Give parents support and watch them head in a positive direction.
FY2013 BY THE NUMBERS

- 4,409 developmental screenings conducted
- 4,083 service plans developed
- 1,819 referrals made
- 27,624 home visits completed
- 1,411 maternal depression screening conducted
- 31 programs funded
- 85% doula participants initiated breastfeeding
- 75% dads were regularly involved with child
- 84% teen moms stayed in school
- 58% reduction in subsequent births
- 2,068 families served
- 76% of expected home visits completed
- 1,819 referrals made
- 31 programs funded
- 75% dads were regularly involved with child
- 84% teen moms stayed in school
- 58% reduction in subsequent births
- 2,068 families served
- 76% of expected home visits completed
Home Visiting: Making an Early and Long-Term Difference

Evidence continues to mount that strong beginnings for babies lead to a wide variety of healthy outcomes. The Adverse Childhood Experiences Study (ACES), longitudinal research from the Nurse Family Partnership Program and recent research on the role of trauma in child development have taught us that the impact of a positive, nurturing parent-infant relationship can last for a lifetime and affect virtually every aspect of a child’s life. What happens to a child in infancy correlates not just with her readiness for kindergarten but also with her likelihood of becoming diabetic, of finishing high school, of suffering from depression or of becoming pregnant as a teen.

Many ingredients go into creating a healthy early environment for children: nutritional foods, a safe physical environment, vaccination against disease and exposure to language and books. At the foundation of it all is a healthy, stable, nurturing relationship between the baby and her caregiver(s). As Uri Bronfenbrenner said, “Every child needs someone who is crazy about him.”

Home visitors help parents create healthy environments through a variety of means. They promote the vaccinations, nutritional foods (including breast milk) and child-safety tools that address specific areas of development and have specific demonstrable outcomes. Home visitors educate young parents on child development and help them monitor their children’s development. They help parents become more sophisticated observers of their children’s behaviors. Home visitors shine a light on all the ways the parent and baby are responding to one another. Together, new parents and home visitors develop written plans for their future. Teen moms are encouraged to stay in school. Home visitors help parents find and use community resources. As parents talk about the psychological stresses of parenthood, home visitors listen. They screen for the presence of depression or other influences that might adversely affect parents and families. Home visitors invite fathers to take a more active role in parenting their babies.

The impact of some of these efforts can be seen right away. For example, parents in our home visiting programs are more likely to initiate breastfeeding, have a medical home, get their children immunized and read to their children.

Other outcomes may take a couple of years to become apparent: teen parents in Ounce home visiting programs are less likely to have a closely spaced subsequent birth, and their children are more likely to be fully immunized by age 2. Research suggests that home visiting prepares children for preschool.

Still other program impacts may not manifest themselves for a long time. Drawing simple straight lines between cause and effect becomes trickier in these cases. Nevertheless, as mentioned above, research suggests that the work of home visiting continues to reap benefits beyond early childhood.

By articulating the scope and purpose of home visiting efforts, by looking at short- and intermediate-range data, by bringing the data to life with participant stories and by referencing research that will allow us to make some educated estimates as to future impact, we can begin to draw conclusions about the efficacy and impact of our home visiting efforts in fiscal year 2013.
What We Do: Scaffolding

Scaffolding—the practice of providing just the amount of supplemental support needed to enable a developing child to accomplish a task or master a developmental stage—is an important concept in child development. As the name implies, scaffolds are temporary structures that can be gradually dismantled as a permanent structure takes shape. Think of the child learning to ride a bicycle. At first, training wheels provide the scaffolding. When these come off, perhaps Dad runs alongside the bike at first, firmly holding the handlebars and seat. Over the next few days, the responsibility for keeping the bike upright shifts to the child until eventually Dad’s contribution to the ride is reduced to being a psychological safety net—running alongside without touching the bike.

Parents, teachers and older children all help scaffold a child’s development. A mom will take her baby’s early speech and, by her responses, turn-taking and filling in the gaps, turn the baby’s vocalizations into conversations that will serve as the foundation for further language development. A preschool teacher’s physical intervention may be needed to prevent a dispute over a toy from becoming physical. Later in the year, the teacher’s proximity and a reminder (“Use your words”) may suffice. Still later, as children internalize the rules and the ability to tolerate frustration, perhaps just a look will suffice.

