

HEALTHY START LOCAL EVALUATION REPORT

PROJECT NAME: *Kalamazoo County MI Healthy Babies-Healthy Start*

TITLE OF REPORT: *Home Visitation and the Care Continuum*

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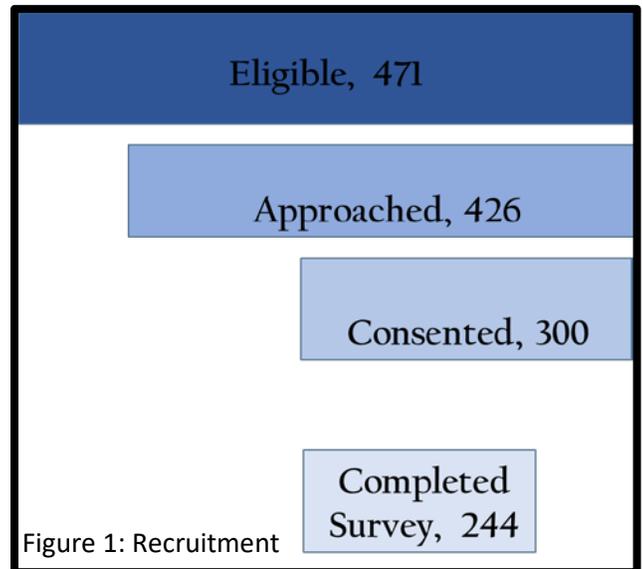
Section I: Introduction

A home visitor is a nurse, a health care worker, a social worker or other person who works for a program that helps mothers and babies. Participating in home visitation programs can help to increase chances of healthy deliveries and birth outcomes. Studies have shown that the risk of adverse birth outcomes, such as low birth weight, are significantly lower for mothers participating in home visitation programs than those that do not (Lee, 2009). Although studies support home visitation as a way to improve health status and outcomes, enrollment in such programs are low. This study aimed to examine home visitation recommendations and usage.

Section II: Process

Design. This study was conducted as a phone survey. Participants were recruited 139 Days from two Kalamazoo hospitals, Monday-Friday, January 2017 through August 2017.

Sample. To be included in the study, participants needed to reside in Kalamazoo County. Participants were excluded if they: (1) were not medically cleared, (2) non-English, (3) cognitively impaired w/ legal guardian (per medical staff). Figure 1, illustrates the recruitment process and results. For the Mom's Health Survey, there were 471 eligible women. Of the eligible women, 426 (90.4%) of them were approached to be a part of the study and 300 (63.7%) consented. Some women withdrew from the study, were never reached, or declined the survey when they were reached. This brought the final study sample to 244 women.

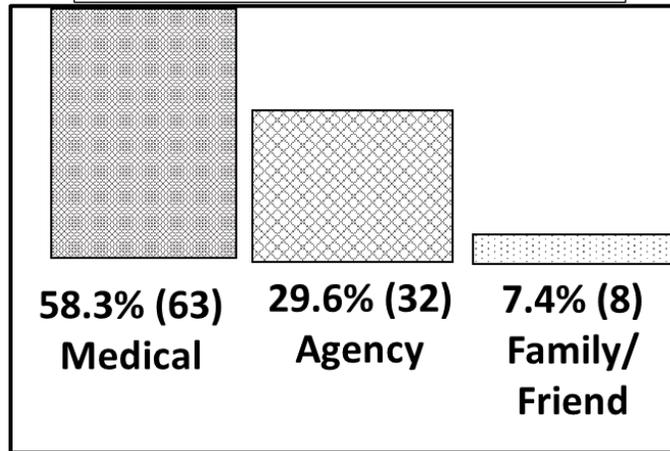


Section III: Findings/Discussion

Results. Participants were asked, “Has anyone ever recommended a home visiting program to you? Who?” Of the total population, 93 (38.1%) women reported home visitation was recommended to them. Recommendations came from medical facilities(58.3%), agencies (29.6%), and family or friends (7.4%) (figure 2 below). Some women (14.5%) reported receiving recommendations from multiple sources. There was a total of 108 recommendations reported.

