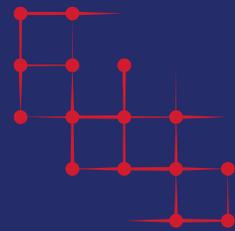


# Advancing Connectivity for Families During the COVID-19 Pandemic: Evaluation of Iowa's Phones for Families Program

# ACKNOWLEDGEMENTS



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## Suggested Citation:

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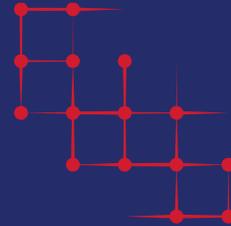
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## Executive Summary

The impacts of the COVID-19 pandemic has been vast, with families who are already more vulnerable due to low-income or family risk status, such as those served by Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and other state-funded family support programs, disproportionately impacted by loss of income, mental health inequality, higher exposure to health risks, and higher rates of COVID-19 infection and death.<sup>1,2,3,4</sup> In addition to the health and economic risks, requirements for social isolation to curb COVID-19 transmission created substantial barriers to the provision of family support services. In response to these outcomes, the Iowa Department of Public Health, with support from the Association of Maternal & Child Health Programs, implemented the Phones for Families program to try to help address social isolation and continue provision of services virtually by providing loaner smartphones to families during the pandemic.

The goal of the current evaluation was to assess the utility and impact of the Phones for Families program. Clients were asked about their usage of the phone, its impact on their receipt of family support services, and their feedback on virtual home visits. Family support providers were asked how the phones have helped their clients, their job satisfaction with virtual visits, and how provision of services was impacted throughout the pandemic.

Surveys were administered via text message to 162 families who had an active phone number through the Phones for Families program at the time of the survey, with a response rate of 21% (33 mostly completed surveys). Providers received surveys via the family support email distribution list. The provider results include 30 completed responses from providers who had at least 1 family participating in the Phones for Families program.

Families were overwhelmingly positive regarding the Phones for Families program with 78% of respondents saying they were “very satisfied” and none saying they were at all dissatisfied. Over 80% of families and providers responded that they would prefer a combination of virtual and in-person visits going forward, though slightly more families would prefer all in-person compared to providers (11% vs. 10%). Providers noted somewhat less job satisfaction overall since the pandemic began (mean of -0.59 on a -5 to 5 scale), though 28% indicated higher job satisfaction and 70% responded that the quality of their home visits had increased with the addition of virtual options. Finally, providers reported about the same or more visit cancellations overall with 30% saying they had fewer cancellations. Open text responses indicated mixed responses on cancellations though a few noted it was easier to reschedule when necessary.

Findings from this evaluation will be shared with executive leadership and program staff to help inform future home visiting practice with the possibility of implementing virtual home visiting and overcoming service barriers. Areas of opportunity for the advancement of the practice include training for virtual coaching skills and technical support.

## Introduction

The COVID-19 pandemic has had an unprecedented impact on families, forcing social isolation, intensifying short and long-term health problems, and creating barriers to needed resources and services. Families who face income and social disadvantages are significantly more likely to experience negative outcomes compared to other families. This is particularly true during the current pandemic, with loss of income, mental health inequality, higher exposure to health risks, and higher rates of COVID-19 infection and death<sup>1,2,3,4</sup> disproportionately impacting vulnerable families such as those served by Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and other state-funded home visiting programs. Recognizing the potential social isolation and service disruption related to lockdown measures designed to contain the COVID-19 virus, the Iowa Department of Public Health (IDPH) with support from the Association of Maternal & Child Health Programs (AMCHP) and MIECHV funds implemented the Phones for Families program in the Spring of 2020.

The Phones for Families program was designed to provide smartphones to families during the pandemic in order for them to be able to connect with their family support worker or home visitor, as well as with the friends and family in their social support networks. Additionally, the provision of a smartphone and digital services allowed these families access to a myriad of additional opportunities and resources such as internet access, educational and school apps, and access to job listings. Families were able to use these phones in whatever way they needed. In fact, the only restriction placed on families was that they were not to use the phones to conduct illegal business and that the phones needed to be returned at the conclusion of services.

### ***MIECHV Funded Phones***

In April 2020, IDPH announced the Phones for Families program and 216 phones had been purchased for distribution to families by mid-May 2020. The purpose of these phones was to facilitate virtual visits between family support programs and group parent education programs while in-person visits and groups were suspended due to COVID-19. Eligible families needed to be enrolled in either a family support program or group parent education program in the state of Iowa, including federal (MIECHV) and state funded programs.

Directors from eligible programs were asked to complete a survey indicating the number of families they had currently enrolled in programming that did not have a cell phone or device to participate in virtual visits/groups. Survey results were compiled and IDPH worked with US Cellular to ship the phones directly to the programs which then organized distribution to families. IDPH partnered with Lutheran Services of Iowa (LSI) for procurement and distribution of the phones as well as management of the phones (handling damaged devices, movement of phones between programs that needed them, managing phone contract with US Cellular).

### ***AMCHP Funded Phones***

Additional phones were procured through a maternal child health grant provided by AMCHP. Phones were mailed to “partner organizations” and flyers were sent to programs that requested phones in early February 2021. A total of 265 additional phones were ordered for a total contract of 6 months. Once the initial 6 months expire the phones will be disconnected.

These phones expanded access to families beyond home visiting programs, and were available to programs that provided the following services: Early Intervention, Maternal Child Health programs, Child Health Specialty Clinics (CHSC), Early Hearing Detection, and Newborn Screening. Family support programs and group parent education programs were also included in this phase of phone distribution. Fewer phones than expected were needed by Area Education Agencies (AEA) for Early

Intervention programs and CHSC families, so AMCHP availability was expanded to include families receiving services from Women, Infants and Children (WIC) and state supported lactation consultations.

### ***Purpose of the Evaluation***

The goal of the current evaluation was to understand how access to smartphone technology supported families in public service programs in Iowa during the COVID-19 pandemic. Research questions were focused on investigating the impact of this program on clients and home visitors. Clients were asked about how the COVID-19 pandemic and virtual visits affected their experiences in family support programs, access to additional resources, their satisfaction with the Phones for Families program, and their feedback on virtual visits. Home visitors were asked how virtual visits impacted their job satisfaction, coaching strategies, and client engagement.

### **Methods**

Two virtual surveys were developed: one for families and another for service providers. Each survey took 5 to 10 minutes to complete. Surveys were developed through Qualtrics, an electronic tool utilized to build, distribute, and analyze surveys. The surveys were sent to clients via text message and home visiting providers via email. Program providers helped facilitate survey distribution, and multiple follow-up reminders were sent to maximize participation.

