

# **HV-ImpACT Webinar on Early Language and Literacy Moving the Benchmarks Ahead**

Hello and welcome to our webinar on early language and literacy focus on the performance measure. We are pleased today to have three excellent presenters, and some time to share together through HV-ImpACT's webinar series.

Want to make sure that you know we want to hear you today, so we have all phone lines muted. But we need you to hear you in the chat so we have, over to the left side, you'll see a chat that everybody can use. If you stay on mute, we will have a video a little bit later. But if you'll stay on mute on your computer speakers, then you'll be able to hear the presentation through the phone.

If anyone is having any difficulty at any point they can look into the technical support box. And go into the technical support box, and ask questions, and our support team will come in and help you.

We will be recording this webinar, so this will be available both on the MIECHV awardee portal, and it will also be available on HRSA website after it has gone through the subtitles and some additional formatting.

So our hand outs for today you'll see down in the file share pod. We have our webinar slides, which is the very bottom selection in the file share. All the slides we share today will be available in a PDF for you. And then there will be some other things shared from presenters that are in the file share pod. So at any point you can download those right to your computer, and you'll have that information right in front of you.

The hand-outs will also travel with the webinar, if you'd like to wait until everything gets uploaded to the MIECHV awardee portal or to the HRSA site. You can also get the handouts there as well.

Over to the side you'll see that our project director, Loraine Swanson has welcomed us all. So she says, welcome, please use this area for questions and comments throughout the webinar. So please feel free, over to the left side to use that area to ask any kind of questions or have any kind of comments, resource sharing with your fellow participants.

With that, we're going to get started. So our objectives for today's webinar, first will be to explore strategies like those used in the Reach Out and Read and the Video Interaction Project that MIECHV states and territories can use to influence literacy and school readiness. We'll then move into learning about Illinois's plans for early language and literacy in their local implementing agencies Continuous Quality Improvement or CQI plans. Finally, we'll apply partnership ideas garnered from South Dakota's local work with their United Way.

So getting right into the presentation, I want to take a moment to introduce you to our presenters on today's webinar. Our first presenter, we have Dr. Alan Mendelsohn. He's an Associate

Professor of Pediatrics and Population Health at the New York University School of Medicine. Dr. Mendelsohn will be discussing the evidence base around a variety of early literacy interventions, including both Reach Out and Read and the Video Interaction Project as well as the holistic array of outcomes that shared talking, reading, singing, and play can influence including and beyond school readiness.

Stacey McKeever is the Continuous Quality Improvement Specialist with the Center of Prevention Research and Development at the School of Social Work at the University of Illinois Urbana-Champaign. She manages the CQI or Continuous Quality improvement program for Illinois's MIECHV program, providing technical assistance to grant recipients across the state. Stacey will be presenting on their CQI plan today.

And Carrie Churchill is the program manager for South Dakota's Home Visiting Program. She has started as one of the program's original nurse home visitors in 2000 when the state became an early adopter of the Nurse Family Partnership model. She was also a local site coordinator before becoming the state lead in late 2014. Carrie will be sharing how one local team had an opportunity to partner with the United Way's Grade-Level Reading initiative, and to pair that project with the new early literacy benchmark.

I just want to say thank you to our presenters and all other HV-ImpACT staff that are helping support us today.

We're going to get started as we always do with two questions, our jump start the brain questions. So I'm going to ask if Kate will pull up a poll. And if you could please select based on these three responses, parent-child interactions and the home environment, explain what percent of the disparities between poor and non-poor children in early development and school readiness. So if everyone would just take a moment and choose a response. We'll allow the poll to be up for about another 15 seconds.

I'd like to thank everyone for participating. We will revisit this question at the end after you've heard from our presenters, and you'll have an opportunity to weigh in on this question one more time. We'll go to our second jump start the brain question. The second jump start the brain question, which of these parent-related factors were identified as barriers to improving the performance indicator: the percent enrolled in home visiting with a family member who reports that during a typical week, she or he read, told stories, and/or sang songs with their child daily, every day. And you need to check all that apply here. So we'll give you about 15 more seconds to answer.

All right I'd like to thank everyone for participating in our jump start the brain. As I said, we will revisit those two questions again at the end of the presentation.

With that, I'd like to turn it over to our first presenter, Dr. Alan Mendelsohn.

Hi. It's really a pleasure and an honor to be presenting to you today.

The title of my talk is Preventing Disparities in School Readiness Through Promotion of Parenting in Pediatric Primary Care: Linkages with Home Visiting. The overarching goal of, I think, the work of a lot of the people on this call is to reduce poverty-related disparities in early child development, school readiness, and educational achievement. These disparities are a really big deal. And this slide is a terrific example of how big of a deal it is.

