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**Pew Center on the States
Pew Home Visiting Campaign**

**TESTIMONY TO THE SPECIAL COMMITTEE ON INFANT MORTALITY
Wisconsin Legislative Council**

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Good morning Chair Robson and members of the committee:

I am delighted to be with you today to discuss one of our nation's most intractable public health problems: infant mortality. I commend you for taking up this complex subject matter in order to identify solutions within the public's grasp.

I am John Schlitt, and joining me today is Beth Jacob. We are part of the Pew Home Visiting Campaign – a project of the Pew Center on the States.

You have learned from previous hearings about the multiple causes and determinants of infant death and low birthweight, as well as the remarkable innovation found across Wisconsin communities to improve birth outcomes. We are here today to share information on home visiting, one critical part of a comprehensive solution for improving maternal and child outcomes.

About the Pew Center on the States

If I may first offer a brief bit of context about our organization: the Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy.

Our purpose is to help build high-performing states that work efficiently and effectively to deliver better results, achieve long-term fiscal health and make smart investments in programs that provide the strongest returns.

We bring an in-depth, nonpartisan, 50-state approach, track and report on what happens in state capitals and use evidence to determine which policies work and which do not. When the facts are clear, Pew and our partners advocate for practical reforms in areas including elections, corrections, pre-kindergarten, children's dental health and, our focus this morning, voluntary home-based programs for new and expectant families.

It was, in fact, the facts—the compelling and rigorous science behind home visiting—that convinced Pew leaders to make a multi-year, multi-million dollar investment in state policy advocacy that would promote high quality home visiting. Decades of research have proven the transformational effects of home visiting—when properly implemented—on at-risk expectant and new parents and their babies. A number of nationally recognized models have been linked to meaningful, positive outcome measures, including:

- Reductions in infant death, premature birth and low birthweight;
- Reductions in childhood injuries and emergency room visits;
- Increases in school readiness and achievement;
- Improvements in mom's economic self-sufficiencyⁱ; and
- Reductions in crimeⁱⁱ.

Voluntary Home Visiting and Infant Mortality

What is voluntary home visiting and how does it relate to infant mortality prevention?

A century-old idea with contemporary currency, home visiting pairs families with trained professionals who provide ongoing support and information during pregnancy and throughout a child's first three years.

These programs are proven to help states and communities tackle costly problems early by addressing the tremendous challenges associated with poor nutrition, a limited awareness of prenatal care, a lack of parenting skills, low education and income levels, and abuse and neglect.

Home visiting is not, in and of itself, a solution—but an important educational and support resource that braids together the broader system of health and social services needed for at-risk moms and families.

Imagine a newly expectant woman, perhaps teen-aged, homeless, single, mentally challenged, depressed, isolated, disenfranchised, uneducated. Home visitors step in with information, resources and encouragement to help mom-to-be through this overwhelming—and critical—time.

Not all home visitation is designed to affect only birth outcomes. Many successful programs have been proven to improve other infant and maternal health outcomes such as child abuse and neglect and immunizations; these programs:

- Focus on behavioral change, especially smoking and drug cessation during pregnancy;
- Counsel/promote proper nutrition during pregnancy;
- Observe safety of the home environment;
- Train parents on how to respond effectively and appropriately to the demands of a newborn; thereby reducing possibility for abuse;
- Assure medical check-ups and immunizations for the infant; and
- Help parents plan for adequate spacing between pregnancies to reduce poor outcomes associated with immediate repeat pregnancy.

Home Visiting outcome data tell a powerful story:

- A study of one program, Healthy Families New York, found mothers who received home visits were **half as likely** as control group mothers **to deliver low birthweight babies**ⁱⁱⁱ
- A study in Cincinnati found infants whose families received home visits were **60 percent less likely to die in infancy** than those who did not receive visits^{iv}; and
- A program with one of the highest standards of evidence, Nurse-Family Partnership, improved pregnancy outcomes by **reducing preterm births among women who smoke by 79 percent** and **reducing hypertensive disorders during pregnancy by 35 percent**^v.

These are significant findings, not just for the improved outcomes of the families, but because of the enormous cost-benefit to taxpayers.

