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Tomorrow's Child

GENERAL

Healthy Mothers Healthy

Babies of Michigan

Maternal-Newborn Nurse

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Testimony provided to House Families, Children and Seniors Committee on Home Visiting and House Bill 5572 (Powerpoint presentation attached)

Good morning, my name is Amy Zaagman and I am the executive director of the Michigan Council for Maternal and Child Health. For almost 30 years, the Council has represented a unique partnership of organizations invested in maternal and child health with a public health perspective and a focus on prevention.

We are deeply grateful to Chairman Kurtz for this opportunity to share background information with you about home visiting and voice our support for House Bill 5572.

What is home visiting? Home visiting is a method of service delivery that is voluntary and primarily based in the home. It pairs new and expectant families with trained professionals who provide education, coaching and support during pregnancy and throughout their child's first five years. There are different "models" of home visiting with different goals, methods and target audiences - usually impacting a portion of the time span I just mentioned.

Different risk factors such as a low-income household, Medicaid eligibility, first-time pregnancy, history of poor birth outcomes, single-parent household - and a variety of others factors depending on the program model - make a family a candidate for home visiting. Referrals to the programs can happen in any number of ways, but often are a result of interaction with another professional, such as a nurse or physician, or as a function of enrollment in Medicaid for a pregnant woman.

Why is home visiting important? Home visiting is critically important to address a number of early childhood indicators at which Michigan needs to do better for our children and families. Home visiting programs specifically seek to help parents and families succeed at their most important job: supporting the health, safety, social emotional well being and proper development of their children.

Home visiting models that work with pregnant women to improve their health and safety during pregnancy have been shown to improve birth outcomes by reducing the level and occurrence of premature deliveries and reducing the percentage of low-birthweight infants. Caring for low-birthweight and premature infants is far more costly - take the Michigan Medicaid reimbursement for the average nursery stay for a preemie at over \$36,000 compared to \$985 for an infant with no complications. NICU stays can run upwards of \$2 million in the most severe cases. Dr. Kahn, a March of Dimes volunteer will speak in a few minutes and share more with you about how we can do better for our babies.

Low-birthweight infants born prematurely are at the highest risk for infant mortality or death within the first year of their life, but they are not the only ones. Working with parents to properly care for their infants when they return home is also a critical component of home visiting models targeted at this age range. Teaching proper care and handling of both medically fragile and otherwise healthy infants has been shown to have an impact on both neglect-related and accidental death.

And as I am sure you would rather not be reminded, Michigan ranks 39th in the country with an infant mortality rate of 7.7 per 1,000 live births. We have an atrocious disparity in our rates with African American infants dying at three times the rate of white infants.

The earliest home visiting models also work to help a new mom stay healthy too – monitoring her health, stress level and need for support leading up to and after birth. You may not know that Michigan is 50th in the country, ahead of only Washington DC. for our maternal mortality rate. More women die in this state during pregnancy or in the year following a baby's birth than in any other state.

Michigan has lost ground in the last decade in the fight against child abuse and neglect. In the 2011 Kids Count report, Michigan had a 34% reported increase over the past decade. We need to find methods like home visiting with the research and evidence to prevent abuse. As you will hear from two experts in law enforcement, if we do nothing to help parents at risk than we will continue to pay – in both human and economic terms.

Home visiting is important to a child's success in school. We have begun to discuss our education system as a "P-20" system – whether that "P" means "prenatal" or "preschool," it does mean that we have to focus on whether kids are ready to learn when they enter elementary school. A number of home visiting models are aimed at increased literacy, school readiness and cognitive learning ability to ensure that kids are ready to succeed.

Clearly having children enter school better able to learn and excel has downstream economic benefits for the state as each of you also must be concerned about high school graduation rates, college graduation rates, unemployment rates and our shrinking taxpayer base. Home visiting not only has proven results years later with children who participated in the programs, but one home visiting model, the Nurse Family Partnership has studied the impact on moms and found that their participants had worked more by the child's fourth birthday than a control group of non-participants.

