



Every Child Succeeds

Evidence-based Home Visitation Innovation

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Every Child Succeeds



- Community-based home visitation
- Public-private partnership
- 1st time mothers w/demographic risks, enrolled prenatal through 3 months of age
- Ohio & Kentucky, 6 counties
- 2 models: Healthy Families America & Nurse Family Partnership, 2 ½-3 years
- Web-based data system (eECS), QI Program, research focus



*OPTIMIZE DEVELOPMENT
PREVENT ABUSE
PROMOTE ATTACHMENT
NURTURING ENVIRONMENT
STIMULATING HOME
MEDICAL HOME
IMMUNIZATIONS
EMERGING LITERACY
SMOKING CESSATION
SUBSTANCE ABUSE
EDUCATION
EMPLOYMENT
HEALTHY RELATIONSHIPS
SOCIAL SUPPORT*

CHARACTERISTICS OF ECS MOTHERS

Average age: 19 years

Race:

Caucasian:	64%
African American:	33%
Other:	3%



EVERY CHILD
SUCCEEDS

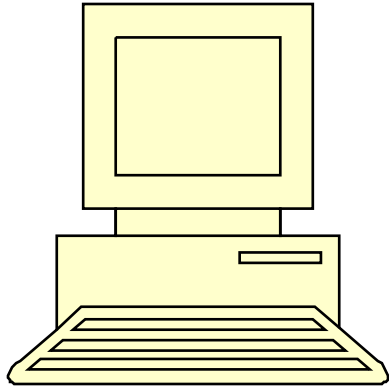
Demographic Risk Factors

Unmarried:	96%
18 years or younger:	35%
Low Income:	78%
Late, inadequate, no prenatal care:	27%

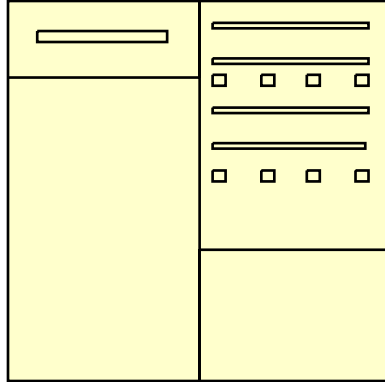
Other Risk Factors

Other social challenges:	75%
Socially isolated:	75%
Multiple stressors:	78%
Trauma history:	69%

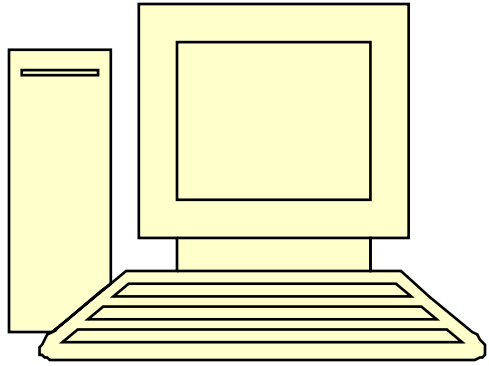
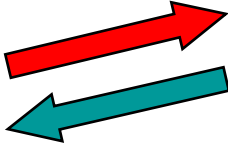
eECS: Web-based system for data collection & dissemination



