



NEWSLETTER

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Intersection: CDPH and the ACA Home Visiting Program



Since the Patient Protection and Affordable Care Act (ACA) was signed into law, CDPH has been actively working with its partners to implement programs and goals designed to promote population health improvement and achieve the Triple Aim of the ACA: Better Health, Better Care and Lower Costs. The story of health reform in the Golden State is one of accelerating change. In this ongoing column, "Intersection: CDPH and the ACA," Dana Moore, health care reform coordinator for CDPH, is featuring department initiatives and programs that are directly linked to a part of ACA implementation. This edition, we interviewed Kristen Rogers, chief of Home Visiting Program (HVP).

On March 23, 2010, President Obama signed the ACA into law. Funding began in 2011 to provide services to high-risk and pregnant mothers to improve their health care and that of their children. The Act included a provision establishing the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program by amending Title V of the Social Security Act to provide funds for evidence-based home-visiting to families in at-risk communities.

"We are here because of the ACA," says Kristen Rogers, chief of the California Home Visiting Program (CHVP). "It's just that simple. At any given time, there are around 2,200 women being served by this program."

"The first few years of child's life are critical."

Low birth weight babies are more likely to suffer from multiple chronic conditions which contribute to poor health and higher health care costs. The MIECHV Program is a population-level intervention, and is just one way to possibly prevent low birth-weight babies meeting two goals of the Triple Aim, better health and lower costs.

"The first few years of a child's life are critical," Rogers says. "Without a strong beginning, the odds of long-term success are greatly diminished. This program was born out of the desire to reduce child maltreatment, increase school readiness, decrease children's exposure to violence and provide services to pregnant women to help increase the birth weight of babies and to produce healthy babies."

Rogers explains that the program accomplishes this by helping to reduce domestic violence and risky behaviors of mothers, such as smoking or substance abuse. The program pairs new and expectant parents with trained professionals who provide parenting information and connect them to local services such as health and mental health care as well as substance abuse services. The program deals mainly with mothers, but also connects fathers and caregivers to resources and support during pregnancy and the child's first years. It's a high-yield investment that is designed to strengthen parent-child relationships, increase language and literacy skills, and reduce child abuse and neglect. The program also targets prevention of child injuries, reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.

"These home visitors are at the heart of the program."

The first California Home Visiting Program site opened in June, 2012. Today, there are 26 sites throughout 24 local health jurisdictions in California. The program is supported by research scientists, health program specialists and contract analysts at the state level; and about 125 home visitors at the local health jurisdiction level.

"These home visitors are at the heart of the program," Rogers says.

The home visitors are professionals, para-professionals, RNs, LVNs or have master's degrees in counseling or social work. According to Rogers, they have made more than 50,000 home visits in the program's history, helping more than 8,800 women and children in approximately 4,400 families.

"Our visitors will meet with pregnant women weekly or every other week, depending on how long the family has been in the program," Rogers explains. "Most of those we serve are first-time mothers, and many are very young. One was as young as 12-years-old."

During an appointment, the visiting staff may discuss health needs, preparing for child birth, parenting issues and nutrition issues by using one of two evidence-based, nationally recognized home-visiting models, Healthy Families America and Nurse-Family Partnership.

Home visiting is a proven approach

Home visiting is a proven approach to help new and at-risk families receive a solid start. By helping parents learn how to care for their families, children are safer, healthier and better prepared to succeed in school and in life.

Research from the PEW Center on States shows the following:

- Home visiting programs decrease the incidence of low birth weight births by nearly half - saving states as much as \$40,000 for each one averted.
- Home visiting programs cut instances of child abuse and neglect nearly in half.
- Home visiting produces positive outcomes that, over time, yield returns of up to \$5.70 for every one dollar spent.
- In one Healthy Families America study, mothers who received home visits were half as likely to deliver low birth-weight babies as mothers who were not enrolled.
- Benefits to society per home-visiting family served averages \$81,656, according to one Nurse-Family Partnership study.

Rogers also explained that to reach the mothers throughout the state, the program has built a data-system model that is also being used by many other states and territories. In fact, Rogers was invited to China, to explain the CDPH data system.

The local health jurisdictions being served by the CHVP are Alameda, Butte, Contra Costa, Del Norte, Fresno, Humboldt, Imperial, Kern, Los Angeles (including a program in Los Angeles Unified School District), Madera, Merced, Nevada, Riverside, Sacramento, San Diego, San Francisco, San Mateo, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama and Yolo counties. There are also several counties that have home visiting programs that are funded by other methods, such as County First 5 Commissions.

It's one of the best returns-on-investment in public health

According to Rogers, the outcome of this program is seen in the lives of the mothers and children served. "It's one of the best returns-on-investment in public health."

For comments or questions on this article, please contact us at newsletter@cdph.ca.gov.