

***U.S. Department of Health and Human Services  
Health Resources and Services Administration***

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program  
Technical Assistance Coordinating Center's**

Webinar

"Is There an App for that?: *Strengthening Family Engagement with Technology*"

November 19, 2013

3:00pm Eastern

**Presentations by:**

*Larry Edelman, Department of Pediatrics, University of Colorado, School of Medicine  
Hilary N. Karasz, MA, PhD, Educator-Consultant, Public Health, Seattle & King County  
Heidi S. Roibal, BS, Training & Development Consultant, Early Childhood Learning Network*

Cathy Bodkin: Good afternoon. Welcome to the MIECHV TACC Webinar -- Is There an App for That?

Strengthening Family Engagement with Technology. Is there an app for that? Wouldn't that be fantastic if we could have a magical solution to the dilemma surrounding family engagement and retention in home visiting programs?

But alas, it's not a simple response. But we hope today's Webinar presenters will provide you with new tools and ideas to explore.

Cathy Bodkin: My name is Cathy Bodkin . I'm a Technical Assistant Specialist with the MIECHV TACC.

And the TACC is the Technical Assistance Coordinating Center funded by HRSA and it includes ZERO TO THREE and subcontracted partners at Chapin Hall, AMCHP, and WRMA.

We provide different levels of support to the MIECHV grantees using ZERO TO THREE and partner staff and other expert consultants as well as coordination with TA providers.

And today we are very fortunate to have with us Amy Chanlongbutra. Lieutenant Amy Chanlongbutra joined the Division of Home Visiting and Early Childhood systems as a Project

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Officer earlier in the spring of 2013. Most recently Amy was a liaison for Science and Innovation at the National Park Service Office of Public Health.

Prior to that, she was stationed with the US Department of Agriculture at HRSA and the Bureau of Primary Healthcare. She's a graduate of the HRSA scholar program and had rotations in Healthy Start, Telehealth, Rural Health, and the Bureau of Public Health practice.

Amy glad to have you and thank you for providing the HRSA introduction.

Amy Chanlongbutra: Thank you Cathy and good afternoon everyone and welcome to today's MIECHV TACC Webinar -- Is There an App for That?: Strengthening Family Engagement With Technology. As Cathy made a nice introduction for me, I am the Project Officer for States and Regions I and II for Health, Resources, and Services Administration, Division of Home Visiting Early Childhood Systems.

Exploring ways to engage and retain families and support home visitors in innovative ways is important as they are the key components to the success of our program. In today's world our ways of communicating has expanded beyond the use of phones.

And in order to reach people quicker and bring people in the world closer to us we are using texting, emailing, Skyping to name a few ways you may use to reach out to someone you may know. I think today you will enjoy hearing ways we can support the home visitor in building relationships with families. Thank you. Cathy.

Cathy Bodkin: Thank you Amy. And so we want to -- today -- have our presentations by Larry Edelman, Hilary Karasz and Heidi Riobal. And then this will be followed by question and answer period. We want to encourage you to type in your questions in the question box on the GotoWebinar's screen

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at the right -- the gray box -- and we have Christy Stanton and Kimberly Bradley who will be assisting us they're TA - TACC TA s specialists. They will be assisting us with the question and answer time.

Now I'm going to turn this over to Tracey to explain some of the technical parts of our Webinar. We have three objectives -- which will be understanding how the changing environment places value on the use of technology, exploring opportunities for technology, to strengthen family engagement, and identifying supports necessary for successful implementation of new technology. Tracey?

Tracey Harding: Thank you Cathy. Before we jump into the agenda I have just a few items to share with you. Next. We're using a new platform -- GotoWebinar. And with this change are a few new features. The first -- listening through your computer speakers is no longer an option via this platform. In order to listen to or participate in the Webinar you must dial in using a phone.

Two, our method of sharing thoughts and asking questions has also changed. Previously you chatted your thoughts and questions. And with this platform, questions are posted. Next.

Here's how to post your questions and comments -- using in the questions box. To the right of your screen is a control panel. At the top of the panel is an orange arrow. You click the button to open or close the panel.

Located at the bottom of the panel is an open text field. You should see it above the words, "GotoWebinar." Type your questions in the section labeled, "Enter a Question For Staff." See Number 1 on your screen.

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Next, click the Send button as shown in Number 2. As questions are acknowledged, a copy of the question posed and the response from the Webinar organizers will appear in the section in green.

As with all Webinars, technical assistance will be provided by Lena Cunningham if needed.

Cathy, back to you.

Cathy Bodkin: Okay. Thank you Tracey. The home visitors experience is as solitary independent as they are visiting with families in the community. They are engaging families exhibiting complicated risky behaviors of substance abuse, depression, domestic violence, and responding to elements of poverty.

Promoting health based on the latest research and encouraging change, the home visitor is motivating families to think about the well-being of their children and promoting their own well-being -- not an easy task.

At the same time the home visitor is balancing the model fidelity and working with partners in education and healthcare systems that are rapidly integrating new technologies in their programs -- whether it's the electronic medical record, individualizing treatment with health promotion apps, using online applications for Medicaid, centralized intake and referral, educational sessions to qualify for services, online professional development, or monthly data reports on dashboards.

And then thirdly, the home visitor is balancing requirements and demands of building relationships with their families that they are working with. So we have to think about how could we support the work of the home visitor with technology.

What might make their role easier and more effective so that they feel less isolated? That they can debrief after a particularly tough home visit, they can access resources, they can check on policy. Technology can offer a lot of opportunities for home visitors.

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Remind you of the July and September TACC Webinars where we had Dr. Deborah Daro and Dr. Karen McCurdy talk about their research into engagement and retention. Factors that support the retention of home visitors that support the effective use of the relationship between the home visitor and the family and then positive program outcomes.

The - we have to look then if we want to have effective programs, how could we all support the home visitor in their role? And what role can technology play in that? The organization supported the program with up to date and adequate equipment, access to policies and procedures, referral, and real time help to the home visitor, home visitor's timely interaction with home visitors so that they can make plans before they see a particularly difficult situation in a family.

The community's perception of the home visitor; how do these interactions with the supervisors, the organization and the community support the development of the worker and family relationship?

So today we're going to look at how can technology help to engage and retain families. We are fortunate to have Larry Edelman with us today, a knowledgeable guide in this field. He's a Senior Clinical Instructor in the Department of Pediatrics in the University of Colorado School of Medicine. As an ongoing consultant to the Colorado Department of Education and the California Department of Education's Desired Results Access Project, he assists with the development of approaches to child and family outcomes, measurement, professional development, technical assistance, and dissemination.

Larry has worked with hundreds of early childhood, education, disability, and health agencies in more than 45 states and abroad. So we are just very fortunate to have with us Larry Edelman and we appreciate the work that he's done and what he's bringing to us. Larry, thank you very much.

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Larry Edelman: Thank you. Welcome everyone and I'm delighted to be part of this meeting and, you know, it's kind of a strange situation when we -- I'm going to pull out my slides -- when we're presenting in this way. But, you know, it's the promise of having to give up the travel expense, the travel time, the inaccessibility for the fact that this makes it a little bit more interpersonal.

