

**Colorado Home Visiting Project Inventory**

Prepared for the Early Childhood Home Visiting Investment Taskforce

June 30, 2022

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## **Introduction**

This project was conducted at the request of the Office of Early Childhood Home Visiting Investment Taskforce. One of the recommendations of the task force is to create an inventory of best practices in home visiting in three areas: 1) virtual home visiting, 2) serving racially and ethnically diverse families and 3) rural home visiting services. This report describes an inventory produced by a review of the home visiting literature in these three areas, professional websites, and interviews with home visiting intermediary organization representatives, home visiting program developers, home visiting service providers, and parents who participated in home visiting services in Colorado. The purpose of the inventory was to identify local expertise and resources and infuse learning from research and efforts in other states to inform home visiting services in Colorado.

The requested inventory supports the Plan Goal of Expanded Capacity by 1) assessing the use of and potential for expanding virtual home visiting to address unmet needs and 2) identifying existing resources, both written material and home visitors, that can be shared with other providers to better address the linguistic needs and cultural issues in serving families from diverse cultures, 3) identifying potential program innovations/cross-modal strategies suitable for replication, 4) avoiding duplication of services, 5) increasing knowledge on what works and where 6) increasing knowledge of where there are gaps in services, and 7) gathering knowledge on serving all families eligible for services. This project also supports expansion through increased use of virtual service delivery and culturally relevant practice across the state.

## **Methods**

The information provided in this inventory was produced using systematic search strategies of academic literature, professional websites, and interviews with key informants on home visiting services and resources in Colorado.

### **Search Strategies**

The research team searched scholarly articles, popular media descriptions, and public websites. Literary sources searched included the following: APA PsycInfo database, Google Scholar, Web of Science, Medline, and PubMed. The resulting sources were reviewed for cogency, yielding reference lists for the selected articles, which were then examined by the research team and summarized for this report. Search terms were chosen to identify resources and scholarly literature in the three areas identified by the task force: 1) virtual home visiting, 2) serving racially and ethnically diverse families through home visiting, and 3) rural home visiting services. General home visiting terms were used, along with searches for nine specific home visiting models: Baby Bear Hugs, Child First, Early Head Start/Head Start, Healthy Families America, Healthy Steps, Home Instruction for Parents of Preschool Youngsters (HIPPI), Nurse-Family Partnership, Parents as Teachers, and SafeCare. A complete listing of all academic references identified is provided in Appendix B.

In addition, network committee members and their networks and an expert consultant in virtual home visiting services were also used to identify additional resources. General Google searches were also conducted using the same terms as used in the academic literature search and a review of the websites of the nine specific home visiting models for any relevant resources.

## **Interviews**

Qualitative interviews were conducted from May 2022 to June 2022 statewide with professionals working in intermediary organizations, home visiting intervention developers, sites providing home visiting services, and a parent who received home visiting services in Colorado. The semi-structured interviews were developed to gain insight into resources and the benefits and challenges of virtual home visiting, providing home visiting services for racially and ethnically diverse families, and home visiting services for those living in rural areas.

Participants were recruited using convenience and snowballing sampling, and they were invited to participate in the interviews via email or phone. If they agreed to be interviewed, the interviews were conducted over zoom or telephone. Thirty-nine potential participants were contacted and invited to participate, and twenty-three interviews were completed. Among the professionals that provided demographic information, all participants identified as female, except one who identified as male. One participant identified themselves as Asian, nine identified as Hispanic or Latino, and twelve identified as White. Interviews included three professionals from intermediary organizations, three professionals from national programs, fifteen professionals from sites providing services, and one parent.

Participants received a \$25 electronic Amazon gift card for participation. Interviews were recorded unless participants requested that notes be used, and the audio recordings were professionally transcribed. The research team coded each transcript using the interview guide as the codebook provided in Appendix C.

Additionally, emails were sent out to networks and contacts who were not identified in time to conduct an interview to request resources.

## **Part 1: Virtual Home Visiting**

### **National Model Resources**

Before the COVID-19 pandemic, few home visiting programs had developed or evaluated virtual home visiting strategies or programs. Many national home visiting models have begun to describe, and in some cases consider, their virtual home visiting practices after COVID-19. The pandemic forced many home visiting programs to incorporate virtual services rapidly. Below we summarize virtual home visiting approaches by model, highlighting which resources were developed pre- and post-pandemic.

#### *Early Head Start and Head Start*

The Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) has produced some strategies and resources designed to support virtual home visits, including an online webinar that describes these resources and includes links to a tip sheet for virtual support of parent-child interaction and another tip sheet on conducting observations in the virtually. In addition, ECLKC has made available on their website resources designed to support the operation of remote or virtual services, including practical resources on accessing technology and the internet, guidance on supporting home visiting professionals during COVID-19, designing virtual home visits, supervising virtual and remote workers, how to make videos for

families, and specific tips for virtual work with special education, early intervention, and children with disabilities (<https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/operating-remote-or-virtual-services>).

#### *Healthy Families America (HFA)*

HFA regards virtual and in-home visits equally when conducted with fidelity guidelines. While many HFA programs provided services virtually due to COVID-19, HFA has allowed for virtual visits in the past due to natural disasters, for example. These include both video and telephone visits. The HFA website has various resources for providers, including information about splitting visits into more than one contact. The HFA website guides how to employ specific elements of the program virtually and supervise staff delivering virtual services, including more general content and guidance in the context of COVID-19. HFA also provides several resources designed to support staff who are working remotely. (<https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/continued-use-of-virtual-home-visits-for-hfa-sites/>).

#### *Healthy Steps*

The Healthy Steps website guides the delivery of telehealth services during COVID-19 with links to other websites and resources that cover various topics, including supporting virtual visits, conducting developmental assessments online, and (Healthcare Insurance Portability and Accountability Act) HIPAA compliance. (<https://www.healthysteps.org/resource/telehealth-and-remote-service-delivery-resources-amid-covid-19/>); although none of these resources are home visiting or model specific.

#### *Home Instruction for Parents of Preschool Youngsters (HIPPY)*

HIPPY USA developed guidance for workers to deliver virtual services to families in the context of COVID-19. Visits can be delivered through video conferencing and telephone. A memorandum summarizing the guidance can be found here: <http://floridahippy.fmhi.usf.edu/hippypubs/HIPPY%20USA%20Cornavirus%20Guidance%20and%20Supporting%20Documents.pdf>

#### *Nurse-Family Partnership (NFP)*

NFP allows virtual visits to be conducted when in-person visits are not feasible or necessary, address the mother's needs, or increase program retention. NFP has included telehealth in its curriculum since January 2018. Specific guidance is provided regarding the mix of in-person and virtual visits based on the "phase" the family is in (e.g., pregnancy, infancy, or toddler). More information about the integration of telehealth into NFP can be found here: [https://www.nursefamilypartnership.org/wp-content/uploads/2020/04/Telehealth-Fact-Sheet\\_2020.pdf](https://www.nursefamilypartnership.org/wp-content/uploads/2020/04/Telehealth-Fact-Sheet_2020.pdf)

#### *Parents as Teachers (PAT)*

PAT has been testing virtual service delivery through video conferencing since 2015, and COVID-19 prompted the model to move learning and resources more rapidly into the field (<https://parentsasteachers.org/virtual-service-delivery>).

The Parents as Teacher National Center recently commissioned a study of virtual home visiting during COVID-19 (LeCroy & Milligan Associates, Inc., 2022), which included interviews with 170 families and 14 home visitors with virtual home visiting experiences in Arizona. This report found that families and service providers generally prefer a hybrid model that employs both in-person and virtual visits and that families would benefit from having a choice of how services are delivered. PAT providers offering home visiting services provided a variety of virtual strategies to engage families, including video conferencing, virtual groups, text messages, email, telephone calls, dropping off materials, and social media. The benefit of virtual services to the families interviewed in this report was the flexibility, comfort, privacy, and safety.

This report produced many recommendations for successful virtual services. It also described some common challenges to providing services virtually, which included keeping children's attention, keeping children on camera, activities that are not easily amenable to virtual formats, connectivity or technological problems, fatigue, distracted caregivers, assessing emotional state and safety, and making a connection or building a relationship with children and caregivers. Parents also valued virtual visits as a strategy to continue receiving access to services during the pandemic and break up the boredom and isolation experienced by families. Workers generally did not find the delivery of virtual services to compromise their connections with other families, nor did they feel that balancing working at home and virtual visits to be particularly challenging.

### *SafeCare*

In response to the pandemic, safe care guided partner agencies on how to engage families in virtual sessions on the following website:

(<https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&refresh=60fac7d603eb31627047894>).

One study of the delivery of SafeCare during the pandemic found that the ease with which the intervention was delivered virtually varied by program element (Self-Brown et al., 2022). The Child Health module, for example, was rated as similar or easier to have virtually compared to in-person. This module is focused on psychoeducation. But, the other two SafeCare modules (Home Safety and Parent-Child Interaction) are more active, require skill modeling and practice, and are more challenging to provide virtually.

### *Other Organizations.*

No model-specific guidance on virtual service for other prominent home visiting models in Colorado, including Child First and Baby Bear Hugs, was identified. However, in response to COVID-19, groups other than the model program developers provided a variety of supports to the home visiting field as it collectively sought to shift services to virtual environments. Most prominent among these is the Rapid Response-Virtual Home Visiting Collaborative (RR-VHV) was formed by a group including many of the leading national home visiting model developers (e.g., Head Start, Child First, HIPPIY USA, Healthy Families, Safe Care, and Nurse-Family Partnership, etc.). The collaborative was designed to provide best practice principles and strategies to support home visiting professionals in maintaining meaningful connections with families through the pandemic. The collaborative hosted a collection of webinars (see attached resource table) on various topics with relevance across different program models. They also

provide links to a variety of tip sheets on topics relevant to virtual home visiting delivery (e.g., virtual screening and observation, virtual visit activities, preparing for virtual visits, and supervising virtual visits), as well as addressing pandemic-specific needs (e.g., self-care and wellbeing).

### **Pre- and Post-COVID Research on Virtual Home Visiting**

Most research identified in the academic literature on virtual delivery of home visiting services was produced in response to the COVID-19 pandemic. While some of this research is pandemic-specific, some findings suggest strategies that may be carried forward to increase engagement, reach, and outcomes. Some work produced before the pandemic examined the virtual or telephone delivery of services, particularly as an enhancement or complement to traditional in-person visits, and these studies suggest that integrating technology into services or using a hybrid approach is beneficial. For example, Carta and colleagues (2013) described using cellular phones to increase parent engagement and boost outcomes of a home visiting program called Planned Activities Training. Planned Activities Training is a short, 5-session home visiting intervention designed to teach responsive parenting strategies. The researchers found that the enhanced cellular phone version of the model increased mothers' use of parenting strategies and evidenced more significant reductions in maternal depression and stress compared to the standard intervention.

