



**Written Statement
of the
Children's Defense Fund**

**Hearing on
Proposals to Provide Federal Funding for
Early Childhood Home Visitation Programs**

**Before the
Subcommittee on Income Security and Family Support
of the
Committee on Ways and Means
U.S. House of Representatives
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The Children's Defense Fund (CDF) appreciates the opportunity to submit written testimony for the record for the Hearing on Proposals to Provide Federal Funding for Early Childhood Home Visitation Programs held on June 9, 2009, by the Subcommittee on Income Security and Family Support.

The Children's Defense Fund has worked very hard for 36 years to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities. CDF seeks to provide a strong, effective and independent voice for *all* the children in America who cannot vote, lobby, or speak for themselves, but we pay particular attention to the needs of poor and minority children and those with disabilities. CDF encourages preventive investments in children before they get sick, get pregnant, drop out of school, get into trouble, suffer family breakdown, or get sucked into the dangerous "Cradle to Prison Pipeline."

CDF works to ensure a level playing field for every child and recognizes that for every minute we waste, we lose another child. Consider that a child is born into poverty every 33 seconds, a child is born without health insurance every 39 seconds, and a child is abused or neglected every 40 seconds. CDF has for decades advocated for improvements in child welfare policies that would help to enhance outcomes for vulnerable children and families across the country.

We want to begin by thanking the Subcommittee for its bi-partisan leadership in the 110th Congress, which led to the enactment of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). These reforms for abused and neglected children in foster care, the most significant in more than a decade, hold the promise of greater stability and permanence and enhanced well-being for tens of thousands of children and youths across the country.

We are very pleased that you now are focusing attention on the front end of the child welfare system to expand opportunities to prevent problems from occurring, such as developmental delays, poor child health, and child abuse and neglect, all of which can bring children to the door of the child welfare system. The need for prevention has long been ignored, and the Early Support for Families Act (H.R. 2667) represents a significant step forward in establishing and expanding home visiting programs that can reach hundreds of thousands of children.

We applaud the efforts of both Chairman McDermott and Representative Danny Davis, as well as Representative Todd Platts, to highlight home visiting as an important strategy to strengthen outcomes for both children and parents. The Early Support for Families Act builds on both the evidence-based home visitation initiative included in President Obama's Fiscal Year 2010 budget and on the reserve clauses in both the House and Senate-passed 2010 Budget Resolutions. It recognizes how children could positively

benefit from a significant expansion of quality home visitation programs that improve multiple outcomes for children and families, both in the short term and over time. In our statement for the record, we want to emphasize the multiple ways that children and families can benefit from home visitation, describe the lack of coordinated attention to home visiting that currently exists at the federal level, and then highlight the most important features of the Early Support for Families Act and several ways it might be further strengthened.

First-time pregnant women, parents of young children with disabilities, teen parents having a second or third child, and single fathers raising children and others can all benefit from different models of home visitation programs. Thousands of parents like these are looking to the Subcommittee to push forward this year an investment in quality evidence-based home visitation that can have real positive impacts for them and their children.

Investments in Quality Home Visiting Programs Are Essential for Improving Outcomes for Children

Quality home visiting programs offer Congress an opportunity to build on what we know works.

Under the Early Support for Families Act, programs with the strongest level of evidence will be able to expand to reach more children and families with different needs, and emerging programs will also be able to prove their effectiveness with children and families over time.

Home visiting is a program model and a family engagement strategy that has a long track record and has evolved over the years. As elaborated below, there are at least five national models of home visitation programs, all of which are associated with a national organization that has comprehensive standards that ensure high quality service delivery and continuous program quality improvement. They all have been operating in some form for at least a decade and in some cases two or three decades. There are also other models and approaches being used that hold promise. And still others that have come and gone over the years. When Rep. Roskam asked the hearing witnesses on June 9, if they had ever met a home visitation program they didn't like, the answer for most was a resounding "yes." The witnesses recognized the challenges in operating quality programs and the need to target ongoing federal support to programs that meet at least the basic requirements spelled out in the Early Support for Families Act.

Research from the five national home visiting program models, described only briefly below, demonstrates that quality home visiting programs can improve outcomes for children and parents by preventing child abuse and neglect, improving school readiness, increasing positive parenting and parental involvement, and improving child and maternal health. The randomized controlled trial of the Nurse Family Partnership, one of

the five models, was first conducted in 1977, more than 30 years ago. Since then several subsequent randomized controlled trials have been conducted, and each of the national models has had at least one randomized controlled trial.

