

STARTING OFF STRONG

The Promise of Home Visiting
for Arizona Families

STRONGFAMILIES  AZ

ASU Morrison Institute
for Public Policy
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INTRODUCTION: THE CASE FOR CONCERN

“The foundation of many skills needed for 21st-century jobs is established in the first five years of life.”

The Pew Center on the States

Brenda was not prepared.

“I was definitely not ready to be a mom,” she said. “I didn’t know what to expect.”

So she reached out for help to one of Arizona’s voluntary home visiting programs. This statewide network of programs provides nurses, social workers and other professionals to answer expectant and new parents’ questions about such topics as nutrition, health and discipline – in the privacy of their own home.

Brenda said she quickly realized she’d made the right choice – for herself and her son, Ami. “After our first visit, and knowing everything was at my fingertips as far as parenting and caring for Ami, I wanted to learn everything.”

The home visiting program “impacted me tremendously,” she said. More importantly, “It definitely benefited Ami, because I have to be my best in order to give him, you know, the best for him.”

Helping parents give the best to their children is the goal of home visiting, which promotes early childhood health and education from pregnancy through early childhood. Brenda might not know it, but her reasons for embracing this voluntary program echo those of a host of medical researchers, who identify early childhood as a critical period for every infant.





Mercedes and Jason signed up with a home visiting program while she was still pregnant with Draven; she's since seen her home visitor at least twice a month. "You don't have to do anything; they're here just for you," she said. "It was just a big relief just to have that one person that could just be like, 'You're okay, it's okay.'"

That, the researchers say, is because basic elements of every individual's life-long mental and emotional framework emerge during a child's first few years of life. The brain, they say, can change significantly in the first few years, as its genetic makeup interacts with its everyday experiences. Gradually, the neural networks arise to support thinking, behavior, social interaction, self-regulation and physical health.

The consequences, once set, are difficult to undo. If Ami – or any Arizona toddler – fails to receive an ample supply of nutrition, attention, stimulation and love during this crucial period, a large body of research concludes that it will almost certainly cast a shadow over his or her whole life and, indirectly, over the life of their community.¹ There are opportunities for remediation later on, but they are expensive and often unsuccessful.

By age 5, Ami and thousands of other Arizona children should be healthy, happy, school-ready youngsters eager to play, to learn, and to savor life. They should be looking forward to adolescence and adulthood as stable, productive members of society. Official figures show, however, that too many Arizona children are growing up without the foundation essential for a positive future. Worse, some are born into impoverished, unstable home environments and raised by caregivers who themselves struggle with unemployment, substandard education, substance abuse and mental illness. Environments, in other words, that can exhaust and defeat even the best-intentioned parents.

Fortunately, Arizona has decades-long experience with voluntary home visiting programs that make help available to those who seek it. Some people may confuse these programs with state interventions launched in response to claims of child maltreatment. In fact, it's a very different service. In addition to being a completely voluntary decision by parents, home visiting provides resources and education that support strong families and promote healthy futures for Ami, Brenda and many other Arizonans.

As a 2005 RAND Corporation research brief put it:

“Early childhood intervention programs have been shown to yield benefits in academic achievement, behavior, educational progression and attainment, delinquency and crime and labor market success, among other domains.”



Starting Off Strong: What Helps, What Hurts

Risk Factors

- Inadequate cognitive stimulation – e.g., language
- Inadequate loving interactions with caregivers
- Poor nutrition and healthcare
- Exposure to violence, including domestic violence
- Special needs such as disabilities or mental health issues
- Parents' lack of parenting skills and understanding of child development
- Substance abuse and/or mental health issues, including depression in the family
- Parents who are young, poor, poorly educated or single

Protective Factors

- Breastfeeding
- Activities and materials that promote skill development
- Avoidance of harsh physical punishment
- Supportive family environment and social networks
- Parenting skills
- Stable family relationships
- Parental education and employment
- Adequate housing
- Adequate nutrition and healthcare

Walker, Susan P., et al. (2011) "Inequality in early childhood; risk and protective factors for early child development," *The Lancet* (378). Oct 8, 2011; www.thelancet.com; Centers for Disease Control and Prevention: Child Maltreatment – Risk and Protective Factors; <http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>

THE CASE FOR ACTION: SUPPORT AND SELF-INTEREST

But why should Arizonans care about Brenda and Ami? Why should they spend tax dollars on people they don't know and will never meet? Inequality is a fact of life, many say; and government-sponsored interventions too often fail to accomplish their goals.

