MIECHV TA Resource Center Webinar

Virtual Home Visits: Lessons from the Field

August 2, 2022

* * * * *

Transcription is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings.
* * * * *

MATTHEW POES:
Alright. Hello, everybody. You have just entered into the virtual home visits, lessons from the field. I can only assume this is where you intended to be. And we'll be getting started in just a moment. As you enter the room, as you're coming into the Zoom room, please take a moment to introduce yourself in the chat by sharing where you're calling from, what MIECHV awardee state or territory, and then what your role and title is. I think we can go to the next slide. So to say, my name is Matthew Poes. I am an evaluation TA specialist. I am part of MIECHV TARC. I work for James Bell Associates. So, a few housekeeping pieces before we dive into content. To listen to the audio for today's webinar, we invite you to join via computer audio at the top of the screen or by phone, if that's not possible. We are recording today's session and the recording will be shared to the MALL and on YouTube following the event. We encourage discussion and engagement in the content today, so please use the chat box. Alright. So, we're gonna do a little participant poll.

Please type your response in the chat. What's one unexpected benefit of virtual home visiting that you have observed? So I would just say you can start doing home visits in your pajamas. Oh, and I realized I skipped through a slide. I'm sorry. You just wanna go back to the one that says today's discussion. So, what we're going to be covering today is findings from the Kansas' MIECHV Formula Grant Evaluation, the National Research on virtual home visiting, and discussion, and Q&A. Alright. Then, go ahead and put in your poll response. Actually people are starting to do that. So while people are finishing that up, I think we can go ahead and talk about our speakers. So, today's speakers, we have Neil Rowe, an associate researcher at the University of Kansas Center for Public Partnerships and Research, and Jon Korfmacher who is a senior research fellow at Chapin Hall at the University of Chicago and part of the Home Visiting Applied Research Collaborative. Really quick before we move on to those I just mentioned, let's see are introducing themselves.

So one person mentioned they have been hearing home visitors say they have learned to listen differently. Another indicated increased participation in group connection. So these are some of the benefits, the unexpected benefits. So I'm hoping that we will now start to hear some of the unexpected benefits that Neil found. So I think we're ready to move on to your presentation.

NEIL ROWE:
Thanks, Matt. Alright. Well, let's dive right in. A couple of notes on the rationale for our state evaluation. We wanted to do this evaluation because the primary service delivery of MIECHV home visits in Kansas became virtual due to the Covid 19 public health emergency. That change was unplanned and abrupt. Little research had been done on virtual home visitation. And we also wanted to understand what happens during those visits as well as the experience and perceptions of families and home visitors. We

started with three research questions. Simplified, these really were, what happens during virtual home visits? What are the perceptions and experiences of home visitors? And what are the perceptions and experiences of families? We used a descriptive mixed methods design which included the observation of recorded visits and online home visitor and family surveys. For observations, we used the HVOFR Descriptive Interval Coding System, where the primary interactor's content of activity and nature of what the home visitors are doing are coded every 30 seconds.

This allows us to see the breakdown of proportion of time spent by categories within each one of those domains. For Likert scale items on the homes that are in family surveys, we had a number of statements and had participants respond using an agreement scale. One equaled strongly disagreed, five equaled neither agree nor disagree, and ten equaled strongly agree. Home visitors were not incentivized to participate in the survey. Home visitors who agreed to participate in the observation received a $50 Visa gift card. Families who participated in the observation received a $75 Visa gift card. These families also completed the survey. And then a randomized subset of families, four for each home visitor, received a virtual, who also received a virtual visit in December 2021 or January 2022 was also invited to participate in the Online family survey. These participants who filled out the survey received a $100 Visa gift card. Likert scale items on the home visitors survey addressed training, supervisor support, virtual visit effectiveness, screening, parent-child interactions, and client interest in and satisfaction with virtual visits.

Open ended questions addressed training and resources, their role during visits, relationships with families and challenges, and positive and negative impacts of virtual visits. These were analyzed. The open ended questions were analyzed using a conventional content analytic approach. Likert scale items for the family survey addressed their perceptions of virtual visits regarding their home visitor, home visitor practices, their participation and satisfaction, their desire for the option for virtual visits in the future, and screenings. Open ended questions addressed their experience with virtual visits, differences compared to in-person, positive and difficulties with virtual visits, their relationship with their home visitor, how they participated, and their preference for the delivery of home visits in the future. These also were analyzed using a conventional content analytic approach. We did have some limitations. Our sample size for observations only had seven home visitors, although almost double that agreed to participate.

Some of those home visitors were unable to successfully recruit any families to participate. Those seven home visitors are about less than 25, just slightly less than 25% of our MIECHV home visitor workforce. And the observations only included two of four of the Kansas models that are used. Also, only 14 families agreed to participate in the observations. The family survey only included 30 total families which is about 8% of families who received a virtual visit between December 2020 and January 2021. Some biases, participation, recall, and acquiescence bias were possible. Additionally, there is virtual home visiting practices also continue to shift and may vary greatly depending on the family and the particular visit. Despite these limitations, though, the study is strengthened by including multiple perspectives including that of an independent observer, home visitor and the families. And multiple methodologies, quantitative analysis of observational coding, Likert Scale Agreement, Likert Agreement Scales, and Qualitative Analysis of open ended question responses.

