

April 21, 2009

The Honorable Barack Obama
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear President Obama:

Expanding support for newborns and their parents is the logical consequence of over 30 years of research on how to enhance child development and the social and financial benefits of such investments. Well-crafted and carefully implemented early intervention efforts can improve parent-child relationships, parental capacity and efficacy, maternal and child health, children's school performance, and maternal life choices. Over time, these individual benefits translate into substantial societal savings on health care, education, and welfare expenditures.

The President's decision to invest in home visitation for newborns represents an important public policy choice and one we fully support and applaud. The proposed strategy for building this new system, however, gives us cause for concern. We do not believe the current structure of this policy will achieve maximum impacts and benefits for the next generation of young Americans for three principle reasons:

- Building a national initiative solely on the basis of evidence generated by randomized clinical trials provides little guidance on how to replicate the model at sufficient scale to serve the national interest.
- Building a national initiative solely on the basis of a single model's target population and provider characteristics will leave many of the most at-risk infants unserved and states unable to continue other high quality interventions they are already employing to serve these groups.
- Building a national initiative that does not embrace a universal understanding that all parents face challenges in raising their children undermines the generation of the collective responsibility and public will to support and sustain a robust early intervention system.

We will briefly elaborate on each of these points:

The Nature of Evidence

An underlying requirement of the President's home visitation initiative is that it contains only models that have been proven effective through randomized clinical trials. We do not disagree with the unique role such trials can play in identifying promising interventions and new policy opportunities. Randomized control trials offer some assurance that investments made in a given policy direction will have desired impacts on program participants and generate short- and long-term savings. However, knowing that a program is capable of achieving effects under ideal conditions is not the same as knowing it will achieve effects when broadly implemented with more challenged populations or in more poorly resourced communities. In the real world, the success of a home visitation program will depend on how local parents from all points on the risk

continuum view early intervention services, what service and provider characteristics will attract new parents into these programs, and the relation between these efforts and other elements within a community's existing service continuum.

In many respects the core features of a well-done randomized trial—a highly specified intervention, consistent implementation, and a specific target population—limit the ability to generalize its findings to diverse populations and diverse contexts. Contrary to what some have suggested, we know of no evaluation scholar who would conclude that randomized trials provide sufficient insight for making program replication decisions.

Limitations of Using a Single Model

The single model reflected in the President's proposal (Nurse Family Partnership) is an outstanding home visitation program and has been proven effective in achieving several outcomes suggestive of potential cost savings. These outcomes, however, have been largely limited to young women who enrolled in services early in their first pregnancy. Although some of the participants present significant risks that work against good parenting practices including young maternal age, low income, single parent status, and a range of mental health challenges, as a group they do not fully represent populations often found to dominate public welfare caseloads nor those reported for maltreatment, areas where the current proposal hopes to achieve significant long-term savings. Based on the 2006 birth data available from CDC, a unique focus on first-time parents would leave about 62 percent of newborns ineligible for service (about 2.7 million births). Further, infants in the foster care system are eight times more likely than other infants to have mothers who received no prenatal care—a reality that would have precluded these women from accessing Nurse Family Partnership.

Fortunately, other well-researched home-based interventions have been found effective in achieving positive outcomes with these more troubling populations, and they have accomplished their objectives without employing nurses. The concept of early home visitation is being taken to scale in many communities across the country, some of which have invested in a model similar to that proposed by the President while some follow other models such as Parents as Teachers, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Parent-Child Home program and Early Head Start. These efforts have been studied by multiple investigators, and the findings have been used to improve program structure, staff training, and outcome documentation. In developing the parameters for the President's proposal, we would encourage you to give careful attention to this full body of research.

These models mirror many of NFP's program standards such as operating with a clear conceptual framework and programmatic objectives, personalized services tailored to each family's specific strengths and challenges, maintaining low caseloads, and having well-trained and well-supervised home visitors. As you move toward developing a plan to make good on the President's promise to provide early intervention services to those children facing the most significant obstacles, these are the parameters that need to guide your thinking rather than focusing on the utility of a given model or given work force structure.

A prime factor for the unique emphasis on nurse home visitation within the President's proposal is the long-term cost savings found in Nurse Family Partnership's initial trials. The main source

of these savings was a reduction in the subsequent use of Medicaid and other entitlement programs as a result of women receiving the intervention entering and remaining in the workforce. Although comparable data have not been collected on the other home visitation models, the range of outcomes achieved by many of them suggests notable savings could likewise accrue. Areas for potential savings include stronger birth outcomes (Healthy Families New York), higher monthly earnings (Early Head Start), and better school readiness and a reduced need for special education classes (Parents As Teachers and Parent-Child Home).

Translating evidence-based practice into interventions that can generate long-term savings is not a matter of looking at the benefits accrued to families who participated in trials prior to welfare reform. Future savings will be influenced by the economic and policy realities of the next 20 years, not the past 20 years. To maximize these savings, the President's initiative must rest on a strong foundation of evidence and require programs to adhere to high standards, monitor their implementation, and use data to make informed practice and policy decisions. By allowing states the opportunity to continue to invest in the high quality home visitation models they believe are best suited to their policy and population context, this effort can generate the knowledge to build programs and systems that achieve better child and family outcomes in the most cost-effective manner possible.

The Importance of Universality

If home visitation and early intervention efforts are to reach the most vulnerable, we believe they must be framed within the context of universality. Beginning centuries ago, our nation made a commitment to public education for all children. Although initial attempts at compulsory education were ruled unconstitutional and a violation of parental rights, the nation persisted based on the compelling public interest in having an informed electorate and a literate workforce. We did not create a public education system for poor children; we created the standard for all children. Today we have an opportunity to advance our educational objectives yet again. A promise of equal opportunity begins with education, and we now know that education begins at birth. Every child regardless of economic circumstances and parental capacity will benefit from access to early child development services. Although we support the provision that more intensive and costly services be directed to those families facing the greatest risks, we believe this goal is best realized within the context of universal access to high quality care.

We have spent our careers seeking ways to improve children's life outcomes and to ensure that promising programs are implemented with high quality. Our work has led us to appreciate the important and unique role home visitation plays in a system of early intervention for newborns and their parents. Maximizing the return on this investment will require consideration of the impact findings and implementation lessons gleaned from a range of national home visitation approaches rather than a single model.

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