

Evidence-Based Home Visiting Services

Issue

Women and families with significant psychosocial and medical risk factors for poor perinatal outcomes are not accessing evidence-based home visiting (EBHV) programs, representing a lost opportunity to impact those families who have the most to gain.

Findings



Percent of CDRC cases referred to EBHV services:



Recommendation

The Commission strongly supports improvement in the process for vulnerable populations to access and accept evidence-based home visiting services. (2016 and 2017)

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Delaware's EBHV continuum includes Healthy Families America (HFA), Parents as Teachers (PAT), Early Head Start, and Nurse Family Partnership (NFP) and all follow families from the perinatal period to early childhood. Review of evidence compiled by the Administration for Children & Families shows that all EBHV have favorable impacts on outcomes related to child development and school readiness, child health, reductions in child maltreatment and positive parenting practices. In addition, NFP has demonstrated impact on indicators pertaining to family economic self-sufficiency and maternal health.(10)(11). NFP focuses on first time Mothers and PAT provides services up to the child's fifth birthday.

Delaware has the third highest per capita health care expenditures in the nation, yet health indicators in the state are not strong. To improve the health of our population, more spending on medical care is unlikely to move the needle on key outcomes. Delaware is working to implement a statewide health care spending benchmark focusing on quality of outcomes achieved.(12) Other ways of improving health—by focusing on the social determinants of health and community-based support for at-risk families—is necessary. EBHV is one part of a multifaceted approach to improve health outcomes for women and young children, which in turn has the potential to reduce health care spending on maternal and neonatal complications.

Families experiencing a fetal or infant death represent a subpopulation that has high prevalence of psychosocial stressors as well as medical risk factors. Despite this fact, years of CDRC data reveal that very low percentages of women and families are referred and enroll in EBHV programs whose eligibility criteria are designed to serve such families. In 2017, only 11% of FIMR mothers were referred to an EBHV, and this proportion did not differ among mothers seen at private practices for prenatal care and those seen at public clinics. This data suggests that the site of prenatal care did not affect the rate of referral.

FIMR	2017	2016
Multiple stresses	45%	51%
Social chaos	19%	20%
Concerns about money	9%	25%
EBHV referral made	11%	8%
EBHV referral not made	86%	92%
Family enrolled in EBHV program	1%	3%

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Among CDR/SDY infant cases, 25% had a referral made to an EBHV program, but no families enrolled.

CDR/SDY infant cases	2017 (n=16)	2016 (n=31)
EBHV referral made	25%	19%
EBHV referral not made	44%	19%
Family enrolled in EBHV program	0%	10%

CDR/SDY Case Finding: Home visiting--Assessment and referral
No referral was made to an EBHV program despite pertinent maternal risk factors.

MMR	2016-2017 (n=11)
EBHV referral made	9%
Mother enrolled in EBHV program	0%



10. Administration for Children & Families, US Dept of Health & Human Services. Home Visiting Evidence of Effectiveness: Healthy Families America: in brief. Updated in April 2017. Accessed at: <https://homvee.acf.hhs.gov/Model/1/Healthy-Families-America--HFA--In-Brief/10> on April 19, 2018.

11. Administration for Children & Families, US Dept of Health & Human Services. Home Visiting Evidence of Effectiveness: Nurse Family Partnership in brief. Updated in May 2016. Accessed at: <https://homvee.acf.hhs.gov/Model/1/Nurse-Family-Partnership--NFP--In-Brief/14> on April 19, 2018.

12. Department of Health & Social Services. Delaware's road to value (draft). Accessed at: <http://www.dhss.delaware.gov/dhss/roadmapmerged.pdf> on April 19, 2018.