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Executive Summary

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Authors

Susan Zaid, Kim McCombs-Thornton, Leah Childress, Patrice Cachat, and Jill Filene, James Bell Associates; Kristen Faucetta, MDRC

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Laura Nerenberg and Kelly Jedd McKenzie, Project Officers
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Prepared by

James Bell Associates
2000 15th Street North, Suite 100
Arlington, VA 22201
(703) 528-3230
www.jbassoc.com

Susan Zaid, Project Director

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Executive Summary

Home visiting aims to improve a range of short- and long-term outcomes for caregivers and children, including maternal and child health, nurturing home environments, child development, school readiness, parenting attitudes and behaviors, child maltreatment, and family economic well-being (Filene et al., 2013; Health Resources and Services Administration [HRSA], 2020; Kendrick et al., 2000; Lugo-Gil & Tamis-LeMonda, 2008; Sama-Miller et al., 2017). The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funds states, territories, and tribal entities to provide evidence-based early childhood home visiting services to support the health and well-being of pregnant caregivers and families with young children. Recipients are required to implement one or more evidence-based models that meet U.S. Department of Health and Human Services criteria for evidence of effectiveness shown to improve outcomes for families (Home Visiting Evaluation of Evidence, 2021).

The MIECHV Program has successfully expanded early childhood home visiting services, serving more than 72,000 families in 2020. Despite MIECHV's success in expanding the reach of home visiting beyond what states and other funders support, more families could benefit from home visiting services than are served. MIECHV-funded programs reach approximately 15 percent of the more than 465,000 families who are likely eligible and could benefit from MIECHV services (HRSA, 2022).[1] Limited slots mean

Report at a Glance

FLASH-V is one of the first national studies to ask home visiting programs about their perspectives on recruiting families for services. The 266 participating programs completed a survey, and a subset of 41 programs also completed an interview. The questions covered two points in time: before and after the COVID-19 pandemic began.

The findings suggest promising opportunities for programs to expand recruitment, including nurturing relationships with referral partners, maximizing referral sources families trust, streamlining the recruitment phase, using data to guide outreach, and using strategies that have been successful for other programs.

Future research could explore parent perceptions to identify factors that might influence them to enroll and use data to identify what recruitment and enrollment strategies work best for different groups of families. The home visiting field may consider how addressing progress toward health equity can be achieved through recruitment, outreach, and enrollment methods.

[1] HRSA internal analysis using Current Population Survey data.

that only some of these potential beneficiaries can be served. That makes it critical for local programs to maintain caseload capacity.

The Administration for Children and Families (ACF), in collaboration with HRSA, sponsored the Family Level Assessment and State of Home Visiting (FLASH-V) project. As part of the project, a team of researchers from James Bell Associates and MDRC conducted an outreach and recruitment study to gather information about how MIECHV state and territory local implementing agencies and Tribal MIECHV grantees (hereafter referred to collectively as "MIECHV-funded programs" or "programs") recruit families, including how they work with community referral partners. This builds on an earlier phase of the project, which found that some programs struggle to reach caseload capacity. The descriptive study aims to identify and understand opportunities for programs to reach capacity by exploring recruitment and enrollment processes.

This report presents the results of the FLASH-V outreach and recruitment study. The following questions guided data collection and analysis:

1. What is the capacity status of MIECHV-funded programs?
2. What approaches do programs use to identify, reach, and recruit families? What types of community organizations refer families to home visiting? How do programs communicate and work with referral partners?
3. What accomplishments and challenges do programs experience in maintaining caseloads, including during the COVID-19 pandemic?
4. What opportunities exist to increase the number of identified families? How can programs work with referral partners to increase referrals and enrollment and rates of successful enrollment?

From March to May 2021, a total of 441 MIECHV-funded programs were invited to participate in the study. Participation was voluntary. Of the programs invited, 266 completed a survey between March and June 2021 that captured broad information on program capacity, outreach and recruitment, and referral partners. The survey asked participants about two points in time: *before* March 2020 (when the pandemic began) and *after* March 2020. Unless otherwise specified in the report, "before March 2020" refers to the 1-year period before the pandemic (February 2019–February 2020) and "after March 2020" and "during the pandemic" refer to March 2020–June 2021. A subset of 41 programs that completed the survey participated in semistructured interviews between April and August 2021. These interviews were designed to deepen understanding of program capacity, outreach and recruitment, and referral partners. Participants were asked to share recruitment materials prior to the interview.

