

**Q&A Session for Evidence-Based Systems of Home Visitation: Opportunities for Replication and State Innovation**

**Tuesday, September 29, 2009**

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**Pam Langer**

Q: Where is the best "home" for a state-wide home visitation - state agency, etc.? Also, where can the competencies for a home visitor be found?

**Catherine Bodkin**

There is not a "best" agency across all states as states organize their programs differently and have different histories with previous initiatives. The agency should be viewed in general by the public and legislators as neutral. The lead agency should also place value on collaboration with other agencies and private groups and committed to promoting comprehensive child development

Go to [www.earlychildhood.virginia.gov](http://www.earlychildhood.virginia.gov) Click on "Accountability" on the left hand sidebar. Scroll to the Home Visiting Consortium

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**Erin Hassey**

Q: What actions would you like to see from Congress to promote home visitation?

**Catherine Bodkin**

Approve a design that requires the state's home visiting programs to develop a collaborative plan and to be responsible for improving the state's targeted outcomes.

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**Kit Enniss**

Q: What do you consider "long enough"? Least and most.

**Deborah Daro**

There is no empirical evidence with which to address this question. As noted in the presentation, program duration is a function of the outcomes program target. One RCT addressing this question is underway at Duke University (under the direction of Ken Dodge). They are testing the implications of offering HFA services for one year versus two years. Also Diane DePanfilis at the University of Maryland at Baltimore, School of Social Work, has examined the difference in

providing Family Connections (a home based service program) for 3-months versus 9-month. Her results are published in Child Abuse and Neglect.

**Catherine Bodkin**

The length of service and the intensity of services are closely tied to the program goals. It might be possible to reach a goal in a limited number of weeks if focused on change in parental knowledge, but take months if the goal is changing parental behavior or if the goal is related to the child's developmental stage.

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**Kit Enniss**

Q: Do you have any information on the linking of public and private home visitation sites?

**Catherine Bodkin**

The Virginia Smart Beginnings model is based on partnerships between public and private nonprofit agencies.

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**Deanna Lia**

Q: I have not heard much about assuring that the major home visiting models are reaching culturally diverse families, in their home, in culturally competent ways. Please comment. Is this being done and how are outcomes being measured?

**Catherine Bodkin**

Culturally competent behaviors was one we considered for the core home visiting training, but we did not include in the list because the Consortium assumed that the basic/core information as the role of the host agency's own employee training and orientation. Consortium would add to this training in the future with enrichment or advanced training

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**Laurie McKeown**

Q: How many states have a state system that is a public/private partnership? (i.e., state provides funding contracts and monitoring while a private agency provides technical assistance and training)? What are the pros and cons?

**Catherine Bodkin**

The Virginia system is a bit different as the private agencies and public agencies are planning jointly, developing training together and sharing data. One state agency in the Virginia Consortium does contract with a private agency to provide TA and training on Healthy Families, one of the Consortium member programs.

Pros: access to a different set of resources; ability to advocate legislators; nonprofit flexibility to meet needs with re-designed programs with short administrative review process and response time.

Cons: Private agencies sometimes do not have the resources or perceived authority to carry out a task statewide or in-depth over time.

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**Pat Avery**

Q: What are the recommended curriculums are evidenced based to be by home visitors with low income pregnant women and families with children 0-3?

**Deborah Daro**

We should not be in a position to recommend any curriculum. Folks need to do their own research by contacting the national models in which they are interested and asking for their research findings.

**Catherine Bodkin**

National programs such as Parents As Teachers have developed curricula for use only by their program sites. Others may use curricula such as Partners for a Healthy Baby that could be used by multiple programs, such as Early Head Start or Healthy Families.

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**Carla Weir**

Q: do the panelists believe that the research on CAP and Education / School Readiness home visitation are comparable, i.e. research in one can inform practice in the other?

**Deborah Daro**

Yes I do in that most all of the home based models targeting newborns and their parents focus on strengthening the parent-child relationship and creating strong attachment between the adult caregiver and child. Strong attachment has been documented as a key factor in increasing infant stimulation, improving sensitivity to the child's emotional needs and reducing negative parenting practices – all of which reduce maltreatment potential and enhance early learning.

**Catherine Bodkin**

Applying research findings from one area to another has to be done carefully, but identifying implications of research in one domain of family life and child development with another can enrich our understanding of the dynamics of family and child well-being.

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**Evan Goldman**

Q: How are safety factors being addressed for home visitation? Is specific training being provided for this as well?

**Deborah Daro**

I believe the training for all of the national models touch on this –again, contact they national model and ask.

**Catherine Bodkin**

The Virginia Consortium decided to handle topics such as worker safety in the “Making Effective Home Visits”. Other issues such as boundaries are also included in that model.

