

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

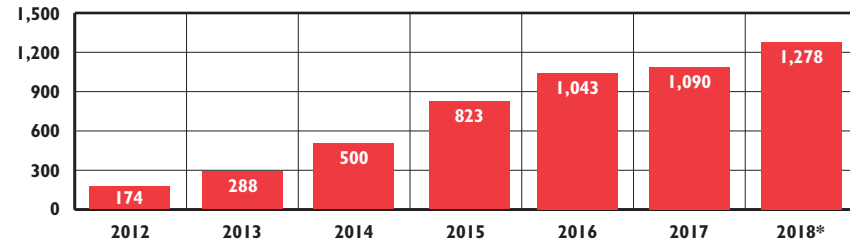
Parents are the most important individuals in a child's life, particularly during infancy and early childhood. Infants and toddlers who receive responsive, nurturing care and are provided with opportunities to learn have a strong foundation for success. When parents face obstacles that impact their ability to meet the needs of their babies, 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 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 child 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 2018, there were 20 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; the federal government directly funds the Early Head Start home-based option.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, 2012-2018



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2018. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

- ◆ **As of October 2018, of the 1,278 parents/caregivers participating in evidence-based home visiting programs 12% were under age 20, 17% were ages 20 to 24, and 71% were age 25 or older at enrollment. Twenty-three percent of the parents/caregivers had less education than a high school diploma or GED, 29% had a high school diploma or GED, 21% had some college or vocational training, 10% had a four-year college degree, and 17% had an unknown amount of education. At the time of enrollment, 36% of the parents/caregivers were single, 46% were married or had a domestic partner, 4% were divorced or separated, less than 1% were widowed, and 13% had an unknown marital status. Among the enrolled children, 8% were not born yet, 30% were under age one, 23% were age one, 21% were age two, 14% were age three, 4% were age four, and 1% were age five.¹⁰**
- ◆ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹¹ As of October 2018 in Rhode Island, there were 656 pregnant women and 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 (97%) services through home visits. As of June 2018, there were 2,219 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 2018, 2,657 children received at least one First Connections home visit (49% lived in one of the four core cities and 51% in the remainder of the state).¹⁵**

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Table 17.

Evidence Based Family Home Visiting, Rhode Island, 2018

CITY/TOWN	COMMUNITY CONTEXT, 2018			# RECEIVED FIRST CONNECTIONS VISIT IN 2018	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2018			
	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	107	32	14	14	1	0	1	2
Bristol	103	56	35	20	3	0	21	24
Burrillville	121	66	44	17	1	1	2	4
Central Falls	303	263	263	125	41	13	32	86
Charlestown	54	32	22	15	6	0	1	7
Coventry	280	144	84	73	14	0	10	24
Cranston	756	431	314	173	45	4	26	75
Cumberland	346	153	96	59	3	3	2	8
East Greenwich	109	41	17	20	1	1	3	5
East Providence	447	280	197	65	17	1	13	31
Exeter	52	30	11	21	0	0	0	0
Foster	41	20	11	9	0	1	0	1
Glocester	69	37	17	12	1	0	0	1
Hopkinton	30	12	11	15	3	0	3	6
Jamestown	22	7	4	6	0	0	0	0
Johnston	270	156	107	45	6	2	1	9
Lincoln	160	71	43	27	4	1	2	7
Little Compton	6	4	2	3	0	0	0	0
Middletown	156	76	51	26	5	0	8	13
Narragansett	42	28	19	16	1	0	1	2
New Shoreham	2	1	1	0	0	0	0	0
Newport	207	127	104	52	14	1	12	27
North Kingstown	235	99	55	59	4	1	17	22
North Providence	311	205	159	57	4	2	5	11
North Smithfield	83	48	35	11	1	0	0	1
Pawtucket	852	653	596	273	87	16	51	154
Portsmouth	135	59	23	26	6	0	4	10
Providence	2,352	1,835	1,760	758	285	78	100	463
Richmond	79	42	18	19	1	0	0	1
Scituate	89	36	24	4	0	0	0	0
Smithfield	132	62	31	21	0	0	0	0
South Kingstown	155	71	50	45	14	1	6	21
Tiverton	73	41	22	12	6	0	3	9
Warren	80	45	29	8	3	1	9	13
Warwick	712	390	233	203	22	0	40	62
West Greenwich	49	19	7	9	2	0	1	3
West Warwick	326	217	158	108	23	1	8	32
Westerly	140	76	48	77	10	0	40	50
Woonsocket	465	367	343	154	47	6	41	94
Unknown	1	1	1	0	0	0	0	0
Four Core Cities	3,972	3,118	2,962	1,310	460	113	224	797
Remainder of State	5,979	3,214	2,096	1,347	221	21	239	481
Rhode Island	9,952	6,333	5,059	2,657	681	134	463	1,278

Source of Data for Table/Methodology

Home visiting data are from the Rhode Island Department of Health, Family Home Visiting, Family Visiting Database. Birth 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/RtTeCare) or no insurance.

*Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

Unknown: Specific city/town information is unavailable.

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

References

- ^{1,3} DiLauro, E. & Schreiber, L. (2012). *Reaching families where they live: Supporting parents and child development through home visiting*. Retrieved February 28, 2019, from www.zerotothree.org
- ^{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, E., et al. (2018). *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.
- ^{8,10,15} Rhode Island Department of Health, 2018.
- 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 2018.
- ¹³ Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, June 30, 2018.
- ¹⁴ Rhode Island Department of Health. (n.d.). *First Connections*. Retrieved March 1, 2019, from http://health.ri.gov