DOHVE

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

COMMUNICATIONS TOOLKIT: MATERIALS TO SHARE YOUR PROGRAM'S BENCHMARK AREA ACCOMPLISHMENTS

AUGUST 2017

About DOHVE Technical Assistance

The purpose of the Design Options for Home Visiting Evaluation (DOHVE) contract is to provide research and evaluation support for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

This document was prepared for the U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA) by James Bell Associates under ACF contract number HHSP233201500133I.

For additional DOHVE resources, please visit:
http://www.jbassoc.com/reports-publications/dohve

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Communications Toolkit

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Introduction

What type of people does your state's Maternal, Infant, and Early Childhood Home Visiting Program serve? What has your program accomplished this year?

The performance measure data that you have collected as part of your state's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program are a valuable resource to help you explore these types of questions. This toolkit is intended to help you share the answers to these important questions with your key stakeholders. It will help you use your annual performance data to showcase your findings, including your program's accomplishments. The toolkit includes samples and templates to help you package and share your performance measure data.

Materials in this Toolkit

This section describes the parts of this toolkit, which include:

- Fact sheets
- Charts and data dashboards
- Presentation slides

Fact Sheets

A fact sheet is a one- to two-page document that summarizes key points in a format that is easy to use. The fact sheets:

- Provide a quick summary of key points.
- Are intended for an audience with little to no knowledge of the MIECHV Program, MIECHV performance data, or evaluation terms.
- Are valuable to a wide range of stakeholders and the public as a tool to succinctly highlight your home visiting program's focus on a particular issue or need.

This toolkit includes three sample fact sheets in the Fact Sheets section addressing the following topics: (1) your home visiting program's key accomplishments, (2) your program's progress in addressing primary caregiver depression screening, and (3) your program's progress in promoting breastfeeding.

Charts and Data Dashboards

This toolkit includes sections on Charts and Data Dashboards, along with an attached Excel workbook, showing multiple types of charts and guidance on selecting the most appropriate visualization for your type of data. Sample charts are included for horizontal and vertical bar charts, line charts, and pie charts. These can be used as models to create graphs about any performance measure you want to highlight. A fillable data dashboard is included on a separate tab in the Excel workbook. There are also example dashboards with sample breastfeeding and primary caregiver depression screening data to give you examples of how to fill in the handouts with your own data.

Presentation Slides

PowerPoint slides are a visual tool to accompany your presentation and highlight your key points. When you use PowerPoint slides, you want people to pay attention to what you are saying, not just read the slides. In other words, remember that the content on the slides is not your presentation script. This toolkit includes directions in the Presentation Slides section and sample presentation slides in an attached PowerPoint document with tips on how to design your slides according to data visualization and graphic design best principles.

Tips on Sharing Your Accomplishments Using Performance Measure Data

1. Identify your target audience.

Local agency partners, community organizations, and other stakeholders may all have an active interest in your home visiting program's performance. Consider the following questions to help tailor your communication materials to your audience:

- Who would benefit from knowing about your program's accomplishments and the data you collected for your performance measures?
- Why do they need the information?
- How will they use the information?

2. Match the type of information you want to share with the best vehicle for communication.

Different product types serve different purposes:

- Fact sheets make good handouts to accompany a presentation and are useful to share with potential partners and stakeholders.
- Charts and data dashboards can visually depict multiple data points that can be used in a presentation or as a stand-alone handout.
- Presentations allow for a combination of sharing data and storytelling to share a full picture of your home visiting program.

3. Create a package of information.

The information you share will make the biggest impact if people see and hear it multiple times in multiple ways. Consider how your materials work together, and reinforce the information you are sharing.

4. Disseminate information in multiple ways.

Just as products are often advertised via radio, TV, the internet, and magazines, make your performance measure findings available in multiple places. Potential ways to distribute information include:

- Your agency website,
- Email lists or newsletters, and
- Presentations, such as those for conferences and meetings.

What Performance Measure Data Can and Cannot Tell Us

It is important to remember that performance measure data are designed to track overall program performance.

They cannot definitively tell us whether the outcomes for participants have improved due to participation in the program. For example, you can say, "The percentage of participating mothers who breastfed their children any amount at 6 months increased from 2015 to 2016." However, these data should not be used to say, "Mothers who participated in our home visiting programs were more likely to breastfeed their children any amount at 6 months compared with mothers who did not participate in our home visiting programs." Since the analysis of performance measure data does not include a comparison group, the latter type of statement should not be used to make causal inferences.

The good news is that you can use your performance data to talk about your progress in meeting programmatic goals.

For example, you can say, "One of our goals over the last three years has been to improve the percentage of participating mothers who breastfed their children any amount at 6 months of age. I'm proud to say that we've met this goal! During the first year of our program, only 29% of participating mothers breastfed their children any amount at 6 months. But today, over 52% of our mothers are."

