Home Visiting

Luke Edmondson, MD, FAAP
Clinical Associate Professor of Pediatrics
MUSC Children's Health – Moncks Corner

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Learning Objectives

At the conclusion of this presentation, learners will be able to:

- Understand the history of Home Visiting and its value to the patients we serve
- Discuss the evidence for Home Visiting Models and the HomVEE database
- Learn how to find what Home Visiting programs are available across the state of South Carolina
- Discuss opportunities to become involved with and advocate for Home Visiting

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Defining Home Visiting

- Evidence-based model

- Professional or paraprofessional
  - Nurses, Social Workers, Early childhood educators, Community Health Workers
- Private home setting or in the community

- Target population can vary
  - Young children/Pregnant Moms
  - Immigrants
  - Children with special healthcare needs
  - Parent
  - Parent-child relationship

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Home Visiting

- Focus on early childhood
- By helping the family, you will help the child

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History of Home Visiting

- 1880s
  - Promote universal education
  - Improve maternal-infant health
  - Support immigrant communities
- Great depression to WWII
- 1960s
  - War on Poverty
  - Most of the focus was on school readiness, poverty-related social determinants of health and promoting population health

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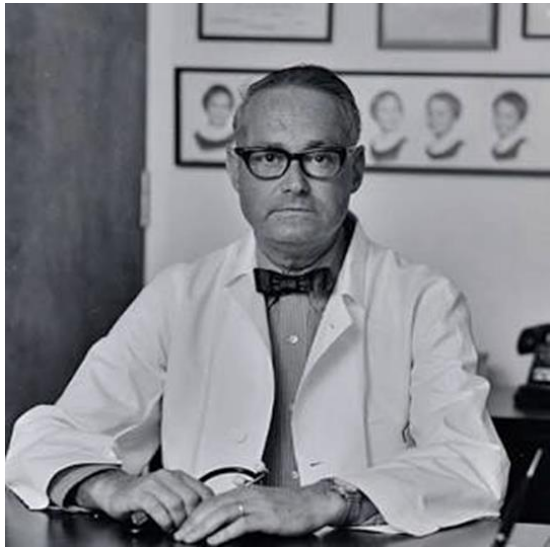
History of Home Visiting



- 1970s
  - Realized that home visiting was an important tool for preventing child abuse/neglect
    - Helping families with poverty-related SDOH
    - Promoting positive parental practices

- C Henry Kempe, MD
  - Won the Abraham Jacobi Award in 1978, and in his address, called for a home visitor for every pregnant mother and preschool aged child
    - July 7, 1962 - The Battered-Child Syndrome

- Cal Sia, MD
  - Father of the Medical Home Concept
  - Won the Jacobi Award in 1992, and renewed the call of Dr Kempe based on his work in Hawaii

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History of Home Visiting

David Olds, PhD

- 1978 - At-risk first time moms in Elmira, New York
- 1987 - study was replicated in Memphis, TN
- 1994 - Replicated in Denver, CO

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History of Home Visiting

2010

- Patient Protection and Affordable Care Act passed
- Allocated 1.5 billion to the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)
- Administered by HRSA
- Funds distributed to states, who distribute funds locally

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Evidence for Home Visiting

HomVEE

- Broad literature search yearly for home visiting programs, specifically looking for effects in 8 domains
  - Child health
  - Child development and school readiness
  - Family economic self-sufficiency
  - Linkages and referrals
  - Maternal health
  - Positive parenting practices
  - Reductions in child maltreatment
  - Reductions in juvenile delinquency, family violence, and crime.

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Table 1. Summary of study rating criteria for the HomVEE review

HomVEE research design and criteria				
HomVEE study rating	**Randomized controlled trials**	**Quasi-experimental designs Matched comparison group**	**Quasi-experimental designs Single-case design[a]**	**Quasi-experimental designs Regression discontinuity design[a]**
High	• Random assignment • Meets WWC standards for acceptable rates of overall and differential attrition[b] • No reassignment; analysis must be based on original assignment to study arms • No confounding factors; must have at least two participants in each study arm and no systematic differences in data collection methods • Baseline equivalence established on tested outcomes and demographic characteristics OR controls for these measures[c]	Not applicable	• Timing of intervention is systematically manipulated • Outcomes meet WWC standards for interassessor agreement • At least three attempts to demonstrate an effect • At least five data points in relevant phases	• Integrity of forcing variable is maintained • Meets WWC standards for low overall and differential attrition • The relationship between the outcome and the forcing variable is continuous • Meets WWC standards for functional form and bandwidth
Moderate	• Reassignment OR unacceptable rates of overall or differential attrition[b] • Baseline equivalence established on tested outcomes and demographic characteristics AND controls for baseline measures of tested outcomes, if applicable[c] • No confounding factors; must have at least two participants in each study arm and no systematic differences in data collection methods	• Baseline equivalence established on tested outcomes and demographic characteristics AND controls for baseline measures of tested outcomes, if applicable[c] • No confounding factors; must have at least two participants in each study arm and no systematic differences in data collection methods	• Timing of intervention is systematically manipulated • Outcomes meet WWC standards for interassessor agreement • At least three attempts to demonstrate an effect • At least three data points in relevant phases	• Integrity of forcing variable is maintained • Meets WWC standards for low attrition • Meets WWC standards for functional form and bandwidth

