Home Visiting Recruitment and Uptake Evidence Review

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Key Terminology

This report uses some terms that may not be familiar to all readers or may not be used in similar ways across home visiting programs. Below, we provide definitions for select terminology as these terms are used throughout this report.

Constructs studied in this review:

Recruitment: The process of enrolling a family into a home visiting program, which includes outreach to potential families, referrals to the program, initial contact with the family, and enrollment into the program.

Uptake: Family participation and engagement in the initial home visits.

Related constructs:

Family engagement: Family engagement occurs when programs and families interact; interactions begin at outreach and recruitment and, for families who enroll, include retention and active participation.

Retention: A family's continued attendance in services.

Attrition: A family's decision to discontinue services.

Executive Summary

Home visiting is a voluntary service delivery strategy that aims to support the health and well-being of parents or caregivers and their young children (birth through age 5). The potential positive impacts of home visiting on outcomes such as child health and development, maltreatment prevention, and family economic self-sufficiency are limited by low enrollment among eligible families and high attrition.

This report describes the findings from an evidence review that examined strategies to enhance recruitment and uptake of families into home visiting services. The Conrad N. Hilton Foundation (referred to as "the Foundation" throughout this report) requested this evidence review to inform and guide its grantmaking strategies, specifically where investments can be targeted for evidence-building work in New Mexico and Los Angeles County.

Through this evidence review, we initially identified 344 resources. After evaluating each resource individually, we included 71 of them in our analysis. As a result of resource identification, data extraction, and content analysis, the Child Trends team arrived at a set of 21 strategies for enhancing recruitment and uptake that were summarized into the following four themes:

1. **Messaging & Outreach: Increase public awareness of and interest in home visiting.** This theme includes efforts to improve and expand public awareness and understanding of home visiting, universal outreach, and incentives for participation.
2. **Responsiveness & Flexibility: Tailor program practices to meet family needs and preferences and reduce barriers.** This theme includes selecting home visiting models that reflect the local culture, ensuring flexibility in timing and location of visits and prioritizing families' preferences and goals.
3. **Referral Partnerships: Foster a referral network and establish efficient referral processes.** This theme includes efforts to increase referrals to home visiting among individuals or agencies that interact with expectant parents or new caregivers—especially individuals and/or agencies who are already trusted by families and serving families affected by negative social determinants of health.
4. **Programmatic Efforts: Increase home visiting program capacity pertaining to effective, strategic recruitment and uptake.** This theme includes the hiring, training, and engagement work that home visiting programs can do to invest in more robust recruitment and uptake.

In reviewing the literature, the Child Trends team made the following observations:

- **The evidence base for effective strategies related to recruitment and uptake is sparse.** Many of the strategies described below are recommended or are currently being implemented, but do not yet have evidence that they directly affect recruitment or uptake. In particular, quantitative findings are scarce and often rely on administrative data. More rigorous quantitative evidence would strengthen our understanding of the best, most effective strategies.
- **There is no consistent definition or operationalization of uptake, complicating our efforts to better understand this construct.** In the resources identified in this review, uptake is often vaguely described, if mentioned at all. Other times, it is described as participation in the first 1-3 sessions. Although recruitment can be measured more easily, programs rarely track who does *not* enroll, limiting potential study designs that could compare families' enrollment decisions based on strategies used for recruitment.
- **Many of the strategies we identified to promote recruitment and uptake align with those known to promote family engagement and retention (i.e., longer-term outcomes) and correspond with principles of high-quality home visiting services.**

Based on our review, we have identified four particularly promising strategies for increasing recruitment and uptake of home visiting services:

Most promising strategies

- Intentionally foster ongoing relationships with referral agencies.
- Promote universal access to "light-touch" home visiting models.
- Demonstrate flexibility and responsiveness to families regarding the timing, location, and content of home visiting services.
- Integrate community members into home visiting recruitment and uptake efforts.

We also present the following recommendations for the Foundation to consider as it strategizes about future grantmaking:

Funding recommendations

- Fund quantitative research that investigates the outcomes of one or more of the most promising identified strategies on recruitment and uptake.
- Fund programs to hire staff (perhaps home visiting graduates) to strategically engage with the community to improve messaging used in recruitment, promote peer-to-peer referrals, and address misconceptions pertaining to home visiting.
- Fund existing or new universal "light-touch" home visiting programs for all families following the birth of a child.
- Fund an integrated, user-friendly, centralized referral system for all home visiting programs as well as other components of the early childhood system-of-care.
- Develop and evaluate a training for home visitors to help them navigate the challenges of implementing home visiting models in a responsive and flexible manner.

Introduction

Home visiting is a voluntary service delivery strategy that aims to support the health and well-being of parents and caregivers and their young children (birth through age 5). Services are carried out by trained home visitors who visit families at home to offer an array of supports for maternal health, child health and development, child maltreatment prevention, and family economic self-sufficiency. While there are some universal home visiting programs, most programs focus services on families with low incomes or other risk factors that have the potential to adversely affect families' or children's social determinants of health.

In service design and delivery, home visiting integrates approaches from a variety of disciplines including early childhood education, social work, public health, psychology, and nursing.[a] There are several different home visiting models, each with its own eligibility criteria (e.g., first time parents), focus (e.g., maltreatment prevention, school readiness), dosage (e.g., weekly or bimonthly visits), format (e.g., virtual or in-person visits) and evidence base. Furthermore, the level of education and training required for home visiting staff varies depending on the model. For example, while some home visiting models require staff to be registered nurses or licensed social workers, others may use paraprofessionals (staff who have a high school diploma or equivalent along with experience working with families). While the particular activities of home visiting differ across the various models, it usually involves assessing family needs, educating and supporting parents, and referring families to needed services in the community, within the context of a supportive relationship.[b]

The largest federal funding source for home visiting is the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Since 2011, the MIECHV Program has funded states, territories, and Tribes to implement evidence-based home visiting models. These evidence-based models are identified based on a review of their evidence of effectiveness in at least one of eight outcome domains: child development and school readiness; child health; maternal health; reductions in child maltreatment; positive parenting practices; reductions in juvenile delinquency, family violence, and crime; family economic self-sufficiency; and linkages and referrals.[c] In addition to MIECHV, there are other state and local home visiting funding sources that set their own criteria for selecting models.

Purpose of evidence review

The Conrad N. Hilton Foundation (referred to as "the Foundation" throughout this report) asked Child Trends to conduct this evidence review to uncover existing practices that may enhance recruitment to and uptake of home visiting services. The evidence review provides information on these topics broadly while also highlighting practices that have already been implemented within the Foundation's grantmaking priority locations and populations. Their priority locations are New Mexico and Los Angeles (LA) County. Their focal populations are families with young children from racial/ethnic groups with large populations in those two locations and whose racial/ethnic groups have been historically oppressed and continue to experience the impacts of systemic racism on their access to and experiences with services. These focal populations are American Indian/Alaskan Native (AI/AN), Asian American/Pacific Islander (AAPI), Black, and Latiné[d] families.

[a] Sheppard-LeMoine et al. 2021; Sandstrom 2019; Jones Harden 2010
[b] Office of Planning, Research and Evaluation n.d.; Health Resources and Services Administration 2024
[c] Office of Planning, Research, and Evaluation 2023
[d] In this report, we use the term Latiné to refer to individuals of Latin American descent. We selected this term as opposed to Latino/a because it is gender neutral, and instead of Latinx because it is more easily pronounceable in Spanish.

The following research questions guided our evidence review:

- What strategies for recruiting (i.e., enrolling) families to home visiting have been identified in the research and practice literature?
- What strategies for encouraging the uptake of home visiting (i.e., engagement in initial visits) have been identified in the research and practice literature?
- What home visiting recruitment and uptake strategies are being successfully implemented in Los Angeles County or New Mexico?
- What home visiting recruitment and uptake strategies are being successfully implemented among American Indian/Alaskan Native (AI/AN), Asian American/Pacific Islander, Black, and Latiné families?

Home visiting in New Mexico and Los Angeles

There are home visiting programs in all 50 states and Washington, D.C. as well as in a wide array of territories, Tribal Nations, and local jurisdictions. While this report focuses on the home visiting landscape nationally, we pay specific attention to home visiting in one state (New Mexico) and one county (Los Angeles County) where the Foundation's Early Childhood Development (ECD-U.S.) Initiative intentionally focused their investments and programming.

New Mexico

In New Mexico, children under the age of five make up approximately six percent of the population and nearly seventy-five percent of children born in New Mexico are born to mothers enrolled in Medicaid.[e] Additionally, eleven percent of New Mexico residents identify as AI/AN, representing 23 Tribes, including 19 Pueblo Nations,[f] three Apache Nations, and the Navajo Nation.[g] See Box 1 for a description of Tribal sovereignty and how this impacts home visiting services within the Tribes.

Box 1. Tribal sovereignty encompasses the right for Tribes to establish their own forms of government, enact legislation, and create law enforcement and court systems. This sovereignty influences how home visiting programs are implemented within Tribal communities, as each Tribe has a unique relationship with the federal and state government and the authority to design and manage these programs.

New Mexico offers a wide range of home visiting programs to families who are expecting a baby or have a child under the age of five.[h] The state provides an online database of all programs offered that families can use to search for programs in their area.[i] In fiscal year (FY) 2023, New Mexico offered five state-funded home visiting models: Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Promoting First Relationships, First Born, and Family Connects. Currently, NFP and PAT are reimbursable through Medicaid. In 2024, the state will introduce four new evidence-based home visiting models that will be reimbursable through Medicaid: Family Connects, Safe Care Augmented, Healthy Families America (HFA), and Child First.[j]

New Mexico also provides state funds to home visiting programs that follow the standards-based approach, which differs from evidence-based models in that they do not have specific requirements regarding the

[e] U.S. Census Bureau n.d.; New Mexico Early Childhood Education and Care Department n.d.
[f] Pueblos are Tribal Nations that are recognized by their community and place they reside in, primarily located in the southwestern United States, particularly in New Mexico, Arizona, Colorado, and Utah.
[g] Health Resources and Services Administration n.d.
[h] New Mexico Early Childhood Education and Care Department n.d.
[i] New Mexico Kids Resource and Referral n.d.
[j] New Mexico Legislative Finance Committee 2023

number of visits per month, expected length of enrollment, or workforce qualifications. Due to the Home Visiting Accountability Act that passed in 2013, standards-based models must, however, be grounded in empirically supported best practices and use curricula linked to positive outcomes for families and children. Examples of standards-based curricula used in New Mexico include Partners for a Healthy Baby and Nurturing Parenting.[k]

New Mexico has long been committed to strengthening maternal and child health outcomes and increasing the number of families who are connected to home visiting and other supports within their community.[l] As of FY2023, New Mexico's funding for home visiting services totaled to $20.8 million, and will increase to $33.54 million in FY2024. From FY2017 to FY2023, there was a 19 percent increase in home visiting funding and a 70 percent increase in slots.[m] This led to a 43 percent increase in the number of families served between FY2017 and FY2023.[n]

Los Angeles County

In Los Angeles (LA) County, children under the age of five make up about five percent of the population and almost 18 percent are living below the federal poverty level.[o] In FY2023, 20,711 children under the age of three received home visiting services which was roughly a six percent decrease from FY2021 (23,371 children).[p]

In 2016, to create a more coordinated home visiting system, LA County's Board of Supervisors[q] passed a motion instructing the primary home visiting decision-makers and funders,[r] to "*develop a plan to coordinate, enhance, expand, and advocate for high-quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe, and ready to learn*".[s] Since 2018, LA County and partners have been working toward a universal system of targeted home visiting services, offering home visiting to all families but providing targeted services based on families' eligibility and needs (e.g., families with low incomes, children with special health care needs, adolescent mothers).[t]

As of 2020, LA County had 53 total home visiting programs that offer a wide range of home visiting models. The estimated number of funded slots is 15,234.[u] Of the 53 programs, 34 offer evidence-based home visiting models including HFA, NFP, and PAT making them eligible to receive federal MIECHV funding. In addition, the Family Strengthening Oversight Entity [v] provides support to best practice home visiting programs that do not meet federal MIECHV evidence-based criteria [w], such as Early Steps to School Success and Raising Baby.[x]

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[k] New Mexico Legislative Finance Committee 2023
[l] America's Health Rankings 2023; New Mexico Legislative Finance Committee 2023
[m] Cradle to Career Policy Institute 2019; New Mexico Early Childhood Education and Care Department 2024
[n] New Mexico Legislative Finance Committee 2023
[o] U.S. 2022 Census Estimates
[p] Li et al. 2021
[q] The Los Angeles County Board of Supervisors is the five-member governing body.
[r] Primary home visiting funders in LA include the Department of Public Health (DPH), in collaboration with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium (the Consortium), the Office of Child Protection (OCP), the Children's Data Network (CDN), and the departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Children and Family Services (DCFS), and Probation.
[s] Los Angeles County Department of Public Health & Health Agency 2018
[t] Jill Rivera Greene Consulting 2020
[u] Li et al. 2021
[v] A collaboration between Los Angeles Best Babies Network, First5 LA, and Work2Live Well that oversees First5 LA's network of home visiting programs.
[w] First 5 LA n.d.
[x] LA County Perinatal and Early Childhood Home Visiting Consortium

Home visiting recruitment and uptake

Home visiting is available to many expectant parents and families with young children—usually families with low incomes and/or those in priority populations (e.g., families with a child with developmental delays, parents under the age of 21, families with history of child maltreatment or substance abuse[y]). Its potential impact on maternal and child public health, however, is constrained by low levels of funding and use by families.[z] Recent research indicates that in 2023, the MIECHV program only served about 20 percent of eligible families. Among all families in the U.S. who could potentially benefit from any kind of home visiting program (including MIECHV and non-MIECHV funded programs), only 1.6 percent of families actually participate, as of 2022.[aa] While programs need significantly more funding to enhance their reach, they also need help increasing use of available services. Throughout the COVID-19 pandemic, home visiting programs have been reporting low caseloads. In addition, families that enroll in home visiting programs drop out at high rates.[bb] Attrition rates vary greatly, from 20 to 67 percent in the first 12 months of participation.[cc] Even when enrolled, families' participation in visits can lag behind intended rates. For instance, across models, less than one-fifth of families receive the expected number of home visits in the first six months.[dd]

While there is a robust and growing evidence base affirming the power of home visiting as a supportive service, much of this evidence is based on families who complete or "graduate" from home visiting after engaging in it for the amount of time that the model developers intended—a timeframe that can range from less than one year to up to five years. More recently, researchers have paid more attention to the actual patterns of family engagement in home visiting rather than focusing on those who graduate. Researchers have unpacked the idea of family engagement in home visiting into multiple facets along a continuum, including enrollment, early uptake, active participation, and retention.[ee] By understanding family engagement along this continuum (see Table 1) , we can 1) learn how to tailor strategies to encourage participation at each point on the continuum as well as 2) investigate outcomes for families with different "doses" of home visiting.

