

# 2014 Report Card

## 15 Year Anniversary



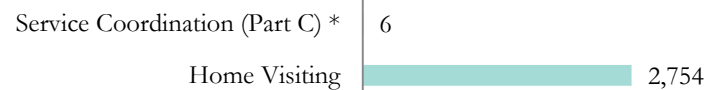
*Every Child Succeeds (ECS) provides comprehensive home visiting services for at-risk first-time mothers and their children to optimize child health and development. Our service area includes Butler, Clermont, and Hamilton counties in Ohio, and Boone, Campbell, Grant, and Kenton counties in Northern Kentucky. Professional home visitors work closely with new mothers to develop parenting skills, to improve maternal and child health, to create stimulating and nurturing home environments, and to link families with other community supports. ECS affects positive outcomes through (1) enrollment prenatally or early in the child's life, (2) engagement of mothers as they are forming their roles as parents, (3) strengthening individual and family protective factors and mitigating risk factors to promote normative development and healthy growth, (4) frequent contact between home visitors and families, and (5) extended program duration (up to 3 years) to ensure that home visitors are present during developmental transitions in which new needs of children and families emerge.*

### Families Served

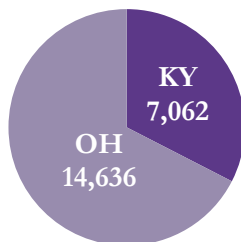
15 Years



FY 2014

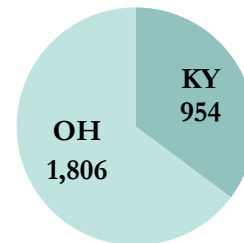


15 Years



21,698 families were served between 1999- FY 2014  
 52% of women served in Ohio enrolled prenatally  
 70% of women served in Kentucky enrolled prenatally

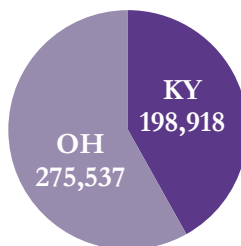
FY 2014



2,760 families were served in FY 2014  
 60% of women served in Ohio enrolled prenatally  
 79% of women served in Kentucky enrolled prenatally