If you look at the percentage of children with reading difficulties in fourth grade, and compare those who are poor, which is to say, below approximately twice the poverty line, to those who are non-poor. Among children in poor families, 44% of them have reading difficulties in fourth grade compared to about 17% of non-poor families. As a physician, I can tell you we talk about screening tests a lot. And what this says is that, poverty, by itself, places children at extremely high risk.

This slide shows some data from one of the key studies that's often cited to explain, to show how these disparities emerge. And what's really remarkable is that the disparities appear very early in life. So a research team named Hart and Risely in the 1990s published this data. And they went into the home of families, monthly, beginning at about age six months and following the families until age three years. And some of the families were high-income.

Some of the families were working-class. And some of the families were poor. And what this slide is showing is, literally, the number of different words that children could speak across the one-to-three year period. What's really remarkable is that, from the time children can say their first words, which is at about a year-- and I don't know if you can see my pointer, I think you probably can't, that you can see differences from the time children can say their first words based on their socioeconomic status.

So a key question, and I guess one that you were asked as part of the first poll questions is: How does poverty impact early development and school readiness? And what has been found, and this data that I just showed was, sort of, the data that kind of helps to support this idea, is that the home environment and parent-child interactions more broadly represent critical mediating factors, and at least in this study, explain about 25% to 50% of these disparities. I think different studies probably would give different numbers. But 25% to 50% is a huge proportion that we can do something about.

Now, so what can we do about it. Well, one of the key indicators in parent-child interaction, one of the key indicators of talk-read-sing is, literally, the number of words that children are exposed during those first couple of years. And so the same researchers, Hart and Risely, not only counted the number of words that children said, but counted the number of words that they heard.

And what they found, after doing a lot of listening to videos and a lot of extrapolation, was that high-income families, children in high-income families heard 40 million cumulative words, not different words, but just total words by age three. Compared to 10 million children growing up in poor families. This difference, 40 million to 10 million is referred to as the 30 million word gap. And you might have heard about this. There's a significant HRSA initiative to address the 30

million word gap in addition to what you guys are going through home visiting. And this is a number to look at, and to think about, and think about what can we do?

So how do you support daily talk-read-sing? And, you know, what does home visiting do to support talk-read-sing? Well, two key elements, two key areas for promotion are in shared book reading and adult-supported play because both of those represent opportunities for this critical measure. So, have we been able to make impacts on this measure and on positive interaction? And, the answer is that, the largest evidence base for impacting positive interaction comes from home visiting. And if we could switch over to the side the models.

OK, and, here what you can see is something called the formal evaluation that is taking place in a periodic way by HRSA, which is called Home Visiting Evidence of Effectiveness. And, what Home Visiting Evidence of Effectiveness, or HomVEE has been able to demonstrate, is that, in fact, home visiting is associated with changes across-the-board in many different domains. And what you're seeing here, critically, is among positive parenting practices, if you can see my pointer. So, and this is true across a large number of such programs.

OK, if we could go back to the slides, please. Thank you.

And I should mention that, what I just showed you is available to you in the file share pod along with a number of other articles. So you have access to those.

So now I'm going to shift gears slightly and talk about pediatric primary care. Now I am a general and a developmental pediatrician, as well as a professor. And I come from a slightly different perspective, which is, how can we use pediatric primary care to help address these issues? And, in fact, what the research I'm about to show you is going to show, that pediatric primary care can be used as a platform to engage parents, and to link with home visiting and, potentially, to boost home visiting, and to be sort of an adjunct to home visiting, and provide opportunities to think about strategies that can be used in home visiting.

So, why pediatric primary care, first of all? Well, from my own personal perspective, you know, I saw a lot of families as a general pediatrician with children who were falling behind. And a key question is always, well, what can I do to prevent? And, it turns out that pediatric primary care is a good place to think about prevention.

Why is that? Three reasons. One is that population level accessibility is the first thing to the side. So what's the idea behind that. Well, the idea behind that is that every parent, in the end, has to bring their child to their doctor a lot. You know, we develop like new vaccines every year. If we had our way, we'd have you like come to the pediatrician, like, every day if we could. But, in fact, families come to the pediatrician at least 13 to 15 times from birth to five years. And that does not include the large number of visits that take place for sick visits.

Second, there is an opportunity to engage with families in a very significant way. When you get past the ear infection, when you get past the asthma, when you get past those medical concerns, what parents think about most? They think most about their child's development and behavior. And we can build on their goals.

A third is that one can do things at pretty low cost. We may not be able to be as intensive as what happens in home visiting. But we can do things at low cost that can be synergistic with home visiting, and therefore there's potential for early population-scalable interventions. I'm going to talk about two of them very briefly.

