



**Healthy
Families NY**



CENTER FOR HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY State University of New York

Virtual Home Visiting Post Covid: Retention Rates and Performance Targets

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Introduction

- Healthy Families New York (HFNY) is a multi-site Healthy Families America affiliated system with 54 sites serving all of New York State
- The Center for Human Services Research is one of the HFNY Central Administration partners and provides external evaluation services.

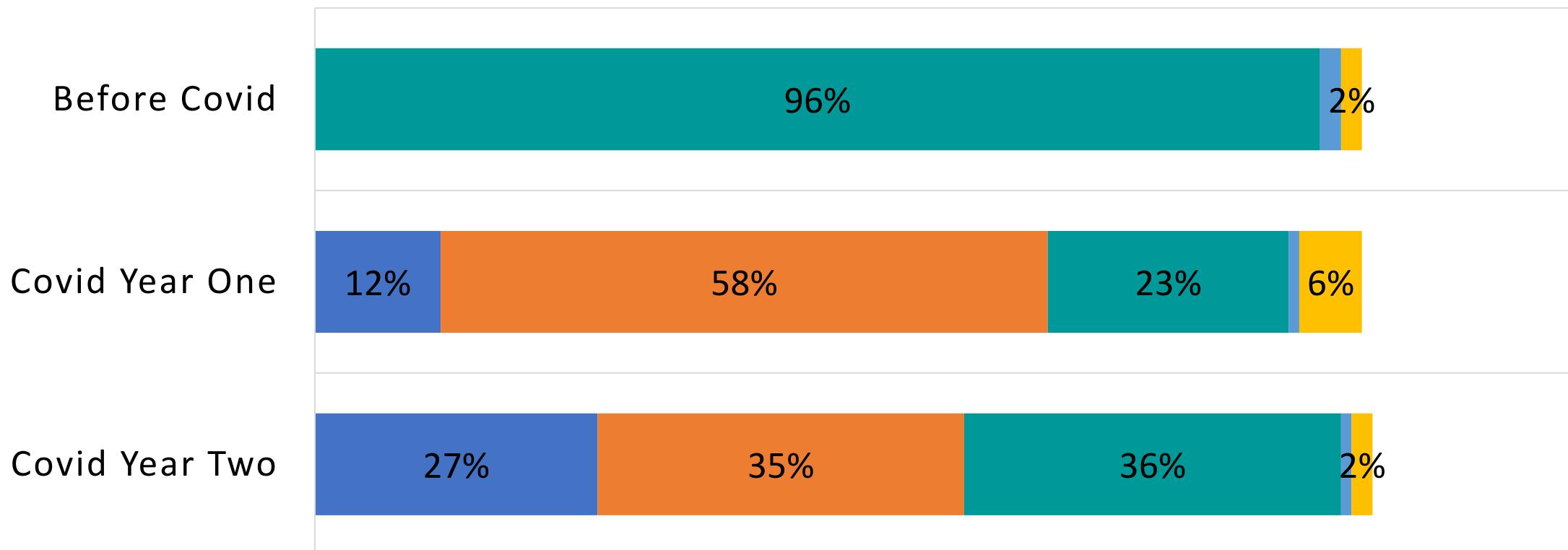


Virtual Home Visiting

- Healthy Families America previously allowed virtual home visiting only under extraordinary circumstances
- The COVID-19 pandemic was one extraordinary circumstance that required home visiting programs to rapidly change service delivery
- Virtual home visits include: video visits (using Zoom, FaceTime, etc.) and phone visits (audio only)

By Covid Year Two: Video visits decreased in frequency, but phone visits increased

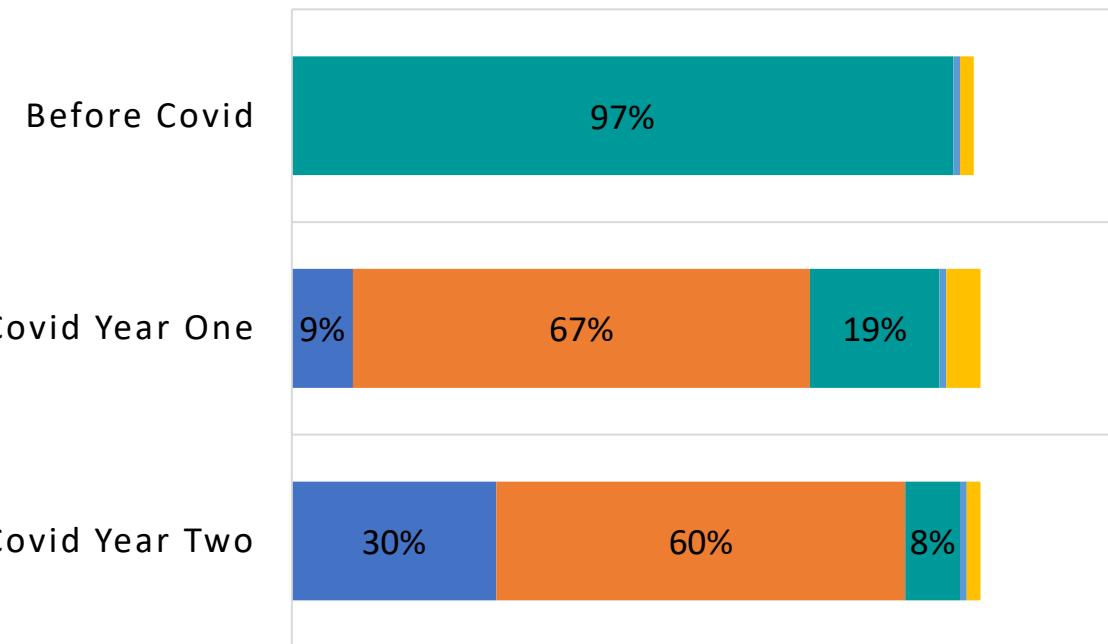
■ Phone ■ Video ■ In Home ■ In and Out of Home ■ Out of Home



