



2013 Home Visiting Program Report
Ohio Department of Health





2013 Home Visiting

According to the PEW Center on the States Home Visiting Initiative, “The Business Case for Home Visiting” (2011) Issue Brief, home visiting can have the following economic effects:

- Reduced incidence of low birth weight, which is associated with costly short and long term health problems
- Over time, high quality home visiting programs yield returns of up to \$5.70 per taxpayer dollar spent in reduced mental health and criminal justice costs, decreased dependence on welfare, and increased employment
- Investing in early childhood is one of the best, most cost-effective choices states and communities can make to benefit the economy and develop the workforce

Help Me Grow Home Visiting realizes that healthy families are critical to ensure that Ohio’s infants and toddlers are ready to succeed. In order to accomplish this **Help Me Grow Home Visiting** has set the following four program goals:

- Increase Healthy Pregnancies
- Improve Child Health, Development, and Readiness
- Improve Parenting Confidence and Competence
- Increase Family Connectedness to Community and Social Support

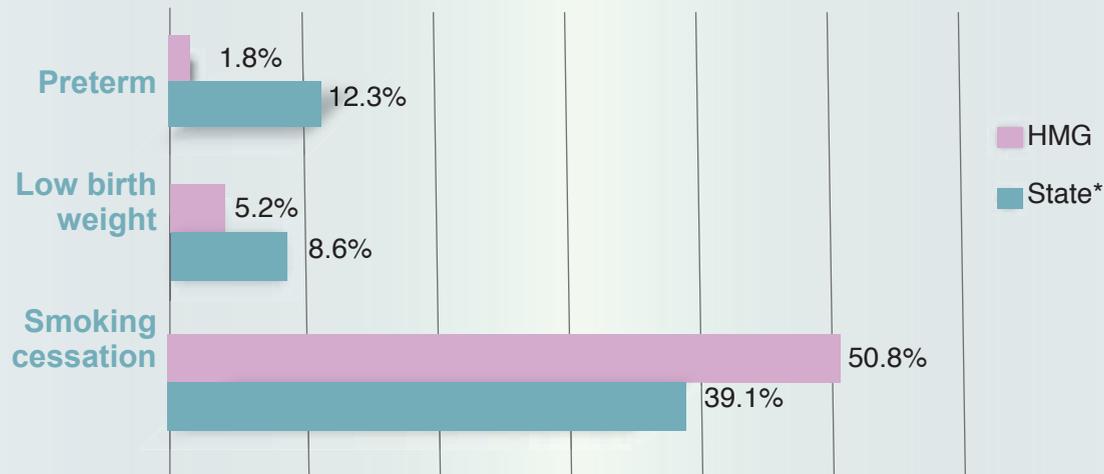
The pages that follow provide an in-depth report of how the **Help Me Grow Home Visiting** program is achieving outcomes for children served in SFY 13. A brief overview is presented, followed by specific analyses of each program goal.

Editor’s Note

The move to a fee-for-service model of reimbursement for Home Visiting providers in September 2012 has led to more complete data for the 2013 report than our 2012 report. We believe that the fee-for-service model has given our providers the structure to implement evidence-based home visiting for families in Ohio and ensure that program outcomes are achieved. This improvement in data quality also means that The Help Me Grow Home Visiting program will not be engaging in a 2012-2013 year to year comparison of data. Given our inability to draw firm conclusions—both favorable and unfavorable—when comparing these two time periods’ data, we have not included side-by-side comparisons in this report. Finally, records with missing data may not be representative of those with complete data. While our data are more complete than last year’s report, we note this caution in interpreting the results. In addition, we have taken affirmative steps this year to further reduce missing data for future reports.



