

2017 ANNUAL REPORT



EVERY CHILD
SUCCEEDS®

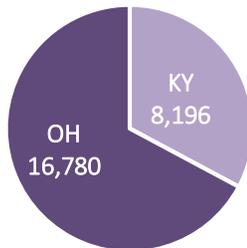
*Preparing new mothers and their children
for healthy, successful lives.*

Who We Are

Every Child Succeeds (ECS) provides comprehensive home visiting services for low income families 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 effects 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 the developmental transitions in which new needs of children and families emerge.

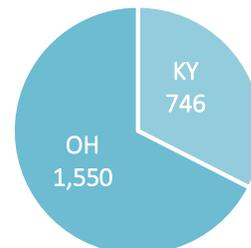
FAMILIES SERVED

1999 - FY 2017



24,981 families were served from 1999- FY 2017
54% of women served in Ohio enrolled prenatally
71% of women served in Kentucky enrolled prenatally

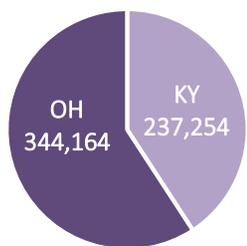
FY 2017



2,297 families were served in FY 2017
64% of women served in Ohio enrolled prenatally
78% of women served in Kentucky enrolled prenatally

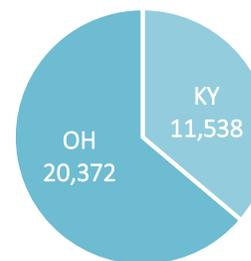
HOME VISITS PROVIDED

1999 - FY 2017



581,475 home visits completed 1999- FY 2017

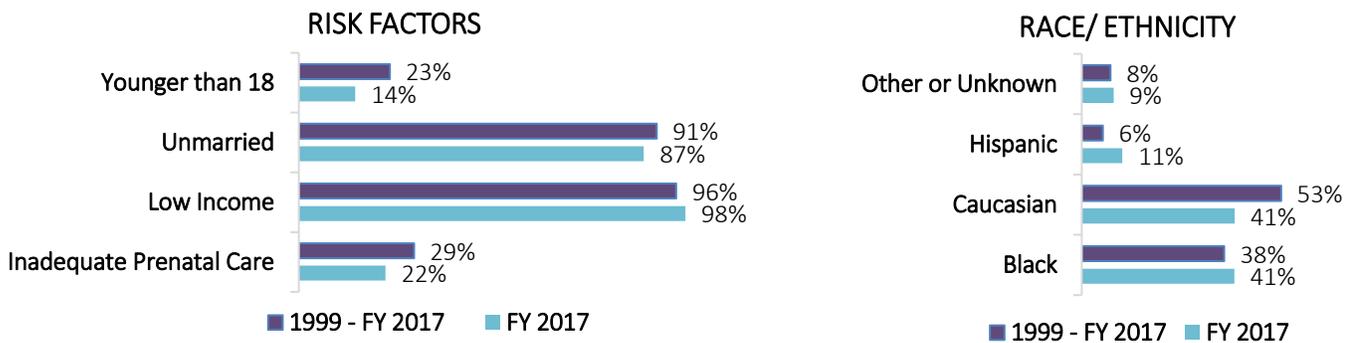
FY 2017



31,911 home visits completed in FY 2017



FAMILIES' CHARACTERISTICS



OUTCOMES

OUR BABIES ARE HEALTHY

- 90% of infants reach a gestational age at birth of 37 weeks or more.
- 89% of children receive at least 3 of the 5 well child visits expected by 6 months of age.
- 84% of children receive required immunizations by 2 years of age.
- 92% of our families practice safe sleeping habits with their children early in life
- 4.7 per 1,000 live births is the infant mortality rate of infants prenatally enrolled in ECS. All races had equivalent rates of infant mortality.

<u>ECS</u> ¹	<u>City of Cincinnati</u> ²	<u>Hamilton County</u> ³	<u>Ohio</u> ³	<u>Kentucky</u> ³	<u>National</u>
4.7	11.0	9.0	7.4	6.7	5.9

AND SO ARE OUR REMARKABLE MOTHERS

- Among mothers who enrolled during pregnancy and who remained active in ECS at delivery, 94% received more than 10 prenatal care visits with their obstetrician; 83% of mothers initiated prenatal care in the 1st trimester.
- 82% initiated breastfeeding and 57% reported breastfeeding for at least one month.
- 17% reported smoking cigarettes at enrollment and 10% of the moms quit smoking during the program.
- 74% reported being able to cope adequately with the stress of parenting while 25% reported high levels of coping with the stress of parenting.
- 38% of moms exhibited clinically significant levels of depressive symptoms.
- 70% with major depressive disorder recovered following individualized treatment in the home through the Moving Beyond Depression™ program.

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

² Hamilton County Public Health, 2016

³ 2015 statistics, National Center for Health Statistics Infant Mortality Rates by State

Note: Clients were defined as those families who received a home visit during the 2017 Fiscal Year (July 1, 2016 – June 30, 2017) and met the ECS eligibility criteria; data are provisional and current as of August 2017.

OUR CHILDREN'S DEVELOPMENT IS ON TARGET

Children demonstrated normal development for their age:

- 99% On Target for Gross Motor Skills
 - 97% On Target for Fine Motor Skills
 - 96% On Target for Communication Skills
 - 98% On Target for Personal & Social Skills
 - 96% On Target for Problem Solving Skills
-
- 41% 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 preschool.