Healthy Families America (HFA), a program of Prevent Child Abuse America, is a voluntary home visiting model designed to help expectant and new parents get their children off to a healthy start. The program works with participants starting prenatally or at birth up to the time the child reaches three to five years of age to promote positive parenting, enhance child health and development and prevent child abuse and neglect.

- A study published in the March 2008 issue of the journal *Child Abuse and Neglect* indicated that Healthy Families New York (HFNY) decreased the incidence of child abuse and neglect during the first two years of life, and reduced the use of aggressive and harsh parenting practices, particularly among first-time mothers under age 19 who were offered HFNY early in their pregnancy.ⁱ
- Two randomized control trial studies of HFA found that participation in the program positively impacted children's cognitive development when measured on the Bayley Scales of Infant Development (which measures developmental function of infants and toddlers and assists in diagnosis and treatment planning for those with developmental delays or disabilities).ⁱⁱ

Home Instruction for Parents of Preschool Youngsters (HIPPIY) is a voluntary home-based, family focused, parent involvement program that provides solutions that strengthen families and helps parents prepare their three-, four-, and five-year-old children for success in school and beyond.

- A two-site, two-cohort longitudinal study of children's school performance through second grade found that children participating in HIPPIY scored higher on standardized achievement tests, were perceived by their teachers as being better prepared, and had better school attendance than those who did not receive HIPPIY services.ⁱⁱⁱ

Nurse Family Partnership (NFP) is a voluntary program that provides home visitation services by registered nurses to low-income first-time mothers, beginning early in pregnancy and continuing through the child's second year of life.

- In a 15-year follow up to a randomized control trial, there were 48 percent fewer officially-verified child abuse and neglect reports for the families served by NFP as compared to the control group; and women served by NFP had experienced 19 percent fewer subsequent births than those in the control group.^{iv}
- In another randomized control trial, children who were served by NFP at age two had spent 78 percent fewer days in the hospital for injuries or ingestions compared to those in the control group.^v

Parents as Teachers (PAT) is a voluntary early childhood parent education and family support model serving families throughout pregnancy until their child enters kindergarten, usually at age five. It is designed to enhance child development and school achievement through education delivered by parent educators, who all have at least a bachelor's degree. It combines home visiting and group meetings, is accessible to all families and has been adapted to fit differing community and family needs.

- More than 5,700 public school children from a stratified random sample of Missouri districts and schools were examined at kindergarten entry and at the end of third grade. Path analysis showed that participation in PAT, together with preschool, positively impacted children's school readiness and school achievement scores and also narrowed the achievement gap between children in poverty and those from non-poverty households.^{vi}
- In a randomized control trial, children participating in PAT were much more likely to be fully immunized for their given age and were less likely to be treated for an injury in the previous year than children in the control group.^{vii}

Parent-Child Home Program (PCHP) is a voluntary early literacy, school readiness, and parenting program serving families with two- and three-year-olds who are challenged by poverty, low levels of education, language and literacy barriers and other obstacles to educational success. The model uses intensive home visiting to prepare families for school success.

- Indiana University of Pennsylvania's independent evaluation of PCHP replications in two Pennsylvania counties indicates that positive parent behaviors increased dramatically as a result of program participation. Half of the children identified as "at risk" in their home environments at the start of the program were found to no longer be at risk at the completion of the program.^{viii}
- A longitudinal randomized control group study of PCHP found that low-income children who completed two years of the program went on to graduate from high school at the rate of middle class children nationally, a 20 percent higher rate than their socio-economic peers and 30 percent higher than the control group in the community.^{ix}

Quality home visitation programs impact children and families in multiple ways.

Home visiting recognizes the uniqueness of individual children and families and acknowledges that a single program strategy may have different impacts on the same children and families over time and different impacts on children and families with differing needs. As demonstrated above, it is not unusual for home visiting programs to have multiple impacts on children and families—perhaps most notably improved child health and development, enhanced school readiness, and the prevention of abuse and

neglect. The five major models described above also have had an impact on parents and their parenting skills and leadership. Perhaps most significant, several of these models have had even greater impacts when coupled with other early childhood programs.

