

***U.S. Department of Health and Human Services
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**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's
Webinar**

“Family Engagement and Retention”

July 23, 2013

3:00pm Eastern

Presentations by:

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Kathryn Harding, Healthy Families of America
Kathleen Strader, Healthy Families of America
Donna O'Brien, Parents as Teachers
Shannon Self-Brown, SafeCare
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Operator: Good day, ladies and gentlemen. Welcome to the ZERO TO THREE Family Engagement and Retention conference. Just a reminder that today's program is being recorded. At this time I would like to hand things over to Miss Cathy Bodkin. Please go ahead, Cathy.

Cathy Bodkin: Thank you. Welcome to the MIECHV TACC webinar on Family Engagement and Retention. This is the first part of a two-part series. The second part will be in September. We're delighted that all of you have decided to join us today as we discuss this important topic. You all know on the ground the realities and difficulties of family engagement and retention, and we hope that this will be a useful session to you as we look at this from a number of different angles.

The - my name is Catherine Bodkin. I'm a Senior TA specialist with the MIECHV TACC. The MIECHV is the Technical Assistance Coordinating Center, funded by HRSA and includes ZERO TO THREE and subcontracted partners Chapin Hall, the Association of Maternal and Child Health programs - AMCHP, and the WR McDonald and Associates.

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The TACC provides different levels of support to MIECHV grantees using ZERO TO THREE and partner staff, along with numerous expert consultants in coordination with other TA providers. And now it is my pleasure to be able to introduce Angela Odjidja Boateng, who is the Chief of the Policy Program Planning and Coordination Branch, for the Division of Home Visiting and Early Childhood Systems at the Maternal Child Health Bureau at HRSA. Welcome, Angela, and thank you very much for joining us today, and if you have a few words you'd like to say to the participants.

Angela H.: Thank you so much, Cathy. Good afternoon, everyone, and Happy Tuesday. It is my pleasure to be with all of you on this Webinar today. On behalf of HRSA and ACF I would like to say thank you for your commitment to this program and for your dedication to improving the lives of the many children and families you touch, not only through the MIECHV program, but the myriad of other programs and services you provide.

The home visiting programs and initiatives supported with the MIECHV grant funds are moving towards the realization of the vision established at the inception of this program: high quality, evidence-based home visiting programs as a part of an early childhood system promoting health and well-being for pregnant women, children, and their families. I'm always and regularly impressed and humbled by the efforts put forth by states and jurisdictions in ensuring that we achieve this vision.

Grantees continue to make significant strides in developing sophisticated data recording systems, coordinating with model developers, establishing centralized intake systems, and ensuring proper training of the home visiting workforce. These are just a few of the many areas in which our

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grantees are demonstrating success. Engaging families and ensuring their continued participation is another area in which all of you are hard at work.

Family engagement and retention is no easy task. We recognize this, but this is also an area of great interest to the Division, as well as to the Maternal and Child Health Bureau and HRSA leadership. The first year of data reporting demonstrates that grantees are hard at work in this area, have experienced some challenges in some cases, and where the opportunity exists are eager for the opportunity to continue to improve in this area.

To this end, HRSA and ACF are excited about today's Webinar and grateful for the expertise that will be shared. Once again, thank you very much for your participation and all the work that you do to help improve the lives of the many families that are touched through the MIECHV grant program. Thanks, Cathy.

Cathy Bodkin: Thank you, Angela, very much. And now I want to go over the Webinar objectives. We hope that through this Webinar to increase the understanding of the differences between enrollment, engagement, and retention, in-home visiting programs to increase the understanding of how individuals, families, and communities affect the participation in home visiting programs, and to consider how different approaches to enrollment, engagement, and retention might influence the outcome measures.

Our agenda today includes a presentation by Dr. Deborah Daro a conversation with some representatives from different evidence-based models, and then of course your questions. We want to encourage you to type in the chat box, let us know what your questions are, and we will try to answer as many as we can on the air and those that we do not get to we will answer also

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and send those out to you all. So now I'm going to turn the Webinar over to Tracey Harding, who is another member of the MIECHV TACC team. Tracey?

Tracey Harding: Yes, thank you, Cathy, and welcome, everyone. First your phone lines will stay muted throughout the duration of the Webinar. For optimal sound quality we encourage you to call in via the phone line versus your listening in on your computer speakers, and I see that there is some audio issues which we are trying to resolve for you.

We have designed this Webinar to be interactive. At different points you will have the opportunity to participate in several polls. In addition, we invite you to share your thoughts and questions via chat throughout the Webinar and not just when we specifically ask you to participate. The chat box is located in the lower left corner of the Webinar window, just to the left of the power point slide.

To post your comments in the chat box, you will type your post into the text field at the bottom of the chat area. See number one on your screen. Be sure to click the arrow in the check box - in the chat box as shown in number two on your screen, or hit the return/enter button on your keyboard to ensure that everyone can see your post. Only public chat is available for this Webinar. Cathy?

Cathy Bodkin: Thank you, Tracey. And if you have concerns about any technicalities please type that in as well and Sam or Lena will be able to help you. So to begin getting your thoughts on this topic, we want to deal with this first polling question. What do you think that enrollment and retention depend upon?

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And the individual worker's efforts and characteristics as supervisor's interactions with the worker, the organization managing the home visiting program, the community receptivity to support home visiting programs, or if you have a different answer which comes across in this as no answer, please just click on one of the colored boxes to the left and indicate what your answer is if you happen to choose the no answer please type your answer in the chat box, and submit that.

Because we'd like to know more details it will help us planning the September Webinar as well. Okay, we're still getting a few comments. Okay, a lot of all of the above in chat, I see. More combinations of A and D. We just wanted to start to get what your viewpoints are, so I appreciate everybody taking the time to write in their answer.

So it looks like a pretty strong view that it is multi-factored, although A and D seem to also be strong. Okay, thank you very much for your responses. I'm going to go on to the next poll question, which is how much concern do you feel about increasing your program's enrollment numbers? None, you usually are fully enrolled or were at a right pace; we're just started, but we're on course, so not much concern. A little concern, some concern, or a lot of concern.

Or if you have some other answer that would help us understand your situation, please type that in the chat box and just click what - on the choices, A, B, C, and D on the left panel. Okay, coming in with - it seems like sort of some concern is strong, very few that feel none or that they're on course, on target. Okay, thank you all very much for your responses. That just helps us know kind of, taking the pulse of where each one of you is at this point.

And so now it is a - my great pleasure to introduce to you Deborah Daro who is a member of the MIECHV TACC team. We feel very fortunate that she works with us, and she is also a research fellow and associate professor with Chapin Hall at the University of Chicago. Many of you have

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met Deborah when she has come to regional meetings, or through other projects besides the MIECHV project, and she always gives people something to think about when she's presented at Pew, and come away really energized to really work hard in making home visiting all that it can be for our families. So Deb, I'm going to turn the Webinar over to you at this point.

Deborah: Cathy, thanks so much, and I want to welcome everyone to discussing this topic. This is a topic that has been very near and dear to my heart, really for many years, since we first started thinking about replicating home visitation programs, because I think if we're really going to make a difference in the lives of families, we need to be first getting them through the front door.