In addition to helping new teen parents become scaffolders of their children’s development, we recognize that the teens themselves are still facing developmental challenges and also need scaffolding to master the developmental tasks of adolescence. We help them think about forgoing short-term rewards in favor of longer-term benefits. With our help, they think about how their decisions will affect their babies. In addition, we help them reflect on the health of their current relationships.

The Impact: Subsequent Birth Spacing

Nationally, approximately one in four teen moms will have another baby before their first child turns 2. This is problematic since subsequent births to teen moms are more likely to be preterm, low birth weight and carry an increased risk of infant mortality. For teen moms, interpartum spacing of less than two years is associated with poor outcomes for both the first and subsequent children.

Even as the first baby is being incorporated into the family, home visitors are helping teen parents think about their future in a way that might not necessarily come naturally to teenagers. They help them imagine what life might be like if they were to have another baby. “How would that affect your plans to finish school?” “What would that do to your ability to care for this baby?” “Could you still live here?”

Home visiting efforts have a positive impact on preventing subsequent births among teen parents. Among the specific strategies that Ounce
Subsequent Birth Rate Among Teen Parents

- Stimulating thinking about subsequent pregnancies while the participant is pregnant with the target child. This happens both in prenatal groups and in prenatal home visits.
- During the Individualized Family Support Plan process, helping participants think about how a subsequent pregnancy would affect their ability to achieve the goals they have set for themselves.
- Discussing a variety of birth-control options. Home visitors educate participants on what insurance will or won't cover and can clear up misconceptions they might have about some forms of birth control. Home visitors regularly ask participants about birth control and can help moms access birth control.
- Helping teen moms stay in school. Research shows that teen moms who go back to school following the birth of their baby are less likely to have a subsequent birth.
- Helping a young mother attach to her newborn, make him or her the central focus of her life and think about their future together. We believe this results in a more intentional approach to future relationships and childbearing.

These strategies are proving effective. Teens in Ounce home visiting and doula programs are far less likely to have a subsequent birth within two years than are teens in general. Among the cohort of teen parents in our supported programs in FY2013 whose first child had turned 2 (175), only 10% (18) had a subsequent birth.

The Impact: Teen Moms
Stay In School

Home visitors help teen moms think about their futures: what they want for their babies and what they want for themselves. New moms want to finish their high school educations, but the obstacles standing between a teen parent and her diploma are many: lack of child care, absenteeism caused by needing to attend to a sick child or keep doctor's appointments, needing to breastfeed or pump in the middle of the day, a lack of energy, a lack of time for homework and inability to participate in extracurricular activities or to have a normal social life. These are just some of the reasons that many, if not most, high schoolers who become pregnant never finish their educations. A 2012 report by Child Trends indicated that in its sample, only 57% of girls who got pregnant before their 18th birthdays went on to finish high school. ii

Doulas and home visitors provide the support needed to overcome these barriers. Advocating with schools, linking moms to resources, marshaling the support of extended family members, facilitating peer support groups and helping girls avoid subsequent pregnancies are some of the ways our programs improve the odds for teen parents.
These supports and strategies are having an impact on teen moms: 84% of the high school students who first enrolled in our programs in FY2012 were still enrolled in the program one year later.

Further, of those participants who had already dropped out prior to enrolling in our home visiting programs, more than one third re-enrolled in school in spite of the fact that they had just given birth earlier that year. Whether it’s strengthening the parent-child relationship, helping delay subsequent pregnancies or supporting a young mom’s efforts to get her diploma, the home visitor’s role is to help mom keep her “eyes on the prize.”

Staying In School—Olivia's Story

In 2010, at age 15, Olivia enrolled in our home visiting program at the Center for Children’s Services in Danville, Illinois, while pregnant with her son. She had gone through multiple traumatic experiences since the time of enrollment: the death of her cousin; the death of her mother, which left her and her siblings to live with an aunt; and the incarceration of her baby’s father. Despite these obstacles, with the support and encouragement of her home visitor, Olivia continued to attend high school full time, even taking evening and summer classes to graduate on time. During her senior year, Olivia took an early childhood education class at the local community college to earn dual-enrollment credit. In June 2013, Olivia graduated with her family beside her as support, including her son, then 3. Olivia then was able to take on an internship at the local courthouse and is gaining practical work experience. She is planning to begin full-time classes in fall 2013, working toward an associate degree in early childhood education. Her son will be enrolling in the local Head Start program in the fall.
What We Do: Support, Validate, Encourage

