**Evaluating the Marketability of Home-Visitation Programs**

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**Background:**

Home visitation (HV) programs for families with young children have been touted by the American Academy of Pediatrics as a promising approach for flattening the socioeconomic gradient in health.[1](#_ENREF_1) These services are delivered in home and address issues such as maternal and child health, health-care access, parent-child attachment, and safety. Involvement is typically voluntary; thus, HV must market effectively to reach target populations. Unfortunately, evidence to date suggests populations who could benefit most are underserved.[2](#_ENREF_2)

**Objective:**

The current study evaluates HV marketing content, examining appeal of general program labels and descriptions of program curricula.

**Methods:**

Caregivers who qualified for HV were recruited to participate (457 responders) in a survey that elicited reactions to the term “Home-Visitation.” Reactions were contrasted with those evoked by two additional descriptors, “Home-Based Parenting” and “ParentPRO” (the latter is an umbrella term for HV in Oklahoma). Participants were shown each phrase separately and then provided up to four free-associations and the perceived valence of each association. Subsequently, respondents were asked about past HV involvement, and for those not currently enrolled, were guided through an information flier and asked Stages of Change[3](#_ENREF_3),[4](#_ENREF_4) questions about future enrollment intentions.

**Results:**

More than a quarter (28%) of reactions to “Home-Visitation” were negative with the most common averse associations being: “DHS,” “wrong,” and “supervised.” Conversely, reactions to “Home-Based Parenting” and “ParentPRO” were mostly positive (> 92% of the time), evoking warm associations with “parenting,” “help,” and “home.” Few respondents reported past use of HV. Among utilizers, most heard about HV from family/friends (97%), health providers (60%), and/or advertisements (59%). Among those not enrolled in HV, a large majority reported strong intentions for enrolling soon (62% Planning stage; 1% Action stage).

**Conclusions:**

Results suggest, for marketing purposes, the catch-all “home-visitation” may be a deterrent to recruitment. Interestingly, perceptions were much more favorable for phrases that simply dropped “visitation” and replaced it with words related to “parenting” skills. While HV services were not heavily utilized in this sample, descriptions of HV were appealing to most participants. More than 75% of participants were willing to contemplate enrollment, and more than 60% stated an intention to enroll soon.

1. Council on Community Pediatrics. The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes. *Pediatrics.* 2009;123(2):598-603.

2. Goyal NK, Hall ES, Jones DE, et al. Association of Maternal and Community Factors With Enrollment in Home Visiting Among At-Risk, First-Time Mothers. *American Journal of Public Health.* 2013;104(S1):S144-S151.

3. Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology.* 1983;51(3):390-395.

4. McConnaughy EA, Prochaska JO, Velicer WF. Stages of change in psychotherapy: Measurement and sample profiles. *Psychotherapy: Theory, Research & Practice.* 1983;20(3):368-375.