

Division Photo



Division Data Summary

Research and Training Details

Number of Faculty	1
Number of Joint Appointment Faculty	3
Direct Annual Grant Support	\$301,063
Peer Reviewed Publications	2

Significant Publications

Ammerman RT, Putnam FW, Altaye M, Chen L, Holleb LJ, Stevens J, Short JA, Van Ginkel JB. (2009). Changes in depressive symptoms in first time mothers in home visitation. *Child Abuse & Neglect*, 33, 127-138.

This study is the first to document the prevalence and course of depressive symptoms in mothers participating in a child abuse prevention program. It documents the high rate of depression in this high risk sample, highlights the fact that most depressed mothers do not receive mental health treatment, and delineates predictors of worsening course. In particular, a history of interpersonal trauma emerged as a strong predictor of continued depressive symptoms over the first year of service.

Ammerman RT, Putnam FW, Margolis PA, Van Ginkel JB. (2009). Quality improvement in child abuse prevention programs. In KA Dodge & DL Coleman (Eds.), *Preventing child maltreatment: Community approaches* (pp. 121-138). New York: Guilford.

Division Collaboration

Collaboration with Health Policy and Clinical Effectiveness

### **Collaborating Faculty: Kieran J. Phelan, M.D.**

Dr. Phelan and ECS are working on adapting an intervention to prevent injury in young children for use in the context of home visitation. The injury prevention intervention, designed and evaluated by Dr. Phelan in the ongoing Home Study, has significant promise for the high risk populations served in home visitation.

### **Collaboration with Biostatistics and Epidemiology**

#### **Collaborating Faculty: Mekibib Altaye, Ph.D.**

Dr. Altaye is co-investigator and biostatistician on funded studies of retention and adherence in home visitation and treatment of postpartum depression in mothers in home visitation.

### **Collaboration with Center for Health Care Quality**

#### **Collaborating Faculty: Peter A. Margolis, M.D., Ph.D.**

Dr. Margolis provides consultation and support for the Quality Improvement Program in Every Child Succeeds.

### **Collaboration with Health Policy and Clinical Effectiveness**

#### **Collaborating Faculty: Edward Donovan, M.D.**

Dr. Donovan is a co-investigator in ongoing research efforts in Every Child Succeeds examining infant mortality and related clinical issues.

## **Faculty Members**

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**Judith B. Van Ginkel, PhD**, Field Service Professor

## **Joint Appointment Faculty Members**

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**Robert Ammerman, PhD**, Professor

Psychology

Causes and prevention of child abuse and neglect, prevention of behavioral and emotional problems in children, family adaptation to childhood disability and chronic illness, and adolescent drug and alcohol abuse.

**Thomas DeWitt, MD**, Professor

General & Community Pediatrics

Faculty development and community-based education and research.

**Frank Putnam, MD**, Professor

The Mayerson Center for Safe and Healthy Children

Child abuse prevention, evaluation and treatment.

## **Significant Accomplishments**

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### **Conducting Community-Based Research**

Implementing research projects in a community based setting like Every Child Succeeds presents significant challenges for the researcher. Examples include but are not limited to mobility of a high risk population, dependence on others to collect data, non compliance by participants, absence of adequate control to effect good compliance by either field researchers or participating people, programmatic changes imposed by state governments and a generally fluid environment for research. Our process has been facilitated greatly by eECS, a robust web-based data collection system. Data captured has allowed ECS to document outcomes, track process variables and make informed decisions regarding improvement. Every Child Succeeds' focused intervention in Avondale has set the stage for more targeted community-based research. Child health improves as we learn how to serve children better and how to operate in a more cost effective manner. To this end, we are conducting two clinical trials addressing important issues in prevention generally, and home visitation in particular. The first, funded by the National Institute of Mental Health, examines a unique and innovative home-based psychological treatment for first-time mothers in ECS who have postpartum depression. Preliminary findings from this trial, recently presented at PAS, are promising and show substantial reductions in depressive symptoms and improvements in parenting and child functioning. The second, funded by the Maternal and Child Health Bureau, examines motivational interviewing to increase program adherence and retention.

### **Operating a Social Service Using A Business Model and A Quality Improvement Focus**

Since inception, Every Child Succeeds has operated an evidence based home visitation program focused on producing positive quantifiable outcomes for high risk families with children 0-3 and ensuring a return on investment for public and private funders. ECS has served 15,000 families and made over 300,000 home visits since 1999. Hallmarks of the program include a clear and focused strategy, a business approach to the delivery of a social service, a well developed

quality improvement strategy that directs program changes and enhanced program implementation in 16 sites in seven counties and two states. The ECS Medical Home Committee, led by Dr. Chuck Schubert, is an example of a successful Quality Improvement effort. The Committee's work is enhancing child health outcomes by improving access to care and optimizing the partnership among families, home visitors and ediatricians. Increasingly, Every Child Succeeds is regarded as an implementation model for programs across the country. Noteworthy, as well, is the effective ECS public/private partnership which has led to significant community financial support. Drawing upon expert community volunteers, ECS has been able to weave business principles with community need to produce a firm foundation to serve the community. As community programs operate more effectively, child health improves because children get better care and live in environments that foster optimal development and growth.

### Responding To Interest in Every Child Succeeds and Every Child Succeeds Lessons Learned

Over the last year, national recognition for Every Child Succeeds' innovative approach and documented results has escalated. We have received numerous requests for information about the program and for discrete parts of the program. Interest has been expressed by the State of Connecticut, the Boston United Way, the city of Little Rock, Arkansas and Arkansas Children's Hospital and the State of Ohio/Help Me Grow. We are actively involved with Connecticut (the Mother and Infant Depression Improvement Study (MIDIS) project); Boston (Maternal Depression Treatment Study); Little Rock (a 0-3 program for Little Rock and a linkage with 3-6 programs to work toward school readiness) and Ohio (bringing lessons learned with ECS to scale). We are codifying the exportable components of ECS and clearly identifying the non-negotiable elements of the program itself. Part of our mission is to help to advance the field of home visitation, a relatively new form of prevention and early intervention for prenatal mothers, infants and toddlers. Thus, we seek to allow others to learn from us and for us to improve our program by adopting verified best practices from others. Multiple presentations, published articles, and public relations opportunities enhance these activities. Child health is improved as the quality of home visitation programs improves and expands to serve more first time, at risk children.

### Division Publications

1. Ammerman RT, Putnam FW, Margolis PA, Van Ginkel JB. ["Quality improvement in child abuse prevention programs."](#) *Preventing child maltreatment : community approaches*. New York: Guilford Press; 2009: 121-138.
2. Ammerman RT, Putnam FW, Altaye M, Chen L, Holleb LJ, Stevens J, Short JA, Van Ginkel JB. [Changes in depressive symptoms in first time mothers in home visitation](#). *Child Abuse Negl.* 2009; 33: 127-38.

### Grants, Contracts, and Industry Agreements

#### Grant and Contract Awards

#### Annual Direct / Project Period Direct

##### AMMERMAN, R

##### Increasing Retention in Home Visitation

Health Resources and Services Administration

R40 MC 006632

01/01/06 - 12/31/09

\$169,978 / \$680,359

##### Treatment of Depression of Mothers in Home Visitation

National Institutes of Health

R34 MH 073867

06/01/06 - 05/31/10

\$131,085 / \$405,000

**Current Year Direct**

**\$301,063**

**Total \$301,063**