Performance data may also be used to identify areas where your program is struggling.

When you learn where you are experiencing challenges, you can then communicate those areas you want to improve with key stakeholders. For example, sharing your program's data with stakeholders may help uncover important issues that need to be addressed and can mobilize community partners to work together to achieve common goals.

Background Information

This section provides technical background information that may be useful as you create materials and information to share with your stakeholders.

Overview of the Maternal, Infant, and Early Childhood Home Visiting Program

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. MIECHV facilitates collaboration and partnership at the federal, state, and community levels to respond to the diverse needs of children and families in at-risk communities through home visiting. Goals for every program are to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. The program began in 2010 and is administered by the Health Resources and Services Administration (HRSA) in collaboration with the Administration for Children and Families (ACF).

MIECHV funding can be used to "scale up" (i.e., build capacity, replicate, provide training and technical assistance) and to provide direct services to families. Awardees must use the majority of program funds to implement evidence-based home visiting models. The following 18 home visiting models meet the criteria for being evidence-based based on review by the Department of Health and Human Services' Home Visiting Evidence of Effectiveness (HomVEE)[1]:

- Attachment and Biobehavioral Catch-Up (ABC) Intervention
- Child FIRST
- Early Head Start—Home Based Option
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up for Children
- Family Connects
- Family Spirit
- Health Access Nurturing Development Services (HANDS) Program

- Healthy Beginnings
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Maternal Early Childhood Sustained Home Visiting Program
- Minding the Baby
- Nurse-Family Partnership
- Parents as Teachers
- Play and Learning Strategies – Infant
- SafeCare Augmented

Awardees also may implement promising approach home visiting models—models that do not yet have demonstrated evidence of effectiveness through a rigorous evaluation but that have shown some

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[1] For more information on the Home Visiting Evidence of Effectiveness, visit http://homvee.acf.hhs.gov/.

success in improving outcomes for at-risk families. Awardees that choose to implement promising approaches must conduct a rigorous evaluation of the model.

Fifty-six states/territories receive MIECHV funding. Most awardees are state/territorial government agencies; however, a small number are statewide networks run by large, private, non-profit organizations. The majority of MIECHV awardees sought funding to expand access to home visiting services within their state or territory.

Performance Measure Data

All awardees funded by MIECHV must collect and report data on program implementation and performance for eligible families participating in the program in the legislatively mandated performance areas of (1) improvements in maternal, newborn, and child health; (2) prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits; (3) improvements in school readiness and child academic achievement; (4) reductions in crime or domestic violence; (5) improvements in family economic self-sufficiency; and (6) improvements in the coordination and referrals for other community resources and supports.

There are 19 performance measures utilized to collect information across these areas. Table 1 on the next page lists the 19 performance measures developed by HRSA in response to the areas mandated in the MIECHV legislation. Performance measure data help awardees identify their successes as well as areas in which they need to improve. HRSA identified two types of measures: performance indicators and systems outcome measures. Performance indicators are relatively proximal to the home visiting intervention and have been shown through previous research to be sensitive to change through home visiting alone. There are 11 performance indicators. Systems outcomes measures are more distal to the home visiting intervention and/or do not have strong evidence to support the effect of home visiting alone on the outcome. There are eight systems outcome measures.

DOHVE Overview

Design Options for Home Visiting Evaluation (DOHVE) provides research and evaluation support for MIECHV awardees. A key component of DOHVE is the provision of technical assistance around performance measurement.

Additional Resources

For additional DOHVE resources, please visit: www.jbassoc.com/reports-publications/dohve

For additional MIECHV Program resources, please visit:

- Home Visiting Evidence of Effectiveness: homvee.acf.hhs.gov/
- Maternal, Infant, and Early Childhood Home Visiting: mchb.hrsa.gov/programs/homevisiting/
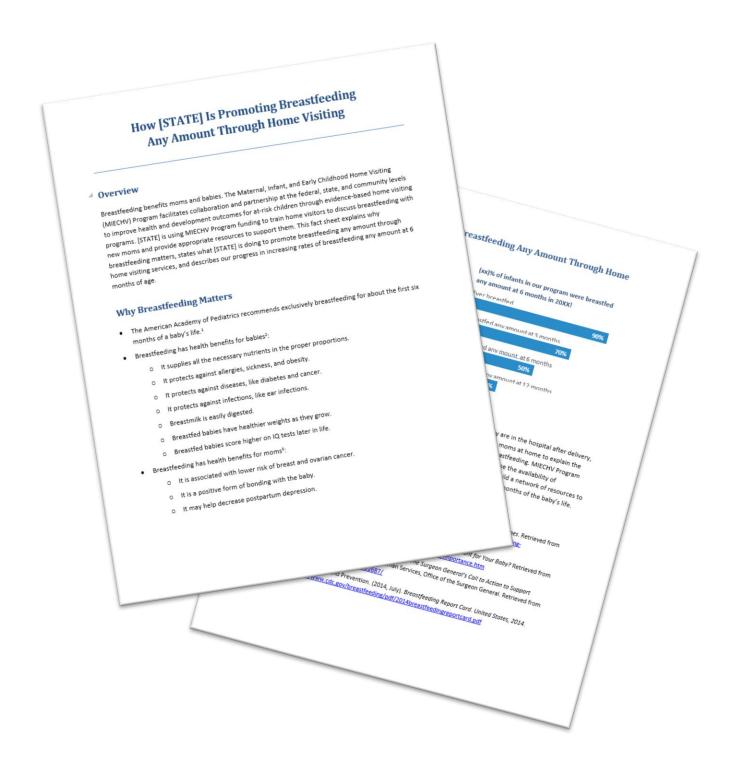
Table 1. MIECHV Performance Measures

	Performance Measures		
1	**Preterm Birth**	Systems outcome	Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment
2	**Breastfeeding**	Systems outcome	Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age
3	**Depression Screening**	Performance indicator	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)
4	**Well Child Visit**	Performance indicator	Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule
5	**Postpartum Care**	Performance indicator	Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery
6	**Tobacco Cessation Referrals**	Performance indicator	Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment
7	**Safe Sleep**	Performance indicator	Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding
8	**Child Injury**	Systems outcome	Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting
9	**Child Maltreatment**	Systems outcome	Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period
10	**Parent-Child Interaction**	Performance indicator	Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool

Performance Measures

11	Early Language and Literacy Activities	Performance indicator	Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day
12	Developmental Screening	Performance indicator	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool
13	Behavioral Concerns	Performance indicator	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
14	IPV Screening	Performance indicator	Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool
15	Primary Caregiver Education	Systems outcome	Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting
16	Continuity of Health Insurance Coverage	Systems outcome	Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months
17	Completed Depression Referrals	Systems outcome	Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
18	Completed Developmental Referrals	Systems outcome	Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner
19	IPV referrals	Performance indicator	Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources

Fact Sheets

The fact sheets can be directly edited in the pages below or in the attached Word document.

How [STATE] Is Promoting Breastfeeding Any Amount Through Home Visiting

Overview

Breastfeeding benefits moms and babies. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. [STATE] is using MIECHV Program funding to train home visitors to discuss breastfeeding with new moms and provide appropriate resources to support them. This fact sheet explains why breastfeeding matters, states what [STATE] is doing to promote breastfeeding any amount through home visiting services, and describes our progress in increasing rates of breastfeeding any amount at 6 months of age.

Why Breastfeeding Matters

- The American Academy of Pediatrics recommends exclusively breastfeeding for about the first six months of a baby's life.[1]
- Breastfeeding has health benefits for babies[2]:
  - It supplies all the necessary nutrients in the proper proportions.
  - It protects against allergies, sickness, and obesity.
  - It protects against diseases, like diabetes and cancer.
  - It protects against infections, like ear infections.
  - Breastmilk is easily digested.
  - Breastfed babies have healthier weights as they grow.
  - Breastfed babies score higher on IQ tests later in life.
- Breastfeeding has health benefits for moms[3]:
  - It is associated with lower risk of breast and ovarian cancer.
  - It is a positive form of bonding with the baby.
  - It may help decrease postpartum depression.

Breastfeeding Any Amount Through Home

(xx)% of infants in our program were breastfed any amount at 6 months in 20XX!

Ever breastfed

...stfed any amount at 3 months   90%

...d any mount at 6 months   70%

...ny amount at 12 months   50%

...%

...y are in the hospital after delivery,
...moms at home to explain the
...astfeeding. MIECHV Program
...se the availability of
...ild a network of resources to
...onths of the baby's life.

...es. Retrieved from

...nt for Your Baby? Retrieved from
...mimportance.htm

...an Services, Office of the Surgeon General. Retrieved from
...2687/   The Surgeon General's Call to Action to Support
...nd Prevention. (2014, July). Breastfeeding Report Card. United States, 2014.
...www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf

Fillable Fact Sheet Directions

Fact sheets are helpful to share a quick summary succinctly highlighting your home visiting program's focus on a particular issue or need. This toolkit includes three sample fact sheets addressing the following topics: 1) your home visiting program's key accomplishments, 2) your program's progress in addressing primary caregiver depression screening, and 3) your program's progress in promoting breastfeeding any amount at 6 months. To edit your fact sheet on the following pages, follow these steps:

1) Select the fact sheet closest to the data you would like to present. You may need to adapt one of the three examples to better suit your data.