The first and most studied is Reach Out and Read. I hope that many of you are familiar with it. But it is a program that takes place at every well child visit now from birth to five years, in which the pediatric well child visit is turned into this literacy-rich event in which, while families wait to be seen, volunteers model reading activities. And then the primary care provider, the health care provider, when they see the family, counsel parents in that reading, and distribute free children's books, about nine to 10 books, maybe even more, over five years.

What's, kind of, remarkable about this is that this is a minimal program. I mean, there are no two ways about it. And, yet, with the experience with Reach Out and Read has proven is that pediatric primary care can be utilized in the way that I was suggesting. But that this strategy is an effective strategy. And one that I think, you know, is thought about and needs to be continued to be thought about in home visiting.

To date there are 15 studies that have shown that provision of children's books and giving some counseling through Reach Out and Read lead to changes in parent-child reading aloud and child vocabulary.

Second, the program, actually, now reaches 25% of low-income children in the US through age five years. That's five million children, which is a remarkable statistic.

And the third is that it does all this extraordinarily low cost. It's around \$25 dollars per child per year. And from the perspective of policy, in a certain way, that's a rounding error.

You know, we decided to engage in various effective policies including home visiting. The addition of Reach Out and Read actually turned out to be a very minimal cost. So I just wanted to share that with you.

Building on our experience with Reach Out and Read, we, in this case at NYU, developed something called the Video Interaction Project, which tried to extend the Reach Out and Read model by adding an interventionist, or coach, who works one-on-one with families promoting talk-read-sing through both play and reading out loud. And the core component of Reach Out and Read is, the core components of Reach Out and Read, is the making of the video recording, in which a video is made for three to five minutes by a parent-child specialist is made-- sorry, I'm just distracted making sure everybody can hear.

I'm seeing some comments that people can't, but I'm hoping everybody can. --we make a video recording of the parents and child engaging around a book or a toy for about three to five minutes. We watch it together with the parent. We identify and reinforce strengths and positive interactions, and identify additional opportunities for interaction. We give the families a DVD or video to take home. And I'm going to show you an example of that right now. We're going to

switch to a video, but before we do, please be aware that you need to mute your phone. And you need to turn on your computer speaker to hear this.

When she makes sounds, you know, even tape the sounds, and then expand on it. I love it. She's clearly communicating with you guys. She loves your voice.

This is a book. It gives you a lot to talk about, gives you lots of colors. You can talk about the sound. There are different textures so you see how things change. -

What's that? A little bear? A fishy. What color's the fishy? It's pink, right? Your favorite color besides purple.

You're constantly talking to her throughout the whole sharing of the book. It's pink. I love this part. You related it back to something that's very much to her.

What would you like to continue doing with her at home with the book. What would you do?

The same thing, you know, play with her. Like, show her the different colors. Father And, also, like I could, also, make up stories, you know.

Absolutely.

See you soon.

Say bye.

OK, hopefully everybody can hear me. I'm hoping that that's the case.

What I wanted to show you is, is that the Video Interaction Project has actually been studied in two randomized controlled trials funded by the Department of Health and Human Services through NIH and NICHD. And, here what these randomized controlled trials have shown that the VIP is associated with changes in an enhancement in parent-child interactions, including enhanced talk-read-sing-- in this case, reading, play, talking, and teaching-- some reductions in screen time. We're actually, sort of, crowding-out screen time slightly by increasing interactions, which is kind of interesting.

Enhancing parent coping around child development. This is a big deal. We know that one of the hardest jobs and tasks that is imaginable is being a parent. It is extraordinarily stressful. And what VIP seems to have done through enhancing positive parent-child relationships is to reduce parenting stress, reduce maternal depressive symptoms, and around parenting. And even reduce some physical punishment.

And then finally, we've been able to show some enhancements in early child development which have included enhancements in language and cognitive development, and most importantly, enhancements in social-emotional development where there are big reductions in hyperactivity

and aggression and enhancement in attention that are long-lasting and critically important for school.

So where do we go with this? And why present this at this session? And what I'd like now address is how we can use this. So one question is how can we use primary care to now link with home visiting and boost home visiting impacts and be able to deliver sort of complimentary elements of intervention that will lead to increased impacts for all families and children?

There are three examples that I'll mention in passing. One is something called Smart Beginnings where we link Reach Out and Read and VIP to one of the home visiting programs, Family Check-Up, for families at highest risk. And we're actually in the process of preparing to use this with opiate-exposed newborns as well. City's First Readers, a New York City program, I'll tell you more about that. And then linkages that we've begun to do at NYU-- or begin to plan to do at NYU linking Reach Out and Read and VIP to the Healthy Steps program. And often and in addition to home visiting.

OK so just briefly, Smart Beginnings, Smart Beginnings is an integrated shared model linking Reach Out and Read and VIP to home visits for families at increased risk. It's a pretty interesting idea. The idea is that we engage in primary prevention for everybody universally. What does primary prevention mean? It means preventing problems before they occur. And we do this with everybody through Reach Out and Read and VIP.

