

Family Home Visiting

DEFINITION

Family home visiting is the number of families enrolled in home visiting programs funded by the Rhode Island Department of Health.

SIGNIFICANCE

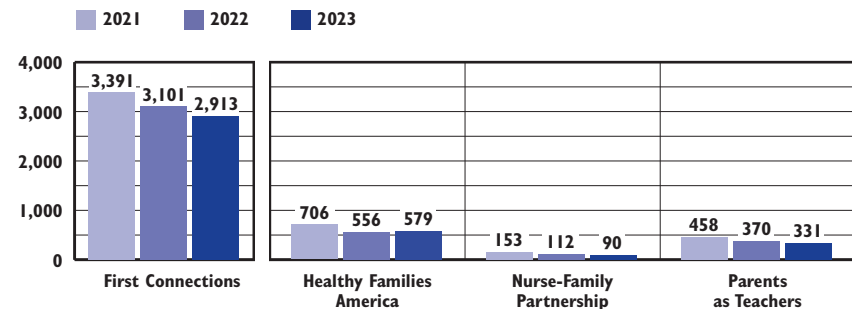
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents face obstacles that impact their ability to meet the needs of their babies, 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 vulnerable families who participate in high-quality home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child neglect and abuse. 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 vulnerable families with young children. This funding must be spent by states on approved models that meet rigorous evidentiary standards.⁶ In 2023, there were 26 home visiting models 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 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-based option.^{8,9} In order to achieve improved outcomes for children, evidence-based programs must meet the needs of the community, follow national high-quality program standards, and focus on continuous program improvement.¹⁰

Family Home Visiting Program Participation, Rhode Island, 2021-2023



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database enrollment in MIECHV-funded programs on October 1, 2021, October 1, 2022, and October 1, 2023 and KIDSNET, unduplicated families receiving at least one First Connections visit in Calendar Year.

★ **Rhode Island's First Connections Family Visiting Program is a statewide, short-term home visiting program designed to help families get connected to needed resources and is the Child Find program to identify children who may be eligible for Early Intervention services under the *Individuals with Disabilities Education Act*.¹¹ In 2023, 2,913 families received at least one First Connections home visit, down 6% from 2022. Fifty-three percent of children lived in one of the four core cities and 47% in the remainder of the state.¹²**

★ **As of October 2023, 1,000 families were participating in an evidence-based home visiting program in Rhode Island, down 4% from October 2022. Home visiting is in a workforce crisis across the country. Ongoing staffing challenges are due to low pay, high stress, and excessive workloads leading to burnout.^{13,14}**

★ **Among the children enrolled in an evidence-based, comprehensive model, 42% were white, 20% were Black, 4% were Multiracial, 2% were Asian, <1% were American Indian or Alaska Native, <1% were Native Hawaiian or Other Pacific Islander, and 32% were of an unknown race or declined to answer. Within these race categories, 56% of enrolled children were Hispanic.¹⁵**

★ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹⁶ As of October 2023 in Rhode Island, there were 295 children enrolled in home-based Early Head Start.¹⁷**

Table 16.

Family Home Visiting, Rhode Island, 2023

CITY/TOWN	COMMUNITY CONTEXT, 2023			# RECEIVED FIRST CONNECTIONS VISIT IN 2023	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2023			
	TOTAL # OF BIRTHS	# OF BABIES BORN WHO SCREENED RISK POSITIVE	# OF BIRTHS TO LOW-INCOME FAMILIES		HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS	TOTAL
Barrington	91	43	12	10	4	2	1	7
Bristol	108	62	24	21	3	1	1	5
Burrillville	121	77	45	26	1	0	0	1
Central Falls	250	220	216	60	54	12	22	88
Charlestown	46	20	10	12	2	0	2	4
Coventry	259	143	53	78	18	0	8	26
Cranston	795	498	333	246	53	5	34	92
Cumberland	268	136	55	53	5	0	2	7
East Greenwich	119	49	10	21	1	0	2	3
East Providence	437	268	152	40	9	3	6	18
Exeter	36	18	3	11	1	0	1	2
Foster	42	23	12	9	0	1	0	1
Glocester	54	21	8	8	1	0	0	1
Hopkinton	64	32	22	16	0	0	6	6
Jamestown	28	15	4	5	1	0	0	1
Johnston	273	169	93	45	4	0	3	7
Lincoln	173	94	54	35	3	2	4	9
Little Compton	9	2	1	1	1	0	0	1
Middletown	122	71	33	33	5	0	4	9
Narragansett	58	29	14	18	1	0	2	3
New Shoreham	7	6	4	6	0	0	1	1
Newport	190	120	90	29	4	0	4	8
North Kingstown	178	69	22	49	6	0	0	6
North Providence	285	186	113	61	5	3	1	9
North Smithfield	93	41	17	18	1	1	1	3
Pawtucket	750	601	462	137	66	27	32	125
Portsmouth	91	42	15	15	0	0	3	3
Providence	2,136	1,715	1,475	1188	241	30	94	365
Richmond	62	30	10	12	1	0	1	2
Scituate	89	38	14	15	0	0	0	0
Smithfield	99	40	14	15	1	0	1	2
South Kingstown	182	80	37	51	2	0	4	6
Tiverton	82	50	31	12	4	0	6	10
Warren	70	40	16	9	3	1	0	4
Warwick	682	395	183	178	29	1	10	40
West Greenwich	45	20	8	13	1	0	0	1
West Warwick	288	182	114	93	17	1	5	23
Westerly	131	78	46	59	2	1	31	33
Woonsocket	458	367	317	157	28	0	38	66
Unknown	NA	NA	NA	48	1	0	1	2
Four Core Cities	3,594	2,903	2,470	1,542	389	69	186	644
Remainder of State	5,677	3,187	1,672	1,371	190	21	145	356
Rhode Island	9,271	6,090	4,142	2,913	579	90	331	1,000

Source of Data for Table/Methodology

Evidence-Based Family Home Visiting program data are from the Rhode Island Department of Health, Family Home Visiting, Family Visiting Database. Birth data and First Connections data are from Rhode Island Department of Health, Center for Health and Data Analysis, KIDSNET. Number of births with one or more risk factor is the “risk positive” definition from the Developmental Risk Assessment. Births to low-income families are births to families with public health insurance (Medicaid/RIteCare) or no insurance.

Unknown: Specific city/town information is unavailable.

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

References

^{1,3} *Home visiting: Improving outcomes for children.* (2021). Washington, DC: National Conference of State Legislatures.

^{2,5} *Early childhood home visiting: What legislators need to know.* (2019). Washington, DC: National Conference of State Legislators.

^{4,7,16} *Early childhood home visiting models: Reviewing evidence of effectiveness.* (2023). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

⁶ National Home Visiting Resource Center. (2018). *Home visiting primer.* Arlington, VA: James Bell Associates and the Urban Institute.

^{8,11} *Family visiting legislative report.* (2023). Providence, RI: Rhode Island Department of Health.

⁹ *Head Start program facts: Fiscal Year 2021.* (2022). Retrieved March 21, 2023, from eclkc.ohs.acf.hhs.gov

¹⁰ Home Visiting Evidence of Effectiveness. (2022). *Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding.* Retrieved March 21, 2023, from homvee.acf.hhs.gov

^{12,13,15} Rhode Island Department of Health, 2022 and 2023.

(continued on page 181)