Comparison of First Time Prenatal Mothers Served in HMG to Overall State



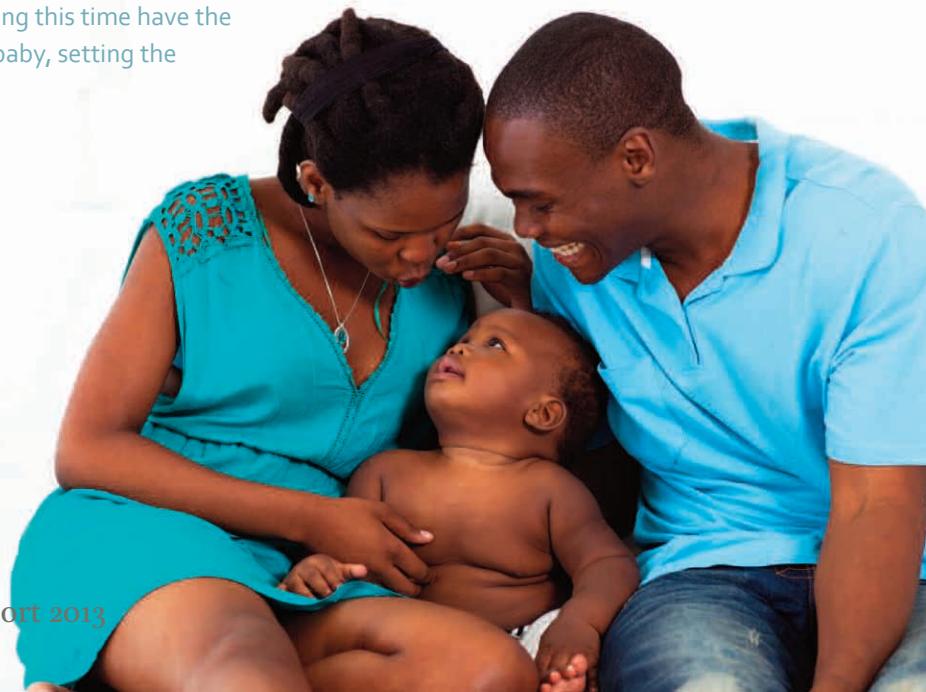
* Source: Ohio Vital Resident Birth Records, 2012.

The Help Me Grow numbers in the above chart are limited to the 327 women who met the targeted eligibility criteria for the program, who were served beginning in the first trimester, and who had complete data for all three indicators. The state comparison numbers include all Ohio births in 2012.

The universe of participants examined in this report are those who meet the targeted eligibility criteria for the **Help Me Grow Home Visiting** program (i.e., first-time mothers [or expectant first-time mothers] and their child, when the infant is not yet six months of age at the time of system referral, with a family income not in excess of two hundred percent of federal poverty level) who were served in SFY 2013. Data are reported for participants who have complete data for each measure.

As this graph demonstrates, there are three key areas that are important early determinants of a child's health and in which **Help Me Grow Home Visiting** participants fair better than the state as a whole. These include: fewer preterm births, fewer low birth weight babies, and more smoking cessation among pregnant mothers. This analysis focus solely on enrollees who were served starting during their first trimester of pregnancy. The first trimester is a critical stage of prenatal development. Improvements made during this time have the greatest impact on reducing health risks for the baby, setting the stage for healthy child development.

In SFY, 2013, **Help Me Grow Home Visiting** served 8,211 families with an eligible child or a pregnant mother.



Help Me Grow Home Visiting succeeds not only in the outcomes we can report on with data, but also by the success stories of the families we serve. Throughout this report you can learn how participating in Help Me Grow Home Visiting has made an impact on children and families in Ohio.



Jill and Frank were referred to the Help Me Grow Home Visiting Program when they were pregnant with their first child. They were nervous and unsure of how to engage in community programs and were scared to become parents. Working with their Home Visitor, they have made connections in the community, enrolled for medical and WIC benefits, and attend parenting and breastfeeding classes. Their daughter was born healthy in late August and the family is doing wonderfully. Jill and Frank are thankful that Help Me Grow Home Visiting helped their family to get off to the best start possible.

A variety of sources made referrals for targeted children served in SFY 2013. Family/caregivers, hospitals, Help Me Grow and WIC were the top four referral sources for these children.

Referral Source Type

Referral Source	Count	Percentage
Family or Caregiver ¹	2,270	32.6%
Hospital	1,766	25.4%
Help Me Grow ²	810	11.6%
WIC	507	7.3%
Social Services Agency	461	6.6%
Public Health	449	6.4%
Physicians	313	4.5%
Child Protective Services	192	2.8%
GRADS	97	1.4%
Early Childhood or Child Care Programs	81	1.2%
PCSA Forms	17	0.2%
Total	6,963	100%

Increase Healthy Pregnancies

The universe of participants for this program goal is the 394 families meeting the targeted eligibility criteria and being served starting in the mother's 1st trimester of pregnancy through the baby's birth, of which 327 had complete data for each of the reported measures.