A number of states have established multiple models of home visiting programs or combined program model elements to create blended programs, recognizing that families' needs vary. For example, the Illinois Department of Human Services and the New Jersey Department of Children and Families are both beginning to use the Nurse Family Partnership, Healthy Families America and Parents as Teachers models to prevent child abuse and neglect. Such an approach allows them to reach families with multiple needs and gives staff helpful discretion in matching the needs of families with the strengths of a particular model. New York is also implementing the Nurse Family Partnership, Healthy Families New York, and Parents as Teachers.

There are many other examples of states using multiple programs in different parts of a community or parts of a state. For example, 60 percent of Medicaid-financed births, a proxy here for low-income births, are to women who already have one child, ruling out a model that is limited to first-time births. Models that serve parents after the birth of a child are often needed to respond to the thousands of low-income women in our country who receive no prenatal care, yet could benefit from quality home visiting models with their babies.

Home visiting programs also are intergenerational and can impact more children than the one who is seen as the recipient of the service. All five national models, for example, track both child and parent specific outcomes. Few, however, have examined the impact of such programs on the future or existing siblings of the child being served. It is not a stretch to think that programs like these may well impact the trajectory of family's lives, foster improvements in health, safety and well-being over time, and can affect multiple children.

Home visiting programs have been proven to result in long term benefits when their impact on children and families can be tracked over time.

The Nurse Family Partnership Program has longitudinal data documenting the fact that for every public benefit dollar invested in a local Nurse Family Partnership program, communities can realize more than \$5.00 in return. In fact, in its very earliest study in Elmira, New York, initiated in 1977, researchers found that the community could recover the costs of the program by the time the child reached the age of four, and additional savings accrued after that. Data from the 15-year follow-up of this same study show positive effects for the nurse visited families for more than 12 years after the visits had concluded.

While the other models generally do not have results from longitudinal studies, a number do have documented outcomes for children and families, which can be linked to long-term cost savings related to special education, health care, and child welfare and criminal justice system involvement. Increased school readiness, for example, can help to prevent

the need later for extra support or investments in sometimes costly special education programs. There are also data that show the benefits of child abuse prevention, by contrasting it with the adverse impacts of child abuse and neglect on later problems in adulthood—problems that result in lost opportunity costs and costly treatment. Similarly, increases in healthy births can help to offset the costs of low birth weight babies. The cost of hospitalization for a preterm or low birth weight baby is 25 times that of when a healthy baby is born. Children born at low birth weight are twice as likely to have clinically significant behavior problems, such as hyperactivity, and are 50 percent more likely to score below average on measures of reading and mathematics by age 17.

Access to the funding in the Early Support for Families Act will help grantees to continue to assess outcomes and also offer the opportunity for additional longitudinal studies to document long-term cost savings.

There is currently no targeted guaranteed funding stream for prevention in young children.

Currently there is no targeted guaranteed funding stream for prevention in young children. President Obama’s evidence-based home visitation initiative and The Early Support for Families Act are intended to do just that to help expand the reach of home visiting to children and families across the country, and to continue to document their benefits to the children and families served.

This Committee’s Promoting Safe and Stable Families Program was first established in 1993 and then given its current name in 1997. It includes some funding from family support and family preservation programs, but it also includes dollars to help children in foster care be safely reunified with their families or to be supported in adoptive families. Similarly, some funds from the Temporary Assistance for Needy Families Program and the Maternal and Child Health Program are also used for home visiting, but since both of these are fixed amount block grants, home visiting must compete with many other activities. There are also programs, like Early Head Start, where home visiting is one of a multitude of activities provided to participating children and families.

New dedicated funding for home visitation will promote the coordination of this current patchwork of funding and enable states to assess how best to complement existing programs with new investments to continue to make progress in reaching all the children and families who can benefit from home visiting programs. Currently, the Nurse Family Partnership is in 28 states across the country, serving about 18,000 families. The Parents as Teachers Program is in all 50 states, but in some there are only a small number of programs, most often established in school systems. Healthy Families America is in 35 states. And both the Parent-Child Home Program and HIPPOY are smaller with programs in 16 and 23 states respectively. Clearly more new programs and expanded programs that build on successful models are needed to reach more young children and families.