So I appreciate being able to talk with you virtually and I hope that when we get to the question part of it that our chat will be a little bit more interactive. I'd like to try to frame for you some things that I've been thinking about over the years about strengthening family engagement with technology.

I've been working in early intervention , preschool special education, preschool childcare, and other home visiting programs for many, many years -- too many to admit -- maybe close to 40 years. And as I've been doing that I've been watching -- as technology changes -- how we've been adopting technology. And I think there's some great things in store for us.

What I'm going to try to focus on during this section of the Webinar are really three points. One is why do we want to use technology? Because we need to keep up with young families and with a young workforce. Also because we're all totally wired in our personal lives.

Why would we ever roll a certain way in our relationships and the way we communicate and the way we learn and the way we have recreation and the way we access services in our personal lives, and yet change that when we're in more professional role?

And thirdly, used well, technology is going to help us do things better, faster, and/or cheaper -- and hopefully all three of those things. And again the big point of this will be to what extent is the how going to enable that? And we'll talk about that in a while.

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I offered three sets of materials for you. One was just the PowerPoint slide thumbnails. And I wanted to apologize - I'm going to be showing you a variety of images and other documents that I don't own the copyright for - that I couldn't give you copies of those, but I can show them to you. So I wanted to apologize that your set of slides might be a little bit different than what you see.

But there's two other documents that are accompanying the presentation. One is a set of worksheets on how you might think through how technology might assist you to both deliver services, organize services, and just -- as I mentioned before -- work faster and better and hopefully cheaper.

There's also a pretty large resource document on how we can use technology to enhance professional development, technical assistance, and dissemination activities. You know, this is one of the advantages of meeting virtually like this. I hope you'll all take care. I hope you're all comfortable. I'll try not to drone on too long, but I hope you'll relax and it's midday and so if any of you need a nap, I hope that you'll stretch out as we talk.

The one thing that guides everything that I do when I think about my application of technology in my work is context is not nearly important, but context is everything.

And so I'll hope you'll consider the perspective that I offer with that advice, that there is no silver bullet that we're all going to have to make sense of the ideas we're going to be talking about today within the context. The context of ourselves and who we are, the context of the relationships that we have, the context of the programs that we work in, and, of course, the context of the models and programs we use as well as our funding sources. And so context is very important to that.

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But when we look at what technology is, we can think of lots of ways to describe what technology is. These are some of my favorite descriptions. I really like Kevin Kelly's description that really technology is anything useful invented by a mind. And so in that regard, the anvil is a great piece of technology as is the computer.

To me, I don't get excited very much by what the technology is. What excites me is how we use it. Why and how are we able to use technology now? How could we do things now that we couldn't? Well, there's basically four reasons why technology is accessible to us now and much more so than five years ago, ten years ago, certainly 20 years ago.

Right now technology is more inexpensive. It's cheaper. We can afford it. Secondly, we have more capacity -- that we have more memory and processing speed in things that are the size of our thumbnail than things that were the size of a closet several years ago. So we've much more capacity.

The other thing is things are more modular now. And - which we love -- some of you may recall that years ago when you bought a new printer for your computer it took a week to figure out how to get them to work together and you had to call a whole bunch of specialists in. But we know now just about everything is plug and play.

And then also things are easier. We used to have to learn programming languages. We used to have to learn archaic functions and hidden functions and non-intuitive ways. And now we have very easy to use user interfaces where we don't have - we've taken the guess work out of a lot of things.

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And so it's sort of the confluence of all of these factors that means we're able to do things now that we couldn't do previously. Now when I talk about technology and think about technology, I think about technology as a tool. And, to me, technology and these tools are value neutral.

These tools don't - are not inherently good or not inherently bad. I don't think that, you know, we need to be impressed by bells and whistles and say, oh, that's a great technology because -- like a hammer -- it depends how we use it. And so it may be that if we use the hammer to rebuild a house that maybe just yesterday was hit by a tornado, it's a very good tool.

But if we use a hammer maybe to attack someone, it's not a very good tool. And so I encourage us to just think of all these tools as value neutral. It's really the utility of them. It's how we put them to use that gives them value of one kind or another.

Now this is an interesting slide and I just want to give some examples of the promise of technology and how that's changed. I - betray my age. I was actually the 1964 World's Fair in New York and this was - and that's not me on my father's lap, but it sure could have been.

But this was as early demonstration of video conferencing. And back then they would have called it telephone conferencing. And everyone was very excited about the promise that it might bring. So here we are now, you know, decades later and the question is, well, how has video conference affected our lives, and in particular, affected our services?

This is an example - excuse me - right here of a IEP meeting. And this is a child with who has an immune disease who can't attend his local preschool. And so what happens in this meeting is the mother -- who couldn't attend -- video conferences into the principal's office where they can have a great chat.

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And so now we're using technology in this instance to create access to include off - in our services. And again, just using the technology that we saw much earlier in 1964, wondering how that will affect our lives. This is an example of the meeting. This is a technology that we're using called Oovoo -- O-O-V-O-O -- which is a video conferencing platform that I used a lot.

And the mother was thrilled that she could participate, that she could be invited into a school even though she couldn't be there in person. This was a delightful, you know, scene watching her son, Aidan, and for the first time, meet classmates. And have Aidan be able to meet other kids and say, "I think I know what a school is. That's my school. That's my classroom." when he had never experienced those things before.

And so this is an example of when he - they call it, "He beams in." And so he beams into his classroom to participate in small group activities. And so it's really a wonderful opportunity for this to happen.

This is another example of video conferencing. This is a meeting that was planning an array of services and one key stakeholder couldn't be there, but this entire meeting relied on this person. And you see her on the left on the television. And that's how she participated and it allows us this policy meeting to proceed.

This is an interesting set of photographs. They're actually in NICU's using this to try to - using iPads and video conferencing to help early bonding and help establish relationships from the very, very beginning when mothers and their newborn babies may not be able to be physically touching.

And so when we think to go back to 1964 and we see the promise of video conferencing and now we see an early childhood -- these amazing linkages. It really is a fantastic thing. This is an

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example systemically - this is a workgroup that I'm working on right now. This is with - in a state in the Midwest with a group of service - early intervention home visitors and folks who work with the developmental disabilities program that's supporting them - to use technology in rural areas where families don't have access to transportation.

Families don't have access to an array of service providers that they would use. And now it's over geographically distributed areas this group could meet face to face. And why it isn't probably as good as face to face, what is good is this. We need to be careful when we talk about video conferencing, to compare is video conferencing as good as face to face? That's not the right question.

The right question is, is video conferencing better than telephones or better than email? And we found that it certainly is. One last example of just video conferencing and recorded video -- this is a video conference of a therapist doing consultation with a family in their home. So this is not replacing home visits, but it's augmenting them. It happens between home visits.

And so yet, just another example of how this one technology -- video conference -- that started to kind of surface in the 1960's. We see tremendous, tremendous changes in how it's affecting the fabric of how we deliver services to families, how we engage families, and how we include families in ways that we couldn't before.

