Impacts of the COVID-19 pandemic have been vast, with increasing research suggesting some families who are already more vulnerable due to low-income or family risk status are disproportionately impacted by loss of income, mental health inequality, higher exposure to health risks, and higher rates of COVID-19 infection and death. In addition to health and economic risks, COVID-related social isolation created substantial barriers to the provision of family support services like those provided by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. In response to these challenges, the Iowa Department of Public Health, with support from the Association of Maternal & Child Health Programs, implemented the Phones for Families program to help address social isolation and continue provision of services virtually by providing loaner smartphones to families receiving services during the pandemic.

79% of families reported they were “very satisfied” with the program. 

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

If given the choice, would you continue virtual visits after the pandemic?

Family Survey (N=22) Provider Survey (N=31)
- In-Person Only 9% 10%
- Virtual Only 9% 3%
- Mix of Both 82% 87%

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

Families responded that they were spending more time in virtual visits (compared to pre-pandemic visits and before the provision of the loaner phone) discussing access to resources, parenting education, child growth & development, self-care, emotional health, personal and child health care, and child behavior.

Future Directions
1) Consider expanding professional development and trainings to assist providers with planning, managing, trouble shooting, and coaching families in virtual visits.
2) Explore opportunities to provide internet or hot-spot access to both families and providers in order to mitigate connection barriers.
3) Expansion of this program should consider which curricula are most appropriate for virtual visits and consider the addition of virtual family support options.

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