

PARTNERSHIP FOR THE FUTURE: HEALTH CENTERS AND MATERNAL CHILD HEALTH HOME VISITING OPPORTUNITIES

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

MATERNAL CHILD HEALTH HOME VISITING

Background: The Health Resources and Services Administration ([HRSA](#)), Maternal and Child Health Bureau ([MCHB](#)) defines maternal child health home visiting programs as programs where nurses, social workers, early childhood educators or trained professionals use home visits to meet regularly with expectant parents or families with young children who want and ask for support, building strong, positive relationships. Home visitors evaluate families' strengths and needs and provide services tailored to those needs, such as:

- Teaching positive parenting skills and parent-child interactions.
- Promoting early learning in the home, with an emphasis on strong communication between parents and children that stimulates early language development.
- Providing information and guidance on a wide range of topics, including breastfeeding, safe sleep practices, injury prevention, and nutrition.
- Conducting screenings and providing referrals to address postpartum depression, substance abuse, and family violence.
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities.
- Connecting families to other services and resources as appropriate.

VALUE OF HOME VISITING PROGRAMS

Rigorous evaluation of high-quality home visiting programs has shown a positive impact on reducing incidences of child abuse and neglect, improvement in birth outcomes such as decreased pre-term births and low-birthweight babies, improved school readiness for children and increased high school graduation rates for mothers participating in the program. Cost-benefit analyses show that high quality home visiting programs offer returns on investment ranging from \$1.75 to \$5.70 for every dollar spent due to reduced costs of child protection, K-12 special education and grade retention, and criminal justice expenses.

Decades of research in neurobiology have emphasized the importance of a child's early experiences as laying the foundation for their growing brain. It is in the quality of these early experiences that neurobehavioral brain development influences future social, cognitive and emotional competence. Research additionally points to the value of parenting during a child's early years as a mitigating factor for negative outcomes. High-quality home visiting programs can improve outcomes for children and families, particularly those facing challenges such as teen or single parenthood, maternal mental illness or depression and lack of social and financial support.



Some benefits of evidence-based home visiting programs:

- **Prevent:** child abuse and neglect
- **Support:** positive parenting
- **Reduce:** crime and domestic violence
- **Increase:** family education level and earning potential
- **Improve:** maternal and child health
- **Connect:** families to community resources and supports
- **Promote:** child development and school readiness

EXAMPLES OF HOME VISITING PROGRAMS

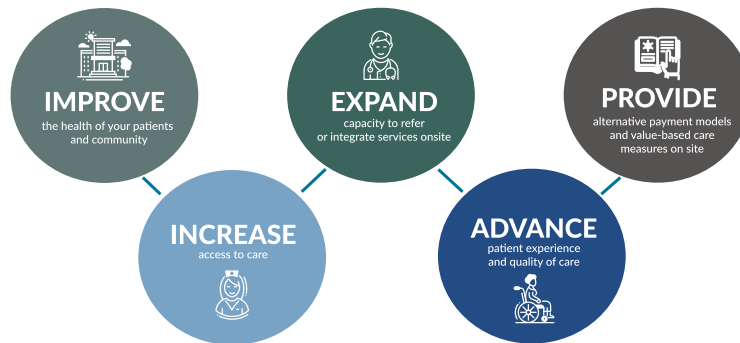
Maternal, Infant, and Early Childhood Home Visiting grantees may select one or more of the [20 models for implementation](#). Awardees must demonstrate that they are effective at meeting the needs of families by reporting on their program's performance for 19 measures across six statutorily defined benchmark areas and demonstrate improvements in at least four benchmark areas. The following are two examples of home visiting programs:

Nurse-Family Partnership® is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of people and individuals and their children affected by social and economic inequality. This program utilizes specially educated nurses who regularly visit parents or caregivers starting early in the pregnancy through the child's second birthday.

Parents as Teachers (PAT) is an evidence-based home visiting model that promotes the optimal early development, learning, and health of children by supporting and engaging their parents and caregivers. The program model can be offered prenatally through kindergarten. The Parents as Teachers model offers a cohesive package of services for families with young children and is formed around four dynamic components: Personal Visits, Group Connections, Child Screenings, and Resource Networks.



BENEFITS OF HOME VISITING AND HEALTH CENTER PARTNERSHIPS



IMPROVE the health of your patients and your community. Home visiting programs address clinical and social determinants of health (SDOH) and socioeconomic conditions that impact the health status of your expectant parents or families with young children.

