

Evidence-Based Family Home Visiting

DEFINITION

Evidence-based family home visiting is the number of families enrolled in evidence-based family home visiting programs managed by the Rhode Island Department of Health.

SIGNIFICANCE

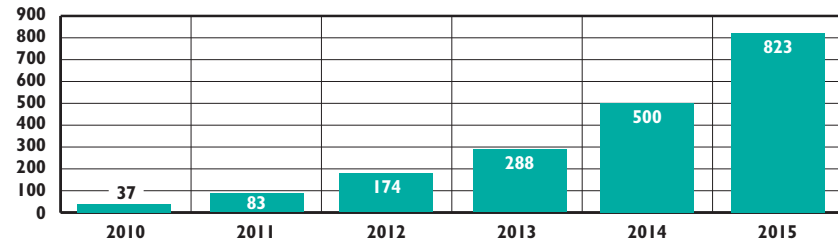
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents lack the knowledge or resources to meet the needs of their baby, the child's health, development, and learning trajectory is threatened.^{1,2}

Home visiting programs are designed to reach young children and their families at home. Each program is different, but all provide parenting education to foster healthy, safe, and stimulating environments for young children. Children in at-risk families who participate in high-quality home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child abuse and neglect. Families who participate are more likely to provide an enriching home environment, use appropriate discipline strategies, and become more

economically secure through education and employment. Some home visiting programs can also improve maternal and child health, reducing long-term health care costs.^{3,4,5}

In 2010, federal legislation established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to expand and improve state-administered home visiting programs for at-risk families with young children. The majority of funding must be spent by states on approved models that meet rigorous evidentiary standards.⁶ As of September 2015, there are 19 home visiting models that have been identified as effective, evidence-based programs for families during the prenatal period and early childhood years, with evidence showing they produce statistically significant improvements in outcomes for children and families.⁷ Rhode Island uses MIECHV funding to support implementation of three of these evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.⁸ In order to achieve improved outcomes for children, evidence-based programs must follow national program guidelines, use professional staff trained in the model, be implemented in the appropriate timeframes, and be implemented with fidelity.⁹

Families Enrolled in Evidence-Based Family Home Visiting (MIECHV-Funded), Rhode Island, 2010-2015



Source: Children's Friend and Service, Nurse-Family Partnership enrollment in October 2010 and October 2011. Rhode Island Department of Health, enrollment in MIECHV-funded evidence-based home visiting programs, October 2012-2015.

- ◆ As of October 2015, of the children enrolled in MIECHV evidence-based home visiting programs 16% had mothers under age 20, 35% had mothers ages 20 to 24, and 49% had mothers age 25 or older at enrollment.¹⁰ One-quarter (26%) of the mothers had less education than a high school diploma or GED, 21% had a high school diploma or GED, 17% had some college or vocational training, 3% had a four-year college degree, and 33% had an unknown amount of education at enrollment.¹¹
- ◆ At the time of enrollment, 70% of the mothers were single (had never married), 22% were married or had a domestic partner, 3% were divorced or separated, and 5% had an unknown marital status.¹² Among the enrolled children, 13% were in utero, 47% were under age one, 33% were age one, 7% were age two, and <1% were age three.¹³
- ◆ Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹⁴ As of October 2015 in Rhode Island, there were 367 children enrolled in home-based Early Head Start.¹⁵
- ◆ Early Intervention (EI) programs serve infants and toddlers with developmental delays and disabilities in Rhode Island and deliver nearly all (95%) services through home visits. As of June 2015, there were 2,195 children enrolled in EI in Rhode Island.¹⁶
- ◆ Rhode Island also operates First Connections, a statewide, short-term home visiting program designed to help families get connected to needed resources. In 2015, 3,648 children received at least one First Connections home visit (58% lived in one of the four core cities and 42% in the remainder of the state).¹⁷

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Table 17.

