



Home Visiting Surveillance Report 2018-2020



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Overview

Home visiting are universal and inclusive programs for parents and their children. Home visiting services aim to improve children's health and development through federal, state, and privately funded programs. Home visiting programs are voluntary and are led by professionally trained experts and programs will vary based on their expertise and model. Experts provide services to families that include case management, promoting healthy nutrition, sensitive and responsive parenting, and child and parent physical and mental health (Traube, et al., 2022). The Health Resource Services Administration (HRSA) allows state home visiting programs to fund Maternal, Infant, and Early Childhood Home Visiting ([MIECHV](#)) which have proven to improve several child and family health outcomes. These include the quality of home environments, increasing confidence and competency in parenting skills, improving school readiness, and positively impacting maternal and child health indicators such as an increased number of preventative childcare visits, fewer emergency room visits, and reduced maltreatment (Williams, et al., 2020; Zaveri, et al., 2014). New Mexico's state funded home visiting programs aim to achieve six big picture goals: babies are born healthy, children are nurtured by their parents and caregivers, children are physically and mentally healthy, children are ready for school, children and families are safe, and families are connected to formal and informal supports in their communities (New Mexico Annual Home Visiting Outcome Report, 2021). Additional programs operating in NM include privately funded and tribal home visiting programs, which are not contracted through the state but receive direct federal funding.

The New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) and the Help Us Grow Strong (HUGS) surveys ask participants about their home visiting experiences. These questions include whether they were offered home visiting services, whether those that were offered the services accepted, the frequency of home visits, the confidence and knowledge obtained from the home visiting, and the reasons for not accepting home visiting services.

Home Visiting Benefits

- gain knowledge regarding child development
- connect with community support services
- discover ways to support learning through play and interactions
- receive emotional support through challenges associated with raising a child
- access support to get out of dangerous or unhealthy situation

What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project developed and supported by the Centers for Disease Control and Prevention with a cooperative agreement through the New Mexico Department of Health. In New Mexico, PRAMS has been collecting data on maternal and infant health experiences since 1997. In the state of New Mexico, we survey an estimated 1 in 11 people with a live birth about their birthing experiences from the preconception period through the postpartum period and their infant's health. The goal of PRAMS is to improve maternal and child health while reducing adverse outcomes (CDC, 2023).

What is HUGS?

The New Mexico Help Us Grow Strong (NM HUGS) study is a research project sponsored by the New Mexico Department of Health (NMDOH). The purpose of the study is to learn about the health and experiences of mothers and their infants after the early postpartum period through their second year. The goal of the HUGS follow up survey to the Pregnancy Risk Assessment and Monitoring System (PRAMS) is to improve the health and well-being of women and toddlers. The way we work to achieve this goal is by using the data collected by PRAMS and NM HUGS to impact policies and programs that touch the lives of New Mexico families, women, and children.

Data Tables/Figures and Findings

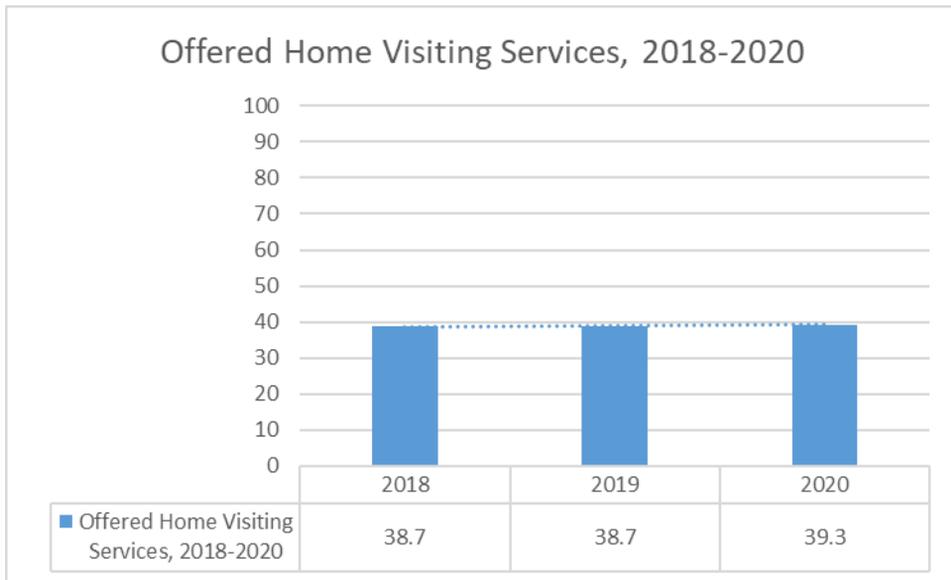
1. Who was offered home visiting?
 - Birth Year and Demographics
2. How did people hear about home visiting?
3. What were the reason(s) for declining home visiting?
4. Who accepted home visiting among those offered?
 - Birth Year and Demographics
5. Frequency of home visiting
6. Did a home visitor help respondents feel more confident or knowledgeable in certain areas?

“I appreciated that services showed up.”
HUGS’ respondent

“I appreciated that nurses checked on her when her son was born.”
HUGS’ respondent

How many people with live birth in 2018-2020 were told about home visiting services?

