

Every Child Succeeds

DIVISION PROFILE

Number of Faculty	4
Number of Support Personnel	11
Annual Total Grant Support (direct)	\$278,503
Number of Peer Reviewed Publications	8

FACULTY LISTING

Judith B. Van Ginkel, PhD, Associate Professor of Pediatrics, ECS President

Robert Ammerman, PhD, Professor of Pediatric Psychology, ECS Director of Evaluation and Outcomes

Thomas G. DeWitt, MD, Professor of Pediatrics, ECS Medical Director

Frank Putnam, MD, Professor of Pediatrics and Child Psychology, ECS Scientific Director

OVERVIEW

In 1999, Cincinnati Children's Hospital Medical Center, Cincinnati/Hamilton County Community Action Agency and the United Way of Greater Cincinnati partnered to form Every Child Succeeds (ECS). Based on scientific principles correlating appropriate brain stimulation during the first three years with the achievement of full social, mental, and physical development, ECS maximizes the development of high-risk children. The program provides intensive home visitation to pregnant women and high-risk first-time mothers for three years. ECS strives to decrease abuse and neglect, reduce unintentional injuries, strengthen the parent-child relationship, improve utilization of diagnostic services, encourage health promotion, link families with primary care services and promote an optimal environment for learning and emotional growth.

ECS is supported through public-private partnering. Public contributions include Medicaid as well as state and county funding. United Way of Greater Cincinnati and corporate individual sponsorships augment public funding.

A comprehensive evaluation is integral to ECS. Data is systematically collected in areas such as child development, child health, maternal health, and maternal self-sufficiency. Seventy-nine percent of ECS infants function at developmentally normal levels. Of mothers with smoking histories, 78% quit or drastically reduce tobacco use during pregnancy. Of the 44% of mothers who enter ECS with clinically significant levels of depression, half are no longer depressed after nine months in the program. Over 96% of mothers state they are satisfied with the services received.

Despite cuts in state and local funding, ECS continues to meet the needs of approximately 1,700 families per year. Funding has been obtained from non-traditional sources such as Tobacco Settlement funds. Local and national foundations as well as corporate and community sponsors provide the support necessary to maintain success.

Comprehensive evaluation promotes continuous quality improvement in all aspects of the program. Pediatric hospitals can play a pivotal role in development of collaborative relationships with public and private organizations to promote optimal development of high-risk children.



J. Van Ginkel

HIGHLIGHTS

Every Child Succeeds has grown rapidly in its two state, seven county region given the difficult public sector budget environment. The fifth year of operation demonstrates the promise of what ECS can accomplish. During FY2004, ECS:

1. Maintained an effective working collaboration with three Founding Partners and 15 broad-based community agencies.
2. Verified the need for this public/private partnership to deliver prevention and early intervention services.
3. Served the population at greatest risk:
 - 85% of mothers are unmarried
 - 78% have household incomes of \$15,000 or less
 - 78% have other significant life challenges such as substance abuse, inadequate housing, or mental illness
 - 76% are socially isolated
 - 44% report significant levels of depression and psychological maladjustment
4. Screened more than 2,200 of the approximate 4,800 single or at risk first time mothers in Brown, Clermont and Hamilton Counties in Ohio and Boone, Campbell and Kenton counties in Kentucky. More than 1,700 are receiving direct service from 125 home visitors from 17 community agencies.
5. Made more than 2,860 visits per month in FY 2004. Since inception, ECS home visitors have made 135,000 home visits to nearly 6,800 at-risk mothers, infants and their families.
6. Produced the following outcomes:
 - Over 90% of children are developing normally in language, fine motor and social abilities. Over 85% are developing normally in gross motor abilities.
 - Over 90% of babies have a medical home where they receive regular and consistent medical care.
 - 52% of mothers who are depressed at the start of the program no longer report significant depression after 6 months in the program.
 - After 6 months in the program, 67% of the mothers have returned to school or are working.
 - 92% of the children have a stimulating environment for learning, 86% have age-appropriate learning materials and 90% of families are actively involved in their child's early learning.
7. Focused programming on areas of special need as identified through ECS data evaluation:
 - Breastfeeding
 - Immunizations
 - Prenatal Referrals
 - Medical Home
 - Emerging Literacy
 - Retention
 - Transition
8. Trained Family Support Workers to provide service coordination for children with delays or disabilities.
9. With the help of Cincinnati Children's Hospital Medical Center, launched a Medical Home Initiative to enrich the relationship between the health care provider for ECS enrolled families and Every Child Succeeds.
10. Continued a pilot program to address the needs of the nearly one-third of Every Child Succeeds mothers who are clinically depressed. The Maternal Depression Treatment Project is funded by the Health Foundation.
11. Worked to maintain funding with a 60/40-public/private funding split in an increasingly difficult funding environment.
12. Sustained and improved a sophisticated electronic, web-based data collection system (e-ECS) that functions to evaluate the effectiveness of ECS, to provide tools to help visitors understand their families, and to allow supervisors to evaluate the work of the visitors.
13. Advanced a formalized quality improvement program with guidance and support of a corporate quality improvement expert. Formed Quality Action Teams charged with improvement of specific quality indicators and provided ongoing measurement feedback on progress.
14. Raised awareness regarding ECS through numerous positive news and feature stories and the donation of public service announcements produced and aired by Time Warner Cable.
15. Provided Special Needs Fund in partnership with the Neediest Kids of All to address emergencies in ECS enrolled families.

