

The Benefits of HOME VISITING

Through home-based visits with trained professionals equipped with strategies and tactics, parents gain skills and competencies essential to supporting and improving the health and development of their children.¹ Ensuring a strong start to a child's life is critical; therefore, investing in preventive programs from the beginning of a child's life will yield better outcomes than paying for reparative services needed when future challenges emerge.² Not only do evidence-based home visiting programs support children's health and development preparing them for school and life-long success, but they also aim to build strong families and contribute to economic assets such as housing, job readiness, and health and well-being of parents.³

Evidenced-based home visiting programs assist parents with taking an informed, active role in the lives of their children. Research demonstrates there are multiple benefits of quality home visiting programs that positively impact outcomes including:

- » preventing child maltreatment,
- » supporting positive parenting,
- » improving maternal and child health,
- » promoting child development,
- » and increasing school readiness.⁴

Home visiting also serves a central role in early identification of delays or other concerns related to a child's development. Well-designed and implemented home visiting programs can reduce the societal cost of poor health and academic failure as well as return \$5.70 for every dollar invested. The intentional design of home visiting programs is to work with both parents and their children.

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HOME VISITING PROGRAMS AS AN INTERVENTION TO REDUCE POVERTY

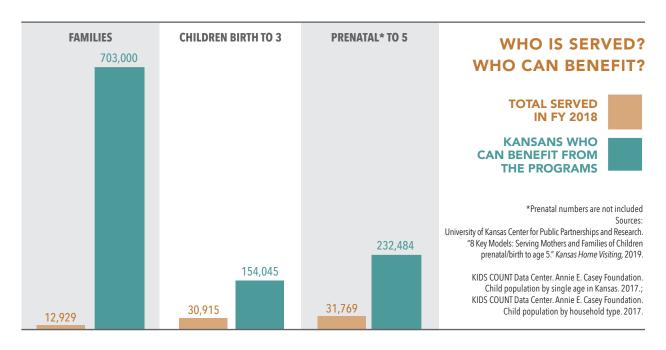
Home visiting is a voluntary program in which trained professionals partner with parents and provide information about stress management, nutrition and child development8 during pregnancy and throughout a child's earliest years.9 Many home visiting programs serve first-time parents and families at risk for experiencing toxic stress or adverse experiences by providing support, education, and resources in a home setting. The services can include screening for prenatal depression, substance use, family violence, teaching parenting skills, promoting early learning, connecting parents to educational and job training programs, drug treatment, mental health services and supplemental food programs.¹⁰

In order to ensure success later in life for their children, it is imperative that Kansas parents build a strong and stable beginning. Unfortunately, many low-income families lack the resources needed to fully support the health and development of their kids. The experience of financial struggles, unsafe conditions, and lack of social support can lead to long-lasting toxic stress for parents and children. It is paramount that Kansas families have access to high-quality, evidence-based and promising universal programs that work with parents to prepare their children to succeed in the school and life.



Home visiting services and supports need to be available to every Kansas family who can benefit, especially families in rural and frontier areas. Women and children in rural and frontier communities are at higher risk than their urban counterparts. Rural and frontier communities experience high risk for low birth weight, infant mortality, and inadequate prenatal and postnatal medical care. ¹³

Rural and frontier-dwelling women are younger, experience higher maternal and infant mortality rates, give birth to a greater number of children, and are more likely to be on public health insurance or to be uninsured than their urban counterparts.14 Families in rural and frontier communities are likely to be of low-income status, to have lower maternal education rates, and to have limited access to vital health care such as prenatal care. 15 Expanding home visiting programs in rural and frontier Kansas communities can help increase screening and access to needed services, decreasing the risk of preterm birth, poor maternal and child health outcomes, and families that are not economically self-sufficient.¹⁶ Many states use Medicaid to pay for home visiting through a variety of pathways for eligible children, parents, and pregnant women. While it cannot pay the full cost of a comprehensive program, Medicaid can support many services that occur during home visits, such as screenings.17



IMPROVING HOME VISITING IN KANSAS

To make sure every Kansas family can give children the best possible start in life by providing them access to quality home visitation, programs must have the resources needed to meet the growing demands of our diverse population.

Possible improvement strategies for home visiting in Kansas include:

- Expand home visiting programs to reach communities throughout the state. Explore recruitment strategies for qualified home visitor candidates in rural and frontier areas of the state to assist with hiring shortages.
- » Provide adequate funding to recruit and train qualified home visitors within the communities they serve; this includes considerations of race, ethnicity and culture, not simply geographic boundaries. Seek input from local communities about their needs to guide and develop programs and services.
- » In the absence of professionals with roots in communities being served, provide professional development in cultural responsiveness.
- » Through screening to identify needs, match families with available programs and services that best meet their needs, interests, and desired outcomes, understanding home visiting happens across a continuum. Programs and services should be aligned with the needs of the child and family; this may result in referral/ transition from one home visiting program to another at the community level.
- » Conduct outreach to raise parent and caregiver awareness about available services within their community, about what to expect, and about potential benefits of participating.
- » Explore ways to increase access to and pay for home visiting through Medicaid to ensure payment and/or reimbursement for providers.
- Educate lawmakers about the benefits of supporting parents from pregnancy to school entry for the best outcomes for mothers, children, and families.



Home visiting programs must coordinate with other programs in the community that support and serve families. ¹⁸ Collaboration among these programs can prevent duplication of services and ensure children and families are participating in the program that best meets their needs. ¹⁹ Home visitors have the opportunity to work with health departments, physicians and other medical professionals, libraries and other community services that aim to help improve child outcomes while assisting families in their efforts to improve economic self-sufficiency. ²⁰

For example, a community in Wisconsin colocated its home visiting program with the WIC program and the county health department, making it more convenient to meet with families in need. In that example, the home visiting program hosts monthly advisory group meetings with WIC, public health nurses, and other community partners. Home visitors are cross-trained to understand how the WIC program works and are also stationed in WIC offices to reach out to families that are eligible for the home visiting program. This type of co-locating and collaboration could help to strengthen services for all programs and achieve the best outcomes for Kansas kids and parents.

We have examples of strong collaborations already underway in Kansas, and we can capitalize on those learnings to inform strengthening efforts throughout the state. In particular, rural and frontier communities in Kansas have forged co-located and cooperative services in the face of a limited number of providers, transportation challenges, and constrained resources. In places such as the Family Resource Center in Pittsburg, the Russell Child Development Center in Garden City, and LiveWell Northwest Kansas in Colby, they co-locate other early childhood providers as well as bring in outside community-based resources. They recognize that parents feel comfortable and secure seeking assistance through the early childhood centers and leveraging the strong anchor of the early childhood provider as a regional hub to coordinate support for children and families.²¹

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