#### ***Client Survey***

A survey was developed for clients who received phones in order to better understand the impact of the Phone for Families program. Questions included: “Thinking about your relationship with your family support worker, how has having the phone changed, or not, the amount of time spent on the following dimensions:” and “Have you experienced any of these challenges with your phone/virtual family support? Check all that apply.” This survey included multiple choice, check all that apply options, open text questions, and slider ratings to better understand the experiences and opinions of the families involved in the Phones for Families program.

#### ***Home Visitor Survey***

A survey was developed for providers in order to understand how the implementation of the Phones for Families program impacted provider’s work. Quality, satisfaction, and practice changes made as a result of the Phones for Families program were among a few of the topics queried in the survey. Several questions mirrored the client survey to understand differences in perceptions and experiences for clients compared to providers. Questions included: “How has virtual home visiting affected your overall job satisfaction?”, “Have you had to adjust your interaction/coaching strategies? If so, what adjustments have you made?”, and “How do you feel Phones for Families has affected the quality of your visits?”. This survey included multiple choice, check all that apply options, open text questions, and slider ratings to better gauge the experiences and opinions of the providers.

#### ***Respondents***

The survey was sent to 162 families who were listed with active phone numbers at the time of the survey and 33 complete or mostly complete responses were received (20% completion rate). The provider survey was sent to all home visitors, but analyses for this evaluation only include results for the from providers who indicated they worked with families who received a phone through the Phones for Families program. There were 31 complete or mostly complete surveys. Sample size is noted throughout the report.

**Table 1. Characteristics of Family Survey Respondents (N=34)**

	<i>Percent</i>
<b>Gender</b>	
Male	3%
Female	97%
<b>Ethnicity</b>	
Hispanic/Latino/Spanish Origin	14%
Other (Ethnicity)	86%
<b>Race</b>	
Black or African American	14%
White	83%
Other	3%
<b>Income</b>	
Less than \$9,999	41%
\$10,000-\$19,999	24%
\$20,000-\$29,999	3%
\$30,000-\$49,999	3%
Prefer not to say/not sure	28%
<b>Work Status</b>	
Work full-time	14%
Work part-time	7%
Temporarily not working	14%
Unemployed or laid off	31%
Student	10%
Stay at Home Parent	24%
<b>Relationship Status</b>	
Married and living with my partner	24%
Married but separated from my partner	3%
Not married but living with my partner	13%
Single (between partners, never partnered, divorced, or widowed)	58%
<b>Schooling Completed</b>	
Less than high school	21%
High school or GED	52%
Certification in a specialized area	7%
Some college	17%
Bachelor's degree or more	3%
<b>Number of Children</b>	
0	11%
1	32%
2	25%
3	21%
4	7%
5	34%

**Table 2. Characteristics of Provider Survey Respondents (N=30)**

	<i>Percent</i>
<b>Home Visitor Prior to COVID-19 <sup>a</sup></b>	
No	10%
Yes	90%
<b>Average Caseload (# of families) <sup>b</sup></b>	
0-10	13%
11-20	64%
21-30	23%
<b>Number of families that received a phone in the last 12 months <sup>b</sup></b>	
1-5	77%
6-10	13%
11-15	7%
16-20	3%

Note: <sup>a</sup>: N=42, <sup>b</sup>: N=31

## RESULTS

### Part I: Overall Effects of the Pandemic on Families and Home Visitors

The following section provides results from the family and provider surveys. Each table or graphic indicates who the respondents were and the number of respondents who answered each question (some questions were left blank by individual respondents).

#### Family Access to Resources

Table 3 displays the family response to how the pandemic has affected their ability to access or utilize various community resources. Families largely noted little change in difficulty accessing these resources, with a slight trend toward access becoming more difficult. Two respondents selected all 5's indicating that it was easier to access all resources.

**Table 3. FAMILIES: How has the pandemic, overall, affected your ability to access or use any of the following? (N=33)**

	<i>Mean</i>	<i>SD</i>	<i>Mode</i>	<i>Range*</i>
Health Care	-0.73	2.63	0	-5 to 5
Mental Health Care	-0.79	2.85	0	-5 to 5
Childcare	-0.79	2.87	0	-5 to 5
Food Resources	-0.21	2.98	0	-5 to 5
Schools	-0.45	2.58	0	-5 to 5
Transportation	-1.12	2.91	0	-5 to 5
Employment	-0.94	3.25	-5	-5 to 5
Social Supports	-0.67	3.10	-1	-5 to 5

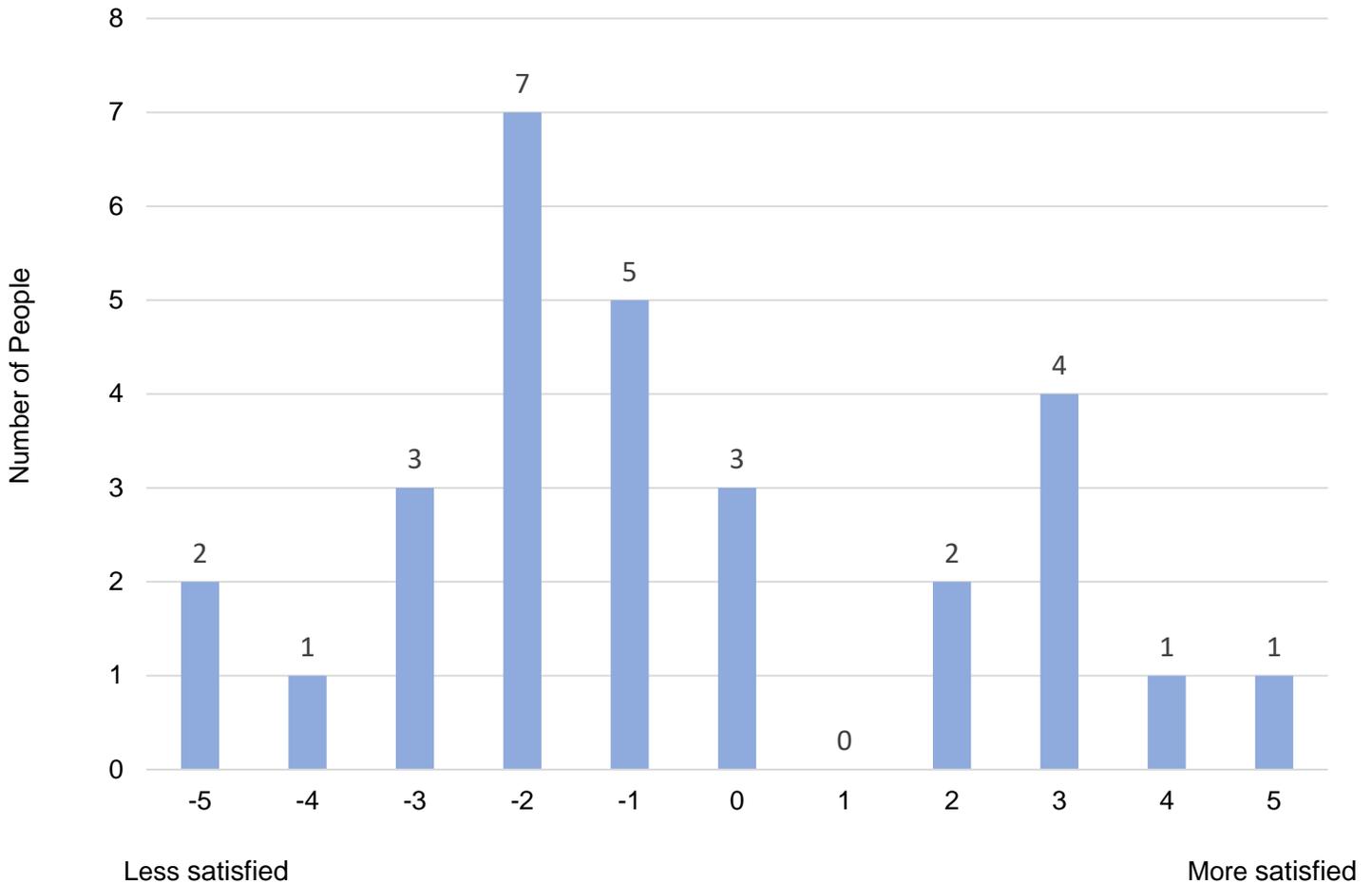
\* Scale was from -5 (harder) to 5 (easier) with 0 indicating no change.

