home visitation ISSUE BRIEF

"...ensuring children are healthy and ready to succeed when they enter school."
With increasing attention from policymakers and parents concerning the need for programs and services that promote school readiness for all children, a great deal of research and evaluation has been conducted to ensure that the desired outcomes are being achieved in the most effective and efficient manner. One proven approach is a quality home visitation program for children and families, which studies have shown time and time again are an essential part of outreach to families that may otherwise be isolated from the system.

Each year approximately 400,000 children (almost 1 in 50) under the age of six in the United States are served by home visitation programs. In addition to reaching isolated families, home visitation programs are effective “because services can be tailored to meet the needs of individual families, and because, if services result in parents improving their parenting skills, the programs can conceivably benefit siblings as well as target children.” The method of outreach allows the home visitor to develop a trusting relationship with families, and has proven effective in achieving long-lasting outcomes for participants. The goals of home visitation include reducing child abuse and neglect, improving parenting skills and ensuring children are healthy and ready to succeed when they enter school.

The American Academy of Pediatrics (AAP) Council on Child and Adolescent Health reviewed and summarized numerous evaluations of home visitation programs illustrating ten positive prenatal outcomes (e.g., increased use of prenatal care, increased birth weight, reduction in smoking among pregnant women and increased use of health services); twelve positive postnatal outcomes (e.g., decreased child abuse and neglect, increased time of employment for mothers, and increased likelihood of returning to or staying in school); and, five positive longer-term outcomes (e.g., less dependency on welfare, decreased likelihood of substance abuse and a reduction in crimes committed by mothers). Available evidence has convinced law enforcement officials to support home visitation programs as a crime-fighting tool. Fight Crime: Invest in Kids, a national nonprofit anti-crime organization, has stated that “a small investment now will help stop abuse and neglect, improve children’s school readiness and reap dividends down the road by saving lives and money.”

The success of these programs makes them a desirable option for addressing challenges and improving outcomes for children and families. In our state, one in every fifty children under the age of six is abused or neglected; more than a quarter (29%) of mothers in Oklahoma do not receive adequate prenatal care; one of every thirteen babies born is classified as low-birth weight; ten percent of children under age six have special health care needs; and, according to kindergarten teachers participating in a recent survey thirty percent of their students are not performing at kindergarten grade level. Oklahoma is fortunate, however, to have successful programs driving change and meeting the needs of families.

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A review of five major programs with home visitation components serving our state illustrates the financial and quality of life impact that each has. Given the complexity of the problems faced by participants, programs specialize in particular areas of service (e.g., health, behavioral health, child education, parent education, etc.) and focus on particular populations such as pregnant women and children with special health care needs in an effort to meet the unique needs of families and ensure that optimal outcomes are achieved.

### Program Name: Children First Nurse-Family Partnership

**Oversight:** Oklahoma State Department of Health

**State Fiscal Year 2008 Funding:**
- $11.5 million (State of Oklahoma)
- Estimated $1.6 million (federal Medicaid)\(^\text{11}\)

**Geographic Area Served:** Statewide

**Enrollment Criteria:**
- Pregnant women less than 29 weeks gestation
- Families expecting to deliver or parent their first child
- Families at or below 185% of the federal poverty level\(^\text{12}\)

**Number Served:**
- 5,008 families (State Fiscal Year 2006)\(^\text{13}\)

**Services Provided:**
- Health assessments for mother and child
- Child development assessment
- Parent education
- Nutrition education
- Health and safety education
- Connecting families to needed programs and services\(^\text{14}\)

**Outcomes:**
- The Nurse-Family Partnership model has been linked with several positive outcomes, including a $2.88 return for every $1 invested\(^\text{16}\), improved prenatal health, fewer subsequent pregnancies, increased intervals between births, fewer childhood injuries, and increased maternal employment\(^\text{17}\). Among Children First mothers, there has been a decrease in the number of pregnant women who smoke or consume alcohol during pregnancy, and almost three-fourths initiated breastfeeding\(^\text{18}\).
Program Name: Comprehensive Home-Based Services
Oversight: Oklahoma Department of Human Services
State Fiscal Year 2008 Funding: $2.9 million (State of Oklahoma); $4.2 million (federal)
Geographic Area Served: Statewide
Enrollment Criteria: Families with children under age 18 with moderate or high risk of child abuse or neglect and at risk for out-of-home-placement
Number Served: 2,800 families (SFY 2007)
Services Provided: Parenting education and resources
Outcomes: Evaluation results indicate that of those families who begin receiving Comprehensive Home-Based Services after reunification of the parent(s) and children, 83% were able to maintain reunification while receiving services.

