

MICHIGAN ASSOCIATION FOR INFANT MENTAL HEALTH

INVESTMENT IN THE EARLY YEARS

Two major categories of early childhood services have been shown **to more than pay their costs** by reducing governmental costs:

- Quality child care / early childhood education for at risk 4 year olds and 3 year olds
- Quality home visiting for at risk infants and toddlers

Quality child care / early childhood education for 4 year olds

Art Rolnick, economist Federal Reserve Bank in Minneapolis and James Heckman, economist University of Chicago and Nobel Prize winner, have stated that quality child care / early childhood education for 4 year olds is a better investment for the state than the usual subsidies to business and industry that merely move jobs from one site to another. They base their conclusion on the evaluation and cost-benefit analysis of the Perry Preschool Project (in Ypsilanti, MI) that followed low-income children receiving and not receiving services into adulthood (40 years).

This landmark study by High/Scope Foundation found the following payoffs:

- Through age 40, **\$17 gained for every \$1 spent**. Government gained \$12.90 in reduced expenditures for special education, welfare and crime and increased taxes. The individual gained \$4.17 in increased income.
- Through age 27, **\$16 gained for every \$1 spent**.

These findings have been corroborated by the outcomes found for the Chicago Child Parent Center, a larger community-based effort:

- Through age 15, **\$7 gained for every \$1 spent** in quality child care.

These findings have fueled quality improvement and support of pre-K programs in a number of states – Illinois, New York, California, Rhode Island, North Carolina, Oklahoma, Florida, Louisiana, Minnesota

There are two provisos to keep in mind:

- (1) quality services incorporate trained staff and activities directed at promoting age-appropriate social-emotional and emergent literacy development, and*
- (2) although all children can benefit, payoffs occur primarily for those children who are not experiencing a stimulating growth-enhancing environment in their homes.*

Home visiting for the 0-3 age group

Quality home visiting with infants and toddlers in high risk situations provides some immediate as well as long term payoffs to society.

Longterm: The 15 year follow-up of families receiving home visiting services in Elmira, New York (David Olds' Nurse Family Partnership - NFP) found a **\$4**

return for every \$1 invested, in cost reductions for delinquency, welfare and increased taxes.

Home visits for infants and toddlers (0-3) in high risk situations also provides **reductions in crime** similar to those obtained through early childhood education:

	NFP	Perry PreSchool
<u>Child</u>		
By age 15: arrested	24% vs. 53%	
By age 27: arrested 5X property felonies		7% vs. 29% 14% vs. 26%
<u>Mother</u>		
Arrests by age 15 of child	28% vs. 58%	

Immediate Payoffs to society (that do not occur with early childhood education at age 3-4):

- High risk women receiving home visits during pregnancy are less likely to deliver **low birth weight babies**. This can result in a savings in costs for neonatal intensive care and developmental delays.
- There is a 33% decrease in use of the hospital emergency room and 66% decrease in the number of hospital stays for injuries and ingestions by infants/toddlers saving **health care costs**.
- Fewer young children suffer **abuse and neglect**,
NFP -through age 2 : 4% vs 19% (poor, single, adolescent mothers)

A Centers for Disease Control and Prevention analysis of 21 studies of home visit interventions found an overall median reduction of 40 percent. Home visits delivered by nurses had a 48.7% reduction; by mental health workers (such as Michigan's infant mental health specialists), 44.5%; by paraprofessional visitors, 17.7%.

- The spacing between births increases and the **number of subsequent births** is reduced by one-third.
This finding is corroborated in Michigan's Doula program (using a combination of volunteer support workers and infant mental health specialists) where only 2% of single parents served had a second birth within 2 years compared to a national average of 19%.

This deferral of births enables women to work. It also represents a cost savings to Medicaid.

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