Home Visiting Programs Address Rural Health Challenges Head On

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Maternal and child home visiting programs have long been trusted to bring care right to the door for pregnant women and mothers. In rural communities, where health services can be far away or even absent, a nurse or paraprofessional visiting your home to provide health education can be an invaluable service. Though home visitors are employed to ensure healthy pregnancies and timely child development, their deep reach in rural communities suggests they are addressing a whole lot more.

Challenges to Building Healthy Families in Rural America

Recent headlines and numerous research reports have captured the devastating steady loss of maternity care in rural America. As rural hospitals close or are forced to shutter expensive labor and delivery units, rural maternity care deserts keep expanding, often in the country's most vulnerable, high-poverty rural communities and in states that did not expand Medicaid. More than half of rural counties have no hospital where a woman can deliver a baby.

Driving long distances to a hospital to give birth is hardly the only health care challenge for expectant mothers living in rural communities. Medical provider shortages in rural places have impacted all forms of care. Rural women are more likely to give birth without having had any prenatal care. Despite higher prevalence of maternal depression, rural communities have far fewer mental health providers. And following birth, pediatric care is also in short supply.

Social, environmental and economic inequalities in rural communities also contribute mightily to the challenge of raising healthy children. Rural counties have fewer resources, lower rates of employment and educational

attainment, and higher levels of persistent poverty and food insecurity. As rural communities experience economic decline, rural women are harmed by fewer job opportunities, decreasing pay, unpredictable hours and temporary employment. Steady cuts to and privatization of rural social service programs disproportionally hurt moms' and kids' health.

Within this environment of limited health care infrastructure and restricted opportunity, there's no doubt that improving maternal and infant health outcomes remains vexing. Indeed, little progress has been made; cesarean births, low-birthweight deliveries and preterm births have all increased for women in rural communities. Rural communities also have higher rates of infant, neonatal and post-neonatal mortality.

Home Visiting Meets Rural Mothers' Needs

Amidst these challenges, nationwide home visiting programs are diligently serving the unique needs of pregnant women living in low-density and underserved communities. Their presence can be particularly valuable for families living in rural communities. Programs such as Nurse-Family Partnership, Parents as Teachers, Healthy Families America, and Early Head Start—federally funded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program—provide in-home prenatal and postpartum support for low-income and at-risk families. Family Spirit, an evidence-based model designed for Native American communities, provides culturally specific content in tribal areas that are often remote and underserved. These locally implemented programs use curricula delivered by nurses and paraprofessionals on improving pregnancy outcomes, child health and development and economic self-sufficiency. Congress' authorization of MIECHV in 2010 contributed to widespread expansion of home visiting services, with more than 400,000 families served by evidence-based and promising new home visiting programs in 2017.

PolicyLab's Research Highlights Home Visitors' Impact on Rural Communities

As home visiting programs scaled up across the country, our research team of Jennifer Whittaker, Katherine Kellom, Dr. Meredith Matone, and Dr. Peter Cronholm wanted to explore the impact and needs of home visiting programs operating in rural Pennsylvanian communities. We recently published our findings in the *Journal of Public Health Management and Practice,* sharing the results of 150 interviews we conducted with program administrators, home visitors and program clients during our evaluation of MIECHV-funded programs across the Commonwealth of Pennsylvania.

From these interviews, we identified challenges and solutions unique to programs embedded in rural communities. For example, home visiting providers and rural-dwelling mothers identified social isolation, the need for local mental health care services and inaccessibility of health resources as challenges for raising a health family. Home visiting programs addressed these needs by creating hyper-local solutions like hosting group play dates, enabling parent-organized social events, dinners, and game nights, funding a mental health consultant who conducts home visits and purchasing a van that can take families to appointments. These adaptive solutions enable programs to meaningfully engage families in home visiting services.

In addition to highlighting unique locally driven solutions of the home visiting community, our analysis suggests that home visiting programs represent a larger investment in social, human and cultural capital across communities. For example, home visitors assist clients in locating employment, overcoming transportation barriers and enrolling in educational opportunities. Their efforts reduce social isolation and build civic engagement and activism.

> Overall, our findings suggest that investment in home visiting programs, and their subsequent dedication to addressing social determinants of health for mothers and infants, may result in not just healthier children, but stronger rural communities.

As health care providers struggle to improve health outcomes for rural mothers and children—and policymakers grapple with the challenges of maintaining vibrant rural communities—well-funded and well-supported home

visiting programs may be an important component of the solution. Locally embedded evidence-based home visiting programs respond to rural needs and support families of young children in a variety of ways. In many communities, these programs have the opportunity to play a key role in rural health infrastructure. Our study findings suggest an encouraging approach for local community and economic development stakeholders to stand alongside home visiting programs in supporting positive maternal and child health outcomes community-wide.

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