

Date: April 22, 2021

To: The Honorable Karin Power
Chair, House Committee on Early Childhood

cc: Lisa Gezelter, LPRO

From: Cate Wilcox, MPH
Maternal and Child Health Manager
Public Health Division
Oregon Health Authority

Subject: Follow-up information on Universally offered Home Visiting

Thank you for inviting us to present to the House Early Childhood Committee on the Universally offered Home Visiting (UoHV) initiative. It was a pleasure to share where the Oregon Health Authority is with implementing SB 526. As a recap, SB 526 requires OHA to design, develop and sustain a universally offered evidence-based nurse home visiting program for all families of newborns—including foster and adopted newborns. It also requires commercial health benefit plans to offer this benefit to their members.

As you know, UoHV is all about upstream prevention. The birth of a child is a big change for any family. It impacts a family's social, emotional, financial, and physical environment. While the needs of each family differ, most families report they welcome support as they move through this transition. We know a safe and healthy environment during early childhood forms the foundation for a lifetime of physical and mental well-being and healthy relationships. We also know the importance of meeting families where they are. Universal home visiting provides a means of connection, coordination, and triage for all families of newborns.

Evidence shows that a universal touch point can assess family needs and improve referrals to services that best address those needs and improves family health. Building on current home visiting investments these additional investments in an evidence-based, universal, 1-3 visit, nurse home-visiting program will create a home visiting system that connects all Oregon families with the services they need.

- A universal effort does not replace more intensive targeted home visiting programs, but identifies what families need and want from local resources and provides an individualized, non-stigmatizing entry into the community system of care, including referrals to other more intensive home visiting programs and social supports.
- In collaboration with hospitals and birth attendants a provider would engage every Oregon mother (and father) of a newborn shortly after birth, ideally face-to-face post-delivery to schedule a home visit. If families chose to accept this service, they then

receive 1-3 visits in their home to help them get off to a good start and connected to services they need and want. Participation is voluntary for families.

Evaluation of the Family Connects model has shown that families who participate have:

- More connections to community resources at 6 months.
- More positive parenting behaviors with their infant (e.g., nurturing touch, reading) at 6 months.
- 28% less clinical anxiety reported by mothers at 6 months.
- Higher quality home environments (e.g., safety, books, toys, and learning materials) at 6 months.

Specifically, the Family Connects Evaluation has shown reduced Emergency Medical Care (hospital overnights, emergency department and emergency doctor visits) for infants at 6 months, 12 months, and 24 months. The Family Connects Model estimates that for every dollar invested in the program, there is a \$3.17 savings, primarily from reduced infant emergency medical care.

The evaluation also shows this model is effective in closing race disparities between Black and White participant families. The disparity in maternal anxiety disorder gap reduced by 89%. Disparities in child abuse investigations reduced by 28%. And, disparities in infant emergency medical care reduced by 14%. As we implement this model, OHA is looking for opportunities elevate connection with Oregon's communities of color, such as engaging community health workers where the model allows.

In the 2019 Legislative Session, POP 401 provided the initial investment \$2.8 million to start this initiative—a down payment if you will. The understanding is that as OHA scales up towards statewide access, further investments will be necessary. The current timeline is to achieve statewide access in 2027.

Effective statewide implementation requires state level infrastructure to support local level implementation. At the local level there are two functions. The Community Lead develops and maintains the community level system of care, also called community alignment. Oregon Administrative Rules, Chapter 333, Division 6 which provide administrative oversight of the Universally Offered Newborn Nurse Home Visiting Program as defined in SB 526 (Oregon Laws 2019, chapter 552) state the community lead function can be done by the Early Learning Hub, Local Public Health Authority (LPHA) or Tribe, depending on what works best for the community. The service providers, who conduct the home visits, are currently public health nurses employed by the LPHA. Of our 7 early adopter communities, some community leads are Early Learning Hubs and some are LPHAs. This provides us with an opportunity to support what works best at the local level.

This initiative has received overwhelming support as an upstream, evidence-based means for supporting families right from the start. And as the first state to take this work statewide, we will once again be national leaders in helping improve lifelong health outcomes for all Oregonians. We are happy to continue this conversation with you and the committee.