



LISTENING TO PARENT VOICES:

# How Technology Changed What's Possible in Home Visiting & Infant Mental Health Programs

CASE STUDY:

**Inter-Tribal Council of Michigan**

---

Research conducted by:



---

And support from:



# Acknowledgements

---

We want to acknowledge the staff and families from Healthy Families America Arkansas, Southeast Kansas Community Action Program, Brockton Healthy Families in Massachusetts, Inter-Tribal Council of Michigan, Family Building Blocks and Family Nurturing Center in Oregon, and Mary's Center in Washington D.C., who generously provided their time and shared their stories and experiences with us. We are also indebted to the wisdom provided by the Parent Research Consultants, and the amazing community partners who facilitated their input, Ms. Nelda Reyes (AB Cultural Drivers) and Ms. MaryEtta Callier-Wells (Self Enhancement, Inc). Thanks also to Elizabeth Krause and Becca Graves from the Perigee Fund, who provided unwavering support and ongoing guidance for this project. Finally, we want to thank the members of the study Advisory Board who graciously shared their expertise with us, including: Ernestine Benedict (Zero to Three), Robin Hill Dunbar (The Ford Family Foundation), Sara Haight (Aspen Institute), Angel Fettig (University of Washington), Neal Horen (Georgetown University), Mary Louis McClintock (The Oregon Community Foundation), Cat MacDonald (Association of State and Tribal Home Visiting Administrators), Lisa Mennet (The Perigee Fund), Aleta Meyer (USDHHS, Administration for Children and Families, Office of Planning, Research and Evaluation), Shannon Rudisill (Early Childhood Funders Collaborative), and Letty Sanchez (First Five LA).

**Suggested Citation** (authors listed in alphabetical order): Chazan-Cohen, R., Fisk, E., Ginsberg, I., Gordon, A., Green, B. L., Kappeser, K., Lau, S., Ordonez-Rojas, D., Perry, D.F., Reid, D., Rodriguez, L., & Tomkunas, A. "*Parents' Experiences with Remote Home Visiting and Infant Mental Health Programs During COVID-19: Important Lessons for Future Service Delivery*". Report submitted to the Perigee Fund, Seattle WA., September 2021.

**Funding Source:** Funding for this project was provided by a grant to Portland State University from Perigee Fund and The Ford Family Foundation.

**For more information about this study** and access to community case studies and other project reports, please visit: [perigeefund.org/parentvoicestudy](https://perigeefund.org/parentvoicestudy).

## About the Study

---

In Summer 2020, in response to the COVID-19 global pandemic, and the abrupt shut-down of most face-to-face early childhood services, the [Perigee Fund](#) contracted with a team of researchers from Portland State University, Georgetown University, and the University of Connecticut to learn more about how programs were shifting their strategies to serve families through remote or “distance” technologies. In particular, Perigee and the study team identified a critical need to hear more from parents about their experiences during this shift, and if/how these programs were continuing to provide important supports for them and their young children.

The research team partnered with programs in seven different communities across the country: Healthy Families America (HFA) Arkansas, Southeast Kansas Community Action Program, HFA Brockton Massachusetts, Inter-Tribal Council of Michigan, Family Building Blocks and Family Nurturing Center in Oregon, and Mary’s Center in Washington D.C., using a case study approach that allowed a contextualized understanding of service delivery in communities characterized by different social, political,

and cultural characteristics. Programs all served families with children ages 0-3<sup>1</sup> and used a variety of different program models/curricula. Programs provided home-based early childhood services based on a relationship-based approach; some also provided direct early childhood mental health supports. Telephone or video interviews were conducted with the program director and up to 7 staff, and up to 14 families (two families per staff). Based on these interviews, a case study was developed for each program, which in turn was analyzed to identify key cross-site findings.

As of this writing, as restrictions begin to be lifted on in-person services, there are important lessons to be learned about the role of remote or “technology supported” services moving forward. This study begins to provide some of these lessons by highlighting what it took to effectively engage families, what worked well and warrants further support, and what was lost in terms of quality, effectiveness, or equity in providing relationship-based home visiting and early childhood mental health services to families with very young children.

## About This Program

---

### Community & Program Context

---

This report describes key findings for the Inter-Tribal Council of Michigan (ITCM) home visiting program which serves 11 Tribes and 1 Urban Tribal organization in Michigan. The goals of this program are “to support the development of healthy, happy, successful American Indian/Alaska Native (AI/AN) children and families through a coordinated, high-quality, evidence-based, home visiting strategy, and to expand the evidence base around home visiting programs for AI/AN populations.”<sup>2</sup> It uses a cultural assets-based approach to address intergenerational health disparities<sup>3</sup>, such as limited resources and access to health care, experienced by American Indian communities.

ITCM provides an array of services in addition to home visiting through its Maternal and Early Childhood Services program including infant mental health consultation, parent support groups, and post-partum support. Three home visiting programs representing three tribes<sup>4</sup> participated in the study. Two of the programs are located in the rural Upper Peninsula and one in Central Michigan. They deliver services through the Family Spirit Home Visiting program, “the only evidence-based home-visiting program ever designed for, by, and with American Indian families.”<sup>3</sup>

Services are offered and open to any tribal member. Families who are generally enrolled in the home visiting programs are those who are pregnant or enrolled within 3 months of birth, and who have other social/demographic

---

<sup>1</sup> Some also served somewhat older children.

<sup>2</sup> *Tribal maternal, infant, and early childhood home visiting education*. MPH. (n.d.). <https://www.mphi.org/project/tribal-maternal-infant-and-early-childhood-home-visiting-education/>.

