



Home visits aim to give Kent County kids healthy start, despite report showing rising numbers in poverty

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By **Sue Thoms | sthoms1@mlive.com**

As a **Kid's Count report** shows rising levels of children suffering from poverty and abuse and neglect, Kent County social service agencies are working to give kids a healthy start in life, one family at a time.

Much of the efforts are focused on families with young children, providing support and education so they will be ready for school by the time they start kindergarten.

For Bryden, an energetic 20-month-old boy, that support was all about fun and games Monday, when a Healthy Start social worker visited his family's Alpine Township apartment. Bryden created a nine-layer tower of red, yellow and blue stacking cups, then grinned as his parents and the social worker cheered.

For Bryden's parents and social worker Susan Chang, the fun had a serious purpose: to see if Bryden was meeting developmental milestones. And he clearly had mastered the ability to build a six-block tower.

The home visit, with its mixture of fun, friendship and education, is a key component of efforts by Kent County social service agencies to help children reach their potential. Spurring their efforts is the latest Kids Count report, which shows one in five Kent County children live in poverty, and that the rate of abuse and neglect has nearly doubled in the past decade.

A variety of programs, such as Healthy Start, work with families, starting before a child's birth, to help them meet the physical, emotional and social needs of children. The goal is to prevent problems before children



T.J. Hamilton | Press photo

Susan Chang, left of Catholic Charities plays with Shanna VandenBosch and her son, Bryden, who are taking part in Healthy Start, a home visiting program for families with infants and toddlers.

reach school age and to help parents access the resources they need.

Work is underway at the **county level to better coordinate the programs** to bring about large-scale improvements.

"In the long term, when children aren't ready for school, we see lower graduation rates, higher involvement in the juvenile justice system, higher rates of families needing support and higher rates of unemployment," said Rebekah Fennell, the executive director of First Steps, a public-private partnership that works to coordinate early childhood services.

The challenge often is to find the families that need help in the years before the child enters the school system, Fennell said.

Bryden's parents, Shanna VandenBosch and Josh Keedy, said they learned about Healthy Start through a maternal-infant health program at Spectrum Health. Keedy and VandenBosch, both disabled Army veterans, are full-time college students. She is studying for a degree in health administration, and he is studying computer-automated design.

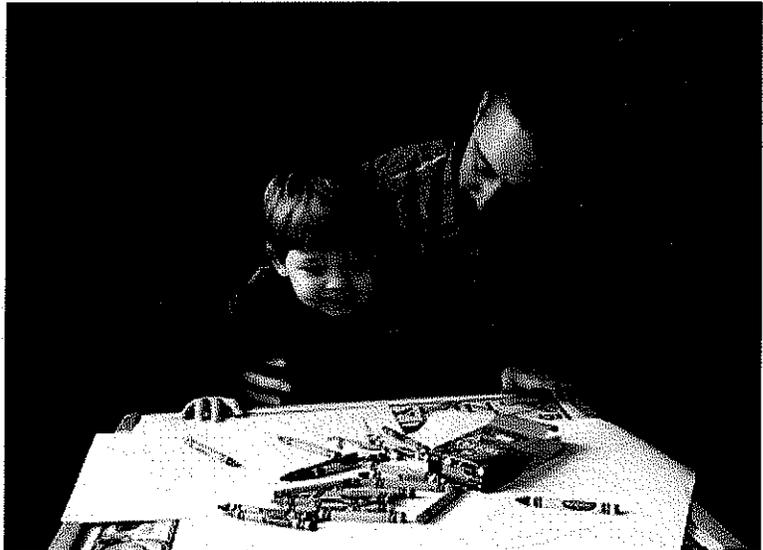
After their son's birth, Catholic Charities social worker Susan Chang began making weekly home visits, providing support, education and advice for the new parents. She helps them understand their child's developmental stages, suggests ways to encourage his emotional, social and intellectual growth, and helps with parenting challenges, such as discipline and tantrums.

She even helps with financial issues and tension between the parents, because both can affect a child's well-being. When unexpected bills made it difficult for the family at Christmas time, she linked them with programs that provided toys for Bryden.

"Without her help, I don't think we'd get as far as we are now," said VandenBosch, 25, as she played with Bryden in the family's Alpine Township apartment.

Keedy, 27, said Chang's guidance helped him become a better father.

"I'm a firm believer that a father needs to be part of this," he said. "But as a first-time father, I was clueless



T.J. Hamilton | Press photo

Josh Keedy plays with his son, Bryden, in their Alpine Township home.

what to do."

