SEPTEMBER 2020

RAISING NEW YORK

Needed Now More Than Ever

A Coordinated System of Home Visitation in the Era of COVID-19

Executive Summary

With a task force on maternity and maternal outcomes and work to redesign the Medicaid program, New York State has laid the groundwork for a preventive approach to maternal health and a family-centered response to positive birth outcomes. The current pandemic has impacted low-income communities and communities of color the hardest, exacerbating inequities and demonstrating where our systems of supports for children and families can be strengthened.

The Raising New York coalition recommends building on existing efforts and using evidence-generated maternal, infant, and early childhood home visiting to achieve better outcomes for families with newborns. Home visiting has been demonstrated to be an effective method of supporting all families, particularly as part of a comprehensive and coordinated system of high-quality, affordable early care and education, health and mental health, and family support services for families with infants and toddlers. Home visiting has lasting positive impacts, setting the foundation for a child's school readiness, improving child health and birth outcomes, and helping families become more economically secure.

In a time when the State is facing fiscal and public health crises, targeted expansion of home visiting through inclusion in Medicaid and by seeking additional federal funding would begin to address inequities caused by systemic racism, improve maternal and newborn health and well-being, and achieve a positive return on the public investment.

POSITIVE IMPACTS

SETTING THE FOUNDATION FOR A CHILD'S SCHOOL READINESS

IMPROVING CHILD HEALTH AND BIRTH OUTCOMES

HELPING FAMILIES BECOME MORE ECONOMICALLY SECURE

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Background

An April 2020 survey of New York parents with infants and toddlers reveals significant stress as a result of the Coronavirus crisis and the need for an array of solutions.[1] Seventy-five percent of parents worry about their own mental health and that of family members. Two-thirds of parents worry about losing their jobs; more than half feel uneasy about their personal finances; more than one-third have already skipped or cut back on meals; and one out of four worry about substance abuse and domestic violence in their family.

75%

OF PARENTS WORRY ABOUT THEIR OWN MENTAL HEALTH AND THAT OF FAMILY MEMBERS

2/3

OF PARENTS WORRY ABOUT LOSING THEIR JOBS

It is challenging for parents to bring a baby home in this environment of social distancing and isolation, particularly after being discharged from the hospital very shortly after birth because of COVID-related concerns. Beginning life in these conditions can be even harder on the baby, and these challenges are particularly impactful for families of color, those who care for children with developmental delays and disabilities, and families who speak a language other than English. It is important to address these challenges with urgency, as research shows that healthy child development can be derailed, with lifelong consequences in early childhood, by "excessive or prolonged activation of stress response systems in the body and brain."[2]

Strengthening Home Visiting in New York State

Fortunately, there are family- and culturally-responsive, evidence-based programs that help parents and babies during these tough times. Voluntary maternal, infant, and early childhood home visiting has long been recognized as a proven two-generation prevention strategy—one that decreases child abuse and neglect, improves health outcomes for mom and baby, increases school readiness, and saves money in reduced health care and education costs. A variety of programs with varying eligibility requirements and that serve slightly different populations operate across New York State, each designed to support families by strengthening family bonds; providing education on child development; and making connections to supports, such as food assistance, health insurance, opioid treatment, and behavioral health care.

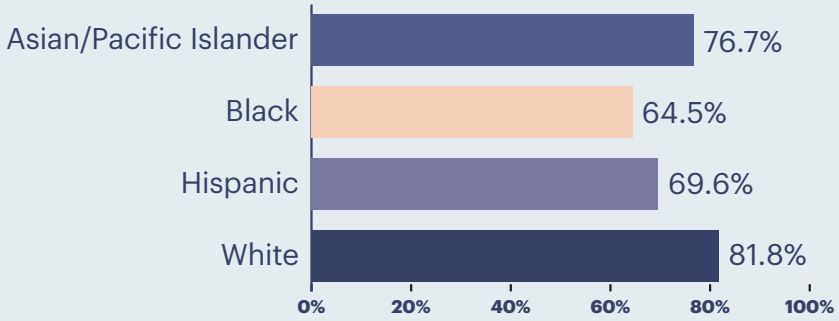
Voluntary home visiting programs that help level the playing field for families are particularly important now because the pandemic is worsening the existing inequities in our society and these disparities disproportionately affect women and children of color. Governor Cuomo's Taskforce on Maternal Mortality and Disparate Racial Outcomes pointed out that racial and ethnic disparities in maternal mortality are a significant public health issue. In New York State, the maternal mortality rate for Black women was 51.6 deaths per 100,000 live births, compared to 15.9 deaths per 100,000 live births for white women in 2014-2016[3]; Black women are three times more likely to die than white women Prenatal care can help prevent complications