<sup>3</sup> *Family spirit home visiting program*. Family Spirit Home Visiting Program | Center for American Indian Health. (n.d.). <https://caih.jhu.edu/programs/family-spirit>

<sup>4</sup> Tribal representatives preferred not to share their tribal affiliations in this report.

risk factors (e.g., living in poverty, maternal depression or substance abuse risk; lack of prenatal care, premature birth, teen parent status, etc.). Both nurses and paraprofessionals are used to deliver home visiting services. For families who are less comfortable with a home visitor coming into their home, office-based services are also offered.

The ITCM employs 160 staff in Health, Behavioral Health, Environmental, and Child and Family Education Services programs. It aims to increase self-sufficiency and improve services for tribal communities. The poverty rate for tribal communities in Michigan is 25% compared to 13% statewide<sup>5</sup>. Although unavailable specifically for Michigan tribes, the unemployment rate nationally for American Indians/Alaska Natives is 26% compared to 14.5% for the general U.S. population.<sup>6</sup> Ninety-percent of the families served by ITCM are American Indian/Native Alaskan while the remaining 10% identify as white, Latinx/Hispanic, African American/Black, or multi-racial. The home visiting program serves approximately 600 families annually with children ages prenatal to 5 years. In addition to home visiting, ITCM also provides infant mental health consultation and breastfeeding support.

## COVID-19 Context & Remote Services Provided

---

Tribal communities across the nation were disproportionately and severely impacted by the pandemic; tribal communities had the highest mortality rates of any U.S. minority group.<sup>7</sup> The impact of the pandemic on these communities was exacerbated by the existing structural problem of having limited access to medical care, especially for rural tribes<sup>8</sup>. Further, the state of Michigan had higher case rates of COVID-19 than neighboring states<sup>9</sup>, and American Indians/Native Americans living in Michigan had the highest case rates of all demographic groups in the state.<sup>10</sup>

At the end of February 2020, the Governor of Michigan enacted a State of Emergency to address the COVID-19

pandemic. In March 2020, she further implemented restrictions on public gatherings and social interaction, resulting in home visiting programs pausing in providing face-to-face services. These restrictions deeply impacted the communities participating in the study which, as described by one interviewee, are highly “communal, rely upon each other, and have very close-knit families.” For example, many families rely on one another for child care or run businesses together. Subsequently, the shut-downs during the pandemic disproportionately impacted them, not only socially but economically. As one community leader explained, “Our entire culture is woven in our family, in our tribes, in our community and so not being able to do the things that we would normally do, and culturally what would be significant for us, it’s been a struggle...”<sup>8</sup>

ITCM’s programs paused home-based services and began to implement a variety of strategies to support families remotely. Initially, home visiting staff connected with families by phone only. Over time, they increasingly integrated technology into their service delivery through video conferencing (Zoom, Skype, FaceTime), email, text, and social media (Facebook, program website). They also dropped materials and resources at families’ homes. Parents reported that during the pandemic, they relied exclusively on remote technology for connecting with their providers. All had access to a phone or computer to connect remotely, mostly by video (through Zoom or the Doxy.me platform). They explained that they preferred participating by video because being able to “see their home visitor” was important in staying engaged in services. Although a few parents shifted to phone (audio-only) services, most had reliable enough WiFi to make virtual video visits work.

Most of the Tribal communities in Michigan are located in rural areas and reservations where there is no or unreliable internet access, and where cell phone reception can be spotty. The FCC has reported that tribal households lack access to standard broadband at a rate more than

---

<sup>5</sup> Michigan report - 2019. Talk Poverty. (n.d.). <https://talkpoverty.org/state-year-report/michigan-2019-report/>.

<sup>6</sup> Miller, R. J. (2021, April 8). *Establishing economies on indian reservations*. The Regulatory Review. <https://www.theregreview.org/2021/04/08/miller-establishing-economies-indian-reservations/>.

<sup>7</sup> Color of CORONAVIRUS: COVID-19 DEATHS analyzed by race and ethnicity. APM Research Lab. (2021, March 5). <https://www.apmresearchlab.org/covid/deaths-by-race#counts-over-time>.

<sup>8</sup> Lyden, D., & Vinton, K. (2020, December 8). Northern Michigan Tribes Discuss COVID-19 Impact on Native American Communities. <https://www.9and10news.com/2020/12/08/northern-michigan-tribes-discuss-covid-19-impact-on-native-american-communities>.

<sup>9</sup> Inter-Tribal Council of Michigan, Inc. COVID-19 Resources | Inter-Tribal Council of Michigan, Inc. (n.d.). <http://www.itcmt.org/covid-19-resources/>.

<sup>10</sup> Michigan: All race & ethnicity data. The COVID Tracking Project. (n.d.). <https://covidtracking.com/data/state/michigan/race-ethnicity>.



four times that of the general population.<sup>11</sup> In Michigan, on average 82% of American Indians/Native Americans have a broadband subscription, but only 13% have access to low-cost broadband.<sup>12</sup> The home visitors we spoke with were versatile in working around these technical challenges, and most reported that overall the shift to remote services did not decrease family enrollment or participation in services.

At the time of the interviews, Michigan had begun lifting state restrictions, and programs were transitioning back to in-person home visits while still offering virtual services. Several of the providers we talked with suggested that some form of virtual service delivery would be valuable after the pandemic, although it was unclear what this would look like for them or their programs going forward.