**Home Visitor
Supervisor
Manager**



IHPHSR



**ECS Administration
& Evaluation Team**

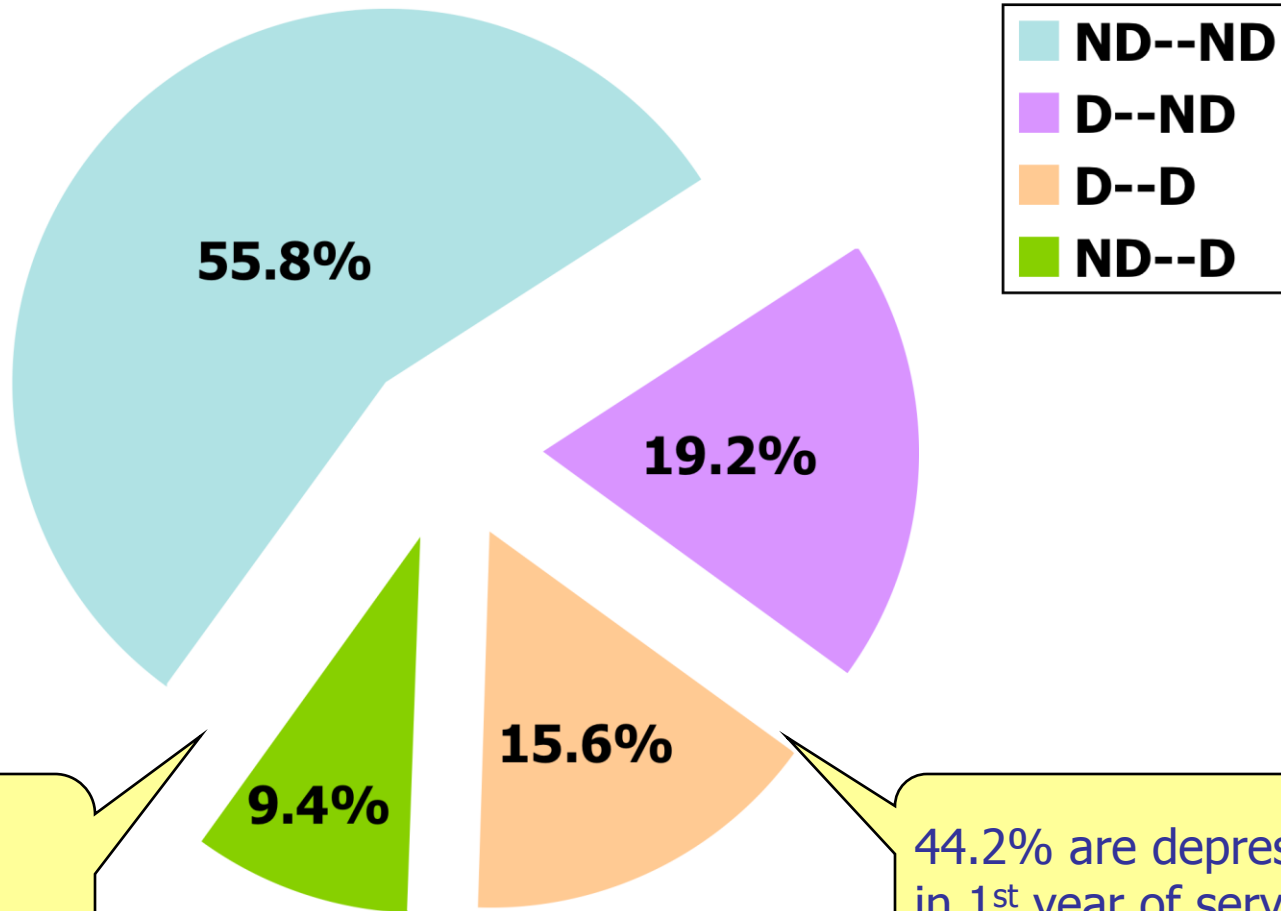
Service enhancement
Supervision
Quality indicators
Quality improvement



**EVERY CHILD
SUCCEEDS**

Data quality
Program monitoring
Outcomes
Reports
Finance
Model fidelity
Program evolution
Research

Course of Depression (BDI > 13) from Enrollment to 9 months in ECS (N = 806)