Table 1. Home visiting family engagement continuum

Beginning	Middle	End
• Recruitment • Uptake	• Ongoing engagement • Active participation	• Retention • Graduation

This report focuses on the "Beginning" stage of this continuum. It is critically important, from a public health perspective, to better understand which families do and do not enroll in home visiting and what the barriers are for those who do not. In addition, it is important to understand why some families who enroll in home visiting drop out as services are just beginning.[ff] While recent reviews on family engagement in the home visiting literature have investigated factors that may increase enrollment, their sources were limited to academic journal articles.[gg] While notable and important, there is room to learn more outside of these literature reviews since much of the on-the-ground expertise about building families' interest in home visiting is not published under those auspices. For that reason, the current review included scholarly and non-scholarly resources.

[y] The Maternal, Infant, and Early Childhood Home Visiting Program requires awardees prioritize serving the populations identified in the authorizing legislation.
[z] Health Resources and Services Administration 2022
[aa] National Home Visiting Resource Center 2023; Health Resources and Services Administration 2024
[bb] Rybińska et al. 2022; Mersky et al. 2022
[cc] Damashek et al. 2011
[dd] Duggan et al. 2018
[ee] McCombs-Thornton et al. 2021
[ff] Duggan et al. 2018
[gg] Kleinman et al. 2023; McCombs-Thornton et al. 2021

Families deserve the support that home visiting provides, and home visiting program staff and funders want to reach as many families that need home visiting as possible. To promote the potential of home visiting to positively support young families, it is important to explore these topics.

Recruitment

It is well understood that the majority of eligible families do not enroll in home visiting.[hh] Since the start of the COVID-19 pandemic, home visiting programs have been implementing novel and/or expanded efforts to recruit and engage families in home visiting. In this report, we define recruitment as the process of enrolling a family into a home visiting program, which includes outreach to potential families, referrals to the program, initial contact with the family, and enrollment into the program.

Home visiting programs make concerted efforts to recruit eligible families, but face challenges in doing so. For instance, they may struggle to obtain regular, appropriate referrals from agencies serving similar populations. This may happen because there may be few referring agencies in the community, agencies may be unaware that home visiting services exist, and/or agencies may find it difficult to keep track of differing eligibility criteria.[ii] Furthermore, if a family must be screened to determine their eligibility before receiving a referral, this puts the onus on referring agencies/medical providers who may likely need to prioritize their work and/or other needs that families may have.[jj]

Additionally, stigma, fear, and distrust of home visiting can be barriers to recruitment.[kk] Home visiting is a voluntary service and often requires a home visitor to come into a family's home to provide services. Families may be skeptical or distrustful of a home visitor or program, especially if they are unfamiliar with the service, have had negative experiences with similar programs in the past, and/or believe that the home visitor is affiliated with Child Protective Services (CPS).[ll] Further, families may not be inclined to participate if they do not see their culture reflected in programming and/or staff.[mm] Finally, if the benefits of home visiting are not sufficiently explained to families, they may be less likely to participate.[nn]

Uptake

Of families who *do* enroll in home visiting, some drop out almost immediately. In the 2018 Mother and Infant Home Visiting Program Evaluation, researchers found that 28 percent of families dropped out after initial visits.[oo] In the longer term, most families (80%) do not finish the number of home visiting sessions as designated by the model developers.[pp] While the latter issue may reflect family preference, availability, or a mismatch of the service with family needs, issues related to suppressed uptake after initial enrollment may reflect issues with the early interactions with the home visitor or with the way that home visiting is described to families.

Many studies have investigated predictors of drop-out, otherwise known as attrition. While critically important, there are two limitations to this literature. First, many of the identified predictors are not malleable; for example, identifying that families with certain characteristics drop out at higher rates provides little insight into how to better keep them engaged. Additionally, most of the studies ignore the temporal aspect of retention. For instance, it is likely that different factors affect retention in the first month

[hh] Zaid et al. 2022
[ii] Bhuiya 2019; Holm-Hansen et al. 2017
[jj] Stelter et al. 2018
[kk] Bhuiya 2019; Williams et al. 2021; Wolfe Turner et al. 2020
[ll] Bhuiya 2019
[mm] Holm-Hansen et al. 2017; Rosen et al. 2023
[nn] Bhuiya 2019
[oo] Duggan et al. 2018
[pp] Daro et al. 2014, as cited in Kaye et al. 2024

of the program vs. the second year, for example. Hence, in this report we investigate home visiting uptake, which we define as family participation and engagement in the initial home visits.

Methodology

We took a broad approach to this evidence review, seeking to identify as many home visiting recruitment and uptake practices and strategies as possible. In contrast to other recent literature reviews on related home visiting topics, our inclusive approach incorporated not only scholarly resources but also websites, reports, posters and conference presentations, and videos.[qq] We also solicited resource suggestions from home visiting experts. See Appendix A for a full description of our methods.

We reviewed a total of 344 resources and included 71 in this evidence review. We included resources in our review if they addressed home visiting recruitment and/or uptake with families within the prenatal to five age range. In taking a broad approach, we included resources that specifically named strategies for recruitment and uptake as well as resources that included information on related, overlapping home visiting constructs (e.g., engagement, retention) with relevant implications for recruitment and uptake. For example, if a resource examined caregivers' reasons for dropping out of the program before completion (i.e., attrition), but also included recommendations for improved outreach and recruitment in the discussion, we included the resource in this review. See Figure 2 for a summary of resources identified and included.

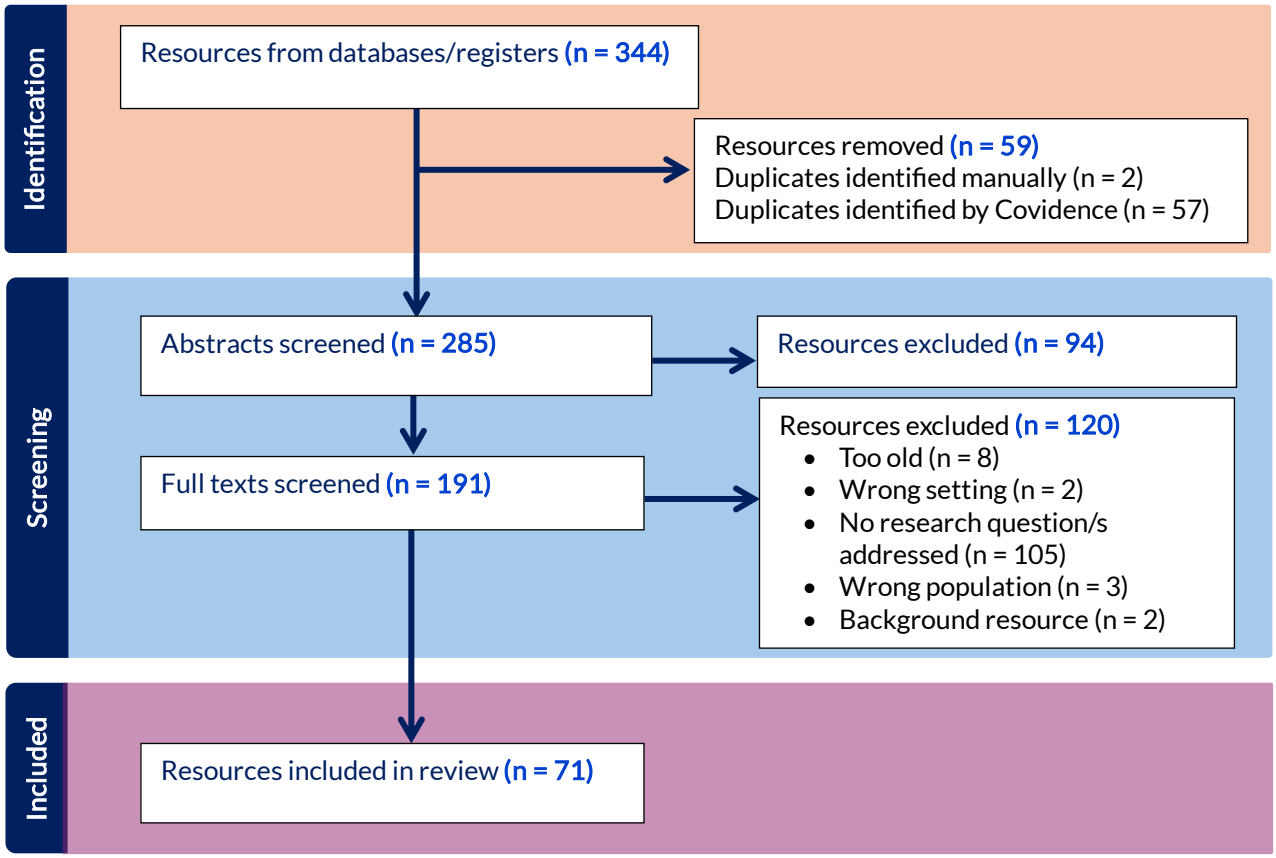
This evidence review included the following steps:

1. **Resource identification**: We found potential resources by entering our search terms (see Appendix A) into Google and Google Scholar. We also examined websites focused on home visiting (e.g., Home Visiting Applied Research Collaborative) and related early childhood topics (Prenatal-to-3 Policy Impact Center). Further, we included resources recommended by the Hilton team and Child Trends home visiting experts.
2. **Title and abstract screening**: The team reviewed resource titles, study abstracts, and introductions or executive summaries to make initial determinations on whether resources met the inclusion criteria.
3. **Full text review**: We read the full text of each resource included after the title and abstract screening stage. At this point, we reached final decisions about whether to include the resource.
4. **Data extraction**: We used a data extraction template to capture relevant information from each of the included resources (see Appendix A, Table 3).
5. **Content analysis**: We reviewed all information extracted from the included resources to iteratively develop and name a set of strategies for recruitment and uptake. We reached group consensus on the main themes that summarized all strategies.

At each step, the team implemented quality control processes that involved double-checking each other's work and resolving any discrepancies to build consensus.

[qq] Kleinman et al. 2023; McCombs-Thornton et al. 2021

Figure 1. Summary of resources identified and included in evidence scan



Results

Our search resulted in a variety of resources, including peer-reviewed journal articles, reports, and presentations. While some of the resources presented new research findings on the evidence for a particular strategy pertaining to home visiting recruitment or uptake, others presented strategies without evidence. These resources might describe how the strategy is being implemented by a program or might suggest the strategy as a future direction. We reviewed resources with and without empirical evidence to create as comprehensive a picture as possible of the potential practices and strategies to increase home visiting recruitment and uptake.

To summarize the evidence for each strategy, we developed an informal rating system. While there are existing metrics for evidence-based practices (e.g., California Clearinghouse, Association of Maternal and Child Health Programs Innovation Hub), we decided to create one to specifically facilitate understanding about the preliminary nature of the evidence for the strategies.

1. **No evidence**: The strategy is just described or recommended without any empirical support.
2. **Limited evidence**:
    a. The strategy was described as helpful for home visiting recruitment or uptake in qualitative research; and/or
    b. The strategy is partially supported by empirical evidence. This can take the form of
        i. mixed findings,

ii. quantitative evidence that the strategy in combination with other strategies is linked with recruitment or uptake improvements, and/or
iii. quantitative evidence that the strategy is linked with highly related constructs (retention, engagement, attrition).

3. **Emerging evidence**: At least one empirical study links the strategy to improved recruitment or uptake using quantitative data.
4. **Strong evidence**: Multiple studies with rigorous methods across sites link the strategy to improved recruitment or uptake. At least one study uses methods that are rigorous enough to prove causality (e.g., a randomized controlled trial).