Supporters of home visiting offer two responses. The first is one rooted in widely shared values: The teachings of every major religion and spiritual movement urge compassion for and assistance to the poor – especially children. It is, most would agree, simply the “right” thing to do.

The second response is less sentimental. Supporters of home visiting argue that early intervention for families is simply the most efficient use of tax dollars. At the broadest level, virtually all parents and infants, they say, could benefit from some degree of support and assistance. Without an intervention, some children who lacked adequate nutrition, stimulation and love in their early years will end up, as adults, burdening all Arizonans. Such individuals are more likely to draw upon public resources to cope with such issues as poverty, poor education and job skills, substance abuse, mental illness, homelessness, delinquency and crime. And they are quite unlikely to qualify as members of the educated, stable, high-skilled workforce Arizona needs to compete in today's global economy.

Home visiting does require funding – public, private, or some combination. But the 2005 RAND research brief concluded that the results are worth the initial expense. It found that upfront costs of providing home visiting services to families that seek them are recouped by:

- Improved school performance that requires less spending on grade repetition and special education classes
- Higher educational attainment and subsequent economic success that bring more tax revenues and require less public welfare and criminal justice expenses
- Higher lifetime incomes for the participants themselves
- Thousands of dollars saved per disadvantaged child for every \$1 invested in proven programs, according to numerous cost-benefit analyses
- An improved economic competitive position for the state, due to a better-educated, more stable workforce

Similarly, a 2011 report in the leading British medical journal, *The Lancet*, concluded: “The most effective and cost-efficient time to prevent inequalities is early in life before trajectories have been firmly established. Action or lack of action will have lifetime consequences for adult functioning, for the care of the next generation and for the wellbeing of societies.”

Put less politely, the argument from self-interest warns that Arizonans face a classic choice: Pay something now, or pay much more later.

“The most effective and cost-efficient time to prevent inequalities is early in life before trajectories have been firmly established. Action or lack of action will have lifetime consequences for adult functioning, for the care of the next generation and for the wellbeing of societies.”

The Lancet



THE WORD FROM THE LAB: A FLOOD OF DATA

Even the best-intentioned programs are useless if they don't work. Nor should taxpayers be expected to fund them unless there are sound ways of measuring their effectiveness. That's why home visiting proponents in Arizona and elsewhere say they are intent on promoting "evidence-based" programs that have been scientifically proven to be effective.



Children in the home-visited group were half as likely to repeat a grade as those in the control group, and were more likely to excel in behaviors that promote learning.⁵

The home visiting approach has been the subject of a large number of research studies, many of which fulfill the scientific requirement that they be "randomized" and "controlled." This typically means that researchers assemble a pool of individuals (or families) to be tested and randomly assign them to one of two groups. One group is the "treatment" group, whose members receive the education or training or whatever intervention is being tested. The other group is the "control" group, who receive no intervention. This enables researchers to be more confident that, at the end of the experiment, the differences between the groups can be attributed to the treatment, and not to bias or chance.

What follows is a brief account of some of these studies and their findings:

- In the evaluation of a pre-natal and postpartum nurse home visitation program for socially disadvantaged women bearing their first children, David Olds and his colleagues (1988) found that, during the first four years after the delivery of their first child, nurse-visited poor, unmarried women showed an 82% increase in the number of months they were employed, had 43% fewer subsequent pregnancies, and postponed the birth of second children for an average of 12 months longer.³
- In a randomized, controlled trial of a home visitation program by nurses in Memphis, Harriet Kitzman and her colleagues (1997) found that the program can reduce pregnancy-induced hypertension, and childhood injuries and ingestions.⁴
- In 2010, researchers in New York State reviewed the academic performance of two groups of children that had been chosen in a randomized controlled trial in 2000. Among the results were that children in the home-visited group were half as likely to repeat a grade as those in the control group, and were more likely to excel in behaviors that promote learning.⁵
- A meta-analysis of 55 studies found that home visiting had an overall positive impact on parents' childrearing behaviors and children's cognitive and language development. The researchers found that the program characteristics most strongly associated with better results in the areas of parenting behavior and skills included activities that created a stimulating home environment and content that addressed parental mental health and substance abuse.⁶

