MIECHV Issue Brief on Family Enrollment and Engagement

The Promise of MIECHV

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supports parents of young children to provide optimal early learning environments, nurturing relationships, and healthy family functioning that, in turn, promote children's physical, social-emotional, and cognitive development. As an unprecedented national expansion of home visiting, MIECHV provides target populations with access to evidence-based programs with the goal of making improvements in six benchmark areas (see insert). Fulfilling the promise of MIECHV, however, relies on attracting and enrolling target populations and sustaining family engagement over time.

Target Populations	Benchmark Areas
• Families in at-risk communities • Low-income families • Pregnant women under age 21 • Families with a history of child abuse • Families with potential substance abuse • Families with smokers in the home • Families with children demonstrating low achievement • Families with children who have developmental delays • Families who have served or serve in the armed forces	• Improvement in maternal and newborn health • Reduction in child injuries, abuse, and neglect • Improved school readiness and achievement • Reduction in crime or domestic violence • Improved family economic self-sufficiency • Improved coordination and referral for other community resources and supports

Statement of the Issue

From the outset, the field of home visiting has struggled to enroll target populations and achieve levels of family engagement prescribed by program models. Research on home visiting indicates that families generally receive 50% of visits expected by the program model (range of 38%–56%) with many families (range of 20%–80%) dropping out of programming early.[1] The challenge of sustaining family engagement in home visiting programs is even more pronounced when evidence-based

programs are replicated outside of original efficacy trials.[2] Replication sites for the Nurse-Family Partnership (NFP), for example, had significantly higher attrition rates (60%–70%) as compared to their original efficacy trials (30%).[3]

Overcoming the challenge of enrolling hard-to-reach target populations and sustaining family engagement influences the desired outcomes of home visiting. Hard-to-reach populations—typically defined as those who are reluctant to engage in services—often demonstrate higher rates of engagement once enrolled in program services,[4] and engagement rates predict a range of positive child and family outcomes,[5] including outcomes in MIECHV benchmark areas such as: positive child cognitive outcomes, higher child immunization rates, reduced child injuries, and positive changes in maternal behavior.[6] While a threshold for the frequency and length of services necessary to achieve positive child and family outcomes is lacking, meta-analysis suggests that programs lasting at least 1 year with an average of four or more visits in a month are more likely to demonstrate positive child and family outcomes.[7]

Defining the Terms

Several terms are commonly used to discuss enrollment and engagement, including:
- **Capacity:** The number of families that a home visiting program has agreed to serve
- **Enrollment:** Percent of total funded service capacity used, calculated by dividing the number of currently enrolled families by the maximum number of families that programs agreed to serve
- **Retention:** Proportion of families who remain enrolled at various post-enrollment time points, generally reported relative to intended enrollment length
- **Attrition:** Proportion of families who leave program prior to completing intended enrollment length

Measuring Enrollment and Engagement

As MIECHV programs mature, an opportunity for program enhancement includes use of finer grained measures of enrollment and engagement that can inform Continuous Quality Improvement efforts and provide deeper understandings of enrollment and engagement.

Currently, a common measure of *enrollment* is the percentage of service capacity used. This measure mixes multiple points on a complex continuum of family engagement, making it difficult to infer whether lower than expected numbers are indicative of an inadequate recruitment system, a struggle to enroll participants, difficultly retaining participants, or intentional program decisions to maintain lower than expected caseloads. More refined and timely estimates of enrollment include the percentage of participants who either accept or refuse services and the percentage of participants who then enroll and receive a home visit.[8]

Common measures of *family engagement* include: the frequency or number of home visits received, length of program enrollment, and the amount of services received relative to the intended amount of services.[9] Despite surface commonalities in definitions of engagement and retention, actual estimates

of engagement vary by model-specific definitions of what constitutes a completed home visit and policies for keeping families on caseloads when they are no longer receiving services.[10] This makes it difficult to determine the accuracy of engagement estimates and limits the ability to compare estimates across program models. Additionally, common measures of engagement are historical and attend to structural aspects of how engaged families were with home visiting programs, rather than documenting the extent of family engagement during actual service delivery. Less common and timelier measures of engagement include: the nature and extent of family engagement during individual home visits, whether and how families make use of program services in between home visits, and interim family and child outcomes. Use of timelier measures may help programs take action and adjust practices to improve engagement before the intervention window closes.

