

Every Child Succeeds

Division Details

RESEARCH AND TRAINING DETAILS

Faculty	1
Joint Appointment Faculty	1
Research Fellows and Post Docs	2
Total Publications	6



Left to Right: R Ammerman, J VanGinkel

Research Highlights

Promoting Development of Executive Functioning in Every Child Succeeds

Executive functioning is a set of cognitive processes that are essential to behavioral and emotional self-regulation in children. Much of the research to date has focused on children aged 3 years and older, and have developed several programs to facilitate acquisition of cognitive abilities in this age group. With a focus on birth to 3 years, Every Child Succeeds (ESC) wishes to promote executive functioning from the earliest age. Every Child Succeeds received a grant from the [Bezos Family Foundation](#) to adapt the [Mind in the Making](#) program, a well-known and promising program designed to build executive functioning capacity, for children aged 0-3 who are participating in home visiting. We are partnering with Mind in the Making, [Vroom](#) and one of our lead agencies, [Greater Cincinnati Behavioral Health Services](#), on an innovative pilot. We are working collaboratively to identify and test goal-setting tools as an effective approach to enhancing executive functioning for both the home visitors and for the high-risk families enrolled in ECS. The uniqueness of this pilot is that we are not only working to enhance our two-generational approach but training our providers to assimilate in their own daily lives the life skills shown to enhance executive functioning - the mental process that enables us to plan, focus attention and manage multiple tasks successfully. As part of this effort, we are incorporating a novel smart phone-delivered application called Vroom that encourages and guides parents in interacting with their young children in stimulating and nurturing ways. One of the greatest challenges in this project is developing strategies to bring the skills and resources of executive functioning into home visits with efficiency and authenticity, while at the same time preserving the effective approach is the core of the home visiting curriculum. The results of this effort inform recommendations for our on-going work at ECS, as well as, the national home visitation field at large.

Expanding our Local and National Footprint: Moving Beyond Depression

Maternal emotional health is crucial to optimal social, cognitive, and emotional health in children. [Moving Beyond Depression](#) (MBD) is a comprehensive, evidence-based approach to identifying and treating depression in mothers participating in early childhood prevention programs. Developed by Every Child Succeeds, MBD was 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. We have continued to expand this evidence-based program locally, implementing it in other local early childhood programs and [Cradle Cincinnati](#). Moreover, we have expanded our national dissemination to home visiting programs in Massachusetts, California, Tennessee, Kansas, Missouri, West Virginia, and South Carolina. A data collection system developed to collect data from all national MBD sites helps to facilitate further research and comparisons between programs.

Significant Publications

Folger AT, Brentley AL, Goyal NK, Hall ES, Sa T, Peugh JL, Teeters AR, [Van Ginkel JB](#), [Ammerman RT](#). **Evaluation of a community-based approach to strengthen retention in early childhood home visiting.** *Prev Sci.* 2016 Jan;17(1):52-61.

The purpose of this study was to evaluate community-based enrichment of HV (CBE-HV), an approach developed and implemented to increase engagement and retention in Every Child Succeeds. CBE-HV strategies included: (1) community engagement, (2) ancillary supports for families in HV, and (3) enhancements to the home visiting program. Researchers used a retrospective, quasi-experimental design. It revealed that mothers were more likely to join earlier in their pregnancy, and that attrition from Every Child Succeeds was 23 % less in the CBE-HV group relative to standard home visiting. This study provides important guidance for how to increase retention in home visited mothers.

Goyal NK, [Ammerman RT](#), [Massie JA](#), [Clark M](#), [Van Ginkel JB](#). **Using quality improvement to promote implementation and increase well child visits in home visiting.** *Child Abuse Negl.* 2016 Mar;53:108-17.

The objective of this study was to increase the percentage of infants enrolled in home visiting who completed at least three recommended well-child pediatric visits in the first six months of life. A series of 33 quality improvement cycles conducted at three sites involving 18 home visitors and 139 families with infants in the target age range. Over the project timeline, the percentage of infants receiving at least three well-child visits in the first six months increased from 58% to 86%. This study provides an example of how quality improvement methods enhance outcomes in home visiting.

[Ammerman RT](#), Chen J, Mallow PJ, Rizzo JA, [Folger AT](#), [Van Ginkel JB](#). **Annual direct health care costs, out of pocket expenditures and employee absenteeism costs in high-risk, low income mothers with major depression.** *J Affect Disord.* 2016 Jan 15;190:386-94.

The purpose of the study was to determine the health care and labor productivity costs associated with major depressive disorder in high-risk, low-income mothers. The 1996–2011 Medical Expenditure Panel Survey (MEPS) used to determine insurer expenditures, out-of-pocket (OOP) expenses, and lost wage earnings in depressed and non-depressed mothers. Depression increased overall direct health care expenditures by \$1.89 billion (range: \$1.28–\$2.60 billion) and indirect costs by \$523 million annually, with a range of \$353–\$719 million. This study is the first to document the elevated costs of depression in high-risk mothers.

Goyal NK, [Folger AT](#), Hall ES, Teeters AR, [Van Ginkel JB](#), [Ammerman RT](#). **Multilevel assessment of factors associated with prenatal engagement in home visiting.** *J Epidemiol Community Health.* 2016 Sep;70(9):888-94.

This retrospective cohort study of first-time mothers enrolled in home visiting sought to identify variables associated with prenatal engagement and retention. Results found that 25.3% enrolled ≤ 20 weeks and 7.4% enrolled early and received $\geq 75\%$ of expected visits. There was significant variation in early enrollment based on clustering by agency ($p < 0.001$). Increasing community violence disproportionately affected early enrollment among white women (AOR 0.80, $p = 0.005$) compared with black women (AOR 0.95, $p = 0.30$). Teenagers demonstrated a decreased likelihood of enrolling early. This study demonstrates that program, individual, and community variables influence timing of enrollment and early engagement in home visiting.

Division Publications

1. [Ammerman RT](#), Chen J, Mallow PJ, Rizzo JA, [Folger AT](#), [Van Ginkel JB](#). **Annual Direct Health Care Expenditures and Employee Absenteeism Costs in High-Risk, Low-Income Mothers with Major Depression.** *J Affect Disord.* 2016; 190:386-94.

2. Ammerman RT, Peugh JL, Teeters AR, Putnam FW, Van Ginkel JB. **Child Maltreatment History and Response to Cbt Treatment in Depressed Mothers Participating in Home Visiting.** *J Interpers Violence.* 2016; 31:774-91.
3. Folger AT, Brentley AL, Goyal NK, Hall ES, Sa T, Peugh JL, Teeters AR, Van Ginkel JB, Ammerman RT. **Evaluation of a Community-Based Approach to Strengthen Retention in Early Childhood Home Visiting.** *Prev Sci.* 2016; 17:52-61.
4. Goyal NK, Ammerman RT, Massie JA, Clark M, Van Ginkel JB. **Using Quality Improvement to Promote Implementation and Increase Well Child Visits in Home Visiting.** *Child Abuse Negl.* 2016; 53:108-17.
5. Goyal NK, Folger AT, Hall ES, Teeters A, Van Ginkel JB, Ammerman RT. **Multilevel Assessment of Prenatal Engagement in Home Visiting.** *J Epidemiol Community Health.* 2016; 70:888-94.
6. Teeters AR, Ammerman RT, Shenk CE, Goyal NK, Folger AT, Putnam FW, Van Ginkel JB. **Predictors of Maternal Depressive Symptom Trajectories over the First 18 Months in Home Visiting.** *Am J Orthopsychiatry.* 2016; 86:415-24.