Additionally, nearly our entire MIECHV workforce completed a home visitor survey, 39 out of 40. We did that. Alright. Well, let's look at some results. We're going to start by looking at the results of our

observed virtual visits. First, we'll look at primary interactors. Across observations, most time was spent in parent-home visitor interactions, that's that 76% chunk there, and in triadic parent-child-home visitor interactions, that's that 22%. You can see here there was variation between visits as we had one home visit where nearly the whole time was spent in parent-home visitor interactions, 98%. And then we had another visit that had more than half the time spent in triadic parent-child home visitor interactions, 57.81% there. Next, we're going to look at content of interactions. Back one more. There we go. Across the observations, most time was spent in child development content averaging more than 50% of the visit time. Functioning of family members was second most with nearly 20% of visit time.

Again, there was great variation between visits with content. As you can see, there was one visit where 50% of the time was focused on functioning of family members, another had 25% of the time focused on child health and safety, and yet another had nearly 40% of the time spent on basic needs. And for these, they were far outside of the norm. You can see ,based on the standard deviation, what the mean average was. Finally, we're going to look at the nature of what the home visitor was doing. Across observations, most time was spent in conversations with parents, about 69% total there, asking questions, that's the 30, providing information, that's 23, and listening, that's the 16. When engaged in triadic interactions, home visitors spent more time observing, that's the 14%, then modeling, that's the 6%, or coaching parent-child interactions, that's the 3%. Like with content, there was great variation between visits in home visitor activity. As you can see, there was a visit where each method of communication with the parent took up almost the majority of the visit time.

There was also a visit where the home visitor observed the parent and child 40% of the time, though coaching and modeling parent-child interaction were not used a lot overall. There was a visit where modeling was used nearly a quarter of the time and a visit where coaching was used for more than 10% of the visit time. Now, let's look at the quantitative results for the home visitor survey. These percentages here combined the range of agreement. If they rated agreement six or higher, agreeing or strongly agreeing with a statement. Note here that nearly a third of our home visitors did not agree that parent-child interaction could effectively be facilitated and did not agree that virtual visits met their clients needs. Also, more than 40% of our workforce did not agree that clients would like the option of virtual visits in the future. For screenings, can they be effectively done through virtual home visits? These percentages here, again, combine the range of agreement. If they rated six or higher, agreeing or strongly agreeing.

Other than the ASQ which was 69% agreed or strongly agreed that it could be done effectively through virtual home visits, home visitors were less likely to agree that screening could be done effectively through virtual visits for depression screening, domestic violence screening, and substance use screening. Now, let's look at the qualitative home visitor survey results. Across many of the open ended questions, home visitors, shared challenges related to two main areas, child engagement, child activities, and parent-child interaction, that's one, and two, providing screenings, assessments, or child maltreatment surveillance. Most said that family engagement was lower and describe difficulties building relationships. A note here, some home visitors described increased family engagement, increased participation, and improved relationships with virtual visits. And so we're kind of seeing within the qualitative the same variation that we were seeing within the quantitative, some within the quantitative as well as we saw a lot of variation within the observations.

Here's a quote from one of our home visitors. What we noticed from our observations as well as our data is that some home visitors were able to successfully adapt. This one visitor said, "one way my role changed during virtual visits was that I had to become better at being the coach and the support for the parents. It taught me to not take over the visit and let the parent lead even when the visit is in person". Now, let's look at the quantitative family survey results. Again, these percentages combine any rating of agreement of six or higher. As I noted in the limitations, these responses were heavily skewed towards strongly agree with the exception of wanting the option of virtual home visits in the future for this light line that is at 60% here. Only 7% disagreed that they would like the option of virtual visits in the future. However, a third neither agreed nor disagreed with that statement, and 37% strongly agreed, providing evidence that there are varying preferences and needs as it relates to the option of virtual home visits in the future.

Now, let's look at our qualitative results for families. Again, these were, there was quite the variation. We would see kind of both sides of the coin. So overall, when asked overall their experience with virtual home visits, 75% had positive sentiment towards their experience, 40% did report some difficulty with child engagement, 37% said nothing changed or was different, but 40% reported specific changes in how activities were done. 40% had no difficulties engaging and nearly that reported difficulty engaging and/or engaging their children in activities. And when asked specifically how they would like visits in the future, again, it was varied. 40% wanted both virtual and in-person visits in the future and 47% wanted just in-person visits in the future. Those that said in-person, most of these participants said that in-person visits had better child engagement, facilitated better connection, were more personable, and were preferable to virtual visits. For those that said both, many of these participants wanted the flexibility to do what worked best for them based on their family circumstances and their schedule.