## Case Study Participants & Data Collection

---

For the PETES project, PSU researchers coordinated with ITCM to interview four staff members, one director, and seven parents/caregivers representing the four Tribal Home Visiting programs to conduct semi-structured in-depth qualitative interviews via telephone or Zoom (see Appendices C, D & E for interview protocols). In addition, a short on-line survey was developed to capture demographic information as well as quantitative questions about staff and families' level of interest and engagement in remote services. Below we summarize the demographic information provided through the on-line survey (see Appendices A and B for more detail).

### Parents/Caregivers

---

The families who were interviewed for this project had children ranging in age from under 1-7 years old. On average, families had approximately 2 children under age 18 living in their home. Five of the seven parent/caregivers interviewed were mothers, one was a stepmother, and one was a grandparent. Six of the parent/caregivers completed a demographic survey in addition to participating in the interview. Three of the parents identified as American Indian. Two identified as white and one as Latinx, one of whom shared that their partner was American Indian. All received services through the Family Spirit Home Visiting program developed for Native

Americans. All identified as women and within the age range of 18-49. Two were employed full-time, one part-time (less than 20 hours per week), one was not employed, and two listed "other" as employment status.

All of the families interviewed spoke English. Five of the six survey respondents felt that it was easy for them to engage in the services provided by ITCM remotely and indicated that they would like to continue to receive some support remotely after face-to-face services resumed. All but one of the parents had been enrolled in home visiting services prior to the pandemic.

### Staff

---

The four staff members interviewed were all white women between 30-49 years old. Two held an Associate's Degree and two had a Bachelor's degree or higher. When asked about their comfort level providing services remotely, all providers either agreed or strongly agreed that they felt comfortable providing services remotely. All providers agreed or strongly agreed that they were supported by their agency to shift to remote services. One provider believed that providing services remotely is less effective than face-to-face, while the remaining providers agreed it was as effective. All agreed that they would like to continue offering remote services in the future.

## About this Report

---

Drawing on these in-depth interviews, this report provides a brief summary from the perspectives of both families and staff about their experiences receiving or providing

services during the COVID-19 pandemic. Within each section, we highlight three key areas:

---

<sup>11</sup> Avi-Asher Schapiro, Reuters, *Coronavirus crisis threatens internet opportunity for Native Americans*. July 2020. <https://www.reuters.com/article/us-health-coronavirus-usa-rights-trfn-idUSKCN24T06B>

<sup>12</sup> Broadband Now Research. Retrieved August 2020. <https://broadbandnow.com/research/tribal-broadband>

(1) What does it take to deliver remote/distance services more effectively?

(2) What worked well and what could be retained moving forward?

(3) What (or who) was lost, where did the system fail and how could these gaps be addressed to build a more equitable service delivery system?

## Value of Early Childhood Services During Crisis

---

During the COVID-19 pandemic, families accessing services through ITCM were provided with ongoing supports from their home visitors to ensure **continuity of services**, **emotional supports**, and **access to essential basic resources**, which were all critically important during the global and local crises. Parents we spoke with also shared that continuing to receive information, support, and guidance related to their child's health and development was especially helpful. As one participant explained, these are "already stressed communities in terms of experiencing trauma, and so when you add a pandemic to that, it can be really tough for our families." In addition to the community impact of the pandemic, a number of the families we spoke with experienced lack of child care, unemployment or reduced hours, and COVID-19 infection. They described how the home visiting programs provided critical support and services for them during this time.

The value of these ongoing early childhood services was also reflected in the quantitative data provided by families. Families reported that emotional support was the most valued service they received from home visiting programs during the pandemic with 80% saying it was "very important." The majority of parents also received activities for their children, parenting information and support, and information related to COVID-19 and rated them as "very important." The majority did not receive emergency financial assistance, and none indicated that they had received food. However, all of the families reported that they had access to community resources. Both parents and providers explained that the Tribes have many resources and do a good job taking care of their members which could provide some cultural context for these responses.

### Ongoing Home Visiting Supports

---

Although many parents shared their worry and fears about getting COVID-19, they also expressed how virtual visits allowed them to continue to receive services "safely." In particular, they talked about the fact that their children were continuing to grow and develop during the

pandemic, and that they appreciated the ease and opportunity to continue home visiting supports so that they could "still keep up with their children's milestones."

*"To be honest, during the pandemic, I was like, 'I don't know if I really even want to do this anymore. It's just on the phone and I'm just telling them about him. They're not really seeing him'. So, I was contemplating ending the program. But I noticed, they do help a lot with just making sure he's on track with his progress, making sure that he's meeting the milestones. They do a little program for him. If we read to him books and stuff and send them pictures, we get put in drawings and stuff. So, they definitely work with the kids. And that's why I love it, because they are always... I don't know how to explain it they're always willing to work with the kids. They're always trying to have fun, engaging activities for them to do. And I can tell that although it's not in person, the activities they give us to do with him, he enjoys them. So, I can't just cut off his fun and happiness because I don't want to do it anymore." – Parent/Caregiver*

While parents shared that they preferred in-person services over remote or virtual services, they indicated that it would have been worse if they "weren't able to do anything and were shut down forever." Parents expressed appreciation that they had the opportunity to maintain contact with their home visitor during the pandemic and discussed how home visitors "adapted well to making it [virtual services] work" and gave families the resources to connect remotely when they "could have suspended visits until they could do them in-person again."

### Emotional Support

---

When asked what they valued most about home visiting services during the pandemic, parents overwhelmingly responded "**emotional support**." Although emotional support was a benefit of home visiting prior to COVID-19,

parents indicated that it was especially important during the pandemic and helped them not feel alone.