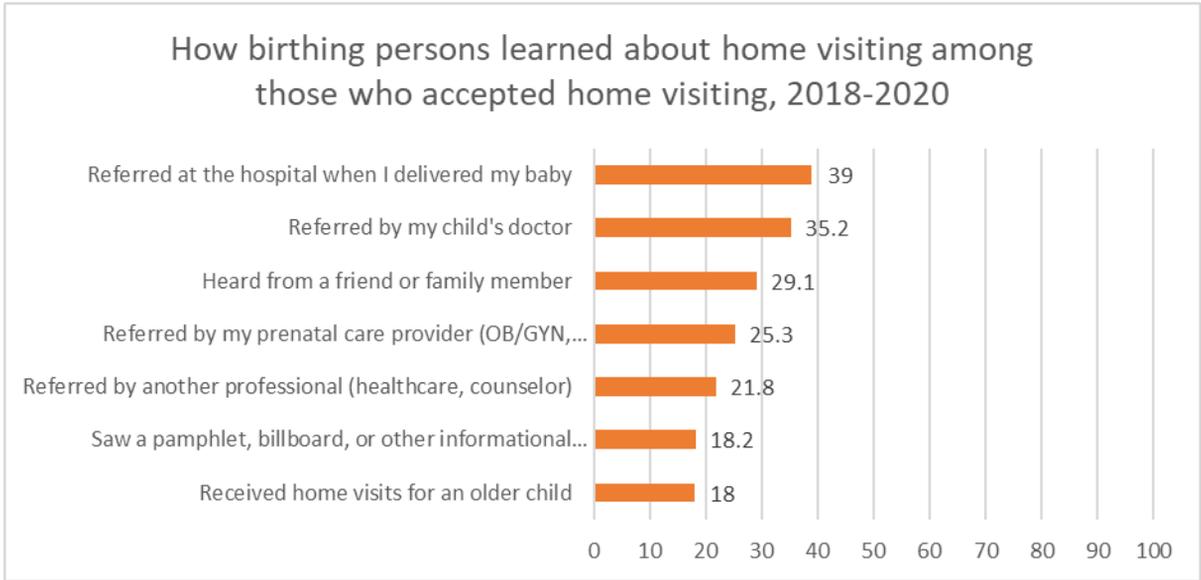
Table 1. Offered Home Visiting Services, 2018-2020



An estimated 39% of respondents giving birth 2018-2020 were offered home visiting, and there was no appreciable difference across the years.

How did you hear about home visiting?

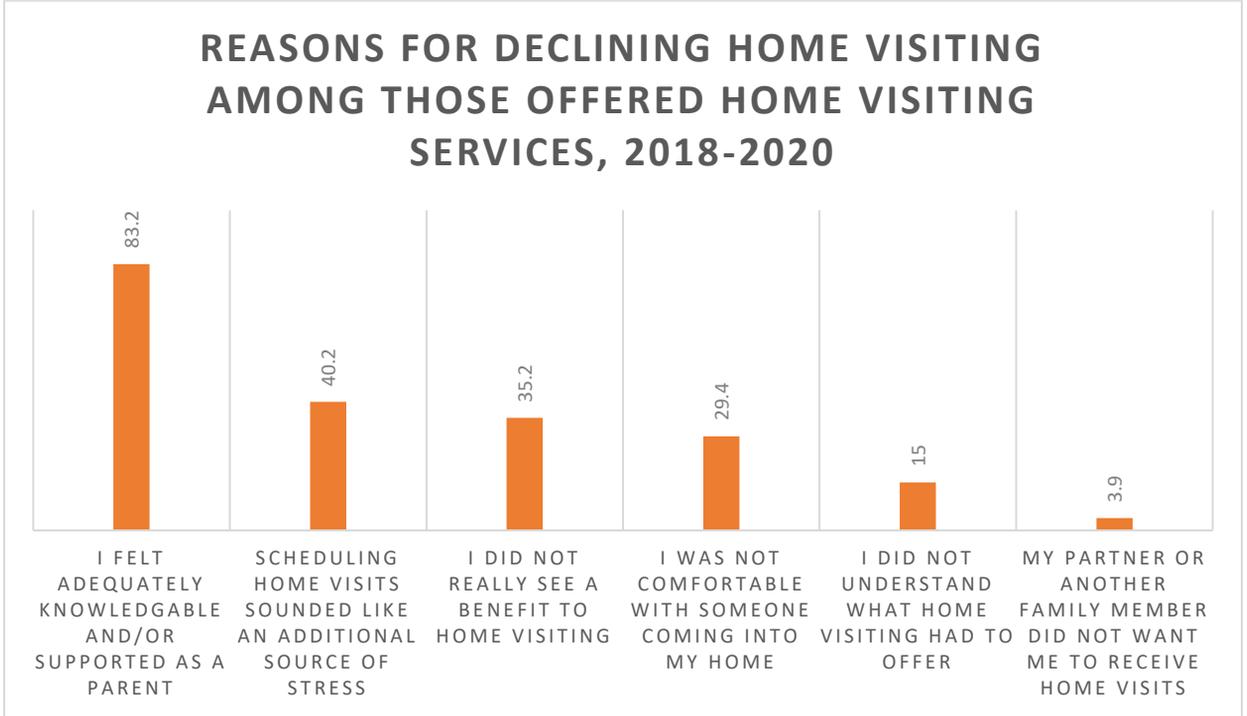
Table 2. How people that accepted home visiting found out about home visiting services



Among those giving birth 2018-2020, NM HUGS respondents learned about home visiting primarily from a referral at the hospital when they delivered their baby (39%), and the least likely means people learned about home visiting services was having received home visits for an older child (18%). This is only among those were asked in HUGS, and in the postpartum period some of these people may have already been in a home visiting program while they were pregnant which would have been captured in PRAMS.

What were your reason(s) for declining home visiting?

Table 3. Reasons for declining home visiting services



Most respondents who were offered home visiting declined because they felt adequately knowledgeable and/or supported as a parent (83.2%). Another reason that respondents declined home visiting was due to scheduling home visits sounded like an additional source of stress (40.2%). The lowest proportion of respondents stated that their partner or another family member did not want them to receive home visits (3.9%).

Characteristics of those offered home visiting services

Table 4a. Characteristics of birthing people (2018-2020) who were offered home visiting services