Here's one family perspective. The only thing different is I do more of the activities with my child since the home visitor is not physically there. Additionally, we did have some multiple families say that they wouldn't have signed up if it was in-person right away due to the vulnerability of it, and virtual visits allowed them to build a relationship with their home visitor to where they felt comfortable with an in-person visit. One parent specifically said virtual visits felt easier to agree to, simply talking on the phone initially was all I was open and willing to do. Due to, so considerations for MIECHV team members due to variation in home visitors strengths and ability to adapt effectively to virtual service delivery. There's the need for a customized professional development that addresses the individual needs of each home visitor as it relates to virtual visit service delivery. Due to the variation in preferences and needs of families for virtual visits, we need to allow for adaptable and flexible services in responses to the, in response to those needs.

This could allow us to reach families who otherwise would not enroll such as the families I mentioned previously, and continue to engage with families through illness or life events who could otherwise become disengaged or drop out. Networks for home visitor peer support such as communities of practice could help with the sharing of effective practices and strategies as home visitors adapt and innovate. There is great variability in the activities of observed visits as well as the perceptions and experiences of home visitors and families. The one thing that we learned is that facilitating child activities through virtual visits is hard. Some home visitors continued to do child activities the same way as they would do in-person with the homes that are working and speaking directly with the child. This average age of a child in this study for the observations was 19 months old, with nearly 75% age one or

older, and this often put the parent in a role where they were trying to get the child to engage with the home visitor.

And if the child was mobile ,and most were, they were chasing the child around. It was an ineffective strategy in our observations and could have contributed to why many home visitors and families shared challenges related to child engagement. Some examples of adaptations we observed were dropping off activity materials to be used during virtual visits, asking parents to share video of an interaction to discuss at the next visit, facilitating less structured activities and direct the parent to use materials and resources already in the home, and using the ASQ questions as an opportunity to prompt the parent to interact with their child to see if they can do a particular task. And that wraps up the Kansas Virtual Home Visiting evaluation.

MATTHEW POES:
Neil, thank you very much. I appreciate the presentation you did. It was wonderful. I have to imagine that it is invoking questions for folks. So as was noted, please feel free to put those in the chat and we will get to them at the end. But I am now going to hand it over to Jon Korfmacher who is gonna talk about the national research on virtual home visiting.

JON KORFMACHER:
Right. Can you hear me okay, Matt?

MATTHEW POES:
We can.

JON KORFMACHER:
Great. Alright. So, my part of the presentation is a mix of some older and newer data that HARC collected across three program director surveys and one more intensive study of how home visiting programs have coped with the pandemic and the shift to virtual visiting. So, my apologies if you've seen some of this, but there is new data at the end that I am presenting for the very first time today. As they say in Hollywood, it's an exclusive. And you'll also see some cool parallels between what I am presenting on a national level and what Neil showed in Kansas. But HARC's first Covid rapid survey was launched early April 2020. So, the goal is to get a quick pulse from program directors about what was happening at the very beginning of the pandemic. And so we had responses from over 1,300 programs that represented 30 different models from every state and many territories and tribal communities. And at that time, the only thing I'll say about this survey is that almost all programs were required to stop in-person in-home visits.

And 96% of the contact with families was virtual home visits, either via interactive virtual conferencing like Zoom, or over the phone, or to a much lesser extent, texting. So, this told us that the field was undergoing a profound shift. And so HARC received funding from the Pritzker Children's Initiative to do a more intensive look at virtual home visits. It had three parts. We surveyed home visitors, we observed virtual home visits, and then we interviewed home visitors and families about those visits we observed. So, for the survey, I'll just give you just a couple of highlights. We had 670 home visitors respond to our survey. It covered a great variety of program models, geographic regions, and types of communities. This data was collected in September of 2020, so pay attention to that date. We asked home visitors what type of contacts they were having with families. By September 2020, there was a small return to

in-person visits, but most contact was still happening virtually. This is despite the fact that poor internet connection was an issue for many families still.

When it came to the primary focus of the visits, we saw some similarities with the Kansas team's findings. Home visitors were reporting a strong focus on child development, on parenting, and on parent-child activities. This was different from anecdotal reports that home visitors were dealing mostly with crisis issues for families, although they did report a lot of addressing basic needs as well. And although I did not show this in this slide. And similar to what Neil presented, they did say that collaborating with families is more difficult and that it is harder to engage the child, and that they need to focus more on coaching the caregiver. We also asked home visitors about how the switch to virtual had impacted supervision and reflection. Overall, they were very positive about their supervision, like Neil reported in Kansas. However, only a third of home visitors said their supervisor actually observed them in practice, either by joining meetings as they happened or by reviewing recordings.