THE MATERNAL MORTALITY RATE FOR BLACK WOMEN IS

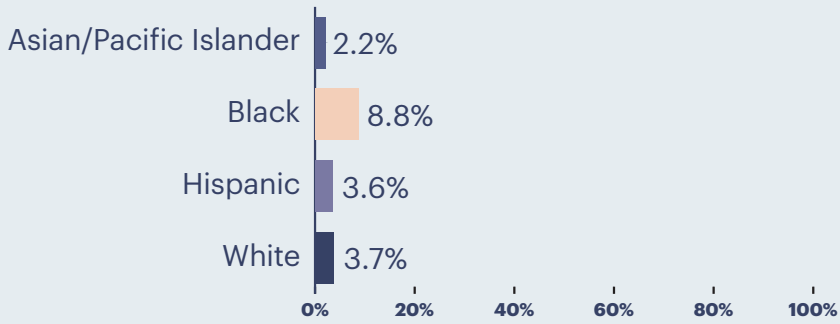
3X HIGHER

THAN FOR WHITE WOMEN

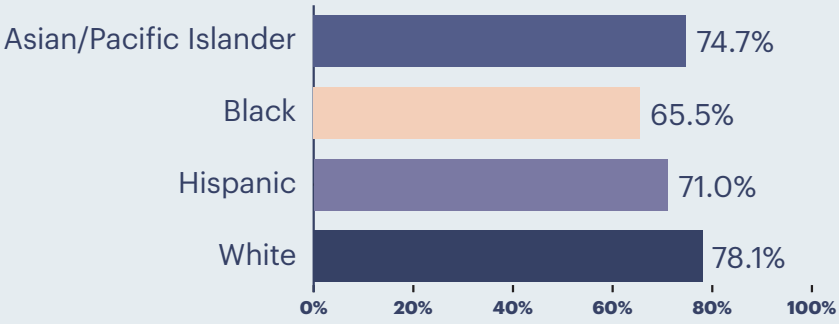
Percentage of births with first trimester care



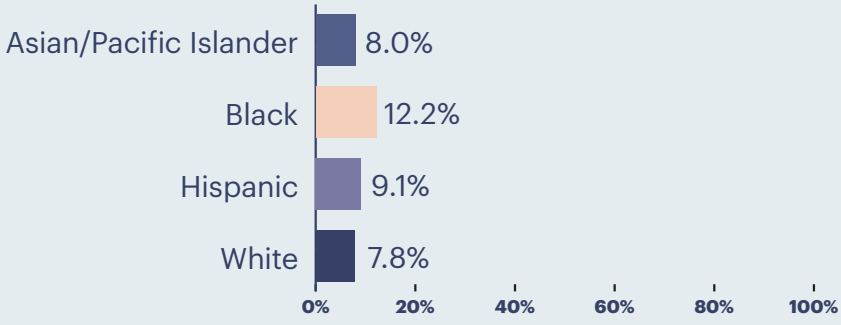
Infant mortality per 1,000 live births



Percentage of births with adequate prenatal care



Percentage of premature births



Source: New York State Health Indicators by Race/Ethnicity, 2014-2016, note: this data source does not include data about Native American births; https://www.health.ny.gov/statistics/community/minority/county/newyorkstate.htm

and inform women about steps they can take to ensure a healthy pregnancy, yet there are significant disparities among who receives early (first trimester) prenatal care: 81.8% of white women; 76.7% of Asian/Pacific Islander women; 69.6% of Hispanic women; and 64.5% of Black women.[3] Disparities persist in health outcomes for babies, too. Black babies are almost twice as likely to be born at low-birthweight as white babies, and low birthweight babies are more likely than babies with normal weight to have health problems as a newborn.[4]

The Governor's Maternity task force has laid the groundwork for the necessary next phase of strengthening and expanding home visiting. The Task Force has taken steps to increase access to birth and recovery supports such as midwives and birthing centers. These actions, coupled with increased attention to expectant and new mothers, pave the way for the next step: ensuring all newborns (including those who are adopted and those born via gestational surrogates) receive the supportive and preventive care they deserve in the first weeks of life.

