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Eighth National Summit on Quality in Home Visiting Programs

Poster Session and Reception

Wednesday, January 30, 2019

Adapting, Enhancing, and Integrating Home Visiting in Rural Communities: Lessons and Challenges in Pennsylvania

Katherine Kellom, Program Manager - PolicyLab, Children's Hospital of Philadelphia

Meredith Matone, Dr.P.H., Deputy Director - PolicyLab, Children's Hospital of Philadelphia

Deshaun Parrish, M.P.H., Research Coordinator - PolicyLab, Children's Hospital of Philadelphia

Jennifer Whittaker, M.U.P., Research Coordinator - PolicyLab, Children's Hospital of Philadelphia

Delivering care to families in the home through home visitation services presents an opportunity to mitigate health-related challenges common in low-density and under-resourced rural communities. Yet, there has been a limited exploration of how home visitors working in rural communities adapt and enhance delivery of programs to account for larger community-wide barriers. We address these gaps in home visiting education by drawing from the experiences of over eighty home visiting administrators, home visitors, and clients living and working in rural communities. We highlight how home visitors are adapting and enhancing curriculum in the field to better fit the needs of rural families and communities.

Advocacy & Policy Community of Practice

Anne Gunderson, Policy Analyst - Ounce of Prevention Fund

Karen Howard, Vice President of Early Childhood Policy - First Focus

This community of practice on advocacy focuses on providing state and national advocates with sound policy information and outreach strategies to promote greater state and federal investment in effective home visiting services for children and families in need across our nation. This presentation will highlight the work the community has engaged since the last conference.

A Qualitative Study on Home Visiting Engagement and Retention

Sophie Mom, M.P.P., Research Associate - Wilder Research

Thao Vang, Research Associate - Wilder Research

An extensive body of research has linked home visiting programs with a wide variety of benefits for children and parents. Previous research explored home visiting engagement and retention, but most analyses relied on administrative program data to explore engagement patterns. This project was designed to provide deeper information from the perspective of parents. Semi-structured telephone interviews were conducted with 320 parents. These parents are from throughout the state of Minnesota and included those who graduated from the program, who were currently active, dropped out, or were referred but never enrolled. The interviews were conducted in English, Spanish, Hmong, Karen, and Somali; and the outreach and recruitment efforts were designed to ensure diverse perspectives based on race/ethnicity, enrollment

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and completion status, geography, service model, and age. Ninety-eight program staff was also interviewed about current referral and outreach strategies, and staff perceptions of factors that influence family engagement and retention. Finally, 28 referral partners (those who make referrals to home visiting services) were interviewed about their perceptions of factors that may influence parents' decisions whether or not to participate in services, as well as barriers that may make it challenging to participate. Findings suggest that parents had positive perceptions of their home visitors and found the services to be beneficial. Parents who never enrolled or dropped out of the program said they felt they had too much going on in their lives and they could not commit to an intensive program. The results suggest that enrollment and retention could be strengthened by considering changes to service models, referral processes, and outreach to families.

Are We Serving the Most Vulnerable Communities?

Icelynn Baldwin, LMSW, Home Visiting Quality Improvement Coordinator - Children's Trust of South Carolina

Elizabeth Radcliff, Assistant Professor (Research) - Arnold School of Public Health, University of South Carolina

The MIECHV program provides evidence-based home visiting programs for at-risk mothers and families during pregnancy and early childhood. Home visiting programs are effective in improving the lives of families and provide societal returns-on-investment. Public health socio-ecological models, however, suggest that health outcomes may be contingent not just on individual characteristics, but also on characteristics of individuals' social and physical environments. In order to inform placement of the original implementing sites, the federal MIECHV program required awardees to conduct a state-wide, county-level needs assessment to determine geographic areas of need. While the South Carolina assessment identified the most vulnerable counties, county-level assessments may mask within-county communities of a particular risk. The lack of awareness of particularly at-risk communities in otherwise lower risk counties or the lack of outreach into certain high-risk areas may result in underserved populations. This research used data from the SC MIECHV program, 2013-2016, to identify at-risk geographic communities at the ZIP Code Tabulation Area (ZCTA)-level to determine if MIECHV had enrolled clients in the most at-risk communities. Findings suggested that MIECHV reached 95 of 152 ZCTA's with the highest number of above-state-average risk factors (62.5%), and 78.8% of ZCTAs with both a high volume of births and a high number of risk factors (26/33). Objectives include describing the use of geographic systems mapping, defining high risk using birth volume and outcome indicators, and discussing how findings can inform practice and policy.

