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## Expanding Maternal and Child Health Home Visiting To Ensure Kids Enter School Ready to Succeed Recommendations to the New Mayor and DC Council

Home-based instruction for parents of young children can improve the health of kids and help them do better in school. The Districts' Maternal and Child Health Home Visiting program is an effective way to help hundreds of at-risk families, but it only operates in parts of the city due to limited funding. It could do even more if the Mayor and DC Council expanded it to all eight wards.

The home visiting program is effective because it brings services to families in their most natural environment, the home. The District's program uses three [research-backed](#) models which:

- ❖ Target expecting parents and families with children under age five.
- ❖ Identify signs that children may be at risk for unhealthy development, such as a lack of prenatal care or a family history of substance abuse.
- ❖ Teach parenting practices to overcome barriers to success, like activities to help their child be ready for school, access to community resources, and health screenings and immunizations.
- ❖ Improve cognitive development and educational outcomes.

Expanding this program will ensure that all at-risk children enter school healthy and ready to learn. A \$10 million investment in home visiting will provide services to 3,500 more children and cover all eight wards. We recommend the Mayor expand this program in the fiscal year 2016 budget.

**Background and Benefits.** The District's Maternal and Child Health Home Visiting Program began with start-up grants provided through the Affordable Care Act in 2012. The DC Department of Health sets the standards for the program and contracts out with community providers, such as Mary's Center, to screen parents and provide services. These providers primarily serve Wards 5, 7, and 8, and currently have capacity to help about 935 families.

The program supports three nationally recognized, effective [practices](#): Healthy Families America, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters (HIPPI). These

models target families that show risk for poor developmental outcomes, including factors such as late or no prenatal care, preterm delivery, low parental education, or a family history of substance abuse.

To overcome these barriers, the program provides instruction and parental practices that focus on maternal and child health, a child's physical and cognitive development, school readiness, access to community resources, and health screenings and immunizations.

The Department of Health and researchers from Georgetown University are evaluating the implementation and effects of the District's program, but research nationwide has [shown](#) that the research-backed programs improve a child's health and intellectual development so that kids enter school ready to learn.<sup>1</sup> In general, [research](#) on early childhood interventions suggests that they can close the educational achievement gaps between low-income students and their peers.<sup>2</sup>

Not only is maternal and child health home visiting effective, it pays off in the long run. Every dollar invested in the program today could produce [\\$5.70 in savings](#) related to health and academic services down the road.<sup>3</sup>

**Current Funding.** The District received \$3 million from the federal government to set up and evaluate a comprehensive home visiting program last year. This year, the DC budget includes \$2.5 million in local funds to replace those federal funds. The funding will allow ongoing services to the families currently served.

About 1,800 babies are born every year that are at high health and developmental risk, according to the DC Home Visiting Council. What's more, home visiting providers believe that they serve only a quarter of the kids that could benefit from services. To reach these children, and to ensure that the program has a stronger presence in every ward, the District must expand capacity and increase local funding for the program.

**Policy Recommendation.** The District should fund an expansion of the home visiting program to all eight wards in the fiscal year 2016 budget. The Home Visiting Council estimates that an annual investment of \$10 million will allow providers to serve all at-risk families in DC. The investment would:

- ❖ Expand the networks of home visitors to underserved portions of the city.
- ❖ Improve certification and training of home visitors to increase effectiveness and quality of evidence-based programs.

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<sup>1</sup> US Administration for Children and Families. Home Visiting Evidence of Effectiveness.

<http://homvee.acf.hhs.gov/outcomes.aspx>

<sup>2</sup> Greg J. Duncan and Aaron J. Sojourner. "Can Intensive Early Childhood Intervention Programs Eliminate Income-Based Cognitive and Achievement Gaps?" *Journal of Human Resources*. 2013.

<sup>3</sup> Lynn A. Karoly, M. Rebecca Kilburn, Jill S. Canon. "Early Child Hood Intervention: Proven Results, Future Promise." Rand Corporation. [http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf). 2005.

- ❖ Implement a universal screening tool that will help home visiting providers and the Department of Health identify at-risk families and refer them to appropriate services.
- ❖ Allow for ongoing monitoring and evaluation of home visiting practices and implementation of new evidence-based practices.

An investment in home visiting today could produce healthier kids who will perform better in school tomorrow. The program could be a platform for greater economic opportunities throughout a child's life.