

AMCHP EXERCISE: SELECTING THE “RIGHT” PROGRAM

In this exercise, imagine you are the representatives of the Delamont county health department, tasked with selecting a home visiting program to improve maternal and child health in the area. Below you will find background information highlighting the needs of your fictitious community, as well as information on the three fictional evidence-based program models from which you may select. Using this information, select one of the programs that you recommend for implementation.

Background on Delamont County

Delamont County is a small, rural community of about 40,000 households. About 30 percent of households live under the federal poverty threshold. Traditionally, the area has been predominately white, but in the past few decades, there has been an influx of Hispanic and Latino families, now comprising about 25 percent of the county population. The local school system has struggled to accommodate the substantial proportion of students who are learning English.

Recently the county was awarded state funds to offer a home visiting program to improve maternal and child health in the area. Delamont was selected because it has the highest infant mortality rate in the state. A needs assessment determined that many pregnant women do not receive prenatal care because of a lack of health insurance and accessible facilities. The assessment also identified that many mothers have low educational attainment and little social support.

The options have been narrowed down to three programs that are considered evidence-based. The county has resources for 10 paraprofessional home visitors or 4 professional home visitors, which may include social workers, nurses, or counselors. Agency guidelines specify that home visitors may handle caseloads of up to 50 families, but supervisors have indicated that home visitors often seem overwhelmed with that many families. The county hopes to serve 250 families each year. It is anticipated that about 20 percent will not speak English.

We will come back together as a group and would like to hear about your decisions and rationale particularly:

- What program did you select?
- Why did you select this program?
- Do you have any concerns about this program? If so, what are they?
- Was there additional information that would have been helpful to you? If so, what?

Fictional model 1: Growing Strong and Stable Families (GSSF)

The GSSF program was designed for high-risk first-time adolescent mothers. The program focuses on helping mothers have a safe, healthy pregnancy and transition to parenting an infant. Home visitors emphasize the importance of prenatal care, nutrition, smoking and alcohol cessation, and building support networks. GSSF includes weekly home visits starting in the first trimester of a mother’s pregnancy until three months after the child’s birth. Home visitors are Master’s level social workers, who have completed an intensive one-week training course.

Two studies were conducted in the same urban area with samples of African American women under the age of 18. Study results are presented in Table 1.

Table 1. Research Results for GSSF

	Favorable Effect	No Effect	Unfavorable or Ambiguous Effect
Study One			
Pre-term births	✓		
Low birth weight	✓		
Study Two			
Birth-related infant hospitalization		✓	
Children in fair or poor health	✓		

Fictional model 2: Proud Parenting (PP)

PP was designed for families with a history of child maltreatment or at risk of child maltreatment. The home visits focus on reducing parental stress, home safety, infant and child health and development, appropriate discipline techniques, and maternal health. The program is designed to be flexible, so home visits can range from weekly to monthly. Services are designed for families with children five years or younger, but may begin while the mother is pregnant. The program recommends that home visitors have at least a Bachelor’s degree and five years of experience working with families. Home visitors must complete a 24-hour in-person training and then participate in monthly phone calls.

A study on PP was conducted with expectant mothers with at least one other child who had been referred to Child Protective Services. The sample was made up of 65 percent white mothers, 15 percent African American mothers, and 20 percent Hispanic mothers. The study was conducted in a rural setting with a high poverty rate. A second study was conducted with a sample of primarily white mothers, who had a substantiated case of child maltreatment, and living in a rural area. Study results are presented in Table 2.

Table 2. Research Results for PP

	Favorable Effect	No Effect	Unfavorable or Ambiguous Effect
Study One			
Low birth weight	✓		
Nonviolent discipline	✓		
Subsequent referrals to CPS			✓
Study Two			
Low birth weight		✓	
Nonviolent discipline	✓		
Subsequent referrals to CPS	✓		

Fictional model 3: Living Well for Parents of Young Children (LWP)

LWP is designed to support the physical, emotional, and intellectual development of the child by enhancing the relationship between health care professionals and parents. A pediatric or family medicine practice must be involved in every site. The home visitor works with a team of medical practitioners to coordinate services. There are no specific education or experience requirements for the home visitor. The program includes biweekly visits from birth through the child’s second birthday. The program requires home visitors to complete a three-day training and participate in annual in-person refreshers.

One study on LWP was conducted on a sample of Latina mothers, of whom most were non-native English speakers. The setting was a large city with concentrated poverty. A second study was conducted primarily with African American mothers in an urban area. Study results are presented in Table 3.

Table 3. Research Results for LWP

	Favorable Effect	No Effect	Unfavorable or Ambiguous Effect
Study One			
Breastfeeding	✓		
Length of time between subsequent pregnancies	✓		
Mother’s assessment of child health			✓
Study Two			
Birth-related infant hospitalization	✓		
Children with up-to-date immunizations		✓	