



National Collaborating Centre  
for Determinants of Health  
Centre de collaboration nationale  
des déterminants de la santé

# Discussion Paper

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## Public Health Early Child Home Visiting Forum

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# Contents

Purpose of the Discussion Paper .....	4
National Collaborating Centres for Public Health and the National Collaborating Centre for Determinants of Health .....	4
NCCDH and Public Health Early Child Home Visiting .....	5
Key Findings about Home Visiting from the Environmental Scan .....	6
Key Findings from the Home Visiting Literature .....	7
Preliminary Findings from the Inventory of Public Health Early Child Home Visiting Programs .....	9
Issues for Discussion .....	11
Questions for Discussion .....	13
References .....	14
Appendix 1: Determinants of Health .....	16



# Purpose of the Discussion Paper

As an exercise in knowledge, synthesis, translation and exchange, and in preparation for the Public Health Early Child Home Visiting Forum NCCDH has developed this paper to encourage discussion of public health early child home visiting. The paper highlights issues and concerns identified in the 2008-09 work of the NCCDH, which explores public health early child home visiting with a particular focus on the relationship between home visiting, health outcomes and health equity. This work included an environmental scan of early child development issues; an inventory of public health early child home visiting programs and initiatives; and an annotated bibliography of the academic literature on home visiting. The paper presents an overview of the key information identified through each of these activities and includes a series of questions designed to foster reflection and stimulate discussion.

## National Collaborating Centres for Public Health and the National Collaborating Centre for Determinants of Health

The National Collaborating Centre for Determinants of Health (NCCDH) is one of the six National Collaborating Centres for Public Health (NCCPH) who work together to ensure that Canadian public health practitioners have access to the information they need to make evidence-informed decisions. The National Collaborating Centre for Determinants of Health (NCCDH) synthesizes knowledge and research evidence, and translates and exchanges this information on the social determinants of health with public health practitioners, policy makers and researchers. The NCCDH engages in “the exchange, synthesis and ethically sound application of research findings within a complex system of relationships among researchers and knowledge users as part of a large process to incorporate research knowledge into policies and practice to improve the health of the population” (Kiefer, Frank, DiRuggiero, Dobbins, Manuel, Gully, & Mowat, 2005).

# NCCDH and Public Health Early Child Home Visiting

The NCCDH focuses on the social and economic factors that influence the health of Canadians – the determinants of health. One of these determinants is healthy child development. It is well recognized that the early years are critical and have a significant impact on the eventual health and well-being of adults (Dodge, 2004; Irwin, Siddiqi, & Hertzman, 2007; Senate Subcommittee on Population Health, 2008). The scope of early child development is broad; therefore, the NCCDH conducted an environmental scan to identify priority areas and effectively narrow the focus. Among other issues, the scan identified public health early child home visiting, a practice that is widely used in Canada and around the world, as an issue meriting further exploration.



# Key Findings about Home Visiting from the Environmental Scan

The majority of participants in the environmental scan, which included public health nurses, clinical nurse specialists, home visitors, child development program staff, medical officers of health, a day care director, senior government officials, senior government program managers, and researchers, agreed that home visiting was an important aspect of early child development programs. They noted that, anecdotally, evidence suggests that families benefit from one-on-one visits and that some client satisfaction surveys indicate that families are extremely pleased with the progress made where home visiting occurred.

Participants were also aware that research evidence supports nursing involvement in the practice of home visiting. By establishing a relationship with the family through home visiting, the nurse is able to gain the trust of the family; work with family members to ensure optimal pre- and post-conceptual health; facilitate early attachment between parent and child; identify potential problems early; and make timely referrals. Many expressed concern that, despite this evidence, public health nursing is not often seen as central to early child development initiatives. Participants noted that many early child development programs are defined by mandate and not by the needs of the family; thus, home visiting is often discontinued in situations when it is still needed. Participants said that home visiting does not receive adequate funding and, to the frustration of some program developers, alternative, less-costly approaches are often introduced with expectations similar to those achieved with nursing involvement.

# Key Findings from the Home Visiting Literature

The NCCDH has developed an annotated bibliography in the area of public health early child home visiting that will continue to be updated as research evidence becomes available. This bibliography, in combination with a literature review conducted by Gyorfi-Dyke (2007), identified several issues.

The literature indicates that a home visiting approach has been widely used in Canada and around the world. Despite an abundance of studies evaluating the effectiveness of home visiting, there are mixed results (Olds, Sadler, & Kitzman, 2007). Some home visiting programs are shown to have positive outcomes while others show no differences with respect to health outcomes (Encyclopedia on Early Childhood Development, 2007). In addition, there is considerable variation in approaches and quality of home visiting – programs differ in terms of length, intensity, components, level of training of the home visitor, and target audiences (Kitzman, 2004).

