

NORTH CAROLINA & HOME VISITING

Task Force on Early Childhood Obesity Prevention

North Carolina Institute of Medicine

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NORTH CAROLINA
Maternal, Infant and Early Childhood
Home Visiting Program

Home visiting



- Services provided by qualified professionals in the home to parents from pregnancy through birth and early childhood
- Relationship-based



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Home Visiting Program

Home visiting outcomes

- Outcomes supported by home visiting include:
 - Maternal Health
 - Child Health
 - Family Economic Self-Sufficiency
 - Positive Parenting
 - Child Development & School Readiness
 - Juvenile Delinquency, Family Violence & Crime Reduction

Pew Center 2010



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Home Visiting Program

Home visiting pre-MIECHV

- Network of various home visiting models across North Carolina with varying funders, expectations, scaffolding and infrastructure
- Strong public and private support for home visiting programs
- The Alliance for Evidence-based Family Strengthening Programs



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Patient Protection and Affordable Care Act

...the Secretary shall make grants to eligible entities to enable the entities to deliver services under early childhood home visitation programs that satisfy the requirements of subsection (d) to eligible families in order to promote improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development outcomes, school readiness, and the socioeconomic status of such families, and reductions in child abuse, neglect, and injuries.

Social Security Act, P.L. 111-148, §2951



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Home Visiting Program

Maternal, Infant, and Early Childhood Home Visiting Program

- Designed to:
 - Strengthen and improve Title V programs and activities
 - Improve coordination of services for at-risk communities; and
 - Identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.
- North Carolina formula grant awards (2010 – 2015):
 - 2010-2011: 2.2 million
 - 2011-2012: 3.2 million



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Evidence-based home visiting

- Funding reserved for one or more evidence-based home visiting models.
 - Mathematica Home Visiting Evidence of Effectiveness (HomVEE) Project: <http://homvee.acf.hhs.gov/Default.aspx>
- North Carolina supports models with significant history in the state:
 - Nurse-Family Partnership (8)
 - Healthy Families America (7)
 - Parents as Teachers (88)
 - Early Head Start/Home Based Option (25)



North Carolina MIECHV Program



- **Vision:** All children will grow up in environments that are safe and supportive, and that promote each child's physical emotional, cognitive and behavioral health
- **Goal:** Coordinate an effective statewide planning and implementation system through a strong alliance with key partners
- **Advisory Group:** Early Childhood Advisory Council



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Home Visiting Program

NC MIECHV Timeline

- September 2010: State Needs Assessment; Initial Award
- June 2011: State Plan submitted
- September 2011: Award received
- January 2012: Sites funded