Technology as we know it is changing everything about our relationships, about our communication, about how we learn. And I mentioned before that we were going to talk about three reasons why we use technology and let's look at these each one at a time.

And let's talk about the first one -- which is, we need to use technology to keep up with young families and their workforce. And if our systems don't adopt and figure out how to embed the use

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of technology in our day to day work I predict we'll be obsolete because we won't be communicating in the way that young families and children do every day.

I learn this all the time just from hanging out with my daughters online. That's Casey on the left and Trina on the right and it's your opportunity to say aw because they're great. Casey's 20 and Trina is going to be 30 and, you know, we communicate by texting, by video conferencing. Kids these days don't use email very much.

In fact, I did a focus group not long ago with a group of high schoolers and I said when do you use email? And they said to communicate with teachers and our grandparents. And so we have to realize that if young people are not using email, why we would insist on using email?

So I learned those lessons from my daughters all the time. I have to tell you this pictorial story right here because this really happened and I'll promise you right now that this is an actual story that I documented on my cell phone.

I was at a family's house and I was leaving. And as I was leaving I said, oh, I'll take a picture. And that's Ansel on the couch and his sister Clover. And they each had borrowed iPad's and he was watching an animated storybook and she was watching a movie.

And as I'm leaving I just wanted to snap a picture and I witnessed this happening. So Ansel wanted to get one of his daughters - sister's chips. So what he did was he climbed off the couch, grabbed one of the chips and then he went back up and stood on this ottoman to try to get back, but he couldn't get back up by himself. He didn't have the strength.

Meanwhile, Clover didn't want to stop watching her video. And so she decided to help him while multi-tasking. Notice she doesn't lose a step. She's still holding onto her chips. She's still listening

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to the iPad. And she pushes him up with her head so she didn't have to stop anything else she's doing.

And then finally the world is a good place and he's back where he is and she's back where she was. And when I witnessed this, you know -- after I got done laughing hysterically -- I realized, well, just like in 1964 when I was watching video conferencing and saying this is the coolest thing in the world.

And now here I am decades later using video conferencing every single day to be more inclusive to try to collaborate more intimately and have relationships with colleagues and friends and family who are geographically dispersed. I see now Clover and I see Ansel and I wonder what handheld devices - what tablets are going to bring to their future.

But the truth is, they are growing up as digital children and they are going to be our workforce and the families we're serving in 15 years. And so we have to use technology to keep up with our young workforce and the young families that we serve in homes.

The second thing is we are all already wired. We're totally wired. You know, I am - I encourage to join this mailing list for the PEW American Internet Life Project. You can subscribe to their emails. And whenever they get a report they'll send you notice of it.

And what I love about PEW is they don't wait to publish their research. And one of the problems we have with research and technology is by the time someone writes an article, gets it approved, paneled, vetted, and published, it could be years later and it's almost obsolete because there's a new technology or an improved version of that technology that replaced it.

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What I love about Pew is as soon as they have their research, they publish on their Web. And so this is one example of - just last year that 85% of American adults now own a cell phone. And that's striking. There are still trends with folks who are living in poverty and in stressful socioeconomic circumstances, still are disenfranchised, but are even more likely to use telephones than they are computers.

We now know for the first time that in this year -- as of May, 2013 -- of the Americans who own Smartphones - or who own cell phones -- the majority of them now own Smartphones. What that means is just about everyone in this group can surf the Internet, can take video, can take photographs, has a built in calendar, can check email, can text, can phone. And that's a striking, striking and significant difference.

Other artifacts that tell how wired we are -- a new study shows that half of all US adults now have a mobile connection to the Web. And that's striking because -- as we know -- that's how most of us are now connecting to the Web, not just with computer.

Another PEW study that was just out recently said - tells us that 54% of Internet users have somehow used the Internet to post original photos or videos to Web sites and 47% share or link to existing media. In 2011 only 8% of families with children birth to 8 owned a tablet device. Yet in 2013, that's jumped to 40%.

And that's attested by the little story I showed you about Clover and Ansel. Roughly twice as many children use media - mobile media today than just two years ago. Seventy two percent of children ages 0 to 8 have used a mobile device. And that's from a very interesting report you might want to look up called, "0 to 8 - Children's Use of Media."

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And look what we do on our cell phones. With our cell phones we talk on them, we text, we send emails, we have video conferences, we watch movies, etcetera, etcetera. So really, things are - have already changed in our lives. I was in a room with about 200 people recently and I said raise your hand if you don't have a device with you that you could use to capture a video and share it with someone in another state. And not one person raised their hand.

So we have now not only mobile devices, tablets, computers that are empowered to work with us on the fly, but now there's more than 700,000 apps. So the first point was we have to keep up with our younger workforce.

The second point -- which is very important too -- is we are wired in our lives. We need to be able to mirror that - the capacity in the work that we do.

The third point -- and this is where I'm going to spend most of my time talking with you today -- is we really want to be able to do things better, faster, and/or cheaper. This is a great example of this, this little girl Nelsey who was - they were trying to encourage at home to walk and she was fearful of walking and losing her balance and falling.

And they used a technique called video peer modeling to show her videos of other children using walkers. And they used video of children that looked like Nelsey, that shared the same ethnicity, that shared the same size that she could relate to. And they did this very successfully.

You know, when we talk about using technology I'm always reminded of the adage, "You don't ask a barber if you need a hair cut." In the same way I don't think you necessarily have to ask a technologist, "Do we need to use technology?" We need to determine that for ourselves.

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And I want to offer you a few simple models for thinking about technology and organizing in our minds. This is how - I'm going to offer you about three different models for thinking about this.

This is the first one. When I think of the kinds of technologies that we may use to engage families when we're delivering home based services, I think there are four major categories of function.

The first is we might use technology to create content. What that means is I might use a video - a digital video camera or a cell phone or a pad to snap a photo, take a language sample, take a video, have a family sign a form digitally saving them weeks of delay, so creating content -- somehow using technology to actually create something that didn't exist before it.

We can also use technology to share knowledge. And we're using that right now. We're using a video conferencing platform to share our knowledge and we can do that with families in their homes. We can connect families to other families.

We can connect families to Web sites. We can help families be connected to other providers. We can help families be connected to knowledge repositories. We can also use technology to build and support relationships. And there's so many examples of that. We could use it to check in with families more frequently in the ways that are more accessible to families.

We can use video conferencing. We can use all kinds of Web supports and mobile supports that actually are going to not replace face to face relationships, but they're going to support and augment them.

And, of course, then we could just simply communicate over distance. That means we can send people documents. We can send people links. We can have telephone calls over the internet, etcetera.

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And I'm not suggesting these are mutually exclusive at all. In fact, most technologies do two, three, or four of these things at once. The trick is to figure out how do I use technology that will help me with these functions in a way that's better than the way I was doing it or a way that's faster than I was doing it or a way that's cheaper. Or a way that even increases my capacity.