Summary of identified strategies

While conducting the evidence review, we noticed several overarching trends pertaining to enhancing home visiting recruitment and uptake. Those trends are listed below:

1. The evidence base for recruitment and uptake strategies is very limited and lags behind the evidence base for family engagement by a considerable amount. Many of the strategies presented below have no evidence backing them, indicating that this area of study is in its infancy and more research using more rigorous methods is warranted. This lack of evidence does not discredit the potential positive impact of the strategies, given the lag time between implementing a practice and having research to back it up. It is important to note, however, that research evidence on this topic is minimal.
2. The strategies span multiple time points and "levels." By levels, we mean the person or entity who is in the position to implement or affect the strategies. For instance, some strategies are implemented at personal/one-to-one level, while others are programmatic or systemic.
3. Repeatedly, cultural responsivity and responsiveness to families' needs and competing priorities arose as important considerations in increasing recruitment and fostering higher uptake.
4. Some strategies are not specific to recruitment or uptake, but rather are general principles of high-quality home visiting and/or could broadly facilitate family engagement at any point from initial contact through long-term retention.

We summarized the 21 strategies into four themes: (1) Messaging and outreach; (2) Responsiveness and flexibility; (3) Referral partnerships; and (4) Programmatic efforts. In the following sections, we present tables that summarize each of the 21 strategies, organized by theme. In the tables, we identify whether the strategy targets recruitment, uptake, or both, and whether it was applied among our locations and populations of interest.[rr]

Messaging and outreach

The "messaging and outreach" theme focuses on increasing community awareness of and interest in home visiting. Strategies included in this theme include tailoring home visiting messages and using a variety of communication methods to reach different audiences. Strategies aim to inform families about the benefits of services, drive interest, and ultimately increase program enrollment.

[rr] The number of occurrences is the number of times strategies identified within and across resources. For example, ways to promote father involvement could have been discussed in three different ways within one resource. The three variations would then be individual occurrences.

Table 2. Summary of "Messaging and Outreach" theme

Strategy	Recruitment, uptake, or both	Focal location implemented in	Focal population(s) implemented with	Level of evidence	Number of occurrences
Strategically disseminate messaging about home visiting	Both	Los Angeles	American Indian/Alaskan Native; Latiné	Limited	34
Promote father involvement/ engagement	Both	N/A	Latiné	Emerging	30
Offer incentives	Both	N/A	Black	Limited	10
Encourage peer-to-peer referrals	Recruitment	N/A	American Indian/Alaskan Native; Asian American/ Pacific Islander; Black	Limited	9
Establish universal home visiting	Both	Both	American Indian/Alaskan Native; Asian American/ Pacific Islander; Black; Latiné	Emerging	5

Strategically disseminate messaging about home visiting[15,16,18,21,39,42,25,26,1,28,30,47,5,67,45,58,8,44 59,37,4]

Strategy description: This strategy focuses on communicating information about home visiting to families in a manner that aligns with and integrates families' culture. By identifying messaging that resonates with families, programs may increase their interest in participation.[5,42] This strategy includes clearly communicating about the purpose of home visiting and the potential benefits to families. Also, it is important that messaging dispels misconceptions about the purpose or goals of the program (e.g., to remove children from their caregivers).[16,5,58] Programs can strategically disseminate messaging about home visiting through different types of outreach materials such as program flyers, brochures, pamphlets, community billboards, bus advertisements, or social media.[16] For example, home visiting programs can share flyers with prenatal clinics that describe how home visiting may promote healthy birth outcomes using culturally relevant and linguistically accessible messaging.[25] Additionally, direct outreach (such as talking to families face-to-face in a public place or calling families directly) can be another method to increase public awareness of home visiting programs offered in their area.[16] It is essential that messages are translated into the languages spoken in the community.

Table 3. Strategy summary: Strategically disseminate messaging about home visiting

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	X
Limited	X	AAPI		New Mexico	
Emerging		Black			
Strong		Latiné	X		

Evidence for this strategy: There is limited evidence for this strategy; aspects of it are supported by qualitative research findings, while others are described but not backed by evidence. For example, in one study, participants described the importance of clarifying the misconception that home visiting was about teaching caregivers "how to parent".[28] In another study, an interview participant noted that social media outreach seems to be less effective than calling or face-to-face contact with families.[16]

Promote father involvement/engagement[2,3,4,5,6,7,8,9,10,11,12]

Strategy description: While often overlapping with other strategies in this report, many resources specifically called out strategies to recruit and engage fathers in home visiting programs. Strategies included the intentional recruitment of fathers through word-of-mouth among fathers who already participate,**Error! Bookmark not defined.**and "invite dad" strategies,[3] which included direct communication with fathers about the importance and benefits of participating in home visiting and shifting the perception that home visiting programs are solely for mothers.[3] Additionally, to increase father involvement, home visiting programs can incentivize fathers' participation,[3] offer flexible scheduling,[10] and hire male home visiting staff.[9] They can also tailor home visiting content (e.g., ensure materials refer to "parents" rather than only "mothers") or use father-specific curricula (e.g., include topics such as fathers' adjustment to parenting or strategies for successful co-parenting) to specifically meet fathers' needs.[6]

Table 4. Strategy summary: Promote father involvement/engagement

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	
Limited		AAPI		New Mexico	
Emerging	X	Black			
Strong		Latiné	X		

Evidence for this strategy: There is emerging evidence pointing to the effectiveness of this strategy. One Tennessee-based home visiting model developed a specific "Tennessee Dad" curriculum that included incentives and tailored materials that were shared with fathers in a physical toolbox. The results of their cluster randomized-controlled trial found that significantly more fathers decided to participate in home visiting among families who received the Tennessee Dad curriculum in addition to standard home visiting compared to those who only received standard home visiting.[7] A qualitative study affirmed the value of word-of-mouth in father recruitment.[4] Other resources did not include empirical evidence but described

using strategies to promote father engagement such as word-of-mouth referrals, hiring male home visitors, and being flexible and accommodating to father's schedules.[9,11]

Offer incentives[13,14,15,16,17,18,19,20,21,22]

Strategy description: This strategy seeks to improve participation in home visiting by providing financial and material incentives for families. Programs can offer incentives for prospective families as a way to introduce them to the program and can also offer incentives for families upon enrollment and/or during visits. Programs can determine when offering incentives will be the most effective (e.g., at enrollment, after the initial visit, or both).[21] Incentives can include a wide variety of tangible and non-tangible things, including childcare so the caregiver is focused on the child included in the visit, transportation support (e.g., gas cards, fare for bus tickets, or rides),[13] gift cards, car seats,[15] or diapers.[18]

Table 5. Strategy summary: Offer incentives

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	
Limited	X	AAPI		New Mexico	
Emerging		Black	X		
Strong		Latiné			

Evidence for this strategy: There is limited evidence for this strategy. One randomized-controlled trial compared families participating in a program called SafeCare with those in services as usual. Among other differences (e.g., staff qualifications), SafeCare families received tangible items (e.g., a health and safety kit) during visits. Families randomized to SafeCare were several times more likely to enroll in and complete services than were families randomized to services as usual.[14] Additionally, a qualitative study found that home visitors perceived that providing diapers helped engage families.[22]

Encourage peer-to-peer referrals[4,5,15,16,21,23,24,25,26,27]

Strategy description: This strategy aims to increase home visiting enrollment and uptake by encouraging existing or former home visiting families that found the program beneficial to advocate for the services to unenrolled families. Families that see the benefits of participating in home visiting services can be powerful champions of the program in their social networks, especially among communities that have reasons to mistrust government programs.[16] To support recruitment and uptake efforts, home visiting programs may hire current or former participants to participate in recruitment events[25] and/or to share their experiences with the program on social media.[23]

Table 6. Strategy summary: Encourage peer-to-peer referrals

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	
Limited	X	AAPI	X	New Mexico	
Emerging		Black	X		

Level of evidence		Focal population		Location of interest	
Strong		Latiné			

Evidence for this strategy: There is limited evidence for this strategy. One mixed methods study of a Texas home visiting program reported that word-of-mouth referrals from existing clients were a growing referral source and accounted for 13 percent of enrolled families. Families who engage after a word-of-mouth referral were thought to "stick" better in the program.[27] In a qualitative study, clients reported using social media to advocate for their home visiting program by sharing their experiences.[4] Other resources also highlight using this strategy without evidence.[16,24]

Establish universal home visiting[13,28,29,30,31]

Strategy description: This strategy seeks to provide equal access to supportive services by offering home visiting to every eligible family in a community or population. Several home visiting programs, such as Welcome Baby and Family Connects, are intended to provide "light-touch," short-term home visiting support. They can be offered to every new parent or caregiver in a catchment area or auspice, such as a particular hospital or county. To recruit eligible families at this scale, home visiting programs need to establish universal outreach approaches. For example, staff may invite all new birthing parents to participate in the program while they are in the hospital after giving birth.[13] Additionally, universal home visiting access can lead to universal referrals; when referring agencies do not need to worry about eligibility requirements, they can build a culture of universal referrals to home visiting into their workflow. [29]

Table 7. Strategy summary: Establish universal home visiting

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	X
Limited		AAPI		New Mexico	X
Emerging	X	Black			
Strong		Latiné			

Evidence for this strategy: There is emerging evidence for this strategy. One quantitative study found that families who received a First Connections home visit (a one-time home visit that is universally available to families with newborns in Rhode Island) were significantly more likely to enroll in longer-term home visiting services.[28] The Welcome Family program (a one-time home visit that is universally available to families with newborns in Massachusetts) engaged in a continuous quality improvement effort to increase their own referrals to MIECHV-funded programs. As a result of these efforts, their referrals increased 227 percent. Other resources described implementing universal home visiting but did not report outcomes related to recruitment and uptake.[59]

Responsiveness and flexibility

The "responsiveness and flexibility" theme emphasizes the importance of selecting home visiting models and adapting home visiting practices that reflect the local culture, are flexible in timing and location of services, and prioritize families' preferences and goals.

Table 8. Summary of "responsiveness & flexibility" theme

Strategy	Recruitment, uptake, or both	Focal location implemented in	Focal population(s) implemented with	Level of evidence	Number of occurrences
Implement model while prioritizing family needs and preferences	Both	N/A	American Indian/Alaskan Native; Asian American/Pacific Islander; Black; Latiné	Limited	24
Build trusting relationships with families	Both	Los Angeles	American Indian/Alaskan Native; Asian American/Pacific Islander; Latiné	Limited	20
Provide flexibility in location of services and scheduling	Both	N/A	American Indian/Alaskan Native; Black; Latiné	Limited	19
Maintain ongoing communication with families	Both	N/A	American Indian/Alaskan Native; Latiné	Limited	16
Select and adapt models to meet community needs	Both	Both	American Indian/Alaskan Native	Limited	11
Allow virtual visits	Both	N/A	N/A	Limited	6
Streamline enrollment processes	Recruitment	Los Angeles	Latiné	None	5

Implement model while prioritizing family needs and preferences[15,17,19,20,39,25,48,40,41,4,43,32,33,66]

Strategy description: This strategy suggests that home visiting programs allow home visitors to tailor the focus and format of visits to align with family's needs and preferences to the maximum extent possible while

adhering to model and funder guidelines.[40] In terms of tailoring the format, home visitors can work with families to determine the optimal frequency of visits to address their specific needs[17] and can re-assess as needs evolve (e.g., increase in a need for home visiting, change in work schedule).[42] Employing a flexible approach to the length and frequency of home visits ensures that the services provided are responsive to each family's unique situation. In terms of tailoring the content, resources recommend that home visitors learn about caregivers' reasons for enrolling and their goals. Then, they can co-create goals that resonate with each family[25] and give families a role in selecting and prioritizing content to cover in home visiting. This flexibility is described as good for rapport and retention but can be at odds with model requirements, and programs have to navigate this balance.

Table 9. Strategy summary: Implement model while prioritizing family needs and preferences

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	
Limited	X	AAPI	X	New Mexico	
Emerging		Black	X		
Strong		Latiné	X		

Evidence for this strategy: There is limited evidence for this strategy. Several qualitative studies emphasized the importance of learning families' goals and focusing visits on those goals. One quantitative study found that caregivers who gave higher ratings of "goal alignment" between them and their home visitor participated for longer amounts of time in the program.[33] Finally, one resource with both quantitative and qualitative evidence learned that home visitors from sites with lower attrition were more likely to tailor the program to the client's needs.[43] Overall there is an emphasis on qualitative findings and findings pertaining to constructs related to recruitment and uptake.