Note. Two respondents reported all 5s across each experience with no variability (i.e., they indicated the pandemic made these resources easier).

## Provider Job Satisfaction

Provider job satisfaction with virtual home visiting is displayed in Figure 1, with providers indicating a range from -5 (less satisfied) to 5 (more satisfied) and 0 indicating no change. Providers were split on how virtual home visiting has impacted their job satisfaction, with an average response just below 0 (-0.59). However, 28% of providers who responded to this question reported increased job satisfaction (i.e., 8 out of 29).

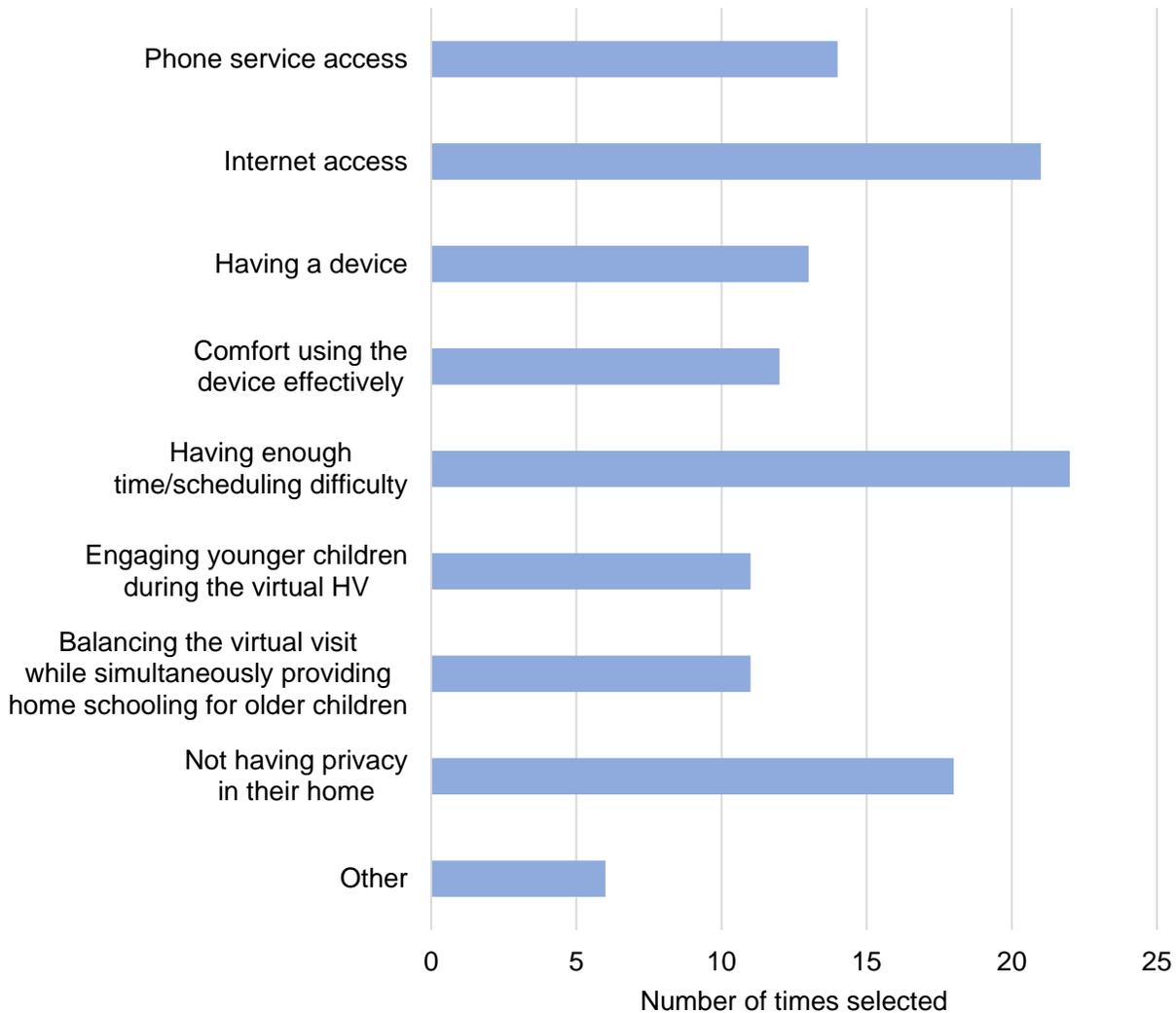
**FIGURE 1. PROVIDERS: How has virtual home visiting affected your overall job satisfaction? (N=29)**



## Family Barriers to Virtual Services

Families reported several barriers to accessing services virtually. As displayed in Figure 2, the most commonly reported challenges to participating in virtual services were: internet access, having enough time or having scheduling challenges, and not having privacy in their home to conduct the virtual visit. Furthermore, 16% of providers who responded reported they knew of at least one family who dropped out because they were unable to accommodate virtual visits.