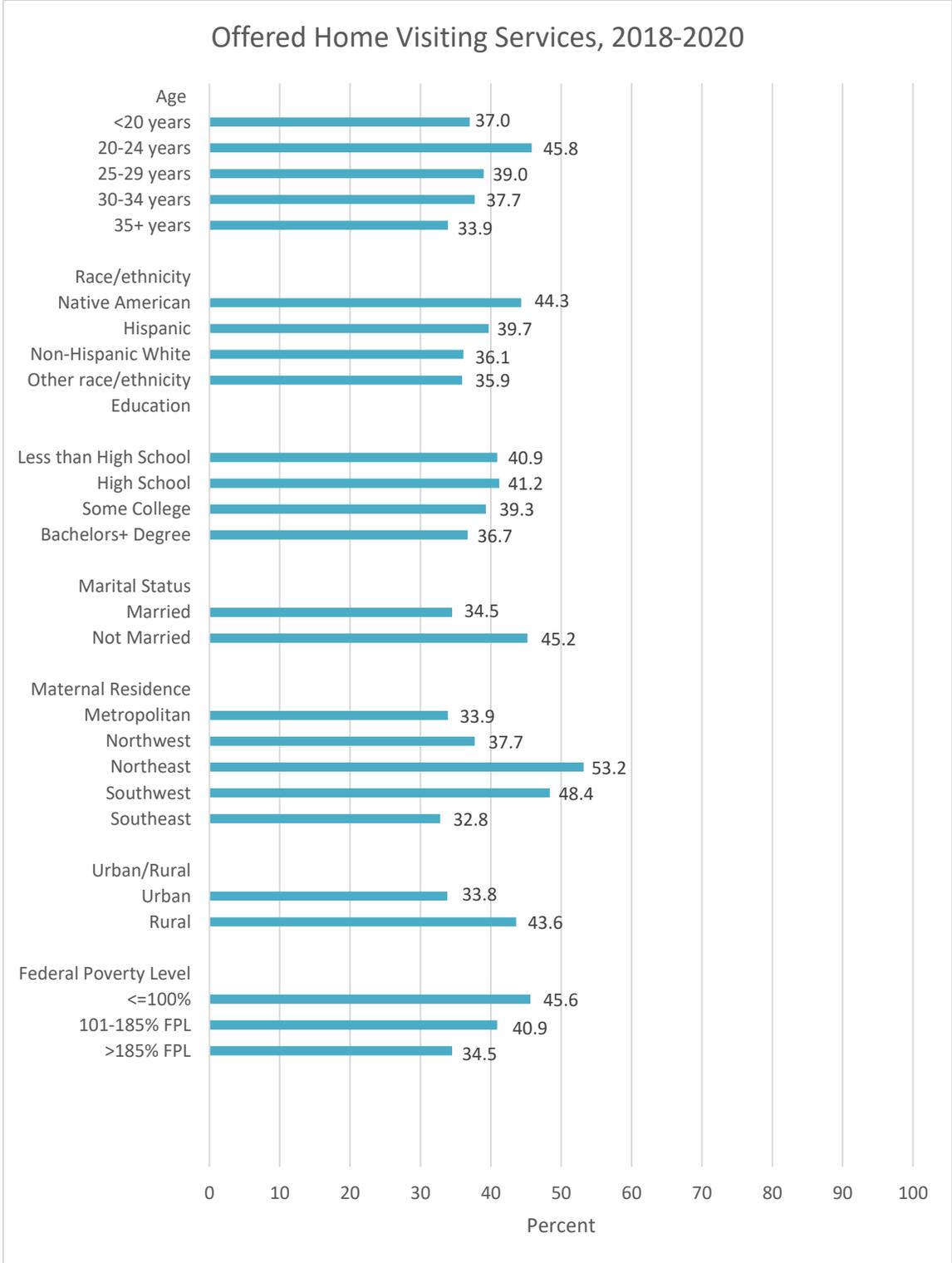
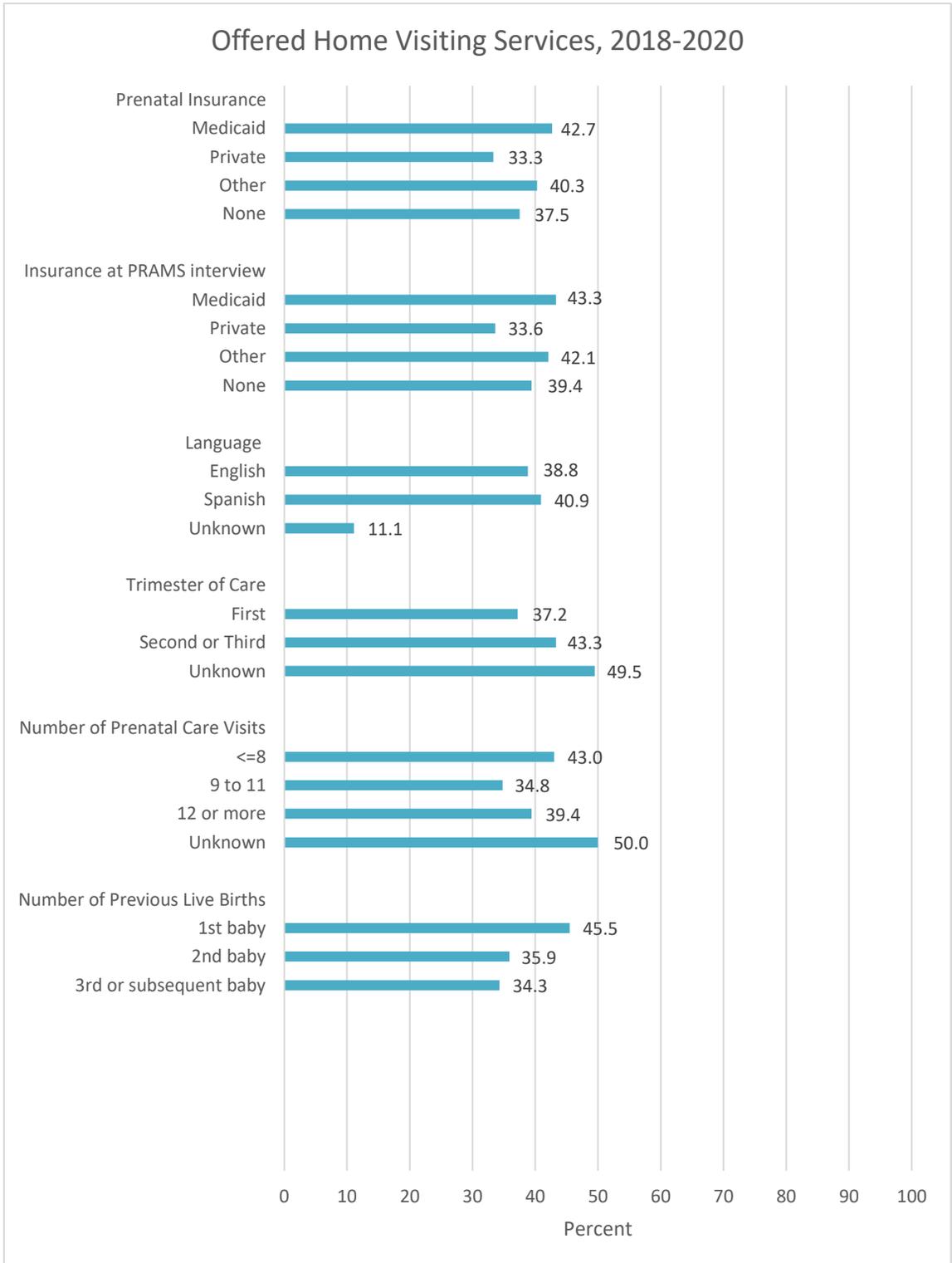