Attachment and Biobehavioral Catch-Up: An Evidence-Based Home Visiting Model for Parents of Infants Who Have Experienced Adversity

Stevie Schein, Ph.D., Scientist - University of Delaware

Infants who have experienced early adversity often present with significant challenges, including unclear cues for distress, being difficult to soothe, and biological and behavioral dysregulation. This poster will place special emphasis on the attachment relationship and self-regulation as domains of improvement for children at this age who have experienced adversity. Attachment Biobehavioral Catch-up (ABC) is an evidence-based 10-session program designed to improve attachment and self-regulation in infants who have experienced early adversity, such as neglect, deprivation, or abuse. The ABC intervention has been studied and found efficacious with foster children, children of neglecting or abusive birth parents referred by Child Protective Services, and children adopted following orphanage care. ABC has also demonstrated significant improvement in parental sensitivity in dissemination sites across the country. It is implemented with children between the ages of 6 and 24 months. ABC accomplishes these goals by improving caregiver responsiveness to the cues of infants. The intervention is implemented in the home with both caregiver(s) and children present, facilitated by clinicians who discuss manualized content, which includes activities, video examples, and research studies. Clinicians

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simultaneously use “in the moment” comments to give caregivers feedback about target-relevant caregiver behaviors (e.g., nurturance and following the lead) that occur during the session. These comments are considered to be the active ingredient in our precision home visiting program.

A Window Into the Home: Using Data to Enhance Impacts of Home Visits

Laura Camp, Business Development Manager – LENA

The poster will include an overview of common barriers to successful implementation, criteria to consider for integrating new programs into existing Home Visiting initiatives and share the challenges and successes that Cherokee County School District experienced with implementing a new, data-driven LENA Home initiative. In this program, Home Visitors in Cherokee County have been using LENA Home and LENA’s evidence-based 14 Talking Tips as tools to provide objective, measurable feedback and data to families. By using “talk pedometer” technology parents and home visitors receive clear, objective data on the child’s language environment in the home. The data collected has provided transparent reporting to key stakeholders and funders and provides measurable opportunities to support program outcomes.

Collective Impact via Structured Home Visiting Collaboration

Jim Anderst, M.D., M.S.C.I., Pediatrician, Director of Strategy & Innovation - Promise 1000 - Collaborative for Home Visiting Kansas City; Children’s Mercy Hospital, Kansas City

Monica Nielsen-Parker, M.S.W., Vice President, Community Impact - United Way of Greater Kansas City

Mary E. Moffatt, M.D. - Pediatrician, Medical Director - Promise 1000 - Collaborative for Home Visiting Kansas City; Children’s Mercy Hospital, Kansas City

Sommer Rose, M.S., Research Program Manager - Promise 1000 - Collaborative for Home Visiting Kansas City; Children’s Mercy Hospital, Kansas City

Amy Sielaff, M.F.T., Project Coordinator - Promise 1000 - Collaborative for Home Visiting Kansas City; Children’s Mercy Hospital, Kansas City

Promise 1000 – Home Visiting Collaborative, modeled after Every connects the greater Kansas City region’s most vulnerable families to in-home supports that optimize the beginning years of life for young children prenatal to three – the first 1,000 days of life. The mission of Promise 1000 is to provide an innovative, sustainable collaborative system of evidence-based home visiting services for pregnant women, young children, and their families to achieve optimal physical, mental, social, emotional health and educational outcomes. The families served within Promise 1000 are considered low-income, and have one or more risk factors associated with child abuse and neglect. Promise 1000 seeks to: 1) Improve maternal and child health, 2) Reduce the incidence of child maltreatment and intimate partner violence, 3) Promote child development and school readiness, and 4) Increase resilience and safety of participating families. The expansive reach of this collaborative structure creates a community-based intervention that can improve the lives of at-risk children and families.