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Figure 2: Home visitation recommendation



Of 108 responses, 4 were unsure where the recommendation came from and 1 was self-referral. From the 63 medical recommendations, most (25%) came from the OB office and some (15%) from the hospital floor. The lead recommending agency for this population was WIC (14%) followed by home visitation outreach/call (8%). The study found that 63.5% of women of color, 66.4% of women with Medicaid and 42.4% if women with PPBO received a home visitation recommendation (table 1).

Table 1: Recommendations by race, insurance and PPBO

| | Total | HV Recommended |
|--------------------------|-------|----------------|
| Women of Color | 96 | 61 (63.5%)* |
| Women w/ Medicaid | 113 | 75 (66.4%)* |
| Women w/ PPBO | 33 | 14 (42.4%) |

*significantly more likely than non-

Participants were then asked, “During your most recent pregnancy, did a home visitor come to your home to help you learn how to take care of yourself or your new baby” and “since your new baby was born, has a home visitor come to your home?” Of the 93 women who reported receiving a recommendation, 44 (47.3%) enrolled in a home visitation program, 49 (52.7%) did not. From the total population, 244 women, 22.5% enrolled in home visitation program, 20.1% received a recommendation but did not participate and 57.3% did not receive a recommendation and had not been enrolled in home visitation at the time of the survey.

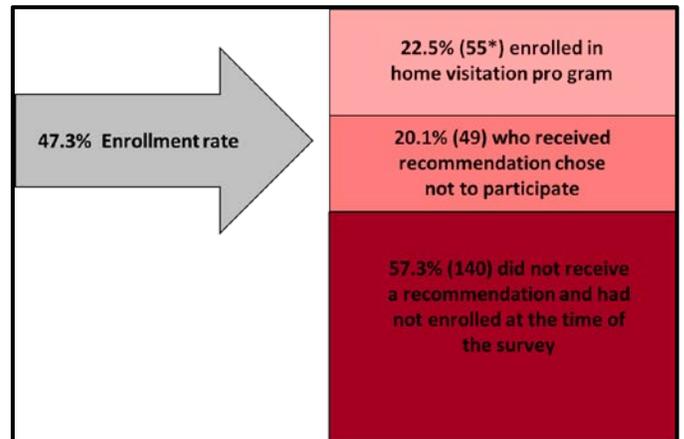
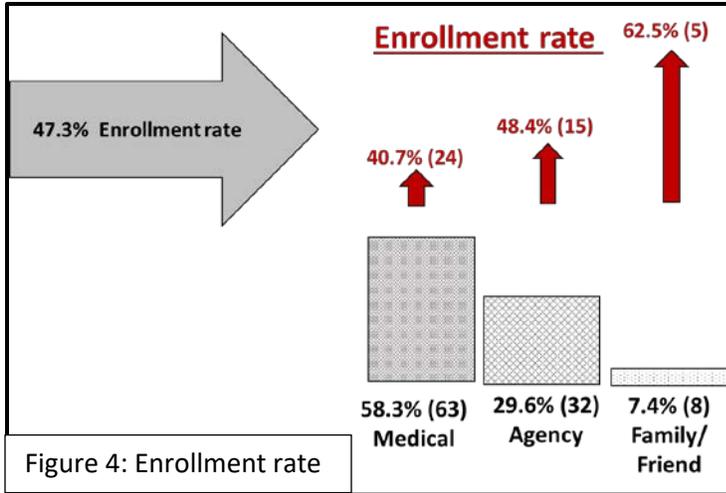


Figure 3: Home visitation engagement

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Depicted in figure 4, home visitation enrollment rate was highest among women who reported receiving their recommendations from family or friends (62.5%). Those who reported receiving their recommendations from medical departments/facilities had the lowest (40.7%) enrollment rate.