New York State's Medicaid Redesign Team II recently approved a home visiting recommendation to provide "light touch" home visiting to families.[5] Their

recommendation aims to ensure postpartum visits to all new families who agree to one and notes the strong return on investment from home visiting based on the reduction in emergency room visits in the first year of life and the cost effectiveness of $3 saved for every $1 invested. These findings speak to the overall effectiveness—including cost-effectiveness—of home visiting and the possibility of funding through Medicaid. Families covered by Medicaid have a higher rate of emergency room visits in that first year and this could help reduce costs and provide families with essential supports.

In the face of a pandemic, home visiting programs continue to offer much-needed assistance. Home visitors are continuing to "see" families, connecting them to information, resources, and (maybe most importantly) being a trusted partner in a time of increased isolation. Home visits may have become virtual, but they are more essential than ever.

These programs—and the home visitors who connect with families every day—are a conduit for hard-to-come-by supplies, like formula and diapers. They are a source of information on breastfeeding, maternal depression, and even how to homeschool a preschooler under challenging circumstances. Home visitors are a sounding board for parents struggling to stay physically safe and emotionally healthy in the face of unemployment and uncertainty. Children look to caregivers to interpret how safe they should feel; "if their primary adult is calm, a child feels reassured. But if their adult is upset, the child feels unsafe, and their body and brain go into threat mode."[6] A long-term threat response, known as toxic stress, can result in physical and mental health problems. Home visitors can serve as a calming presence for both a child and for that child's parent.

While several evidence-based and evidence-generating programs are active in our state—including Early Head Start, Family Connects, Healthy Families New York, Nurse-Family Partnership, Parents as Teachers, Parent-Child Plus, Power of Two, and the Department of Health's (DOH) Community Health Workers—the home visiting system is fragmented and underfunded. According to the Schuyler Center for Analysis and Advocacy, there are 704,466 live births in New York State over a three-year period (2014-2016), with 314,765 of those children living in low-income families, with incomes below 200% of the federal poverty level (or $51,852 for a family of four in 2019[7]). The current funded capacity of home visiting is 17,509 families, which means that programs are able to serve only about 6% of babies in families from low-income backgrounds and a mere 3% of all children aged 0-3.[8]

A universal, coordinated system for home visiting would create a norm for supports and improve identification of need and acceptance of assistance. Programs can help families navigate a confusing array of resources and reduce the risk of adverse health outcomes and stress—especially when these resources are fit to the cultural, ethnic, and linguistic differences across our State.

HOME VISITING PROGRAMS CAN HELP FAMILIES NAVIGATE A CONFUSING ARRAY OF RESOURCES AND REDUCE THE RISK OF ADVERSE HEALTH OUTCOMES AND STRESS—ESPECIALLY WHEN THESE RESOURCES ARE FIT TO THE CULTURAL, ETHNIC, AND LINGUISTIC DIFFERENCES ACROSS OUR STATE.

In alignment with the NYS Home Visiting Coordination Initiative's Final Report, released by Prevent Child Abuse NY in July 2020[10], the Raising NY coalition recommends that New York State develop a system of coordinated supports for communities hardest hit by the COVID-19 crisis and its impacts — communities primarily populated by Black, Latinx, and immigrant families — by connecting every pregnant and postpartum person, prior to and/or immediately following birth, with a voluntary home visit and additional referral if warranted.

In the near-term, we recommend addressing the systemic inequities in maternal and newborn health by including home visiting in services covered by Medicaid — consistent with the aspirations of the Governor's First 1,000 Days initiative — and by seeking additional federal funding for a targeted expansion in home visiting. These resources will achieve a positive return on investment while improving health and well-being outcomes.

