

Survey of Home Visiting in Iowa: Programs and Funding Sources

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This research brief provides an overview of home visiting in Iowa, including a look at the extent to which programs engage families in prenatal months. The brief provides an overview of home visiting's origins in the United States in the 1970s and the development of three prominent national program models. The brief then reviews the growth of home visiting in Iowa, systems created to enhance and evaluate it, and major funding sources. In the final section, the brief details the extent of home visiting services, the extent to which they engage families in prenatal months, and areas for further study and action.

I. The Origins of Home Visiting Programs

Home visitation has its origins at a single site on the island of Oahu in Hawaii in 1975. The program provided home-based parenting education and support to families with newborns thought to be a risk of child abuse and neglect. Paraprofessionals provided education and support for the first three to five years of a child's life, helping parents make community connections, enhance their knowledge of child health and development, improve interactions with their children, and identify a medical home. The program, called Hawaii Healthy Start, soon expanded first to six other Hawaiian islands and then, supported by 1984 legislation, to much of the state.

In the mid-1980s, Prevent Child Abuse America and some of its chapters (including Iowa's) identified Hawaii's program as a possible model for reducing child abuse and neglect. In 1992, PCA America launched a separate home visiting model, called Healthy Families America (HFA).¹ HFA relies on professionals to provide home-based support from prenatal months up through the child's fifth year. As a result of 1992 legislative action, Iowa implemented this model, called Healthy Opportunities for Parents to Experience Success-Healthy Families Iowa (HOPES-HFI), in six counties. The Iowa Legislature expanded HOPES-HFI to ten counties in 1996, and, with financial support from other sources (discussed below), this model is now in 35 Iowa counties.

In 1977, a randomized, controlled project in Elmira, New York took a different approach to providing home-based family support. The Elmira project sought to determine the efficacy of home visitation for mostly low-income first-time mothers, many of whom were teenagers. This two-year effort sought to improve prenatal outcomes, enhance child health and development, and improve family economic self-sufficiency. Unlike the Hawaii program, Elmira employed

¹ After staying under PCA America's auspices for a couple decades, Healthy Families America is now a separate nonprofit supporting over 600 sites in 35 states..

nurses to conduct home visits because of their perceived ability to address pregnancy concerns and child physical health and increased authority.

The initial evaluation of the Elmira program found several positive results for those most at risk, especially unmarried teen mothers. Positive results included fewer child emergency room visits, greater reductions in maternal smoking, and more community connections. Subsequent longitudinal research over more than two decades found even more robust program outcomes for mothers and children – including a reduction in child abuse and neglect, greater income, and improved school performance.

The positive program outcomes led to new project trials in Denver and Memphis, with federal support for further expansion after 1996. The program model, called the Nurse-Family Partnership (NFP), continued to use only nurses for home visits, who engaged first-time mothers from prenatal months through the end of the child's second year. In the 2000s, NFP began a national expansion and now has projects in over 40 states. After its piloting in the Des Moines area approximately ten years ago, NFP has seven sites in Iowa.

A third major home visiting program, Parents As Teachers (PAT), began in Missouri in 1981. PAT parent educators work with families either prenatally or after birth through age three on child development goals, which include preventing child abuse and neglect. Unlike HFA and NFP, PAT is more universally available and less targeted to families most at risk. With Missouri legislative support, PAT expanded in that state and eventually to others. Beginning with the 1998 launch of Iowa's Community Empowerment program (see more below), PAT expanded significantly in Iowa and is now offered in 57 Iowa counties.

An Iowa home visiting program receiving substantial federal funding support is the home-based version of Early Head Start (EHS), which targets low-income pregnant women and families with children from birth to age 3. The EHS model provides early, continuous, intensive, and comprehensive child development and family support services. The home-based option of EHS includes weekly 90-minute home visits and group socialization activities for parents and their children. Home-based or combination home- and center-based EHS programs are in over 35 Iowa counties.

Besides these four program models, several others receive financial support in Iowa because they have shown their effectiveness or have had promising evaluation results.