Typical Levels of Enrollment and Engagement

While a majority of eligible families accept services, there is considerable variability among available estimates, with up to a quarter of families refusing services and many home visitors carrying lower than expected caseloads.[11]

Enrollment Estimates. Estimates of enrollment include: (1) the number of families who refuse services, (2) the number who accept services and receive one home visit (i.e., enroll), and (3) home visitor caseloads. Most refusal estimates range between 10% and 25%.[12] Similar refusal rates are found in other programs serving families with young children, such as interventions for families of children with chronic illness and treatment programs for mothers with postnatal depression.[13] Distinctions between active refusals (families who directly refuse) and passive refusals (families who initially accept services and are subsequently unavailable) indicate 8% to 20% active refusals and 12% to 22% passive refusals.[14] A majority of eligible families (between 56% and 97%) eventually enroll and receive at least one home visit.[15] However, families who accept services may not actually follow through and receive a home visit, an estimate that often goes unreported. Lower than expected caseloads were common across all program models included in the Evidence-Based Home Visiting (EBHV) initiative, with 42%–92% of home visitors carrying lower than expected caseloads.[16]

Engagement Estimates. Across multiple program models, families typically receive an average of 50% of intended home visits and approximately half of families leave programming before completing the intended program enrollment length.[17] Many families (average of 45%) leave programming within the first 12 months of enrollment,[18] with some models indicating that up to 22% of families enroll and receive no home visits, or only one or two home visits (26% of participants).[19] Families in the EBHV initiative were enrolled in program models for an average of 9 months and received an average of two visits per month.[20] In terms of variation across program models, EBHV found significant variations in retention across the five implemented program models, with higher retention rates among long-term versus short-term program models (fewer participants remained enrolled in SafeCare or Triple P at 6 or 12 months) and the strongest retention rates in Healthy Families America, followed by Parents as Teachers and NFP.[21] EBHV did not find significant variations across program models in the number of home visits families completed.[22]

Existing Research: Influential Factors

Research suggests that multiple factors influence family enrollment and engagement.[23] Key research findings for influential participant, program, and community characteristics—organized by characteristics that present challenges to and promote enrollment and engagement—are summarized below.

Participant Characteristics

Characteristics Associated With Lower Enrollment and Engagement

- Participants with limited education, fewer informal social supports, or those expecting a residential move are less likely to accept program services.[24]

- Participants with higher levels of depression, less parenting confidence, discomfort with individuals in the home, or whose families do not approve of home visiting are less likely to enroll.[25]

- Racial and ethnic minority participants typically receive fewer home visits and have shorter enrollment lengths than White participants,[26] although some studies of Healthy Families America found more frequent visits and longer enrollment lengths among African American and Hispanic participants.[27]

- Younger, more economically disadvantaged, unmarried participants tend to leave programs earlier,[28] although some studies suggest that younger mothers remain enrolled longer than older participants.[29]

- Home visitors report that families with multiple children in the home and families with limited English language proficiency often struggle to consistently engage in program services.[30]

- Families with poor mental health who experience frequent small crises receive fewer home visits.[31]

- Compared to participants with fewer demographic risk factors, participants with more demographic risk factors are less likely to remain enrolled after 6–12 months.[32]

Characteristics Associated With Higher Enrollment and Engagement

- Infant biological risk and participant perception of greater child risk relate to greater program acceptance.[33]

- Teenage mothers with limited education, those reporting higher family risk scores, or those with greater concerns for themselves or other family members are more likely to enroll.[34]

- Involvement of additional family or household members in programming is typically related to higher participant engagement and retention.[35]

- Participants with healthy relationship histories and secure attachment are more open to developing relationships with home visitors and accept a greater number of services.[36]

- Families who experience a major crisis or those with consistently high levels of family stress remain enrolled in programs longer and go through periods of intensive home visits.[37]

Program Characteristics

Characteristics Associated With Lower Enrollment and Engagement
- Staff turnover influences current home visitor caseloads. New staff can take up to 6 months to build caseloads, which is often recommended by program models.[38]

- If programs feel that prescribed caseloads are too high, they may intentionally carry lower caseloads with the intent of maintaining program quality.[39]

- Participants may lose interest in program services if required to go through a lengthy referral and enrollment process or if asked to reveal personal information on initial paperwork or assessments.[40]

- Staff turnover contributes to participant dropout rates. In the NFP, nurse turnover rate was associated with a large relative risk of participants dropping out.[41] Prior studies of Early Head Start found that only 55% of families had the same home visitor 26 months after enrollment.[42]

- Participants receiving home visits that are shorter, more focused on staff-parent issues (as opposed to child development issues), or that are more chaotic and disruptive are more likely to drop out.[43]

Characteristics Associated With Higher Enrollment and Engagement
- Participants are twice as likely to accept services when assessed for program eligibility in person rather than by telephone.[44]

- Although not empirically studied, researchers suggest that universal versus targeted program enrollment improves program acceptance by removing stigma associated with program participation.[45]

- Higher quality home visitor participant relationships account for 21% of the variance in the number of completed home visits.[46] Qualitative research highlights the importance of home visitors (1) empathizing with families, (2) developing sincere friendships, (3) demonstrating care, (4) following through on promises, and (5) being available during times of crisis as strategies for developing quality relationships.[47]

- Families tend to complete more home visits if their home visitor has a similar background or comes from the same culture.[48]

- Use of motivational interviewing, techniques to collaborate with participants, and program flexibility to meet individual participant needs predicts higher program retention rates.[49]

- Enrolling participants prenatally is associated with higher acceptance rates, longer enrollment lengths, and completion of more home visits.[50]

