

## Home Visiting Programs

### *Key Strategy to Improve Birth Outcomes*

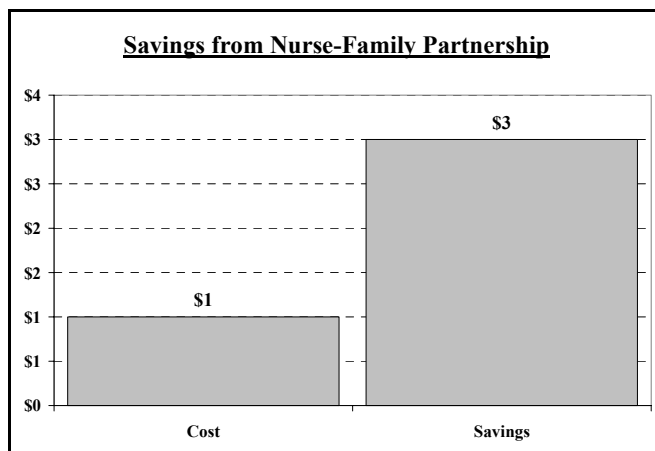
#### What Is Home Visiting?

Pregnant women sometimes need extra support to ensure that their babies are born healthy. One of the best ways to reach these women is in their own homes. Voluntary, quality home visits have proven effective in reducing infant mortality and reducing the percentage of babies born with low birthweight.

A typical home visit involves a nurse or other trained professional coming to the home to discuss issues like prenatal health. The visitor and expecting mother review topics from a program curriculum and discuss referrals to other service providers.

The Nurse-Family Partnership (NFP), for example, uses registered nurses to intervene with high-risk, first-time mothers beginning during the second trimester of pregnancy. Visits continue through the child's second birthday, varying in frequency depending on the stage of development. Nurses encourage mothers to change their behaviors during pregnancy to improve birth outcomes, coach families on child development and help families develop plans for future work, education and self-sufficiency.

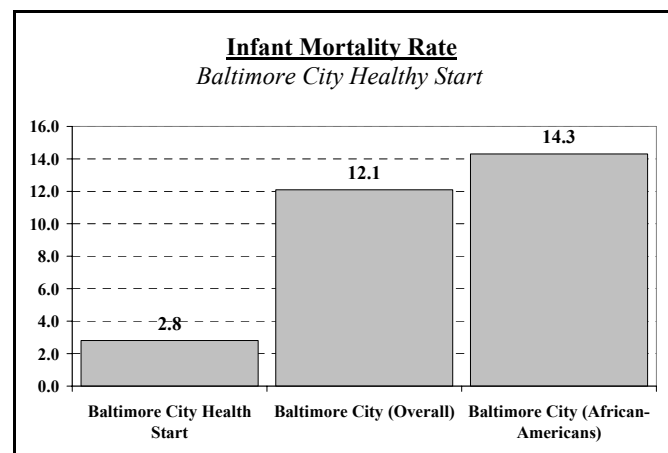
Several random assignment studies have shown that mothers receiving home visits through NFP benefited from fewer preterm deliveries. Cost-benefit analyses suggest that almost \$3 is saved for every dollar invested in NFP.<sup>1</sup>



<sup>1</sup> Julia Isaacs, Brookings Institution, *Impacts of Early Childhood Programs - Research Brief #5: Nurse Home Visiting* (2008).

Baltimore City Healthy Start is a federally-funded program that provides at-risk pregnant women with home visits. The program works with high-risk, predominantly minority mothers during pregnancy and post-partum. Healthy Start uses community health workers to identify at-risk women and connect them with health care and other services. The program has served over 12,000 women and their families over 18 years.

The program had a 2008 infant mortality rate of 2.8 deaths per 1,000 live births, compared to rates of 12.1 deaths in Baltimore City and 14.3 deaths for the city's African American population. Baltimore City Healthy Start estimates that it has saved over \$8 million in hospital costs associated with early births.



#### The Unmet Need

There are numerous models of home visiting in Maryland (see sidebar below). However, these programs serve only a fraction of the women who can benefit from them.

Fewer than 500,000 young children and their families, out of the 23 million children under 5 in the U.S., are served by one of the six major national models.<sup>2</sup> Home visiting funding comes from a variety of state, local and private funding streams. There is currently no designated federal funding stream for home visiting.

<sup>2</sup> Deborah Daro, Chapin Hall Center for Children and Ounce of Prevention Fund, *Home Visitation: Assessing Progress, Managing Expectations* (2006).

Recognizing this service gap, the lack of funding and the wide variation in program quality, President Obama and members of Congress have proposed federal funding for an expansion of home visiting. Funding would provide states with grants to expand proven home visiting models and evaluate less proven models. This proposal could move forward during the federal budget process, through legislation or as part of health reform efforts.

Baltimore City Mayor Sheila Dixon recently launched a major initiative to improve birth outcomes, and home visiting is a key component.

Maryland Governor Martin O'Malley has identified reducing infant mortality as one of his key priorities, and he is developing an action plan.

Given the State's budget situation, the challenge is finding money to expand home visiting programs. Fortunately, this issue is made easier by the availability of existing and new federal funds and the significant savings that will accrue from the investment.

### **Recommendations**

Quality, voluntary home visiting is an effective, research-based and cost-efficient way to bring families and resources together to ensure that babies are born healthy. The following steps can bring home visiting to more families in Maryland.

First, Maryland's Congressional delegation can support federal funding to expand quality home visiting. The Maryland Home Visiting Consortium and Maryland State Department of Education can work with Maryland's programs to ensure they are prepared to apply for federal home visiting funds.

Second, the State's forthcoming plan to reduce infant mortality can include high-quality home visiting programs as a key strategy and provide the resources needed to leverage federal funds and produce long-term savings.

Finally, local jurisdictions can learn from the Baltimore City birth outcomes initiative as it unfolds and develop their own plans to expand home visiting.

### **Home Visiting Programs in Maryland**

*The Nurse-Family Partnership* serves low-income, first-time mothers in Garrett County.

*Baltimore City Healthy Start* serves uses community health workers to identify at-risk women and connect them with health care and other services.

*Healthy Families America's* 14 Maryland sites begin working with families prenatally or at birth and continue for three to five years. The program aims to promote positive parenting, to enhance child health and development and to prevent child abuse and neglect. Trained professionals link families with a medical home and ensure homes are safe. Families are selected through a standardized assessment that identifies health and abuse risk factors.

Many of Maryland's 25 *Early Head Start* centers offer a combined program of center-based classes and weekly home visits for low-income families with infants and toddlers (zero to three years old) and pregnant women. Early Head Start is a federally-funded program designed to improve prenatal outcomes for pregnant women, enhance very young children's development and promote healthy family functioning.

There are 38 *Parents as Teachers* programs across the State, serving families from pregnancy through a child's school entry. Parents learn what to expect at different levels of development to help become their child's first teacher. The model includes monthly, bi-weekly or weekly home visits by a parent educator, group meetings, developmental screenings and referrals.

The four *Home Instruction for Parents of Preschool Youngsters* (HIPPY) sites in Maryland work with parents of children ages three to five. HIPPY uses home visitors from the local community to work with low-income families in home visits and group social meetings.

Some local health departments also offer a case management program called *Healthy Start*, which may include home visits.

There are many local models in place as well. For example, there are at least eight local home visiting models operating in Baltimore City, in addition to the national models discussed above.