Of the 266 survey participants, 16 (6 percent) reported that their program received Tribal MIECHV funding; 250 (94 percent) reported that their program received state and territory MIECHV funding. One-hundred and twenty-five (47 percent) programs reported being at capacity, and 141 (53 percent) reported being under capacity at the time they completed the survey (March–June 2021).

The study defined “at capacity” as serving at least 85 percent of the families the program had agreed to serve with its home visiting model and/or funder. It defined “under capacity” as serving less than 85 percent of this target.

Of the 41 interview participants, 4 (10 percent) reported that their program received Tribal MIECHV funds and 37 (90 percent) reported that their program received state and territory MIECHV funds. Twenty-two (54 percent) reported being at capacity and 19 (46 percent) reported being under capacity after March 2020.

Findings represent information shared by program representatives who participated in the study. Respondents represented multiple roles within the program. Forty-one percent of survey respondents were program managers and approximately a quarter were supervisors.

Program Perspectives on Program Capacity and Family Need

The COVID-19 pandemic exacerbated challenges to reaching program capacity targets. Thirty-five percent of programs reported being under capacity prior to the pandemic; that number then rose to 53 percent after the pandemic began. Nearly two-thirds of programs (62 percent) reported no change in capacity status across time points. Both before and during the pandemic, most respondents (60 percent) reported that there were more families that could benefit from their program than they could serve.[2] However, less than 40 percent perceived that there were more families in need of *and interested in* their program than they could serve.

Current Outreach and Recruitment Approaches

For the purposes of this study, outreach involves activities intended to increase enrollment in services. Recruitment involves engaging potentially eligible families to participate in services. These activities often overlap.

Program Perceptions of Factors Important for Promoting Families’ Initial Interest

Programs perceived trusted sources such as friends, family, or former participants as most important for promoting families’ initial interest in home visiting, followed closely by service providers. They also stressed the role of home visiting staff in building relationships and making meaningful connections with potential participants. Capacity status was not associated with program perceptions

[2] The terms “in need of” and “could benefit from” are used interchangeably throughout the report. Survey respondents were asked to indicate whether they agreed with the statements “There were more families in need of our program than we could serve” and “There were more families in need of and interested in our program than we could serve.” The survey did not define the phrase “in need of”; therefore, programs responded using their own interpretation.

of influences on families' initial interest in home visiting. Metro status was significantly associated with the perception that certain factors promote families' initial interest. Programs in nonmetro areas were more likely to indicate that hearing from a previous program participant was important (94 percent nonmetro versus 86 percent metro, $p < .10$), while those in metro areas placed higher value on the importance of referrals from a community service provider (83 percent metro versus 71 percent nonmetro, $p < .05$).

Program Perceptions of Factors Important for Initial Messaging to Families

Nearly all programs reported that initial messaging to families emphasized the ability to connect them to community resources. Key messages also included other ways in which home visitors can support families and clear expectations about the logistics of home visiting. Messages about the availability of concrete goods or material resources and group activities were the least common. Interviews identified additional messages about helping parents meet their goals and emphasizing the voluntary nature of the program. Outreach materials corroborated these reports and included a few additional messages (e.g., model is evidence based, staff qualifications). Program capacity status was not related to the perceived value of key messages, though other program characteristics were (e.g., type of organization, program size).

Outreach Strategies

Outreach is a dynamic and continual process for many programs, and strategies are commonly used together. Nearly all programs reported working with referral partners to reach and recruit families. Sixty-three percent have a memorandum of understanding (MOU) or other formal agreement in place with a partner that outlines shared commitments, such as making referrals to home visiting. Participation in community events was also a common strategy, though views of its success were mixed. While many programs reported using social media, respondents perceived it to be less successful than other strategies. Direct outreach (e.g., talking to families, calling families, putting flyers in family mailboxes) and distribution of material resources to families, such as food, diapers, or books, were less common than other strategies. Program capacity status was not related to types of outreach activities used but was associated with perceived success of certain strategies. Programs that were at capacity at the time of the survey reported significantly greater success than programs under capacity regarding reaching out to referral partners, using social media, and having memorandums of understanding (MOUs) or agreements with partners.