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**Stephen McMillin**

Q: Will emphasis on the evidence base result in a "winner," e.g. NFP, as the MOST ev-based and the sole winner of fed funding? Won't "less" evidence-based programs have to show that they achieve different goals w/ non-nurses? Are 2-3 models enough?

**Catherine Bodkin**

Taking stock of what is known about effective home visiting and identifying critical elements needs to be done carefully. A model limits its eligibility criteria and targets its interventions in order to test the design. Since families do not fit these criteria neatly or may have different needs but could still benefit from home visiting, there is an on-going need to develop and adapt services while maintaining quality.

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**Betsy Krieger**

Q: What do you think of the value of videotaping sessions in the home and using the videos in supervision sessions as well as to show the parent how he/she interacts with the child.

**Deborah Daro**

I think this has significant potential. Two contacts they might consider are Terri Pease, research director with SPIN USA, a model that focuses on using video-based training for providers and parents. Anne Duggan at Johns Hopkins University is currently testing this approach in home visitation program in New Jersey.

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**Xiaoli Wen**

Q: I wonder for most home visiting programs, is home visitor-family relationship viewed as an intervention context or intervention strategy?

**Catherine Bodkin**

Excellent question for discussion. I believe the relationship is both a context and an intervention, especially powerful for parents with very few physical and emotional resources.

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**Jackie Clouser**

Q: Would you please provide the website that was referenced about the basic training for home visitors in VA?

**Catherine Bodkin**

The list of core trainings is on [www.earlychildhood.virginia.gov](http://www.earlychildhood.virginia.gov). Click on Accountability in the left hand column. Go to the Home Visiting Consortium to see the list

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**Sarah Benjamin**

Q: What is the website that you mentioned where the training components can be found?

**Catherine Bodkin**

At end of presentation is the website [www.earlychildhood.virginia.gov](http://www.earlychildhood.virginia.gov). Then click on the accountability words on the left column. Scroll down to the Home Visiting. There is a PDF there.-

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**Christina Arrostituto**

Q: What impact have your programs had on the achievement of your federal outcomes?

**Catherine Bodkin**

The home visiting programs in Virginia have shown impact on different agency federal outcome measures for HRSA, MCHB or ACF. The goal is to show how improved linkages and local coalitions can increase the impact of home visiting.

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**Chellie McLellan**

Q: Do you have average cost per person breakdowns based on the various programs. Is there a link I could refer to?

**Deborah Daro**

Documented per family costs for the national models are as follows: HFA (\$1,950-\$5,768 with variation due to staff characteristics and program auspice);

NFP (\$2,914 - \$6,463 with variation due to program auspice); Early Head Start (\$11,000 across home-based, center-based and combined models); PAT (\$1,400 - \$1,500); HIPPY ((\$1,250); Parent Child Home Program (\$2,187); and SafeCare (\$2,275).

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**Judi Vitucci**

Q: What are the indicators you are using for HV evaluation?

**Catherine Bodkin**

Please look at [www.childhood.virginia.gov](http://www.childhood.virginia.gov). Click on the word Accountability in the left hand column. Go to the Home Visiting Consortium. There is a PDF and a logic model that will help. The data gathered are several for each outcome-

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**Robert Hartman**

Q: Can you please give us information on outcomes information and return on investment--where are they documented and what information is available?

**Catherine Bodkin**

We are updating enrollment figures and working toward those figures.

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**Caroline Stout**

Q: Are there good examples of universal risk assessments that communities are using?

**Deborah Daro**

There is a program in Durham, North Carolina called Durham Connections that is using a universal risk assessment/needs assessment tool. You can find out more about the program by checking out the web site – [www.durhamconnects.org](http://www.durhamconnects.org)

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**Carlos Gonzalez**

Q: What should be the frequency of home visits to establish a good relationship?

**Betsy Krieger**

Q: what do you think is the appropriate number of visits and how often should the visits be?

**Catherine Bodkin**

The frequency generally depends on the risk factors, the program goals, and the resources the individual has available to make the desired progress. Higher risk families would be visited more frequently than medium risk families. Quality and content of the home visits also contributes to the establishment of a good relationship and good outcomes.

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**Karen Yarbrough**

Q: How is home visiting responding to the fact more and more parents are working and not at home?

**Catherine Bodkin**

This is a challenge. Sometimes home visitors will be given permission to conduct a home visit in the evening or on Saturday morning.

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**Karen Yarbrough**

Q: Given that a lot of families leave hv when children are 18 months old, what does this mean for the conversation about home visiting services and center-based EHS services for infants and toddlers?

**Deborah Daro**

You need to establish interest in these subsequent models while families are enrolled.