88% do not get mental health treatment

44.2% are depressed in 1st year of service

Home Visitation & Maternal Depression

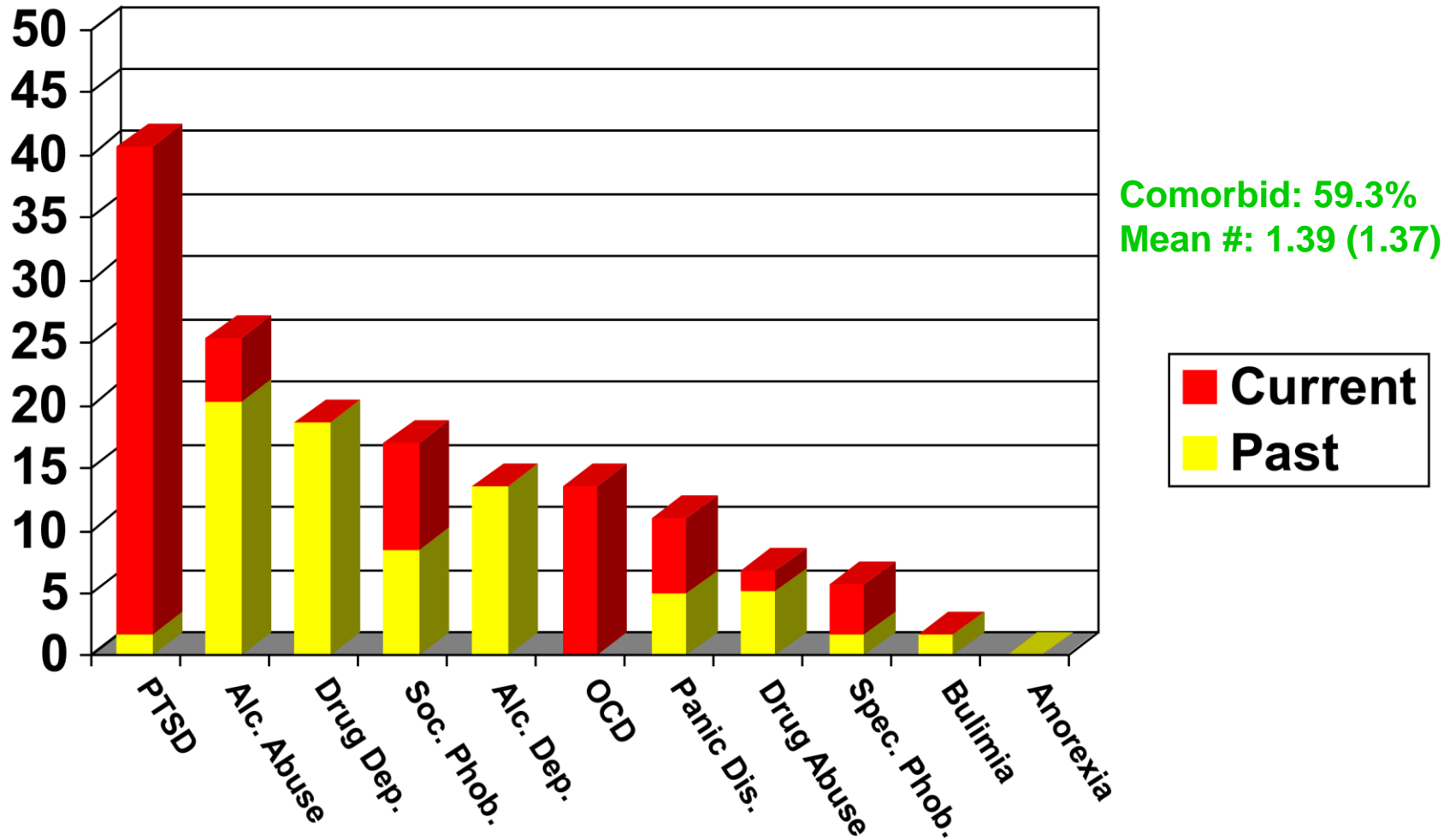
- Home visitation has little to no impact on maternal depression:
 - Hawaii Health Start Evaluation
 - Alaska HFA Evaluation
 - New York HFA Evaluation
 - Massachusetts HFA Evaluation
 - Early Head Start Evaluation
- With ECS alone the Beck Depression Inventory decreased only 2 points over 9 months

