



Prevent Child Abuse America

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November 25, 2008

The Honorable Barack Obama
Office of Presidential Transitions
Washington DC, 20270

Dear President-elect Obama:

Prevent Child Abuse America and our national network of 47 state chapters and over than 400 Healthy Families America home visitation programs, congratulate you on your election to the office of President of the United States of America.

Like you, our organization believes that the early years are a critical time for a developing child. Please count on this organization's knowledge, extensive communications network and support for public policies that address the problems that arise when a child is denied healthy childhood experiences. Research is clear that there is a relationship between child abuse and neglect and often life long consequences in many other areas, including chronic health problems, academic achievement, juvenile delinquency, criminal behavior, drug abuse and mental health issues. Our organization is committed to working with your Administration to help ensure that every child has the opportunity to grow up in a nurturing, stimulating and stable environment. Below for your consideration are policy recommendations to promote healthy child development based in proven prevention strategies.

1. Develop a National Strategy for Prevention

Sustainable change cannot occur until there is a national policy and commitment to prevent child abuse and neglect. Implementing a national strategy will require the coordination of federal agencies, and the assurance that all federal funding, policies, and regulations related to child well-being are coordinated and working towards complimentary goals. The attached paper, ***A New Way of Thinking About Prevention***, outlines specific steps that our nation must take to embrace child abuse and neglect prevention in a more effective, meaningful, and comprehensive manner.

2. Invest in Evidence-Based Early Childhood Home Visitation

Prevent Child Abuse America is grateful for your support of early childhood home visitation, and for your commitment to making a range of quality home visiting programs more widely available, as evidenced by your support as Senator of the *Education Begins at Home Act (EBAH)*. Introduced by Senators Hillary Clinton and Chris Bond and Representatives Danny Davis and Todd Platts, EBAH enjoys broad bipartisan support and has been endorsed by over 700 national, state and local organizations. The House Committee on Education & Labor passed EBAH earlier this year by a voice vote, setting the bill up for early action in the 111th Congress. I urge you to

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Mission Statement

To prevent the abuse and neglect of our nation's children



work with Congress to ensure the immediate enactment and funding of EBAH in 2009.

Thank you for promoting the successes of the Nurse-Family Partnership home visitation model throughout your campaign. Those same successes have been achieved in other home visitation service models and I ask that you extend your support to them as well. A compelling body of research demonstrates the measurable outcomes attributable to programs that employ home visitors with a wide range of backgrounds. For example, results from the randomized trial of a Healthy Families New York program, based on the Healthy Families America model using Family Support Workers, showed that the program had positive effects in the areas of parenting and child abuse and neglect, birth outcomes, and health care.¹ Please see the attached fact sheets for more information on the research supporting Healthy Families America, and the attached ***Evidence-based Early Childhood Home Visitation Programs*** for information on the research supporting a number of home visitation models.

3. Increase Investments in Prevention

For far too long, prevention has been undervalued and underfunded. We urge you to support increasing investments in prevention through both discretionary and mandatory funding mechanisms.

- ***Fully Fund the Child Abuse Prevention and Treatment Act:*** CAPTA embodies the federal commitment to preventing child maltreatment, but has not been funded adequately to meet the demand for community-based prevention programs. Please support fully funding the following components of CAPTA:
 - ***CAPTA state grants***, which provide funds for states to improve child protective services. Full funding will shorten the time that post-investigative services are delivered, and increase the number of children and families who receive these services.
 - ***CAPTA community-based grants***, which help states develop and implement effective approaches to preventing child abuse and neglect. Full funding will provide communities with additional support to implement effective prevention strategies such as parenting education, home visiting programs, mutual self-help support groups for parents, and crisis nurseries.
 - ***CAPTA discretionary research and demonstration grants***. Full funding will help pay for valuable data collection, technical assistance, and grant-funded research and demonstration projects. I also ask that you support the

¹ DuMont, Kimberly A., Susan Mitchell-Herzfeld, Rose Greene, Eunju Lee, Ann Lowenfels, and Monica Rodriguez, *Healthy Families New York (HFNY) Randomized Trial: Impacts on Parenting After the First Two Years*, Rensselaer, N.Y.: New York State Office of Children and Family Services, Bureau of Evaluation and Research; Albany, N.Y.: Center for Human Services Research, State University of New York at Albany, Albany, N.Y.: Department of Psychology, State University of New York at Albany, June 2006. As of January 2008:

<http://www.ocfs.state.ny.us/main/prevention/assets/HFNYRandomizedTrialWorkingPaper.pdf>



continuation of a \$10 million allocation from this funding to support evidence-based home visitation.