2) Read through the text to confirm that it accurately reflects your program and the work you are doing. Modify the text as needed to highlight your program's efforts.

3) Replace any (xx)% or 20XX placeholders with your program's data. Use the chart templates (located in the Charts section) to replace the sample chart with a chart that best represents your program's data.

4) Highlight the two pages with your updated fact sheet, copy them, and then paste them onto a new Word document by right clicking in the blank new document and, under "Paste Options," selecting "Keep Source Formatting."

Home Visiting Accomplishments in [STATE]

Overview

[STATE] is working to improve the lives of low-income pregnant women and families with young children by increasing access to and the quality of home visiting programs. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. [STATE] is using MIECHV Program funding to increase the number of families receiving evidence-based home visiting services and to improve the quality of the state's home visiting services through training and supports. This fact sheet explains why home visiting matters, states what [STATE] is doing through home visiting, and describes recent accomplishments of the [STATE] home visiting program.

Why Home Visiting Matters

- Through home visiting programs, services are offered on a voluntary basis to pregnant women, expectant fathers, and parents or primary caregivers of children ages birth to kindergarten entry in their own home.

- Home visiting programs have been shown to improve parenting skills; children's cognitive, language, and social-emotional development; and school readiness.[1]

- Home visiting programs connect families to services and educational support to improve a child's health, development, and ability to learn.

Home Visiting in [STATE]

- Home visiting reached more than (xx) at-risk families in our state in 20XX.

    o   Most families served by our program were receiving Medicaid.

    o   Most families served by our program were living in single-parent homes.

    o   All families served by our program were living at or below (xx)% of the Federal poverty line.

- We conducted more than (xx) home visits in [STATE] in 20XX.

- Home visiting services reached at-risk families in (xx) counties.

- In 20XX, our state demonstrated improvement in a variety of outcomes:

    o   (xx)% of primary caregivers were screened for depression

- o (xx)% of caregivers who used tobacco at enrollment received tobacco cessation referrals

- o (xx)% of infants were breastfed any amount at 6 months of age

- o (xx)% of children received the last recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule

Summary

Home visiting services provide education, support, and referrals to expectant and new parents/caretakers in the home. [STATE]'s evidence-based home visiting program are reaching more at-risk families than ever before. Along with expanding the availability of home visiting services, [STATE] is conducting training to support local home visiting programs and is collecting data to measure program improvements across the state. [STATE] will continue to measure the performance of our home visiting program and strive to reach more vulnerable families with the services they need.

References

[1] The PEW Charitable Trust. (2014). *Home Visiting Family Support Programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program.* Washington, DC: The PEW Charitable Trust.

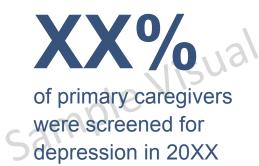# How [STATE] Is Addressing Primary Caregiver Depression Through Home Visiting

Overview

Primary caregiver depression includes a wide range of mood disorders that can affect women during pregnancy and families after the birth of the child. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. [STATE] is using MIECHV Program funding to train home visitors to discuss primary caregiver depression with participants and make appropriate referrals to mental health services. This fact sheet explains why primary caregiver depression matters, states what [STATE] is doing through home visiting to address primary caregiver depression, and describes our progress on screening for primary caregiver depression among expectant women and caregivers in the home visiting program.

Why Primary Caregiver Depression Matters

- Approximately 10–20% of women experience depression either during pregnancy or in the first 12 months postpartum.[1]

- Caregiver depression is a significant risk factor affecting the well-being and school readiness of young children.[2]

- Mothers with depression generally show less attentiveness and responsiveness to their children's needs.[3]

How [STATE] Is Addressing Primary Caregiver Depression Through Home Visiting

- Home visitors screen for primary caregiver depression and make referrals to mental health services.
- MIECHV Program funding is used to increase training for home visitors on primary caregiver depression and screening techniques.
- With funding from the MIECHV Program, [STATE]'s recent efforts ensured that (xx)% of primary caregivers in the program were screened for depression in 20XX.

XX%

of primary caregivers were screened for depression in 20XX

Sample Visual

Summary

Primary caregiver depression puts caregiversand children at risk for negative outcomes. Home visitors are trained to screen for depression and make appropriate referrals as they build trusting relationships with expectant and new caregivers. MIECHV Program funds are used in [STATE] to expand training for home visitors on effective screening and referral techniques. Since 2010, these resources have contributed to an increased number of screenings and more referrals to appropriate mental health services. In addition to monitoring depression screenings, MIECHV home visitors also track the completion of depression referrals to ensure families receive the support they need. Ultimately, connecting expectant and new caregivers to quality mental health services will result in healthier families.