Nonetheless, several key components of successful home visiting programs have been identified in the literature. These factors, as summarized by Gyorfi-Dyke (2007), include:

- \* **Fidelity:** It is important for home visiting programs to remain loyal to the specific framework upon which they are developed (Carroll et al., 2007). While programs might be based on solid evidence, it is also critical to pay particular attention to implementing the program according to established guidelines (Zercher & Spiker, 2004). Programs that are more flexible may be challenging because there is a lack of consistency in implementation, which may diminish their impact. The literature makes clear that consistent parameters across programs are key.
- \* **Components:** A theoretical framework should be the basis of home visiting programs. Likewise, programs are more effective if they are based on a specific curriculum (Encyclopedia on Early Childhood Development, 2007; Zercher & Spiker, 2004). In addition, home visiting programs are shown to be more successful if they are supported by other interventions, such as group classes.



- \* **Level of Profession Delivering the Intervention:** Paraprofessionals are the most common deliverers of home visits (Drummond et al., 2002); however, current research indicates that programs that are more positively evaluated are delivered by nurses (Doherty, 2007; Fergusson, Grant, Horwood, & Ridder, 2005; Olds, 2004; Olds et al., 2002). Nonetheless, there is evidence indicating that a team consisting of a nurse and a paraprofessional can be effective (Norr et al., 2003) if there is sufficient training, a good interaction between the paraprofessional and nurse, and a solid evidence-base informing the program.
- \* **Avoiding Attrition:** Some families do not participate in the full range of home visits that are available while others opt out of home visiting programs entirely (Doherty, 2007; Drummond et al., 2002). It is important to encourage families to take part and consistently participate in available programs. Issues of attrition may be linked to the relationship between the home-visitor and the family (Tucker et al., 2006).
- \* **Initiation, Length and Intensity:** Interventions that begin during pregnancy or immediately after a baby is born tend to be more effective (Daro, 2006). It is also recognized that the length of the home visiting program is important, with the more effective programs being a minimum of one year in length (Herrod, 2007). High intensity also tends to lead to better outcomes (Doherty, 2007; Herrod, 2007). Such program logistics must be clearly delineated.
- \* **Target Audience:** There is discussion in the literature about whether programs should be universal or targeted. The literature indicates that vulnerable or at-risk families (e.g., low income) (Zercher & Spiker, 2004) are more apt to benefit from home visits (Kitzman, 2004).

# Preliminary Findings from the Inventory of Public Health Early Child Home Visiting Programs

The Public Health Early Child Home Visiting Inventory is an ongoing project designed to document and describe home visiting programs and initiatives in all Canadian provinces and territories. Our intention is to expand the inventory and to collect information about select international home visiting programs, as well as, select regional home visiting programs in each province and territory. The inventory is currently in development; however, even at this stage some preliminary themes have been identified.

- \* **National Range of Programs:** Every Canadian province and territory has a home visiting program or includes home visiting as a component of an early child development program. These programs are diverse and cover a range of participants from birth to school-aged children.
- \* **Universal Screening:** To date, the programs identified conduct universal screening (screening all newborns); however, most provide additional services to families or individuals who are identified as at-risk or high risk based upon the universal screen.
- \* **Determinants of Health:** While not necessarily designed with a determinants of health lens, most home visiting programs address some of the 12 determinants of health that have been identified by the Public Health Agency of Canada (See Appendix 1).
- \* **Collaboration:** Most programs and initiatives include collaborations with communities and others including public health practitioners, government agencies and divisions, non-government agencies and community-based organizations; however, it was noted that services are not well integrated.