Table 4b. Characteristics of birthing people (2018-2020) who were offered home visiting services (continuation)

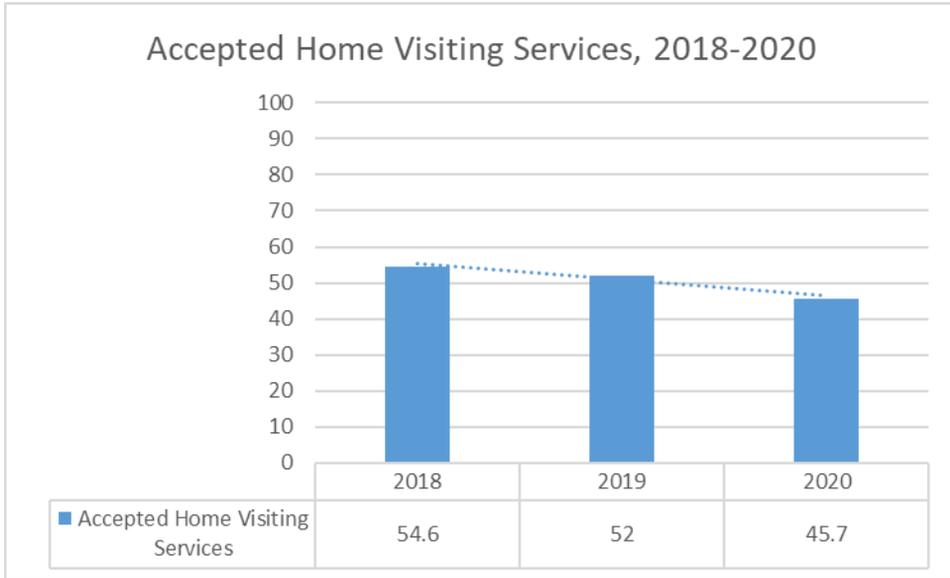


Findings on home visiting services offered to respondents giving birth in 2018-2020 show:

- A higher proportion of respondents aged twenty to twenty-four were offered home visiting services at 45.8%
- By ethnicity, a higher proportion of Native Americans were more likely to be offered home visiting services at 44.3%
- Higher educated (bachelor's degree or greater) respondents had a lower proportion of those offered home visiting services (36.7%) compared to those with a high school education (41.2%) or less than a high school education (40.9%)
- Unmarried respondents had a higher proportion of respondents offered home visiting services at 45.2% compared to married at 34.5%
- A higher proportion of people living in New Mexico's northeast and southwest health regions were offered home visiting at 53.2% and 48.4% compared to the Metropolitan region (33.9%)
- A higher proportion of rural residing respondents were offered home visiting services at 43.6% compared to those in more populous areas
- Respondents earning less than or equal to 100% of the Federal Poverty Level had a higher proportion of respondents offered home visiting at 45.6%
- A greater percentage of respondents with Medicaid (42.7%) or other payers of care (40.3%) during the prenatal period were offered home visiting services
- A slightly greater percentage of respondents with Medicaid at the time of the PRAMS interview (43.3%) and other payers of care (42.1%) were offered home visiting services compared to those with private insurance
- A slightly higher proportion of Spanish speaking respondents (40.9%) were offered home visiting services, compared to English speaking respondents (38.8%)
- By trimester of prenatal care initiation, a higher proportion of respondents were offered home visiting services if they started care in their 2nd or 3rd trimester of pregnancy (43.3%)
- A higher proportion of respondents with less than or equal to eight prenatal visits (43%) were offered home visiting services than those with more
- Respondents having their first live birth were more likely than those with older children to be offered home visiting services at 45.5%

Who accepted home visiting among those offered?

Figure 1 Accepted Home Visiting Services among respondents with giving birth, 2018-2020



The findings show that more respondents giving birth in 2018 (54.6%) and 2019 (52.0%) accepted home visiting services when compared with prevalence for those with a birth in 2020 (45.7%). The trend from 2018-2020 shows a decline in respondents accepting home visiting services. This is an expected finding, since the COVID-19 pandemic made in-person services very difficult, and some programs may have adapted to offer virtual visits, but others might not have had the capacity or resources to do so. However, by the time people with babies born in 2020 answered the survey, it was calendar year 2022, and their child had reached the age of two years.

Table 5a. Characteristics of birthing people (2018-2020) who accepted home visiting services, among those offered

