

Impact of the Family Connects Program on Maternal and Infant Health and Well-Being

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This research brief synthesizes the results of two randomized controlled trials conducted on Family Connects by a team at the Center for Child and Family Policy led by Kenneth A. Dodge, W. Benjamin Goodman, Robert Murphy, and Karen O'Donnell. The team appreciates the generous support of The Duke Endowment to create Family Connects and research grants from the National Institutes of Health to evaluate its impact.

Executive Summary

Family Connects is an evidence-based, universal nurse home visiting program for newborns and their families that connects parents of newborns with community resources. This research brief summarizes the findings of randomized control trial evaluations of the Family Connects program.

More than a decade of research into Family Connects shows the program has a positive impact on newborns and their parents, including:

- Reduced rates of child maltreatment and emergency medical care use in early childhood.
- Reduced disparities across racial groups in multiple health outcomes.
- Positive sustained impact on mother self-reported positive parenting behaviors in the first two years.

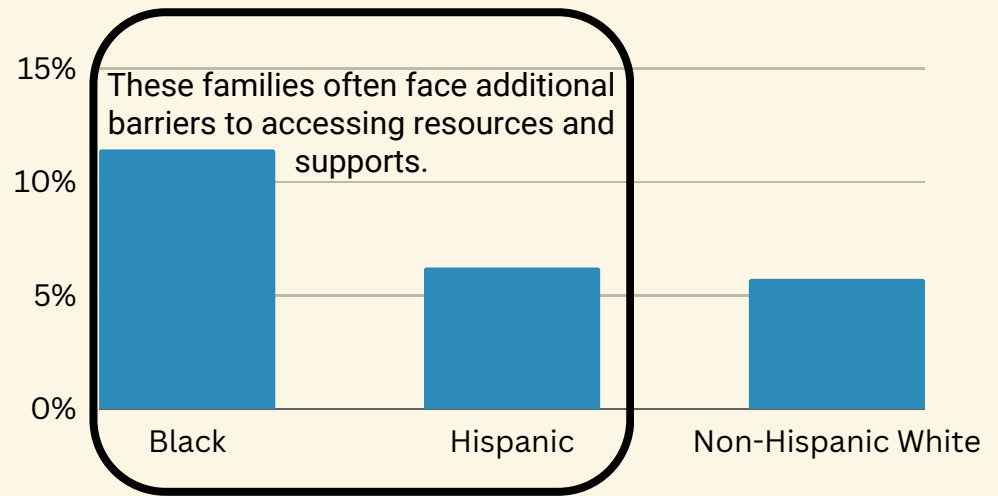
These findings suggest that, when implemented with high quality, Family Connects has been effective at improving maternal and infant health and well-being and reducing health disparities among racial groups.



Family Connects Developed as a Universal Program to Reduce Child Maltreatment and Positively Impact Families

Families face heightened levels of unmet need at the time of childbirth. These needs, if unaddressed, can lead parents to engage in less positive parenting practices, which, in turn, increase the risk of child maltreatment. In 2021, approximately 4 million children were investigated by Child Protective Services (CPS) investigators for suspected maltreatment. The risk is greatest for children from birth to 3 years in non-white families, who often face additional barriers to accessing resources and supports, and families with low household incomes. To respond to these challenges, researchers at the Duke Center for Child and Family Policy developed the Family Connects program.

The rate of substantiated child maltreatment between birth to age 5 was 5.7%, 6.2%, and 11.4% for Black, Hispanic, and Non-Hispanic White children, respectively, from 2004 to 2011.



Wildeman C, Emanuel BA, Leventhal JM, Putman-Hornstein E, Waldfogel J, Lee H. The prevalence of confirmed maltreatment among US children, 2004-2011. *JAMA Pediatr.* 2014; 168: 706-713 <https://doi.org/10.1001/jamapediatrics.2014.410>

Family Connects Model

Family Connects was launched by the Duke Center for Child and Family Policy in 2008 in cooperation with the Durham County Health Department and the Center for Child & Family Health, with financial support from The Duke Endowment. The goal was to develop, implement, and evaluate a population-wide intervention that reduced child maltreatment by helping families with newborns deal with stressors such as substance abuse, depression, and financial distress—all of which create an increased risk for child abuse.

The Family Connects model links parents of newborns to community resources through postpartum nurse home visits. It differs from many previous perinatal home-visiting programs because it was designed to be universal, meaning it is available to all families in a community. It has been implemented with high quality and broad reach at a modest cost.¹

¹ The nonfatal child maltreatment per-victim lifetime cost ranges from \$210,012 (2010 USD) to \$830,928 (2015 USD). Cora Peterson, Curtis Florence, Joanne Klevens, The economic burden of child maltreatment in the United States, 2015, *Child Abuse & Neglect*, Volume 86, 2018, Pages 178-183, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2018.09.018>.



Overview of Findings

- Family Connects can be implemented with high community participation rates.
- Those who participated in the program were extremely likely to recommend it to others.

Program completion rates ranged from **64% to 69%**.

99% of participants said they would recommend Family Connects.

- Family Connects reduced population rates of child maltreatment and emergency medical care use from birth to age 5.
- Family Connects also reduced rates of maternal anxiety by 28% between birth to age 6 months.
- There are well-documented, significant disparities in maternal and infant health and well-being across different racial groups. Most notably, gaps exist between outcomes for non-Hispanic Black and White families. Family Connects significantly reduced Black-White disparities for a variety of outcomes related to maltreatment risk, including maternal anxiety, maternal depression, father non-support, child emergency medical care, and child maltreatment investigations.

↓ **39%**



in total per-child CPS investigations for suspected maltreatment

↓ **33%**



in the mean total per-child emergency medical care use

Conclusion

These findings suggest that universal preventative systems of primary care can be successful in improving maternal and infant health and well-being. The universality of Family Connects sets it apart from other maternal, infant, and early childhood home visiting programs because home visits are offered to all families, minimal subsequent scaling is required, and no stigma is attached to participation, maximizing community acceptance.

In the targeted universal model, programs engage and screen all families while providing family-specific support based on identified needs. By using this model, Family Connects has been shown to engage diverse populations at high rates and deliver resources to families with the highest needs, supporting an early childhood system of care to promote community-wide family well-being and health equity.



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