

Strengthen Families and Promote Family Economic Security: Maternal, Infant, and Early Childhood Home Visiting

Maternal, infant, and early childhood home visiting programs present a unique opportunity to improve health, education, and socio-economic indicators for young children and their families, intervening at a time when families are most receptive to services. Investing in home visiting programs can strengthen New York's families and save the state in health, education, and social services spending down the road.

Why is Home Visiting Important?

- Children ages 0-5 in NY make up 39.5% of child maltreatment cases. The overwhelming majority of these are cases of neglect rather than abuse.¹
- In 2010, 13.6 million emergency room visits were made by children ages 0-5 across the U.S. That is over 10% of all emergency room visits.²
- In 2012, approximately 41% of WIC mothers in NY breastfed their children, and only 7.5% fully breastfed.³

How Do Home Visiting Programs Help?

Evidence-based home visiting programs have been shown to positively impact children's health, reduce infant emergency medical visits⁴ and subsequent pregnancies, and improve diet. They have also been shown to increase breastfeeding rates⁵, improve school readiness⁶, and reduce the risk of child maltreatment.⁷

Becoming a parent is exciting and challenging for anyone. Home visiting programs provide support to families by bringing services into the homes of expecting and new parents to offer support and information on health, early development, and early childhood education. Home visiting programs are beneficial not only to children, but also connect parents to important community supports including health, child care, housing, education and/or employment services.

It is time to renew our commitment to high-quality home visiting programs in New York State.

Endnotes

- 1 From the 2012 National Child Abuse and Neglect Data System data, as reported in US Department of Health & Human Services' *Child Maltreatment 2012*. Available: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>
- 2 Centers for Disease Control, 2010 Emergency Department Summary Tables. Available: http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2010_ed_web_tables.pdf
- 3 WIC Breastfeeding Data Local Agency Report, 2012: <http://www.fns.usda.gov/sites/default/files/WIC%20BFDLA%20Report%20FY%202012.pdf>
- 4 These outcomes have been found in multiple studies. See the US Department of Health & Human Services, *Home Visiting Evidence of Effectiveness*: <http://homvee.acf.hhs.gov/document.aspx?sid=14&rid=1&mid=1>
- 5 Nurse Family Partnership, in particular, has been shown to reduce subsequent pregnancy, improve diet, and increase breastfeeding. Read more: <http://homvee.acf.hhs.gov/document.aspx?sid=14&rid=1&mid=1>
- 6 Kristen Kirkland and Susan Mitchell-Herzfield. 2012. *Evaluating the Effectiveness of Home Visiting Services in Promoting Children's Adjustment in School: Final Report to the Pew Center on the States*. Rensselaer, NY: New York State Office of Children and Family Services.
- 7 Casey Family Programs. *Addressing Common Forms of Child Maltreatment: Evidence-Informed Interventions and Gaps in Current Knowledge*. Research Brief, January 14, 2012.

RECOMMENDATIONS FOR 2015-2016

Continue to support home visiting by funding existing programs at the following levels:

- Maintain the Executive Budget's \$3 million in funding and invest an additional \$2 million in Nurse-Family Partnership.
- Maintain \$23.3 million in funding, and restore \$3.5 million to Healthy Families New York, bringing the program up to 2008 funding levels.
- Invest \$2 million in home visiting programs that demonstrate promising practices, such as The Parent-Child Home Program and Parents as Teachers, to expand the reach of services and address the diverse needs of communities across New York State.

Additionally, the State should continue to support elements of a coordinated home visiting system in order to improve families' access to services.