Build trusting relationships with families[13,15,16,25,47,42,43,4,13,34,35,36,37,38,69]

Strategy description: This strategy is the foundation of home visiting and requires home visitors to invest time and effort to establish trust and build rapport with the families in their program. During the recruitment stage, this can involve assessing the family's readiness to enroll, providing families with opportunities to get to know the home visitor before enrolling,[69] and ensuring that all staff members interacting with families are approachable and knowledgeable.[25] At the uptake stage, home visiting programs can, as the model allows, delay some paperwork until after a relationship is formed between the family and home visitor[47] and work to understand and prioritize a family's goals for home visiting. Throughout the recruitment and uptake stages, it's critical that home visiting staff are positive, respectful, non-judgmental,[25] and learn what is important to families to tailor how the program can helpful.[42]

Table 10. Strategy summary: Build trusting relationships with families

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	

Level of evidence		Focal population		Location of interest	
Limited	X	AAPI		New Mexico	
Emerging		Black			
Strong		Latiné			

Evidence for this strategy: The evidence that explicitly connects trusting relationships with recruitment and uptake is limited, even though trusting relationships are strongly linked with other positive home visiting outcomes. In several qualitative studies, families described how having a home visitor with a positive demeanor whom they can form a strong connection with is an important part of their decision to stay enrolled.[36,42] There is some indication that it might be beneficial to give families more time to get to know home visitor before asking them to enroll. One quantitative study examining the strategies used by a clinic and hospital staff to connect families with home visiting found that families who were reluctant to commit to the service schedule were more likely to participate in home visiting when home visitors provided shorter home visits to caregivers in the clinic or hospital.[35]

Provide flexibility in locations of services and scheduling[14,18,19,4,25,26,47,51,39,40,41,42,43,69,71]

Strategy description: This strategy suggests that home visiting programs offer flexibility regarding when and where home visitors can meet with families. To adapt to some families' shifting or non-traditional schedules, this strategy recommends that home visitors work with families to determine the days, times, and locations most convenient for visits.[25,47,69] For example, home visitors could offer to meet in the evenings or on the weekends as well as select an agreed upon location to meet outside of the home.[19] An important consideration as home visiting programs implement this strategy is the extent to which it may conflict with guidance from the model, and if so how they plan to manage that discrepancy.

Table 11. Strategy summary: Provide flexibility in location of services and scheduling

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	
Limited	X	AAPI		New Mexico	X
Emerging		Black			
Strong		Latiné	X		

Evidence for this strategy: There is limited evidence supporting this strategy. One randomized-controlled trial found that families in an enhanced home visiting program were several times more likely to enroll in and complete services than were families in the services "as usual" program. There were several differences between the two types of home visiting programs offered, one of which has implications for how flexible the home visitors can be. In the enhanced home visiting group, home visitors received a base salary compared to the services "as usual" group, where payment was dependent on home visitors' face-to-face time with clients (i.e., fee-for-service). Having a base salary allowed home visitors to take the time to call, make unscheduled visits, and maintain a flexible schedule.[14] Additionally, a qualitative resource found that both during enrollment and the initial visits, caregivers reported appreciating home visitors' flexibility in the

location and timing of their interactions.[42] Another study found that home visitors from sites with low attrition were more likely to discuss giving their clients some control over the program schedule.[43] Several other resources either suggested this practice or described it as a practice implemented somewhere.

Maintain ongoing communication with families[18,20,21,25,41,51,42,44,45,46,69]

Strategy description: This strategy recommends home visitors use text messages and/or social media to maintain ongoing communication with families.[18] This communication can serve multiple purposes, including making ongoing recruitment efforts, providing reminders for upcoming visits, sharing additional content relevant to the family, reminding families to make progress towards their goals between visits, and attempting to re-engage families. Using social media can be particularly helpful when working with adolescent parents or clients whose phone numbers frequently change.[21]Texting and social media outreach can also be helpful when a family has not had a visit within a certain number of days and is at risk of dropping out. Another example may be when a caregiver is experiencing a crisis, a home visitor can pause on their engagement and reassess the caregiver's situation at a later date.[41] This strategy is also useful for families who do not initially enroll, since home visiting programs can follow up with them at a later date to understand whether and why their interests have changed.[45] Home visitors can also implement the practice, at the participant's consent, of gathering a list of contacts who would inform the program where a participant moved.[69] This would allow a home visitor to determine if the participant is still eligible to stay in the program or help them identify another program to join in their new area.

Table 12. Strategy summary: Maintain ongoing communication with families

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	
Limited	X	AAPI		New Mexico	
Emerging		Black			
Strong		Latiné	X		

Evidence for this strategy: There is limited qualitative evidence and no quantitative evidence for this strategy included in the review. In one study, home visitors reported that using different and/or multiple forms of preferred communication was a key component to keeping families engaged.[50] Several other resources frequently noted this strategy being implemented or was suggested for implementation.

Select and adapt models to meet community needs[4,18,25,30,47,48,71]

Strategy description: This strategy refers to decisions that home visiting programs make about the models they offer, how many to offer, and whether and how to adapt them to best meet the needs of families in their community. Multiple resources suggest that programs offer a variety of home visiting models to increase the likelihood that families are eligible for and have access to a program that is a good fit for their cultural backgrounds, needs, and preferences.[30] One example of this strategy is selecting a home visiting model with home visitor qualifications that would enable the program to hire people from the local community and share cultural identities with the community served.[4] Other resources suggest that programs adapt home

visiting models to incorporate additional elements, such as opportunities for families to connect with one another and engage in culturally specific activities.[47] One home visiting program in New Mexico describes inviting grandmothers to coach home visiting staff on traditions that could be woven into family-home visitor interactions.[47]

Table 13. Strategy summary: Select and adapt models to meet community needs

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	X
Limited	X	AAPI		New Mexico	X
Emerging		Black			
Strong		Latiné			

Evidence for this strategy: There is limited evidence supporting this strategy. One study of home visiting models found that client-rated satisfaction with services predicted the extent of their goal completion during home visiting.[71] Other resources described programs' efforts to select and adapt models to meet community needs without providing supporting evidence.

Allow virtual visits[49,50,51,52,53]

Strategy description: This strategy encourages home visiting programs to consider offering a hybrid or virtual service delivery model when feasible.[ss] This can facilitate engagement among families who might not otherwise participate in home visiting because they live in remote rural locations and/or are wary of strangers in their homes.[52] Virtual home visits can also offer greater schedule flexibility.[49]49 To facilitate virtual visits, programs may need to provide families with devices (e.g., tablets) so they can attend the virtual visits and/or assist with barriers to broadband access.[51,50]

Table 14. Strategy summary: Allow virtual visits

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	
Limited	X	AAPI		New Mexico	
Emerging		Black			
Strong		Latiné	X		

Evidence for this strategy: There is limited evidence supporting this strategy. One qualitative study found that home visiting interns were reaching more families who would not otherwise receive services by offering to meet virtually. Other resources recommended and described this practice without providing evidence to support it.

[ss] Models, states, and the MIECHV Program are in the process of defining requirements and allowances for virtual home visiting. For example, for fiscal year 2024, MIECHV requires at least 60 percent of visits in-person (U.S. Dept of Health and Human and Services, 2024).

Streamline enrollment processes[4,16,47,54]

Strategy description: This strategy includes different ways to make it easier for families to enroll in a home visiting program. Streamlined enrollment processes are important because families may find the amount of paperwork required to apply for home visiting programs to be burdensome and intrusive. Examples of streamlined enrollment include reducing the amount of paperwork required before enrollment and making forms easier to use.[16,47] Some resources recommend decreasing the amount of paperwork overall while other resources suggest ways to incorporate technology to enroll families "on the spot" (e.g., easy-to-use forms or QR codes program websites on flyers).[16] One resource focused on the Los Angeles home visiting landscape recommended creating an online platform for families to self-refer for home visiting, which may also streamline enrollment.

Table 15. Strategy summary: Streamline enrollment processes

Level of evidence		Focal population		Location of interest	
None	X	AI/AN	X	Los Angeles County	X
Limited		AAPI		New Mexico	
Emerging		Black			
Strong		Latiné			

Evidence for this strategy: A few resources described streamlining enrollment processes as a practice used, but there was no qualitative or quantitative evidence available.

Referral partnerships

The "referral partnerships" theme includes strategies that aim to raise awareness and knowledge of home visiting programs among organizations that serve similar populations as home visiting programs and models. Referral agencies can be trusted sources of information, and leveraging these existing relationships can help connect more families with a local home visiting program.

Table 16. Summary of "referral partnerships" theme

Strategy	Recruitment, uptake, or both	Focal location implemented in	Focal population(s) implemented with	Level of evidence	Number of occurrences
Initiate, build, and maintain relationships with referring agencies	**Both**	**Both**	**American Indian/Alaskan Native; Asian American/Pacific Islander; Black**	**Limited**	**33**
Establish or improve referral processes	Both	Both	Asian American/ Pacific Islander	Limited	28

Strategy	Recruitment, uptake, or both	Focal location implemented in	Focal population(s) implemented with	Level of evidence	Number of occurrences
Educate referring agencies	Recruitment	New Mexico	Black; Latiné	Limited	15
Co-locate home visiting staff in referring agencies	Recruitment	New Mexico	N/A	Limited	6

Initiate, build, and maintain relationships with referring agencies[15,16,45 ,15 ,23,24,25,27,29,54,8 ,37,4,35 ,55,56,57,58,59,42,60,61,70]

Strategy description: To effectively increase referrals to and enrollment in home visiting programs, it is important for program staff to build and maintain strong relationships with trusted community organizations that can refer families to home visiting (e.g., faith-based organizations, prenatal care providers, birthing hospitals, food banks, domestic violence organizations).[25,55] Program staff can regularly visit potential referring agencies to cultivate champions within each organization who can advocate for home visiting and facilitate face-to-face meetings between home visitors and referring agency staff to strengthen connections.[29,45] To further strengthen referral partnerships, home visiting programs can develop data-sharing agreements and memoranda of understanding (MOU) with referring agencies. An MOU can establish the goals of the collaboration between the home visiting program and the referring agency and serve as a signed agreement that they will refer clients in need of services to one another.[16,56] Programs could also consider forming a community coalition that integrates various services and organizations that can enhance resource coordination and encourage collaborative efforts—making access to programs and resources more efficient for families.[26]

The resources suggested a range of potential referring agencies, including:

- Managed Care Organizations (MCOs)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Healthcare providers, including Federally Qualified Health Centers and hospital-based obstetrics and gynecology units
- Early care and education providers
- Child welfare agencies
- Substance abuse treatment centers

Table 17. Strategy summary: Initiate, build, and maintain relationships with referring agencies

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	X
Limited	X	AAPI	X	New Mexico	X
Emerging		Black	X		
Strong		Latiné	X		

Evidence for this strategy: There is limited quantitative and qualitative evidence supporting this strategy. One resource described a local partnership between Early Head Start (EHS), which includes a home visiting component, and a residential treatment program. The residential treatment program made EHS referrals a standard practice, and consequently enrollment rates increased among families experiencing substance use as well as other co-occurring adversities (e.g., experiencing homelessness or intimate partner violence).[55] Another quantitative study found that having an MOU on file was associated with more regular communication between the referring agency and the home visiting program.[56] Another study found that programs who were serving at least 85 percent of their full enrollment capacity were more likely to report having success with their referral partners than those with lower enrollment. Home visiting staff shared how their referring partners had positive relationships with families served and took time to explain the benefits of home visiting in a manner that was relevant for the individual.[16]

Establish or improve referral processes[16,4,29,30,31,54,45 ,35 ,42 ,46 ,57,59,65,62,63,64,70]

Strategy description: This strategy aims to streamline referring agencies' processes for referring families to home visiting services. For example, by creating a centralized intake system, referring agencies would have a "one-stop-shop" platform for referring families that integrates eligibility requirements for all available local programs.[64] With the platform, families and referring providers no longer need to do the leg work of determining eligibility and identifying which program serves specific geographic areas. Home visiting programs and referring agencies can also establish feedback loops where home visitors can share the outcome of referrals with referring agencies.[31]

Table 18. Strategy summary: Establish or improve referral processes

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	X
Limited	X	AAPI		New Mexico	X
Emerging		Black			
Strong		Latiné			

Evidence for this strategy: This strategy has limited quantitative and qualitative supporting evidence. One quantitative study examined the use of a coordinated central intake system for all home visiting referrals in a state. Results demonstrated that the percentage of home visiting programs meeting their targeted

enrollment numbers increased from 24 percent to 56 percent after implementing the central intake system.[65] In two qualitative studies, referring providers reported appreciating when they did not need to review eligibility criteria in order to make a referral, especially when there were multiple available programs in the community.[4,45]

Educate referring agencies[28, 37,31,4 ,35 ,46 ,45 ,57,65]

Strategy description: This strategy focuses on offering educational materials and opportunities to help referring providers describe home visiting and its benefits to families. This includes regularly engaging with referring agency staff about home visiting programs and providing them with handouts and talking points to help them accurately describe these services to participants.[31,57] Examples of educational opportunities include seminars for medical residents, grand rounds, and continuing medical education opportunities.

Table 19. Strategy summary: Educate referring agencies

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	
Limited	X	AAPI		New Mexico	
Emerging		Black	X		
Strong		Latiné	X		

Evidence for this strategy: There is limited evidence available supporting this strategy, but it was frequently described as a strategy implemented or suggested for implementation. In one quantitative study examining the impacts of multiple strategies used by a clinic and hospital staff to connect families with home visiting, families were more likely to participate in home visiting when referring staff had scripts available to describe home visiting services.[35]

Co-locate home visiting staff in referring agencies[16,35 ,29,31,4 ,57]

Strategy description: This strategy recommends having home visiting staff physically present at a referring agency to ensure they can quickly connect with families.[57] For example, locating a home visitor (or other home visiting program staff member) in a medical practice can facilitate warm hand-offs, where the medical provider introduces the family to the home visitor during their appointment. It can also lead to better collaboration between referring agency staff and home visitors.[31,35] For example, home visitors can inform referring agency staff about the status of referrals.