OUR HOMES ARE NURTURING AND SUPPORTIVE

- At 3 months of age, 42% of children lived in environments with a high level of stimulation and emotional support.
- By 15 months of age, 74% of children lived in environments with a high level of stimulation and emotional support.
- 70% of mothers who had low social supports at enrollment with ECS significantly increased that support by the time the child was 9-months of age.

SUCCESS STORY

Deemiah had her first home visit in November 2015 just after her daughter was born. She was 17 years old. She now works and is in college but makes home visits a priority in her busy life (58 visits to date), working on child development and positively interacting with her daughter. With the encouragement of her home visitor, Deemiah breastfed her daughter for six months, promoting strong physical and social-emotional health. She also participated in ECS's Moving Beyond Depression™ program. Her daughter is almost two years old and is impressing her home visitor with her advanced skills—she asks questions, speaks clearly, makes detailed drawings and is working on forming letters.



RESEARCH HIGHLIGHTS

Maternal experiences of interpersonal trauma are linked to increased developmental risk among ECS children. This relationship was explained (in part) by increased maternal depressive symptoms and lower levels of social support, suggesting that interventions targeting depression and social support in mothers are potential ways to break the multigenerational impacts of adversity and violence. The findings by Folger et al were reported in *Paediatric and Perinatal Epidemiology* (2017).

Community-based strategies in Avondale boost parental engagement and increase retention in ECS home visiting. The multifaceted approach developed by ECS in 2006 included (1) the engagement of key community stakeholders to promote and enhance the service, (2) the development of support groups and a pantry to augment the home visiting experience, and (3) the inclusion of policies and procedures to prevent early discharge. This community-based approach was associated with 29% less attrition throughout service, translating to a median of 166 more enrolled days and 7 additional home visits. The findings by Folger et al were reported in *Prevention Science* (2016).

A more optimal dose of home visiting over the first year of life is linked to better birth spacing. Mothers who received 25-50% of recommended visits had a 33% lower risk for rapid, repeat pregnancy—a risk factor for preterm birth— than ECS mothers who had lower participation (<25% of recommended visits). The findings by Goyal et al were reported in *Journal of Perinatology* (2016).

In-Home Cognitive Behavioral Therapy is cost-effective. One way to examine the impact of an intervention is to determine if it is cost-effective. The purpose of a cost-effectiveness analysis is to determine if an intervention brings about greater benefits at a given cost or the same benefits for less cost. We conducted a cost-effectiveness analysis of In-Home Cognitive Behavioral Therapy (IH-CBT), a treatment we developed for mothers in home visiting who suffer from major depressive disorder that is delivered as part of Moving Beyond Depression. The clinical benefits of IH-CBT were first established in a clinical trial. We compared IH-CBT to standard treatment in the community and found that it was cost-effective. Our research shows that, following treatment with IH-CBT, mothers can expect to have 345.6 fewer days when they are depressed over a 3-year time period compared to those who receive treatment in the community. Findings were reported by Ammerman et al. in the *Journal of Affective Disorders* (2017).

Mission Statement

Every Child Succeeds provides an optimal start for children by promoting positive parenting and healthy child development during the important first 1,000 days of life.

Summary of Program Service Accomplishments

The Program: “Preparing new mothers and their children for healthy, successful lives”

- Every Child Succeeds is a multi-generational, regional evidence based home visitation program targeting first-time mothers and designed to ensure an optimal start for our community’s youngest, most at-risk children, ages 0-3.
- ECS helps teach parents how to break the cycle of poverty, abuse and neglect and be the best parent they can be which helps their children reach their highest potential.
- Every Child Succeeds was founded in 1999 by Cincinnati Children’s Hospital Medical Center, Cincinnati/Hamilton County Community Action Agency and the United Way of Greater Cincinnati.
- Every Child Succeeds serves families in Southwest Ohio and Northern Kentucky: Butler, Clermont and Hamilton counties in Ohio and Boone, Campbell, Grant and Kenton counties in Kentucky.
- ECS is based on strong scientific evidence that a nurturing and stimulating environment in the first three years of life is essential for proper brain growth, cognitive development, social skills, and emotional and behavioral health.
- ECS Home Visitors work with families to ensure:
 - Healthy pregnancy and delivery
 - Children on track developmentally
 - Strong parent-child relationships
 - A home environment for learning and emotional growth
 - Access to resources and support to address abuse, trauma and depression
- To enroll in ECS, a mother must meet one of the following criteria: single, low-income, under 18 years old or little or late prenatal care.
- On average, ECS serves approximately 2,600 families annually. Of these, the vast majority are single with little or no income. About 15% are younger than 18 years old, 25% have inadequate prenatal care, and 89% are unmarried.
- At current funding levels, ECS is able to meet less than 25% of the current need for our services.

ECS celebrated its 18th year anniversary in 2017. Since 1999 ECS served over 26,000 families and conducted more than 600,000 home visits.

Board Officers and Directors CY 2017

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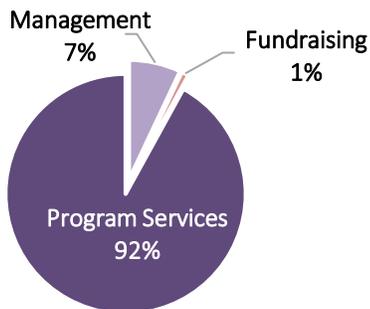
*Executive Committee Member

Financial Information FY17

Total Income	\$9,302,884
Expense	
Program	\$8,172,552
Fundraising	\$46,460
Administration	\$593,537
Total Expense	\$8,812,549
Total End of Year Net Assets	\$3,783,056

FINANCIAL HIGHLIGHTS

Low Administrative Costs



Sources of Funds Strong Public/Private Partnership