- More experienced home visitors tend to have participants who complete more home visits.[51]

- Higher ratings of participant engagement during individual home visits relates to a 51%–68% decrease in the likelihood of participants dropping out of programming.[52]

- Home visitors with lower caseloads and more supervision tend to have participants who complete more home visits and are enrolled longer.[53] The probability of a participant remaining enrolled for at least 1 year increased by 79% for every 1-hour increase in the amount of monthly individual supervision her home visitor received.[54]

- Use of culturally modified programming relates to higher retention rates among subgroups of participants.[55]

Community Characteristics

- Participants living in especially distressed and chaotic communities are less likely to accept and enroll in program services.[56] Families living in communities characterized by high rates of violence and disorganization are more likely to drop out.[57] Every one-unit increase in community violence relates to a 14% decrease in the probability of a participant remaining enrolled in programming for 1 year.[58]
- Community capacity in the form of a well-trained and qualified workforce and community service agencies is necessary for programs to operate at service capacity.[59]
- Local leaders, program champions, and alignment with trusted community organizations bolsters participant trust and program acceptance.[60]

What Do These Findings Mean for MIECHV?

Enrolling and engaging MIECHV target populations is a challenging yet promising endeavor. In some instances, participant characteristics associated with lower enrollment and engagement are the same characteristics targeted by MIECHV programs. Additional challenges come in the form of community characteristics within at-risk and underserved communities, which are historically more difficult to penetrate. However, some participant characteristics targeted by MIECHV are associated with greater program acceptance and engagement. There are also many program and community factors—some of which are addressed in current quality improvement efforts and program enhancements associated with MIECHV—that promote family enrollment and engagement. Although a challenge, enrolling and engaging hard-to-reach populations is a worthwhile endeavor in light of research findings that hard-to-reach populations often demonstrate higher rates of engagement once enrolled in program services, and higher engagement translates to more robust child and family outcomes.[61]

Promising Practices

Attracting target populations and sustaining family engagement is a clear challenge for the field of home visiting. However, research and consensus within the field has identified several promising practices. A selection of these promising practices is summarized below.

Align Recruitment Efforts With Family Dispositions and Motivations. Drawing from research, programs must consider underlying participant dispositions, beliefs, and motivations when designing outreach and recruitment efforts. Likewise, state and national messaging must consider perceptions of home visiting and tailor messaging to overcome potential misconceptions or stigmas associated with program participation.

Practice Intentional Referral and Enrollment Processes. A close look at referral and enrollment processes is necessary to assure ease of program access, early development of quality relationships, respect for participant privacy, and awareness of participant life transitions. Families are less likely to accept and enroll in services if referral and enrollment processes are lengthy or require families to divulge personal information before forming quality relationships with home visitors or fully understanding the purpose and intent of program services.

Develop Well-Informed Estimates of Service Capacity. Readiness assessments of community capacity and service infrastructures are necessary for accurate estimates of service capacity. This includes assessments of qualified workforces to staff programs, service infrastructures for initial and ongoing staff training and supervision, and community capacities to support programs through supplemental services and community collaborations.

Focus on Building Quality Home Visitor-Family Relationships. Often considered the "heart" of home visiting, quality home visitor-family relationships are critical for sustaining family engagement.[62] Although there is a lack of empirical research on specific strategies for facilitating positive relationships, qualitative research and consensus within the field highlight the importance of several home visitor qualities, including: (1) conscientiousness, (2) availability during times of crisis, (3) empathy, (4) acceptance and sociability, (5) ability to balance multiple roles, and (6) ability to understand parent values and motivation.[63]

Assess and Identify Family Needs at Enrollment. Early assessment and identification of family needs and motivations for program participation is one avenue for promoting engagement when replicating evidence-based program models across diverse locales and participants. In a quasi-experimental intervention, the NFP found that families whose nurse home visitors received training in motivational interviewing—which includes clarifying participant values and goals—completed significantly more home visits.[64]

Allow for Program Flexibility. Several studies demonstrate the benefit of maintaining key program elements while also adapting programs to family or local contexts.[65] For example, interventions in school-based settings found increased participation when implementing culturally modified versions of the program curriculum as compared to strict adherence to an original program curriculum.[66] The NFP stresses the importance of balancing program fidelity with local adaptation, finding higher retention rates and completion of more home visits in programs when nurse home visitors allowed participants to determine their own home visit schedules and engaged in joint planning of home visit content while also adhering to key NFP program components.[67]

Provide Staff Training. Targeted staff training, professional development, and supervision relates to participant engagement and retention. Studies indicate that more hours of monthly individual home visitor supervision significantly predicts higher participant retention rates.[68] Supervision is especially important for home visitors working with at-risk families, who often require the expertise beyond the credentials of a single home visitor to assure the necessary breadth and depth of services are provided. Supervision also prevents home visitor burnout by providing practical support and guidance to home visitors on working with, engaging, and retaining at-risk families.[70]