- **Fully Fund Promoting Safe and Stable Families:** PSSF grants help states pay for family support, family preservation, family reunification, and adoption support. Unfortunately, the PSSF discretionary grant is currently funded at just \$63.3 million. Fully funding the PSSF discretionary grant at \$200 million will promote the expansion of family support services in communities across the nation and provide more intensive help for families in crisis. Research is clear that by investing in positive outcomes for children and families, family support and family strengthening programs can also lead to fewer incidences of child abuse and neglect.
- **Reform the Child Welfare Financing Structure:** States may access dollars under Title IV-E, the principal source of federal child welfare funding, only after children have been removed from their home and enter foster care. Of the \$7.2 billion federal funds dedicated for child welfare in 2007, approximately 90 percent supported children in foster care placements (\$4.5 billion) and children adopted from foster care (\$2.0 billion). States can use about 10 percent of federal funding dedicated child welfare funds flexibly for family services and supports, including prevention or reunification services. Prevent Child Abuse America urges you to support initiatives that will secure adequate, guaranteed funding for front-end, prevention services while ensuring an effective approach to child welfare that provides for a full continuum of care.
- **Fully Fund the Social Services Block Grant:** HHS reports that SSBG funded preventive services for 29 percent of the total child recipients of preventive services in 2005. Despite the many critical services that SSBG makes possible, funding for the block grant has been chipped away over the past decade from a high of \$2.8 billion a year to its current level of \$1.7 billion a year. Prevent Child Abuse America urges you to support restoring SSBG to \$2.8 billion.
- **Enact the Shaken Baby Syndrome Prevention Act:** Introduced by Senator Chris Dodd and Representative Nita Lowey, the legislation would provide \$10 million to HHS to develop and implement a public information and education campaign aimed at preventing Shaken Baby Syndrome (SBS). SBS prevention programs have demonstrated that educating parents and other caregivers about healthy strategies for coping with a crying infant, infant soothing skills, and the danger of shaking young children can bring about a significant reduction in the number of SBS cases.
- **Increase resources in the work of the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control** to address child maltreatment through a



public health approach. This approach will compliment the other federal initiatives and efforts and can provide another inter-agency link toward a unified and integrative approach to address child abuse and neglect prevention. The CDC's child maltreatment prevention work is designed to better understand the scope, causes, and consequences of child abuse and neglect, and to indentify and disseminate effective prevention strategies. They are a critical partner in preventing child abuse and neglect from occurring in the first place.

Conclusion

Prevent Child Abuse America believes that there is no issue more important to the future of our society than how we raise our youth. Yet, a recent UNICEF report found the United States was ranked 20th in child well-being out of the world's 21 wealthiest nations.² The measures used by UNICEF represent educational, health and safety, material, and family and peer well being; measures that can reduce the potential for child maltreatment. The UNICEF study reinforces countless reports and government data showing that child neglect and maltreatment is a significant but preventable public health problem in our country today.

Research, such as the *Adverse Childhood Experiences* study,³ has shown that child abuse and neglect have life-long impacts, not only for child but for the nation. These studies show a strong correlation between child abuse and neglect and debilitating and chronic health consequences, delinquency, criminal behavior, mental health illness, drug dependency and lower academic performance.

Getting prevention right early is less costly to the nation, and to individuals, than trying to fix things later. Prevent Child Abuse America estimates that implementing effective policies and strategies to prevent child abuse and neglect can save taxpayers \$104 billion per year. The cost of not doing so includes more than \$33 billion in direct costs for foster care services, hospitalization, mental health treatment, and law enforcement. Indirect costs of over \$70 billion include loss of productivity, as well as expenditures related to chronic health problems, special education, and the criminal justice system.⁴

With your leadership, together we will finally be able to shift our federal policies *from* addressing the issues that arise because of child abuse and

² United Nations Children's Fund (2007). *Child Poverty in Perspective: An overview of Child Well-being in Rich Countries*. Innocenti Report Card 7, UNICEF Innocenti Research Center, Florence, Italy, p. 2.