Compare the cost of a quality home visiting program (anywhere from \$3,000-4,500) to short-term hospital costs

- The average hospital charge for infants with a primary diagnosis of preterm/low birthweight is **\$15,100** compared to average hospital charges of **\$600** for newborns without complications;
- Direct medical costs for low birthweight children from birth to age 15 are estimated to be **\$5.4 billion per year**; and
- **Wisconsin** Department of Health Services found that low birthweight babies had an average cost of nearly \$200,000 for the four years after birth, **costing Medicaid about \$60 million**.

Other home visiting savings are associated with eliminating poor health outcomes

- Research has found a correlation between low birth weight and a range of poor health outcomes, **including high blood pressure, cerebral palsy, asthma and lung disease, as well as lower IQ and test scores**.

Home visiting also affects child abuse and neglect:

- By age two, children participating in the Nurse-Family Partnership were 35 percent less likely to end up in the emergency room and 40 percent less likely to need treatment for injuries and accidents; and
- Nurse-Family Partnership also has been shown to decrease abuse and neglect among children of low-income, single mothers by 79 percent.

Furthermore, economists have found that well-designed and implemented, voluntary home visiting yields returns on public investments of up to \$5.70 per dollar spent — including \$4.44 in savings related to taxes, criminal justice, education and welfare.^{vi}

With that brief introduction, I'm going to turn it over to Beth Jacob who will explain our campaign in greater detail and share what we know about states' investments in proven, high-quality home visiting.

The policy landscape for home visiting and the Pew Home Visiting Campaign

This coming year, evidence-based home visiting will live up to the proverbial mixed blessing: may you live in interesting times.

For the first time ever, the federal government has created a new funding stream for states to invest in proven home visiting programs. The Maternal, Infant, and Early Childhood Home Visiting Program provides \$1.5 billion over five years for state-based, high-quality, voluntary home visitation services.

This initiative represents an incredible opportunity for states to leverage their own investments with federal dollars, and to generate both short- and long-term savings by preventing expensive social problems such as infant mortality and improving the health and development of vulnerable families.

At the same time, state budgets are in crisis. Decisions about state spending draw ever-increasing scrutiny from a public hungry for government to prove it can operate efficiently and still show real results. In short, the advent of new federal funds—and the intense competition for scarce state dollars—will combine to shine a new light on states' investments in home visiting programs and services. As a result, many states will need to change the way they do business: documenting, in some cases for the first time, the science behind their existing home visiting programs and the outcomes they generate for families in need.

The Pew Home Visiting Campaign seeks to be a resource to states at the nexus of these data-driven policy choices—choices that grow ever more complex in the face of budget shortfalls. And we know that for states to make effective and efficient investments in home visiting they need three key resources:

1. The knowledge, information, and tools to make evidence-based budgetary and program decisions;
2. The political will to prioritize funding for what works and to fix what doesn't; and
3. The capacity to evaluate and improve home visiting quality and performance outcomes.

Our campaign works with strategists on the ground in states to equip decision makers with all three of these resources. This past year, we've provided funding and technical assistance to support public education and advocacy campaigns in four states where leaders are determined to increase access and improve the quality of voluntary home visiting programs:

- In **Washington**, we work with the Children's Alliance to promote a long-term policy goal of bringing high quality home visiting to all eligible families in the state. In the last legislative session, our advocates helped win \$200,000 in state seed funds to create a new public/private fund for evidence-based home visiting services.
- In **Ohio**, we support the Ohio Partnership to Build Stronger Families: a coalition of state early childhood advocates and policy leaders dedicated to boosting state support and accountability in Help Me Grow, the state's home visiting system. This year, the Ohio Partnership was instrumental in promulgating the first-ever set of statewide quality standards for Help Me Grow.
- In **North Carolina**, Pew partners with the Alliance for Evidence-Based Family Strengthening Programs, a public/private collaboration committed to securing public investment in evidence-based home visiting programs like the Nurse-Family Partnership.
- In **Louisiana**, we collaborate with the Louisiana Home Visiting Campaign, a statewide coalition of children's advocates, health and business communities. The Partnership has a five-year plan—with a blueprint created by a joint resolution in the state legislature—to bring the Nurse-Family Partnership program to every eligible family in the state. Despite an \$828 million FY2010 state revenue shortfall, a series of devastating hurricanes and this summer's costly BP Deepwater Horizon Oil Leak crisis response, the Louisiana Home Visiting Campaign managed to convince state legislators to keep whole the \$12 million in state funding for the Nurse-Family Partnership program.