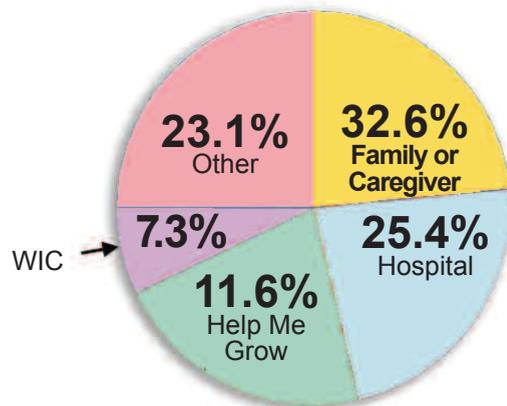
As mentioned previously, the first four indicators for increased healthy pregnancies are reported for mothers in their 1st trimester because this is the period of time having the greatest impact on the child's health.

Pregnancy risk factors

Medical risk factors including secondhand smoke exposure, alcohol use, infections, cardiac disease, diabetes, drug use, eclampsia, hypertension, lung disease, risk resulting from assistive reproductive technology, and risk resulting from fertility enhancing drugs were identified through self-report because they are known to put a baby at risk for poor outcomes.

31.5% of women served in their 1st trimester had at least one pregnancy risk factor.

Referral Source Type Percentage



Access to prenatal care

Women who do not receive prenatal care are three to four times more likely to die of complications and babies are six times more likely to die within the first year of life.ⁱ

56.6% of women enrolled during their first trimester had at least two prenatal care visits, with an average of 5.3 visits during their pregnancies.

Studies have shown that for every dollar spent on prenatal care, \$2.57 is saved on medical care for a low birth weight baby.ⁱⁱ Compared with no prenatal care, any prenatal care saves between \$2,369 and \$3,242 per person, depending on when care is initiated.ⁱⁱⁱ





Smoking cessation

- Smoking during pregnancy increases the risk of placenta previa, placental abruption, and SIDS. Infants of smoking mothers are also at an increased risk for prematurity and low birth weight, but mothers who quit smoking reduce these risks.^{iv v vi}
- 39.1% of women statewide stop smoking during pregnancy.^{vii}



● 50.8% of women who smoked when they began the **Help Me Grow Home Visiting** program in the 1st trimester stopped smoking prior to the child's birth. This indicator measures those women who completely stopped smoking. It is notable that **Help Me Grow Home Visiting** uses the rigorous definition of completely stopped while some programs only measure the number of cigarettes reduced during pregnancy.

- Smoking has attributed an increase of \$279 in neonatal costs per maternal smoker.^{viii} Potential neonatal cost savings that could be accrued from women who quit smoking during pregnancy were estimated at \$881 per maternal smoker.^{ix}

Preterm births

- Preterm babies are at an increased risk for developmental delays, neuromotor disability, blindness, hearing loss, oral defects, chronic lung disease, cardiovascular disorders, metabolic disorders and death.^{x xi xii xiii}

- 12.3% of births statewide are preterm births.^{xiv}

● 1.8% of **Help Me Grow Home Visiting** participants served in their 1st trimester had preterm births.

- According to Pediatrics in 2007, "Preterm/low birth weight infant (hospital) stays averaged \$15,100, with a mean length of stay of 12.9 days versus \$600 and 1.9 days for uncomplicated newborns." For an infant born before 28 weeks of gestation, the average cost was \$65,600.^{xv} The average cost for the first year of life, including inpatient and outpatient care, is ten times more for a preterm infant (\$32,325) than for a full term infant (\$3,325).^{xvi}

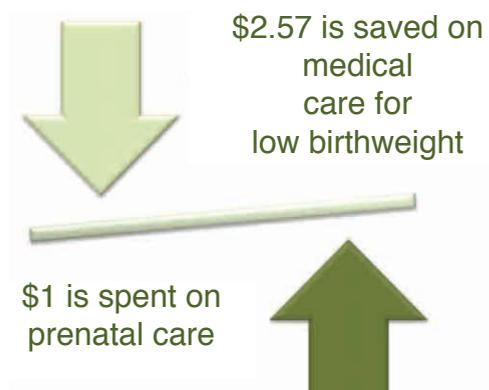
Low birth weight births

- Low birth weight increases the baby's risk for infection and sepsis which can lead to poor neurodevelopmental and growth outcomes in early childhood and can also lead to death.^{xvii xviii}

- 8.6% of births statewide are of low birth weight.^{xix}

● 5.2% of **Help Me Grow Home Visiting** participants served in their 1st trimester had low birth weight babies.

