

Making Sure All KIDS COUNT: The Earlier the Better

New Mexico's Home Visiting/Parent Mentoring Programs

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Extensive research and practice show that providing for healthy early childhood development and learning—from before birth through age five, and especially through age three—yields sizeable cost-savings for states and far-reaching educational, economic and social benefits for children, families and communities. Programs like home visiting/parent mentoring are shown to have long-term positive effects on education and health, as well as improve the state's workforce. This is demonstrated in a report from New Mexico's Children, Youth and Family Department (CYFD), *2010 New Mexico Home Visiting Statewide Needs Assessment (HVNA)*. The report states that, "universal access to a coordinated continuum of high quality home visiting services that are embedded in a high quality early childhood system that promotes maternal, infant, and early childhood health, safety, development, and strong parent-child relationships will be especially beneficial for New Mexico's" families.¹

Unfortunately, New Mexico has a long way to go to reach the goal of serving all families in need. The report notes that there were 29,000 births in 2009, yet only 4,400 families were served by 53 home visiting programs, constituting "an extremely high level of unmet need."²

Home Visiting and the "Building Blocks" of Learning

Voluntary, early home visiting programs team up parents who are expecting a child or have a newborn with a trained professional/paraprofessional who provides tailored information and support services up to the child's third year.^{3,4} Services include: basic medical care for pregnant women; education on parenting, child development, and life-skills; child abuse prevention; and referrals to community services and resources, including health screenings and/or well-child visits.⁵

Home visiting (HV) programs that support children's development up to age three are extremely important because most of a child's brain development occurs before age five.⁶ From a very early age, children develop basic skills—like impulse and emotional control, paying attention, and remembering and using information—from their parents and others, through modeling, practice, and experience.^{7,8} These are considered the "building blocks" of learning. By age one, toddlers should show budding capacity in these skills; by age three they should be able to finish simple tasks, fo-

cus, and remember rules needed to solve problems. Children coming to kindergarten who can "follow and remember classroom rules, control emotions, focus attention, sit still, and learn on demand through listening and watching" do better on reading and math tests and have better social, emotional, language, and learning outcomes.^{9,10,11}

Decades of research show strong evidence that home visiting positively affects parent practices—which impact early development and child well-being.^{12,13} We know that:

- Children in HV programs carry throughout their lives lasting gains in educational attainment, pro-social behavior, and better paying jobs, and have less need for special education placement and grade retention.^{14,15,16}
- Early childhood HV programs help prevent child abuse and neglect, reducing rates by up to 80 percent among low-income families.^{17,18,19,20}
- HV programs reduce rates of low birth weight babies (saving from \$10,000 to \$40,000 in medical costs for each child), as well as later rates of juvenile arrests, teen births, substance abuse, and behavioral problems.^{21,22}
- Most effective HV programs focus on low-income, first-time and/or adolescent mothers, start services during pregnancy, provide four or more visits per month for more than a year, and employ highly-trained, well-supervised, culturally-sensitive—and well-compensated—home visitors.^{23,24,25,26}

Stories from New Mexico Home Visiting Programs

A home visitor arrived for an early postpartum visit to find the mother sick in bed with a fever of 102. She could hardly hold the baby, who was dehydrated and had lost 16 percent of his birth weight. The home visitor got the grandmother to drive mother and baby to the hospital immediately, where they received critical medical care they might not have gotten in time if the home visit had not been scheduled. Since this episode, the home visitor has trained both mother and grandmother in how to identify signs and symptoms of health complications, and when to call a health provider.

Where the Needs Are Greatest—and the Programs Fewest

Where children live, work, play, and learn has a great impact on their lives. Safe communities with ready access to high-quality prenatal and early child care services, schools, and health care facilities, as well as solid job opportunities and low levels of poverty, are positive environments in which to raise healthy children. High-quality early childhood care and education (ECE) services—including home visiting—help overcome barriers and disadvantages for children not fortunate enough to be raised in such environments. But New Mexico’s communities that are the most vulnerable and have the fewest resources for families are not necessarily where most HV programs are located.