Referral Sources

Programs reported receiving referrals from multiple sources, with no change across time periods. Community partners (e.g., healthcare organizations or clinics; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] offices; child welfare agencies) were the most commonly reported source; some respondents also received referrals from a centralized intake

process. Program capacity status had little correlation with referral sources across time periods. Some interview respondents discussed prioritizing families that self-referred, including through friends or family. Programs perceived that effective communication and collaboration with partners facilitated referrals. They also noted the importance of ensuring that partners have a clear understanding of the referral process.

Staffing and Management of Outreach Activities

Programs often use multiple staff or a team approach for outreach rather than one dedicated outreach person. Most programs tracked some or all information on referral eligibility or enrollment. In interviews, some programs reported regularly reviewing the information with home visitors to understand the number of open slots. A few reported using the information to guide outreach in ways beyond identifying number of available slots, such as informing recruitment plans, changing outreach strategies, and following up with certain referral partners. Programs commonly described the importance of intentionally managing new referrals to ensure enrollment. Whether programs had a dedicated outreach staff member significantly varied by type of organization.

Outreach Materials

Programs reported using multiple types of outreach materials. The materials used most commonly were program flyers, brochures, or pamphlets (reported by 99 percent of survey respondents). Programs at capacity and under capacity largely used similar messages in the outreach materials reviewed. Those at capacity were more likely to emphasize that the program was free and those under capacity were more likely to emphasize prenatal health. The most common messages across groups included home visiting could provide support for child health and development, support for parenting practices, and connection with or referrals to community resources.

Program websites and Facebook were the most common online forms of outreach, but programs at capacity were significantly less likely to use Facebook than programs under capacity. Materials were perceived to be more effective when used in combination with other outreach strategies (e.g., events, referral partners). Interviewees reported materials were commonly developed in house. In-depth family feedback on outreach materials was rarely reported. More than half of survey respondents (54 percent) reported tailoring outreach and recruitment materials to different types of families. Types of outreach materials also varied by metro status—programs in nonmetro areas were more likely than those in metro areas to use community newspapers (25 percent versus 11 percent, $p < .01$), visual advertisement such as billboards (36 percent versus 23 percent, $p < .05$), and Facebook (84 percent versus 64 percent, $p < .01$), and less likely to use other types of social media.

Accomplishments and Challenges Maintaining Caseloads

Programs shared perceived accomplishments and challenges related to maintaining caseloads before and during the COVID-19 pandemic. They discussed experiences related to two key components of maintaining caseloads:[3] working with referral partners and enrolling families. They also shared accomplishments and challenges that occurred during the pandemic.

Working with Referral Partners

Most programs reported strong relationships with community referral partners and viewed these relationships as an accomplishment. Additionally, survey respondents indicated that most families referred by the top referral partner are eligible for services. However, almost half (49 percent) said referrals by partners during the year before March 2020 were low or infrequent. Interview participants discussed challenges related to communicating with partners and building and maintaining relationships, which can take significant time and be hindered by partner staffing issues.

Enrolling Families

Reporting on the year before March 2020, 83 percent of survey respondents said they were able to *identify* families most in need of home visiting services, and 75 percent said they were able to *enroll* those families. Interview participants viewed their ability to build trust and "meet families where they are" by tailoring messaging to address family concerns (e.g., home visiting is flexible, voluntary, and not affiliated with the child welfare system) as an accomplishment that helped enroll families. Some described staff turnover, limited awareness of the program among families, and competition between programs as challenges for enrollment. While there was no substantial variability in programs' overall perceptions of reasons families choose not to enroll, survey and interview results suggest that program perceptions may differ based on community context and characteristics of families served.

COVID-19

Interview participants valued funding opportunities during the pandemic that allowed programs to provide material goods to families, which some perceived as increasing families' interest in home visiting. Interview participants also described new approaches to service delivery that they felt helped maintain caseloads during the pandemic. However, they noted that relationships with community partners suffered and referrals dropped. Programs reported that it became harder to identify, recruit, and enroll families during the pandemic; 41 percent of families referred by their top referral partner did not enroll in home visiting, and self-referrals decreased. Over half of survey

[3] Components emerged from analysis of survey and interview data.

respondents (56 percent) reported that families were uninterested or unable to participate in virtual home visiting, which was a challenge for maintaining caseloads. Staffing challenges were also exacerbated by the pandemic.