So I want you to think about four major points as I talk today with you, and I'm not - just one second. I'm trying to figure out how to move up - there it is. First, to remind you that this is a long-standing problem. It didn't just happen. We have continually in the prevention field worried about an ability to attract and retain families for as long as we know we need to. Also it's the policy context has shifted from looking at just changing the individuals that come to our program to really having population level effects.

We need - we realize we need to bring more people into these services. We need to make prevention services the I want kind of intervention for more - for an increasing number of families. There's a lot of research that has been done on this issue, and it has identified a wide range of participant, provider, community, and program characteristics that really do influence the ability to engage and enroll families.

And then finally, if programs are going to do a better job at engaging and retaining families in services, our efforts need to be certainly more intentional in this regard. So what do I mean when we talk about understanding engagement and enrollment? Well, first, I think the problem of

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engagement and enrollment is both a performance problem as well as a research problem. On the performance end of it, we have worried about high drop out rates in prevention programs.

Roughly a third of participants historically drop out of voluntary prevention programs, particularly those that extend for multiple months. The poor retention rates by definition are going to limit our ability to achieve our impacts and take our efforts to scale, but in addition to those performance concerns, there's also been some difficulty in the research in that often the research we do on engagement and retention or enrollment really focuses on very specific - we think it's either the participant or the provider or the program characteristics that matter, and in truth, there's a lot of different ways in which these factors interact.

Also the idea of people making these decisions, we've often thought of it as a yes or no kind of question, and it's really not a yes or no. I think it's a continuous process. I've often described it as on ongoing benefit cost analysis in the minds of families trying to decide, is staying in this program in my best interest, and am I getting out of this program what I most need?

So my colleague Karen McCurdy and I took this issue to heart, now over 15 years ago, and really started saying, well what is it about the research in engagement and prevention, and how can we really advance our thinking in this area? So what we started with was building an integrated theory of parent enrollment in voluntary support services that would apply not just to necessarily home visiting programs, but to the broad range of services that are voluntary in nature and prevention in their focus of intervention.

We tested this theory against a sample of families looking back at what their service experience had been, as well as looking at a group of families at the point from enrollment and tracking their service experiences over a year. We then looked at how all these factors play together using

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various statistical methods. Now all of the methods and measures that we used in this particular study are outlined in the paper you have, so I don't want to dwell on it.

But I just want to say that this research is - that I'm talking about today is really based on the experiences of over 300 and - almost 350 participants that were enrolled in 9 different programs at the time we did the study. I think although the study has been done - was done several years ago, the findings and the kinds of trends we observed are still being - are still elements that are being supported today.

So what are the assumptions we had as we went into this work? What did we expect to find about this issue of enrollment and retention? First, our - we felt that the intent to enroll, somebody's saying to themselves, I really want to do this, is really a function of that individual's readiness to change, attitudes towards seeking help, and prior service experiences. We don't - no participant comes to these programs with a clean slate.

They're all approaching it through the lens of prior service experiences that they might have had. We also believed that intent, the intent to enroll would be the strongest predictor of actually doing it, and we believed that retention, what would keep someone in a program, was going to ebb and flow over time during the enrollment period, that it was going to be a function of how the participants viewed the experience, both their objective and subjective experiences, the provider's characteristics and the nature of that relationship, the characteristics about programs, and we believe the characteristics of the community itself.

Is this a community in which seeking out and asking for help is something that people routinely do, or is this a community that has a lot of barriers to service engagement? So our first step in the research was really developing an integrated theory of family engagement. Our theory taken at its

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most simplest form really focused on these three points: the intent, the enrollment, and then decisions to remain enrolled. I'd like to think of it as I want it, I'll try it, I'll stick with it.

And those decisions are distinct in terms of the factors that influence them, and they occur at various levels. I know you - the questions we gave you sort of made you a forced choice, sort of, and I'm glad some of you saw that it's actually all of the above, but the decision to enroll in a program is really a factor of the participants themselves, demographic characteristics, initial concerns, attitudes towards services and prior experiences, the values and the messages they're getting about service utility from the community they live in.

There are also provider factors, the demographics of the person, the job credentials of the service provider, something we talked about which was service delivery style, and I'll talk a little bit more about that in a minute, and then the overall work environment. Is this an organization where workers feel values, empowered, and does that sense of empowerment really lead them to be more creative in the ways they interact with their families?

And then finally the program and the agency factors - is this a program well-connected to the community? How does the community view the program through their lens? Is this something that is a, they're going to do it to me, or is this a program that's really felt very much to be part of the community? And then the idea in which the staff at these programs reflect an understanding for the values and culture and realities of the families they're serving.

So I showed you the short picture of the model. This is the more complex picture of the model, and rather than dwell on all of this, I want you to think about three things: first, this idea that we formed - we framed this question not as a yes/no, but as a continuous decision making process,

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so that means that at every point in the process, programs have an opportunity to change that benefit cost analysis in the mind of the participant.

Second, we assumed that different factors would influence each of these in different ways, so the larger arrows in this model are really those things that we think are more salient for this particular point. For example, the notion that you're going to - I'm going to enroll, I think this is something I want to do, is really just largely based on individual factors about service attitudes, the benefits they see in this program, the idea of readiness to change.

Well, as we look to what makes people enroll, it's really having this intent. They really think it's something they can do. If you're facing someone who sees no value in what you're offering, it's pretty hard to get them in the door. Or you may get them in the door, but it's going to be really hard to keep them there. And then when we think about remaining in enrollment, then again, the individual factors, the varied experiences families are having in the program, is going to contribute to whether they stay or not.

And then various kinds of program factors, and that relationship they have with the provider themselves - so what does the research suggest about things that are most important or ways - factors that seem to influence what we do? Well, what drives parents to these programs? I - as I think I noted earlier, there's very few people refuse these programs outright. I think you probably all had that experience of someone coming in and they're a little reluctant as a participant, but you're going to get most of your participants in the front door.

In our work, less than 5% said they actively rejected the service. But of those who said they were interested in enrolling, 8% of those did not end up eventually enrolling, so I think we have a

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window of opportunity with most families not all, but the vast majority, there is a window in which you can begin to start working with them and bringing them into service programs.

The mother's perception of the infant risk, I mean, when participants really feel that their child needs some help, there's some way in which there's a need that they need to have a greater understanding in order to meet the needs of their infant, that's a great hook for getting, again, families to come into the door. We found that in some cases the interest in these kinds of services was higher during pregnancy than at birth, but it wasn't - this didn't always prove to be the case.

But when - sometimes when women are pregnant, there is an increased interest and curiosity about how they're going to care for that infant. It's a very fruitful time to be offering services. When parents can articulate specific benefits, they can say to themselves, oh, if I go here, I can get this need met. They're far more likely to be able to enroll in services, and they're able to enroll in services I think when they're open to learning something more about their parenting.

They understand on a fundamental level they don't have all the answers, and they're looking for someone to help them. Now, what contributes to retention, to someone staying in a program? I think folks stay in the program largely at the participant level because they think the program is changing them and changing them in a direction and in a manner that they're happy with. They're seeing themselves involved in other services.