#### *Pre-COVID virtual home visiting*

One of the few pre-pandemic virtual home visiting models described in the literature is FOCUS for Early Childhood (FOCUS-EC). This virtual home visiting model was designed specifically for military families with young children (Mogil et al., 2015). FOCUS-EC includes six virtual home visiting sessions structured around a family goal and supported through home activities and discussion. A small pilot study suggests that FOCUS-EC is feasibly delivered virtually to military families and can improve access to services. Pre-COVID research on virtual home visits has generally demonstrated that virtual delivery of home visits is generally feasible and acceptable to families and offered some advantages in terms of access and cost savings to programs (Mogil et al., 2015; Olsen et al., 2013), particularly for rural programs (Olsen et al., 2013) or families that face other barriers to access.

Traube and colleagues (2021) were the first to take an on-ground home visiting model and transition it to virtual delivery prior to the onset of the COVID-19 pandemic. Their study demonstrated that a high percentage of families enrolled in home visiting services have access to tablets, cell phones, or computers, with less than 8% of participants requesting them. Overall, the program met all fidelity criteria related to supervision, training, and curriculum delivery. Parental satisfaction with PAT @ USC Telehealth was high (80-100%) for multiple outcomes, including overall satisfaction with the program, strengthened relationships with their child, effective goal setting with the home visitor, increased understanding of child development, and motivation to adopt a new parenting strategy. Further, 70% reported reduced stress following program participation, and 90% indicated that their experience was the same or better than previously experienced on-ground programs.

#### *Post-COVID virtual home visiting*

Some studies documented the changes needed to transition programs to the virtual environment in the context of COVID-19, which may offer some valuable guidance for supporting the high-quality implementation of home visiting moving forward. For example, researchers describe how the Family Connects (FC) program was adapted for virtual delivery. FC is a short-term postpartum nurse home visiting program. FC developers adapted the intervention protocol and manual to preserve key psychosocial components and adjust assessments to be carried out virtually. Research on FC suggests some reductions in program participation and completion in the virtual format. Research about the home visitation sector in Los Angeles, CA indicates that the most helpful strategies to support the transition to virtual home visitation included training, ongoing reflective supervision, and provision of technology. Family level analysis revealed that positive screening rates for anxiety and depression decreased during the pandemic as did referrals for most support services.

These findings likely highlight challenges in delivering virtual home visitation (Traube et al., 2021). Still, it is difficult to disentangle the effect of the pandemic from the impact of virtual home visiting services. For example, Traube and colleagues (2022) found that families enrolled after the onset of the pandemic were significantly less likely to be impacted by housing instability, have a child with a disability, or be involved with the military but more likely to have a history of child abuse or neglect. Fewer mothers were screened for depression during the pandemic, and maternal reports of depressive symptoms decreased.

Although many programs have been adapted for virtual delivery, there are few highly rigorous outcome evaluations designed to assess these adapted programs. Many studies, both pre-and post-COVID-19, describe the technological challenges (lack of equipment, poor internet quality) and limitations of using virtual home visits (inability to do direct observation and physical examinations of children, limitations in assessment and modeling) instead of face-to-face approaches (Marshall et al., 2020; Olsen et al., 2013; Rybińska, 2022; Self-Brown et al., 2022). It may be that some elements of home visiting programs are more readily amenable to virtual delivery than others (e.g., Self-Brown, 2022).

### *Overall effectiveness*

Most virtual home visiting services studies provide a “mixed” picture of effectiveness. Virtual home visiting delivery appears feasible and generally acceptable to providers and families. Some families appear to prefer virtual visits, others prefer in-person, while others still find both modalities acceptable. Variations in virtual versus in-person effectiveness may be model-specific and component-specific. There is not enough research to make a clear assertion about whether virtual and in-person home visits are equivalent. Still, some findings suggest that the hybrid approach may be the most advisable.

### **Interviews**

Home visiting program sites in Colorado varied in their use of virtual visits. Some never used virtual visits, even at the height of the pandemic due to the political climate. Some continue to serve families virtually, but most offer some virtual visits, depending on family preference or needs. The most consistent benefit of virtual services voiced by interview participants was the flexibility and convenience it provided and the increased opportunity to engage with families when in-person visits are impossible. Participants valued virtual visits for serving families across



large geographic areas due to inclement weather, and the flexibility of visits when families were ill or were working. Some participants also highlighted the cost and time savings to programs.

The consistent drawbacks of virtual home visiting described by professionals were the challenges in building relationships with families through virtual visits, the distractions or difficulty focusing during virtual visits, burnout due to multiple virtual meetings, the inability to more broadly observe the home and family context, and the lack of technology and/or Wi-Fi. Others also described how some workers are resistant to virtual visits and feel isolated delivering services in this way. Another challenge was translating some models and activities into virtual visits when model developers did not provide this information or guidance. Providers used various type of technology for virtual visits including tablets, computers, smartphones, telephones, learning management systems, and telehealth systems. Some families used computers provided to their children for school to participate in virtual visits.

Participants highlighted how they got helpful support through training, meetings, webinars, and materials from Kempe, Parent Possible, Office of Early Childhood, national program offices, “the state program,” the CDC, The Erikson Institute, Johns Hopkins, United Way, FEMA, local libraries, and their local organizations, supervisors, and colleagues. They also used YouTube to teach families how to navigate technology and leveraged organizational IT services if they were available. Specific resources identified by participants, as well as those identified through web searches, are described in more detail in the attached resources table.

Drawing on research, interviews, and resources, a table of recommended practices in virtual home visiting is attached to this report. Only those recommendations that were more generally applicable, not specific to virtual service delivery during COVID-19, were included.

## **Part 2: Serving Racially and Ethnically Diverse Families**

There is a large and growing literature on serving racially, ethnically, and culturally diverse families through home visiting services. We provide an overview of some key model guidance and studies organized by research specifically for American Indian and Alaska Native Tribal, African American/Black, Asian and Pacific Islander, Latinx/Hispanic, and refugee and immigrant communities. Because many home visiting models were developed for low-income and at-risk families, among whom racially and ethnically minority families are overrepresented, many studies and programs were developed for use with these communities. This general literature is too vast to summarize here. Instead, we focus on program guidance and studies designed to address community-specific cultural and contextual issues.

### **American Indian and Alaska Native Tribal Communities**

#### National Models

##### *Healthy Families America (HFA)*

HFA has been adapted for implementation with American Indian adolescent mothers in Apache and Navajo communities, with demonstrated improvements in parent knowledge and maternal involvement (Barlow et al., 2006).

##### *Early Head Start/Head Start*

Head Start has served American Indian and Alaska Native communities through programming since 1965. The ECLKC website guides tribal consultations, tribal language and culture materials, school readiness materials, and links to the American Indian Alaska Native Head Start Collaboration Office, data, and reports (<https://eclkc.ohs.acf.hhs.gov/programs/article/american-indian-alaska-native-programs>).

### *SafeCare*

Using data from a statewide implementation of SafeCare in Oklahoma, the intervention was found to have similar outcomes for American Indians compared to other racial groups (Chaffin et al., 2012). These findings suggest that the intervention is acceptable and effective for American Indians.

### *Nurse-Family Partnership (NFP)*

NFP has allowed for program adaptations for specific cultural groups. For example, NFP has worked with six tribes in rural and urban communities. NFP expanded eligibility to enroll mothers past the 28-week point and to deliver services to mothers having their second child to adapt to community needs (Tung et al., 2021).

### *Parents as Teachers (PAT)*

PAT has tribal affiliate programs that are specifically focused on American Indian and Alaska Native families. These programs are culturally specific and implemented locally by community-based paraprofessionals. The local affiliate programs work with tribal elders and leaders at implementation and start-up and are operated by Native staff and organizations. The model is enhanced with Native language, traditional arts, storytelling, and tribal events. In addition, for 30 years, PAT has partnered with the federal Bureau of Indian Education, the National Center for Families Learning, and the Parents as Teachers National Center on Family and Child Education (FACE) (<https://www.faceresources.org/>). FACE works with families starting in pregnancy through age four by pairing them with trained, local, Native professionals. Families also receive literacy support to help parents pursue their education and career goals. At age 4, families transition to center-based care and receive support through age 8.

### *Family Spirit*

Family Spirit is an evidence-supported, culturally tailored, Native paraprofessional delivered, home visiting program aimed to support parents with children under age 3. The intervention has demonstrated increased parenting knowledge and involvement, improved maternal mental health, improved child behavioral health, and increased home safety (Barlow et al., 2013; Barlow et al., 2015; Barlow et al., 2006; Walkup et al., 2009). The intervention includes 43 structured lessons developed in partnership with the Navajo, White Mountain Apache, and San Carlos Apache Tribes. Like other programs, Family Spirit has also worked to establish virtual home visiting resources in the wake of COVID-19, including guidance for completing virtual home visits (see attached resource table). More recently, they have developed other virtual program elements, including a digital platform and an app, along with a host of other innovations and expansions described in more detail here: <https://www.jhsph.edu/research/affiliated-programs/family-spirit/#:~:text=Family%20Spirit%C2%AE%20is%20an,for%20parents%20and%20their%20children.>

### *Promoting First Relationships (PFR)*

Promoting First Relationships (PFR) is an evidence-supported home visiting program delivered in rural, reservation-based American Indian communities. PFR is a 10-week, manualized, strengths-based program for caregivers of children under age 5. The intervention has demonstrated improvements in caregiver sensitivity and knowledge of child development, child competence, permanency outcomes, and stress regulation (Nelson & Spieker, 2013; Oxford et al., 2016; Spieker et al., 2012).

### Other Models

Several other home visiting interventions developed explicitly for tribal communities have targeted issues of obesity, nutrition, and physical activity and demonstrated success (e.g., Ingalls et al., 2019; Karanja et al., 2010; Rosenstock et al., 2021).

### Special Issue on Tribal Maternal, Infant, and Early Childhood Home Visiting

In addition to the research available on the models described above, a special issue of the *Infant Mental Health Journal* describes the work of the first three cohorts of the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantees. Whitmore and colleagues (2018) summarize lessons learned across the special issue. They recommend:

1. Making evaluations strengths-based.
2. Prioritize relationship- and trust-building.
3. Value tribal community members' contributions.
4. Provide ample time for planning and capacity building.
5. Make expectations clear and align resources with needs.
6. Align programs with tribal values.
7. Adapt programs to increase cultural and contextual attunement.
8. Value and recognize indigenous ways of knowing.
9. Support local evaluation to promote sustainability.