<http://www.unicef.org/media/files/ChildPovertyReport.pdf>

³ Felitti, VJ, Anda, RF, Nordenberg, D, Williamson, DF, Spitz, AM, Edwards, V, Koss, MP, & Marks, JS. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, 14, 245-258.

<http://download.journals.elsevierhealth.com/pdfs/journals/07493797/PIIS0749379798000178.pdf>

⁴ (1) Wang, CT, & Holton, J (2007). *Total estimated cost of child abuse and neglect in the United States*. Chicago, IL: Prevent Child Abuse America.

http://www.preventchildabuse.org/about_us/media_releases/pcaa_pew_economic_impact_study_final.pdf



neglect *towards* making sure that abuse and neglect does not occur in the first place. Please consider Prevent Child Abuse America and our national network a resource to you as you consider opportunities to address this pressing issue.

Sincerely,

James M. Hmurovich
President & CEO

cc: Melody Barnes, Director-designate, Domestic Policy Council

Peter Orszag, Office of Management and Budget Director-designate

Heather Higginbottom, Deputy Director-designate, Domestic Policy Council

Rob Nabors as Office of Management and Budget Deputy Director-designate



Prevent Child Abuse America

At-A-Glance

Prevent Child Abuse America was founded in 1972. It is the oldest organization in the United States whose sole mission is "to prevent the abuse and neglect of our nation's children." Based in Chicago, it has chapters in 44 states.

Together, the National Office and state chapters, with over 7000 volunteers, manage more than 350 different locally-based prevention strategies. These strategies include crisis nurseries, training conferences for prevention professionals, home visitation services, parent support groups, public awareness and advocacy.

Prevent Child Abuse America's premier prevention service, **Healthy Families America**® is designed to help expectant and new parents get their children off to a healthy start. Families participate voluntarily in the program and receive home visiting and referrals from trained staff. At 413 sites in 41 states, **Healthy Families America** promotes positive parenting, enhances child health and development, and prevents child abuse and neglect.

Prevent Child Abuse America develops its research, public policy positions, services and messaging based upon the following facts:

- Child abuse and neglect is preventable;
- Research tells us how to prevent it and what works;
- The cost, to US taxpayers of not preventing abuse and neglect is \$104 billion a year;
- The Brookings Institute identifies investment in home visitation services (like Healthy Families America) as one of the four investments that should be made to reduce our national budget deficit; and,
- Whereas 90% of the public views child abuse and neglect as a national issue, abuse and neglect will not be eliminated until each of us becomes engaged in solutions and places action behind our statements.

You Can Help

- Visit our websites at www.preventchildabuse.org and www.healthyfamiliesamerica.org
- Take the time to become informed and educated on the issue of child abuse and neglect prevention and speak to legislators and public officials to make prevention a national priority;
- Volunteer at a local state chapter (see our website); or,
- Donate your time, talents or money to our mission.



**Prevent Child Abuse America
Chicago, Illinois**

Total Estimated Cost of Child Abuse and Neglect in the United States

Ching-Tung Wang, Ph.D. and John Holton, Ph.D.

Child abuse and neglect are preventable, yet each year in the United States, close to one million children are confirmed victims of child maltreatment. An extensive body of research provides promising and best practices on what works to improve child safety and well-being outcomes and reduce the occurrence of child abuse and neglect. These efforts are essential as child abuse and neglect have pervasive and long-lasting effects on children, their families, and the society. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social, and cognitive. For many children, these effects extend far beyond childhood into adolescence and adulthood, potentially compromising the lifetime productivity of maltreatment victims (Daro, 1988).