In some ways, the program has opened a window to them to other resources in the community that they didn't know about, and even when participants lived in high risk communities, they were still able to engage in programs, so when people say the community is so chaotic, families will never enroll in services, we didn't find that to be the case. We found that often programs can bring some stability and focus to families, even when there is much in their lives not going well.

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And there's certainly the retention rate is influenced by the provider, the nature of that relationship. We - I often refer to this as cultural awareness and humility, that this is a provider that understands where the family's coming from. This is a provider that's not judgmental, not making pre-conceived notions about what a family may need, but really taking the time to learn from that interaction from families about what this family might need.

We found that job experience was more important necessarily than educational qualifications, that it's important for - that workers that had experience working with the population that they were serving, workers that had familiarity with how to deliver home visits and how to do that effectively were more likely in retaining participants than those that were new to this work, and that there really was this importance about balancing a personal responsiveness to the family that you're working with, with the underlying notion that you have a - that home visitors have a message to deliver.

They have a portfolio they want to share with that family, a body of knowledge they want to convey, and they somehow get that done, that despite what they might see in families, the disorganization, the potential chaos, it is absolutely clear that people will stay in programs when they understand that what they're getting is something of high value and is something that's being given to them because the provider believes and knows that it's important.

So when we talk about staying in the program, I also wanted to talk a little bit about what accounts for people getting a greater number of home visits. I know you're going to talk more specifically about the engagement question, but I just want to point out that just because you're enrolled in a program doesn't mean that you're necessarily engaged in that program, that I

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actually think the stronger indicator of how well engagement is going, how connected a participant is, is really the number of home visits they receive.

And in this area we found some differences in our own research. Others have found similar patterns. We certainly found that in our sample, the Hispanic population was much more open to services than other groups, that infant risk again was a factor when people were concerned about the wellbeing of their baby. They welcomed the home visitor into their home more frequently.

There was - when there was a strong support for the concept of home visiting among a participant's informal network, they were more likely to receive a greater number of home visits.

The stronger the relationship with their visitor, the more likely they are to receive home visits. Again, the high risk community factor came into play, again because it's possible there were fewer other resources in these communities, so the home visits became the real touch point for these families. And when families are not working or not in school, they may have a bit more time to spend with a home visitor.

The provider factor again, the same issue about experience rather than professional qualifications if you will, and then their ability to establish a strong relationship with the families they were working with. So in general I think what kinds of things do we - do I take away from this research and some other research that's been emerging recently? I think it's important to remember that enrollment and retention decisions are influenced by multiple factors.

You have a variety of ways to alter the reality families see about your program. You can change the content of the program. You can experiment with having the - a particular program housed within different community based organizations that may or may not be - that may be more responsive or more respectful of families or families may feel more comfortable with. You can

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play - you can alter worker training and how workers are supervised, and you can change kind of the message in fact that you're - the way you frame your program.

I think new parents will enroll to help their infant, but they will only stay if they're getting help for themselves. It's just everyday common sense. Parents really - there is this two-generational aspect to this program, and it's pretty hard to deny that most families view it from that perspective, that families regardless of where they live will indeed reach out and engage in programs when they find them valuable and responsive to their needs, that service delivery and style are strong predictors of retention in dosage.

These workers that can balance both the mission of the model as well as the need to be respectful and responsive to families are the ones that will I believe be most successful, and finally while service duration and dosage correlate with engagement and represent slightly different aspects of engagement, the engagement issue, really testing whether someone is fully connected to the program, is something I know we're going to go into far more detail in the next Webinar.

But I really - I put that out there now because I think people should give some careful thought to - it's not just how long you keep someone in the program or even how many visits you do. It's really what that connection is like and how we go about measuring that. So to wrap up, I want to talk about strategies to improve enrollment. I like to think of this as targets of opportunities.

Again, I believe we can always do better at this work. Do we have - will every strategy work with every family? No, and that's part of the art of what we do in service delivery. It's not as mechanized as maybe some people think it is. It really is about finding that connection with the

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particular family you're trying to work with. So when I think about target opportunities, I think about reframing the outreach message.

I'm a universalist, as - if any of you've heard me speak before. I believe that all parents need help and support, and that's a great message to give. This isn't because you're a faulty parent. This isn't because we think you have issues. We're really doing this because we think that everybody could use some additional support and some reflective time around how they're going to care for their infant.

And I think it's - what's important to stress, that this isn't just about doing basic care for infants. This is about nurturing infants. I've seen a number of teen parents that feel, oh, I know how to care for my infant. I know how to feed the baby. I know how to diaper the baby. I know how to burp the baby, but that's just caring for the baby. The issue we want to drive home with families is how do you nurture your baby?

How do you make sure that that child reaches optimal development? Second, I think we need to think about broadening the benefits to parents. Yes, this is about parenting. Yes, this is about the relationship you're having with your child, but it's also a little bit about you. It's about understanding your needs, your concerns, and seeing if there's some way we can link you up more effectively with other resources in the community we know you need.

This is not about home visitation programs becoming the end all service for families for all their needs. This is about making them understand that home visiting is a gateway. It's going to open a door of opportunities to other services that families will find useful. I think embedding these programs in trusted community organizations, organizations that everyday folk in the neighborhood see as being places that are there to help them on myriad issues.

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One of the strongest programs we observed in our research was a program that was housed in a community-based organization that did everything. It had child care centers. It had employment opportunities. It had a range of other services, and people had some trust in the organization itself. And because they had trust in the organization, they were willing to go into a home visitation program even if they weren't quite certain what it was, because they appreciated the service - the organization that was running the program.

I think we need to take culture very seriously, not just on race, but really the culture in which families are rearing their children, and understand that staff need to be sensitive to that, that it's a learning opportunity every time you work with a family. Parenting may be the most personal thing we ever do in our lives, and it's something that people need to be cognizant of especially when they're going into someone's home to talk about something so personal.

In our research we found that matching provider and participant on a race and ethnicity had some benefit in many cases, particularly if the organization itself was viewed as being particularly valuable in the community where there was a predominant ethnic group. I think the outreach messages programs need to provide also need to tap into this respect, and then finally this idea of focusing on fit, you know, that you - I think the staff that do this work, if I were running a program, I would really hire for openness and empathy, and then know that I could train them in how to deliver the service.

But you want someone who's engaging. You know, there's nothing like going - you know, if you ever tried to have a conversation with people that are non-verbal. I put my husband in the non-verbal category. It's really - it's like pulling teeth. You want someone that's going to go in and just begin to open that mom up or that family up as seamlessly as possible, and we really want to

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have workers that do this balance between yes, respecting where a family is at, but also never forgetting where you want them to be.

There are no guarantees in this work. I'd like to tell you that if you did all of the above, the problem would go away, but it's really going to be something that is a continuous process. It's like prevention itself. It really is a marathon. It is not a speed race. So you need to be patient, you need to try different things, and you need to see how your efforts - what impact they have.

There's nothing like feeding back data, watching what your engagement and enrollment rates have been during a certain period, doing some minor adjustments in how staff present the program, how they engage with families, and then see if that makes any difference, and to be in this continuous learning environment. So thanks. I will now hand this back to Cathy.

Cathy Bodkin: Thank you, Deb. That was amazing and I think you know, reminding all of us of the complex factors that contribute to enrollment and engagement and the retention in a program and providing that framework is going to give us a lot to think about, reminding us that it's a continual process to stay in the program, and that there are these targets of opportunity that we need to focus on.