In Home-Cognitive Behavior Therapy (IH-CBT) Features

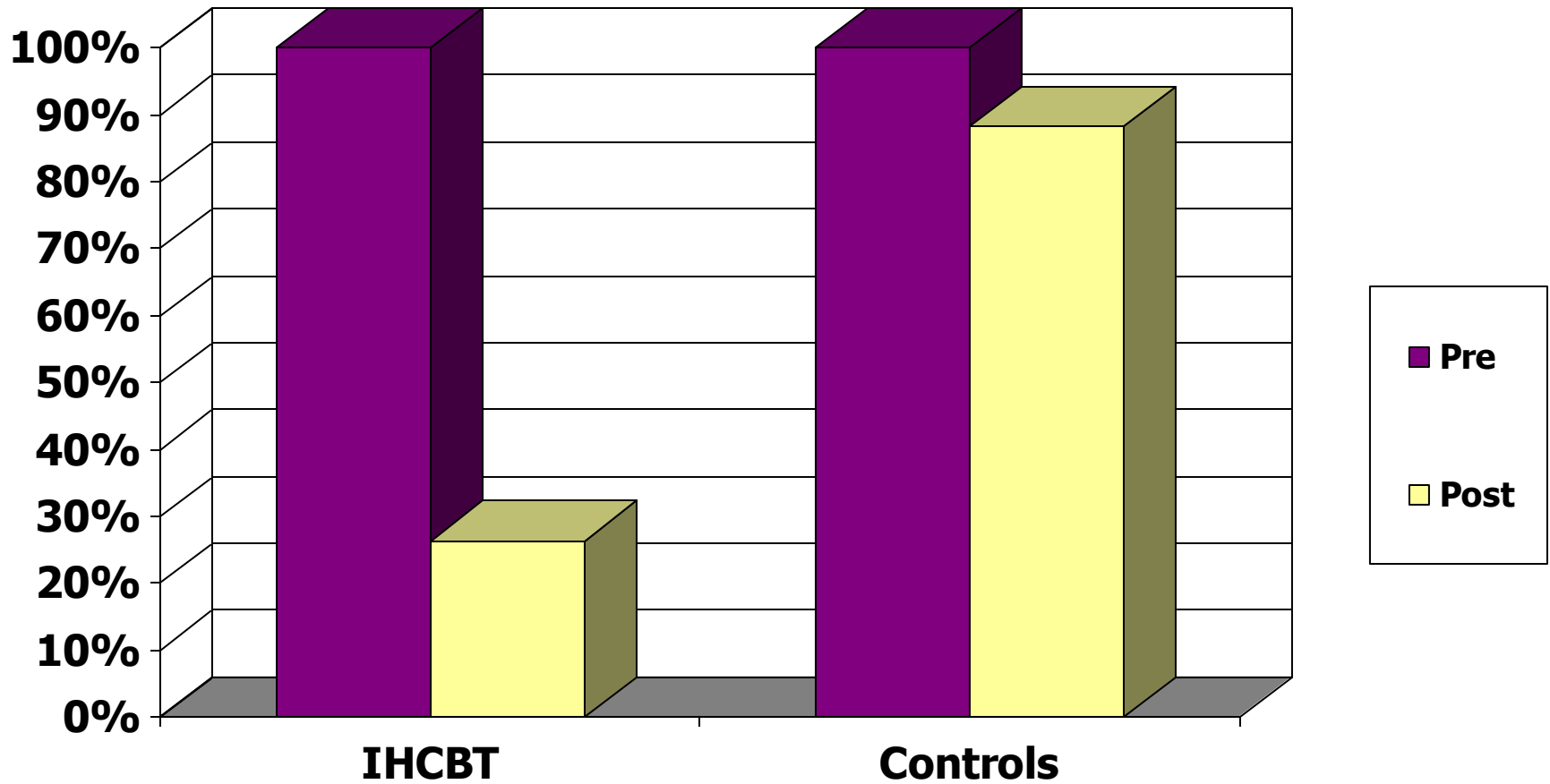


- **Adapted:** uses evidence-based treatment (CBT) adapted to home visiting context
- **Innovative setting:** psychotherapy provided in the home by trained masters level therapist
- **Intensive:** 15 weekly sessions, booster session one month later
- **Fits population:** first-time, at risk mothers identified with depression postpartum
- **Integrated:** works closely with home visitor through centralized cases notes, email/telephone, and shared 15th session

