



# PLANNING FOR HOME VISITING: RESULTS AND IMPLICATIONS FROM A RECENT NEEDS ASSESSMENT

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the Whole Child” Conference

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## Our Mission

Child Trends seeks to improve outcomes for children by providing research and analysis to the people and institutions whose decisions and actions affect children:

- Programs that serve children and families
- Policy makers
- Foundations and philanthropists
- The media

## What We Do

- Track & analyze trends and identify emerging issues
- Evaluate programs and policies
- Provide data-driven, evidence-based guidance on policy and practice
- Design, field, and analyze surveys
- Design and conduct qualitative studies
- Summarize, synthesize and communicate research literature
- Help inform the nation's research agenda for children

## Child Trends' Expertise

Our researchers work in a wide range of issues and areas:

- Early childhood development
- Youth development
- Education
- Health and mental health
- Child welfare
- Fertility
- Family structure
- Fatherhood
- Marriage
- Indicators
- Evaluation
- Qualitative studies

## Some Background . . .

- **Child Trends is one of the contracted providers of technical assistance to the 56 states and jurisdictions that have each received federal grants to expand home visiting services.**
- **All grantees are required to submit needs assessments and plans that will inform their activities in implementing home visiting services.**

## Some background . . . (continued)

### State Plans to include:

- **Identification of at-risk communities, and their particular strengths, needs, and existing services**
- **Home visiting services proposed to be implemented (must use one or more of 7 approved models, or a “promising approach”)**
- **Infrastructure available to support the program**
- **Plan for collecting “Benchmark” data**

## Benchmark Areas

- **Improved Maternal and Newborn Health**
- **Child Injuries, Child Abuse, Neglect, or Maltreatment, and Reduction of Emergency Department Visits**
- **Improvements in School Readiness and Achievement**
- **Crime or Domestic Violence**
- **Family Economic Self-Sufficiency**
- **Coordination and Referrals for Other Community Resources and Supports**

## Grantees collect data on multiple Constructs under each Benchmark

- **Data must be collected on all Constructs under all Benchmark areas**
- **Data will be collected for enrolled families only (census, or sample)**
- **Grantees must demonstrate, by the end of 3 years, improvement in at least 4 Benchmark areas, defined as improvement on at least half the constructs in a given Benchmark area**
- **Permissible measures for Constructs can be outcome *or* process measures**



## Grantees must also engage at-risk communities

- **As part of that process, and in line with other plan requirements, we analyzed data from two surveys undertaken in 2010**
  - A survey of recipients of prenatal and well-child clinic care
  - A survey of parents using clinic services for children with special health care needs

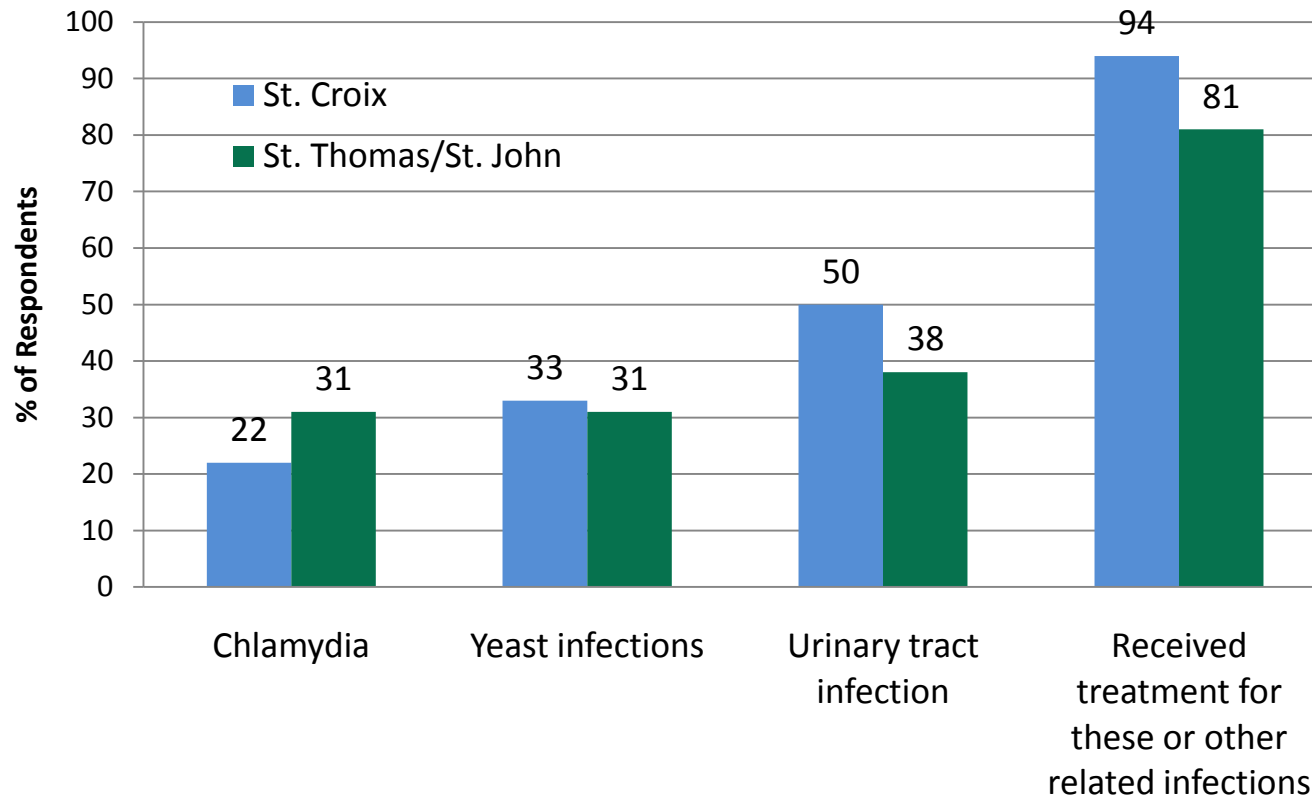
## Child Trends was also asked:

- To assess how well these survey data match Benchmark/Construct requirements
- To provide recommendations about improving data system capacity to monitor early childhood well-being and program performance

## Analysis of the *Prenatal Health and Well Child Survey*

- **About 350 surveys completed**
- **55% from St. Croix; 45% from St. Thomas/St. John**
- **For St. Croix, about 1/3 represent households with annual incomes less than \$5,000; for St. Thomas/St. John, about 1/5.**
- **About half of respondents (48%) reported they began prenatal care during the first 13 weeks of pregnancy; 7% did not begin care until the last trimester of pregnancy.**

## What infections were you told you had?



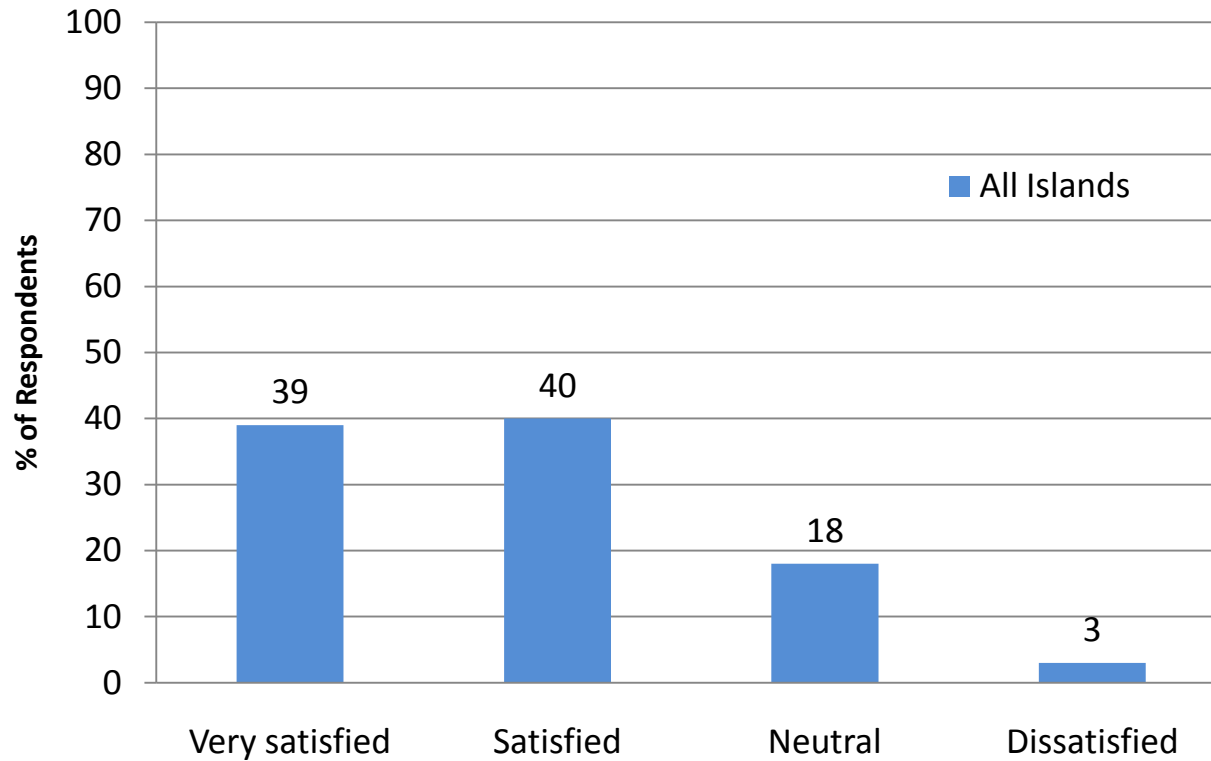
## Analysis of the *Prenatal Health and Well Child Survey* (continued)