As budgets are limited, it makes sense to determine where the most vulnerable or at-risk communities are—where the need for ECE services is greatest—to better allocate resources and provide equitable opportunities for children in these areas to thrive.

CYFD’s *HVNA* report identified 53 programs in 24 of the state’s 33 counties that meet the federal Affordable Care Act’s definition of quality home visiting. To identify New Mexico counties most in need of home visiting services—that is, counties in which more barriers to children’s healthy development exist—the *HVNA* ranked the counties by how each fared in terms of selected key indicators (or social determinants) of risk. Certain indicators—rates of premature birth, low birth weight, infant mortality, child abuse/neglect, and family poverty—not only reveal how many children are at risk of hardship, death or developmental delays, but also confirm the presence of socio-environmental factors that negatively influence those rates. Other indicators, like high rates of unemployment, high school dropout, juvenile arrest, and/or teen births, reveal that families are suffering the consequences of having been brought up in resource-poor



environments. By analyzing these data for all counties, then ranking the counties by their accumulated levels of risk, the *HVNA* team identified Quay, Grant, Guadalupe, Lea, Luna, Cibola and McKinley counties, as well as Albuquerque’s South Valley/South Central area, as being at greatest risk for raising children in a good learning environment, and therefore having the greatest need for home visiting programs. Based on the report, CYFD plans to use the funding to pilot two evidence-based home visiting models in Quay, Grant, McKinley and Luna counties, and Albuquerque’s South Valley.²⁷

Other risk factors and rating systems can help us get an even clearer perspective of counties in need of ECE, specifically home visiting. The national Child and Family Policy Center and the State Early Childhood Policy Technical Assistance Network created another geographic “child raising vulnerability” rating system based on research showing that certain key, interconnected factors help predict child growth and success, in the report *Village Building and School Readiness*.

Stories from New Mexico Home Visiting Programs

After the birth of her baby girl, Clara,* an unwed 16-year-old, was referred to a home visiting program by clinic staff concerned about the teen’s isolation. During home visits, Clara was very engaged, asking questions about her infant’s development and developing a close bond with her daughter. Clara’s trust in her home visitor helped her disclose that she was afraid to leave her house because her stepfather had sexually abused her. The home visitor helped Clara file a restraining order against her stepfather and get into counseling. The home visitor also helped her apply for separate housing and food stamps, as well as to re-enroll in school—so Clara could get her high school diploma. Though hesitant at first, Clara kept all her appointments, learned to use public transportation and enrolled in school—all huge steps due to her fear of leaving her house and having someone hurt her. She has completed one semester of school. Food stamps are helping her baby’s nutrition and she is on a waiting list for safer housing. Counseling is helping her deal with her abuse-related trauma for the first time. The home visitor has helped Clara build a relationship with the baby’s father, who is supportive and works full-time.

*Clara is not her real name.

ness: *Closing Opportunity Gaps in a Diverse Society*.²⁸ (See factor list in Table 1, page 6.)

Use of this rating system across states showed that urban areas have the highest levels of child-raising vulnerability, i.e. communities in which there were higher levels of poverty or economic need and lower levels of assets and education. The Western region (including New Mexico) is ranked second in terms of great vulnerability. In the nation as a whole, New Mexico also ranked fifth among the ten states with the highest percent of non-metro tract populations that face barriers to healthy child-raising.

This KIDS COUNT report ranks New Mexico counties using the vulnerability index in the *Village Building and School Readiness* report. A simple method of comparison was used; since New Mexico itself ranks among the states in which children are most vulnerable to negative influences, the state's status on each indicator was used as the baseline against which to compare the counties. Any county with a lower performance level than the state as a whole was considered to be at an even higher rate of child-raising vulnerability than the state on that measure. (See Table 2, page 7, for a summary of state and county data showing counties most at risk.)

