

Changing Lives



with a Knock on the Door

Home Visiting Programs for Struggling Families

by Lauren Blundin

Jalisa Terry was pregnant, broke, and alone. Her boyfriend kicked her out of his apartment and threw her clothes out of the window when he found out she was pregnant. Terry sat in a restaurant next to her pillowcase stuffed with clothing and wondered what to do next. Then she remembered she had a phone number for Susan Timmons, the supervisor for the Women's Health Initiative (WHIN) in West Palm Beach. Timmons had met Terry the year before when she miscarried a previous pregnancy. Terry made the call, and in no time Susan Timmons was sitting in the restaurant with her. After speaking for a bit, Timmons made a series of phone calls to arrange for shelter and other short-term assistance for Terry. She also enrolled Terry in WHIN's nurse home visiting program.

The WHIN program is specifically targeted toward black mothers at risk of poor birth outcomes. Program participants are paired with a nurse who visits their home to support them during pregnancy and after childbirth, through the child's first year. Nurses teach the mothers about developmental stages, nutrition, and more. The intensive support program is based on a national evidence-based model, and it changes lives. "If I did not have the WHIN program, who can say where I would have ended up," Terry says. "I would probably still be in a bad relationship, being abused. Mya (her daughter) may or may not be here. I cannot say I would

The Healthy Mothers Healthy Babies home visiting program improves birth outcomes by supporting pregnant women and teens in Palm Beach County, Florida.

have been able to give Mya the quality care, love, and attention that she needs and deserves if I did not have Miss Susan, the WHIN program, or the Children’s Services Council with all the programs they have in place.” Today Terry is a confident mother to Mya, who is healthy and happy, and works as a phlebotomist while studying to become a medical assistant. Her longer-term goal is to become an obstetrician.

A Helping Hand for Pregnant Women and Mothers of Young Children

Across the country, government agencies and nonprofits are acting on the evidence that home visiting programs can have a significant, positive effect on families. Home visiting programs like WHIN are voluntary, locally-managed programs that support the physical and emotional development of children (prenatally through age five) and also support the overall family. In addition to monitoring a woman’s pregnancy, a home visitor might provide information on child development, parenting strategies, counseling resources, continuing education, employment, and quality child care. The home visitor builds a relationship with the family and works in partnership with parents to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.

The Nurse-Family Partnership model of home visiting targets first-time mothers and their children. Nurses visit pregnant women in their homes regularly throughout their pregnancy and afterwards, helping new mothers bond to their baby and learn about infant and child development.

A home visitor might, for example, help an expectant mother access prenatal care and help her reduce her use of tobacco, alcohol, or illegal drugs. After the birth of the child, a home visitor might then support the new mother in breastfeeding and learning to care for a newborn, educating her on child development milestones, and providing information on positive parenting strategies. Home visiting programs also facilitate screenings and referrals to address postpartum depression, substance abuse, family violence, and developmental delays.

All of this support is invaluable to program participants, many of whom have not had strong parenting models of their own to lead them. With the knowledge provided by the home visitor, parents are given the tools they need to confidently assume the role of their child’s first teacher. “Through my home visitor’s help, I can help my baby grow better, or stimulate her mind the right way, or know what she is supposed to be doing [at a particular stage],” says an Illinois mother who has benefited from a Healthy Families America home visiting program. “Because otherwise I would just be like, ‘Okay, what do you want?’ I would not know what parts of her brain are developing at what time. And I just might be able to encourage her growth so she becomes the best little girl that she can be.”

Federal funds for home visiting programs are intended to support communities with poor outcomes for children, such as those with high rates of fetal and infant mortality, poverty, and



crime. National data from 2014 on home visiting shows that these programs are reaching children and families who are at risk of poor outcomes: 79 percent of participating families had household incomes at or below federal poverty guidelines (an annual income of less than \$23,850 for a family of four), and of newly enrolled households, 27 percent included pregnant teens, 20 percent reported a history of child abuse and maltreatment, and 12 percent reported substance abuse.

Expanding Home Visiting Programs Nationwide

In 2010 Congress created and invested \$1.5 billion in the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). (Home visiting programs existed before then, and were shown by research to improve child outcomes, but the 2010 federal program represented the first time there was a nationwide expansion of home visiting programs.) The Health Resources and Services Administration administers the MIECHV program in partnership with the Administration for Children and Families. As a result of the 2010 investment in expansion, home visiting programs now exist in all 50 states. In 2014, the programs served approximately 115,500 parents and children, which is triple the number served in 2012.

