

Federal home visiting program can be improved to better meet needs of families

June 1 2018



Julie Kapp, Ph.D., associate professor of health management and informatics at the University of Missouri School of Medicine. Credit: Justin Kelley/MU Health

The multibillion-dollar MIECHV program was formed as part of the 2010 Patient Protection and Affordable Care Act. It provides funding to

organizations that offer home visiting services to improve maternal-child health. These organizations are required to demonstrate improvements over time, and the MIECHV program monitors this progress through specific benchmarks.

"Our country has one of the highest [infant mortality rates](#) compared with peer countries, so it's vital that this program mobilize the right resources in the most effective ways possible," said Julie Kapp, Ph.D., associate professor of health management and informatics at the MU School of Medicine and an author of the study. "While the MIECHV program as a whole and the federal initiatives around maternal-child health are trying to take the right steps to help families, our research suggests there may be ways to improve upon their implementation."

The MIECHV program has established six benchmarks for organizations to demonstrate improvement, which can ultimately impact funding decisions. The research team evaluated the evidence for one benchmark, "Maternal and Newborn Health," which is broken down into six measurable sub-categories, or constructs.

1. Preterm birth
2. Breastfeeding
3. Depression screening
4. Well-child visits
5. Postpartum care
6. Tobacco cessation referrals

Using a federally established database called the Home Visiting Evidence of Effectiveness, or HomVEE, the team reviewed literature to determine whether or not these constructs are supported by evidence-based research.

"We were surprised to find that only three of the six

constructs—preterm birth, breastfeeding and well-child visits—are supported by established research," said Sofia Campos with the global consulting and digital services provider ICF, a co-author of the review. "Of the 59 articles we reviewed, only 14 measured outcomes aligned with any of the six constructs. None of the articles directly measured depression screening, postpartum care or tobacco cessation referrals. That means that we have no evidence from this key library that home visiting actually improves these maternal and child health outcomes."

While only three of these six federally mandated constructs is supported by a federal library of evidence-based home visiting research, the team identified 16 other non-mandated constructs that have evidence of home visiting improving maternal-child health. These constructs include maternal depression symptoms and psychological outcomes, use of community resources, emergency visits and more.

"Based on our review, we recommend that the process for establishing these constructs include evaluation of the evidence-based research," Kapp said. "By setting goals that have been proven to improve the [health](#) of mother and child, MIECHV can make more positive, sustained changes for hundreds of thousands of families nationally. Additionally, more confident funding decisions can be made when informed by performance measures that are evidence-based."

Provided by University of Missouri-Columbia

Citation: Federal home visiting program can be improved to better meet needs of families (2018, June 1) retrieved 28 April 2024 from <https://medicalxpress.com/news/2018-06-federal-home-families.html>

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