And then for those who need more services and for whom we find that the primary prevention isn't enough or that we find that there are emerging problems for the parents or the child or the relationship, which is what we think is most critical, we deliver family check-up in the home at six and eighteen months. And we're actually doing this right now as an NICHD-funded study in New York City and Pittsburgh. And we will soon be able to look some of the outcomes.

Next I will talk about City's First Readers. City's First Readers is another really interesting initiative, an exemplar of initiatives, I think, like that around the United States. This one happens to be one that I've been involved with in New York City in which primary prevention at the population level is used to link health care to the community. So what is it exactly? The idea here is that we link to-- we try to reach families every place that they go, that means primary care, it means the community, especially through the libraries, and an organization called LiteracyINC through early childhood education and importantly, through home visiting and, in this case, it's through parent-child home.

The goal of the program is to reach families every place we can see them, to provide complimentary, synergistic messages, to increase impacts beyond that of what any one program could do. And we are doing this as part of the Bridging the Word Gap practice-based research collaborative from HRSA.

And then I think this is my last substantive slide. And so what I just described was the concept of linking pediatric primary care and home visiting to boost impacts across both. The other take home message from this is the opportunity to think about ways in which some of the strategies that have been used in pediatric primary care can be used in home visiting as well.

And here let's talk about a few different kinds of last comments. Actually I have one more slide after this. One is that the note that pediatric primary care can complement them visiting. We can establish linkages between primary care and home visiting to boost impacts at low cost. We can apply findings to develop innovations in home visiting.

And so what do we mean by that? What I mean is that, I think that one of the key findings, is that providing books and toys to promote interactions critical for school readiness is a really good thing to do. Why? Because, you know, I mentioned one of the hardest tasks imaginable is being a parent.

One thing that is really hard about being a parent is understanding how to talk to your infant. Right? You can think of some things to say. But one runs out of conversation pretty quickly. And those books and toys give parents the words, the ideas, to provide rich language that's going to facilitate children development across domains including language and their capacity to regulate their behavior.

Second I think is a take home message from these programs is the concept of collaborating with parents to set and meet their own goals versus thinking about a set curriculum. So one of the great things about home visiting is the concept that one can deliver a set curriculum, something that we can't do in pediatric primary care. I think that in addition to doing that, the idea of now saying, OK now what we're really going to do is try to understand what is it that you want and how are we going to help you to get there, is something that is really engaging to parents and really empowering and really impactful.

And then finally, I'll mention the idea of promoting self-reflection. And so we were doing this through video recording in the home, watching the videos to help parents to think about themselves, their own role, how important they are and the role that they can play and thereby empower them to engage in the activities that they want to do so that they can help achieve their goals for their children. And doing so helps parents to feel more confident, develop more self-efficacy, and develop the skills and expertise that's going to enable them to engage in those interactions even beyond the time where we are working together directly with them, whether in pediatric primary care or through the home visitor.

And I would note that all of these approaches are approaches that are used, to some extent, by home visiting at the present time like, for example, a number of programs are presently using video recording and self-reflection-- video recording and watching to promote self-reflection and skills development. Two examples are playing-learning strategies and Family Check-Up. So I think that the opportunity to really boost impacts by thinking about ways to provide complimentary messages and complementary strategies is a tremendous opportunity for home visiting programs as well as for pediatric primary care.

And I just am going to note that a lot of our work was funded by NIH and NICHD. And I will note that I don't know whether we're going to do questions now. I think we will hold questions until the end. I do want to note, however, that I want you to just be aware of what's in that file share.

In addition to the entire HomVEE executive summary, which I think really tells a lot, I think another thing that I'd like to call your attention to is the American Academy of Pediatrics home visiting policy statement. I am a member of the academy and was part of the development of the statement. And I think that statement highlights-- is another opportunity to read about the incredible strength of home visiting and the way to continue to boost impacts. So thank you so much.

Thank you, Dr. Mendelsohn. We did have a question that came in while you were showing the video for the Video Interaction Project. And the question was, are these videos in Spanish and Vietnamese? So the YouTube link that you shared with us that, obviously we watched this in English, is that video also available in Spanish and Vietnamese?

So the program has been fully developed and manualized in English and in Spanish. So there are materials that-- so the materials themselves are in English and Spanish. They're not presently in Vietnamese. But we are looking to expand the program to be able to work with many different languages.

One of the things that is really neat about the videos. And here I want to make the distinction between the video that I showed and the program. So the video that I showed was a demonstration of what the program looks like. That demonstration video was only available in English. But the program itself has the capacity to take place in any language. And it does so because this is based on the idea that we are going to video record the parent and child interacting in the language that they are most comfortable in and the language of their choice.