Upstate NY is returning to in-home visits more quickly in Covid Year Two compared to NYC

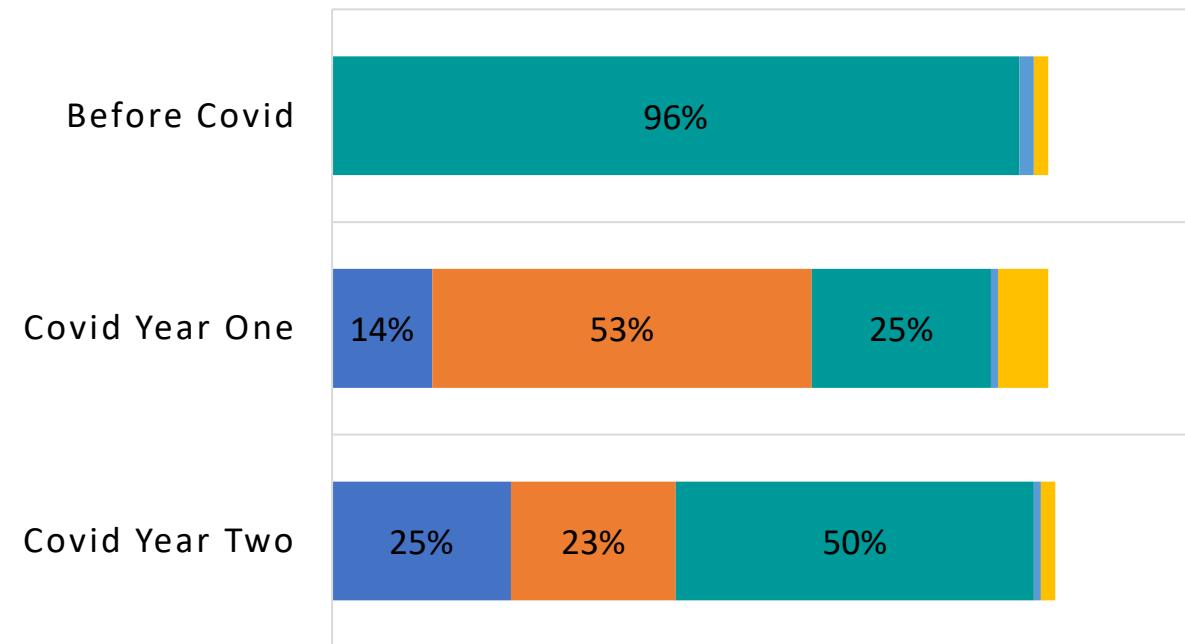
NYC: In the year after Covid, 90% of the home visits were virtual (60% video, 30% phone).

■ Phone ■ Video ■ In Home ■ In and Out of Home ■ Out of Home



Upstate NY: In the year after Covid, 48% of the home visits were virtual (23% video, 25% phone).

■ Phone ■ Video ■ In Home ■ In and Out of Home ■ Out of Home



Key Evaluation Questions

01

What does service delivery look like for video and phone visits?

02

Has allowing virtual home visiting changed the populations we are reaching?

03

Do problems at intake relate to the likelihood of receiving video and phone visits?

04

What is the relationship between virtual visits and 6-month retention and breastfeeding rates?

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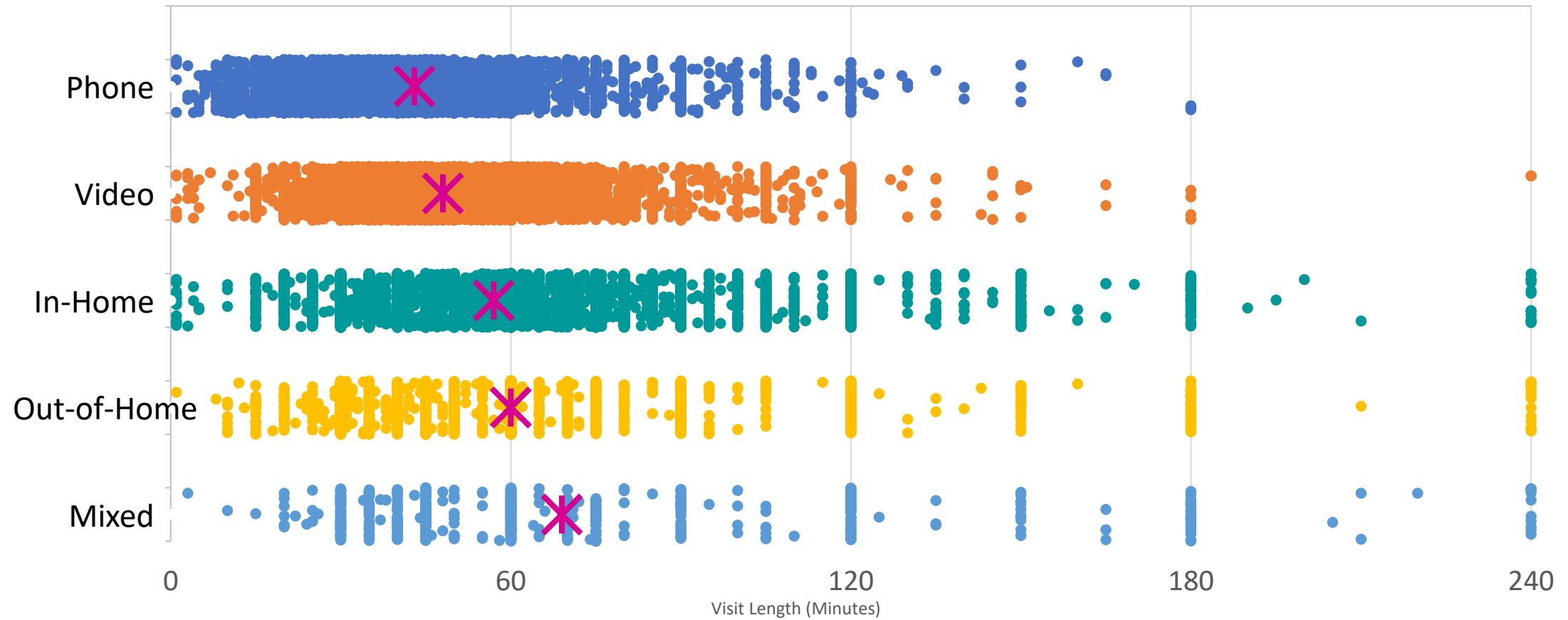
03

