Improving Early Childhood Developmental Outcomes Through Home Visiting

April 24, 2018
2:00- 3:00pm ET
For Audio: 866-740-1260, ext. 7428625#
Webinar Objectives

• Explore the impact of home visiting on early childhood developmental outcomes.

• Identify federal, state, and program-level approaches to strengthening home visiting services to promote early childhood brain development, and maternal and child health overall.
Agenda

2:00  Welcome and Introductions
2:05  Health Resources and Services Administration (HRSA)
2:25  Georgia Department of Public Health
2:45  Racine County Home Visiting Network
3:05  Closing and Adjourn
Federal Agency Support for Early Brain Development and Home Visiting

Charisse Walcott
Public Health Advisor, Health Department and Systems Development Branch
Division of Public Health Performance Improvement, Office for State, Tribal, Local, and Territorial Support, CDC
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Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau, HRSA
Improving Early Childhood Developmental Outcomes Through Home Visiting

April 24, 2018

Dina Lieser, MD, FAAP
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
We envision an America where all children and families are healthy and thriving, where every child and family have a fair shot at reaching their fullest potential.
Changing Trajectories

“OUR EVIDENCE SHOWS THE POTENTIAL OF EARLY LIFE INTERVENTIONS FOR PREVENTING DISEASE and PROMOTING HEALTH.”

James Heckman
Nobel Laureate in Economics

“Early Childhood Investments Substantially Boost Adult Health,” *Science*

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Disrupted Neurodevelopment

Adverse Childhood Experiences

Social, Emotional, and Cognitive Impairment

Adoption of Health-risk Behaviors

Disease, Disability, and Social Problems

Early Death
Design Principles for Improving outcomes

- Support responsive relationships for children and adults.
- Strengthen core life skills
- Reduce sources of stress in the lives of children and families
Disparities in Early Vocabulary Growth
“30 million word gap”

Age of child in months

Vocabulary Size

Professional Families
1,116 words

Working Class Families
749 words

Welfare Families
525 words

MIECHV Legislative Authority

• $400 million appropriation annually for 2018-2022
• Awards to states and territories for implementation of evidence-based home visiting (Administered by HRSA)
• 3% set-aside for grants to Tribal entities (Tribal Program administered by ACF)
• 3% set-aside for research, evaluation, and corrective action technical assistance (Jointly administered by HRSA and ACF)
<table>
<thead>
<tr>
<th>Benchmark Areas</th>
<th>Measures</th>
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<tbody>
<tr>
<td>I. Maternal and Newborn Health</td>
<td>Preterm Birth; Breastfeeding; Depression Screening; Well-Child Visit; Postpartum Care; Tobacco Cessation Referrals</td>
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<tr>
<td>II. Child Injuries, Maltreatment, and Reduction of ED Visits</td>
<td>Safe Sleep; Child Injury; Child Maltreatment</td>
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<tr>
<td>III. School Readiness and Achievement</td>
<td>Parent-Child Interaction; Early Language and Literacy Activities; Developmental Screening; Behavioral Concerns</td>
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<td>IV. Crime or Domestic Violence</td>
<td>IPV Screening</td>
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<tr>
<td>V. Family Economic Self-Sufficiency</td>
<td>Primary Caregiver Education; Continuity of Insurance Coverage</td>
</tr>
<tr>
<td>VI. Coordination and Referrals</td>
<td>Completed Depression Referrals; Completed Developmental Referrals; IPV Referrals</td>
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Home Visiting

• Evidence based
• Place based systems strategy: locally designed and run
• Home visiting services are provided by trained professionals, such as social workers, nurses, and parent educators
• Meet regularly with at-risk expectant parents or families with young children in their homes, building strong, positive relationships with families
• Establish positive parenting practices and parent–child relationships while also addressing individual family needs
• Supports Families
• Voluntary
MIECHV Families

MIECHV Priority Populations

• Low-income families
• Pregnant women under age 21
• Families with a history of child abuse or neglect
• Families with a history of substance abuse
• Families that have users of tobacco in the home
• Families with children w/low student achievement
• Families with children w/ DD or disabilities
• Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments

Populations Served in 2017

• 888 counties in all 50 states, D.C. and 5 territories
• Approximately 156,000 participants
• 72% of families < 100% federal poverty
• 42% of families < 50% federal poverty
• 65% did not go to college
• 15% of newly enrolled pregnant teens
• 22% of newly enrolled with history of child abuse and neglect
• 12% of newly enrolled with history of substance abuse
MIECHV Improves Child and Family Outcomes

- 98 percent demonstrated improvement in at least four of the six benchmark areas
- Prevents child abuse and neglect
- Encourages positive parenting
- Promotes child development and school readiness
- Intimate partner violence
- Maternal depression
- Reduction of school drop out, substance use, teen pregnancy and crime
- Improved economic self-sufficiency
- On-going evaluations
## Maternal Infant Early Childhood Home Visiting State Grantees Selection of Home Visiting Models for FY 16

<table>
<thead>
<tr>
<th>Evidence Based Model</th>
<th>Number of States Implementing</th>
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<tbody>
<tr>
<td>Healthy Families America</td>
<td>36</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>39</td>
</tr>
<tr>
<td>Parents as Teachers (PAT)</td>
<td>35</td>
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<tr>
<td>Early Head Start</td>
<td>15</td>
</tr>
<tr>
<td>Home Instruction for Parents of Preschool Youngsters (HIPPY)</td>
<td>6</td>
</tr>
<tr>
<td>Family Spirit</td>
<td>4</td>
</tr>
<tr>
<td>Child First</td>
<td>1</td>
</tr>
<tr>
<td>Health Access Nurturing Development Services (HANDS) Program</td>
<td>1</td>
</tr>
<tr>
<td>SafeCare</td>
<td>2</td>
</tr>
<tr>
<td>Family Check-up</td>
<td>1</td>
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<tr>
<td>Family Connects (pilot)</td>
<td>1</td>
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</tbody>
</table>
Continual Improvements, Adaptations, Innovations, Enhancements and Precision

- HV CoIN 2.0
- Test new practices targeted to MIECHV measures
- Innovation awards
- R and D Platform
- Systems

Home Visiting Measures → Goals

- Breastfeeding initiation
- Maternal depression management
- Developmental screenings and referrals
- Family engagement and transitions

What we know

What we do

GAP

Yesterday → Today → Tomorrow

Source: Institute for Healthcare Improvement, 2013
Early Childhood Comprehensive Systems Impact (ECCS Impact)

ECCS Impact works to enhance early childhood systems building and demonstrate improved outcomes in population-based children’s developmental health and family well-being indicators.

AIM: Within 60 months, communities participating in the CoIIN will show a 25% increase from baseline in age appropriate developmental skills of their community’s 3 yr. old children.
EARLY CHILDHOOD SYSTEMS DRIVERS
Thrive by Three, Healthy and Ready to Learn

• Parent partnership
• Universal developmental promotion
• Social determinants of Health
• Coordinated systems for developmental promotion
• Policy
• Evidence based interventions scaled through delivery systems
• Data driven
A Vision for Home Visiting and Early Childhood Systems of the Future

• A continuum of early childhood systems and home visiting services from universal to “Precision Home Visiting”

• Developmental/Relational health quality bundles

• Data and outcome-driven improvements for EC population health by promoting well-being, managing risk and monitoring cohorts of babies.....

• Building the ROI and longitudinal data capacity to demonstrate long term impact of HV

• Broadening reach and sustainability of HV within EC systems: Medicaid, Child Welfare, Pay-for-Success, etc.
All roads lead to Resilience

Center for the Study of Social Policy’s Strengthening Families™, a Protective Factors Framework.
Contact Information

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To learn more about our agency, visit

www.HRSA.gov

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Questions?
Twanna Nelson
Home Visiting Program Director
Georgia Department of Public Health
Improving Early Childhood Developmental Outcomes Through Home Visiting

Presentation to: Association of State and Territorial Health Officials (ASTHO)
Presented by: Twanna Nelson, GA Home Visiting Director
Date: April 24, 2018
Presentation Objectives

Key Objective: Provide an Overview of Georgia’s Evidenced Based Home Visiting Program with focus on the following components:

✓ Evidenced Based Home Visiting (EBHV)
✓ Central Intake
✓ Innovation – Workforce Development
✓ Partnerships – Collective Impact
What is Evidence-Based Home Visiting?