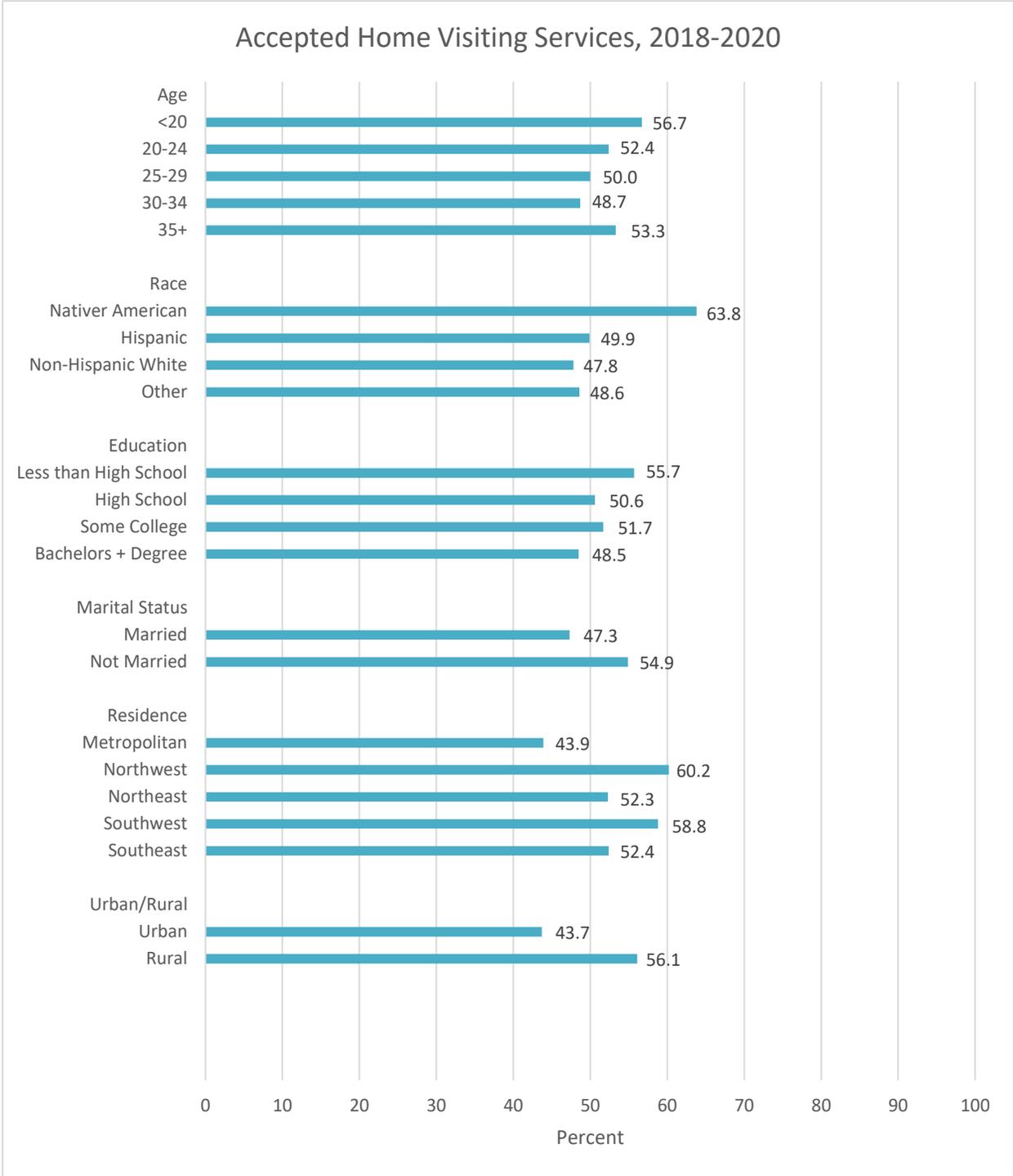
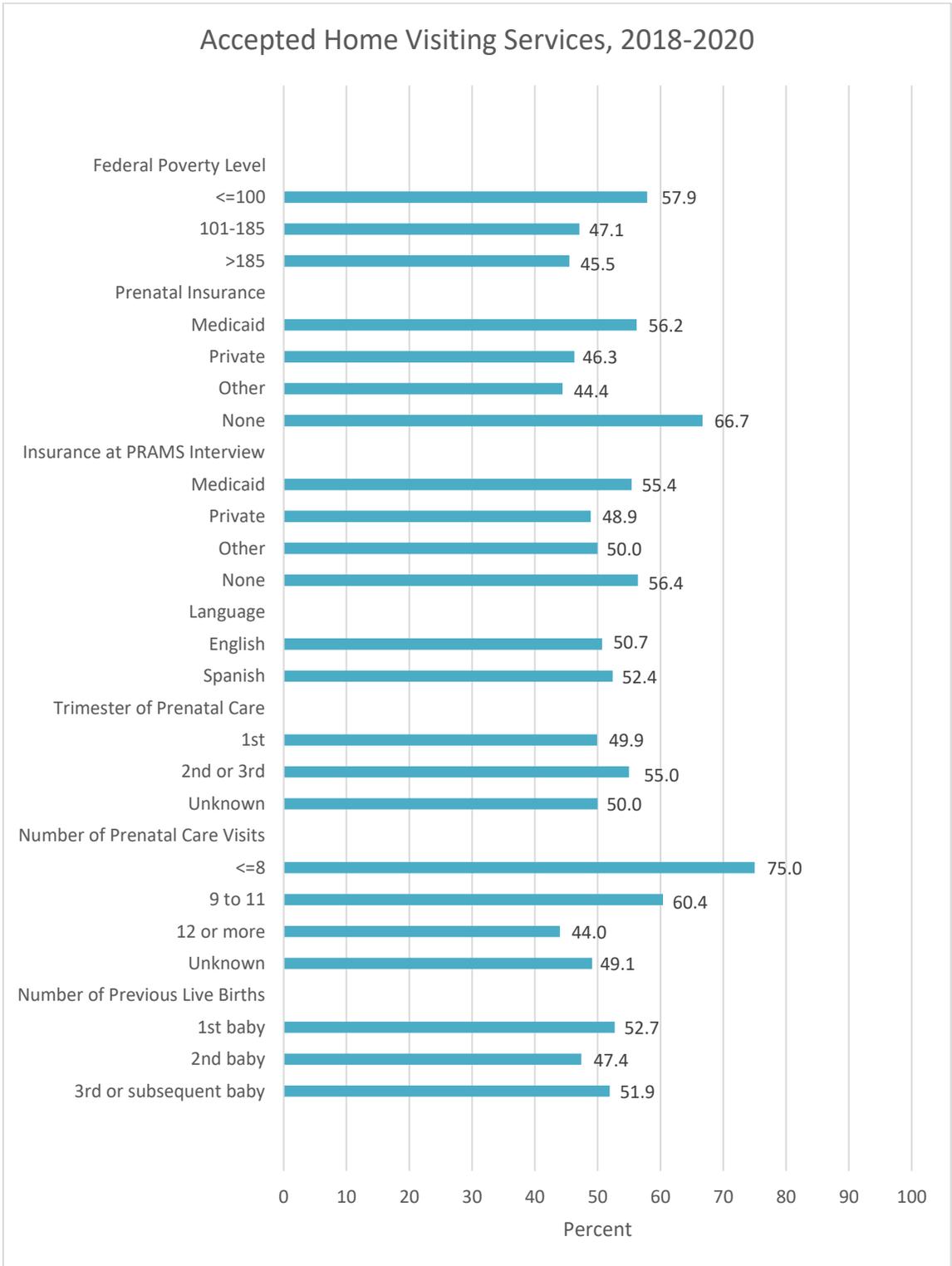


