




Recommendations for HV Workgroups

Data supported recommendations for implementing home visiting programs

Availability and Collaboration

RECOMMENDATION 1



Increase the capacity of existing evidence-based home visiting program models by at least 20% (creating the ability to serve 1,700 additional families). These new investments should be made by both adding capacity to existing program sites and establishing new program sites in areas lacking home visiting program options for pregnant people and families with children under the age of six.

1. Establish an understanding of the impact of virtual service delivery (developed through Innovations recommendation 1) on home visiting, the need for expanded language support, and gaps in service delivery.
2. Conduct a targeted rollout of service delivery to meet the needs of Colorado families as effectively as possible.

310,900 families who could have benefited from home visiting in Colorado in 2019, however only **8,198** received services

National Home Visiting Resource Center

Of those who declined/did not receive HV services:

- 22% moved away from an area that services were provided
- 17% unable to enroll with a model that meets their needs

RECOMMENDATION 2

Extend access to culturally and linguistically-appropriate family services by incorporating diverse means of service delivery.

1. Identify a pool of culturally and linguistically-appropriate service options to support diverse populations.
2. Develop and disseminate a marketing plan highlighting the availability of virtual service delivery to support linguistically-appropriate services when coverage is not available for in-home services.

Of those receiving HV services:

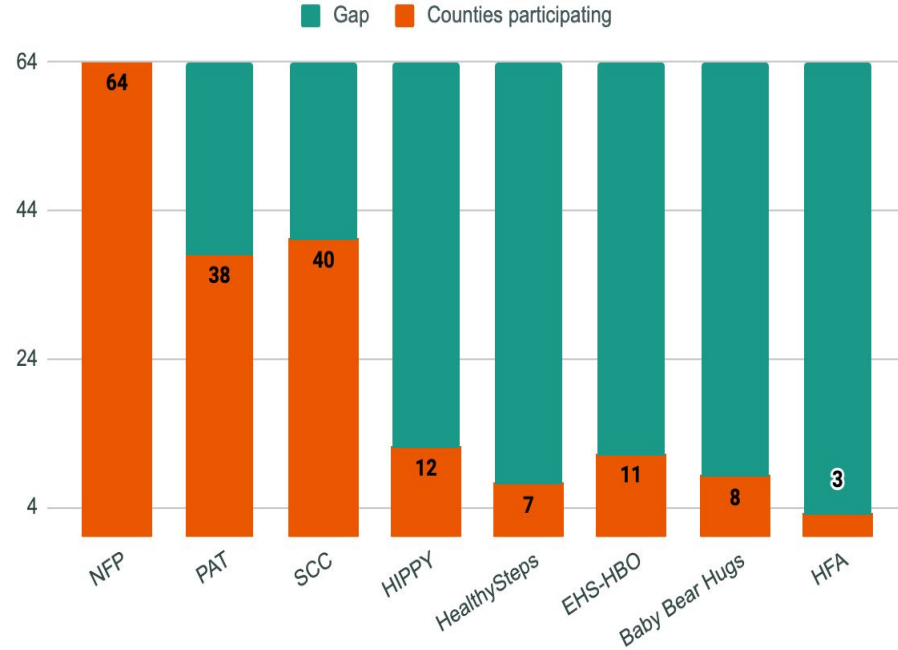
- 48.5% do not identify as White
- 26.76% identify as Hispanic



RECOMMENDATION 3

Create mechanisms, built on local community capacity and interests, that will provide all new parents, prenatally or at birth, systematic opportunities to discuss their concerns and learn about the parent support resources available in their communities.

1. Commission a statewide planning team to identify:
 - a. How local communities currently extend offers of assistance to families;
 - b. The early parenting concerns and challenges frequently experienced by new parents;
 - c. The range of resources currently available in Colorado communities;
 - d. The potential avenues to normalize the process of parents seeking out home visiting services.
2. Test various community-based methods to support universal early outreach.



Advocacy and Coalition

RECOMMENDATION 3



Develop consistent, shared messaging to promote the entire continuum of Home Visitation and early childhood systems.

1. Maintain high-level messaging consistency around service and funding strategies to support advocacy efforts.
2. Engage an inclusive process to develop these messaging strategies to ensure the entire Home Visitation continuum is supported while not erasing the important programmatic distinctions between models.

Members of the Early Childhood Colorado Partnership (ECCP) built a Shared Messaging Bank between 2014-2016 in order to mitigate the risk of multiple efforts and campaigns running with inconsistent messaging. It also became an opportunity to pool resources together to maximize efficiencies.

