Scaling Up Home Visiting in Wisconsin: A Strategy to Address Trauma

Early trauma can have lasting impacts on people throughout their lives and can even affect their own children. Home visiting, an evidence-based, two-generation approach being implemented in Wisconsin, can prevent trauma in children and mitigate its effects in parents. This brief first summarizes the prevalence of trauma in Wisconsin and its long-term effects, then reviews Wisconsin’s home visiting program and a promising policy option to serve more families at a lower cost.

Trauma is a Public Health Problem
Research has shown that trauma is a common, unevenly distributed, and consequential public health problem. Adverse childhood experiences (ACEs), which include abuse, neglect, and household challenges, are potentially traumatic events. Almost six in ten (57%) Wisconsin adults have endured at least one ACE before age 18. ACEs are more prevalent in low-income populations; 85% of low-income mothers in Wisconsin have experienced at least one ACE, and 43% have four or more. The more ACEs a person suffers, the worse their outcomes tend to be throughout the life course (see Sarah Enos Watamura’s issue brief).

Trauma also has intergenerational consequences. Trauma increases the risk of many problems such as substance abuse and mental health challenges that may impair parents’ ability to care for their children. As a result, the trauma parents have experienced can undermine the development of their offspring.

Evidence-Based, Two-Generation Strategies to Address Trauma
Two-generation programs can prevent trauma in children and mitigate its effects in parents, interrupting the intergenerational cycle of trauma. Home visiting programs are among the most effective and cost-effective examples of this type of intervention because they serve children prenatally through the first years of life (see figure 1). Home visitors may be trained nurses, social workers, or child development specialists. Their visits focus on linking pregnant women with prenatal care, coaching new parents on early child development, and conducting regular screenings to help parents identify possible health and developmental issues.

Wisconsin Family Foundations Home Visiting Program (FFHV)
FFHV is administered by the Department of Children and Families in partnership with the Department of Health Services, with funding from the federal government and state general purpose revenue. Four federally approved, evidence-based home visiting programs serve approximately 1,500 low-income Wisconsin families in 31 counties and five tribal regions. Due to the high cost per family and the long duration of support, these programs target only the most vulnerable families.

Family Connects: A Universal Home Visiting Model
Compared to FFHV, Family Connects is a universal, “light touch” home visiting model that offers an initial visit to all new parents. For most families, the initial home visit is all they require; other families require additional visits or referrals to other services. An evaluation of Family Connects in North Carolina found the program improved home safety, childcare quality, maternal mental health, and father involvement, and reduced Child Protective Services reports and infant emergency room visits. By cutting down emergency medical care alone, Family Connects returned more than $3 for every $1 spent.

The Central Racine County Health Department is currently piloting Family Connects in Racine County, with funding from the United Way of Racine County and Racine County Human Services Department. The program’s three nurses can serve up to 600 families a year. This program is delivered alongside the county’s long-term home visiting programs, helping ensure families receive the appropriate level of care to meet the specific needs of each family.

Key Takeaways
Trauma is a public health problem. It is common and more prevalent in low-income populations, and it has lasting consequences for all populations along with intergenerational impacts. Implementing universal home visiting models that combine brief services with targeted long-term models could prevent trauma and its extensive effects in children as well as alleviate its effects in parents who have experienced trauma themselves.

Joshua Mersky was one of three speakers featured at the 37th Wisconsin Family Impact Seminar, “Building Strong Wisconsin Families: Evidence-Based Approaches to Address Toxic Stress in Children.” He is the Co-Director of the Institute for Child and Family Well-Being and a Professor of Social Work at UW-Milwaukee. This issue brief, written by Bonnie MacRitchie and Heidi Normandin, summarizes his seminar presentation and accompanying briefing report chapter. The presentation, report, and other seminar resources can be downloaded from wisfamilyimpact.org/fis37.