In this same special issue, Hiratsuka and colleagues (2018) describe a variety of cultural adaptations undertaken by Tribal MIECHV programs in partnership with model developers (2018). The models included in this study were: PAT, NFP, and Family Spirit. The article provides detailed examples of the steps to assess community needs, select a home visiting model, and culturally adapt home visiting programs for American Indian and Alaska Native communities. Barlow and colleagues (2018) describe “frugal innovations” that are designed to address the resource limitations and challenges, as well as the cultural context of tribal home visiting. Novins and colleagues (2018) address substance use problems in tribal home visiting in their article. The other articles address research and evaluation issues rather than programmatic lessons or best practices.

## **African American/Black Communities**

### National Models

Many national models have been developed for and evaluated with larger samples of African American/Black communities, including NFP (Olds et al., 2010), Healthy Steps

(McLearn et al., 2004), and HIPPY (Bradley et al., 2002). A recent study by King and colleagues (2020) demonstrated promising outcomes using the PAT curriculum with a sample of primarily Rural, low-income, Black women in reducing the risk for low-birthweight.

### Race and Relationship with the Home Visitor

Research on home visiting services with African American/Black families has often focused on the worker-mother relationship. A qualitative study of relationships between low-income African American mothers and their home visitors in the PAT program found that although the program was designed to be delivered in the same manner to all parents, there were differences in the focus of visits by race, and Black mothers actively made efforts to shape the direction of the home visitor relationship (Woolfolk & Unger, 2009). Another study looking at a sample of families participating in the Infant Mental Health-Home Visiting (IMH-HV) program found weaker alliance reported by white clinicians working with Black clients, suggesting the need to address racial bias among white home visiting providers (Torres et al., 2022). Some research also indicates that African Americans/Black are more likely to drop out of home visiting services than other racial/ethnic groups (e.g., O'Brien et al., 2012).

### Other Models and Enhancements

Several other models were identified that were specifically developed for and evaluated with African American/Black women. The Resources, Education, and Care in the Home-Futures program, delivered by a team of paraprofessionals led by a nurse, has demonstrated positive effects for African American women, including better immunization documentation, more developmentally appropriate expectations, and improved infant development (Norr et al., 2003). Katz and colleagues (2011) tested a combined home visiting, and group intervention for African American mothers called Pride in Parenting. Their study found that the intervention improved home environments, maternal social support and reduced child-rearing attitudes associated with maltreatment. Healthy Start is a case management and home visiting program emphasizing race equity and has demonstrated increased birth weight among participants (Kothari et al., 2014). Home visiting services for African American women have also been successfully enhanced with a group-based intervention designed to prevent perinatal depression (Tandon et al., 2013).

### Asian and Pacific Islander Communities

Very little research specific to Asian samples or specific attention to the Asian culture in the delivery of home visiting services was identified. Most home visiting studies included minimal numbers of Asian participants, making it difficult to provide any research-informed insights. One exception is studies of Hawaii's Healthy Start Program. For example, one study by Duggan and colleagues (2005) included a larger sample of Asian and Pacific Islander families. However, findings primarily describe the challenges of serving at-risk families; another by El-Kamary and colleagues (2004) highlighted the lack of program effect on rapid repeat births.

### Latinx/Hispanic Communities

#### *Community Health Worker Models*

Promotores, or community health workers, are used as a practical approach to increasing access to care for underserved populations (Swider et al., 2002). Promotores are sometimes professionally trained and, in other cases, peer educators but are hired from their respective

communities. This approach has demonstrated success in serving pregnant and parenting Latina women with home visits. We provide a couple of evidence-supported program examples here.

#### *Maternal Infant Health Outreach Worker Model (MIHOW)*

The MIHOW program employs services to families considered at risk due to low income or education, limited support, physical isolation, limited English, or public assistance eligibility (Elkins et al., 2013). Services are offered from pregnancy until the child's 3rd birthday. Like the promotora model, community health workers from the same community as families served are used to educate and support participants. First implemented in Appalachia, the model has demonstrated success with Hispanic women on outcomes related to breastfeeding, safe sleep, stress, depression, emotional support, referral follow-through, parental confidence, and infant stimulation (Lutenbacher et al., 2022).

#### *Healthy Start Programa Madrina (HSPM)*

HSPM is a home visiting promotora outreach and education program for Latina pregnant women. The promotoras who deliver the program are bilingual and bicultural indigenous women. Studies suggest that the intervention successfully links women to perinatal health care, health education, and support services and reduces barriers to care (Bill et al., 2009).

#### National Models

Some national home visiting models delivered in Colorado have specific guidance and demonstrated success with the Latinx community. Studies suggest that when SafeCare is locally adapted by programs to serve Latinx families, there is no decrement in experience or quality of model delivery (Beasley et al., 2014; Finno-Velasquez et al., 2014). HIPPY (e.g., Nievar et al., 2011; Nathans et al., 2020), Early Head Start (Beeber et al., 2010), and NFP (Yun et al., 2014) have also demonstrated success specifically with Latinx families in studies. Some studies have found that home visiting sometimes works better for Latinx families than Latinx families, as evidenced by outcomes and program completion across multiple models and contexts (e.g., Manz, 2012; Middlemiss & McGuigan, 2005; O'Brien et al., 2012; Williams & Caille, 2013).

#### Other Models and Enhancements

The Resources, Education, and Care in the Home-Futures program has also demonstrated positive effects for Mexican American women, including maternal daily living skills and home observations. Home visiting interventions targeting nutrition, obesity, and physical activity, as well as other health conditions such as asthma, have also been tested with and demonstrated success with the Latinx community (e.g., Ordway et al., 2018; Rashid et al., 2015). The Even Start intervention has shown literacy improvements specifically in Latino children (Ryan, 2005). Similarly, Head Start has also been successfully enhanced with a reading intervention called Storytelling for the Home Enrichment of Language and Literacy Skills. This resulted in increased quality of the home language environment for Spanish-speaking children (Boyce et al., 2010).

#### **Immigrant and Refugee Communities**

Limited research is available to inform home visiting services with immigrant and refugee communities. Some national models have begun to adapt their interventions for use with diverse refugee communities, including SafeCare (Self-Brown et al., 2022). Hilado and

colleagues (2018) tested the Baby TALK intervention with refugees and immigrants in Chicago and found positive outcomes favoring the intervention on child social-emotional development, language development, parent stress, parent trauma, referrals, and parenting practices. In addition, the ECLKC provides some information on integrating refugees into the Head Start community (see the attached resource table).

Some research also suggests that home visiting programs can be particularly helpful in fostering resilience in refugee communities, as described in a Canadian study of HIPPO program participants during the pandemic (Zivot et al., 2022). Studies in other countries, including Denmark (Marti-Castaner et al., 2021) and Turkey (Erdemir, 2022) suggest other models can be adapted for use with refugee communities and point to some approaches for adaptation as well. Park and Katsiaficas (2019) offer one of the few pieces directing how to leverage the potential of home visiting to serve immigrant families. Their brief offers several general recommendations. Katsiaficas (2020) provides similar and additional guidance in a follow-up brief.

## **Interviews**

The most frequently discussed themes identified by participants serving racially and ethnically diverse families were issues related to language and cultural differences. They described the need for interpretation and translation services, particularly for refugees or families that speak languages other than Spanish and English. Participants also described how interpretation services are not ideal for building relationships with families. One participant also talked about families' hesitance to let children learn languages other than English, making bilingual education and services challenging. Another participant described just "getting the word out" to diverse communities as challenging.

Many participants highlighted how there are more resources, workers, and support for working with Latinx communities, but other groups (e.g. refugees, African American/Black families) are not well-served or supported. Participants described the need for workers to get trained in differences across cultural practices and concepts in parenting and safety, as well as how to work from a cultural humility perspective. Participants also described minoritized families' concerns that workers may not understand their experiences, or how they are treated. Another participant described the challenge in trying to engage "tight knit", isolated, and non-Western communities.

Other issues of concern identified by participants included support for families at risk of deportation, as well as the fear and trust issues that present barriers to engaging families. Several participants also highlighted economic issues and the need for childcare, healthcare, and affordable housing support. Some participants also described how technology access and literacy were more common challenges for some racially minoritized groups. Other issues raised by participants were the lack of accessibility and disability services for families in home visiting in general, the need for support for military families, and concerns about the level of trauma experienced by minoritized communities.

In addition to resources listed in the attached resource table, interviewees mentioned specific organizations that are known as resources for working with the Latinx community in particular including Adelante Colorado, The Family Center/La Familia, The Spring Institute, Clayton Early Learning Center, and Focus Points. Participants mentioned working with One

Morgan County and Lutheran Family Services, and their local Immigrant and Refugee Center which are all well known for serving immigrants. Participants described how working together with colleagues and professional networks were also important resources for serving racially and ethnically diverse families. Many participants also mentioned resources available through their intermediary organizations and model developers, some of which are only accessible to member sites. Others talked about connecting with national organizations like the Migration Policy Institute, or colleagues providing home visiting services in states with larger immigrant and refugee populations.

Drawing on research, interviews, a table of recommended practices in home visiting with racially and ethnically diverse families is attached to this report.

### **Part 3: Rural Home Visiting Services**

#### **National Resources**

Although many home visiting programs, including HIPPY and Healthy Families America, have been serving rural and frontier communities for many years (O'Keefe, 2017; Whipple & Nathans, 2005), few national resources are providing specific guidance to rural programs. The Nurse-Family Partnership guides “small team” providers primarily serving rural communities (Nurse-Family Partnership, n.d.). No other specific program guidance for rural program implementation or adaptation was identified in the current project.

#### **Research Summary**

Similarly, there is relatively less research and fewer resources available to guide home visiting services in rural communities, although many intervention trials, including rural samples, have demonstrated their effectiveness (e.g., Chaffin et al., 2012; King et al., 2020; DuMont et al., 2008). Most research specifically focused on serving rural families through home visiting has been conducted in other countries, the context of which is so different that the findings may not easily generalize to the U.S. and are therefore not included here (e.g., Oppenheim-Welller & Zeira, 2018; Stansert Katzen et al., 2020).