Develop Early Warning Systems. An important component of preventing program dropout is identifying families most at risk of dropping out and implementing targeted approaches to keep families enrolled. Several factors contribute to drop out; however, some factors are especially powerful predictors—and are factors that programs can alter. For example, measures of how engaged participants are during home visits significantly predicts dropout.[71] A one-point increase in home visitor global ratings of participant engagement during home visits decreases the likelihood of dropping out by 68%.[72] Other potentially powerful predictors include: (1) the quality of home visitor-family relationships, (2) provision of cohesive and organized home visits, (3) involvement of other family or household members, (4) number of unsuccessful home visit attempts, and (5) the duration between completed home visits.[73]

Recommendations

Existing promising practices are one step toward overcoming enrollment and engagement challenges. Additional recommendations to address challenges within the context of MIECHV are summarized below.

Collect Precise Measures of the Referral and Enrollment Process. To provide accurate and actionable data, collect the following measures of enrollment:

1) Eligible Participants: number of eligible, referred participants;
2) Refusals: number of eligible, referred participants who refuse services;
3) Acceptance: number of eligible, referred participants who accept services; and
4) Enrollment: number of eligible, referred participants accepting services and who receive one home visit.

These measures provide data that allow programs to take action early on and address enrollment challenges at key points of the referral and enrollment process.

Support Collection and Ongoing Monitoring of Enrollment Data. Implementing agencies need training and support to collect accurate enrollment data and use data to monitor the efficacy of outreach and enrollment strategies for reaching MIECHV target populations. Grantees differ in the infrastructure necessary to provide this level of support and may need to call on national program model developers or additional MIECHV resources, such as the Design Options for Home Visiting Evaluation (DOHVE) or the MIECHV Technical Assistance Coordinating Center (TACC), for additional support. Opportunities for peer collaboration among MIECHV grantees *and* local implementing agencies are another potential source of support.

Consider How MIECHV Affects Enrollment. Qualitative research to better understand enrollment in the context of MIECHV is necessary. In some aspects, MIECHV is a departure from prior referral and enrollment strategies. Centralized intake systems alter participant experiences of referral and enrollment in unknown ways and potentially affect initial relationship building and the ability for programs to complete the in-person assessments of eligibility that relate to higher enrollment rates.[74] MIECHV requirements can also affect ease of program access by asking participants to reveal personal or confidential information on initial paperwork or assessments.

Analyze Existing MIECHV Enrollment Data. Analysis of existing Discretionary Grant Information System (DGIS) data can be used to identify: (1) variations in enrollment numbers by program and community factors, (2) MIECHV target populations that are particularly hard to reach, (3) areas of strength, and (4) promising practices. The Home Visiting Research Network and the Home Visiting Applied Research Network can also make a concerted effort to promote research focused on enrollment *processes* that go beyond simply listing factors that influence enrollment and offer useful insights on the reason behind influential factors.

Recognize Home Visiting as a State- and Community-Level Initiative. To build sufficient awareness and acceptance of home visiting, state and community readiness assessments must be completed *well before* program implementation. Readiness assessments can inform the development of grantee plans to build community capacity, establish community collaborations, and build state infrastructures that are necessary for successful program implementation.

Provide Standard Measures and Definitions to Track Engagement and Retention. Collaboration among national program models and the Health Resources and Services Administration leadership to develop standard definitions of completed home visits and standard policies for how long participants remain on caseloads before discharge for nonparticipation would offer a more accurate picture of engagement. As discussed, variations in definitions and policies across program models make it difficult to accurately assess and compare engagement. Programs should also track whether home visits are being scheduled at the level prescribed by respective program models. The EBHV initiative found that, while less than 25% of participants received the intended frequency of visits, 82% of scheduled visits were actually completed, suggesting that home visitors were not scheduling visits at the level prescribed by the program model.[75] MIECHV may also consider establishing standard benchmarks for engagement in light of typical levels of family engagement in home visiting.

Develop an Early Warning System to Prevent Attrition. Programs should track early indicators of drop out and implement targeted interventions with families most at risk of dropping out. Possible early indicators include: the nature and amount of participant engagement during home visits, extent of cohesive and organized home visits, time between completed home visits, and whether additional family and/or household members are involved in programming. Systematic collection of these data supports early warning systems that can be adapted to local contexts to prevent program drop out and can be analyzed over time to better understand process variables that promote engagement.

