Technology to Support Service Delivery

One aspect of the Mother and Infant Home Visiting Program Evaluation (MIHOPE) implementation study is to assess how helpful home visitors find the tools that are available to support their work with families. A 2013 webinar titled “Is there an App for That? Strengthening Family Engagement with Technology,” sponsored by the Health Resources and Services Administration (HRSA), highlighted how home visiting programs are using videos, text messaging, and other mobile technologies to support service delivery. This trend in home visiting seems to be consistent with the use of tablets and other mobile technology in other fields: According to one study of nonprofit service providers in Minnesota, nearly 40 percent of these organizations use smart phones, mobile apps, or other portable solutions to collect data while in the field with clients (Bernard, Wagner, Andrei, and Quinn, 2012).

In fact, some the MIHOPE and MIHOPE-Strong Start sites have introduced tablets (e.g., iPads, ThinkPads, Microsoft Surface RT) to support their work. The following examples describe how two home visiting programs in the studies are using tablets to decrease paperwork and data entry and to deliver content and education in the home.

In 2013, The Children’s Trust in Massachusetts received grants to distribute tablets preloaded with specific applications to their Healthy Families America (HFA) home visitors across the state. The staff also received wireless sticks to connect the tablets to the internet while in the field. These tools allow home visitors to document the home visit and save information from the tablet to a cloud-based server from which they can retrieve information when they are back in the office. The home visitors have found the tablets are great tools to look up referrals in the home, access apps that provide pre- and postnatal support, and view videos on baby development with their clients.

In Indiana, a Nurse-Family Partnership (NFP) program field-tested two different tablets in late 2014 and ultimately purchased 16 tablets for a team of nurses in 2015. Nurses are using the tablets to access videos to show in the home, complete on-line applications with clients, and present clients
with available supports that can be accessed after the home visit. To maximize the benefit of the tablets, a data management system is being implemented to allow nurses to use the tablets to do real-time data entry (as opposed to hard-copy forms being completed in the home and given to another person for data entry at a later point in time). The tablets are replacing laptops and reducing the program’s use of paper copies of client files. This decreases what the nurses take into the home as well as the office storage space needed for paper files. All nurses are expected to operate from tablets within two years. The program believes that tablets will produce cost savings by decreasing the amount of time spent documenting and transferring files and by lessening the reliance on paper copies of client files.

In both sites, the home visitors are responsible for the care of the tablets, they have learned that the type of tablet they use matters, and they have run into some common obstacles. Home visitors in both sites tested more than one type of tablet and found significant differences in the user-friendliness of the machines. For example, some tablets have a built-in WiFi, whereas others allow external wireless sticks; some have external keyboards; and there is variation in the way information is presented on the tablet. In some locations, including apartment buildings with cement walls and hospitals, internet access can be an issue, regardless of the tablet used. Overall, however, home visitors reported that the tablets were beneficial to their work with families and suggested programs test different tablets to determine the best fit for their team and location.

In the coming years, home visiting programs will continue to explore the many emerging uses of mobile technologies to enhance home visits and to administer services as efficiently as possible.

Data That Serves Multiple Purposes

In the recent report, **Cheaper, Faster, Better: Are State Administrative Data the Answer? The Mother and Infant Home Visiting Program Evaluation-Strong Start Second Annual Report**, the MIHOPE-Strong Start research team discusses the opportunities and challenges of using administrative data (such as Medicaid data and vital records) for research purposes. Researchers value administrative data, which are collected for management and reporting purposes, for their comprehensiveness and accuracy. However, since administrative data are primarily designed for the effective management of programs and services, procedures for data-sharing between agencies and researchers can be challenging. This is understandable, since the agencies that house this type of data must only share it when certain conditions are met to ensure that clients’ privacy is maintained.

Policymakers have increasingly focused on the importance of evaluating the effectiveness of publicly funded social programs. They also place a high priority on conducting these studies using methods that are timely, rigorous, and as low-cost as possible. Studies like MIHOPE and MIHOPE-Strong Start are therefore examining how to access and use administrative data (already collected and housed by state agencies) as efficiently and effectively as possible. These national studies are examining the effects of home visiting services on a wide range of outcomes for at-risk families with
infants. For example, MIHOPE-Strong Start will rely primarily on birth certificate and Medicaid data for measuring birth and health-related outcomes, health care use, and associated costs.

To date, the MIHOPE and MIHOPE-Strong Start research teams have achieved about three-quarters of the legal agreements needed for these studies to use administrative data. These data-sharing procedures, which place a high priority on carefully safeguarding the identities of study sample members, will allow the MIHOPE and MIHOPE-Strong Start studies to answer key research questions. In addition, a data set that does not include the identities of individual sample members, thereby protecting client privacy, will be made available after the original studies end to enable future researchers to explore new questions and verify the results of the studies. These efforts will result in a rich, comprehensive data set that links different types of administrative data so that researchers will be able to answer a wide range of questions aimed at strengthening future home visiting programs.