INCREASE access to care: Increasing access to prenatal care and well child visits will promote access to care, improve health equity and health outcomes. Medicaid is a major funder of home visiting programs. Health centers serve 1 in 5 Medicaid patients.

EXPAND capacity to refer or integrate services onsite: In addition to Medicaid, home visiting programs are funded by a myriad of public and private funding streams at the federal, state, and local levels. Implementing a home visiting program can provide sustainability of services beyond government funding.

ADVANCE patient experience and quality of care measures: A home visiting program can impact quality of care measures like:

- Early Entry into Prenatal Care
- Percent Low and Very Low Birth Weight
- Childhood Immunization Status
- Percent Adults Screened for Tobacco Use and Receiving Cessation Intervention
- Screening for Depression and Follow-Up Plan
- Emergency Department utilization (for children)

EXPLORE options for alternative payment models and value-based care: States and managed care organizations are incorporating health centers into value-based payment arrangements, including those involving financial risk related to quality, outcomes, and cost.ⁱ More than 20 states currently use an Alternative Payment Methodology (APM) to reimburse health centers for services to Medicaid patients. Thirty-nine percent of health centers are participating in an Accountable Care Organization (ACO).ⁱⁱ

OPPORTUNITIES FOR HEALTH CENTER AND HOME VISITING PARTNERSHIPS



- Explore different evidence-based home visiting programs at the [National Home Visiting Resource Center](#). Find program profiles that include a description of the program and educational requirements for home visitors and home visitor supervisors.

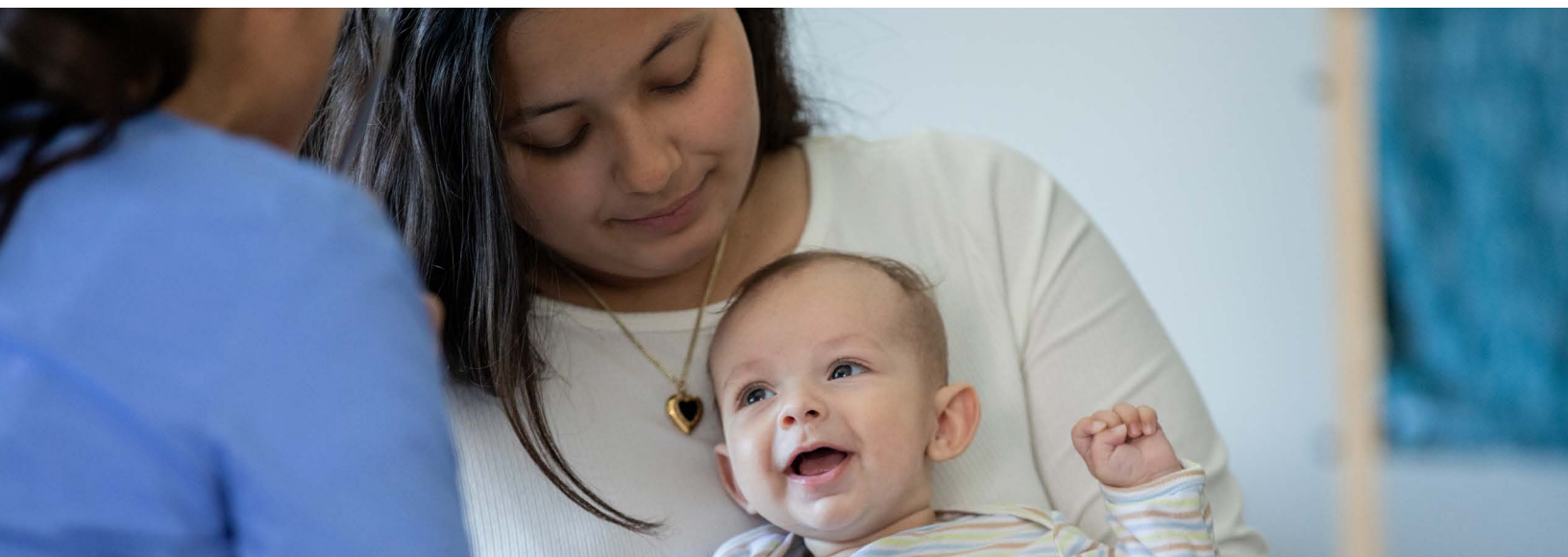
- Identify home visiting programs operating in your state. Consider existing partnership opportunities.
 - Start with your state’s [Home Visiting Program Fact Sheet](#)
 - Check with your [state health department](#)
 - Some home visiting programs have a program locator feature, for example
 - [Nurse-Family Partnership Locations - Nurse-Family Partnership \(nursefamilypartnership.org\)](#)
 - Parents as Teachers [Program Locations \(patnc.org\)](#)
- Think about your health center’s community ¹. Consider:
 - The existing research that validates a particular model for your community
 - The synergy between the model’s intended goals/outcomes and your community’s needs
 - The ability to maintain fidelity to a particular model (i.e., community resources to implement the model’s goals, objectives, and program standards)
 - The pool of qualified applicants available to meet the model’s staffing qualifications
 - The availability and accessibility of early childhood, maternal and child health, mental health, and social services
 - The approximate cost per family per year
- Explore public and private financing models at the federal, state, and local levels. Some programs have helpful Funding Guides, such as [PAT](#) and [Family Spirit](#) and [Healthy Families](#):
 - Key federal funding streams used to support Home Visiting
 - [Maternal, Infant, Early Childhood Home Visiting \(MIECHV\)](#)
 - [Medicaid](#) in many states through targeted case management (TCM) benefits, waivers, managed care, or other mechanisms
 - [Title V Maternal and Child Health Block Grant](#)
 - [Substance Abuse and Mental Health Services](#)
 - [Temporary Assistance for Needy Families \(TANF\)](#)
 - [Child Welfare](#)
 - [Early Head Start](#)
 - State-level funding streams that may be available
 - Children’s Trust Fund, check for your state’s options
 - [Community-Based Child Abuse Prevention](#)
 - Tobacco Settlement funds
 - State general revenues
 - Private Funding Streams – Foundations etc.
 - [Rural Health Funding & Opportunities - Rural Health Information Hub](#) search by topics: Children and youth, Child welfare, Healthcare needs and services.
 - [Community Foundation Locator | Council on Foundations \(cof.org\)](#)
 - [Top Giving Foundations: all \(tgci.com\)](#)
 - [United States Funding Sources Map \(tgci.com\)](#)
- Choose an implementation model.
 - Consider the [ZERO To THREE Home Visiting Community Planning Tool](#) to incorporate key components needed for successful home visiting services in your community.
 - Decide if your health center wants to partner with existing community-based home visiting programs or implement your own program.