Top Three Learning Objectives:

1. How to create and organize a collaborative approach to home visiting that has a collective impact on the community.
2. To provide knowledge of the Promise 1000 collaborative efforts to increase access to comprehensive full-circle supports for vulnerable children and families.

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3. To provide insight into how families can benefit from influential partnerships that are developed through collaborative home visiting.

Data-Driven Maternal and Child Health Literacy

April Hille, R.N., D.N.P, Public Health Nurse Supervisor - Jefferson County Public Health Department

Adriana P. Hurley, R.N., Manager of Clinical Programs - HCN-Family Partnerships Miami Dade (NFPMD)

Problem: Federally Qualified Health Centers (FQHCs) serve families at risk for poor health literacy and poor maternal and child health outcomes (low birth weight, premature births, developmental delays, early childhood caries, etc.) due to social determinants (racial/ethnic minorities, low academic achievement, low income, access to care issues, English as a second language). Poor health literacy may result in information inefficiencies and is associated with nonadherence to patient care plans, poor self-care, higher healthcare costs, and increased risk of hospitalization

Opportunities:

- The Nurse-Family Partnership (NFP) program provides evidence-based nurse home visiting services (parenting strategies, maternal and child care practices/education, coordination of care) that align with FQHC maternal and child health goals
- Coordination of FQHC services with the NFP program extends patient education delivered by clinic providers directly into patient homes
- Shared EHR data allows integration of appointment reminders and care plan information into home visits by registered nurses trained in appropriate communication of maternal and child health promotion practices
- Data collected during home visits streamline referrals to needed FQHC services (dental, pediatric, ob/gyn, primary, etc.), resulting in comprehensive healthcare for vulnerable families.

Recommendation:

- Collaboration of Federally Qualified Health Centers and the Nurse-Family Partnership program provide an ideal service delivery model for vulnerable families at risk for poor health literacy and poor maternal and child health outcomes
- Federally Qualified Health Centers should integrate the NFP program as a standard of care for families at risk for poor health literacy and poor maternal and child outcomes.

Data Reporting Across New Mexico's Home Visiting Sector

Andrew Breidenbach, Research Scientist 2 - University of New Mexico Cradle to Career Policy Institute

Ruth Juarez, Research Scientist 2 - University of New Mexico Cradle to Career Policy Institute

New Mexico is in its sixth year of legislatively-mandated outcomes reporting for the more than 30 mixed models/ standards-based home visiting programs that make up its state-funded home visiting system. As university-based research partners, we at the University of New Mexico Cradle to Career Policy Institute present multiyear trends demonstrating to policymakers the impact of publicly-funded home visiting programs (e.g. in parental nurturing behavior) as well as system level improvement driven by data reporting (e.g. in screening and referrals). We offer attendees one model for how to communicate data on funding, service delivery, workforce preparation, and outcomes across domains to state policymakers.

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We also present a publicly-available Tableau data visualization tool which helps policymakers to understand the larger picture of home visiting program capacity across our state's 33 counties (inclusive of federally-funded, tribal, and privately-funded programs, who have come together in a statewide collaborative to promote home visiting).

Excellence and Accountability: Steps to Build a Culture of Quality

Marissa Daley, Healthy Families Program Specialist - Massachusetts Children's Trust

Steven Pascal, Assistant Director of Home Visiting - Massachusetts Children's Trust

Sarita Rogers, Director of Home Visiting - Massachusetts Children's Trust

Quality improvement and reflective practice often exist in bifurcated roles within program management. Yet bringing these two components together can yield more cohesion among staff, engage staff more deeply in improving their individual and collective performance and provide inspiration to daily work. Developing a program culture that fosters quality is critical to program success, as continuous quality improvement is an "all hands on deck" endeavor. Often missing is the linkage to the work of the individual front-line staff person making the information s/he receives about performance feel like a report card instead of an opportunity to learn. Building Reflective Practice into supervision, and building staff reflective capacity enables the program to take a skills-building approach to staff development. This helps to highlight the individual's importance to program efforts and connects her/him to program-wide improvement activities. Incorporating the knowledge and experience of the implementation of Healthy Families Massachusetts, a statewide home visiting program for first-time parents, age 20 and under, in using data for continuous quality improvement activities and building reflective capacity, we provide an overview of program management and development design that incorporates quantitative and qualitative data and reflective practice to support program strengthening and staff development leading to a culture of quality in the program.

