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 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 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 vulnerable families with young children. This funding must be spent by states on approved models that meet rigorous evidentiary standards.6 In 2019, there were 21 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 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.9

As of October 2019, of the 1,294 parents/caregivers participating in evidence-based home visiting programs 12% were under age 20, 18% were ages 20 to 24, and 70% were age 25 or older at enrollment. Twenty-seven percent of the parents/caregivers had less education than a high school diploma or GED, 34% had a high school diploma or GED, 21% had some college or vocational training, 10% had a four-year college degree, and 8% had an unknown amount of education. At the time of enrollment, 42% of the parents/caregivers were single, 48% were married or had a domestic partner, 5% were divorced or separated, less than 1% were widowed, and 4% had an unknown marital status. Among the enrolled children, 8% were not born yet, 35% were under age one, 24% were age one, 15% were age two, 15% were age three, and 3% were age four.10

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Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.11 As of October 2019 in Rhode Island, there were 374 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 (98%) services through home visits. As of June 2019, there were 2,358 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 2019, 2,235 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

Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2019. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

Families Enrolled in Evidence-Based Family Home Visiting Coordinated by the Rhode Island Department of Health, Rhode Island, 2012-2019

Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2019. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.
### Table 17. Evidence Based Family Home Visiting, Rhode Island, 2019

<table>
<thead>
<tr>
<th>CITY/TOWN</th>
<th>TOTAL # OF BIRTHS</th>
<th># OF BIRTHS WITH 1 OR MORE RISK FACTORS</th>
<th># OF BIRTHS TO LOW-INCOME FAMILIES</th>
<th># RECEIVED FIRST CONNECTIONS VISIT IN 2019</th>
<th># FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2019</th>
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### 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/RhCare) 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


7. Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October 2019.
