



EARLY LEARNING FACT SHEET

Promoting early learning and development Birth to 8

Focus on Evidence-Based Family Home Visiting

Healthy brain development depends on attentive, nurturing caregiving in infancy and early childhood. Research shows that there is a negative impact on brain development when young children do not have consistent, supportive relationships with caregivers and are exposed to “toxic stress” associated with extreme poverty, family chaos, chronic neglect and/or abuse, severe maternal depression, parental substance abuse or repeated exposure to violence at home or in their communities. Persistently elevated levels of stress hormones in young children can lead to permanent changes in brain structure and lifelong impairments in learning, behavior, and health.^{1,2}

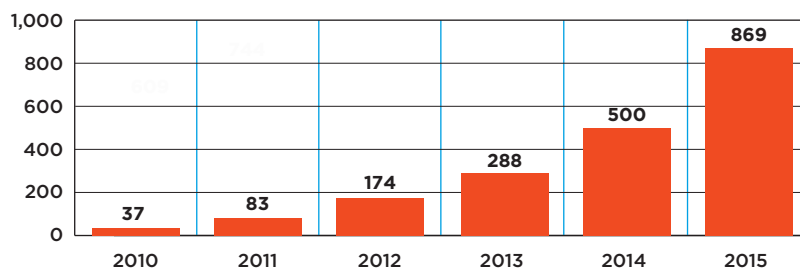
Providing early and intensive support to families with multiple risk factors helps parents develop critical nurturing skills during the prenatal, infancy, and toddler periods and improves child development outcomes.³ Evidence-based family home visiting programs that serve vulnerable pregnant women and families with young children are a proven strategy to improve long-term child and family outcomes.⁴

Family Home Visiting

In 2010, federal legislation established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to help states implement voluntary evidence-based home visiting services for expecting and new parents. States are required to implement programs with strong scientific evidence that they improve maternal and child health outcomes, reduce child maltreatment, improve family economic security, and enhance children readiness for school.^{5,6}

Rhode Island has received federal funding to implement Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Family Check-Up as evidence-based family home visiting programs.

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 in October 2012, October 2013, October 2014, and September 2015.

In addition to the MIECHV-funded programs, the federal government funds Early Head Start to provide comprehensive services to low-income families with infants and toddlers and pregnant women. The home-based model of Early Head Start is recognized as an evidence-based family home visiting program.⁷ In Rhode Island there were 376 families enrolled in home-based Early Head Start as of October 2014, up from 323 families enrolled in October 2010.⁸

INFANTS BORN WITH KEY RISK FACTORS, RHODE ISLAND, 2014

CITY/TOWN	TOTAL # OF BIRTHS	% MOTHER WITHOUT A HIGH SCHOOL DIPLOMA	% SINGLE MOTHER	% MOTHER YOUNGER THAN AGE 20	% MOTHER LOW-INCOME
Barrington	105	2%	6%	0%	10%
Bristol	131	4%	40%	3%	37%
Burrillville	130	9%	42%	5%	42%
Central Falls	322	34%	76%	14%	88%
Charlestown	49	6%	39%	14%	29%
Coventry	272	6%	33%	3%	29%
Cranston	730	6%	37%	4%	39%
Cumberland	322	3%	26%	2%	24%
East Greenwich	119	3%	21%	3%	15%
East Providence	445	6%	41%	4%	40%
Exeter	46	11%	46%	11%	39%
Foster	45	4%	33%	7%	24%
Glocester	64	2%	23%	5%	27%
Hopkinton	74	5%	41%	3%	41%
Jamestown	21	0%	10%	0%	10%
Johnston	235	7%	38%	4%	40%
Lincoln	198	5%	34%	2%	25%
Little Compton	11	0%	45%	0%	36%
Middletown	159	2%	21%	4%	28%
Narragansett	58	5%	47%	5%	40%
New Shoreham	8	0%	38%	0%	75%
Newport	213	9%	45%	3%	45%
North Kingstown	233	5%	33%	3%	31%
North Providence	355	5%	44%	4%	38%
North Smithfield	74	5%	31%	4%	22%
Pawtucket	978	16%	59%	7%	66%
Portsmouth	99	3%	23%	3%	22%
Providence	2,510	20%	62%	8%	75%
Richmond	59	8%	27%	2%	25%
Scituate	80	3%	29%	1%	21%
Smithfield	111	5%	23%	1%	17%
South Kingstown	168	4%	29%	2%	33%
Tiverton	71	7%	32%	4%	27%
Warren	88	8%	44%	5%	50%
Warwick	713	6%	34%	3%	29%
West Greenwich	48	8%	29%	6%	23%
West Warwick	351	11%	51%	6%	46%
Westerly	156	5%	36%	3%	41%
Woonsocket	543	19%	67%	8%	70%
<i>Four Core Cities</i>	<i>4,353</i>	<i>20%</i>	<i>63%</i>	<i>8%</i>	<i>73%</i>
<i>Remainder of State</i>	<i>6,041</i>	<i>6%</i>	<i>35%</i>	<i>4%</i>	<i>33%</i>
<i>Rhode Island</i>	<i>10,394</i>	<i>12%</i>	<i>47%</i>	<i>6%</i>	<i>50%</i>

