



## Home Visiting - Your Partner in Helping Families

*Public Health Live!*

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### TRANSCRIPT

**Moderator Rachel Breidster:** Hello and welcome to *Public Health Live!* I'm Rachel Breidster and I'll be your moderator today. Before we get started I would like to ask that you fill out your online evaluation at the end of the webcast. Continuing education credits are available after you take our short post-test and your feedback is helpful in planning future programs. I also want to let you know that the planners and presenters of public health live do not have any financial arrangements or affiliations with any commercial entities, whose products, research, or services may be discussed in this activity. And no commercial funding has been accepted for this activity. As for today's program, we will be taking your questions throughout the hour by phone at 1-518-402-0330 or via e-mail at [phlive.ny@gmail.com](mailto:phlive.ny@gmail.com). Today's program is entitled "Home Visiting: Your Partner in Helping Families," and our speakers are Ms. Heather Daly a Program Manager for Healthy Schenectady Families and Ms. Arielle Burlett the Neighborhood WIC Manager of Community Services for Public Health Solutions. Thank you for joining us.

**Moderator:** So, good morning. Thank you both so much for joining us here.

**Arielle Burlett:** Thank you. Happy to be here.

**Heather Daly:** It's great to be here.

**Moderator:** Excellent. So, Heather why don't you just start the discussion talking about what are we objectives? What are we hoping to get out of the conversation this morning?

**Heather Daly:** Sure. By the end of the broadcast the viewers will be able to describe at least three benefits to participants of home visiting services and list at least two benefits to medical practices or other community-based programs of referring patients to home visiting and then they'll be able to name the seven evidence-based programs in New York State for home visiting.

**Moderator:** Terrific. Thank you. So, let's get right into the meat of it and talk to me about what exactly is evidence-based home visiting?

**Heather Daly:** So when I talk about home visiting I'm talking about maternal and child health programs that are free to participants and these are programs that they have all over the world and the main goal of all of them is to support parents and caregivers who are either pregnant or who are parenting young children and infants. And home visiting basically the goal is for a home visitor is a trained professional to go out and meet with the family to provide them with resources and parenting education. And they will sort of get the skills in that to raise a child who's physically healthy and emotionally healthy and work on positive parenting and promoting child development and early learning. So there is a lot of different kinds of home visiting and

there is different models based on different populations so they each have their own goals and objectives.

**Moderator:** Okay.

**Heather Daly:** But in order to be considered an evidence based program, it has to be proven effective at meeting some goals and objectives.

**Moderator:** Sure. So I'm assuming that there must have been some research that's been done to demonstrate the impact of home visiting to call it evidence based.

**Heather Daly:** Definitely. There is actually a tool that is put forth by the Department of Health and Human Services and it's called the HomVEE, the Home Visiting Evidence of Effectiveness Review. And that can be found on a search engine or from using the Department of Health and Human Services website and basically this sort of breaks down all of the models available in the country so there are different models of home visiting as I discussed and this HomVEE review has an executive summary to talk about all of the models and what research they used to evaluate them.

**Moderator:** Terrific.

**Heather Daly:** And you can find like there a study search tool for anybody who might to need it to find out about any of these different models.

**Moderator:** Excellent. So, what has the research shown about the effectiveness of these programs?

**Heather Daly:** So there's a lot of things, but some key areas obviously are the outcomes - again, they vary by the model and programs shown improvement in the key areas so maternal and newborn health are big ones to look at. They are improving birth outcomes for both the mother and the baby, helping parents and mothers prepare for childbirth. A big one that we work on is breastfeeding - making sure that the mom feels comfortable breastfeeding if she is choosing to do that, linking them with other health care providers for check-ups. These are leading to the outcomes of better maternal and newborn health. Also, making sure that they're linked with regular check-ups for the mom and the baby and getting their immunizations on schedule. Other things that they have found, home visiting is generally considered a primary prevention program for reducing child injuries, child abuse and neglect. The home visitors will provide information on shaken baby syndrome, safe sleep practices, and then positive parenting skills, so working on age appropriate discipline and developmentally appropriate practices to, you know, ward off any of those risk factors for maltreatment.

**Moderator:** Sure. So is there other evidence of effectiveness to share with us?

**Heather Daly:** Yeah. There's quite a few more with short term and long term benefits. Some longer terms ones are improving school readiness and achievement so that's basically because we're providing the developmentally appropriate activities, encouraging language development so working with a family on storytelling, singing to the child, reading, and just encouraging that positive parenting which also leads to emotional readiness for school.

**Moderator:** Sure.

**Heather Daly:** There is – they also have found improved access to other community resources, so a home visitor is a link to the community for that family.