Home visiting works to strengthen families by providing training and support; it also can provide resources for issues that may be beyond the scope of the home visitor. A good program will have established community connections and be able to refer families to receive the help they may need with domestic violence, substance abuse, mental or physical illness or disability, housing (availability as well as safety issues such as lead based paint abatement), job training or search and much more.

So, MCMCH wholeheartedly supports home visiting and you will hear from others today who will share their unique support for prevention-based home visiting.

Let's get down to a few specifics about home visiting in Michigan and also discuss House Bill 5572.

Nationally there is a move toward evidence-based home visiting programs – programs that have a proven track record of success that can demonstrate effectiveness - for families and for taxpayers. For use of federal grant dollars nine different models are recognized as evidence-based. Of those nine, five are operating in Michigan: Early Head Start, Healthy Families America, Home Instruction Program for Preschool Youngsters (HIPPY), Nurse Family Partnership, and Parents as Teachers.

State programs may also become evidence-based by completing a rigorous random-control trial or quasi-experimental evaluation. The Maternal Infant Health Program, our Medicaid home visiting program that represents the majority of state funding in home visiting, is currently undergoing a rigorous quasi-experimental evaluation through Michigan State University Center for Health Care Studies. The Michigan Association for Infant Mental Health has also created a program based upon their Infant Mental Health Specialist certification that is currently in use in our Community Mental Health system – they are investigating opportunities to do a randomized-control trial evaluation with a university.

Home visiting is a dynamic and evolving field. While home visiting has been around for decades the advent of researched program models that have manuals and rules about fidelity – or keeping exactly to – the model is one that is now strongly taking hold. Programs that have operated for many years but have not finished their rigorous evaluation required to become “evidence-based” or perhaps are built on a model but with variations for certain populations or geographic variables may be achieving real outcomes for families.

Why did we encourage Rep. Lyons to introduce House Bill 5572?

Michigan has a long-standing history of supporting and investing in voluntary home visiting programs, both with state and federal dollars – in fact that commitment earned us one of the first competitive grant awards. But what our state has largely lacked is a coordinated and collaborative approach to sharing relevant home visiting data and information to build a “system.”

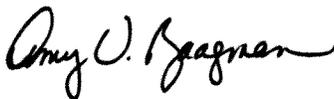
HB 5572 hopes to provide accountability in how state and federal home visiting dollars are allocated, and establish processes allowing the easy flow of information from each state department about the various home visiting models operating across Michigan.

- The bill defines home visiting to ensure we do capture the programs which are prevention-focused but do not capture programs like Early On where a child has been diagnosed with a learning disability or developmental delay and needs specialized and specific therapy that may be provided in the home.
- It creates a definition of an evidence-based program. Programs deemed ‘evidence-based’ are based on a clear, consistent program model and grounded in relevant, empirically based knowledge. They are governed by a program manual or design that specifies purpose and outcomes and employ well-trained and competent staff.

- The bill creates a corresponding definition of a promising program. Promising programs incorporate data or evidence demonstrating effectiveness at achieving positive outcomes for pregnant women, infants, children and their families. Promising programs must demonstrate ongoing evaluation or timeline for evaluation. This definition is stronger than the federal definition that allows 25% of the federal grant dollars to go to “promising” programs.
- Ensures the departments of Community Health, Human Services and Education invest in voluntary home visiting programs that improve the health, well-being and self-sufficiency of parents and their children. Specifically, the programs should work to reduce pre-term births, enhance social-emotional development, empower families to be self-sufficient, reduce child maltreatment and injury, and increase school readiness.
- Requires the affected departments to create internal processes that provide for greater collaboration and the sharing of relevant home visiting data.
- Requires that state agencies authorizing funding for home visitation programs include language in the contract or funding agreement that is consistent with the provisions of HB 5572.
- Allows for the promulgation of rules if necessary to implement the act.
- Requires the affected departments to provide a collaborative report on state and federally funded home visiting programs to the House and Senate appropriation subcommittees of Community Health, state School Aid, Human Services, the state budget director and the house and senate fiscal agencies.

High quality home visiting programs are a great investment, returning close to six times the investment in programs. These are dollars that we don't spend on welfare, foster care, remedial education, juvenile justice, law enforcement, our court system and even corrections. As a committee that seems to have a very full docket of issues, I know we can all see the value in reducing the need in those areas.