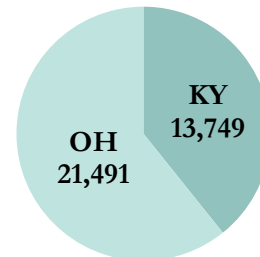
### Home Visits

15 Years



474,455 home visits completed 1999- FY 2014

FY 2014



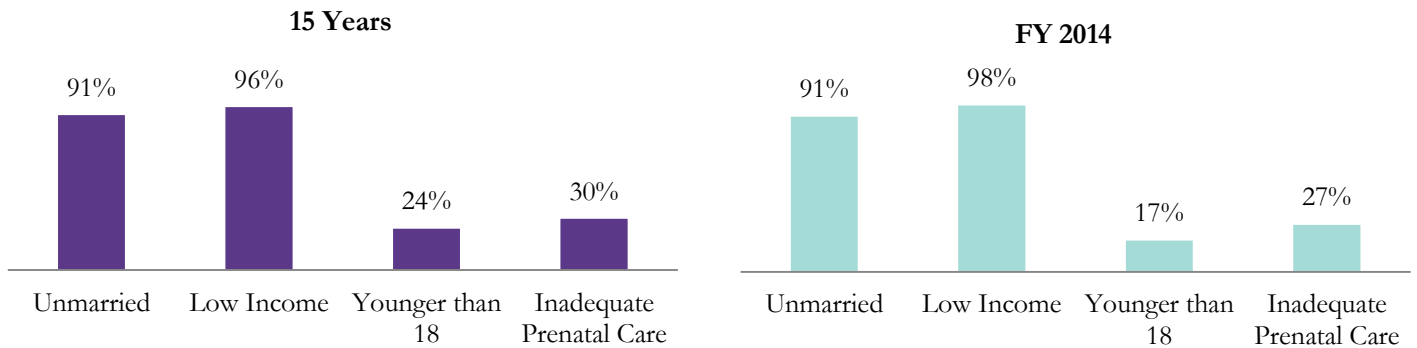
35,240 home visits completed in FY 2014

\* Service eliminated, allowing ECS to focus on its prevention mission

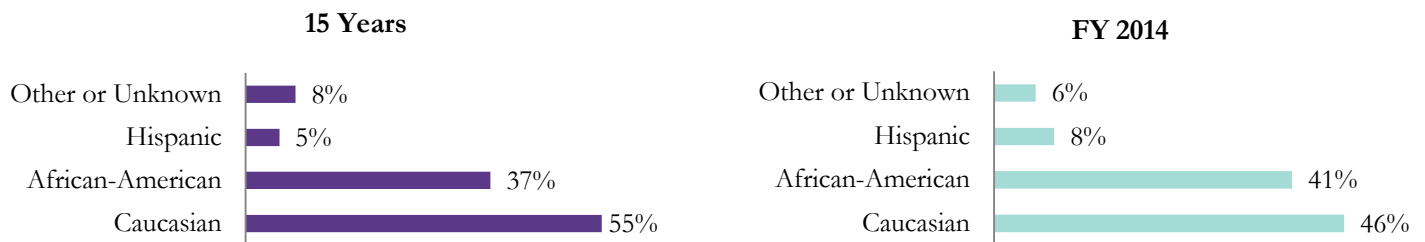


# Family Characteristics

## Risk Factors



## Race/Ethnicity



## Child Health



89% of infants are born weighing at least 2,500 grams—a healthy birth weight



91% of infants reach a gestational age of birth at 37 weeks or more



93% of children receive at least 3 of the 5 well child visits expected by 6 months of age



75% of children receive required immunizations by 2 years of age



94% of children have an identified medical home



4.7 per 1,000 live births is the infant mortality rate of families enrolled in ECS. All races had equivalent rates of infant mortality.

ECS <sup>1</sup>	City Of Cincinnati <sup>2</sup>	Hamilton County <sup>2</sup>	Ohio <sup>3</sup>	Kentucky <sup>4</sup>	National <sup>4</sup>
4.7	9.9	8.9	7.6	6.3	6.1

<sup>1</sup> "Intensive Home Visiting Is Associated with Decreased Risk of Infant Death," Pediatrics, Donovan et al., 2007

<sup>2</sup> Hamilton County Public Health, 2013

<sup>3</sup> Ohio Department of Health, 2012

<sup>4</sup> 2011 statistics, National Center for Health Statistics National Vital Statistics Reports, Vol. 63, No. 3

**Note:** Clients were defined as those families who received a home visit during the 2014 Fiscal Year (July 1, 2013 – June 30, 2014) and met the ECS eligibility criteria; data are provisional and current as of November 2014

## Maternal Health



Among mothers who enrolled during pregnancy and who remained active in ECS at delivery, 93% reported receiving more than 10 prenatal care visits; 80% of mothers initiated prenatal care in the 1<sup>st</sup> trimester.



77% of mothers initiated breastfeeding  
46% of mothers reported breastfeeding for at least 1 month



8% of mothers quit smoking during the program



89% of mothers are able to cope effectively with the stress of parenting  
45% of parents exhibited clinically significant levels of depressive symptoms  
70% of mothers with major depressive disorder recover following individualized treatment in the home through the ECS, Moving Beyond Depression program.

## Child Development

Percentage of children on-target developmentally:



98% Gross Motor skills  
98% Personal & Social Skills  
98% Fine Motor skills  
97% Problem Solving Skills  
97% Communication skills



44% of children 2-3 years of age received at least one school readiness home visit  
90% of children who graduated from ECS had a plan to send their children to a quality preschool

## Home Environment & Social Supports



3-months of age: 39% of ECS children had highly stimulating and nurturing environments  
15-months of age: 71% of ECS children had highly stimulating and nurturing environments

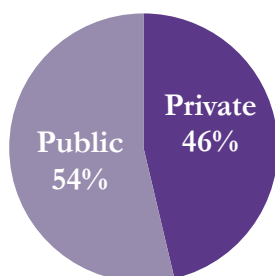


98% of mothers report healthy levels of social support  
*Increase in social support:* 68% of mothers who had low social supports at enrollment with ECS significantly increased their support by the time the child was 9-months of age.