*"We aren't as alone as what we feel. If other providers are as good as mine, then they definitely are willing to help." – Parent/Caregiver*

*"It always felt like, 'Wow, that's really kind of reassuring, like we're really not going through it all by ourselves. They were always willing to contact other people [for resources], always making sure to offer other services even if we didn't need them.'" – Parent/Caregiver*

Parents described how home visitors shifted to checking in consistently and frequently with them, listening to their concerns and questions beyond their children's health and development. The home visitors' ongoing responsiveness and availability to parents reflected a way to continue to be present with families, despite being physically distanced. For example, one parent shared how her home visitor said "Call or text me anytime if you need anything."

*"They are really there for you to help you go through the pandemic situation or not even just the pandemic. They make sure that they're there in case you need them. They'll check in with me to see how things are going. They'll text me to see what happened in my child's doctor's appointment..." – Parent/Caregiver*

## Basic Supports, Materials, and Information

---

Parents also expressed appreciation for tangible supports such as care packages for children and bleach/disinfectant that home visiting programs began providing during the pandemic. Many families also discussed how the program was responsive in helping them apply for food and unemployment assistance and connecting them with needed resources.

*"My partner was laid off [during pandemic], so we were depending on my income. At that time my workplace was only allowing me to work one day a week, so we didn't know what to do. We had never applied for food assistance or anything like that. We didn't even know where to begin. All we knew is that we were struggling. So after talking with our home visitor and explaining our situation,*

*she put me in contact with someone to apply for the food assistance. So that that definitely helped during the time when my partner was laid off." – Parent/Caregiver*

Staff also described their efforts to expand supports to their families during the pandemic.

*"I think that the tribe really does have services for just about everything...[families] are pretty well taken care of. And most of the clients are appreciative of that. We heard that numerous times in the beginning of the pandemic through different things where they were given different food baskets or gift cards for monetary things. We were always checking-in. If someone did come down with COVID-19, we were actually running supplies to the house. They weren't having to try to find resources. They're a very close community, a tight knit community. I feel like not everyone has that... the tribe put out a memo at the beginning of the pandemic that the tribe would get them food. We have people that would run and do all those things, whether it be getting a gallon of milk late at night... They're taken care." – Provider*

More importantly, home visitors helped parents navigate COVID-19 restrictions and guidelines and supported them in talking with their children about COVID-19 such as why families needed to social distance, wear masks, and be safe. One program provided families with a storybook for kids to help parents better explain these things to their children. Home visitors described the benefits of being able to provide regular communication about the changing COVID-19 information and restrictions. One provider discussed how the Family Spirit program created lessons and educational materials about how to help families through COVID-19.

*"They brought a storybook for the kids that went through what COVID was, the importance of social distancing, health and safety and stuff. That was nice because it's not something that any of us had ever dealt with. Trying to explain to your kids why they have to wear masks, why we have to stay home, and all that stuff. You say, 'That's the rules.' That's not a very good explanation, so that was helpful." – Parent/Caregiver*

# Experiences of Remote Services

## What's needed to make it work?

All of the families we spoke with were only connecting remotely with their home visitors during the pandemic, mostly by video and phone. Both families and providers identified a number of things that they felt were important to making remote services work better. While providers said the virtual visits were “hard” at first, they also indicated that over time, they became “comfortable” with them, and some even suggested retaining a hybrid model of home visiting going forward.

To make remote services work better for families and staff, these participants identified the following:

- Having an existing relationship with their home visitor
- More preparation for visits
- Having a flexible approach to services
- Family and community strengths
- Organizational supports

## Strength of Existing Relationships

First, parents talked about how the existing relationship with their home visitor helped keep them engaged in remote services. They explained that home visitors were open about how they too were experiencing the impact of the pandemic and could relate to what families were going through.

*“It helps too that she's also a parent. Her kids have the same struggles that my kids have. She was relatable in that she wasn't just a nurse or a doctor and only was giving whatever the health recommendations were. Also, she's dealing with the same things that we were dealing with, so she could relate that way as well.” – Parent/Caregiver*

Both parents and staff said that having an existing relationship prior to COVID-19 helped them stay connected during the pandemic. Several families explained that because they had known their home visitor “for a long time,” the shift to virtual services did not change their relationship with them. Providers also described how their relationships contributed to families’ engagement in virtual services.

*“Almost all of our families are families that have been in the program or knew me prior to going to virtual visits. I think that's a big thing because I*

*think you need to see and meet someone in person... I'm thankful that all of our families have known me before. I think it's made it easier for them to stay on and complete visits.” – Provider*

Providers also talked about how being able to relate to what families were experiencing was a strength in providing services virtually.

*“I can relate to a lot of a lot of these families...a lot of these things I can relate to, and I'm open about that. I don't keep that closed off. I share that with families. I think they like that.” – Provider*

## More Preparation for Visits

Providers and parents shared that effective visits were fostered when there was more regular communication, and providers noted that they did more intentional work to prepare themselves and the family for the visit. This included more frequent check-ins and reminders, as well as other shifts in how they connected with families during and in between visits. Providers also reported doing more preparation with families, such as giving families more direction on how to set up their video call in order to maximize the provider's view of the child and parent.

One provider explained that virtual service delivery requires more self-awareness for them and parents in figuring out how to make visits work. This requires communicating clearly and at times more directly with parents such as asking them to “set up the phone, so I can see you guys on the floor together.”

Along with preparing the physical space for the visit (computer/phone charged), home visits included helpful tips for making sure technology was working and provided visit materials for review before the visit via email or mail.