Much of what is needed to build strong parent-child relationships comes naturally. Babies smile instinctively, and adults are wired to respond to those smiles. Babies cry and we pick them up. Touch the corner of a newborn’s mouth and he will root to find the nipple and, once found, he will suck instinctively. Research has shown that when a variety of pictures are presented to newborns, the picture they most prefer to look at is one of a human face. The newborn’s focus is limited to objects about 10 inches away, the distance of his mother’s eyes when she is breastfeeding him. Infants, even in utero, respond to their mother’s voice. Without knowing why we’re doing it, we use exaggerated intonation, higher pitch, longer vowel sounds and longer pauses between turns when we speak to babies. Our facial expressions when looking at babies feature longer gazes, wider eyes, bigger smiles and exaggerated demonstrations of sympathy. These behaviors help babies understand and respond to us—and know that we understand them—even before they can understand the meanings of the words we use.

But natural does not mean inevitable. A teen mom’s lack of confidence, competing priorities, conflicting messages from family or cultural influences and other forces may present barriers to the attachment process. One way home visitors support strong relationships is by nurturing the seeds of attachment that are present in all relationships so that they will grow. Home visitors shine a light on all that is going well. “See how your baby’s eyes light up when you smile at him.” “He really seemed to calm down when you picked him up.” “You’re so good at anticipating his needs.”

The Impact: Breastfeeding

Giving expectant moms information about the benefits of breastfeeding is a necessary but often insufficient first step toward actually getting them to breastfeed their babies. Having other moms who have breastfed share their experiences, answering questions and dispelling myths, and being present with moms in the delivery room to invite and support their first efforts at breastfeeding are important strategies that have led to successful outcomes for our participants. Once a mother initiates breastfeeding, partnering with home visitors with specialized training in supporting breastfeeding is an important step toward ensuring that it will continue.

The Ounce has trained well over 100 home visitors in one or more of the following areas:

- Supporting and encouraging breastfeeding
- Certified Lactation Counselor
- Promoting breastfeeding

This training and these efforts are highly successful. Teen moms enrolled in Ounce home visiting programs are 28% more likely to initiate breastfeeding than teens not enrolled. If a teen mom also receives doula services through the Ounce, she is 41% more likely to initiate breastfeeding.

Our impact on breastfeeding is even more dramatic among the population that is least likely to breastfeed: African-American teens. A 2007 report by the Health Policy Institute of the Joint Center for Political and Economic Studies noted that African-American women continue to have the lowest rate of breastfeeding of any ethnic
group and that this disparity may contribute to the disparity in infant-mortality rates between African-Americans and other ethnic groups.iii Among the obstacles to breastfeeding cited by the report are:

- Insufficient prenatal education about breastfeeding
- Staff with insufficient training in lactation medicine
- Disruptive hospital policies and practices
- Lack of timely, routine follow-up and postpartum home health visits
- Lack of peer and family support
- Lack of role models
- Media portrayal of formula feeding as norm
- Lack of access to current, accurate information

Ounce home visitors and doulas are equipped to address all of these barriers, and as a result, breastfeeding rates for African-Americans—and all other subgroups—are significantly higher for participants of Ounce home visiting programs than they are for comparable populations that do not receive services through the Ounce.

Centers for Disease Control and Prevention data shows that only 59.7% of African-American women initiate breastfeeding. That rate is even lower when the focus is on African-American teens. In one recent study of African-American teens, the rate of breastfeeding initiation was only 41.iv That rate increases to 67% for African-American teens enrolled in Ounce home visiting programs, which means an African-American teen mom is 63% more likely to initiate breastfeeding if she is enrolled in our program.

The Impact: Maternal Efficacy

Simply put, maternal efficacy is a mother’s belief in her ability to handle the demands of parenting and to do a good job raising her child. Research has shown that a parent’s beliefs about her competence has a direct impact on her behavior and therefore on the parent-child interaction.v A mother who feels confident about her parenting abilities is less likely to feel stressed when presented with a parenting challenge. When problems in parenting do occur, she is less likely to internalize them (“I must be a bad parent”) and less likely to attribute the problems to negative characteristics of her child (“He must be a bad kid”).