For example, San Miguel County has a higher percent of single-parent families (30 percent) than New Mexico (20 percent) does, putting it at a higher risk or vulnerability for raising children on this indicator. Any county with worse data than the state as a whole on six or more of these indicators is at the highest level of "child raising vulnerability"—in that several educational, economic, and social resources are limited and/or weak. (See Table 3, page 8.) Any county, such as Los Alamos, which performs better on these indicators than the state, is considered less vulnerable—one in which the environment is better for raising children well.



To make matters worse, four of the counties in which families of young children face six or more conditions that limit or get in the way of positive growth and well-being (Curry, McKinley, Rio Arriba and Roosevelt) also have a higher proportion of children between ages zero and five—their prime early learning years—within their overall population than the state does as a whole. In addition, among those counties with greater vulnerability, most have a high level of first-time births, especially to single mothers and/or to teens—all of which are associated with disadvantages when raising a healthy child. Examples include:

- **Chaves County:** 37 percent of births (383 babies) were first-borns in 2009; 56 percent of these were to single mothers, and the teen birth rate (2010) was 62 per 1000 teens ages 15 to 19—yet only 8 percent of families with newborns were served by home visiting programs;
- **Curry County:** 40 percent of births (338 babies) were first-borns in 2009; 47 percent were born to single mothers, and the 2010 teen birth rate was 79 per 1000 teens—but only 4 percent of families with a newborn took part in home visiting;
- **McKinley County:** 35 percent (473 babies) of births were first-borns (2009); 72 percent of these were to single mothers, and the 2010 teen birth rate was 46 per 1000 teens—with 11 percent of families with newborns served by a home visiting program.

Not Reaching Minorities

Nine out of the 12 counties listed as being most vulnerable in child-raising capacity have greater numbers of Hispanics and/or Native Americans than of other races or ethnicities. These include Chaves, Cibola, Guadalupe, Hidalgo, Luna, McKinley, Rio Arriba, San Miguel and Socorro. (See Table 4, page 8). "Minority" populations face greater disparities and challenges. Due to this, they (especially children) often suffer worse economic, health, education and other outcomes, a factor that should be brought into any consideration of priorities in terms of where to add home visiting programs to overcome "place"-related child-raising vulnerabilities in New Mexico.

Table 5 (page 9) shows that in the counties with the most vulnerability/least capacity to best raise healthy children, five (Chaves, Curry, Guadalupe, Luna, McKinley, and Roosevelt) have the capacity to provide home visiting to few families, ranging from zero to 11 percent served. Roosevelt and

Guadalupe counties (both with sizeable Hispanic populations) have no home visiting programs at all. McKinley County, in which seven out of every 10 families are Native American, only serves 11 percent of newborns.

Conclusions

More extensive, high-quality home visiting programs—as part of a comprehensive ECE system—can contribute greatly to improving education, health, and economic outcomes of New Mexico’s children. These programs do so by helping families—especially low-income, first-time families—deal with many of the barriers to child well-being faced at the earliest stages of a child’s life, especially in areas with fewer resources and support systems.

Things that can help the state get a higher rate of return on investment in these programs include:

- Use cost-benefit, effectiveness, demographic, and cultural data, along with knowledge of relevant funding streams (including Medicaid, public health, early childhood resources and education supports, such as the NM Land Grant Permanent Fund), to decide how to best allocate funding for home visiting and to develop a feasible plan for expansion and improvement in different areas. Take into account the sustainability of funding for these programs as well



Stories from New Mexico Home Visiting Programs

During visits, the home visitor noted that in one family, threats, such as “you can never see your friend again if you don’t eat your food now,” and “I’m never taking you to grandma again if you don’t put away your toys,” were used to discipline the 2-year-old. The mother was willing to try something different, so the home visitor worked with her and family members to identify what they wanted the daughter to learn, or be able to do, long-term. Then the home visitor helped the family use the principle of “natural consequences” to learn lessons. Family members now allow the child to experience the natural consequences or results of her actions, even if these are uncomfortable—as in going hungry if she doesn’t eat when the family does. While parent threats might lead to a child who rebels later, the “natural consequences” practice helps a child learn to be responsible. The mother, who interacts well with the home visitor, is continuing this more positive form of discipline and learning.

as the capacity of communities to undertake such programs.