Respectfully submitted,



Amy U. Zaagman
Executive Director

attachment



Michigan Council
for Maternal and
Child Health

Home Visiting and House Bill 5572



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What is Home Visiting?



Voluntary, sustained efforts that pair new and expectant families with trained professionals to provide parenting information, resources and support during pregnancy and throughout their child's first five years.

PHOTO: JEFFREY M. HARRIS

PHOTO: JEFFREY M. HARRIS

How It Works

Families have risk factors

Examples: Low-income, Medicaid-eligible, single parent, previous poor birth outcome

Referred to quality home visiting

Promising or evidence-based programs, operating with fidelity to a model with trained and competent staff, in an organization that ensures quality with connections in the community

Families and taxpayers see results

Research shows that home visiting can help parents succeed at their most important role. Children and taxpayers benefit with proven outcomes in improved health and development and lower rates of child abuse and neglect, school failure, unemployment and crime.

Why is Home Visiting Important?

- One Cincinnati program found that **infant death rates fell by 60 percent** among home visiting participants.
- In New York's Healthy Families home visiting program, **mothers who received home visits were half as likely to deliver low birth weight babies** as mothers who were not enrolled.
- Studies have found that **mothers who participated in home visits were more sensitive and supportive in interactions with their children**, and they reported less stress than those in the control group.
- After their participation in a nurse home visiting program, **mothers had an 83 percent increase in employment** by their child's fourth birthday.
- The **highest quality home visiting programs, over time, yield returns of up to \$5.70 per public dollar spent**. These savings are realized as reduced mental health and criminal justice costs, decreased dependence on welfare and increased participant employment.

Why is Home Visiting Important?

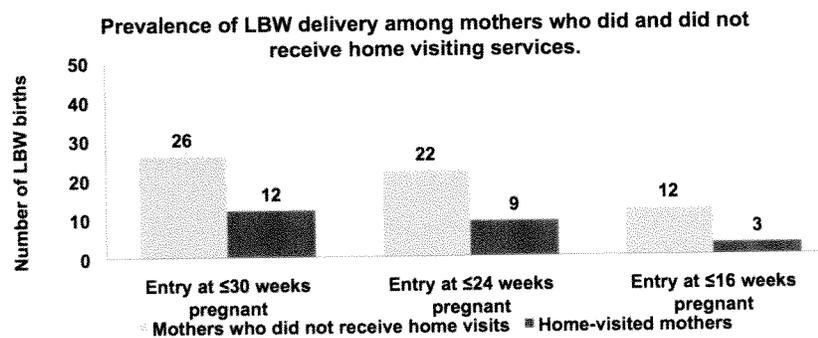
Cost of Low Birth Weight & Prematurity

- The Michigan Medicaid reimbursement of just nursery costs for infants with a primary diagnosis of preterm/low birth weight is \$36,092 compared to \$978 for newborns without complications.
- In Michigan, 12.1 percent of births to women on Medicaid were low birth-weight compared to 6 percent of births to women with private insurance. (PRAMS, 2008)
- The average cost of caring for a premature infant in the first year is \$32,000 compared to \$3,000 for a full-term infant. (Kornhauser, et al., 2010)

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Why is Home Visiting Important?

Reduced low birth weight (LBW) deliveries by almost 50%.

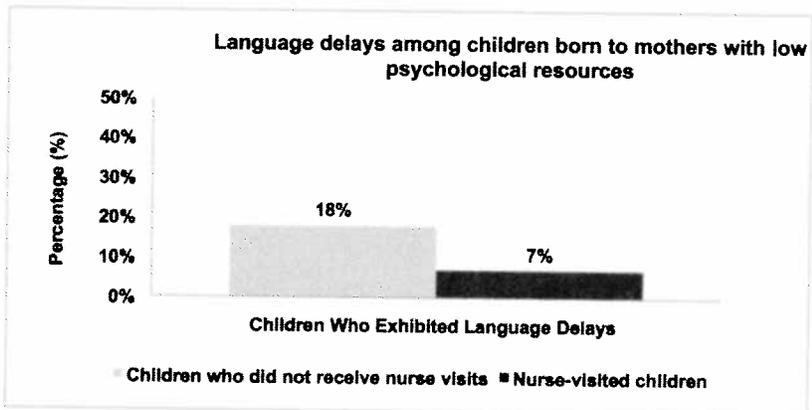


The risk of delivering a low birth weight baby (LBW < 2500 grams) was significantly lower for women who participated in the Healthy Families New York (HFNY) program than for women who did not participate. Specifically, these data show that the risk of delivering a low birth weight baby was reduced further the earlier they enrolled in the program.