¹ [The ZERO TO THREE Home Visiting Community Planning Tool \(1\).pdf](#)

- If you choose to implement your own program, review the implementation guidance for your program(s) of interest to ensure goodness of fit for your health center.
 - Detailed implementation overviews, including prerequisites for implementation, training, materials and forms to support implementation, and the estimated costs of implementation on the evidence – based models are found at [Home Visiting Evidence of Effectiveness](#).

IMPROVING HEALTH EQUITY THROUGH HEALTH CENTER AND HOME VISITING PARTNERSHIPS

Health centers that serve vulnerable communities like residents of public housing have additional opportunities to strengthen community partnerships by bringing home visiting programs into their care settings. Evidence based home visiting programs work to strengthen families and by extension, the communities in which they serve. Public Housing Primary Care sites are serving communities facing challenges due to structural inequities. Public housing is often isolated within communities, where multi-generational residents navigate a lack of personal autonomy, often poverty, and in many cases violence and chronic stress. By building additional supports for families such as evidence-based home visiting programs, health centers can continue to strengthen community connections.



EXAMPLES OF HEALTH CENTER AND HOME VISITING INTEGRATION

Carolina Health Centers, Inc.:

The mission is to build a community of children who are healthy and able to reach their highest potential, to grow strong families, and to prevent child maltreatment. Improving outcomes for children begins with improving the support systems for their families so that families are strong and resilient. The vision is to build an integrated community system of health care and family support whereby every family is provided the level of support they need to ensure children’s physical, mental, emotional, and spiritual health.

Services focus on:

- **Building the citizens of tomorrow:** Help parents understand how to nurture their children so that they are physically, emotionally, spiritually and socially healthy.
- **Empowering parents:** Connect parents to community resources and to other parents and learn to be a voice for your child in the wider community. Parents are their child’s first and best teacher.
- **Building a community system of care:** Work with doctors, teachers, counselors, librarians, childcare providers, businesses, and service agencies so that your family receives a network of care.

Cherry Health:

The Maternal Infant Health Program (MIHP) is a parent support and coaching program for pregnant mothers and infants. If a person is pregnant or has a baby under a year old, and is Medicaid eligible, they can receive MIHP as part of their insurance coverage. MIHP services are provided by a team to support and encourage new parents. Services can be provided in one's home, one's office, or another place that one chooses in the community.

