

Rural Home Visiting Resource Guide

This guide is the result of contributions of home visiting models and programs all across the United States during a time of great need. The COVID-19 pandemic has not only put vulnerable families under even more stress, but it's also impacted family support professionals, their families and their communities. Trying to serve vulnerable families while dealing with their own pressures has called on the resilience of family support professionals to adapt their practice to a new, virtual environment.

We hope you find the information in this resource guide to be useful in your work with rural families.

About This Guide

The topics covered in this resource guide are directly related to serving families in rural communities and remote locations. It includes:

- Challenges
- Opportunities
- Strategies Using a Protective Factors Framework
- Cultural Considerations
- Successful Strategies from the Field
- Resources Relevant to Serving Rural Families During COVID-19

For more general information about all things virtual—the use of technology, service delivery, parent-child interactions, child development, screening, consent, enrollment, self-care, supervision and other home visiting topics—see the appropriate resources on the Rapid Response Virtual Home Visiting website.

Challenges

Technology is often an obstacle in rural settings.

- Even in homes that have internet, the service may be weak and slow.
- The bandwidth to complete video conferencing visits may not be available in certain areas.
- Clients may not have access to needed hardware requirements and software.
- In some cases, the family support professional lacks a reliable phone or internet connection, so working from home is not possible.
- In some remote (particularly tribal) communities, there is no ability to get internet or cell phone service in people's homes.
- Families with prepaid cellphones may not have enough minutes or may be appropriately protective of their minutes.

Families have reduced access to basic necessities.

- This may include cleaning supplies, diapers, formula, and certain foods.
- Because of job loss, families are losing their health insurance.
- In many tribal and other remote communities, the poor access to food and necessities has been worsened by the COVID-19 crisis. For example, for Alaskan native villages that rely on airplanes to deliver supplies, this has stopped altogether.
- In settings where families rely on school meals for older children, they may have to travel long distances daily to pick up that food. They also may lack transportation to do so.
- Some tribes have closed reservations or nearby towns may be closed. This means people cannot leave their homes to purchase necessities.
- In tribal communities where tribal services are paid for through revenue from tribal businesses that are now closed, the services may no longer exist.
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Families are under a lot of stress

- Some are overwhelmed with their children's schoolwork and Zoom calls.
- Some don't want the virtual visits.
- A quarantine or lockdown situation may have increased a family's social isolation.
- Families without access to internet video conferencing (IVC) may not see anyone face-to-face for weeks on end.
- In tribal areas, many people rely on access to ceremony and traditions in community settings for social and spiritual support. This is no longer possible and it's unknown when they can safely return to these traditions.

Resources may currently be limited or non-existent

- Public transportation may have decreased or stopped services.
- Medical offices may have moved to offering telehealth.
- Mental health services may have also moved online.
- Telehealth may be difficult for families to access.
- Families are struggling to get access to prenatal, postpartum, and well-child visits.

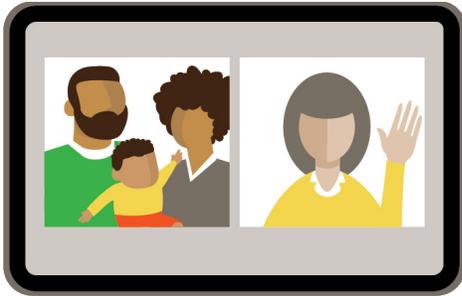
Communication with referral sources has changed.

- Families may have lost contact with their existing resources.
- It can be difficult for family support professionals (FSPs) to find how existing resources have changed their operations and to locate new resources.

Access to education

- Where GED classes have been held on-ground has changed; some classes have been suspended while others are now offered virtually.
- It's difficult to manage coursework using a cellphone.





A Protective Factors Framework for Addressing Challenges and Opportunities Virtually For Rural Communities

Parental Resilience – Ask and Offer

Ask, “How can we best stay connected?” or “How can I support you to stay connected?”

- Offer to mail materials with a self-addressed stamped envelope (SASE) for return correspondence; send texts; use and offer texting apps such as What’s App, Wi-Fi mobile hotspots; talk on phone calls; and drop off resource/activity kits.*
- From the field: “Almost all visits during this time are mental health check-ins. We [are] offering a lot more validation for families’ feelings of fear and anxiety so people know they are not alone. We are using this time to really build stronger relationships with families.”
- Creative partnering and problem solving can occur in this setting. This can build a strong relationship between the parent and the family support professional.
- Send out mass texts of information and reminder texts as needed.
- Young parents tend to prefer texting. One FSP writes, “I will call each of them at least every couple of weeks but in between we do a lot of texting back and forth. They will ask anything over a text and always respond. They appreciate my flexibility and being available.”