I know several people responded to the idea that you're - we're looking at the parents perhaps in a different way and how we can really strengthen the parent in their community and the goals that they have for their life, so this gives us a lot to think about, and we're going to move now into the next section of our Webinar. I have a couple things to say before then, though, is that some people have raised their hand.

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We're not using the hand raise on this Webinar, so if you could type your question or concern in chat, that would really be helpful. We encourage you to type your questions in as we're going through the Webinar. Christy's going to be bringing some of those forward in the discussion period, and so continue to type your questions and responses in the chat box.

Our focus today is on enrollment. The second Webinar will focus more on the engagement and retention, but we're really looking at the enrollment period, the early, early engagement. So now it is my pleasure to really introduce a panel of model representatives, the evidence based model representatives. We have three models, Healthy Families America, Parents as Teachers, and SafeCare who volunteered to participate on this panel.

And each one of the programs will present their responses to these two questions, and then there'll be some time for some exchange and that will follow with the discussion period where you all will be participating. So I'm very happy today to introduce the representatives from Healthy Families America, Kathryn Harding who is the director of research, and Kathleen Strader, director of quality assurance and accreditation. I'll hand it over to Kathryn.

Kathryn Harding: Thank you so much, and thanks for the opportunity to join the call today. I'm really pleased to be with you all, and I am Kathryn Harding with Healthy Families America. I'm going to provide the definitions that Healthy Families America uses for enrollment and engagement. First, enrolled families refers to families who have accepted services and are considered to be participants in services.

So pretty general, enrolled families may or may not be engaged in services, something to keep in mind here, and the term engaged families refers to all primary caregivers that can be any primary

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caregiver that's involved in service who's participating, who's interested in the services and active in the visits and are consistently available for the majority of home visiting services offered.

So those are the terms, how we think of those terms for enrollment and engagement, and I'm going to hand it over now to my colleague Kathleen Strader to tell you a little more about strategies.

Kathleen Strader: All right, thanks, Kathryn, and so as Kathryn was just describing how HFA defines family enrollment and family engagement, I'd like to just add a little analogy for you, because I'm guessing that if you think back to your own high school or college experience that you might all relate to the similarities of how we describe an enrolled family and an engaged family to how you might think of an enrolled student compared to an engaged student.

For example, I'll admit that I was an enrolled student in many classes. However, I was not necessarily an engaged student in each and every one of those. So as we think about the distinction between enrolled and engaged students, it probably would not surprise you that it is the engaged students that generally do better in class, are more likely to graduate, and probably retain information learned for a longer period of time.

Would it surprise you that in a study that looked at student engagement over 14 college campuses in the US that students most at risk of leaving school early benefited most, AKA they increased their engagement, when the quality of their relationships with faculty was higher and when their perception of the campus climate was viewed as supportive? And I'm guessing you all see the correlation in where I'm going with this.

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So we're all very interested in the best strategies to enroll, and we are especially invested in how we engage families to be active and involved participants initially and over the long term. As Cathy said, engagement over the long term will be the focus of September's TACC Webinar, so for today I would offer very quickly three strategies to increase enrollment, and two strategies to increase initial engagement, all of which HFA promotes through its training and standards of practice.

So enrollment is a very important step, and for the most part it's a logistics process. You determine eligibility, the program offers service, the family accepts, and the initial forms are signed. It sounds easy but it really is not. There are some useful strategies to help increase enrollment, and so again, I'm going to offer you three.

Strategy one: examine and strengthen the efforts that we take to establish rapport with a family. So what does the first contact look like? What is the first impression our families have of our program? Are we being perceived immediately as genuine, caring, and supportive? How do we pique someone's interest, align the program with their needs, and encourage them to try it out?

Related to trying it out, as providers we think it's great that we have the opportunity to be involved with families over the long term. However, for the family that struggles to just get through today, the idea of someone being involved for weeks, perhaps years, is a bit overwhelming and intimidating.

Strategy number two is to focus on how we communicate, and this includes both how we talk about and describe our program, verbally and in writing, as well as how others, referral sources, other families, communicate about our program and how they communicate about our

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organization. We have to be willing to take an honest look at how we are perceived in the community and make changes when needed.

Strategy number three is to take a CQI approach, continuous quality improvement, at the local program level to understand what distinguishes families who accept from those families who decline, and HFA requires that local sites regularly undertake a process to measure participant acceptance, to analyze the demographic, programmatic and social factors that are linked to families that enroll compared to those that do not, and then to develop strategies linked to the patterns and trends identified in their analysis in order to improve acceptance.

By taking this approach, many programs have been able to discover for themselves the opportunities that exist to increase their enrollment. The strategies will vary from site to site. For example, some programs may find they have the easiest time enrolling the most at-risk families while others have exactly the opposite experience. Some programs may find they have enrollment packets if you will, specific neighborhoods within a site's catchment area that are more challenging to enroll from than other neighborhoods, and the only way any of those things are ever realized is if the site embraces its own improvement process.

And finally, engagement, this is the golden ticket. This is - how do we initially engage families, set them up right from the start to be active and involved participants? And here I ask you to hearken back to the engaged student study. Key to that was strong relationship with faculty, so now insert home visitor, and perception of a supportive campus climate. Here insert supportive program.

There are many strategies to boost initial engagement, and so here are two. The first, focus on being versus on doing. As Jeree Pawl many years ago so eloquently said that when striving to make a difference for infants, toddlers, and their families, how you are is as important as what

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you do. Dr. Vince Stiletti has also made clear the profound power of asking, listening, and accepting.

If you are a parent struggling with making a go of it and feeling alone and perhaps even unloved, the value of knowing that another person is holding you in their mind, for example, when we say things like I've been thinking about you since the last time I saw you during our visit last week, is powerful. Also, creating opportunities during home visits for positivity and for joy is huge. Even the smallest endorphin release I feel when you come to visit me, will have me wanting you to come back.

So let's not over-mechanize our visits, too much paperwork never results in an endorphin release. Allow home visitors to focus on being 100% present with the family at each and every visit, and make sure that supervision is carried out in similar fashion, utilizing the parallel process in this way will never fail you. And the very last thing I will say and turn it back over to Cathy is that the last strategy is to acknowledge culture within the context of engagement.

Seek to understand at all times who you're serving and the unique values, beliefs, traditions, and/or parenting practices they have. Respecting a family's pattern of communication, their expectations regarding relationships and the feelings they have about being helped are so important and require that we tailor our services accordingly. All right, thank you so much, and Cathy, I will now turn it back to you.

Cathy Bodkin: Thank you very much, Kathleen and Kathryn for your comments from the Healthy Families of America. Now we're going to hear from Parents as Teachers. We have Donna Hunt O'Brien who's director of training, curriculum, and program innovation at the Parents As Teachers national office. Donna?

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Donna O'Brien: Hi, it's great to be on the line with everyone today. I have to echo many of Kathleen's comments. They were profound and important in thinking about initially engaging families in the programs that you work with. But you know, I also think it's interesting that the definitions that we use do vary a bit, and actually for Parents as Teachers, we define enrollment as when they begin participating in our program, or in our first visit.

