therefore made slight adjustments to the project based upon these findings.

METHODS

Scoping Review

The project team conducted a scoping review to identify relevant empirical and grey literature in understanding how family support programs promote racial equity through access, service delivery, and workforce. This type of review was selected by the authors to understand and summarize what is currently known about race equity efforts within primary prevention family support programs (i.e., home visiting and FRCs) and identify any gaps in the research regarding this topic (Tricco et al., 2018). This scoping review is informed by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). Per PRISMA-ScR guidelines, this type of review requires detailed information on the project aims, methods, findings, and conclusion (Tricco et al., 2018).

Several different searches were conducted between March and September 2022. The authors examined peer-reviewed articles and grey literature information published in English between 2002-2022. The year 2002 was chosen to allow for a twenty-year timeframe of review.

The following search terms were used to identify appropriate articles: "childhood adversity," "cultural," "racial equity," positive childhood experiences," "primary prevention," equitable access to services," equitable service delivery," equitable services," "equitable," "geographical service availability," "workforce," "staffing," "service deliver y," "employee engagement," "employee morale," "employee," "community member," "community engagement," and "access to care," in combination with "home visiting" and "family resource centers." Additionally, for the empirical literature search a general and subject term search for "home visiting" and "family resource centers" were also conducted in EBSCOhost.

The search and decision process for the empirical and grey literature searches is provided below.

Empirical Literature Search

For the empirical literature search, PCA America partnered with Social Current to perform the search. Social Current's EBSCOhost License Database Coverage is included in Appendix A, each of these databases were searched per term between March and September 2022. The authors examined peer-reviewed journal articles that were published in English between 2002-2022. As aforementioned, the year 2002 was chosen to allow for a twenty-year timeframe of review.

The selection process went through three stages. The articles were first reviewed by the Social Current librarian for relevancy. Next, the article abstracts were independently reviewed and selected by one member of the project team (i.e., first author of this report), based on exclusionary criteria determined a priori. Exclusionary criteria include articles a) published in another language besides English and b) that are non-empirical studies. Uncertainties or ambiguities were resolved through discussion with the three members of the project team. One revision was made during the literature review process. Initially, the project team decided to use "cultural competency" as a search term; however, after discussion this term was removed because it typically refers to staff training, and is focused on understanding and interacting with people from other cultures as opposed to addressing root causes of racial inequity. A data abstraction table was created and included citation information, abstract, main findings, and discussion notes. The findings of this review are presented in a narrative format.

The literature search in EBSCOhost returned over 2,100 articles (Figure 1), including the specified search terms listed above and a general and subject term search for "home visiting" and "family resource centers." The Social Current librarian's review for relevancy yielded 115 articles. Duplicate articles (n=17) were removed, for a total of 98 potentially relevant articles identified by Social Current's librarian. Upon title and abstract screening, 25 peer-reviewed articles were included for review. The authors excluded 73 articles that were not peer-reviewed or explicitly focused on race equity, or focused on child welfare, cultural competency, or other non-relevant outcomes (e.g., program intervention/evaluation or workforce training). The excluded articles are not included in this report.

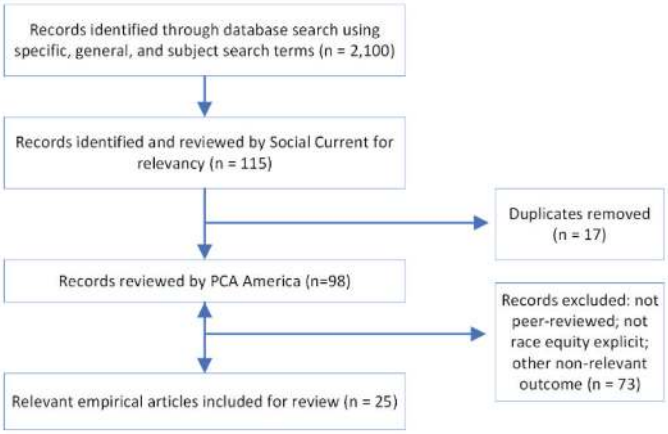


Figure 1: Detailed search and selection process of relevant articles for scoping literature review

It's important to note that throughout this review, the terms "home visiting" and "family resource centers/ FRCs" are being used generally, but different home visiting models or variations of "family resource centers" terminology were studied and used within the literature.

Grey Literature Search

In addition to the empirical literature search, PCA America also conducted a grey literature search. Grey literature is defined as evidence not published in commercial publication, includes online reports (e.g., government or research reports) and other resources (e.g., websites or ongoing research) (Paez, 2017).

The project team decided to conduct a grey literature search to better understand the scope of race equity work in primary prevention family support programs. Each term was searched via Google search engine incognito browser between June and September 2022. The authors examined information that was published in English between 2002-2022. As aforementioned, the year 2002 was chosen to allow for a twenty-year timeframe of review. Further criteria include a) only the first five pages per term were searched; b) the search did not include any "ads" or videos; and c) sub-bullets of pages were counted as duplicates.

The selection process went through three stages. The search terms were divided between two of the project team members for independent search and review. Next, the same two project team members met to discuss uncertainties or ambiguities. If there were uncertainties or ambiguities the two members could not resolve, a discussion was had with all three project team members to make a final decision. One revision was made during the literature review process. Initially, the project team decided to use "cultural competency" as a search term; however, after discussion this term was removed because it it typically referers to staff training, and is focused on understanding and interacting with people from other cultures as opposed to addressing root causes of racial inequity. A data abstraction table was created and included citation information, abstract, main findings, and discussion notes. The findings of this review are presented in a narrative format.

The grey literature search in EBSCOhost returned 1,496 results (Figure 2), The project team's review for relevancy yielded 303 sites. Duplicate articles (n=177) were removed, and authors excluded 89 grey literature items that were deemed irrelevant (e.g., not explicitly focused on race equity, or focused on child welfare, cultural competency, or other non-relevant outcomes [e.g., program intervention/evaluation or workforce training]). The excluded items are not included in this report. A total of 37 grey literature items (i.e., reports or sites) were included for review.

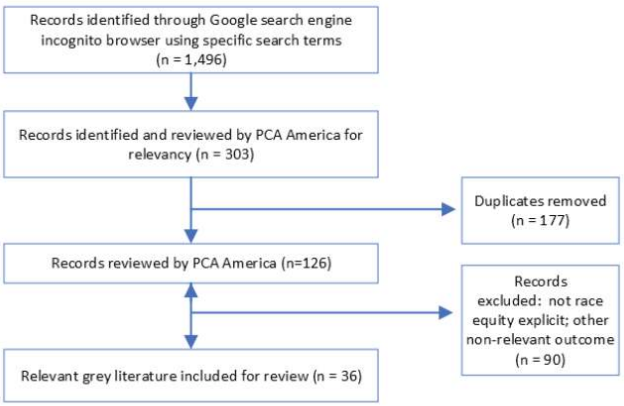


Figure 2: Detailed search and selection process of relevant grey literature

RESULTS

Guiding Research Questions

Table III provides an overview of the initial and revised guiding questions for this project, based on themes identified in the literature.

TABLE III. GUIDING RESEARCH QUESTIONS

Initial Research Questions	Revised Research Questions
• How do family support programs advance equity in access to services? • How do family support programs utilize an equity lens in service delivery? • How do family support programs advance equity in the workforce? • Who is using family support programs (demographics/populations served)?	• How do family support programs promote equitable outcomes? • How do family support programs support service access and engagement for minoritized racial, ethnic, and cultural groups? • How do family support programs identify factors that increase service engagement for minoritized racial, ethnic, and cultural groups? • Who is using family support programs (demographics/populations served)?

Empirical Literature Search

Promoting Equitable Outcomes*

All six articles identified related to promoting equitable outcomes based on impacted communities.

Two articles studied whether specific home visiting programs buffered vicarious racism (i.e., caregiver experiences of racism) (Condon et al., 2021) or poverty-related racism (Shaw et al., 2021). Condon and colleagues (2021) examined whether there was an association between Black/African American and Hispanic/Latina maternal experiences of racial discrimination and child indicators of toxic stress and tested whether these relationships were moderated by a home visiting program. They did not find substantial evidence that the home visiting program buffers the effects of caregiver experiences of racism on child toxic stress indicators (Condon et al., 2021). Shaw et al (2021)—using two diverse racial/ethnic program samples (i.e., 84% Latinx and 81% African American/Black)—highlight early findings from a randomized control trial that suggest a multi-tiered approach (i.e., a pediatric primary prevention platform combined with targeted secondary/tertiary strategies) shows promise in addressing poverty-related disparities, compounded by systemic racism, in school readiness (Shaw et al., 2021).