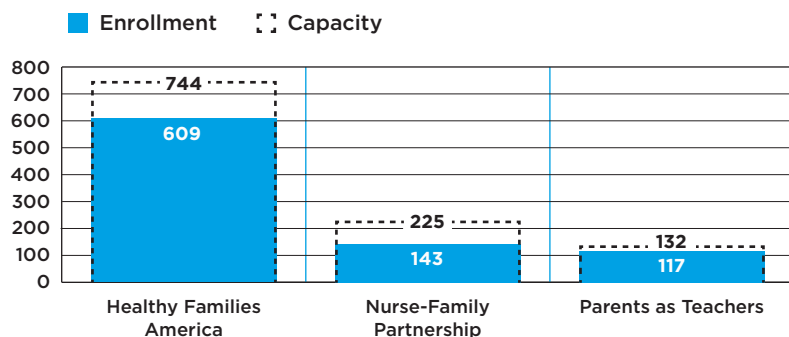
Source: Rhode Island Department of Health, KIDSNET Database, Births to Rhode Island Residents, 2014. Notes: Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Low-income is measured by public health insurance at birth. RItE Care is available for pregnant women with incomes below 258% of the federal poverty level. In addition, there were 97 infants born to a mother without health insurance (1% of births statewide) in 2014.

Evidence-Based Family Home Visiting Programs in Rhode Island

As of September 2015, Rhode Island has contracted spaces for 1,101 families to enroll in MIECHV-funded evidence-based home visiting programs, and there were 869 families enrolled (79% of slots were full).⁹ Rhode Island has been rapidly expanding evidence-based home visiting programs and most programs are still ramping up enrollment to reach full capacity. The state has plans to implement the Family Check-Up model with MIECHV resources, but contracts are not yet in place so families have not begun to enroll in this program.

CAPACITY AND ENROLLMENT IN EVIDENCE-BASED FAMILY HOME VISITING PROGRAMS, RHODE ISLAND, SEPTEMBER 2015



Source: Rhode Island Department of Health, September 1, 2015.

EVIDENCE-BASED FAMILY HOME VISITING PROGRAM MODELS IN RHODE ISLAND

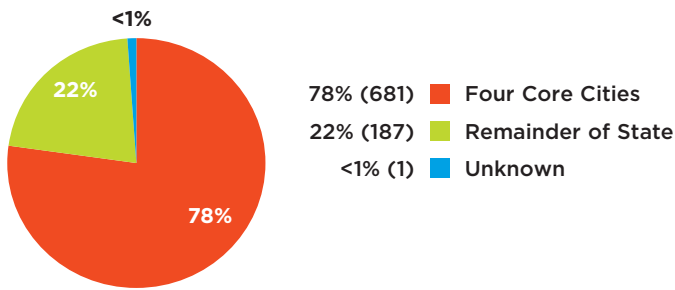
PROGRAM MODEL	ELIGIBILITY	PROVEN OUTCOMES
Early Head Start	Low-income pregnant women and families with a child under age three.	- Improved child development and school readiness - Increased positive parenting practices - Reduced child maltreatment - Improved family economic self-sufficiency
Healthy Families America	Vulnerable pregnant women and families with infants. The program continues until the child turns age four.	- Improved maternal and child health - Improved child development and school readiness - Reduced child maltreatment - Reduced juvenile delinquency, family violence, and crime - Increased positive parenting practices - Improved family economic self-sufficiency
Nurse-Family Partnership	Vulnerable pregnant women expecting their first child. The program continues until the child turns age two.	- Improved maternal and child health - Improved child development and school readiness - Reduced child maltreatment - Reduced juvenile delinquency, family violence, and crime - Increased positive parenting practices - Improved family economic self-sufficiency
Parents as Teachers	Vulnerable pregnant women and families with infants. The program continues until the child turns age four.	- Improved child development and school readiness - Increased positive parenting practices - Reduced child maltreatment - Improved family economic self-sufficiency