- **Most (90%) reported the health care worker spoke with them about good nutrition**
- **About 70% received testing for diabetes**
- **About 90% were advised about the dangers of drinking alcohol during pregnancy**
- **70% (St. Thomas/St. John) to 88% were asked about smoking during pregnancy**
- **Breastfeeding was discussed for 71% (St. Thomas/St. John) to 82% (St. Croix)**
- **30% (St. Thomas/St. John) to 40% (St. Croix) were informed about assistance and support for domestic violence**

## **Analysis of the *Prenatal Health and Well Child Survey* (continued)**

- **About 2/3 of respondents had health insurance coverage**
- **1/5 (St. Croix) to 1/3 (St. Thomas/St. John) said they could not afford to pay for visits**

## How satisfied are you with the care you received during this pregnancy?



## ***Analysis of the Children with Special Health Care Needs Survey***

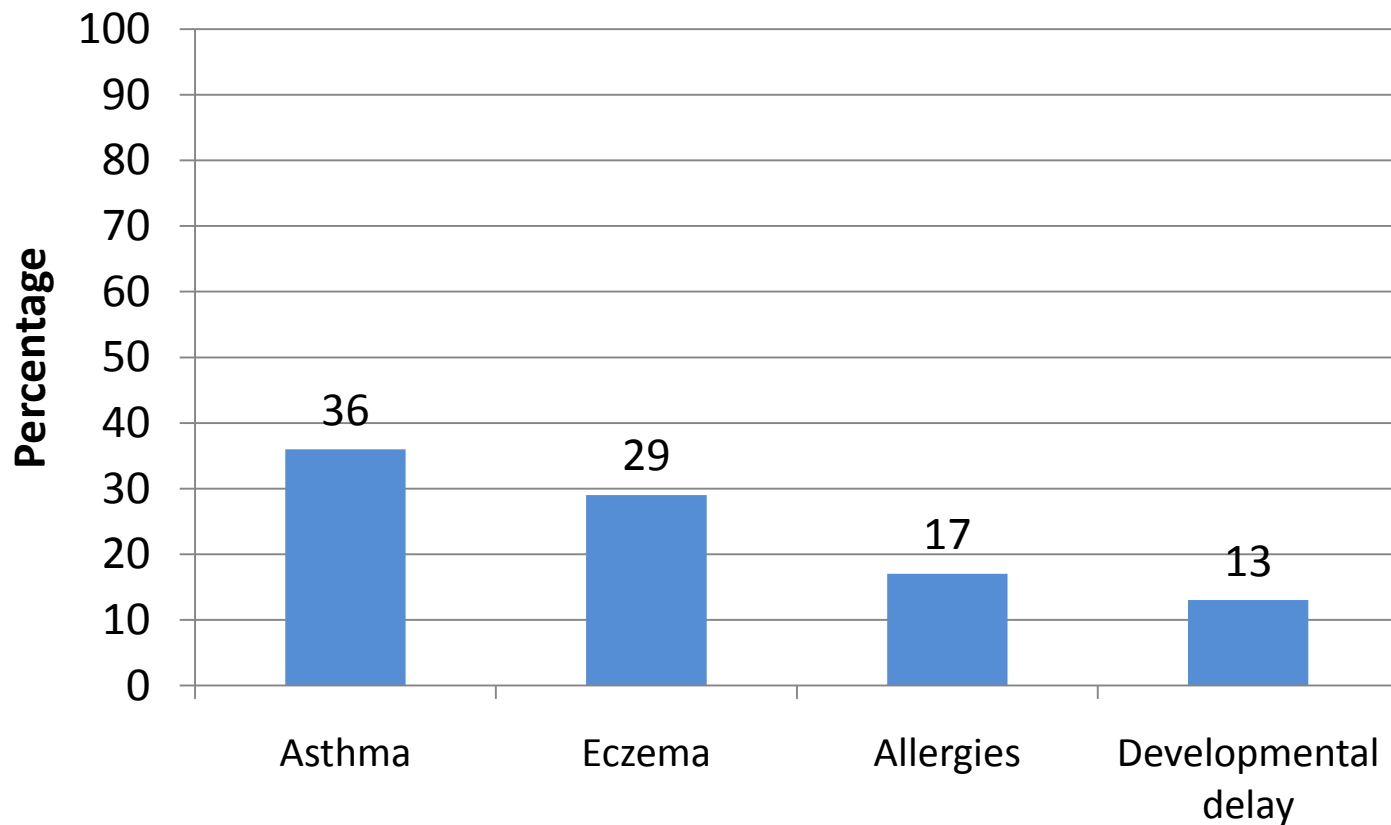
- **About 650 surveys completed**
- **59% from St. Croix; 41% from St. Thomas/St. John**
- **About 35% reported a household income of less than \$10,000; 30% had incomes between \$10,000 and \$30,000**
- **About 40% reported their child was uninsured during the year prior to the survey**
- **39% (St. Croix) to 55% (St. Thomas/St. John) of parents reported not having adequate information about their insurance plan**