Table 20. Strategy summary: Co-locate home visiting staff in referring agencies

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	
Limited	X	AAPI		New Mexico	X
Emerging		Black			

Level of evidence		Focal population		Location of interest	
Strong		Latiné			

Evidence for this strategy: There is limited quantitative evidence supporting this strategy. One study examined the impact of using multiple strategies to connect families with home visiting, one of which was having a staff member within the practice to talk directly with families and collaborate with referring providers. They found that these strategies increased the likelihood that families would participate in the home visiting program.[35]

Programmatic efforts

The "programmatic efforts" theme includes strategies that intend to increase home visiting programs' capacity for effective and strategic recruitment and uptake. Strategies involve aligning home visitors' characteristics with families, building home visitors' skills and education, collecting and analyzing data to inform decision-making around recruitment and uptake, and establishing mechanisms to expand reach and optimize service delivery.

Table 21. Summary of "programmatic efforts" theme

Strategy	Recruitment, uptake, or both	Focal location implemented in	Focal population(s) implemented with	Level of evidence	Number of occurrences
Align home visitor characteristics/ backgrounds with family needs and preferences	Both	New Mexico	American Indian/Alaskan Native	Limited	15
Use data-driven approaches	Both	Los Angeles	N/A	None	13
Build home visitor capacity	Both	Both	Black; Latiné	Limited	13
Establish outreach coordinators	Both	Los Angeles	Black	Limited	4
Establish a process for community input	Both	New Mexico	American Indian/Alaskan Native	Limited	3

Align home visitor characteristics /backgrounds with family needs and preferences[18,4,20,3,36,25,48,40,66,69,71]

Strategy description: Home visiting is a relationship-based service that relies on the quality of relationships between home visitors and families to achieve positive outcomes. Strategies to boost these relationships include hiring home visitors who reflect the communities they serve in terms of cultural background, race, ethnicity, and language, and/or have shared lived experiences with families in the community served.[48,36,69] Aligning home visitor characteristics may be especially key in communities where there is valid distrust of the healthcare field based on experiences of discrimination.[69] More broadly, resources frequently noted the importance of home visitors' personalities and demeanors, including being approachable, kind, and non-judgmental.[18]

Table 22. Strategy summary: Align home visitor characteristics /backgrounds with family needs and preferences

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	
Limited	X	AAPI		New Mexico	X
Emerging		Black			
Strong		Latiné			

Evidence for this strategy: This strategy has limited qualitative evidence supporting it. In one study, caregivers shared that home visitors who were seen as caring, supportive, reliable, and trustworthy were important traits and influenced their decision to enroll in the program.[17] In another study using home visiting administrative data, caregivers in an enhanced home visiting program completed more program goals when they were matched with a home visitor of the same race or ethnicity.[71] Several other resources either described or suggested this strategy be used. Importantly, this strategy has been linked with other home visiting outcomes and is considered a key component of high-quality home visiting.

Use data-driven approaches[15,16,18,8,21,25,30,59,67]

Strategy description: Home visiting recruitment and uptake can be improved by using data to drive decisions. For example, this could include using client satisfaction surveys or focus groups[18] to learn about why families enrolled and/or remained in home visiting or potential changes to content to make services more relevant for participants. Collecting data from families can also help programs learn why families drop out of services early, which can shed light on possible strategies to improve uptake. Additionally, program staff can review demographic and geographic data on enrolled families to identify where eligible but underserved families might be located to drive outreach efforts[25] as well as assess whether home visiting staff are representative of the families they serve.[15]

Table 23. Strategy summary: Use data-driven approaches

Level of evidence		Focal population		Location of interest	
None	X	AI/AN		Los Angeles County	X
Limited		AAPI		New Mexico	
Emerging		Black			
Strong		Latiné			

Evidence for this strategy: While some resources described using data-driven approaches, they did not report qualitative or quantitative evidence that these efforts were related to recruitment or uptake.

Build home visitor capacity[14,15,19,8,28,39,42,38,56,68]

Strategy description: Home visiting staff must be equipped to meet families' needs and build trusting relationships. Supporting home visitors' ability to engage with families in a culturally responsive manner that reflects deep understanding of the community is vital.[14] Programs must support home visitors' ability to articulate the benefits of home visiting to families and to referring agencies. They also need support to formulate clear and effective language to dispel families' misperceptions about home visiting, including that home visiting is part of Child Protective Services and/or that families with undocumented members cannot enroll.[28] Home visitors also need support to learn to build rapport and trust in early conversations with families from many different cultures and with varied lived experiences. Programs may want to train home visitors in skills such as motivational interviewing,[tt] which can help clients identify their motivations and capacity for change.[14,28,8] Finally, ongoing training and professional development on topics such as cultural humility, structural racism, and social determinants of health may help home visitors address their own implicit biases and better connect with their families they serve.[39]

Table 24. Strategy summary: Build home visitor capacity

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	
Limited	X	AAPI		New Mexico	
Emerging		Black			
Strong		Latiné	X		

Evidence for this strategy: There is some quantitative and qualitative evidence supporting this strategy and several resources describe or suggest it. One randomized controlled trial examined enrollment and retention rates among caregivers at risk of child maltreatment who were randomly assigned to receive either services "as usual" or to an enhanced home visiting program. Among other components, home visitors in the enhanced home visiting program were trained in motivational interviewing. Families in the enhanced program were more likely to enroll and remain in the program compared to the "as-usual" program.[14]

[tt] Motivational Interviewing is a collaborative, evidence-based approach to positive behavior change.

Furthermore, families in the enhanced program rated their home visitors higher for cultural competency compared to families receiving the services "as usual" program.

Establish outreach coordinators[15,28,34,69]

Strategy description: This strategy suggests that home visiting programs create a staff role that develops and maintains outreach efforts to connect with families and raise awareness of home visiting services within their community. This person could serve as a liaison between the program and the community, supporting recruitment and re-engaging families who have missed visits.[69] They could attend community events, reach out directly to eligible or enrolled families, use social media, and/or be present in referral agencies to share information with potentially eligible families.[34] It is important that the outreach coordinator share similar background/identity characteristics as the families they're trying to reach and be fluent in the language predominantly spoken in the community, because experts assert that this kind of alignment supports greater trust and connection.[15] This could be a part time role filled by a home visitor already on staff or a caregiver who previously participated in home visiting.

Table 25. Strategy summary: Establish outreach coordinators

Level of evidence		Focal population		Location of interest	
None		AI/AN		Los Angeles County	X
Limited	X	AAPI		New Mexico	
Emerging		Black	X		
Strong		Latiné			

Evidence for this strategy: There is limited quantitative evidence supporting this strategy. One study found that this strategy, in combination with several other program enhancements, predicted reduced attrition.[69] Others recommended it without providing evidence.

Establish a process for community input[23,26,48,69]

Strategy description: To improve recruitment and uptake, home visiting programs should make efforts to ensure that they are aligning with the communities' needs and preferences, with particular emphasis on the cultural responsiveness of their procedures. To do so, this strategy suggests directly involving and hearing from community members. For example, home visiting programs can leverage partnerships with neighborhood councils, faith-based organizations, and economic development groups to hear feedback from the community about what is working well with the program and what could be improved.[69] Home visiting programs can also establish caregiver councils or advisory boards that can provide feedback and insights on the program's implementation and activities.[23] Participation in these groups can raise members' awareness of home visiting [23,48] and increase their buy-in when they feel like their voices are influencing how services are delivered.[18]

Table 26. Strategy summary: Establish a process for community input

Level of evidence		Focal population		Location of interest	
None		AI/AN	X	Los Angeles County	
Limited	X	AAPI		New Mexico	X
Emerging		Black			
Strong		Latiné			

Evidence for this strategy: There is limited evidence in support of the strategy. One quantitative study found that families who participated in a home visiting program that used community-based strategies to engage with families (e.g., formed a community stakeholder group, offered ancillary services to families) stayed in the program longer and completed more home visits compared to the home visiting program without community-based strategies.[69] In one qualitative study, caregivers enrolled in home visiting shared the importance of a parent council in order to inform the implementation and activities of the program, especially as ways to empower women in rural areas.[23]

Conclusion and Recommendations

This report describes the results of a comprehensive review of strategies to promote home visiting recruitment and uptake. In contrast to other recent reviews, we included practices that do not yet have an evidence base but are considered promising or recommended practices.

Our review and synthesis of information gathered from 344 resources, resulting in the identification of 21 strategies that we summarized into four broad themes: 1) Messaging and Outreach, 2) Responsiveness and Flexibility, 3) Referral Partnerships, and 4) Programmatic Efforts. Below we provide a high-level definition of each theme, alongside examples of the ways in which it has been operationalized.

1. **Messaging & Outreach: Increase public awareness of and interest in home visiting.** This theme includes efforts to improve and expand public awareness and understanding of home visiting, universal outreach, and incentives for participation.
2. **Responsiveness & Flexibility: Tailor program practices to meet family needs and preferences and reduce barriers.** This theme includes selecting home visiting models that reflect the local culture, ensuring flexibility in timing and location of visits, and prioritizing families' preferences and goals.
3. **Referral Partnerships: Foster a referral network and establish efficient referral processes.** This theme includes efforts to increase referrals to home visiting among individuals or agencies that interact with expectant parents or new caregivers—especially individuals and/or agencies who are already trusted by families and serving families affected by negative social determinants of health.
4. **Programmatic Efforts: Increase home visiting program capacity pertaining to effective, strategic recruitment and uptake.** This theme includes the hiring, training, and engagement work that home visiting programs can do to invest in more robust recruitment and uptake.

Status of the evidence

In reviewing this report, it is important to understand the following issues regarding the status of the evidence base for home visiting recruitment and update:

1. **The evidence on home visiting recruitment and uptake is in its infancy**. While several strategies have one or two quantitative studies supporting them, this does not mean that they are necessarily the most effective. Rather, it means that they are the ones that have been identified and analyzed in this manner to date—which may mirror the priorities of particular interested parties such as funders, the availability of administrative data to facilitate the analysis, or other considerations that are not indicative of the merit of the practice or the extent to which it is already in use.
2. **There are methodological limitations in the empirical evidence for strategies to promote recruitment and uptake.** Much of the home visiting evidence base uses administrative data rather than primary data collection (likely due to limited resources and data collection barriers), and reliance on administrative data poses some limitations for research. For example, it is not possible to understand the full range of families' reactions to the home visiting outreach without speaking to families who decided *not* to enroll. However, there typically would not be any administrative data about them, so studies that can compare those who do and do not enroll are rare.
3. **The resources reviewed for this effort did not use consistent definitions for or operationalize uptake, which complicated our efforts to better understand this construct**. Many resources mentioned recruitment but not uptake. When uptake was included, sometimes it was described as participation in initial home visiting sessions, and other times it was described vaguely. When not explicitly named, we used our best judgment about whether the strategies that were recommended in resources could logically be used to improve recruitment, uptake, or both.

Most promising strategies

Based on the findings from our review, we have identified strategies that we perceive to be the most promising. We used the following priorities to guide our decision:

- Presence of quantitative and/or qualitative evidence
- Indication that the strategy has been used with and/or is recommended for wide range of racially and ethnically diverse people/families
- Indication that the strategy is feasible to implement, as demonstrated by its use in home visiting practices
- Alignment with principles of high-quality home visiting services

Based on a review of strategies alongside the aforementioned criteria, we identified the most highly recommended strategies for promoting recruitment and uptake, listed below (in no particular order). Please note that, to implement any of these strategies well and in a sustainable manner, home visitors and home visiting programs would need additional support, such as additional staff or training.

1. **Intentionally foster ongoing relationships with referral agencies.** This strategy is already implemented widely, yet resources in this review highlighted innovative practices to facilitate these relationships and streamline providers' referral processes using technology (e.g., a centralized intake platform for all referrals). The resources provide examples of many types of referral agencies and ways to engage with them better, including offering trainings on home visiting, example scripts and talking points for recommending home visiting to families, and co-locating home visitors within referral agencies.
2. **Promote universal access to "light-touch" home visiting models.** There is emerging evidence that families who participate in a universally available, short-term home visiting program are more likely to enroll in other home visiting programs. These programs, which may simply be one home visit offered to all families following the birth of a child in a particular catchment area, may introduce families to home visiting and its benefits before requiring a commitment and motivate them to enroll in a similar program for continued support.

3. **Demonstrate flexibility and responsiveness to families in terms of the timing, location, and content of home visiting services.** Home visitors who demonstrate flexibility with families show respect for their autonomy and their ability to know what is best for their families. Home visitors being respectful and flexible is well known to be an important factor in families' experiences with home visiting. Regardless of the model being implemented, prioritizing what the family needs will build the relationship and buy-in for continued participation.
4. **Integrate community members into home visiting recruitment and uptake efforts.** This strategy can help with some of the disconnects between programs and communities that hinder recruitment and uptake (e.g., misunderstanding of home visiting, skepticism about the potential benefits). Strategies include hiring an outreach coordinator from the community served, engaging community members to assist with refining the way home visiting is messaged and described, and recruiting home visiting graduates to engage in peer-to-peer recruitment and to check in on families who are missing visits. Community members should always be compensated for their time spent supporting the program's recruitment and uptake efforts.