The study found that the 49 women from the total population that received a recommendation and chose not to

participate did so for a variety of reasons. The 49 women generated 62 responses, some women cited multiple reasons (table 2).

| Didn't enroll because.... | (% of Individuals) |
|----------------------------|--------------------|
| No need | 91.8% (45) |
| Program logistics | 14.3% (7) |
| Program hasn't followed up | 12.2% (6) |
| Too busy | 4.1% (2) |
| New / non-working phone | 4.1% (2) |

The study found that of the 55 participants you did utilize home visitations, 25.4 % did so prenatal only, 16.4% interconceptionally, and 58.2% both (figure 5). Interconceptional was defined as the first 2-3 months after delivery.

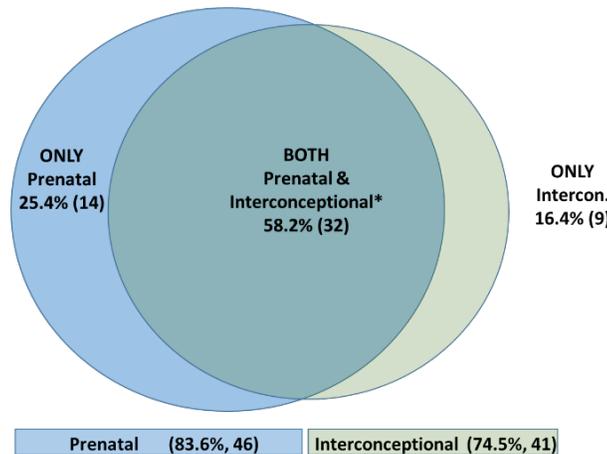


Figure 5: Engagement time

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Of the 32 women who engaged in home visitation both prenatal and interconceptional, 96.9% (31) stayed with the same program and only 3.1% (1) changed programs.

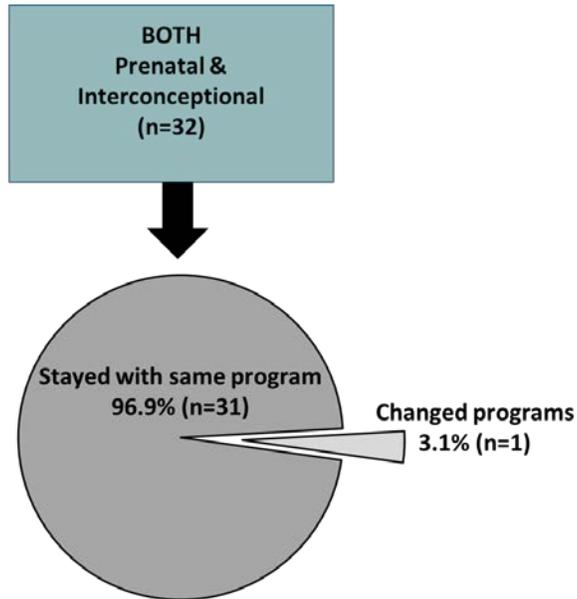


Figure 6: Home Visitation Program

Discussion. Regarding home visitation reach, two-thirds of Cradle-focus women (of color, low income) recall having home visiting program recommended to them during pregnancy or postpartum. Overall, having multiple recommendations did not increase the likelihood of enrollment. Roughly half of women receiving a recommendation enrolled in program. Most enrolled prenatally and stayed with program at least through the early postpartum period.

Currently, most home visitation referrals are coming from obstetric clinics (primarily obstetric office, but also postpartum floor) and community agencies (primarily WIC) However, the most effective referrals are word of mouth from friends and family. The primary reason for not participating is that women do not feel they need a home visitation service.

Section IV: Conclusions & Recommendations

Home visitation programs can help reduce the risk of adverse birth outcomes. Although women receive recommendations from various sources to participate in home visitations programs, many do not utilize the service, often because they feel they do not have a need. More education is needed on the benefits of home visitation. Additionally, follow up with patients after referrals are made may help to increase the rate of actual enrollment.

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References

- Lee, E., Mitchell-Herzfeld, S. D., Lowenfels, A. A., Greene, R., Dorabawila, V., & Dumont, K. A. (2009). Reducing Low Birth Weight Through Home Visitation: A Randomized Controlled Trial. *Obstetrical & Gynecological Survey*, 64(6), 355-356.
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