In the coming year, we will expand our work to as many as eight states interested in adopting the kind of disciplined policy approach to home visiting allocation, administration and accountability that is needed to provide the best possible outcomes for families and strongest return on taxpayer investment.

Specifically, our campaigns will encourage decision makers to enact the necessary laws, rules, policies and procedures that:

- Authorize evidence-based standards for all publicly-funded home visiting;
- Prioritize state spending on rigorously proven programs;
- Support evaluation to measure meaningful outcomes, drive quality improvements and document the return on public investment; and
- Commit to increasing vulnerable families' access to proven programs.

How might Wisconsin be part of a growing trend of states demanding accountability for high quality and meaningful outcomes?

Across the nation, states are taking deliberate steps to ensure home visiting programs and policies are delivering on their promise—both for vulnerable families and taxpayers’ investments. In Washington state, the Council on Children and Families—the state agency administering evidence-based home visiting—has created a system that links funding for programs on the basis of evidence.

Through a research committee, the agency reviewed the levels of empirical research behind each program, sorted them into “tiers,” and now allocates funding based on the strength of the programs’ outcomes.

In Ohio, a state with a strong tradition of local autonomy, the state invests \$35 million annually in Help Me Grow—the statewide umbrella home visiting system. Prior to this year, Help Me Grow operated with minimal guidelines for quality or accountability. Every county ran its own version of the program, and the state could not account for the quality of the services it was getting in return for its sizable investment.

In June of this year, the Ohio General Assembly Joint Committee on Agency Rule Review approved new evidence-based performance standards to promote greater accountability from local programs, ensure higher quality services and generate improved outcomes. The new rules also support professional development and workforce standards that further enhance program quality. To our knowledge, this is the first such set of statewide standards that both preserves communities’ decision-making authority and allows for the state to hold counties accountable for performance.

We’ve been invited here today to be a part of your important, ongoing conversation about health outcome disparities and infant mortality in Wisconsin.

We know that when smart policies, priorities and data connect, home visiting can be an important tool in the arsenal needed to defeat this troubling phenomenon. Right now, key stakeholders in Wisconsin are gearing up for the advent of new federal home visiting dollars, “opening the hood” on your policies and programs and demonstrating how your communities in greatest need are being served.

As these conversations unfold, we are here to be a resource to you in your efforts to be the best possible stewards of both state resources and the public trust.

Thank you for your time and attention, and for your commitment to smart state policies to improve the lives of your state’s most vulnerable children and families.

i Pew Center on the States. “The Case for Home Visiting Strong families start with a solid foundation,” (May 2010). http://www.pewcenteronthestates.org/uploadedFiles/Mom_brief_Web_final.pdf

ii D. Olds, et al., “Prenatal and Infancy Home Visitation by Nurses: Recent Findings,” *Future of Children* 9(1) (Spring/Summer 1999): 44-65. http://www.futureofchildren.org/futureofchildren/publications/docs/09_01_02.pdf

iii E. Lee, et al., “Reducing Low Birth Weight Through Home Visitation: A Randomized Controlled Trial,” *American Journal of Preventative Medicine* 36 (2009): 154–160.

iv E. F. Donovan, et al., “Intensive Home Visiting Is Associated with Decreased Risk of Infant Death,” *Pediatrics* 119 (2007): 1145–1151.

v “Improvements in prenatal health.” Nurse-Family Partnership, accessed October 8, 2010, <http://www.nursefamilypartnership.org/proven-results/improve-prenatal-health>, accessed October 8, 2010).

vi Karoly, LA, Kilburn, MR, and Cannon, JS. Lynn A., M. Rebecca Kilburn, and Jill S. Cannon, *Early Childhood Interventions: Proven Results, Future Promise* (Santa Monica, CA: The RAND Corporation, 2005).