Further, four studies examined birth and developmental outcomes for impacted communities. Three studies had mixed findings on whether prenatal care and/or home visiting services were associated with improved birth outcomes. Thurston, Fields, & White (2021) found that while the risk of pre-term births (PTB) was significantly decreased by prenatal care (PNC), early and adequate PNC did not reduce racial disparities in PTB for Black females—despite increased geographic access to and utilize of PNC for low-income Black mothers. The authors examined birth outcomes for Black women engaged in home visiting services and found that involvement in the program improved infant birth weights for black participants (Kothari et al., 2014). Additionally, Bill et al. (2009) also found that Latina participants have fewer babies born early and with low birth weights. The other study, a recent randomized control trial (RCT) of a home visiting program, had a significant impact on improved caregiver-child interactions and healthy child development knowledge in a rural, American Indian community (Booth-LaForce et al., 2020).

Service Access & Engagement

Thirteen articles were identified related to service access and engagement, focusing on retention and participation in programming—five articles discussed Tribal MIECHV grantees. Many highlighted home visiting service access and engagement, two were directly related to FRCs.

Three studies sought to understand program reach and recruitment for particular groups. In a county-level cross-sectional study, the authors found geographical service delivery gaps for highest-risk, primarily Black (53%), communities still existed in South Carolina, despite recent state and community-level assessments to address these gaps (Radcliff et al., 2019). Radcliff and colleagues (2019) noted that understanding the actual reach of the program (i.e., client enrollment) can result in successful program delivery for the most at-risk communities. Separately, a population-based landscape analysis to address income inequity, specifically for Black, Latinx, and Asian low-income families and children in California identified FRCs as a space to support these families, minimize structural barriers to access services, and promote early childhood health interventions in a culturally engaging and appropriate manner (Lakatos & Uy-Smith, 2020). Everett et al. (2007) outlined that trust and relationship building, and community outreach were essential in the recruitment and engagement stages for FRC staff. Some approaches identified to reduce cultural and language barriers and general skepticism include hiring FRC staff from the community and presenting FRCs in a non-clinical and inviting manner (Everett et al, 2007).

*This section overviews literature identified in this search related to promoting equitable outcomes. This is not an exhaustive list of outcomes related to evidence-based home visiting. For more information, please visit the Home Visiting Evidence of Effectiveness (HomVEE) website.

Many of the home visiting articles focused on caregiver engagement (i.e., retention) in various programs at the individual, family, and community levels. Regarding race equity, the articles either directly studied impacted communities or had specific findings related to different racial/ethnic populations. As aforementioned, community engagement and relationship building were key for recruitment and engagement in FRC services (Everett et al., 2007). Several studies found that caregivers living in disadvantaged communities (i.e., economic deprivation, low educational attainment, unstable housing and elevated child health/safety risks) negatively affected program engagement, specifically in terms of program participation and retention (Bae et al., 2019; Cho et al., 2017). Three studies identified various stages of retention to understand the patterns of caregivers' involvement, with similar findings that Black mothers are more likely to exit home visiting programs early and/or gradually/passively (Cho et al., 2017; Holland et al., 2017; Janczewski et al., 2019). Another study found that a bilingual and bicultural home visiting program for pregnant Latina women who engage Promotoras (i.e., trained Spanish-speaking, indigenous women) successfully connected these women with perinatal care and other services (Bill et al., 2009).

Funded by the U.S. Administration for Children and Families, the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grants began in 2010 and serve children prenatal to kindergarten (Whitmore et al., 2018). Lessons learned in working with AI/AN families and communities through these grants may serve as an example of adapting, implementing, and increasing access to home visiting services in diverse cultural and contextual settings (Whitesell et al., 2018). In summary, the following were important strategies and approaches the authors' learned in their initial work with Tribal MIECHV grantees: (a) significance of a strengths-based approach, (b) relationship-building, (c) involvement of tribal community members, (d) capacity-building, (e) resource and expectation alignment, (f) investing/understanding of tribal values, (g) cultural and contextual attunement adaptations, (h) indigenous ways of knowing, (i) community voice, and (j) sustainability (Barlow et al., 2018; Hiratsuka et al., 2018; Kilburn et al., 2018; Whitesell et al., 2018; Whitmore et al., 2018).

Factors Increasing Engagement

The literature also discussed individual (1), relational (4), and programmatic (3) factors that enhance engagement in family support services.

In a qualitative study to understand low-income Latinx participation in home visiting programs, the authors found that the most prominent factors related to participation were emotions and affect (i.e., first impressions, government involvement), behavioral beliefs (e.g., convenience/inconvenience, health and safety, social support/care, loss of autonomy) and self-efficacy (i.e., program commitment ability and openness to advice/completing tasks) (Wolfe Turner et al., 2020). Decision differences were highlighted among native-born, immigrant, or mixed Latinx families, especially regarding Spanish-speaking participant concerns regarding involvement with government and fears of deportation or family separation (Wolfe Turner et al., 2020).

Four articles focused on the racial, ethnic, or cultural relationship between home visitors and caregivers for different, diverse groups. Shanti (2017) interviewed home visitors to understand their working relationship with caregivers and how it affects parental engagement in services, noting that (a) learning the parent's culture and style, (b) deepening the working relationship, and (c) balancing the ongoing work are key to successful caregiver engagement. In a non-experimental study, Finno-Velasquez and colleagues (2014) examined differences in service delivery, home visitor relationship, and service satisfaction between Latino and non-Latino clients as well as service delivery language and provider-client ethnic match. The authors found no diminishment in experience with the home visiting program within any of these categories (Finno-Velasquez et al. 2014). Wen et al. (2016) studied changes in African American mothers' engagement in a doula home visiting program and found that maternal psychosocial characteristics, visit length and setting, and home visitor relationship affected engagement. Additionally, Woolfolk & Unger (2009) found an association between racial/ethnic similarities in the mother's and provider's identity and value and involvement in the program among low-income African American mothers. Yet, positive (e.g., empathetic, caring, and authentic interactions or flexibility in services) and negative (e.g., mistrust in authority) experiences also affect the mother-provider relationship (Woolfolk & Unger, 2009).

Lastly, a recent article by McMillin and Carbone (2020) discussed traditional home visitor cultural competence training and the replacement cultural humility. In a small, qualitative study, the authors interviewed home visitor administrators, two themes emerged: (a) most home visiting models required cultural competence training and (b) cultural competence also includes aspects of cultural humility, in terms of continuous self-reflection and self-evaluation on cultural encounters, together these are important for participant engagement (McMillin & Carbone, 2020). In reviewing factors that increase engagement for FRCs, Everett et al. (2007) note that continued involvement, participation, and leadership in the FRC relied on adaptability and flexibility in supporting families' goals and decisions, staff recognizing family strengths, and building leadership through adult and youth advisory councils. Leadership required FRC staff to give up control and authority and move into a consultation role, so the community could take the lead and ownership of the decision-making process (Everett et al., 2007). Using a racial/ethnically representative sample, O'Donnell and Giovannoni (2006) examined consumer perceptions on FRC service delivery, specifically in terms of accessibility and community involvement in program design and implementation. The authors found that FRC consumers were satisfied with service delivery, notably valuing "interpersonal ambience" (e.g., staff/peer support and encouragement, safety of center, and welcoming atmosphere) was valued over concrete supports (e.g., language availability, location of services, childcare availability)—though these tangible supports were important too (O'Donnell & Giovannoni, 2006).

Grey Literature Search

Promoting Equitable Outcomes*

There are disparities when comparing young children who experience multiple adversities; the rates among White children are 7%, while those of Black and non-Hispanic children are at rates of 15% and 14%, respectively (Novoa, 2020). Lewy (2021) identified that "systemic racism within health care and other social institutions has led to substantial racial and ethnic disparities in access to health care, poor health outcomes, and high mortality rates for women and children of color." However, these disparities may be reduced through interventions such as evidenced-based home visiting which provides connections to community-based support, resources, referrals, and coaching or case management. (FLOURISH St. Louis, 2022; Lewy, 2021). Parents and caregivers of at-risk children alike benefit from home visiting programs through the overall promotion of well-being (Park & Katsiaficas, 2019).