So this - our program includes four components of group connections and visits and referrals and screenings, but it is at the completion of that first visit that we actually think we've been hired by a family, that they you know, maybe were recruited, but that we've been hired. And I think that we define the beginning of enrollment.

So to get to that point, we have a few things to do, and that is in that process of recruiting families, and we're lucky in that our program is designed from perspective of universal access, so we go at recruitment in thinking at all families in all settings and all cultures, and so we have three primary ways that we engage families and some strategies we can share. One is event space, and that means that a program could begin actually recruiting families by holding groups, one of the components of Parents as Teachers.

And we have found this to be really effective in that you can connect with other community events that are going on or hold your own within your programs for families to learn about you, and we found that families that have been wronged by other systems or are tentative are more likely to engage in the group first before allowing someone into their home, and that's been a pretty effective strategy.

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Also of course, event based recruitment, and this tends to be for families that are already engaged in their community, or you know, wherever families are, going to McDonald's playplaces, grocery stores, all those types of places to find families. But the second strategy that we find is a really strong one to develop is relationship-based recruitment, and that is about thinking about where families are that are not necessarily out in the community, reaching out to them and becoming almost a staple in their environment, somebody that can be counted on, prior to selling a program per se.

So there's a couple of strategies you can do that, whether it's working within a housing area or a county that families belong to, or a good example is going to a health clinic where there's WIC classes and there's maybe an obstetrician's office waiting room and a pediatric waiting room, and taking it very slowly. Maybe for two or three weeks, all you do is sit and play with children in waiting rooms and families approach you here and there.

And you kind of tell them who you are and what you're doing, and not even try to recruit families until they know you're going to be there, that you're going to stay there and build that relationship in that way, and we found that to be very effective, especially if the recruiter becomes the visitor, another big part of that. Then - and then of course the third piece to that is referral and having those community partnerships and having families referred in to you, which is another big part of recruitment.

Across any of these, though, we've found that having a relationship within communities with respected individuals, trusted individuals, is an imperative part of that, and whether that's a woman on a stoop and knows her neighborhood and acknowledges you and takes care of you or whether that's a church member or something in a community, those individual connections make

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a difference and then reduce the stigma of your program and help you to be trusted. Those are my thoughts for today.

Cathy Bodkin: Thank you very much, Donna, and that gave us a lot to think about. I know that the audience was really wishing that we had the hard copies of all your comments, and Kathleen and Kathryn's as well, so we'll try to respond to that after the Webinar. I want to now introduce our third model that will be responding to these two questions, which is SafeCare, and we have Shannon Self-Brown, who's the associate director of the national SafeCare training and research center, and Pauline McKenzie-Day who is the senior training specialist from the national SafeCare training and research center. Welcome Shannon and Pauline.

Shannon Self-Brown: Thank you very much. It's a pleasure to be here today, and thank you to Healthy Families America and Parents as Teachers. Those were really important things for the audience to hear, and I know I personally learned a lot hearing some of the strategies that you all are using. I'd like to start off by saying that SafeCare is most often implemented in agencies that serve high risk families involved with child welfare or with public health.

And so we define enrollment as a parent agreeing to participate in the SafeCare program at an initial engagement home visit that is scheduled by phone following a referral from one of these systems. As for engagement, however, we define this as parents who are actively participating in our training sessions, and we typically have four components in our SafeCare training sessions.

We have an explanation component where the home visitor is really explaining the skills that we're going to focus on that day. We have a modeling component where the home visitor is demonstrating the skills that we're hoping that the parents will learn or practice in the session. We then have a practice component where we work with the patients to actually apply the new skills

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that we've gone over that day, and then we have a feedback component where we really talk to the parents about - give them positive reinforcement for the things that they've done well and are also giving them feedback on the things that they need to continue to work on to obtain mastery in the skills.

And so for engagement we're really looking for parents who are involved in each of those components of the training sessions, that is they're asking questions during the explanation session. They're really observing us as the home visitors and modeling the skills, and then they're actively practicing the skills that we're working on in this session.

So a few other strategies that we use to really enhance engagement with parents, is first of all from the first phone call with a parent, we really work with our Safe Care home visitors to utilize strategies that will enhance the parent's likelihood of participating. It's true that we're often functioning within the child welfare system, and sometimes even our program is mandated for parents, but ultimately it's the parent's decision as to whether they're going to enroll and engage in Safe Care, and we want to empower them in that way.

We train our home visitors through the workshops and through follow-up coaching calls to use structured approaches that are based on motivational principles to engage parents. For instance, one example of this is in the first SafeCare session, our goal is really to talk with the parent and ask them to identify you know, what are they struggling with most as a parent with their child or with their children? And we also want to understand where they feel like they're really doing well.

You know, what are their strengths? Once the struggles are identified, we train our home visitors to present the goals of the Safe Care modules which we have three of, safety, health, and parent/child interaction, to present to the parent which of these modules will really address the

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issues or the challenges that they report experiencing, and that's where we're going to start in working with our intervention with the parent.

So we really want to make our program appear to fit the parent's needs, and really highlight the areas where our program can assist them in where they feel like they're struggling the most. We have scripts to help guide the home visitors, and all of our sessions, especially in these first few sessions and even in the initial phone call, and the scripts aren't meant to be rigid, but they're just meant to provide a structured tool that providers can use to be good representatives of the SafeCare program, and most of all just help them make the best presentation to parents about how SafeCare can improve the lives of the children, and then, you know, again really connecting with what Dr. Daro presented, saying that there are these two levels of engagement.

We want to say how a program will benefit the child, but also how it will benefit the parent, and I think that's critical to engagement. We've also begun to rely more on technology, especially texting, as a way to enhance engagement. We're doing this because there was a recent study conducted with Safe Care when supportive texting and appointment reminders completed their texting were used, it reduced from dropout from services by about 30%, and those were significant differences.

And so that's really important to us and something we're talking to our home visitors now. I'm going to turn it over quickly now to Pauline McKenzie-Day who's a senior trainer with our program, and she's going to share some of her strategies she's used with SafeCare home visitors.

(Pauline McKenzie-Day): Hello, everyone, pleasure to be on the call with you all. I just wanted to share someone who is training the providers who are going into the home, I think it's really important - I

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forget - Health Families mentioned that it's really an important piece to establish the relationship, and so in training the providers, we encourage specific communication skills, such as the importance of their demeanor, using open-ended questions, reflective statements, and also other active listening skills.

We have two strategies and components that we introduce to the providers. One is problem solving worksheet, which is really a systematic way to help the parents approach issues. They brainstorm. They come up with ideas on their own, and then they come up with appropriate solutions, so this is one way of enhancing and empowering the parent so they feel like they are involved in their own process.

They're also taught to represent - to present each module in a way that helps the parent have some consistency and some predictability, and we find that that eases some of the anxiety of the parents, and it really is supporting them in being more engaged in the program. And that's all I have to say. I'll turn it back to Catherine.

Cathy Bodkin: Okay, thank you very much, Pauline and Shannon, and it's been fascinating to hear some of the different approaches and yet the emphasis on the relationship and working with the family as they see their own needs, looking at it from their point of view, but I really appreciate the three models, SafeCare, Parents as Teachers, and Healthy Families America, taking the risk to be on the panel and just open up this discussion.