*While you want to be available to families by text and phone calls, remember to be clear about your boundaries. Many programs may be working different hours due to the COVID-19 pandemic and to allow flexibility for FSPs who are also balancing home, kids, and work needs. Be sure to have the conversation about boundaries and self-care with your supervisor as you navigate this new norm.

Opportunities

- FSPs working with tribal families living in isolated communities may virtually experience more interactions with their families, fewer cancellations and more engagement. This may reduce the sense of isolation.
- Remote families that have never been able to attend an in-person group connection may be more likely to join because of the virtual setting. FSPs have reported that some parents who struggle with social anxiety have felt more comfortable in the virtual setting (with the option of having their camera off).
- FSPs can be flexible in their service deliveries and have reflective conversations with their peers.
- For some programs, gaining access to new resources has come with the opportunity for better partnering with other organizations to meet the goals of serving their vulnerable population.
- Some FSPs report that telehealth has allowed for more regular scheduling and completion of visits, plus the added value of time to schedule extra visits, which is especially important for isolated families.
- On phone calls, it may be easier to pick up on “I’m OK” (but not really) and clients being more forthcoming in discussing their struggles.
- Since they’re spending less time traveling to rural locations, FSPs have more time to examine their forms.

Social Connections – Ask and Offer

Ask, “Who are you connecting with virtually?” “How has your typical circle of support shifted during this time?” and/or “How might the quality of relationships be changing?”

- Offer strategies for connecting to peer support, extended family and friends.
 - Coach families to stay connected with a group of family and friends via phone, email, mail, or social media during this time.
- In tribal areas, FSPs can ask questions about and provide support around connecting to culture, tradition, and community in other ways.
- Send flyers and posts to families regarding resources from social media.
- Explore offering group gatherings online via a video conference platform or a social media or texting platform. For families who do not have access to video conference platforms due to technology barriers, texting and social media groups can create a sense of virtual community.
- Share opportunities for other social gatherings. Some examples include reading a book or movie with a friend and then chatting about it via text or phone, joining an online exercise class or going on walks if possible; plan virtual dinner or coffee breaks with a friend or family member.
- NAMI (National Alliance on Mental Illness) hosts online community discussion groups where people exchange support and encouragement. Create a free NAMI account to join one. Contact your local NAMI Affiliate to find online and other resources in your area (see resources on last page).

Concrete Support in Times of Need – Ask and Offer

Ask, “What resources might you need?” and/or “Is there anything you’re having trouble finding or getting?” and/or “What health and safety needs might you or your family members have?”

- FSPs can be more mindful of parents who are more socially isolated and lack a support system by giving them more time to talk about how they are feeling. Families have reported that this makes them feel less alone during this crisis.
- Some FSPs have encouraged parents to follow through with their budget goals after receiving stimulus checks so they have money for bills.
- One program sent its program surveys in SASEs. They report getting positive feedback about how the home visitors are helping the family by “calming their fears about the Covid-19.”
- Consider partnering with another community resource to distribute child development and/or parenting information and activities. For instance, some programs have partnered with school food distribution sites or with food banks to distribute information about their program or parenting information during this time.
- Explore partnerships with diaper banks and other community resources that provide tangible items families need during this time. Some programs are providing drop offs of supplies such as diapers, cleaning items, toilet paper or other personal hygiene items at families’ doorsteps. When doing so additional child development and parenting information can also be left.

Cultural Considerations

- Some families may want to visit other family members during this time. They are used to being with grandparents and feel emotionally better being with them.
- Some immigrant families are afraid and, with conflicting information coming from various sources, don't know who or what to believe. Remain calm while giving them the information and support their need to protect themselves and others.
- In tribal communities, it's the culture for families to take care of their loved ones. FSPs have seen families grow closer together, start relying on each more and trying to support neighbors.
- In delivering the Nurse Family Partnership model virtually, a nurse reported that though she's not viewing the facial expressions of the mothers, she is cognizant of the influence of their culture's pride and sense of privacy. She says to be sensitive to these values when offering the opportunity for a struggling mom to "open up."