*This section overviews literature identified in this search related to promoting equitable outcomes. This is not an exhaustive list of outcomes related to evidence-based home visiting. For more information, please visit the Home Visiting Evidence of Effectiveness (HomVEE) website.

There were few resources related to FRCs and promoting equitable outcomes. FRCs are designed to uniquely respond to the strengths, culture, demographics and needs of each neighborhood and community which they serve (NFSN, n.d.-b). The goal of FRCs is to strengthen families through enhancing the community and neighborhood through the provision of resources and referrals, direct care services as well as "opportunities for growth, civic engagement, and social and economic development" (Judi Sherman & Associates, 2017). Two local FRC examples found in the grey literature search include Partnership For Strong Families, whose centers' support the needs of the community and development of community leaders, and Fighting Back Partnership, a black-led organization that created Red Ribbon Committee to provide a grassroots response to the increasingly high use of alcohol and drugs in their community (Fighting Back Partnership, 2022; Partnership For Strong Families, 2022). Overall, more information is needed on how FRCs promote equitable outcomes, but the Family Resource Center Association (n.d.) states that they will "transition to more equitable evaluation methods for further exploration."

Service Access & Engagement

According to Hardy et al. (2021), many U.S. children continue to face barriers in accessing healthy, early experiences in an equitable manner—thus, many Black, Hispanic/Latinx, and Indigenous children grow up in poverty, hindering access to healthy development opportunities. Ensuring equitable access to programming and services is a critical piece in shaping the development of children and "essential in advancing healthy child development and reducing inequity" (Hardy et al., 2021).

Several entities focused on who is being served through home visiting and disparities in access and engagement. According to the National Home Visiting Resource Center (2020), approximately 300,000 of the 18 million pregnant women and families received home visiting services in 2019. Annually, the NHVRC creates national and state profiles of home visiting data—this includes race/ethnic breakdown of families served through home visiting programs (NHVRC, 2022). Start Early (2022b) indicates that many early learning and care programs provide specific rights or priority enrollment status to children with certain circumstances (e.g., experiencing homelessness, child welfare system involvement and children with disabilities), though despite recognition as a "priority population," these children remain underserved in these programs (Start Early, 2022b). Interestingly, Rybinska et al. (2022) found disparities in community connections during the pandemic; higher income and white families increased while families of color and lower income decreased.

Additionally, despite the growth of immigrant, refugee, and dual language learners[3] (DLL) families and children in the U.S.—who may experience racism, discrimination, financial insecurities, and other stressors—these groups have lower enrollment rates in home visiting services than their U.S.-born peers and are not categorized by MIECHV as a "priority service population" (Park & Katsiaficas, 2019; Colón, 2019). Further, additional evaluations are needed to understand how these models have impacted families (Colón, 2019). Good Samaritan Family Resource Center, Inc. (2020) and Promotoras Model (South Bay Community Services [SBCS], 2022) were identified through the grey literature search as family support programs designed specifically for immigrant and bilingual communities.

In 2018, over 4,000 Native American families received support through evidence-based home visiting programs, though nearly 342,100 AI/AN families could have potentially benefitted from services that year (Gaynair & Friedman, 2018). Recently, AI/AN family engagement has been enhanced through the Tribal Home Visiting Program, a coordinated home visiting strategy supporting the development of happy, healthy, and successful AI/AN children and families (WIC Works Resource System, 2021). The Tribal Home Visiting Program seeks to enhance engagement through a more coordinated service approach including connection to early childhood programs and services (Administration for Children & Families [ACF] & Health Resources and Services Administration [HRSA], n.d.).

[3] Dual Language Learners are defined as "families or households where a language other than English is spoken" (Park & Katsiaficas, 2019).

One state-specific effort to increase home visiting services to impacted communities was found in the grey literature search. Washington State Department of Children, Youth, & Families (n.d.) increase the number of families served by the home visiting services by approximately 150 slots through a competitive award process—this included expansive funding for communities that served AI/AN (i.e., Jamestown S'Klallam, Makah, Quileute, Hoh, Muckleshoot, Yakama Nation), Black/African American, Chinese, Hispanic, Pacific Islander, and Vietnamese families.

Often, these priority populations are both underserved and face multiple systemic barriers to access services (Start Early, 2022b). According to Clary (2021) equity goes beyond the scope of the population. There must be consideration for the implementation, design, and delivery as well as the quality of the services provided. Policy and funding drives where services are implemented and what programs families can receive, but such services are not always targeted to areas and populations who are in the greatest need (FLOURISH St. Louis, 2022). The elimination of poverty, discrimination, and other barriers for families will help improve access to employment, housing, and healthcare (Braveman et al., 2017). Furthermore, increased funding in evidence-based services; equitable program design, availability, and access; family-centered, antiracist service delivery; cross-program and interagency collaboration; and research to understand the barriers for impacted communities will provide additional opportunities for impacted communities (Health Resources and Services Administration [HRSA] Maternal & Child Health, 2021; Home Visiting Collaborative Improvement and Innovation Network [HV CoIIN] 2.0, 2021; Novoa, 2020; Start Early, 2022b).

Factors Increasing Engagement

When home visitors and program participants share similar sociodemographic characteristics, the research supports a higher level of engagement (Daro et al., 2003). However, the data reflect that home visitors share common racial, ethnic, or cultural traits with fewer than half (46.7%) of the families they serve (Daro et al., 2003). Further, Daro and colleagues (2003) state that approximately 15% of home visitors and 11% of home visiting supervisors indicated speaking a primary language other than English; nearly one-third of families speak a different language than their home visitors. The Home Visiting Career Trajectory Study identified the following characteristics of the home visiting workforce: almost all home visitors (99%) are women; are between 20-60 years old; over half are non-Hispanic white (63%); non-Hispanic Black (13%); Hispanic (16%); Asian (2%) (Sandstrom et al., 2020).

Regional and state specific research follows similar patterns as the national data. Schaack et al. (2019) found that most home visiting staff identified as white and of European origin; supervisors (78%) were more likely to be white than were home visitors (62%). Results from the 2017 Iowa survey show that the workforce is well-educated and fairly experienced, predominantly female, White, and non-Hispanic (Landsman, 2017). When considering factors such as race and ethnicity, as well as structure of the family, the workforce is less diverse than program participants (Landsman, 2017). In contrast, the First 5 California Home Visiting Workforce Study found that the majority of California's home visiting workforce speaks Spanish fluently and identifies as Hispanic or Latinx, mirroring the families they serve (Crowne et al., 2021). Almost all home visitors (90%) reported that they share racial, ethnic, or cultural traits with their clients (Crowne et al., 2021). As stated by the Early Childhood Learning and Innovation Network for Communities (EC-LINC) (2019) agencies and systems should expand opportunities and create career pathways for parents to enter the early childhood workforce to better reflect the families served.

Relatedly, pay disparities are a barrier to advancing racial equity in the workforce among home visiting staff. Wilcox et al. (2019) found that people of color make $1.35 less per hour than white individuals—a difference of about $3,000 per year. State-specific efforts to address the home visiting wage gap for impacted communities was found in the grey literature search. Washington State recognized and included "investing in wages—including addressing racial and positional wage disparities" in their plan to build an equitable home visiting system (Start Early, 2022a). In California, the Home Visitor Apprenticeship seeks former/current home visiting recipients or other candidates with equivalent life experience and provides paid on-the-job training and mentoring, free college coursework, tutoring, and other supports (Child Care Resource Center [CCRC], 2022). Another effort to advance equity in the workforce is the Best Practices Hiring Guide for Increasing African American Home Visiting Staff, which was created to help home visiting programs attract and retain more African American staff, address equity issues, and to promote well-trained and supported home visitors (LA Best Babies Network, 2022). Specific to home visiting in tribal communities, a home visiting program uniquely addresses the distinct challenges facing AI/AN families by leveraging strengths of their communities (Parents as Teachers [PAT], 2022). Tribal affiliate programs employ paraprofessionals who are culturally representative of the community, which also contributes to developing a local workforce. (PAT, 2022).