And so we deliver the program in the language of their choice. So we have delivered the program not only with numerous English-speaking families but probably even actually more Spanish-speaking families at this moment. So I just want to make that distinction. If that helps. Yes.

Thank you, Dr. Mendelsohn. And if anyone has additional questions, please use the chat. And we'll have a little bit of time at the end hopefully to address some other questions that come up. At this time, I'd like to turn the presentation over to Stacey McKeever with Illinois. Stacey?

Thank you so much. Hi everyone. My name is Stacey McKeever. I'm the continuous quality improvement specialist for Illinois MIECHV. And I'm happy to be presenting to you.

Today I'm going to provide some preliminary literacy data from our past year of collecting the MIECHV benchmark around literacy. And I'm also going to give an overview of our literacy-related CQI projects that our local-implementing agencies engaged in over the past year.

And I will start out by just giving you a brief introduction to Illinois MIECHV. So this here is a map of Illinois. It might be a little bit hard to read the legend. So I'm just going to let you know that the purple areas are our service areas from the original-- from the beginning of MIECHV. And these areas in beige are areas that we now serve. We had an expansion in the past year. The red diamonds are home visiting sites. The black triangles are doula sites. And the black circles are home visiting and doula sites.

So in the past year, we served 1,100 families using three evidence-based models and through 35 LIAs. And each of the LIAs engages in its own CQI projects over the course of each year, where they decide exactly what they want to work on and develop a project that is unique to that LIA. And CPRD, that's the organization that I work for, we provide training and technical assistance around CQI in general and help them with their CQI plans.

All right so I thought I would start out just giving you some preliminary data from last year. You know, this was all new to us, this literacy. So we're excited to see what we were even going to find. So you'll see in the top left-hand box the construct. I don't know how many are familiar with the MIECHV benchmarks or not. This past year we collected for the first time the percentage of children engaged in home visiting services who had a family member read, sing songs, or tell stories to that child daily during a typical week.

OK and so in the top right box, you'll see our state-wide results from last year. So 49% of our children had a family member or family members who practiced the daily literacy activities with them during a typical week. And you'll see the range was from zero to 100%. So it was huge. We had very little missing data. So we felt like this was a pretty accurate description of where we were starting out.

Now in the bottom left-hand box, you'll see the results of all of the surveys that we did. And so some families were asked this question multiple times. So we had more surveys on some children than on others. And so you'll see the range of answers.

So 5% are families-- looks like the slide cut out a little bit, but 5% of families didn't practice literacy activities at all with their kids. Whereas 46% of the surveys reported daily literacy activities with some range there throughout. And so this was just kind of interesting to us. How are these families-- how are these children different? That's something we started to explore this year.

And then on the bottom right, you'll see for those kids where we had multiple surveys. We looked at, OK, well how have things changed over time. And, you know, we expected to see that, as we asked this question more, as we worked with families on this more, they would report practicing literacy activities more frequently. And for 77% of the family, yes, that happened. But you'll see there is a sizable portion here where that didn't happen. So 13% totally stayed the same over time whereas 9% even decreased. So this was interesting news to us and something that we're going to investigate further.

So now a little bit about the CQI plans that our home visiting agencies worked on around literacy. So six LIAs decided to work on literacy activities. And so they all did kind of a quick and dirty baseline. Since this is the first time that we were collecting this data, they went out and asked all of their families, you know, how frequently do you practice some kind of literacy activity with your children typically? And you'll see the baseline ranged quite a bit. So that was something interesting for us.

And then they came up with smart aims around literacy. And they kind of took one of three approaches. So you'll see the top two here they decided to try to increase the percent of families

who practice literacy daily. during a typical week. The third said, OK well let's try to increase the average. And, I guess that's the fourth. The last said, hey let's try to maybe set a baseline. And so let's try to increase the percent of families who practice literacy at least three times-a-week or at least four time-a-week. So it was quite a range both in terms of what they decided to set as goals and then what their baselines were.

So then the home visiting staff did a little bit of analysis and tried to figure out what are the barriers, what are the challenges that our families are facing? And so I think a lot of us go to, hey they don't have any books. But it was much more than just resources that families faced. So we had definitely resource barriers, lack of books or distance from the library. But we also saw time challenges. So some families had really variable schedules in terms of their work or their schooling and that posed a challenge. Or because of their kid's schools, it was really hard for them to figure out a routine to set around literacy practice.

There were barriers really due to the child. So parents were telling us, I want to read to my kids, but my kid just won't sit still. Or I have multiple children, different ages, and it's really hard to figure out how to engage them all in a developmentally appropriate way.

Then parents had their own unique set of challenges. So especially I would say around the singing or telling stories, parents were like, hey I feel silly doing this. Or some families had learning disabilities or were functionally illiterate, and had challenges there. We also found interesting that some families-- parents who had untreated depression really faced challenges around finding interests and being able to sustain literacy practices with their children.

