

Home visiting is an evidence-based, early intervention program that provides health care, education, and other resources to at-risk pregnant women and children through age 5. Home visiting is a critical component of a comprehensive system of support for addressing the negative outcomes associated with poverty and other risk factors in early childhood. Research has shown that high quality home visiting services can yield positive short-term outcomes such as improved maternal and infant health,<sup>i</sup> improved parenting skills and home environments,<sup>ii</sup> better school readiness and academic achievement,<sup>iii</sup> as well as long term outcomes such as reductions in crime,<sup>iv,v</sup> public assistance,<sup>vi,vii</sup> child abuse and neglect,<sup>vi</sup> emergency health care,<sup>viii</sup> and unemployment.<sup>ix,x</sup>

Additionally, the positive outcomes related to these programs have reportedly resulted in reduced costs associated with child abuse and neglect, crime, and educational interventions. In 2014 the Washington State Institute for Public Policy estimated that the Nurse-Family Partnership (NFP) home-visiting program produced an average of \$17,332 in net savings for each family served, or \$2.77 returned on each dollar spent.<sup>xi</sup> A Rand 2005 report estimated \$5.70 returned on each dollar spent for NFP services for higher-risk parents.<sup>xii</sup>

### *In Utah each year,*

- 49,000 children aged 0 to 5 live in poverty,
- 27,000 women do not receive prenatal care in the first trimester,
- 25,000 children aged 1 to 5 are read to less than 3 days per week,
- 63,000 children aged 3 to 4 do not attend preschool,
- 18,400 low birth weight babies are born, and
- 29,000 children aged 0-5 have no health insurance of any kind.<sup>xiii</sup>
- 18% of women aged 18-64 are uninsured and 7% are on Medicaid. 32% of low-income women (below 200% of the poverty threshold) are uninsured.<sup>xiv</sup>

## Funding History of Home Visiting in Utah

Utah sought support from federal grants to address the statewide need for home visiting services. In 2008, Utah was awarded a Title V Evidence Based Home Visiting (EBHV) grant from the U.S. Department of Health and Human Services, effectively establishing the Utah Office of Home Visiting (UT OHV) and pilot home visiting programs in Davis, Logan, and Weber counties. With the establishment of the Affordable Care Act (ACA) in 2010, federal funding was expanded for home visiting programs through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program. In 2011, the state of Utah received a \$1.1 million MIECHV grant to establish four state governed home visiting program sites. These four sites operate the nationally recognized and evidence-based Nurse-

Family Partnership (NFP) and Parents as Teachers (PAT), and provide home visiting services for 310 families annually. The successful implementation of these sites positioned the state for competitive funding. Then, Utah OHV was awarded another MIECHV competitive grant of \$7 million in September 2014. Through this grant, Utah OHV will expand to serve over 1,000 families annually. By 2016, home visiting programs will be offered in 14 of the state's 29 counties including: Box Elder, Cache, Daggett, Davis, Duchesne, Morgan, Salt Lake, Summit, Rich, Uintah, Utah, Wasatch, Washington, and Weber counties.

“Prevention is critical. It is imperative we provide health services early. We cannot wait until children are in preschool. We can't wait until they are in kindergarten. Prenatally, we can affect the brain development of a baby. So why are we waiting?”

-- UT OHV Program Coordinator

## Utah Office of Home Visiting Achievements

With MIECHV funding, the UT OHV has demonstrated positive outcomes among program participants and in the development and expansion of capacity and infrastructure.

### *Participant Outcomes*

Outcomes reflect all participants enrolled in the MIECHV funded program sites between 2011 and 2014.

- Over 2,000 families have received services through MIECHV funded sites to date and have received more than 10,000 visits from home visitors.
- Women receiving routine primary care visits within 6 months post-partum increased from 5% in 2012 to 56% in 2014.
- Women who breastfed for at least 2 weeks increased from 10% in 2012 to 82% in 2014.
- Women screened for maternal depression within 8 weeks postpartum increased from 24% in 2012 to 64% in 2014.
- Women screened for domestic violence at intake into a home visiting program increased from 50% in 2012 to 78% in 2014.
- 97% of the 59 women identified as experiencing domestic violence issues completed safety plans with home visitors, and were referred to additional social services.
- Women receiving information or training on infant injury prevention by 6 months post-partum increased from 50% in 2012 to 84% in 2014.
- Children screened for developmental delays by 6 months of age increased from 38% in 2012 to 64% in 2014.
- Household members completing an educational goal (e.g. complete a GED, enroll in a training program) through their enrollment in home visiting services increased from 12% in 2013 (the first year of educational goal implementation) to 55% in 2014.

### *Infrastructure and Capacity Building*

- Programs achieved a maximum service capacity of 310 families annually between 2011 and 2014.
- Capacity for program services is projected to reach 770 additional families annually by 2016, through evidence based programs (NFP and PAT) operating across 14 counties.
- UT OHV has developed an integrated database for home visiting services, used to conduct continuous quality improvement (CQI) for all MIECHV funded sites and for tracking women and infant health outcomes.
- UT OHV has developed an annual full day Home Visiting Conference for the state of Utah, open to all home visiting service programs, to provide professional development to home visitors, supervisors, and other personnel. The annual conference has doubled in attendance from 250 participants in 2012 to an expected capacity of 500 participants in 2015.
- UT OHV is expanding professional development for home visitors to include a credentialing program.
- UT OHV has contracted with the UEPC to conduct a program-wide impact evaluation to document outcomes and provide formative evaluation for program improvement.

