North Carolina 2019 Policy Priorities for Infants, Toddlers, and Families



Think Babies™ NC Leadership Team

Increase Family Support Opportunities by Expanding Home Visiting Programs

Introduction

A stable, secure relationship with a nurturing, caring adult is a key factor in young children's development. Parents play the lead role in their children's healthy development, but all parents are stretched in the earliest months and years of their children's lives. Home visiting programs, which match parents with trained professionals to provide in-home support during pregnancy and throughout their child's first years, are an effective method to support families, particularly when they are part of a comprehensive and coordinated system of services.

Each year, North Carolina records more than 120,000 births, and there are 358,000 children ages zero to three who could benefit from home visiting programs. Funding for home visiting has been made available from various federal, state, and philanthropic sources, but is extremely limited. Consequently, home visiting programs reached fewer than 6,000 families in 2016, and many communities have no services at all.¹

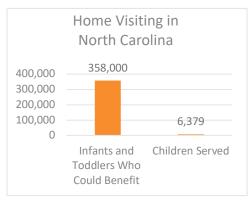
Despite the proven benefits of these programs, North Carolina has no statewide home visiting plan, nor are the existing programs connected to the larger network of early childhood and family support programs. National experts recommend that a comprehensive system include increased coordination across programs, universal intake, data tracking and sharing, and targeting of highest need families.²

There is clear and urgent need to develop a comprehensive home visiting system in North Carolina and increase access to home visiting programs to support parents who would like to have access to these beneficial family support programs.

Why Is This Important to Do Now?

There is an acute shortage of home visiting programs for infants, toddlers and families.

A study by the UNC Jordan Institute for Families (North Carolina Early Home Visiting Landscape Analysis: Strengthening Systems to Support Families, 2018) found 13 home visiting programs operating in the state. However, since not all programs participated in the study, there are likely even more active programs. These home visiting programs reached only 5,825 families with 6,379 children in North Carolina in 2016 and 72% of programs reported a waitlist for services.³ This study also found that 51 counties have less than 1% of families with infants and toddlers served by home visiting (See Figure 1). Unmet need



was especially high in rural areas of the state and services were inconsistent in urban areas, with some neighborhoods having much higher access to home visiting than other neighborhoods.⁴ Eleven counties had no home visiting programs in 2018, and others only have one or two programs serving a very limited population. Only five counties had more than 10 percent of families served by home visiting programs (See Figures 1 and 2).

Home visiting strengthens the relationship between parents and children and increases parenting skills and confidence.

Evidence-based home visiting programs benefit all parents and children and show improved long-term outcomes including increased positive parenting, more responsive parent interactions, increased parental knowledge of child development, stronger parent-child bonds, and fewer negative and stress reactions.⁵

Home visiting improves parent and child health outcomes.

Home visiting has been shown to improve prenatal health and birth outcomes, increase breastfeeding, and lower maternal depression and stress. These health outcomes are particularly important in North Carolina where 22,076 women have inadequate prenatal care.⁶ Home visiting also impacts child health outcomes by increasing immunization rates, decreasing child emergency room visits, and decreasing rates of abuse and neglect.⁷

Quality home visiting programs can increase children's school readiness.

Home visiting provides a complementary approach to formal child care and preschool programs, which are also in scarce supply in North Carolina. Studies of home visiting programs

A Snapshot of Home Visiting Programs in North Carolina

There are several different types of home visiting programs in North Carolina, including Parents as Teachers, Nurse-Family Partnership, Child First, Family Connects, and Early Head Start-Home Based services. 14 These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environments.

Each model varies in length, eligibility, and goals.

Home visiting programs are funded by a variety of sources, including federal funding from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), state general fund allocations through Smart Start and the Division of Public Health, Medicaid and insurance billable services, local government funding, and philanthropy from state and local foundations.¹⁵

have shown positive impacts on indicators related to cognitive development and behavior,⁸ including higher IQs and language scores,⁹ higher grade point averages and achievement scores at age nine,¹⁰ and higher graduation rates from high school.¹¹

Home visiting is a worthwhile investment for North Carolina.