And I think this latter is true because less than one out of five home visitors had actually made any recording of a virtual visit to use to reflect on their own practice. But we at HARC, we're interested in recording virtual home visits. So it's part of the Pritzker study. We had just over 50 home visitors and their families agree to record a single virtual visit. So we set up the Zoom account and we had them log in for the visit and we recorded it. We used two main tools to assess the quality of these visits. First, we used the home visit observation form which is the same tool that Neil used for the Kansas study, although ours was also adapted to incorporate how home visitors interacted with the child. We also observed responsive partnership strategies and these are communication techniques that engage, to engage and partner with caregivers. These are techniques that HARC developed as part of a toolkit that's now up on our website. And examples of these strategies are checking caregiver understanding, empathizing and validation, and asking caregivers their opinion.

So what we found from these, this summarizes and then I'll show you a couple of data slides. But the visit content was very largely focused on child development and parenting. This is consistent to what home visitor talked about in the surveys. This content was conveyed primarily through verbal interaction with the caregivers. So we actually saw very little coaching in the videos that we observed, even though home visitors in the surveys talked about doing coaching a fair bit. And then other content was less frequent. So we saw very little focus on family well-being, focusing on basic needs, or making referrals, even though in the survey they said they did do this. And then finally the responsive partnership communication techniques were frequently seen. So, although there was wide variation by the home visitor and I think this is because this is primarily, as I'll show in the next slide, they're primarily, these virtual visits are the home visits are interacting with the caregivers. So you have this one on one communication which allows them to use these techniques.

So, this figure shows the content of some visits. As you can see, the most frequent visit topics at the bottom were child-focused. And then we just go to the next graph. This graph shows that home visitors spent most of their time in visits doing one of three things. They were providing information, they were asking for information, or they were listening. So this is very similar to what Neil just presented in Kansas. And this suggests that home visitors spent most of their visit in direct conversation with the caregiver. They spent significantly less time observing, modeling parenting behaviors, or coaching caregiver-child interactions. Now, the third part of the Pritzker study was conducting interviews with both home visitors and caregivers about the virtual home visits that we just watched. So, for about half

of those visits, we were able to talk to both the home visitor and the caregiver. And what we did is we interviewed them and then we showed them short segments of that virtual visit that we thought were particularly meaningful, and we asked them to reflect on what they saw.

So we spoke with 26 pairs, plus we had six extra home visitors where we weren't able to get the family to talk, and then we had two caregivers where we weren't able to get the home visitor. And so the main takeaways from these interviews and also examples of, I think, some prototypical quotes on the next slides, what gets missed in virtual home visits. So these were the big themes. Engaging the child in virtual home visits, conducting parent-child activities, and then the idea that how helpful virtual visits are. And so let's go to the next slide. So, almost every home visit and caregiver noted that they would prefer in-person home visits to virtual visits. Home visitors noted that not being in the home gave them an incomplete picture of the family. Sometimes it was tied to specific risk factors such as assessing safety. You can see that in the middle quote here as saying, if I was in the home and I saw holes in the wall or bruises on her, I would, you know, that would be important information.

Caregivers also noticed that they missed the intimacy of the in-person visit, like how this caregiver said it, the need to have the person here close to you that's telling you that they're supporting you. The caregivers and the home visitors also talked about missing physical contact, the home visitor being able to hug them or their child. And there's not much written about this, but I think physical contact and hugging had been a large part of home visits. And my question is, are we going to see that going forward? What is that gonna look like? Let's go to the next slide. So, it was very common for home visitors and caregivers to note how hard it was for children to be part of virtual visits. Neil also talked about this. This is partly a reflection of children not being able to sit still for a long time and it's also partly because it's just hard for caregivers to hold their smartphone so the home visitor can see everything but keep it away from their child and interact with their child and talk with the home visitor.

And we didn't realize at the time that we designed the study, basically because we were idiots, that how much virtual video visits depended upon the caregivers use of a smartphone, and that that was the primary way that they did their Zoom calls or their virtual calls. And these are, I think, those are much trickier to do than when you have like a laptop. So, partly because of these challenges. Let's go to the next slide.

Home visitors and caregivers had to be more creative about how to do parent-child activities. In some cases, home visitors drop off the materials and the instructions at the family's house and then ask them to do the activity on their own and report back. The caregiver here did not like that approach very much. She would much rather have the home visitor there in the moment to demonstrate. And the bottom quote suggests a possible advantage of virtual visits. It emphasized to some home visitors that they need to step back more and let the parent and the child do the activity without jumping in as much. This is very similar to the quote that Neil had from the home visitors. So, I think it is interesting. In other words, they have to coach more, even though we did not see a lot of it in the virtual visits we recorded. So, the idea that they have to do more coaching, and remember that these visits were done like a year and a half ago. So, to me, it's an open question, how much things have changed.

The hard part of doing some of these COVID virtual visiting studies is that we have such a moving target going on. The world is like changing so much more rapidly than research can catch up with. So, we're talking about things that we saw a year and a half ago, and trying to figure out how relevant is it still to today. Anyway. When all is said and done, relationships from these interviews, the relationships remain

more or less strong, even if the visits felt different or not as satisfying. And I like these quotes because I think they really get at the ambivalence that you can sense from the families and the home visitors who had been very used to the home visit or coming to their home, and suddenly they need to adapt. So, both the home visitor and the caregiver, they're talking about the same thing. They're talking about a video they had watched together virtually over Zoom. And it's a very emotional video. I think it was about trauma and histories of maltreatment. And how differently it feels to be watching this video when you're not in the same space.

