

Evidence-based 0-3 Programs in Michigan

Research shows that experiences in the first 1,000 days of life alter the architecture of young children's brains in ways that permanently affect their health, learning and development. For many high risk young children, one year of preschool is too little, too late to close the achievement gap – a gap that emerges long before children reach preschool doors.

There are evidence-based programs for infants and toddlers, but access has been limited because of the lack of a stable source of revenue. Funding streams that support programs for very young children have been insufficient and vulnerable to budget cuts.

One solution, successfully adopted in other states, has been an infant-toddler set-aside that statutorily mandates that a portion of new monies appropriated for specified early childhood programs (e.g. state-funded preschool programs) be spent on services for at-risk infants, toddlers and their families.

Most infant-toddler programs in Michigan are voluntary home visiting programs that target at-risk pregnant women and/or women with young children. Their goals include improvements in maternal and infant health, reductions in infant mortality and child abuse and neglect, and increased school readiness.

Since 2010, Michigan has been awarded federal grants through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to build a home visiting system in Michigan and to integrate the home visiting system within the comprehensive Great Start early childhood system. The anticipated outcomes for children and families include: (1) reductions in child injuries, child abuse and neglect and emergency room visits; (2) improvements in school readiness and achievement; (3) reductions in domestic violence; (4) improved maternal and child health, and (5) greater family economic self-sufficiency. While these federal dollars will play a critical role in addressing the needs of infant and toddlers in pilot communities, they aren't sufficient for a statewide system, and will need to be augmented by a stable or reliable source of state funding.

With the MIECHV dollars, Michigan chose to focus on four of the eight federally recommended, evidence-based home visiting models, based partly on what is currently available in Michigan. The four home visiting models are detailed below including how they contribute to school readiness. The Michigan Department of Community Health (MDCH) is the lead agency with oversight by the Great Start Systems Team (GSST).

Early Head Start – Home-based Options (www.ehsnrc.org)

Early Head Start (EHS) is a federally funded community-based program for low-income families with infants and toddlers, as well as pregnant women. EHS programs can either be home-based, center-based, or mixed—a combination of the two. The mission is simple:

- to promote healthy prenatal outcomes for pregnant women;
- to enhance the development of very young children; and
- to promote healthy family functioning.

Compared to a control group, EHS children scored higher on standardized measures of cognitive and language development at 24 and 36 months and showed benefits in social-emotional development including fewer aggressive behavior problems at 24 and 36 months, attentiveness to objects at 36 months and better able to engage with parents during play at 36 months. Additionally, EHS parents exhibited increased support for language and learning, were more likely to read daily to their children, and had lower rates of punitive discipline practices when children were 24 and 36 months old.

Healthy Families America (www.healthyfamiliesamerica.org)

Healthy Families America (HFA) is an evidence-based, nationally recognized home visiting program that works with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. It is the primary home visiting model for families with histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. HFA services are offered voluntarily, intensively and over the long-term (3 to 5 years after the birth of the baby).

HFA works to:

- ensure families have a medical provider;
- share information on children's development;
- assist families in identifying their baby's needs and obtaining resources to meet them;
- support families in the home while they respond to their child's and their own needs;
- share ideas on caring for babies, toddlers, and young children;
- link families with other resources in the community for assistance with job placement, identification of day care providers, etc.;
- assist families in following up with recommended immunization schedules; and
- help families feel more empowered.

HFA has shown to improve parents' knowledge of child development as well as improve children's cognitive development. An Iowa study found that 87% of parents reported improved knowledge of infant care and development, and 70% reported improvements in disciplinary knowledge. In two randomized control trials, HFA positively impacted children's cognitive development and showed improved scores on the Ages & Stages Questionnaire, a developmental screening tool that measures parents' self-reports.

Nurse Family Partnerships (www.nursefamilypartnership.org)

The Nurse-Family Partnership (NFP) program helps transform the lives of vulnerable first-time moms and their babies. Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children – and themselves.

NFP goals are to:

- improve pregnancy outcomes by helping women engage in good preventive health practices;

- improve child health and development by helping parents provide responsible and competent care; and
- improve the economic self-sufficiency of the family by helping parents develop a vision of their own future, plan future pregnancies, continue their education and find work.

NFP has shown consistent program effects including improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, and improved school readiness. Among the improvements in school readiness observed for children born to low-resource mothers in at least two of the three randomized, controlled trials of the program are improvements in language development and academic achievement test scores.

Parents as Teachers (www.parentsasteachers.org)

Parents as Teachers (PAT) is an internationally recognized network of organizations and professionals that supports thousands of families in all 50 states as well as around the globe through a proven parent education model featuring in-home visits with parents and children. PAT parent educators support the development of strong parent-child relationships by providing information to families about parenting skills, parent-child interactions and child development. Parent educators model, consult and coach on parenting practices, and engage in parent-child activities designed to foster observation of the child's behavior and parent-child interaction.

The goals of PAT are to:

- increase parent knowledge of early childhood development and improve parenting practices
- provide early detection of developmental delays and health issues;
- prevent child abuse and neglect; and
- increase children's school readiness and school success.

Children who participate in PAT:

- Are more advanced at age 3 in language, social development, problem solving and other cognitive abilities;
- Score higher on kindergarten readiness tests;
- Score higher on standardized measures;
- Show better school readiness at the start of kindergarten;
- Achieve higher reading and math readiness at the end of kindergarten;
- Achieve higher kindergarten grades; and
- Require fewer remedial education.