

**TURNING DATA
INTO ACTION**
**DELAWARE'S
MATERNAL, INFANT AND
EARLY CHILDHOOD HOME
VISITING PROGRAM**

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***DELAWARE HEALTH
AND SOCIAL SERVICES***
Division of Public Health
Maternal and Child Health
Bureau

QUALITY HOME VISITING PROGRAMS

- Help decrease by half the incidence of low-birth weight births by saving \$28K-\$40K per low-birth weight birth averted
- Have the potential to save states collectively \$33B in annual child abuse and neglect related costs, such as hospitalization and law enforcement
- Studies have shown that mothers who participate in home visits were more sensitive and supportive in interactions with their children; report less stress
- Significant improvements in parenting behaviors and attitudes



HOME VISITING PROGRAM PURPOSE

(HRSA JUNE 2010)

- Examine programs for impacts in eight domains:
 - Improvement in maternal and prenatal health, infant health, and child health development
 - Increased school readiness
 - Reductions in the incidence of child maltreatment
 - Improved parenting related to child development outcomes
 - Improved family socio-economic status
 - Greater coordination of referrals to community resources and supports
 - Reductions in crime and domestic violence



KEY PROGRAM FEATURES

- Added Home Visiting to Title V Social Security Act
- Evidence Based Programs
- Needs Assessment
- Updated State Plan
- Existing Leadership Network-Home Visiting Community Advisory Board



FUNDING FOR DELAWARE

- FY 2010 HV funding was ~\$1.3 M
- FY 2011 HV Formula grant funding was ~ \$1.7 M
- FY 2011 HV Development grant funding was ~ \$2.9 M
- FY 2012 HV Formula grant funding was ~ \$1.7 M
- FY 2012 HV Development grant funding was ~ \$2.9 M
- FY 2013 HV Formula grant funding is ~ \$1 M
- FY 2013 HV Expansion grant funding is ~ \$4.5 M



COLLABORATIVE EBHV PARTNERS

PROGRAM	OPERATING AGENCY
Smart Start/Healthy Families America	Division of Public Health, Children & Families First and Kent Sussex Community Services
Nurse Family Partnership	Children & Families First
Parents As Teachers	Department of Education



DE-MIECHV PROJECT GOALS

Project Goals:

- Develop, implement and sustain a continuum of home visiting services statewide where the needs of families are met by the most appropriate program/model
- Transition Smart Start (DPH's nurse home visiting program) to the evidence based model, Healthy Families America (went live May 2012)
- Improve maternal, infant and early childhood outcomes through targeted home visiting services.
- Monitor home visiting system changes and challenges to ensure long-term sustainability.
- Strengthen Delaware's Early Childhood System through application of Help Me Grow (HMG)
- Recruit Health Ambassadors to serve as cultural brokers (recruited July 2012)
- Increase staff capacity of Nurse Family Partnership, Healthy Families America and Parents as Teachers



STATE-WIDE NEEDS ASSESSMENT

"DEFINING AT-RISK COMMUNITIES"

- Aggregated Zip Codes into 18 “Zones”
- Assessed Health Indicators for Each Zone
 - *Child Maltreatment (A)*
 - *Domestic Violence (C)*
 - *High School Completion (D)*
 - *Infant Mortality (E)*
 - *Low Birth Weight Infants (F)*
 - *Poverty (G)*
 - *Premature Births (H)*
 - *Substance Abuse (I)*
 - *Unemployment (J)*



“AT RISK” ZONES

Zone	Location	Zip Codes	# of Indicators in Top 5 Ranking	Indicators (By Code) identified
4	Central Wilmington	19804, 19805	8	A, C, D, F, G, H, I, J
3	East Wilmington	19801, 19802, 19806	7	A, D, E, F, G, H, J
1	Northeast Wilmington	19703, 19809	5	A, E, F, H, I
7	Southeast Wilmington	19706, 19720, 19733	4	A, C, E, H
8	North Newark	19711	4	E, G, I, J