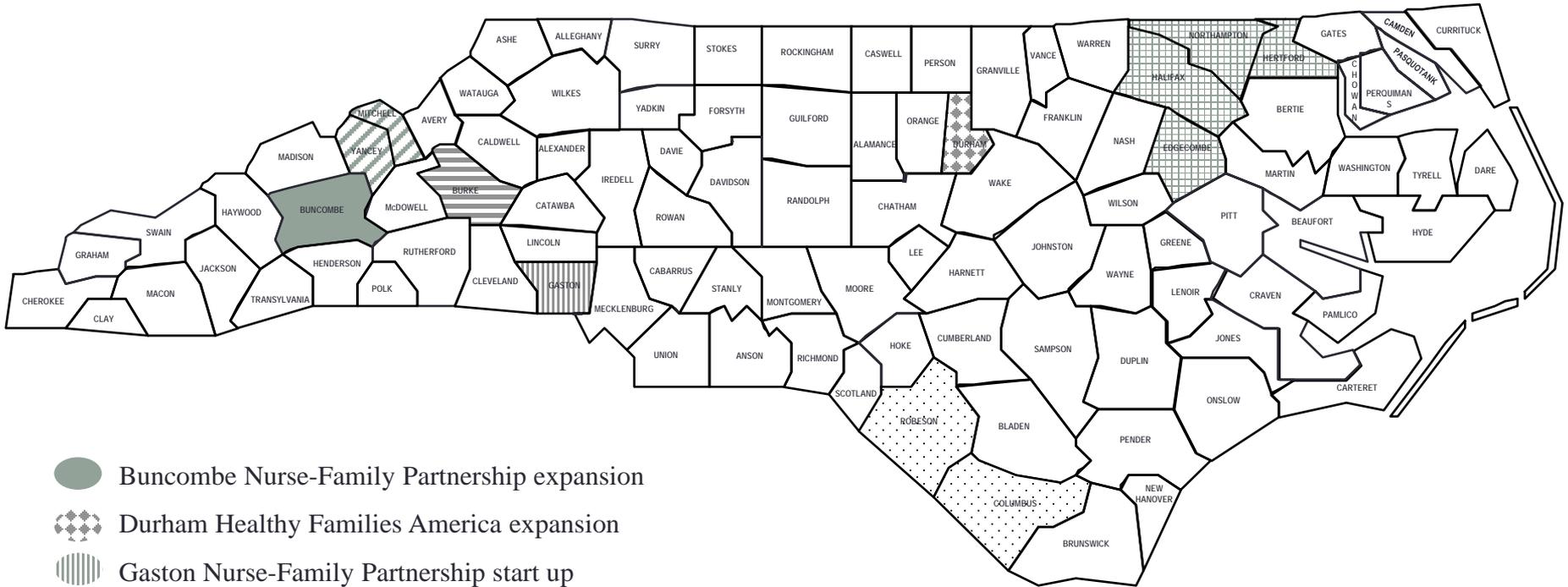
NC MIECHV: Installation

- **Assessing feasibility and understanding need**
 - **State:**
 - Home visiting within the state's comprehensive early childhood system?
 - Sustainability
 - Stakeholder input and feedback
 - **Local:**
 - RFP Process
 - Site visits



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MIECHV Funded Sites



-  Buncombe Nurse-Family Partnership expansion
-  Durham Healthy Families America expansion
-  Gaston Nurse-Family Partnership start up
-  Northampton, Halifax, Hertford & Edgecombe Nurse-Family Partnership start-up
-  Toe River (Mitchell & Yancey counties) Healthy Families America start-up
-  Robeson & Columbus Nurse-Family Partnership expansion
-  Burke Healthy Families America expansion



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Healthy Families America



- **Population:** HFA requires that families be enrolled prenatally or at birth. Services can be offered through the child's fifth birthday.
- **Frequency of visits:** Weekly home visits, beginning prenatally or within first three months after a child's birth and continuing through the first three to five years of life. After the first six months, visits might be less frequent.
- **Home visitor:** Family Support Workers are selected based on their personal characteristics and willingness to work in culturally diverse communities.
- **Home visitor: Client ratio:** One FSW serves no more than 15 families receiving weekly visits or 25 families receiving less frequent visits.
- **Curriculum:** No curriculum provided. Use of evidence-based curriculum encouraged..



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Nurse-Family Partnership



- **Population:** First-time, low-income mothers
- **Frequency of visits:** Home visits begin early in the woman's pregnancy (no later than the 28th week of gestation) and conclude when the woman's child turns two years old.
- **Home visitor:** Nurse home visitors are bachelor's level nurses, supervised by a master's prepared nurse.
- **Home visitor: client ratio:** A full-time nurse home visitor carries a caseload of no more than 25 clients.
- **Curriculum:** Nurse home visitors must follow visit-by-visit guidelines; they are instructed to adapt these guidelines to meet the individual needs of families.



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Implementation: Program Activities

- Training
 - Semi-annual MIECHV funded site meetings
 - Facilitate model training when necessary
- Technical Assistance
 - Implementation
 - Future: Quality Improvement & Data usage
- Data collection:
 - Federally mandated benchmarks
 - Use of validated screening tools for benchmarks



Home Visiting & Continuum of Care

- Community Collaboration:
 - Pregnancy Medical Home/Ob Case Management
 - CC4C
 - Medical home
 - Early childhood providers:
 - Childcare
 - Early intervention
 - Other transitional and/or support services



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Home visiting & Obesity

- Prevention:
 - Education and support:
 - Smoking
 - Breastfeeding
 - Supplemental feeding
 - Nutrition
 - Physical activity
 - Sleep
 - Screen time
 - Connection to medical home:
 - Diabetes/gestational weight gain management



Home visiting & Obesity



- Intervention
 - Growth monitoring
 - Encouraging physical activity
 - Infant & toddler nutrition
 - Collaboration with medical home and other care providers



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Next steps

- Sites at full capacity within a year from funding
- Ongoing training and TA
- Federal data collection
- Identify further funding opportunities for infrastructure development



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