Now, the couple considers Chang a member of the family.

The relationships forged between families and social workers through home visits is key to helping children get a healthy start in life, said Candace Cowling, executive director of Family Futures, which coordinates Healthy Start services.

For every dollar spent on the program's prevention services, \$2.93 is saved on intervention services, according to independent evaluation, she said. The program provides home visits to 250 families and educational materials online or through the mail to about 6,000.

However, despite the individual successes achieved by programs like Healthy Start, county officials say there is a need for better coordination of services to make a difference on a larger scale.

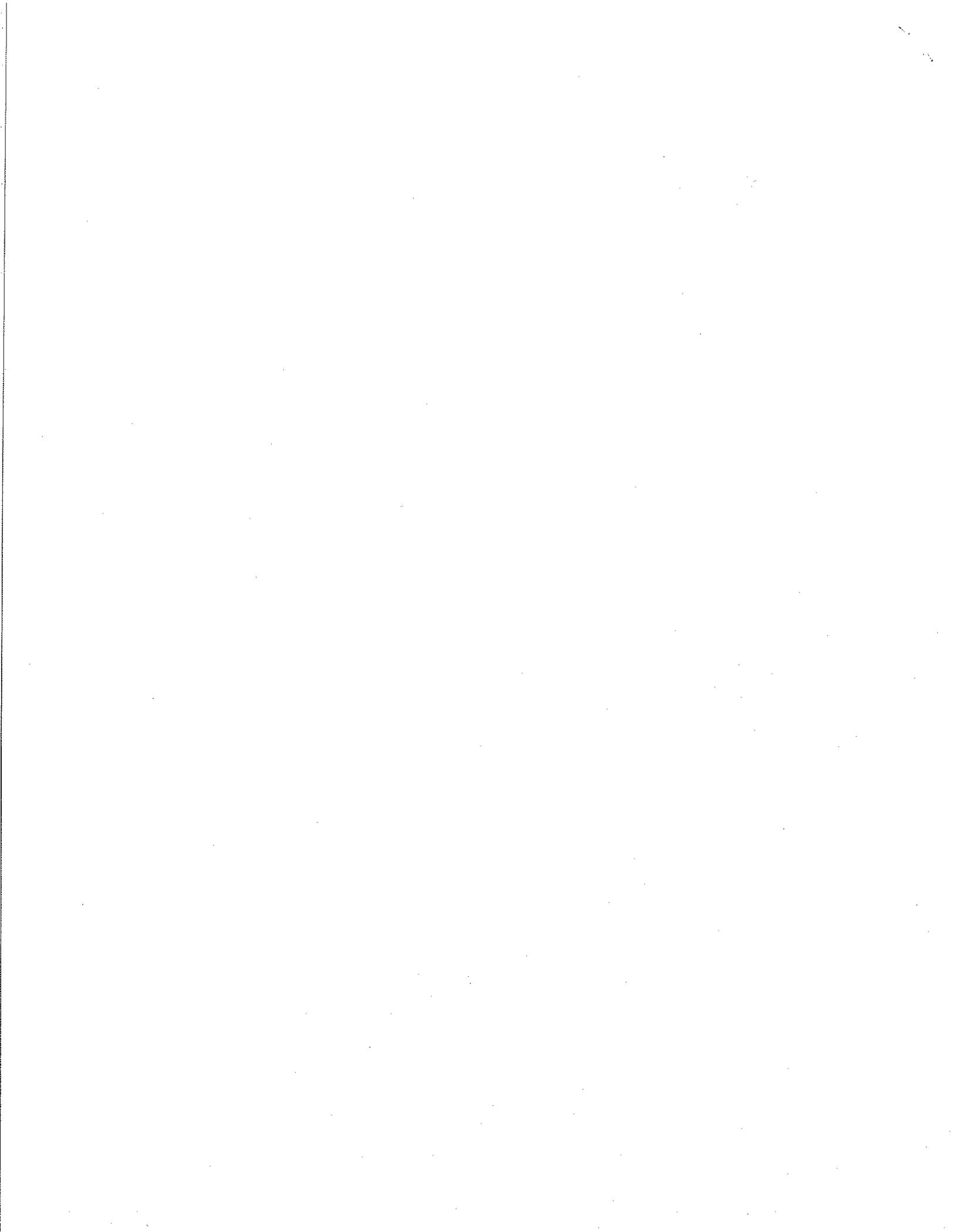
The **Kent County Family & Children's Coordinating Council** was formed to bring together nonprofit agencies, foundations, school districts and business leaders to create a "collective impact" strategy.