• Home Visiting offers support and comprehensive services to at-risk families through home visits and group socialization experiences. At-risk pregnant women, children age birth to five and their families are linked to resources and opportunities to improve well-being.

Goals:
✓ Improve Maternal and Child Health
✓ Prevent child abuse and neglect
✓ Encourage positive parenting
✓ Promote child development and school readiness
Evidence-Based Home Visiting

- Provide home visits as the primary service delivery strategy
- Offer services on a voluntary basis
- Provide services to pregnant women or families with children birth to kindergarten entry
- Target specific participant outcomes that promote family functioning and child well-being
Evidence-Based Home Visiting

Early Head Start – Home Visiting (EHS-HV)
Healthy Families Georgia (HFG)
Nurse-Family Partnership (NFP)
Parents as Teachers (PAT)
Counties, Families, and Children Served by Georgia's Home Visiting Programs
October 1, 2016 to September 30, 2017
All funding sources*

*See page 4 for a list and description of funding sources.
Georgia Home Visiting

Key Components
• Centralized Intake
• Evidence-based home visiting (EBHV) as a major service strategy
• Community Services
• Data System - Georgia Home Visiting Information System (GEOHVIS)
• Partnerships- Internal and External
Centralized Intake

- Outreach
- Screening and Assessments
- Referral to Early Intervention and Community Programs
- Follow-up
Georgia received the HRSA funded Innovation Award in 2016 to strengthen the home visiting workforce capacity.

- Develop/Conduct Comprehensive workforce assessment to increase knowledge of MIECHV workforce that will drive future direction.
- Professionalize the field of home visiting by partnering with State colleges and Technical schools.
- Fully incorporate home visiting in GA Department of Early Care and Learning’s Professional Development System.
What’s Next for the GA Home Visiting Program?
Contact

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DPH online: www.dph.ga.gov
Questions?
Jeffrey Langlieb
Community Health Director
Central Racine County Health Department
Acknowledgments

• Ascension All Saints
• Wisconsin Department of Children and Families
• United Way of Racine County
• Racine County Government
• University of Wisconsin-Milwaukee
• Racine Lifecourse Initiative for Healthy Families
• Racine County Home Visiting Stakeholder Group
• Johnson Foundation at Wingspread
• Association of State and Territorial Health Officials
Racine County
Population Health Challenges in Racine

• Infant Mortality Rate
  • African Americans disproportionately affected

• Trauma/Adverse Childhood Experiences
  • >20% of residents with 4 or more ACEs
  • Higher rates among economically disadvantaged women in home visiting

• RWJF County Health Rankings
  • Consistently ranks in lowest quartile among counties in Wisconsin (61 of 72)
Racine County Infant Mortality

Call To Action

• (2008) Greater Racine Collaborative for Healthy Birth Outcomes
  • Home visiting identified as a strategy

• (2011) Maternal, Infant and Early Childhood Home Visiting
  • Provided dollars to implement evidence based home visiting
  • Racine County Home Visiting Network Established

• (2012) Establishment of Central Intake Process for Referrals
  • Partnership between Racine County Human Services Department, Central
    Racine County Health Department and Ascension All Saints Hospital

• (2015) Central Racine County Health Department Accredited by HFA
Why Home Visiting?

