

Reaching Low-Income Mothers

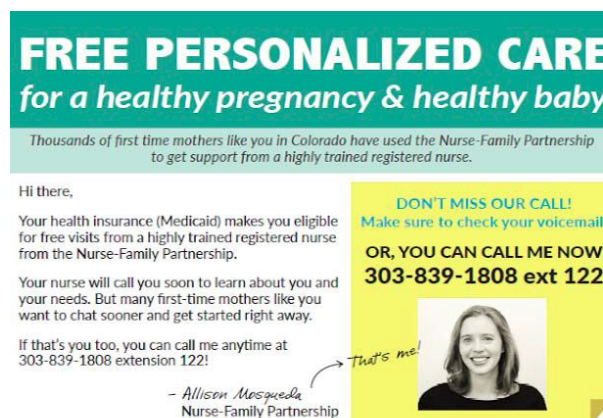
Home Visiting Uptake Among Medicaid-Eligible Mothers

Target a Priority Outcome The Department of Health and Human Services (HHS) supports a wide range of evidence-based early childhood home visiting programs which aim to improve the health of at-risk children.¹ The standard nurse home visiting model provides access to free, in-home pre- and post-natal care from a nurse to low-income, first-time mothers. However, take up is often below optimal levels and attrition is high across programs.² Invest in Kids (IIK) operates a home visiting program, in coordination with HHS, targeting vulnerable families in Colorado and seeks to increase utilization of programs.

Translate Evidence-Based Insights Women are eligible for IIK services if they are below an income threshold and first time mothers. IIK, similar to agencies across the country, receive referral information for potential eligible women from Medicaid and contact the eligible mother directly to both inform them about and enroll them in the program. However, many mothers may be unaware of the program and its many potential benefits, or may not receive the information at all if their contact information is not up-to-date.

To increase take up, a new evidence-based postcard was sent to eligible expectant mothers in Colorado. The postcard highlighted the benefits of the program, shared personal experiences from clients, and highlighted IIK contact information for a dedicated staff member. The postcard was created in both English and Spanish and alerted potentially eligible mothers that they would receive a phone call from a nurse to set up an

appointment. The postcard sought to create an additional communication channel to relay information on the program benefits, increase mothers proactively reaching out to IIK, and accepting calls from IIK nurses to discuss the introduce the home visiting program.



Embed Tests The evidence-based postcard was tested with an individual level randomized control trial. 6,846 IIK referrals were randomly assigned to receive the business as usual outreach or the behaviorally-informed postcard prior to the standard IIK phone call. The test was fielded between July 2016 to March 2017.

Analyze Using Existing Data The outcome of interest was IIK program take-up, collected via existing IIK administrative systems. Cases that were pending at the time of analysis or not served because the program was full and excluded ($N=1,388$) from the final analysis.³

Reanalyzed Results The postcard intervention did not lead to a significant increase in the take-up rate of IIK services in Colorado during the study

¹ Home Visiting (September 2018)

<https://www.acf.hhs.gov/ecd/home-visiting>

² MIECHV Issue Brief on Family Enrollment and Engagement (September 2018)

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/enrollmentandengagement.pdf>

³ Unless noted otherwise, all of the analysis reported in this abstract was prespecified in an analysis plan, which can be found at <https://oes.gsa.gov>.

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period. The control group (N= 4,165) had a take-up rate of 5.3 percent (95% CI [4.77% to 5.83%]) versus the treatment (N= 2,681) rate of 6.5 percent (95% CI [5.92% to 7.08%]). These differences were not statistically significant, and we see no differences with an Intent-to-Treat versus Treatment-on-the-Treated model. The primary driver of service take up appears to be phone contact between the referred individual and NFP nurse.

Build Evidence This partnership underlines the challenge of obtaining and maintaining reliable contact information for priority populations and the importance of improving the accuracy of contact information for individuals that are potentially eligible for home visiting services. Without better contact information for potential clients, even the most well designed communication and outreach efforts will not make substantial improvements to the reach of this program. The low take up rates documented in this partnership, of less than 10%, further underline the challenge of low take up and low completion rates for home visiting programs. More intensive interventions may be necessary to substantially increase access to these important programs.