References

[1] National Institute for Health Care Management and Education Foundation. (2010). *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans.* Washington, DC: National Institute for Health Care Management and Education Foundation.

[2] Knitzer, J., Theberge, S., & Johnson, K. (2008). *Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework.* New York, NY: National Center for Children in Poverty.

[3] Canadian Paediatric Society. (2004). Maternal depression and child development. *Paediatrics and Child Health*, 9(8), 575-583.

How [STATE] Is Promoting Breastfeeding Any Amount Through Home Visiting

Overview

Breastfeeding benefits moms and babies. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. [STATE] is using MIECHV Program funding to train home visitors to discuss breastfeeding with new moms and provide appropriate resources to support them. This fact sheet explains why breastfeeding matters, states what [STATE] is doing to promote breastfeeding any amount through home visiting services, and describes our progress in increasing rates of breastfeeding any amount at 6 months of age.

Why Breastfeeding Matters

- The American Academy of Pediatrics recommends exclusively breastfeeding for about the first six months of a baby's life.[1]

- Breastfeeding has health benefits for babies[2]:

    o It supplies all the necessary nutrients in the proper proportions.

    o It protects against allergies, sickness, and obesity.

    o It protects against diseases, like diabetes and cancer.

    o It protects against infections, like ear infections.

    o Breastmilk is easily digested.

    o Breastfed babies have healthier weights as they grow.

    o Breastfed babies score higher on IQ tests later in life.

- Breastfeeding has health benefits for moms[3]:

    o It is associated with lower risk of breast and ovarian cancer.

    o It is a positive form of bonding with the baby.

    o It may help decrease postpartum depression.

How [STATE] Is Promoting Breastfeeding Any Amount Through Home Visiting

- [STATE] is encouraging breastfeeding any amount through the MIECHV Program by training home visitors to explain the value of breastfeeding to new moms and share resources with women who struggle with breastfeeding.
- Nationally, 79% of moms initiate breastfeeding before they leave the hospital.[4]
- In [STATE], (xx)% of infants in the MIECHV Program were breastfed any amount at 6 months in 20XX.

(xx)% of infants in our program were breastfed any amount at 6 months in 20XX!

Ever breastfed
90%

Breastfed any amount at 3 months
70%

Breastfed any amount at 6 months
50%

Breastfed any amount at 12 months
30%

Sample Chart

Summary

While new moms may have good support for breastfeeding while they are in the hospital after delivery, they often need additional help at home. Home visitors work with new moms at home to explain the value of breastfeeding and share resources and materials to support breastfeeding. MIECHV Program funds are used in [STATE] to expand the reach of home visiting and increase the availability of breastfeeding resources to support new moms. In [STATE], our goal is to build a network of resources to increase the number of moms who breastfeed any amount for the first few months of the baby's life.

References

[1] American Association of Pediatrics. (2012, February). *AAP Reaffirms Breastfeeding Guidelines*. Retrieved from http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx#sthash.TrGXgclU.dpuf

[2] New York Department of Health. (2013, May). *Why Is Breastfeeding Important for Your Baby?* Retrieved from https://www.health.ny.gov/prevention/nutrition/wic/breastfeeding/importance.htm

[3] U.S. Department of Health and Human Services. (2011). *The Surgeon General's Call to Action to Support Breastfeeding.* U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK52687/

[4] Centers for Disease Control and Prevention. (2014, July). *Breastfeeding Report Card. United States, 2014*. Retrieved from http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf
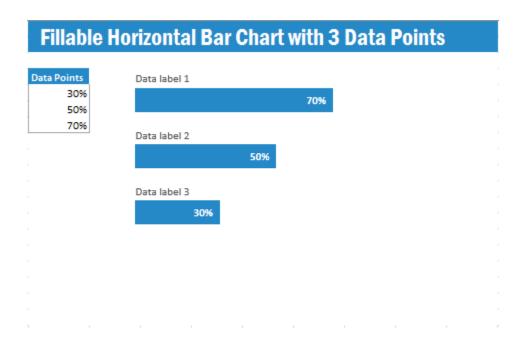
Charts

See the attached Excel document for further instructions, examples, and the fillable templates.

Fillable Horizontal Bar Chart Directions

Horizontal bar charts are excellent for sharing categorical data that does not have an order or rank, such as race or ethnicity. The charts in these templates include text box labels for each line. To edit your chart in the attached Excel document, follow these steps:
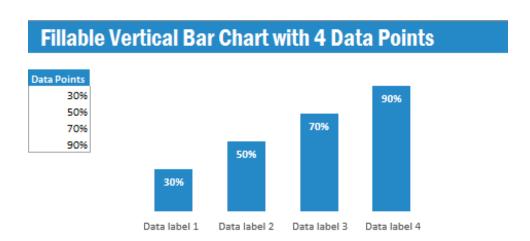
1) Select the chart with the number of data points you need to present.