Program Name: Office of Child Abuse Prevention Programs
Oversight: Oklahoma State Department of Health
State Fiscal Year 2008 Funding: $3.7 million (State of Oklahoma); $115,000 (federal grants dedicated to home visitation for the Chickasaw Tribe)
Geographic Area Served: 23 programs serving about half of Oklahoma.
Enrollment Criteria: First time mothers after the 28th week of pregnancy, pregnant women who were not being served by other programs, pregnant women expecting their second birth; parents of newborns; services are offered until the child is five years of age.
Number Served: 1,295 families (State Fiscal Year 2006)
Services Provided: Parent education; family screenings and assessments; child development screenings and assessments; refer and connect families to needed services; support services including respite care and child care; transportation
Outcomes: Increased likelihood that children served will have up-to-date immunizations; identification of children with developmental delays; possible reduction in child abuse and neglect; increased parental knowledge of child development; improved parenting skills and problem-solving; improved self-esteem of the parents.
**Program Name:** Oklahoma Parents as Teachers

**Oversight:** Oklahoma State Department of Education

**State Fiscal Year 2008 Funding:** $1,795,064 (State of Oklahoma)  
$16,260,919 million (State of Oklahoma); $5,126,448 (federal IDEA Part C); $2,657,565 (federal Medicaid)

**Geographic Area Served:** 80 programs serve 99 (18%) of 539 school districts  
Statewide

**Enrollment Criteria:** Parents of children age three or younger, including services during pregnancy  
Children birth through 36 months with disabilities and developmental delays

**Number Served:** 5,619 families (2005-2006 school year)  
3,043 (Based on December 1, 2006 count. This number does not reflect the total number served throughout the year.)

**Services Provided:** Educational materials on child development; networking among parents to share experiences; developmental screenings; connection of families to other needed services  
Diagnostic and evaluation services; case management; family training; counseling; health and nursing services; occupational, physical and speech-language therapy; special instruction

**Outcomes:** Increase in language, social development and problem-solving skills; potential for improved scores on reading and math tests in first grade; increase in parent participation in the child’s education  
Family Survey (SFY 2004) results indicate “90.8% agree or strongly agree that the SoonerStart services are helping their child and family reach their IFSP [Individual Family Service Plan] outcomes.”
System Strengths and Challenges

The system is structured so that it benefits families with diverse and complex needs. These needs require specialization among home visitation professionals and a well designed delivery system that is flexible and can be tailored to meet each family’s unique circumstances. Programs work together to offer a comprehensive array of services recognizing that basic needs must be met to ensure families are strong and equipped to deal with parenting challenges. Home visitation professionals utilize research and evidence-based models with a strong track record of improving the lives of children and families and offering opportunity for future success.

Despite the success of the current system, more can be done to enhance the capacity of programs to effectively meet the needs of families. A primary concern is the lack of adequate funding to ensure quality services are available to serve all those in need. In response to a recent survey, one program representative indicated the lack of funding can be especially problematic in rural areas where they have to travel greater distances to serve families, resulting in additional travel costs. Additional funding is also critical for staff training and professional development. Research suggests that “visitors need more skills, knowledge and flexibility than ever before in order to tailor services to the needs of the families they serve”. Funding should also be available for evaluating program implementation and measuring outcomes. As policymakers and investors pay careful attention to accountability and results, the use of evidence-based visitation models that produce positive outcomes extending beyond participating families to the broader community must receive adequate financial support.