Health Services Community of Practice

Kay Johnson, President - Johnson Group Consulting, Inc.

Anna Potere, Policy Manager, Illinois Policy Team - Ounce of Prevention Fund

This National Home Visiting Summit focuses on connecting health systems with home visiting provides program leaders, policymakers and researchers with the opportunity to engage on a range of issues related to health systems and home visiting. This presentation will highlight the work the community has engaged since the last conference.

Home Visiting with American Indians to Prevent Early Childhood Obesity

Lisa Cohoe, Research Assistant - Johns Hopkins, Center for American Indian Health

This presentation aims to engage attendees around the importance of addressing early childhood obesity risks in American Indian (AI) communities. Content focuses on home-visiting as a strategy for addressing these risks and an example of a home-visiting program doing this in one Navajo community. We will share information about two randomized controlled trials assessing the impact of a home-visiting intervention, called Family Spirit Nurture, on reducing early childhood obesity risks among AI families. Outcomes focus on: 1) how and what mothers feed their infants/toddlers, with a targeted focus on consumption of sugar-sweetened beverages (SSBs) and introduction of complementary foods; 2) responsive feeding practices; 3) child diet and physical activity; 4) child weight status; 5) maternal psychosocial and household environmental factors; and 6) biologic measures tied to obesity risks. The poster highlights the unique designs for the two ongoing trials and will discuss the community-based process utilized to develop and refine the curriculum

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and the evaluation. We will share preliminary results from the first of the two trials, which includes N=136 mother-child dyads on the Navajo Nation. In this trial, mothers were recruited before 3 months postpartum and followed until 12 months postpartum. They received a brief Family Spirit Nurture module delivered from 3-6 months postpartum focused on eliminating SSBs in infancy and promoting optimal complementary and responsive feeding practices. Mothers in the control arm received lessons on injury prevention from 3-6 months postpartum, an urgent but non-contaminating condition. From 6-9 months postpartum, both the groups received potable water deliveries, hypothesized to affect their abilities to avoid feeding babies SSBs.

How Data-Driven Incentives Can Boost Home Visitor Performance & Retention

Kate Granzow, WAGE\$ Counseling Specialist - Iowa Association for the Education of Young Children

Sarah Hernandez, Research Project Coordinator - University of Kansas Center for Public Partnerships & Research

Kelly Schulte, Community Health Consultant - Iowa Department of Public Health

This presentation will explore a newly-developed incentive program for home visitors, which aims to reward performance based on a shared measurement data system, inform professional development planning, and boost staff retention rates in the field. Iowa has recently implemented a new project for MIECHV Home Visitors called Performance and Education Yield Success (PAEYS). This PAEYS program provides a financial award to eligible staff based on their level of college education and the ability to meet established performance benchmarks. Higher awards are linked to higher education, to incentivize staff to move towards related degrees and additional coursework in early childhood-related content. By utilizing a shared data system, called DAISEY, the program is able to utilize this shared measurement data system. By collecting data and measuring results consistently on a short list of indicators at the worker level and across all grantees not only ensures that all efforts remain aligned, but it also enables the participants to hold each other accountable and learn from each other's successes and failures.

How do Models Get on HomVEE's list? Review Process Overview

Amanda Clincy Coleman, Senior Social Science Research Analyst - OPRE/ACF/HHS

Nancy Geyelin Margie, Home Visiting Research Team Leader, Senior Social Science Research Analyst - OPRE/ACF/HHS

Emily Sama-Miller, Senior Researcher - Mathematica Policy Research, Inc.

Maria Woolverton, Director, Division of Family Strengthening - OPRE/ACF/HHS

HHS' Home Visiting Evidence of Effectiveness review (HomVEE) is a thorough and transparent review of the home visiting research literature. HomVEE assesses the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry. To do so, HomVEE assesses the quality of individual studies, rates the effectiveness of home visiting models based on the studies that examine them, and produces summary reports on the effectiveness and implementation of those models. Annual website releases indicate which home visiting models are affective, according to HHS' criteria. The research literature on home visiting is vast, however, and resource constraints for HomVEE's ability to be comprehensive as well as systematic. Therefore, HomVEE uses a prioritization process to select models to review and report on each year. Because the review does not comprehensively include all home visiting research, the HomVEE team is often asked "how does a model get on the "HomVEE list"?" This poster will answer to that question by summarizing the review process and the prioritization criteria. In addition, members of the HomVEE team will be present at the poster session to answer questions from the audience.