2) Select the cells with the sample data points and type your data over the sample data. These cells are already formatted and will automatically update the chart.

3) Select the text of the data labels and type your labels over the sample data labels.

4) When you've updated your chart with your data points and labels, click to highlight the chart and copy/paste it into your materials.

Fillable Horizontal Bar Chart with 3 Data Points

Data Points
30%
50%
70%

Data label 1
70%

Data label 2
50%

Data label 3
30%

Fillable Vertical Bar Chart Directions

Vertical bar charts are excellent for sharing categorical data that has order or rank, such as responses in Likert scale form. The charts in these templates include text box labels for each line. To edit your chart in the attached Excel document, follow these steps:
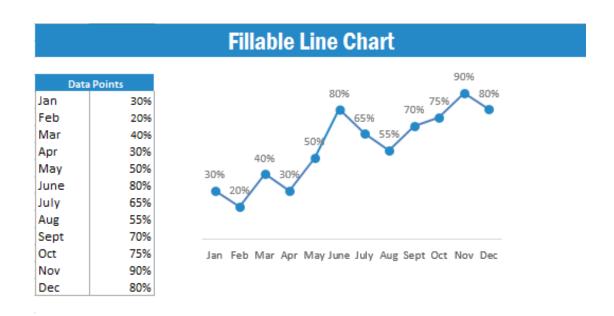
1) Select the chart with the number of data points you need to present.

2) Select the cells with the sample data points and type your data over the sample data. These cells are already formatted and will automatically update the chart.

3) Select the text of the data labels and type your labels over the sample data labels.

4) When you've updated your chart with your data points and labels, click to highlight the chart and copy/paste it into your materials.

Fillable Line Chart Directions

Line charts are excellent for sharing data points at multiple points in time, such as rate of completion of an activity each month. The line chart in this template can be updated to include any number of time points. To edit your chart in the attached Excel document, follow these steps:
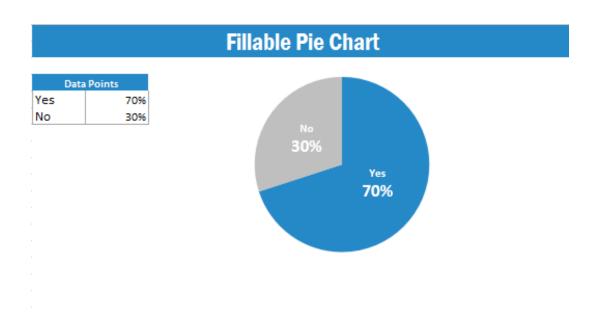
1) Select the cell with the sample data points and type your data over the sample data. These cells are already formatted and will automatically update the chart.

2) If you have more or less than 12 data points, right click the data line in the chart, then click "Select Data." When the options box opens, highlight the data points you entered and click "Ok." This will automatically update the chart with your data.

3) When you've updated your chart with your data points and labels, click to highlight the chart and copy/paste it into your materials.

Fillable Line Chart

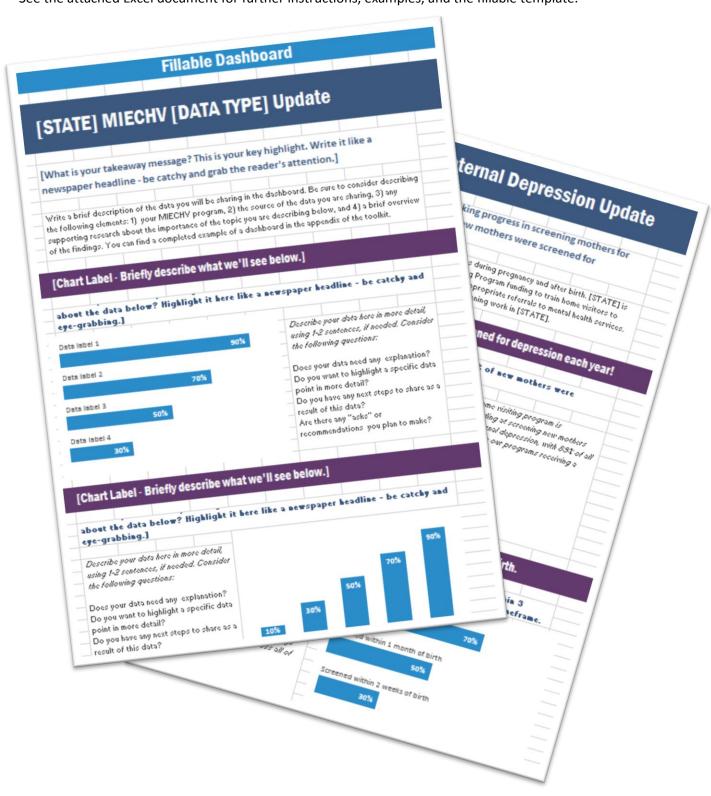| Data Points	
Jan	30%
Feb	20%
Mar	40%
Apr	30%
May	50%
June	80%
July	65%
Aug	55%
Sept	70%
Oct	75%
Nov	90%
Dec	80%