Other Services in MIHOPE and MIHOPE-Strong Start Communities

Home visiting programs coordinate with different types of services in every community, yet a few core services are commonly identified by programs as potential referral partners. An informal review[1] of 29 alternative services lists (lists of organizations or resources, other than home visiting, available to families in the community) found that home visiting programs most commonly listed the following services in their communities:

- Mental Health/Counseling
- Prenatal Care/Pregnancy Support Services
- Housing/Rental Assistance
- Parenting Education
- Food/Nutrition
- General Health/Medical Providers (includes vision, dental, AIDS, hospital listings, etc.)
- Child Care/Drop-in Centers
- Employment
- Basic Needs/Clothing
- Adult Education (community college, GED, etc.)
• General Social Services (TANF, Social Security, etc.)
• Women, Infants, and Children (WIC) Office
• Substance Abuse
• Medicaid/Health Insurance

In addition to these commonly listed services, some programs also report providing information to families about local libraries and recreation centers to support child development and family well-being, as well as using very targeted services, such as resources for families of multiples, disaster relief, gay/lesbian services, and incarceration support.

MIHOPE and MIHOPE-Strong Start will be gathering a range of information about the kinds of referrals that families receive through home visiting, helping us to understand in detail one of the important strategies home visitors use to maximize the well-being of both parents and children.

**MIHOPE & MIHOPE-Strong Start News**

**SITE NEWS**

**Funding for MIECHV was recently extended through fiscal year 2017.** The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program was established as part of the Patient Protection and Affordable Care Act of 2010; it was up for reauthorization by Congress in early 2015, but was extended this spring through the Medicare Access and CHIP Reauthorization Act of 2015. Studies like MIHOPE and MIHOPE-Strong Start can help to inform high-level policy conversations, like the future reauthorization of MIECHV.

**MIHOPE RESEARCH ACTIVITY UPDATES**

As of August 19, 2015, more than 4,150 participants enrolled in MIHOPE.

**More than 570 home visitors,** representing 88 local programs, consented to and participated in the MIHOPE baseline survey. The survey provides information on home visitors’ perceptions of their role, training, and strategies and tools to help families manage issues related to maternal health and well-being, parenting, self-sufficiency, child health and development, and community resources.

**MIHOPE-STRONG START RESEARCH ACTIVITY UPDATES**

As of August 17, 2015, the sample for the MIHOPE-Strong Start analyses is 2,731 (1,840 from MIHOPE sites and 891 from MIHOPE-Strong Start sites).
**MIHOPE-Strong Start site recruitment is complete.** Local programs in California, Illinois, Indiana, Massachusetts, Nevada, New Jersey, New York, North Carolina, Pennsylvania, Tennessee, and Washington are actively enrolling families in MIHOPE-Strong Start. MIHOPE sites that enroll families that meet the MIHOPE-Strong Start eligibility criteria, which are narrower than the MIHOPE criteria, will also be included in the study.

**CONFERENCES and EVENTS**

The [MIHOPE Report to Congress](#) was presented to staff of the U.S. Senate and the Office of Management and Budget (OMB) in February and March 2015. The report includes information on the needs identified by states and their plans for using MIECHV funds to meet those needs, a description of where the study is being conducted, some information on the families in the study, and a summary of the goals and infrastructure being used by national model developers and local home visiting programs in providing home visiting services.

MIHOPE and MIHOPE-Strong Start were presented in May 2015 at The National Summit on Quality in Home Visiting Programs, organized by the Pew Charitable Trusts. The team presented results from the MIHOPE Report to Congress on two panels. The panels benefited tremendously from insights provided by discussants Dr. David Willis (Director, Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services) and Leslie McAllister (Home Visiting Coordinator, Wisconsin Department of Children and Families). One panel focused on targeting home visiting to at-risk families and communities, with presentations based on the results of MIHOPE’s analysis of state MIECHV needs assessments, as well as on the characteristics of families who are enrolling in MIHOPE. The other panel focused on early implementation findings about variation in the goals of local programs and in how they are structured to deliver services. The presentations that were delivered are available on the [Pew website](#).

In September 2015, MIHOPE will be discussed at the fifth [Secretary's Advisory Committee (SAC)](#) meeting about the study. The MIHOPE team will present the analysis plan (including impacts, implementation, impact variation, and cost) for Committee feedback. The analysis is intended to deepen understanding of the features of local programs that are associated with greater benefits for families and thus to strengthen the future implementation of home visiting programs.

Joins us November 12, 2015, in Miami at the [2015 Association for Public Policy Analysis and Management (APPAM) Fall Research Conference](#). The MIHOPE research team will present “Designing Evaluations to Strengthen Policy and Practice: Current Research on Evidence-Based Home Visiting Programs.”

---

[1] This review was outside the scope of the studies' formal implementation analyses.