Evidence-Based Family Home Visiting, Rhode Island, 2015

CITY/TOWN	COMMUNITY CONTEXT, 2015			# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2015				TOTAL
	TOTAL # OF BIRTHS	% OF BIRTHS WITH 1 OR MORE RISK FACTORS	% OF BIRTHS WITH 3 OR MORE KEY RISK FACTORS	# RECEIVED FIRST CONNECTIONS VISIT IN 2015	HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS*	
Barrington	113	33%	0%	14	1	0	0	1
Bristol	132	59%	3%	38	1	1	0	2
Burrillville	125	49%	1%	25	0	0	0	0
Central Falls	300	86%	7%	208	50	7	7	64
Charlestown	38	58%	0%	13	1	0	0	1
Coventry	305	53%	1%	71	9	0	0	9
Cranston	802	55%	2%	227	24	4	3	31
Cumberland	320	47%	<1%	46	1	1	1	3
East Greenwich	119	38%	1%	24	1	0	0	1
East Providence	433	58%	1%	87	14	4	1	19
Exeter	51	49%	2%	14	0	0	0	0
Foster	29	38%	3%	0	0	0	0	0
Glocester	64	36%	0%	7	0	0	0	0
Hopkinton	41	32%	0%	6	2	0	0	2
Jamestown	28	36%	0%	2	0	0	0	0
Johnston	272	61%	2%	43	1	1	0	2
Lincoln	209	45%	1%	36	3	2	0	5
Little Compton	15	53%	0%	4	0	0	0	0
Middletown	165	50%	3%	43	6	1	0	7
Narragansett	49	39%	0%	10	0	0	0	0
New Shoreham	11	73%	0%	2	0	0	0	0
Newport	224	54%	2%	79	9	3	0	12
North Kingstown	226	46%	<1%	62	7	0	0	7
North Providence	338	61%	1%	79	2	1	1	4
North Smithfield	72	43%	0%	13	0	1	0	1
Pawtucket	916	75%	3%	410	73	31	27	131
Portsmouth	106	43%	0%	17	3	1	0	4
Providence	2,471	78%	4%	1,286	259	55	60	374
Richmond	30	83%	7%	33	2	0	0	2
Scituate	84	44%	1%	12	0	0	0	0
Smithfield	135	39%	1%	12	1	0	0	1
South Kingstown	154	55%	1%	54	4	0	0	4
Tiverton	64	61%	0%	23	4	3	0	7
Warren	81	47%	1%	18	5	0	0	5
Warwick	796	53%	1%	248	11	3	0	14
West Greenwich	40	45%	0%	9	1	0	0	1
West Warwick	329	67%	3%	130	18	1	0	19
Westerly	130	51%	2%	49	9	0	0	9
Woonsocket	500	82%	4%	194	50	17	14	81
Unknown Residence	101	40%	0%	0	0	0	0	0
Four Core Cities	4,187	79%	4%	2,098	432	110	108	650
Remainder of State	6,130	52%	1%	1,550	140	27	6	173
Rhode Island	10,418	63%	2%	3,648	572	137	114	823

Source of Data for Table/Methodology

The number of births, the percentage of births by risk factor, the number of families that received a First Connections visit, and the number of families enrolled in an evidence-based family home visiting program are from the Rhode Island Department of Health. Percentage of births with one or more risk factor is “risk positive” definition from the Developmental Risk Assessment. Percentage of births with three key risk factors are births to unmarried mothers under age 20 without a high school diploma.

*The city/town table includes only families enrolled in MIECHV-funded Parents as Teachers programs. There are other Parents as Teachers programs in Rhode Island.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket

References

^{1,3} DiLauro, E. & Schreiber, L. (2012). *Reaching families where they live: Supporting parents and child development through home visiting*. Washington, DC: Zero to Three.

^{2,6} *States and the new federal home visiting initiative: An assessment from the starting line*. (2011). Washington, DC: The Pew Charitable Trusts.

^{4,7,14} Avellar, S., et al. (2015). *Home visiting evidence of effectiveness review: Executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

⁵ *Medicaid financing of early childhood home visiting programs: Options, opportunities, and challenges*. (2012). Washington, DC: The Pew Charitable Trusts.

^{8,10,11,12,13,17} Rhode Island Department of Health, 2015.

⁹ Howard, K. S. & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children*, 19(2), 119-146.

¹⁵ Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2015.

¹⁶ Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, June 30, 2015.