

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}

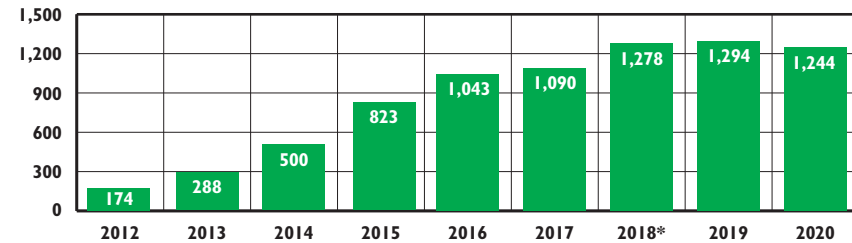
Home visiting programs are designed to reach young children and their families at home. Each program is different, but all provide parenting education to foster healthy, safe, and stimulating environments for young children. Children in vulnerable families who participate in high-quality home visiting 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 2020, 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.^{8,9} 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



Families Enrolled in Evidence-Based Family Home Visiting Coordinated by the Rhode Island Department of Health, Rhode Island, 2012-2020



Source: Rhode Island Department of Health, Family Home Visiting, Family Visiting Database, October 2012-2020. *Beginning in 2018, enrolled families includes all families participating in Parents as Teachers programs, including those without MIECHV funding.

- ◆ **As of October 2020, of the 1,244 families participating in evidence-based home visiting programs 13% had mothers under age 20, 21% had mothers ages 20 to 24, and 66% had mothers age 25 or older at enrollment. At the time of enrollment, 45% of mothers were single, 44% were married or had a domestic partner, 6% were divorced, separated, or widowed, and 4% had an unknown marital status. Among the enrolled children, 10% were not born yet, 29% were under age one, 28% were age one, 17% were age two, 13% were age three, and 4% were age four. Forty-six percent of enrolled children were white, 20% were Black, 10% were Another race, 6% were Two or more races, 2% were Asian, 1% were Native American, and 16% were unknown or declined to answer. Within these race categories, 47% of enrolled children were Hispanic.¹¹**
- ◆ **Home-based Early Head Start is also recognized as an evidence-based home visiting program that improves child outcomes.¹² As of October 2020 in Rhode Island, there were 324 children enrolled in home-based Early Head Start.¹³**
- ◆ **Early Intervention (EI) programs serve infants and toddlers with developmental delays and disabilities in Rhode Island and deliver nearly all (99%) services through home visits. As of June 2020, there were 2,224 children enrolled in EI in Rhode Island.^{14,15}**
- ◆ **Rhode Island also operates First Connections, a statewide, short-term home visiting program designed to help families get connected to needed resources.¹⁶ In 2020, 2,891 children received at least one First Connections home visit (56% lived in one of the four core cities and 44% in the remainder of the state).¹⁷**

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Table 17.

Evidence Based Family Home Visiting, Rhode Island, 2020

CITY/TOWN	COMMUNITY CONTEXT, 2020			# RECEIVED FIRST CONNECTIONS VISIT IN 2020	# FAMILIES ENROLLED IN EVIDENCE-BASED HOME VISITING PROGRAMS, OCTOBER 1, 2020			
	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	103	34	12	5	1	0	3	4
Bristol	137	85	46	20	6	0	29	35
Burrillville	123	65	37	13	2	2	0	4
Central Falls	299	263	253	107	55	22	31	108
Charlestown	52	30	15	18	6	0	0	6
Coventry	275	137	74	64	14	0	4	18
Cranston	729	449	331	229	47	7	27	81
Cumberland	287	124	65	33	7	2	4	13
East Greenwich	130	50	16	18	1	2	2	5
East Providence	401	230	157	65	9	4	11	24
Exeter	49	26	15	17	2	1	1	4
Foster	38	27	10	9	2	0	0	2
Glocester	57	29	14	7	1	0	1	2
Hopkinton	66	30	20	13	2	1	2	5
Jamestown	29	10	7	6	0	0	0	0
Johnston	251	150	96	41	5	1	1	7
Lincoln	185	92	57	29	4	0	1	5
Little Compton	11	4	4	4	1	0	0	1
Middletown	152	76	47	40	5	0	7	12
Narragansett	44	25	15	16	1	0	0	1
New Shoreham	7	4	3	1	0	0	0	0
Newport	199	128	106	55	11	0	16	27
North Kingstown	204	98	46	59	10	2	7	19
North Providence	308	192	141	49	7	4	7	18
North Smithfield	97	55	24	8	0	0	1	1
Pawtucket	830	650	556	259	95	40	29	164
Portsmouth	115	57	26	22	4	0	2	6
Providence	2,264	1,789	1,672	1,105	267	77	80	424
Richmond	51	28	13	20	0	0	0	0
Scituate	83	45	17	10	0	0	0	0
Smithfield	148	60	36	10	0	1	1	2
South Kingstown	152	80	33	54	21	0	1	22
Tiverton	83	43	32	9	8	0	2	10
Warren	73	44	33	18	5	0	6	11
Warwick	649	361	196	162	29	0	18	47
West Greenwich	41	18	13	5	3	1	0	4
West Warwick	258	177	126	97	29	1	4	34
Westerly	146	84	51	55	8	0	40	48
Woonsocket	463	383	326	138	36	6	27	69
Unknown	1	1	1	1	0	1	0	1
Four Core Cities	3,856	3,085	2,807	1,609	453	145	167	765
Remainder of State	5,733	3,147	1,934	1,281	251	29	198	478
Rhode Island	9,590	6,233	4,742	2,891	704	175	365	1,244

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/RtCare) 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 March 9, 2021, from www.zerotothree.org
- ^{2,5} *Early childhood home visiting: What legislators need to know*. (2019). Washington, DC: National Conference of State Legislators.
- ^{4,7,12} *Early childhood home visiting models: Reviewing evidence of effectiveness*. (2020). 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*. (2018). Arlington, VA: James Bell Associates and the Urban Institute.
- ⁸ *Rhode Island's MIECHV Program FY 2019*. (2020). Retrieved March 10, 2021, from www.mchb.hrsa.gov
- ⁹ Vogel, C. A., et al. (2015). *Toddlers in Early Head Start: A portrait of 2-year-olds, their families, and the programs serving them*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

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