Family First Health:

Regular home visits from a registered nurse provide expectant mothers with a relationship they can count on, allowing them to develop the confidence and skills for parenting and economic self-sufficiency.

The Nurse-Family Partnership (NFP)

FREE personal registered nurse access throughout one's pregnancy to offer support, advice, and information to have a healthy pregnancy, a healthy baby, and become the best parent that one can be. A dedicated nurse will be available for the parent baby dyad and family, until the baby turns 2 years old.

Services include:

- The support to have a healthy pregnancy and healthy baby
- Board Certified Lactation Consultants and Certified Lactation Counselors on Staff to help with breastfeeding
- Certified Car Seat technician to assist with safe car seat installation
- Spanish speaking in-home interpreter
- The ability to learn and practice things that make you more confident as a mom, like breastfeeding, nutrition, child development, safe-sleep techniques, and much more
- Referrals for healthcare, childcare, job training, and other support services available in your community
- Support to continue your education, develop job skills, or follow your dreams for the future

First Choice Health Centers:

First Choice Health Centers use the Parents as Teachers (PAT) program that offers home visits, parent child interactive activities, playgroups, family focus groups, and various health-related and developmental screenings to participating families.

All young children and their families deserve the same opportunities to succeed. The Parents as Teachers' mission is to promote the optimal early development, learning, and health of children by supporting and engaging their parents and caregivers.

The Parents as Teachers family support provider's goals are the following:

- Provide the parent with knowledge of early childhood development
- Reviews Milestones/Ages and Stages
- Focus on parent/family well-being
- Connect families to community resources
- Provide and share information to build parent resilience
- Encourages a healthy lifestyle by providing information surrounding safety, physical wellness, and emotional well-being

Jessie Trice Community Health System:

Healthy Start legislation provides for universal risk screening of all Florida's pregnant women and infants to identify those at risk for poor birth, health and developmental outcomes.

ALL pregnant women regardless of their marital, economic or immigration status are eligible to participate in the Healthy Start program, if they are at high risk for a poor pregnancy outcome. This includes post-partum women and their infants up to age three. The goal of Healthy Start is to reduce infant mortality, reduce the number of low-birth-weight babies and improve health and developmental outcomes.

Little River Medical Center:

Little River offers parents and caregivers of the youngest patients support and encouragement for learning, development and contribute to the health of their children. Parents as Teachers is designed to help parents address any parenting concerns. We partner parents with parent educators who make regular personal home visits during a child's earliest years in life. Parent educators equip parents and caregivers with knowledge and resources to prepare their child, from prenatal through age 3, for a stronger start in life and greater success in school.

NHW Community Health Center, a program of Native Health:

The Maternal, Infant, and Early Childhood Home Visiting program is designed to strengthen Native American families through achieving the following:

- Improved family health and wellness
- Improved health for a mother and her child
- Improved child safety
- Improved school readiness for children
- Improved family income, benefits, and education
- Improved parenting skills and parenting satisfaction
- Less family domestic violence and crime
- Less family use of tobacco, alcohol, and other substances
- Less family stress, depression, and mental health issues

Families eligible for the program may consist of (but are not limited to) pregnant mothers, teen parents, fathers and/or grandparents serving as caregivers to children ages 0 through 5 years, and living off reservation. Visiting program staff, or Parent Educators, must meet rigorous education and training requirements before providing services that relate to family dynamics, child development, home safety, and a variety of other topics important to families. Families receive home visits every week, every other week, or monthly, depending on their needs.

StayWell Health Center:

This program is a collaboration between StayWell Health Center and Waterbury hospital. This voluntary program aims to provide universal support services to parents delivering in the city of Waterbury during their transition to parenthood. There is no income or other types of eligibility criteria. The program follows families through telephone contact with for maximum of six months to support the transition to parenthood.

ADDITIONAL RESOURCES

[Home Visiting | MCHB \(hrsa.gov\)](#)

[Medicaid-and-Home-Visiting.pdf \(georgetown.edu\)](#)

[Public Insurance Financing of Home Visiting Services: Insights from a Federal/State Discussion - The National Academy for State Health Policy \(nashp.org\)](#)

[Rural Early Childhood Health Promotion Toolkit – Rural Health Information Hub](#)

[In-Home Services to Strengthen Children and Families \(childwelfare.gov\)](#)

ⁱ [PPS-One-Page-Update.pdf \(nachc.org\)](#)

ⁱⁱ [Research Fact Sheets and Infographics - NACHC](#) National Association of Community Health Centers. Community Health Center Chartbook. January 2022.