Fillable Pie Chart Directions

Pie charts are excellent for sharing binary data with two categories, such as yes/no data. Best practice recommends using pie charts with only two categories. If you need to present more than two categories, consider using a horizontal or vertical bar chart. To edit your chart in the attached Excel document, follow these steps:

1) Select the cell with the sample data points and type your data over the sample data. These cells are already formatted and will automatically update the chart.

2) Select the cell with the sample data labels and type your labels over the sample labels. These cells are already formatted and will automatically update the chart.

3) When you've updated your chart with your data points and labels, click to highlight the chart and copy/paste it into your materials.

Fillable Pie Chart

Data Points	
Yes	70%
No	30%

No
30%

Yes
70%

Data Dashboards

See the attached Excel document for further instructions, examples, and the fillable template.

Fillable Data Dashboard Directions

This fillable dashboard is intended to highlight one or two key points from your MIECHV data. Each section includes suggested text to help tell your program's story. The space allotted for each section reflects best practice in data visualization and graphic design to help make your data speak. To edit your dashboard in the attached Excel document, follow these steps:

1) Select the cell with the suggested text and type your program information in the space allotted. These cells are already formatted and the formatting will remain if new text is added.

2) The charts included here are sample charts from the accompanying tabs. Select the chart (or charts) that best represent your data, modify the chart using the directions on the specified chart's tab, and paste the chart you made in the other tab into this dashboard. Replace any (xx)% or 20XX placeholders with your program's data.

3) When adding highlights and explanation, aim to be as brief as possible. Use short, snappy headers to state key findings clearly and concisely. This will help your readers interpret your key messages at a glance.

4) After you have updated your text and charts, simply go to "File" and "Print" your document. The page settings are set to print any text or charts that are included within the page outline of the fillable dashboard. Avoid adding additional rows and columns because it will change the document print settings.

5) To save the dashboard as an individual page, go to "File" then "Print" and change the printer in the dropdown box to "Adobe PDF." When you click print, it will prompt you with a location to save the document rather than printing the document on paper.
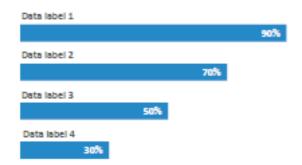
[STATE] MIECHV [DATA TYPE] Update

[What is your takeaway message? This is your key highlight. Write it like a newspaper headline - be catchy and grab the reader's attention.]

Write a brief description of the data you will be sharing in the dashboard. Be sure to consider describing the following elements: 1) your MIECHV program, 2) the source of the data you are sharing, 3) any supporting research about the importance of the topic you are describing below, and 4) a brief overview of the findings. You can find a completed example of a dashboard in the appendix of the toolkit.

[Chart Label - Briefly describe what we'll see below.]

[What is your takeaway message from the data below? What do we need to know about the data below? Highlight it here like a newspaper headline - be catchy and eye-grabbing.]

Data label 1

90%

Data label 2

70%

Data label 3

50%

Data label 4

30%

Describe your data here in more detail, using 1-2 sentences, if needed. Consider the following questions:

Does your data need any explanation?
Do you want to highlight a specific data point in more detail?
Do you have any next steps to share as a result of this data?
Are there any "asks" or recommendations you plan to make?

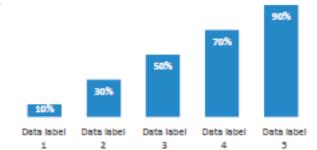## [Chart Label - Briefly describe what we'll see below.]

[What is your takeaway message from the data below? What do we need to know about the data below? Highlight it here like a newspaper headline - be catchy and eye-grabbing.]

Describe your data here in more detail, using 1-2 sentences, if needed. Consider the following questions:

Does your data need any explanation?
Do you want to highlight a specific data point in more detail?
Do you have any next steps to share as a result of this data?
Are there any "asks" or recommendations you plan to make?

10%

30%

50%

70%

90%

Data label 1

Data label 2

Data label 3

Data label 4

Data label 5

Presentation Slides

See the attached PowerPoint document for further instructions, examples, and the fillable templates.