Provide Targeted Staff Training, Supervision, and Professional Development. All home visitors should have access to a minimum of monthly supervision sessions with targeted attention to issues of family engagement beyond mere completion of intended home visits. In addition to supervision, home visitors need targeted training and professional development to promote engagement during home visits. Some research suggests that specific home visitor strategies and home visit content relate to higher levels of engagement during home visits. For example, ratings of engagement tend to be higher when home visits have a greater focus on parent-child interactions[76] and when home visitors discuss child development information using strategies that involve parents in direct interactions with their child rather than through conversation alone.[77] Programs have also seen increased engagement and retention when home visitors receive training on motivational interviewing and strategies for jointly planning home visit content with families.[78]

Consider How to Balance Fidelity with Adaptation. Participants are more likely to drop out of programs if they feel a program doesn't address their needs or values.[79] Approximately 79% of participants who dropped out of home visiting indicated that home visitors didn't help them with things they needed, and 45% indicated that friends or family gave them advice that conflicted with advice they received from their home visitor.[80] To effectively engage and retain participants, programs need to adapt programming—including frequency of visits—to meet individual family needs while also adhering to key aspects of program fidelity.[81] The importance of collaborating with participants and individualizing services, a key tenet and benefit of home visiting as a service delivery strategy, should not be lost to a focus on strict adherence to identified program models.[82]

Analyze Existing Data to Provide Individualized Services. MIECHV offers a unique opportunity to learn about sustaining engagement during program replication. Existing data should be analyzed to assess variations in engagement across populations and program models. Certain program models may be more attractive to and better suited for particular populations and more efficacious for particular participants. Identifying patterns of participant responsiveness can provide the offer of more targeted services according to participant or community characteristics. Additionally, systematic

collection of program implementation data in conjunction with data on participant engagement can help identify variations in engagement according to more dynamic process variables that programs actually exercise control over and can act on to improve family engagement.

Summary

Family enrollment and engagement in home visiting is a dynamic process influenced by factors at multiple levels, including participant, program, and community characteristics. Research shows that engaging and enrolling target MIECHV populations is a challenging yet promising endeavor. Likewise, the challenge of sustaining family engagement is more pronounced when replicating and disseminating program models on a larger scale,[83] as done in MIECHV.[84] Collecting more precise, standard, and proactive measures can help overcome these challenges and enhance MIECHV programs. Additionally, targeted home visitor training, supervision, and professional development support the implementation of strategies associated with higher levels of enrollment and engagement. Lastly, analyzing existing data in the context of MIECHV with a focus on practical and applicable research findings can inform the promotion of family enrollment and engagement.

[1] D. S. Gomby, P. L. Culross, and R. E. Behrman, "Home Visiting: Recent Program Evaluations – Analysis and Recommendations." *Future of Children* 9, no. 1 (1999): 4–26.

[2] E. M. Ingoldsby, "Review of Interventions to Improve Family Engagement and Retention in Parent and Child Mental Health Programs." *Journal of Child and Family Studies* 19, no. 5 (2010).

[3] Ibid.

[4] D. Daro, K. McCurdy, and C. Nelson, *Engaging and Retaining Participants in Voluntary New Parent Support Programs.* Chicago: Chapin Hall Center for Children at the University of Chicago, 2005.

[5] M. A. Sweet and M. I. Appelbaum, "Is Home Visiting an Effective Strategy? A Meta-Analytic Review of Home Visiting Programs for Families with Young Children." *Child Development* 75, no. 5 (2004).

[6] M. M. Wagner, D. Spiker, F. Hernandez, et al., *Multisite Parents as Teachers Evaluation: Experiences and Outcomes for Children and Families.* Menlo Park, CA: SRI International, 2001; H. Raikes, B. L. Green, J. Atwater, et al., "Involvement in Early Head Start Home Visiting Services: Demographic Predictors and Relations to Child and Parent Outcomes." *Early Child Research Quarterly* 21, no. 1 (2006); L. A. Roggman, G. A. Cook, C. A. Peterson, et al., "Who Drops Out of Early Head Start Home Visiting Programs?" *Early Education & Development* 19, no. 4 (2008).

[7] Jordan Kahn and Kristin Anderson Moore, *What Works for Home Visiting Programs: Lessons from Experimental Evaluations of Programs and Interventions.* Bethesda, MD: Child Trends, 2010; M. A. Nievar, L. A. Van Egeren, and S. Pollard, "A Meta-Analysis of Home Visiting Programs: Moderators of Improvements in Maternal Behavior." Infant Mental Health Journal 31, no. 5 (2010); A. Cassady and L. Van Egeren, "A Meta-Analysis of Home Visitor Programs: Moderators of Improvements in Maternal Behavior." Paper presented at Head Start National Research Conference, Washington, DC, June 26-29, 2002.

[8] D. Gomby, *Home Visitation in 2005: Outcomes for Children and Parents. Invest in Kids Working Paper No. 7*. Arlington, VA: Committee for Economic Development Invest in Kids Working Group, 2005; K. A. Dodge, W. B. Goodman, R. A. Murphy, et al., "Implementation and Randomized Controlled Trial Evaluation of Universal Postnatal Nurse Home Visiting." *American Journal of Public Health* 104, no. S1 (2014).

[9] J. Korfmacher, B. Green, F. Staerkel, et al., "Parent Involvement in Early Childhood Home Visiting." *Child and Youth Care Forum* 37, no. 4 (2008): 171–196.