"Clearly, there is work to do in terms of improving services we offer in supporting families," said Matthew Van Zetten, who heads the coordinating council.

"We see this as a workforce development issue as well as a poverty and children's needs issue. If we're going to have the talent we need for future jobs, we need to start early."

The council is looking at ways the various agencies can share data and work toward common goals. The plan is to hold a summit in late spring or early summer and to create a dashboard for measuring progress.

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Bringing Up Baby

For new parents, home visits by trained professionals can make all the difference.

BY STEFFANIE CLOTHIER
AND JACK TWEEDIE

There's nothing like becoming a new parent. The joys are great, but the demands are daunting, even for the well-prepared. For young, poor single parents—who often lack stable jobs, places to live or family support—the challenges can be overwhelming.

Since the 1990s, lawmakers have increasingly supported voluntary home visiting programs as a promising way to provide support for these families and a better chance of a good start for their children's health, development and well-being.

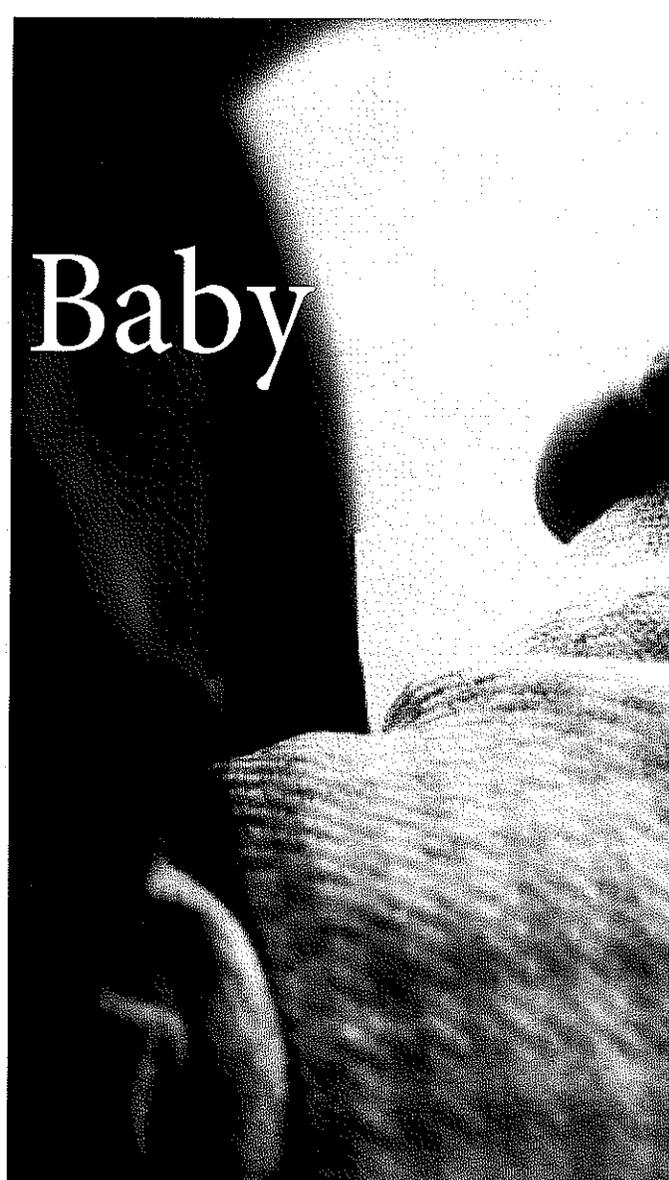
Forty-six states and Washington, D.C., now fund some type of voluntary early childhood home visiting program, according to the Pew Center on the States. These programs send a nurse, social worker or other specially trained visitor to work with expecting women and new parents in their homes.

These trained professionals come—as often as weekly near the birth and less frequently as the child grows older—to teach interested parents how to provide good nutrition for their babies, deal with colicky ones, talk and interact in ways that stimulate babies' brains, and avoid potential health risks. They help parents recognize and address special challenges, such as learning disabilities and developmental delays. They can refer moms with depression or substance abuse problems to counseling and other resources. And they answer the flood of questions that come as parents adjust to pregnancy and caring for the baby.