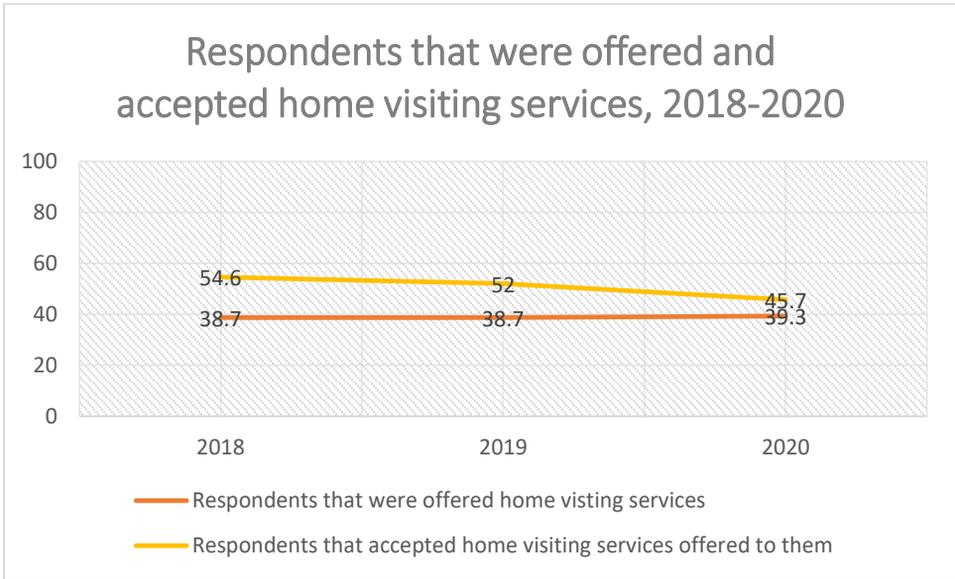
Table 5b. Characteristics of birthing people (2018-2020) who accepted home visiting services, among those offered (continuation)



Findings on who accepted home visiting services among respondents giving birth 2018-2020 show:

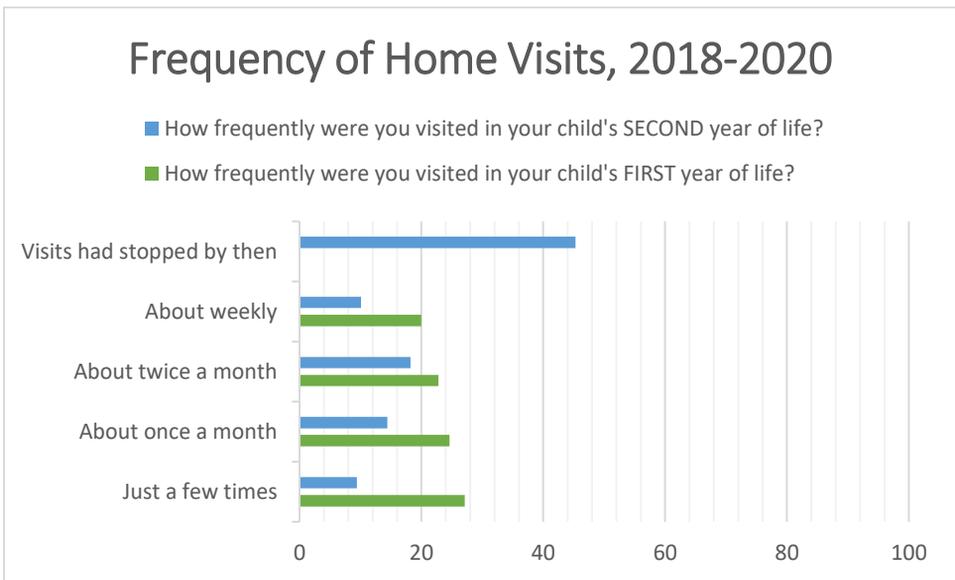
- Among respondents giving birth from 2018-2020, those under the age of twenty were more likely to accept home visiting services (56.7%), followed by birthing persons over the age of thirty-five (53.3%)
- A higher proportion of Native American people accepted home visiting services (63.8%) compared to non-Hispanic White people (47.8%)
- Respondents with less than a high school education were more likely to accept home visiting services (55.7%) when compared to respondents with higher educational attainment
- Unmarried respondents accepted home visiting services at a greater percentage (54.9%) than married respondents
- Respondents living in the northwest (60.2%) and southwest (58.8%) health regions of New Mexico accepted home visiting services more than those living in other regions of the state with the Metropolitan region (e.g., Albuquerque and its suburbs) having the lowest proportion of home visiting participants (43.9%)
- Respondents living in rural areas (56.1%) were more likely to accept home visiting services than urban respondents
- A greater proportion of respondents earning less than or equal to 100% of the Federal Poverty Level accepted home visiting services at 57.9% compared to those with higher incomes
- Individuals with no insurance during the prenatal period (66.7%) accepted home visiting services in greater proportions than recipients of other payers of care (e.g., Medicaid, private, other)
- Respondents with no insurance during the time of the Pregnancy Risk Assessment Monitoring System survey (56.4%) accepted home visiting services in greater proportions than recipients of other payers of care (e.g., Medicaid, private, other)
- A higher proportion of Spanish speaking respondents (52.4%) accepted home visiting services than among English speakers
- Among those receiving prenatal care in the 2nd or 3rd trimester, 55% accepted home visiting versus 50% among those accepting home visiting starting in the first trimester or among those whose prenatal care initiation was unknown
- Respondents completing up to eight prenatal care visits were about twice as likely to accept home visiting services than those with a greater or unknown number of visits
- Respondents having their first baby (52.7%) were more likely to accept home visiting services when compared with those having their third or subsequent baby

Figure 2. Trend among respondents, 2018-2020 births: Who was offered, who accepted home visiting services