- Invest in the development and retention of a skilled early childhood workforce that includes home visitors, and provide appropriate salaries and support systems.²⁹
- Require that most home visiting funds be spent on implementing well-researched programs showing evidence of effectiveness. (The results of a rigorous evaluation being done by the Rand Corporation of the First Born® Program, a New Mexico home visiting model designed to meet the specific needs of the state’s families, will be of interest).
- Keep home visiting programs universal in nature, but set clear eligibility guidelines and compliance monitoring to assure more disadvantaged families (usually the least likely to receive services) have access to these programs.
- Require publicly-funded home visiting programs to track and document use of all funds, and to evaluate their performance and outcomes—but give them the resources to do this. This will help policy-makers make budget decisions and agencies manage resources, and help improve the quality and delivery of services.³⁰

Stories from New Mexico Home Visiting Programs

Tina,* a 24-year-old, began a home visiting program when she was 14 weeks pregnant and homeless. She had been in foster care since the age of nine due to maternal neglect, but was “kicked out of foster care” at age 13, which also meant dropping out of school. Tina had been diagnosed with bipolar disorder, had alcohol and drug abuse issues, and had been in mental health institutions from time to time—all of which led to her great distrust of mental health professionals. She’d had no positive parenting role models in her young life and no experience handling children. The father of her child (aged 50) had been physically abusive before he left her and the baby.

Tina received consistent home visiting services throughout her pregnancy and practiced healthy eating, which helped with an uncomplicated birth. Unfortunately, Tina’s postpartum pregnancy-induced hypertension and trouble sleeping made it difficult to transition into a mothering role. However, she continued the regular home visits, and accepted invitations to attend parent support groups and celebrations. She has learned and used positive parenting techniques and has adapted her parenting style to meet the baby’s needs. Tina was proud of breast feeding her baby and continues to provide healthy food choices. She is proactive in self-care and shows no sign of her former substance abuse; she is also learning to overcome her distrust of others. The baby is healthy, active, and exploring her environment with confidence.

In addition, through the home visiting program, Tina began GED classes. When she received a high score on her first test, she studied with increased confidence and recently received her GED. She is registering for college, has signed the baby up for child care on campus, and is excited about her future. She notes that “the home visits helped me to realize that there are nice people in the world, people with whom I can be honest and who won’t judge me.”

*Tina is not her real name.

Table 1: Community-Level Indicators of Child-Raising Vulnerability^{31,32}

Indicator of Vulnerability	Explanation
Percent of single-parent households	Overall, children from single-parent households, which usually have fewer resources, fare worse than their peers.
Percent of the adult population with limited English proficiency	Children in these situations often have less access to needed supports for strong development.
Percent of 16- to 19-year-olds who are not in school or employed	These youth, more susceptible to poor social and economic outcomes, also influence younger children.
Percent of the population, age 25 and older, who do not have a high school diploma	Mothers’ education is the strongest indicator of a child’s educational success; a community where few people have a high education level can also have a negative impact.
Percent of the population, age 25 and over, who have at least a college degree	Studies show youth do better if in communities where at least 5 percent of the adults are in professional positions requiring a college degree or more.
Percent of households having income from wages or earnings	A low level of employment in a community indicates how much economic insecurity there may be; this affects children.
Percent of families with children living in poverty	A key measure of family well-being, child poverty indicates uncertainty in children’s ability to get needed resources for growth and well-being.
Percent of households receiving public assistance	Another measure of household poverty or of people living in depressed economic conditions.
Percent of owner-occupied housing	Home ownership, a major measure of family wealth and economic security, also shows a stabilizing influence on children and neighborhoods.
Percent of households with interest, rent or dividend income	Besides earnings, families need other assets or savings to invest in a child’s future. This indicator is a stand-in measure for family assets.