Recommendations for funding priorities

As the Foundation strategizes about future grantmaking related to home visiting, we propose the following recommendations:

- Fund quantitative research that investigates the outcomes of one or more of the identified most promising strategies on recruitment and uptake. In this research, we recommend:
    - Integrating family perspectives, including those who decide not to enroll or who drop out
    - Gathering data on recruitment and uptake prospectively from multiple respondents, including families
    - Engaging a community advisory board in the research to advise on research questions, methods, and interpretation of results
- Fund programs to hire staff (perhaps home visiting graduates and/or male staff) to strategically engage with the community to improve messaging used in recruitment, promote peer-to-peer referrals, and address misconceptions pertaining to home visiting. Staff should share identity characteristics and/or lived experiences with the families served because studies show that this supports trusting relationships.
- Fund existing or new universal "light-touch" home visiting programs for all families following the birth of a child.
- Fund an integrated, user-friendly, centralized referral system for all home visiting programs as well as other components of the early childhood system-of-care.
- Develop and evaluate a training module for home visitors to help them navigate the challenges and tensions inherent in balancing model requirements with responsiveness to family needs and preferences.

Future directions for continuing to understand best practices for home visiting recruitment and uptake.

As we have described, the literature on identifying and understanding implementation of best practices in home visiting recruitment and uptake is still developing. To learn more about this topic, we recommend that the Foundation:

- Augment this research-based perspective by engaging home visiting staff in a participatory process to reflect upon the identified strategies, refine this list, and identify the strongest options for them to implement.
- Strategically disseminate this information among researchers and policymakers in LA and New Mexico.

Evidence Scan Bibliography

[1] Goyal, N. K., Folger, A. T., Hall, E. S., Greenberg, J. M., Van Ginkel, J. B., & Ammerman, R. T. (2017). Home visiting for first-time mothers and subsequent pregnancy spacing. *Journal of Perinatology, 37*(2), 144–149. https://doi.org/10.1038/jp.2016.192

[2] Stargel, L. E., Fauth, R. C., Goldberg, J. L., & Easterbrooks, M. A. (2020). Maternal engagement in a home visiting program as a function of fathers' formal and informal participation. *Prevention Science, 21*(4), 477–486. https://doi.org/10.1007/s11121-020-01090-x

[3] Sandstrom, H. & Lauderback, E. (2019). *Father engagement in home visiting: Benefits, challenges, and promising strategies* [National Home Visiting Resource Center Research Snapshot Brief]. James Bell Associates and Urban Institute.

[4] Kleinman, R., Ayoub, C., Del Grosso, P., Harding, J. F., Hsu, R., Gaither, M., Mondi-Rago, C., Kalb, M., O'Brien, J., & Roberts, J. (2023). *Understanding family engagement in home visiting: Literature synthesis.* OPRE Report #2023–004. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/understanding-family-engagement-home-visiting-literature-synthesis

[5] Osborne, C. (2014). *Increasing father participation in home visiting: Lessons from mothers* (No. B.001.0514). Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. https://www.sarvum.in/pn3policy/wp-content/uploads/2023/09/PN3PIC_IncreasingFathersParticipationinHomeVisiting.pdf

[6] Singhal, N., Fauth, R., Greenstone, J., Goldberg, J., & Easterbrooks, M. A. (2022). *Father engagement in home visiting: Lessons from Massachusetts* [Home Visiting Applied Research Collaborative Report]. Tufts Interdisciplinary Evaluation Research (TIER), Tufts University. https://hvresearch.org/resources/father-engagement-in-home-visiting-lessons-from-massachusetts/

[7] Stolz, H. E., LaGraff, M. R., Mullican, K. N., Connor, L. A., Green, M. J., & Clouthier, S. (2020). Exploring fathers' engagement with home visiting: The Tennessee Dad Project. *Families in Society, 101*(4), 498–513. https://doi.org/10.1177/1044389420901640

[8] Children Now. (2023*). A statewide approach to strengthen home visiting in California.* https://www.childrennow.org/portfolio-posts/a-statewide-approach-to-strengthen-home-visiting-in-california/

[9] McGinnis, S., Lee, E., Kirkland, K., Smith, C., Miranda-Julian, C., & Greene, R. (2019). Engaging at-risk fathers in home visiting services: Effects on program retention and father involvement. *Child and Adolescent Social Work Journal, 36*, 189–200. https://doi.org/10.1007/s10560-018-0562-4

[10] Osborne, C., DeAnda, J., & Benson, K. (n.d.). Engaging fathers: Expanding the scope of evidence-based home visiting programs. *Family Relations, 71*(3), 1159–1174. https://doi.org/10.1111/fare.12636

[11]Child and Family Research Partnership (2017) *Retaining families in home visiting programs by promoting father participation* (CERP Policy Brief No. B.029.0517). LBJ School of Public Affairs, The University of Texas at Austin. https://www.sarvum.in/pn3policy/wp-content/uploads/2023/09/PN3PIC_RetainingFamiliesInHomeVisitingPrograms.pdf

[12] Sandstrom, H., Gearing, M., Peters, E., Heller, C., Healy, O., & Pratt, E. (2015). *Approaches to father engagement and fathers' experiences in home visiting programs.* OPRE Report #2015–103. Urban Institute. https://www.urban.org/research/publication/approaches-father-engagement-and-fathers-experiences-home-visiting-programs

[13] Alonso-Marsden, S., Dodge, K. A., O'Donnell, K. J., Murphy, R. A., Sato, J. M., & Christopoulos, C. (2013). Family risk as a predictor of initial engagement and follow-through in a universal nurse home visiting program to prevent child maltreatment. *Child Abuse & Neglect, 37*(8), 555–565. https://doi.org/10.1016/j.chiabu.2013.03.012

[14] Damashek, A., Doughty, D., Ware, L., & Silovsky, J. (2011). Predictors of client engagement and attrition in home-based child maltreatment prevention services. *Child Maltreatment, 16*(1), 9–20. https://doi.org/10.1177/1077559510388507

[15] Ferguson, D., Smith, S., Granja, M., Nguyen, U., Burstein, J., Atkins, N., & Lasala, O. (2023). *Promoting infant-early childhood and parent mental health in home visiting programs serving diverse families: Promising strategies to support child and family well-being.* National Center for Children in Poverty. https://www.nccp.org/wp-content/uploads/2023/09/NCCP-HV-Report_FINAL.pdf

[16] Zaid, S., McCombs-Thornton, K., Childress, L., Cachat, P., Filene, J., & Faucetta, K. (2022). *Family level assessment and state of home visiting outreach and recruitment study report.* OPRE Report #2022–110. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://acf.gov/sites/default/files/documents/opre/FLASHVOutreachRecruitment_508_v2.pdf

[17] Beasley, L. O., Ridings, L. E., Smith, T. J., Shields, J. D., Silovsky, J. F., Beasley, W., & Bard, D. (2018). A qualitative evaluation of engagement and attrition in a nurse home visiting program: From the participant and provider perspective. *Prevention Science, 19*(4), 528–537. https://doi.org/10.1007/s11121-017-0846-5

[18] U.S. Department of Health and Human Services (n.d.) *Strong staff and family relationships: The heart of tribal home visiting programs.* U.S. Department of Health and Human Services, Administration for Children and Families.

https://www.acf.hhs.gov/sites/default/files/documents/occ/Strong%20Staff%20and%20Family%20Relationships_The%20Heart%20of%20Tribal%20Home%20Visiting%20Programs.pdf

[19] Hubel, G. S., Schreier, A., Wilcox, B. L., Flood, M. F., & Hansen, D. J. (2017). Increasing participation and improving engagement in home visitation. *Infants & Young Children, 30*(1), 94–107. https://doi.org/10.1097/IYC.0000000000000078

[20] Lefever, J. E. B., Bigelow, K. M., Carta, J. J., & Borkowski, J. G. (2013). Prediction of early engagement and completion of a home visitation parenting intervention for preventing child maltreatment. *NHSA Dialog: A Research-to-Practice Journal for the Early Intervention Field, 16*, 1-19. https://www.researchgate.net/publication/259868783_Lefever_J_Bigelow_K_Carta_J_Borkowski_J_2013_Prediction_of_early_engagement_and_completion_of_a_home_visitation_parenting_intervention_for_preventing_child_maltreatment_NHSA_Dialogue_A_Research-to-Pra

[21] Osborne, C., Bobbitt, K., Bradbury, K., Galbraith, A., & Dubin, A. (2014). *Taking home visiting programs to scale in Texas: Implementation challenges and resiliency.* Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. https://www.sarvum.in/pn3policy/wp-content/uploads/2023/09/PN3PIC_HomeVisitingtoScale.pdf

[22] Sadler, L. S., Condon, E. M., Deng, S. Z., Ordway, M. R., Marchesseault, C., Miller, A., Alfano, J. S., & Weir, A. M. (2018). A diaper bank and home visiting partnership: Initial exploration of research and policy questions. *Public Health Nursing, 35*(2), 135–143. https://doi.org/10.1111/phn.12378

[23] Whittaker, J., Kellom, K., Matone, M., & Cronholm, P. (2021). A Community Capitals Framework for identifying rural adaptation in maternal-child home visiting. *Journal of Public Health Management and Practice, 27*(1), E28–E36. https://doi.org/10.1097/PHH.0000000000001042

[24] Goyal, N. K., Hall, E. S., Jones, D. E., Meinzen-Derr, J. K., Short, J. A., Ammerman, R. T., & Van Ginkel, J. B. (2014). Association of maternal and community factors with enrollment in home visiting among at-risk, first-time mothers. *American Journal of Public Health, 104*(S1), S144–S151. https://doi.org/10.2105/AJPH.2013.301488

[25] Rosen, E., Kleinman, R., Del Grosso, P., Ayoub, C., Chapman, A., Mondi-Rago, C., & Roberts, J. (2023). *A conceptual framework for family engagement in early childhood home visiting* (OPRE Brief #2023–299). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.brazeltontouchpoints.org/wp-content/uploads/2025/06/HV-REACH-Conceptual-Framework-Brief_508compliant.pdf

[26] Child and Family Research Partnership. (2018) *Taking home visiting programs to scale in Texas: Lessons learned from implementation.* LBJ School of Public Affairs, The University of Texas at Austin. https://www.sarvum.in/pn3policy/wp-content/uploads/2023/09/PN3PIC_LessonsLearnedTakingHVtoScale.pdf

[27] Osborne, C. (2016). *Texas home visiting program: Statewide findings from the program implementation evaluation.* Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. https://www.sarvum.in/pn3policy/wp-content/uploads/2023/09/PN3PIC_TXHVFindings.pdf

[28] Bhuiya, N. S. (2019). *Characterizing family engagement in Rhode Island's home visiting programs* [Doctoral Dissertation, Harvard University]. https://dash.harvard.edu/handle/1/40976815

[29] Cruz, T., Woelk, L., & Cervantes, I. (2017). *Home visiting: Discovering what works for increasing referrals.* University of New Mexico: School of Medicine Prevention Research Center. https://hsc.unm.edu/medicine/departments/pediatrics/divisions/pps/_resources/rep1_homevisit.pdf

[30] Johnson, K. (2022). *Financing the Los Angeles County home visiting system: Recommendations for action.* Johnson Group Consulting, First 5 LA. https://www.first5la.org/wp-content/uploads/2022/06/FinancingtheLos-AngelesCountyHome-VisitingSystem-a.pdf

[31] Cruz, T. H., Woelk, L., Cervantes, I. C. V., & Kaminsky, A. (2023). Barriers to and systems solutions for increasing early childhood home visiting referrals by health care providers serving urban and rural communities. *Family & Community Health, 46*(1), 69–78. https://doi.org/10.1097/FCH.0000000000000343

[32] Bower, K. M., Nimer, M., West, A. L., & Gross, D. (2020). Parent involvement in maternal, infant, and early childhood home visiting programs: An integrative review. *Prevention Science, 21*(5), 728–747. https://doi.org/10.1007/s11121-020-01129-z

[33] Burrell, L., Crowne, S., Ojo, K., Snead, R., O'Neill, K., Cluxton-Keller, F., & Duggan, A. (2018). Mother and home visitor emotional well-being and alignment on goals for home visiting as factors for program engagement. *Maternal and Child Health Journal, 22*(Supplement 1), 43–51. https://doi.org/10.1007/s10995-018-2535-9

[34] Bock, M. J., Kakavand, K., Careaga, D., & Gozalians, S. (2021). Shifting from in-person to virtual home visiting in Los Angeles County: Impact on programmatic outcomes. *Maternal and Child Health Journal, 25*(7), 1025–1030. https://doi.org/10.1007/s10995-021-03169-5

[35] Raffo, J. E., Titcombe, C., Henning, S., Meghea, C. I., Strutz, K. L., & Roman, L. A. (2021). Clinical–community linkages: The impact of standard care processes that engage Medicaid-eligible pregnant women in home visiting. *Women's Health Issues, 31*(6), 532–539. https://doi.org/10.1016/j.whi.2021.06.006

[36] Fifolt, M., Lanzi, R. G., Johns, E., Strichik, T., & Preskitt, J. (2017). Retention and attrition in a home visiting programme: Looking back and moving forward. *Early Child Development and Care, 187*(11), 1782–1794. https://doi.org/10.1080/03004430.2016.1189420

[37] Heidari, Z., Gissandaner, T. D., & Silovsky, J. F. (2018). Differences in recruiting and engaging rural and urban families in home-based parenting programs. *Journal of Rural Mental Health, 42*(2), 133. https://doi.org/10.1037/rmh0000096