Home visitors promote maternal self-efficacy by shining a light on the unique connection between mother and baby and on the unique responsiveness of the baby to his mother (“Look at his face light up when you smile at him!”). By scaffolding positive parent-child interactions during the home visit, commenting on the best aspects of these interactions and using videotaped interactions as a tool to allow the mother to see the effect she has on her baby’s development, home visitors continually reinforce the message that mothers, even young mothers, can be successful at the difficult job of parenting.

It is our goal that mothers will increase their sense of efficacy over the course of their participation in the program, and we measure maternal efficacy at regular intervals using the Maternal Efficacy Questionnaire, a tool developed by D.M. Teti and D.M. Gelfand. For the participants served in FY2013 for whom we have
at least two data points (1,292 such participants), we found that more than 70% increased their sense of efficacy, while fewer than 20% decreased.

The Impact: Father Involvement

Research indicates that living without a father puts children at risk for a number of problems, including poor school performance, psychological issues and later criminal behavior. The vast majority of families enrolled in Ounce home visiting programs do not have a father residing in the same household as the child. Even though the father may not be present in the home, our home visitors make efforts to involve fathers in the program and in their baby's life since research indicates that the nonresidential father's relationship with the mother and the child can be an important mediator of child outcomes.

Beginning in the prenatal period, doulas and home visitors attempt to involve fathers in services. Fathers participate in groups and are encouraged to read to their babies in utero and reflect on what they want for their babies. In spite of the high percentage of families with nonresidential fathers, fathers were present at more than three-quarters of all births to Ounce doula participants in FY2013.

Our FY2013 program data indicates that these fathers stay involved—approximately 75% of home visiting families had a father involved with the child on at least a weekly basis.

Father Involvement—Eddie's Story

Justine and Eddie work together to calm their 4-month-old son, Marcus, and enjoy swaddling and rocking him at bedtime. Emma, their Children’s Home Association of Illinois home visitor, brought out the handout “The Importance of Fathers” and the handout on the importance of reading to your baby. Emma discussed goals with Justine and Eddie and asked if they would like to add reading to Marcus at bedtime as one of their goals. Eddie was very interested since he puts Marcus to bed due to Justine's work schedule, so Emma brought them a new book each month from the home visiting program’s lending library. With Emma’s encouragement, reading became a part of the nighttime routine for Eddie and Marcus. Eddie reports that he enjoys spending this special time with his son.
What We Do: Group Services

Parent group services for mothers and their children are offered in conjunction with home visiting services for all Ounce home visiting programs. The purpose of parenting and prenatal groups is to provide mothers and their children with an opportunity to socialize and form healthy relationships with their peers while also learning and building parenting skills. Group services supplement home visits by:

- Delving deeper into a number of specific topics. Expert speakers can be brought in to talk about specific topics, for example, healthy relationships, or immigration issues.
- Creating a positive peer group experience. Teens can learn they are not alone by hearing others safely share their experiences. Having professional group facilitators ensures that the group stays focused and positive.
- Reinforcing the content of home visits. Participants get to hear important messages not only from their home visitor but from the group leader and other parents as well.

The Ounce’s parenting group curriculum focuses on parenting, family planning, health care, career exploration, education, housing and child care. Positive outcomes are achieved by integrating a wide variety of activities such as games, videos, role playing, hearing guest speakers, recreational events and community-service events.

Prenatal groups promote attachment and bonding and facilitate a healthy relationship between mother and unborn child. Facilitators provide pregnant participants with information and support regarding nutrition; the female reproductive system; the process of normal labor; routine hospital practices; basic newborn care; normal newborn behaviors; feeding methods, including breastfeeding and formula preparation; and the normal physiological changes of the immediate postnatal period. Prenatal groups enable pregnant women, their partners and families to achieve a healthy pregnancy, optimal birth outcome and positive adaptation to parenting. These groups help participants transition to ongoing program services such as home visiting and parent groups.