Table 2: Counties by Child-Raising Vulnerability Factors³³

Location	Single-Parent Families	Families with Kids in Poverty	Owner-Occupied Housing	HoH* with Interest/Dividend/ Rent Income	HoH on Public Assistance	Income from Wages or Earnings	18- to 64-Year-Olds with Limited English	25 and Older with No High School Diploma	25 and Older with BA Degree or Higher	Teens** Not Working or in School
New Mexico	20%	14%	70%	21%	3%	75%	6%	18%	25%	10%
Bernalillo	20%	12%	64%	24%	2%	78%	6%	14%	32%	8%
Catron	6%	9%	89%	23%	2%	41%	3%	12%	34%	0%
Chaves	23%	17%	69%	19%	3%	73%	7%	24%	15%	9%
Cibola	24%	18%	69%	11%	3%	68%	1%	24%	10%	16%
Colfax	17%	12%	68%	20%	3%	67%	0.9%	15%	20%	8%
Curry	22%	16%	60%	17%	4%	79%	4%	19%	18%	10%
De Baca	11%	18%	78%	18%	1%	59%	0%	22%	21%	8%
Doña Ana	20%	20%	66%	16%	2%	76%	11%	26%	25%	9%
Eddy	19%	12%	74%	19%	3%	76%	3%	21%	15%	10%
Grant	18%	11%	75%	24%	3%	66%	2%	15%	23%	10%
Guadalupe	18%	25%	70%	10%	0.4%	71%	2%	23%	8%	24%
Harding	5%	12%	91%	24%	0.7%	51%	0%	13%	12%	6%
Hidalgo	21%	19%	67%	10%	4%	75%	7%	23%	17%	18%
Lea	20%	14%	70%	15%	3%	78%	7%	28%	12%	13%
Lincoln	13%	9%	78%	28%	3%	64%	5%	13%	25%	3%
Los Alamos	13%	2%	78%	51%	1%	82%	0.5%	1%	63%	3%
Luna	22%	28%	73%	14%	3%	60%	16%	33%	11%	11%
McKinley	26%	27%	75%	8%	7%	70%	5%	31%	11%	17%
Mora	17%	10%	82%	12%	3%	60%	3%	16%	18%	20%
Otero	17%	15%	67%	19%	2%	75%	5%	17%	16%	10%
Quay	11%	11%	74%	18%	5%	58%	4%	22%	15%	9%
Rio Arriba	21%	15%	80%	14%	3%	72%	5%	20%	16%	14%
Roosevelt	19%	19%	62%	14%	3%	78%	4%	24%	20%	17%
San Juan	20%	14%	76%	15%	2%	77%	2%	20%	14%	19%
San Miguel	30%	17%	66%	12%	3%	65%	2%	20%	22%	3%
Sandoval	18%	8%	81%	24%	2%	79%	2%	11%	28%	7%
Santa Fe	17%	9%	72%	32%	2%	73%	8%	15%	39%	7%
Sierra	17%	19%	79%	21%	2%	48%	3%	16%	18%	26%
Socorro	24%	26%	74%	20%	4%	66%	5%	21%	22%	10%
Taos	24%	16%	74%	24%	2%	66%	2%	12%	30%	16%
Torrance	18%	14%	84%	11%	3%	65%	7%	25%	12%	11%
Union	17%	7%	72%	28%	0.5%	69%	1%	15%	19%	9%
Valencia	21%	14%	80%	15%	3%	75%	4%	20%	17%	11%

*Head of Household
 **16- to 19-year olds



Table 3: County Rankings by Extent of Their Child-Raising Vulnerability

No Vulnerability Factors Ranking = 4	Vulnerable on 1-2 Factors Ranking = 3	Vulnerable on 3-5 Factors Ranking = 2	Vulnerable on 6-10 Factors Ranking = 1
Los Alamos	Bernalillo	Colfax	Chaves*
Sandoval	Catron	De Baca	Cibola*
	Grant	Doña Ana	Curry
	Harding	Eddy	Guadalupe
	Lincoln	Lea	Hidalgo*
	Santa Fe	Mora	Luna*
	Union	Otero	McKinley*
		Quay	Rio Arriba
		San Juan	Roosevelt
		Sierra	San Miguel
		Taos	Socorro
		Valencia	Torrance