The caregiver says, like, if she couldn't see me tearing up and crying versus in person she would have, and then if she saw me crying, she probably would have started crying, and that would have felt very different. And then the home visitor says basically the same thing that, there's something about having that moment together and kind of absorbing the stuff together. And I think this highlights the intimacy that in-person home visiting provides that you really don't get in other kinds of early childhood services. And so I think its loss is more apparent in virtual visits. So, these are our main takeaways from the study, overall, that home visitors use multiple strategies to connect. That internet quality did challenge many families. The visits focus on child development and the parent-child relationship, but they were light on coaching. Home visitors did struggle to engage the children in these visits, and that they both parties appreciated virtual visits, but they really prefer the in-person contact.

Most of the home visitors and families who participated were part of their program before the pandemic so they had in-person home visits to compare the virtual visits to. A question we don't really have the answer to yet is how are virtual visits perceived differently for families who have not had any in-person contact. And going forward, how often will that be happening? So, just hold that thought because I have a little bit of data to present on that. So, I wanna briefly highlight two follow-up surveys HARC has done with program directors. The first follow-up survey was launched in June 2021, at the very end of June. So, it was one year after our first survey - a little bit over one year. And it was a very short survey designed to capture changes in the field in the past year. It was 344 programs participated and they represented 30 different models in 41 states. Let's go to the next slide. So, this slide shows that in the summer of 2021, 83% of local programs were allowing visits to happen in-person.

So, that was obviously a huge jump from the year before. And that on average, about half of the family contact was in person, either home or outside, and then slightly over half was virtual. Internet access did, however, remain a major challenge for almost half of the families. In the survey, program directors wrote down reasons why their local program would continue with virtual visits. And here's just a laundry list of reasons, but it comes down to sickness, to convenience, and the family choice. So, these are the reasons why the program directors saw virtual visits as a continuing option. Even though a year ago before we knew anything about Greek letters of delta and omicron and we were all hoping that we were out of the woods and everything was returning to normal. Haha. But that was a year ago. Here we are now. So, when we were planning this presentation and I was asked to present about what HARC could say about virtual visits, I said, you know a lot of our data is a little bit old at this point because things change so rapidly and the most recent stuff we have is a year old.

And I said, maybe we could do another follow-up survey to get a sense of what the field is like right now. And they said, great, so then I had to do it. So, we did. HARC conducted a quick follow-up survey at the end of June, and in the very first two weeks of July. So, this is so hot, off the press. We had 214 programs responding this time. So, it was a fewer number than previous surveys. Although as before, we

still had good representation across models, across states, and communities. And we are considering maybe sending it out again through other channels to try to increase the sample size. So, I want you to just keep in mind that what I'm presenting here is pretty preliminary. These are some of the highlights. A year ago, we did not ask program directors about a home visitor vaccination status, but we did this time. 72% reported that most home visitors are vaccinated and that 41% said their program requires home visitors to be vaccinated. Compared to a year ago, many more visits are allowed in-person and in home, so now like almost 90% are allowing in-person visits.

And that only 9%... And the vast majority, they're allowing them to be inside the home. About half of them have some kind of masking requirement. And then when you actually look at how many visits are actually happening in the home, 58% are in-person in home. And only a relatively small percent, only 20% at this point are video conference, and then a smaller percent are phone. So, it's still an option being used, but it's being used much less. A couple other points. Internet connectivity is still a problem for about a third of the families. So, that number is going down from previous surveys, but it's still a pretty significant chunk. Despite that, 92% of the program directors agreed that virtual visits do provide options to families who might not otherwise participate. 88% agreed that it's a good resource. I'm sorry, 88% agreed that there were really good resources available to help home visitors learn how to do virtual home visits. So, the field has responded to increase professional development needs in this area.

So, it's clear that virtual home visiting is here to stay in some capacity. And this is really my last data slide. But if 20% of the visits are virtual, how are they being spread across families? So, one of the questions we included in the survey is what does the combination of in-person and virtual options look like for each family. So, this table on the top shows that distribution. And what you can see here is that it's really like all over the place. The biggest group, the bottom row there, 43% said that all families, they reported that all families get both in-person and virtual home visits rather than one or the other. And it's a much fewer percentage who get one or the other. Or, there's, like you can see the 21% report that all families get in-person, but some families might also get virtual. Much smaller percent say that all families get virtual, but some families might also get in-person on top of that. So, it varies quite a bit. And respondents were asked to provide open-ended responses about how they were using virtual home visits.