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Opioid Use During Pregnancy: A Choose-Your-Own-Adventure Tool for Home Visitors

Jodie Fishman, Senior Writer & TA Specialist - ZERO TO THREE

Neal Horen, Researcher/Instructor - Georgetown University Center for Child & Human Development

This poster describes a new suite of materials created to arm home visitors with the information they need to help expectant families address substance misuse, including opioid use. Viewers will gain information on the scope of the problem of drug use/misuse during pregnancy, and the facts and consequences behind both illegal drug use and misuse of prescription medications. They'll also be introduced to a new suite of materials—including infographics, handouts for home visitors and for families, and an online, interactive tool—focused on helping expectant families with suspected or confirmed substance use issues.

Patterns of Adverse Childhood Experiences (ACEs) among Mothers in Home Visiting

Alonzo Folger, Ph.D., Director of Evaluation and Epidemiology: Assistant Professor, Division of Biostatistics & Epidemiology - Every Child Succeeds: Cincinnati Children's Hospital Medical Center

Adverse childhood experiences (ACEs) and are associated with a myriad of negative physical and mental health outcomes over the life course. Recently, epidemiologic evidence has emerged that also links these adverse exposures, and the dos thereof, to poor developmental and behavioral outcomes for the next generation. Studies have demonstrated intergenerational effects in multiple populations and have begun to characterize the mechanisms that underlie risk. Many studies have also examined the exposure thresholds (e.g., 3 ACEs) that are associated with the greatest risk for adult psychological disease and relatedly, offspring developmental risk. Although the exposure count (i.e., dose) for ACEs is commonly considered in epidemiologic studies, there remains little understanding about common patterns of ACE exposures that exist and the associated parenting risks. Because the impacts of individual ACEs are unlikely to be weighted equally, exposure to specific classes of ACEs (e.g., high physical and emotional abuse) may better characterize exposure and the toxicity of ACEs. The aims of the current research were (1) to characterize patterns of maternal ACE exposure (in lieu of ACE dose) in home visiting (HV) and (2) to determine the associations between classes of maternal ACE exposure and maternal-child health outcomes, namely maternal depressive symptoms and child social-emotional development. In the HV population, there were 563 mothers who participated in one of three separate research studies conducted within the Every Child Succeeds HV program. A latent class analysis approach was used to identify patterns of ACEs among mothers enrolled in the HV program. The ACE items included exposure to abuse, neglect and household dysfunction. Mothers with similar patterns of ACE exposure were grouped together within a latent class. Multivariable general linear models were used to examine the associations between class assignment and measures of maternal depressive symptoms (EPDS) and social-emotional development (ASQ: SE). We identified four latent classes: Class 1 (11.0% of the cohort), Class 2 (11.9%), Class 3 (19.2%), and Class 4 (57.9%). After review of the distribution of ACE items in each group, the following descriptions were generated: high overall exposure (Class 1); low-moderate household dysfunction with high emotional and physical abuse (Class 2); moderate-high household dysfunction with low emotional and physical abuse (Class 3); and low overall exposure (Class 4). The 'high overall exposure' (Class 1) and 'low overall exposure' (Class 4) groups had the lowest median number of home visits (i.e., 47 and 49, respectively). The Class 1 and Class 2 groups had the highest mean depressive symptoms and lowest mean social-emotional functioning. The importance of ascertaining abuse items and implications for home visiting practice will be discussed.

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Professional Development Community of Practice

Christa Austin, Senior Program Advisory - Ounce of Prevention Fund

Janelle Weldin-Frisch, President - Prairie Learning Options

The National Summit on Quality in Home Visiting's community of practice on professional development provides community-based program and state leaders, policymakers and researchers a forum to engage about professional development within the home visiting field. This presentation will highlight the work the community has engaged since the last conference.