#### *Differences between rural and urban home visiting*

U.S.-focused studies suggest differences in needs and outcomes for rural versus urban families. For example, one study found that urban families rated their Head Start programs as more engaging than rural families, suggesting that different approaches to engagement may be needed for rural families (Keys, 2015). Another study examined differences in Head Start effectiveness in rural versus urban areas and found positive, albeit different effects, for both groups on language and literacy measures (McCoy et al., 2016). Other studies point to differences in strengths and needs of urban versus rural families and children (e.g., Bender et al., 2011; Bojczyk et al., 2015); but few studies provide any clear guidance to the field as to adaptations that should be made to home visiting to target services to rural communities specifically.

#### *Rural Program Enhancements*

Several studies of rural home visiting programs have examined “enhancements” to home visiting programs to address a variety of issues. For example, one study (Thomson et al., 2017)

examined the effectiveness of the PAT program and a version of PAT enhanced with nutrition and physical activity curriculum on dietary outcomes but found no significant improvements for either group. One study of Head Start included a test of enhancements designed to reduce risk factors associated with future substance abuse and found that the intervention improved positive parenting, parent-school involvement, and child social competence (Kaminski et al., 2002). Another Head Start enhancement tested in the research was the Getting Ready intervention designed to support the parent-infant relationship (Knoche et al., 2012). This study found improvements in the quality of interactions with their children. Boris and colleagues (2006) examined an enhancement to the Nurse-Family Partnership model designed to address maternal mental health and found such an enhancement feasible.

One of the few U.S.-based studies specifically focused on evaluating home visiting in rural communities and identifying specific program adaptations needed to serve these communities focused on Healthy Families America programs (Whipple & Nathans, 2005). These findings suggested that a “triage case management model” may work best for rural families, which more strongly integrated child welfare, mental, and physical health care systems. One study of the Nurse-Family Partnership model in Canada also found that flexibility, protected time, and connection with colleagues and supervisors were essential considerations in serving rural families (Campbell et al., 2019).

In addition, SafeCare Augmented is an adapted version of the standard SafeCare program that incorporates additional training for providers in Motivational Interviewing and has been adapted for use with high-risk, rural families who do not have long histories of involvement with the child welfare system. The intervention has demonstrated improvements in family resources, social support, child abuse risk, depression, and nonviolent parenting strategies, though some improvements were no different than standard home-based mental health services (Silovsky et al., 2011). Augmented SafeCare did outperform traditional home-based mental health services in enrollment and reduced domestic violence-related referrals to child welfare (Silovsky et al., 2011).

## **Interviews**

Interview participants described several challenges and issues related to providing rural home visiting services, including staffing, low pay, and difficulty finding qualified and multi-lingual professionals. Participants also described the interrelated challenges of large geographic service areas, isolation of staff and families, lack of transportation, inclement weather, difficulty in delivering resources and materials to families, staff travel time, and limited caseload capacity due to travel. The rural context also was described as difficult to serve with high rates of poverty, and fewer resources in general including a lack of access to medical specialty services, and education services, as well as a lack of coordination or connection between organizations. Participants also talked about poor internet access and safety concerns. One participant also noted that some of the national guidance doesn't fit the diversity of geographic contexts in Colorado and programs serving urban, suburban, rural, and frontier families. Another highlighted boundary and ethical issues, given that home visitors live and work in small communities. Yet another felt that asking for help was more stigmatized in rural areas. Some participants noted how the conservative culture of rural areas could limit help-seeking.



In addition to the resources listed in the attached resource table, participants identified many resources they would like to see developed to support rural home visiting services. These include more consistent funding streams for rural services, including support for more high-quality internet access. Participants also described how information for families was often outdated or difficult to find, but they did not propose a specific solution to this issue. Participants also wanted more home visitors training on how to communicate and build trust in isolated communities, rural adaptations to models, how to manage and troubleshoot technology issues, how to address stigma, work with under-resourced families, and how to individualize services for families' specific needs. Staff turnover and the need to support staff to stay were also highlighted. One idea proposed by a site was to develop a coaching or mentoring program to support staff and help them better address the challenges of rural home visiting services.

Finally, participants named some organizations that are doing an good job supporting rural home visiting services, including the Denver Indian Health and Family Services, Catholic Charities, and High Plains Community Health Services. Multiple participants also pointed out that support for rural services is limited but in great need, given that there are numerically more sites serving rural than urban areas.

Drawing on research, interviews, and resources, a recommended practices table summarizes recommended practices in rural home visiting is attached to this report.

## Appendix A: Descriptions of Home Visiting Models

### Baby Bear Hugs

Baby Bear Hugs provides parenting education, support, and connection to community resources to all expectant parents and families. Services are at no cost to the families. Visits are ongoing for as long as they are desired, until the child is three, or at special request until five years old. Visits are conducted at regularly scheduled times, ideally twice a month, but can be modified to meet the needs of the parent/caregiver.

(Description drawn from: <https://www.babybearhugs.org/our-mission>)

### Child First

The Child First home-based intervention is focused on high-risk families to decrease stress, increase stability, facilitate connection to growth-promoting services and support the development of healthy, nurturing, protective relationships. Families receive visits twice per week during the first month, then once a week or more, depending on the family's needs. The intervention is continued for six to twelve months but can be longer. Services are delivered to children from the prenatal period to age five.

(Description drawn from: <https://www.childfirst.org> and <https://homvee.acf.hhs.gov/>)

### Early Head Start and Head Start

Head Start and Early Head Start programs are free, federally funded programs designed to promote school readiness for children from low-income families. Early Head Start serves pregnant women and families with children under age three. Head Start programs serve children between three and five years old. These programs encourage parent involvement through regular visits to the child's home, regular opportunities for parents to volunteer in the program, and special activities. Head Start and Early Head Start programs also link children and families to other services in the community. (Description from <https://childcare.gov/consumer-education/head-start-and-early-head-start#:~:text=Head%20Start%20and%20Early%20Head%20Start%20programs%20are%20free%2C%20federally,3%20and%205%20years%20old> and <https://homvee.acf.hhs.gov/>)

### Health Families America

For nearly 30 years, Healthy Families America (HFA) has worked toward a singular vision: all children receive nurturing care from their family that leads to a healthy, long, and successful life. HFA is the signature home visiting program of Prevent Child Abuse America, the nation's oldest and largest organization dedicated to preventing child abuse and neglect. Services are typically delivered to children from the prenatal period to age five. HFA sites offer at least one visit a week for the first six months after birth, and then visits become less frequent, depending on family needs. (Description from <https://www.healthyfamiliesamerica.org/> and <https://homvee.acf.hhs.gov/>)

### Healthy Steps

Healthy Steps was designed for parents with children from birth to age 3. The national model is designed to promote (1) the clinical capacity and effectiveness of pediatric primary care

to better meet the needs of families with young children; (2) the knowledge, skills, and confidence of mothers and fathers in their child-rearing abilities; and (3) the health and development of young children. HS specialists are expected to offer a minimum of six home visits to each family by the child's third birthday. Home visits occur at key developmental junctures, including the first few weeks after birth, and as children become mobile at about nine months of age. (Description drawn from: <https://homvee.acf.hhs.gov/implementation/Healthy%20Steps%20%28National%20Evaluation%201996%20Protocol%29/Model%20Overview> and <https://homvee.acf.hhs.gov/>)

### **Home Instruction for Parents of Preschool Youngsters (HIPPY)**

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a 2-year home-based educational enrichment program that builds on the natural bond between a parent and child. The program is aimed at families with children aged two to five. Parents receive weekly home visits and at least six group meetings. The home visiting model helps parents with limited formal education prepare their preschool-aged children for successful early school experiences and strengthens the bonds among schools, families, and communities. (Description drawn from <https://www.childwelfare.gov/topics/preventing/prevention-programs/homevisit/homevisitprog/hippy/website> and <https://homvee.acf.hhs.gov/>)

### **Nurse Family Partnership**

Nurse-Family Partnership empowers first-time moms to transform their lives and create better futures for themselves and their babies. Nurse-Family Partnership works by having specially educated nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy and continuing through the child's second birthday. Nurses partner with families to determine the content and frequency of visits. (Description drawn from <https://www.nursefamilypartnership.org/about/website> and <https://homvee.acf.hhs.gov/>)

### **Parents as Teachers**

The Parents as Teachers Evidence-Based Home Visiting Model is the comprehensive home visiting, parent education model used by Parents as Teachers Affiliates. The model provides services to families with children from prenatal through kindergarten. Families receive a minimum of 12 home visits annually if there are no or only one high needs characteristics, and a minimum of 24 visits for those with two or more high needs characteristics. Affiliates follow the essential requirements of the model, which provide minimum expectations for program design, infrastructure, and service delivery. Parents as Teachers provides support for affiliates to meet those requirements as well as further quality standards that represent best practices in the field. (Description drawn from <https://parentsasteachers.org/evidencebased-home-visiting-model#aboutebm> and <https://homvee.acf.hhs.gov/>)

### **SafeCare**

SafeCare is an evidence-based training curriculum for parents who are at risk or have been reported for child maltreatment. Parents receive weekly or bi-weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interactions. SafeCare is rated as a supported practice by the Title IV- E Prevention Services Clearinghouse. SafeCare is typically delivered in 18 or fewer sessions, and is integrated with case management

services that can extend the duration of delivery (Description drawn from <https://www.childwelfare.gov/topics/preventing/prevention-programs/homevisit/homevisitprog/safe-care/> and <https://homvee.acf.hhs.gov/>)

## Appendix B: References

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## Appendix C: Interview Guides

### Program Sites

*Hi, my name is [NAME] and I am a research assistant working on the Colorado Home Visiting Project.*

*Thank you for talking with me today. As a reminder, we've asked you to participate in this project because we are working on creating a home visiting resource inventory for the State of Colorado, Office of Early Childhood.*

*I'm interested in learning from you about virtual home visiting resources, your experience with virtual home visiting, and future opportunities to improve these services. In addition, we are interested in learning about your experience in providing home visiting services for racially and ethnically diverse families as well as those living in rural communities.*

*Before we begin, I would like to confirm that you received the consent information form. Do you have any questions about the form?*

*I would like to record our interview today so that I can more accurately capture what you are sharing with me. Is that okay?*

*[If yes, start recording].*

*[If no, say:] That's okay, I can just take notes.*

*First, I would like to learn a little bit about you and your experience with home visiting.*

- 1. I understand you work at [say name of organization].**
  - a. What is your role in this organization?
  - b. Can you tell me which home visiting program models your organization provides?
  - c. Do you provide direct services to families?
  - d. Have you provided virtual home visiting services?