**Moderator:** Okay.

**Heather Daly:** Linking them with services, health care providers – that is a big one that we provide – referrals to other resources in the community, including things to increase their self-sufficiency, as well. Coordinating referrals to agencies that can help them with economic success or any challenges and barriers they might be facing like WIC and SNAP for nutrition services, improving access to medical providers for mental health and substance abuse. All those this are what home visitors are linking the families with. And then some programs have also found reductions in family violence or later crime and even juvenile delinquency long term. And that's because a lot of these programs provide a lot of engaging resources for fathers, for everybody working with that family and just working on those positive parenting skills and again building economic resources to reduce the risk factors.

**Moderator:** Certainly sounds like comprehensive services, something that would be a benefit to any family. Can you tell me a little bit more about the visitors themselves and what kind of training they receive to provide the services you discuss?

**Heather Daly:** Yeah. It depends on the program model. Some programs are using trained nurses, certified teachers or social workers. But, many of the programs are using paraprofessionals, so they have a lot of in-depth training about the program model. These are week-long trainings, sometimes, with a lot of in-depth follow-up. A lot of these programs recruit home visitors from the communities they'll be serving so they are really in touch with the cultural needs of the community.

**Moderator:** Sure.

**Heather Daly:** And they're able to kind of have a gauge on what's going on in the community. And they also are receiving ongoing training of things might be happening, for example, if there's an up-surge of opioid use disorders, we train how to screen for these problems and what to refer to and how to refer out into other resources if that's an issue.

**Moderator:** Sure.

**Heather Daly:** These community-based home visitors really get to know the resources available and are able to set them up again with those services that are needed. And, then one other thing that most programs provide is a reflective supervision time so they'll have an opportunity to reflect with their supervisor any problems they're having when out working with their families.

**Moderator:** Terrific. So, you've talked a bit about the services provided and shared the than training visitors go through. Talk to me about what exactly happens during home visits.

**Heather Daly:** The home visitor will work with the family to schedule an appropriate schedule for the families so they really are flexible in using individualized needs and goals for the family. Depending on the program model, they might need weekly or monthly visits, so they'll work on that together. Home visits are really fun, so the families really enjoy when the home visitor

comes out because they have games and activities to do with the family that are just helping them learn these developmentally appropriate things, and then teaching and parent education while they're there. The entire family can be present during a home visit and we try to engage fathers, grandparents, other siblings if they might be in the house. Different programs are using different curricula depending on the goals and objectives, but in general, it [the visit] really focuses on engaging the parent with the child, working on those parent/child interactions and interactive play. As I said, reading to the child, storytelling, working on language development. Also teaching them how to pick up on a child's cues and, during pregnancy and infancy, those things are important, too, to help prepare the mom for childbirth - talking about breast feeding and what these infant cues are and how to deal with things like a baby crying. You know? And what those things mean. So – and again, connecting the families to outside agencies, working on whatever goals the family wants to work on so talking about what their goals for the future are and helping them reach those goals for themselves and for their child.

**Moderator:** Terrific. I love you say it's a fun event. I think that's one of the things - people hear “home visit” and think of a very formal kind of situation and I like that you describe it as something to enjoy.

**Heather Daly:** It's very fun. It's very casual.

**Moderator:** We visited with a provider and a family. Let's take a look.

#### Roll-in Video Footage

**Anna Mesches (Home Visitor, The Institute for Family Health):** How are you today, Rita?

**Rita:** Good, good. How are you doing?

**Anna Mesches (Home Visitor):** Good. How's Mr. Joaquin?

**Rita:** How are you doing? Doing really good.

**Anna Mesches (Home Visitor):** I got into home visiting for several reasons. I'm really passionate about working for my community so I'm right here helping families that I live near. I love working with parents and children. So having the support feels pretty good?

I want to help and make their lives greater and the job is really enriching in that way. My families in this program come from all backgrounds, all cultures. You know, there's no one type of family. We accept everybody. We want everyone to feel welcome. We have staff that speaks Spanish and other languages to hit other parts of the community. We're a strength based program. It's a voluntary program. We're in your home to help you overcome, you know, daily obstacles or just general parenting. So I think once we let people know that it's a judge-free environment. It is in their home and not going to an office. And that is laid back. Usually like, oh, we can do that. He's a lot more mobile than I have seen in the past couple of months and that is great and he's gaining his confidence to just explore his surroundings.

Our goal is to reduce abuse and neglect so if parents are educated about it, I think that can make the community healthier and safe. We're also providing referrals to children getting their immunizations and going to well-baby visits or moms making sure they're going to prenatal appointments and staying active in your community. You got it, yay! A typical home visit would look like we come not family's home. We are will for about an hour

and talk and see how the past week has been. See if the child had any milestones since the last time we saw them.

**Anna to Rita:** He is approaching a year. How's that feeling?

**Rita:** That's kind of emotional. I mean, I wasn't prepared for that but there's a lot of feeling here like, you know, he's growing up.

**Anna to Rita:** Yeah.

**Rita:** Kind of silly. Only one year.

**Anna to Rita:** No. It's not silly.

**Mesches (Home Visitor):** We usually bring an activity so something that the mom and dad can do together with the baby and promote parent/child interaction. We'll do family goal plans and helping the families establish goals and hopes and dreams for themselves so a lot of our visits are shaped around that.