Stories From the Field: Home Visiting and IDEA Part C Partnerships

Tracie Bullock Dickson, Ph.D., Education Program Specialist - U.S. Department of Education, Office of Special Education

Monique Fountain Hanna, M.D., M.P.H., M.B.A., Senior Regional Medical Consultant, US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau - Health Resources and Services Administration, Maternal and Child Health Bureau Division of Home Visiting & Early Childhood Services

Stephanie Silva, Doctoral Student & Research Assistant - University of Massachusetts Boston

The quality of MIECHV awardee and IDEA Part C State program workforce impacts the effectiveness of the interventions delivered and the capacity to work collaboratively to provide coordinated and comprehensive services that improve outcomes for infants and toddlers with disabilities and their families. To support greater collaboration between MIECHV and IDEA Part C programs, examples will be shared on how states developed cross-sector professional development systems for personnel who work in MIECHV, IDEA Part C, and other early learning programs.

Supporting and Engaging High-Risk Families: Improving Marketing Strategies

David Bard, Ph.D., Associate Professor; Director of the Biomedical and Behavioral Methodology Core - University of Oklahoma Health Sciences Center

The presentation will focus on a research project applying the Behavioral Interventions to Advance Self-Sufficiency (BIAS) approach. The research project is a mixed-methods study applying the BIAS approach to marketing strategies to increase enrollment of high-risk families in home-based parenting services. This will include the Behavioral Diagnosis and Design Process by defining the problem, gathering data to hypothesize possible bottlenecks preventing the enrollment of families, and testing these bottlenecks through qualitative interviews within a community sample. Qualitative interviews focused on marketing strategies utilizing a leaflet (N=49), website (N=51), and commercial (N=45) with a total of 145 individuals being interviewed. Specific bottlenecks identified and tested were parents: 1) do not think the parenting program is necessary, 2) do not understand what the marketing is suggesting they do, 3) think they would not qualify for a parenting program, and 4) don't realize the urgency of enrolling in parenting services. Qualitative data will be presented with marketing recommendations discussed. Learning Objectives: 1. Facilitate an understanding of the BIAS approach to improve marketing strategies. 2. Learn about the application of the BIAS approach to improve marketing strategies in home-based parenting programs through the description of a mixed-methods research project that identified marketing "bottlenecks", made changes to marketing materials, and tested new material.

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Supporting Refugee and Immigrant Mental Health Through Home Visiting

Aimee Hilado, Ph.D., L.C.S.W, Assistant Professor - Northeastern Illinois University

Ellen Walsh, M.S.W, Director of Learning Institute - Baby Talk, Inc.

The poster provides an overview of a randomized controlled trial examining the impact of home visiting on child development, adult and early childhood mental health, and the overall adjustment of trauma-exposed refugee and immigrant families in Illinois. The study involved 200 refugee and undocumented immigrant families from Burma, Columbia, Democratic Republic of Congo, Iraq, Iran, Mexico, and Syria, speaking eight different languages, who received home visiting using the Baby TALK Model. As such, the poster will highlight key areas of need among trauma-exposed refugee and immigrants and the most impactful home visiting strategies used to identify and engage culturally- and linguistically diverse families. The poster will also document specific child, parent and family outcomes that were gained as a result of home visiting; significant impact was noted in the areas of social-emotional and language development for children, maternal health outcomes, and across several family outcomes including the coordination/access of referrals, positive parenting practices, and greater economic self-sufficiency. Finally, the poster will provide bullet points on the implications for family and community wellbeing.

The Home Visiting National Landscape: Expanding the View

Jill Filene, Ph.D., Vice President - James Bell Associates

Allison Meisch, Ph.D., Senior Research Associate - James Bell Associates

The National Home Visiting Resource Center (NHVRC) is a source for comprehensive information about early childhood home visiting. Its goal is to support sound decisions in policy and practice to help children and families thrive. The annual Home Visiting Yearbook explores home visiting nationally but also dives deeper to look at home visiting in states, territories, and tribes, and in this latest data release, expands to include additional home visiting models. In this poster presentation, we will highlight the latest information on the state of home visiting across the country, including information on how many children are being served, how many families could potentially benefit among states. Additionally, we will share new data from nine home visiting models never before included in the NHVRC Yearbook.