Table 1 (continued)

HomVEE research design and criteria				
Low	Studies that do not meet the requirements for a high or moderate rating	Studies that do not meet the requirements for a high or moderate rating	Studies that do not meet the requirements for a high or moderate rating	Studies that do not meet the requirements for a high or moderate rating

Criteria established by the U.S. Department of Health and Human Services

Information based on comprehensive review of all high- and moderate-rated manuscripts

Criterion	Criterion description	Criterion met?
1	High- or moderate-quality impact study?	Yes
2	Across high- or moderate-quality studies, favorable impacts in at least two outcome domains within one sample *OR* the same domain for at least two non-overlapping samples?	Yes
3	Favorable impacts on full sample?	Yes
4	Any favorable impacts on outcome measures sustained at least 12 months after model enrollment? *Reported for all research but only required for RCTs.*	Yes
5	One or more favorable, statistically significant impact reported in a peer-reviewed journal? *Reported for all research but only required for RCTs.*	Yes

Notes: If the model does not meet criterion 3 but meets criteria 1 and 2 based on findings from subgroups, the impacts must be replicated in the same domain in two or more studies using non-overlapping analytic study samples. HomVEE assesses and reports criteria 4 and 5 for all models that have well-designed research, but meeting those two criteria is only required of models for which all findings are from randomized controlled trials. Please read the HHS criteria for evidence-based models for more information.

Program Name	Ages Served	Target Population	Effectiveness outcome areas
Healthy Families America	• Pregnant women • 0-5y	Parents facing challenges such as single parenthood, low income, childhood history of abuse and ACEs, current or previous issues related to substance abuse, mental health issues, and/or domestic violence	1-8
Nurse Family Partnership	• Pregnant women • 0-2y	First-time, low-income mothers and their children	1-7
Parents as Teachers	• Pregnant women • 0-5y	Children with special needs, families at risk for child abuse, income-based criteria, teen-aged parents, first-time parents, immigrant families, low-literate families, or parents with mental health or substance abuse issues	3, 4, 6, 7
Early Head Start Home Visiting	• Pregnant women • 0-3y	Children with emotional, behavioral, or developmental concerns, or families facing multiple risks	3, 4, 6, 7, 8

(1) child health
(2) maternal health
(3) child development and school readiness
(4) reductions in child maltreatment
(5) reductions in juvenile delinquency, family violence, and crime
(6) positive parenting practices
(7) family economic self-sufficiency
(8) linkages and referrals.

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Home Visiting in South Carolina

- Every county in SC has home visiting programs
- 44/46 Counties in SC are considered high risk areas
  - Criteria include socioeconomic data, perinatal health outcomes, substance use disorder measures, child maltreatment data

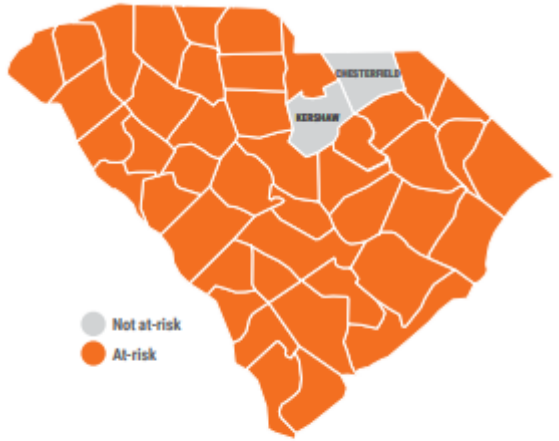

Figure 1. South Carolina At-Risk Counties, 2020 Home Visiting Needs Assessment

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Home Visiting in South Carolina

- 4800 clients served annually
- 77000 home visits per year
- 65% increase in MIECHV supported models in SC since 2010
- 83% screened for developmental delays
- 84% up to date on well child checks
- 98% of infants <12m always placed on back to sleep