Rigorous evaluations of home visiting practices have shown programs that target families with particular challenges—such as first-time, teen or low-income parents or single moms—can reduce child abuse, improve parenting skills, and enhance children's health and readiness for school.

Investments in these programs have produced significant returns through reduced spending on early childhood health care, child welfare, special education, grade retention and juvenile crime. Home visiting can reduce infant mortality, preterm births and emergency room visits. The Nurse Family Partnership program has shown the strongest results, with one study finding a 48 percent reduction in child abuse and cost-benefit research showing as much as a \$5.70 benefit for every dollar spent.

“In times like these when we are cutting billions of dollars



“In times like these when we are cutting billions of dollars from our budget, we must invest our scarce resources where they will have the greatest return. Home visiting is such an investment.”

—Washington Representative Ruth Kagi

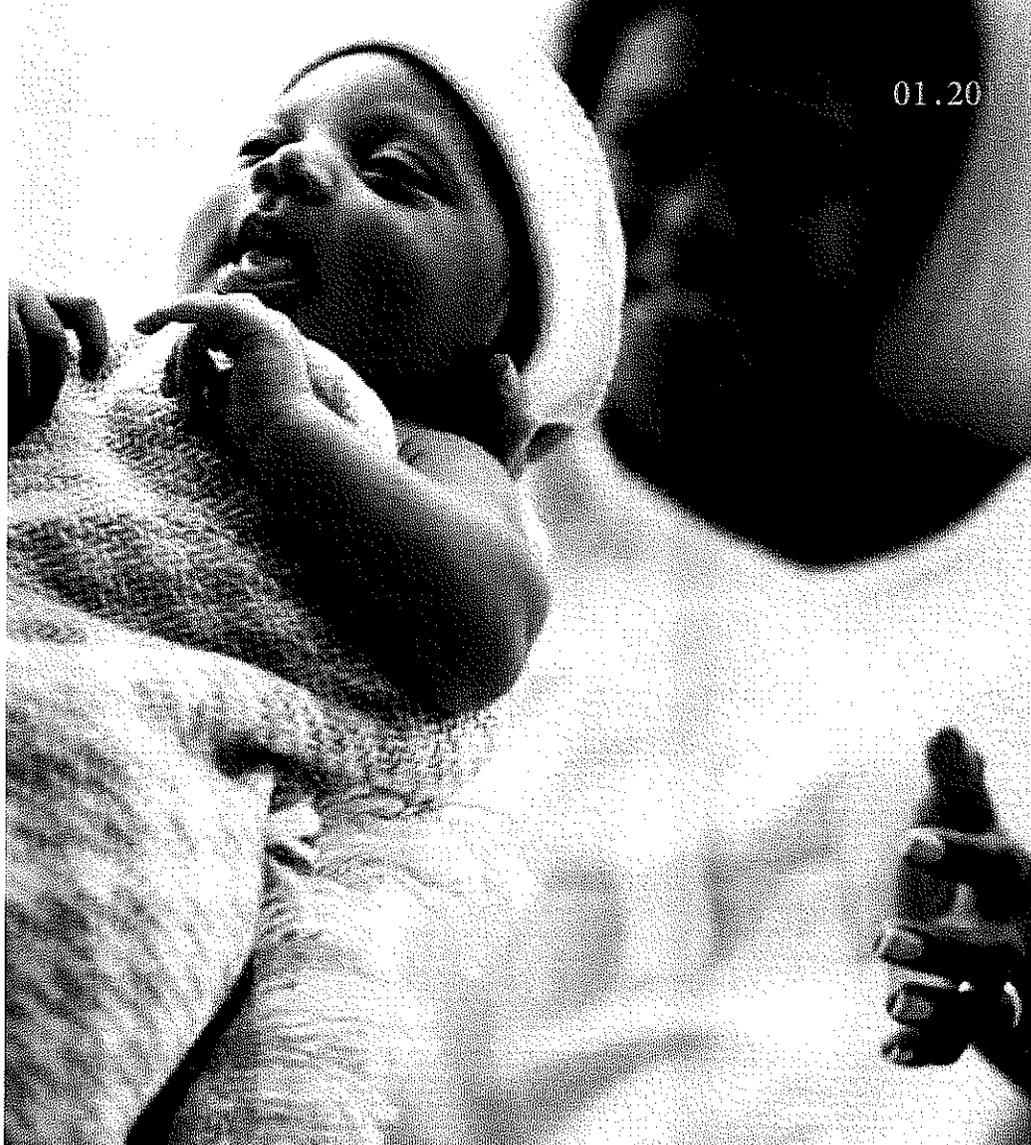
from our budget, we must invest our scarce resources where they will have the greatest return. Home visiting is such an investment,” says Washington Representative Ruth Kagi.

