Introduction

Data collection is a crucial feature of the MIECHV Program. Federal and state reporting requirements call for MIECHV awardees to collect data in order to track and report improvement in six benchmark areas. These data capture families’ stories, document strengths in service delivery, and reveal opportunities for improvement. They help awardees and their local implementing agencies (LIAs) monitor implementation, evaluate outcomes, determine training needs, and identify opportunities for continuous quality improvement (CQI).

During periods of uncertainty, such as the COVID-19 pandemic, access to current data through ongoing data collection becomes particularly important because it helps us to understand and address the needs of families experiencing acute distress. Yet when COVID-19 caused the temporary suspension of in-person service delivery, many MIECHV awardees struggled to adapt their data collection systems. In particular, many expressed concerns about the ability of home visitors to collect complete and sensitive data remotely, especially related to assessing parent-child interactions and screening for caregiver depression and intimate partner violence.

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violence. These challenges were particularly difficult for homes where families had limited access to technology.

This tip sheet explores common challenges to collecting quality data remotely (i.e., not in person), accompanied by suggestions and resources identified by awardees for mitigating these challenges. While these tips draw on lessons learned from the pandemic, they readily apply to other potential interruptions to data collection processes. They also shine an important light on the methods and tools used by awardees and LIAs to respond quickly and creatively to unforeseen challenges.

Please note: The solutions presented below may not be appropriate for all settings and partners. Collecting data remotely has a differential impact depending on the community being served. Awardees should engage with LIAs and families to reflect on which aspects of remote data collection went well—and with which populations—and which aspects could be strengthened. Unless otherwise noted, the solutions are appropriate for both awardees and LIAs.

Challenges and Solutions

Challenge: Limited Access to Technology

Limited access to technology poses a challenge for both families and home visitors. Access issues include a lack of computer equipment, unreliable Wi-Fi, and inexperience with technology. An online survey of 1,312 program managers conducted in April 2020 by the Home Visiting Applied Research Collaborative found that stable internet access and access to a computer, webcam, or tablet were considered major challenges for more than half of families served.¹ Home visitors share similar challenges. Challenges also exist around training families in the use of technology. This responsibility often falls on individual home visitors, who may not be trained in using new technologies.

**Solution: Broaden family access to reliable technology.**

- Look to [emergency response funding](#), such as funding available through the American Rescue Plan Act or the Public Health Emergency Preparedness cooperative agreement, to purchase technology that LIAs can distribute to families without access.

- Develop partnerships to obtain needed technology or stable Wi-Fi access. For example, during the COVID-19 pandemic, the Nurse-Family Partnership partnered with Verizon to provide smartphones and ensure their families remained connected with nurses.

- Pre-identify technologies that are less expensive or that are already familiar to LIAs and home visitors so they are easier to roll out during future disruptions of in-person data collection.

- Provide lists of low-cost or free hardware and/or internet service such as [Lifeline](#), the [Emergency Broadband Benefit Program](#), and [ConnectHomeUSA](#).

- Brainstorm solutions and suggest alternatives for connecting to families without any access to technology.

**Solution: Explore ongoing family needs.**

- Consider conducting annual surveys to determine clients’ comfort levels with and access to computers, phones, and internet, or integrate the collection of this information into standard LIA practice.

- Consider offering technology training to clients who indicate they are not comfortable using technology to connect with home visitors.

**Solution: Don’t overlook the needs of home visitors.**

- **Awardees:** Explore with your LIAs the challenges home visitors are experiencing, and work with them to address access issues.
• **Awardees:** Consider whether part of your contracting should stipulate that LIAs must provide home visitors with laptops or tablets and stable internet access.

• **LIAs:** Provide each home visitor with a laptop and hotspot so they are prepared should the need arise to transition quickly to remote data collection.

• **LIAs:** Ensure that home visitors know how to effectively use any necessary technology, and provide requisite training, if needed.