It is well documented that children who have been abused or neglected are more likely to experience adverse outcomes throughout their life span in a number of areas:

- Poor physical health (e.g., chronic fatigue, altered immune function, hypertension, sexually transmitted diseases, obesity);
- Poor emotional and mental health (e.g., depression, anxiety, eating disorders, suicidal thoughts and attempts, post-traumatic stress disorder);
- Social difficulties (e.g., insecure attachments with caregivers, which may lead to difficulties in developing trusting relationships with peers and adults later in life);
- Cognitive dysfunction (e.g., deficits in attention, abstract reasoning, language development, and problem-solving skills, which ultimately affect academic achievement and school performance);
- High-risk health behaviors (e.g., a higher number of lifetime sexual partners, younger age at first voluntary intercourse, teen pregnancy, alcohol and substance abuse); and
- Behavioral problems (e.g., aggression, juvenile delinquency, adult criminality, abusive or violent behavior) (Child Welfare Information Gateway, 2006; Goldman, Salus, Wolcott, & Kennedy, 2003; Hagele, 2005).

The costs of responding to the impact of child abuse and neglect are borne by the victims and their families but also by society. This brief updates an earlier publication documenting the nationwide costs as a result of child abuse and neglect (Fromm, 2001). Similar to the earlier document, this brief places costs in two categories: direct costs, that is,



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Total Annual Cost of Child Abuse and Neglect in the United States INDIRECT COSTS

Indirect Costs	Estimated Annual Cost (in 2007 dollars)
Special Education <i>Rationale: 1,553,800 children experienced some form of maltreatment in 1993¹. 22% of maltreated children have learning disorders requiring special education⁶. The additional expenditure attributable to special education services for students with disabilities was \$5,918 per pupil in 2000⁷. Calculation: 1,553,800 x 0.22 x \$5,918 = \$2,022,985,448</i>	\$2,410,306,242
Juvenile Delinquency <i>Rationale: 1,553,800 children experienced some form of maltreatment in 1993¹. 27% of children who are abused or neglected become delinquents, compared to 17% of children in the general population⁸, for a difference of 10%. The annual cost of caring for a juvenile offender in a residential facility was \$30,450 in 1989⁹. Calculation: 1,553,800 x 0.10 x \$30,450 = \$4,731,321,000</i>	\$7,174,814,134
Mental Health and Health Care <i>Rationale: 1,553,800 children experienced some form of maltreatment in 1993¹. 30% of maltreated children suffer chronic health problems⁶. Increased mental health and health care costs for women with a history of childhood abuse and neglect, compared to women without childhood maltreatment histories, were estimated to be \$8,175,816 for a population of 163,844 women, of whom 42.8% experienced childhood abuse and neglect¹⁰. This is equivalent to \$117 [$\\$8,175,816 / (163,844 \times 0.428)$] additional health care costs associated with child maltreatment per woman per year. Assume that the additional health care costs attributable to childhood maltreatment are similar for men who experienced maltreatment as a child. Calculation: 1,553,800 x 0.30 x \$117 = \$54,346,699</i>	\$67,863,457
Adult Criminal Justice System <i>Rationale: The direct expenditure for operating the nation's criminal justice system (including police protection, judicial and legal services, and corrections) was \$204,136,015,000 in 2005¹¹. According to the National Institute of Justice, 13% of all violence can be linked to earlier child maltreatment¹. Calculations: \$204,136,015,000 x 0.13 = \$26,537,681,950</i>	\$27,979,811,982
Lost Productivity to Society <i>Rationale: The median annual earning for a full-time worker was \$33,634 in 2006¹². Assume that only children who suffer serious injuries due to maltreatment (565,000¹) experience losses in potential lifetime earnings and that such impairments are limited to 5% of the child's total potential earnings². The average length of participation in the labor force is 39.1 years for men and 29.3 years for women¹³; the overall average 34 years is used. Calculation: \$33,634 x 565,000 x 0.05 x 34 = \$32,305,457,000</i>	\$33,019,919,544
Total Indirect Costs	\$70,652,715,359
TOTAL COST	\$ 103,754,017,492

⁶ Hammerle, N. (1992). *Private choices, social costs, and public policy: An economic analysis of public health issues*. Westport, CT: Greenwood, Praeger.

