

Evidence-Based Family Home Visiting

DEFINITION

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

SIGNIFICANCE

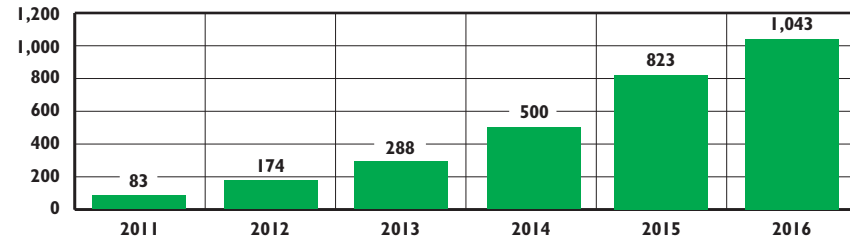
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents lack the knowledge or resources to meet the needs of their babies, the child's health, development, and learning trajectory are 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 2016, 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 Coordinated by the Rhode Island Department of Health, Rhode Island, 2011-2016



Source: Children's Friend and Service, Nurse-Family Partnership enrollment in October 2011. Rhode Island Department of Health, enrollment in MIECHV-funded evidence-based home visiting programs, October 2012-2016. As of 2016, total enrolled includes families enrolled in three Parents as Teachers programs that had additional funding streams.

- ◆ As of October 2016, of the 1,043 families enrolled in evidence-based home visiting programs 12% had mothers under age 20, 29% had mothers ages 20 to 24, and 60% had mothers age 25 or older at enrollment.¹⁰ Twenty-one percent of the mothers had less education than a high school diploma or GED, 24% had a high school diploma or GED, 16% had some college or vocational training, 3% had a four-year college degree, and 36% had an unknown amount of education.¹¹ At the time of enrollment, 57% of the mothers were single (had never married), 21% were married or had a domestic partner, 3% were divorced or separated, and 20% had an unknown marital status.¹² Among the enrolled children, 17% were not born yet, 42% were under age one, 28% were age one, 10% were age two, 2% were age three, and <1% were age four.¹³
- ◆ Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹⁴ As of October 2016 in Rhode Island, there were 357 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 2016, there were 2,022 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 2016, 3,792 children received at least one First Connections home visit (55% lived in one of the four core cities and 45% in the remainder of the state).¹⁷

Evidence-Based Family Home Visiting

Table 17.

Evidence-Based Family Home Visiting, Rhode Island, 2016

CITY/TOWN	COMMUNITY CONTEXT, 2016			# RECEIVED FIRST CONNECTIONS VISIT IN 2016	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2016			TOTAL
	TOTAL # OF BIRTHS	# OF BIRTHS WITH 1 OR MORE RISK FACTORS	# OF BIRTHS TO LOW-INCOME FAMILIES		HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS*	
Barrington	107	33	19	12	2	0	0	2
Bristol	130	75	40	35	1	1	1	3
Burrillville	110	63	38	20	4	0	0	4
Central Falls	326	280	289	210	40	9	15	64
Charlestown	56	36	22	20	4	0	1	5
Coventry	290	156	91	91	6	0	3	9
Cranston	797	456	334	249	30	3	22	55
Cumberland	338	144	76	64	1	3	3	7
East Greenwich	119	32	16	18	2	0	0	2
East Providence	466	277	174	101	15	2	11	28
Exeter	43	18	9	15	1	0	0	1
Foster	26	16	9	5	0	0	0	0
Glocester	58	29	18	9	0	0	0	0
Hopkinton	39	20	9	13	2	1	0	3
Jamestown	14	5	2	2	0	0	0	0
Johnston	253	146	109	66	2	4	1	7
Lincoln	183	91	67	44	4	2	5	11
Little Compton	13	6	4	4	0	0	0	0
Middletown	133	62	30	41	4	0	0	4
Narragansett	51	30	19	17	2	0	1	3
New Shoreham	14	7	10	1	0	0	0	0
Newport	240	139	99	73	14	3	0	17
North Kingstown	216	96	57	58	3	0	0	3
North Providence	289	161	121	99	1	2	0	3
North Smithfield	75	32	29	18	0	0	0	0
Pawtucket	941	721	650	460	75	29	42	146
Portsmouth	110	44	18	32	5	0	0	5
Providence	2,309	1,836	1,768	1,170	273	86	106	465
Richmond	40	27	9	24	0	0	0	0
Scituate	93	35	10	17	0	0	0	0
Smithfield	136	57	31	21	0	0	1	1
South Kingstown	160	70	43	68	7	0	1	8
Tiverton	74	38	26	19	3	1	0	4
Warren	66	41	28	13	4	0	3	7
Warwick	730	402	218	214	12	2	2	16
West Greenwich	42	16	12	11	3	0	1	4
West Warwick	338	210	152	135	14	1	4	19
Westerly	147	75	48	65	6	0	35	41
Woonsocket	541	432	387	258	53	9	34	96
Unknown Residence	99	61	37	0	0	0	0	0
Four Core Cities	4,117	3,269	3,094	2,098	441	133	197	771
Remainder of State	5,996	3,145	1,997	1,694	152	25	95	272
Rhode Island	10,212	6,475	5,128	3,792	593	158	292	1,043

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. Number of births with one or more risk factor is “risk positive” definition from the Developmental Risk Assessment. Births to low-income families are births to women with public health insurance (Medicaid/RteCare) or no insurance.

*The city/town table includes families enrolled in MIECHV-funded and three additional Parents as Teachers programs that had other funding streams. There are other Parents as Teachers programs in Rhode Island.

Unknown: Births were to Rhode Island residents, but specific city/town information was unavailable.

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} Sama-Miller, E., et al. (2016). *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 *Home visiting family support programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program*. (2015). Washington, DC: The Pew Charitable Trusts.
- ^{8,10,11,12,13,14,17} Rhode Island Department of Health, 2016.
- 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 2016.
- ¹⁶ Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, June 30, 2016.