**Challenge: Privacy and Data Security Concerns**

Because home visits often necessitate private conversations and assessments, virtual home visits can be especially challenging. Home visitors may not know if other family members are within earshot of their phone or online conversations. This may prevent clients from discussing sensitive information or being honest about the issues they may be facing. In addition, many home visitors do not have a safe and secure place to store the information they collect, as storing this information on home computers or home file cabinets can put client confidentiality at risk. Communicating over unsecured Wi-Fi connections or using an unencrypted email service can also expose sensitive client data to security vulnerabilities.

💡 **Solution:** Ensure data security.

For families to feel safe sharing sensitive information, they need to be assured that any data collected virtually will be kept confidential and secure. To provide this assurance:

• **Awardees:** Make information about data security available to LIAs, home visitors, and families in a way that is easy to understand and responds to their concerns. Whenever possible, include home visitors and families in the creation of this information.

• **Awardees:** Guide and assist LIAs to ensure that remote data collection can be done privately and securely. For example:
• Create a list of available technology that is appropriate for data collection, such as phone apps that can aid in storing data or signing forms online.

• Provide a list of free video platforms that offer privacy, such as this list from the Office for Civil Rights at the Department of Health and Human Services.

• Provide talking points for home visitors about how client data will be stored and how they will keep it secure, so they can have a conversation with clients to address any concerns.

**Challenge: Difficulty Establishing Rapport**

Quality data collection relies on rapport between the home visitor and the family; this can be more difficult to build in a remote setting. During the COVID-19 pandemic, many home visitors indicated that connecting with families virtually made it more difficult to establish open, honest relationships with their clients or to get a real sense of what the home environment was like. The lack of privacy often prevented clients from speaking openly, making it challenging to develop authentic relationships between families and home visitors.

**Solution: Build home visitor capacity to establish rapport virtually.**

• Suggest that home visitors have their initial meetings face-to-face (through video conferencing or by meeting outside) to establish a relationship. They can then continue their exchanges through phone calls and/or use texts and emails to check in between virtual visits.

• Recommend that home visitors invite families to share their concerns around virtual home visits, remote data collection, and the types of supports they might need during these times. Having these honest conversations will allow for more genuine connections.

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• Create a profile page for each home visitor, with a photo and short bio, so clients can see who they are and learn about them before virtual visits begin.
• Look to other fields, such as the healthcare or social work communities, to identify successful approaches used to build rapport.

Challenge: Lack of Verified Tools
The abrupt termination of in-person home visits during the COVID-19 pandemic forced programs to continue their data collection and assessment activities remotely, using tools designed for in-person use. This shift produced a number of concerns that will remain relevant beyond the pandemic, as some virtual visits will likely continue. For example, many screening and assessment tools include components that require face-to-face interaction or physical manipulation of materials, which raises questions about their continued appropriateness and validity in a virtual environment. In addition, tool developers (who were sometimes difficult to reach for guidance during the pandemic as they also struggled with the unexpected disturbance to data collection) will need to continue to provide guidance as data collection continues in a hybrid in-person and virtual manner.

Solution: Collaborate with tool developers to identify feasible solutions.
• Awardees: Connect with tool developers to determine collection alternatives that are appropriate for different situations.
• Review resources developed during the COVID-19 pandemic that captured lessons learned. For example,
the Tribal Evaluation Institute developed resources to support virtual screening and Ages and Stages Questionnaires developed two webinars about using ASQ in a virtual environment.

- Remember to value home visitors as professionals. If they don’t feel it’s appropriate to use a tool in a virtual environment, respect that decision and have them document why.
- Awardees: Identify ways to document gaps in data collection, which may occur when a home visitor determines a tool is not suitable for remote use.

💡 **Solution:** Collaborate with model developers to ensure that any modifications made to data collection tools align with requirements for model fidelity.

- Awardees: Communicate regularly with model developers and stay updated on changes (see “Model Guidance in Response to COVID-19”). This will allow you (and your LIAs) to stay abreast of updates or modifications to model guidance. For example, how are developers defining virtual visits? Are their tested measures valid when used remotely? If not, what alternatives can they suggest for home visitors?