**Anna to Rita:** So with him coming up on one year, I know your goal for the family looking for him to start walking. Do you see it happening at a year, a little after a year?

**Rita:** A little after a year.

**Anna to Rita:** For this activity we are trying to get him to walk with support so as you see he's holding his hand there. Oops. And that happens. We'll see if he pulls himself back up. But something you can do so if you want to have him coast around, so you might move something he's attracted to, to him to the other side and see if he can problem solve on his own. Going to get there. There we go. See how his feet are side by side like that?

**Anna Mesches (Home Visitor):** A visit could be an arts and craft activity. A visit could look like a developmental screen paired with an activity. And sometimes it's more we're just there to listen and be a support person. I would love for other providers to know that our program is voluntary. That it's informational. That it's supportive. That it's laid back. That you can get so much from establishing a rapport with a family and really building their strengths. We are there for whatever situation you're in and if you need that support or you need referrals to other agencies we're able to provide that for you.

Not only am I helping the families I feel like they're helping me, as well. So you're out there helping them, you know, daily struggles or maybe something that's great that's going on in their lives and then the feeling that you get from doing it is really rewarding. And knowing that you're making a difference in someone else's life.

End of Roll-in Video Footage

**Moderator:** It is hard not to smile at that cute baby's face and what a wonderful illustration of what you have been talking about this morning. I know there's a number of different home visiting programs you talked about. Can you talk about some of the programs here in New York State?

**Heather Daly:** Sure. As I mentioned there are programs all over the country, all over the world. There are seven different ones available in New York State. So I'll sort of start to from the top and there's one called the Attachment and Biobehavioral Catch-up. That's the ABC intervention. And that one provides ten weekly visits for any infant between 6 months and 24 months. And

that is – they really work on responsive parenting and building a healthy attachment with the family. There is Early Head Start. A lot of people might be familiar with Head Start or Early Head Start Centers For Early Learning, and they have a home based program where those family support workers go to the home and work on curriculum starting actually at birth or prenatally and start sooner than the center based programs. As with most Head Start programs, they target low income families.

**Moderator:** Okay.

**Heather Daly:** There's one called HIPPY USA. And that's – Home Instruction for Parents of Preschool Youngsters. Those parents have children ages 3 to 5 and they're working on early learning and school readiness and they can stay in the program for up to three years so those three crucial preschool years.

**Moderator:** Yeah.

**Heather Daly:** Parents As Teachers is another long-term program. They provide biweekly or monthly visits for up to two years and they start in pregnancy or infancy. Healthy Families is the one I'm involved with so I'm involved with the Healthy Families program in Schenectady County – there are a lot of these throughout New York State and it is a long-term support program. We serve families starting in pregnancy or immediately after birth, so they actually have to enroll in the first three months of the child's life and then follow that child up to five years until the child enters Head Start or kindergarten. We're working with families to build that resiliency in them. We do weekly visits starting before birth and at birth and then after a while we just transition to a bimonthly visits and monthly visits to work with the family meeting their needs and sort of tapering out. Then, there's Nurse Family Partnership which is a very common one, as well, throughout the country. As the name implies, these nurse home visitors work with children prenatally up to age 2. And then Safe Care, they tend to work with a more high risk population so they're working with parents with children from birth to age 5 and include families who might be at more risk for child maltreatment and those are weekly or biweekly visits.

**Moderator:** Terrific. So it's great to hear there's so many different programs available. I wonder, how are families enrolled in these different programs?

**Heather Daly:** So they get started basically with a recruitment and I also just want to mention there's 50 programs available in New York State so you can find the programs on the New York State website - [New York state health department website](#). Some target zip codes, as well. To get involved, it really starts with a referral or with sort of recruiting families out in the community. A program like mine will reach out to partners in the community, which Ariel will talk about later. We do targeted ads, fliers in the community, community direct outreach and word of mouth and make sure that, hopefully, families are talking amongst themselves about our program and refer themselves, as well. And then the eligibility is kind of determined once we have that referral so we'll talk, we'll reach out to the family and see if they're interested in the program. That's kind of step one. Are you interested? This is what we do and are you eligible? Are you a good fit for the program? And, then, to enroll the family is really just – we let them know what their rights are. You know, it's a confidential program. Everything that happens between the home visitor and the family is confidential and that it's voluntary and they can choose to be in the program or not. So that's good part about our program, that it is always voluntary. And all of these home visiting programs are free and voluntary.

**Moderator:** Excellent. I think the voluntary component is such an important thing to feel like it's a choice that I can make and not imposed upon them.

**Heather Daly:** Something they're doing to help their child and they can feel good about that.

**Moderator:** Excellent. So can you talk a bit more specifically of medical practices to think about home visiting services?