16. Distributed over 2,900 Healthwise Handbooks in English and Spanish.
17. Designed, filled and distributed over 14,000 parent aid bags in FY 2004 and 64,500 since program inception. Bags include age appropriate books, toys, coupons, safety items and parenting information obtained by the ECS volunteer committee. The parent aid bags serve to encourage mothers to join and/or remain in the ECS program.

County	Referrals (Screens)	Assessments	Home Visits
Hamilton	1,292	661	14,886
Kenton	330	202	9,012
Campbell	132	97	3,608
Boone	130	74	2,837
Brown	28	14	424
Clermont	145	99	1,838
Butler	134	4	1,477
Not Indicated	30	13	289
Total	2,221	1164	34,371

GRANTS, CONTRACTS AND INDUSTRY AGREEMENTS

Grant and Contract Awards

Annual Direct/Project Period Direct

Van Ginkel, J

Assuming Smokefree Homes

Tobacco Use Prevention and Control Foundation

11/01/02 – 10/31/05

\$278,503/\$701,544

Current Year Direct

\$278,503

Industry Contracts

Current Year Direct Receipts

\$0

TOTAL

\$278,503

PUBLICATIONS

1. **DeWitt TG**. The application of social and adult learning theory to training in community pediatrics, social justice, and child advocacy. *Pediatrics* 2003;112(3 Part 2):755-7.
2. Osborn LM, **DeWitt T**. The HRSA-APA Faculty Development Scholars Program: executive leadership track. *Ambul Pediatr* 2004;4(1 Suppl):98-102.
3. Osborn LM, Roberts KB, Greenberg L, **DeWitt T**, Devries JM, Wilson M, Simpson DE. The APA/HRSA Faculty Development Scholars Program: introduction to the supplement. *Ambul Pediatr* 2004;4(1 Suppl):83-7.
4. Bonanno GA, Noll JG, **Putnam FW**, O'Neill M, Trickett PK. Predicting the willingness to disclose childhood sexual abuse from measures of repressive coping and dissociative tendencies. *Child Maltreat* 2003;8(4):302-18.
5. Makaroff KL, **Putnam FW**. Outcomes of infants and children with inflicted traumatic brain injury. *Dev Med Child Neurol* 2003;45(7):497-502.
6. Noll JG, Horowitz LA, Bonanno GA, Trickett PK, **Putnam FW**. Revictimization and self-harm in females who experienced childhood sexual abuse: results from a prospective study. *J Interpers Violence* 2003;18(12):1452-71.
7. **Putnam FW**. Cherish your expectations. *J Child Sex Abuse* 2004;12(2):133-135.

8. **Siegel RM**, Kiely M, Bien JP, Joseph EC, Davis JB, Mendel SG, Pestian JP, **DeWitt TG**. Treatment of otitis media with observation and a safety-net antibiotic prescription. *Pediatrics* 2003;112(3 Pt 1):527-31