<http://eccp.civicanopy.org/learn-about-the-shared-message-bank/>

RECOMMENDATION 4



Host an annual “Home Visiting Awareness Day” at the Colorado State Capitol.

1. Promote community understanding of the benefits of home visiting through an annual awareness day.
2. Encourage organizations to implement compensation and benefits packages, through increased awareness, to move towards income parity with other early childhood and service-oriented professions.

Should more families enroll in home visiting and if so, what do we need to do to reach them?

- Yes! (x5)
- Hospital/clinic/pediatrician is the best way to reach. (x4)
- Flyers in hospitals. (x2)
- Social Media! (x3)
- Increase the marketing and awareness pushes for home visiting services.
- Include fliers/outreach materials in prenatal/birth packets in initial tours.
 - People can fall through the cracks and not be made aware of home visiting services if it's not included in the prenatal/birth packets.
- Follow-up outreach is good and should be capitalized on.

Financing and Funding Opportunities

<https://static1.squarespace.com/static/5679be9605f8e24bd8be467a/t/5fe3bf2d2500456bb3efdff3/1608761137010/Home+visiting+funding+brief1++%281%29.pdf>

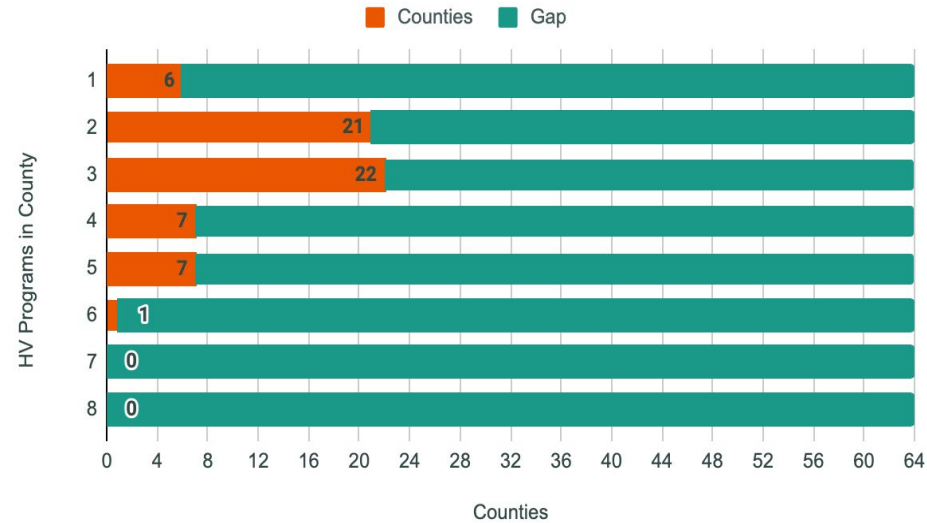
Innovation and Learning from COVID-19

RECOMMENDATION 1

Expand virtual service delivery and improve access for families.

1. Establish an Innovations Community of Practice to identify family needs and opportunities for virtual and hybrid service delivery.
2. Through prioritizing the virtual and hybrid content delivery methods that families want, and supporting those that already exist, Colorado families will have great access to services that meet their unique needs.
3. Develop and invest in the technological infrastructure necessary to scale virtual home visiting while improving access in underserved and under-resourced communities.
4. Develop and monitor implementation of a virtual service delivery action plan to foster real-time impact and learning.

Counties vs. HV Programs in County



Colorado Home Visiting Annual Report 2020

- Despite COVID-19, programs still managed to serve 82% as many children from March 15 to May 31, 2020 as for the same time in 2019 (through using virtual services).
 - Data from Healthy Families America, Baby Bear Hugs, Parents as Teachers, and HIPPY

RECOMMENDATION 2



Link existing efforts and identify strategies for data integration and sharing.

1. Convene existing data sharing groups to link efforts and identify strategies for improving data integration and sharing.
2. Hold a series of community-driven conversations around data sharing strategies to ensure efforts are having real-world impact.
3. Develop and invest in the technology and infrastructure necessary to implement data sharing strategies.
4. Champion the uptake and adoption of new data sharing strategies.

John Hopkins is currently conducting research, and many states such as Illinois, Kansas, Maryland, and South Carolina are making similar recommendations in 2020

RECOMMENDATION 3

Bring together existing evidence-based models and emerging practices to better meet multiple family needs.