And the one example is the concept of caseload. I can serve X number of families now. But if I were streamlining something about my flow of services, might I be able to increase the caseload because I'm taking less time to do rote or systems related functions rather than relationship based functions.

I think that when we use technology and we think about purposes such as those, it's really important to focus on function first rather than the technology first. And so what I encourage us to think about is what is the communication function that we want to do?

So an example is we need to know what we want to do. So why do I want to use a technology? Well, is it because I want to schedule something? Do I want to confirm something? Do I want to give information? Do I want to have a conversation? And that's what's important - is to know what is it I'm trying to accomplish.

It's then that we look at, okay, what technologies will enable me to do that in a way that's either better, cheaper, or faster? And that will lead to the outcomes that hopefully we'll want to see for children and families. So I encourage us to focus on the function first rather than on the technology.

Now here's some examples of - that are every day in my world -- and I'm sure in your world too -- but as I support home based service providers, these are what I'm watching them do every day.

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I'm watching them document children's learning development in progress using iPads, iPods, Android devices, cell phones with sound, security, policies.

I'm watching this - use technology to help augment and enhance the evaluation and assessment, to schedule. I mentioned before, not only scheduling, but signing paperwork instead of waiting for someone to generate paperwork, bring it to a family, and maybe have this process take weeks for enrollment or determining eligibility for a service and then finding out that could be done in a much more condensed time.

At direct instruction of children, family engagement, family instruction, and coaching, consultation, etcetera, that we're using technology every day to do these function. Self-reflection, reflective supervision -- right now in Part C -- early intervention for IDEA there's a growing number of programs in states that are now using either live video conferencing or recorded digital video to do reflective supervision with providers. So there's some really great opportunities.

But this also applies to our use of technology for professional development, technical assistance, dissemination. In other words, if we look at function first, then the technology, here's some of the things that we might want - these are functions that we might want to do.

We might want to illustrate practices for new providers. We might want to provide very quick tutorials on how to do certain things, aspects of models, service delivery strategies.

We might want to orient people to new jobs. We might want to use technology to provide consultation to one another - coaching, etcetera. And so these are examples of some of the functioning. I'm going to go backwards. And these are just functions that we might want to tap into. And these are functions that we might want to tap into for more of the systemic and organizational side of things.

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These are examples -- if we looked at this slide here of looking at functions -- that we think of the professional development that you all do in your programs. These are some of the examples of how we might ask ourselves, so what is it that I want to do with my audience?

Am I trying to conduct a needs assessment or some kind of a front end analysis? Meaning I want to use SurveyMonkey or I want to use some kind of online surveys. Do I want to present a learning event such as we're doing right now using GotoMeeting?

Do I want to provide technical assistance, consultation, coaching, mentoring over distance, using a combination of recorded digital video and video conferencing? Do I want to disseminate news and updates? Do I want to use Slide Share? Do I want to use Scribe? Do I want to use YouTube or Vimeo, etcetera?

And these are the examples of what we need to do is we need to figure out first what do we want to do then look at what technologies are available to help us do. That leads us to the workshop - the worksheets that I had included in your packet of materials.

It has a set of worksheets that look like this that help us figure out - as this left hand column does. This are some of the functions, some of the practices we do. And the questions we need to ask ourselves is well, how do we do these things now?

And then on the right, how might technology help us either work better, faster, and/or cheaper? And I want to thank some of the colleagues at the TACC for helping me do - tailor this list to some of the programs that are on the call. I love this question. Are we making an impact? This is a wolf howling at the moon. And we can look at that and we could see, well, how do we evaluate the use of new technologies?

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And these are some of the ways that I've been working on it with programs. Developing proof of concepts, small models or pilots, doing action research, collecting case studies, video recording, service delivery, relationships and interactions, looking at return on investment metrics -- whether it's looking at cost of equipment and applications as compared to staff time and travel.

And of course, you know, using this - triangulating this with, of course, family and practitioner satisfaction surveys, creating implementation checklists, journaling. So there are ways that we can evaluate these new uses of technology to see are they getting us where they want to go.

But again, what these are all focused on is are we having better outcomes because we are accomplishing these functions? Because there's a rub here though. And what is is for many of us, we do know what we want to get down, but what we don't know is what options are available to help us do it.

So in that spirit I want to offer you a couple of more thoughts. This is one of my favorite cartoons where the scientists are trying to figure out the equation here. And one says I think you should be more explicit here in Step 2. Then a miracle occurs; may not be explicit enough.

Here's the miracle that has helped me - and by reviewing literature and thinking about my work and thinking about the work that I observe others doing using technologies to help them both deliver direct services to families, but also that help them to deliver professional development. And technical assistance and dissemination supports the providers.

I think of technology in this way, if we look at what the technological functions are, I think of these three major ones. The first is one way asynchronous communication. And what this is, is this is

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when we are not with the person we're communicating with in real time. And we're not with them in the same place.

So we're geographically dispersed and we're not there at the moment. We could share information with them one way so that we don't necessarily expect a reciprocal response, but we could share a text document, a podcast, a Web cast, a vid cast, or a video. We could use media sharing sites such as Scribe for print documents, such as Slide Share for PowerPoint, such as YouTube or Vimeo for video. We could use mobile phone communications.

So all these things in this column are ways that if we just want to push information out to our stakeholders, but we don't necessarily need an immediate reciprocal response. So that's the kind of class of technology I might look for.

Now there's other - in the center column, this is two way synchronous. And this is when we do want to communicate with someone at the exact same time, but again, we're geographically dispersed. This is what we're using right now. We're using the fourth one down -- referred to as either a Webinar or a Web conference.

We could also be using a video conference and be looking at each other's faces. We could be using - today we're not only using a Webinar, but we're using it with telephone conferencing. We also could be using it with text based chat, etcetera.

So two way synchronous communication is a set of technologies that we might use to communicate in real time, but from different places. And then thirdly, the last one, is a little bit more ethereal - asynchronous synergistic communication. This is when we're not necessarily communicating at the same time, although we could be.

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But we're not necessarily and we're not in the same place, but together we're going to create something that didn't exist previously. And this where we talk about having communities, a practice, learning communities, virtual learning environments, bulletin boards, news groups, listservs, chats, blogs, vlogs, social bookmarking, massive open online courses that I'm sure all of you have been reading about.

So when I think of this list, this really helps me to think of what my options are. And then, of course, within each of these single cells are tons and tons of both free and expensive options.

I love this cartoon. I was less mumbo and more jumbo. Well, that might have been a little wordy as I described that. So I want to kind of cut to the chase and talk about some recent tools of the trade for home visitors.

When I look at the work I'm doing with home visitors, we're right now focusing on six particular tools. The first one being the use of digital video recording. The second being the use of video - live real time video conferencing -- linking two people by face and voice from distances.

Third, the use of mobile devices. Fourth, onsite connectivity. And what I mean by that is very often when we're delivering services to a large number of families in their homes, they may not have internet access. So it's using technology such as Jetpacks, MiFi devices so the home visitor could bring onsite connectivity to the families house so while they're there in the visit they could connect to other providers, to other families, to internet assets.

