

444Home Visiting Testimony Tuesday, March 8 – Early Childhood Finance and Policy Committee MN HOR

Part I

I've been asked to speak on home visiting from the perspective of a pediatrician. This perspective, as is pediatric practice is a mix of medical science and social science – medicine after all, and especially pediatrics, is about people and their lives.

The specialty of pediatrics arose just after the home visiting movement gained traction in the U.S. – in the early years of the 20th century. They were on parallel paths – home visits and house calls. As time went on, they diverged as pediatrics became increasingly specialized, requiring practice to occur in clinics and hospitals.

Home visiting, as reported in a comprehensive Policy Paper by the Academy of Pediatrics in 2017 (Pediatrics, vol 140,3, issue), had been fortified by the LBJ War on Poverty in the late 1960s and '70s (as poverty was identified as driver of disease and family disruption), and by the Affordable Care Act of 2009. Within the ACA were provisions for the evaluation and evidence gathering of the effectiveness of home visiting programs (HomVEE). Thanks to the HomVEE, important studies were undertaken and published in peer reviewed journals affirming the effectiveness of home visiting programs, especially, but not exclusively related to targeted populations – low income young families in particular. These studies formed the basis for the Policy Paper's recommendations and conclusions. All confirm what Rep Morrison has included in her bills.

The following are the recommendations and conclusions of the AAP's Policy Paper: see attachment.

Part 2:

At the Children's Mental Health Conference convened by Commissioner Harpstead of MN DHS this past January, many speakers and many of the 500 attendees, gave credence to "cultural evidence", derived from the experience of disadvantaged communities. The 2017 Academy of Pediatrics paper details the effectiveness of these programs as having the same weight of evidence in these communities as evidence based studies in the wider society. (See list of studies, "Family Spirit" pertaining to American Indian families.) The studies confirm the effectiveness of all of what Rep Morrison's bills include.

Emerging brain science in the 2010s and '20s confirms the physical and behavioral effects on the developing brain of toxic stress, fight or flight (Jack Shonkoff, MD, Harvard Center for the Developing Child, and others). Strong evidence supports chronic toxic stress (of which poverty is a major cause) as permanently affecting the architecture of the developing brain. Babies and toddlers often cannot recover from toxic stress experienced in gestation to age 3. Further, social scientist, economist, and Nobel Laureate James Heckman and Arthur Rolnick from the Mpls Fed Reserve confirm short and long term economic benefits to early educational interventions at 10-16% ROI, with early returns starting in pre-k.

Another dimension is worthy of mention – that of gun violence in our American Society. Perpetrators of mass shootings are nearly always white and not necessarily in poverty. Reports indicate many are people with social-emotional or mental health struggles since very early in life. Having a routine, trusted

home professional/paraprofessional visitor is critical in this example to early identification and early intervention when child development goes askew. Services available to all are more likely to be used by most, including those who may not be aware of a need.

Another example is from my colleague in Doctors for Early Childhood, Doctor of Education Ada Alden, a licensed parent educator. She speaks to the isolation all mothers feel as they arrive home with their new bundles of joy. Sadly, at least 20% of mothers are afflicted with serious mood disorders in the first months of a baby's life. Home visiting professionals and paraprofessionals perform routine screening to identify mothers at risk and to guide them to the help they need. Mothers' mood disorders are quickly transferred to their children. Early ID and intervention is critical.

Lastly, a colleague of mine in other work, retired Black Judge LaJune Lange comments that home visitors in the Black community are "excellent; just make sure diverse teams with cultural competence are selected".

Conclusions:

1. Early support, identification, and early intervention is critically important to parents and to their babies' developing brains, which are primed for input from the environment - which must be as stress free as possible for healthy brain and child development.
2. While targeted approaches are easier to measure, they will miss the beginnings of early developmental dysfunction which in portions of the population can lead to not only unfortunate, but even dangerous outcomes.
3. Therefore, routine voluntary home visiting is the only way to maximize benefit and not miss opportunities for early identification and intervention. This is why in pediatric practice society endorses and pays for routine "well child care", which nearly all parents opt for.
4. All this makes not only social, educational, and developmental sense but also economic sense. (As with your 401k, if you do not invest, you are sure to get no return at all.)

Thank you for your attention. I'd be happy to take questions.