Home Visiting and Early Childhood Systems: Working Together for our Future

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Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Take Home Messages

• We are now witnessing an unprecedented opportunity for improving the lives of next generation of children in our nation with the growing attention to and investments in early childhood

• The word is out that building health and school readiness for the next generation of children requires embracing the same one science of EBCD to mitigate risk and build capacity.

• Early Childhood Systems integration and collective impact remains key to Home Visiting and EC program success
## A OPEC League Table of Child Well-Being

<table>
<thead>
<tr>
<th>Overall well-being</th>
<th>Dimension 1</th>
<th>Dimension 2</th>
<th>Dimension 3</th>
<th>Dimension 4</th>
<th>Dimension 5</th>
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<tr>
<td>Average rank (all 5 dimensions)</td>
<td>Material well-being</td>
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<td>Education</td>
<td>Behaviours and risks</td>
<td>Housing and environment</td>
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Child Developmental Health Trajectories

- 2 - 3% of 0-3 yr. old children received EI under IDEA Part C in 2011/12
- 5 - 6% of 3-5 yr. old children received ECSE under IDEA Part B, Section 619
- 12% of children between 3 and 10 yrs. are diagnosed with any developmental disability
- 16% of teens between 11 and 17 yrs. are diagnosed with any developmental disability
- Mental health disorders emerge in 21% of children between 9 and 17 yrs.

K. Marks, et al, 2015
The Core Story of Child Development

- Early experiences in life build “brain architecture”
- Children develop in an environment of relationships
- Genes and environments interact to shape the architecture of the brain
- Cognitive, emotional and social capacities are inextricably intertwined
- “Toxic stress” derails healthy child development
- Brain plasticity and the ability to change behavior decrease over time

Building Health and Developmental Capacities

- Promoting the healthy early childhood foundations for life course health
- Promoting relational health
- Promoting kindergarten readiness
- Mitigating toxic stress and adverse childhood experiences (ACE’s) effects on health and developmental trajectories
- Strengthening the systems and community supports to address the social determinants of health
DETERMINANTS OF HEALTH

- Quality health care 10%
- Social/Environmental 20%
- Genetic 30%
- Behavior 40%

Social Determinants of Health

The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.

Health Disparities

The unequal burden in disease morbidity and mortality rates experienced by ethnic/racial groups as compared to the dominant group.

Source: Healthy People 2010, US HHS, 2000
Disparities in Early Vocabulary Growth

Health and social problems are worse in more unequal countries

Index of:
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

“Biological Sensitivity to Context”

Genetics
Orchid-Dandelion Hypothesis

- Plasticity hypothesis, sensitivity hypothesis, or differential-susceptibility hypothesis
- Gene x Environment Interactions
- Gene variants (orchid genes)
  - SERT gene – depression/anxiety – 25% population
    - Alleles: S/S, S/L, L/L
  - DRD4 gene – externalizing behaviors and antisocial risk, ADHD, risk – 20% population

“Risk becomes possibility”
“Vulnerability becomes plasticity and responsiveness”

Source: W.T. Boyce, 2008
On average, disadvantaged children (neighborhoods) have poorer outcomes. However, most vulnerable children are in the populous middle class.

Source: C. Hertzman, 2010
Adverse Childhood Experiences (ACEs)

ACEs Questionnaire

- Physical abuse
- Emotional abuse
- Sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect
A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience. ACE reduction reliably predicts a decrease in all of these conditions simultaneously.

Source: Family Policy Council, 2012
Adverse Childhood Experiences Study

Major Findings

• ACE Categories (ACEs) are Interrelated
  • 87% of people with 1 have >1

• ACEs are Common
  • Nearly 2/3 of adults have ≥1; 27% have ≥3; 5% have ≥6

• Accumulation of ACEs Matters
  • Higher # (ACE Score) = higher population risk

• Graded Relationship: Disease, Disability, Social, Productivity

• ACE Scores: Good Proxy Measure Childhood Toxic Stress Dose

• ACEs are the Most Powerful Known Determinant of Health
  • Physical, Mental, Behavioral, Productivity, Disability, & Social Failure

Felitti, V., 2005
Attachment, Child Rearing and Cultural Considerations

2000 Census

• 4% of US households included 3 generations
• 26% of US households had only 1 person
• US babies average 1.8 companions
  • (reflective of the value placed on autonomy/independence)

In contrast:

• Rural Communities in Kenya: infants have on average over 6 companions
• Native Hawaiian preschoolers have on average 17 active caregivers

Rogoff 2003
Attachment, Child Rearing and Cultural Considerations

Number of Household Members by Year

Perry 2002
Optimizing Healthy Development

Addressing the factors shaping health development trajectories over the lifespan

Age

Halfon, 2015
Relational Health
New Protective Interventions

Significant Adversity

Healthy Developmental Trajectory

Supportive Relationships, Stimulating Experiences, and Health-Promoting Environments

Source: Harvard Center on Developing Child, 2012
The Federal Home Visiting Program (MIECHV)

- Section 2951 of the Affordable Care Act of 2010 (P.L. 111-148)
- Amends Title V of the Social Security Act to add Section 511: Maternal, Infant, and Early Childhood Home Visiting Programs (MIECHV)