DISCUSSION

Promoting Equitable Outcomes*

There were mixed findings regarding whether home visiting programs buffered against racism (Condon et al., 2021; Shaw et al., 2021). Thurston et al. (2020) found that access to prenatal care alone does not reduce racial disparities in preterm births and recommends evidence-based home visiting as a wraparound solution to close this gap. Home visiting programs that are intentional about providing accessible, culturally relevant information and services—like the home visiting program adapted for rural American Indian communities or the Promotoras Initiative—may aid in decreasing barriers to perinatal care and increase access to care, healthy child development, and caregiver-child bonding (Bill et al. 2009; Booth-LaForce et al., 2020; Lewy, 2021). Additionally, when home visiting programs broadly incorporate characteristics (e.g., coping skills, empowerment, targeting institutional disparities in health care) they show promise in reducing racial disparities (Kothari et al., 2014). The grey literature provided few resources on promoting equitable outcomes and FRCs, yet the field intends to incorporate more equitable evaluation methods to understand outcomes (Family Resource Center Association, 2022).

The research suggests that to achieve racial equity providers and decisionmakers should look beyond access to care and advance multi-disciplinary approaches across the social ecology to address and reduce racism (Condon et al., 2021; Shaw et al., 2021; Thurston et al., 2020). At the community-level, this includes partnering with impacted communities (i.e., equitable community engagement) to develop strategies focused on family well-being and addressing stressors related to structural and interpersonal racism (Condon et al., 2021; Kothari et al., 2014). Further research is needed to understand the effects of program design and delivery of services adapted for impacted communities (Bill et al. 2009). Addressing systemic racism at the societal level must also occur, this includes dismantling racist policies and institutions, educating providers and decisionmakers on anti-racism practices, and promoting policies (e.g., paid family leave, access to childcare, livable wages) that help improve equity (Condon et al., 2021; Doran et al., 2020, as cited in Condon et al., 2021).

*This section overviews literature identified in this search related to promoting equitable outcomes. This is not an exhaustive list of outcomes related to evidence-based home visiting. For more information, please visit the Home Visiting Evidence of Effectiveness (HomVEE) website.

Service Access & Engagement

The physical location and reach of home visiting services are important in successful program delivery for at-risk communities—this requires decisionmakers to dig deeper than the county-level to understand neighborhood nuances and need (Radcliff et al., 2019). The research suggests that to implement home visiting programs in an equitable manner, explicit consideration must be given to the dynamics and complexities of communities—including multi-level structural barriers to engagement (Bae et al, 2019; Cho et al., 2017; Wen et al., 2016). Moreover, it may be appropriate for home visiting models to provide additional resources to sites who serve diverse communities, to understand and improve retention and engagement in services (Holland et al., 2017).

There are various considerations that need to be given to partner with, adapt, and evaluate home visiting programs for culturally diverse communities. The Tribal MIECHV research and case studies provide a roadmap for partnership building (i.e., trust, respect, and honor) and equitable community engagement in unique and diverse cultural settings (Barlow et al., 2018; Hiratsuka et al., 2018; Kilburn et al., 2018; Whitesell et al., 2018; Whitmore et al., 2018). Further research is needed to develop and evaluate culturally grounded home visiting programs for AI/AN communities (Hiratsuka et al., 2018), yet the Tribal MIECHV lessons learned provide important insight for researchers, practitioners, and policymakers for work with tribal and/or impacted communities.

FRCs were identified as a touch point for families to address health inequities and build upon established community resources in a culturally relevant manner (Lakatos & Uy-Smith, 2020). This includes outreach to culturally diverse, low-income families that communicates the intention of services, shares programmatic content, and highlights convenience and flexibility of services—this is especially important for immigrant caregivers who may be wary of public/government services (Lakatos & Uy-Smith, 2020; Wolfe Turner et al., 2020). Moreover, Everett et al. (2007) found that staff relationship, listening to family voices, shared leadership, and trust building, adaptability, and flexibility are key in engaging and empowering diverse communities in FRCs. Additionally, the grey literature findings suggest that both recognized "priority populations" (i.e., children experiencing homelessness, child welfare system involvement, and children with disabilities) and other marginalized groups (e.g., immigrant, refugee, and DLL families) have been underserved and face significant structural barriers to access family support services (Park & Katsiaficas, 2019; Start Early, 2022b; Colón, 2019).

Addressing health disparities and adversities experienced by impacted communities requires an intentional systems-level approach to prevention, where decisionmakers, providers, and community members work together to minimize and eliminate bureaucratic and structural barriers for impacted communities through increased investment in evidence-based services; equitable program design, availability, and access; family-centered, antiracist service delivery; and continued research (Bae et al., 2019; Cho et al., 2017; HRSA Maternal & Child Health, 2021; HV CoIIN 2.0, 2021; Lakatos & Uy-Smith, 2020; Novoa, 2020; Start Early, 2022a; Start Early, 2022b; Wen et al., 2016). This expanded, intentional, anti-racist approach will provide a more strategic response of supports and programs and improve families' access to quality jobs and housing, safe environments, and healthcare (Braveman et al., 2017).

Factors Increasing Engagement

Research suggests sociodemographic characteristics (e.g., race/ethnicity) increased family engagement in home visiting services, yet less than half of home visitors shared these characteristics with the families they served (Daro et al., 2003). Recent data shows these trends have continued—Sandstrom et al., 2020 note that 63% of the home visiting workforce are non-Hispanic white individuals—though, there are some states whose workforce better reflect the impacted communities they serve (Crowne et al., 2021).

Woolfolk & Unger (2009) found that the mother-provider racial, ethnic, or cultural similarities or difference may influence the mother's perceived fit with the home visitor, home visiting services, and her parental needs. Yet, when providers interact in an authentic, caring, and empathetic manner, build trust, and provide flexibility in services to caregivers, they dispel negative preconceived notions and create positive relationships with racially and ethnically diverse individuals (Woolfolk & Unger, 2009). Notably, Shanti et al. (2017) found that learning about a caregiver's "culture and style" were important for home visitors and adaptations at the local level may be adequate in engaging caregivers in services (e.g., Latino and/or Spanish-speaking parents) without compromising model fidelity (Finno-Velasquez et al., 2014). Understanding the cultural variations in belief systems and decision-making processes about home visiting services can help improve uptake and engagement (Wolfe Turner et al., 2020). This is especially true for impacted communities, like low-income Latinx women, who have experienced traumas such as family separation, discrimination, and exploitation, particularly in the public health sphere (Wolfe Turner et al., 2020). The findings from O'Donnell & Giovannoni (2006) also highlight the importance of interpersonal relationships with impacted communities in order to engage and maintain families—this includes treating families as equals and providing a family-centered, welcoming environment. Overarchingly, engaging impacted communities is a dynamic process and requiring collaboration between provider and client (Wen et al., 2016).

McMillin and Carbone (2020) found that home visitors did not view cultural competence and cultural humility at odds with one another, rather they were both important for engaging caregivers. While this is a small study, it highlights a broader approach to practical application of these two concepts (McMillin & Carbone, 2020). However, further research is needed to understand the working relationship between home visitor and caregiver and how this relationship affects service engagement and delivery, especially for impacted communities.

Much of the grey literature notes that there are some key areas including job requirements, recruiting efforts, pay disparities, and training opportunities which, if addressed, could provide a shift in the demographic landscape of the workforce (CCRC 2022; EC-LINC, 2019; Start Early, 2022a; LA Best Babies Network 2022; PAT, 2022; Wilcox et al., 2019). The EC-LINC (2019) outline specific actions that aid in addressing these issues, which includes (a) partnering with community-based and parent-led organizations to recruit parent leaders, (b) modifying job descriptions to substitute life experience for educational attainment, (c) creating paid positions for parents to become peer leaders, (d) partnering with community colleges to create accessible parent education/certification programs, and (e) providing ongoing professional development for parents in early childhood career pathways, with the long-term goal of diversifying leadership within the field (EC-LINC, 2019). Additionally, hiring, training, retaining, and fairly compensating more diverse home visitors, who engage in reflective practice, may help buffer effects of racism (Condon et al., 2021).