Tribal Home Visiting as an Extension of Primary Care - Improving the Health Service Delivery

Jeanne Holifield, Manager, Nutaqsiivik Nurse-Family Partnership - Southcentral Foundation

LT Letisha Secret, M.S.N., R.N., Clinical Coordinator - Southcentral Foundation

Marisa Wang, M.P.A., Grants Advisor/Tribal MIECHV Project Director - Southcentral Foundation

Women, infants and young children living in high-risk situations experience higher rates of infant mortality, low birth weights, unsafe home environments, and other unfavorable life outcomes. Home visiting programs offer a mechanism for ensuring families have the social support, knowledge of community resources and ongoing health, developmental, and safety education. However, most home visiting program is designed as standalone programs and do not provide programmatic and system linkages to primary care providers.

Over the past eight years, the Southcentral Foundation has integrated the Nurse Family Partnership model within a tribal healthcare organization. Integration of maternal child health home-visiting and primary care impacts implementation, care coordination, recruitment, enrollment, and retention of participants and staff, while providing crucial resources to vulnerable populations. The poster will describe the structure used, lessons learned, advantages gained from leveraging

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these two unique program attributes to the benefit of the communities served. examine the ways in which home visiting programs benefit from being part of a primary care system and vice versa and approaches to leveraging the relationship to improve referrals, enrollment, and retention, while positively impacting the lives of families in the communities served. The presenters will examine the ways in which home visiting programs benefit from being part of a primary care system and vice versa and approaches to leveraging the relationship to improve referrals, enrollment, and retention, while positively impacting the lives of families in the communities served.

Using Text Messages to Build Parents' Capacity to Improve Child Language-Learning Opportunities

Kathryn M. Bigelow, Ph.D., Assistant Research Professor - Juniper Gardens Children's Project, University of Kansas

Dwight Irvin, Assistant Research Professor - Juniper Gardens Children's Project, University of Kansas

Fan Jia, Ph.D., Associate Researcher - Juniper Gardens Children's Project, University of Kansas

Dale Walker, Ph.D., Associate Researcher Professor and Scientist - Juniper Gardens Children's Project, University of Kansas

Serving over half a million young children and their families in the U.S. (Astuto & Allen, 2009), the aim of home-based parent education programs is to build parents' capacity to improve children's developmental and educational outcomes. A significant barrier, however, is a lack of parent engagement and limited adoption of the targeted strategies (Paulsell et al., 2010). Addressing this need, Project Engage examined how text messaging can be used to increase and maintain parent engagement in an evidence-based intervention for promoting infants' and toddlers' language development. This project examined how text messaging could be used by parent educators to:

1. Improve parent participation and engagement in an evidence-based language intervention (Walker, Bigelow et al, 2012),
2. Increase the fidelity with which parents use the language intervention with their child
3. Improve early child language outcomes.

Positive outcomes for parent use of the language strategies and child language outcomes will be presented, and implications and practical strategies for using text messaging in home visiting will be provided.

Vermont Children's Integrated Services and the MECSH Program

Karen Bielawski-Branch, Children's Integrated Services (CIS) Home Visiting Coordinator - Child Development Division - Department for Children and Families, Vermont Agency of Human Services

Ann Giombetti, Nurse Home Visiting Program Administrator - Vermont Department of Health

Lynn Kemp, Director of Translational Research - Western Sydney University

There is increasing evidence that integrated services provide improved outcomes. The State of Vermont has developed and implemented a Children's Integrated Services (CIS) system that offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. Vermont CIS are family-centered, child-focused, and delivered through a network of providers throughout Vermont providing a variety of services with the type and intensity of service related to families' needs. Critical to the success of Vermont CIS is an integration of evidence-based programs within the system. The Maternal Early Childhood Sustained Home-

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visiting (MECSH) program is a key program within the CIS. MECSH is a sustained and structured nurse home visiting program from pregnancy to child-age 2-years, which uses a salutogenic (health creating) child-focused prevention model to support identified families to adapt and self-manage in their parenting journey, and source the resources to parent effectively despite the difficulties and challenges they face in their day to day lives. The MECSH program integrates with and promotes integration (ME[C]SHing) of services to support families. Through the MECSH program, additional evidence-based programs to meet families' needs are integrated, including obesity prevention and the promotion of maternal well-being and responsiveness. This poster will introduce the Vermont CIS, its collaboration, quality and outcome drivers and facilitators, and the core MECSH program

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