[10] W. M. McGuigan, A. R. Katzev, and C. C. Pratt, "Multi-Level Determinants of Mothers' Engagement in Home Visitation Services." *Family Relations* 52, no. 3 (2003).

[11] Gomby, *Home Visitation in 2005*; K. Boller, D. Daro, P. Del Grosso, et al., *Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment.* Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, 2014; K. McCurdy, D. Daro, E. Anisfeld, et al., "Understanding Maternal Intentions to Engage in Home Visiting Programs." *Children and Youth Services Review* 28, no. 10 (2006); D. S. Gomby, "Understanding Evaluations of Home Visitation Programs." *Future of Children* 9, no. 1 (1999); N. K. Goyal, E. S. Hall, D. E. Jones, et al., "Association of Maternal and Community Factors with Enrollment in Home Visiting Among At-Risk, First-Time Mothers." *American Journal of Public Health* 104, no. S1 (2014): S144–S151; S. D. Tandon, K. Parillo, C. Mercer, et al., "Engagement in Paraprofessional Home Visitation." *Women's Health Issues* 18, no. 2 (2008).

[12] Gomby, *Home Visitation* in 2005; Dodge, Goodman, Murphy, et al., "Implementation and Randomized Controlled Trial Evaluation."

[13] Goyal, Hall, Jones, et al., "Association of Maternal and Community Factors"; Tandon, Parillo, Mercer, et al., "Engagement in Paraprofessional Home Visitation."

[14] McCurdy, Daro, Anisfeld, et al., "Understanding Maternal Intentions."

[15] Dodge, Goodman, Murphy, et al., "Implementation and Randomized Controlled Trial Evaluation"; McCurdy, Daro, Anisfeld, et al., "Understanding Maternal Intentions"; Gomby, "Understanding Evaluations of Home Visitation Programs"; Goyal, Hall, Jones, et al., "Association of Maternal and Community Factors"; Tandon, Parillo, Mercer, et al., "Engagement in Paraprofessional Home Visitation."

[16] Boller, Daro, Del Grosso, et al., "Supporting Evidence-Based Home Visiting."

[17] Gomby, Culross, and Behrman, "Home Visiting: Recent Program Evaluations"; Ingoldsby, "Review of Interventions"; McGuigan, Katzev, and Pratt, "Multi-Level Determinants"; M. Wagner, D. Spiker, M. Inman Linn, et al., "Dimensions of Parental Engagement in Home Visiting Programs Exploratory Study." *Topics in Early Childhood Special Education* 23, no. 4 (2003); A. Duggan, A. Windham, E. McFarlane, et al., "Hawaii's Healthy Start Program of Home Visiting for At-Risk Families: Evaluation of Family Identification, Family Engagement, and Service Delivery," *Pediatrics* 105, no. 1 (2000): 250–259.

[18] Raikes, Green, Atwater, et al., "Involvement in Early Head Start Home Visiting Services"; McGuigan, Katzev, and Pratt, "Multi-Level Determinants"; Duggan, Windham, McFarlane, et al., "Hawaii's Healthy Start Program"; Boller, Daro, Del Grosso, et al., "Supporting Evidence-Based Home Visiting."

[19] Wagner, Spiker, Inman Linn, et al., "Dimensions of Parental Engagement."

[20] Boller, Daro, Del Grosso, et al., "Supporting Evidence-Based Home Visiting."

[22] Ibid.

[23] Ibid.

[24] Daro, McCurdy, and Nelson, *Engaging and Retaining Participants.*

[25] McCurdy, Daro, Anisfeld, et al., "Understanding Maternal Intentions"; Goyal, Hall, Jones, et al., "Association of Maternal and Community Factors"; L. Murray, M. Woolgar, J. Murray, et al., "Self-Exclusion from Health Care in Women at High Risk for Postpartum Depression." *Journal of Public Health* 25, no. 2 (2003).

[26] Ingoldsby, "Review of Interventions"; Raikes, Green, Atwater, et al., "Involvement in Early Head Start"; Wagner, Spiker, Inman Linn, et al., "Dimensions of Parental Engagement"; M. Wagner and D. Spiker, Experiences and Outcomes for Children and Families: Multisite Parents as Teachers Evaluation. Menlo Park, CA: SRI International, 2001; M. Wagner, S. Clayton, S. Gerlach-Downie, et al., *An Evaluation of the Northern California Parents as Teachers Demonstration.* Menlo Park, CA: SRI International, 1999.

[27] McGuigan, Katzev, and Pratt, "Multi-Level Determinants"; K. McCurdy, R. A. Gannon, and D. Daro, "Participation Patterns in Home-Based Family Support Programs: Ethnic Variations." *Family Relations* 52, no. 1 (2003).

[28] Ingoldsby, "Review of Interventions"; Boller, Daro, Del Gross, et al., "Supporting Evidence-Based Home Visiting"; McCurdy, Gannon, and Daro, "Participation Patterns"; D. Hicks, C. Larson, C. Nelson, et al., "The Influence of Collaboration on Program Outcomes: The Colorado Nurse-Family Partnership." *Evaluation Review* 32, no. 5 (2008); M. Wagner, D. Spiker, S. Gerlach-Downie, et al., *Parental Engagement in Home Visiting Programs—Findings from the Parents as Teachers Multisite Evaluation.* Menlo Park, CA: SRI International, 2000.