RECOMMENDATIONS

Based on the literature review, the authors recommend the following to advance racial equity within primary prevention-focused family support programs:

1. **Continued Research.**
Based upon the limited research findings, the project team recommends continued research to better understand how family support programs promote equitable outcomes, support service access and engagement, and identify factors that increase service engagement for marginalized racial, ethnic, and cultural groups. This includes further consideration in how these programs are designed and/or adapted; how they are delivering services to impacted communities; how to enhance equitable community engagement with participants; and how they can buffer against racism (Bill et al. 2009, Condon et al., 2021; Shaw et al., 2021).

2. **Enhancing Equitable Community Engagement.**
Impacted communities should be recognized and valued for their expertise as equal partners in primary prevention work. Equitable community engagement ensures that the impacted communities are directly involved in designing, operationalizing, and monitoring solutions to community issues (AECF, 2014). It is crucial to engage directly and promote shared power and community leadership with the minoritized racial, ethnic, and cultural groups family support programs serve (AECF, 2018; Barlow et al., 2018; Fighting Back Partnership, 2022; Everett et al., 2007; Hiratsuka et al., 2018; Kilburn et al., 2018; Whitesell et al., 2018; Whitmore et al., 2018; Partnership For Strong Families, 2022).

3. **Continued Promotion of Systems-Level Primary Prevention**.
Family support programs, including evidence-based home visiting programs and FRCs, are an integral part of a primary prevention approach. Additionally, advancing multi-disciplinary approaches at the individual-, community-, and societal-levels may aid in reducing racism (Condon et al., 2021; Shaw et al., 2021; Thurston et al., 2020). To build a universal system of care and support, prevention strategies (e.g., policies, programs, and other approaches) must occur in tandem, across the prevention continuum.

4. **Enhancing Initiatives to Increase a Diverse Family Support Program Workforce.**
The literature suggests that sociodemographic characteristics (e.g., race/ethnicity) increase family engagement (Daro et al., 2003; Woolfolk & Unger 2009). However, more than 60% of the home visiting workforce are non-Hispanic white individuals (Sandstrom et al., 2020); the project team did not find any information on the FRC workforce demographics. Some states and programs, like those identified in Crown et al. (2021), better reflect the diverse racial, ethnic, and cultural groups they serve. Notably, when providers are authentic, caring, and empathetic, build trust, and provide flexibility in services to caregivers, they dispel negative preconceived notions and create positive relationships with racially and ethnically diverse individuals (Woolfolk & Unger, 2009). While having a workforce that looks like their diverse clientele is important, having empathy, treating families as equals, and providing a family-centered, welcoming environment are also essential (Wen et al., 2016). Additionally, the grey literature highlighted that assessing job requirements, recruitment efforts, pay disparities, and training opportunities may aid in shifting the family support program demographic landscape (CCRC 2022; EC-LINC, 2019; Start Early, 2022a; LA Best Babies Network 2022; PAT, 2022; Wilcox et al., 2019). By hiring, training, retaining, and fairly compensating more diverse home visitors, or other providers, may help buffer effects of racism (Condon et al., 2021).

5. **Building a Compendium of Best Practice Based on Science to Understand how Family Support Programs Advance Equity in Access to Services, Use an Equity Lens in Service Delivery, and Advance Equity in the Workforce.**
Given the limited amount of information on the original guided questions, the project team adjusted to reviewing how family support programs promote equitable outcomes, support service access and engagement, and identify factors that increase service engagement for minoritized racial, ethnic, and cultural groups. The project team recommends that the field builds a compendium of best practice informed by science to further understand how family support programs specifically incorporate equity into their programmatic work.

LIMITATIONS

The literature review has limitations. PCA America utilized Social Current's library to conduct the empirical scoping literature review search. Their access is limited to the EBSCOHost database and subscriptions covered in Appendix A. The search would not have identified peer-reviewed articles in other databases. It is possible some peer-reviewed articles did not appear during the search process. Additionally, the project team conducted the grey literature search over several months. The Google search functional and/or algorithm may have varied during that time period.

The authors acknowledge that the themes outlined in this review (i.e., promoting equitable outcomes, service access and engagement, and factors increasing engagement) were limited to the literature identified using the search terms (see "Methods" section). This is not an exhaustive list of empirical or grey literature research articles related to specific home visiting models or family resource centers.

CONCLUSION

Primary prevention strategies (e.g., programs, policies, or other approaches) aim to reduce or prevent child abuse and neglect before it occurs and ensure safe, stable, nurturing relationships and environments for children and families (Frieden, 2010; Fortson, et al., 2016). There is limited understanding on how primary prevention-focused programs, like evidence-based home visiting or FRCs, help advance racial equity (Andrews et al., 2019). This review sought to fill that gap. Findings suggest that an intentional, multi-disciplinary system-level approach to prevention—with a diverse, authentic, caring, empathetic, and flexible workforce that recognizes, values, and partners equally with minoritized racial, ethnic, and cultural groups—is essential in building an equitable universal system of care and support.

REFERENCES

Adams , L. M. & Bryant Miller, A. (2022). Mechanisms of mental-health disparities among minoritized groups: how well are the top journals in clinical psychology representing this work? *Clinical Psychology Science*, 10(3), 387 – 416. https://doi.org/10.1177/21677026211026979

Administration for Children & Families (ACF) & Health Resources and Services Administrator (HRSA). *An Introduction to the Tribal Home Visiting Program. U.S. Department of Health and Human Services.* https://www.acf.hhs.gov/sites/default/files/documents/ecd/tribal_home_visiting_intro.pdf

Andrews, K., Parekh, J., & Peckoo, S. (2019). *How to embed a racial and ethnic equity perspective in research: Practical guidance for the research process, a Child Trends working paper.* Child Trends. https://www.childtrends.org/wp-content/uploads/2019/09/RacialEthnicEquityPerspective_ChildTrends_October2019.pdf

The Annie E. Casey Foundation (AECF). (2014). *Race equity and inclusion action guide: Embracing equity — 7 steps to advance and embed race equity and inclusion within your organization.* http://www.aecf.org/m/resourcedoc/AECF_EmbracingEquity7Steps-2014.pdf

The Annie E. Casey Foundation (AECF). (2018). *Equity conversations guides for young leaders and parents. Understanding the basics: Core concepts and terms.* https://assets.aecf.org/m/resourcedoc/AECF-UnderstandingtheBasics-2018.pdf

Bae, D., Cho, J., Terris, D. D., Glisson, R. E., Brown, A., & Nelson, T. (2019). Multilevel Interaction Effects of Family and Community Factors on Mothers' Engagement in Evidence-Based Home Visiting. *Family and Community Health,* 42(3), 203–212. https://doi.org/10.1097/FCH.0000000000000231

Barlow, A., McDaniel, J. A., Marfani, F., Lowe, A., Keplinger, C., Beltangady, M., & Goklish, N. (2018). Discovering frugal innovations through delivering early childhood home-visiting interventions in low-resource tribal communities. *Infant Mental Health Journal*, 39(3), 276–286. https://doi.org/10.1002/imhj.21711

Baughman, C., Coles, T., Feinberg, J., & Newton, H. (2021). The Surveillance Tentacles of the Child Welfare System. *Columbia Journal of Race and Law*, 11(3), 501–532. https://doi.org/10.52214/cjrl.v11i3.8743

Bill, D. E., Professor, A., Hock-Long, L., Mesure, M., Bryer, P., & Zambrano, N. (2009). Healthy Start Programa Madrina: A Promotora Home Visiting Outreach and Education Program to Improve Perinatal Health among Latina Pregnant Women. *The Health Educator*, 41(2), 69 - 76.