⁷ Chambers, J.G., Parrish, T.B., & Harr, J.J. (2004). *What are we spending on special education services in the United States, 1999-2000?* Palo Alto, CA: American Institutes for Research. Retrieved August 28, 2007 from <http://www.csef-air.org/publications/seep/national/AdvRpt1.PDF>

⁸ Widom, C.S., & Maxfield, M.G. (2001). *An update on the "cycle of violence"*. U.S. Department of Justice, the National Institute of Justice. Retrieved August 27, 2007 from <http://www.ncjrs.gov/pdffiles1/nij/184894.pdf>

⁹ U.S. Bureau of the Census (1993). *Statistical abstract of the United States, 1993* (113th edition.) Washington, DC: Government Printing Office. Retrieved September 6, 2007 from <http://www2.census.gov/prod2/statcomp/documents/1993-03.pdf>

¹⁰ Walker, E.A., Unutzer, J., Rutter, C., Gelfand, A., Saunders, K., VonKorff, M., Koss, M., & Katon, W. (1999). Costs of health care use by women HMO members with a history of childhood abuse and neglect. *Archives of General Psychiatry*, 56, 609-613. Retrieved August 22, 2007 from <http://archpsyc.ama-assn.org/cgi/reprint/56/7/609?ck=nck>

¹¹ U.S. Department of Justice (2007). *Key facts at a glance: Direct expenditures by criminal justice function, 1982-2005*. Bureau of Justice Statistics. Retrieved September 5, 2007 from <http://www.ojp.usdoj.gov/bjs/glance/tables/exptyptab.htm>

¹² U.S. Department of Labor (2007). *National compensation survey: Occupational wages in the United States, June 2006*. U.S. Bureau of Labor Statistics. Retrieved September 4, 2007 from <http://www.bls.gov/ncs/ocs/sp/incl0910.pdf>

¹³ Smith, S.J. (1985). Revised worklife tables reflect 1979-80 experience. *Monthly Labor Review*, August 1985, 23-30. Retrieved September 4, 2007 from <http://www.bls.gov/opub/mlr/1985/08/art3full.pdf>



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¹¹ U.S. Department of Justice (2007). *Key facts at a glance: Direct expenditures by criminal justice function, 1982-2005*. Bureau of Justice Statistics. Retrieved September 5, 2007 from <http://www.ojp.usdoj.gov/bis/glance/tables/exptvptab.htm>

¹² U.S. Department of Labor (2007). *National compensation survey: Occupational wages in the United States, June 2006*. U.S. Bureau of Labor Statistics. Retrieved September 4, 2007 from <http://www.bls.gov/ncs/ocs/sp/ncbl0910.pdf>

¹³ Smith, S.J. (1985). Revised worklife tables reflect 1979-80 experience. *Monthly Labor Review*, August 1985, 23-30. Retrieved September 4, 2007 from <http://www.bls.gov/opub/mlr/1985/08/art3full.pdf>



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Research Spotlight on Success: *Healthy Families America Prevents Child Maltreatment**

Preventing child abuse and neglect is complex, because of many different risk factors that interact with family and community strengths. Healthy Families America (HFA) prevents child abuse and neglect by helping families build protective factors that reduce risks by:

- Promoting healthy parent-child interaction and attachment;
- Increasing knowledge of child development and appropriate expectations of children;
- Improving use of preventive health care;
- Reducing social isolation; and,
- Providing access to community resources for families.

Measuring a program's impact on child maltreatment is also complex. The most useful evaluations include multiple measures that provide a more meaningful context for understanding child maltreatment. Official child maltreatment rates are also complicated by biased detection rates, differences in legal definitions of child abuse and neglect and Child Protective Services (CPS) practices that vary from one community to another. Parent self-report measures detect more cases of child maltreatment than official reports and measure a broader range of potentially harmful parenting behaviors.¹ Therefore, using multiple measures of child maltreatment offers a more accurate assessment of program impacts on maltreatment prevention.

Research Highlights**

Reduced Self-Reported Child Maltreatment

A large, recent randomized control trial (RCT) (NY2) found less physical and psychological abuse for HFA parents than control parents at one year. Results at two years showed the greatest impacts for first-time moms and psychologically vulnerable moms. A smaller RCT also found some evidence of less child maltreatment for HFA parents than control parents (AK).