[38] Shanti, C. (2017). Engaging parents in Early Head Start home-based programs: How do home visitors do this? *Journal of Evidence-Informed Social Work, 14*(5), 311–328. https://doi.org/10.1080/23761407.2017.1302858

[39] Wolfe Turner, M., Cabello-De la Garza, A., Kazouh, A., Zolotor, A. J., Klika, J. B., Wolfe, C., & Lanier, P. (2020). Intention to engage in maternal and child health home visiting. *Social Work in Public Health, 35*(4), 197–212. https://doi.org/10.1080/19371918.2020.1767751

[40] Roggman, L. A., Cook, G. A., Peterson, C. A., & Raikes, H. H. (2008). Who drops out of Early Head Start home visiting programs? *Early Education and Development, 19*(4), 574–599. https://doi.org/10.1080/10409280701681870

[41] Holland, M. L., Christensen, J. J., Shone, L. P., Kearney, M. H., & Kitzman, H. J. (2014). Women's reasons for attrition from a nurse home visiting program. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 43*(1), 61–70. https://doi.org/10.1111/1552-6909.12263

[42] Williams, V. N., Franco, C. Y., Lopez, C. C., Allison, M. A., Olds, D. L., & Tung, G. J. (2021). A qualitative study of mothers' perspectives on enrolling and engaging in an evidence-based nurse home visiting program. *Prevention Science, 22*(7), 845–855. https://doi.org/10.1007/s11121-021-01260-5

[43] O'Brien, R. A., Moritz, P., Luckey, D. W., McClatchey, M. W., Ingoldsby, E. M., & Olds, D. L. (2012). Mixed methods analysis of participant attrition in the nurse-family partnership. *Prevention Science, 13*(3), 219–228. https://doi.org/10.1007/s11121-012-0287-0

[44] McCurdy, K., Daro, D., Anisfeld, E., Katzev, A., Keim, A., LeCroy, C., McAfee, C., Nelson, C., Falconnier, L., McGuigan, W. M., Park, J. K., Sandy, J., & Winje, C. (2006). Understanding maternal intentions to engage in home visiting programs. *Children and Youth Services Review, 28*(10), 1195–1212.

[45] Holm-Hansen, C., Thomsen, D., & Mom, S. (2017). *Home visiting referral process: Highlights from a qualitative exploration of parent retention and engagement in early childhood home visiting.* Amherst H. Wilder Foundation. https://www.health.state.mn.us/docs/communities/fhv/hvrefprocessbrief.pdf

[46] Handler, A., Zimmermann, K., Dominik, B., & Garland, C. E. (2019). Universal early home visiting: A strategy for reaching all postpartum women. *Maternal and Child Health Journal, 23*(10), 1414–1423. https://doi.org/10.1007/s10995-019-02794-5

[47] Stark, D. R. (2021). *Cultural enrichments, enhancements, and adaptations of tribal home visiting programs.* U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/sites/default/files/documents/ecd/1533_thv_cultural_enhancement_brief_508_compliant.pdf

[48] Hiratsuka, V. Y., Parker, M. E., Sanchez, J., Riley, R., Heath, D., Chomo, J. C., Beltangady, M., & Sarche, M. (2018). Cultural adaptations of evidence-based home-visitation models in tribal communities. *Infant Mental Health Journal, 39*(3), 265–275. https://doi.org/10.1002/imhj.21708

[49] Knierim, S. D., Moore, S. L., Raghunath, S. G., Yun, L., Boles, R. E., & Davidson, A. J. (2018). Home visitations for delivering an early childhood obesity intervention in Denver: Parent and patient navigator perspectives. *Maternal and Child Health Journal, 22*(11), 1589–1597. https://doi.org/10.1007/s10995-018-2553-7

[50] Traube, D. E., Taylor, A., Cederbaum, J. A., Naish, L., & Rau, A. (2022). Strategies for implementation of virtual home visitation in the United States. *Health & Social Care in the Community, 30*(5), e2118–e2126. https://doi.org/10.1111/hsc.13650

[51] Self-Brown, S., Reuben, K., Perry, E. W., Bullinger, L. R., Osborne, M. C., Bielecki, J., & Whitaker, D. (2022). The impact of COVID-19 on the delivery of an evidence-based child maltreatment prevention program: Understanding the perspectives of SafeCare® providers. *Journal of Family Violence, 37*(5), 825–835. https://doi.org/10.1007/s10896-020-00217-6

[52] Guastaferro, K., Self-Brown, S., Shanley, J. R., Whitaker, D. J., & Lutzker, J. R. (2020). Engagement in home visiting: An overview of the problem and how a coalition of researchers worked to address this cross-model concern. *Journal of Child and Family Studies, 29*(1), 4–10.

[53] Osborne, C., Gibson, M., & Huffman, J. (2020). *Texas home visiting: Assessing early experiences of COVID-19 study.* Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. https://www.sarvum.in/pn3policy/wp-content/uploads/2023/09/PN3PIC_THV-COVID.pdf

[54] Jill Rivera Greene Consulting. (2020). *Aligning the stars: Chronicle of a home visiting system expansion*. LA County Department of Mental Health, County of LA Public Health, First 5 LA. https://www.first5la.org/article/aligning-the-stars-chronicle-of-a-home-visiting-system-expansion/

[55] Baxter, C., Aikens, N., Tarullo, L., Ayoub, C., Roberts, J., Mondi-Rago, C., & Gaither, M. I. (2022). *Recruitment, selection, enrollment, and retention strategies with Head Start-eligible families experiencing adversity: A review of the literature.* OPRE Report #2022-97. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/recruitment-selection-enrollment-and-retention-strategies-head-start-eligible-families

[56] Belknap, A., O'Neill, K., Paradis, H., & Minkovitz, C. (2015). *Coordination between home visiting programs and medical homes.* Home Visiting Applied Research Collaborative.

[57] Cruz, T., Woelk, L., & Cervantes, I. (2019). *Increasing home visiting referrals through implementation, dissemination and evaluation: Perspectives from rural healthcare providers*. University of New Mexico: School of Medicine Prevention Research Center. https://hsc.unm.edu/medicine/departments/pediatrics/divisions/pps/_resources/rep2_homevisit.pdf

[58] Office of Planning, Research and Evaluation (n.d.) *An introduction to the tribal home visiting program.* U.S. Department of Health and Human Services, Administration for Children and Families,. https://www.acf.hhs.gov/sites/default/files/documents/occ/An%20Introduction%20to%20the%20Tribal%20Home%20Visiting%20Program.pdf

[59] Stetler, K., Silva, C., Manning, S. E., Harvey, E. M., Posner, E., Walmer, B., Downs, K., & Kotelchuck, M. (2018). Lessons learned: Implementation of pilot universal postpartum nurse home visiting program, Massachusetts 2013–2016. *Maternal and Child Health Journal, 22*, 11–16. https://doi.org/10.1007/s10995-017-2385-x

[60] Office of Planning, Research and Evaluation. (2021). *Empowering families through tribal home visiting.* U.S. Department of Health and Human Services, Administration for Children and Families, https://www.acf.hhs.gov/ecd/report/empowering-families-through-tribal-home-visiting

[61] Goyal, N. K., Folger, A. T., Hall, E. S., Teeters, A., Van Ginkel, J. B., & Ammerman, R. T. (2016). Multilevel assessment of prenatal engagement in home visiting. *Journal of Epidemiology Community Health, 70*(9), 888–894. https://doi.org/10.1136/jech-2014-205196

[62] Wilson, A., Briggs, S. J., Carter, M., Ulmen, K., Kazi, A., & Lucy, J. (2020). *Future directions for home visiting in Texas.* Child Trends. https://www.childtrends.org/publications/future-directions-home-visiting-texas

[63] Duggan, A., Windham, A., McFarlane, E., Fuddy, L., Rohde, C., Buchbinder, S., & Sia, C. (2000). Hawaii's Healthy Start program of home visiting for at-risk families: Evaluation of family identification, family engagement, and service delivery. *Pediatrics, 105*(Supplement 2), 250–259.

[64] Los Angeles County Department of Public Health & Health Agency. (2018). *Strengthening home visiting in Los Angeles County: A plan to improve child, family, and community well-being.*

http://publichealth.lacounty.gov/mch/reports/Home%20Visiting%20Report%202018_FINAL.pdf

[65] Lilly, A., Dagg, J., Burrell, L., Duggan, A., Scott, L., Hellman, D., & Kruse, L. (n.d.). *Continuous quality improvement and central intake: Enhancing family engagement in home visiting* [PowerPoint presentation].

[66] Beasley, L. O., Silovsky, J. F., Ridings, L. E., Smith, T. J., & Owora, A. (2014). Understanding program engagement and attrition in child abuse prevention. *Journal of Family Strengths, 14*(1), 20. https://doi.org/10.58464/2168-670X.1248

[67] Bruning, J., Rouse, H., Abraham, T., & Plagge, A. (n.d.). *Exploring prenatal connection to home visiting for families with low social support* [Poster presentation]. National Home Visiting Summit 2024.

[68] Folger, A. T., Brentley, A. L., Goyal, N. K., Hall, E. S., Sa, T., Peugh, J. L., Teeters, A. R., Van Ginkel, J. B., & Ammerman, R. T. (2016). Evaluation of a community-based approach to strengthen retention in early childhood home visiting. *Prevention Science, 17*(1), 52–61. https://doi.org/10.1007/s11121-015-0600-9

[69] Barlow, A., McDaniel, J. A., Marfani, F., Lowe, A., Keplinger, C., Beltangady, M., & Goklish, N. (2018). Discovering frugal innovations through delivering early childhood home-visiting interventions in low-resource tribal communities. *Infant Mental Health Journal*, *39*(3), 276-286.

[70] Joshi, D. S., West, A. L., Duggan, A. K., & Minkovitz, C. S. (2023). Referrals to home visiting: Current practice and unrealized opportunities. *Maternal and child health journal*, *27*(3), 407–412. https://doi.org/10.1007/s10995-022-03566-4

[71] Damashek, A., Bard, D., & Hecht, D. (2012). Provider cultural competency, client satisfaction, and engagement in home-based programs to treat child abuse and neglect. *Child Maltreatment, 17*(1), 56–66. https://doi.org/10.1177/1077559511423570

Other References

America's Health Rankings (2023). *2023 Health of women and children report – New Mexico summary.* https://www.americashealthrankings.org/explore/measures/birthweight/NM

Bhuiya, N. S. (2019). *Characterizing family engagement in Rhode Island's home visiting programs* [Doctoral Dissertation, Harvard University]. https://dash.harvard.edu/handle/1/40976815

Cradle to Career Policy Institute. (2019). *New Mexico home visiting annual outcomes report Fiscal Year 2018.* State of New Mexico. https://ccpi.unm.edu/sites/default/files/publications/FY18%20HV%20Final_12_18.pdf

Damashek, A., Doughty, D., Ware, L., & Silovsky, J. (2011). Predictors of client engagement and attrition in home-based child maltreatment prevention services. *Child Maltreatment, 16*(1), 9–20. https://doi.org/10.1177/1077559510388507

Daro, D., Boller, K., & Hart, B. (2014). *Implementation fidelity in early childhood home visiting: Successes meeting staffing standards, challenges hitting dosage and duration targets* (Brief 5). Mathematica Policy Research. U.S. Department of Health and Human Services, Administration for Children and Families.

Duggan, A., Portilla, X. A., Filene, J. H., Crowne, S. S., Hill, C. J., Lee, H., & Knox, V. (2018). *Implementation of evidence-based early childhood home visiting: Results from the Mother and Infant Home Visiting Program Evaluation.* OPRE Report #2018-76A. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/implementation-evidence-based-early-childhood-home-visiting-results-mother-and-infant

First 5 LA. (n.d.). *Home visiting programs.* https://www.first5la.org/home-visiting-programs/

Health Resources and Services Administration. (2022). *Health Resources and Services Administration Fiscal Year 2023: Justification of estimates for appropriations committees.* Health Resources and Services.