[29] McGuigan, Katzev, and Pratt, "Multi-Level Determinants."

[30] S. J. Brookes, J. A. Summers, K. R. Thornburg, et al., "Building Successful Home Visitor-Mother Relationships and Reaching Program Goals in Two Early Head Start Programs: A Qualitative Look at Contributing Factors." *Early Childhood Research Quarterly* 29, no. 1 (2006).

[31] McCurdy, Gannon, and Daro, "Participation Patterns."

[32] Boller, Daro, Del Gross, et al., "Supporting Evidence-Based Home Visiting."

[33] Daro, McCurdy, and Nelson, *Engaging and Retaining Participants;* Goyal, Hall, Jones, et al., "Association of Maternal and Community Factors"; Ireys, DeVet, and Chernoff, "Who Joins a Preventive Intervention?"; Duggan, Windham, McFarlane, et al., "Hawaii's Healthy Start Program."

[34] McCurdy, Daro, Anisfeld, et al., "Understanding Maternal Intentions"; Goyal, Hall, Jones, et al., "Association of Maternal and Community Factors"; Duggan, Windham, McFarlane, et al., "Hawaii's Healthy Start Program."

[35] T. Brand and T. Jungmann, "Participant Characteristics and Process Variables Predict Attrition from a Home-Based Early Intervention Program." *Early Childhood Research Quarterly* 29, no. 2 (2014); T. Perrino, J. D. Coatsworth, E. Briones, et al., "Initial Engagement in Parent-Centered Prevention Interventions: A Family Systems Perspective." *Journal of Primary Prevention* 22, no. 1 (2001); B. H. Wasik and D. M. Bryant, *Home Visiting Procedures for Helping Families,* 2nd ed. Thousand Oaks, CA: Sage Publications, 2001.

[36] Brookes, Summers, Thornburg, et al., "Building Successful Home Visitor-Mother Relationships"; J. Korfmacher, E. Adam, J. Ogwa, et al., "Adult Attachment: Implications for the Therapeutic Process in a Home Visitation Intervention." *Applied Developmental Science* 1, no. 5 (1997).

[37] Brookes, Summers, Thornburg, et al., "Building Successful Home Visitor-Mother Relationships"; Wagner and Spiker, *Experiences and Outcomes.*

[38] Boller, Daro, Del Grosso, et al., "Supporting Evidence-Based Home Visiting."

[39] Ibid.

[40] Goyal, Hall, Jones, et al., "Association of Maternal and Community Factors."

[41] Ingoldsby, "Review of Interventions."

[42] J. Korfmacher, B. Green, M. Spellmann, et al., "The Helping Relationship and Program Participation in Early Childhood Home Visiting." *Infant Mental Health* 28, no. 5 (2007).

[43] Roggman, Cook, Peterson, et al., "Who Drops Out of Early Head Start Home Visiting Programs?"; C. A. Peterson, G. J. Luze, E. M. Eshbaugh, et al., "Enhancing Parent-Child Interactions Through Home Visiting: Promising Practice or Unfulfilled Promise?" *Journal of Early Intervention* 29, no. 2 (2007).

[44] Duggan, Windham, McFarlane, et al., "Hawaii's Healthy Start Program."

[45] Dodge, Goodman, Murphy, et al., "Implementation and Randomized Controlled Trial Evaluations."

[46] Wagner, Spiker, Gerlach-Downie, et al., Parental Engagement in Home Visiting Programs; Korfmacher, Green, Spellmann, et al., "The Helping Relationship"; S. F. Allen, "Parents' Perspectives: An Evaluation of Case Management Interventions in Home Visiting Programs for Young Children." *Children & Schools* 29, no. 2 (2007).

[47] Korfmacher, Green, Staerkel, et al., "Parent Involvement in Early Childhood Home Visiting"; Brookes, Summers, Thornburg, et al., "Building Successful Home Visitor-Mother Relationships"; M. E. Pharis and V. S. Levin, "'A Person to Talk to Who Really Cared': High-Risk Mothers' Evaluations of Services in an Intensive Intervention Research Program." *Child Welfare* 70, no. 3 (1991).

[48] McCurdy, Gannon, and Daro, "Participation Patterns"; Brookes, Summers, Thornburg, et al., "Building Successful Home Visitor-Mother Relationships"; K. McCurdy and D. Daro, "Parent Involvement in Family Support Programs: An Integrated Theory." *Family Relations* 50, no. 2 (2001).

[49] Sweet and Appelbaum, "Is Home Visiting an Effective Strategy?"; Ingoldsby, "Review of Interventions"; Korfmacher, Green, Spellmann, et al., "The Helping Relationship"; H. Girvin, D. DePanfilis, and C. Daining, "Predicting Program Completion Among Families Enrolled in a Child Neglect Prevention Intervention." *Research on Social Work Practice* 17 (2007): 674–685.