These program directors had a lot to say. We had over 30 pages of text from these responses. And they were also surprised, not surprisingly, all over the map. So, I cherry-picked a few quotes to highlight this diversity. You can see the first two quotes come to completely opposite conclusions about how useful virtual visits are in the rural setting that the home visiting program is located in. So, in one case, the program director said 'virtual visits are great because it really helps get visits done in a rural setting'. And then another program director said, 'it's a real struggle because we just don't have stable internet and it creates a lot of stress and communication issues'. So, I think the third quote really sums up nicely the attitude that seems to be necessary during this time. That's the importance of having an open mind and creative thinking. So, let's go... So, related to that, just as the Kardashians must always promote their brands wherever they go, because I represent HARC, I have to tie this to the precision paradigm.

And please let this be the only time a Federal Home Visiting initiative is compared to the Kardashians. At HARC, we are all about precision home visiting. So, moving past the basic question of what works on average for the average family to more specific questions of what works best for whom, under what circumstances, why, and how. Let's go the next slide. So, at the most basic level, what we're asking is

what is it specifically that home visitors do that matters for different families? So, what are the specific techniques and the mechanisms of delivering these specific techniques that are meaningful to families and provide the support they need? So, this question doesn't go away with virtual home visiting, instead, it opens up so many different avenues to explore. So, what's the same? And what's the difference? What same and what's different between in-person and virtual visits? How are programs going to decide who gets what? So, if we do move to hybrid models, which we seem to have moved to, what does that look like?

So, these are the questions for the field going forward and I hope we can discuss these with you as we finish up. And here's my thank you slide. So, here's HARC's website in the upper right-hand corner. Please join our practice-based research network. We are open to programs, researchers, network heads, and we're opening up to other friends and partners of home visiting as well, as part of our next five years of funding that just started last month. So, please join the cool kids. Thank you.

MATTHEW:
Thanks, John. So, that was a really good presentation as well. And we have now come to the discussion Q&A. So, we're gonna have Neil and John both come back for that. Although I think... And some of the questions that we're going to be asking, this will be open to the whole group to feel free to respond to as well. But the first one, I think, is actually maybe to Neil, and that is, what was the timeline for the study? That was asked when you're presenting, Neil.

NEIL:
So, the primary time period for the study was March through June of 2021. And then we sent out the family survey to that second group of families in August of 2021. And the models that were asked about, we have teams for Infants Exposed to Substance Abuse, we have Parents as Teachers, we have Healthy families America, and we have Early Headstart.

MATTHEW:
Thank you, Neil. Alright, and then the next question, I'm gonna open up to everybody. So, John and Neil, if you guys have thoughts on this one, I think that's fine. But I think, John, and listening to what you were saying, part of the open questions we have or that we're not totally sure what the right answers to this are. But Paula asked, do you have any implementation ideas to facilitate the home visitor support network?

JOHN:
I'm sorry, I didn't understand. Can you repeat that question.

MATTHEW:
The question, as it was worded was, do you have any implementation ideas to facilitate home visitors' support network? And Paula if you wanna add to that, if you feel like we're not asking it quite right, or it's not clear, feel free to.

PAULA:
This is Paula. It was from the study, it was one of the recommendations. And it's something we've been trying to implement here, some kind of, we have supervisor network support, but we don't have anything for home visitors. And we're just looking for ideas on how to do that platforms or personnel or any kind of best practice for that.

JOHN:
Well, I think, one group that's done a lot around this is Laurie Rodman and her husband, Mark Innocenti. And the group that created the HOVRS, which is another observation rating scale. And they have developed a really nice model of communities of practice, where home visitors basically record visits, and then they are in small groups, they get together and share those visits, and kind of point out what they like about what the other home visitors are doing. So, it's an opportunity. It's very strengths-based, that whole orientation is very strengths-based, which is nice. But it really is an opportunity to be able to share like tips and tricks to be able to reflect in a kind of a safe space about what went well with that visit, maybe what you didn't like about it or things that you could have done differently about it. When we created our toolkit, we also did something like similar to that as we were developing it. And it's a really, if you haven't been able to do things like that it's a really, really nice opportunity for home visitors to like kind of do deep dives on their practice and really get to like, think about what is meaningful to them in the moment and what's meaningful to their family.

And using kind of a structured tool around it, like the HOVRS, I think can be really helpful.

MATTHEW:
Thanks, John. So, we have another question. So, Benjamin Hazleton asked this one. I think it's for you, John. It says, were there regional differences in the rate of in-person versus video visits in the summer of 2021, and 2022?

JOHN:
Boy, I'd have to look back on that data, Benjamin. I think that was... I think the answer is yes. But I can't remember the takeaways from that. So, I'd have to go back and look at that again. So, but my memory is it wasn't as huge as we thought it was gonna be. We thought it would be like some, obvious, we also were considering looking at kind of like, although it got a little bit complicated, kind of looking at how like states had set up kind of masking restrictions and social distancing restrictions and trying to see how much that mattered. But there were logistical reasons, it was hard for us to do those analyses.

