

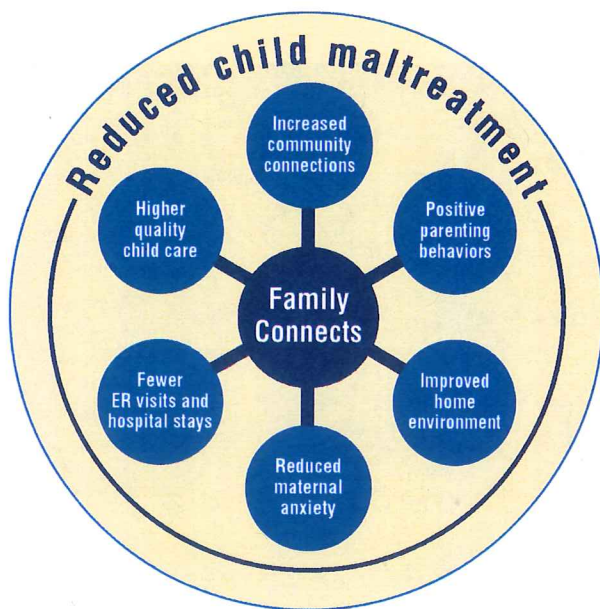
Family Connects: An overview of the evidence

The earliest months of human life are foundational for later development — including social, emotional, and brain development — with the physical and mental health of the parents playing a critical role. Too many families of newborn infants have unmet needs that keep them from achieving successful outcomes for their children, and most communities are not organized in ways that identify and serve these families effectively.

Family Connects International offers an evidence-based model that combines engagement and alignment of community service providers with short-term nurse home visiting beginning in the first month after birth. Family Connects is designed to be delivered to all families with newborns, voluntarily and free-of-charge.

Our aim is to create systems change at the population level — advancing the well-being of all infants and their families by ensuring they have a medical home and are provided with physical- and mental-health screenings, comprehensive assessments, and connections to community resources that support their individual family needs and preferences in the critical first months following birth.

An ongoing, randomized controlled trial of Family Connects published in *Pediatrics* and the *American Journal of Public Health* shows the model has positive affects for families in a number of key areas:



- Mothers were 28% less likely to report possible clinical anxiety.
- Mothers reported significantly more positive parenting behaviors, like hugging, comforting and reading to their infants.
- Mothers expressed increased sensitivity to, and acceptance of, their infants.
- Home environments were improved — safety is improved and the number of learning materials increased.
- Community connections increased by 15%.
- Families used higher quality child care.
- Child maltreatment is reduced.

Impact on Child Emergency Medical Care

Infants had 50% fewer emergency room visits and hospital overnight stays in the first year of life. Fewer emergencies reduces the cost of health care. The study showed that:

At 6-months of age:

- Every \$1 spent on the program resulted in a \$3.02 savings on emergency care for infants at age six months.
- Calculated per infant emergency medical costs using published rates = \$423 per ER visit and \$3,722 per hospital night
- Average cost of emergency care for infants in control group = \$165 per ER visit and \$2456 in overnight costs
- Average emergency medical costs for participating infants = \$165 per ER visit and \$372 in overnight costs
- Program costs for Family Connects participants = \$500-700

At 24-months of age:

- Every \$1 spent in program costs resulted in \$3.17 in savings through reductions in total child emergency medical costs billed through age 24 months.
- Calculated per infant emergency medical care costs using hospital billing records.
- Total child emergency medical care billing costs reduced by \$2,217 per child between birth and 24 months
- Average program costs for Family Connects participants remains the same = \$500-700

Supporting literature

Goodman, W.B., Dodge, K.A., O'Donnell, K.J., Murphy, R.A. (In review). Randomized controlled trial of *Durham Connects*: Effects on child emergency medical care.

Goodman, W.B., Bai, Y., Murphy, R.A., O'Donnell, K., & Dodge, K.A. (In prep). Impacts of universal postnatal home visiting on child maltreatment and emergency medical care through age 5 years.

Goodman, W.B., O'Donnell, K., Murphy, R.A., Dodge, K.A. (2018). Moving beyond program to population impact: Toward a universal early childhood system of care. *Journal of Family Theory & Review*, DOI:10.1111/jftr.12302.

Dodge, K.A. (2018). Toward population impact from early childhood psychological interventions. *American Psychologist*, 73 (9), 1117-1129.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting [Special Issue]. *American Journal of Public Health*, 104, S136-S143.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., & Sato, J. (2013). Randomized controlled trial evaluation of universal postnatal nurse home visiting: Impacts on child emergency medical care at age 12-months [Special Issue]. *Pediatrics*, 132, S140-S146.

Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J. (2013). Toward population impact from home visiting. *Zero to Three*, 33, 17-23.

Family Connects International is a program of the Center for Child and Family Policy and Sanford School of Public Policy at Duke University