**FIGURE 2. PROVIDERS: What are some of the barriers you see your families experiencing that are related to providing services virtually? Select all that apply (N=31)**



Open text: **Other**

*“Some families are not able to do Facetime, which allows home visitors see parents, children, pets, and the home.”*

*“I have worked with several participants to teach them how to turn their phone horizontally for a wide screen view, (in their settings & "rotation"), but there are several who choose not to use that feature for one reason or another. Then, the only view I get during a home visit is a close up of the parent's face. I*

*have also provided small plate or book stands for them to prop the phone on a table or shelf, so that I can see them in parent-child interaction. However, again, some parents choose not to use them, or lose the stands, or their child will go to any lengths to grab the phone and play with it. I also have several parents who carry the phone around the home or apartment while chatting with me, almost causing me to become motion sick. At those times, I have to look away from my screen and just conduct the video visit as an audio one. These are issues I have repeatedly tried to iron out with the parents over the past 12 months.”*

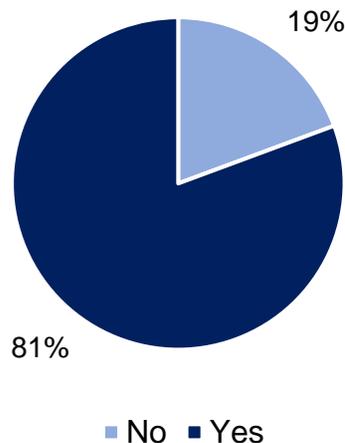
*“I think every one’s internet has had days where it just does not want to work correctly.”*

*“Understanding how to use the technology. Sound difficulties are the biggest problem.”*

### **Provider Changes with Virtual Visits**

Of the providers with clients who were in the Phones for Families program, 81% noted that they have had to change their interaction and coaching strategies. Examples of changes include that they have had to be more aware of voice inflections, provide more in-depth explanations, and ask more questions. Providers shared examples of how their coaching skills and parent-child interactions have increased (see comments below Figure 3). Providers also reported difficulty keeping parents engaged, problems with the children trying to play with the phone, and having to adjust how they conduct screeners and provide the curriculum.

**Figure 3. PROVIDERS: Have you had to adjust your interaction/coaching strategies?**



**Open text: If so, what adjustments have you made?**

*“More in-depth explanations, virtual visits, putting more emphasis on voice inflections or lack of”*

*“Actually, having to conduct visits virtually has enhanced parental involvement in completing activities with their kiddos. An additional benefit is that they can’t be distracted by their phone because they are using them to do the visit!”*

*“More coaching the parents to do the activities with the child.”*

*“More intentional training on how to support staff and own home visiting practices; made me a better coach!”*

*“Keeping the family engaged can be difficult and if they have other children there are distractions that the worker is no longer able to redirect the other children with activities and keep mom and target child engaged in the visit. Also, [mom] can become less interested and distracted with what's going on in the home and be on the virtual visit but doing something other than the visit in their home. Getting the mom to sit down with the target child and do activities and listen to curriculum can be a challenge. There is a variety of challenge and I have found myself at times trying to pull the family back in. I have other families that are very attentive and are ready for the visit so it just depends on the family and their interest in the visits it can go either way on any given day. Which is nothing new it's just more difficult now because we are not present in the home and it takes the " structure" from the visit away. I play it by ear and follow the families lead and still try my best to get provide curriculum that may be helpful to the family and may go over the same curriculum at other visits depending on the family.”*

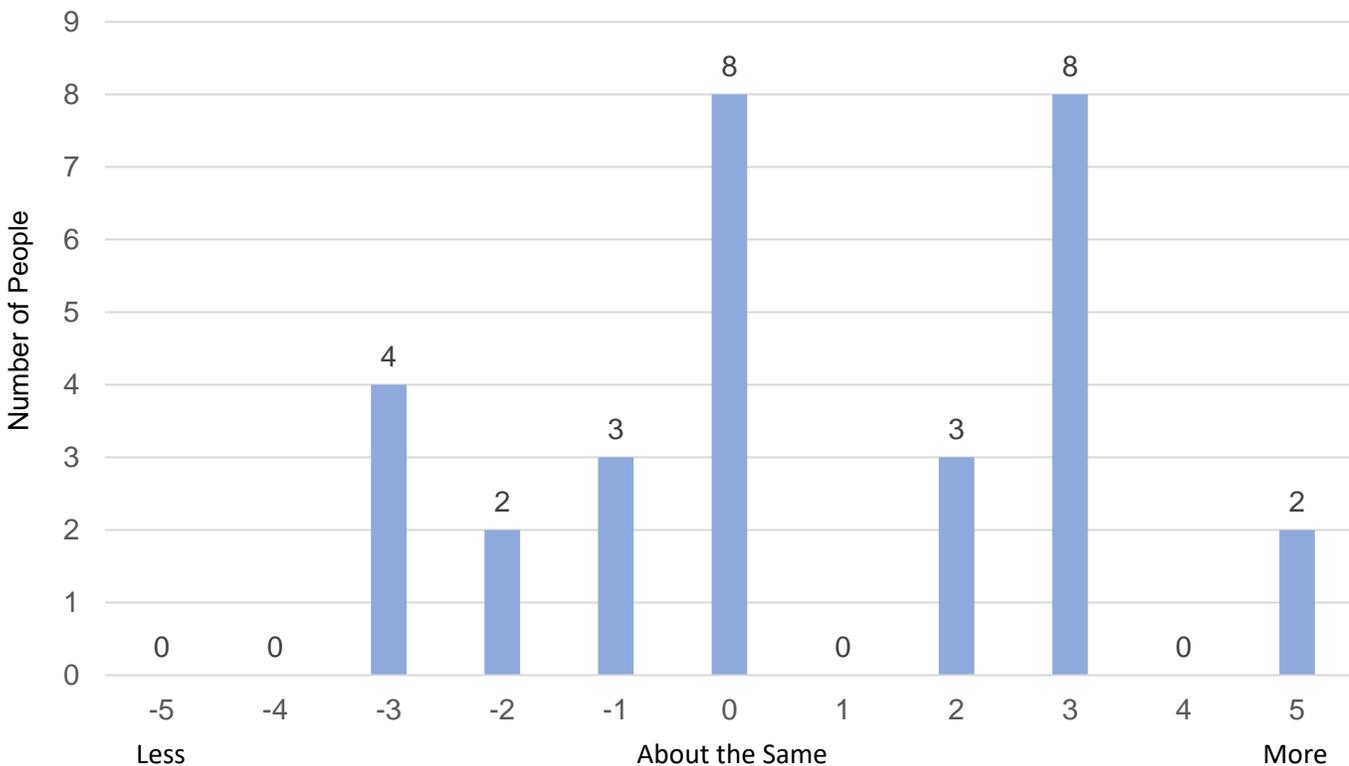
*“I have also added curriculum drops before each video visit. I use either US Postal mailings, or porch drop-offs, so that families can have the curriculum pieces we will cover in our video visit. I also use this adjustment to complete screening tools like the ASQs, EPDS, DOVE and AOD. I have them fill out their copy in their home, then, during the video visit, I ask them what their answers are while completing my copy of the screening tool. Especially with the ASQs I have had to coach more in order for the parents to feel comfortable answering the questions using their own observations and toys.”*