Investing in the first years of life has a lasting impact. Between \$1.80 and \$5.70 is saved for each dollar invested in evidence-based home visiting.¹² The positive benefits of home visiting are a proven investment, providing considerable cost savings for states on costly social problems later in life, such as child abuse, poor academic performance, unemployment, poverty, and crime.¹³

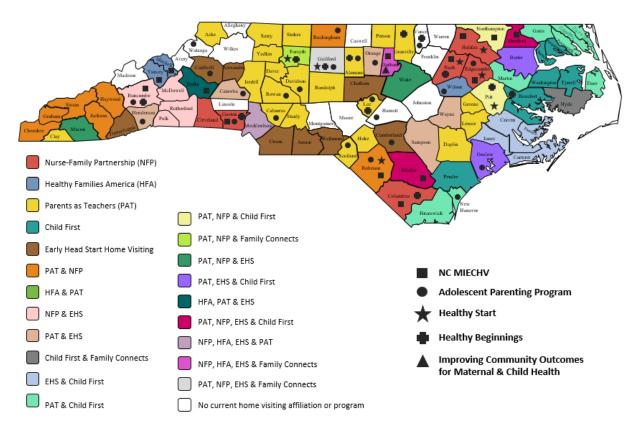
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Figure 1: Percent Served by Home Visiting Among Families with Children 0-3



Map created by UNC Jordan Institute for Families, 2018

Figure 2: Maternal and Child Health Home Visiting Projects



Map created by the North Carolina Division of Public Health, 2018

About Think Babies™ NC:

Think Babies™ NC seeks to advance policies that support the healthy development of North Carolina's babies and toddlers. It is aligned with the NC Pathways to Grade-Level Reading initiative and the NC Early Childhood Action Plan. Think Babies™ NC is led by the NC Early Education Coalition with support from the NC Early Childhood Foundation and a Leadership Team of state and local organizations focused on advancing public awareness and policy solutions for infants, toddlers, and their families.

¹ Bryant, K., Chung, G., Lanier, P., & Verbiest, S. (2018). *North Carolina Early Home Visiting Landscape Analysis: Strengthening Systems to Support Families*. UNC School of Social Work: Jordan Institute for Families.

² Schreiber, L. (2010). Key Components of a Successful Early Childhood Home Visitation System: A Self-Assessment Tool for States. ZERO TO THREE.

³ Bryant et al, 2018.

⁴ Ibid.

⁵ ZERO TO THREE. (2014). The Research Case for Home Visiting.

⁶ NC Center for Health Statistics. (2016). Risk Factors and Characteristics for 2016 North Carolina Resident Live Births: Overall, All Mothers

⁷ Harrison, C.L. & May, A. (2018). Home Visiting: Improving Children's and Families' Well-Being. National Conference of State Legislatures.

⁸ Healthy Families America. (2008). Research Spotlight on Success: Healthy Families America Promotes Child Health and Development.

⁹ Sources include: Olds, D.L., Kitzman, H., Cole, R., et al. (2004). Effects of Nurse Home Visiting on Maternal Life-Course and Child Development: Age Six Follow-Up of a Randomized Trial. *Pediatrics* 114 (6); Lowell, D.I., Carter, A.S., Godoy, L., et al. (2011). A Randomized Control Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice. *Child Development* 82 (1); Love, J., Kisker, E., Ross, C., et al. (2001). Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families. Summary Report. Report to Commissioner's Office of Research and Evaluation, Head Start Bureau, Administration on Children, Youth, and Families, and Department of Health and Human Services. Princeton, NJ: Mathematica Policy Research

¹⁰ Olds et al, 2004.

¹¹ Levenstein, P., Levenstein, S., Shiminski, J., et al. (1998). Long-Term Impact of a Verbal Interaction Program for At-Risk Toddlers: An Explanatory Study of High School Outcomes in a Replication of the Mother-Child Home Program. *Journal of Applied Developmental Psychology* 19 (2).

¹² ZERO TO THREE, 2014.

¹³ Ibid.

¹⁴ Bryant et al, 2018.

¹⁵ Ibid