

Are home visiting program for at-risk children effective at reducing population level health and social disparities? *A PATHS Equity for Children project*

Marni Brownell

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Families First Home Visiting

- enhancing parents' capacity to provide a **nurturing and supportive environment** for their children
- Currently serving approx 1500 families
- Weekly home visits provided by **trained non-professional home visitors**.
- Home Visiting support is offered for **3 years** (although average time = 18 months)
- Home Visitors have limited caseloads
- Use skill building **curriculum focused on parenting, child development and family functioning**



Do children in the home visiting program have better outcomes?

Outcomes examined

- Taken into care before 1st and 2nd birthday
- Hospitalizations for child maltreatment related injuries
- Immunization rates at 1 and 2 years of age
- Child development scores at kindergarten (EDI)

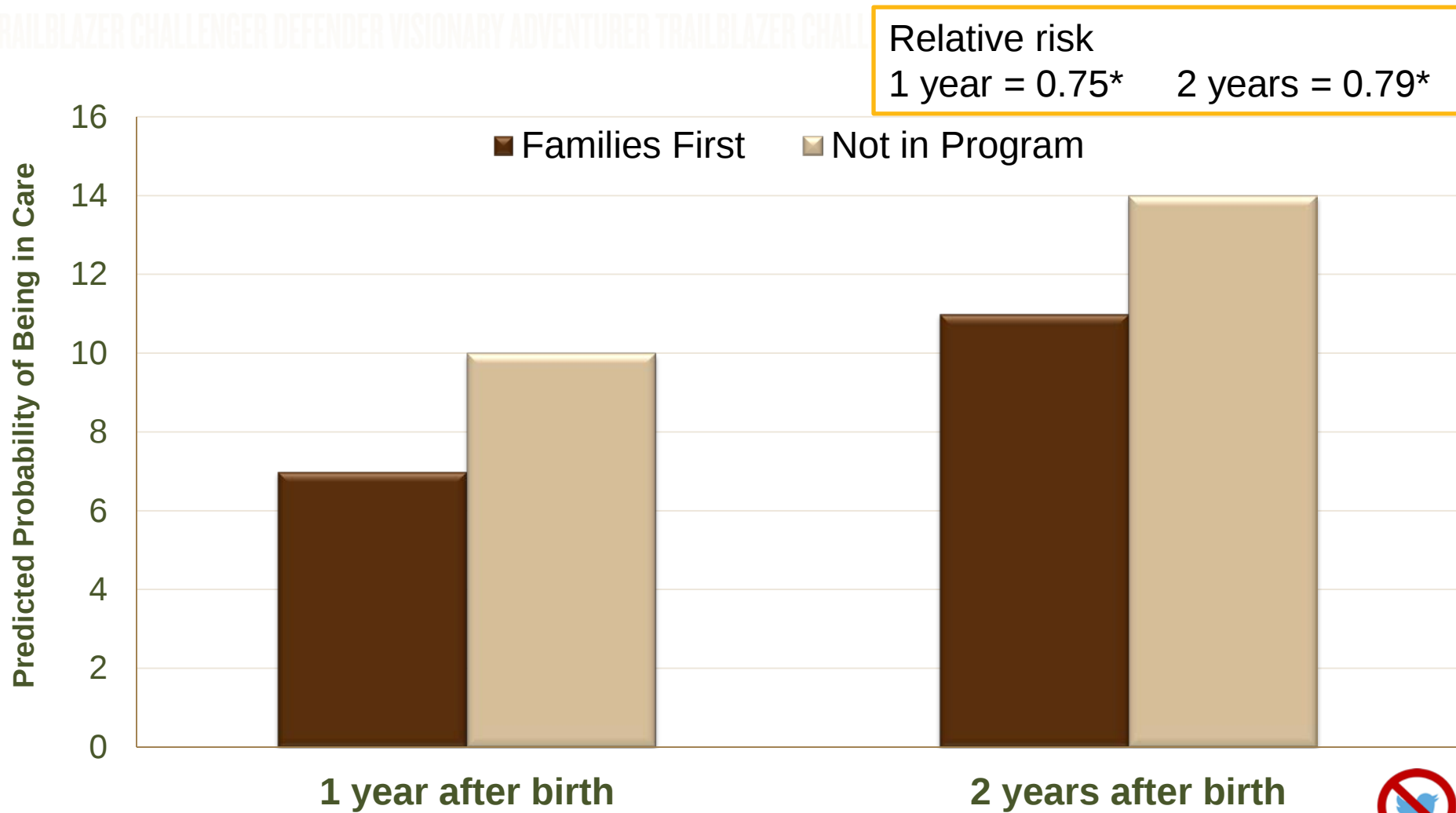


Methods

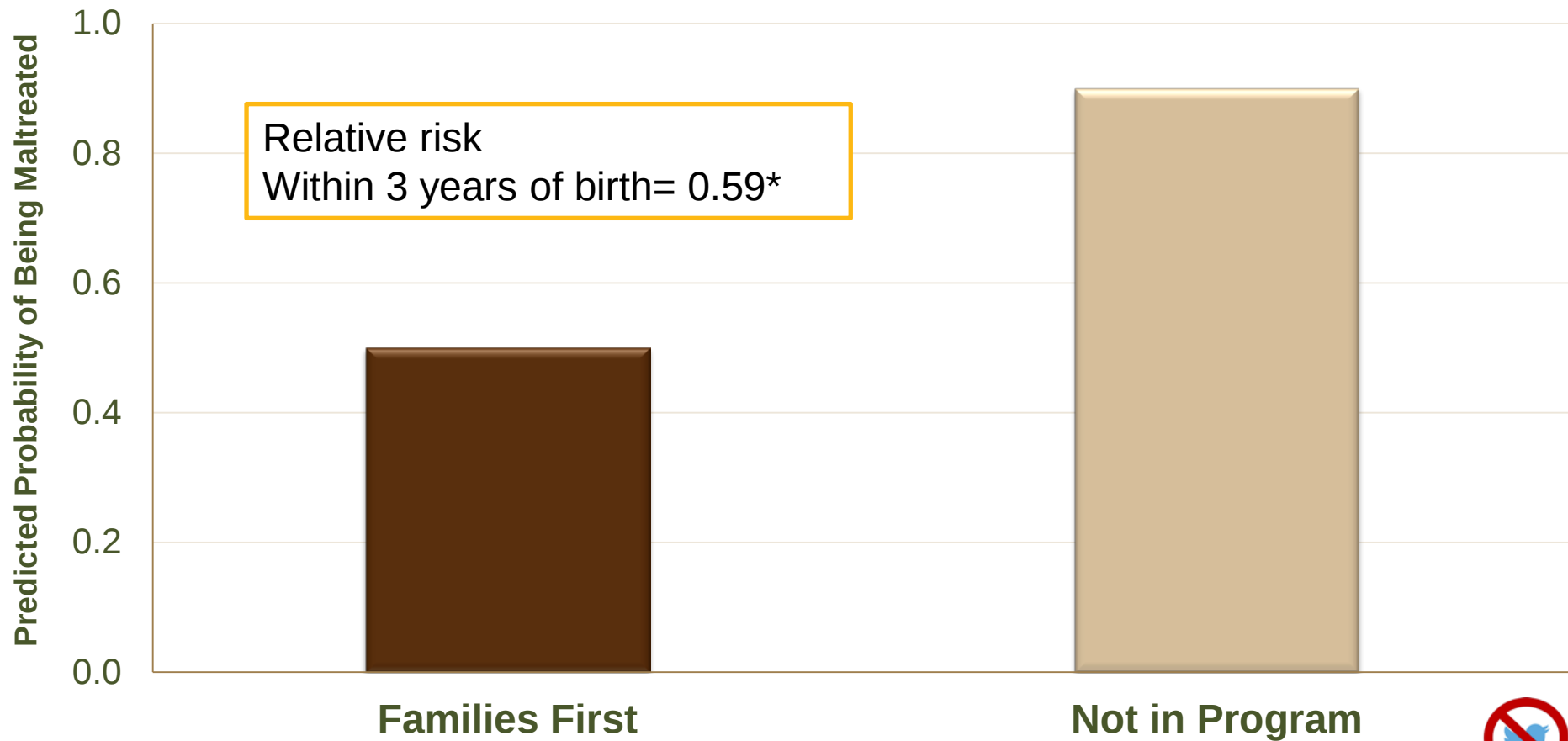
- Children with high risk scores born in years 2003-2009
 - In program = 4,575
 - Not in program = 5,186
- Propensity score calculated
 - Probability that in program based on FF Screening
- Inverse probability of treatment weights
 - Applied to balance program and comparison groups