Source: Avellar, S. et al. (2015). *Home visiting evidence of effectiveness review: Executive summary*. Washington, DC: U.S. Department of Health and Human Services.

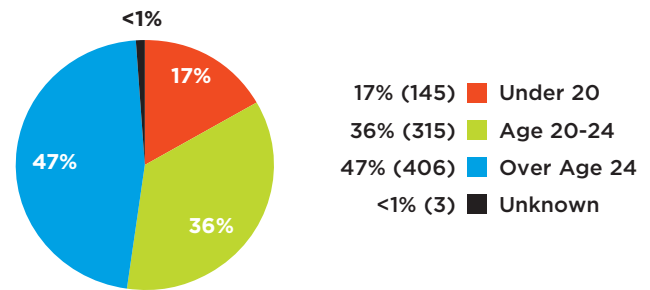
The Family Check-Up model is scheduled to be implemented in Rhode Island. The model has a positive impact on maternal health, child development and school readiness, and positive parenting practices.¹⁰

EVIDENCE-BASED FAMILY HOME VISITING ENROLLMENT, RHODE ISLAND, SEPTEMBER 2015

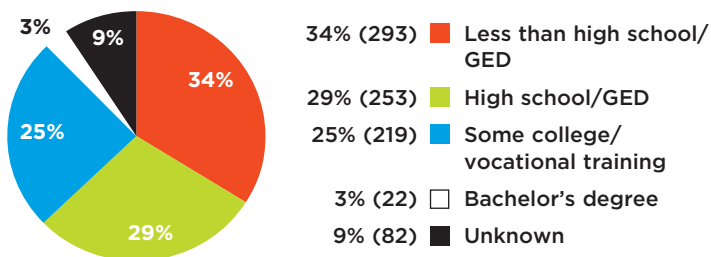
By Geography



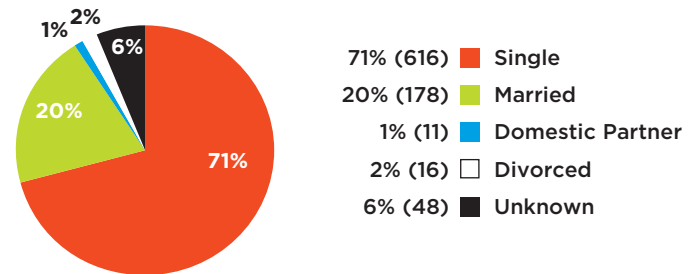
By Maternal Age at Enrollment



By Maternal Education Level at Enrollment



By Maternal Marital Status at Enrollment



n=869

Source: Rhode Island Department of Health, September 1, 2015.

Rhode Island Family Home Visiting Act

Introduced in 2015, the *Rhode Island Family Home Visiting Act* would codify key elements of the state's home visiting system into law, including requiring the Rhode Island Department of Health to work together with other state agencies to identify and offer vulnerable families the opportunity to enroll in evidence-based family home visiting programs.

References

¹ Shonkoff, J. P., Garner, A. S., & the Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.

² *The science of early childhood development: Closing the gap between what we know and what we do.* (2007). Cambridge, MA: Harvard University, Center on the Developing Child.

³ *A science-based framework for early childhood policy: Using evidence to improve outcomes in learning, behavior, and health for vulnerable children.* (2007). Cambridge, MA: Harvard University, Center on the Developing Child.

⁴ DiLauro, E. & Schreiber, L. (2012). *Reaching families where they live: Supporting parents and child development through home visiting.* Washington, DC: Zero to Three.

⁵ *States and the new federal home visiting initiative: An assessment from the starting line.* (2011). Washington, DC: The Pew Charitable Trusts.

^{6,7,10} 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.

⁸ Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2010 and October 2014.

⁹ Rhode Island Department of Health, enrollment in MIECHV-funded family home visiting programs as of September 1, 2015.



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