Home Visiting: A Service Strategy to Reduce Poverty and Mitigate Its Consequences

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ABSTRACT

Home visiting programs are increasingly recognized as an important part of the early childhood system of care in the United States. The objectives of this report are to review the rationale for home visiting; characterize the Federal Home Visiting Program; highlight the evidence of home visiting effectiveness, particularly for low income families; identify opportunities to promote coordination between medical homes and home visiting programs; and explain the critical role of research, evaluation, and quality improvement to strengthen home visiting effectiveness. Home visiting programs offer voluntary home-based services and other supports to meet the needs of vulnerable pregnant women and young families. Home visiting intends to address poverty in 2 ways. First, it promotes economic self-sufficiency directly by building parents' knowledge, skills, and motivation related to employment opportunities and by linking families with community services such as adult education and job training. Second, it mitigates the effects of poverty through direct service and community linkages to enhance parents' capacity for positive parenting and for their own health and family functioning. Home visiting has shown effectiveness in multiple domains, including family economic self-sufficiency, birth outcomes, maternal health, child health and development, and positive parenting practices. Authorized as part of the Affordable Care Act in 2010 and reauthorized in 2015, the Federal Home Visiting Program invests an unprecedented $1.9 billion in the form of grants to states to expand home visiting programs and support rigorous research. As part of the early childhood system of services, home visiting programs must coordinate with other community services and supports. Programs will be most effective when resources are used efficiently, duplication of services is avoided, and alignment and reinforcement of other providers' messages are achieved. The Federal Home Visiting Program has established 4 mechanisms of research, evaluation, and quality improvement to enhance home visiting implementation and effectiveness.

KEYWORDS: early childhood; home visiting; poverty; program evaluation; quality improvement

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HOME VISITING IS a unique and increasingly important part of the early childhood system of care. Home visiting is a preventive service that aims to meet the needs of vulnerable expectant families and families with young children through voluntary home-based services and linkages with needed community resources. Home visiting services vary according to program model and may include: screening for parental depression, substance use and family violence; teaching parenting skills; promoting early learning; and connecting parents to educational and job training programs, drug treatment and mental health services, and supplemental food programs. These issues are particularly important for low-income families who might experience greater need and more barriers to accessing these services than high-income families. A growing body of research supports home visiting's potential to improve a broad array of outcomes, such as preventing child maltreatment, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness.[1]

Home visiting has a long tradition in Europe, having first been introduced in Elizabethan England with services delivered to the poor.[2] In the United States, the concept of home visiting was first introduced through "friendly visitors" as part of the organized charity movement that began in the late 1800s. That initial approach to home visiting was unsuccessful[3]; however, interest in home visiting re-emerged in the second half of the 20th century with the development of specific models in the early education, child welfare, and health services sectors. Developers began to disseminate their models in the mid-1980s. Also beginning in the 1980s, researchers began building a body of literature on home visiting efficacy, effectiveness, and implementation, and professional societies issued policy statements advocating home visiting. (For examples, see American Academy of Pediatrics, Council on Child and Adolescent Health,[4] National Commission to Prevent Infant Mortality,[5] and the US Advisory Board on Child Abuse and Neglect.[6])

Now the United States is engaged in an unprecedented scale-up of evidence-based home visiting as a 2-generation preventive intervention for vulnerable families with young children. This scale-up was first authorized via the federal Maternal, Infant and Early Childhood Home Visiting Program (Federal Home Visiting Program) as part of the Affordable Care Act of 2010[7] and reauthorized as part of the Medicare Access and CHIP Reauthorization Act in 2015.[8] The legislation specifies that federally supported home visiting services target high need communities, including those with concentrated poverty. As states have developed programs of home visiting, they draw on multiple, diverse models to align with each family's unique constellation of strengths, needs, and goals.