Another challenge for home visitors is the lack of adequate community resources. One program representative suggests the needs of families in some areas of the state may require services that are not available in that community, or the programs that are available are already at maximum capacity. Heather Weiss, founder and director of the Harvard Family Research Project, argues that the effectiveness of programs “rests, in part, on the availability and quality within the community of other services for families as well as on the capacity of the families to connect with such services”. Without the proper supports, families do not have equal opportunity for success. Home visitors must have available and accessible programs in proximity to the families they serve in order to provide effective services and create lasting change.
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Opportunities to Strengthen the System

State leaders, home visitation program staff and legislators must come together with families and advocates and commit to seeking solutions and providing sufficient resources to support proven strategies for change and progress. Adequate funding for program implementation and evaluation, as well as a commitment to ensuring adequate resources to support strong families at the local level are necessary for continued success. Investment in home visitation programs has the potential for long-term economic benefits as improved outcomes for children and families result in future cost savings.

Another opportunity for strengthening the system is to build on existing collaboration among programs and other service providers, including training, outreach and service delivery. One expert notes that it is important to “encourage the coordination and consolidation of training activities with local communities...[to] serve as a bridge for interaction among different home visiting programs, as well as provide home visitors with a broader and more in-depth training experience than they may have been able to obtain otherwise”.46 The AAP has also identified opportunities for medical professionals to support and improve the system: 1) “recognize that home-visitation programs are complimentary to office-based practice and part of a continuum of care”; and, 2) “support referral of high-risk parents to home-visitation programs as early as possible, ideally before or at the time of the prenatal visit to the pediatrician”.47 Broad-based collaboration provides an opportunity for individual programs and stakeholders to have an even greater impact on the lives of Oklahomans.
Conclusion

The AAP states that home visitation programs must be available for pregnant mothers and continue to support children throughout the first five years of life and services should focus on all domains where families have needs, such as health, education and family support. They also recognize that these programs “are not a panacea, sufficient unto themselves to reverse or prevent the damaging effects on children of poverty and inadequate or inexperienced parenting”. Yet, research has proven them to be a crucial part of the broader system serving our youngest citizens.

About Smart Start Oklahoma

Smart Start is Oklahoma’s statewide early childhood initiative. Through a shared commitment, active collaboration, and innovative leadership, Smart Start seeks to provide better opportunities to the children and families of our state.

There are four key strategies that guide our efforts toward achieving our goal of giving Oklahoma’s children a smart start.

Community Initiatives: Responding to the needs of children and families by leveraging local support and resources to meet identified needs.

Public Engagement: Educating Oklahoma on the importance of the early years.

Resource Development: Committing resources at both the state and community level with increased public and private funding devoted to early childhood services.

Public Policy: Improving public policies to support young children and their families.
resources
Children First Nurse-Family Partnership
www.ok.gov/health

Comprehensive Home-Based Services
www.okdhs.org/programsandservices

Office of Child Abuse Prevention Programs
www.health.state.ok.us/program

Oklahoma Parents as Teachers
www.sde.state.ok.us

Smart Start Oklahoma
www.smartstartoklahoma.org

SoonerStart
www.sde.state.ok.us

notes


6. Calculation based on population statistics from the US Census Bureau and the number of confirmed abuse and neglect cases for children under age six in 2006 obtained from personal communication with Oklahoma Department of Human Services staff. October 24, 2006.

7. Estimate represents 2004 data are from the Oklahoma State Department of Health Center for Health Statistics. The percent of women receiving adequate prenatal care is based on the Adequacy of Prenatal Care Utilization (APNCU) Index developed by Milton Kotelchuck, an algorithm that accounts for the timing of the initial visit and the total number of visits.


10. 2006 Oklahoma Kindergarten Readiness Survey conducted by Smart Start Oklahoma and the Oklahoma State Department of Education.


34. Oklahoma Parents as Teachers 2006 Report.


42. Survey of home visitation professionals conducted by Smart Start Oklahoma in June 2007.


44. Survey of home visitation professionals conducted by Smart Start Oklahoma in June 2007.