**[If no virtual home visiting service provided, skip to Q4]**

*Next, I would like to learn about your experience with virtual home visiting services.*

- 2. What is your experience delivering home visiting services to families?**
  - a. Have you been using a virtual format prior to the Pandemic (March 2021)?
  - b. Have you noticed any differences across models in the delivery of virtual services?
  - c. Can you tell me more about how your virtual home visiting services have been provided and what changes you have made in terms of technology, service content, staff training, or supervision?
  - d. What are some of the important lessons you have learned through experience?
  - e. What has been some of the benefits of delivering home visiting services virtually?

- f. What have been some of the drawbacks?
  - g. [Prompt]: (If offering both virtual and in-person) how are decision made about when to provide services in-person or virtually (you have a set schedule as to the number of visits that need to be in-person, the home visitors makes that determination for each visit, the family decides if a visit will be virtual, it is a joint provider-participant decision)?
  - h. [Prompt]: (if offering both virtual and in-person) What is the current mix of virtual and in person services?
3. **What resources have you found useful in supporting your virtual delivery of home visiting?** [If more than one model is identified in 1 ask them about one and then the other].
- a. [Prompt]: What about trainings either at your organization or provided by other sources (including the model's national office)?
  - b. [Prompt]: How about resources from other organizations outside of home visiting service providers (local community agencies, support from state agencies, local businesses, etc.)?
  - c. [Prompt]: Any other resources you would recommend like websites, publications, or toolkits that you think local program affiliates would find useful?
4. **In your experience, what are the gaps or resources that are needed by providers to better support virtual home visiting services?**
- a. [Prompt]: What, if any, current efforts are you aware of to address these gaps and needs?

*Next, I would like to learn about your experience serving racially and ethnically diverse families in home visiting either through in-person services or using virtual formats. [Be sure to ask about all models named in 1]*

5. **Can you describe the most frequent issues you encounter with respect to providing services to racially and ethnically diverse families?**
- a. [Prompt]: What are the most common adaptations or changes to the model you need to make for different racial or ethnic groups? Do these adaptations differ for specific racial or ethnic groups?
  - b. [Prompt]: What are the most significant barriers you face in reaching a more diverse service population (e.g., language issues, staff sensitivity, lack of trust within certain groups, etc.)?
  - c. [Prompt] What strategies have you found successful in better addressing the needs of a racially or ethnically diverse participant population?
6. **What resources have you found helpful in supporting your delivery of home visits to racially and ethnically diverse families?** [If more than one model is identified ask them about one and then the other].
- a. [Prompt]: What about trainings?

- b. [Prompt]: How about organizations that work with specific racial or ethnic populations?
- c. [Prompt]: Any other printed or virtual resources you would recommend like websites, publications, or toolkits that can assist you in better engaging and serving diverse populations?

***Finally, I would like to ask you about serving rural families.***

7. **Does your program serve rural families?** [If yes, continue to Q8, If not, skip to Q9]
8. **What issues or concerns do you face when delivering home visiting services to families in rural areas?**
  - a. [Prompt]: What strategies have you found most helpful in delivering home visiting services rural families?
  - b. [Prompt]: What resources (websites, trainings, etc.) have you found most helpful in delivering home visiting services rural families?
  - c. [Prompt]: How, if at all, do you think virtual services have extended home visiting to rural areas in Colorado?
  - d. [Prompt]: What resources would be particularly helpful in improving home visiting service for rural families?
9. ***[If you are running short on time, this is okay to skip]. Is there anything else you think is important that we know about virtual home visiting services, or home visiting service delivery to racially and ethnically diverse families?***

### **Intermediaries and Model Representatives**

***Hi, my name is [NAME] and I am a research assistant working on the Colorado Home Visiting Project.***

***Thank you for talking with me today. As a reminder, we've asked you to participate in this project because we are working on creating a home visiting resource inventory for the State of Colorado, Office of Early Childhood.***

***I'm interested in learning from you about virtual home visiting resources, your experience with virtual home visiting, and future opportunities to improve these services. In addition, we are interested in learning about your experience in providing home visiting services for racially and ethnically diverse families as well as those living in rural communities.***

***Before we begin, I would like to confirm that you received the consent information form. Do you have any questions about the form?***

***I would like to record our interview today so that I can more accurately capture what you are sharing with me. Is that okay?***

***[If yes, start recording].***

*[If no, say:] That's okay, I can just take notes.*

***First, I would like to learn a little bit about you and your experience with home visiting.***

- 1. I understand you work with [say name of program or entity affiliated with]. Can you tell me about what your organization does?**
  - a. [Prompt]: What is your role in this organization?
  - b. [Prompt]: In your role, which home visiting models do you support?

***Next, I would like to learn about your experience with virtual home visiting services. [Be sure to ask about all models named in 1b if they do not describe all]***

- 2. Can you describe what experience you have in supporting sites in providing virtual home visiting services broadly?**
  - a. [Prompt]: Can you tell me more about how services are currently, or planned to be, delivered virtually in the models you work with (e.g. technology used, mixing virtual with in-person, etc.)?
  - b. [Prompt]: What are some of the important lessons you have learned through experience?
  - c. [Prompt]: What has been some of the benefits sites have told you about virtual home visiting services?
  - d. [Prompt]: What have been some of the drawbacks?
- 3. What resources are available to support the virtual delivery of the home visiting models you work with? [If more than one model is identified ask them about one and then the other].**
  - a. [Prompt]: What about trainings either by you or other resources (including the model's national office)?
  - b. [Prompt]: How about resources from other organizations outside of home visiting service providers (local community agencies, support from state agencies, local businesses, etc.)?
  - c. [Prompt]: Any other resources you would recommend like websites, publications, or toolkits that you think local program affiliates would find useful?
- 4. In your experience, what are the gaps or resources that are needed to better support virtual home visiting services?**
  - a. [Prompt]: What, if any, current efforts are you aware of to address these gaps and needs?
  - b. [Prompt]: Are there specific programs in your network that have done an exemplary job in implementing virtual home visiting? Would you be willing to put me in touch with them?

***Next, I would like to learn about the experiences your local sites have reported to you regarding their capacity to serve racially and ethnically diverse families in home visiting either***



*through in-person services or using virtual formats. [Be sure to ask about all models named in 1b]*

5. **Can you describe the most frequent issues raised by your sites with respect to providing services to racially and ethnically diverse families?**
  - a. [Prompt]: What are the most common adaptations or changes to the model home visitors need to make in adapting to different racial or ethnic groups? Do these adaptations differ for specific racial or ethnic groups? How much variation is required *within* a given racial or ethnic group?
  - b. [Prompt]: What are the most significant barriers sites face in reaching a more diverse service population (e.g., language issues, staff sensitivity, lack of trust within certain groups, etc.)?
  - c. What strategies have you found successful in helping sites better address the needs of a racially or ethnically diverse participant population?
  
6. **What resources other than what you provide sites are available to support the delivery of home visits to racially and ethnically diverse families?** [If more than one is identified ask them about one and then the other].
  - a. [Prompt]: What about staff trainings?
  - b. [Prompt]: How about organizations that work with specific racial or ethnic populations?
  - c. [Prompt]: Any other printed or virtual resources you would recommend like websites, publications, or toolkits that can assist your sites in better engaging and serving diverse populations?
  
7. **Which home visiting sites do you know in Colorado that are doing a very good job of serving racially or ethnically diverse families in Colorado? We're thinking of programs that serve a specific racial or ethnic group, or diverse families generally, really well.**
  - a. [Prompt]: Would you be willing to share their contact information or put us in touch with them?

Finally, I would like to ask you about serving rural families.

8. **What issues or concerns do you hear from your sites about providing home visiting services to families in rural areas?**
  - a. [Prompt]: What strategies have you heard about sites using to serve rural families in particular?
  - b. [Prompt]: How, if at all, do you think virtual services have extended home visiting to rural areas in Colorado?
  - c. [Prompt]: What resources would be particularly helpful in improving home visiting service for rural families?

- d. [Prompt]: Are there any sites in Colorado that do a very good job of serving rural families? Would you be willing to put me in contact with them?
- 9. Is there anyone else in Colorado who you think we should talk to because they would be important to talk with about virtual home visiting services, serving racially or ethnically diverse families, or serving rural families?**
- a. [Prompt]: Would you be willing to share their contact information or put us in touch with them?
- 10. Is there anything else you think is important that we know about virtual home visiting services, or home visiting service delivery to racially and ethnically diverse families?**

## Parents

*Hi, my name is [NAME] and I am a research assistant working on the Colorado Home Visiting Project.*

*Thank you for talking with me today. As a reminder, we've asked you to participate in this project because we are working on creating a home visiting resource inventory for the State of Colorado, Office of Early Childhood.*

*I'm interested in learning from you about your experience with home visiting services and your feedback on how to improve these services.*

*Before we begin, I would like to confirm that you received the consent information form. Do you have any questions about the form?*

*I would like to record our interview today so that I can more accurately capture what you are sharing with me. Is that okay?*

*[If yes, start recording].*

*[If no, say:] That's okay, I can just take notes.*

*First, I would like to learn a little bit about your participation in home visiting.*

- 1. I understand you have been receiving home visiting service in Colorado. Can you tell me the name of the program you are participating in? What kind of services do they provide to you?**
  - a. [Prompt]: How long have you been participating in home visiting services?
  - b. [Prompt]: Have you received any services virtually? If so, about what proportion of your visits were virtual? [If all/some of the time, complete Q2, if not skip]

*Next, I would like to learn about your experience with virtual home visiting services.*

2. **You said that you receive some/all of your home visiting service virtually. How has your experience been receiving home visiting services?**
- a. [Prompt]: If you only receive some home visits virtually, why were some virtual? How is it decided which visits are virtual, and which are in-person?
  - b. [Prompt]: Can you tell me more about how you receive those services, like is it on your phone or computer? How long do the visits last?
  - c. [Prompt]: Did the program provide you with any tools or resources, like technology or access to internet to participate virtually?
  - d. [Prompt]: What are some of the good things about virtual home visiting? What are some of the things that are not so good?
  - e. [Prompt]: What recommendations do you have for improving virtual home visiting services in Colorado for families like yours?

*Next, I would like to learn about how well you think your program serves racially and ethnically diverse families.*

3. **How well do you think your home visiting program serves families like yours?**
- a. [Prompt]: How well do you think services reflect your culture and values?
  - b. [Prompt]: How well do you feel your home visitor understands your culture and values?
  - c. If English is not primary language ask if you receive services in English or your primary language.
  - d. Could also ask respondent if their home visitor shares their racial or ethnic identity? If not, you could ask if that matters to folks.
  - e. [Prompt]: Do you think your program does a good job of serving families that live in different setting or have a different cultural background? Why do you think this is the case?
  - f. [Prompt]: What do you think that your program could do better to address your values?
  - g. [Prompt]: What recommendations do you have for home visiting programs in Colorado to better serve racially and ethnically diverse families?