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Why is Home Visiting Important?

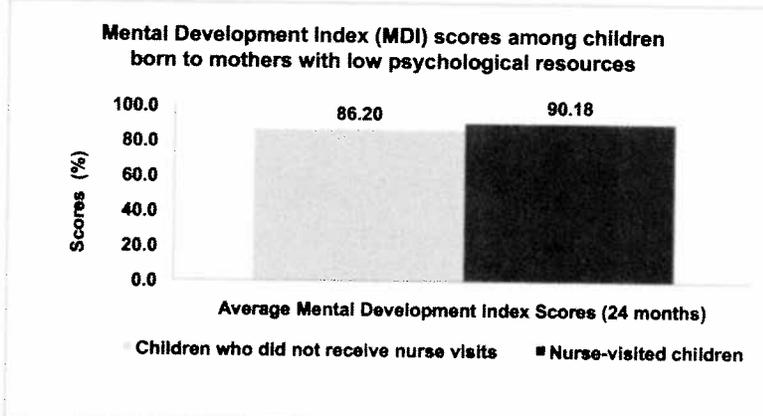
Reduced language delays among toddlers by 50%.



Source: Olds, et. al. (2002).

Why is Home Visiting Important?

Nurse-visited children were also more likely at 24 months to show improved mental development than children who did not participate in home visiting services.



Source: Olds, et. al. (2002).

House Bill 5572

- Bill will define home visiting in Michigan
- Defines “promising program” and “evidence-based program”
 - Based on a clear, consistent program model
 - Governed by a program manual or design that specifies purpose and outcomes
 - Employs well-trained and competent staff
 - Demonstrates fidelity to the program model
- Evidence-based programs have completed rigorous evaluation; promising programs must demonstrate evaluation progress
- The bill will require state funds to be used on promising or evidence-based programs that have proven outcomes for families in need.

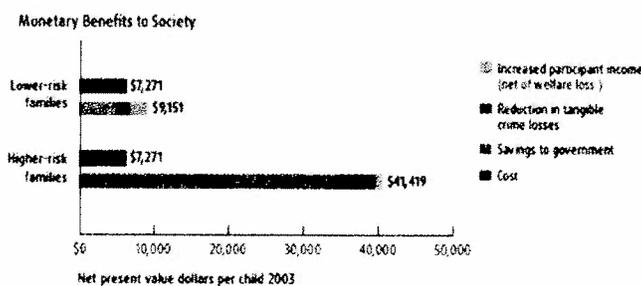
House Bill 5572

- Requires state departments to create process for greater collaboration including common data collection.
- Requires state agencies which authorize funds for home visiting to include language in contract or funding agreements consistent with HB 5572.
- Allows for rule promulgation.
- Requires the affected departments to provide a collaborative report on the outcomes achieved by home visiting investment in Michigan.

Work in Michigan Feedback from stakeholders

- In addition to gathering input from traditional advocacy partners, we have solicited feedback from a group of home visiting providers.
- The provider meetings have also fostered discussion of the need for an entity to bring together home visiting providers across models.
- Feedback from state government stakeholders has been helpful and necessary to assure legislation complements the need for a system.

Why is Home Visiting Important?



A RAND Corporation 2005 analysis found a **net benefit to society of \$34,148 (in 2003 dollars) per family served**, with the bulk of the savings accruing to government, equating to a \$5.70 return for every dollar invested in Nurse-Family Partnership (see Exhibit 1).

Available from http://www.nursefamilypartnership.org/assets/PDF/fact_sheets/NFP_Benefits_Cost.pdf