- Each low birth weight or preterm baby can cost states between \$28,000 and \$40,000 in additional expenses to address these conditions.^{xx}



Kaleigh initially met her Help me Grow Home Visitor while in the hospital and enrolled in the program when her daughter, Whitney, was 2 weeks old. As the relationship developed, Kaleigh shared her past drug history (clean and sober 2 ½ years) and abusive relationships, including the one she was currently in with Whitney's father. By participating in Help Me Grow Home Visiting Kaleigh has found the support she needed to leave an abusive relationship, continue breast feeding Whitney, attend counseling, and connect with area resources to assist her in parenting her daughter.



Improve Parenting Confidence and Competence

The universe of participants for this program goal is the 4,474 families meeting the targeted eligibility criteria with children served more than six months after birth regardless of time of entry (pre/postnatal), of which 1,735 had complete data for each of the reported measures.



Helping a child learn and grow is a critical and potentially challenging job for a new parent.

Help Me Grow Home Visiting offers new parents the tools, knowledge and support in identifying and setting obtainable goals. Parenting education is offered to families at every home visit so that parents become more confident and competent in their abilities to be a great parent and to face the challenges of parenting.

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Parenting stress

- Parenting stress is associated with maladaptive child rearing as well as disruptive behavioral problems. Increased parental stress can be a risk factor for child maltreatment.^{xxi}

- 68.2% of those who were determined to be at high risk following program assessment showed improvement in parenting stress; 57.4% who were initially at high risk showed substantial improvement.

- In 2010, according to the Journal of Child Abuse and Neglect, the average lifetime cost for one case of child maltreatment was \$201,012^{xxii}. This included factors such as childhood medical treatment, adult medical treatment, productivity loss, child welfare cost, mental and behavioral health costs, and special education costs.



Maternal depression

- Maternal depression is associated with negative parenting practices, disengagement from the child, and development of mental health or behavioral health conditions in the child.

- 67.9% of those who were determined to be at high risk following program assessment received a community resource referral for maternal depression.

- A study in Minnesota showed that every untreated case of maternal depression was estimated to cost society at a minimum \$23,000 per year in terms of lost productivity for both mother and child.^{xxiii}

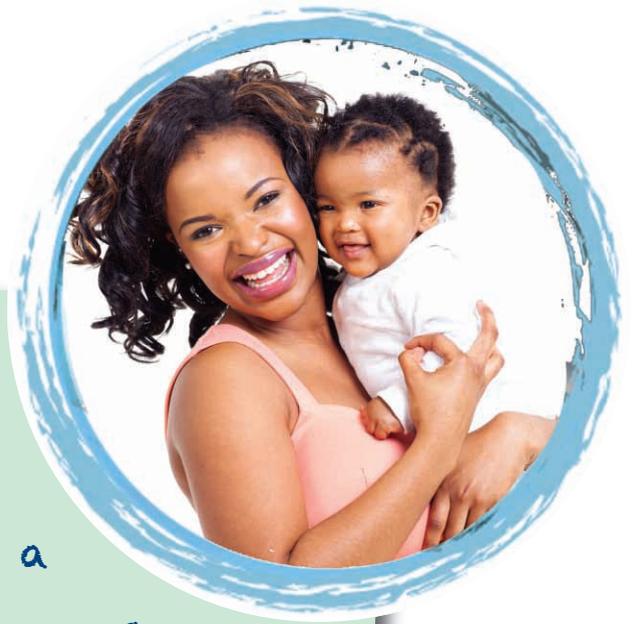
Improve parent-child interactions

- A positive parenting attitude, appropriate parent-child expectations, demonstrating sensitivity to infant cues, and providing age-appropriate play material are all important indicators of effective parenting and evidence of infant health promotion.