As is the case with many social programs, the strength of the research varies, and results are different among home visiting programs. In addition, there are an array of state and local home visiting programs that may be achieving good results for children and families but either have not been evaluated or have not been studied using the most rigorous methodologies.

For the past decade, many states have funded programs through a mix of state general fund money, federal welfare money, tobacco

Key Questions for Legislators

- ◆ How should the legislature fund and oversee home visiting programs?
- ◆ What are our state's goals for the programs? Should we give greater priority to maternal and child health, or school readiness, or reducing child abuse?
- ◆ Do our programs work? Do we target the families most in need of help?
- ◆ Is our training for home visitors adequate?
- ◆ How can we better coordinate home visiting programs with other efforts such as preschool, child care quality improvement, child health, early childhood mental health?
- ◆ How can we best use the federal funds to complement and strengthen our existing programs?
- ◆ How do we best use the data required under the federal initiative to improve our programs?



settlements and Medicaid. Lawmakers looked to invest in effective programs, but often lacked clear research when choosing among different approaches or evaluating locally developed strategies. They supported a variety of national, state or locally designed models that looked promising. Many programs are hybrids, using materials from national models with community members for home trainers and adjusting the frequency of visits to fit the community's needs and funding.



*Representative
Ruth Kagi
Washington*

The recent focus on research-based evidence has led many state officials to re-examine these programs to ensure they meet the highest standards.

A Push From D.C.

In 2010, Congress established the five-year, \$1.5 billion Maternal, Infant and Early Childhood Home Visiting Program, which provides grants to states and tribes to use on voluntary, home-based services for expecting and new parents. States were required to conduct a needs assessment, identify specific at-risk communities to target, and choose from among nine approved home-visiting models.

All 50 states, the District of Columbia, and five territories applied for the first \$90 million, and only North Dakota opted out of the second-year formula funding of \$125 million. Fed-

eral money increases to \$350 million in the third year and \$400 million in the fourth and fifth years. Most states also submitted applications for part of the \$99 million in competitive grants that were awarded in September to 22 states. These competitive grants range from \$1.1 million to \$9.4 million a year.

The federal grants do not require new state matching funds, but states must maintain spending to be eligible, although states that made across-the-board cuts that reduced spending for home visiting have remained eligible. At least 75 percent of the federal money must be used to support evidence-based programs

identified in the federal grant. In a nod to innovation, states may spend up to 25 percent of the federal money on promising programs that will be evaluated in the future.

States are required to track whether programs are:

- ◆ Improving maternal and child health.
- ◆ Reducing child abuse and neglect, injuries and emergency room visits.
- ◆ Improving children's readiness for school and their achievement.
- ◆ Reducing crime or domestic violence.
- ◆ Improving family economic self-sufficiency.
- ◆ Improving the coordination and referrals for other community resources.

Not all legislators support seeking the federal money. The Florida Legislature originally voted not to apply for the money, in part

Playing by the Federal Rules

Federal officials have identified nine models that meet their standards of evidence-based programs:

- ◆ Child First
- ◆ Early Head Start—Home-Based Option
- ◆ Family Check Up
- ◆ Healthy Families America (HFA)
- ◆ Healthy Steps
- ◆ Home Instruction Program for Preschool Youngsters (HIPPY)
- ◆ Nurse-Family Partnership (NFP)
- ◆ Parents as Teachers (PAT)
- ◆ Public Health Nursing Early Intervention Program (EIP) for Adolescent Mothers

ONLINE

Learn more about the models and research on effectiveness at www.ncsl.org/magazine



Representative
Denise Grimsley
Florida

because it is tied to federal health care reform. Representative Denise Grimsley, chair of the Joint Legislative Budget Commission, said she did not want to accept the home-visiting grant because of the health-care law and because it was a case of “big government” assuming responsibilities that should rest with families. Legislators did accept the money in August when it became clear their decision would affect Florida’s eligibility for the Race to the Top Early Learning Challenge grant.