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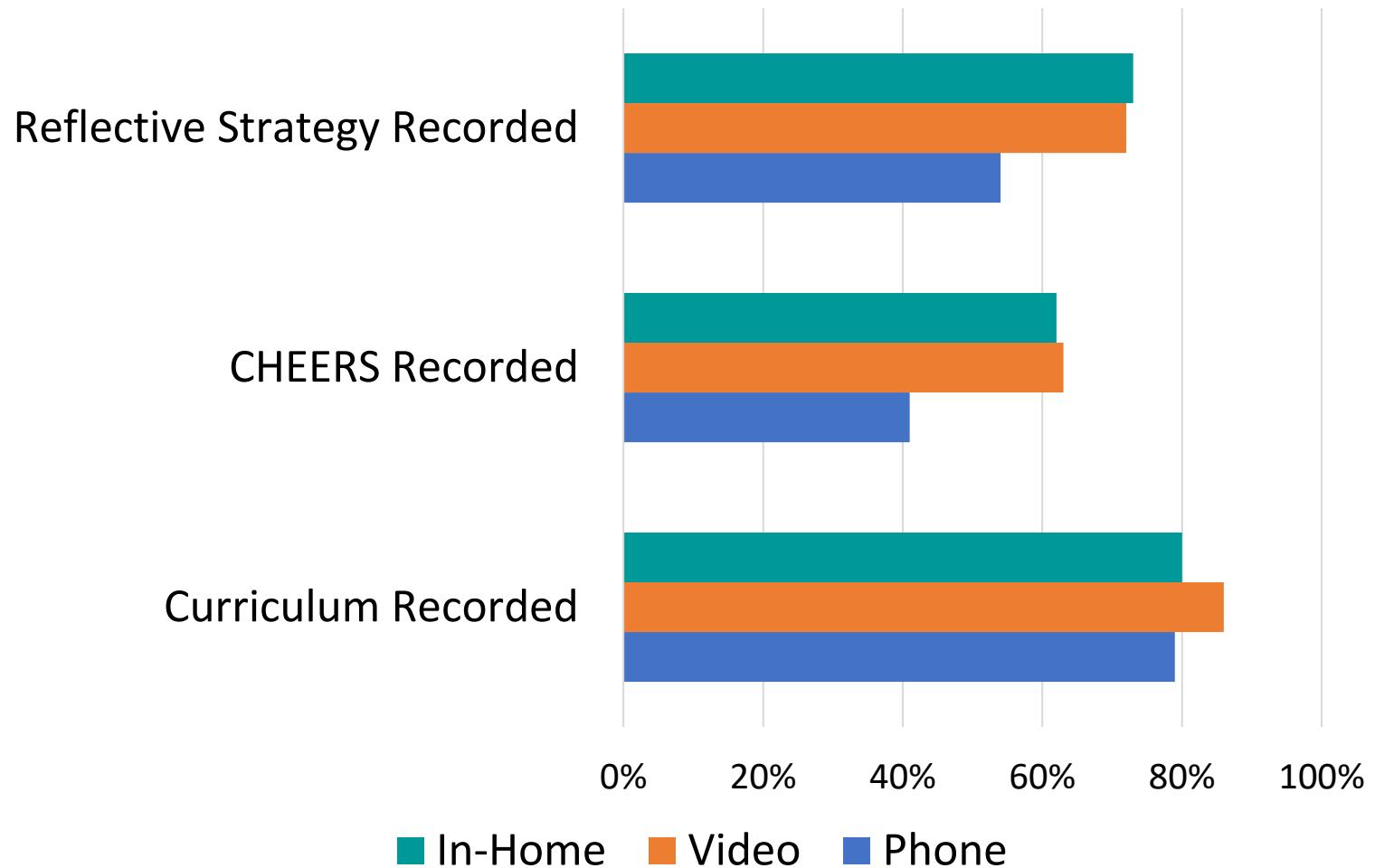
04

What is the relationship between virtual visits and 6-month retention and breastfeeding rates?