MATTHEW:
We haven't had any other questions come in quite yet, other than the thanks from Benjamin. Well, we do have some questions in our pocket we could put out there. And I'd be curious what everybody thinks about this. Again, this is for everybody, what's one thing from today's presentation that resonates with what you're seeing in your own states or territories? So, people can feel free to put it in the chat or come off mute if they wanna talk about it. John and Neil, you guys did the research presentation. So, I don't know if that is something you need to answer. And then what's one takeaway you would bring back to your program? I think those are interesting questions to answer. I also think... We were having an interesting conversation before the session started about research in this particular area and a lot of the open questions that remain. And I think you brought up a point, John, that things are changing so rapidly, which is one of the problems we have. Like, in doing research like this, there's certain inherent assumptions about the environment that you're conducting this research, and when I try to talk to people about this to help kind of explain the issues you're running into.

I mean, we just don't have global pandemics in the midst of research projects very often. So, it's (CROSS TALK).

JOHN:
That's real unfortunate too.

MATTHEW:
Yeah, just gets in the way of good research.

JOHN:
Can make use of those natural experiments. I feel like, to me, the big question is, and I might have already said this in my talk. I now can't remember what I said. But I think hybrid, what does hybrid home visiting look like going forward? Because as you saw from the one slide I presented, there's so many different ways you can do it. So, you could set it up so that some families get one form and other families get another form. The home visiting program could make that decision saying, I think you need virtual or you can leave it up to the family. You could have the family kind of switch back and forth based on whatever they need at the moment. Or you could set up something... I briefly was consulting with a program that was trying to set up this before the pandemic, but they were trying to set up a schedule where the home visitor would come in-person one week, and then the next week, they'd be virtual. So, it was like they were just switching off every other week. So, that's like a structured kind of decision that the program makes about what they think the families need.

But what if it's totally based on what the family's preference is? And then, how much of it can be changed in the moment, and I think this has been happening because I know this from the open-ended responses that the program directors were writing. But a home visitor might plan to do an in-person visit, and then the mother calls that day and says my kids really sick, can we just do it virtual? And the home visitor agree, let's do that. And I think, before the pandemic, most programs didn't quite have that flexibility or their program models sometimes they were very rigid about what counted as a home visit or not. And I think that has like changed a lot. So, we're seeing a lot of that kind of dynamic interplay between in-person and virtual. And we don't know what that looks like yet. Benjamin had his hand up, and then he took it down.

MATTHEW:
Well, I got a message from Rachel too about that. So, Benjamin, if you have a thought or a question, feel free.

BENJAMIN:
My apologies, I was having difficulty with the mute button. I would defer to these other questions that came in. I think they're more meaty. I just was gonna express my concern that one of the reasons for doing virtual visits was the safety of the neighborhood. I both get it but also, it raised concerns for me that some families would be identified for video visits based on where they live.

JOHN:
Right. Like it create almost like kind of like a redlining or something like that. There are like ethical issues. There are definitely ethical issues about who gets what that we've not really grappled with as a field. And it's almost a separate question between the kind of the effectiveness of these programs. But some of it is also the perception. So, virtual visits are seen as less than in-person visits. Then, what does it mean that we decide that some families are going to get virtual? Because of where they live? Or because of other kinds of external decision points? And so yeah, I think that's a really excellent point you brought up.

MATTHEW:
Thanks, everyone. I would just add quickly... One of the experiences I had when I was still in Illinois, actually, was that what environments or what neighborhoods are considered potentially dangerous, seems to differ quite a bit by who you ask as well. And so, there were two programs operating in an area of Chicago, one considered dangerous, the other didn't. And when I had a conversation with the program director at the one who didn't, her point was that she and others were from that community, and had a very different perception, and actually found it inappropriate that the other program considered it dangerous, and felt like some of their safety measures were offensive to families. So, it was something I hadn't thought about. It was kind of a wake-up to have that. We have some other questions that came in. So, Alicia has asked, I'm wondering kind of out loud here, if emphasis or de-emphasis within a particular home visiting model of returning to in-person visits might have an impact on the in-person rates?

John, did your research breakdown results by HV model?

JOHN:
No. We didn't look at model differences. And for the most recent data I showed us, just we haven't had time to do it. I'm trying to think about what for the previous. So, HARC also we have to kind of... We wanna be careful about being not kind of... We're not trying to express preferences for one model or another. That's not our goal. And so sometimes when you start doing model by model analyses, you have to think about what are the implications when you present those results? And so, I think we've been cautious about doing that kind of work. But I think that's a really good question. And that's something we might get to revisit.

MATTHEW:
And Neil says he didn't look at in-person versus virtual. So, I'm just going through the questions here. There was a mention... Ann mentioned that there was a program they did - phone for families, where they provided smartphones to reduce that issue. I think it's a great idea, actually, prior to the pandemic, when there was some folks talking about doing hybrid or virtual home visits. That was a concern. And that was something that had been raised as a way to address it.

JOHN:
And there was a nice report written about that program too. I don't know if there's a way to put the link to the chat in it, but yeah, that was a great. It was a really nice kind of innovation that I (INAUDIBLE).

MATTHEW:
And then Izumi says, I am wondering about the definitions of virtual home visits. Do you include phone and video visits or video visits only? And what about texting and email correspondence?