*These counties have the fewest human and economic resources, i.e. they are most vulnerable in terms of having positive child-raising environments, with Hidalgo vulnerable on 9 factors, and Chaves, Cibola, Luna and McKinley vulnerable on 8 of the factors listed on page 6. See Table 1 for more details.

Table 4: Race/Ethnicity by County³⁴

Location	White (non-Hispanic)	Hispanic	Native American	Black	Asian
New Mexico	41%	46%	9%	2%	1%
Bernalillo	42%	47%	4%	3%	2%
Catron	77%	19%	2%	0%	1%
Chaves	45%	50%	1%	2%	1%
Cibola	23%	33%	41%	2%	0%
Colfax	49%	48%	1%	0%	1%
Curry	49%	38%	1%	8%	3%
De Baca	59%	39%	1%	0%	0%
Doña Ana	30%	65%	2%	2%	1%
Eddy	52%	43%	1%	2%	1%
Grant	49%	48%	1%	1%	0%
Guadalupe	19%	77%	1%	2%	1%
Harding	52%	46%	1%	1%	0%
Hidalgo	40%	58%	0%	0%	1%
Lea	44%	50%	1%	5%	1%
Lincoln	66%	30%	2%	1%	0%
Los Alamos	75%	15%	1%	1%	7%
Luna	36%	61%	1%	1%	0%
McKinley	12%	15%	71%	1%	1%
Mora	21%	78%	1%	0%	0%
Otero	51%	35%	6%	4%	1%
Quay	55%	40%	1%	1%	1%
Rio Arriba	14%	72%	13%	0%	0%
Roosevelt	56%	38%	1%	3%	1%
San Juan	42%	19%	36%	1%	0%
San Miguel	20%	77%	1%	1%	1%
Sandoval	49%	33%	13%	2%	2%
Santa Fe	44%	51%	2%	1%	1%
Sierra	66%	31%	1%	1%	0%
Socorro	36%	48%	12%	1%	2%
Taos	37%	55%	6%	1%	0%
Torrance	56%	38%	2%	2%	1%
Union	57%	41%	0%	0%	0%
Valencia	38%	56%	3%	2%	1%

Table 5: County Ranking by Vulnerability³⁵

Location	Ranking	Number of Home Visiting Programs	Families with Newborns Served
New Mexico		53	15%
Bernalillo	3	7	4%
Catron	3	0	0%
Chaves	1	2	8%
Cibola	1	3	71%
Colfax	2	1	5%
Curry	1	1	4%
De Baca	2	0	0%
Doña Ana	2	3	15%
Eddy	2	1	2%
Grant	3	1	27%
Guadalupe	1	0	0%
Harding	3	0	0%
Hidalgo	1	1	22%
Lea	2	1	1%
Lincoln	3	0	0%
Los Alamos	4	1	19%
Luna	1	2	8%
McKinley	1	3	11%
Mora	2	0	0%
Otero	2	3	8%
Quay	2	0	0%
Rio Arriba	1	3	30%
Roosevelt	1	0	0%
San Juan	2	2	75%
San Miguel	1	1	32%
Sandoval	4	4	11%
Santa Fe	3	5	30%
Sierra	2	1	11%
Socorro	1	1	18%
Taos	2	2	33%
Torrance	1	2	39%
Union	3	0	0%
Valencia	2	2	1%

Endnotes

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- 34 Data for Table 4 come from the U.S. Census, American Community Survey, 2009.
- 35 Data for columns 2 (Number of Home Visiting Programs) and 3 (Families with Newborns Served) come from the *2010 New Mexico Home Visiting Statewide Needs Assessment* report and supporting data tables from the NM Department of Health.

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