We're using Web sites and we're using social collaboration platforms. And so this is - in the course of my work, this is what I see us using a lot. Over the next slide - set of slides I'm not going to go over these. But, you know, you'll have these as references that just shows that for which functions, which tools tend to do the job for us.

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And then this slide gives a couple examples of applications that - so that we can see, well, do this kind of function, this is the kind of tool we want. And this is the example of the app and I'll, you know, I'll let you look at that on your own.

We might need to use some hardware. And this is just an example of - and addition to our computers sometimes we need to have Webcams and video cameras and storage devices.

I think the last big point I want to share with you is this one. Modularity is key to this. When we think of using technology in our work, it is rare when we're ever going to just use one piece of hardware or one piece of technology or one platform.

What we do is we're leveraging two or more things together. We connect two or more devices. We use two or more applications. We use two or more molecular or granular level objects.

The example I give is this call. We're using Web conferencing. We're using telephone conferencing. And we've used email to share different documents. And so this is what we're doing. We're modularizing different techniques together.

This is - there's a complex example of it here where this is a preschool teacher who records video of her children and then uploads it to a digital portfolio and then at family conferences shares it with parents.

And so leveraging, you know, cameras and the internet and computers to enrich. But, you know, it doesn't really have to be so complex. You know, sometimes we just need to use what we use every day.

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This is an example of this little - this beautiful little girl who had a problem with her foot and a surgeon was trying to evaluate whether she needed surgery, but he was evaluating her in a very sterile one - two dimensional clinic room and her mother just took her cell phone out and with her home visitor together they produced a short video -- just on a cell phone -- of what this girl navigated every day.

Here's what it looks like - her stairs. Here's what her backyard looks like. Here's what it's like when she tries to use a wheelchair. And then the mother took this to the surgeon who then was much better able to make a decision based on this enhanced information.

The late great Coach John Wooden said it's the little details that are vital. Little things make big things happen. And this is where technology is essential in our work. It's that connectiveness.

And we think in threes -- and I think we always want to think in threes -- and by that I mean if we really want to deliver our services to families in ways that are coherent we need to make sure that whatever is happening at the moment is connected to something that happened before it and is connected to the next thing that's going to happen.

So I'm at a home visit. Well, what happened before this home visit? What's going to happen after this home visit? So families experience logical continuity in what services and supports they're receiving - service providers and families are on the same page. This is where technology comes in.

They help to think - keep things connected. This is one of the most beautiful examples I've seen recently. And what happened in this little story is this child had a pretty significant language delay. And what the mother found was that he was very engaged with zoo animals.

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And she videotaped him once sounding like a lion. And then she would play this back on her cell phone to him and then he would love seeing himself and hearing the lion and then he would roar more. And then she would laugh and he would laugh and then all of a sudden she would say yes, you sound like a lion until he was saying the word lion.

And so it's not magic. It's this. It's the rule of threes. And this is how technology happens and I'll just show this. The little boy is making a sound. Before that, the mother is giving him a prompt to make the sound. After it, she's recording him making the sound. And now we have the sequence. It's connected.

And then that triad exists in other triads because technology is helping us keep everything connected. And that's what this point is. This is the kind of conclusion of this point.

What technology can do in keeping us connected in a logical sequence of relationship interactions is we could deliver supports that are just enough, just in time, and personalized for the person rather than thinking of huge repositories we could deliver just enough support.

We could deliver just when someone needs it and it can be personalized just like the example of the mother videotaping her son instead of buying a book about lions and roaring. Now we have it personalized and just in time.

So in conclusion - I love this picture. So what do we all do? Because so many of us are using technology more and more, but we're not necessarily moving at the pace and rate that we're moving in our personal lives or that our young workforce and our young families are moving.

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So staying in bed does not constitute going to church. So we can't fall asleep at this. We have to be vigilant. We have to make sure that this doesn't become, you know, our way of working. This isn't an encounter for procrastinators. We can't put off this use of technology.

We can't say I'll do this next quarter or I'll do this at the beginning of next fiscal year. And it's going to be tough work. This is such an oxymoron -- the fitness center and taking the easy way out. It isn't easy to make these shifts because these are profound shifts that we're talking about. Just the difference in saying the families we serve don't use email. Yet our agency uses email.

Or our families only text, yet I'm calling them on the phone. So how are we going to make this change? How are we going to say - and here's another example of a big issue that many of our programs are faced with -- how are we going to maintain confidentiality - security of information while at the same time using more and more technologies and sources of media to support rich interaction?

So it's not going to come easy. But I'm convinced that it's a train that ain't going to stop and we have to be vigilant in saying okay, I'm going to pursue - not doing things new and brave, but rather just keeping up with the times. So I'd like to offer you a few parting thoughts.

These are based on the many providers that I support in a lot of the learning communities that I facilitate and what I've been learning. The first is this, when I see some people succeeding and some people not, this is one of the profound differences that I observe. That some people say I can't find the time. And other people say, well, I can't find the time so I'm going to have to consciously make it.

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They're the ones who succeed because none of us have time. I don't anyone in our fields who wake up in the morning and look out at the day and say, oh, what a beautiful day. I have too much time today. You know we don't. So we can't wait for that opportunity where we find time.

We're going to have to consciously look at our daily calendar, our weekly calendar, our monthly calendar, our set of priorities and say how will we make the time?

The second is when we add something new to our mix, we ought to be doing less of something else. And so what I encourage us all to think about is we can't just keep adding and adding and adding on.

We're going to have to realize that we're adding something new to the mix, we're going to have to say what else doesn't need to happen to make room -- both in our lives to tool up for the new - use of the new technology, but also in just the delivery of that new aspect of service.

I think we should feel okay about disrupting the way we do things and, of course, I know this is extremely a sensitive issue when we have programmatic state and Federal rules and regulations to follow, but we need to push the envelope in a prudent, yet in a rigorous way in order to really make something different happen.

If we're not going to create waves, we're probably not pushing enough. We're going to make mistakes. We're going to make huge mistakes. I have a Web site that's kind of full of examples of successes that were born on mistake after mistake after mistake. And so we need to welcome those opportunities to do that.

And then lastly, it takes time. This retooling takes time -- which is why we can't wait. It takes time to figure out what equipment we need. It takes time to get purchase orders to buy them, to re-

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itemize our budgets to afford them. And it takes time to get all of our staff up and trained and feeling festive with using new technologies.

But I think we could all agree that when we look at the young families that we're serving, when we look at the young providers in our workforce, they're - we just need to follow their lead and to support and encourage each other.

So I hope that this framing provides a useful context to the next panelists who are going to give much more focused examples of what this is looking like in your services and programs. So thanks for your time and I hope I didn't blather on too much. So thank you.

Cathy Bodkin: Thank you Larry. That was a great presentation and really gave us a lot to think about as well as some tools to use. And while we're transitioning to the next presenter, I'd like to welcome the first of our presenters and Hilary Karasz, who is a Communication Researcher from the Public Health Department of Seattle in King County in Washington State.