*“More describing the activity, step by step, instead of showing and then having the parent do the activity with supervision from home visitor. I do find myself asking more questions when parents are describing new skills from the target child that have emerged between visits.”*

## Visit Cancellations During the COVID-19 Pandemic

Figure 4 presents providers responses on a question regarding visit cancellations. Providers selected responses ranging from -5 (more cancellations) to 5 (less cancellations) with 0 indicating no change. Reports suggest that cancellations have slightly increased, with the average response being just above 0 (0.28), though there is wide variability by provider. Some providers responded that they found it easier to re-schedule rather than cancel appointments due to the virtual nature while some felt that cancelling a virtual visit was easier for families than in-person. Providers also shared that parents are feeling video fatigue.

**Figure 4. PROVIDERS: Have you seen a difference in visit cancellations since COVID-19 started? (N=30)**



### Open text: Have you seen a difference in visit cancellations since COVID-19 started?

*“The needs of support increased, and the families are reaching much more for extra support”*

*“Parents are tired of virtual and don’t feel like their children are as engaged as in face to face.”*

*“It’s been easier to make contact with families to be honest yes there have been some cancellations, but it seems much easier to reschedule”*

*“Families uncomfortable with virtual visits. It is harder to do activities with children. Children misbehave during the visits and visits are more chaotic.”*

*“Some moms say they are overwhelmed with all the video contacts they have to make, including our home visiting, their Dr appts, therapy appts, Parent-Teacher conferences, etc. They claim technology fatigue. Two families state that ‘I hate cameras.’”*

*“They know it is easier to postpone a virtual visit than one in person. They will commit more to participate and engage with an in-person visit than a virtual one.”*

*“Convenience of being able to meet virtually. Also, easier to reschedule instead of cancel.”*

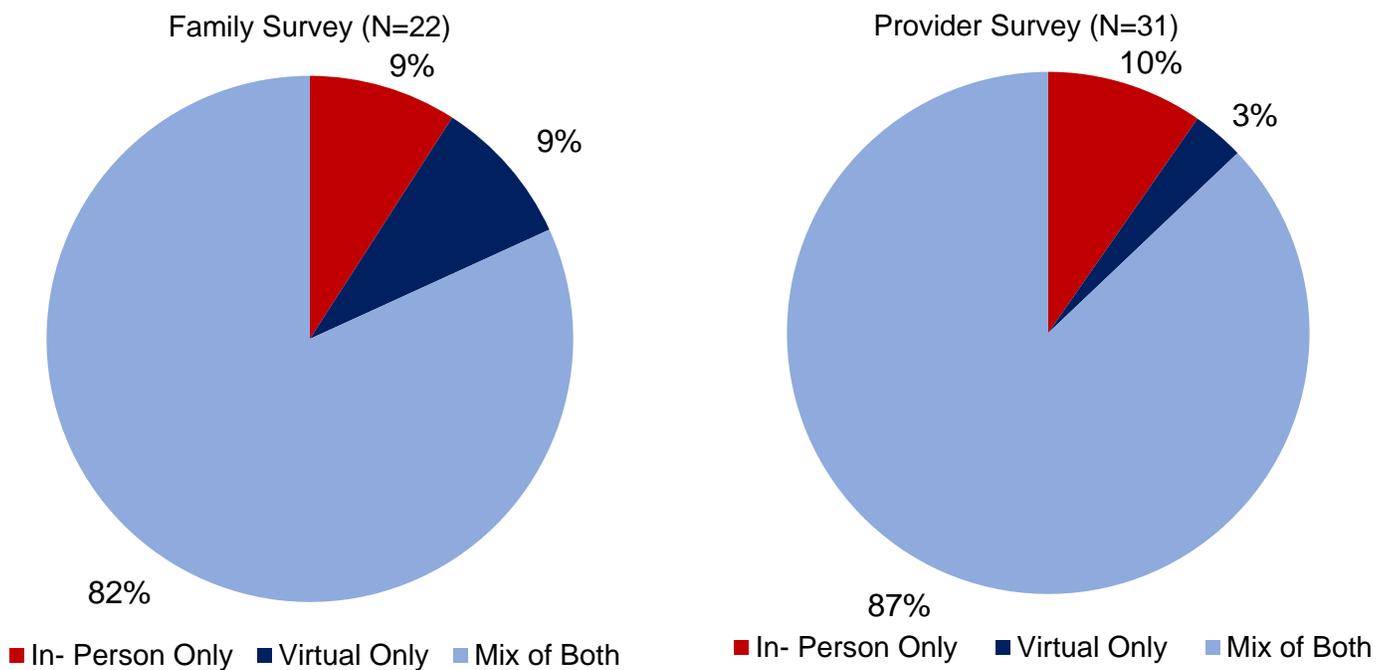
*“Families are more willing to video chat than have home visits in the county I work in. Also because there is no travel time it increases productivity.”*

*“I believe virtual visits have caused most families to lose interest in the program, they are ready to have the educator back in the home face to face”*

### Preferences for Virtual or In-Person Home Visits

Despite noted challenges, over 80% of both providers and families would prefer a mix of in-person and virtual home visits going forward.