II. History of home visiting in Iowa

The Iowa Chapter of the National Committee to Prevent Child Abuse (now Prevent Child Abuse) directed the 1992 implementation of Iowa's Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa (HOPES-HFI) program. The 1996 Legislature expanded the program to ten sites, all of which needed to match their state grant with local funding. A major expansion of home visiting followed two years later with the Iowa Legislature's creation of the Community Empowerment program, supporting families with children from birth to five years old. Now called Early Childhood Iowa (ECI), the program is statewide, with all local sites investing in home visiting, including the HFA and PAT models and multiple others found to be evidence-based or promising.

Following is a history of further developments in home visitation and family support efforts at local and state levels:²

- In 2005, IDPH developed the Family Support Leadership Group under the ECI umbrella to create and coordinate the family support system in Iowa within the larger early childhood framework. Iowa has been recognized at the national level and asked to present our successful story multiple times at the national and international levels.
- In 2007, at the direction of the Iowa Legislature, the Iowa Family Support Standards and the Iowa Family Support Credentialing project were implemented as a pathway for locally developed models to adhere to research-based practices. Both the Standards and the Credential were codified in 2012.
- In 2010, IDPH received Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds to expand evidence-based home visiting to targeted communities. Iowa chose to invest in four evidence-based models: Healthy Families America, Home-Based Early Head Start, Nurse Family Partnership, and Parents as Teachers. The IDPH state home visitation director also became the family support policy advisor to Early Childhood Iowa, assisting in coordination and alignment between these two major funding streams.
- In 2011, IDPH created the home visiting unit within the Bureau of Family Health, recognizing the integral role of statewide coordination, policy development, and administration of nearly \$10 million dollars of home visiting funds.
- During the 2012 Legislative session, the PEW Charitable Trust sponsored a home visiting campaign that led to legislation requiring that, by 2016, 90 percent of all family support funding be expended on programs meeting the definition of evidence-based or promising. Iowa exceeded the target by 2015.

² Much of this history comes from a recent paper prepared by Iowa's State Home Visitation Director, Janet Horras.

- In 2014, ECI-funded Family Support programs joined the IDPH family support data system.
- In 2018, IDPH was charged with completing an updated needs assessment to determine the family support needs of Iowa families.

III. Financial Support for Home Visitation

Home visiting in Iowa has several different funding sources supporting evidence-based or promising models; most counties offer at least two options to address family needs. Table 1 (next page) summarizes the funding committed for home visiting in fiscal year 2019 from four major state-level programs. Here is a brief summary of these sources and their administration:

The Iowa Department of Management administers the **Early Childhood Iowa (ECI)** program with funds and supports local ECI boards that offer a range of family support and child care services for families with children from birth to five years old. The specific models receiving the most ECI support are HFA (in 26 counties) and Parents As Teachers (in 53 counties).

The Maternal and Child Health Division of the Iowa Department of Public Health manages the state's **Maternal, Infant, Early Childhood Home Visitation (MIECHV)** program. Iowa receives an annual appropriation from the federal MIECHV program, which is authorized through 2022. The annual appropriation is extensive – sometimes exceeding \$7 million – and supports both individual home visitation projects and efforts to strengthen Iowa's family support efforts.³

Since its inception in 1982, the **Iowa Child Abuse Prevention Program (ICAPP)** has been administered by Prevent Child Abuse Iowa. Through ICAPP, local child abuse prevention councils receive grants to offer crisis child care, home visitation, parent education, and sexual abuse prevention services. ICAPP funding comes from two state appropriations, a state income tax checkoff, and three federal funding sources.⁴

The Iowa Department of Public Health administers the **Healthy Opportunities for Parents to Experiences Success – Healthy Families Iowa (HOPES-HFI)** program. The Iowa Legislature has provided largely level funding for HOPES-HFI since its 1996 expansion.

³ The federal MIECHV program is also committed to ensuring the effectiveness of home visiting programs. To further that goal, MIECHV launched the Home Visiting Evidence of Effectiveness review, <https://homvee.acf.hhs.gov/>.