Clinical Features of MIDIS Subjects: Current and Lifetime Comorbid Psychiatric Disorders



Pre-Post Comparisons of IH-CBT & Controls on MDD Diagnosis



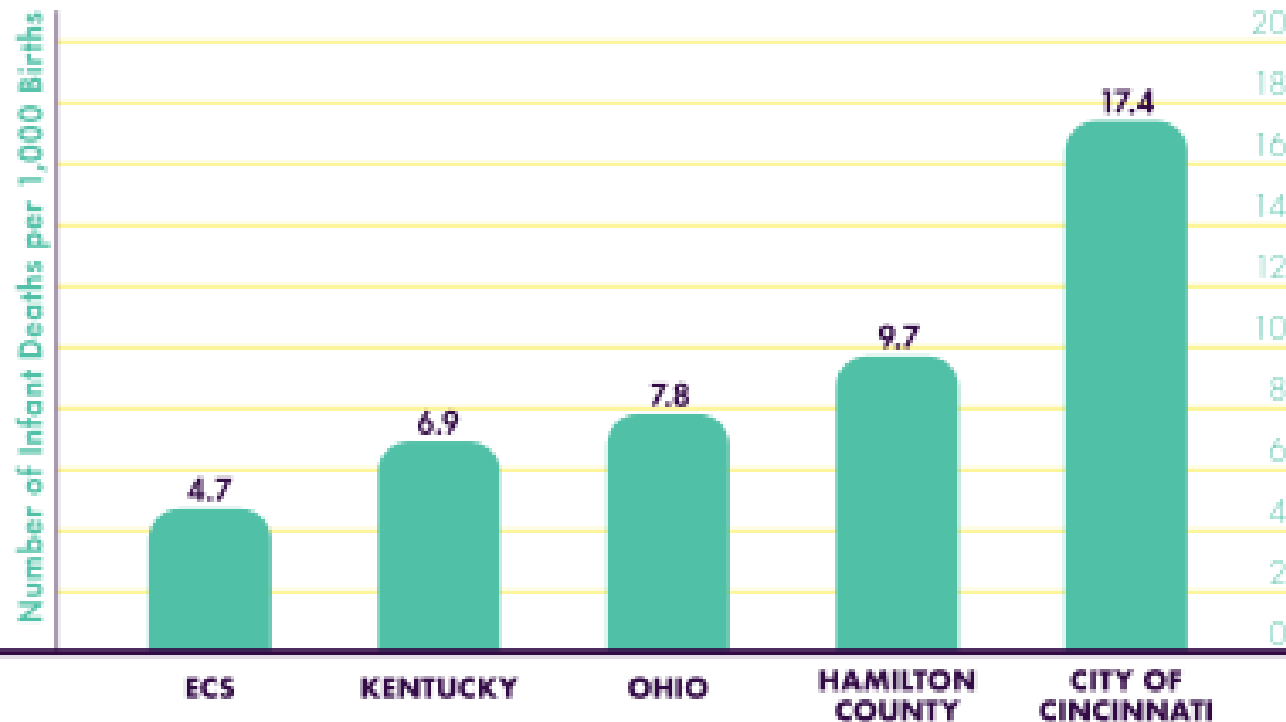
$\chi^2=13.9, p<.001$

Summary

- Prevention programs such as ECS attract a sizable clinical population—this creates both challenges and opportunities.
- Depression in the sample is highly comorbid, particularly with PTSD.
- IH-CBT effectively reduced depression as measured by clinician ratings and self-report.