Virtual visits tend to be shorter than in-person visits

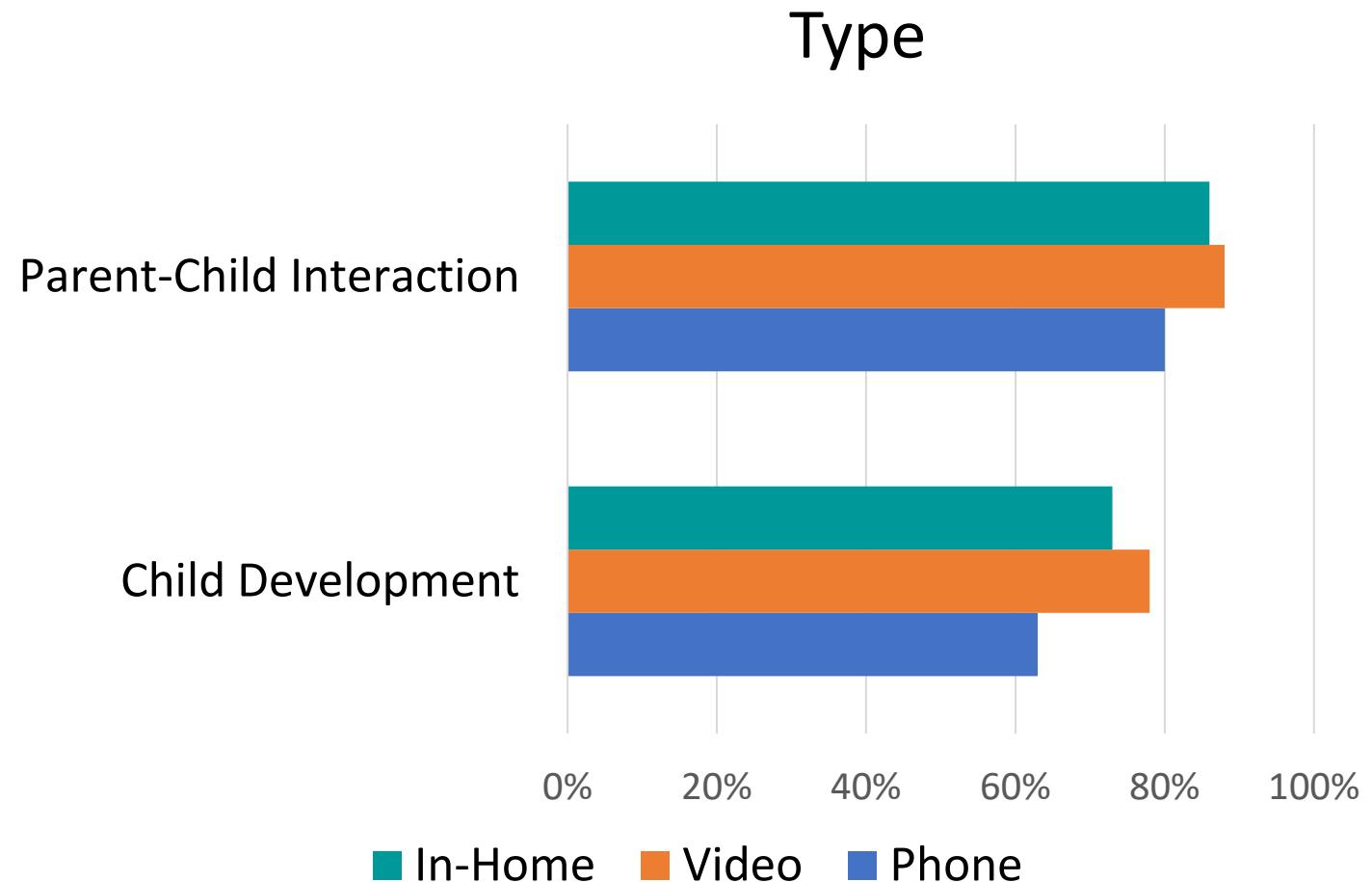


Home Visit Content by Visit Type



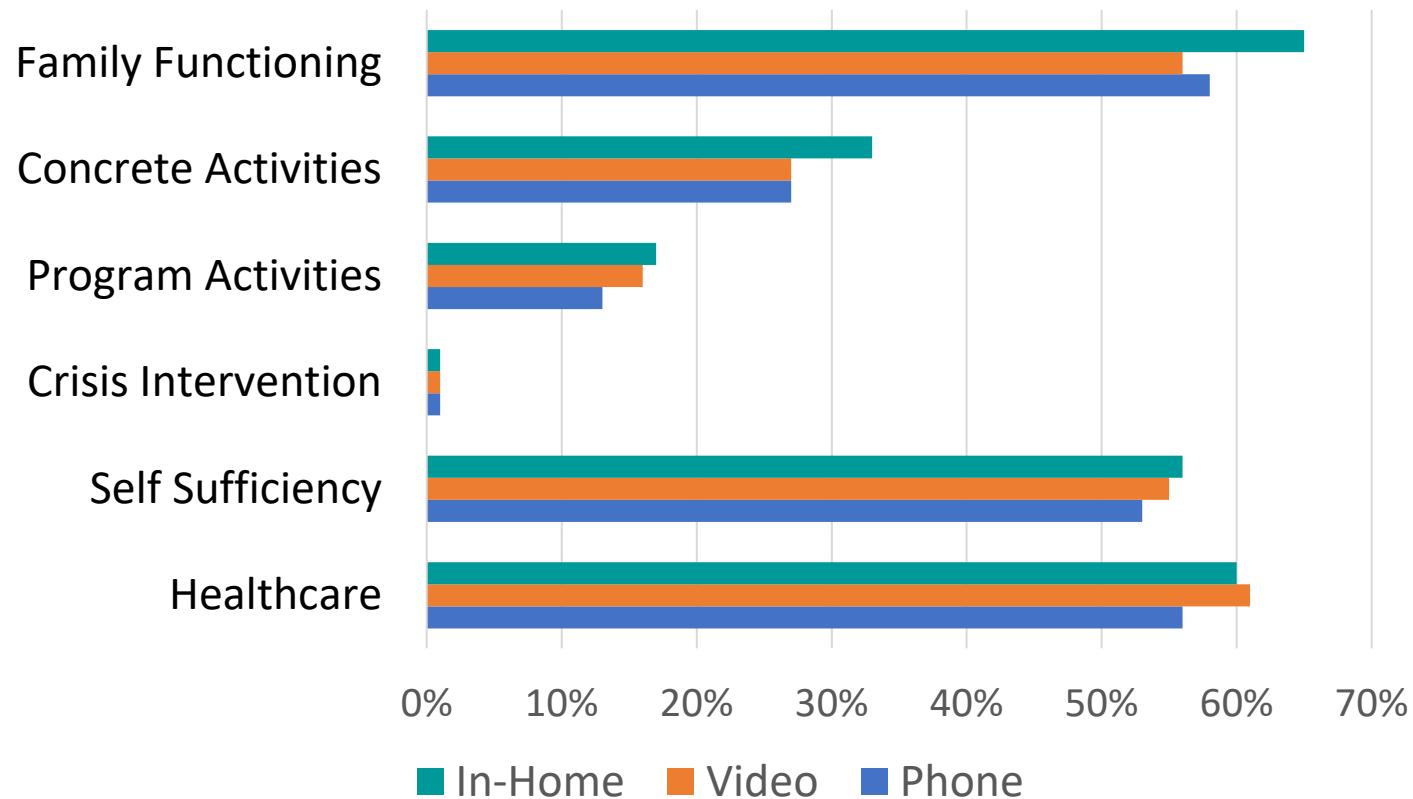
CHEERS and reflective strategies were recorded less often for phone visits than for video or in-home visits.

Home Visit Topics Discussed by Visit Type



Parent-child interaction and child development were recorded less often in phone visits than in-home or video visits.

Other Topics From Home Visit Log by Visit Type



Some aspects of visits were similar across visit types.

