Reach in Home Visiting: An Introduction to Understanding and Measuring Reach

HARC
Home Visiting Applied Research Collaborative

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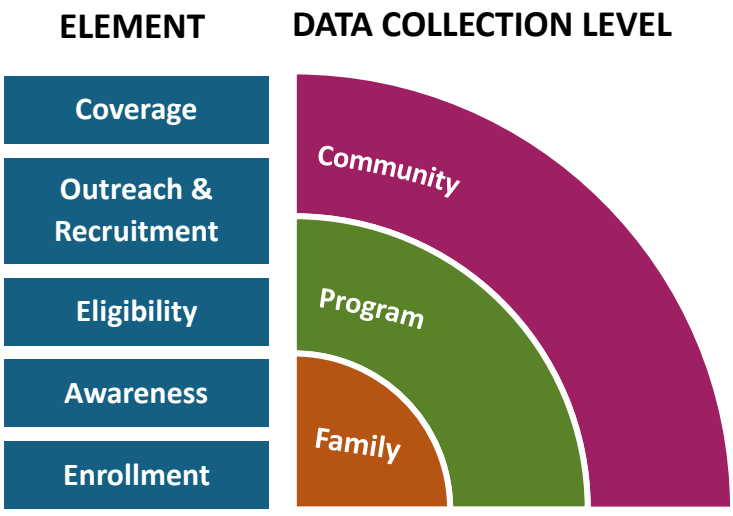
OVERVIEW

The HARC Precision Paradigm is a framework to guide precision research in home visiting that helps us understand what works for whom, in which contexts, why and how. This brief relates to one of the framework's main concepts, usage, which we define to include reach and engagement. To achieve optimal impacts, home visiting programs need to reach the families they were intended to support.[2-7] Within the HARC Precision Paradigm framework, reach looks at the availability of home visiting programs in communities and whether families who would benefit most from home visiting enroll and participate in programs if they choose to do so.[7, 8]

The HARC Precision Paradigm is a framework to guide precision research in home visiting that helps us understand what works for whom, in which contexts, why and how. This brief relates to one of the framework's main concepts, usage, which we define to include reach and engagement.

In 2023, about half of all counties in the U.S. had agencies offering evidence-based home visiting (EBHV); 18 states and two territories served families in more than three-quarters of their ZIP codes.[9] In that same year, the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) served an estimated 20% of all families who were likely eligible for and in need of MIECHV services.[10] Beyond MIECHV, EBHV models overall serve just 3.6% of potentially eligible families.[9] To improve and strengthen reach in home visiting, more granular definitions and measures of reach are needed.

This brief provides an overview of reach in home visiting and its contribution to the usage component within the Precision Paradigm framework. It introduces five elements of reach and the levels at which they can be collected—community, program, and family. It also includes indicators of reach with relevant examples from the field. Together, these can inform home visiting interventions and study designs to improve our understanding of how to reach and enroll families into the intervention that fits each family at the time that is right for them.



ELEMENTS OF REACH

- **Coverage**, comprising the geographic areas within ***communities*** where home visiting programs are available and accessible.
- **Outreach and Recruitment**, including referral pathways and processes between ***community*** partners and strategies used by home visiting ***programs*** to raise awareness and share information about the program, identify potentially eligible families, and support their enrollment.
- **Eligibility**, including ***programs'*** criteria and assessment methods for determining which families can participate in home visiting.

- **Awareness** among potentially eligible ***families*** about home visiting programs and how to enroll in them.
- **Enrollment**, meaning ***families'*** decisions to enroll in a home visiting program, including agreeing to participate and/or receive at least one home visit.

IMPORTANCE OF MEASURING REACH

Just as the elements of reach span multiple levels, research on reach, an important aspect of home visiting usage, may yield findings that can benefit communities, programs, and families. For example, ***communities*** can use study findings to:

- Build effective interagency partnerships and coordination infrastructure to support referral pathways
- Establish community partnerships with referral agencies that families trust
- Align home visiting program options with community needs
- Create and implement centralized or coordinated intake systems that simplify and expedite families' access to the home visiting program that is a good fit for their needs and preferences

Home visiting ***programs*** can leverage studies to:

- Ensure the families they serve reflect the program's theory of change
- Inform outreach, including the information they give families about the program's objectives, interventions, content, and expectations
- Conduct more tailored and targeted outreach efforts to raise awareness, identify, and enroll specific families
- Identify eligibility criteria that align with needs and strengths among families in the community, while complying with home visiting model, funding, or organizational requirements
- Design screening and referral protocols that help them enroll families who have the greatest potential to benefit
- Adopt clear and simple enrollment processes
- Inform workforce development, including hiring practices, training, and supervision

Finally, findings from studies focusing on reach can support ***families*** to:

- Understand how home visiting programs align with their priorities and needs
- Enroll in offered programs

Recent Initiatives

Two recent federal initiatives funded by the Office of Planning, Research, and Evaluation in the Administration for Children and Families provide more information on reach and related topics: Family Level Assessment and State of Home Visiting—FLASH-HV[1, 2] and Understanding and Expanding the Reach of Home Visiting—HV-REACH.[7, 8] Please see the published reports for more information.