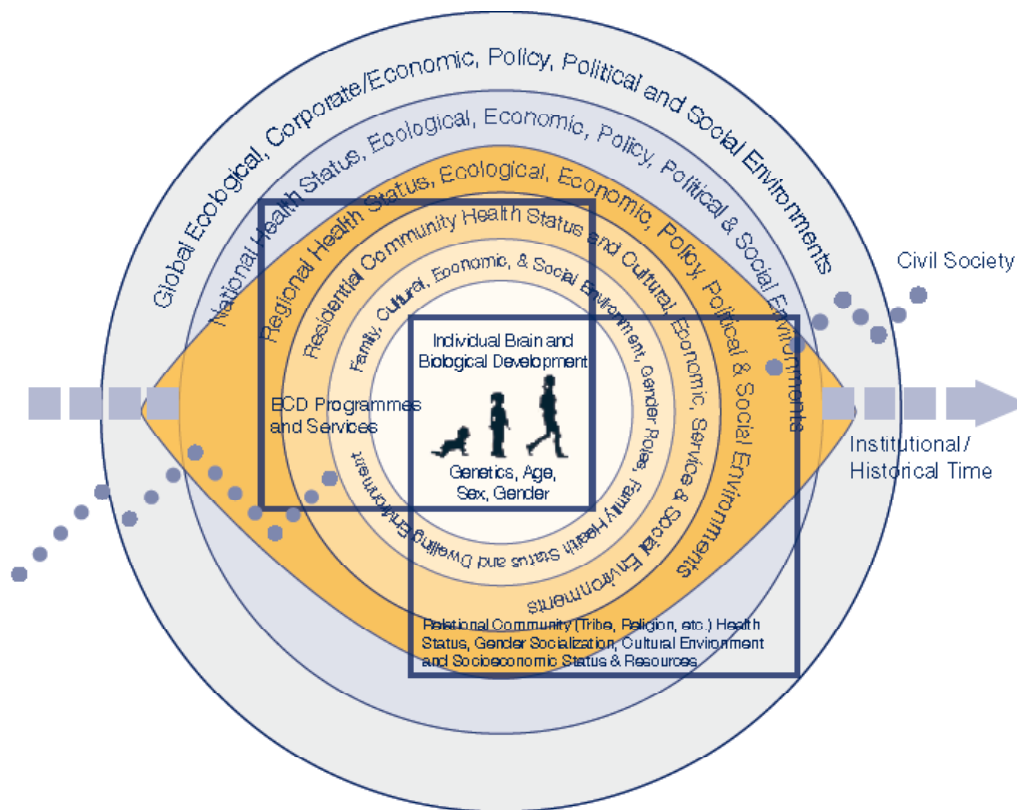
- \* **Cultural Safety:** Most Canadian home visiting programs take issues of cultural diversity into account and include a philosophy of cultural appropriateness and cultural sensitivity.

A number of emerging issues were identified through the public health early child home visiting inventory.

- \* **Universal Model:** There is an interest in developing a pan-Canadian home-visiting model that could be modified appropriately and applied across the country.
- \* **Tools:** Tools that have been designed and validated with the specific purpose of home visiting screening and assessment would be useful.
- \* **Business Case:** There is a need to develop a business case making clear the cost benefits of home visiting to government officials and decision-makers.
- \* **Retention of Home Visitors:** It is difficult to retain home visitors. Home visitor burn-out is an issue due to the challenges of this work. This may also be related to remuneration and wage issues.
- \* **Growing Need for Family Support:** There appears to be a growing need among a broader range of families for additional support in parenting and in meeting their children's needs.
- \* **Getting Good Information Out to Parents:** When and through what mechanisms can good information be gotten out to parents? How is this provided and at what levels?

# Issues for Discussion

**Figure 1: WHO Commission on Social Determinants of Health (2007) Early Child Development: A Powerful Equalizer**



The Total Environmental Assessment Model for Early Child Development (TEAM-ECD) (Irwin et al., 2007) frames early child development as the most important developmental phase throughout the lifespan and supports decision-making so that governments and civil society can work together with families to provide equitable access to strong nurturant environments for all children.



The guiding principles of this model are:

- \* Early child development (physical, social/emotional, and language/cognitive development) is the result of interactions between children's biological factors and the environments in which children live and grow.
- \* Successful early child development occurs when environmental conditions (physical, social and economic) demonstrate conditions that are known to be nurturant for children.
- \* The use of an equity-based approach for providing nurturant environments for children addresses the inequities in socioeconomic resources that result in inequities in early child development. Further, gains in social and economic resources for families of young children result in commensurate gains in children's developmental outcomes.

# Questions for Discussion

The NCCDH is exploring the ways in which home visiting might support the development of nurturant environments. Given the information provided above, the following questions are presented for reflection and discussion:

1. How closely does the information described in this document reflect your experience and/or understanding of home visiting?
  1. Environmental Scan
  2. Summary of Literature
  3. Provincial/Territorial Inventory
2. How does or could home visiting support the development of nurturant environments for children?
3. Keeping in mind your work role, what could you do to help ensure that home visiting leads to nurturant environments for children?
4. Do you have a story in which home visiting led to improved health equity? If you do, please describe.
5. Do you have a story in which home visiting led to improved health outcomes? If you do, please describe.



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# Appendix 1:

## Determinants of Health

The Public Health Agency of Canada identifies the following 12 determinants of health:

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment/Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health Practices and Coping Skills
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services
11. Gender
12. Culture

Source: <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>