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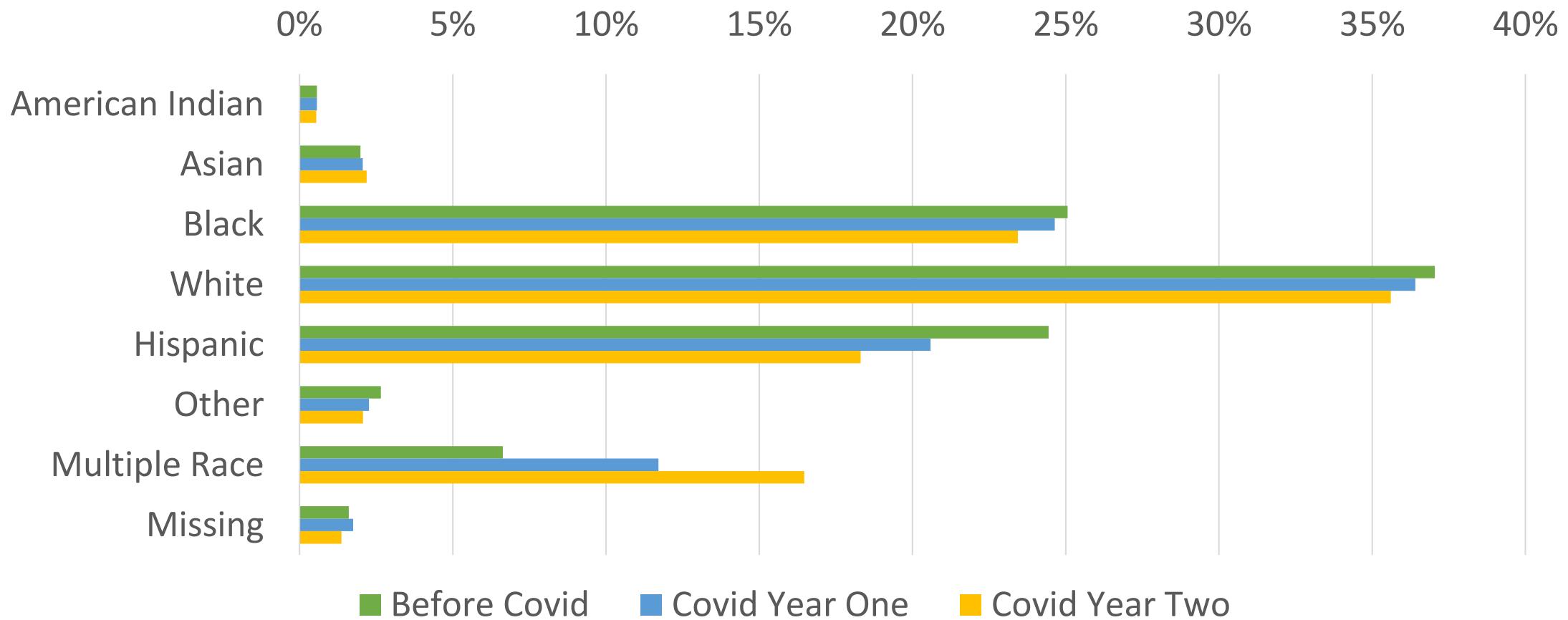
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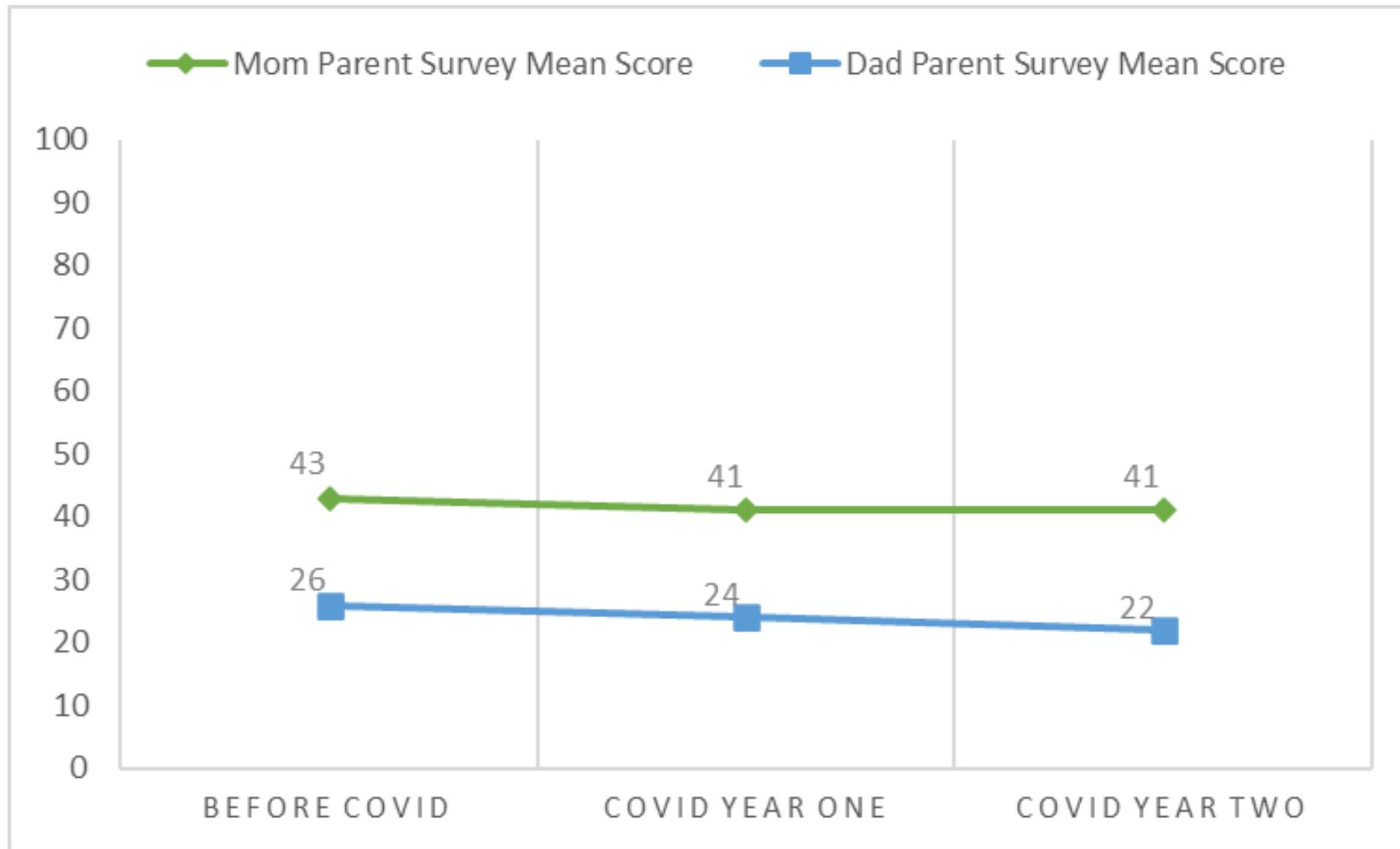
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What is the relationship between virtual visits and 6-month retention and breastfeeding rates?

The distribution of participant races and ethnicities was similar across years



There was a small decrease in Parent Survey scores from before Covid to the Covid years



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Families with higher Parent Survey scores had lower rate of virtual visits

| | Mom's Parent Survey Score | Dad's Parent Survey Score |
|----------------|---------------------------|---------------------------|
| Covid Year One | -.15* | -.11* |
| Covid Year Two | -.20* | -.21* |

*p<.01

PCPs with known substance or mental health concerns at enrollment received lower rates of virtual visits

| Domestic Violence | | Substance Abuse | | Mental Health Concern | | |
|-------------------|-----|-----------------|------|-----------------------|------|------|
| | Yes | No | Yes | No | Yes | No |
| Virtual | 75% | 76% | 69%* | 74%* | 69%* | 75%* |
| Phone | 34% | 35% | 38% | 35% | 33%* | 36%* |
| Video | 56% | 56% | 51%* | 57%* | 52%* | 58%* |

