



Home Visiting 101

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What is home visiting?

When new parents bring their baby home from the hospital, they face a challenging yet exciting task. Babies do not come with instruction manuals, but home visiting programs offer the next best thing. Home visiting programs connect families that are living in poverty or facing other risk factors with nurses, social workers, and other trained professionals who can equip them with the necessary knowledge and resources to create a healthy home environment. These voluntary, evidence-based programs improve outcomes for children and families by providing coaching and support to parents throughout pregnancy and a child's early years of life.

Home visiting services are tailored to meet the specific needs of families and communities. Services can vary by state or community but typically include:

- Child and maternal health screening
- Developing a family care plan and providing referrals to follow-up services
- Providing parent support and coaching around stress management, nutrition, child discipline, and nurturing interactions¹

How does the federal government support home visiting?

The Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program is a federal grant program designed to expand evidence-based home visiting services across the country. Through MIECHV, states, territories, and tribal communities are implementing 17 evidence-based home visiting models in targeted high-risk communities.² MIECHV has funded over 2.3 million home visits in the past four years, and in 2015, more than 145,000 children and parents were served by MIECHV grantees.³

Benefits and outcomes of home visiting

Home visiting programs are a means of leveling the playing field for children, aiming to give every child an equitable start. By taking a preventative approach, programs are able to reach children before they fall behind in their development and school readiness. Home visiting programs have been rigorously evaluated and consistently demonstrated to be one of the most effective social programs ever studied.⁴ These programs contribute to positive outcomes for children and families and significant cost savings for taxpayers.⁵

Improved child health, school readiness, and achievement

Children whose parents participated in home visiting programs are born with fewer instances of low birthweight, are more likely to be breastfed by their mothers, and experience fewer cases of child injuries, child abuse, neglect, and maltreatment.⁶ Research also shows significant gains in school readiness and achievement: Parents in home visiting programs are more likely to read aloud to their children at home and children served by these programs achieve higher math and reading scores, as well as better grades in elementary school.⁷

Improved maternal health and family economic self sufficiency

Studies show that birth parents enrolled in home visiting programs have improved prenatal health and reduced rates of maternal depression.⁸ Home visiting participation is also linked to higher rates of employment, greater participation in education and job trainings, higher monthly incomes, and reductions in the use of welfare and cash assistance programs.⁹

Strong families, strong economy

Home visiting programs help empower and strengthen families, which in turn strengthens the economy. Preventative health care and improved child and family health outcomes contribute to significant economic savings due in part to fewer hospital visits and lower participation rates in medical assistance programs.¹⁰ Improved child well-being and family self-sufficiency are also associated with savings due to reduced participation in public assistance programs, fewer children in the juvenile justice system, and fewer children in child protective services.¹¹ If all eligible children and families were enrolled in these evidence-based programs, it is estimated that states could save up to \$2.4 billion and the federal government could save up to \$813 million over 10 years.¹²

Next steps

While research has consistently demonstrated that home visiting works, funding is insufficient to enroll all vulnerable families in home visiting programs. Since the initial authorization of MIECHV, funding has only been extended in two-year increments as opposed to longer-term investments. Program operation is made more difficult by these short-term funding extensions, as programs cannot expand their services without more consistent and reliable funding.

Policymakers should:

- Reauthorize MIECHV before it expires at the end of September 2017 and ensure a long-term extension of at least five years
- Expand home visiting programs by doubling MIECHV funding
- Work toward achieving universal access to home visiting by including evidence-based home visiting services as an optional Medicaid benefit¹³

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Endnotes

- 1 Rachel Herzfeldt-Kamprath and others, "Paying It Forward: New Medicaid Home Visiting Option Would Expand Evidence-Based Services" (Washington: Center for American Progress, 2015), available at <https://www.americanprogress.org/issues/early-childhood/report/2015/11/12/122038/paying-it-forward>.
- 2 Administration for Children and Families, "Home Visiting Evidence of Effectiveness: Models," available at <http://homvee.acf.hhs.gov/Models.aspx> (last accessed August 2016).
- 3 Health Resources and Services Administration, "Home Visiting," available at <http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting> (last accessed August 2016).
- 4 Herzfeldt-Kamprath and others, "Paying It Forward."
- 5 Administration for Children and Families, "Outcomes," available at <http://homvee.acf.hhs.gov/outcomes.aspx> (last accessed August, 2016); Herzfeldt-Kamprath and others, "Paying It Forward."
- 6 Administration for Children and Families, "Reductions in Child Maltreatment," available at <http://homvee.acf.hhs.gov/Outcome/2/Reductions-in-Child-Maltreatment/4/1> (last accessed August 2016); Administration for Children and Families, "Child Health," available at <http://homvee.acf.hhs.gov/Outcome/2/Child-Health/2/1> (last accessed September 2016).
- 7 Administration for Children and Families, "Child Development and School Readiness," available at <http://homvee.acf.hhs.gov/Outcome/2/Child-Development-and-School-Readiness/3/1> (last accessed August 2016).
- 8 Administration for Children and Families, "Maternal Health," available at <http://homvee.acf.hhs.gov/Outcome/2/Maternal-Health/1/1> (last accessed August 2016).
- 9 Administration for Children and Families, "Family Economic Self-Sufficiency," available at <http://homvee.acf.hhs.gov/Outcome/2/Family-Economic-Self-Sufficiency/7/1> (last accessed August 2016).
- 10 Herzfeldt-Kamprath and others, "Paying It Forward."
- 11 Ibid.
- 12 Ibid.
- 13 Ibid.