Booth-LaForce, C., Oxford, M. L., Barbosa-Leiker, C., Burduli, E., & Buchwald, D. S. (2020). Randomized Controlled Trial of the Promoting First Relationships® Preventive Intervention for Primary Caregivers and Toddlers in an American Indian Community. *Prevention Science*, 21(1), 98–108. https://doi.org/10.1007/s11121-019-01053-x

Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2017). What is health equity? *Behavioral Science & Policy*, 4(1), 1–14. https://behavioralpolicy.org/wp-content/uploads/2018/12/What-is-Health-Equity.pdf

Cheung, M., & LaChapelle, A. (2011). Disproportionality from the other side: The underrepresentation of Asian American children. In D.K. Green, K. Belanger, R.G. McRoy, & L. Bullard (Eds.), *Challenging racial disproportionality in child welfare: Research, policy, and practice* (pp. 131-139). CWLA Press

Child Care Resource Center (CCRC). (2022). *Workforce Development*. https://www.ccrcca.org/headstart/parents/workforce-development/

Child Welfare Information Gateway. (2021). *Child welfare practice to address racial disproportionality and disparity*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/

Child Welfare Information Gateway. (n.d.-a). Family Resource Centers. https://www.childwelfare.gov/topics/preventing/prevention-programs/familyresource/

Child Welfare Information Gateway. (n.d.-b). Home Visiting Programs. https://www.childwelfare.gov/topics/preventing/prevention-programs/homevisit/homevisitprog/

Clary, E. (2021). ASPE VHS Equity Brief: Equity considerations for delivering human services virtually. *ASPE and Mathematica*. https://aspe.hhs.gov/sites/default/files/2021-08/vhs-equity-considerations.pdf

Cho, J., Terris, D. D., Glisson, R. E., Bae, D., & Brown, A. (2017). Beyond Family Demographics, Community Risk Influences Maternal Engagement in Home Visiting. *Journal of Child and Family Studies*, 26(11), 3203–3213. https://doi.org/10.1007/s10826-017-0803-8

Colón, I. T. (2019). New brief highlights ways to improve home visiting programs for immigrants and dual language learner families. *New America*. https://www.newamerica.org/education-policy/edcentral/new-brief-highlights-ways-improve-home-visiting-programs-immigrants-and-dual-language-learner-families/

Condon, E. M., Londono Tobon, A., Jackson, B., Holland, M. L., Slade, A., Mayes, L., & Sadler, L. S. (2021). Maternal Experiences of Racial Discrimination, Child Indicators of Toxic Stress, and the Minding the Baby Early Home Visiting Intervention. *Nursing Research*, 70(5S Suppl 1), S43–S52. https://doi.org/10.1097/NNR.0000000000000529

Crowne, S. S., Hegseth, D., Ekyalongo, Y., Y., Cohen, E., C., Bultinck, E., Haas, M., Anderson, S., & Carter., M. (2021). *Findings from the First 5 California Home Visiting Workforce Study*. Child Trends, First 5 California, Harder + Company Company, Advent Consulting. https://www.childtrends.org/wp-content/uploads/2021/02/F5CAReport_ChildTrends_March2021-1.pdf

Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: key participant and program factors. *Child Abuse & Neglect*, 27(10), 1101–1125. https://doi.org/10.1016/j.chiabu.2003.09.007

Derezotes, D. M., Testa, M. F., & Poertner, J. (2004). Race matters: *Examining the overrepresentation of African Americans in the child welfare system*. Child Welfare League of America Press.

Dettlaff, A. J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: the upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, 14(5), 500-517. https://doi.org/10.1080/15548732.2020.1814542

Doran, E. L., Bartel, A. P., Ruhm, C. J., & Waldfogel, J. (2020). California's paid family leave law improves maternal psychological health. *Social Science & Medicine*, 256, 113003. https://doi.org/10.1016/j.socscimed.2020.113003

Early Childhood Learning and Innovation Network for Communities (EC-LINC). (2019). *Manifesto for race equity & parent leadership in early childhood systems*. Center for the Study of Social Policy. https://cssp.org/wp-content/uploads/2018/11/Parent-Manifesto-FINAL.pdf

Everett, J. E., Homstead, K., & Drisko, J. (2007). Frontline worker perceptions of the empowerment process in community-based agencies. *Social work*, 52(2), 161–170. https://doi.org/10.1093/sw/52.2.161

Family Resource Center Association (n.d.). *Our Equity Journey*. https://www.cofamilycenters.org/our-equity-journey/

Fighting Back Partnership. (2022). *Family Resource Centers*. https://fight-back.org/family-resource-centers

Finno-Velasquez, M., Fettes, D. L., Aarons, G. A., & Hurlburt, M. S. (2014). Cultural adaptation of an evidence-based home visitation programme: Latino clients' experiences of service delivery during implementation. *Journal of Children's Services*, 9(4), 280–294. https://doi.org/10.1108/JCS-06-2014-0030

FLOURISH St. Louis (2022). *Home Visitation Collaborative*. Missouri Foundation for Health and Generate Health. https://www.flourishstlouis.org/what-we-are-doing/home-visitation/

Fong, K. (2019). Concealment and constraint: Child protective services fears and poor mothers' institutional engagement. *Social Forces*, 97(4), 1785–1810. https://doi.org/10.1093/sf/soy093

Fong, K. (2020). Getting eyes in the home: child protective services investigations and state surveillance of family life. *American Sociological Review*, 85(4), 610–638. https://doi.org/10.1093/sf/soy093

Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S.P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4), 590-595. 10.2105/AJPH.2009.185652

Gaynair, G. & Friedman, M. (2018). *Tribal home visiting: Cultural traditions offer protective force*. Urban Institute. https://www.urban.org/features/tribal-home-visiting-cultural-traditions-offer-protective-force

Good Samaritan Family Resource Center, Inc. (2020). *Good Samaritan Is Getting Things Done!* https://goodsamfrc.org/

Hall, E. T. (1966). *The hidden dimension*. New York: Anchor Press/Doubleday.

Hardy, E. Joshi, P., Leonardos, M., & Acevedo-Garcia, D. (2021). *Advancing racial equity through neighborhood-informed early childhood policies*: A research and policy review. diversitydatakids.org and Brandeis University: The Heller School for Social Policy and Management. https://www.diversitydatakids.org/sites/default/files/file/neighborhood-informed-early-childhood-policiesfinal_2021-09-27.pdf

Health Resources and Services Administration (HRSA) Maternal & Child Health. (2021). *A conceptual framework for implementation quality in home visiting*. U.S. Department of Health and Human Services. https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/conceptual-framework-report.pdf

Hiratsuka, V. Y., Parker, M. E., Sanchez, J., Riley, R., Heath, D., Chomo, J. C., Beltangady, M., & Sarche, M. (2018). Cultural adaptation of evidence-based home-visitation models in tribal communities. *Infant Mental Health Journal*, 39(3), 265–275. https://doi.org/10.1002/imhj.21708

Holland, M. L., Olds, D. L., Dozier, A. M., & Kitzman, H. J. (2018). Visit Attendance Patterns in Nurse-Family Partnership Community Sites. *Prevention Science*, 19(4), 516–527. https://doi.org/10.1007/s11121-017-0829-6

Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) 2.0. (2021). *Health equity: Key driver diagram and change package*. U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), by Education Development Center, Inc. https://hv-coiin.edc.org/sites/hv-coiin.edc.org/files/key_documents_3/External%20HV%20Health%20Equity%20Framework_Updated%207.2021.pdf

Janczewski, C. E., Mersky, J. P., & Brondino, M. J. (2019). Those Who Disappear and Those Who Say Goodbye: Patterns of Attrition in Long-Term Home Visiting. *Prevention Science*, 20(5), 609–619. https://doi.org/10.1007/s11121-019-01003-7

Judi Sherman & Associates. (2017). *Vehicles for Change, Vol. II, The Evolving Field*. California Department of Social Services, Office of Child Abuse Prevention. http://shcowell.org/wp-content/uploads/2017/11/Vehicles_for_Change_II.pdf

Kilburn, M. R., Lyon, K., Anderson, C., Gutman, P., & Whitesell, N. R. (2018). Methodological considerations for home-visiting research in tribal communities. *Infant Mental Health Journal*, 39(3), 303–311. https://doi.org/10.1002/imhj.21709

Kim, H., Wildeman, C., Jonson-Reid, M., & Drake, B. (2017). Lifetime Prevalence of Investigating Child Maltreatment Among US Children. *American Journal of Public Health*, 107(2), 274–280. https://doi.org/10.2105/AJPH.2016.303545

Klika, J. B., Jones, J., Morgan, T., & Merrick, M.T. (2022). Using the core components of a public health framework to create a child and family well-being system: Examples from a national effort, Thriving Families, Safer Children. *International Journal on Child Maltreatment: Research, Policy and Practice*, 5, 453-472. https://doi.org/10.1007/s42448-022-00125-w