*“You also need to make sure that you have a plan if there are potential problems with technology. That's frustrating for you and for clients. If you have to say numerous times, it's very frustrating when I can't hear you or it freezes up, so making sure that you have a backup plan. Communicating with your client, ‘If something happens during the visit or we get disconnected, the plan would be for me to call you or if you would prefer if something happens that we can just reschedule or whatever.’ Making sure that you have that plan in place before, because it is frustrating trying to type in the chat box back and forth.” – Provider*



*"We give [appointment] reminders to people to try to set an alarm [on their phones]. We tell them, have your phone charged, laptop charged or have a charger available because sometimes, we have had to cut visits short when people are like at two percent." – Provider*

## Flexible Approach

Along the way, providers and families gained new strategies to make virtual visits work well. Parents talked about the many ways in which they saw home visitors learning, adapting and trying new ways of making visits work virtually. Parents talked about how home visiting providers individualized their approach to find out what worked best for each family. Home visitors were flexible in using whatever technology worked best for families. Perhaps even more importantly, staff modeled to parents what was needed to make the shift to remote services. As one parent explained, home visitors were *"willing to be flexible... and to show up this way and help us show up remotely as well."*

*"Trying to figure out what works and what doesn't. I know probably a lot of families don't necessarily want to sit on Zoom. What works with different families and what doesn't. Trying to figure out the best way to contact each family." – Provider*

Home visitors also described their learning process in supporting families virtually. For example, one provider felt that she had *"made mistakes"* in figuring out the best method (Zoom, phone, Facetime) to connect with families and learned the importance of involving each family from the beginning in deciding what would work best for them.

Other providers talked about how they had to learn to communicate differently in virtual visits. For example, with assessments, they had to learn how to communicate verbally about things they normally could demonstrate physically. Enrolling new families virtually also required communicating *"clearly when you make that first connection and making sure that you go fully through the orientation process with them and that they're feeling comfortable with you."*

Providers also described need to spend more time building rapport at the beginning of a virtual visit before *"jumping"* into the visit content.

*"I try to you know still find out, you know what they've been up to, asking about you know, different things in their day, not just jumping*

*straight into 'this is what we're going to cover in this visit'" – Provider*

## Family and Community Strengths

While parents talked about the importance of staff flexibility and adaptability, they also identified their own family and community strengths that contributed to their continued engagement in services during the pandemic. Parents talked about the value of having ***"close-knit" families, a strong work ethic, and resourcefulness.*** As one parent stated, *"I'm pretty resourceful, and so is my husband, so when we need something, we figure it out and reach out to our resources to get it."* Another noted that *"as a family, we work together to get things done."*

The parents who participated in the interviews represented several different Tribes. As such, some discussed the unique cultural strengths associated with being part of a tribal community and how that influenced their decision to continue home visits.

*"I feel that having a tribal child, I want to utilize the services the tribe offers for myself, for my daughter, my children, and my family. I feel it's our part to utilize what's there. That's why I continue to do it. It's informational. It's informative. We can continue to have it, and [it gives me] something to look forward to as well." – Parent/Caregiver*

Providers and families discussed the importance of support from their local tribal organizations and communities in how programs met families' needs:

*"Our tribe is very supportive of whatever the family needs and our ways of handling that because we know our families best." – Parent/Caregiver*

## Organizational Support for Home Visitors

Finally, it was clear that home visitors valued the support provided for them by their organizations. For these home visitors, the importance of being supported by an organization with deep connection and knowledge of families' needs, as well as an ability to support home visitors to flexibly meet families' needs was a key theme we heard. Providers reported the programs they worked for provided support for them in a number of ways: through technology (computers, monitors, software), flexibility in work schedules, flexibility in how to meet families' needs, and consistent communication about COVID-19 protocols. These supports allowed the providers

to continue their work with families while taking care of their own families during the transition.

*“We were told to log as many hours as you can by potentially reaching out to clients, see what kind of needs they have. So that was great. And we were continuing to get paid for 40 hours. They also said we could do any kind of professional development that we could find or complete... They set us up with brand new laptops. They set it up so I could remote into my desktop to do all of our charting which needed to be completed into our epic system and our online systems. I feel that they did a good job. They got us second monitors, they got us webcams, they set up the Doxy.me account for us. So I feel like they did probably as much as they could.” – Provider*

*“The program has been very supportive and continuing education has been handled really well. It's really important because there's so much change out there right and there have been a lot of lessons on COVID-19 and how to help families deal with the COVID-19 and the educational pieces that came from the program about how to help families through COVID-19. It's been a really good process.” – Provider*

Despite these program supports, some staff reported that to be effective they needed to create an adequate workspace at home, with several noting that at the beginning of COVID-19 they did not create a space at home because they believed the office closures were temporary. Not having a designated workspace at home became a challenge for providers because they were unable to organize their resources and equipment (e.g. webcams, headsets) for virtual home visiting, *“I was working off the kitchen table, and I think many of my staff were as well.”* Furthermore, they were adjusting to their own families being home and needing space for work and school. Lastly, virtual home visiting requires hours on the phone and/or over computer screens, which produces a need for equipment not necessarily needed in an office setting, like having headsets for private conversations with families.

## What Worked Well? What Changed for the Better

---

Although virtual services are different in many ways, overall, parents reported that the shift to remote services was *“pretty good”* and *“hadn't been a problem.”* Most

significantly, they explained how technology made services more **accessible**. However, staff reflected that while most families were able to continue to receive services remotely, they felt there were families who may have *“fallen through the cracks”*, noting that the shift to virtual was harder for some families than others. Families who were harder to keep in touch with prior to the pandemic became even more challenging to connect with virtually. Some families even chose to discontinue visits because of the remote/virtual format.