ECS Reduces Infant Mortality

Updated Infant Mortality Rates



DATA SOURCES

City of Cincinnati: Ohio Department of Health, 2004

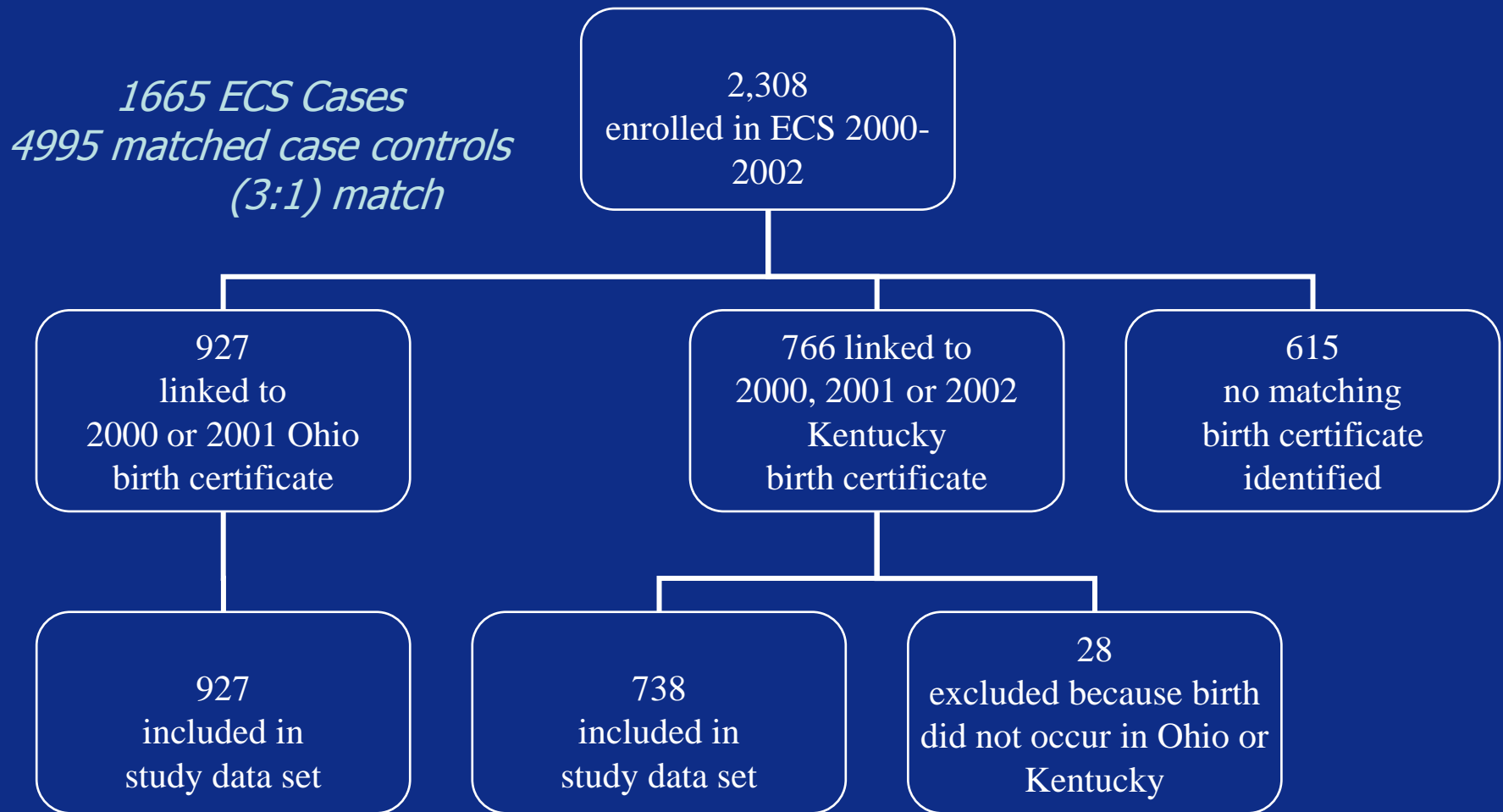
Hamilton County: Ohio Department of Health, 2006