And she is also an affiliate assistant professor in the University of Washington Department of Public Health. She specializes in communication research, mobile health, and is a co-investigator and Project Director for a six-year CDC-funded research project investigating the use of SMS text messaging for Public Health Communications. Hilary?

Hilary Karasz: Hi there. Can you hear me?

Cathy Bodkin: Yes. We can hear you. Thank you.

Hilary Karasz: Great. Thank you so much. It's so nice to be here today. Again, I'm Hilary Karasz with Public Health - Seattle and King County. And just for those of you who don't know, it's the - it's a

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large metropolitan health department serving the 2 million residents of metropolitan Seattle and surrounding area.

And as Cathy mentioned, yes, my research has been -- over the last few years -- really looking at mobile technology and how we can use mobile technology to bridge communication gaps with our most vulnerable clients and residents.

And today I'm going to focus specifically on text messaging. Next please. So here's just a few of my objectives - just to talk about text messaging as a valuable communication channel, particularly for home visiting programs. And to provide an overview of some of the legal and security concerns associated with it.

And then to offer just a few of our best practices that come from our text messaging policy. I will also be providing our policy to Cathy to send out for you all later so you can read it in more detail. But I wanted to just hit some of the highlights of it. Next please.

So just so we're all on the same - have the same understanding, text messages, as you know, are just the short little 160 character long messages that you can send to a mobile phone. SMS is another word for text messaging. It stands for Short Message Service.

And you can send text messages from one phone to another phone. Or you can send text messages from a computer to many phones - even at the same time. Next.

So I don't have to tell you text messaging is pervasive, but it may surprise you to know that last year over 2 trillion -- that's T, trillion with a T -- text messages were sent in the US. Cell phones and texting have really saturated the market. It's something that many, many people have access to. Next.

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And, you know, it also reaches so many income and language groups -- which makes it really exciting. You know, our nurses often tell me that their clients would rather text message them than call, in part because it's a lower cost option for them. Next.

And there's something special about text messaging -- I think -- having studied for a few years. People love their phones. They love text messaging - many people I should say. You don't want to leave your home without it. You tend to read text messages as soon as they come in where as you can leave a voicemail for days. So text messaging is personal and we love it. Next please.

So just a few ways that text messaging might be used, you know, it's a low hanging fruit as appointment reminders. And there's been a lot of studies on appointment reminders and the fact - text messaging really can reduce no-shows. So that's a good use of text messaging. Next.

It can be used again with medication reminders - medication adherence. And more and more studies are coming out showing how medication reminders can improve medical - medicine adherence. Next.

And Larry really talked quite a bit about this, but I just think that text messaging has some potential here to really build connections, to improve relationships that are already being established. And here's just an example on the screen of some way - it's a simple thing, but it's the kind of thing that people appreciate and can really help build those connections with home visiting professionals. Next please.

And, of course, growing field of health promotion by text message. And I think text4baby is a program that many of you may have heard of. Next. Next please.

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text4baby is a service that's offered in English and Spanish. It's a national service that provides prenatal care information tied to the mom's due date. Next please.

So those are just a few ways that you can - that text messaging can be used. And we really got into it here at Public Health, Seattle in King County, when we wanted to remind parents whose children had gotten a flu vaccine -- about the importance of getting a second flu vaccine to be sure that they were fully covered 30 days after the first.

And so we thought, hey, let's send them a text message reminder. You know, parents really - parents did, in fact, really like this service, but it was tough getting to a message that everybody could agree on.

So this is the first one that we came up with. It's been 30 days since your child got their flu shot at the health clinic. Here's your reminder to get them a second dose of vaccine. Call your doctor or pharmacy for an appointment today.

Now in communications where we made this - designed this program -- we thought hey, this is good. This is clear. This is simple. This gets the information. This is good to go. Unfortunately we - well, not unfortunately, fortunately we talked to our compliance folks and they said, nope, this isn't going to work. This has got protected health information in it. It's PHI. You really can't send that. It's not permitted.

So we took a step back and really did some investigation to better understand some of the security and legal issues associated with text messaging. And I want to just hit some of the highlights now.

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Essentially, you know, the security concerns with texting fall into the security rule portion of the HIPAA law. And they have to do with the fact that text messages are not encryptable. And because you can't encrypt text messages, at least not easily, there's a risk for an unintended recipient - an unauthorized recipient seeing your message.

In other words, a PHI breach. Now that kind of breach can happen on a bunch of different levels. It can happen at the sender level, for example. Say you're a public health nurse and you next your clients and then, you know, you leave your phone somewhere. Someone grabs the phone, looks through your phone and sees messages you've sent to clients. That's a breach if you've sent PHI.

Or, you know, it could happen at the telecommunications carrier level where - say an employee with AT&T and Verizon intercept your messages and read them. Unlikely, but it could happen.

Or at the recipient level where someone looks at your client's phone and reads their text. So those are all risks. And if you've included PHI in your text message, you could have a problem. But there are ways to reduce risk. There's things that you can do around education and proper management of IT assets and things like that that you can do to really minimize risk.

And I want to talk to you about a couple of those. But I do want to send home that, you know, there's no way - like any communications channel there's - text messaging is not a 100% secure. It's only a question of mitigating and reducing risk. Next please.

So, you know, our staff wanted to use text messaging. We know it can't be encryptable, text messages can't be encrypted. So we wanted to figure out a policy that would stretch the boundaries so folks could do as much with the technology as possible without getting us into a danger zone.

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So our policy essentially starts with don't send PHI. And to kind of assure that that happens - that doesn't happen, we start with having staff review plans with our communications unit.

It requires the use of county owned phones so that -- as with all IT assets -- county owned phones are protected and managed appropriately. We want to do anything we can do to assure that just the right person receives the text message and it doesn't go to the wrong person. So what we don't want staff to do is plug in phone numbers every time they text because that really opens the door for entering the wrong number into the phone.

So we ask staff to keep an address book with first, but not last names, of their clients. Voice mail; voice mail comes out because a person who -- follow me here -- a person who has intercepted a text message could call back to see who that message is from.

And we don't - if you don't pick up, we don't want your voice mail to indicated in anyway the kind of healthcare that you're providing to your client. So, for example, if our STD Program texted the clients reminding them about an appointment and someone other than the intended recipient got that message and called back, we don't want the voice mail saying this is the STD clinic.

So we've advised the STD program to say this is the Health Department - this is the Public Health Clinic or this is the clinic at Harbor View -- or hospital -- or something to that effect. No specific healthcare information has been given away.

And similarly with our Nurse Family Partnership Program, we don't want to use those words, nurse family partnership. We just prefer to use - to have staff use the Health Department or the Health Clinic.

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We require clients read and be informed about the - about text messaging and that in can cost money, that they need to password protect their phone, etcetera. We provide -- in our policy -- specific examples of permissible texts so that it's really clear to staff who are learning about what is okay and what is not.

And then importantly, we provide an exception to this policy. And that is in case of examples of where staff think it's really critical to text PHI. Then we have a way for them to make their argument and get that approved through leadership.