- Home visiting programs have been shown to promote positive outcomes, including:
  - Maternal and infant health
  - Positive parenting practices
  - Child development

- Since 2011, Congress has appropriated over $2.5 billion to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program
## Challenge #1: Scale

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</thead>
<tbody>
<tr>
<td>Families Newly Enrolled, Statewide</td>
<td>605</td>
<td>714</td>
<td>584</td>
<td>1903</td>
</tr>
<tr>
<td>Families Newly Enrolled, Racine Co.</td>
<td>59</td>
<td>38</td>
<td>42</td>
<td>139</td>
</tr>
<tr>
<td>Average Number of Births, Racine Co.</td>
<td>2300</td>
<td>2300</td>
<td>2300</td>
<td>6900</td>
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</tbody>
</table>
Challenge #1: Scale

- Most evidence-based home visiting programs are long-term service models (2-5 years)

- These programs are difficult to scale up due to their duration and cost

- No matter how effective, it is unlikely that long-term home visiting programs alone can achieve population-level impacts
Challenge #2: Adverse Childhood Experiences

Source: Central Racine County Health Department (2017)
Challenge #2: Adverse Childhood Experiences

• Compared to women with 0 ACEs, women with 5 or more ACES were...
  • 2 x more likely to utilize TANF
  • 2 x more likely to report housing problems
  • 5 x times more likely to have experienced domestic violence
  • 3 x more likely for the child to experience a potential developmental delay by 1 year of age
New Opportunity: Family Connects

- Philosophy: Most families with newborns need support, but some need more than others
- Family Connects is a low-cost, universal program
- Hospital recruitment visit at birth
- Initial home visit focuses on: (a) assessment of family strengths & needs, (b) anticipatory & supportive guidance, (c) referrals & connections to community resources
Why Universal Home Visiting?

• A universal approach is imperative for community-level change
• Every family has needs following the birth of a child
• Complementary to long-term, intensive home visiting already in place
• Universal home visiting can serve as a gateway to long term home visiting and other services within the early childhood spectrum
Family Connects Racine County
Family Connects Racine County

Source: Center for Child and Family Health, Durham, NC (2017)
Family Connects: Evidence

- Family Connects linked many benefits: (a) Fewer infant emergency care visits; (b) More connections to community services; (c) Access to higher-quality child care; (d) Increased positive parenting behaviors; (e) Improved father involvement and home environment quality; (f) Reduced maternal anxiety

- Return on investment (ER visits): $3 for every $1 invested

What We Learned So Far

- Relationships and partnerships matter
- Home visiting is a **strategy** within a system of early childhood supports
- Buy-in from physicians and hospital systems is critical for success
- Universal home visiting is accepted at higher rates
  - ~20% verbal acceptance for long-term home visiting (HFA)
  - ~70% verbal acceptance for universal home visiting (Family Connects)
- Universal home visiting is reaching vulnerable populations
  - ~67% of families receiving visits have been low income
  - ~50% of families receiving visits have been African American or multi-racial
The Future

• Locally:
  • Universal and long-term home visiting operating complementary within a system of early childhood support
  • Scale up Family Connects Racine County to cover the entire County
  • Seek and blend creative sources of funding

• Policy Changes
  • Universal, nurse-based home visiting as a standard of postpartum care
  • Home visiting reimbursement through Medicaid and private insurance

• Public Health
  • A vision for the future of public health nursing?
Home Visiting Matters

"...a helpful and friendly person who really cares."

"...very kind and very nice and understand me and my family. They are doing a good job!"

"My home visitor listens well, gives me honest feedback and when I don’t understand something she doesn’t make me feel ashamed..."

"Thank you for everything."

"...very encouraging in all ways..."

"This program is a blessing, it gives me confidence in my parenting skills..."

"Excelente programa."

"She helped me in major ways. I have become more open and motivated because of the program."

"I already have recommended this program to a friend."

"Thank you for your time."

"My home nurse... is amazing & wonderful to work with."

"I love all the new things I am learning..."

"Helps me understand things better and gives me answers to my questions."

"My home visitor is awesome!"

"We look forward to her visits!"

"We look forward to her visits!"

"I love her! She is amazing."
Questions

• Thank You!

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Next Steps

Improving Early Childhood Developmental Outcomes Through Home Visiting Primer

• ASTHO developed a primer on home visiting and its role in promoting maternal and child health and well-being. The primer highlights the work of Washington, Texas, Kansas, and Georgia. Available on the ASTHO website in the coming week.
Evaluation

Please fill out our evaluation!

http://astho.az1.qualtrics.com/jfe/form/SV_3TKJsFMHBKKOKVT