- $1.5 billion over 5 years
  - $100M FY2010
  - $250M FY2011
  - $350M FY2012
  - $400M FY2013
  - $400M FY2014

- Sustainable Growth Rate (“Doc Fix”)
  - $400M FY2015

- Medicaid Access and CHIP Reauthorization Act (MACRA) of 2015
  - $400M FY2016
  - $400M FY2017
The Federal Home Visiting Program

Tiered-evidence grant design

• Focuses grant dollars on approaches backed by strong evidence...evidenced-based practices

• Encourages innovation so new & effective approaches are discovered

• Examples:
  • The Home Visiting Program
  • Teen Pregnancy Prevention
  • Investing in Innovation (i3)
  • Workforce Innovation Fund
  • Social Innovation Fund
The Federal Home Visiting Program

• Supports Families
  • Evidence based parent support services to address family needs
  • Partnership between parents and home visitors

• Voluntary
  • For families that ask to be empowered with better knowledge, health and parenting

• Evidence-based
  • Built on four decades of rigorous research and evaluation
  • Includes a rigorous national randomized controlled trial evaluation and local evaluations
  • HRSA approved Evidence-based HV models
The Federal Home Visiting Program

• Cost effective
  • HV prevents child abuse and neglect, encourage positive parenting and promotes child development and school readiness
  • Long term reduction of school drop out, teen pregnancy and crime
  • Every $1.00 invested, yields up to $9.50 ROI to society

• Locally designed and run
  • Provides states with maximum flexibility to tailor programs to fit needs of different communities
  • State’s can choose from HRSA”s EB- HV models
  • Programs run by local organizations
The Federal Home Visiting Program

A tiered-evidence and place-based strategy

- Programs are in all 50 states, DC and five territories and 787 counties (2015)
- Programs have provided nearly 2.3M home visits since start of program
- In 2015, states reported serving 145,561 parents and children.
The Federal Home Visiting Program

Provide voluntary, evidence-based home visiting services to improve:

- Prenatal, maternal, and newborn health
- Child health and development, including the prevention of child injuries and maltreatment
- Parenting skills
- School readiness and child academic achievement
- Family economic self-sufficiency
- Referrals for and provision of other community resources and supports
The Federal Home Visiting Program

Who are the families we serve?

Families served by the Home Visiting Program were at risk for poor family and child outcomes:

27% of newly enrolled households included pregnant teens.

20% of newly enrolled households reported a history of child abuse and maltreatment.

12% of newly enrolled households reported substance abuse.
The Federal Home Visiting Program

Poverty Level
79% of participating families had household incomes at or below 100% of the Federal Poverty guidelines and 48% were at or below 50%

Educational attainments
34% of adult participants had less than a high school education and 35% had a high school degree.

Racial and Ethnic minorities
67% of program participants belonged to a racial/ethnic minority.
## State Grantees Selection of Home Visiting Models

<table>
<thead>
<tr>
<th>Evidence Based Model</th>
<th>Number of States Implementing</th>
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<tbody>
<tr>
<td>Healthy Families America</td>
<td>41</td>
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<tr>
<td>Nurse-Family Partnership</td>
<td>40</td>
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<tr>
<td>Parents as Teachers (PAT)</td>
<td>30</td>
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<tr>
<td>Early Head Start</td>
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<tr>
<td>Home Instruction for Parents of Preschool Youngsters (HIPPY)</td>
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<tr>
<td>Healthy Steps</td>
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<tr>
<td>Child First</td>
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<tr>
<td>Family Check-Up</td>
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Federal Home Visiting Program

Annual Number of Participants

- 2012: 34,180
- 2013: 75,970
- 2014: 115,545
- 2015: 145,561

Number of Participants
Federal Home Visiting Program

Annual Number of Home Visits

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Home Visits</th>
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<tr>
<td>2012</td>
<td>174,257</td>
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<tr>
<td>2013</td>
<td>489,363</td>
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<tr>
<td>2014</td>
<td>746,303</td>
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<tr>
<td>2015</td>
<td>894,347</td>
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</table>
Three Types of Measurement

• Quality Improvement
  • Home Visiting Collaborative Innovation and Improvement Network (HV CoIIN)
• Performance & Results Accountability
  • Benchmark and Performance reporting
• Evaluation and Research
  • MIHOPE and MIHOPE-SS
  • Home Visiting Research Network (HVRN)
HV Collaborative Improvement and Innovation Network (CoIN)

Home Visiting Constructs → goals

- Breastfeeding initiation
- Maternal depression management
- Developmental screenings and referrals
- Family engagement and transitions

Source: Institute for Healthcare Improvement, 2013
The Federal Home Visiting Program

Benchmarks

1. Maternal and newborn health
2. Child injuries; child abuse, neglect, or maltreatment; emergency department visits
3. School readiness and achievement
4. Crime or domestic violence
5. Family economic self-sufficiency
6. Coordination/referrals for other community resources
MIHOPE Impact Analysis: Outcomes