**Figure 5. If given the choice, would you continue virtual visits after the pandemic?**



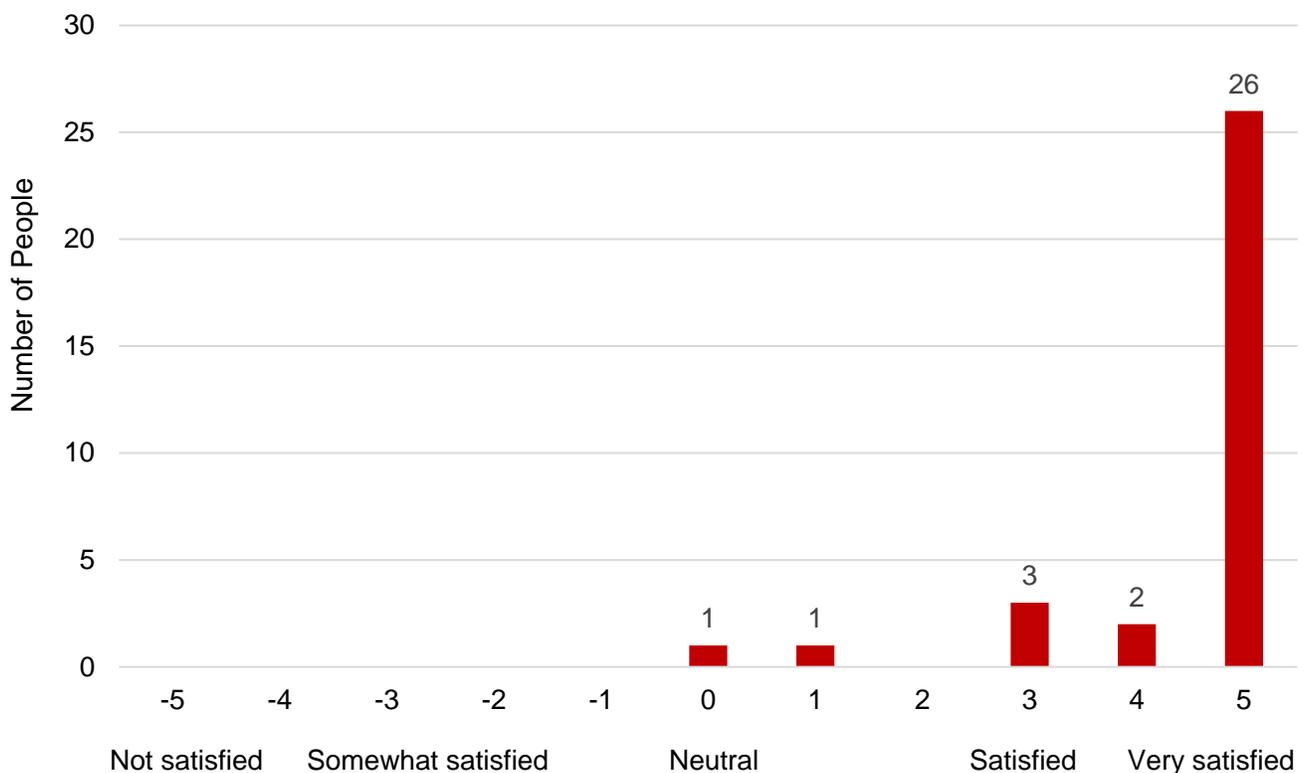
## Part II: Phones for Families Program

At the time of the survey, respondents had their phone for an average of 4.94 months, with a range from 1 to 12 months. Fifty-four percent of respondents indicated that the provided phone replaced a previous device while 34% of respondents indicating they had not had access to a phone with internet capability prior to the Phones for Families program.

### Overall Program Satisfaction

Families were overwhelmingly positive in their satisfaction with the Phones for Families program, with 79% saying they were “very satisfied” with the program and none indicating they felt negatively about the program.

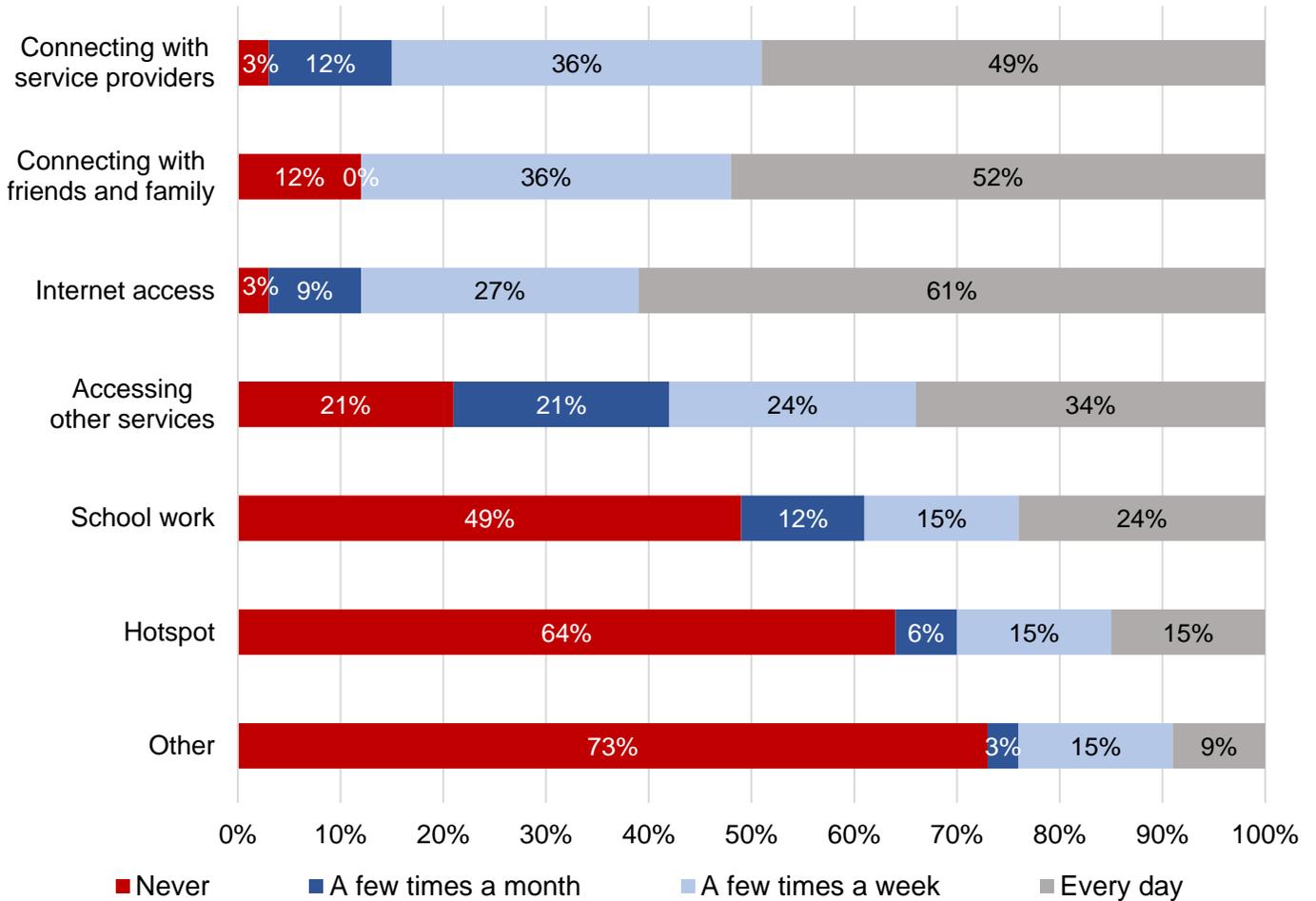
**Figure 6. FAMILIES: In general, how satisfied are you with the Phones for Families program? (N=33)**



## Phone Use

Families indicated that many used their phones every day, or a few times a week, to connect with service providers, connect with friends and family, and for internet access. Phones were less commonly used for school work or as a hot spot (Figure 7).