INDICATORS

This section highlights indicators of reach drawn from the home visiting literature and related fields. For each indicator, we specify the level—community, program, or family—at which it is measured. We also include brief summaries from the home visiting literature of studies that examined each element, including measurement and findings.

Coverage[11-14]

Community-Level Indicators

- Proportion of counties (or focal area) in which home visiting programs are available
- Variation in community characteristics in counties (or focal area) with and without home visiting programs
- Number of home visiting caseload slots available relative to the number of potentially eligible families
- Proportion of eligible families participating in home visiting within focal communities

Example from the Field

A study in South Carolina examined the coverage of MIECHV-funded home visiting by looking at home visiting enrollments in ZIP codes with varying levels of child and maternal health risk factors and birth rates.[13] The study reported moderate coverage, in which 63% of the highest-risk communities had at least one family enrolled in home visiting. In high-risk communities with a high volume of live births, coverage was 79%. Findings can be used to understand whether home visiting programs are reaching the highest-need families and inform program expansion in areas of need that are not well-served by existing home visiting programs.

Outreach and Recruitment[2, 2, 15, 16, 16]

Community-Level Indicators

- Number and strength of relationships between home visiting programs and community partners
- Number and source of community referrals to home visiting programs

Example from the Field

One study based on survey data from a range of home visiting programs found that over a third of referrals to home visiting programs came from centralized intake systems, followed by self-referrals, hospitals, WIC, and outpatient prenatal providers.[16] Relatively few referrals came from pediatric providers, identifying a gap that could be targeted by future outreach efforts, notably identifying barriers and facilitators of referrals to home visiting from healthcare providers.

Program-Level Indicators

- Description or count of home visiting programs' strategies to share information about their services with referral agencies and families
- Proportion or number of families who received information (overall, by method, by eligibility criteria, etc.)
- Proportion or number of families referred to home visiting that received follow-up from programs
- Average number of touchpoints needed for an eligible family to follow-up on a referral to a home visiting program
- Average number of days between referral to a home visiting program and programs' or families' follow-up

Example from the Field

One study of Michigan's Maternal and Infant Health Program (MIHP) examined the impact of enhanced outreach intervention that included an extended outreach period, various modes of outreach, and multiple outreach attempts.[17] These enhancements led to an approximately 40% increase in the number of families reached and, as a result, enrolled in home visiting. The findings suggest that allocating additional staff time to outreach activities can increase enrollment rates.

Eligibility[3, 18, 19]

Program-Level Indicators

- Proportion or number of families assessed or screened for eligibility
- Proportion of families referred to home visiting programs who are eligible
- Characteristics of families who meet eligibility requirements

Example from the Field

The Nurse Family Partnership (NFP), an EBHV model, expanded eligibility to two subpopulations: (1) people with previous live births (i.e., "multiparous people") and (2) pregnant people who are referred to NFP after 28 weeks gestation (i.e., "late registrants"), referred to as NFPx.[20] Initial evaluations of NFPx indicated that both multiparous people and late registrants enrolled at similar or higher rates than traditional NFP participants, but that both new subpopulations experienced more challenges including lower levels of social support and more mental and behavioral health concerns. These initial evaluation findings can help inform the development of new resources and training to support nurses working with NFPx participants.

Awareness[2, 21, 22]

Family-Level Indicators

- Proportion or number of target families who know:
  - Home visiting program exists in their community
  - What services the home visiting program provides
  - How to determine their eligibility for the home visiting program
  - Potential benefits of enrolling in the home visiting program
- Proportion or number of family self-referrals to home visiting programs

Example from the Field

Within some tribal communities, home visiting programs promoted awareness by hosting weekly play groups and providing families with information on home visiting programs and other helpful resources prior to the implementation of home visiting.[21] Centering relationship- and trust-building can facilitate awareness and buy-in for programs, leading to increased enrollment and partnership.

Enrollment[3, 7, 11, 18, 19, 23, 24]

Family-Level Indicators

- Proportion or number of families enrolled (out of target population, out of screened) that agreed to participate or received at least one home visit
- Characteristics of enrolled families (vs. not enrolled, target population)

Example from the Field

One study compared predictors of referrals to and enrollment in home visiting among first-time mothers in an Ohio county.[24] Predictors of referrals included being unmarried, being a young parent, receiving public benefits, identifying as African American or Native American/Alaska Native, having low educational attainment, not having a pregnancy complication, and experiencing higher levels of area deprivation and social disadvantage. On the other hand, enrollment in home visiting programs was predicted by having higher educational attainment, having a pregnancy complication or prenatal referral, and experiencing less area deprivation and disadvantage. Understanding individual- and community-level barriers to enrollment can promote tailored enrollment strategies.

CONCLUSION

This brief provided an overview of reach in home visiting and its contribution to the usage component within the precision paradigm framework. Reach highlights the availability of home visiting programs in communities, how families learn about and access these programs, and their decisions to enroll or not. In the long-term, a greater focus on reach can assure better fit between the goals of home visiting interventions and families. This fit, in turn, may lead to families attending more visits, receiving a higher dosage of home visiting interventions, and achieving optimal outcomes.

SUGGESTED CITATION

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