*Denotes statistically significant difference p<.05

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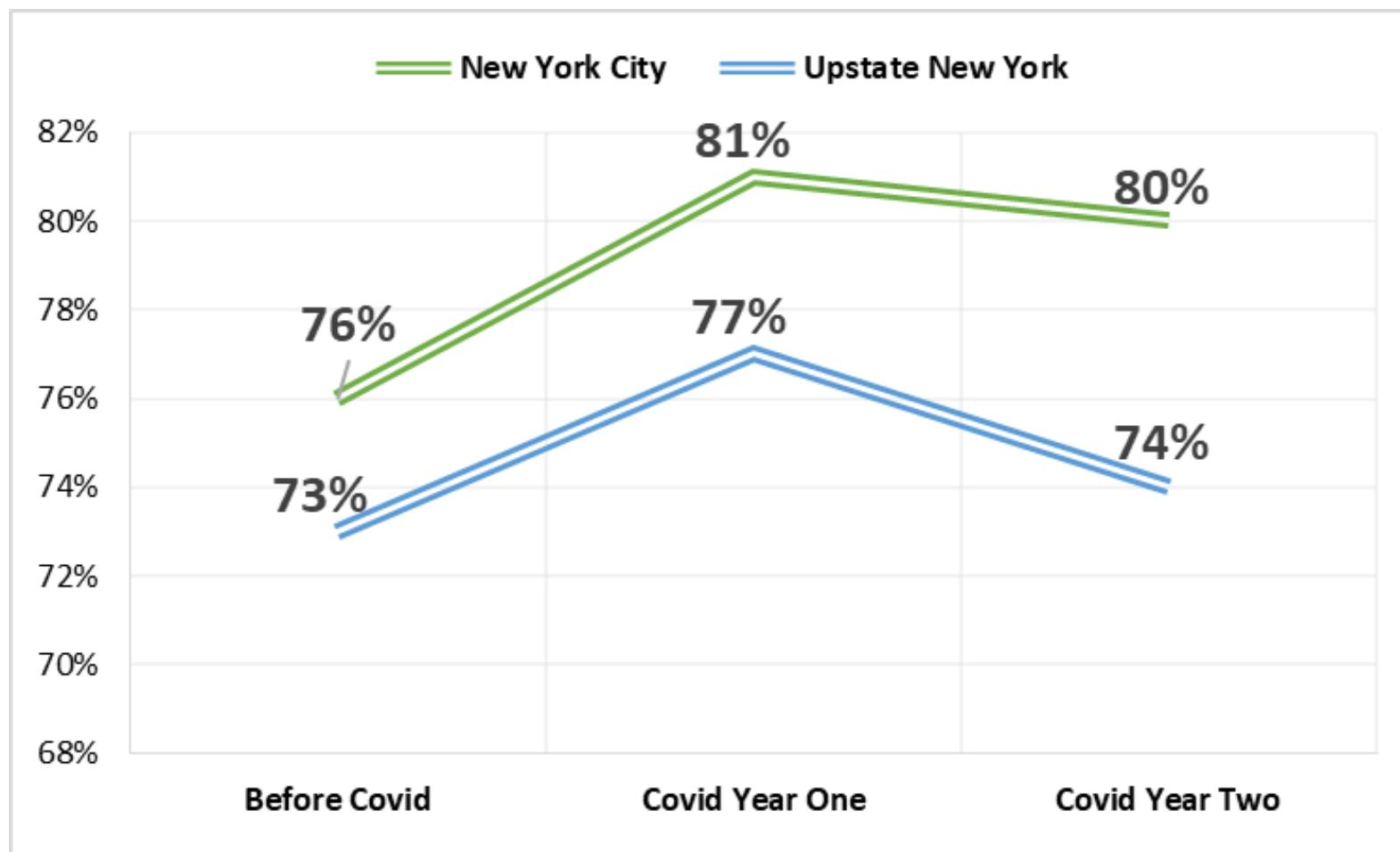
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Does family risk at intake relate to the likelihood of receiving video and phone visits?