States Move Ahead

The federal home visiting initiative is being launched at a time when state policymakers are at very different points in how they envision their state services. Some lawmakers have moved ahead with setting goals for expansion and developing methods for directing funds to effective programs. Others have been able to use the planning and assessment period of the federal grant to identify the best next steps for their states.

In Louisiana, state officials identified needs and priorities for expansion. Resolutions passed by the Legislature in 2008 and 2009 established a Home Visiting Advisory Council that made recommendations for expanding the Nurse-Family Partnership from 15 percent of eligible families to 50 percent by 2014. Louisiana received \$6.6 million in competitive grant funding that will enable them to expand more quickly.

“We know that the Nurse-Family Partnership works in Louisiana,” says Senator Mike Walsworth. “We can now use these [new] funds to reach more eligible mothers to transform the lives of children and families in Louisiana.”

In Washington, the Legislature enacted a requirement in 2009 that new money for home visiting be directed only to programs proven to be effective. The state also created a public-private matching fund to support expansion, training, improvements and evaluations. The federal home visiting money is being distributed to programs that meet the evidence-based

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—Louisiana Senator Mike Walsworth

standards in the federal law.

“Washington has worked with our business and philanthropy partners to be well-positioned for the federal funding,” says Kagi.

Iowa lawmakers inventoried their home visiting investments in 2007 and found almost a dozen different programs—including national and local models—spread across several state agencies. Without any evaluation of the local programs, it was difficult to determine whether they were making a difference. So agency officials decided to target the new federal money to two communities plus provide planning grants to others. It’s too early to say whether any local programs will be successful in gathering the evidence needed to be added to the list of approved models.

New Mexico, too, has several home visiting programs operating around the state, funded by the state as well as philanthropy. The initial federal home visiting money allowed the state to expand services in two communities and address needed improvements, such as developing a data system to track results and analyze progress. New Mexico received one of the competitive grants to develop a continuum of services, starting with screening for needs and including specialized treatment for those with significant challenges.

“Evidence-based home visiting is a critical part of our strategy to reduce poverty and improve outcomes for disadvantaged families,” says Senator John Sapien. “Increased federal funding will allow the home visiting strategy to reach more families and ultimately decrease the costs of some social programs.”

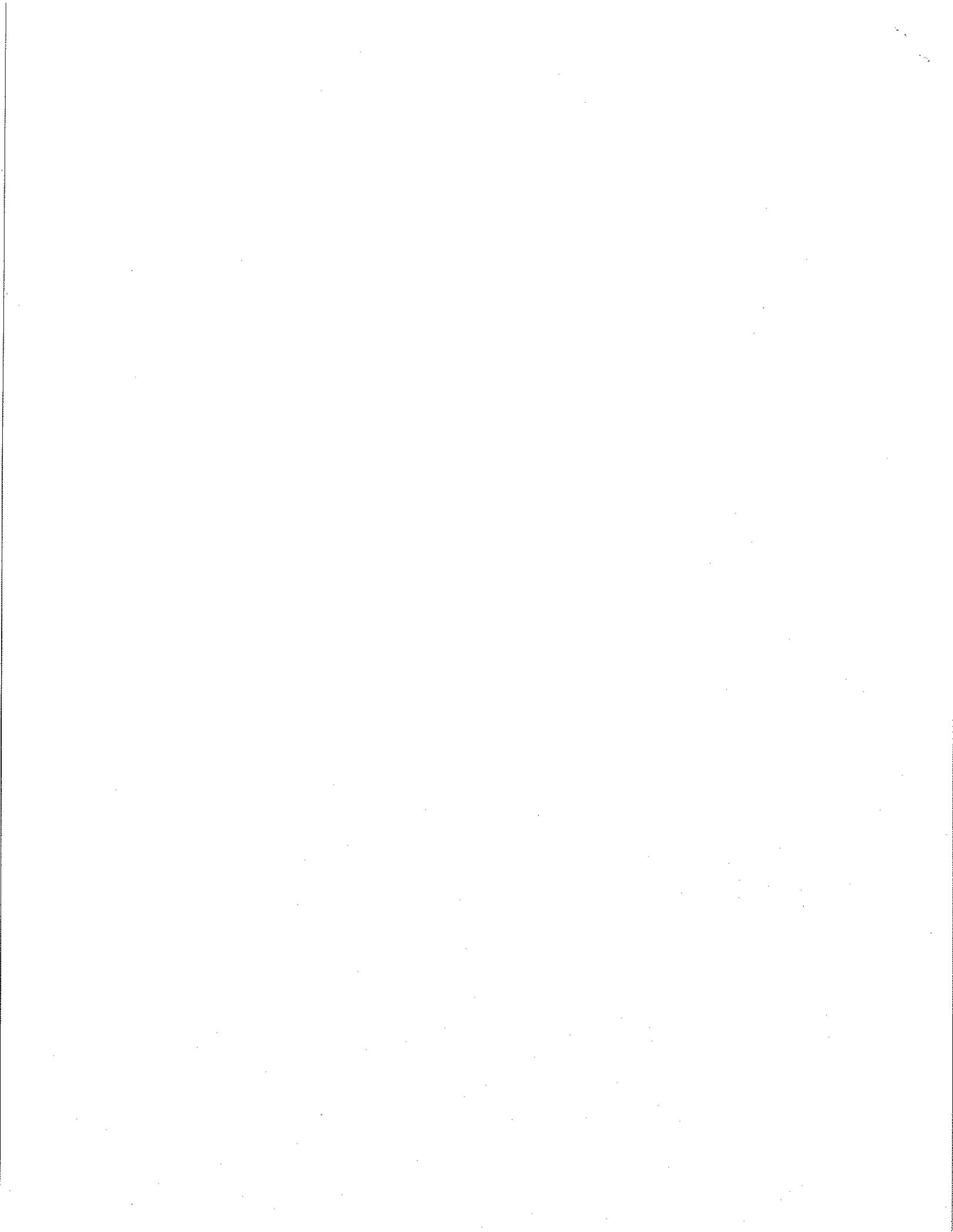
Legislators often have not been in the driver’s seat in applying for federal funds for home visiting but will be important players in the future. Legislators, who have funded the current array of state and local programs, will be in a position to take stock of existing appropriations and determine how best to ensure they are making investments in programs that make a difference for families.