Successful Strategies from the Field

Technology Solutions

- If internet is an option, but bandwidth is a challenge. Consider these strategies:
 - Schedule the video call at a time when others in the home can all be off of internet (i.e. no streaming, no video calls, no online schooling).
 - Use a video conferencing platform but use the audio through phone. This will take less bandwidth and can add a visual element to your visits.
- If IVC is not an option, but the family has some data access, consider having them take a video clip of a routine with their child or another PCI moment and upload it to a location in the Cloud. Then you can watch it ahead of your phone time together and reflect on the shared experience.
- Using a Cloud location such as Google Drive can also help with sending documents back and forth.
- Provide families with a cellphone with a data plan or a hotspot. In places where cell service is not available, consider supporting the installation of a landline.
- Some programs use remote hotspots. The FSP drives to the family's home and turns on their hotspot to conduct the visit from the car. This gives the family access to the Wi-Fi and can allow for an IVC visit. FSPs can also use the opportunity to drop off resources, supplies or materials for the visit.
- Some FSPs have reported driving to public libraries or tribal offices to find stronger signals to connect from their car. It could also be an option for families. They could even pull up alongside and see each other in the car.

- One program mailed cheap phone stands to their rural families for hands-free virtual visiting.
- Keep updated on available resources for families, as during a time of crisis the resources change. When a staff member learns about a resource, they can share the information throughout the program so it can be shared with families. Some programs have had more frequent staff meetings to ensure that staff have time to talk to each other and share ideas about connecting families to resources when it is needed.
- Have regular communication with referral partners for continued intake of new prenatal moms into services.
- Send information to families before the visit via postal mail.
- Do not get involved with disagreements about COVID-19 or putting CDC recommendations into practice. Remain true to the facts that are available.
- Some programs have ordered needed supplies such as diapers and wipes through Amazon and Walmart to be delivered directly to families' homes.
- Some FSPs have started private Facebook groups for their rural teen moms and other sub-groups of families. The FSP posts about area resources and offers support, and the families support each other. This has proven to be a successful way to connect.

Resources Relevant to Serving Rural Families During COVID-19

Broadband

H.R.6474 - Healthcare Broadband Expansion During COVID-19 Act was introduced in the House Energy and Commerce Committee in April, 2020. It seeks to provide for the expansion of the Rural Health Care Program of the Federal Communications Commission in response to COVID-19, and for other purposes.

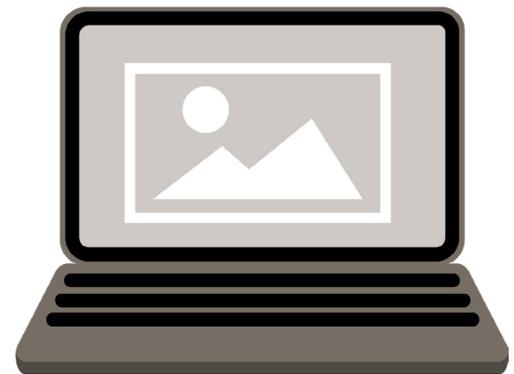
- [Rural Regions Push for more Broadband](#)

From the Rural Health Information Hub:

- [Resources Available for Rural Communication Planning](#)
- [Rural Transportation Toolkit](#)

From the National Home Visiting Resource Center:

- [Early Childhood Home Visiting with Rural Low-Income Families](#)
- [Increasing Home Visiting Referrals Through Implementation, Dissemination and Evaluation: Perspectives From Rural Healthcare Providers](#)
- [Engaging Rural Stakeholders](#)
- [Home Visiting in Rural Communities](#)



From Policy Lab:

- [Home Visiting Programs Address Rural Health Challenges](#)
- [Framework for Identifying Rural Adaptation in Home Visiting](#)
- [Ensuring Rural Kids are Part of the Health Equity Conversation](#)

From NAMI:

- NAMI HelpLine Monday-Friday, 10:00 a.m. to 6:00 p.m., ET (800) 950-6264)
- [Find your local NAMI support](#)
- [NAMI COVID-19 Information & Resources, May 2020](#)
- [7 Cups](#) - Free online chat for emotional support and counseling. Also offers fee-for-service online therapy with a licensed mental health professional. Service and website also offered in Spanish; website offered in many languages other than English. Download the app on the App Store or Google Play.)
- [18percent](#) - Free, peer-to-peer online support community for people experiencing a range of mental health issues Offers online mental health resources, quizzes, news, “ask the therapist” and online support communities.
- [Emotions Anonymous](#) - Nonprofessional group focusing on emotional well-being in in-person and online weekly meetings.
- [ForLikeMinds](#) - Online mental health support network for people are living with or supporting someone with experiencing mental health conditions, substance use disorders or stressful life events
- [+supportgroups](#) - Listings of online support groups
- [SupportGroupsCentral](#) - Virtual support groups on various mental health conditions. Free or low-cost. Website offered in many languages other than English.
- [The Tribe Wellness Community](#) - Free, online peer support groups. Focused groups include addiction, anxiety, depression, HIV/AIDS, LGBT, marriage/family, OCD and teens.

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