**Challenge: Obtaining Consent Remotely**

Providing consent can present issues of equity during in-person visits for parents with low literacy, no literacy, or non-English literacy, or those with a disability. If the home visitor does not speak the caregiver’s primary language, communication barriers can make informed consent difficult. Even in situations where the home visitor speaks the family’s primary language, the caregiver may not understand technical terms or concepts. These barriers can be further exacerbated in virtual settings.

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**Solution:** Familiarize home visitors with appropriate tools.

- Create a list of options for collecting consent remotely, including using signature software such as DocuSign or Adobe Reader, or getting an email statement of consent.
- Share documents such as "Implementing a National Voluntary Consensus Standard for Informed Consent" to ensure that families with low literacy or low health literacy understand the choices they are making.
- Direct home visitors to the Rapid Response webinar “Enrollment and Consent,” as well as the related resource, “Enrollment and Consent in Virtual Visits: Considerations for Models and Programs.”

### Additional Strategies for Navigating Times of Change

There are other general strategies that awardees can put into place to assist LIAs and home visitors as they navigate the barriers identified above, or during other times of crisis. Some of these include the following:

**Embrace flexibility.** Collecting data remotely during the COVID-19 pandemic revealed a need for flexible protocols and procedures that could be readily adapted in times of crisis (to accommodate, for example, necessary adjustments to data collection schedules). Awardees should communicate with HRSA and/or model developers about any data collection concerns they may have or other aspects of implementation of home visiting services that may affect when or how data are collected. Specifically:

- Consider what modifications should be made to allow for comprehensive, quality data collection, such as extra time for rapport building, alternative protocols to address privacy and security concerns, and appropriate opportunities for families to complete tools remotely.
• Keep a focus on equity, bearing in mind that completing screening and data collection remotely may require more assistance and be more challenging for parents with low literacy, non-English literacy, and/or physical or developmental disabilities.

Offer professional development, training, and ongoing support for home visitors and LIA staff. These can be provided through reflective supervision and team meetings. Awardees can also point LIA staff and home visitors to existing resources, such as the Institute for the Advancement of Family Support Professionals’ virtual home visiting modules and accompanying supervisor tool kit and state resources for families such as free government cellphones. (See Related Resources, below, for additional resources).

Support supervisors. Peer groups and/or communities of practice offer supervisors regular opportunities to share experiences and resources, refine their practices, and support one another. Tailored trainings on topics such as using data effectively and reflective supervision allow them to collaborate with their peers as they strengthen their program and ability to support their staff. Helpful resources include the “Supervisor’s Tool Kit,” developed by the Institute for the Advancement of Family Support Professionals, and the National Child Welfare Workforce Institute’s webinar series, “Supporting the Virtual Workforce” (the latter is directed toward child welfare staff but is relevant to the home visitor workforce).

Revisit policies and procedures. It is good practice to review all policies and procedures, including those related to data security and the collection of sensitive information, to ensure that they are appropriate for remote data collection. A close data review may also reveal opportunities for refining current policies. For example, unusual data patterns or gaps may indicate problems with current methods, areas where LIAs may need additional support, and opportunities to strengthen existing monitoring systems.
Implement targeted CQI projects. During COVID-19, awardees recognized the potential impact of the pandemic on data collection and reporting, and they rapidly developed strategies to address the challenges that arose. Essentially, they were implementing mini-CQI projects throughout. A more targeted application of such projects could be very useful for determining best practices for future crisis situations. See the box below for an example of a CQI project to test strategies for establishing rapport virtually.