Studies also suggest that the home visiting approach can benefit a wide range of families, in addition to those deemed at risk. Two studies presented by the Pew Center for the States found evidence that expanding the types of families served in a home visiting program resulted in better family healthcare and lower healthcare costs.⁷

THE VIEW FROM ELSEWHERE: DIFFERENT STATES, SAME GOALS

Home visiting has received national recognition, thanks in part to the passage of the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program in 2010.⁸ This federal initiative provided states \$1.5 billion over five years. In March 2014, and again in February 2015, Congress made more funds available that have been awarded to states.

But the key decisions regarding home visiting programs belong to lawmakers and other officials on the state level. For example, they can determine what other sources of funding may be available, and can ensure that their state is using accountable, research-based home visiting models. Examples abound,⁹ but several illustrate how programs are currently operating in states with diverse political landscapes.¹⁰

ARKANSAS¹¹

Arkansas' voluntary home visiting programs offer a variety of family-focused, culturally relevant services that are primarily home-based. Home visits are provided regularly to expectant parents and parents with new infants and young children until they enter kindergarten. These services are provided by trained staff and address such issues as maternal and child health, positive parenting practices, child development, safe home environments, resource and referral access, literacy and school readiness. Lawmakers in 2013 further supported the program by requiring that at least 90% of Arkansas' funding for home visiting go to evidence-based or promising programs.

CONNECTICUT¹²

Connecticut passed legislation and has taken other steps towards implementing a high-quality statewide home visiting program that is part of a comprehensive early childhood system. Through collaboration with state agencies and private partners, Connecticut plans to build a statewide system for pregnant women, parents/caregivers, and children from birth to age eight.¹³

KENTUCKY¹⁴

Kentucky's Health Access Nurturing Development Services (HANDS) program is a voluntary home visitation program for expectant parents or those with children up to age 3. Families begin by meeting with a trained HANDS visitor to discuss questions or concerns about pregnancy or a baby's first years. The visitor will introduce parenting skill development in areas such as recognizing a baby's needs, what to expect as a baby grows, making the home safe, etc. Legislation passed in 2013 requires programs to adhere to research-based or promising models.

NEW MEXICO¹⁵

New Mexico's program is a service provided by professionals within the home to parents, prenatally and/or with children birth to age 3. The programs help parents create environments that positively impact their child's social and emotional development and prepare him or her for a productive life. The services provide information on prenatal health, newborn care and child development; assess the mother's well-being postpartum, and provide referrals to community resources as necessary.

TEXAS¹⁶

Texas home visiting is a free program that matches parents with trained visitors who can answer questions about pregnancy or parenting and help parents find services that help them care for themselves and their children from birth to age 5. The programs help parents set and reach goals for themselves and their children, and are proven to support families from pregnancy until kindergarten. Legislation passed in 2013 established the program and provided funding for evidence-based and promising programs.



THE EFFORT IN ARIZONA: PROGRESS AND POTENTIAL

Arizona has been offering varying levels of voluntary home visiting services for several decades. One could date the beginnings of organized public services from 1967, when Arizona received a grant to reduce infant death by transporting critically ill newborns from rural hospitals into intensive care centers. This included home visiting by Community Health Nurses that followed after the infant left the neonatal intensive care unit. The Legislature subsequently provided state funding for the transport program, and the service moved to the Arizona Department of Health Services (ADHS) in 1970.

In the early 1990s, the Legislature created the Healthy Families Arizona and Health Start programs, which provided home visiting services to assist pregnant women and infants, and to promote child development. A major expansion of services took place after Arizona voters in 2006 passed Proposition 203, a ballot initiative that directed millions of dollars from a tax on tobacco products to support health and development of children up to age 5. Authority over the expenditures was vested in Arizona's Early Childhood Development and Health Board, more commonly known as First Things First. This agency remains the single largest funder of home visiting services in Arizona.