I want to give one example. Again, using the STD clinic, sometimes there's a very good public health reason that staff would want to text a high risk client about it's time to make a HIV test appointment, for example.

We would control how that's done, of course, to minimize risk, but we do have an exception permissible opportunity. And then, of course, training is essential. So next please. Next.

All right. So that's it. That was a breeze through text messaging. And it's real simple summary. Just use it. Your clients are. But set up expectations first and create and train to a policy. And if you could switch to the last slide.

I have a lot of information on - about the kinds of - about our policy and other things having to do with text messaging on our Web site there, [kingcounty.gov/health/texting](http://kingcounty.gov/health/texting). My email address and phone number and I welcome you to give me a call and talk your - if you have questions to get in touch.

So thanks so much for the opportunity to talk to you about text messaging today.

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Cathy Bodkin: Thank you very much Hilary. And we know that you breezed through this in record time and we know there was a lot more work going on all those months and meetings as you were developing the policy. And so I'm sorry that we have such a short time, but I'm glad that we'll be able to share some resources with everyone as we follow-up on the Webinar. We have your policy.

I'm next going to introduce the second of our panelists who is Heidi Riobal, a Training Development Consultant and member of the Home Visiting Professional Development Team at the Center for Development and Disability at the University of New Mexico. She's a former director of Three Tribal Head Start Programs and has managed several programs for children and families including Building Blocks, the Home Visiting Program, a health education program through Saint Joseph's Community Health, and she was an adjunct professor for early childhood multicultural education for the University of New Mexico in Central New Mexico Community College. She recently was invited to be a mentor with the Brazelton Touchpoint Center in the American Indian Early Childhood Community Leadership Program.

So thank you Heidi for joining us and we look forward to hearing your use of technology.

Heidi Riobal: Hi. Thanks for having me. And everyone, thanks for sticking with us to the end. This will be short and sweet. And I'm here to share some stories about how our team uses distance technology in the field in our Year 1 of our brave foray into distance technology. Next slide please.

I work for the Center for Development and Disability -- which is part of the Health Sciences Center at the University of New Mexico. And I'll be sharing some stories in the field of how our team uses distance technology to support home visiting from across the state. Next.

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Our story begins with our state -- which is the sixth largest state in America. We began using distance technology as the response to the great distances between rural and underserved areas and the populous cities as a matter of necessity to provide cost effective strategies to support the ever growing field of home visiting.

Rural communities are quite resourceful in connecting members to each other. And in one community I worked, used the local radio station to broadcast parent education in the tribes' native languages.

New Mexico already established a system of home visiting support based on relationship based practices that values connections, reflections, and interactions. This system holds this community of providers and support systems across the great distances.

If you look at this slide, the blue star in the middle indicates Albuquerque, the state's largest city. The yellow stars to the right is Tucumcari -- which is about a three our drive from Albuquerque. The star right next to the blue is the South Valley. We don't use distance technology there because it doesn't make sense.

This star on the far left is Gallup, which is a two and a half hour drive. And all the way at the bottom, a yellow star is right on the border of Mexico and New Mexico. That's Luna County -- which is about a four hour drive. Next please.

EC ECHO is Early Childhood Extended Community Healthcare Outcomes. This home visiting program model was modeled after an evidence based program already successfully in use called Project ECHO.

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The mission of Project ECHO is to improve access to primary and specialty care for underserved and rural areas and to develop the capacity to effectively treat and monitor outcomes of chronic diseases.

The Web site for Project ECHO is on the slide. And EC ECHO Home Visiting provides TA reflective supervision and capacity building via distance technology. Next please.

And so you may ask what is distance technology? Dr. Edelman stated that technology is anything someone invented. So we're using many inventions that eliminate traditional walls and boundaries so that real live face to face interactions are possible and cost effective.

Technological advances have created a paradigm shift in education and the definition of distance technology is expanding to include emerging technology as well. We use Skype, which is a communication software that allows text, audio and video conversations in real time at no charge with people all over the world.

Adobe Connect is another model we use. It's a Web conferencing platform for purchase that enables document sharing, presentations, Webinars, in up to six remote sites to connect via audio and video capabilities.

Online training -- which Larry mentioned -- to create context is used and distance learners can participate at their convenience. We also use teleconferencing calls -- which is voice only -- as a backup or as an add alone.

Hilary mentioned texting -- which we also use in our world of home visiting many times to respond to crisis after hours of home visitors and their families.

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And finally, emerging technology. One of the platforms we use is Zoom. And it is HIPPA compliant. It is encrypted. And it is a video based platform available in high technology. And who know what's next? Emerging technology could result in maybe Star Trek teleporting. Next.

We've established some strategies to promote authentic foundations of relationship based practices. So these strategies have been used with much success. We've established initial face to face contact with agency leads, staff, and community stakeholders.

In our experience, this is a foundational piece necessary for successful future telecommunications. We drove them long distances and initiated personal contacts. We also provide ongoing opportunities for programs to gather at a central location for quarterly meetings, annual trainings, and conference opportunities.

Another strategy is to promote intentional and authentic interactions. Once initial meetings were held, we began to build a sense of trust and support. One program -- for example -- completed the online learning modules and met as a group to discuss.

I provided onsite guided discuss to the continuity questions and a member of Home Visiting Professional Development Team with clinical experience Skyped in during the dialog.

During the dialog a home visitor brought up a secondary trauma she had experienced during a recent home visit. And the clinician who was Skyping in was able to provide on the spot support for the program and the home visitor. This made a huge impact on the program.

These people had not yet met, and yet felt a sense of connection to him -- which was evident the first time they did meet in person. The clinician was positioned in a perfect spot that he appeared to be sitting right at the table with us.

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He appeared so lifelike in so many ways that everyone immediately connected to him through the monitor and mentioned how authentic and helpful this interaction was. Another strategy we used is to provide support and building integrated systems and services.

This support is available through weekly telecommunications meetings, phone calls and email communications, and through monthly reflective consultation calls, interactive training Web sites, and the resource very unique to New Mexico called ENLACE which means linked in Spanish.

The idea is to link together systems of support as part of the parallel process. For example, a program needed a response team regarding a child in protective custody. So the state manager and a member of the professional development team participated in a conference call with this program and provided crisis management and connected the team with an infant mental team to provide continue support and guidance.

There was a follow-up on video conferencing a few days after and the program commented that they felt very supported even though they were almost 300 miles away. Next please.

The fourth strategy I'll talk about is engaging a reflective practice. We provide ongoing opportunities for managers to model relationship based service delivery to explore personal filters, related experiences, implications of intervention, and to deepen the understanding of contextual forces that affect our work and home visiting.

Core principles of reflective practice include regularity, collaboration, and reflection. These are supported by face to face contact and distance technology. These principles deepen over time and are supported during each teleconferencing event, each phone call, each text, and each personal contact.

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The fifth strategy we utilize is a mixture of distance technology. And it depends on the capacity and the need. First, we identify the technology infrastructure, necessary equipment, end gaps, personal know how, and IT support. We develop a plan for comfortable use of the technology and practice, practice, practice.