Implications and Opportunities for Home Visiting Programs

The findings suggest promising opportunities for consideration for further study. Although some of the strategies described came from only one or two programs, they could be tested through continuous quality improvement or research efforts and applied broadly if effective.

Make Meaningful Connections and Maximize the Use of Trusted Sources

The findings suggest that home visiting programs may strengthen outreach and recruitment efforts by using referral sources families trust, such as program graduates or community service providers, and strategically using home visitors in outreach efforts to develop relationships with families in the recruitment phase. In the study, both trusted sources and home visitors were reported to strongly influence families to enroll.

Consider New Outreach and Recruitment Strategies and Identify and Recruit from Groups Underrepresented in Services

Some respondents described outreach and recruitment strategies they were trying or planning to try: conducting child development screenings and sending results to the pediatrician, recruiting at libraries during “story time,” conducting activities for children in the waiting area of WIC offices, embedding the program within pediatricians’ offices, and making videos or tailoring materials with culturally appropriate messages specific to underserved populations.

Programs may use data to identify groups underrepresented in home visiting services and target outreach efforts to those groups. Groups highlighted in interviews as underrepresented include Latino families and families who speak languages other than English, Black families, tribal populations, families affected by substance use, teen caregivers, families early in their pregnancy, families in geographically remote areas, and other groups unique to the program’s locale, such as refugees. Underrepresentation was attributed to factors such as misalignment of messaging with the culture and distrust of systems that protect children (e.g., like child welfare and health care), which may create a distrust across systems, including home visiting. and systemic racism. Understanding why some groups are underrepresented in home visiting services may help programs target disparities in representation. Programs may consider developing or tailoring outreach materials for these groups in a way that aims to address or acknowledge contributing concerns. They may also consider identifying and connecting with less typical referral partners to reach these groups.

Nurture Relationships With Referral Partners

The findings suggest the importance of reaching out to partners, maintaining ongoing communication, and networking and cultivating relationships to increase referrals. Programs not already practicing these strategies could start by establishing a clear point of contact with each partner and maintaining communication.

Programs may prioritize referral partners that serve the same population they want to reach. In describing their top partner, most survey respondents indicated that serving the same target population contributed to the referrals received.

Make Outreach and Recruitment More Efficient

Programs reported the importance of dedicating staff time to identify and connect with families as soon as possible after receiving a referral. They also emphasized the importance of efficiency—for example, reducing the steps in the enrollment process or enrolling families during the initial contact. Some interview respondents prioritized enrollment of self-referrals over other sources, presuming high interest.

Use Data to Guide Outreach

While most programs surveyed track and monitor referrals, there may be an opportunity for programs to use referral data to conduct targeted outreach. Programs may consider tracking data on outreach, referrals, and enrollment to identify groups that are underrepresented in services but could benefit from home visiting. Data on enrollment may inform what outreach strategies work for different groups of families. Data may also inform other improvements to outreach and referral processes. Testing outreach strategies could help programs learn what works in their own community and adjust their practices accordingly.

Implications and Potential Opportunities for Future Research

This is one of the first national studies to ask home visiting programs for their perspectives on what works to reach and recruit families. Understanding their perspectives may facilitate the identification and testing of promising strategies and inform technical assistance to support programs. However, there is also an opportunity for programs to use family voices to guide outreach and recruitment efforts. Future research may consider exploring parents' perceptions about home visiting and what they want from services. Programs may seek family input on outreach materials or strategies, program descriptions, and services or supports they would like—all of which influence whether they want to enroll in home visiting services.

In addition to testing strategies to better understand ways to increase the recruitment and enrollment of families, there is an opportunity to better understand what strategies work best for different groups

of families. Disaggregating data may provide an opportunity to learn if and how strategies differentially affect recruitment and enrollment for different groups; learning who benefits most and least may point to disparities and provide opportunities to tailor efforts. The home visiting field may consider how progress toward health equity can be achieved through recruitment, outreach, and enrollment methods.

Efforts to expand recruitment and enrollment of families into evidence-based home visiting programs may include focusing on strategies that enhance relationships with referral partners, using referral sources trusted by families, streamlining the recruitment phase, using data to guide outreach, and strengthening the use of outreach and recruitment approaches programs perceive as successful.

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