*Next, I would like to learn about how well you think your home visiting program serves rural families.*

4. **How well do you think your home visiting program serves rural families?**
- a. [Prompt]: What do you think that your program does well to serve rural families?
  - b. [Prompt]: What do you think that your program could do better?
  - c. [Prompt]: What do you think are the benefits and drawbacks of offering rural families virtual home visiting services?
  - d. [Prompt]: What recommendations do you have for home visiting programs in Colorado to better serve rural families?

5. **Is there anything else you think is important that we know about your experience with home visiting services?**

Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
American Rescue Plan Act (ARPA) Funds	<a href="https://www.ncsl.org/research/fiscal-policy/arpa-state-fiscal-recovery-fund-allocations.aspx">https://www.ncsl.org/research/fiscal-policy/arpa-state-fiscal-recovery-fund-allocations.aspx</a>	Some sites were able to use ARPA funds to increase families' access to internet by purchasing tablets and hot spots.	X			
Asian Pacific Development Center	<a href="https://www.apdc.org/">https://www.apdc.org/</a>	Resources to support immigrant and refugee communities including direct services, COVID-19 and health guidance resources in different languages, and advocacy efforts.		X		
Colorado Shines Professional Development Information System (PDIS)	<a href="https://www.cde.state.co.us/educatortalent/ecwd-pdis">https://www.cde.state.co.us/educatortalent/ecwd-pdis</a>	Statewide web-based system supporting professional development for Colorado's early childhood workforce.		X		
During the COVID-19 pandemic, telehealth can help connect home visiting services to families Child Trends Brief	<a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a>	Summary of research-supported technological outreach strategies that may be viable for home visiting.	X			
Community Language Cooperative Website	<a href="https://communitylanguagecoop.com/">https://communitylanguagecoop.com/</a>	Organization that provides interpretation, language justice information, translation, and facilitation services.		X		

Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) Website	<a href="https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/operating-remote-or-virtual-services">https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/operating-remote-or-virtual-services</a>	Practical resources on accessing technology and internet, guidance on supporting home visiting professionals during COVID-19, designing virtual home visits, supervising virtual and remote workers, how to make videos for families, and specific tips for virtual work with special education, early	X			
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) Tip Sheet on Conducting Observations Virtually Webinar	<a href="https://eclkc.ohs.acf.hhs.gov/video/virtual-home-visiting-strategies-support-all-children-families">https://eclkc.ohs.acf.hhs.gov/video/virtual-home-visiting-strategies-support-all-children-families</a>	Strategies and resources to plan individual home visits includes links to webinar slides, participant's guide, and tip sheets.	X			
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) American Indian and Alaska Native Programs Website	<a href="https://eclkc.ohs.acf.hhs.gov/programs/article/american-indian-alaska-native-programs">https://eclkc.ohs.acf.hhs.gov/programs/article/american-indian-alaska-native-programs</a>	Guidance on tribal consultations, tribal language and culture materials, school readiness materials, and links to the American Indian Alaska Native Head Start Collaboration Office, data, and reports.		X		

Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) Planning for Linguistic and Cultural Diversity Website	<a href="https://eclkc.ohs.acf.hhs.gov/human-resources/article/planning-linguistic-cultural-diversity">https://eclkc.ohs.acf.hhs.gov/human-resources/article/planning-linguistic-cultural-diversity</a>	Information about planning for linguistic and cultural diversity, including principles, and links to external resources and organizations.		X		
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) Integrating Refugees into the Head Start Community Website	<a href="https://eclkc.ohs.acf.hhs.gov/culture-language/article/integrating-refugees-head-start-community">https://eclkc.ohs.acf.hhs.gov/culture-language/article/integrating-refugees-head-start-community</a>	Presentation from the Office of Refugee Resettlement Services at the 2007 National Head Start Institute on Hispanic and Other Emerging Populations, with a focus on serving refugees.		X		
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) Dual Language Learner Toolkit	<a href="https://eclkc.ohs.acf.hhs.gov/culture-language/article/families-support-their-children-who-are-dual-language-learners">https://eclkc.ohs.acf.hhs.gov/culture-language/article/families-support-their-children-who-are-dual-language-learners</a>	Information and links to external resources focused on working with families with children who are Dual Language Learners.		X		
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) Making it Work Suite of Products	<a href="https://eclkc.ohs.acf.hhs.gov/culture-language/article/making-it-work-implementing-cultural-learning-experiences-">https://eclkc.ohs.acf.hhs.gov/culture-language/article/making-it-work-implementing-cultural-learning-experiences-</a>	Products designed to help programs serving American Indian and Alaska Native communities implement cultural content into services.		X		

Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) Cultural Backgrounders	<a href="https://eclkc.ohs.acf.hhs.gov/culture-language/article/cultural-backgrounders-various-refugee-cultural-groups-new">https://eclkc.ohs.acf.hhs.gov/culture-language/article/cultural-backgrounders-various-refugee-cultural-groups-new</a>	Links to a series of "backgrounders" describing general cultural information on various refugee groups and guidance on how to use this resource		X		
Family Spirit: Promoting Maternal and Early Child Health Tip Sheet	<a href="https://www.jhsph.edu/research/affiliated-programs/family-spirit/Recommendations%20for%20Completing%20a%20">https://www.jhsph.edu/research/affiliated-programs/family-spirit/Recommendations%20for%20Completing%20a%20</a>	Recommendations for delivering home visits virtually when in-person visits are not possible.	X	X		
Healthy Steps Brief on Health Equity	<a href="https://www.healthysteps.org/wp-content/uploads/2021/07/HealthySteps_Advances_Health_Equity.pdf">https://www.healthysteps.org/wp-content/uploads/2021/07/HealthySteps_Advances_Health_Equity.pdf</a>	Information about how Healthy Steps advances equity in health outcomes for children.		X		
Healthy Steps Handout for Parents in Spanish	<a href="https://www.healthysteps.org/?s=spanish">https://www.healthysteps.org/?s=spanish</a>	Spanish language handouts for families on topics including: ACEs, toxic stress, and resilience; Age-based newsletters; Baby brain infographic, and early learning resources.		X		



Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
Health Resources & Services Administration Maternal & Child Health: Important Home Visiting Information During COVID-19 Website	<a href="https://mchb.hrsa.gov/programs-impact/programs/home-visiting/important-home-visiting-information-during-covid-19">https://mchb.hrsa.gov/programs-impact/programs/home-visiting/important-home-visiting-information-during-covid-19</a>	Guidance on delivery of virtual home visiting as well as links to other organizations and supports for virtual visits, screening, funding, and guidance for MIECHV home visitors.	X			
Institute for the Advancement of Family Support Professionals	<a href="https://institutefsp.org/">https://institutefsp.org/</a>	Online learning modules including virtual visits and cultural and linguistic responsiveness.	X	X		
National Association for the Education of Young Children	<a href="https://www.naeyc.org/">https://www.naeyc.org/</a>	Professional membership organization that works to promote high-quality early learning for children through practice, policy, and research. Resources include professional development webinars and	X	X		
National SafeCare training and Research Center: SafeCare Augmented Training and Model Information	<a href="https://safecare.publichealth.gsu.edu/safecare-augmented/#:~:text=Sites%20wishing%20to%20implement%20SafeCare,record%20of%20SafeCare%20training%20received.">https://safecare.publichealth.gsu.edu/safecare-augmented/#:~:text=Sites%20wishing%20to%20implement%20SafeCare,record%20of%20SafeCare%20training%20received.</a>	Information about training in SafeCare Augmented, an adapted version of SafeCare for high risk rural families.				X

Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
Office of Early Childhood Development, Administration for Children and Families, Tribal Maternal, Infant, and Early Childhood Home Visiting Website	<a href="https://www.acf.hhs.gov/ecd/tribal/tribal-home-visiting">https://www.acf.hhs.gov/ecd/tribal/tribal-home-visiting</a>	Information about tribal home visiting, technical assistance providers, grantees, reports and resources.		X		
Rapid Response Virtual Home Visiting Webinar: Supporting Rural, Frontier, and Tribal Home Visiting	<a href="https://rrvhv.earlyimpactva.org/webinars">https://rrvhv.earlyimpactva.org/webinars</a>	Professionals across the U.S. describe their support of rural, frontier, and tribal home visiting including strategies.	X	X		X
Rapid Response Virtual Home Visiting (RR-VHV) Collaborative Webinar (Engaging Families in Virtual Visits: A Protective Factor's Approach)	<a href="https://rrvhv.earlyimpactva.org/webinar/engaging-families-in-virtual-visits-a-protective-factors-approach">https://rrvhv.earlyimpactva.org/webinar/engaging-families-in-virtual-visits-a-protective-factors-approach</a>	Webinar on engaging families in virtual visits.				X
Rapid Response Virtual Home Visiting (RR-VHV) Collaborative Webinar (Parent Groups in a Virtual World)	<a href="https://rrvhv.earlyimpactva.org/webinar/parent-groups-in-a-virtual-world">https://rrvhv.earlyimpactva.org/webinar/parent-groups-in-a-virtual-world</a>	Webinar on providing parent groups virtually.	X			
Rapid Response Virtual Home Visiting (RR-VHV) Collaborative Webinar (Parent-Child Groups in a Virtual World)	<a href="https://rrvhv.earlyimpactva.org/webinar/parent-child-groups-in-a-virtual-world">https://rrvhv.earlyimpactva.org/webinar/parent-child-groups-in-a-virtual-world</a>	Webinar on delivering parent-child groups virtually.	X			

Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
Rapid Response Virtual Home Visiting (RR-VHV) Collaborative Webinar (I Can Parent Too! Engaging Virtually with Families Who Learn Differently)	<a href="https://rrvhv.earlyimpactva.org/webinar/i-can-parent-too-engaging-virtually-with-families-who-learn-differently">https://rrvhv.earlyimpactva.org/webinar/i-can-parent-too-engaging-virtually-with-families-who-learn-differently</a>	Webinar on working with families who have diverse learning needs virtually.	X			
Rapid Response Virtual Home Visiting Resources	<a href="https://rrvhv.earlyimpactva.org/resources">https://rrvhv.earlyimpactva.org/resources</a>	Tip sheets and links to external resources across a variety of topics including: virtual screening and observation, virtual visit activities, preparing for virtual visits and supervising virtual visits	X			
Rural Health Information Hub (RHihub)	<a href="https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs">https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs</a>	Examples of rural home visiting programs, including weblinks, and considerations for implementation, with a focus on safety.				X
Rural School Innovation Webinar: Parents as Teachers	<a href="http://www.ruraledu.org/articles.php?id=2885">http://www.ruraledu.org/articles.php?id=2885</a>	2011 webinar describing the i3 "Improving Educational Outcomes for American Indian Children" project.		X		X