<table>
<thead>
<tr>
<th>Testing Strategies to Establish Rapport Virtually</th>
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<tbody>
<tr>
<td>• PDSA Cycle 1: Traditional phone call for first visit</td>
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<tr>
<td>Result: Home visitor does not feel connected; family does not schedule another visit</td>
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<tr>
<td>• PDSA Cycle 2: Video call for first visit</td>
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<tr>
<td>Result: Home visitor feels more connected; family schedules another visit during the video call</td>
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<tr>
<td>• PDSA Cycle 3: Video call for first visit, follow up with a text between first and second visit</td>
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<tr>
<td>Result: Home visitor feels they are establishing a rapport; family responds to text message and second visit goes well</td>
</tr>
<tr>
<td>• PDSA Cycle 4: Video call for first visit, follow up with a text, then use video to connect with family once a month</td>
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<tr>
<td>Result: Both home visitor and family feel engaged, deepening the connection</td>
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<tr>
<td>• Home visitor adopts all strategies used in PDSA Cycle 4, shares strategies with other home visitors on the team</td>
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Related Resources

**Addressing Impacts of COVID-19 on Performance Measurement and CQI** *(Archived Webinar)*
*Home Visiting Performance Measurement and CQI Technical Assistance Center*

Focuses on strategies and resources awardees can use to support virtual data collection. It also offers tips and guidance on topics such as conducting CQI activities remotely, documenting changes to data systems, and virtual coaching.

**Communicating Effectively with Families about Data Sharing: Recommendations and Strategies**
*Child Trends*

Provides strategies for how to communicate with families about data sharing in an effective and culturally competent manner.

**Communication and Connectivity: Family Supports for Remote Service Delivery** *(Website)*
*HHS Administration for Children and Families, Office of Head Start*

Contains information on ways to offset the costs of technology, from hardware to internet access.

**Family Engagement Part One: Partnering with Parents** *(Online Training Module)*
*Institute for the Advancement of Family Support Professionals*

First of a two-part online training module that provides strategies for building relationships with families. Includes a learning guide and a resource guide.

**Implementing a National Voluntary Consensus Standard for Informed Consent**
*National Quality Forum*

Contains information on how to improve the informed consent process and ensure that patients understand their healthcare choices.

**Coronavirus/COVID-19 and Implications for Maternal Depression and Intimate Partner Violence Screening and Referral** *(Memo for HRSA)*
*Home Visiting Collaborative Improvement and Innovation Network*

Provides guidance for screening and referral related to maternal depression and intimate partner violence, including strategies, tips, and resources for supporting families in these areas during the COVID-19 pandemic.

**Model Guidance in Response to COVID-19**
*National Alliance of Home Visiting Models*

Provides an overview of recent guidance and recommendations for nine home visiting models, including links to more comprehensive guidance from each model. Models include Attachment and Biobehavioral Catch-Up, Child First, Family Connects International, Head Start, Healthy Families
America, Home Instruction for Parents of Preschool Youngsters USA, Nurse-Family Partnership, ParentChild+, Parents as Teachers, and SafeCare.

**New Resources for Conducting Screenings During the COVID-19 Pandemic**
*Tribal Evaluation Institute*

Links to four resources that support programs as they make decisions about moving to remote screenings, including a decision flow chart and a tip sheet.

**Rapid Response Virtual Home Visiting Webinar Recordings (Webinars)**
*Rapid Response-Virtual Home Visiting Collaborative*

Developed to support home visiting programs during the COVID-19 pandemic, these 60-minute webinars explore topics such as virtual program recruitment and enrollment, intimate partner violence support in a virtual home visiting setting, reflective supervision, and virtual service delivery.

**States Modify Home Visiting Services in Response to COVID-19**
*Zero to Three*

Highlights how eight states modified their services in response to the COVID-19 pandemic, including guidance and recommendations for home visitors adjusting to remote services.

**Supervisor’s Tool Kit**
*Institute for the Advancement of Family Support Professionals (IAFSP)*

Designed to accompany IAFSP’s six virtual home visiting modules, provides information on virtual supervision and support as well as links to resources, tips, reflections, and guidance for supervisors.

**Supporting the Virtual Workforce (Webinars)**
*National Child Welfare Workforce Institute*

Six webinars that offer ideas and resources for working in a virtual environment. Focused on child welfare workers, but applicable to the home visiting workforce as well.

**Using ASQ in a Virtual Environment (Webinars)**
*Ages and Stages Questionnaires*

Two webinars designed to support the virtual administration of ASQ developmental and social-emotional screenings.