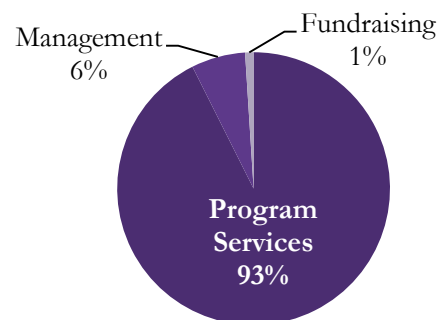
## Financial Highlights

### Sources of Funds

*Strong Public/Private Partnership*



### Low Administrative Costs



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# Initiatives

**Moving Beyond Depression (MBD) Program.** Maternal emotional health is crucial to optimal social, cognitive, and emotional health in children. MBD is a comprehensive, evidence-based approach to identifying and treating depression in mothers participating in home visiting programs. Developed by Every Child Succeeds, MBD has been tested in a randomized clinical trial and found to be highly effective. MBD helps mothers recover from depression, promotes optimal child development, and supports home visitors so that they can deliver services in an efficient and effective manner. To date MBD has served 750 mothers in Connecticut, Kansas, Kentucky, Massachusetts and Ohio. ECS is excited to announce the full launch of MBD to all eligible ECS mothers participating in our home visiting program. MBD will also serve mothers enrolled in Early Head Start, Healthy Start and StartStrong.

**Continuing Investigation of Maternal Depression Treatments.** Through grants from National Institute of Mental Health, ECS has developed and tested a novel and innovative treatment for maternal depression that is delivered in the home and alongside home visiting. Enrollment ended in 2014 for the Mother and Infant Depression Improvement Study 2, a 5-year, \$2.8 million grant that seeks to determine the effectiveness of two treatments for maternal depression. One-hundred and sixty (160) mothers who participated in treatment, are being followed for 18 months. The tested treatment intervention is now called Moving Beyond Depression (MBD).

**Home Safety and Childhood Injury.** The population served by ECS is at high risk for unintentional injury, a major contributor to emergency room visits and expensive medical care. Through a 5-year, \$3.1 million grant from the National Institute on Child Health and Development, we are collaborating with researchers at Cincinnati Children's Hospital Medical Center (CCHMC) to test a comprehensive approach to enhancing home safety and reducing unnecessary utilization of emergency medical care. Since inception of the grant, 237 installations of safety devices have been performed. ECS also recently received funding from the Ohio Department of Public Safety to evaluate the impact of home visiting on the risk for unintentional injury during early childhood.

**Father Engagement/Family Foundations.** Healthy child development occurs more often when mothers and fathers work together to provide their children with a safe, warm and supportive environment. Through a 5-year, \$2.57 million grant from the National Institute on Child Health and Development, we are testing an intervention designed to help mothers and fathers work together in raising their children. It is anticipated that fathers will be more involved in their child's life, and that children will have better social, emotional, and health outcomes. In 2013-2014 we enrolled fifty (50) ECS fathers in the Family Foundation.

**Healthy Births and Emergency Department Utilization.** Although home visiting may decrease the rate of preterm births, a subgroup of infants are born prematurely. Home visiting provides an opportunity to optimize health outcomes in this vulnerable group, and decrease expensive medical costs associated with perinatal care and high use of emergency services. Through a generous local grant from Bethesda Inc., we worked with CCHMC and Good Samaritan Hospital to develop and launch the Start Strong initiative in two high-risk communities. This community-based quality improvement approach involves a collaborative effort with home visiting professionals, pediatricians, and obstetricians to improve birth outcomes and avoid inappropriate emergency department visits.

**Early Literacy and Child Development.** Home visitors work with parents to establish the home environments needed for healthy development, using the ECS created Let's Talk Baby™ application (app) for viewing on a mobile device or computer. This is an early language learning tool, designed to promote parent-child interaction and optimize early childhood learning from birth to age three. The app is currently being tested with Procter and Gamble, with the potential to reach 4,000,000 families who are subscribed to Pampers.com. In addition to developing new technology to expand our reach, we also initiated research, through an internal grant, to investigate whether home visiting can impact utilization of early intervention. These important services help children overcome developmental delays. We anticipate this work will also help identify the impediments to accessing early intervention and will facilitate improved home visiting service.

**StartStrong.** With 3-year grant funding from Bethesda, Inc. and CCHMC, ECS is partnering with the Anderson Center and the Perinatal Institute to reduce the number of preterm births and to reduce inappropriate use of the emergency department in Avondale and Price Hill. Initially special emphasis is placed upon Avondale and Price Hill as test sites, with the understanding that the learnings from those two communities, prenatal clinics, other social service programs and primary care physicians, will be available for use by areas both within and outside of our service area. The goal is to create a continuum of care, sensitive to the needs of the high-risk pregnant women and their infant children. The ECS role is to clearly identify and to expand services that augment both obstetrical and pediatric clinical care through the use of trained home visitors, community health workers, mom's group meetings, educational programs and improved community awareness about the importance of early prenatal care, pre-conceptual health care, well baby care and healthy social linkages.