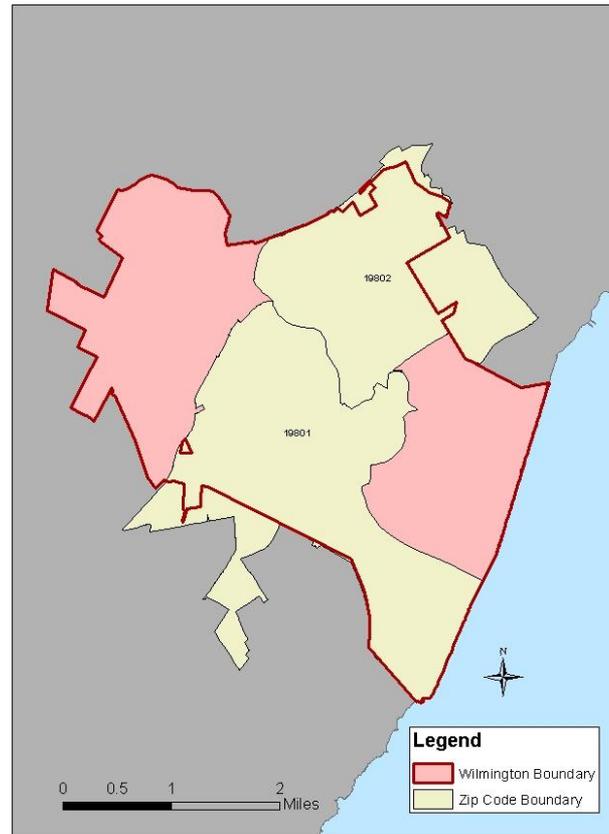
“AT RISK” ZONES

Zone	Location	Zip Codes	# of Indicators in Top 5 Ranking	Indicators (By Code) identified
17	Sussex: Laurel, Seaford	19933, 19940, 19956, 19973	7	A, D, F, G, H, I, J
18	Sussex: Dagsboro, Millsboro	19930, 19939, 19944, 19945, 19966, 19967, 19970, 19975	6	A, C, D, E, H, I
15	Kent/Sussex: Milford, Harrington	19941, 19942, 19946, 19950, 19952, 19954, 19960, 19963	5	A, D, E, G, I
13	East Dover	19901	4	E, F, G, I



ZONE 3 “HIGH RISK COMMUNITY”

2010 ZTCA 19801 and 19802



Source: US Census Bureau reflects boundaries per 2010 census



ZONE 3

East Wilmington

- A larger portion of the population is age 44 or younger: 62.8%
- A larger portion of the population is female: 53.6%

Delaware and US

- DE: 58.3%
- US: 60.5%
- DE: 51.5%
- US: 50.8%



ZONE 3

East Wilmington

- A larger portion is Black / African American: 76%
- A smaller portion is Hispanic / Latino: 5.6%

Delaware and US

- DE: 21.4%
- US: 12.6%

- DE: 8.1%
- US: 16.4%



ZONE 3

Delaware and US

- A larger portion of households consists of a female householder / family: 29.5%
- DE: 13.7%
- US: 12.9%
- A larger portion of these female householder / family households includes children under age 18: 17.5%
- DE: 7.6%
- US: 7.3%



ZONE 3

East Wilmington

- A larger portion of households falls below US poverty level: 26.4%
- Median household income is lower: \$34,954

Delaware and US

- DE: 11.5%
- US: 14.9%
- DE: \$60,199
- US: \$53,046



ZONE 3

East Wilmington

- A larger portion of people age 25 or older have not yet completed high school (or equivalent): 18.6%
- A larger portion of the population are people with a disability: 18.3%

Delaware and US

- DE: 12.3%
- US: 14.2%
- DE: 12.4%
- US: 12.0%



ZONE 3

East Wilmington

- The infant mortality rate is higher: 14.4 per 1,000 live births
- The low birth weight rate is higher: 15.1%
- The preterm birth rate is higher: 18.1%

Delaware and US

- DE: 8.0 per 1,000 live births
- US: 6.5 per 1,000 live births
- DE: 9.0%
- US: 8.2%
- DE: 12.8%
- US: 11.5% (2012)



DATA BENCHMARKS FOR EVALUATION

- Data Benchmarks (n=6)
 - 1: Improved Maternal and Newborn Health
 - 2: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
 - 3: Improvements in School Readiness and Achievement
 - 4: Domestic Violence
 - 5: Family Economic Self-Sufficiency
 - 6: Coordination and Referrals for Other Community Resources and Supports



EVALUATION DOMAINS

- Data Benchmarks (n=6)
 - Benchmark Constructs (n=37)
 - Performance Measures/indicators
 - Operational Definitions
 - Calculation
 - Questions
 - Responses
 - Measurement Definition
 - Reliability/validity
 - Definition of improvement
 - Persons responsible for collection
 - Data source
 - Population
 - Schedule
 - Continuous quality improvement



TOOLS

- Several tools are administered on a periodicity scale.
 - PHQ-9 – depression
 - Healthy Families Parenting Inventory
 - Ages & Stages (ASQ-3)
 - Ages & Stages Social-Emotional (ASQ-SE)
 - Abuse Assessment Screen
 - Life skills progression (LSP) – Education domain
 - DPH developed tools using questions from validated instruments such as PRAMS, BRFS, YRBS, etc.