I was going to give just an opportunity if there was anyone on the three panels, if there was anything that as you went through this that you thought you wished you'd added, or you wanted to comment on. Sometimes when you're rushing through your part of it you don't have a chance

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to possibly add in something else that you thought of as others were presenting. Is there anything at this point that you wanted to add before we move into the next session - section?

Okay, well we'll go to - into the discussion section then. The - we want to encourage everyone to write questions into the chat. We spoke with SafeCare on the enrollment and early engagement and at this point I'm going to turn the questions and discussion period over to Dr. Deb Daro, the panel, and Christy Stanton, who's one of the MIECHV TACC technical assistance specialists.

Christy, are there questions in the chat you want to pose to Deb?

Christy Stanton: Hello, everybody. Yes, many questions came in through the chat, and as I tried to respond to people, let you know that we'll get to some today and we have lots of opportunities to do follow-up with you as well, in the newsletter, on phConnect, maybe in some of the follow-up materials that we send out after the Webinar. Additionally this Webinar will be transcribed so you will get to read or listen again to portions of the Webinar that interest you.

Deb, you know, one of the questions that came in through registration was about how to particularly appeal to young pregnant women regarding enrolling in home visiting programs, and then something correlated came through the chat box, which is, is there any point during pregnancy that is found to be a more receptive state for a young woman to consider home visiting?

Deborah: To answer the second question first, it would strike me that there's probably no one universal point. It's when the young mom is ready and accepting of addressing some issues around the birth of her child. You know, what's attractive probably with a young person is really to focus on the change this is going to represent in that young woman's life, I would think might be one approach, to say, we realize, you know, you're very excited about this, or maybe you're not so

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excited about it, but to really determine what are her particular questions and concerns and how might the program be able to address those in as supportive a way as possible.

You know, I'm wondering, I know HFA enrolls a lot of families prenatally. What kind of differences do you see in the responsiveness to the program, Kathleen or Kathryn, between those you're enrolling during pregnancy and those that you pick up following the birth of the baby?

Kathleen Strader: Thanks, Deb, this is Kathleen. I wasn't sure if Kathryn or I were going to jump in first, so Kathryn, feel free to share your thoughts as well. I think as it relates to prenatal enrollment, the HFA model does not require that, and so many programs enroll families at the time that they give birth, but we certainly encourage the programs when they have the opportunity, enroll prenatally, and that the relationship during pregnancy is obviously going to look different than when the baby has already been born.

And the frequency of contact may vary, and so our standards adjust for that within the model, and we certainly know from some research that's been done on the HFA model that there's also an opportunity in terms of the best timing to be involved prenatally in terms of achieving better birth outcomes, and so we try to be sensitive to all of those things and certainly kind of meet those parents where they're at with regard to the needs that they present, whether pregnant or already parenting.

Deborah: Yes, it's a great point. You know, I also think it would probably depend on the relationship the young woman has with her prenatal medical provider. I mean, if she's engaged in prenatal services and she's moving along a path of understanding her own body changes, the growth of the baby, as opposed to someone who you first have contact with, she may be in her last

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trimester, she's had very little prenatal care. Then I think the dynamics are probably a little different.

Kathleen Strader: That's right.

Deborah: Christy, do you have another question?

Christy Stanton: Yes. You had mentioned, Deb, in your presentation that it's important to take culture seriously when you're thinking about engagement or enrolling families, and there was a question that came in about you know, how would you respond to programs that are challenged by in some ways matching their participants' race or culture with the race and culture of the families they're serving? What strategies might those home visitors employ to make it more likely that the family will feel comfortable and interested in enrolling in the program?

Deborah: That's a great question, because we know it - with certain qualifications for providers and stuff, it's not always easy or what your - what the pool of potential workers are in a community to do that match. But you know, I was struck by several things that Donna talked about, about embedding the program within the community.

I think if someone sees a provider, regardless of whether they're matched by race or culture, but that they're in their community reaching out and providing services to those in the community, trying to be visible, know that they're actually - this is not a place where they just come to do their work, but they're actually interested in the life trajectory of families in these communities, I think that can begin to build that kind of trust and connection, and understanding that are important when you don't have the actual match. Donna, if you want to talk a little bit more about that, I

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thought that was very interesting about just, you know, setting up a relationship-based recruitment, that was a wonderful phrase you used.

Donna O'Brien: Sure, Deb. I - you know, one - another - an example of that comes from many of our visitors in the field who are outside - they actually are outside of the communities that they're serving, which we know can be very problematic for recruitment and retention of families, and also just for building that trust, and we have many examples of visitors who for example have built relationships with someone in a public housing area and that person has not only talked positively about the program to families in those units, but provides a gentleman to walk out and stand by the car of the visitor and tells them which alley to walk up, calls them on a Thursday morning and tells them not to come that morning, that there's something happening.

And those things are all because the visitor and the program created a relationship with someone who has some influence in that community and then made themselves an actual part of it on playgrounds and in parks. But it is about that consistency, because if people have been in and out of programs, and you know, just experienced kind of an in and out just intervention, they're looking for someone to stay put, and I think that's that trust piece.

Deborah: Yes, that's great. And I was wondering, too, in the SafeCare example, because I know you do work with families that are deeply troubled, many of whom are involved in the child welfare system, that often haven't built the best possible relationship between provider and participant, how does the trust issue play out with the families you work with?

Shannon Self-Brown: Well, I do think many times when we're starting up work, we really have to put some effort into separating ourselves from the child welfare system, you know, helping them understand we are not a case worker. We are not there to you know, make any decisions about

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whether or not they remain the custodial parent of their child, but we're there just to help support them in anything they might need and improve their skills and just you know, help them in ways that can perhaps get child welfare out of their lives, for lack of a better word.

And so that in a way that we can really you know, engage parents and I think that it's imperative, especially in instances where we've been connected with the family through a caseworker, is taking that time to really establish how we're different and what we're there to do and that we're really there for them as their support not as a representative of the welfare system.

Deborah: Yes, great. Christy?

Christy Stanton: You know, another theme that has shown up in the chat box, people have commented to one another about it and then people are interested in the presenters' perspectives, is this idea of you know, the pressure in some ways to collect data or administer questionnaires or assessments with families and to do that early on in service, balance that with the need to establish a relationship with a family and engage them personally in the service.

And you know, some of the models' presentations about this need to positively reinforce families and to build that relationship is found to be challenging by some who feel the burden of these requirements. So wondering if anyone has some thoughts about how to - you know, work on that or acknowledge that with families.

Deborah: Yes, you know, I was observing that in the chat box also. That is such a tough area, because we really reinforce, use data, take information, have feedback, and how do we incorporate needing to have some consistent information about families, and not just for your own program

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growth, but reporting, you know. Funders will ask those questions. So it's inevitable, and so it's a great question in terms of - Kathleen, what's HFA doing along those lines right now?

Kathleen Strader: Well, you know, it's one of those things that is a very delicate balance for sure, and I think that at least I'm not aware that any of us have as yet really identified the best way to balance what are - you know, the multiple reporting requirements with what we know to be the primary role of the home visitor, and that is to establish a relationship with the family which will be the context in which change can happen.