Vanessa didn't start using home visiting services until Delilah, now 14 months, was two months old. "I wish I would have done it sooner," she said. Vanessa said she was having problems as a new mom, but got help from her home visitor, Michelle. "We've actually become close through the program. She's awesome, someone that I am very grateful for meeting. She gives me a lot of confidence that I'm a great mom, and that I'm doing everything right and Delilah is the product of that. So that helps and gives me a little boost."



In 2009, three Arizona state agencies – the departments of Health Services, Economic Security, and Education – together with First Things First and community providers, convened an Early Childhood Home Visiting Task Force. The goal was to define a system-wide strategy for the development and delivery of quality services.

Another milestone came in 2010 with the federal MIECHV program that funded and promoted home visiting throughout the country. This made millions of federal grant dollars available to support programs chosen by individual states, as long as the programs were “evidence-based.” This encouraged the states to choose approaches that could demonstrate positive outcomes, were grounded in empirically-based knowledge and were supported by credible research. Arizona selected two long-established models, Nurse-Family Partnership® (NFP)¹⁷ and Healthy Families America (HFA).

NFP, which has operated in Arizona since 2006, makes registered nurses available to visit first-time mothers and their babies. NFP is an evidence-based program that has successfully promoted long-term improvements in families’ health, education and economic self-sufficiency. Healthy Families America¹⁸ is a national program model designed to help new parents get their children off to a healthy start by focusing on such topics as development, parent-child interaction, nutrition and safety. Families with expectant mothers or infants under 3 months old participate voluntarily in the program and receive home visiting and referrals from trained staff.

Given Arizona’s strong Native American heritage, the MIECHV grant in 2010 also funded a culturally tailored home-visiting “promising practice” called the Family Spirit Program¹⁹ for the White Mountain Apache tribal population. Family Spirit services are delivered by Native American paraprofessionals to young Native parents from pregnancy to 3 years post-partum. The service consists of 63 lessons taught from pregnancy up to the child’s 3rd birthday. Family Spirit has since become an evidence-based program.

Today, home visiting in Arizona is administered through five state agencies, each with its own programs, and is provided in local communities through non-profit agencies and county health departments that directly serve families. The five agencies are Arizona’s departments of Health Services,



Education, Economic Security, and Child Safety along with First Things First. First Things First funds three programs: Healthy Families Arizona, Parents as Teachers and Nurse Family Partnership. The Arizona Department of Health Services funds Arizona Health Start and High Risk Perinatal/Newborn Intensive Care Program and is the grantee for MIECHV.

The Arizona Department of Education coordinates Early Head Start and operates the Migrant Education Program, which both include home visiting services. The Arizona Department of Economic Security funds the Arizona Early Intervention Program, which also has a home visiting component. Finally, the Arizona Department of Child Safety also helps to fund Healthy Families Arizona. The state agencies meet monthly through the Interagency Leadership Team to coordinate services. Each of these programs works through local organizations that provide services in their respective regions. Collectively, these home-visiting programs served nearly 29,000 Arizona families during the state’s 2014 fiscal year.²⁰

**“It is easier to build strong children
than to repair broken men.”**

Frederick Douglass

NEXT UP: OPTIONS AND OPPORTUNITIES

A truly decisive step would be to eliminate all eligibility criteria for obtaining home visiting services, given that research suggests they are valuable to families at all socioeconomic levels and serve the interests, directly or indirectly, of all Arizonans.

As noted earlier, some Arizonans are concerned that home visiting is a government program – even though the services are voluntary and are provided by local agencies. Some also incorrectly associate home visiting with the separate, and now defunct state agency, Child Protective Services.

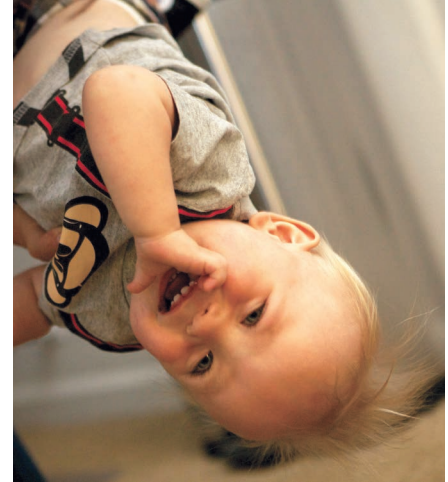
On the other hand, Arizona contains a large population of families struggling to find good jobs and recover from the ravages of the Great Recession. Their children will, for better or worse, form the state’s leaders, employers and workers of tomorrow.