Senator
Mike Walsworth
Louisiana



Senator
John Sapien
New Mexico



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The Case for Home Visiting

Strong Families Start with a Solid Foundation

Nothing transforms a home—and the people in it—quite like the arrival of a new baby. All parents need support during this transition. But for those facing the additional hurdles of being young, single or low income, help in making needed adjustments is all the more critical to ensuring that families grow and thrive.

Voluntary, home-based programs, also known as home visits, match parents with trained professionals to provide information and support during pregnancy and throughout their child's first three years. By helping parents learn how to care for their children and themselves, families reap the benefits: Children are safer, healthier, better prepared to learn and more likely to become successful adults.

A Bright Future Begins before Birth

Home visitors partner with expectant moms to encourage them to make regular prenatal care visits, quit smoking and drinking, and to eat a balanced diet—all behaviors that dramatically decrease their chances of having a low birthweight or substance-exposed baby. This support does not just save families the emotional cost of these dangerous and expensive conditions; it saves states money, too.



- Every low birthweight or preterm birth costs states between \$28,000 and \$40,000 in medical care and other related costs.¹
- One Cincinnati program found that infant death rates fell by 60 percent among home visiting participants.²
- In New York's Healthy Families home visiting program, mothers who received home visits were half as likely to deliver low birthweight babies as mothers who were not enrolled.³

Stronger Bonds, Better Lives

Home visiting helps parents find healthy solutions to stressful circumstances by connecting them with safe and stable housing and counseling for substance abuse or depression, as well as by teaching them to build positive, loving relationships with their children. Research shows

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that kids who have strong bonds with their parents have better lifelong emotional health and have a lower risk of later problems, including alcoholism, depression, eating disorders, heart disease, cancer and other chronic illnesses.⁴

- Studies have found that mothers who participated in home visits were more sensitive and supportive in interactions with their children,⁵ and they reported less stress than those in the control group.⁶
- One review of home visiting programs found significant improvements in parenting behaviors and attitudes.⁷

Healthy and Safe at Home

The ever-changing demands of raising an infant or toddler can prove challenging for even the best prepared parent. In 2008, there were more than 750,000 victims of child abuse or neglect in the United States, and almost half of the abuse-related fatalities were babies less than one year old.⁸ By helping parents understand their children's development, set realistic expectations for behavior and improve the safety of their homes, home visiting programs have been shown to cut incidences of child abuse and neglect in half.⁹ For example, by age two, children in one national home visiting program, the Nurse-Family Partnership (NFP), were 35 percent less likely to end up in the emergency room and 40 percent less likely to need treatment for injuries and accidents.¹⁰



A Foundation for Lifelong Learning

Babies start learning from the day they are born, but they need their parents to guide them. By teaching parents to stimulate their children's early learning, home visiting programs help build critical pre-literacy skills and improve achievement test scores.