**Heather Daly:** Yes, definitely. We are all working on the same goals. The outcomes are things that medical providers want to see in the community, as well. They're really working at building a healthier family and building healthier communities so you can see that we do things like we screen for maternal depression, substance abuse and domestic violence. We're making sure that the families are getting the resources that they need if there's any issues going on. Partnering closely with health care providers is something home visitors are accustomed to, so making phone calls to the provider, making sure that the family is up to date on the immunizations, getting on time check-ups and well-baby and the mom's postpartum check-up. They can alert the providers if there's issues going on. We generally have partnerships and releases with health care providers. Again, that's voluntary but it's another sort of benefit to the program and to the provider. We work with developmental delays, as well. If there's any issue we catch it during our ages and stages questionnaire and another thing that we do is the developmental screening, as they mention in the video. And so that's something we're working on – identifying any needs that they might have as early as possible. And then reinforcing the messages that the providers are giving them. We're all talking about the same things. We are talking about eating healthy, helping the family learn to breastfeed. Those are all really important and I can say that our program, for instance, has Certified Lactation Counselors (CLCs) that will help any family that is having issues with that. And so it's just kind of an extra resource and I think that most providers speaking to them are interested in hearing about it.

**Moderator:** Yeah. I would imagine because I think one thing we talk about a lot on this show is talk about the different things we would like medical practitioners to do with the patients and the clients and everyone's pressed for time and certainly seems like having these resources to pick up and be a team seems like it would be a great advantage for everyone.

**Heather Daly:** Yeah.

**Moderator:** So now let's hear about how and why it's important to educate providers, policymakers and consumers and to advocate for home visiting programs. We recently visited with Kari Siddiqui of the Schuyler Center for Advocacy in Albany, New York.

#### Roll-in Video Footage

**Kari Siddiqui (Schuyler Center for Advocacy):** The Schuyler Center is 146-year-old non-profit. We do policy and advocacy work on policies related to families and children and particularly those in poverty. We became involved in home visiting because we know that it has some really significant impact across the lives of children and families. We know that working with families and children early on is the most effective in terms of long-term results for both the children and their families. And we really try to look at dual generation interventions, so programs that work with both the parent and the child.

I have a young toddler and I did not receive any home visiting services after he was born. I definitely felt the need for it. And it really opened my eyes to why home visiting services are so important. I also really felt when my son was born the need for a community and I think, you know, we find that in different ways but I think that for some people having a home visitor who's warm and welcoming and coming into the home is just so important.

There are seven evidence based home visiting models across New York. Healthy Families New York, Nurse-Family Partnership, Parents as Teachers, Early Head Start has a home visiting program, Home Instruction for Parents of Preschool Youngsters, called HIPPY, Attachment and BioBehavioral Catch-Up, ABC and Safe Care program. There are also a number of home-grown programs across the state and evidence informed programs like the parent/child home program.

Programs are evidence based when they have rigorous studies that show some significant evidence of effectiveness across various areas. All programs have different eligibility criteria and serve slightly different populations but all serve families with young children or parents who are expecting a child. Just about all of them serve families living in some sort of poverty or low income as one of their main criteria. Ideally home visiting works in a community interconnecting with other programs that help families.

One of the really good things we see with home visiting programs is they can help to support families and children, particularly in things like their medical needs. So if say a referral from a pediatrician the home visiting program can continue the work that the pediatrician does so things like making sure that the child stays up to date on immunizations, gets to their well child visits and see improved health outcomes.

The Schuyler Center has a [website and a bunch of different resources](#). When you have a young baby, especially your first child, you kind of feel like you're thrust into a world without the support that you think that you should have and you feel a little lost. And I think any parent can benefit from somebody who can come into the home and help them tell them this is normal, your child is crying or help you kind of navigate that new world of parenting. With home visiting programs, we see positive results in health, in child wellbeing and we also see improved outcomes in family economic security. And really and school readiness and really across the gambit and know it's a good intervention for children and families.

End of Roll-in Video Footage

**Moderator:** So nice to hear from people who are directly doing the work and see the illustration of what you guys are talking about this morning because it is terrific work. Ariel, you have been sitting here patiently waiting. I wonder if you start off by telling us about WIC. I know many people have heard of WIC but if you wouldn't mind just giving us a brief refresher.

**Arielle Burlett:** Sure, so WIC a federal program, and it stand for Women Infants and Children. We provide low income families with young children checks to purchase nutritious food and also provide breast feeding support and education and referrals to other services like home visiting.

**Moderator:** Excellent. And you work for Public Health Solutions so if can you tell us more about your agency and agency's WIC program?



**Arielle Burlett:** Yeah. Public Health Solutions is largest public health nonprofit in New York City and we operate the largest WIC program in the state of New York. So our work crosses many public health issues and we do work with maternal infant health and food and nutrition, health insurance access and tobacco control and we work in HIV and AIDS prevention, as well.