Kothari, C. L., Zielinski, R., James, A., Charoth, R. M., & del Carmen Sweezy, L. (2014). Improved birth weight for Black infants: Outcomes of a healthy start program. *American Journal of Public Health*, 104(1 Suppl). https://doi.org/10.2105/AJPH.2013.301359

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *Lancet*, 360(9339), 1083–1088. 10.1016/S0140-6736(02)11133-0

Lakatos, K., & Uy-Smith, E. (2020). Landscape analysis for a community-designed intervention to enhance early childhood development in San Francisco. *Preventive Medicine Reports*, 19. https://doi.org/10.1016/j.pmedr.2020.101101

Landsman, M. (2017). *Family support workforce study: Final report*. The National Resource Center for Family Centered Practice. https://hhs.iowa.gov/sites/default/files/portals/1/userfiles/80/workforce%20study/family%20support%20workforce%20survey%20report%202017%20final.pdf

Lanier, P., Maguire-Jack, K., & Welch, H. (2015). A Nationally Representative Study of Early Childhood Home Visiting Service Use in the United States. *Maternal and Child Health Journal*, 19(10), 2147–2158. https://doi.org/10.1007/s10995-015-1727-9

LA Best Babies Network. (2022). *The best practices hiring guide for increasing African American home visiting staff: A join effort from the best practices workgroup and African American home visiting engagement workgroup*. Los Angeles County Perinatal & Early Childhood Home Visitation Consortium. https://welcomebaby.labestbabies.org/the-best-practices-hiring-guide-for-increasing-african-americanhome-visiting-staff/

Lewy, D. (2021). *Addressing racial and ethnic disparities in maternal and child health through home visiting programs*. Center for Health Care Strategies. https://www.chcs.org/resource/addressing-racial-and-ethnic-disparities-in-maternal-and-child-health-through-home-visiting-programs/

Maguire-Jack, K., Font, S. A., & Dillard, R. (2020). Child protective services decision-making: The role of children's race and county factors. *American Journal of Orthopsychiatry*, 90, 48–62. https://doi.org/10.1037/ort0000388

Maguire-Jack, K., Lanier, P., Johnson-Motoyama, M., Welch, H., & Dineen, M. (2015). Geographic variation in racial disparities in child maltreatment: The Influence of county poverty and population density. *Child Abuse & Neglect*, 47, 1–13. https://www.doi.org/10.1016/j.chiabu.2015.05.020

McMillin, S. E., & Carbone, J. T. (2020). A skillset and a stance: Program planning for cultural competence and cultural humility in home visitation. *Evaluation and Program Planning*, 81. https://doi.org/10.1016/j.evalprogplan.2020.101819

Mendez, L., Mozley, M. M., & Kerig, P. K. (2022). Beyond trauma exposure: Discrimination and posttraumatic stress, internalizing, and externalizing problems among detained youth. *Journal of Interpersonal Violence*, 37(3-4), 1825–1851. 10.1177/0886260520926314

Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., … Mercy, J. A. (2019). Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention - 25 States, 2015-2017. *MMWR: Morbidity and Mortality Weekly Report*, 68(44), 999-1005. 10.15585/mmwr.mm6844e1

Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA pediatrics*, 172(11), 1038–1044. https://doi.org/10.1001/jamapediatrics.2018.2537

Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review*, 72, 141–149. https://doi.org/10.1016/j.childyouth.2016.10.021

National Conference of State Legislatures (NCSL). (2021). *Disproportionality and Race Equity in Child Welfare*. https://www.ncsl.org/human-services/disproportionality-and-race-equity-in-child-welfare

National Family Support Network (NFSN). (n.d.-a). *About us*. https://www.nationalfamilysupportnetwork.org/about-us

National Family Support Network (NFSN). (n.d.-b). *Family Resource Centers*. https://www.nationalfamilysupportnetwork.org/family-support-programs

National Home Visiting Resource Center (NHVRC). (2018). *Home visiting primer*. James Bell Associates and the Urban Institute. https://nhvrc.org/wp-content/uploads/NHVRC_Primer_FINAL-1.pdf

National Home Visiting Resource Center (NHVRC). (2020). *About home visiting*. James Bell Associates and the Urban Institute. https://nhvrc.org/yearbook/2020-yearbook/about-home-visiting/

National Home Visiting Resource Center (NHVRC). (2022). *2022 Home visiting yearbook: An overview*. James Bell Associates and the Urban Institute. https://live-nhvrc.pantheonsite.io/wp-content/uploads/NHVRC-Yearbook-Summary-2022.pdf

Novoa, C. (2020). Adversity in early childhood: The role of policy in creating and addressing adverse childhood experiences. *Center for American Progress*. https://www.americanprogress.org/article/adversity-early-childhood/

O'Donnell, J & Giovannoni, J. M. (2006). Consumer perception of family resource center service delivery strategies. Families in Society: *The Journal of Contemporary Social Services*, 87(3), 377 – 384. https://doi.org/10.1606/1044-3894.35

Office of Disease Prevention and Health Promotion. (n.d.). *Social Determinants of Health*. Healthy People 2023, U.S. Department of Health and Human Services. https://health.gov/healthypeople/priority-areas/social-determinants-health

Paez A. (2017). Grey literature: An important resource in systematic reviews. *Journal of Evidence-Based Medicine*, 10(3), 233 – 240. Advance online publication. https://doi.org/10.1111/jebm.12265

Parents as Teachers (PAT). (2022). Parents As Teachers: Partnering with American Indian and Alaska Native Families. https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/62c59a6cad7bae6250e853b8/1657117292492/RRPATNC_research+brief_AIAN+families+Mar+1.pdf

Park, M. & Katsiaficas, C. (2019). *Policy Brief: Leveraging the potential of home visiting programs to serve immigrant and dual language learner families*. Migration Policy Institute. https://www.migrationpolicy.org/research/home-visiting-immigrant-dual-language-learner-families

Partnership for Strong Families. (2022). *Resource Centers*. Department of Children and Families. https://www.pfsf.org/resourcecenters/

Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological Bulletin*, 135(4), 531–554. https://doi.org/10.1037/a0016059

Polanco-Roman, L., Danies, A., & Anglin, D. M. (2016). Racial discrimination as race-based trauma, coping strategies, and dissociative symptoms among emerging adults. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(5), 609. 10.1037/tra0000125

Racial Equity Tools. (n.d.). *Racial Equity Tools Glossary*. www.racialequitytools.org/glossary

Radcliff, E., Breneman, C. B., Crouch, E., & Baldwin, I. (2019). Are We Serving the Most At-Risk Communities? Examining the Reach of a South Carolina Home Visiting Program. *Journal of Community Health*, 44(4), 764–771. https://doi.org/10.1007/s10900-018-00606-5

Russo, A. (2019). Partnering family success: Family resource centers and family support and strengthening networks. *Policy & Practice* 77(6), 8-11.

Rybinska, A., Best, D. L., Goodman, W. B., Weindling, W., & Dodge, K. A. (2022). Home Visiting Services During the COVID-19 Pandemic: Program Activity Analysis for Family Connects. *Maternal and child health journal*, 26(1), 70–78. https://doi.org/10.1007/s10995-021-03337-7

Sandstrom, H., Benatar S., Peters R., Genua, D., Coffey A., Lou, C., Adelstein, S, & Greenberg, E. (2020). OPRE Report #202011: *Home Visiting Career Trajectories: Final Report*. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/hvct_final_report_feb_2020.pdf

Schaack, D., Molieri, A., Franko, M., Roberts, A., Wacker, A., Estrada, M., & Gann, H. (2019). *The Region X Home Visiting Workforce Study: Brief 1*. Butler Institute for Families, Graduate School of Social Work, University of Denver. https://www.dcyf.wa.gov/sites/default/files/pdf/RegXWorkforceStudyBrief1.pdf

Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect* (NIS-4). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation and the Children's Bureau. https://www.acf.hhs.gov/sites/default/files/documents/opre/nis4_report_exec_summ_pdf_jan2010.pdf

Shanti, C. (2017). Engaging parents in early head start home-based programs: How do home visitors do this? *Journal of Evidence-Informed Social Work*, 14(5), 329–359. https://doi.org/10.1080/23761407.2017.1302858