Presentation Slides Directions

The presentation slides can help you combine your data and key talking points together to tell a more complete story about your home visiting program. Use the sample PowerPoint slides and directions below to craft your unique slide deck. To edit the sample PowerPoint documents, follow these steps:

1. This PowerPoint includes Pro Tips to help you design your own slide deck for presenting information to your stakeholders.

2. Following each Pro Tip is a designed slide using the tips from previous slides. Type over the existing information to personalize your slides with your own data. Replace any (xx)% or 20XX placeholders with your program's data.

3. Don't forget to delete the Pro Tip slides before you finalize your presentation!

4. Use the chart templates (located in the Charts section) to replace the sample chart with a chart that best represents your program's data. Pasting charts in PowerPoint can be tricky. Make sure you resize your chart to fill the slide and adjust the text size as needed.

THIS IS A SAMPLE POWERPOINT. THE INFORMATION SHOULD BE REPLACED WITH DATA AND UPDATES FROM YOUR PROGRAM.

[INSERT PRESENTATION TITLE HERE]

[INSERT PRESENTATION SUBTITLE HERE]

Directions

1. This PowerPoint includes Pro Tips to help you design your own slide deck for presenting information to your stakeholders.
2. Following each Pro Tip is a designed slide using the tips from previous slides. Type over the existing information to personalize your slides with your own data.
3. Don't forget to delete the Pro Tip slides before you finalize your presentation!
4. Use the chart templates (directions above) to replace the sample chart with a chart that best represents your program's data. Pasting charts in PowerPoint can be tricky. Make sure you resize your chart to fill the slide and adjust the text size as needed.

Pro Tip #1

Keep it as simple as possible. One chart per slide is great. Remember, white space is your friend!

X0% of infants receiving home visiting services are ever breastfed and X0% are breastfed any amount at 6 months!

Pro Tip #2

Don't hesitate to grab an arrow or a circle from the Shapes menu to highlight a key point in your data!

Slide 1:

XX% of infants receiving home visiting services are ever breastfed and XX% are breastfed any amount at 6 months!
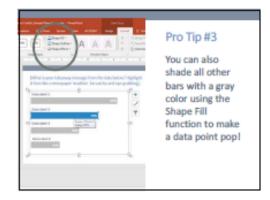
Ever breastfed
90%

Breastfed any amount at 3 months
70%

Breastfed any amount at 6 months
50%

Breastfed any amount at 12 months
30%

We are working hard to increase the rate of breastfeeding any amount at 6 months.

Slide 2:

Pro Tip #3

You can also shade all other bars with a gray color using the Shape Fill function to make a data point pop!

Slide 3:

Quality improvement projects are aimed at increasing rates of breastfeeding any amount at 6 months from XX% to XX%.

Ever breastfed
90%

Breastfed any amount at 3 months
70%

Breastfed any amount at 6 months
50%

Breastfed any amount at 12 months
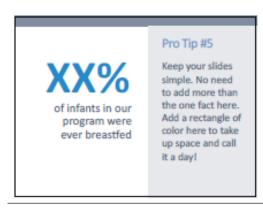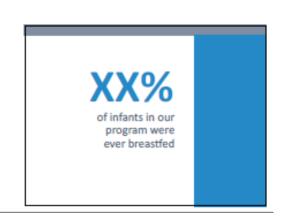30%

Slide 4:

XX%

of infants in our program were ever breastfed

Pro Tip #4

No chart? No problem! Highlight a single data element using a large percent or number and descriptor text below.

Slide 5:

XX%

of infants in our program were ever breastfed

Pro Tip #5

Keep your slides simple. No need to add more than the one fact here. Add a rectangle of color here to take up space and call it a day!

Slide 6:

XX%

of infants in our program were ever breastfed

Breastfeeding Benefits

- It supplies all the necessary nutrients in the proper proportions.
- It protects against allergies, sickness, and obesity.
- It protects against diseases, like diabetes and cancer.

Pro Tip #6

Need to share some text? Use multiple slides one point per slide to keep your readers' focused!

Breastfeeding Benefits

- **It supplies all the necessary nutrients in the proper proportions.**
- It protects against allergies, sickness, and obesity.
- It protects against diseases, like diabetes and cancer.

Breastfeeding Benefits

- It supplies all the necessary nutrients in the proper proportions.
- **It protects against allergies, sickness, and obesity.**
- It protects against diseases, like diabetes and cancer.

Breastfeeding Benefits

- It supplies all the necessary nutrients in the proper proportions.
- It protects against allergies, sickness, and obesity.
- **It protects against diseases, like diabetes and cancer.**

Pro Tip #7

Use photos! You can purchase stock photos for a nominal fee to greatly enhance your visual impact.

XX%

of mothers said the breastfeeding support from their home visitors was *very helpful*