**Moderator:** So certainly very comprehensive?

**Arielle Burlett:** Yeah. We also do operate nine WIC centers so as I mentioned the largest program but we've been in it for over 40 years and we have the sites across the city and in general we also provide multiple home visiting programs, as well. And so we work with pregnant mothers, new moms across the city to provide support through the home visiting programs, too.

**Moderator:** Terrific. So can you tell us about why Public Health Solutions Neighborhood WIC refers to home visiting programs?

**Arielle Burlett:** Yes. So we have been focusing this year on a referrals to home visiting programs far number of reasons but one is that there's the clear link between our messages. We also do serve the same population and we just really want to ensure that all of our families are getting the support they need in various ways. We serve low income pregnant mothers and new moms and home visiting serves the same population and just makes sense and since Public Health Solutions operates the WIC program and home visiting program we have an internal opportunity to make sure that our families are getting the support they need throughout the city. You know, these relationships both internal and external make referring to home visiting extremely easy.

**Moderator:** Sure.

**Arielle Burlett:** And it also just reinforces our own messages providing to participants every day.

**Moderator:** Terrific. So, what more can you tell us about the relationship between WIC and different home visiting programs?

**Arielle Burlett:** Our parents are struggling with many different issues. They're often very vulnerable. They can benefit then from a range of services. So, you know, we can feel confident that the home visiting program that is providing a holistic set of services for families. If a person is leaving our center with a referral to a home visiting program, they are getting additional support from the home visiting program. So, you know, I think we all see through our programs that if we provide messages they're often most effective provided in a number of ways.

**Moderator:** Absolutely.

**Arielle Burlett:** So I think with that idea, you know, we can talk about a topic that then home visiting nurse or community health worker may then also discuss with the family when they get into the homes so during their own visits. So, it makes our messages even stronger. I just think that reinforcement of messages really makes – creates and strengthen healthy families.

**Moderator:** Absolutely. Yeah. I think the idea of repeating the message and hearing it from a number of different providers and people that interact with the family is really critical. So how

did Public Health Services Neighborhood WIC programs establish its relationship with the home visiting programs in New York City?

**Arielle Burlett:** Yeah. So initially we determined the appropriate home visiting program within each of the Public Health Solutions Neighborhood WIC centers with the programs in the catchment area and established a relationship by just reaching out to the program directors and setting up a time to meet with them first. Also, our own Public Health Solutions home visiting team helped us to develop a guide which is on the slide for our staff to post at their desks to basically have the key information they would need on hand to make that referral.

**Moderator:** Okay.

**Arielle Burlett:** Just talking points that they would need. We also provided a brief training for our staff to ensure that, you know, they have the right home visiting referral form available to them. That they know how to refer. How to complete that referral form. And then also that they're following up with the WIC participant at the next visit to see how that home visiting visit went. And the outcome of that. I also just want to emphasize how helpful it is to have all of our staff involved this process. So, for example, our counselors really work to speak with the moms that they're meeting with at the WIC centers about home visiting programs. Just one story is that one of our peer counselors at our Bronx center is making so many referrals that I heard from a NFP partner in the Bronx that they have had triple the amount of referrals in the last month than they had had in any month, you know, prior to that. So we can tell we're starting to kind of make a dent in giving those referrals.

**Moderator:** Yeah. That's wonderful.

**Heather Daly:** We love to hear that, too.

**Moderator:** I'm sure you do. How's your program tracking progress with the referrals? You shared that story, which is certainly wonderful to hear. But, are you tracking the progress in any way?

**Arielle Burlett:** Yeah. So we are tracking in a number of ways. One is that we have implemented a system that allows us to provide participants with a referral for a number of services and includes home visiting. We do this through essentially a prescription tear pad that we have developed at our program for our staff to have and call it the WIC resource pass. Essentially, it's a referral form that has two copies – the participant receives the top copy and then the staff keeps the bottom copy, a carbon copy in a sense, to have on hand so that we keep it and can track the referrals made from our sites.

We also have a breastfeeding survey we're currently distributing and we have a question on that survey that says, you know, have you heard about home visiting programs? Are you interested in learning more about it? We have also been doing some observations at our WIC centers, an evaluation team is going out and basically sitting in on visits between a nutritionist and the participant to just watch the interaction and see if we're catching all the opportunities to make that referral when it happens. And lastly, through our partnerships that we are now developing with the home visiting programs, each month the program directors of the programs in the catchment areas are sending me the number of referrals they're receiving from us so we're able to track on both ends the referrals that are being made. You will see on the screen here, I just wanted to show to give it a visual of what our prescription pad I mentioned is. So as I mentioned,

each of our staff keeps this at the desk and see an option is home visiting and so they give a copy of this to the participant and then keep it for tracking.

**Moderator:** That is a great system that your agency developed to keep track of this.

**Arielle Burlett:** Yeah. It allows them to take something home with them to refer to and call the home visiting program, as well.

**Moderator:** Which is great.

**Heather Daly:** Really nice to hear about these innovative ways of recruitment. We're always looking for some extra things like that.