And then lastly, there were skills and knowledge issues. So we frequently found that parents got frustrated with their children's behavior, and needed to develop some skills or strategies to deal with that. Or there were some myths or mistaken beliefs that you need to read for a long time for it to, quote unquote, "count." Or that non reading activities don't count as literacy activities.

So with these barriers identified, our LIAs tested out some changes to address the barriers. These defy easy categorization, but you'll see that there were things like increasing the frequency of doing parent-child literacy activities during home visits and groups, working with families to set goals around literacy practice. There is definitely increasing the frequency of giving gift books at home visits and groups.

Home visitors introduced new songs in monthly newsletters and then worked with families on those during home visits and groups. They also introduced a lot more non-book or reading activities, so audio books, lending CD libraries, things like that. And they did some things around data collection, so introducing parent space data collection tools to assist parents in remembering to document that they were practicing literacy with their child, also using those data collection tools as a reminder, some field trips to libraries, and then following up on referrals for depression, developmental delays.

So how did they do? You will see that the vast majority of our LIAs make improvements here. One agency did have to discontinue the project for other reasons unrelated to the CQI project. But everybody made improvements. Three of the agencies met their goals. Some were just shy of

meeting their goals or just met their goals. One vastly outdid themselves. And one didn't really come anywhere near meeting their goals. But this was the first time that we're doing the work. So we didn't even necessarily know where to start. So we were very pleased with what these agencies have done.

And we also identified some challenges that we are starting to address and think about this year. And so one challenge was the construct changes when you ask it more frequently. So during a typical week, how often do you do these literacy activities? Well when you ask it more frequently, which you would do in a CQI project, it becomes, OK how many times did you do this last week, which is kind of different from the construct question. And additionally when you collect the data more frequently, it's like, is this natural variation that we would expect to see or is this related to some of these change ideas? So that is something that we will be exploring more.

Additionally, some of the tests that we found were successful do require resources to be scaled so particularly around the CDs and audio books. And lastly, we discovered that our home visitors need more training around this. So first off, just around the construct we saw incredible variation in where our families were. And I think we expected some of that. But we think some of that may be related to some training needs on behalf of the home visitors so that they ask the question more consistently and not kind of gloss over the singing and telling stories which we found some of them do.

And kind of last, we realize that we do need to work to expand the knowledge base for home visitors and for our state folks as well. And so we were excited to hear Dr. Mendelsohn's presentation and continue working in that area.

So that is my presentation. And I'm happy to answer any questions now or in future.

Thanks, Stacey. It does look like a few questions have come into the chat. So the first one is how did you collect information on the barriers?

Sure, home visitors actually went out and asked the families what were some of the challenges that they faced around there. So it wasn't anything incredibly technical.

The second question is how long did the LIAs work on their projects?

That was a range from a few months to about a year. But there was definitely a range there.

We also have a question. What three evidence based models are used in Illinois MIECHV?

We used Parents as Teachers, Healthy Families America, and Early Head Start.

OK great, well thank you so much, Stacey. Additional questions you can feel free to put over in the chat. And at this time, I'd like to turn it over to Carrie Churchill from South Dakota. Thanks, Carrie.

Hi. Good afternoon everybody and thanks for letting me present to you today.

I'm with the Bright Start home visiting program with the South Dakota Department of Health. And, as Karen said in the introduction, I was one of the home visitors to start the program back in 2000 in South Dakota, and then became a state coordinator for one of the teams, and now I'm statewide home visiting program manager.

So that leads into a caveat I have that, I'm actually still in the office where I've been a home visitor and a site coordinator so, at times I slip into saying we even know I can take no credit for this project. This was done by the Rapid City home visiting team. And actually here in my office is Lisa Washburn. She's the site coordinator who led this project. So if I do slip into we, I say that without taking credit for it myself. So that's some history. We have many years of Bright Start. And we've used the Nurse Family Partnership model that entire time.

This first slide I would have to start any discussion about South Dakota with a little geography lesson. I don't know if anybody watches Ellen DeGeneres' game show. But once again, the other night, some final question was about which state is Mt. Rushmore in? The lady didn't didn't know and fell through the hole. And so South Dakota is one of those states that seems to end up on geography trivia quite a bit.

I know this map is a little blurry, but all the states that are colored to have home visiting services. The two that are red are red because they were the original sites that we started home visiting. And then we expanded into purple, which is one of the tribal areas, Pine Ridge Reservation. And blue is where we expanded with MIECHV funding. So those are where we are across the state.

Rapid City where I'm located and where this project was, is in Pennington county which is on the left side or the west side of the state, the long skinny one, and the county where Mt. Rushmore is if you are ever asked in a game show.