JOHN:
So, we did actually make distinctions between virtual interactive... We call it virtual interactive conferencing, which is not a term that totally caught the world on, it didn't catch on completely. But in our surveys, we tried to make a distinction between virtual video visits and telephone visits. And our Pritzker funded us because they were really interested in the virtual video visits. But we did have questions about the telephone visits as well. In most of the cases, when home visitors were talking about virtual visits, they were talking about virtual video visits, although phones were used as supplements, or they were used... For some families, that was their only way of communicating because

they didn't wanna do video visits. And then texting. See, texting is tricky, because most home visitors reported that they texted with families and it's hard to know is that the exclusive way they're contacted with families, or are they texting as kind of as a bridge or just as a quick communication.

And I feel like our survey did not do a good job of disentangling that because it started to get really complicated to figuring that out. I think texting is more kind of like an ancillary contact that most home visitors have. And then emailing in our like big survey was pretty low frequency that wasn't a primary way that home visitors stated in... For most of the people who answered our survey, that was a pretty low response rate.

NEIL:
I think definitions are really interesting. For our survey, we described virtual visits as through video or through a phone call when they're filling out various survey items and answering the open-ended questions. However, in actuality, when I talked to home visitors and looked at some of the open-ended question responses from families, it was very clear that virtual visits were happening across time. So, like, there was elements of texting that was happening outside the normal visit hours, more communication outside of hours and there had been with in person, there'd been porch drop-offs for activities, or the family was like recording an activity with their child and then sending that to the home visitor. And so there's a lot that's happening asynchronously. And so I think, our definitions don't do a good job of describing what actually... And encompassing all that is happening.

JOHN:
That's a really great point. And I think like HARC, with part of the precision paradigm is looking at mechanisms of service delivery. And one of the dimensions is this idea of synchronous and asynchronous service delivery. So, whether things happen in real-time, or whether they're happening, like you said, Neil, where like a home visitor records a interaction, sends it to the home visitor, the home visitor later that day looks at it, provides a comment, sends a response back, then the home visitor, then the parent might comment on it the next day. We've barely cracked that idea. But I think that's a really important dimension. And I think that we're gonna see a lot more of that going forward in the field. So, I think it was great that this question was raised, and you brought that up.

MATTHEW:
Thank you, John. And we've pretty much run out of time for this section. But this was a really good conversation, I didn't wanna cut it off too early. Thank you again, though. This is where I'm supposed to give my closing thoughts. And I feel like it should be something deep, but we don't have a lot of time. So, I'll just say, I think that has already been noted, there's a lot of room for additional research that needs to be done. And as we start to move back to what I'll call a steady state, a different kind of world where I'm sure it won't be the same as it was before the pandemic. But where there are more options in how we provide services to families, that the interest in this modality doesn't necessarily go away. Because I've had a lot of interest in this topic for a while now. In part, because I think that if we look at the original premise behind why home visiting took place in the home, some of the impetus for that has changed, such that the virtual home visiting is a potentially valuable way of meeting families where they're at.

Maybe not exclusively, but in addition to actual in-person visits. So, I think that leaves us in a position where research can be a really helpful topic to understand what works and how. Those are my closing thoughts, for now, I think we can move on to feedback. So, before we get to the final thoughts, I wanna

share the evaluation link for today's webinar, so that no one is in a scramble to pull it from the chat or in the final moment. So, we hope that you can get five minutes at the end of today's call, so you can share your thoughts with us. There's a link right there. I think it's gonna go into... The link was already posted. There we go. Go ahead and click on that. Let us know how we did. The next slide, we have additional resources. So, there's the Home Visiting Applied Research Collaborative. There's bunch of links there and MIECHV Awardee Learning Library - MALL, with some links. So, these are good resources on today's topic. And then we have a closing poll. So, the closing poll has just been put up.

What actions are you planning on taking based on attending today's webinar? Check all that apply.

JOHN:
And I want to sit in a horse race to watch these results.

MATTHEW:
It is fun to see them coming in, yes, and a little under half by half with the participants who answered. So, thank you everybody for your participation. If you have any additional questions, please feel free to reach out to the TARC team at tarc@edc.org. Of course, if you know Neil and John, you wanna reach out to them. I'm sure they don't mind and myself included. And if you want to connect with HRSA to learn more about the agency, you can go to www.hrsa.gov. You can sign up for the HRSA E-News and you can follow them on their social media. And that's everything. I think we're done. Are we sharing the results with everybody? I don't know if that was the plan. We can do that.

JOHN:
I think we should. We should be transparent, data transparency.

MATTHEW:
Well, I'm sharing the results. Executive decision on the fly. So, it looks like of all the topics, the most chosen was, 'I will share materials from today's webinar with my colleagues'. And then the next biggest one was, 'I will consider gathering additional data on virtual visiting'. And then it was, 'I will discuss the team members' possible adaptation'. So, great. Kind of what I would expect actually. Thanks, everybody. Thanks for joining.