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Evidence-Based Home Visitation Programs Work to Put Children First

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When low-income, first-time mothers become pregnant, it is frequently under less than ideal circumstances. It is critical for these women, their families, and their children to have quality access to a safe environment, good health practices, community support, and resources to help them attain their educational, economic, and personal goals. Sometimes these new mothers just need an advocate to help them get a foothold in their new situation. And then some new mothers need more than an advocate.

Community health workers, in my particular experience, Nurse Home Visitors, often find themselves on the receiving end of a tearful disclosure of undiagnosed mental illness, family dysfunction, post traumatic experience, addiction, or even emotional, sexual or physical abuse. In San Antonio, Texas, the number of domestic violence calls for service was 45,008 in 2012, as per the San Antonio Police Department quarterly domestic violence report. Domestic violence crimes in San Antonio in 2012 numbered a little over 10,000.[1]

Some fragile families need to learn how to build healthy relationships so that they can parent their children in a positive, loving way. Then, success can breed success. Shared positive emotions go a long way toward teaching a young child trust and, ultimately, love.

The Children's Shelter, a family of services, in San Antonio, Texas, has 1 of 3 NFP programs in Bexar County. There are 18, soon to be more,

NFP programs across Texas. We implement the David Olds model, an evidence-based program with over 35 years of research in three separate randomly controlled trials across the country.[2] Miracles happen every day in efficient home visitation programs across Texas, and across the nation. Within the Nurse-Family Partnership, lives are saved on a regular basis by pairing an experienced, highly trained BSN-prepared RN with a first-time mother early in pregnancy until her baby turns two years old. This pairing saves taxpayer dollars over the life of the child and, even more importantly, provides a stability to help dramatically change the trajectory of a child's life.[3]

The Nurse-Family Partnership Model Elements are supported by evidence based on research, expert opinion, field lessons and/or theoretical rationales. When the program is implemented in accordance with the model elements, there is a high level of confidence that results will be comparable to those measured in research. There are 18 model elements,[4] encompassing seven domains. The 1st domain involves the client and provides guidance with regard to the program eligibility. The 2nd domain, the context of intervention, mandates that the Nurse Home Visitor meet 1:1 with the client, in the home setting throughout the 2 ½ years of program participation. The 3rd domain speaks to the expectations of the nurses and supervisor, that they are registered BSN prepared nurses who

have completed core educational sessions required by the National Service Office. The 4th and 5th domains require application of theoretical framework that underpins the program and requires application of reflective practice, and clinical supervision. The 6th domain requires specific collection and monitoring of data to guide practice. The last domain requires that the implementing agency provide adequate support and structure to promote and sustain program quality. A Community Advisory Board meets quarterly to promote community support for the program.

One cornerstone of most community health programs, and model element 6 of the Nurse-Family Partnership program, is that the visits are conducted in the client's home.[4] Home visits involve highly trained professionals putting mothers and, ultimately, their children, in touch with resources and community services within the privacy, safety and comfort of their home base. Home visitations are a *personal* business. Additionally, access to community resources is a significant problem for the mothers in The Children's Shelter's Nurse-Family Partnership program because they lack reliable transportation. Home visitation dissolves that barrier.

Another cornerstone involves the development of a therapeutic relationship between the nurse home visitor and her client, the first-time

mother. Because of their specialized knowledge, the public health nurses who deliver the Nurse-Family Partnership program in their communities establish trusted relationships with young, at risk mothers during home visits, providing guidance for the emotional, social, and physical challenges these first-time mothers face as they prepare to become parents.[5]

With the support of an efficient home visitation program like Nurse-Family Partnership, national outcomes[6] are:

- 48% reduction in child abuse and neglect
- 56% reduction in emergency room visits for accidents and poisonings
- 59% reduction in arrests for children at age 15
- 67% reduction in behavioral and intellectual problems for children at age 6
- 72% fewer convictions of mothers at child age 15

Additionally, some notable outcomes for the NFP programs in Texas in 2013[6] were:

- 90% of babies born full term
- 91% of babies were born at a healthy weight-at or above 5.5lbs
- 87% of mothers initiated breastfeeding
- 93% of children received all recommended immunizations by 24 months.

Our communities' most vulnerable are our children. The cost of child abuse and neglect is estimated at nearly $35,000 per child per year. The cost of abuse or neglect for one person over a lifetime is estimated at

over $200,000 in 2010 dollars, including $32,648 in childhood health care costs; $10,530 in adult medical costs; $144,360 in productivity losses; $7,728 in child welfare costs; $6,747 in criminal justice costs; and $7,999 in special education costs.[7] The burden of child maltreatment is substantial and unsustainable. Prevention programs, efficient community health programs, like Nurse-Family Partnership can make a significant impact to decrease those costs. Families receiving home visitation during pregnancy and infancy had significantly fewer child maltreatment reports involving the mother as a perpetrator.[8]

Infants who suffer trauma demonstrate poor verbal skills, delays in sensory and motor skills, as well as difficulty with attachment. At 3½ years of age, neglected children often lack the creativity, confidence, and assertiveness to cope with their daily challenges.[9]

Programs such as Nurse-Family Partnership actually save taxpayer money. The favorable effects of early childhood programs can translate into dollar benefits for the government, participants, and other members of society. Independent research from the RAND Corporation demonstrates that every dollar invested in NFP can yield more than five dollars in return.[10] For example, if school outcomes improve, fewer dollars are spent on remedial education and special education programs. If school improvement leads to higher personal attainment, and economic success,

the community benefits not only from higher tax revenues but also by reduction in social welfare programs.

In summary, one-third of child abuse victims become abusers as adults.[11] The cycle of child abuse can be broken. The cycle of child abuse must be broken. Efficient home visitation programs that work with parents to become better caregivers can prevent child abuse, neglect, and lessen the impact of trauma on a young brain. Prevention dollars spent on evidence-based home visitation programs can increase the number of nurturing families and happy children. Nurturing families and happy children make strong, healthy, and safe communities.

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