Kentucky: Kentucky Department for Public Health, 2005

Ohio: Ohio Department of Health, 2006

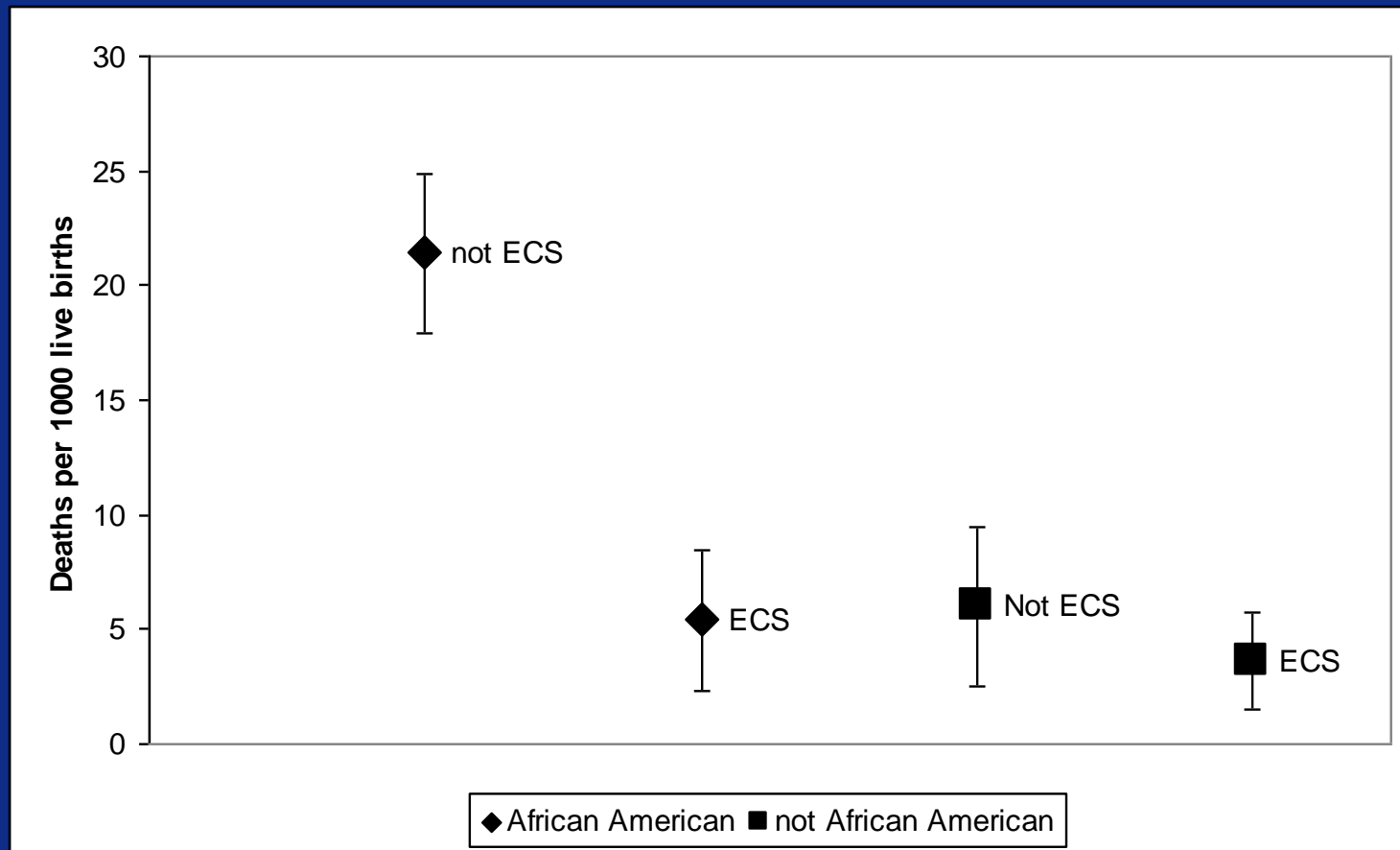
ECS: "Intensive Home Visiting Is Associated with Decreased Risk of Infant Death", *Pediatrics*, Donovan et al., 2007

Design & Case Selection



Predicted Probabilities of Infant Death

“Intensive Home Visiting is Associated with Decreased Risk of Infant Death”,
Pediatrics, Donovan et al., 2007





Conclusions

- Home visitation can address major public health problems, e.g., maternal depression & infant mortality
- Home visitation program can reach high risk families who are least likely to use center-based services
- Home visitation programs can take advantage of web-based, data-driven management to improve quality and target services