The objectives of this article are to review the rationale for home visiting; characterize the Federal Home Visiting Program as part of the early childhood system in the United States; highlight the evidence of home visiting effectiveness, particularly for low income families; identify opportunities to promote coordination between medical homes and home visiting programs; and explain the critical role of research, evaluation, and quality improvement to strengthen home visiting effectiveness for low income families.

RATIONALE FOR HOME VISITING

In this section we summarize how home visiting intends to address poverty, how this service delivery mechanism supports the foundations of health, and consider the theory regarding how home visiting promotes parenting behaviors. Poverty contributes to early life experiences by shaping environments in which children live[9]; it is associated with increased family stresses and decreased supports. A family's income influences children's health and development by affecting housing and neighborhood decisions, access to nutritious foods, and opportunities for physical activity, and receipt of an array of services including child care, educational offerings, and medical care.[10] Home visiting intends to address poverty in 2 ways. First, it may promote economic self-sufficiency directly by building parents' knowledge, skills, and motivation related to employment opportunities and by linking families with community services such as adult education and job training to enable them to build their financial resources. Second, it may mitigate the effects of poverty through direct service (eg, parenting education, promoting early learning in the home) and community linkages to enhance parents' capacity for positive parenting and for their own health and family functioning.

Home visiting recognizes that providing health care alone does not assure health; rather, it enhances caregiver and community capacity to support the foundations of health. These foundations include responsive caregiving (eg, being sensitive to the child's cues and responding appropriately to them[11]), safe and secure home environments, adequate and appropriate nutrition and health-promoting behavior; they contribute to child health and development and set the stage for optimizing health across the life course.[12] In this way, home visiting can disrupt the cycle by which early adversity contributes to later impairments in learning, behavior, and physical and mental well-being.[13,14]

Home visiting's approach to promoting parenting behavior can be viewed in light of theories of parenting behavior. Typically these theories include personal, interpersonal, social, and environmental determinants. The Figure provides a generalized representation of how these determinants influence responsive caregiving, an important component of parenting. The parent's relationship capacity directly influences parenting and is itself shaped by the parent's own developmental history, childhood experiences, and health. Stresses and supports moderate the influence of parental relationship capacity on parenting. Parenting, parental relationship capacity, and parental stresses and support are, therefore, the 3 main targets of home visiting and other two-generation programs to promote child health and development.

THE FEDERAL HOME VISITING PROGRAM

In this section, we review the scope of the Federal Home Visiting Program including its focus on low-income families and expectations for improvements in 6 benchmark domains. The Federal Home Visiting Program is administered by the Department of Health and Human Services (DHHS); the authorizing legislation calls for joint administration by DHHS's Health Resources and Services Administration and Administration of Children and

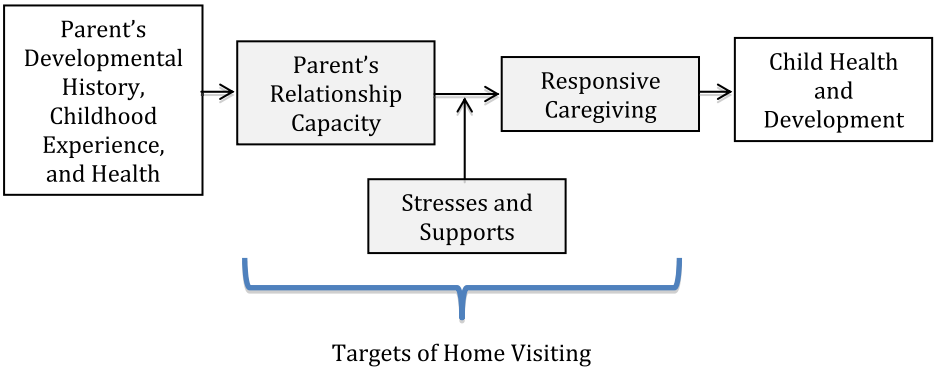

Figure. *Home Visiting Interventions and Parenting.*