**Moderator:** Great. You're learning from each other.

**Heather Daly:** Yes.

**Moderator:** So what would you say so far are some of the challenges that you faced when making referrals to home visiting programs?

**Arielle Burlett:** I would say one is just really ensuring that all of our staff are saying the same messages. And making sure that we are providing the appropriate referrals at each visit. So I think that's one reason why the staff one pager I mentioned is helpful. Along these lines, you know, something that is I think more specific to Public Health Solutions since we do have our own home visiting program, as well, sometimes confusion with staff on whether we should be making that referral to outside programs, as well. Which they can and should be. So, just being clear about the options in the catchment area is really important. Also, say just ensuring that the home visiting referral forms are properly completed can be an issue for us. We're providing some many referrals for different services, too, so this is one of many forms and just a lot for staff to have to just remember all of the details.

**Moderator:** Sure.

**Arielle Burlett:** So our center managers do a great job of providing refreshers at the monthly center staff meetings on this and just making sure if there's questions that kind of come up that they can clear up for staff and we'll talk about those things, as well. Relay any information that may be a program, home visiting program saying we're noticing this on these forms and relay that information, as well. Constant communication I think is just key. And finally, I think just making sure that we are referring all eligible participants. You know? Staff are really busy and each participant visit goes extremely quickly so it's just finding ways to keep referrals at the forefront of their minds during each participant session.

**Moderator:** So of course we expect there to be some challenges but I imagine you also have some successes and I wonder if you'd share some successes so far.

**Arielle Burlett:** I would say for us really establishing the continuous reciprocal relationships with home visiting programs is a great success so far. You know, we have been able to learn about their programs and then we're also able to relay information on WIC to them, as well. So we have had the opportunity to provide presentations on WIC for their staff. Their staff also visiting our WIC centers which is really great giving our staff an opportunity to ask questions

directly to the program staff that are there and then we can give them a tour of our centers. We recently opened a new center in Brooklyn and we had the NFPs partner in that area come for a visit and able to give them a tour and they saw our new site and we have noticed even from there just an increase in the caseload already because of those interactions.

**Moderator:** Yeah. It's great.

**Arielle Burlett:** And actually, just one more thing on that, I would say that the face to face interactions have been really key so as I mentioned them coming but I think just really, you know, having somebody there and knowing them has just been effective for maintaining and kind of strengthening those relationships with those partners.

**Moderator:** Sure. I think face to face – having a face to go with the name or a familiar face with a program is extremely beneficial. That makes sense. So what is some advice to give other WIC agencies and medical and social service providers to start incorporating referrals to home visiting programs?

**Arielle Burlett:** I would say, number one, contact and establish those relationships with your local home visiting programs if you haven't done. So already and if you have, now's a good time to set up a refresher meeting and meet in person if possible. I keep saying that but I think it helps and ensuring the staff have the referral forms accessible to them at the office. Also making sure that everybody knows, you know, how to fill it out, where to fax it to, who should sign it, where it needs to be signed and just kind of knowing all that information in their back pocket. Also, ensuring that staff know how to explain the home visiting program to participants and emphasize that the home visit doesn't always need to take place in the home either. That, you know, if it's better for the family to meet in a cafe or meet at the library or at a WIC center that's also an option for them. And just ensuring that all of your staff feel empowered to talk about these programs and other programs, as well. But just making sure that everyone is involved in the process I think is really helpful and most effective.

**Moderator:** Terrific. Thank you. So, I wonder for either of you if you can give me an example of what you would say to staff when doing a training on home visiting. For example, if I was someone you wanted to train, would you go through a scenario with me of how to do that?

**Arielle Burlett:** I can go first.

**Heather Daly:** Okay.

**Arielle Burlett:** I think, you know, for us it is really keeping it very simple for our staff. We're focusing on the referrals to home visiting, however they are providing referrals to a number of other programs as I mentioned so it's a lot to remember. I like to stress to them that they should know generally how to explain the program and knowing the eligibility requirements and about the referral forms but at the same time the home visiting staff are the experts and so we can defer all – you know, other questions to our partners. That's why, again, that staff guide I think is helpful for us to have. We also came up with a probing question on the guide that I showed that essentially just kind of helps staff to enter into those conversations with the mom so it's very simple and just says, you know, are you interested in someone contacting you about extra family support during your pregnancy and after. So it's something to lead into that conversation and the mother can say, yes or no, but at least we have kind of put it out there and it provides an opportunity to ask more questions.