MIECHV provides funding and technical assistance to states, but the individual programs are locally managed. States choose which home visiting model to use and support local agencies in delivering the home visiting services.

Home visiting program models vary somewhat (e.g., some serve pregnant women while others support families after childbirth), but there are commonalities. In all models, visitors are trained professionals who meet regularly with families, build positive relationships with them, evaluate each family's needs, and provide services based on those needs.

Home Visiting Models That Work

By law, states must spend the majority of federal home visiting funds on evidence-based models of home visiting programs. But which programs can be considered evidence-based? To address the issue, the U.S. Department of Health and Human Services (DHHS) arranged a thorough review of home visiting research to identify program models that meet its criteria for a research-based home visiting model. The review—called the Home Visiting Evidence of Effectiveness (HomVEE) review—examined the impact home visiting models had among measures in eight domains: child health; maternal health; child development and school readiness; reductions in child maltreatment; reductions in juvenile delinquency, family violence, and crime; positive parenting practices; family economic self-sufficiency; and linkages and referrals.

As of February 2015, 17 home visiting models met the criteria established by the DHHS for an evidence-based model. A HomVEE report specifically recognized two of those models, Healthy Families America and Nurse-Family Partnership, for their positive impact on measures in multiple domains. Healthy Families America visits begin prenatally and are hour-long and weekly until children are six months old, when visits may lessen in frequency but continue until children are three to five years old. The Nurse-Family Partnership program targets first-time mothers and their children. Visits begin prenatally and end when the child turns two years old.

Baltimore, Maryland and Palm Beach County, Florida are just two examples where government agencies and nonprofits have joined forces to provide appropriate home visiting programs for mothers and families.

Needs vary among families, leading states to use a combination of home visiting models to ensure families have access to a model with an appropriate level of intensity for their needs. Baltimore, Maryland and Palm Beach County, Florida are just two examples where government agencies and nonprofits have joined forces to provide appropriate home visiting programs for mothers and families.

Home Visiting in Action: B'more for Healthy Babies

In 2009, Baltimore had the fourth highest infant mortality rate in the nation. City policymakers conducted a needs assessment and literature review to identify problems and potential solutions. They identified home visiting as a critical piece of an overall early childhood system of care. Although home visiting existed in the city, the programs were disparate, did not share strategies, and did not provide service to all areas of the city. Baltimore policymakers designed an aligned system of care that includes home visiting programs based on the Nurse-Family Partnership and Healthy Families America models. Key features of the program are a central system to identify mothers and a single point of entry into the home visiting program.

“B'More for Healthy Babies is Baltimore's initiative to reduce infant mortality,” says Laura Latta, director of early childhood initiatives for B'more for Healthy Babies and Family League of Baltimore. “The initiative is led out of the Baltimore City Health Department with two main implementing partners: The Family League of Baltimore and Healthcare Access Maryland.” Because the need for support outweighs the city's capacity to provide it, B'More for Healthy Babies uses a triage approach.

“Basically there are about 8,000–9,000 births annually,” says Latta, “and of those births about 5,000–6,000 are Medicaid eligible. But there are only 1,500–2,100 home visiting slots. So, regardless, we are not able to provide intensive one-on-one services to everyone. We want to make sure the women who need them the most are getting connected.”

When women are screened for the home visiting program by Healthcare Access Maryland (the intake partner for B’More for Healthy Babies), the intake worker applies a “vulnerability index.” The index ensures women are matched to home visiting services based on their risk profiles for poor birth outcomes, rather than by zip code or census data, which was previously the case. This way, women at the most risk will receive the most help as soon as possible.

“What we had in Baltimore before B’More for Healthy Babies was nine or ten different home visiting programs operating on their own, with differing models and curriculum, and only one was evidence-based,” says Latta. “We brought the funding streams and agencies together and now we have a citywide system that includes home visiting.” The city’s efforts have paid off. In 2014 Baltimore had an all-time low for the number of infant deaths related to unsafe sleep (13 down from 27 in 2009). Sleep is considered safe when the baby is alone, on its back, and in a crib clear of toys, pillows, and blankets. Also, between 2009 and 2012, there was a 24 percent decrease in infant mortality and a 37 percent decrease in the racial disparities for infant mortality.

Home Visiting in Action: Palm Beach County, Florida

The Children’s Services Council of Palm Beach County is a special taxing district created by voters in 1986 to tax and fund

initiatives to support children and families. The Council funds different services and programs in the community, training for providers and professionals, and research and evaluation of programs.

