

health  
**technology**  
assessment



EXECUTIVE  
SUMMARY

**HOME VISITING IN  
PUBLIC HEALTH**

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MEDICAL DEVELOPMENT DIVISION  
MINISTRY OF HEALTH  
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## **EXECUTIVE SUMMARY**

### **INTRODUCTION**

Home visitation or health visiting has been widely used as an intervention strategy in health care services in many countries. It has been defined as "... planned activities aimed at the promotion of health and prevention of disease. It therefore contributes substantially to individual and social well-being, by focusing attention at various times on either an individual, a social group or a community....." [Cowley, 1998]. Home visiting in the Family Health programme in Malaysia mainly involves various categories of public health nursing personnel namely public health nurses, staff nurses, community nurses, assistant nurses and midwives rendering services in accordance with their capacities, roles and functions.

### **OBJECTIVE**

To assess the effectiveness, efficiency and cost effectiveness of home visiting.

### **CONCLUSIONS**

After reviewing the literature, it was found that home visiting has positive effects in many aspects of health care. While some studies were inconclusive or did not support positive effects, there were no negative effects of home visiting reported.

#### **Antenatal and Postnatal Periods**

Home visiting is effective during both the antenatal and postnatal periods including the use of pregnancy related services. However, while there were positive effects of home visiting on the health behaviour of mothers, the evidence in relation to deliveries and medical and social outcomes were inconclusive.

#### **Child Health Care**

There was evidence to show that home visiting was beneficial in various aspects of child health care. The positive effects included reduced rate of child injury, reduced recurrence of child maltreatment, improved growth among children with failure to thrive, reduced developmental delay, improved motor and cognitive development and behaviour with fewer behavioural problems, reduced acute care visits, as well as reductions in hospitalisation and re-hospitalisation, fewer acute care and emergency hospital visit, fewer missed well baby clinic visits and missed post-partum appointments. It also was effective in delivering preventive services, reducing the prevalence of infant health problems, increased immunisation coverage and supporting early hospital discharge.

Although home visiting was cost effective in comparison to hospitalisation, in comparison to other strategies, telephones were found to be more cost-effective.

#### **Nutrition**

With respect to breast feeding the evidence on effect of home visiting on compliance to breast-feeding was inconclusive. There was limited evidence on beneficial nutritional effects with home visiting.

**Elderly Care**

There was evidence to show that home visiting helped in the detection of unrecognisable treatable problems in the elderly. Evidence on the beneficial effects on specific groups of elderly people was limited. There was inconclusive evidence on benefits of home visiting in prevention, while there was no evidence of improvement in immunisation acceptance among the elderly.

**Mental Health**

There was inadequate evidence on the effectiveness of home visiting for mental health.

**Cost effectiveness**

Different aspects of cost effectiveness have been highlighted in the studies. There is evidence of lower cost of home visits compared to hospitalisation. Other evidence showed cost savings to hospitals. However, when compared with other outreach programmes, home visiting does not appear to be the most cost-effective strategy. Indirect cost savings such as reduction in acute care visits and re-hospitalisations have also been implied in a few studies.

**RECOMMENDATIONS**

There is sufficient evidence of the effectiveness of home visiting, especially in relation to maternal and child health services and in care of the elderly. Thus, this service should be continued as part of the continuum of health care service. However, the focus should be on families or persons at high risk. The cases to be visited need to be specifically selected and prioritised based on their conditions.