DATA COLLECTION

- Data will be collected at baseline enrollment then every 6 months thereafter until completion of the program (varies by program) or attrition.
- A schedule and guides have been created to help home visitors know which tools are due when.
- The first training took place in February 2012. Refresher trainings are held as necessary.



DATA COLLECTION (CONTINUED)

- Although other children can receive referrals or services, there will be one INDEX child associated with the mother for data collection purposes.
- Families will be offered a non-cash incentive in appreciation of their time completing the data collection tools. The value of the incentive increases with length of time in the program.
- The evaluation was deemed IRB-exempt by the DHSS Institutional Review Board in December 2011.



SYSTEMS

- DPH developed an Electronic Medical Record (EMR) that serves as both the documentation tool and evaluation data source.
- Exploring the feasibility of giving partner programs access to the EMR.
- Data sharing agreements/MOUs are in place among programs (e.g. PAT and NFP, DPH and DSCYF)



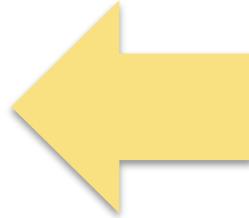
Coordinating Systems

New Investments

- Evidence-Based Home Visiting
- Health Ambassadors

Current programs

- Title V
- WK Kellogg
- Early Childhood Systems
- Developmental screening
- Early intervention



Help Me Grow System





Now accepting nominations for the 2014 Healthy Equity Awards! [Click here](#)



HOME VISITING

If you're expecting a baby or already have a newborn at home, now is the right time to sign up for the Home Visiting program from the Delaware Health and Social Services.

ENROLL TODAY!



home visiting



help me grow



safe sleep



healthy women



my life. my plan.



man up, plan up



family shade



thriving communities

EVENTS

2014 DHMIC Annual
Symposium April 9, 2014

DE THRIVES BLOG

Mar 02

TEETH & GUM

Teeth and Gums Before and During
Pregnancy

Congratulations, newly expecting
mothers! As you begin to exude your

HOME VISITING MATERIALS

Home Visiting

Please select all materials that you would like to receive.



11 x 17 poster with "Raise Him Safe" headline promoting the Home Visiting Program. Available in Spanish.

Raise Him Safe poster



11 x 17 poster with "Raise Him Strong" headline promoting the Home Visiting Program. Available in Spanish.

Raise Him Strong poster



11 x 17 poster with "Raise Her Healthy" headline promoting the Home Visiting Program. Available in Spanish.

Raise Her Healthy poster



12.75 x 18.75 Countertop Display with brochure pocket holder. Available in Spanish.

Countertop Display



4.25 x 5.5 prescription pads for providers to give to patients to encourage them to get involved with the Home Visiting Program. Double sided - English on front Spanish on back.

Prescription Pad



8.5 x 11 flip books that contain information about the Home Visiting Program. Available in Spanish.

Flipbook



4 x 9 brochure with information about the Home Visiting Program. Available in Spanish.

Brochure



6 x 9 booklet with information for providers about the Home Visiting Program.

Provider Brief

BUILDING STATEWIDE CAPACITY - *SCALE-UP OF HOME VISITING*

- Building a Comprehensive Early Childhood “System”
- Training & Technical Assistance
- Target Population & Strict Criteria – High Risk Zones
- Data & Information Systems/Data Collection
- Facing an
- d overcoming the challenges of “identity”
- Building our referral base
- Uncovering gaps and addressing unmet needs
- Funding & Sustainability
 - Resources; Organizational structure; Medicaid reimbursement



ANTICIPATED RESULTS

- Home Visiting is not the panacea for all the needs a family may have. It is a resource that has been shown to work for many high-risk families and is an important service.
- Delaware is committed to providing high-quality evidence-based programs within a continuum of service that matches the right program with the needs of families.
- Collaboration, communication and coordination are hallmarks of the Delaware Home Visiting Program.
- The evaluation plan was developed to meet federal requirements, but is also inclusive of our need for data that shows impact over time on key indicators.
- By 2015, Delaware's Home Visiting program will show improvement in at least 50% of the constructs in 4 out of 6 of the benchmarks.



QUESTIONS/COMMENTS



THE FUTURE LOOKS BRIGHT!

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