The Early Support for Families Act Moves Toward a System of Quality Evidence-Based Home Visitation Programs

The grant program established by the Early Support for Families Act seeks to establish in states a coordinated system of quality evidence-based home visitation programs. It is more than just another funding stream for these programs. It takes important steps toward establishment of a system of quality, evidence-based home visitation that will build on and coordinate with existing early childhood programs. It focuses on models with the strongest level of effectiveness, requires states to conduct a statewide needs assessment to describes programs already underway, who they are serving, how they are funded, gaps in service, and the training and technical assistance already in place to support the goals of home visitation. It also requires federal evaluations of the effectiveness of home visitation on parent and child outcomes and on different populations. Congress must also be kept informed about the service models being used, the target communities and families served, and outcomes reported, as well as the cost of the program per family served. Much of this information, which now is generally not very accessible within or across programs, will be made available within and across program models so effective planning can be done to best serve children.

In closing, these are three areas that we want to mention briefly that we believe are important to strengthen in the Early Family Support Act as it moves forward.

- **Further definition of strongest level of effectiveness.** To help provide consistency and continuity for states and programs as the grant program is developed and implemented over time, we believe it is important for the statute to establish parameters to make clear what a program must do to get any funding under the bill and then to distinguish between models with the strongest level of effectiveness and others. Such parameters will also send a useful message about the standard to which home visiting models just getting underway will be held accountable as their work progresses.

Beginning with the strongest level of effectiveness, we would like to recommend that the Subcommittee consider language that was developed and has been agreed to by members of the Steering Committee of the Home Visiting Coalition of which CDF is a member. It defines the “strongest level of effectiveness” in relation to the research standard for evidence-based home visitation that will distinguish those models that are eligible for funding from those with the strongest level of effectiveness. Over time all funded programs will aspire to reach this level of research. The standard developed reads:

Evidence-based home visitation programs with the strongest level of effectiveness are those that have demonstrated positive outcomes for children and families consistent with the outcomes being sought (for the populations being served) when evaluated using well-designed and well-conducted rigorous evaluations,

including but not limited to randomized controlled trials, that provide valid estimates of program impact and demonstrate replicability and generalizability to diverse communities and families.

The members of the Home Visiting Coalition supporting this definition include, in addition to CDF, the five home visiting models described above (Healthy Families America/Prevent Child Abuse America, HIPPPY, Nurse Family Partnership, Parents as Teachers and the Parent-Child Home Programs) as well as six other national organizations (Child Welfare League of America, CLASP, Fight Crime Invest in Kids, National Child Abuse Coalition, and Voices for America's Children).

- **Increased coordination at all levels.** The Early Support for Families Act recognizes the importance of quality evidence-based home visiting as a part of a larger coordinated service effort to meet the needs of young children and their families. In addition to supporting the expansion of home visiting models, the bill also offers support to ensure programs can meet the multiple needs of at risk families by connecting them to service delivery systems at multiple levels. Connections can be made at the federal, state and local levels; and processes should also be in place to link individual families to what they need. We believe that there are a number of ways coordination could be strengthened, and ask the Subcommittee to consider them.
 - At the federal level, it would be helpful to require that the Secretary of Health and Human Services consult with the Secretary of Education in determining what to require with regard to state applications for funding under the program, since some home visiting programs are funded through the federal Department of Education.
 - At the state level, states should be required to consult with other state agencies that currently support home visiting programs for young children. This would help ensure that the new federal support for home visitation would build on any existing infrastructure to strengthen services for young children and families across the state. Home visiting should also be coordinated in states with child care services, health and mental health services, income supports, early childhood development services, education programs, and other child and family supports.
 - At the individual model level, each model funded under this new federal program must be required to establish appropriate linkages and referrals to other community resources and supports, such as those listed above, to ensure that children and families will have access to all the services they need in their local communities.

- **Further recognition of the need for multiples types of research and evaluation.** We are pleased that the Early Support for Families Act highlights the importance of evaluation. It makes evaluation an eligible use of funds for grantees and sets aside funds for a national evaluation by the Department of Health and Human Services. Given that the goal of this program is to fund

quality evidence-based programs, it is essential to ensure that evaluation and research to maintain fidelity to program models and adapt models to new populations be funded appropriately. As the proposal is being finalized, the funds set aside for evaluation – of all home visitation models and the new federal program itself – must be significant enough to serve the needs of the models in proving that they meet the strongest level of evidence to continue receiving funding and assess the federal monitoring of overall quality.

The Children’s Defense Fund is supportive of the Early Support for Families Act and steps taken to move toward a major guaranteed investment in quality evidence-based home visiting and we look forward to working with you as the bill progresses. Thank you again for your leadership on behalf of vulnerable children and families.

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