

Division Data Summary

Research and Training Details

Number of Faculty	1
Number of Joint Appointment Faculty	3
Number of Support Personnel	12

Division Photo



Left to Right: F Putnam, J Van Ginkel, R Ammerman

Significant Publications

Division Collaboration

Division of Biostatistics and Epidemiology » Altaye, M

ECS is working with Dr. Mekibib Altaye from the Division of Biostatistics and Epidemiology. 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.

Neonatology and Pulmonary Biology » Hall, ES

ECS is working with Dr. Eric Hall from Neonatology and Pulmonary Biology. They are collaborating with Every Child Succeeds examining use of public datasets and geocoding to better understand infant mortality and related clinical issues in high risk mothers.

James M. Anderson Center for Health Systems Excellence » Phelan, KJ

Dr. Kieran Phelan is principal investigator of an R01 study (NICHD) in collaboration with Dr. Robert Ammerman (co-investigator) and ECS on prevention of childhood injury in Every Child Succeeds.

Faculty Members

Judith B. Van Ginkel, PhD, Professor

Research Interests

Joint Appointment Faculty Members

Robert Ammerman, PhD, Professor

Psychology

Research Interests 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

Research Interests Faculty development and community-based education and research.

Frank Putnam, MD, Professor

The Mayerson Center for Safe and Healthy Children

Research Interests Child abuse prevention, evaluation and treatment.

Significant Accomplishments

Innovative Program Helps Families

Every Child Succeeds (ECS) fulfills an important role in Greater Cincinnati, where only two other agencies provide home visits for families. These agencies serve a far smaller number of clients and, based on recent changes to Ohio's Help Me Grow program, these efforts are now modeled after ECS. Nationally, Nurse Family Partnership (NFP) and Healthy Families America (HFA) are two other models of home visitation that communities can adopt. We have learned from these approaches and enhanced them significantly for our client population. For example, NFP services end at age 2 but ECS runs through a child's third birthday, when a transition to preschool can be supported. Operationally, NFP and HFA require partner agencies to find their own funding, whereas ECS contracts with and fully funds partner agencies – one reason ECS is able to maintain the highest of standards and still achieve a low financial cost per visit.

In general, ECS is set apart and ensured long-term success by the following factors:

1. Collaborative partnerships with local organizations, businesses and a world-renowned children's hospital. Partnering brings increased resources and expertise to ECS families, decreases direct costs and allows long-term funding stability.
2. Engagement of the business community in organizational leadership, program development and funding has resulted in a focused, corporate model of operations resulting in greater effectiveness, quality, validated outcomes and a strong ROI.
3. A dynamic mix of public and private funders. Public monies (50 percent) allow ECS to keep the core program strong while outcomes influence policy, and private funding (50 percent) allows for valuable enhancements to be added to the basic program. Such a mix of funders results in the commitment of various contributors to the goals of ECS as well, focusing the larger community on the need to solve a public health inequity.
4. An emphasis on scientific research contributes to the quality of ECS services by bringing federal dollars and cutting-edge strategies to families and furthers the greater knowledge of the home visitation and early childhood development fields.
5. A continuous quality improvement program allows ECS to determine what is working and where opportunities exist, and then to act to improve programs overall. Significant amounts of data are collected at

every visit to guide service delivery and to track outcomes. ECS's own innovative data management system – eECS – was built specifically (through the University of Cincinnati) to hold this wealth of data, and it can be accessed and utilized by home visitors from all partner agencies

How We Measure Success and Effectiveness

As part of our continuous quality improvement strategy, and as an organization that is responsible for demonstrating that its efforts and budget are achieving a social ROI, ECS determines outcomes by collecting data at every home visit and analyzing this data over time. In addition to straightforward data checks (for example: Does a family have a medical home? Is a home meeting safety requirements?), the accepted best-practice instruments in the fields of child development and parenting are used at regular intervals to make quantitative assessments. These instruments include: the Parenting Stress Inventory, Home Safety Inventory, the HOME Inventory (nurturing, safe and stimulating home environment), the Ages and Stages Questionnaire (cognitive and social/emotional development), and just recently added, the Bracken and Dial-3 tests (also cognitive and social/emotional, as well as early literacy). For example, the Ages and Stages Questionnaire is administered at a home visit once every six months, beginning at the child's age of 6 months, so that development can be tracked, but also allowing for interventions to occur swiftly if any child is found to be behind on achieving developmental milestones.

Depression Treatment Yields Promising Results

Every Child Succeeds has played a leadership role in developing novel approaches to addressing significant challenges in home visiting. Foremost among these is maternal depression, a devastating condition that undermines child outcomes and interferes with successful implementation of preventive services. Through a grant from the National Institute on Mental Health, Robert Ammerman, PhD, and colleagues conducted a clinical trial of in-home cognitive behavior therapy (IH-CBT), an evidence-based treatment for depression that was adapted for the home visiting setting. Provided by master's level therapists, IH-CBT was compared to home visiting alone in depressed mothers enrolled in ECS. Results revealed that, at the end of treatment, mothers receiving IH-CBT were more likely to recover from major depressive disorder than mothers who did not receive the treatment (70.7 percent vs. 30.2 percent). In addition, treated mothers showed improvements in functional ability, social support and overall psychological health. Mothers who recovered from depression reported lower parenting stress and increased positive involvement with their child. Gains were sustained at three months following treatment. IH-CBT is offered to depressed mothers in ECS, and has recently been disseminated to other home visiting programs in Boston and Connecticut.

Collaboration with the Pew Center on the States

In February 2011, Every Child Succeeds joined the Pew Center on the States to host a national summit focused on quality in the home visitation field. More than 400 people attended from all states and several foreign countries. Pew has invited ECS to continue as co-presenter for 2012. In addition to providing an effective forum for exchanging and learning from research findings, the Quality in Home Visitation Summit addressed questions including: How to embed home visitation programs in early childhood systems? How to develop shared resources for referrals, linkages and coordination? How to effectively measure community or population-level outcomes? How to use these data to build the case for sustaining home visiting programs within broader community systems for children and families?