Reduced Substantiated Cases of Child Maltreatment

Evidence of the challenges with this measure of child maltreatment comes from a large, recent RCT (NY2) that documents a bias in detecting child maltreatment. This bias means that comparison families experience more child maltreatment than is reflected in official reports, while in comparison, the presence of a home visitor increases early detection in enrolled families. Even so, one RCT (HI1) found a statistical trend for fewer incidents of confirmed maltreatment (3.3% v. 6.8%, $p < .10$) among HFA families. Also in this study, substantiated cases for home-visited families were for less serious offenses (e.g., potential harm rather than actual harm to the child) than the cases with control families.

"I was 14 years old when I had my baby. If it had not been for Healthy Families America, I would not have known what to do. Thanks to them, now I have a healthy, intelligent and smart baby who is also very mischievous. I don't hit my baby, I don't yell at him, nor do I shake him because I learned from Healthy Families that it is bad for my son and also for me."

— HFA Participant



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What is Healthy Families America?

Prevent Child Abuse America implemented Healthy Families America (HFA) in 1992, building on two decades of research in the field of home visitation.

- HFA is a nationally-recognized, voluntary service that connects overburdened expectant parents and parents of newborns with free child development assistance in their homes.
- Well-respected, extensively-trained assessment workers and home visitors provide valuable guidance, information and support to help parents be the best parents they can be.
- Based upon our years of experience and evidence-base, we know that home visiting promotes optimal long-term mental and physical health of parents and their children.

Additional evidence from community-wide and state-wide studies shows dramatic impacts on rates of child abuse and neglect:

- A community comparison study (VA5) compared rates of child maltreatment in Hampton, Virginia — where HFA services are city-wide — to multiple comparison communities over several years spanning the program's implementation. Hampton's decrease in child maltreatment outpaced the comparison communities, including those with greater resources.
- Another community comparison study (HI3) used hospitalization data for over 3000 families eligible for Hawaii Healthy Start services. Fewer children were hospitalized for child maltreatment

among the enrolled families compared to eligible families who could not be served due to program capacity (2.7 per 1000 vs. 17.0 per 1000).

- A carefully-designed independent comparison study (FL4) found significantly lower rates of maltreatment among families who completed the program or received "high-fidelity" services than for eligible families who could not be served due to program capacity.
- Six studies found lower rates of maltreatment for HFA (statewide) families compared to the county or community as a whole:
 - FL1: 1.6% vs. 4.9% county-wide.
 - FL2: 4% of all families enrolled 1995-2000 vs. 5.9% in program zip code.
 - FL4(statewide): 4% vs. 5% for non-served families in the same communities.
 - MA: 8.6% vs. 33% reported by teen parent study.
 - OR: 1.3% of home-visited children ages 0-2 vs. 2.5% non-served children aged 0-2 in same counties.
 - VA4: 1.1% for home-visited children compared to 4.7% estimated for children in comparable low-income families nation-wide.

- The vast majority of studies have found rates of maltreatment for HFA families to be much lower than the national average of 4.7% for families with incomes below \$15,000². Eight cross-sectional studies reported maltreatment rates ranging from 0% to 5% (AZ, IA, MD, MN, Multi1, NJ, VA1, VA3, and VT). Five of the studies reported maltreatment rates of 2% or less.

Other Outcomes: Improved parent-child interaction, healthy child development, and other family strengths contribute to reduced child maltreatment down the line; information on these outcomes can be found in other briefs in the HFA Research Spotlight Series.

¹ English, D. J. (1998). The extent and consequences of child maltreatment. *The Future of Children*, 8(1), 39-53.
² Sedlak, Andrea J., & Broadhurst, Diane D. (1996). *The Third National Incidence Study of Child Abuse and Neglect (NIS-3)*. U.S. Department of Health and Human Services. Washington, DC.

The Bottom Line

There is growing evidence that HFA prevents child abuse and neglect. In addition to numerous studies showing lower-than-expected rates, three RCTs and three comparison group studies provide more rigorous evidence of program impact. An RCT documenting biases in the detection of child maltreatment attests to the challenges of measuring child maltreatment outcomes.



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* State abbreviations and numbers refer to site or state-level evaluation studies; more information on the studies can be found in the HFA Table of Evaluations at www.healthyfamiliesamerica.org/research/index.shtml

** This report highlights findings from 34 studies in 25 states. Study designs include 8 randomized control trials and 8 comparison group studies. Over 230 HFA programs were involved in these studies.



