

Family Home Visiting

DEFINITION

Family home visiting is the number of families enrolled in home visiting programs funded 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}

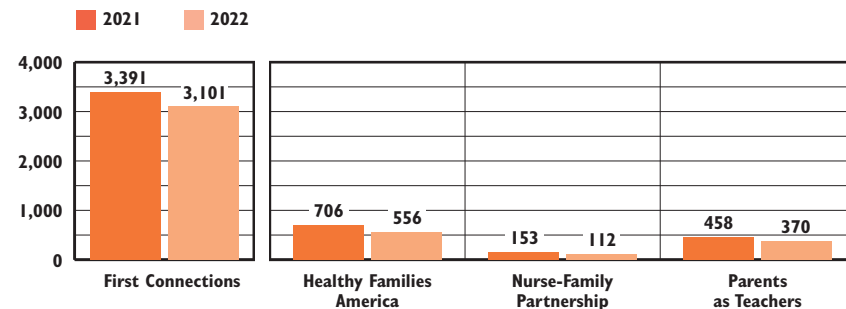
Home visiting programs are designed to reach young children and their families at home. Each program is different, but all provide parenting education to foster healthy, safe, and stimulating environments for young children. Children in vulnerable families who participate in high-quality home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child neglect and abuse. Families who participate are more likely to provide an enriching home environment, use positive 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 2022, there were 24 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.^{8,9} 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.¹⁰



Family Home Visiting Program Participation, Rhode Island, 2021-2022



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database enrollment in MIECHV-funded programs on October 1, 2021 and October 1, 2022 and KIDSNET, unduplicated families receiving at least one First Connections visit in Calendar Year 2022.

◆ **Rhode Island's First Connections Family Visiting Program is a statewide, short-term home visiting program designed to help families get connected to needed resources and is the Child Find program to identify children who may be eligible for Early Intervention services under the *Individuals with Disabilities Education Act*.¹¹ In 2022, 3,101 children received at least one First Connections home visit, down 9% from 2021. Fifty-two percent of children lived in one of the four core cities and 48% in the remainder of the state.¹²**

◆ **As of October 2022, 1,038 families were participating in an evidence-based home visiting program in Rhode Island, down 21% from October 2021. The decrease in participation can be attributed to a reduction in funded program capacity to increase wages for family home visitors in response to the ongoing staffing crisis and staffing challenges.¹³**

◆ **Among the children enrolled in an evidence-based, comprehensive model, 44% were white, 19% were Black, 6% were Multiracial, 1% were Asian, <1% were American Indian or Alaska Native, <1% were Native Hawaiian or Other Pacific Islander, and 29% were of an unknown race or declined to answer. Within these race categories, 49% of enrolled children were Hispanic.¹⁴**

◆ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹⁵ As of October 2022 in Rhode Island, there were 268 children enrolled in home-based Early Head Start.¹⁶**

Table 17.

Family Home Visiting, Rhode Island, 2022

CITY/TOWN	COMMUNITY CONTEXT, 2022			# RECEIVED FIRST CONNECTIONS VISIT IN 2022	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2022			
	TOTAL # OF BIRTHS	# OF BABIES BORN WHO SCREENED RISK POSITIVE	# OF BIRTHS TO LOW-INCOME FAMILIES		HEALTHY FAMILIES AMERICA	NURSE-FAMILY PARTNERSHIP	PARENTS AS TEACHERS*	TOTAL
Barrington	114	41	11	9	5	0	2	7
Bristol	127	70	26	22	3	0	35	38
Burrillville	110	63	36	15	2	0	2	4
Central Falls	275	236	213	98	50	19	24	93
Charlestown	51	27	13	19	2	0	4	6
Coventry	327	198	91	87	18	1	8	27
Cranston	754	474	267	264	32	6	22	60
Cumberland	294	141	63	49	6	1	1	8
East Greenwich	141	53	15	24	0	0	0	0
East Providence	418	265	142	53	10	4	12	26
Exeter	49	22	11	14	0	0	2	2
Foster	38	23	11	5	1	0	0	1
Glocester	70	44	12	16	1	0	1	2
Hopkinton	55	24	8	18	0	0	5	5
Jamestown	19	8	4	7	1	0	0	1
Johnston	263	167	87	66	4	2	5	11
Lincoln	193	109	51	38	1	2	5	8
Little Compton	7	4	1	1	1	0	0	1
Middletown	138	65	36	37	4	0	5	9
Narragansett	65	34	13	22	0	0	2	2
New Shoreham	10	6	3	2	0	0	2	2
Newport	190	127	84	48	13	1	3	17
North Kingstown	204	90	35	59	1	1	0	2
North Providence	311	191	94	71	7	1	5	13
North Smithfield	79	40	17	14	0	0	3	3
Pawtucket	805	622	464	164	59	21	40	120
Portsmouth	111	49	21	26	6	0	1	7
Providence	2,245	1,780	1,440	1,178	238	43	73	354
Richmond	89	37	17	16	1	0	0	1
Scituate	86	39	16	9	0	0	0	0
Smithfield	157	77	32	29	1	0	1	2
South Kingstown	159	73	35	60	3	0	2	5
Tiverton	62	39	19	12	4	0	2	6
Warren	80	49	23	12	3	1	8	12
Warwick	663	382	171	202	33	3	15	51
West Greenwich	48	26	7	11	0	1	0	1
West Warwick	274	183	105	103	17	3	7	27
Westerly	142	84	47	58	2	0	24	26
Woonsocket	468	384	304	163	27	2	48	77
Unknown	NA	NA	NA	0	0	0	1	1
Four Core Cities	3,793	3,022	2,421	1,603	374	85	185	644
Remainder of State	5,898	3,324	1,624	1,498	182	27	185	394
Rhode Island	9,691	6,346	4,045	3,101	556	112	370	1,038

Source of Data for Table/Methodology

Evidence-Based Family Home Visiting program data are from the Rhode Island Department of Health, Family Home Visiting, Family Visiting Database. Birth data and First Connections 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/RIteCare) or no insurance.

*From 2018 to 2021, enrolled families included 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

¹³ *Home visiting: Improving outcomes for children.* (2021). Washington, DC: National Conference of State Legislatures.

²⁵ *Early childhood home visiting: What legislators need to know.* (2019). Washington, DC: National Conference of State Legislatures.

^{47,35} *Early childhood home visiting models: Reviewing evidence of effectiveness.* (2022). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

⁶ National Home Visiting Resource Center. (2018). *Home visiting primer.* Arlington, VA: James Bell Associates and the Urban Institute.

^{8,11} *Family visiting legislative report.* (2022). Providence, RI: Rhode Island Department of Health.

⁹ *Head Start program facts: Fiscal Year 2021.* (2022). Retrieved March 21, 2023, from eclkc.ohs.acf.hhs.gov

¹⁰ Home Visiting Evidence of Effectiveness. (2022). *Models eligible to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding.* Retrieved March 21, 2023, from homvee.acf.hhs.gov

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