

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

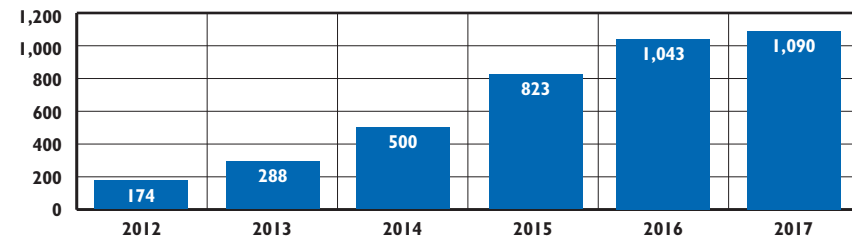
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents face obstacles that impact their ability to meet the needs of their babies, their 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 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. This funding must be spent by states on approved models that meet rigorous evidentiary standards.⁶ In 2017, there were 20 home visiting models that were identified as effective, evidence-based programs for families during the prenatal period and early childhood years, with evidence showing they produced statistically significant improvements in outcomes for children and families.⁷ Rhode Island uses MIECHV funding to implement three of these evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers, and the federal government directly funds the Early Head Start home visiting model.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, 2012-2017



Source: Rhode Island Department of Health, enrollment in MIECHV-funded evidence-based home visiting programs, October 2012-2017.

- ◆ As of October 2017, of the 1,090 families enrolled in evidence-based home visiting programs 12% had mothers under age 20, 26% had mothers ages 20 to 24, and 62% had mothers age 25 or older at enrollment. Thirty percent of the mothers had less education than a high school diploma or GED, 35% had a high school diploma or GED, 25% had some college or vocational training, 5% had a four-year college degree, and 5% had an unknown amount of education. At the time of enrollment, 53% of the mothers were single (had never married), 33% were married or had a domestic partner, 3% were divorced or separated, less than 1% were widowed, and 11% had an unknown marital status. Among the enrolled children, 6% were not born yet, 36% were under age one, 28% were age one, 18% were age two, 11% were age three, and 1% were age four.¹⁰
- ◆ Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹¹ As of October 2017 in Rhode Island, there were 383 children enrolled in home-based Early Head Start.¹²
- ◆ 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 2017, there were 2,040 children enrolled in EI in Rhode Island.¹³
- ◆ Rhode Island also operates First Connections, a statewide, short-term home visiting program designed to help families get connected to needed resources.¹⁴ In 2017, 2,900 children received at least one First Connections home visit (57% lived in one of the four core cities and 43% in the remainder of the state).¹⁵

Evidence-Based Family Home Visiting

Table 17.

Evidence Based Family Home Visiting, Rhode Island, 2017

CITY/TOWN	COMMUNITY CONTEXT, 2017			# RECEIVED FIRST CONNECTIONS VISIT IN 2017	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2017			
	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*	TOTAL
Barrington	103	21	12	4	1	0	0	1
Bristol	128	72	44	25	1	1	0	2
Burrillville	116	65	36	22	2	0	1	3
Central Falls	321	273	277	154	36	14	20	70
Charlestown	36	22	9	21	5	0	0	5
Coventry	301	163	78	83	10	0	7	17
Cranston	772	443	346	179	50	7	27	84
Cumberland	325	128	81	33	4	3	2	9
East Greenwich	108	33	13	13	1	1	1	3
East Providence	447	276	175	71	14	1	7	22
Exeter	44	24	11	12	1	0	0	1
Foster	42	23	15	2	0	0	0	0
Glocester	47	26	16	8	0	0	0	0
Hopkinton	30	15	9	9	3	0	0	3
Jamestown	26	14	7	4	0	0	0	0
Johnston	250	147	103	43	2	2	1	5
Lincoln	171	80	50	21	3	2	2	7
Little Compton	7	5	3	2	0	0	0	0
Middletown	162	70	45	26	1	0	4	5
Narragansett	53	22	14	14	0	0	1	1
New Shoreham	5	5	4	0	0	0	0	0
Newport	226	131	101	54	6	1	6	13
North Kingstown	211	102	58	64	6	0	0	6
North Providence	291	181	121	38	4	3	1	8
North Smithfield	63	33	19	13	0	0	1	1
Pawtucket	864	644	588	334	82	19	56	157
Portsmouth	110	35	21	15	2	0	3	5
Providence	2,366	1,836	1,737	1,027	259	76	100	435
Richmond	43	16	9	12	0	0	0	0
Scituate	79	33	17	8	0	0	1	1
Smithfield	142	61	28	10	0	0	0	0
South Kingstown	150	71	40	48	12	0	4	16
Tiverton	75	38	28	9	4	0	0	4
Warren	88	51	28	12	2	1	2	5
Warwick	737	396	227	198	23	3	5	31
West Greenwich	46	18	8	9	3	0	0	3
West Warwick	330	229	161	112	17	3	10	30
Westerly	144	70	51	54	11	0	34	45
Woonsocket	519	402	381	137	45	10	36	91
Unknown	72	29	21	0	1	0	0	1
Four Core Cities	4,070	3,155	2,983	1,652	422	119	212	753
Remainder of State	5,908	3,119	1,988	1,248	188	28	120	336
Rhode Island	10,050	6,303	4,992	2,900	611	147	332	1,090

Source of Data for Table/Methodology

Birth and home visiting data are from the Rhode Island Department of Health KIDSNET database. Birth data from 2017 are provisional. Number of births with one or more risk factor is the "risk positive" definition from the Developmental Risk Assessment. Births to low-income women are births to women with public health insurance (Medicaid/RtCare) or no insurance.

*The city/town table includes families enrolled in MIECHV-funded programs as well as three additional Parents as Teachers programs that report data to the Department of Health. There were also 113 families enrolled in Parents as Teachers programs serving Bristol Warren, North Kingstown, and Warwick.

Unknown: Specific city/town information is unavailable.

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

References

- ^{1,5} 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.
- ^{4,7,11} Sama-Miller, et al. (2017). *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.
- ^{8,10,14,15} Rhode Island Department of Health, 2017.
- 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.
- ¹² Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2017.
- ¹³ Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, June 30, 2017.