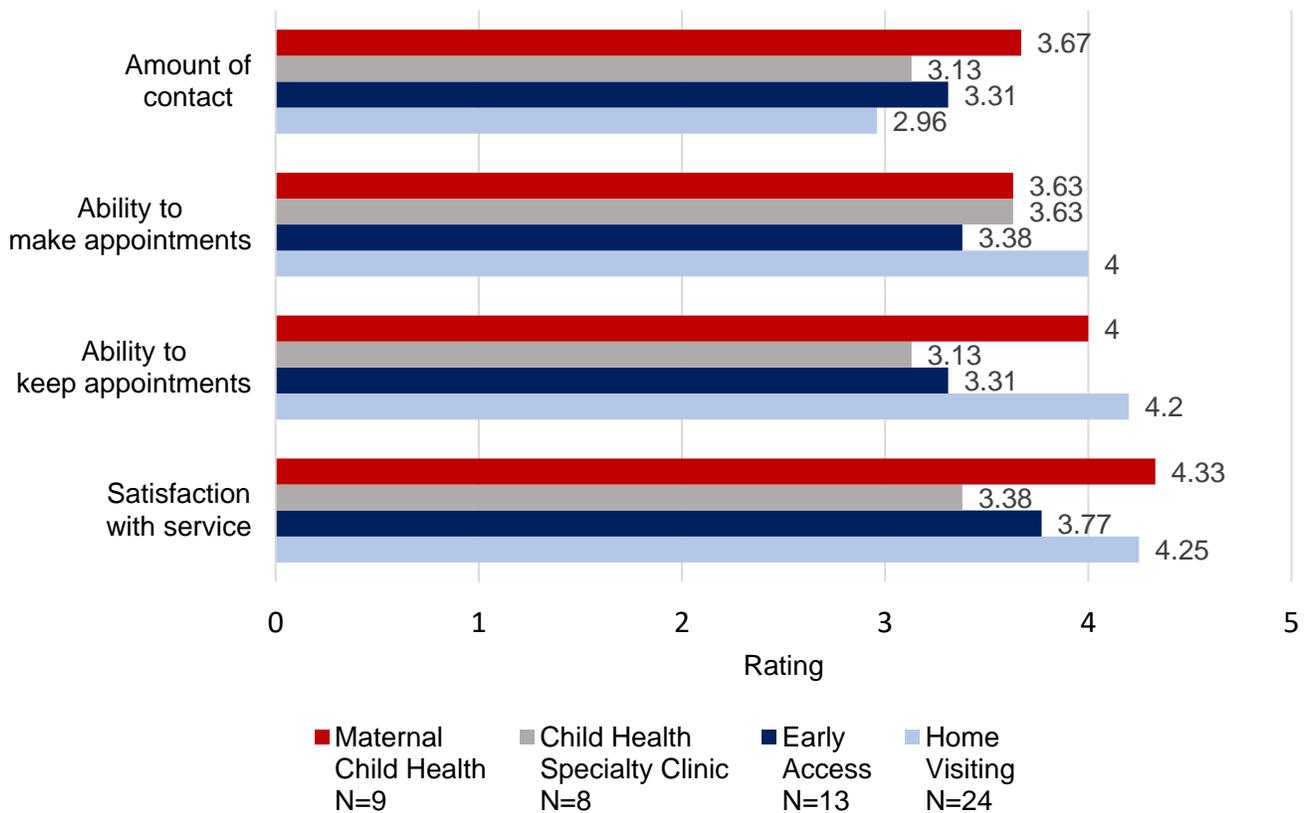
**Figure 7. FAMILIES: How often do you use the loaner phone for the following? (N=33)**



## Type of Services

Families were asked how the phone changed their experience with a variety of different services (see Figure 8). Families responded on a scale from -5 (worse than before) to 5 (better than before), with 0 indicating no change. No family reported that their experiences were worse. On average, families reported better experiences across all areas. Respondents in home visiting services were especially positive in their rating of the home visiting service and ability to keep appointments with average responses over 4 on the -5 to 5 scale.

**Figure 8. FAMILIES: How has the phone changed your experience with the following programs?**



## Time Spent on Home Visiting Activities

The survey also asked a series of questions that were just for families enrolled in home visiting. Families and providers reported differences in their perception of how much time was spent during virtual visits on specific topics. Providers did not indicate any substantial change in the amount of time spent on various topics during the visit as shown in Table 4. However, families responded that they were spending more time in virtual visits discussing resources, parenting education, child growth and development, self-care, check ins on how they are feeling, personal and child health care, and child behavior with all of these topics averaging above 3 on a -5 (less time) to 5 (more time) scale. This indicates some disconnect on home visitor versus family perceptions of what is being covered during virtual visits.

**Table 4. PROVIDERS/FAMILIES: How has having the Phone changed, the amount of time spent with clients on the following: / Families: Thinking about your experience with your home visitor, how has having the phone changed the amount of time spent on the following:**