Frequency of home visiting

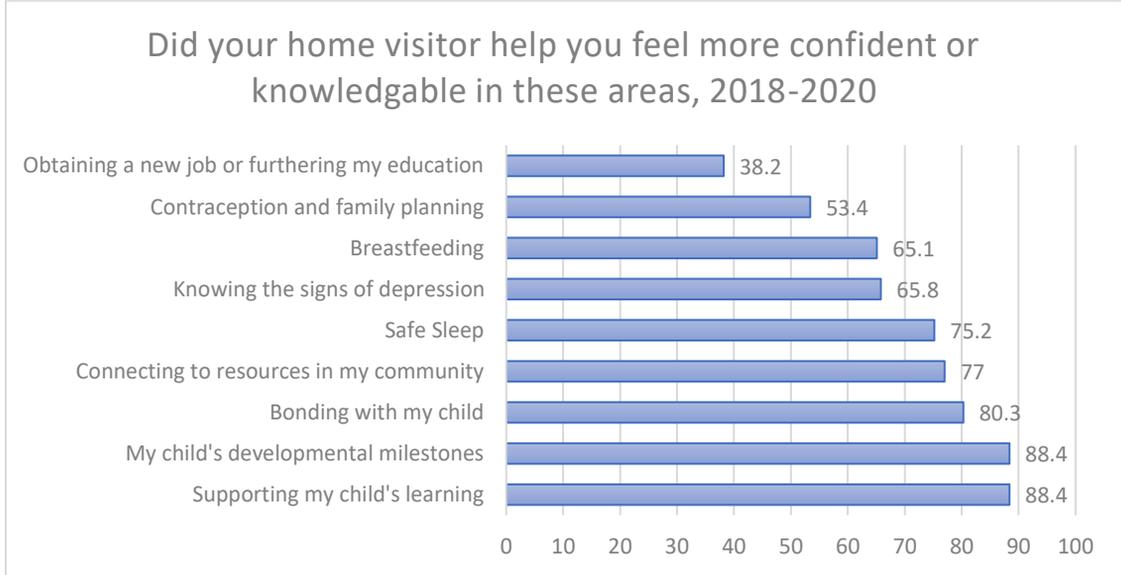
Table 6. Frequency of Home Visits, 2018-2020 births



More respondents reported that they received home visiting services just a few times (27.1%) in their child's first year of life. In the child's second year of life, most survey respondents (45.3%) replied that their home visits had stopped by the time of the second birthday. The response option, visits had stopped by then, was only offered in the question about the child's home visiting services in their second year of life.

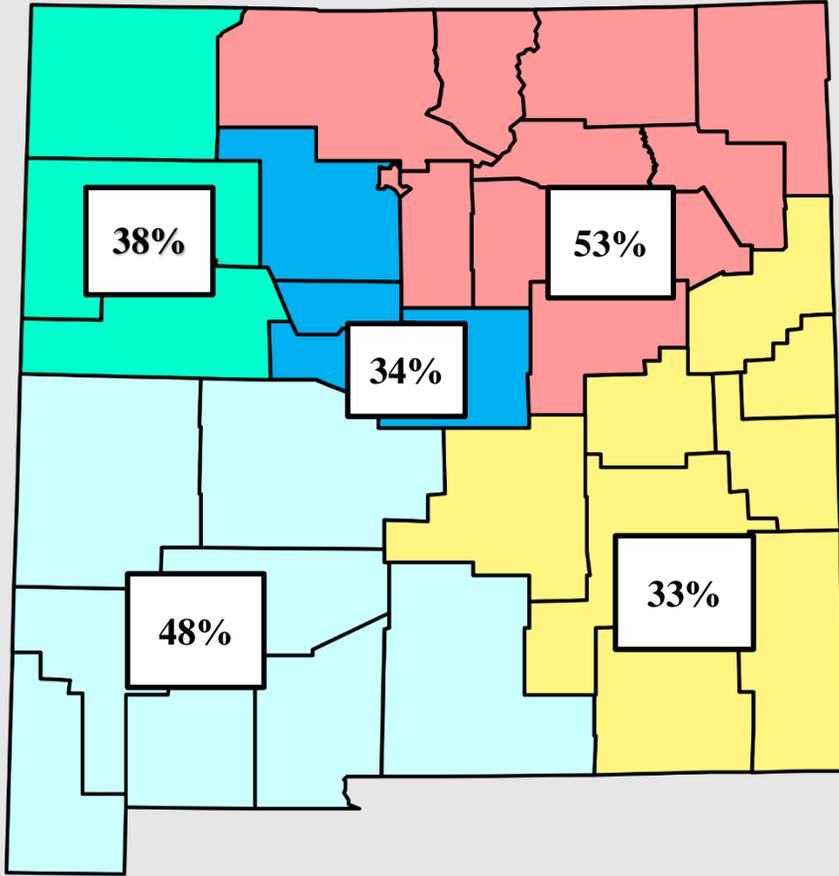
Did your home visitor help you feel more confident or knowledgeable in these areas?

Figure 3. More Confidence and Knowledge obtained from home visiting participation



Most respondents felt more confident or knowledgeable in supporting their child’s learning (88.4%) and their child’s developmental milestones (88.4%). Fewer respondents reported being more confident or knowledgeable in obtaining a new job or furthering their education (38.2%).

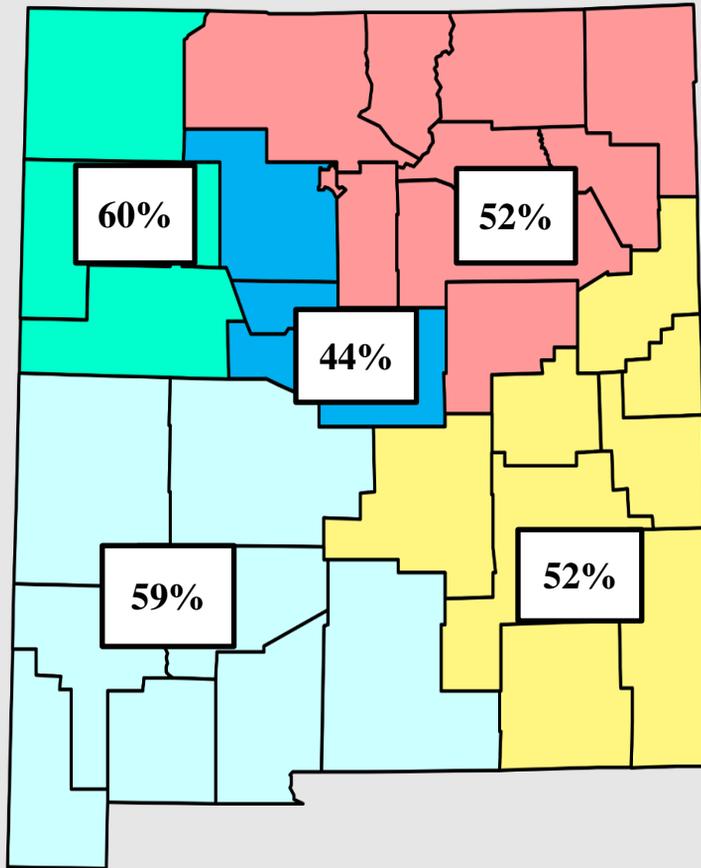
New Mexico Health Regions Map Home Visiting Services Offered, 2018-2020