Shaw, D. S., Mendelsohn, A. L., & Morris, P. A. (2021). Reducing Poverty-Related Disparities in Child Development and School Readiness: The Smart Beginnings Tiered Prevention Strategy that Combines Pediatric Primary Care with Home Visiting. *Clinical Child and Family Psychology Review*, 24(4), 669–683. https://doi.org/10.1007/s10567-021-00366-0

Start Early. (2022a). *Building an equitable home visiting system: Recommendations from Washington State*. https://www.startearly.org/post/building-an-equitable-home-visiting-system-recommendations-from-washington-state/

Start Early. (2022b). *Equitable & Comprehensive System*. www.startearly.org/what-we-do/policy-advocacy/our-approach/comprehensive-systems/

South Bay Community Services (SBCS). (2022). *Community Engagement*. https://sbcssandiego.org/portfolio/community-engagement/

Thomas H. S. (1994). Conceptual underpinnings of the family support movement. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, 8(2), 57–62. https://doi.org/10.1016/s0891-5245(07)80004-6

Thurston, H., Fields, B. E., & White, J. (2021). Does increasing access to prenatal care reduce racial disparities in birth outcomes? *Journal of Pediatric Nursing*, 59, 96–102. https://doi.org/10.1016/j.pedn.2021.01.012

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garrity, C., … Tunçalp, M. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annal of Internal Medicine*, 169(7), 467-473. 10.7326/M18-0850.

Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence & Abuse*, 14(3), 255–266. https://doi.org/10.1177/1524838013487805

Vines, A. I., Ward, J. B., Cordoba, E., & Black, K. Z. (2017). Perceived racial/ethnic discrimination and mental health: A review and future directions for social epidemiology. *Current Epidemiology Reports*, 4(2), 156–165. 10.1007/s40471-017-0106-z

W. Haywood Burns Institute. (n.d.). *PCAA Core concepts and terms, source data, and additional resources to advance racial/ethnic equity* [PowerPoint slides]. Prevent Child Abuse America. Unpublished document.

Washington State Department of Children, Youth & Families. (n.d.). *Home Visiting*. https://content.govdelivery.com/accounts/WADEL/bulletins/2f20890

Wen, X., Korfmacher, J., & Hans, S. L. (2016). Change over time in young mothers' engagement with a community-based doula home visiting program. *Children and Youth Services Review*, 69, 116–1 26. https://doi.org/10.1016/j.childyouth.2016.07.023

Whitesell, N. R., Bolan, M., Chomos, J. C., Heath, D., Miles, J., Salvador, M., Whitmore, C., & Barlow, A. (2018). Measurement issues in home-visiting research within tribal communities: Challenges and strategies. *Infant Mental Health Journal*, 39(3), 326–334. https://doi.org/10.1002/imhj.21713

Whitmore, C. B., Sarche, M., Ferron, C., Moritsugu, J., & Sanchez, J. G. (2018). Lessons learned and the next steps for building knowledge about tribal maternal, infant, and early childhood home visiting. *Infant Mental Health Journal*, 39(3), 358–365. https://doi.org/10.1002/imhj.21707

WIC Works Resource System. (n.d.). *Tribal Home Visiting Program*. U.S. Department of Agriculture. https://wicworks.fns.usda.gov/resources/tribal-home-visiting-program

Wilcox, C., Franko, M., & Roberts, A. (2019). *Region X advancing racial equity brief*. Butler Institute for Families, Graduate School of Social Work, University of Denver. https://www.dcyf.wa.gov/sites/default/files/pdf/RegionXRacialEquityBrief.pdf

Wildeman, C., Edwards, F. R., & Wakefield, S. (2020). The cumulative prevalence of termination of parental rights for U.S. children, 2000-2016. *Child Maltreatment*, 25, 32–42. https://doi.org/10.1177/1077559519848499

Wolfe Turner, M., Cabello-De la Garza, A., Kazouh, A., Zolotor, A. J., Klika, J. B., Wolfe, C., & Lanier, P. (2020). Intention to Engage in Maternal and Child Health Home Visiting. *Social Work in Public Health*, 35(4), 197–212. https://doi.org/10.1080/19371918.2020.1767751

Woolfolk, T. N. & Unger, D. G. (2009). Relationships between low-income African American mothers and their home visitors: A parent as teachers program. *Family Relations Interdisciplinary Journal of Applied Family Studies*, 58(2), 188-200. https://doi.org/10.1111/j.1741-3729.2008.00546.x

Zigler, E., & Black, K. B. (1989). America's family support movement: strengths and limitations. *The American Journal of Orthopsychiatry*, 59(1), 6–19. https://doi.org/10.1111/j.1939-0025.1989.tb01631.x

APPENDIX A: SOCIAL CURRENT EBSCOHOST DATABASE

PCA America partnered with Social Current to perform the empirical literature search. Social Current's EBSCOhost License Database Coverage is outlined, each of these databases were searched per term between March and September 2022.

EBSCO License Database Coverage

1. *Business Book Summaries® (BBS)* provides comprehensive, yet concise summaries of the best business books available. Using stringent criteria, only the top 1% of the more than 6,000 business books published each year in the United States is selected for inclusion in the database. Summaries and reviews are provided for more than 700 of the top business books from the last 20 years.

2. *Business Source Corporate Plus* is designed to meet the diverse information needs of today's companies. This product contains full text from more than 5,400 premium business magazines and journals. BSC Plus also provides AP wires and thousands of newsfeeds, updated in real time. Additional sources include more than one million substantial company listings; over 2400 newspapers, 850,000 transcripts and more than 1,600 country economic reports.

3. *SocINDEX with Full Text* is the world's most comprehensive and highest quality sociology research database. The database features more than 2.1 million records with subject headings from a 20,000+ term sociological thesaurus designed by subject experts and expert lexicographers. SocINDEX with Full Text contains full text for more than 860 journals dating back to 1908. This database also includes full text for more than 830 books and monographs, and full text for over 16,800 conference papers.

4. *CINAHL® with Full Text* is the world's most comprehensive source of full text for nursing & allied health journals, providing full text for more than 610 journals indexed in CINAHL® . This authoritative file contains full text for many of the most used journals in the CINAHL index - with no embargo. Full-text coverage dates back to 1981.

5. *MEDLINE Complete* provides authoritative medical information on medicine, nursing, dentistry, veterinary medicine, the health care system, pre-clinical sciences, and much more. MEDLINE Complete uses MeSH (Medical Subject Headings) indexing with tree, tree hierarchy, subheadings, and explosion capabilities to search citations from over 5,400 current biomedical journals. MEDLINE Complete is also the world's most comprehensive source of full text for medical journals, providing full text for over 1,800 journals indexed in MEDLINE. Of those, more than 1,700 have cover-to-cover indexing in MEDLINE. This wide-ranging file contains full text for many of the most used journals in the MEDLINE index - with no embargo. With coverage dating back to 1857 and full-text back to 1865, MEDLINE Complete is the definitive research tool for medical literature.

6. *Education Source* is designed to meet the needs of education students, professionals, and policy makers. The collection provides indexing and abstracts for more than 2,850 academic periodicals and includes full text for more than 1,800 journals, 550 books and monographs, education-related conference papers, citations for over four million articles including book reviews and over 100,000 controlled and cross-referenced names of educational tests. Coverage in Education Source spans all levels of education from early childhood to higher education and also includes educational specialties such as multilingual education, health education and testing.

7. *EBSCO's Newswires* provides near real-time access to top world-wide news from Associated Press, United Press International, CNN Wire, and Business Wire on a continuous basis. This content is monitored by EBSCO and relevant results are provided when users enter searches in EBSCOhost. This collection includes AP Financial News, AP Top News, AP WorldStream, AP U.S. Politics & Government, AP 50 State Reports, UPI Business, UPI Entertainment, UPI Sports, UPI Top News, and more. End users can immediately access the full text of the web content, by following the link in the record. The index to the full text content in EBSCO Newswires is held for a rolling 30-day archive by EBSCO, so users can enjoy the previous 30 days of news relating to their search interests.

8. *EBSCO's Web News* provides near real-time access to thousands of top news feeds from around the globe. This collection includes over 14,000 feeds covering a range of business and general news topics. End users can immediately access the full text of the web content, by following the link in the record.