1. Define the core elements of existing evidence-based models and emerging practices to understand the outcomes that are being achieved currently.
2. Identify which models could be brought together to complement each other and produce better outcomes for families.
3. Pilot newly brought-together models and practices to understand the impact of blending in meeting the multiple needs of diverse families.

“EBPH has borrowed the term intervention from clinical disciplines, insinuating specificity and discreteness. However, in public health, we seldom have a single “intervention,” but rather a program that involves a blending of several interventions within a community.”





Meta-analysis of effective components for HV


Home visiting programs with a focus on these elements yielded larger effects.

- improving parental expectation of their child or parenthood
- improving parental responsiveness or sensitivity to a child's needs
- video-based feedback

Home visiting programs could also be improved by eliminating ineffective program components, such as providing practical or instrumental assistance.

Outreach, Marketing, and Awareness

RECOMMENDATION 1



Hire an outreach and engagement coordinator to increase family and partner knowledge about the full spectrum of home visiting programs, and lessen the burden of this work on home visitors.

1. Develop the position of outreach and engagement coordinator, which will be hosted by a nonprofit, to assist with the implementation of this recommendation.
2. Develop a tracking matrix to provide the following information:
 - a. Current resources or efforts around outreach, marketing, and awareness, and their successes;
 - b. Gaps in outreach, marketing, and awareness;
 - c. Individual program's strongest sources of referrals; and
 - d. Gaps in referral sources.
3. Develop a training toolkit that can be utilized by providers and referral partners across Colorado to strengthen and increase referrals to home visiting programs.
4. Create and execute a plan to increase home visiting referrals across Colorado, utilizing the gaps found in the matrix.

Model after Project LAUNCH started in Jefferson County in 2020.

- “Providers refer families to the Navigator by simply clicking a button on the site, and families are able to self-refer in the same way. The Jeffco Families Colorado site then alerts the Navigator to a new referral, and the Navigator engages with the family directly to begin the individualized process of connecting them to the right home visiting programs and other resources!”

RECOMMENDATION 2



Build the capacity of families to engage their peers, inform ongoing efforts, and advocate for home visiting programs.

1. Create a regional/local home visiting family advocate program.
2. Expand this program to cover the State of Colorado after initial piloting.

Focus group answers from HVIP 2021

What other ideas do you have for improving home visiting services in Colorado?

- Clothing/resource exchanges, and other monthly recurring events. (x4)
- Group activities/Mom groups. (x3)
- More social capital development, in person or on zoom.
- Collaborate with groups that maintain long-term mother groups, or build the confidence in the mothers to keep it going after the program.
- Appreciate the professionalism, but wish the visitor could also focus on community building and be more relaxed.

RECOMMENDATION 3



Build off the shared messaging strategy developed in Advocacy and Coalition Recommendation 3 to create shared messaging for all audiences around home visiting.

1. Leverage the matrix to identify gaps in shared messaging.
2. Collaborate with the Advocacy and Coalition Workgroup to establish a shared messaging strategy.

“Children’s Hospital Colorado recognized the need to effectively communicate with parents, caregivers, and community members on the importance of building a solid foundation for Colorado’s kids. We also recognized that we were just one touchpoint in a network of many, and it was essential to speak as one voice across health care providers, parents, educators, and other community members. Our investment in the **Shared Message Bank** allowed us to take our commitment to this work and multiply it exponentially, benefiting us as an organization and also benefiting Colorado’s children through our partnership with others.”

- Abby Waldbaum, Senior Strategist, Child Health Advocacy Institute at Children’s Hospital Colorado

Qualified Workforce

RECOMMENDATION 1



Recognize home visitors as professionals who contribute to the overall health and well-being of Colorado children and families, and as an essential component of the broader early childhood system.

1. Develop a compensation study with recommendations to support home visitors and the broader early childhood community.
2. Provide adequate compensation and benefits packages, moving toward income parity with other early childhood and service-oriented professions, to all home visitors to promote workforce retention and reduce burnout.

Home visitors' earnings are relatively low in comparison with similar professional occupations.