Because You Care... ...Learn More

Research Spotlight on Success: *Healthy Families America Promotes Positive Parenting**

Promoting positive parenting plays a major role in preventing child abuse and neglect. Research shows a clear relationship between parenting attitudes and child maltreatment¹. Parents in tune with their child's developmental needs and abilities feel a stronger bond with their child and are less likely to abuse or neglect their child². To promote positive parenting, highly-trained Healthy Families America (HFA) home visitors offer education, modeling, role playing, and other activities that help parents to:

- Develop healthy attitudes towards parenting, including appropriate expectations of their children;
- Understand their child's capabilities at each developmental stage;
- Enhance the quality and safety of the home environment to foster child development;
- Increase sensitivity, responsiveness and nurturing towards their children; and
- Create a secure relationship with their child.

Research Highlights**

Improved Parenting Attitudes

HFA families showed positive changes in their perspectives on parenting roles and responsibilities sooner than control parents in two randomized control trials (RCTs) (GA, HI1), and also made significant gains in four pre-post studies (CT, MA, Multi1, NJ). One RCT study (NY2) found significant benefits for teen parents and those free of depression. Another rigorous study showed evidence of higher maternal self-efficacy for moms in HFA compared to control families (AK).

Increased Knowledge of Child Development

HFA families with more than one child knew more about child development at one year than similar control families in a RCT study (NY2, 2005). Another study found a significant increase in knowledge from enrollment to 6 and 12 months (MD1, 2002).

"If this program didn't exist, I wouldn't have as much insight as to what I'm supposed to be doing at certain stages in her life... I'd probably be a lot more nervous when she cries because I wouldn't know that she's supposed to cry, because I'm still trying to get to know her, you know."

—HFA Participant



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What is Healthy Families America?

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- HFA is a nationally-recognized, voluntary service that connects overburdened expectant parents and parents of newborns with free child development assistance in their homes.
- Well-respected, extensively-trained assessment workers and home visitors provide valuable guidance, information and support to help parents be the best parents they can be.
- Based upon our years of experience and evidence-base, we know that home visiting promotes optimal long-term mental and physical health of parents and their children.

A third study (IA) found improvements for a majority of parents in several areas: 87% reported improved knowledge of infant care and development, 79% reported greater knowledge of appropriate child care, 75% reported improvements in knowledge of nutrition, and 70% reported improvements in disciplinary knowledge.

A Better Quality Home Environment

HFA helps parents create a more responsive and developmentally stimulating home environment, demonstrated by HFA parents faring significantly better than non-HFA families in four RCTs (AK, GA, HI1, VA2) and four comparison group studies (DC, FL4, IL, WI), and showing significant gains in additional evaluations (AZ, IN, MD1, MI, NJ, VA4). This means parents are reading to their children at an earlier age, providing appropriate learning materials, and demonstrating greater involvement in their child's activities and acceptance of their behavior, all factors associated with positive child development.

Positive Parent-Child Interaction

HFA parents and babies demonstrated better communication and responsiveness than control families in three RCTs (GA, HI1, VA2), one comparison group study (IL), and also showed gains in pre-post studies (AZ, FL2, IN, MD1, MI, NJ, WI, VA4). One of the most compelling findings comes from an RCT study in Virginia (VA2). This rigorous study found that HFA families improved on parent-child interaction from enrollment to two years, including overall and specific areas of sensitivity, child clarity, and child responsiveness. Over the same period, control group families showed worsening scores on parent-child interaction (VA2).

¹ English, Diana J. (1998). The extent and consequences of child maltreatment. *The Future of Children*, 8(1), 39-53.

² Egeland, Byron, & Sroufe, L. Alan (1981). Attachment and early maltreatment. *Child Development*, 52(1), 44-52; Olds, D.L., Kitzman, H., Cole, R., & Robinson, J. (1997). Theoretical foundations of a program of home visitation for pregnant women and parents of young children. *Journal of Community Psychology*, 25, 9-26.