**Moderator:** Terrific.

**Heather Daly:** We also go into ourselves we'll go into WIC programs or meet with providers. It is great that WIC is doing their own training sometimes, or providers are doing trainings with staff. Then, you can invite a home visitor or somebody who works for a home visiting program - we will go in and do an in-depth talk about what our program is so they'll have a chance to ask any questions they might have directly to somebody who works in the home visiting program. And then a lot of what Ariel said is exactly what I would do, as well. Trying to keep the messaging simple. We have some fliers that have very simple messages that talk about the basic benefits of the program and like you said, [messages like] "Would you like somebody to contact you about this home visit program or a family support program?" So just keeping it simple and to the point is also very good and reenergizing the relationships as much as possible and I think you mentioned that, too. Sometimes we'll go into a WIC office and do a presentation and then six months later there's a bunch of new staff. It is good to be able to go back in and try to make sure that, you know, if you have new staff, reach out to that home visiting program you're working with and let them know that you could use a refresher training.

**Arielle Burlett:** Yeah, that's a very good point. I think that's something we've talked about, too. Setting up a – twice a year, you know, to just do something like that, a refresher. Our site or their site.

**Moderator:** Yeah, yeah. Makes a lot of sense. You both shared quite a bit of information this morning. Before we take questions from the viewers let me ask each of you about final words or really key takeaway messages to share with the audience before we get to questions.

**Arielle Burlett:** I would just say that, you know, it's very easy to refer to home visiting programs. It's in many ways a one-stop shop program for families. And just spending time training and educating your staff on the program. You're really just providing access to so many services and various supports for the families that you serve. That they can truly benefit from.

**Moderator:** Terrific.

**Heather Daly:** And I agree. Really that's my take-home message, as well. It is a very easy program to refer to. We are providing all of the resources, home visitors can be support and point people for these families that we're working with and we're all working towards the same goal of a healthier community.

**Moderator:** Excellent. Thank you both so much. I want to look to see a number of questions that have come in from our audience. The first question that we have for Heather, can you remind us what your service area includes? How far do you go to visit families?

**Heather Daly:** Sure. It depends on the program but in Healthy Schenectady Families we travel through the entire county.

**Moderator:** Okay.

**Heather Daly:** Schenectady is slightly smaller county and there are healthy family programs, one in Albany and target certain zip codes. Albany County is a much larger county so throughout the state it varies. Some serve an entire county, more rural counties, of course, that need to serve

the entire county. And then there are some that only target certain cities within a county or certain zip codes.

**Moderator:** Thank you. The next question that we have, what has been some of the messages or questions you have had about home visiting services from pediatrician's offices? Can you tell us where the referral went really well and had a good outcome for the family? That can go to either of you. So the first part is what are some of the messages or questions about home visiting that comes from pediatrician's offices?

**Heather Daly:** I think one of the things that they always want to know is what is our role in helping a family get to the doctor's office? Some people, they are asking if we provide transportation and things like that. Our program does not provide transportation but we can help refer and get transportation to the family or help them look at bus routes and, you know, get medi-cab if necessary. Some programs do provide that transportation so it really depends. Another thing they want to know about is our promotion of breastfeeding and immunizations. As I mentioned to you, we really are working on those things all the time. And we actually have tracking forms where we keep track of whether or not the family – that the child has gotten their on-time vaccinations and that's something that we have been really successful with in our program. So that kind of partnership is really important to the pediatricians.

**Arielle Burlett:** And something also coming up with pediatrician's offices, as well, is language. So what languages do the home visitors speak and, you know, I think that depends on the program and in general the programs in New York City provides services in a number of languages to, you know, meet all of the population that they serve.

**Heather Daly:** Definitely.

**Moderator:** So the second part of the question, can you tell us of an instance where a referral went really well and had a good outcome for the family? Do you have an example of a referral of a pediatrician's office?

**Heather Daly:** I have a couple of examples that I'm trying to think of and I think they're melded into one example. But we – sometimes when there's a really high risk family we'll get a referral from multiple sources.

**Moderator:** Sure.

**Heather Daly:** We'll get a referral of WIC and from an OB/GYN or the hospital, for example, where the baby was delivered and then we keep trying to outreach with the family and follow up with the providers who provided the referral. So we have had some great success with that and I think providers are like, well, if one program is referring I don't need to. But we'll take them all the referrals there is never too many and it really provides us with the opportunity to learn as much as we can about that family and what their needs are.

**Arielle Burlett:** I think that just goes along with what I was saying earlier reinforcing the messages and can take so many different points of access I guess for a family to, you know, just maybe to get the services that they need and so that reinforcement in that way from the pediatrician's office, WIC, any other programs they're benefiting from makes it much more effective.

**Heather Daly:** Yeah. And we're also able to work on those ages and stages questionnaires and things and if there's a developmental concern with the child even from an early standpoint, sometimes that's when we'll get a referral. And we will help to set up that family with early intervention resources and things like that so we tend to have great success with the family getting the support they need and there's a point person there.

**Moderator:** Terrific. Thank you both. The next question that we have is for Heather. For Healthy Families, is the enrollment cutoff for an infant at 60 or 90 days?

**Heather Daly:** I believe its 92 days. It's very specific window of time but we try to enroll prenatally as much as possible. So the sooner the better because we find that the outcomes are even better.