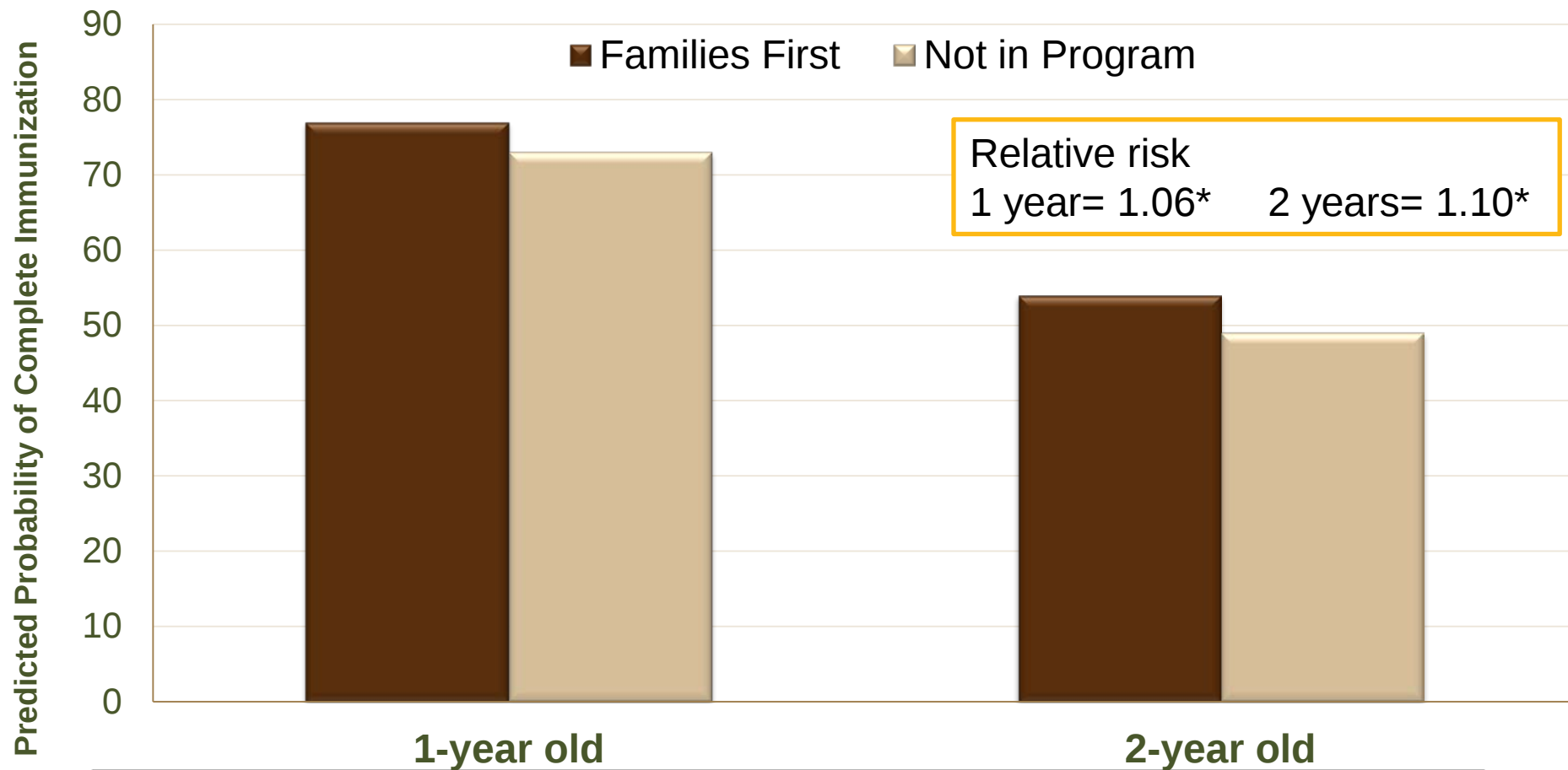
Children in Care



Injury for Child Maltreatment

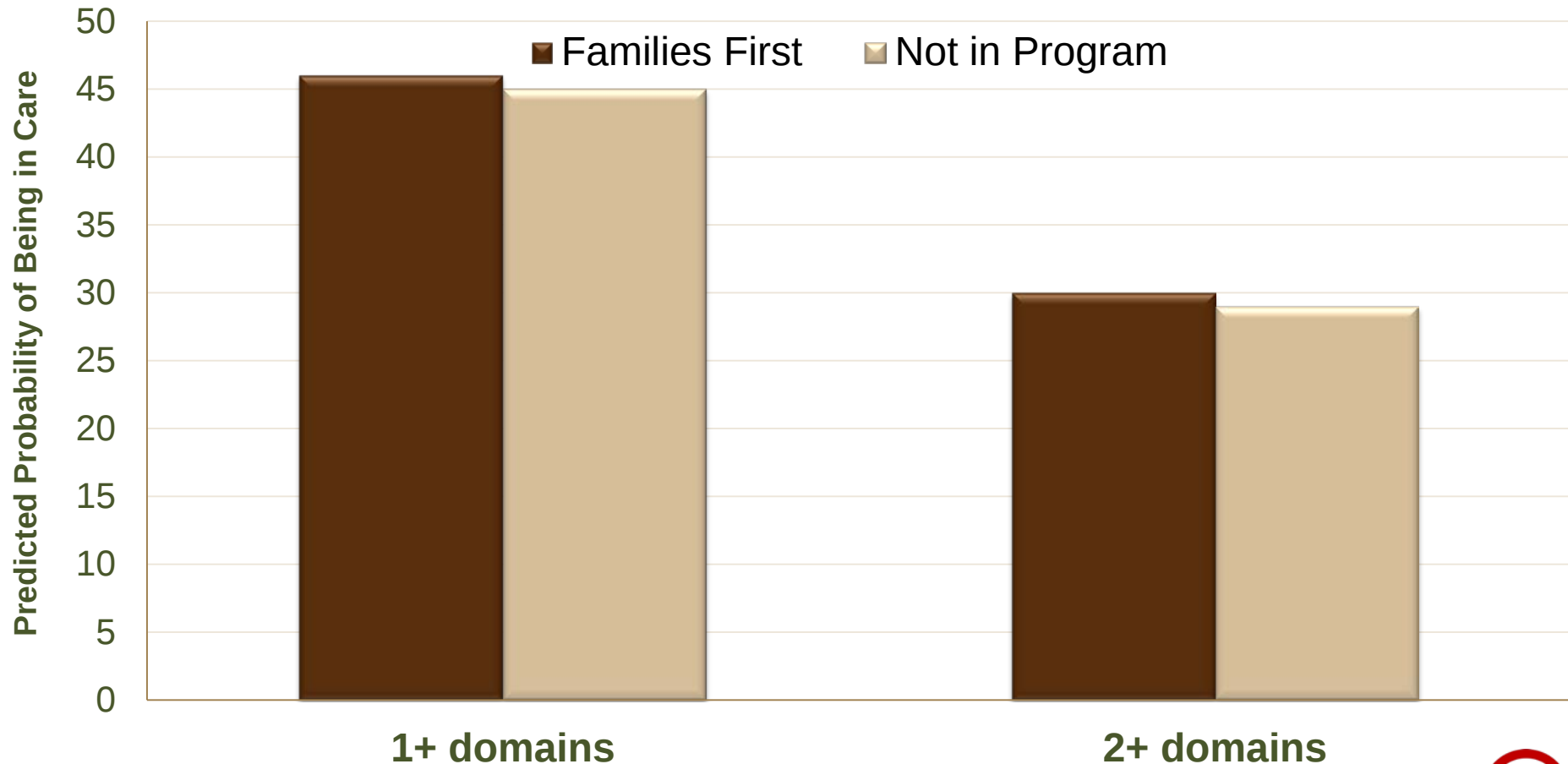


Complete Immunization



Isaac et al., 2015

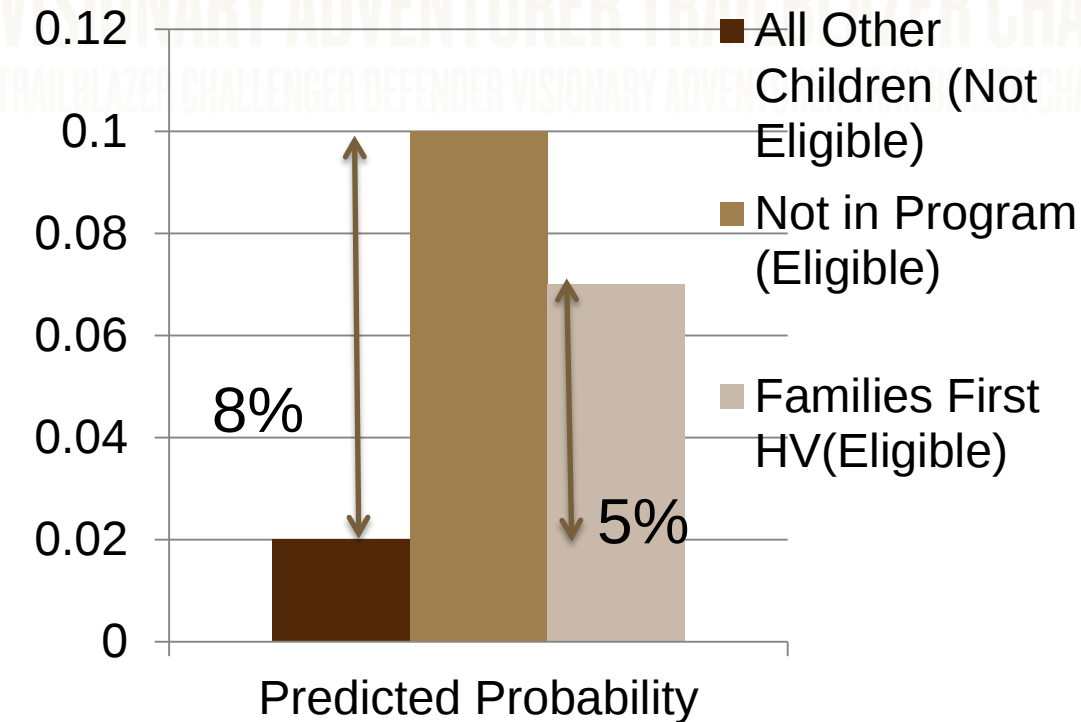
Not Ready on EDI



Does the Families First Home Visiting Program Reduce the Gap?

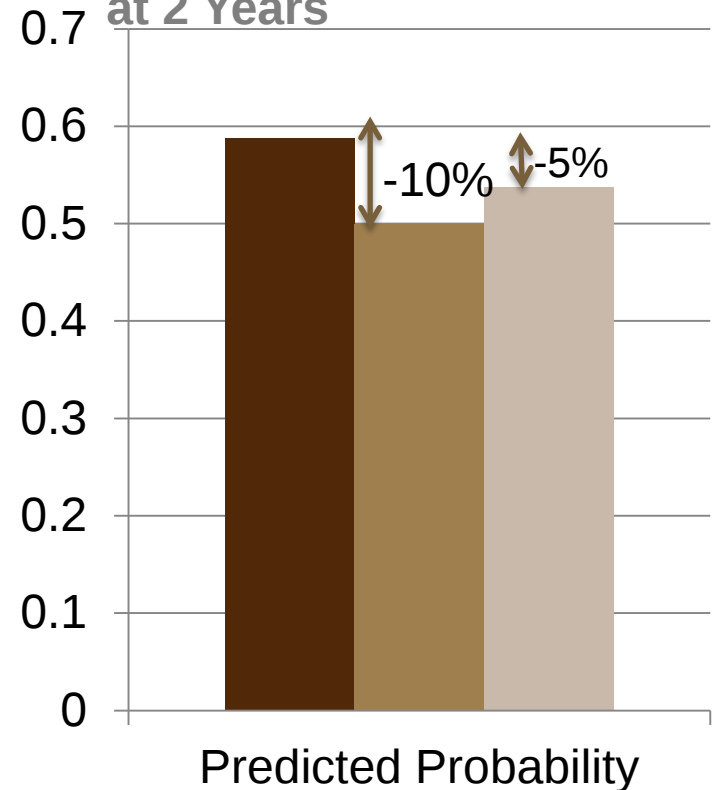


In Care by 1 Year



Diff of RD=-0.02*; ratio of RR=0.75*

Complete Immunizations at 2 Years



Diff of RD=0.05*; ratio of RR=1.10*



Acknowledgements



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Research Team

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Collaborators

Marion Ross, Rob Santos

Jan Sanderson



Thank You / Questions



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“The results and conclusions are those of the authors and no official endorsement by the Manitoba Health, Healthy Living and Seniors or other data providers are intended or should be inferred.”

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