And then the two blue counties above that are also part of this team even though the nurse in that area did not participate. She participated but-- was part of the United Way initiative-- wasn't as involved.

So that's the project area that we're focusing on, are those counties on the west side of the state.

Again, this is in the context of the CQI plan. So I have it laid out in that way. And the CQI plans that our programs do across the state are chosen locally. So unlike Stacey in Illinois where each team did focus on that but put their own spin on it, this a CQI focus that was specific to this area.

And again, a question of which came first, the chicken or the egg, I think that the team decided to focus on this partially because this benchmark measure 11 was new last year focusing on early language and literacy. But also because we were approached-- again there's we-- sorry, the Rapid City team was approached by the United Way, which last year started a grade-level level reading initiative. And I have been reading in the chat that there are some other states that do have sites or communities that are focused on grade-level reading.

This Black Hills area United Way campaign is the only one in South Dakota. And it was just getting started. The person who was hired to lead this initiative was new to the United Way and happened to be watching a PBS Hour show one night where they did focus on Nurse-Family Partnership. And the way that program has shown positive outcomes in getting families ready for school. So she was very excited to learn that this was a program that was already available in Rapid City and made it her mission to work with what we call Bright Start in Rapid City to make this a success.

So again, chicken or the egg, which came first. It all kind of happened together that we had this meeting with the United Way person to partner with them on early literacy. So, again, since it was a new benchmark, we-- they Rapid City chose the arbitrary benchmark of reading a minimum of three times a week, reading, singing, or telling stories, not knowing really where the benchmark was to start. That was the plan.

The do, they chose strategies, one of which was the partnership with the United Way grade-level reading. The nurses will provide Baby's First Book Bag Building Strong Readers. And I'll show a picture of that bag soon. But the nurses would be bringing this out. And it would be supplied by the United Way of the Black Hills.

And not just handing out a bag to families, but the biggest part was the education around that. Nurses will reinforce the importance of daily reading to parents. And we'd already been doing that in our services, using the PIPE curriculum Baby's First Teacher and Reading to Baby especially.

And then, in addition to those two things, our United Way also participates in the Imagination Library program and has for many years. And probably since the beginning of home visiting, we've been signing families up for Imagination Library, which is where a free book is mailed directly to a child from birth until their fifth birthday. And that's been wonderful. So nurses had been helping families to sign up to get those books in the mail. But this project would allow the nurses to bring out books in a targeted intervention as well. And then the nurses would continue to reinforce daily reading, singing, and telling stories during developmental screening periods which, again, is a benchmark area.

A couple of you asked, but there is a picture of the contents of the bag. The bag and included three books. And a lot of thought was put into the variety, hardback, interactive, soft back that has more of a story to it. And then you can see a couple of laminated sheets there also that just have pictures of shapes, colors, those kind of things. So that it's not all about reading a book, beginning to end. A lot of the teaching focused around what constitutes talking with your child, singing songs, reminding them that, "Itsy Bitsy Spider" is something that they're doing to build language literacy in their clients. So even using those sheets and pointing to what's a star, and what's orange, and what's purple. There are tools for that in there as well, in addition information about how to sign up for the Imagination Library. So that's the book bag.

The study went-- the CQI works went from the end of 2016 until early September 2017, so not quite a year. During that time frame, a total of 103 bags were distributed. The outcome was that

98% of the NFP clients, or first time clients, met that CQI goal of reading, singing, or telling stories at least three times per week.

In this service area here, we also have a non-evidence based curriculum we do with non-NFP clients. And we don't have the wonderful data collection system that NFP does to get the outcomes. But we did focus on this same measure with them. And that group, 93% of those clients were meeting that goal of reading, singing, and telling stories three days a week.

And I can say, also that this project did not end with the end of the CQI project. It's continuing on. In the acting part, these are some comments from the coordinator who pulled everything together. That on a team of eight nurses, they were very thankful for this partnership for United Way because talking about literacy has always been part of the work that we've done in home visits. But having the tools to show parents how to do it really makes a difference. Like Stacey said in budgeting you want to have something that makes it meaningful for parents and a great way to hook them.

There are also times where what came out of that bag really made a difference to parents. One of the nurses shared, she wasn't too excited about the idea of reading or she didn't think that her child was old enough to care about reading until she saw the book, Love You Forever, and she got so excited because that was her husband's favorite book as a child, so that emotional reaction that books can stimulate for families.

So all those parts kind of pulled together into this not being just a numbers game about increasing the number of days families are reading, but really getting them to enjoy it and to learn the importance of routines. So there are some-- lots of benefits to it.

And again, like I said, our home visiting program is going to remain a partner with the United Way to continue distributing the book bags. Again just through serendipity, today was the first year celebration of the United Way Grade-Level Reading initiative. And they are changing the name to Black Hills Reads which shows the bigger community is now going to be involved.