## ***Analysis of the Children with Special Health Care Needs Survey*** (continued)

- **More than three-quarters of parents (77%) reported their child's health was "excellent" or "very good"**
- **About half (47%) said their child's needs were "demanding," and 22% felt they were "somewhat demanding"**

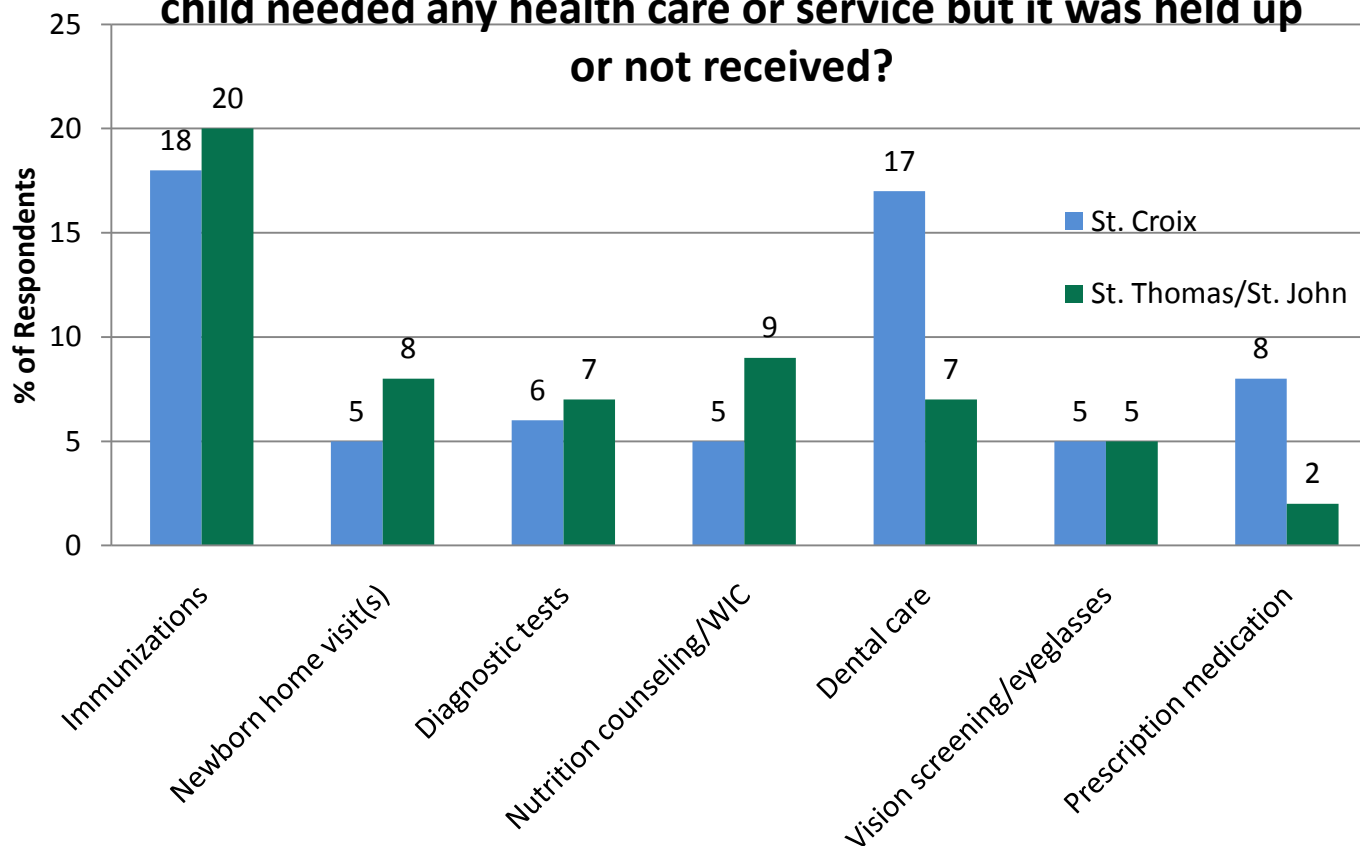
## Most Commonly Reported Conditions



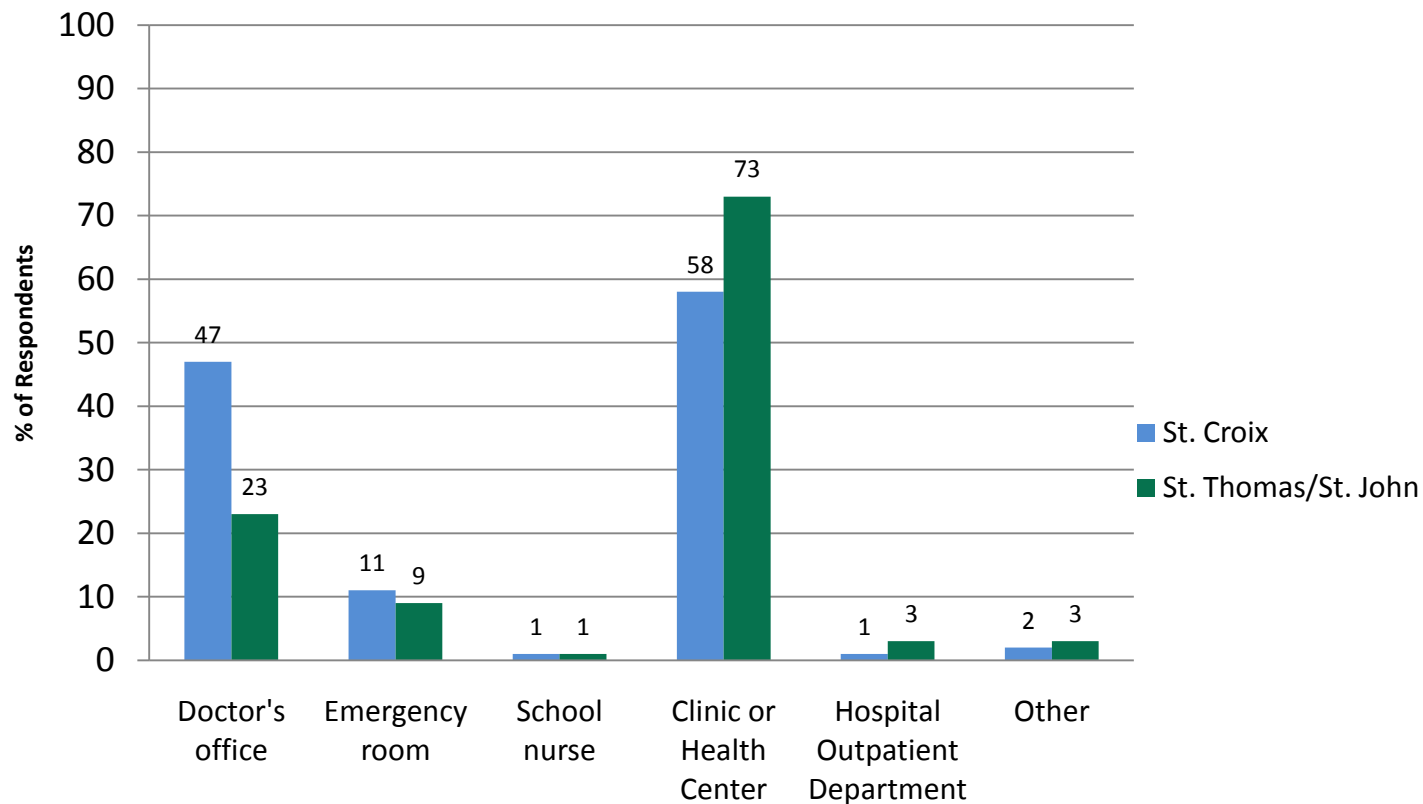
## ***Analysis of the Children with Special Health Care Needs Survey*** (continued)

- **About two-thirds had visited the doctor 1-4 times in the past year**
- **About three-quarters did not need a referral for services; of those who did, about three-quarters received them**
- **The services most commonly “held up” were immunizations (19%), and dental services (13%)**
- **Most respondents (59%) thought services were usually or always easy to use; but 10% said they were “never” easy to use**

## During the past 12 months, was there any time when your child needed any health care or service but it was held up or not received?