Health Resources and Services Administration. (n.d.). *Overview of the state: New Mexico 2023.* U.S. Department of Health and Human Services, Administration for Children and Families. https://mchb.tvisdata.hrsa.gov/Narratives/Overview/8b609333-f44b-4eeb-a392-f09e56afd404#:~:text=More%20than%202.1%20million%20residents,Native%20Hawaiian%20or%20Pacific%20Islander

Health Resources and Services Administration. (2024). *The Maternal, Infant, and Early Childhood Home Visiting Program.* U.S. Department of Health and Human Services, Administration for Children and Families. https://mchb.hrsa.gov/sites/default/files/mchb/about-us/program-brief.pdf

Holm-Hansen, C., Thomsen, D., & Mom, S. (2017). *Home visiting referral process: Highlights from a qualitative exploration of parent retention and engagement in early childhood home visiting.* Amherst H. Wilder Foundation. https://www.wilder.org/wilder_research/home-visiting-referral-process-highlights-from-a-qualitative-exploration-of-parent-retention-and-engagement-in-early-childhood-home-visiting/

Jill Rivera Greene Consulting. (2020). *Aligning the stars: Chronicle of a home visiting system expansion.* LA County Department of Mental Health, County of LA Public Health, First 5 LA. https://www.first5la.org/article/aligning-the-stars-chronicle-of-a-home-visiting-system-expansion/

Jones Harden, B. (2010). *Home visitation with psychologically vulnerable families.* Zero to Three. https://www.zerotothree.org/wp-content/uploads/2022/04/Home-Visitation-with-Psychologically-Vulnerable-Families.pdf

Kaye, S., Hood, S., Cragun, D., Perry, D. F., Campos, P. C., Ajisope, O., & Schoch, A. D. (2024). Maintaining family engagement during home visitor turnover: A mixed methods study of best practices. *Prevention Science*, *25*(3), 470–480. https://doi.org/10.1007/S11121-024-01669-8/FIGURES/2

Kleinman, R., Ayoub, C., Del Grosso, P., Harding, J. F., Hsu, R., Gaither, M., Mondi-Rago, C., Kalb, M., O'Brien, J., & Roberts, J. (2023). *Understanding family engagement in home visiting: Literature synthesis.* OPRE Report #2023–004. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/understanding-family-engagement-home-visiting-literature-synthesis

Li, W., Yadatsu Ekyalongo, Y., Hegseth, D., Franchett, A. (2021) *Mapping California's home visiting landscape.* Child Trends. https://www.childtrends.org/publications/mapping-californias-home-visiting-landscape

Los Angeles County Perinatal and Early Childhood Home Visiting Consortium. (n.d.) *Home visiting programs in L.A. County.* https://edirectory.homevisitingla.org/Home/Programs

Los Angeles County Department of Public Health & Health Agency. (2018*) Strengthening home visiting in Los Angeles County: A plan to improve child, family, and community well-being.* http://publichealth.lacounty.gov/mch/reports/Home%20Visiting%20Report%202018_FINAL.pdf

McCombs-Thornton, K., Poes, M., Morehouse, E., & Bragato, D. (2021). *Family engagement and health equity: Current approaches and future directions.* Health Resources and Services Administration, U.S. Department of Health and Human Services.

Mersky, J. P., McKelvey, L. M., Janczewski, C. E., & Fitzgerald, S. (2022). Effects of COVID-19 on home visiting services for vulnerable families: A cross-state analysis of enrollment, engagement, and attrition patterns. *Families, systems & health: The journal of collaborative family healthcare, 40*(2), 262–267. https://doi.org/10.1037/fsh0000667

New Mexico Early Childhood Education and Care Department. (n.d.). *Home visiting.* https://www.nmececd.org/home-visiting/

New Mexico Early Childhood Education and Care Department. (2024). *Annual Outcomes Report for Fiscal Year 2023.* State of New Mexico. https://www.nmececd.org/wp-content/uploads/2024/05/Annual-Outcomes_April_16_2024_ECECD_Comms.pdf

New Mexico Kids Resource and Referral. (n.d.). *New Mexico home visiting.* https://search.newmexicokids.org/programs/homevisiting

New Mexico Legislative Finance Committee. (2023). *Program evaluation: Home visiting implementation and expansion.* Report #23-02. State of New Mexico. https://www.nmlegis.gov/handouts/LHHS%20091823%20Item%2014%20LFC%20Homevisiting%20Report.pdf

National Home Visiting Resource Center. (2023). *Home visiting yearbook.* James Bell Associates and the Urban Institute. https://live-nhvrc.pantheonsite.io/wp-content/uploads/NHVRC-Yearbook-Summary-2023.pdf

Office of Planning, Research, and Evaluation (2023). *Early childhood home visiting model: Reviewing evidence of effectiveness.* OPRE Report #2023-294. U.S. Department of Health and Human Services, Administration for Children and Families. https://homvee.acf.hhs.gov/

Office of Planning, Research and Evaluation (n.d.) *Home visiting.* U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/opre/topic/home-visiting

Rosen, E., Kleinman, R., Del Grosso, P., Ayoub, C., Chapman, A., Mondi-Rago, C., & Roberts, J. (2023). *A conceptual framework for family engagement in early childhood home visiting* OPRE Brief #2023–299. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.brazeltontouchpoints.org/wp-content/uploads/2025/06/HV-REACH-Conceptual-Framework-Brief_508compliant.pdf

Rybińska, A., Best, D. L., Goodman, W. B., Weindling, W., & Dodge, K. A. (2022). Home visiting services during the COVID-19 pandemic: Program activity analysis for Family Connects. *Maternal and child health journal*, *26*(1), 70–78. https://doi.org/10.1007/s10995-021-03337-7

Sandstrom, H. (2019). Early childhood home visiting programs and health. *Health Affairs Health Policy Brief.* 10.1377/hpb20190321.382895

Sheppard-LeMoine, D., Aston, M., Goldberg, L., MacDonald, J., & Tamlyn, D. (2021). Empowering public health nurses and community home visitors through effective communication relationships. *Nursing reports (Pavia, Italy)*, *11*(3), 652–665. https://doi.org/10.3390/nursrep11030062

Stetler, K., Silva, C., Manning, S. E., Harvey, E. M., Posner, E., Walmer, B., Downs, K., & Kotelchuck, M. (2018). Lessons learned: Implementation of pilot universal postpartum nurse home visiting program, Massachusetts 2013–2016. *Maternal and Child Health Journal, 22*, 11–16. https://doi.org/10.1007/s10995-017-2385-x

U.S. Census Bureau. (n.d.). *Age and sex in S0101.* U.S. Department of Commerce. https://data.census.gov/table?q=age%20and%20sex%20los%20new%20mexico

U.S. 2022 Census Estimates. *2022: ACS 1-Year Estimates Subject Tables.*

U.S. Dept of Health and Human and Services (2024). *Notice of funding opportunity.* Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Systems. https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/hrsa-24-049-miechv-nofo.pdf

Williams, V. N., Franco, C. Y., Lopez, C. C., Allison, M. A., Olds, D. L., & Tung, G. J. (2021). A qualitative study of mothers' perspectives on enrolling and engaging in an evidence-based nurse home visiting program. *Prevention Science, 22*(7), 845–855. https://doi.org/10.1007/s11121-021-01260-5

Wolfe-Turner, M., Cabello-De la Garza, A., Kazouh, A., Zolotor, A. J., Klika, J. B., Wolfe, C., & Lanier, P. (2020). Intention to engage in maternal and child health home visiting. *Social Work in Public Health, 35*(4), 197–212. https://doi.org/10.1080/19371918.2020.1767751

Zaid, S., McCombs-Thornton, K., Childress, L., Cachat, P., Filene, J., & Faucetta, K. (2022). *Family level assessment and state of home visiting outreach and recruitment study report* OPRE Report #2022–110. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

https://acf.gov/sites/default/files/documents/opre/FLASHVOutreachRecruitment_508_v2.pdf

Appendix. Methods

This appendix describes our approach to search for, screen, identify, and analyze resources. First, we describe the parameters for the resource search, including sources of information and search terms. Next, we describe the process for screening the resources, and then we characterize the types of studies and resources included in the review.

Parameters of evidence review

We conducted a systematic search for peer-reviewed manuscripts (including literature reviews and individual studies) and gray literature (such as reports, briefs, white papers, posters, and presentations) conducted in the past 10 years (i.e., from 2013 through 2023). To identify peer-reviewed literature, we used Google Scholar and exported the titles and abstracts for the first 40 pieces of literature. To find gray literature, we conducted a Google search and considered the first four pages of sources listed. Search terms used in these databases are provided in Table 1. We also reviewed resources from Los Angeles County, University of New Mexico, Home Visiting Applied Research Collaborative (HARC), and the Prenatal-to-3 Policy Impact Center. Last, we drew on recommendations from the Hilton Foundation early childhood development team who provided resources included in our review and background and contextual information on home visiting in Los Angeles and New Mexico.

Table A1. Search terms

Search terms for questions 1 and 2
"Home visiting" OR "home visit" OR "home visitation" AND recruit* OR engage* OR enroll* OR uptake OR participant* Note: The first search term, "home visiting," is expected to yield results from across all models of home visiting (e.g., "Parents As Teachers," "Nurse Family Partnership"). If search results do not include studies of at least five different models of home visiting, the team will conduct additional searches that name home visiting models that 1) are of most interest to Hilton and 2) have evidence of positive impacts among Black, Indigenous, or Latiné families.
Search terms for question 3
Search terms for questions 1 and 2 plus: AND LA OR "LA County" OR "Los Angeles" OR "New Mexico" OR NM
Search terms for question 4
Search terms for questions 1 and 2 plus: AND "Black" OR "African American" OR "Latinx" OR "Latino" OR "Latiné" OR "Hispanic" OR "Indigenous" OR "Tribal" OR "Native"

Screening

All resource citations and abstracts (or executive summaries or introductory text) were managed using the Zotero reference management software. Citations and abstracts were uploaded into the systematic review tool Covidence[47] and underwent three review phases: 1) abstract screening, 2) full text review, and 3) data extraction.

The project team developed inclusion criteria that reviewers used to screen all references for relevance (Table A2). Two trained reviewers used the title and abstract to determine whether a reference met the study inclusion criteria. To ensure consistency across reviewers, 10 percent of resources were double screened. A senior team member resolved any conflicts between reviewers' decisions and any references team members were unsure whether to screen in.

Table A2. Resource inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Addresses home visiting recruitment and/or uptake specifically OR Suggests a strategy for consideration based on study findings OR Describes a recruitment and/or uptake strategy that is being implemented but does not have evidence supporting its effectiveness **Population.** Maternal, infant, and early childhood; pregnant or parenting mothers, fathers, caregivers, or families with children ages 0–5 **Language:** Published in English **Conducted and published in the U.S.** **Published during or after 2013** (i.e., the past 10 years)	**Topics:** Examines aspects of home visiting, but only provides background or contextual information; physical or health care topics (e.g., home visiting for young children with asthma); resources that only examined engagement beyond 3 months, retention, and attrition without recruitment/uptake implications in discussion section; recruitment/retention of home visiting staff. **Wrong population** (e.g., home visiting for adolescents managing a disease) **Not conducted and published in the U.S.** **Published before 2013** (unless considered seminal)

Approach to reviewing resources

Trained reviewers used a data extraction template to document relevant information from included resources (Table A3).[48] The review template focused on extracting empirical evidence along with suggested practices based on data or described practices being implemented that drive outreach, recruitment, and uptake. An experienced reviewer separately reviewed each team member's first assignment and inspected all subsequent reviews to ensure information was extracted completely, accurately, and consistently across reviewers.

[47] A web-based platform that streamlines and systematizes literature reviews. https://www.covidence.org/
[48] Resources not uploaded into Covidence included poster and PowerPoint presentations, video transcripts, and websites containing non-PDF information. These resources were reviewed and analyzed using the data extraction template.

Table A3. Resource data extraction template

Extraction category	Response options
Title of Resource	[Open-ended]
Type of Product	○ Journal article ○ Report/Brief ○ Dissertation ○ Presentation ○ Other_____
Limited related content (If yes was selected, the reviewer skipped down to the Findings/conclusion section)	○ Yes ○ No
Models examined	[Open-ended]
What topic(s) is addressed (select all that apply but at least one option must be recruitment and/or uptake)	☐ Recruitment/enrollment ☐ Uptake ☐ Engagement ☐ Family retention ☐ Attrition
Definitions and Operationalization – For topics marked above, the reviewer provided a definition and/or how the resource operationalized the definition of what they were measuring)	☐ Recruitment/enrollment ▪ Definition ▪ Operationalization ☐ Uptake ▪ Definition ▪ Operationalization ☐ Engagement ▪ Definition ▪ Operationalization ☐ Family retention ▪ Definition ▪ Operationalization ☐ Attrition ▪ Definition ▪ Operationalization
Intervention used	[Open-ended]
Study Design	○ Qualitative ○ Descriptive (Quant) ○ Quasi-experimental (Quant) ○ Experimental (Quant) ○ Mixed methods ○ Other _____
Data collection methods (Select all that apply)	☐ Surveys ☐ Interviews/focus groups ☐ Document reviews ☐ Administrative data ☐ Observations ☐ Other

Extraction category	Response options
Sample size	[Open-ended]
Population description	[Open-ended]
Sample characteristics - Race and ethnicity (Select all that apply)	☐ Multiple racial/ethnic groups ☐ Black ☐ Indigenous ☐ Latiné ☐ White ☐ Asian ☐ Other _____
Percentage of sample by race/ethnicity (For each race and ethnicity selected in the sample characteristics, the reviewer indicated the percent makeup in the sample using the thresholds provided)	• >=75% • >=50%<75% • >=25%<50% • <25%
Sample Characteristics – Geography (Select all that apply)	☐ Los Angeles ☐ New Mexico ☐ Rural ☐ Urban ☐ Other _____
Other sample characteristics	[Open-ended]
Findings/conclusions	[Open-ended] Example: Open-ended response associated with each focal outcome. E.g., "This study showed that a warm hand-off increased the likelihood of enrollment by 25%."
Resource relevancy	○ Tier 1: resource that is specifically about recruitment and/or uptake and provides evidence (positive, negative, null) for one or more specific recruitment/uptake strategy(s) ○ Tier 2: resource discusses strategies used for recruitment/uptake but is anecdotal/not studied OR discusses strategies are likely relevant to home recruitment/uptake but these specific terms are not used OR resource identifies phenomena that decrease recruitment/uptake ○ Tier 3: resource has implications for recruitment/uptake strategies, but they are only discussed conceptually and/or broadly. For example, there may be suggestions in the implications section