- 55.7% of those who were determined to be at high risk following program assessment showed improvement in their parenting attitudes and expectations; 35.1% of those who were initially high risk showed substantial improvement.

- 84% of those who were determined to be at high risk following program assessment showed improvement in stimulation and support available to the child through the home; 74.8% of those who were initially high risk showed substantial improvement.

Help Me Grow Home Visiting has been something constant for a single mom who sometimes feels like everything is out of control. Sarah has seen positive changes in behavior of her youngest while she balances school and motherhood. Sarah is very pleased with the support and information provided by her Home Visitor and feels that Help Me Grow Home Visiting has had a positive effect on her family.



Children's emergency room and urgent care visits

- In addition to health ailments, children are often brought to the emergency room either because of abuse, neglect or because the parent is unsure how to access proper care for simple health ailments.

- ER visits: 40.5% were seen in an emergency room or an urgent care clinic.

- In 2009, 21,444 ER visits across the U.S. were made for those under the age of four. 54.7% were paid by private insurance, 15.8% were paid by Medicaid or Medicare. Per person, this costs \$1,320.^{xxiv}

Improve Child Health, Development, and Readiness

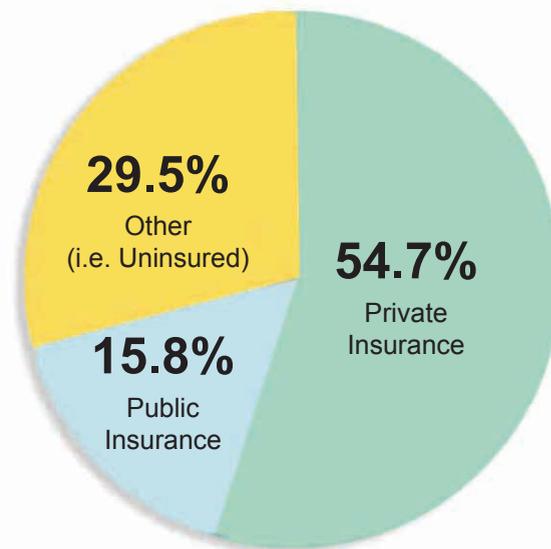
The universe of participants for this program goal is the 4,474 families meeting the targeted eligibility criteria, of which 1,890 had complete data for each of the reported measures.

In the natural environment of the home, parents learn how to support their child's health, development and learning during every day experiences. **Help Me Grow Home Visiting** offers early and ongoing screening and assessment to assist home visitors and families in identifying potential concerns and the resources available for support. When a child's health and development are on track, parents are able to focus on the resources children need to be successful as they grow.

Feeding intentions

- The universe for the breastfeeding measure is only those families served both prenatally and postnatally.
- Breastfeeding provides antibodies to the baby protecting against diarrhea and pneumonia, which are two of the leading causes of infant mor-

Payment Methods for Childhood ER Visits in 2009



tality. In addition, breastfeeding has historically been seen to reduce the incidence of bacterial meningitis, bacteremia, death of intestinal tissues, middle ear infections, leukemia, lymphoma, late onset sepsis and sudden infant death syndrome.^{xxv} Recent research has shown that breastfeeding also contributes to a modest reduction in the risk for overweight and obese adolescents.^{xxvi}

- 70.6% of women statewide used breast milk at hospital discharge.^{xxvii}

- Among those served prenatally, 54.9% use at least some breast milk; moreover, 31.7% who did not initially intend to breastfeed before birth, used at least some breast milk after birth.

- "If 90% of families could comply with the medical recommendations to breastfeed exclusively for six months, the United States could save \$13 billion/year and prevent an excess of 91 deaths annually."^{xxviii} Research also points to differences in managed care health costs among children, as children who were never breastfed cost between \$331 - \$475 more in their first year of life.^{xxix} Additionally, total WIC feeding for exclusive formula costs \$80,085,869 compared with partial breastfeeding costs of \$10,953,651.^{xxx}



Lisa was 16 years old and three months pregnant with her first baby when she enrolled in the Help Me Grow Home Visiting Program. Lisa and her mother both struggle with mental health concerns and were encouraged by their Home Visitor to be actively involved in each visit. Lisa gave birth to a healthy baby without difficulty and has remained involved in the program. She continues to breastfeed her baby, who is meeting developmental milestones, and is very social and active. With the support of Help Me Grow Home Visiting, Lisa, who was attending an alternative school for behaviors, graduated from high school one year early and is currently enrolled in four college courses.