And so I think as it relates to initial engagement, if we kind of stay focused on that as compared to thinking over the longer term, we certainly know that we are often in the very early stages with families having them read a number of things or having forms read to them to get - obtain their signatures, to begin doing you know, some of the baseline data collection, and it may be important to think about how we pace those activities, if you will, so that families really feel that the visits are meeting their needs, are not a waste of their time, and in fact they have an opportunity to begin developing a trusting relationship with their home visitor.

Deborah: Yes, absolutely. Do either of the other models have an insight on this?

Donna O'Brien: This is Donna from Parents as Teachers. Thanks, Colleen, for - I mean, Kathleen, for kind of acknowledging the dilemma around that, and I see that in the participants' responses. I think you're right in thinking about the pacing. I also think it's critical in the method and the approach, and if we're really going to build that trust in this kind of assessment or front end or intake process, parents have to hear rationale for why we're doing this.

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Like, we just really need to get to know you. The more we get to know you, the better the service will be, and that it has to be in a conversation and not in forms and an interview style. It's got to be in something that feels like I'm engaging you to learn about you.

Deborah: Right, yes, I think that interaction, if it's less of a 20 questions, but more of a sense of gleaning from their responses in other ways, I just wonder about technology too. I mean, it - Shannon mentioned the technology about processing families along, but you think about is there some way in which in the next iteration of this, we'd use technology to provide a more seamless collection of information actively involving - we use the little question response system even on this Webinar. Is there some way that you could engage families in that kind of interaction so it's seen more as a game or an adventure than it is filling out forms?

Shannon Self-Brown: When I think what's nice - this is Shanno) - when thinking about the role of technology is the fact that it could provide that kind of feedback instantly so the parents see that they're not just answering questions for you know, who knows what the purpose is, but that you are actually seeing what these answers can kind of mean, and then also that allows them to see change over time, perhaps through the technology, through graphing functions and things. These are things that we've really been trying to pay a lot of attention to developing for our model.

Deborah: Yes, I think that's very important. I'm holding out for the Star Trek magic wand that you wave over the participant and all the data just locks up to the main ship. Christy, are there other issues people are struggling with?

Christy Stanton: Yes, we had several people submit registration questions. You know, when they registered for the Webinar, they submitted questions at that time, so this is a little bit of a shift from what we were talking about, but one of the issues that came up more than once in those

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registration questions were, you know, how to engage families who live in far-flung settings, who live in rural or frontier areas, and wondering if anybody has some comments on some of the particular challenges related to that and any ways to overcome that.

Deborah: Yes, you know, that's an excellent question, because it's not just the engagement issue but it's really implementing cost effective sound consistent programs when families - home visiting programs when families live so far apart, the finances of running those programs is extraordinarily different. But Donna, I thought you had some thoughts on that, about the importance of rural.

Donna O'Brien: Well, you know, I think you've got - you just brought up two pieces: engagement, and how do you make it sustainable. And briefly, engagement, you know, in the case of rural and frontier areas, we know the most obvious piece there is isolation, people far apart from each other, but what we find is even more of a critical element in engagement is actually misinformation about programs; fear.

And also a real fear about confidentiality, because persons in rural areas of course as you know tend to have more than one role with each other, and it's very hard not to know someone really well who is your visitor or who is your family, so we find the engagement side, those are pieces that we have to address and kind of clear up.

Now, from the cost effective side, really what we're looking at here are very small, sparsely populated, low-capacity programs trying to manage things over large distances. It almost seems impossible, and one of the strategies that we've been using at Parents as Teachers is to help with consolidation of these programs, and help them not only develop resources within a county where programs can work together, learn from each other, but also share with each other, share

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supervision resources, share equipment, assessment tools, things like that that help make it more sustainable.

Deborah: Yes, great idea. Other models, how do they - how do you address these issues? Or have you faced them?

Kathleen Strader: Well this is Kathleen with HFA. And I totally agree with all the points that Donna just made and I think the only other that I would add in terms of thinking about engaging families from more rural or frontier areas is that oftentimes it's in those communities where the challenge has been to bring funding into those areas and to maintain it.

And so oftentimes, and it's not unique entirely to the rural and frontier, but so often programs may come in and then may not last for a very long period of time, and so home visiting programs may have an additional challenge where they also need to work to increase the trust level of families who may have felt burned in the past if you will by getting involved, forming a relationship, and then having those services disappear. And it's not that we can control for all of those things, but we at least need to be aware of them and acknowledge them in our work with families.

Deborah: That's right. You know, we - I've seen that - we don't have frontier communities in Illinois, but we do have some rural communities, and there's again, technology's played a role, whether it's - you're using some sort of mobile service unit that goes from community to community and families visit within the mobile unit, whether it's using Skype or other ways in - so that you probably can't get out to see a family as often as you'd like, but maybe in between time you can do something to still have some connection with them going forward.

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But it is an ongoing struggle and will increasingly become so I think as MIECHV dollars are introducing the potential for home visiting in communities that may not have thought about doing it before, and so I think it'll be definitely an issue that will be emerging as we move forward with the initiative. Christy, are there other?

Christy Stanton: Yes. you know, Deb, in your presentation earlier I think you mentioned that your research found that Latinos, Latino families were perhaps more open to home visiting programs than others. First of all, is that what I heard? I want to make sure I heard that correctly. And second of all, does your research show any difference between families who are newly emigrated to the United States or to those families who might be more culturated? Any differences between monolingual Spanish speaking families for example, and those who might have attained a second language here?

Deborah: You know, again, there's probably no consistent answer across the board, although in some recent work that we're finishing up now, there was a sense that when families' primary language was not English, they were more likely to remain engaged in the program and accept a greater number of home visits.

That could be because there's a connection with the home visitor, particularly if the service is being delivered in their native language, where there's - this may be the one service provider that can help address a lot of issues, and when they go to the mainstream service providers, your public health clinics or the like, they're not feeling quite as welcome or receptive.

Also home visitor programs use again the community outreach that Donna talked about, where you are just present in the community, and a sense of that these are services that families really want to engage in. There's a tremendous interest in providing services, let's say for new

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immigrants that really want the very best for their children. They want their children to have the greatest access to the most resources, and they see this as a window of opportunity to do that.

Also in our initial work, again, this - the one of the programs we looked at was being provided by a community based agency that served this particular ethnic group, so again there was this issue of trust and acceptance that is something that I think opens the door for the possibility of greater engagement and retention. I don't know if HFA, PAT, if you've looked at the issue of different groups being more receptive to your programs, or even SafeCare?

Shannon Self-Brown: Hi, this is Shannon from Saf Care. The one research study that we have on this topic is one that was...

Pauline McKenzie-Day: Oklahoma.

Shannon Self-Brown: ...conducted by Mark Chapin in Oklahoma where he - there was a statewide implementation of SafeCare there, and they found very positive effects in terms of reducing recitivism in child welfare for those who were - who participated in Safe Care as compared to services as usual, and then in that state there were over 2000 families that participated.

They looked specifically at the 380 or so American Indian families that had been served, and they found that the results for the American Indian families were consistent with the - you know, the population as a whole, so it was indicative that the American Indian parents improved in their skills and reduced child welfare recitivism at the same rates as families from other cultures.