The Ounce Heart to Heart program is a specialized parent group intervention. The 12-week group curriculum seeks to increase awareness of child sexual abuse, enhance parenting and communication skills, and increase knowledge of healthy adult relationships. Currently 19 funded sites are implementing Heart to Heart, and approximately 200 young moms and their children will attend Heart to Heart groups this year. Research has shown that children of parents who were victims of child sexual abuse are themselves more likely to become victims. Heart to Heart helps break that cycle by providing a safe environment for parents to become aware of their own experiences (part of the Heart to Heart protocol is for programs to identify mental-health consultants who will help address participants’ disclosures of past victimization) and the potential impact of those experiences on their ability to parent their children.
The Impact: Increased Knowledge/Healthier Relationships

Ongoing evaluations of Heart to Heart consistently show that participants become more knowledgeable about the dynamics of child sexual abuse, more confident in their ability to protect their children and develop a healthier sense of recognizing and addressing dysfunction in their own relationships.

In FY2013, home visitors made 16 referrals for domestic violence services—16 women took a brave first step in securing a better future for themselves and their babies by confiding in their home visitor that they were in violent relationships. The story of Janet (below) illustrates how developmental trajectories can be changed as a result of this type of intervention. We can’t say for sure what her story would have been had she not, with the help of the home visiting program, addressed her violent relationship, but news stories of situations similar to hers that have tragic endings are all too common.

Overcoming Domestic Violence—Janet’s Story

Janet, a long-time participant in the home visiting program at Christopher House in Chicago, earned her GED this year, a significant accomplishment. She initially enrolled in the home visiting program in September 2010, five months pregnant and involved in a very difficult domestic violence relationship. Hers was an unplanned pregnancy, and there were many initial attachment concerns. Christopher House staff worked creatively with her, and she eventually got out of the relationship, quickly formed an attachment with her baby postbirth and enjoyed engaging in her home visits and groups. However, Janet struggled with maintaining and accomplishing her life goals. After the initial crisis period, she still had difficulties because she struggled to stay in school and maintain a job. Her educational path was full of starts and stops because of her learning challenges. In summer 2012, she was let go by her Alternative High School (a last resort to completing high school due to her older age) because she was too far behind to graduate. Christopher House staff worked with her to connect her with the Christopher House GED program and she enrolled, attended classes regularly, took the GED test and obtained her GED in April 2013. An additional challenge was finding consistent and quality child care. Staff connected her to the Early Head Start Program at the Christopher House Logan Square site and helped her get on the waitlist. By the time she was due to age out of the teen program in April, she had received the call that a slot was open for her child at the center. Janet transitioned smoothly from the Teen Parenting Program to the Early Head Start program. She currently has a job, and her child is thriving at the Christopher House Logan Square center five days a week. Through it all, she remained dedicated to the home visits and learning about her child’s development and was happy that her child at least had the consistency of her parenting and the visits. In her home visiting program exit survey, Janet talked about how much she had learned about child development but also how much she had grown as a person: gaining confidence and self-esteem to accomplish her own goals.
What We Do: Screening And Referral

Depression, domestic violence, child abuse and developmental delays are just a few of the ills that can befall a family and undermine a child’s chance for healthy development. When these things go undetected and therefore unattended, the damage is multiplied. Through the use of formal screening tools and ongoing relationships with parents, home visitors are able to identify areas that may require additional resources and help families get the support they need. Research on home visiting has shown that a number of specific challenges such as substance abuse, domestic violence and mental-health issues attenuate the impact of home visiting. In response, the home visiting field has made efforts to do a better job of identifying these issues.

The chart illustrates how the use of screening tools by trained screeners increases a program’s ability to identify potential problem areas. The ability to identify developmental delays increases 150% with the use of screening tools, and the identification of mental-health issues increases over 400%.

In FY2013, Ounce home visitors conducted more than 4,000 developmental screenings. In addition to providing opportunities to detect potential developmental issues at an early stage, developmental screenings (always done with the parents) provide an opportunity to take stock of the current capacities of the child and to talk about what developmental changes lie ahead.

Home visitors also conducted more than 1,400 maternal postpartum depression screenings in FY2013. These screenings (using the Edinburgh Postpartum Depression Scale) serve the dual purpose of identifying women who may be in need of further assessment and treatment, and prompting conversations between home visitors and new parents that focus on the impact of their emotional states on parenting and vice versa.