Home safety

- Accidental and preventable injuries in the home among children range from falling down staircases to getting electrocuted by uncovered outlets. Deficits in information, handling stress, and parenting practices are a major cause of home safety related injuries.^{xxxii}

- Improve home environment

- 40.1% expressed safety concerns of varied significance at their initial assessment; 73.1% of those with initial safety concerns following program assessment reduced their number of concerns. Examples of safety concerns addressed include:

- drowning prevention, 100% remedied
- burn prevention, 96% remedied
- car seat concerns, 95% remedied

- According to a study reported in the Journal of Pediatrics, a basic home visit providing home safety information has significantly reduced the number of childhood injuries and showed that the cost per injury prevented was around \$372.^{xxxiii}

Increase access to medical home / primary health care provider

- Well-child visits have been shown to significantly increase the number of immunized children and decrease the number of outpatient and emergency department sick visits.^{xxxiii}

- Well-child visits: 86.5% reported completing well-child visits during their enrollment.

- 90.3% had up-to-date immunizations

- There is a net saving of \$80.75 per case prevented among infants immunized just against the rotavirus.^{xxxiv xxxv}



Increase Family Connectedness to Community and Social Support

The universe of participants for this program goal is the 4,729 families meeting the targeted eligibility criteria and served more than six months regardless of time of entry (pre/postnatal), of which 2,070 had complete data for each of the reported measures.

Through goal setting, home visitors work with families to promote meaningful connections within families and communities to support the development of each child and family. Parents are empowered to ask for help and are given the tools to find community and social supports. With the help of **Help Me Grow Home Visiting**, families become more independent and successful.

Community referral resources

Community resources can reduce parental stress and potential information deficits that may lead to child safety issues and help enhance parental employment, family housing, and meet family health needs.

Family need-based referral/resource linkage: 93.3% had at least one community referral, including:

- Mental Health
- Health
- Housing
- Medical
- Department of Job and Family Services

Social support

Maternal support reduces the negative impacts of maternal stress and has a positive impact on the mother's attitude and infant's interactive behaviors.

Increase family support / Increase community connectedness.

- When examining two different measures, we note that 40.8% had a measurable improved social support result via standard assessment, and among those who did not indicate improvement via standard assessment, 93.0% had a referral to a community resource; in total, 95.8% had an improved most recent social support result measured via standard assessment or a referral to a community resource

Of those who didn't, 93.0% received a referral

In total, 95.8% had either an improved social support or received a referral

40.8% had improved social support result





Help Me Grow Home Visiting received a referral for a single mom who was having difficulty adjusting to her new role as a mom. When Dawn was contacted, she seemed hesitant about participating in the Home Visiting Program, but did make an appointment with a Home Visitor to speak to her about services. She actively participated in Home Visiting discussions, provided care to the baby and when given options was able to make good choices. Help Me Grow Home Visiting has helped Dawn successfully improve her parenting skills and make stronger connections in her community.



Sandy was young, unmarried, and very nervous about someone coming to her house for a home visiting program. At the first visit, her Home Visitor explained all the benefits of the program including information about how her baby grows and learns, health and wellness information for mom, information about other resources that could help her if needed, and that the program was voluntary, and is at no cost to her family. Sandy stated that she liked the program because she felt she had someone she could ask questions to and knew she would get the information she asked for.

In conclusion, **Help Me Grow Home Visiting** has demonstrated significant achievements. The data are showing positive results for families served in all four program goals. Each program goal focuses on improving the health and success of the child. Each assessment sets the standard to ensure all participants are receiving optimal support. In addition, the work and effort that go into seeing these improved measurements are not only beneficial for the child and their family, but for the State of Ohio with significant financial savings on healthcare. The continued achievements of this program are promising, and **Help Me Grow Home Visiting** continues to expand capacity to enroll more families and improve the lives of more Ohio children.

¹ While family members and caregivers may self-refer, a physician or social services agency may have recommended **Help Me Grow** to the family member or caregiver.

² The **Help Me Grow** referral source includes referrals made by the **Help Me Grow** Early Intervention Services Program if a sibling was previously enrolled in the program.

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