Deborah: Right, and also when they replicated the SafeCare model in Oklahoma City, they embedded it in a longstanding service center.

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Shannon Self-Brown: That is correct, yes.

Deborah: And so that had a - it worked quite well for them. HSA? PaT?

Kathryn Harding: This is Kathryn with HFA and we have looked at the race ethnicity issue a little in our retention rates and found pretty much in terms of ethnic groups that sites - we looked at this at the site level so that sites serving predominantly Latino families showed higher retention, so it's a little hard to separate that out from other site level factors, but it would be consistent with what you're reporting about that particular group showing more interest in this kind of services.

Deborah: Yes.

Christy Stanton: There's been a very active chat box around use of fun activities or incentive activities with families. People are giving lots of ideas to each other in the chat box about things that have particularly engaged teens, and some of these are for families who are you know, enrolled in the program, and it's about keeping them engaged and enrolled in the program. So we've had questions come in through registration as well about, you know, are incentives with families proven - a proven method for engaging families, and I wonder if anybody has any comments on that?

Deborah: You know, I always think of incentives as being very good to offer, just because it's - now everybody likes to win something, but I think it gets you in the door, but I don't think it'll be sufficient to keep you there unless the incentives are so high on the benefit cost analysis that it makes sense to do it, that people will not stay in a long-term home visitation program for a few diapers when they first enrolled.

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There has to be something far more tangible, but I think providing it as opposed to thinking of it as incentives as meeting a family's concrete needs is something that I think can bend the curve in keeping families more involved, because it's very tangible. I had a need for - you know, I was worried about my utility bill and you connected me up with someone that could help me meet that need, or I was looking for housing and you were able to open the door for me, or I needed some sort of special needs service for my child and you were able to get that for me. That's kind of meeting a very specific need for families. I think it's what becomes reinforcing for families staying, but others, the models may have various experiences with this.

Donna O'Brien: This is Donna from Parents as Teachers. Deb, you are right on target with that assessment. What - you know, you can kind of compare it to disciplining children. You may - you can have external motivation and then you need to get to internal motivation, and I think that's exactly where you're at. It's like there may be an external motivation initially, but your goal is to build internal motivation and capacity and personal resource to move forward.

Deborah: Kathryn, Kathleen? Shannon?

Kathleen Strader: Oh, sorry. This is Kathleen. I'll just share really quickly, as it relates to incentives, I think that we sometimes hear some really creative things that programs are doing. In fact, it has been hard for me to not really get all excited watching all the chat go on about the different things that people are sharing with one another and still be able to pay attention so that if you call on me, Deb, I know exactly what you've asked.

But as it relates to incentives, I'll share something that I thought was really interesting that a program had tried to do and found some really useful benefit from it, and that is that because we

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know that you know, part of - some of the kind of principle of human behavior, we kind of all operate on sometimes in relationship building from this perspective of reciprocity, you know, wanting to kind of repay in kind what maybe someone else has provided to us, and we often see that in our program graduates who want to kind of give back to the program.

But can we take this notion of reciprocity and apply it early in the initial stages of engagement? And what one program did is that on the first visit when they were initially meeting with the family and having a conversation and getting to know them and identifying what their needs were, they provided them with a disposable camera, and the intent was that in between the time that - before the next visit, they could use that camera, you know, to take pictures of you know, their family and you know, what was really important to them, and that on the next visit the worker would come back and retrieve the camera for them - from them, and then on a third visit be able to bring the developed pictures back.

And it was a very nominal sort of expense in terms of the cost of a disposable camera and the cost of developing that film, but what it means is that families then had three visits that took place as the result of that sort of structure of give and take, and what we know is that oftentimes if we can get families to try out two to three visits, often we then have the basis for which to have them involved for a longer period of time. So there can be some benefit. I just think we need to be, you know, judicious and careful about how we apply those incentives and make them real for the family and not just you know, kind of giving things that aren't necessarily as relevant to our - the work of our program.

Deborah: Good point.

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Shannon Self-Brown: Hi, this is Shannon. I really love what both Kathleen and Donna have shared, and especially agree with Donna about the internal motivation piece. I think that in Safe Care what we try to do is provide incentives that are really relative to our modules.

So in our first training session in each module, you know, in safety, we're providing supplies that can help with child-proofing the home, and help, we're working to give them just some basic health supplies, be it a thermometer, or just helping them get a first aid kit or something related to child health. And in parent/child interaction, we try to bring in some books or some toys to really help with the practice components of that module.

And so I think those things can be very, very meaningful to parents and show that you know, you really are invested in improving their lives and really giving them the tools they need to practice the skills that you're teaching. But again, if they don't have the internal motivation to engage in the program, it's not going to be the things that keep them in.

Deborah: Yes, you know, I think it's important to look at the long term goal, but whatever moves you towards that path and can get families moving, I think the notion that if you can get them in for three visits, you probably have got a good toehold in the door, and I - those are all strategies that I think are very important, and thanks for sharing that. Christy, I'm going to hand this back to you.

Christy Stanton: Okay, you know, this has been probably one of the most active chat boxes we've seen on one of our Webinars, so thanks so much, everyone, for the support you've given to one another, the responses, the ideas you've shared. It's been great watching that chat box go, go, go. And once again we have a commitment to following up with many of the questions that came in that we didn't have time for, but I think that we've reached the end of our open discussion time, and I'll turn this back to Cathy for some of our end of Webinar wrap-up.

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Cathy Bodkin: Well, thank you very much, Christy. You did a great job with the chat box, and thank you to Deb, amazing presentation, and to Kathleen, Kathryn, Donna, Shannon, and Pauline for sharing your wisdom from each of your model perspectives. I think - once again I'm always struck by the incredible challenge that home visitors face and their supervisors face as they try to integrate home visiting into a community and deal with such diverse cultures and situations.

I liked Deb's idea of a magic wand. I think - you know, all of us can picture that Star Trek situation where they're kind of beaming somebody up and also just assessing them. I think technology does have a future in home visiting, and we need to explore that at some time. I hope that we will be able to look at that question, but not without the relationship. We know the relationship is the key to a lot of the changes that support that - and growth that goes on in families.

So we've come to the end of the Webinar. I want to remind you of the September Webinar which will be September 24th. We have the Webinar objectives which we reviewed at the beginning. We also as Christy has mentioned too, we have newsletters from the MIECHV TACC. Some of the follow-up from the Webinar will be there. Other places that you can get in touch with the home visiting TACC Webinars, there will be recordings posted on this Website.

There's a lot of other materials on the HRSA MIECHV Web site for you to follow up on. We will be sending out the material for the September 24th Webinar where Dr. McCurdy, the other half of the Daro-McCurdy framework that was talked about today, Dr. McCurdy will be talking on that Webinar, and so we expect her to focus on engagement and retention which is the next step in the process.

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I appreciate everybody's participation and thank you very much for the hard work that you do with families, at whatever level you're working with families and the home visiting programs. It is a mission and something that takes a lot of dedication, so thank you all very much for your work and for being on this Webinar. Thank you. Goodbye.

Operator: And ladies and gentlemen, that does conclude today's program. Thank you all for your participation today.

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