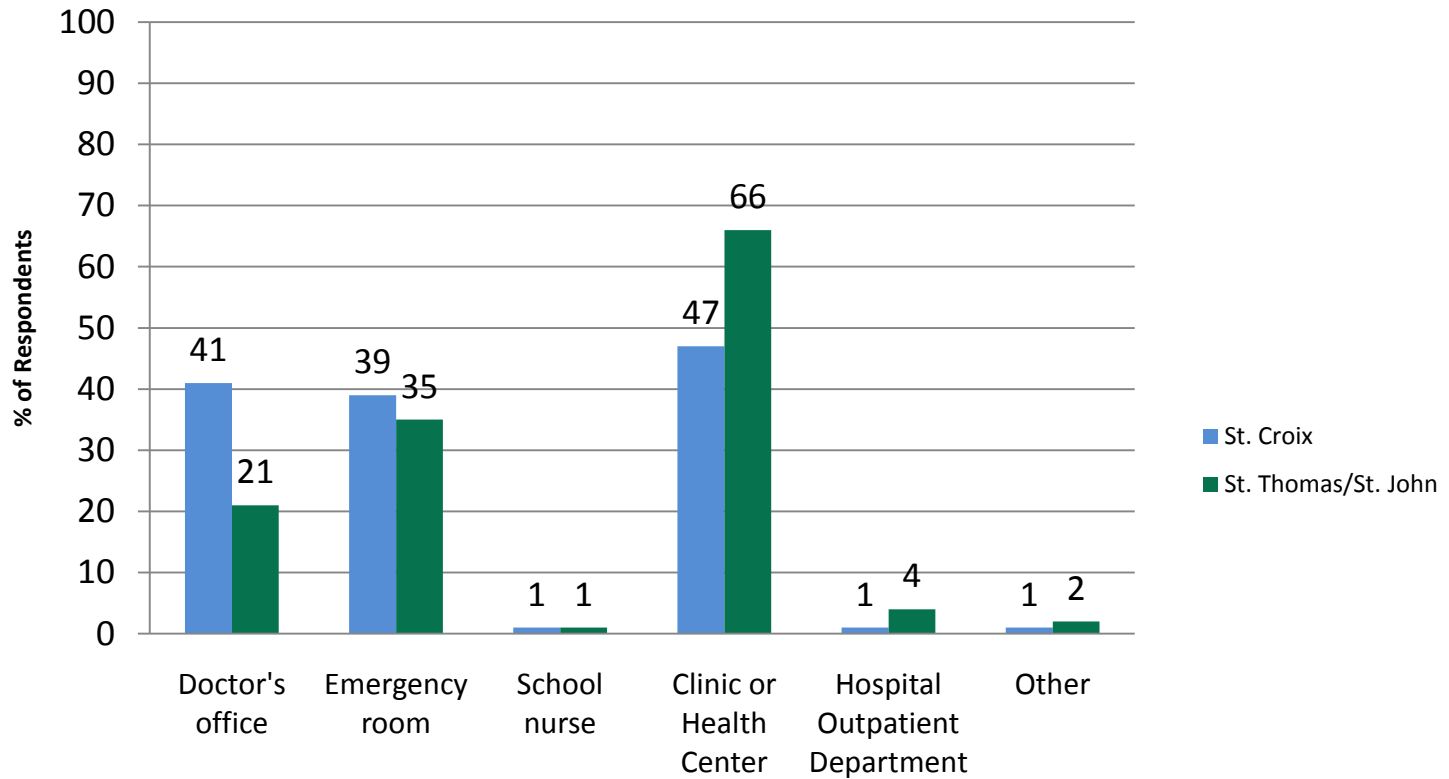


## Where do you take your child when you have questions about their health?