As for policy options, there is always the alternative of staying the course – that is, maintaining the present levels of funding and services. If, however, Arizona chooses to enhance its home visiting efforts, the Pew Center on the States offers several recommendations:²¹

- Require the tracking of home visiting funds.
- Insist on – and invest in – programs with a foundation in research.
- Support and require programs to monitor performance and evaluate key outcomes.
- Set clear, evidence-based eligibility guidelines and develop systems to ensure compliance.
- Use the best available data about families to determine appropriate home visiting allocations and to establish a realistic plan for expansion.

No policy can guarantee success. Yet unless one discounts or simply disbelieves the evidence, it’s difficult not to conclude that home visiting and related programs can play useful and cost-effective roles in improving the lives of Arizona’s families. A remarkably large body of research has concluded that such programs help prepare children for success in school and provide them with a foundation for achievement later in life. Not just Ami and Brenda, but every Arizonan has a stake in such outcomes.





Jon and Debby are the proud parents of Josef, whom they also call ‘the Amazing Jo Jo,’ Jon said, “because of how well he took all of his early challenges.” Josef was born prematurely at 26½ weeks. When he was strong enough to go home, the family was helped by a visiting social worker. Debby called her “someone to support you and to educate you on the programs that are out there, because you would never know.” Debby said she especially liked the fact that “I didn’t have to go somewhere. That I could just be in the comfort of my home and feel open to ask questions and not feel judged for being a new mom and not knowing the answers.”

Notes

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- 3 Olds, D.L., C.R. Henderson, R. Tatelbaum, and R. Chamberlin. 1998. “Improving the Life-Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation.” *American Journal of Public Health*. Vol 78(11), pp 1436-45.
- 4 Kitzman, H., D.L. Olds, C.R. Henderson, et al. 1997. “Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial.” *Journal of the American Medical Association*. 278(8), pp.655-652.
- 5 Kirkland, Kristen and Susan Mitchell-Herzfeld (2012) “Evaluating the Effectiveness of Home Visiting Services in Promoting Children’s Adjustment in School,” New York State Office of Children and Family Services.
- 6 James Bell Associates (2012) “Meta-Analytic Review of Components Associated with Home Visiting Problems,” Pew Center on the States; www.pewtrusts.org
- 7 Dodge, Kenneth and Ben Goodman (2012) “Durham Connects Impact Evaluation,” Pew Center on the States; www.pewtrusts.org
- 8 <http://www.ncsl.org/research/health/maternal-infant-and-early-childhood-home-visiting.aspx#Role>
- 9 See for example <http://www.ncsl.org/research/human-services/home-visiting-enacted-legislation-in-states.aspx> (Source: <http://www.ncsl.org/research/health/maternal-infant-and-early-childhood-home-visiting.aspx#Role>)
- 10 New Mexico and Texas, for example, increased funding this session for home visiting programs by almost \$10 million. <http://www.birthtofivepolicy.org/blog/home-visiting-advances-states>
- 11 <http://www.arhomevisiting.org/>
- 12 <http://www.ct.gov/dph/cwp/view.asp?a=3138&q=503124>
- 13 <http://www.ct.gov/dph/cwp/view.asp?Q=502106&A=4186>
- 14 <http://chfs.ky.gov/dph/mch/eecd/hands.htm>
- 15 <http://cyfd.org/home-visiting>
- 16 www.texas-homevisiting.org
- 17 <https://www.aztfp.gov/WhoWeAre/Board/Documents/Home%20Visiting%20State%20Plan%20June%202010.pdf>
- 18 www.healthyfamiliesamerica.org
- 19 <http://strongfamiliesaz.com/program/family-spirit-home-visiting-program/>
- 20 Morrison Institute for Public Policy (2014), “Estimating the Scope of State-Administered Home-Visiting Programs in Arizona, SFY 2014”.
- 21 States and the New Federal Home Visiting Initiative (2011) The Pew Center on the States; www.pewcenteronthestates.org/homevisiting

“All of us do not have equal talent,
but all of us should have an equal opportunity to develop our talent.”

John F. Kennedy



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