*“I do believe that there probably are families that have fallen through the cracks. I feel that some of our patients absolutely hated the telehealth visits and stopped doing visits with us and have not come back to the program because of it. We have actually had a few that have come back since we've said that we will do more in person visits and they're like ‘Oh, thank goodness’. They didn't not want anything to do with telehealth and didn't even really want to try it.” – Provider*

## Increased Access to Services

Parents expressed appreciation for the flexibility and convenience of remote services. They discussed how virtual home visits were significantly easier to schedule and reschedule since home visitors had more flexibility from not having to travel. *“They could always reschedule if I couldn't make it that day or something came up.”* One parent further described how her home visitor was willing to do visits after hours in the evening to accommodate her schedule. Others remarked on the benefit of still being able to join a visit late after receiving a reminder text from their home visitor in cases where they forgot about a visit.

Many parents liked that remote visits allowed them to participate from different locations. The convenience of remote services was especially appealing to working parents, although some parents shared that they had even participated in visits from their car. Those who previously participated in office visits, rather than home-based visits, remarked on how *“not having to go anywhere to do the visit was kind of nice.”*

Providers similarly noted that with not needing to travel, remote visits allowed for more flexibility in scheduling.

*“It is easy to pick up a telephone and do a visit. I've had people that are driving and do the visit while they're in their car, and they don't have to take extra time off of work. They can do it on their lunch break.” – Provider*

At first, home visitors struggled with balancing the ease and increased availability to connect with families remotely and tended to “*put more time in when working from home.*” But they also recognized that “*remote is easier for families to access*” and had contributed to a “*decrease in no shows.*”

Some parents also appreciated that virtual visits tended to be shorter and more focused. As a result, they found them easier to manage, especially with a baby or young child who might “*get upset and antsy*” during longer visits.

## What didn't work? What was lost? What changed for the worse?

---

Although overall families and staff adapted to make remote services work, families identified several ways in which virtual visits were different from, and more challenging than, in person visits. These included:

- **Less personal connection during remote visits**
- **More difficult to engage children**
- **Technology and connectivity challenges**
- **Distractions in the home**

### Less Personal Connection

Overwhelmingly, parents shared that they **missed the personal connection and social interaction** of in person visits, both for themselves and their children. Some of the parents we spoke with described virtual visits as less “*personal*” and more about “*just staying in contact.*” In contrast, they described in person visits as “*...different, we were more like... [my home visitor] has been a friend forever, so she'd come in and do our visit, and she'd sit and chat.*”

*“Just having in person conversations. It didn't feel like it was just like ‘They're calling me because they have to call me.’ I enjoy them coming into the house. I feel like we get more comfortable, like we can actually talk about things versus being over the phone.” – Parent/Caregiver*

A few parents reported that they felt the shift to remote services had weakened their relationship with their home visitor, primarily because “*you can't have the same type of relationship with somebody when you don't see them face-to-face.*” They also explained that other family members tended to be less involved in virtual visits than in person visits. Not only was it harder for more than one person to participate through a phone or computer

screen, in some cases, parents were doing visits from their workplace.

### More Difficult to Engage Children

Nearly all of the interviewees shared that the more **limited interaction between home visitors and their children** was a significant loss in remote services. Whether it was getting health information/checking health indicators, doing activities, or just playing with them, parents discussed missing their children's engagement in visits. As one parent described,

*“I feel like my son was starting to connect with [home visitor]. He was actually able to connect with her [in face-to-face] vs. ‘I just hear you on the screen behind a laptop’. They were playing together [in the in person visit]. They were slapping the table, making noises. So, I felt like they both just enjoyed it and were able to actually get to know each other a little bit more [through in person visits].” – Parent/Caregiver*

On a deeper level, parents expressed the loss of not having another adult in their children's lives who knows them. One of the benefits of home visiting is having another person to share in and enjoy your child's growth and development with you. One parent talked about how “*parents like to show off their kids.*” Another explained, “*It is a big difference how virtual visits have affected us [in not having that child engagement].*”

For example, child assessments (ASQs) had, in the past, presented an opportunity for parents and home visitors to connect through observing children's milestones. Parents shared that they missed home visitors being able to see firsthand their children's growth and development. In one case, a parent whose home visitor had concerns about in terms of her child's reported progress, needed to ask her to make and send a videotape of her son. She noted that “*If we did it [visit] in person, you would see that.*” Similarly, another parent explained that for ASQs, she had to pack up her computer and daughter and go to her mother's house where there was a better internet connection so the home visitor could see her daughter.

Providers expressed that conducting assessments accurately and/or completely during remote visits was challenging because they didn't have an opportunity to fully engage the child to do tasks if the parent/caregiver was not sure about whether the child could do an activity. This impacted their ability to feel confident in the accuracy of the assessment results and potentially reduced the

ability for the provider to identify developmental delays. Additionally, staff described difficulty with assessments due to the lack of visibility with video (phone or computer).

*"You can't see their living environment, because we would typically do visits in the home. It's a little hard to see what their living environment is to see how they interact with their children. You can kind of get a little bit of that, but it does hinder it. Assessments are definitely more difficult, teaching breastfeeding is a little bit more difficult anything that's hands down that you would have to do as a nurse to do an assessment or treatment off of that assessment that is much more difficult to do over a telephone and even so to do it over a computer, even when you can see them it still can be hard."* – Provider

Providers also missed having a personal connection with the children. For close-knit tribal communities in which home visitors know many of their families both professionally and personally, this change was significant.