We are becoming better at using several technologies simultaneously by remaining ever curious. For example, during one Skype event the audio wasn't working, but the video portion was working fine. So we picked up the phone and facing the Webcam and talked on the phone while we were Skyping. It was just as good as real time.

With each new challenge came new opportunities for growth. For example, we created a technology infrastructure assessment tool to make sure all the necessary equipment, technology, and support was in place. We were all set for lift off and then we experienced a, "Houston we have problem" problem.

A new laptop for the manager did not have a Webcam. So the manager had to run out and purchase one. Distance technology provides opportunities to engage in parallel processes as we become distance technology learners and users to increase capacity and confidence in home visitors in anticipation of next steps -- which could be virtual home visits.

Some considerations for using distance technology is to build capacity to become familiar with technology and be able to problem solve, always have a backup plan and be aware of who supports IT in rural communities. For example, I received a call one day and the caller identified himself as being with the county sheriff's office.

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Just as I began to panic he laughed and said, oh, I'm the IT guy too. I could hear the program manager laughing in the background and we still joke about it - was a classic example of the many, many hats we all wear -- especially in underserved and rural communities. Next please.

In conclusion, we like to talk about our next steps. Our next steps would be to explore new frontiers such as virtual home visits. And the picture of this slide is a traditional Hogan -- which you commonly see in the Navajo Nation in the very far frontier rural corners of New Mexico.

They are very isolated communities, poor roads, and harsh winter weather. Our solution is to create a technology package with remote access capabilities and audio video access that families and home visitors will be able to utilize when the weather is harsh.

Stay tuned. You never know what will happen in the world of technology.

Cathy Bodkin: Thank you Heidi that was great. That really was so practical and experienced with what you've done. Thank you so much. So now we have time for just a couple questions. We don't have as much time as we often have on these Webinars, but we want to provide some time. Christy, do we have some questions from our participants.

Christy Stanton Yes. Thank you. One of the questions that came in related to something you had mentioned, Dr. Edelman, in your presentation -- which is about does technology really shorten the time that workers spend on doing work? Does work actually get streamlined?

And the question was about what sorts of data or metrics are being collected to demonstrate the gains of using different technologies? I wonder if anybody might have a comment on what types of things you might be using.

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Larry Edelman: This is Larry. Are you able to hear me?

Cathy Bodkin: Yes.

Christy Stanton Yes.

Larry Edelman: Yes. One of the things that I've seen programs really look to do is to try to condense long paperwork trails. An example is I'm working with a program that found that a home visitor is generating some planning documents and some paperwork documents needing to take them back to their office, needing to get them typed up, getting printed up, and then take them back to a family's house -- which could be a week or two later -- and then taking them back and then shipping them off to someone else.

And what they're finding -- and what they're working on right now -- this is new for them -- is they're looking at what they could do with digital signatures on tablets and internet connectivity at family's homes and using voice to text dictation to try to cut down the time of paperwork trails.

And some of the required, you know, the requirements of systems to enroll families. And what they're saying is if they could cut that time, what they're going to be doing is streamlining, less paperwork for their providers. And also, quicker access to services for their families.

And so what the metrics they're looking at is can we get some paperwork done, both in a shortened duration. But also can we take fewer hours of office time.

Christy Stanton Great. Thank you. And Cathy, I think we have time for one more question. And I'll direct this to, perhaps, Heidi or Hilary. How have you seen the use of technology for parenting support

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received by various cultural, ethnic, linguistic, or age groups? And certainly, Dr. Edelman you can weigh in too.

But to start, maybe Heidi or Hilary, if either of you have a comment on this.

Heidi Riobal: This is Heidi and I can talk a little bit about what we've experienced with some of the Native American tribes. We're still exploring that area. Some of the cultures and communities we work with do not want their pictures taken or to have any kind of image recorded on video. And so we're looking at that with a great deal of sensitivity.

Other options we have could include, like, safety or risk issues. For example, if we videotape a mother and a baby and a parent interaction, we could videotape it on the spot, show it back to the mother for some interaction or from some feedback. And then immediately erase or delete that video.

So we're using it as a teaching tool, but we're not capturing it or saving it in any kind of permanent manner.

Hilary Karasz: This is Hilary. If I could just add to that very quickly. With respect to diversity and people using this texting technology in any case, we found that it's widely used by a variety of language groups, ethnic groups, etcetera. We did some survey work at our refugee clinic -- which is a little bit different audience probably than the home visiting audience.

But we find that even amongst new refugees, text messaging was a vital form of communication for them and they wanted to hear from the Health Department via text message.

Cathy Bodkin: Terrific.

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Christy Stanton Dr. Edelman, anything to add?

Larry Edelman: Well, I just wanted to chime in two things. First of all, it's Larry and Mr. Edelman, not Dr. Edelman because I am associated with the medical school some people assume the doctor, but it's Larry.

Christy Stanton Oh, thank you.

Larry Edelman: I wanted to give a caution. And here's the caution. There are many, many, many new apps being offered every day for doing two things. One is voice to translations, so you could actually speak English and then chose a language for that to be translated into and your device will play it back.

Or you can type text and will automatically translate it into many languages. One example that you could all try on the Web is Google Translate. The risk is this, they're not tremendously accurate right now. I look at some of these translation apps like I look at video conferencing. It was a promise in 1964 and now we're using it every day successfully.

Some of these translation apps are really in their infancy and they have a long ways to go. So I just wanted to mention that that is a resource for us, but we have to be guarded about the accuracy.

Christy Stanton Thank you.

Cathy Bodkin: Yes. Thank you. That's a very good point. And this is Cathy. I think we're, unfortunately, going to have to end the question period. But we will follow up with any questions that were

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submitted and talk with our presenters and they will appear in the TACC newsletter. And we'll have follow-up on a number of aspects of this Webinar.

There are a lot of applications that are rolling out in all kinds of health promotion and other assistance for work projects. And along with Larry I would say to really be careful about implementing programs and tracking them to really have a plan for measuring what's going on to follow-up on that last question.

Really have some ways you're going to measure it and track it and see whether it does do things faster, better, cheaper, or reaches the populations in the way that they appreciate and builds that relationship.

So thank you very much to our presenters who were terrific and really gave us a lot to think about. And just wanted to mention that our next MIECHV TACC Webinar will be January 21st. You'll be receiving information about the January Webinar as well as ones going into the rest of the quarter in 2014 and the topics that will be covered by those.

The MIECHV newsletter comes to you electronically and also you can reach us - if you'd like - if you're not getting it you can get it. There's also a link here for you to send in that you want to be part of the newsletter.

And then you can go to the HRSA Web site for home visiting and there you will find that - a number of materials on home visiting and the different partners and collaborators that are working on the MIECHV Project through HRSA, but also you will be able to see the archived Webinars and hear them.

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So we hope that this has been a useful presentation to you and we really look forward to hearing what you do with this information, hoping that you'll keep us abreast of how maybe you started to look at things differently in terms of policies or practices and just maybe adapted ideas that you heard today from either Larry, Hilary, or Heidi.

So thank you very much and we hope you have a good day.

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