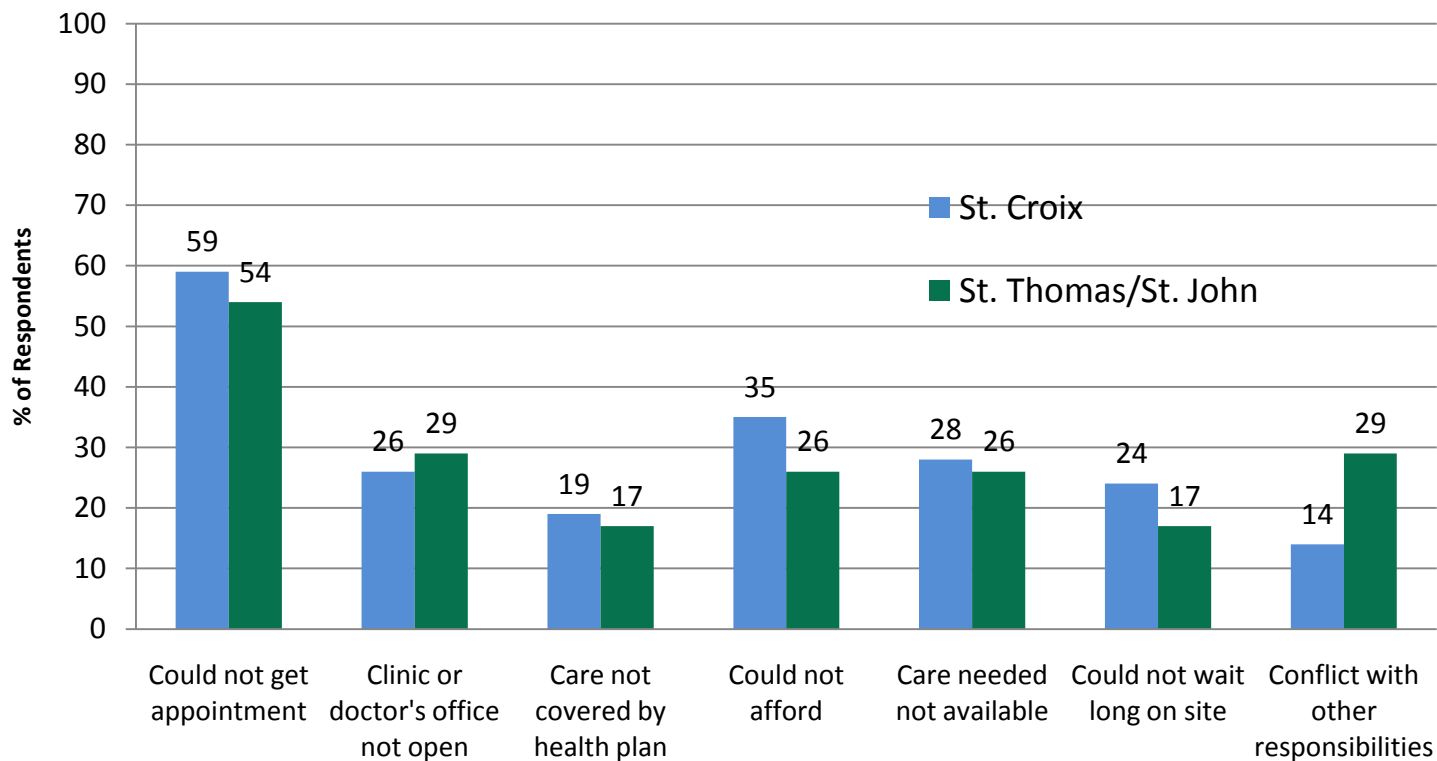


\*Responses are not mutually exclusive and therefore, totals will equal more than 100%