⁴ The Iowa Legislature annually appropriates funding for child sexual abuse prevention projects and distributes revenue raised through birth certificate fee payments. Federal funding comes from Promoting Safe and Stable Families, Temporary Assistance for Needy Families, and Community-Based Child Abuse Prevention grants. According to PCA Iowa's ICAPP program director, federal funding covers 87 percent of the cost of home visiting grants.

**Table 1
Home Visitation Funding and Counties Served**

Program Models	HOPES/HFI		MIECHV		Early Childhood Iowa		ICAPP		Total Funding	
	Funding	No. of counties	Funding	No. of counties	Funding	No. of counties	Funding	No. of counties	Funding	No. of counties
Healthy Families America	\$734,841	9	\$4,450,752	12	\$1,747,951	26	\$321,421	8	\$6,933,591	55
Parents As Teachers			\$853,569	8	\$4,220,926	53	\$288,171	9	\$5,074,556	70
Nurse-Family Partnership			\$914,538	4	\$39,965	2			\$954,509	6
Other EB or Promising					\$6,325,301	46			\$6,325,347	46
Non-EBP or Promising					\$168,413	4			\$168,417	4
Totals	\$734,841	9	\$6,218,859	24	\$12,502,556	131	\$609,592	17	\$19,456,420	181

Some Iowa families receive home visiting support through a version of the federal Early Head Start (EHS) program, which has both a center- and home-based model. The home-based model is recognized as an evidence-based home visitation model by federal MIECHV officials. Approximately half of the \$12 million-plus Iowa receives in Early Head Start funding goes to sites offering the home-based model. The state MIECHV program also provides \$400,000 in funding to a home-based EHS program in one county (Black Hawk).

IV. Service Figures

In Fiscal Year 2018, local projects supported by these four funding sources served this number of families:

- ECI: 8,565
- MIECHV: 722
- ICAPP: 235
- HOPES-HFI: 533

In addition, approximately half of 1,544 families receiving EHS services were served through the home-based model.

V. Prenatal engagement

Most nationwide home visiting programs seek to enroll families in the prenatal months. At its inception in Elmira, the NFP model called for prenatal engagement, with activities and goals tied to that. PAT has sought to engage in the prenatal months, with goals for such efforts.

MIECHV and HFA have goals tied to prenatal engagement, including a reduction in premature births.

In an interview last June, Kathryn Harding and Kate Whitaker, senior research and training staff for the national Healthy Families America program highlighted prenatal engagement's importance to healthy child development. They observed that babies develop attachment patterns in the first several months of life, and these early patterns provide a world view that may follow them for life. If their experience with primary caregivers is loving, nurturing, and predictable, children grow up believing that people are predictable and that the world will respond to them. If their primary caregivers are neglectful or harmful, babies grow up fearing others, expecting people to hurt them, and viewing the world as unsafe and unresponsive.

In fiscal year 2017, 33 percent of HV families were enrolled in prenatal months, according to the Iowa Family Support Impact Project Technical Report.⁵ While noteworthy, this figure leaves room for improvement, especially given the goal of models – especially HFA and NFP – to enroll families in the prenatal months.

Review of specific site and model data, instead of a single statewide figure, could help target prenatal engagement efforts. Funding sources or administrators could also provide incentives for prenatal engagement.⁶

Overall awareness efforts by program administrators and decisionmakers could be helpful. These efforts could be furthered by data showing the efficacy of prenatal engagement. There is limited research on prenatal home visiting's impact on birth outcomes, such as reducing preterm births. Iowa's MIECHV office is contracting with Iowa State University to link enrollment data to birth records to determine whether home visiting services are associated with a lower rate of preterm deliveries. When available, this research could provide strong support for prenatal engagement.

⁵ This report is available at http://iowafamilysupportimpact.org/wp-content/uploads/2017/12/Iowa_Impact_Technical_Report.pdf.

⁶ For instance, HOPES-HFI sites have financial incentives to meet prenatal engagement goals.