The Impact: Needed Services for Families, Improved Outcomes for Children

As a result of Ounce screening activity in FY2013, 133 families received referrals for early intervention, domestic violence, mental-health treatment or substance-abuse treatment. While the full impact of this work may not be visible for years down the road, the services brought to bear and the conversations opened up as a result of this screening work undoubtedly improved the developmental trajectories for the children in these families. Anecdotal evidence tells us that in some of these cases, the proactive identification of a serious problem and the engagement in treatment services may have saved lives.
What We Do: Educate New Parents

Many people view home visiting as an intervention designed to teach new moms and dads how to be parents. While this is not the sole, or even primary, intervention strategy, there certainly is a didactic element to home visiting, particularly when the participants are teenagers. Many new parents do not know that babies should be placed to sleep on their backs, that you won’t spoil babies by picking them up when they cry or the extent to which secondhand smoke can harm their babies. Home visitors and the home visiting curriculum play an important part in ensuring that new parents have the accurate and up-to-date information they need.

To effectively educate new parents, and to ensure that information is presented in a relevant manner, our programs must stay abreast of advances in the field. As part of our increased efforts to both articulate what funded programs are already doing to support the health of participants and their families and to also increase our impact in this area, we incorporated a series of health-related items into our FY2014 Best Practice Standards. These new standards are designed to help sites focus on areas such as home safety and sexually transmitted infection and HIV prevention, as well as helping us measure our impact on risk factors such as tobacco use during pregnancy.

As a starting point, we implemented a survey with sites to get a better sense of what is already being done in programs that is not well articulated in our standards. With 16 out of 21 programs responding, we learned, for example, that the majority (69%) of sites are already implementing a home safety checklist with participants. We will rely on those sites to provide us with examples and help us determine a recommended implementation schedule.

Communicating the importance of well-child visits and immunizations are another important piece of work that home visitors do. Helping parents separate myth from fact and understand the long-term benefits of preventive health care is a goal of every home visitor.

The Impact: Better Health Outcomes

Immunizations

The federal government sets out ambitious goals for increasing immunization coverage in its Healthy People 2020 program, including that 90% of children age 19 to 35 months will be immunized against diphtheria, pertussis and polio by the year 2020 (citing the current level of coverage as 84.6%). The Ounce has already achieved this goal: data from Ounce home visiting programs in FY2013 show that 96% of the 2-year-olds in our programs had this level of vaccination coverage. According to the Centers for Disease Control and Prevention, every dollar spent on childhood immunizations results in a savings of $18.40 from future medical and other societal costs.

Well-Child Visits

Ounce home visiting programs encourage participants to maintain well-child visits for a number of reasons. First, it helps families develop and maintain a consistent relationship with a medical provider beyond just visits for required immunizations. Also, routine well-child
visits help participants and medical providers establish routine communication about normal child growth and physical development and can identify potential delays. While the societal cost savings of well-child visits may not be a driving force behind our expectation that program participants maintain up-to-date visits, this benefit cannot be denied. A study published in the July 2001 issue of *Pediatrics* stated that the likelihood of avoidable hospitalizations was reduced by 48% for Medicaid children who were up to date with well-child visits.\textsuperscript{13}

National data from the Medical Expenditure Panel Study shows that approximately 83% of children under age 1 had received a well-child visit in the previous year.\textsuperscript{14} In FY2013, 100% of 2-year-olds enrolled in Ounce home visiting programs had received at least one well-child visit in the previous year.
What We Do: Anticipatory Guidance

Much of the challenge of parenthood, particularly in the infancy and toddler phase, is that it is never the same thing two weeks in a row. No sooner is one developmental hurdle cleared than another one presents itself. This can be quite unsettling for new parents and lead to an undermining of confidence that could prevent them from supporting their children’s development as well as they might.

Home visitors help new parents make sense of the rapidly changing demands of parenthood, providing a framework for understanding a baby’s current needs and anticipating the next set of challenges. Knowing that all babies cry, that crying tends to peak around 3 to 4 months and that it eventually gets better provides the perspective that many parents need to weather the storm. Parents can prepare for their baby’s impending increased mobility by covering electrical outlets and otherwise childproofing the home. Knowing what the “terrible twos” represent and that they are around the corner can help parents prepare.