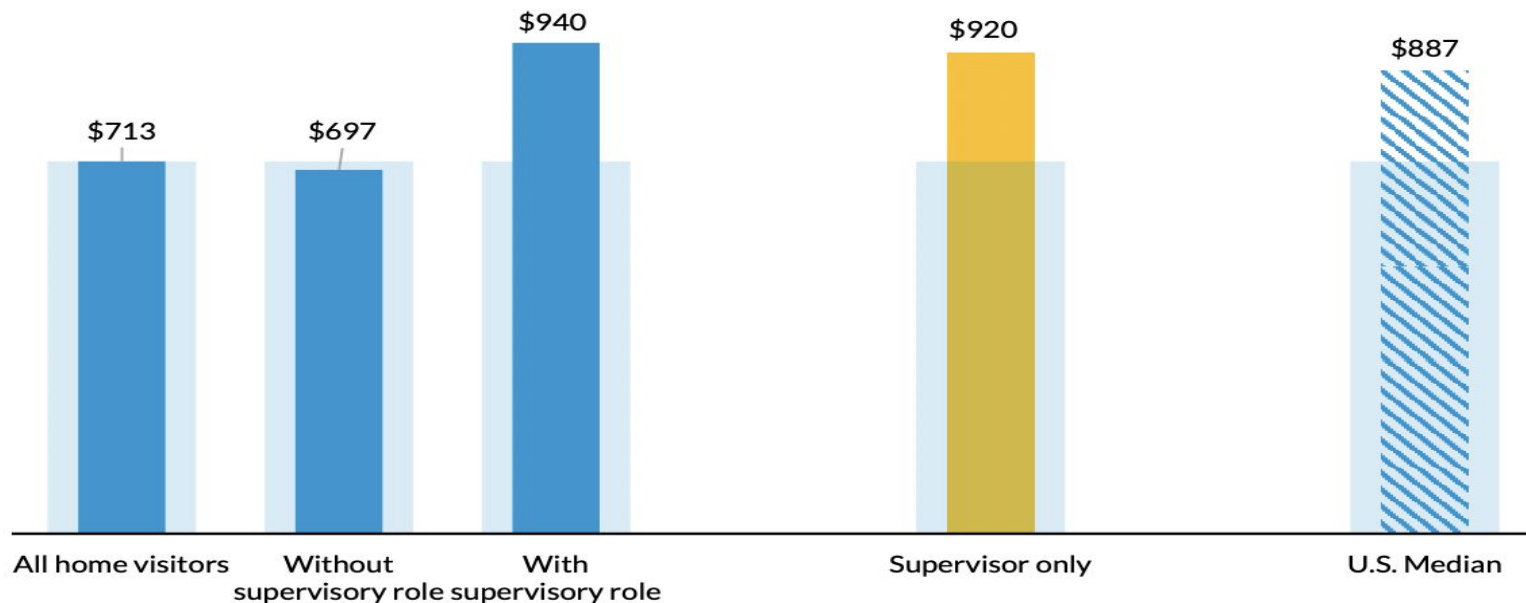
Home visitors with lower wages often reported that they were only willing and able to take their current position because they were fortunate enough to have a spouse or partner who could financially support their family.

FIGURE 4.5

Median Weekly Earnings

Comparison across home visiting staff roles and with median earnings across all US workers

■ Home Visitor Earnings Comparison



Source: Home Visitor/Supervisor Survey.

Notes: Respondents could report hourly, weekly, biweekly, twice monthly, monthly, or annual earnings. To convert an annual salary to weekly earnings, it was assumed that reported earnings covered 52.14 weeks a year. Respondents entered typical hours worked each week, which was used to adjust hourly earnings to weekly earnings. Two outliers with extremely high reported earnings were removed. Median weekly earnings across all US workers was \$887 in 2018. RNs earned \$1,167 weekly, social workers earned \$907, and other miscellaneous community and social service specialists earned \$881 weekly (Bureau of Labor Statistics 2018).


Table 3.4. Top reasons for leaving home visiting job (ranked by most common)

Home Visitors

1. Personal reasons not specific to home visitation work
2. The low pay
3. There was excessive paperwork and reporting
4. I wanted a job with greater responsibility/promotion
5. The travel was draining
6. The work with families was draining

Supervisors

1. Personal reasons not specific to home visitation work
 2. The instability/turnover among home visitors in my program was draining
 3. I was not feeling effective in the job
 4. The low pay
 5. There was excessive paperwork and reporting
 6. There was a punitive/unsupportive work environment
-



The probability of home visitors saying they were very likely to stay in their job was significantly higher in programs where managers reported:

- Assigning peer mentors (used by 56 percent of programs),
- Using employee goal-setting and goal-tracking throughout the year (used by 90 percent of programs),
- Using annual performance reviews for salary and promotion decisions (used by 64 percent of programs)
- Relying heavily on staff input when setting program decisions on improving the physical work environment (reported by 70 percent of programs).