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Home Visiting in South Carolina

Still a lot of work to be done…

Only 10% of eligible families are getting home visiting services in at risk areas

Additionally, less than 2% have the opportunity to participate

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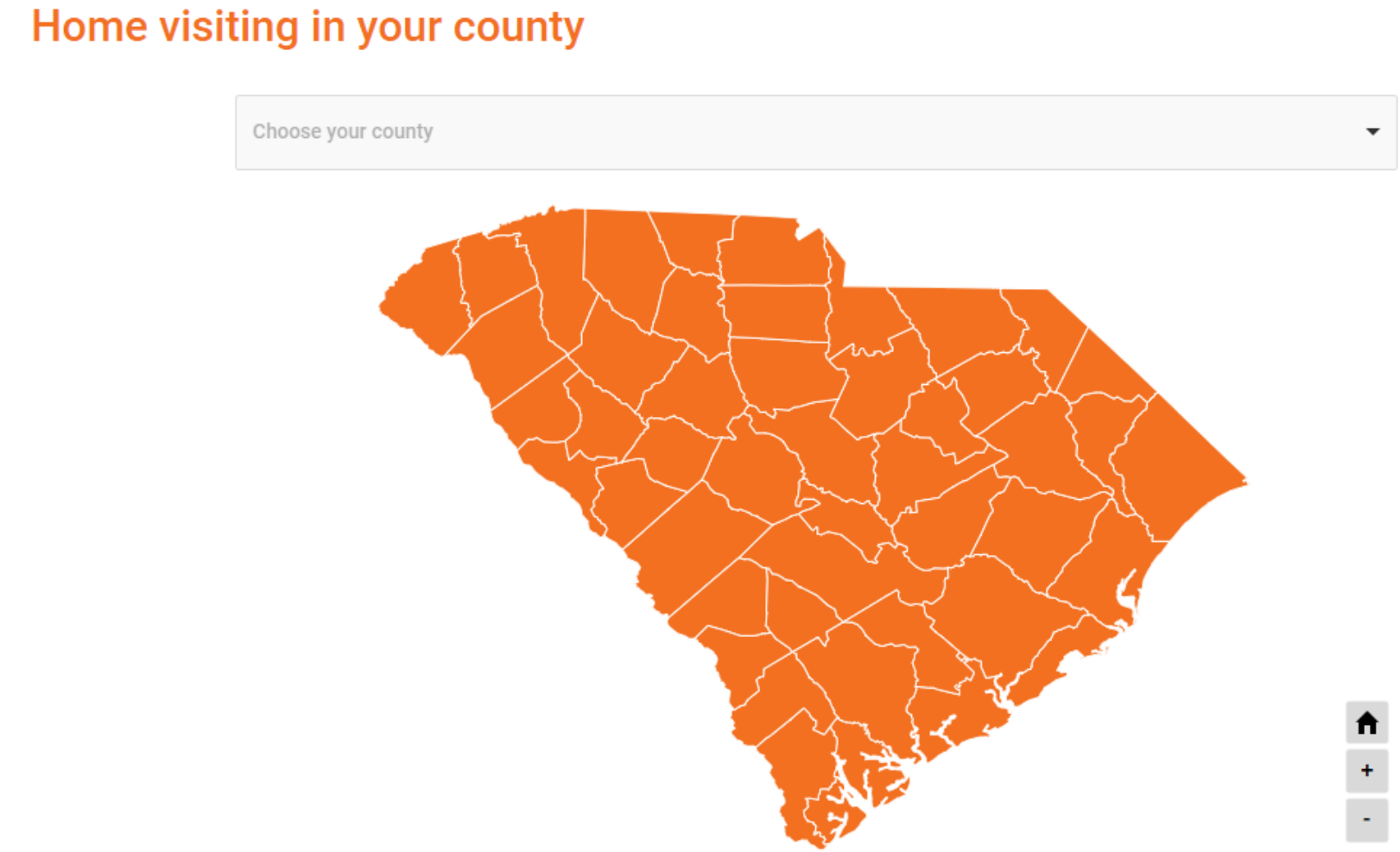

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Advocacy

- Know what programs are in your area and recognize the benefits to families
- Understand that home visiting is a tool to buffer the negative effects of social determinants
- Consider giving space to a program at your clinic
- Advocate for continued funding for evidence-based programs

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Advocacy

- Children's Trust of South Carolina
- SC Home Visiting Consortium
- Nurse Family Partnership (NFP)
- Healthy Families America (HFA)
- Parents as Teachers (PAT)

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Q & A

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THANK YOU!

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