*"The face to face is just amazing when you get to see children right in their environment and their element, it makes a big difference, so I missed that piece of it. The technology piece - you still get to see them but it's not that closeness and that connection."* – Provider

## Wi-Fi Connectivity Issues in Rural Areas

Another area that posed a challenge to successful remote home visits was connectivity. Several parents and staff discussed how ongoing problems with their Wi-Fi connection impacted the social interaction and quality of visits. This was especially true for families who lived on reservations or in isolated areas. Over time, interruptions in connectivity became *"annoying"* for some parents who

indicated that they were *"spending more time trying to the technical situation figured out than actually doing the visit."* Some families further explained that because of connectivity issues, they felt visits were *"shorter, more rushed, and like the information was being shoved"* at them.

As a result, some parents found virtual visits to be "less informative." Challenges around sharing program materials exacerbated this, as parents were trying to *"read these little, tiny things on my phone."* While many parents expressed appreciation of their home visitors' efforts to email and even mail them copies of the materials, reviewing these materials remotely was a challenge.

## Distractions in the Home Environment

Another area that presented challenges was the parent/caregiver's home environment. Parents talked about how it was harder to manage distractions in the home environment virtually than in person. In part, this was related to older children and other family members being home because of COVID-19. Parents talked about how it was hard to "hear" in virtual visits, not because of their connection but because of the activity in their homes. Some were juggling online school with older children while taking care of infants and younger children. Another described how it was harder to stay focused on virtual visits.

*"I'd get a phone call while I was meeting with my home visitor, or the baby's crying and screaming, and she's right there, and the dog was barking. So much going on in the home, which is if they're right there with you in person, that's a little bit easier to manage."* – Parent/Caregiver

Not surprisingly, such distractions affected parents' ability to engage in the visit and connect with their home visitor on a deeper level.

## Key Takeaways for Moving Forward

- The majority of parents we spoke with felt that offering a hybrid model that includes both face-to-face and remote/distance services would have benefits. Some parents recommended that parents continue to be offered the choice of in person or virtual visits going forward, noting the increased flexibility in timing, duration, and location of services as beneficial. Providers similarly recommend keeping a hybrid

- approach to home visiting. Throughout the pandemic, providers learned and made adjustments to how they conducted and engaged in the visits and what shifts needed to happen in the content of the visits. If another local or global event were to happen, providers have lessons learned on how to keep connected to families and continue home visits.
- To maximize effectiveness, a hybrid model would do well to intentionally consider what aspects of services



were or were not successful. For example, providing basic information, referrals, and parenting advice could be aspects of successful remote supports, while face-to-face visits might be important for supporting assessment and other work directly with children, and to establish and maintain personal connections and explore more sensitive issues with parents.

- Parents and home visitors both felt that a key area that would need to be improved if offered remotely, was around expanding opportunities for engaging children if remote services were to be offered. Home visitors being able to have quality interactions with their children was one of the areas parents reported missing the most about virtual home visits. They suggested that if virtual visits were to be successful, it would be important to do more active outreach and engagement of children through virtual or drive through events. In this way, children could see their home visitors safely and maintain some connection with them.
- Improvements in technology and access to devices and internet services also quite clearly need improvement especially for families in rural/remote areas.
- Parents appreciated the increased frequency of “check ins” from home visitors, as well as the more flexible

options in terms of times and duration of visits. Considering incorporating these new strategies as face-to-face visiting resumes could help to improve the quality of services and improve family engagement. Several parents felt that this more frequent, albeit less intensive, contact strengthened their relationship with the provider.

- At the same time, supporting home visitors to keep appropriate boundaries for themselves in balancing family needs and their own well-being is important.
- Shifting to virtual services also led to a variety of creative responses from staff in terms of new and different types of activities to engage children, many of which can be continued in face-to-face services. One particularly helpful change in practice was the increased frequency of more informal check-ins and contacts with families outside of the typical visit schedule.
- Further, visit preparation was even more important for remote visits, a lesson to take moving forward. Parents described this as contributing to them feeling supported and to strengthening the relationship during this stressful time.

## Appendix A: Family Survey Data

### Parent/Caregiver Report of Effectiveness of Different Methods

N=6	Do not use	Not Very Effective	Mostly Effective	Very Effective
Telephone Calls	17% (1)	--	33% (2)	50% (3)
Video Conferencing (Skype, Zoom, FaceTime)	33% (2)	17% (1)	33% (2)	17% (1)
Text Messages	--	--	17% (1)	83% (5)
Social Media	50% (3)	--	50% (3)	--
Email	33% (2)	--	33% (2)	33% (2)

### Parent/Caregiver Perspectives on Receiving Remote Services

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It has been easy for me to engage in the services provided by the program since face-to-face visits were stopped. (N=6)	--	--	17% (1)	66% (4)	17% (1)
I like receiving services from the program remotely (through phone, video, etc.) (N=6)	--	33% (2)	50% (3)	17% (1)	--
I would like to continue to get at least some supports remotely even after face-to-face visits can start again. (N=6)	--	17% (1)	--	66% (4)	17% (1)
I hear from my provider more often now than before COVID. (N=6)	17% (1)	33% (2)	50% (3)	--	--