## A Vision for Integrated Services

The UT OHV Program Coordinator believes there is an urgent need for home visiting, particularly given the estimated number of women who do not receive pre-natal care, low birth weight babies, children living in poverty, and families with no health insurance. She states,

*“Time is of the essence... when we are talking about babies, we have a very small window of opportunity. We have to get in there and work with these moms and babies early on, because otherwise, we miss that opportunity.”*

The UT OHV has a vision for integrating home visiting services throughout the state of Utah. Partnerships are being developed with multiple state offices, including the Department of Workforce Services and the

Department of Child and Family Services. Through these partnerships, the UT OHV envisions home visiting services becoming an integral part of a comprehensive system of care.

## Remaining Questions

As discussed above, MIECHV funding has resulted in an expanded capacity of UT OHV and significantly increased services to families and children in Utah. While these outcomes are promising, there are a number of important questions that remain about the degree to which these services are meeting the needs of eligible families and the impact of these programs statewide.

- *How many women and children are eligible for home visiting services in Utah?* Determining the number of women statewide who meet eligibility criteria for home visiting services will be important for developing the appropriate infrastructure and resource allocations to meet the demand for such services.
- *Are home visiting interventions resulting in the outcomes they are intended to achieve?* The UEPC has designed an impact evaluation study that will be conducted over the next two years to examine the impact of NFP home visiting services among high risk, low-income families in Utah, compared to women and children who receive standard Medicaid services. Findings from this study will provide important information about where the program is making the most difference.
- *How can investments allocation of these resources in home visiting programs be targeted to maximize outcomes?* Additional evidence of the long-term impact of home visiting programs in Utah is needed, including how the home visiting program maximizes ensure efficiency, quality, and quantity of services. Currently, we are extrapolating from research on outcomes and cost-savings in other states to estimate the impact in Utah. Further research on the return on investment of home visiting in Utah is needed to answer this question.

In addition to the above questions, the long-term sustainability of the UT OHV will be dependent on continued funding. As of February 2015, the Office of Home Visiting relies entirely on MIECHV funds to support home visiting across Utah<sup>xiii</sup>. The UT OHV does not currently receive fiscal support from the state of Utah nor does any statutory language impact home visiting programs.

---

<sup>i</sup> Olds, D. L., Henderson Jr., C. R., Tatelbaum, R., & Chamberlin, R. (1986). Improving the Delivery of Prenatal Care and Outcomes of Pregnancy: A Randomized Trial of Nurse Home Visitation. *Pediatrics*, 77, 16-28.

<sup>ii</sup> Kendrick D, Elkan R, Hewitt M, Dewey, M., Blair, M., Robinson, J., ... Brummell, K. (2000). Does home visiting improve parenting and the quality of the home environment? A systematic review and meta-analysis. *Archives of Disease in Childhood*, 82, 443– 451.

<sup>iii</sup> Kitzman, H. J., Olds, D. L., Cole, R. E., Hanks, C. A., Anson, E. A., Arcolego, K. J., ... Holmberg, J. R. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics and Adolescent Medicine*, 164, 412-418. doi: 10.1001/archpediatrics.2010.76.

<sup>iv</sup> Eckenrode J., Campa, M., Luckey, D.W., Henderson, C.R., Cole, R., Kitzman, H., Anson, E.,... Olds, D. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics and Adolescent Medicine*, 164, 9-15. doi:10.1001/archpediatrics.2009.240.

<sup>v</sup> Olds, D., Henderson, C.R., Jr., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., . . . Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *JAMA*, 280 (14), 1238-1244. doi:10.1001/jama.280.14.1238.

<sup>vi</sup> Olds, D.L., Eckenrode, J., Henderson, C.R., Jr., Kitzman, H., Powers, J., Cole, R., . . . Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *JAMA*, 278 (8), 637-643. doi:10.1001/jama.1997.03550080047038.

<sup>vii</sup> Olds, D L., Kitzman, H.J., Cole, R.E., Hanks, C.A., Arcolego, K.J., Anson, E.A., . . . Stevenson, A. (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics and Adolescent Medicine*, 164 (5), 419-424.

- 
- viii Dodge, K. A., Goodman, B. W., Murphy, R. A., O'Donnell, K., & Sato, J. (2013). Randomized Controlled Trial of Universal Postnatal Nurse Home Visiting: Impact on Emergency Care. *Pediatrics* (132), S140-S146. doi: 10.1542/peds.2013-1021M
- ix Olds, D. L., Robinson, J., Pettitt, L., Luckey, D. W., Holmberg, J., Ng, R. K., ... Henderson Jr., C. R. (2004). Effects of home visits by paraprofessionals and by nurses: Age 4 follow-up results of a randomized trial. *Pediatrics*, 114 (6), 1560-1568. doi: 10.1542/peds.2004-0961
- x Council on Community Pediatrics (2009). The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes. *Pediatrics*, 123 (2), 598-603. doi: 10.1542/peds.2008-3607.
- xi <http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/35/Nurse-Family-Partnership-for-low-income-families>
- xii Karoly, L.A., Kilburn, M.R., & Cannon, J.S. (2005). Early childhood interventions: Proven results, future Promise. Santa Monica, CA: Rand.
- xiii The Annie E. Casey Foundation (n.d.). Kids Count Data Center. Retrieved from <http://datacenter.kidscount.org/data#UT/2/0>
- xiv The Henry J. Kaiser Family Foundation (2013). Health Insurance Coverage of Women, State Estimates. Retrieved from <http://kff.org/uninsured/fact-sheet/health-insurance-coverage-of-women-state-estimates/>
- xiii Individual home visiting programs may receive local funding or donations.