Background Information

Minnesota Department of Health January 2010

Family Home Visiting Program

Background

The 2007 legislature amended the Family Home Visiting statute originally passed in 2001 (Minnesota Statutes, section 145A.17) and increased Temporary Assistance for Needy Families (TANF) funding to Community Health Boards (CHBs) and Tribal Governments to support the services provided under the statute. The goal of the Family Home Visiting Program is to foster healthy beginnings, improve pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children, and promote family health and economic self-sufficiency for children and families.

For at least 100 years, home visiting has been used as a service delivery strategy to improve the health and well-being of families. Home visiting has been shown to make a difference by increasing tax revenues while decreasing costs within the education, social service and criminal justice systems.[1, 2, 3] Home visiting has also demonstrated a decrease in child abuse and neglect, decreased tobacco and alcohol use during pregnancy, increased breastfeeding rates, reductions in subsequent pregnancies, increased labor force participation by parents, and increased family income.[1, 2] The Centers for Disease Control and Prevention (CDC) Task Force on Community Preventive Services reviewed 25 studies on home visiting and concluded, "there is strong evidence to recommend home visitation to reduce child maltreatment".[1]

What is the need in Minnesota

- 7.9 percent of births were preterm
- 3.2 percent of pregnant women received inadequate or no prenatal care
- The birth rate for teens 15-17 years was 13.5 per 1,000 and 18-19 years was 49.3 per 1,000 (2006-2008)
- 33.4 percent of births were to unmarried mothers
- 10 percent of mothers smoked during pregnancy
- 9.8 percent of the mothers giving birth had a low education level[4]
- 40 percent of births were to first-time moms[5]
- 50,000 children under 5 years of age were living in poverty
- For children entering kindergarten,
    - 8 percent did not have the personal and social development skills needed
    - 10 percent did not have the language and literacy skills needed
    - 9 percent did not have the mathematical thinking skills needed
- 6,277 (4.9 per 1,000) children 17 years and younger were abused or neglected
- 14,800 children were in out-of-home placement.[6]

Grant Program

The state provides oversight, guidance and statewide evaluation of Family Home Visiting Program administered at the local level. Grants are distributed to local public health departments and tribal governments on a formula basis.

Minnesota's Family Home Visiting Program serves families at or below 200 percent of federal poverty guidelines and who are families with: adolescent parents; a history of alcohol or drug abuse; a history of child abuse and neglect, domestic abuse or other types of violence; reduced cognitive functioning; a lack of knowledge of child growth and development stages; low resiliency to adversity and environmental stressors; insufficient financial resources to meet family needs; a history of homelessness, and a risk of long-term welfare dependence or family instability due to employment barriers. Minnesota's Family Home Visiting Program begins prenatally whenever possible.

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A public health nursing assessment is carried out during the initial home visit; ongoing visits are conducted by nurses and/or trained home visitors. Supporting healthy parent-child relationships is a key role of the home visitor. Families also receive information on infant care, child growth and development, parenting approaches, disease prevention, preventing exposure to environmental hazards and support services available in the community.

Local public health departments submitted a plan in March 2008 that identified how they were implementing their family home visiting program. The information provided in that plan indicates the 91 local public health departments target the following high-risk clients:

- Adolescent parents (88 local public health departments)
- Lack of knowledge about child growth and development (78)
- History of alcohol and drug abuse (77)
- History of child abuse and family violence (75)
- Insufficient finances (75)
- Low resiliency to adversities and environmental stresses (70)
- Reduced cognitive function (68)
- Risk of long-term welfare dependence (60).

In 2009, the Family Home Visiting Program began implementing a statewide evaluation of program outcomes related to:

- Early childhood development
- Access, utilization of services, resources and supports
- Birth or pregnancy outcomes
- Economic self-sufficiency
- Child maltreatment and abuse.

Preliminary evaluation results find that local family home visiting programs report they were able to enhance their local programs, as a result of the increased TANF funding, by:

- Enrolling more families
- Providing services for a longer period of time
- Increasing the number of staff, including adding bilingual staff or community health workers
- Expanding opportunities for staff development
- Increasing capacity to outreach to and build relationships with community partners
- Updating website or outreach materials
- Purchasing evidence-based curricula or screening tools.

Evaluation efforts in 2010 will continue to look at process measures but the primary focus will be on program outcomes.

For more information

More information regarding family home visiting is available at http://www.health.state.mn.us/divs/fh/mch/fhv/.

[1]CDC Task Force on Community Prevention Services. First reports evaluating the effectiveness of strategies for preventing violence; early childhood home visitation. MMWR, October 3, 2003.

[2]Kitzman, H., Olds, D. L., et al. Enduring effects of nurse home visitation on maternal life course: A 3-year follow-up of a randomized trial. *JAMA*. April 19, 2000. 284(15):1983-1989.

[3]Isaacs, J. 2007. Cost effective interventions in children. Washington, D.C.: The Brookings Institution.

[4]Minnesota Department of Health, 2009 Minnesota County Health Tables.

[5]Minnesota Center for Health Statistics.

[6]Children's Defense Fund Minnesota, 2009 Minnesota Kids Count Data Book.