The Impact: Parents Reading To Children

A 2004 study of language development in children revealed that children who are exposed at home to a higher number of words before the age of three perform better in the areas of vocabulary, language development and reading comprehension. The study also demonstrated that “children living in poverty hear fewer than a third of the words heard by children from higher-income families” and that this difference creates a long-term success gap that is difficult to overcome.

Reading to young children exposes them to language while at the same time providing an opportunity for a positive interaction with their parents, an interaction where outside distractions are tuned out and parent and child can focus on each other and on the story. In FY2013, more than 75% of children in Ounce home visiting programs were read to by their parents, with 44% being read to once a day or more. FY2013 data also demonstrates that our programs are effective in increasing the frequency with which parents read to their children. In FY2013, there was a 17% increase in amount of time parents spent reading to their children, with the most significant increase being in parents who read to their child a few times a month (36% increase) and parents who read to their child once a day or more (21% increase).

The Impact: Lives Changed

Among those served by Ounce home visiting programs in FY2013 were families that were homeless, families where the mom was 14 or younger, families in poverty, immigrant families, families affected by domestic violence and families without support networks. As documented in the pages above, the support, education and advocacy provided by doulas and home visitors made a difference in the lives of these families.
As time passes, some of that difference will be realized in terms of dollars saved:

- For each child who breastfed for three months, $695 was saved in the first year of life alone because of decreased medical costs associated with respiratory and gastrointestinal infections.xvii
- For each instance where our presence prevented a difficult parenting situation from turning into a situation where a child was maltreated, an average of over $200,000 can be expected to be saved over the course of that child's lifetime.xviii
- For each pregnant mom who stopped smoking, an average of $2,369 is saved in the first year alone.xix
- For every birth cohort, adequate immunization saves approximately $9.9 billion in direct health costs and $33.4 billion in indirect costs, according to estimates from the U.S. Department of Health and Human Services' Healthy People 2020.

In some cases, like the one where a participant was hospitalized after disclosing suicidal and homicidal ideation to her home visitor during the course of a maternal depression screening, or the women who got out of abusive relationships with the support of their home visiting programs, the result of our services might be lives saved. Ounce home visiting programs help build stronger parent-child relationships; healthier, happier babies; and more competent and hopeful parents. It is not always possible to pinpoint the effect of that.

For many families, even the ones who don’t experience the happy endings we’d like to see, perhaps the most important aspect of our services is the relationship that home visitors form with them.

The following story doesn’t document a program success, nor does it illustrate a monetizable benefit of home visiting services. What it does is speak to the intensity of the relationships that home visitors and parents build, the humanity they bring to the work and the depth of their caring.

The Importance of Relationships—Laura and Mario’s Story

Laura and Mario came to the US from Guatemala in summer 2012, while Laura was pregnant with the couple's first child. Her mother, who lived in the US, suggested that she go to Peoria to be close by. The Healthy Families program at the Children’s Home Association in Peoria made contact with the family, and Laura and Mario began receiving home visits from Fanny Mendoza later that summer. In part because Fanny spoke their language (neither Laura nor Mario spoke much English) but more because of Fanny's gentle presence and genuine interest in their lives, they made a strong connection. Initial home visits focused on prenatal care and planning for the arrival of the baby. The focus of the work shifted dramatically in February when Miguel was born with severe birth defects—birth defects that made it clear he would not live beyond the first year. Laura’s mom became distant after the birth of Miguel, leaving Fanny as one of the family’s only supports. Because the hospital staff did not speak English, Fanny accompanied the family to appointments to interpret and to help Laura understand what was going on.

Miguel passed away later that fall. Fanny continued to help the parents process their loss. Fanny’s supervisor, Karen Carter, worked with the family but also with Fanny to support her during this difficult time, embodying what we call the parallel process: we must nurture the home visitors so they can nurture the parents so they can nurture the children. Laura and Mario have moved out of state, and Fanny has left her job at Children’s Home Association for another opportunity, but there can be no doubt that they continue to hold each other in their minds and hearts—and that this makes a difference.
Endnotes


xiii Hakim, Rosemarie B., and Bye, Barry V. “Effectiveness of Compliance With Pediatric Preventive Care Guidelines Among Medicaid Beneficiaries” *Pediatrics* 2001; 108:1 90-97