Maternal Health
1. New pregnancy after study entry
2. Maternal health insurance

Child Health
3. Number of well-child visits
4. Infant health insurance
5. Any infant ED use

Child Development
6. Behavioral Problems total score
7. Language skills in normal range

Child Maltreatment
8. Frequency of minor physical assault
9. Frequency of psychological aggression
10. Any health care encounter for injury or ingestion

Parenting
11. Quality of home environment
12. Parental supportiveness

Family Economic Self-sufficiency
13. Receiving education or training
The Federal Home Visiting Program

A new standard of care

• Focusing on improving health care and access for mothers, children and families
• Increasing child developmental screening and referral
• Increasing Maternal depression screening, referral and support
• Monitoring child safety and risks for child abuse and neglect
• Providing parenting support and education
• Providing at-risk families with linkages to needed community supports
Accomplishments of 2015

• Macra Reauthorization
• 3rd year data on HV improvement
• Redesign of the HV funding allocation and release of FY16 HV FOA
• Redesign of the HV Data Performance and Outcome Reporting System
• Redesign and release of the new ECCS Impact grant program
“Innovation lies at the intersection between early childhood systems and child health”

Jack Shonkoff, M.D.
Harvard’s Center on the Developing Child
Improving EC Outcomes: Strategies

- Strategic Initiatives
  - State, Local Level
- Place Based Efforts
  - TECCS, Palm Beach County, Magnolia Place
- Practice redesign
  - Help Me Grow
  - Medical Home redesign
- Pathway Re-engineering
  - CoIN
An approach to building early childhood systems

• Population focus
• A place based approach
• Two-generational approaches
• Strengthening capacity for universal services
• Using data to engage the community
• Creating the continuum of family supports including “precision home visiting”

F. Oberklaid, 2015
“….is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, program sand communities in building five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children
Core Features of Two-Generational Frameworks

• Children
  • High Quality Early Education
  • Evidence based home visiting

• Adult
  • Adult post-secondary education (or completion of HS/GED)
  • Sector- and jurisdictional-specific workforce preparation, certification and skill building
  • Economic supports: EITC or asset development
  • Social capital networks, including peers, neighbors, coaches, mentors
  • Parenting supports and high quality child care
  • Attention to health and MH needs and challenges (Toxic stress, ACE’s, executive function, self-regulation skills)

Gruendel, J, 2015
Key features of place-based approaches

• Age span – early childhood to adult – 2-Gen
• Defined geographic area
• Community engagement
• Focus on coordination of service system
• Actions adapted to local needs
• Multilevel approach – simultaneously addressing several etiologically factors that impact children and families (Intervention stacking)
Collective Impact

- Common agenda – shared vision
- Shared Measurement – collecting data and measuring results consistently
- Mutually Reinforcing Activities – differentiating while still coordinated
- Continuous Communication – consistent and open communication
- Backbone Organization – for the entire initiative and coordinate participating organizations and entities

Source: J. Kania and M. Kramer, 2011
Help Me Grow National Network

25 States and Growing!

Alabama
Alaska
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Iowa
Kentucky
Maine
Massachusetts
Michigan
Minnesota
Missouri
New Jersey
New York
Oregon
Puerto Rico
South Carolina
Utah
Vermont
Washington
West Virginia
Wyoming
### PRIMARY DRIVERS

- **Family strengthening** of protective factors
- **Early detection** of vulnerable children
- Linkage of children and families to community-based resources
- **Comprehensive system building** through collective impact
- **Population-wide data collection**
Transforming Early Childhood Comprehensive Systems (TECCS)

Halfon, 2014
Breakthrough for EC Systems Redesign

- State high level and cross-agency leadership
- Indicators, metrics and data driven
- Population based
- Place based and community focus
- Two Generational, integrated approaches
- CQI methodology
- Engaging with the health system
- Integrated data platforms
Collaborations across Early Childhood Systems

- Race to the Top – ELC States
- ECCS (Early Childhood Comprehensive Systems)
- Help Me Grow – 23 affiliates
- Project LAUNCH (SAMHSA)
- TANF, Child Welfare and Trauma-informed systems
- Part C, IDEA
- AAP, child and family health providers and community health centers
- TECCS (Transforming Early Childhood Community Systems)
- Place- Based Initiatives – i.e. Magnolia, Palm Beach Co.
A Vision for Home Visiting and Early Childhood Systems of the Future

- A continuum of home visiting services from universal to “Precision Home Visiting”
- Data and outcome-driven improvements for EC population health by managing risk
- Home Visiting as an extension and driver of the “medical neighborhood”
- Building the ROI and longitudinal data capacity to demonstrate long term impact of HV
- Broadening reach and sustainability of HV: Medicaid reimbursement, Pay-for-Success, etc.
It’s all about….

• Building health, First 1000 Days
• The earliest relationships, their sturdiness and supports
• Breaking the generational transmission of abuse, ACE transmission and toxic stress mitigation
• Partnerships and shared values of communities of all agencies that becomes a collective impact approach
• A culture of quality, measurement and accountability
• Population, community and place-based approaches
• Driving innovation
• Proven, wise and sustainable investments for young children’s future
Contact Information

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