The system of early childhood care screens the needs of the community and families and then refers families to appropriate programs. “We have a robust data system,” says Lisa Williams-Taylor, CEO of Children’s Services Council of Palm Beach County. “We can see the number of births, and of those how many were screened, how many were at risk, how many declined services, and how many accepted services. We can use this data to see where we can do a better job of explaining services, and it helps us figure out how to meet the needs of the families.”

As in Baltimore, the Palm Beach County home visiting programs include the Nurse-Family Partnership and Healthy Families America models. The County includes a number of other models, including Child-First, an early childhood intervention program aimed at decreasing serious emotional disturbance, abuse, and neglect. It is an intense, six-month program that involves a caseworker, case manager, and clinical therapist. “Providers were seeing many more families struggling with domestic violence, substance abuse, and mental illness,” says Williams-Taylor, “and while the other programs do work to reduce abuse and neglect, there was just an influx of families that were needing intense mental health treatment. Child-First has really been shown to be effective in Connecticut where adults are grappling with domestic abuse and neglect.” Palm Beach County will be the first location to replicate the program outside of Connecticut.

For more information on home visiting programs:

- Children’s Services Council of Palm Beach County: www.cscpb.org
- B’More for Healthy Babies: www.healthybabiesbaltimore.com
- Nurse-Family Partnership: www.nursefamilypartnership.org
- Healthy Families America: www.healthyfamiliesamerica.org
- U.S. Department of Human Services, Maternal, Infant, and Early Childhood Home Visiting (MIECHV): <http://mchb.hrsa.gov/programs/homevisiting/>
- Home Visiting Evidence of Effectiveness (HomVEE) Review: <http://homvee.acf.hhs.gov/>
- Pew Charitable Trusts: <http://www.pewtrusts.org/en/projects/home-visiting-campaign> (Information about home visiting, video of a home visit, policy analyses, links to research studies on home visiting.)

Investing in Families

Home visiting programs like those in Baltimore and Palm Beach are win-win. Families that need and want help receive it, and taxpayers spend less on interventions later by investing up front in positive birth outcomes and early childhood experiences that prepare children (birth through age five) to enter kindergarten ready to learn. Researchers estimate that evidence-based home visiting programs save taxpayers money by decreasing the need for emergency room visits, child protective services, and special education. The Washington State Institute for Public Policy calculated a benefit-to-cost ratio of \$2.69 for the Parents as Teachers home visiting program and a benefit-to-cost ratio of \$1.17 for other home visiting programs as of July 2015.

Part of the reason home visiting programs are such a good investment is the strong evidence that they are improving lives for children and their families. In 2014, 14 of the MIECHV grantees reported development screening rates of at least 75 percent, which is more than twice the national average of 31 percent. This screening rate is significant as it means more children with developmental delays are being identified earlier, which translates into much better long-term outcomes for those children. Increased screenings for intimate partner violence were also seen in 2014, from a national average of up to 41 percent of physicians screening for it to nearly 95 percent among 12 grantees. Screenings for maternal depression (which untreated is associated with poor birth outcomes and parenting behaviors) were given by less than half of physicians nationally, but increased to 95 percent for 7 grantees.

Home Visitors Change Lives

Lorena was only 13 years old and in the eighth grade when she found out she was pregnant. Her single mother was recovering from a health trauma, and the father of her unborn child was no longer in the picture. Lorena was confused and frightened, and unsure of how to take care of a baby. Her local health clinic encouraged her to enroll in the Nurse-Family Partnership home visiting program through St. Paul-Ramsey County Public Health. The program paired Lorena with a nurse home visitor, Sara.



The home visitor builds a relationship with the family and works in partnership with parents to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.

The two developed a strong relationship over time. Sara supported Lorena through pregnancy until her daughter Amy was born. Sara then visited both mother and child.

At these visits Sara and Lorena talked about health issues, child development, and parenting strategies. They also completed some essential parenting tasks together. As a 14-year-old-mother, Lorena was unprepared to navigate the health care system and social services by herself. So Sara sat next to Lorena, and together they made the necessary phone calls to obtain health insurance, access welfare benefits, and schedule Amy's doctor appointments. Over time, Lorena developed more confidence. She now makes appointments by herself. At Sara's encouraging, Lorena stayed in school and is making plans to attend college. Now age two, Amy is on track developmentally.

The birth of a child can be intimidating and overwhelming for even the most financially and emotionally secure of parents. For a family already struggling with finances, housing, physical or emotional health, domestic violence, or substance abuse, the stress of pregnancy and parenting can be a negative turning point for a mother and her a family. Home visiting can make the difference. Just ask Lorena. ■