**Moderator:** Sure.

**Heather Daly:** If we've had, say – I think the standard is at least seven prenatal visits and then leads to better birth outcomes and what the studies have shown. But we do enroll families within that three-month time frame so up until the child's like third month basically.

**Moderator:** Okay. Thank you. The next question that we have, what kinds of questions do participants usually ask WIC staff about home visiting?

**Arielle Burlett:** I would say the main questions that come up for us, especially right now, are, you know, does it have to take place in my home?

**Moderator:** Okay.

**Arielle Burlett:** That is something that tends to be an issue maybe for us more in the city. I'm not sure but they just hear the word home sometimes and that's just – for whatever their situation might be, that might not be the best place for the visit. So that comes up a lot and then also just what kinds of services does the home visiting program connect me with and what does it really – what is all involved in home visiting?

**Moderator:** Sure. Yeah. I would imagine that makes a lot of sense. The idea of letting a stranger into your home can be a vulnerable kind of thing so being able to meet families somewhere else I imagine gives more of a sense of comfort and willingness to try out the program. Our next question, do home visitors work with families with involvement with child protective services?

**Heather Daly:** I can speak to that. We partner closely with Child Protective Services. If families had involvement with that. And we are a voluntary program as I said so the families really see us as a resource and we can help them sort of navigate that process so the answer's "Yes." We do work with families who have CPS involvement and we also sometimes get referrals from CPS. And we try and make sure that that relationship is always positive because we're all for the families. Really helping to connect and be sort of a middleman sometimes.

**Moderator:** All right. Thank you. The next question that we have, if a client who's referred to your program is ineligible do you refer to another home visiting program if there are other programs in the area? That's a great question. What if they come to you on day 95? What happens then?

**Heather Daly:** I did want to talk about this, also. For example, my program is a little bit more unique of a centralized intake. So I talked about these seven different models that are in New York State. We also – there is also an Early Head Start home visiting program in Schenectady County. We have the partnership since we started the program and we're able to get the referrals all in one place. So we have our one central intake person and we determine eligibility based on the screen form we get so it's one centralized screen form and then out of that 92-day range and Early Head Start is able to possibly get them in their program, as well. So there are other County's that are working on something like that, a centralized intake and county that is it doesn't work for their program or they don't have the ability to serve them they try to find another service. That's one of the main component is making sure a family is set up with resources they need even if they don't qualify for the program.

**Moderator:** Terrific. That's really great.

**Arielle Burlett:** I think that idea does work extremely well. Public Health Solutions works with other programs in queens on a process and also starting that in Brooklyn and just I think extremely effective because it allows if as a family not eligible for one you know that they're getting the services through another program to work for them.

**Moderator:** Sure. So our next question that we have, two questions. One, how do you get a copy of this livestream recording and I can actually answer that. The program will be available on the website within two weeks of today's show. So if you go to [phlive.org](http://phlive.org) you can review the website. And I will review this information again at the close of the program. But it will be available within two weeks and available online for I believe seven years, so you can access it at any point. The second question, how home visitors are saying families don't want them in their homes, how do you get families to allow them in?

**Heather Daly:** I can say we have some really great relationship building kind of exercise that is we do with families early on. That's one of the main things that the home visitors are trained in during their orientation training and their core training we call it so they learn how to build relationships with families and build some trust. And, you know, there's challenges but actually we have had great success getting into the homes. Sometimes the – it is a great idea for families to sort of meet in a neutral environment or make sure that they are with a trusted person. We can meet at anybody's house. Grandma involved, meet at grandma's house, dad's house. You know? So that's a really – and then just starting early on the relationship and making sure that the family is comfortable and questions answered when think need to and making them feel reassured that we go into all sorts of homes. You know? Any kind of home environment, you know, we have seen it, been there/done that. That tends to make them feel more comfortable.

**Moderator:** Excellent. Anything to add to that?

**Arielle Burlett:** No. I think that summarizes it.

**Moderator:** Great. Thank you both for everything you've shared with us this morning. We are out of time but I think you have shared valuable information this morning. So I thank you for joining us.

**Heather Daly:** Thank you for having me.

**Arielle Burlett:** Thank you. This was great.



**Moderator:** And thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs. And continuing education credits are available for today's program. To obtain nurse continuing education hours, CME, CHES and social work credits, learners must visit [www.phlive.org](http://www.phlive.org) and complete an evaluation and a post-test for today's offering. This web cast will be available on demand on our website within two weeks of today's show. Please join us for the next web cast May 17th focused on new concussion guidelines, implications for return to school and sports for school-aged youth. Additional information on upcoming webcasts and relevant public health topics can also be found on our Facebook page. Don't forget to like us on Facebook to stay up to date or follow us on Twitter. And now you can also let us know how you use *Public Health Live!* by taking a brief survey at [www.phlive.org](http://www.phlive.org). I'm Rachel Breidster. Thank you for joining us on *Public Health Live!*