- At age six, children who participated in the NFP home visiting program in Memphis had higher cognitive and vocabulary scores than those in the control group.¹¹
- At age nine, these children had higher grade point averages and achievement test scores in math and reading in first through third grades than those in the control group.¹²

Lasting Benefits Beyond the Home

By encouraging parents to continue their education, apply for jobs and improve relationships with the people in their lives, home visitors help families increase their ability to help themselves—and to build a lasting, stable future for their children. Fifteen years after their participation in a nurse home visiting program, mothers had:

- An 83 percent increase in employment by their child's fourth birthday;
- A 20 percent reduction reduction in welfare use; and
- A 46 percent increase in the father's presence in the household.¹³

Pew believes that proven programs supporting parents as they welcome a new baby into their lives are critical for laying the foundation for children's healthy development. States should invest in quality, evidence-based home visiting programs, that offer moms (and dads) access to information about their child's health and developmental and safety needs, as

well as resources to go back to school and find stable jobs. Fostering positive parenting skills and family responsibility and health today sows the seeds for safer, healthier children who are better prepared to learn tomorrow. And tax payers reap the benefit when many of our nation's costliest social problems—school failure, child abuse and welfare dependence—are prevented. ■

The Pew Home Visiting Campaign partners with policy makers and advocates to promote smart state investments in quality, voluntary home-based programs for new and expectant families. Learn more about our campaign at www.pewcenteronthestates.org/homevisiting

ENDNOTES

¹ Partnership for America's Economic Success, "Delivering Healthier Babies and Economic Returns," (December 2009). www.partnershipforsuccess.org/uploads/200912_00609PAESLongtermCostsBriefpressproof.pdf.

² E. F. Donovan, et al., "Intensive Home Visiting Is Associated with Decreased Risk of Infant Death," *Pediatrics* 119 (2007): 1145–1151.

³ E. Lee, et al., "Reducing Low Birth Weight Through Home Visitation: A Randomized Controlled Trial," *American Journal of Preventative Medicine* 36 (2009): 154–160.

⁴ R. L. Repetti, et al. "Risky Families: Family Social Environments and the Mental and Physical Health of Offspring," *Psychological Bulletin* 128 (2002): 330–366. See also J. S. Middlebrooks and N. C. Audage, *The Effects of Childhood Stress on Health Across the Lifespan* (Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2008).

⁵ Administration for Children and Families. *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start* (Washington, DC: U.S. Department of Health and Human Services, 2002). See also D. Olds, et al., "Home Visiting by Paraprofessionals and by Nurses: A Randomized Controlled Trial," *Pediatrics* 110 (2002): 486–49.

⁶ Administration for Children and Families, "Program Models in Early Head Start: Research to Practice Brief" (accessed April 7, 2010). www.acf.hhs.gov/programs/opre/ehs/research_practice/reports/program_models/program_models.pdf.

⁷ M. Sweet and M. Appelbaum. "Is Home Visiting an Effective Strategy? A Meta-Analytic Review of Home Visiting Programs for Families with Young Children," *Child Development* 75 (2004): 1435–1456.

⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *Child Maltreatment 2008* (2010). www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

⁹ Nurse Family Partnership, "Evidentiary Foundations of Nurse Family Partnership" (accessed April 7, 2010). www.nursefamilypartnership.org/assets/PDF/Policy/NFP-Evidentiary-Standards_4-28-09.

¹⁰ D. L. Olds, C. R. Henderson, and H. Kitzman, "Does Prenatal and Infancy Nurse Home Visitation Have Enduring Effects on Qualities of Parental Caregiving and Child Health at 25 to 50 Months of Life?," *Pediatrics* 93 (1994): 89–98.

¹¹ D. Olds, et al., "Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 6 Follow-Up Results of a Randomized Trial." *Pediatrics* 114 (2004): 1550–1559.

¹² D. Olds, et al., "Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 9 Follow-Up Results of a Randomized Trial." *Pediatrics* 120 (2007): e832–e845.

¹³ Nurse Family Partnership, "Evidentiary Foundations of Nurse Family Partnership" (accessed April 7, 2010). www.nursefamilypartnership.org/assets/PDF/Policy/NFP-Evidentiary-Standards_4-28-09.



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