[50] D. Daro, K. McCurdy, L. Falconnier, et al., "Sustaining New Parents in Home Visitation Services: Key Participant and Program Factors." *Child Abuse and Neglect* 27, no. 10 (2003): 1101–1125.

[51] McCurdy, Gannon, and Daro, "Participation Patterns"; Daro, McCurdy, Falconnier, et al., "Sustaining New Parents."

[52] Roggman, Cook, Peterson, et al., "Who Drops out of Early Head Start Home Visiting Programs?"; Brand and Jungmann, "Participant Characteristics and Process Variables."

[53] McGuigan, Katzev, and Pratt, "Multi-Level Determinants"; Daro, McCurdy, Falconnier, et al., "Sustaining New Parents."

[54] McGuigan, Katzev, and Pratt, "Multi-Level Determinants."

[55] K. L. Kumpfer, R. Alvarado, P. Smith, et al., "Cultural Sensitivity and Adaptation in Family Based Prevention." *Prevention Science* 3, no. 3 (2002).

[56] Goyal, Hall, Jones, et al., "Association of Maternal and Community Factors"; Daro, McCurdy, and Nelson, *Engaging and Retaining Participants.*

[57] Tandon, Parillo, Mercer, et al., "Engagement in Paraprofessional Home Visitation."

[58] McGuigan, Katzev, and Pratt, "Multi-Level Determinants."

[59] Dodge, Goodman, Murphy, et al., "Implementation and Randomized Controlled Trial Evaluation"; B. C. Welsh, C. J. Sullivan, and D. L. Olds, "When Early Crime Prevention Goes to Scale: A New Look at the Evidence." *Prevention Science* 11, no. 2 (2010).

[60] Daro, McCurdy, and Nelson, *Engaging and Retaining Participants;* Welsh, Sullivan, and Olds, "When Early Crime Prevention Goes to Scale."

[61] Daro, McCurdy, and Nelson, *Engaging and Retaining Participants.*

[62] Korfmacher, Green, Spellmann, et al., "The Helping Relationship"; Allen, "Parents' Perspectives"; A. Barak, J. Spielberger, and E. Gitlow, "The Challenge of Relationships and Fidelity: Home Visitors' Perspectives." *Children and Youth Services Review* 42 (2014): 50–58.

[63] Wagner, Spiker, Gerlach-Downie, et al., *Parental Engagement in Home Visiting Programs;* Girvin, DePanfilis, and Daining, "Predicting Program Completion."

[64] Hicks, Larson, Nelson, et al., "The Influence of Collaboration on Program Outcomes."

[65] National Research Council and Institute of Medicine, *Implementation and Dissemination of Prevention Programs*. Washington, DC: The National Academies Press, 2009.

[66] Korfmacher, Green, Spellmann, et al., "The Helping Relationship."

[67] Ingoldsby, "Review of Interventions."

[68] McGuigan, Katzev, and Pratt, "Multi-Level Determinants."

[69] Ibid.

[70] Ibid.

[71] Roggman, Cook, Peterson, et al., "Who Drops Out of Early Head Start Home Visiting Programs?"; Brand and Jungmann, "Participant Characteristics and Process Variables."

[72] Brand and Jungmann, "Participant Characteristics and Process Variables."

[73] Roggman, Cook, Peterson, et al., "Who Drops Out of Early Head Start Home Visiting Programs?"; Brand and Jungmann, "Participant Characteristics and Process Variables"; Korfmacher, Green, Spellmann, et al., "The Helping Relationship"; Allen, "Parents' Perspectives."

[74] Duggan, Windham, McFarlane, et al., "Hawaii's Healthy Start Program."

[75] Boller, Daro, Del Grosso, et al., "Supporting Evidence-Based Home Visiting."

[76] L. L. Knoche, S. M. Sheridan, C. P. Edwards, et al., "Implementation of a Relationship-Based School Readiness Intervention: A Multidimensional Approach to Fidelity for Early Childhood." *Early Childhood Research Quarterly* 25, no. 3 (2010).

[77] Peterson, Luze, Eshbaugh, et al., "Enhancing Parent-Child Interactions."

[78] Ingoldsby, "Review of Interventions"; Allen, "Parents' Perspectives."

[79] Ingoldsby, "Review of Interventions."

[80] R. T. Ammerman, J. Stevens, and F. W. Putnam, "Predictors of Early Engagement in Home Visitation." *Journal of Family Violence* 21, no. 2 (2006).

[81] Ingoldsby, "Review of Interventions"; National Research Council and Institute of Medicine, *Implementation and Dissemination of Prevention Programs*.

[82] Ingoldsby, "Review of Interventions."

[83] Ibid.

[84] National Research Council and Institute of Medicine, *Implementation and Dissemination of Prevention Programs*.