In the long-term, we urge the State to provide all interested families with newborn babies a voluntary home visit, with counseling and connection to resources, and then specialized home visitation for families that need more extensive support. This should connect to and integrate with the primary care health provider (pediatrician or family practitioner) for the child.

In order to ensure that families are aware of the benefits of home visiting and to increase interest in participating, the State must invest in outreach, including a public information campaign in multiple languages in chosen communities. This campaign can take several simultaneous forms — referral from a provider (OB-GYN, doula, midwife); outreach via a birthing center/hospital; and social media. Communication must put forward the values and benefits of home visiting and make it clear that home visiting is voluntary and not connected to the child welfare system, a common concern among parents.

Specialized, longer duration home visitation programs currently operating in the state show many positive outcomes, but struggle to recruit and retain qualified staff, essential to providing consistent services. Over the last decade, providers have been asked to do more with less. Programs need funding to ensure families are working with well-trained, -supported, and -paid staff including bi/multilingual staff; increased online capability in an age of social distancing and tele-health; and engagement in remote outreach strategies to reach all of those in need. Staff who are better equipped with specialized knowledge and skills will provide more effective delivery of service. While frontline staff in these programs receive a high level of generalized training, advanced technical training/ collaboration would benefit the quality of delivery. Expanding access to both specialized certification programs, such as the Child Development Associate credential and Infant Mental Health Endorsement, and to trans-disciplinary collaboration in areas such as mental health and substance abuse, would increase both program effectiveness and staff retention.

A coordinated approach is essential. Certain areas of the state have no home visiting programs, while others have more than one model. In regions where multiple models are at play, programs need to coordinate intake and referrals so that no family falls through the cracks and families can move seamlessly from one program to another. In New York State, these service coordination initiatives have already proven effective in improving ease of access for

families and streamlining the complex delivery system. Direct investment to expand these local and regional coordination systems creates a mechanism with capacity to tie together home visiting programs and the medical provider system indicated above. In regions where programs are scarce, additional dollars should be invested so that a safety net exists. A universal approach requires access to programs for families with additional or longer-term needs.

Conclusion

New York State's system of voluntary maternal, infant, and early childhood home visiting has always been a critically important tool for facilitating healthy child development, strong families, and prevention of child abuse and neglect. Today, it takes on increased significance as families with newborns and young children are struggling to address the repercussions of the COVID-19 pandemic. Families who were at higher risk for negative health and educational outcomes, and for abuse and neglect, prior to the pandemic are in even greater jeopardy now. A solution is at hand—investing wisely in a universal home visiting system that will strengthen and support families across the state.

Endnotes

[1] The Coronavirus Crisis: Supporting Parents with Young Children; Raising New York; April 2020.

[2] Guide to Toxic Stress, Center on the Developing Child, Harvard University, https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

[3] New York State Health Indicators by Race/Ethnicity, 2014-2016, https://www.health.ny.gov/statistics/community/minority/county/newyorkstate.htm

[4] New York State Health Indicators by Race/Ethnicity, 2014-2016, https://www.health.ny.gov/statistics/community/minority/county/newyorkstate.htm

[5] See: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/docs/2020-03-19_executive_summary_of_proposals.pdf.

[6] Will the Pandemic Have a Lasting Impact on My Kids?, Diana Divecha, Greater Good Magazine, May 18, 2020, https://greatergood.berkeley.edu/article/item/will_the_pandemic_have_a_lasting_impact_on_my_kids

[7] See: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.

[8] Early Childhood Home Visiting Data Snapshots, Regional and County Home Visiting Fact Sheets; NYS Council on Children and Families, Raising New York, Schuyler Center for Analysis and Advocacy; 2020; https://raisingnewyork.org/home-visitation/

[9] Early Childhood Home Visiting Data Snapshots, Regional and County Home Visiting Fact Sheets; NYS Council on Children and Families, Raising New York, Schuyler Center for Analysis and Advocacy; 2020; https://raisingnewyork.org/home-visitation/

[10] Funding from the Preschool Development Birth through Five grant awarded to the NYS Council on Children and Families from the U.S. Department of Health and Human Services, Administration for Children and Families, Office for Child Care.

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