The Bottom Line

HFA improves parenting outcomes, with the strongest impacts on parenting attitudes and home environment. Parenting outcomes are largely consistent across studies regardless of design or region, indicating that this is a reliable benefit of the HFA model.



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Because You Care... ...Learn More

Research Spotlight on Success: *Healthy Families America Promotes Child Health and Development*

Positive child health and development are central to child well-being. Coping with a sick child, particularly with a chronic illness, can pose significant stress to parents and may interfere with child care access and work opportunities. Likewise, developmental delays or inappropriate expectations of children contribute to stress and risk for child maltreatment¹. Healthy Families America (HFA) promotes child health and development in several ways:

- When families enroll in HFA prenatally, home visitors help women access prenatal health care and practice a healthy lifestyle;
- HFA links families to a medical home and encourages timely immunizations and well-baby check-ups;
- HFA family support workers provide regular developmental screenings to identify developmental delays as early as possible, ensuring early intervention when appropriate;
- Parents receive information to help them understand and improve their child's health and development; and
- HFA's emphasis on positive parenting contributes to better developmental outcomes.

Research Highlights**

Improved Birth Outcomes and Birth Weight

Babies of parents enrolled prenatally in HFA had fewer birth complications in one randomized control trial (RCT) (VA2) and higher birth weights in another RCT (NY2). Other studies in Florida, District of Columbia, New Jersey, and Virginia show positive impacts of HFA on healthy birth weight.

Increase in Breastfeeding

HFA had a positive impact on breastfeeding in four studies (NY1, NY2, WI, MA). In two studies, these impacts were significant for moms enrolled prenatally (NY1) and moms with two or more children (NY2). A third study found that mothers breastfed significantly longer than a comparison group (WI).

"Through my home visitor's help, I can help my baby grow better, or stimulate her mind the right way, or know what she's supposed to be doing [at a particular stage]. Because otherwise I'd just be like, 'Okay, what do you want?' I wouldn't know what parts of her brain are developing at what time. And I just might be able to encourage her growth so she becomes the best little girl that she can be."

—HFA Participant



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Linkage to Medical Home and Higher Immunization Rates

HFA links families to a "medical home" by ensuring access to preventive and routine health care, such as immunizations and well-baby check-ups. Large cross-sectional studies consistently show high rates of families linked to a medical care provider (74% to 100%, averaging 94%; AK, AZ, CA, FL3, FL4, HI2, IA, MD1, MD2, NY2, OR, TN, VA1, VA3, VA4, VT), and immunization rates that exceed community, state and national rates (AZ, CT, GA, FL1, FL4,

NJ, VA2, VA4). More rigorous studies have demonstrated program benefits on well-baby visits (CA, VA2, WI).

Improved Knowledge of Child Development

HFA positively impacts parents' knowledge of child development. This impact was significant for parents with more than one child in a RCT (NY2). Another study found a significant increase in knowledge from enrollment to 6 and 12 months (MD1). A third study (IA) found 87% of parents reported improved knowledge of infant care and development, and 70% reported improvements in disciplinary knowledge.

A Better Quality Home Environment

HFA helps parents create a more responsive and developmentally stimulating home environment, demonstrated by four RCTs (AK, GA, HI1, VA2), three comparison group studies (DC, FL4, WI), and additional evaluations (AZ, IN, MD1, MI, NJ, VA4). This means parents are reading to their children at an earlier age and providing appropriate learning materials. They are also demonstrating greater involvement in their children's activities and acceptance of their behavior, all factors associated with positive child development.

Enhanced Cognitive Development

HFA positively impacted children's cognitive development in two RCTs (AK, CA), and showed some benefits on scores on the Ages & Stages Questionnaire, a developmental screening tool that measures parent's self-report (GA, NY1).

*National Research Council (2001). *Crime victims with developmental disabilities: Report of a workshop*. Committee on Law & Justice. Joan Petersilia, Joseph Foote, and Nancy A. Crowell, editors. Commission on Behavioral and Social Sciences and Education. Washington, D.C: National Academy Press.

The Bottom Line

HFA contributes significantly to improved child health and development, with several outcomes supported by one or more rigorous studies. Most impressive is HFA's impact on the quality of the home environment, including positive parent child interaction, a tremendously important area in promoting child development.



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