RECOMMENDATION 2



Support efforts to recruit and train a diverse, well-qualified home visiting workforce to ensure consistent, high-quality program implementation and service delivery to families.

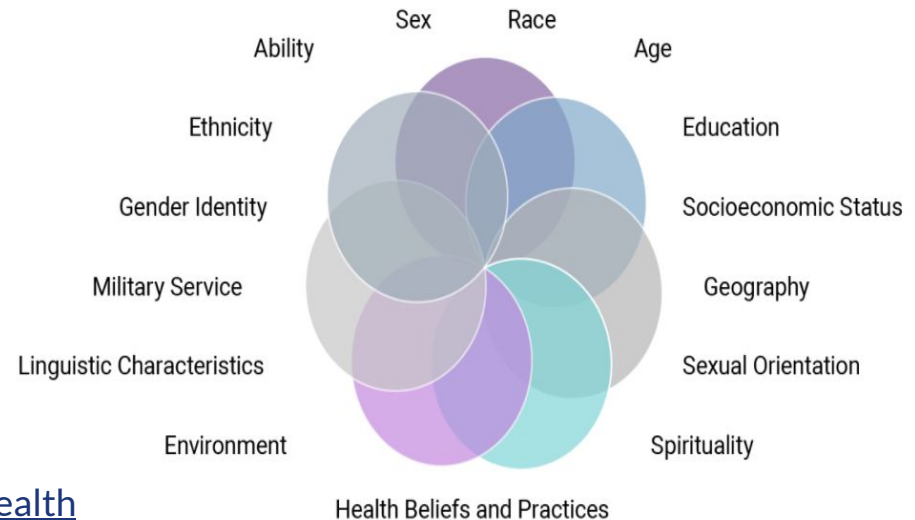
1. Compile home visitor qualifications and competencies across the various models and intermediaries.
2. Identify opportunities for shared, ongoing professional development and training opportunities to support the endorsement and credentialing of home visitors.
3. Develop recommendations for training modules to support home visiting competencies.
4. Identify and share career advancement opportunities with home visiting staff.
5. Identify opportunities to support providers with their recruitment.

Home visitors and supervisors rated themselves

- Most confident in their knowledge of child and social-emotional development
- Least confident in supporting families with children with special needs and in culturally and linguistically responsive home visiting practices.

Strategy	Not Yet	Some-what	Mostly	Fully	Comments/Next Steps
8. Promote and maintain cultural and linguistic competence knowledge and skills for all staff through ongoing, frequent professional development activities. (4)					
Recruitment Strategies					
9. Implement organizational selection and hiring processes that support equity. (3) For example: <ul style="list-style-type: none"> • Include community members, families, and other stakeholders in hiring for key positions in the organization • Ask current employees and community organizations for staff referrals • Increase your outreach efforts to make sure that you have a diverse pool of applicants • Conduct blind screenings of resumes and applications to minimize implicit bias in the hiring process 					

All aspects of a provider's and a client's cultural identity influence the therapeutic process



Home Visiting Focus Group & Family Survey



- More diversity in visitors- Hebrew, Arab, etc.
- My husband is autistic and I am Jewish; my visitor has been very helpful in navigating a crying baby and acknowledging my husband's medical concerns.
- When I migrated here I was alone in the US with my husband. I had no family or friends or community to help me during my pregnancy; my visitor really helped me not feel alone or isolated and involved my husband to help us be better parents.
- My visitor has been very helpful and knowledgeable in kosher resources since I am Jewish.
- Did your home visitor speak your language?
 - My visitor isn't Hispanic/Latino but speaks Spanish and I appreciate it. (x2)
- Did your home visitor understand your culture?
 - Yes! (x4)

Top two things that could be better for home visiting programs among respondents were:

- Would have liked a stronger relationship with home visitor (30.28%)
- Would have liked to have the same home visitor the entire time (26.15%)

RECOMMENDATION 2 cont.



Identify opportunities to support providers with their recruitment.

Lesson 1: Program managers might look to identify opportunities to ensure **job descriptions** accurately reflect roles and responsibilities. When that is not an option, consider other means of communicating these criteria, such as during the interview process or during pre hire shadowing or by offering an informational meeting for candidates.

Lesson 2: Ensuring decision makers understand the position and the qualities desired in a candidate may boost recruitment and retention.

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