## Parent/Caregiver Perspectives on Important Supports

N=6			
Food			
No 100% (6)	Yes --		
	Not Very Important --	Somewhat Important --	Very Important --
Activities for my children			
No 33% (2)	Yes 67% (4)		
	Not Very Important --	Somewhat Important 25% (1)	Very Important 75% (3)
Emotional Support			
No 17% (1)	Yes 83% (5)		
	Not Very Important 0 (0%)	Somewhat Important 20% (1)	Very Important 80% (4)
Emergency financial resources			
No 67% (4)	Yes 33% (2)		
	Not Very Important --	Somewhat Important 50% (1)	Very Important 50% (1)
Information about COVID-19 and health/safety			
No 17% (1)	Yes 83% (5)		
	Not Very Important --	Somewhat Important 40% (2)	Very Important 60% (3)
Parenting information and support			
No --	Yes 100% (6)		
	Not Very Important --	Somewhat Important 33% (2)	Very Important 67% (4)
Access to community resources			
No --	Yes 100% (6)		
	Not Very Important --	Somewhat Important 50% (3)	Very Important 50% (3)

## Appendix B: Staff Survey Data

### Remote Technologies Used

N=6	% Yes
Telephone Calls	100%
Video Conferencing (Zoom, Skype, FaceTime)	100%
Text Messages	100%
Social Media (Facebook, etc.)	33%
Email	33%

### Staff Experiences Providing Remote Services

N=3	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am comfortable providing services over the phone and/or online.	--	--	--	33% (1)	67% (2)
Providing services remotely is as effective as face-to-face.	--	33% (1)	--	67% (2)	--
I have received the necessary support from my program/agency to shift to remote/distance services.	--	--	--	33% (1)	67% (2)
I would like to continue providing remote supports in some way even after face-to-face visits can be resumed.	--	--	--	33% (1)	67% (2)
I have more frequent contact with families now than I did before COVID.	--	--	67% (2)	33% (1)	--



## Appendix C: Family Interview Questions

---

### Active

---

- To begin, can you tell me a little about your family? How many children do you have, how old are they?
- Tell me a little about how has COVID-19 impacted you, your family, and your child(ren)?
- How long have you been participating in the [PROGRAM NAME]? Were you enrolled before COVID-19?
- How are you connecting with your [home visitor/staff name \_\_\_\_\_] now?
- What do you like about getting remote/distance supports and services?
- What's not working well for you now? What has been difficult? What would you like to do differently?
- What has been the most valuable service or support you, your family or your child have gotten from [PROGRAM] since the COVID-19 shut down?
- Tell me about your experience with getting a typical "distance" visit.
- In what ways are these remote visits different than when you received services in person?
- How have you felt about these changes? Are there things that you like better about the supports you are getting now, and if so what and why?
- How, if at all, has COVID-19 impacted your relationship with your home visitor?
- What, if anything, has the program or your [home visitor/staff] done to make these remote visits work better for you?
- Is there anything else you think it's important to tell us about your experience with [program] during COVID-19?

### Inactive

---

- How long have you been participating in the program? Were you enrolled before COVID-19?
- How are you connecting with your home visitor/clinician now, if at all?
- Did you participate in any remote home visits at all, and if so, what were these like?
- What about remote services has made it difficult for you to participate in services?
- What can the program do, if anything, to help you to be able to participate?
- Are there things that you need right now that you're not getting because you haven't been getting face-to-face home visits?
- How would you describe your relationship with your home visitor before COVID-19? How would you describe it now? Why do you think it's changed?
- Do you think you would participate again if face to face visits were brought back?
- Is there anything else that you would like to share with me or with the program that might improve remote services for yourself or other families?

## Appendix D: Staff Interview Questions

---

- To begin, can you tell me a little about your role– what is your current position, how long have you worked here, how long have you been working in this field?
- Tell me about how you are providing services right now. What kinds of technology are you using? About what percent of your contacts involve each remote option? Does this vary for different families? If so, why?
- What strengths do you have that you think are helping you to connect with families right now?
- Do you see any benefits to providing services remotely, compared to providing face-to-face visits, and if so what are they?
- What are the biggest challenges for you in providing services this way?
- In what ways are these remote visits different than when you provided services in person?
- Do you think these changes are consistent across your families or does it vary? If so, why do you think that is?
- What do you see as the most important part of your program to provide to families during the pandemic?
- Thinking about the families you work with, are there families you feel have “fallen through the cracks”?
- How has your program or organization supported you to do your job more effectively since the shift to remote services?
- What keeps you doing this work right now? How are you handling this situation and managing other challenges and stressors?

## Appendix E: Director Interview Questions

---

- Can you tell me about the services that your program provides, and what your role is within this program?
- Tell me about how your program is delivering technology-supported services right now.
  - What kinds of technology are your staff using to connect with families?
  - Do staff have any face-to-face contact with families, and if so, what does that look like?
  - What resources have you provided to staff or families to help facilitate remote visits?
  - In addition to home visiting and direct one-on-one services, is your program providing other kinds of supports for parents, such as parent groups or parent education?
- What is important for us to know about how COVID-19 has impacted your community and your program?
- In what ways, if any, do think that families or staff in your community have been disproportionately impacted by the COVID19 pandemic because of institutionalized racism, poverty, or other factors?
- Tell me about the staff you work with who have had an easier time shifting to remote services, or who you think are more effective working with families remotely?
- What about staff who've struggled more, or had a more difficult time making this shift?
- Has your program continued to enroll families during the COVID-19 pandemic? How open to services are families, knowing they are remote?
- Are the families you are recruiting different than those you used to recruit pre-Covid-19?
- Have you lost families who did not transition to the virtual format? If so, who did you tend to lose?
- What, if anything, do you think staff have been able to do more effectively – or at least as effectively using remote technology, compared to face-to-face?
- Have you had staff leave their positions since the shut-down? Why do you think this happened?
- Is there anything else you'd like to share with me today about how things are going with your program or what recommendations you would have to improve the nature or quality of technology-supported services?