## Where do you go when your child is sick?



## Check the top 5 reasons why service was delayed or not received.

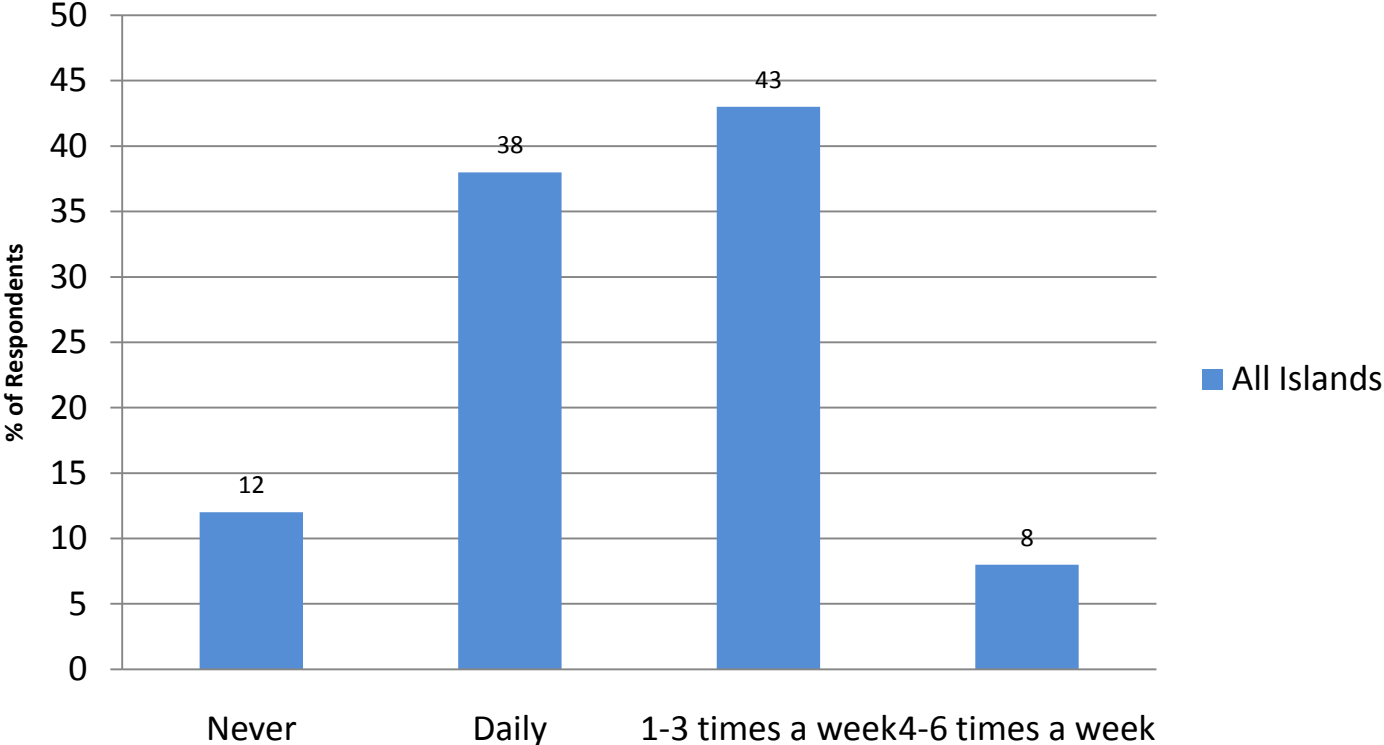


## ***Analysis of the Children with Special Health Care Needs Survey*** (continued)

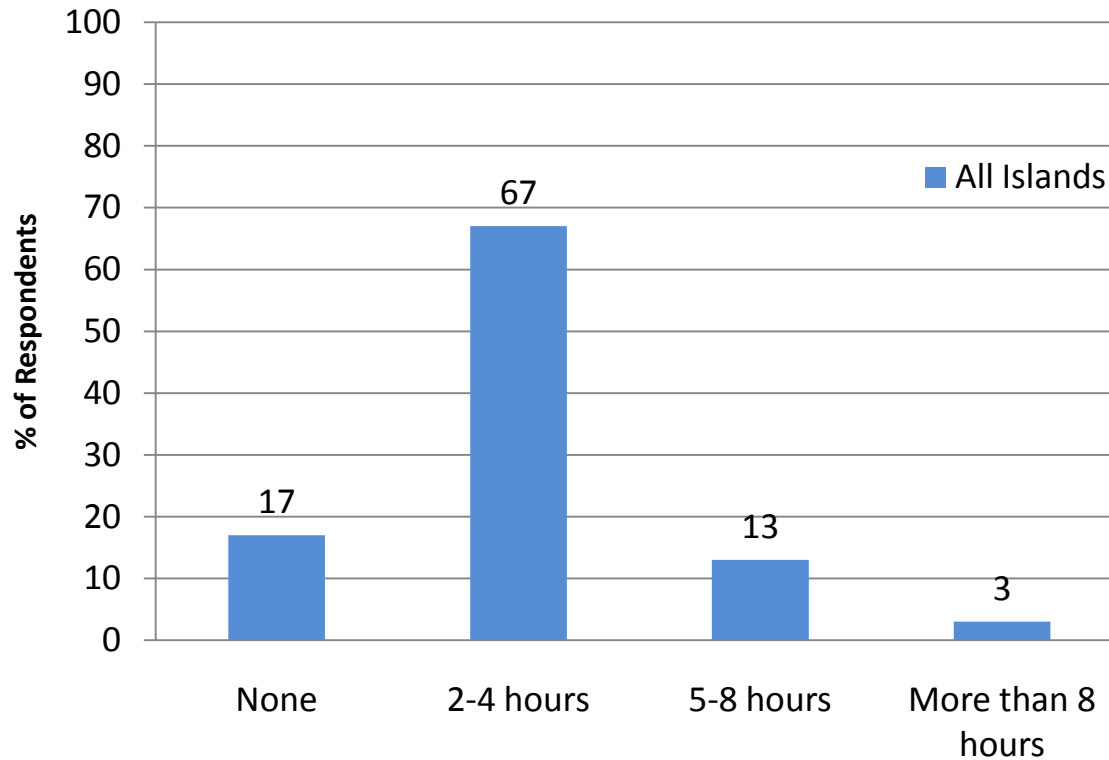
- **About two-thirds (St. Croix) to three-quarters (St. Thomas/St. John) of respondents reported their health care provider talked to them about the importance of reading to their child**
- **About 40% reported being told about home smoke detectors**
- **About half were given a poison-control number**



# How often do you read to your child who is between 1-5 years old?



## How many hours does your child spend watching TV a day?



## To consider in choosing a data system

- **Storage**
- **Data Security**
- **Cost**
- **Features**
- **Ease of Use**
- **Inter-operability**



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