Home visiting Resources for Virtual Visits and Serving Racially and Ethnically Diverse and Rural Families						
Resource	Weblink	Brief Description	Focus Area			
			Virtual	Racially and Ethnically Diverse Families	Rural	
Rural Home Visiting Resource Guide	<a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a>	Guide created in response to COVID-19 focused on virtual provision of rural home visiting practices using the protective factors framework.			X	
Zero to Three	<a href="https://www.zerotothree.org/">https://www.zerotothree.org/</a>	Organization that works to ensure babies and toddlers benefit from family and community connections including technical assistance, Community of Practice model, articles, and events in a broad range of focus areas.	X	X	X	

**Recommended Practices in Working with Rural Families**

Theme		Research	Interviews	Other
<b>Use Service Enhancements to Boost Outcome and address Specific Needs</b>				
	Enhance services with the DOVE intervention in order to decrease women's exposure to interpersonal violence.	Sharps et al. 2016		
	Enhance services with a comprehensive curriculum to reduce risk factors for future substance abuse for children.	Kaminski et al., 2002		
	Enhance services with the Getting Ready intervention to improve the quality of parent-infant relationship.	Knoche et al., 2012		
	Provide SafeCare augmented for rural high risk populations to increase engagement and reduce risk for domestic-violence related referrals to child welfare.			<a href="https://safecare.publichealth.gsu.edu/safecare-augmented/">https://safecare.publichealth.gsu.edu/safecare-augmented/</a>
	Supplement services with a mental health consultant.	Whittaker et al. 2021		
<b>Recognize and Address Geographic and General Resource Limitations</b>				
	Employ a triage case management model that integrates child welfare, mental, and physical health care systems.	Whipple & Nathans, 2005		

**Recommended Practices in Working with Rural Families**

<b>Theme</b>		<b>Research</b>	<b>Interviews</b>	<b>Other</b>
	Protect time for nurses to serve families in rural areas because of the additional burdens (e.g. geography etc.).	Campbell et al., 2019		
	Purchase a van or use a bus pick-up service to take families to appointments and services or provide gas allowance.	Whittaker et al. 2021	Program developers	
	Be flexible on model elements, adjusting materials as needed and depending on access to transportation and/or technology and time limits (e.g. frequency, telephone or virtual delivery).		Sites, Intermediaries	
	Reduce the frequency of meeting to once monthly.		Program developers, Sites	
	Use careful planning to visit clients in the same geographic areas.		Sites	
	Use a "friend family and neighbor" approach, where you work with the community not just parents.		Program developers	
	Hire local leaders and other community members.		Program developers, Sites, Intermediaries	
	Be prepared to provide services over the telephone.		Sites	

**Recommended Practices in Working with Rural Families**

<b>Theme</b>		<b>Research</b>	<b>Interviews</b>	<b>Other</b>
	Provide Wifi and technology access.		Sites, Program developers, Intermediaries	
<b>Use Intentional Strategies to Address Safety Issues for Workers and Families</b>				
	Attend to issues of safety of workers including banning the carriage of cash or medications in vehicles, working in pairs if possible, and requiring sharing routes with supervisors.	Campbell et al., 2020	Sites	<a href="https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs">https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs</a>
	Provide a neutral location to meet for families experiencing substance abuse, domestic violence or other complex problems.			<a href="https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs">https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs</a>
	Train workers on how to deal with aggressive or unfriendly animals.			<a href="https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs">https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs</a>
	Provide workers with de-escalation and self-defense training.		Sites	<a href="https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs">https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs</a>

**Recommended Practices in Working with Rural Families**

<b>Theme</b>		<b>Research</b>	<b>Interviews</b>	<b>Other</b>
	Use supervision to address safety concerns.		Sites	
	Set up a communication plan with the team to support safety of workers.		Sites	
<b>Provide Supports to Reduce Social Isolation of Workers and Families</b>				
	Support workers by facilitating their connections with colleagues and supervisors.	Campbell et al., 2019		<a href="https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs">https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs</a>
	Host local play groups.	Whittaker et al. 2021		
	Facilitate parent-organized social events (e.g. dinners, game nights) and other opportunities for group connections.	Whittaker et al. 2021	Sites	
<b>Use a Variety of Strategies to Increase Engagement</b>				
	Offer incentives to participants.		Sites	
	Be flexible when working with families to focus on what they prioritize.	Campbell et al., 2019		
	Bring a meal for the family on a visit.		Sites	
	Attend to participant privacy.			<a href="https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs">https://www.ruralhealthinfo.org/toolkits/transportation/2/models-to-overcome-barriers/home-visiting-programs</a>



**Recommended Practices in Working with Rural Families**

<b>Theme</b>		<b>Research</b>	<b>Interviews</b>	<b>Other</b>
	Emphasize home visiting services are a way for supports to come to them.		Sites	
<b>Build and Connect Community Resources</b>				
	Regularly educate and standardize the referral process for healthcare providers to increase referrals.	Cruz et al., 2019		
	Build knowledge of and partnerships with positive family support systems in the community (e.g. education, healthcare).		Sites	

**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
<b>Use Multiple Approaches to Frequently Engage and Serve Families</b>			
Provide a mix of virtual and in-person visits, or a "hybrid" model, including yard or outdoor visits.	LeCroy & Milligan Associates, Inc., 2022; Carta et al., 2013; Rybińska et al., 2022; Morrison & Meisch, 2021; Chazan-Cohen et al., 2021	Intermediaries, Sites, Program Developers	<a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a>
Employ a variety of strategies to engage families virtually: phone, email, texting, dropping off materials, postcards, apps, and social media.	LeCroy & Milligan Associates, Inc., 2022; Self-Brown, 2022; Morrison & Meisch, 2021; Traube et al., 2021	Intermediaries, Sites	<a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a>
Drop off or mail supplies before visits, including materials for activities as well as practical items (diapers, cleaning supplies, etc.).	LeCroy & Milligan Associates, Inc., 2022; Self-Brown, 2022; Morrison & Meisch, 2021; Traube et al., 2021	Intermediaries, Sites	<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a> ; <a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a> ; <a href="https://www.jhsph.edu/research/affiliated-programs/family-spirit/Recommendations%20for%20Completing%20a%20Virtual%20Home%20Visit.pdf">https://www.jhsph.edu/research/affiliated-programs/family-spirit/Recommendations%20for%20Completing%20a%20Virtual%20Home%20Visit.pdf</a> ; <a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894</a>

**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
Keep up communication between visits with texts and calls with reminders about homework and activities and co-planning for visits.	LeCroy & Milligan Associates, Inc., 2022; Traube et al., 2021; Chazan-Cohen et al., 2021		<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a> ; <a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a> ; <a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894</a>
Provide sessions weekly	Traube et al., 2021		
Use in-person visits to establish relationships and trust first before using virtual visits.		Sites	
Promptly follow up with families after visits and any requested resources.			<a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894</a>
<b>Create Opportunities to Maintain and Grow Social Supports</b>			
Create opportunities for group connections, such as group activities (both in person and virtually).	LeCroy & Milligan Associates, Inc., 2022; Chazan-Cohen et al., 2021	Sites	<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a> ; <a href="https://hsicccreatesend1.com/t/ViewEmail/j/79D1954F76F51A0B2540EF23F30FEDED">https://hsicccreatesend1.com/t/ViewEmail/j/79D1954F76F51A0B2540EF23F30FEDED</a> ; <a href="https://www.highspeedinternet.com/resources/are-there-government-programs-to-help-me-get-internet-service">https://www.highspeedinternet.com/resources/are-there-government-programs-to-help-me-get-internet-service</a> ; <a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-</a>

**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
Create local social network groups to support and connect families.			<a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a>
<b>Keep in Mind Families are Busy and Have Multiple Competing Demands and Stressors</b>			
Send reminders closer to visits.	LeCroy & Milligan Associates, Inc., 2022;		
Use empathy and compassion.	LeCroy & Milligan Associates, Inc., 2022;		<a href="https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/">https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/</a>
Hold sessions at alternate, or flexible times (e.g. nap time, when children have other activities or childcare)	Self-Brown, 2022; Morrison & Meisch, 2021	Program Developers	<a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894</a>
Engage families while they are doing daily activities (e.g. getting ready for work, cooking dinner, etc.).	Morrison & Meisch, 2021		
Be patient and flexible with families by rescheduling when needed and expanding hours for services.	LeCroy & Milligan Associates, Inc., 2022; Traube et al., 2021	Sites	<a href="https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/">https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/</a>
Make clear to families the benefits of participating in the program virtually (e.g. convenience, no-cost, less invasive, assessment or milestone tracking)	Traube et al., 2021		
<b>Assist Both Families and Workers in Accessing, Using and Troubleshooting</b>			

**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
Provide access to technology including both devices and internet connections to families and workers (e.g. provide mobile hotspots, financial assistance, phone stands, etc.).	LeCroy & Milligan Associates, Inc., 2022; Olsen et al., 2012; Self-Brown, 2022; Traube et al., 2021	Intermediaries, Program Developers, Sites	<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a> ; <a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a>
Utilize libraries and tribal offices for stronger and more consistent wifi access.		Sites	<a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a>
Support families in how to use technology, including adjusting and supporting moving the device.	LeCroy & Milligan Associates, Inc., 2022; Olsen et al., 2012; Morrison & Meisch, 2021	Intermediaries, Sites, Program Developers	<a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a> ; <a href="https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqLWh/view">https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqLWh/view</a> ; <a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894</a>
Provide workers with private, dedicated workspace to engage in virtual visits.	LeCroy & Milligan Associates, Inc., 2022;		
Provide technology support to workers	Olsen et al., 2012	Intermediaries, Sites, Program Developers	<a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a>

**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
Encourage workers to prepare for visits by testing devices, testing internet quality, lighting, device positioning, and background.			<a href="https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view">https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view</a> ; <a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpmddl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpmddl=1384&amp;refresh=60fac7d603eb31627047894</a> ; <a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpmddl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpmddl=1384&amp;refresh=60fac7d603eb31627047894</a>
Remind workers to remove distractions such as background noise, pets, family members, etc.			<a href="https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view">https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view</a>
Use larger screens (e.g. TVs or computer screen) rather than smart phones.	LeCroy & Milligan Associates, Inc., 2022;		<a href="https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view">https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view</a>
Use a cloud location to share and store information back and forth with families.			<a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a> ; <a href="https://www.jhsph.edu/research/affiliated-programs/family-spirit/Recommendations%20for%20Completing%20a%20Virtual%20Home%20Visit.pdf">https://www.jhsph.edu/research/affiliated-programs/family-spirit/Recommendations%20for%20Completing%20a%20Virtual%20Home%20Visit.pdf</a>
Establish a "back up" mode of communication should the virtual technology fail.			<a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpmddl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpmddl=1384&amp;refresh=60fac7d603eb31627047894</a>