Lisa, the site coordinator, spoke about this at that community meeting today. It was a celebration really. And we had someone from the Nation Grade-Level Reading program come out, and the mayor, and the superintendent of schools, all came and shared that the community is focused around this. So the partnership has been a real success, as well, to make home visiting looped into the larger community. So, again, this will continue on.

And just one last slide. If any of you have any questions, there's my contact information. I'll wrap that up then.

Thank you so much. We do have several questions coming in for you. The first one is what variables from the NFP data system did you use to track this in CQI?

The Nurse-Family Partnership updated their data collection forms. The home visiting counter is where it asks, how many days-- Lisa can you?

It's asked on the infant health care.

Infant health form. So at 6, 12, 18, and 24 months, how many days in a typical week do you read, sing, or tell stories to your child? And the answers are from 0 to 7.

Great. This is a similar question about the data collection. And I think it might have been covered, but did you create a spreadsheet for the data collection, a charter for CQI learning community?

We-- or they, sorry, we again, they used the NFP reports and data quality reports. We also have an evaluator that we contract with. And so she did some of the final evaluation. But most of the NFP data was readily available. And they did create a CQI charter. That's where I pretty much pulled my PowerPoint from, was from the charter information.

And, again, kind of related, is there a COIN for this? Collaborative [INAUDIBLE].

Yeah, not that we're involved in.

And we do have one final question this is from Karen Finnell and this is for both Illinois and South Dakota. She writes, both Illinois and South Dakota's Part C program selected knowledge and skills with heavy emphasis on early language and literacy as a goal for improvement. How much are NFP programs in those two states working closely with Part C? So this is really for both Stacey and Carrie.

This is, Carrie, I'm still on, so I'll just hop in first. With Part C, we're really at a state level working with them. They're on our statewide advisory board and aware of the work that's being done. And then in the local communities, too, all local communities have memorandums of understanding. And definitely that's where our home visitors make referrals, if in doing the developmental screenings there's concerns found. But as far as this particular project goes, and Literacy For All families, I don't think that there was a strong connection on that. It's more in the way of when concerns are noted, we definitely have a system for making referrals as needed.

OK, and Stacey?

Yeah, same in Illinois, for these projects, no collaboration.

I just want to point out, you have the presenters' email addresses. You can definitely contact with them. We have three more minutes in the presentation-- and I-- really important for us to stay together. I want to let you know our evaluations that we receive from you are so important. At the end of this webinar, you will have an evaluation pop up.

We already have gotten feedback from you all of that-- to shorten our webinars from 90 to 60 minutes whenever possible, which is what we've done today. And also feedback that we've gotten from evaluations that we've used to directly make changes, is that would we please make sure we're linking these closer to the performance measures and benchmarks. So we take your

feedback very serious and try to use it to improve the quality of the resources we offer. So please do take the time at the end to complete the evaluation.

With that we're going to hop back to our two jump start the brain question. So this was covered by Dr. Mendelsohn in his presentation. I'll just give you a minute to go ahead and answer this question.

All right and we are at this point going to close the poll. And we can now share that the answer for that was 25% to 50%. And that most of you during the course of this presentation had listed that from Dr. Mendelsohn's session.

The second question that we had on our jump start the brain was about the parent-related factors. So I will let you go ahead and choose all that apply.

It looks like most of you have had a chance to weigh in so we're going to close the polling. And we'll show the results again. And the parent-related factors were the ones that were feeling silly, learning disabilities, untreated depression. The one that was in here to try to trick you was sitting still, and that wasn't child related factor.

If we could head back to the slide deck at this point.

I just want to close out by letting you know a couple of resources you have that can help you continue the discussion. We have our newsletter coming out this week, we're so excited, on early language and literacy. There's a lot in this newsletter that will help again, MIECHV awardees, what they're doing to support progress toward the school readiness benchmark in language and literacy performance measures, so lots of good stuff.

We have an article on how the evidence-based home visiting models are supporting early language and literacy. And we also have a piece on the Bridging the Word Gap Challenge with all of the finalists and also the winner and some of the innovative technology based interventions that they created. So please look at that as well as upcoming events and resources which are always listed in our newsletter.

We have a conversation going presently on the MIECHV awardee portal, or the MAP, about early language and literacy. So we welcome you to go and join in that discussion maybe share some of the resources that you talked about during this, and also to share your own progress, CQI plans, success stories, ways that you've engaged families, or how your programs engage families and their child's learning, also an opportunity for you to pose a question or challenge that you're facing and to get some additional feedback and technical support.

So with that, I want to thank you for spending the hour with us today. And please take the time to complete the evaluation. Thank you to all of our presenters and, again, to everyone at HV-ImpACT and HRSA for supporting us--