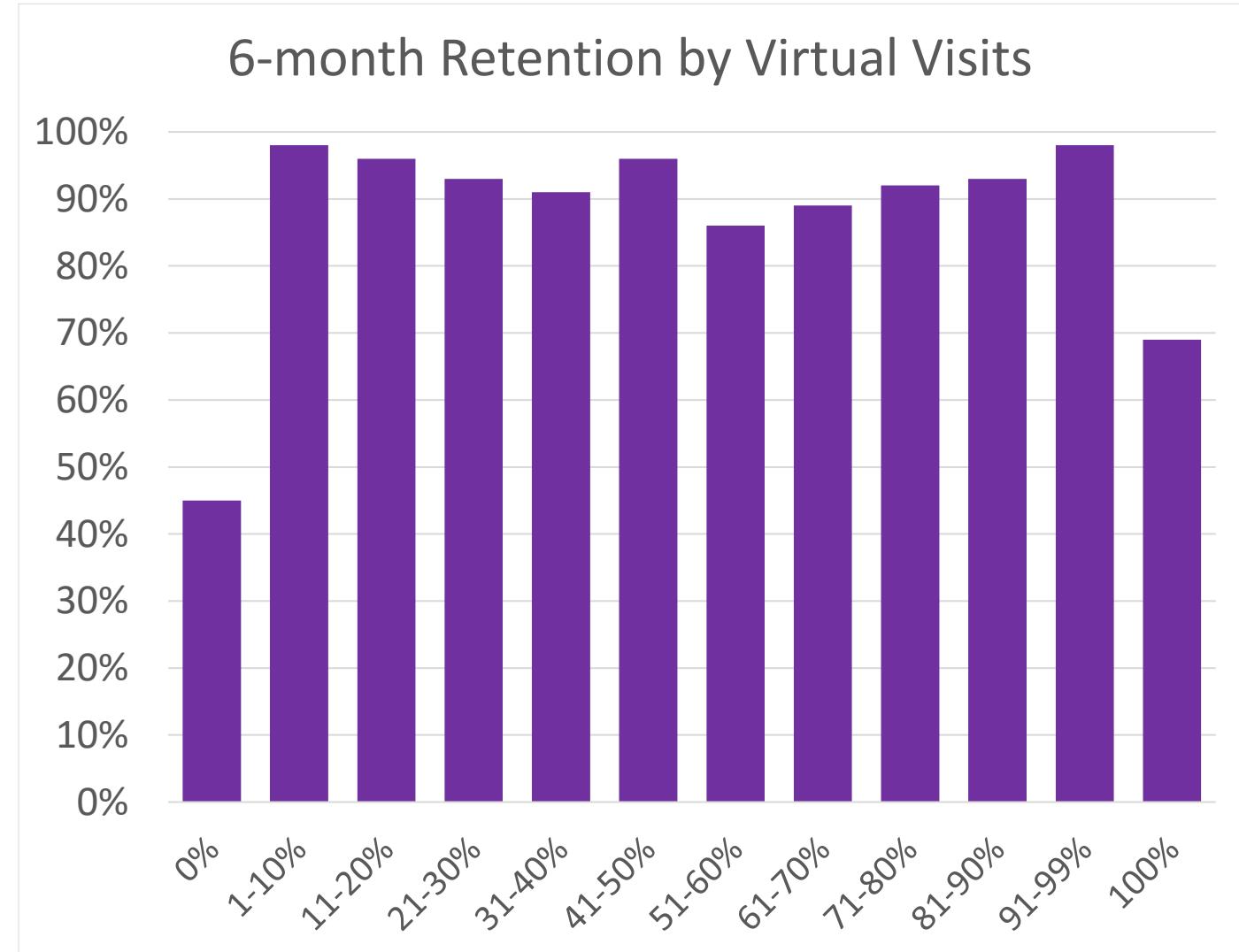
04

What is the relationship between virtual visits and 6-month retention and breastfeeding rates?

Six-month retention rates increased in Covid Year One, and returned to pre-Covid levels in Year Two



Families that received **some**, but not all, virtual visits had the highest retention rates



The average percentage of virtual visits was higher for families that breastfed ever compared to those who did not.

| | No Breastfeeding | Any Breastfeeding | Mean Difference |
|---------------------------|------------------|-------------------|-----------------|
| Average % Virtual Visits* | 63% | 72% | 9% |
| Average % Phone Visits* | 30% | 33% | 3% |
| Average % Video Visits* | 46% | 55% | 9% |

*Indicates significant difference P<.01

Key Conclusions

- In terms of visit content, video visits were like in-person visits, but phone visits lacked key components
- The introduction of video and phone visits did not seem to help HFNY reach a new population
- Families with higher Parent Survey scores and known substance abuse and mental health problems were more likely to receive in-person home visits
- Receiving some, but not all, video or phone visits is associated with better 6-month retention rates
- A higher proportion of families reported at least some breastfeeding at 6-months when they received higher rates of virtual visits

Feedback from the Field

- Regional Meetings
 - Shared findings from quantitative analysis at 6 regional meetings with program managers
- Interviews and Focus Groups
 - Top five programs with the highest rate of phone visits
 - 4 program managers and 6 supervisors
 - 17 staff



Challenges to Phone and Video Visits

Challenging to keep families engaged, easier for families to disengage/end visit

May be more difficult to build trust/rapport (especially with phone-only visits)

Families may be more distracted

Do not know who is in home during visit

Limited view of household environment

Challenging to model behavior

Lack observation of parent-child relationship (e.g. CHEERS) with phone-only visits

Benefits of Phone and Video Visits

| | Families | Workers |
|---------------|---|---|
| Flexibility | <ul style="list-style-type: none">Conduct visit on work break, commuteMulti-task | <ul style="list-style-type: none">Ease of schedulingAvoid childcare |
| Health | <ul style="list-style-type: none">Germ avoidanceKeep visit even if contagious | <ul style="list-style-type: none">Germ avoidanceKeep visit even if contagiousAvoid exposure to bed bugs, lice |
| Privacy | <ul style="list-style-type: none">Shelter situationsHouseholds with multiple members | <ul style="list-style-type: none">Limited office space to meet |
| Safety | <ul style="list-style-type: none">Household members not receptive to worker in home | <ul style="list-style-type: none">Avoid violent neighborhoods (esp. in evenings) |
| Negate Travel | <ul style="list-style-type: none">Avoid transportation challenges (if out of home visit)Cost savings | <ul style="list-style-type: none">Stay safe in bad weatherCan schedule/conduct more visitsCost savings |

Challenges with Resuming In-Person Visits

| | Families | Workers |
|---------------------|---|---|
| Discomfort | <ul style="list-style-type: none">Families are used to phone/virtual visits; do not have expectation (or desire) for worker to be in home | <ul style="list-style-type: none">Some workers may be reluctant to enter homes (esp. Covid hires)Families may push back-workers may not know how assertive to be |
| Loss of flexibility | <ul style="list-style-type: none">Need to be home-limits availability | <ul style="list-style-type: none">Need to account for travel time-makes scheduling visits more challenging |
| Time Management | <ul style="list-style-type: none">Some may feel the need to clean/prepareFind time in evenings etc. | <ul style="list-style-type: none">More preparation timeVisits may be longerCannot type/take notes during visitsImpact of travel time |

Where Will HFNY Go From Here?

- May 11, 2023: CDC ended the Covid-19 Public Health Emergency
- July 1, 2023: HFNY ended the use of phone visits, reinstated 30-minute floor for visits
- Video visits continue to be an option under specific circumstances, with supervisor monitoring for lack of in-person meetings



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Questions?
Thank you!

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