- Northwest Region
- Northeast Region
- Metro Region
- Southeast Region
- Southwest Region

New Mexico Health Regions Map

Home Visiting Services Accepted Among Those Offered, 2018-2020



- Northwest Region
- Northeast Region
- Metro Region
- Southeast Region
- Southwest Region

Methods

The data in PRAMS are collected 2-6 months after birth among a systematic randomized sampling selection of live births occurring in New Mexico to New Mexico residents. The sample was stratified by maternal education levels in 2018-2019 and by payer (Medicaid or non-Medicaid) and ethnicity (Hispanic and non-Hispanic) in 2020. Each year referenced in this report represents a birth year. HUGS follows up with PRAMS respondents to ask questions once the baby sampled in PRAMS has reached the age of two years. Exclusions include NM residents who give birth in other states and out of state residents giving birth in NM. Weights are used to adjust for non-response data. These weights assume that the respondents in a particular subgroup have the same response as those who did not respond. According to the CDC, if response rates in PRAMS are 55% or greater, this is a reasonable assumption, but if they are lower there may be substantial non-response bias in the sample. There also can be recall bias when respondents are more or less likely to recall events. NM achieved an average 63% response rate with PRAMS and 67% in HUGS.

The data in HUGS and PRAMS were merged and analyzed using SAS 9.4 statistical software. Data collection in HUGS took place two years after the birth of children initially included in the PRAMS survey.

Conclusion

The home visiting data collected from births in 2018-2020 shows that an estimated 39% of respondents were offered home visiting. Among those offered home visiting services, there has been a decline in percentages, which can be attributed to the COVID-19 pandemic. Most respondents who were offered home visiting but declined felt adequately knowledgeable and/or supported as a parent. It should also be noted that several respondents who refused services thought it would be too stressful to schedule appointments. Home visiting services could build easy to use scheduling systems to rectify this concern. Most parents who were offered home visiting learned about the services and were referred by the hospital where they gave birth, followed by their child's doctor. Home visiting services could better promote home visiting with billboards, advertisements, and other promotional materials. Most respondents who accepted home visiting obtained more confidence and knowledge in their child's learning, and improvements should be made to include job and/or educational opportunities for the parent. Children and families will benefit by improving on the gaps while strengthening the areas where home visiting has been successful in New Mexico. As the Administration for Children and Families noted, "studies have found home visiting impacts on child development, school readiness, family economic self-sufficiency, maternal health, reductions in child maltreatment, child health, positive parenting practices, juvenile delinquency, family violence, and crime."

Biases

The PRAMS Help Us Grow Strong (HUGS) survey may include non-response bias and recall biases. The non-response bias in PRAMS is adjusted by statistical weighting procedures, however, the data presented in this report are not weighted for HUGS and may be subject to more bias than weighted data.

Data Limitations

The annual Helping Us Grow Strong sample size may not be adequate to conduct multivariate analyses of associations between maternal and child behaviors and health outcomes. Another issue related to sample size is analyses of subpopulations. Because the study is designed to provide statewide estimates, the sample size may not be large enough for analyses of very small counties or other demographic domains. The data presented in this report were not statistically weighted, and statistical differences among subpopulations were not assessed. The data presented are descriptive and not intended to represent the birth populations referenced.

Sources

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Home visiting program consultants and partners who helped in the development of survey questions in PRAMS and HUGS.

Appendix

Survey Questions

The HUGS' survey consists of several questions involving home visiting services. These questions include whether families were offered home visiting services and those that accepted home visiting services. The survey also asks respondents about how they learned about home visiting, the frequency of their home visits, if the respondent felt more confident or knowledgeable from their home visits, and the main reasons for declining home visiting services.

64. Since your two-year-old was born, were you OFFERED home visiting services?

A home visitor is someone who might talk with you about your child's development, self-care as a new parent, breastfeeding, safe sleep, or nurturing your child, for example.

Yes

No *Go to Question 72*

65. Did you ACCEPT the offer of home visiting services?

Yes

No *Go to Question 71*

66. About how frequently were you visited in your child's FIRST year of life?

Just a few times

About once a month

About twice a month

About weekly

67. How frequently were you visited in your child's SECOND year of life?

Visits had stopped by then

Just a few times

About once a month

About twice a month

About weekly

68. Did your home visitor help you feel more confident or knowledgeable in these areas? Please answer yes or no for each:
- a. Supporting my child's learning
 - b. Nursing/Breastfeeding
 - c. Safe Sleep (i.e., how to lay my baby down to sleep, what to put or not put in the crib, etc.)
 - d. Bonding with my child
 - e. Knowing the signs of depression
 - f. My child's developmental milestones
 - g. Contraception and family planning
 - h. Connecting to resources in my community
 - i. Obtaining a new job or furthering my education

69. How did you find out about home visiting? Please answer yes or no for each:
- a. Heard from a friend or family member
 - b. Referred by my child's doctor
 - c. Referred by my prenatal care provider (OB/GYN, midwife, etc.)
 - d. Referred at the hospital when I delivered my baby
 - e. Referred by another professional (healthcare, counselor, etc.)
 - f. Received home visits for an older child
 - g. Saw a pamphlet, billboard, or other informational materials

70. What is the name of the home visiting program you participated in?

I do not know/remember

71. If you were referred to home visiting and declined, what were your reasons? Please answer yes or no for each:
- a. I felt adequately knowledgeable and/or supported as a parent
 - b. I was not comfortable with someone coming into my home
 - c. My partner or another family member did not want me to receive home visits
 - d. Scheduling home visits sounded like an additional source of stress
 - e. I did not really see a benefit to home visiting
 - f. I did not understand what home visiting had to offer