**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
Use strategies that address bandwidth limitations including scheduling when other family members are not online, uploading child video clips online rather than through the visit, or using dial-in through video conference software.			<a href="https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf">https://rrvhv.earlyimpactva.org/assets/resources/Rural-Home-Visiting-Resource-Guide.pdf</a>
<b>Allow More Flexibility in Program Implementation Requirements</b>			
Let families choose how they receive services (virtual versus in person).	LeCroy & Milligan Associates, Inc., 2022;	Intermediaries	
Ask and follow families' preferences about their communication, including	Traube et al., 2021	Sites	<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-</a>
Keep virtual meetings short or break sessions down into more manageable chunks, depending on family preference.	Self-Brown, 2022; Chazan-Cohen et al., 2021		<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a> ; <a href="https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894">https://safecare.publichealth.gsu.edu/document/engaging-families-in-virtual-safecare-sessions/?wpdmdl=1384&amp;refresh=60fac7d603eb31627047894</a>
<b>Be Mindful of the Challenges of Engaging Families Virtually and Make Efforts to Adjust</b>			
Make many fun efforts to engage children with activities like singing, games, drawing, virtual backgrounds, and speaking to them directly	LeCroy & Milligan Associates, Inc., 2022;		<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a>
Observe visual and verbal clues of caregivers and children.	LeCroy & Milligan Associates, Inc., 2022;		<a href="https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/">https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/</a>

**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
Use good communications skills, including good eye contact, and a conversational, active listening approach and be present.	LeCroy & Milligan Associates, Inc., 2022;		<a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a> ; <a href="https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/">https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/</a> ; <a href="https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimsSNeGqIWh/view">https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimsSNeGqIWh/view</a>
Invite everyone who is in the home to participate in services, including siblings.	Morrison & Meisch, 2021		<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a>
Ask families to share children's interests, activities, or videos of children's play.			<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a>
Explicitly acknowledge the challenges and opportunities of the adapted virtual visit with families.	Morrison & Meisch, 2021	Intermediaries, Sites	
Give feedback or coaching to caregivers about how they doing activities with children.	LeCroy & Milligan Associates, Inc., 2022; Chazan-Cohen et al., 2021		
Use good clinical skills including encouraging both parents and children, active listening, being present, allowing families to set goals and scope of meeting, work to build rapport, and explain services clearly.	Traube et al., 2021		
Build connections across agencies and communities to learn from each other.		Sites	
<b>Attend to Privacy and Safety Concerns</b>			
Provide trainings to workers that address safety, boundaries, and self-care.		Sites	



**Table C. 1: Recommended Practices in Virtual Home Visiting**

Theme	Research	Interviews	Other
Pay attention to privacy concerns suggesting families use private spaces, using secure platforms for visits, suggesting the use of headphones, and providing advance notice to families of the activities, assessments, or sensitive topics that may be addressed.	LeCroy & Milligan Associates, Inc., 2022; Morrison & Meisch, 2021		<a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a> ; <a href="https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view">https://drive.google.com/file/d/1VJYIhnBnD6C-v1LBFvQpGuimSNeGqIWh/view</a> ; <a href="https://www.jhsph.edu/research/affiliated-programs/family-">https://www.jhsph.edu/research/affiliated-programs/family-</a>
<b>Organize Virtual Visits as Formally as In-Person Visits</b>			
Set day and time boundaries for communication with families.			<a href="https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families">https://www.childtrends.org/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families</a>
Formally schedule and name the visit as a "visit", and treat it as you would an in person visit with timeliness, preparation, professional attire, intentionality and curriculum tools.			<a href="https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/">https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/what-makes-a-virtual-home-visit-a-visit/</a> ; <a href="https://www.jhsph.edu/research/affiliated-programs/family-">https://www.jhsph.edu/research/affiliated-programs/family-</a>

## Recommended Practices in Home Visiting with Racially and Ethnically Diverse Families

Theme		Research	Interviews	Other
<b>Using Hiring, Staffing, Supervision and Training Practices Aimed at Serving Racially and Ethnically Diverse Families</b>				
	Employ diverse, local community-based workers who share similar identities to the families served, and lower educational requirements for hiring if necessary.	Hiratsuka et al., 2018; Sattler et al., 2022; Owora, 2012; Lewy, 2021	Program developers, Intermediaries, Sites	<a href="https://parentsasteachers.org/tribal-home-visiting-and-face">https://parentsasteachers.org/tribal-home-visiting-and-face</a> ; <a href="https://www.faceresources.org/">https://www.faceresources.org/</a>
	Provide augmented training and support when providers are drawn from the local community, and may not have professional/clinical training.	Hiratsuka et al., 2018; Oxford et al., 2020	Intermediaries	
	Ensure workers speak the family's home language or work with partners, consultants, or interpretation services.	Hiratsuka et al., 2018; Sattler et al., 2022; Owora, 2012	Program developers, Intermediaries, Sites	<a href="https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning">https://eclkc.ohs.acf.hhs.gov/publication/ideas-help-education-staff-plan-virtual-learning</a>
	Provide bilingual supervision and training.	Sattler et al., 2022; Owora et al., 2012	Intermediaries	
	Address potential for racial bias among workers with anti-racism and implicit bias training.	Torres et al., 2022; Lewy, 2021		
	Locate or partner home visiting services within agencies already serving the community including schools.	Katsiaficas, 2020	Program developers, Sites	
	Support workers who may experience vicarious trauma.	Oxford et al., 2020	Sites	
	Provide workers with opportunities to learn about cultures and approach their work with cultural humility.		Intermediaries, Sites, Program developers	

**Recommended Practices in Home Visiting with Racially and Ethnically Diverse Families**

Theme		Research	Interviews	Other
	Use community advisory boards or panels, including past participants.		Program developers, Sites	
	Create opportunities for workers and organizations to connect, consult, support each other, and share resources.		Sites	
<b>Ensure that Interventions Reflect the Priorities, Experiences, Contexts, and Identities of the Families Served</b>				
	Work with community elders, leaders, and members from the start of services and continuously.	Hiratsuka et al., 2018; Katsiaficas, 2020	Program developers	<a href="https://parentsasteachers.org/tribal-home-visiting-and-face">https://parentsasteachers.org/tribal-home-visiting-and-face</a>
	Incorporate cultural practices, traditions, and goals.	Hiratsuka et al. 2018; Oxford et al., 2020;		<a href="https://parentsasteachers.org/tribal-home-visiting-and-face">https://parentsasteachers.org/tribal-home-visiting-and-face</a> ;
	Adapt materials and activities to be trauma-informed.	Oxford et al., 2020; Park & Katsiaficas, 2020	Program developers	
	Adapt activities to use objects and concepts that are culturally and practically accessible (e.g. use cooking tools rather than professional learning materials to teach concepts).		Sites	
	Use community-specific interventions (racial, ethnic, immigrant, and refugee), or adapt interventions for the community to be served.	Oxford et al., 2020; Sattler et al., 2022; Katsiaficas, 2020		
	Acknowledge, value, and support varied family structures, living arrangements, and participation in services.	Lewy, 2021	Sites	

**Recommended Practices in Home Visiting with Racially and Ethnically Diverse Families**

Theme		Research	Interviews	Other
	Be flexible in delivering visits in places other than the home and making needed schedule changes (e.g. for families who are homeless).		Sites	
	Prepare referrals to meet the unique needs of the family and community served, including addressing concerns specific to the community (e.g. incarceration, discrimination, homelessness, racism, poverty, and insecurity).	Hiratsuka et al., 2018; Oxford et al., 2020; Woolfolk & Unger, 2009; Lewy, 2021; Park & Katsiaficas, 2019	Sites	
	Support parents' pursuit of goals that are beyond the parent-child specific relationship, including education and employment goals	Sattler et al., 2022		
	Provide families the opportunity for families to express their feelings and experiences.		Sites	
<b>Assess and Meet Basic Needs</b>				
	Provide case management services.		Sites	
	Frequently (twice a year) conduct basic needs assessment for food instability, substance use, transportation, debt, savings.		Sites	
<b>Pay attention to Language, Symbols, and Imagery</b>				

## Recommended Practices in Home Visiting with Racially and Ethnically Diverse Families

Theme	Research	Interviews	Other
Ensure the language of the program names, activities and other materials for families reflects meaningful language and symbols, including regional dialects , and avoid clinical jargon.	Hiratsuka et al., 2018; Oxford et al., 2020; Sattler et al., 2022; Owora et al., 2012	Program developers, Sites, Intermediaries	
Prepare parents for language differences, including dialects and formality, if these differences cannot be avoided.	Owora et al., 2012		
Use simpler language and more imagery and role play rather than narrative-heavy materials for families who may have limited English proficiency.	Oxford et al., 2020; Owora et al., 2012	Sites	
Encourage parents to foster their children's home (non-English) language.	Park & Katsiaficas, 2019		
Provide linguistic and culturally appropriate screening and assessments.	Park & Katsiaficas, 2019	Sites	
Provider interpreters and translators.		Sites	
Ask for families' feedback on the materials and where improvements can be made.		Sites	
<b>Enhance Services to Address Specific Needs</b>			
Enhance services with a language quality intervention for children who speak languages other than English at home.	Boyce et al., 2010	Sites	
Enhance the benefit of home visiting services with elements such as doula services, group-based, and literacy	Boyce et al., 2010; Katz et al., 2011; Norr et al., 2003;		
<b>Use Stregths-based and Empowering Approaches</b>			

**Recommended Practices in Home Visiting with Racially and Ethnically Diverse Families**

Theme		Research	Interviews	Other
	Train staff to support family's self-advocacy efforts.	Lewy, 2021		
	Use strengths-based, more holistic, less stigmatizing framing.	Hiratsuka et al., 2018		
	Make clear the benefits of home visiting and child development.	Park & Katsiaticas, 2019		
<b>Address Families' Concerns about Immigration, Reporting, and Confidentiality</b>				
	Assure families that all information is kept confidential.		Sites	
	Partner with legal and immigrant-supporting organizations that can offer resources for families with immigration concerns.		Sites	
	Use pseudonyms for family members to protect their identity.		Sites	