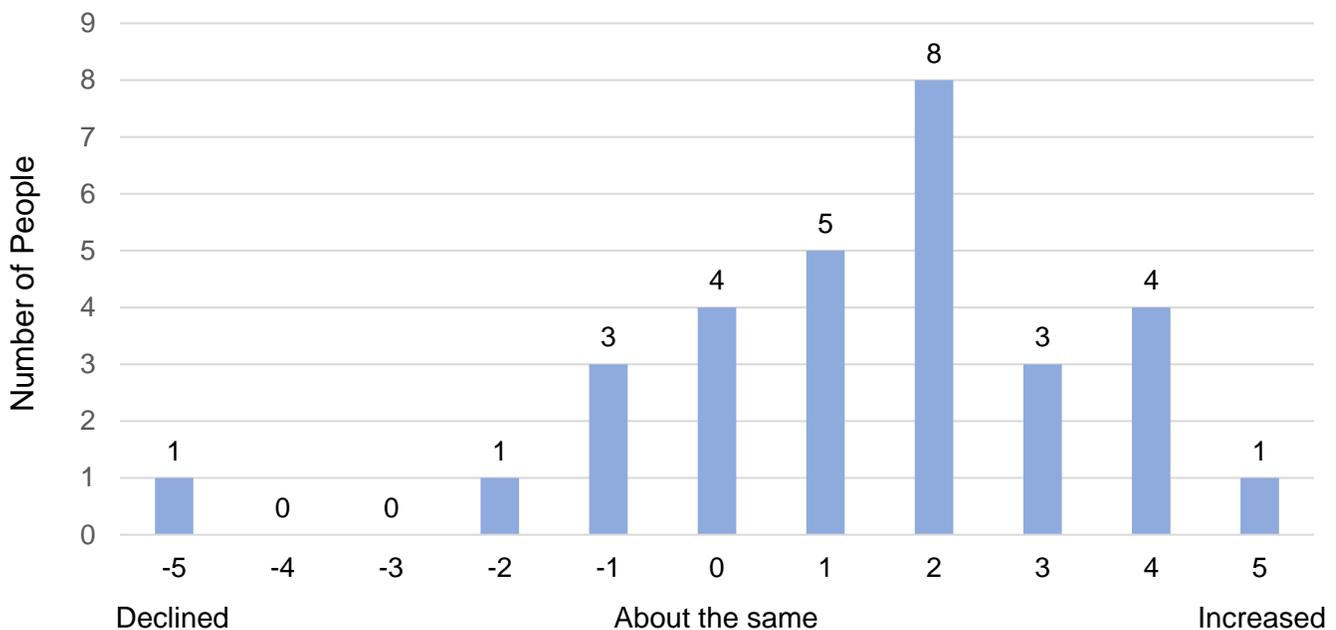
	<i>Provider Mean (N = 30)</i>	<i>Provider Range*</i>	<i>Family Mean (N=22)</i>	<i>Family Range*</i>
Referrals	0.30	-3 to 4	2.77	0 to 5
Resources	0.87	-1 to 5	3.36	0 to 5
Parenting education	0.80	-4 to 5	3.14	0 to 5
Child's growth/development	0.47	-3 to 5	3.23	0 to 5
Self-care (caregiver)	0.80	-3 to 4	3.04	0 to 5
Goal setting	0.67	-1 to 4	2.91	0 to 5
Caregiver mental health	0.97	-4 to 4	3.41	0 to 5
Caregiver health care	0.60	-4 to 3	3.13	0 to 5
Child health care	0.60	-4 to 3	3.55	0 to 5
Breast feeding	0.53	-1 to 4	0.95	-5 to 5
Birth planning	0.20	-1 to 3	1.23	-5 to 5
Employment/insurance/ housing	0.77	-5 to 4	2.09	-1 to 5
Caregiver-child interactions	0.50	-3 to 4	2.36	-5 to 5
Managing child's behavior	0.30	-3 to 4	3.09	-1 to 5

\* Scale was from -5 (harder) to 5 (easier) with 0 indicating no change.

## Quality of Home Visits

When asked about how the Phones for Families program has affected the quality of home visits, 70% of providers felt that the quality of their visits was better (Figure 9). Providers responded on a scale from -5 (lower quality) to 5 (higher quality) with 0 indicating no change.

**Figure 9. PROVIDERS: How do you feel the Phones for Families program has affected the quality of your visits? (N=30)**



Providers were also asked about any challenges or difficulties they had encountered logistically with the Phones for Families program. Twenty percent reported some difficulty with distribution, 31% reported some difficulty with technical issues, and 34% reported issues with the return of the phone at the conclusion of services. Throughout the survey providers noted damage to phones without a case or screen protector and other issues with the logistics of operating the phones.

### **Open text responses: Please provide any additional feedback about the Phones for Families program you'd like to share.**

*"This has saved some of my clients. They're able to get ahold of their providers, resources and have a way to get ahold of me. It has helped them so much!"*

*"I believe it would be helpful to include a phone stand of some kind, and perhaps a protective case for each phone. Several have been dropped and damaged."*

*"The phones were a great help. it was the families who didn't want to meet and had other things going on."*

*"The family I worked with who received a phone from Phones for Families stopped home visitation when the family was informed the home visiting agency would not replace the phone."*

*“I would say the main concerns I have heard are that some families are taking advantage. However, I believe that is rare. Most families are hesitant to even take a free phone from us.”*

*“We are not issued work phones, and I myself have a limited data plan and an older phone. It has been difficult to meet virtually due to this.”*

## Limitations

While findings from this evaluation are helpful to understand the impact of the program, there are a few limitations worth noting. Limitations of this investigation included language barriers and a low response rate. Demographic information about home visiting overall suggests that about 16% of participants speak a language other than English at home. For this specific survey, some local providers helped translate the survey for respondents, however, future investigation should include additional planning to coordinate translation services to assist with surveys or provide a translated survey.

A second limitation is related to the response rate. This was the first time for this Iowa team that a survey of this kind was distributed via text message link, as this was the only contact information available for families that received a phone (i.e., the registered phone number). While the survey was in development, some home visiting providers reported that part of the education for families around the phones has included instructions not to open unknown text message links. In anticipation of this challenge, the investigation team worked with IDPH to alert families ahead of time that they would be receiving a link from an identified source and that it was safe to open. However, it was difficult to track whether programs were providing this information or not. An additional challenge was that some families struggled with opening the survey link. The link would be successfully sent to their phones, yet when they tried to open it, they were prompted to download an app and struggled to get to the actual survey. We were able to increase our response rate some by having the providers take the surveys with the participants and submit it from their devices, but future research should explore other options for survey distribution.

## Summary and Recommendations

Results from this evaluation suggest that providing families with smartphones to connect them with virtual visits and other community supports was successful. Although there were some challenges, both families and providers adapted to virtual visits and the majority would like to continue conducting home visits in a hybrid manner with some visits being virtual and some in person. One particularly noteworthy challenge was data access. Feedback demonstrated that approximately 25% of families struggle with having reliable phone service or enough data to support their needs. If additional funds are available to develop this program, there could be a consideration around expanding data limits and diversifying coverage providers to reach more areas of the state.

Although providers would like to continue conducting virtual visits, responses also indicated variation regarding job satisfaction. It is possible that with the emergency switch to virtual visits due to the pandemic providers did not feel as though there was adequate training or professional development. The addition of professional development and trainings targeted at assisting providers with troubleshooting, planning, managing, and coaching families in virtual visits would be beneficial to program success. Rapid Response materials have been developed to begin to address this need and are being distributed at the time of this report. Additionally, it would be helpful to determine exactly why some providers are less satisfied with virtual visits. Direct provider input is needed to improve the program.

Finally, as virtual home visits continue in response to the pandemic or provider and family preference, additional work should aim to understand how traditional home visiting practices transfer into the virtual space. In this investigation, families and home visitors provided varying responses to how they were able to accommodate virtual visits with specific topics (e.g., child interactions, breastfeeding). Additional work should investigate whether these differences varied based on specific family needs that were different during the pandemic or if more coaching support is needed on topics to be more effective during virtual visits.

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