Home Visiting

Phone: 1-800-383-3826 or 515-229-9976
www.idph.state.ia.us/hpcdp/family_health_support.asp

Promoting & Protecting the Health of Iowans

IDPH Iowa Department of Public Health

"The parent educator saw me when I was still in the hospital after giving birth to my child. They detected a delay in my child that I didn't know about and were able to get us the help we needed. Without them, I don't know where we would be." *Delaware County Parent*

Did you know?

- 72% of children served by a family support program were screened for developmental delays in 2013, an increase of 3% from 2012.
- Only 4% of HOPES-HFI families had confirmed cases of child abuse in 2013, down from 7% of families in 2004.
- Research shows that the most rapid brain development occurs before age five, when children's brains develop 700 synapses—neural connections that transmit information—every second. Early traumatic experiences can damage those connections. Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities, and more successful interpersonal relationships, into adulthood and beyond.

Why are Home Visiting programs important to promoting and protecting the health of Iowans?

- **Lower health costs:** The Healthy Families America program helped reduce the incidence of low birth weight, which is associated with costly short- and long-term health problems such as high blood pressure, cerebral palsy, and lung disease, as well as other poor outcomes for children.
- **Better health outcomes:** One home visitation program has been shown to reduce abuse and neglect—two early indicators of long-term health problems—among children of low-income, high-risk mothers by 48 percent. Adults who experienced childhood abuse and neglect are more likely to suffer from a range of physical problems, including arthritis, asthma, and high blood pressure.
- **School readiness and workforce preparation:** At-risk children who participated in one high quality, home visiting program had better cognitive and vocabulary scores by age six and higher third-grade scores in math and reading than the control group. At-risk toddlers who participated in another voluntary home visitation program were 42.5 percent more likely to graduate from high school than their peers who did not participate.

Which Iowa Public Health Goals are we working to achieve?

Promote healthy behaviors

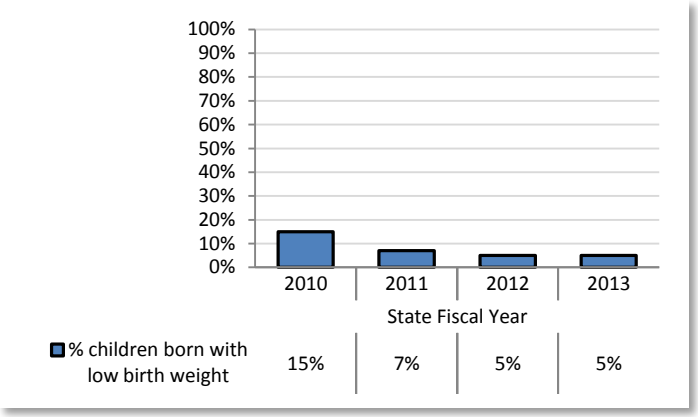
Prevent injuries

What do we do?

The Maternal Infant Early Childhood Home Visiting (MIECHV) program is responsive to the diverse needs of children and families in communities at risk and provides an opportunity to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Home visiting is one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, strong parent-child relationships, and promotes responsible parenting among mothers and fathers.

How do we measure our progress?

❶ Percent of children in the HOPES-HFI program born at a low birth weight.



Data Source: HOPES - HFI Service Reports. Data are available annually.

How are we doing? Pregnant mothers who received a home visit during the first four months of their pregnancy had 75% fewer lower birth weight babies than those who didn't receive a visit. At-risk families enrolled in the HOPES-HFI program have shown steady progress in ensuring that enrolled pregnant women are getting into prenatal care and receiving prenatal care at regular intervals resulting in more children born at healthy birth weights.

What can Iowans do to help?

1. Go to www.earlychildhoodiowa.org and the parent's page (www.earlychildhoodiowa.org/parents/index.html) to learn more about the Early Childhood Iowa projects.
2. If you have a concern about a child's development, make a referral to Early ACCESS by calling 1-888-IAKIDS1 or an email to earlyaccessia@vnsdm.org.
3. All Iowans can support and encourage funding for quality evidence-based early childhood programs.

Expenditures

General fund, federal funds, & intra state receipts*: K05-0559; 0153-0560/ 0568.

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	$735,208	$794,109	$734,841
Federal funds	$577,109	$4,171,239	$7,312,383
Other funds*	$262,715	$334,640	$218,450
Total funds	**$1,575,032**	**$5,309,988**	**$8,265,674**
FTEs	2.40	4.48	5.30

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.

Iowa Department of Public Health ◆ Division of Health Promotion & Chronic Disease Prevention ◆ Home Visiting
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