

## All benefit from help for at-risk mothers | Opinion | The Register-Guard

Somewhere in Lane County a family is struggling right now. Perhaps the parents are unemployed, or a single mother is living in poverty. Maybe the parents themselves grew up in families whose parents never learned to be patient and nurturing. A child in that troubled family is being hit, yelled at or just ridiculed and ignored. That child stands a good chance of becoming aggressive, failing in school, being rejected by peers, and drifting into delinquency and drug abuse.

Each year more than 2,000 young people are arrested in Lane County. Most of them were raised in stressed, conflict-filled families that never got the help they needed to become more nurturing.

One common reaction to this situation is to blame the parents. But blame is a fairly useless enterprise. It doesn't get parents to do a better job. Imagine that you have been living in your car with a young child for the last two months. No, really imagine that your family is one of the more than 100 Lane County families that is homeless with children. Would it help you if someone came by tonight and told you that you are an inadequate parent?

Fortunately, families in Lane County are increasingly getting the support they need to nurture their children's development.

An excellent example is the Nurse-Family Partnership, which is helping at-risk pregnant women through their pregnancy and the first two years of their babies' lives. David Olds created the program in the 1980s when he was at the University of Rochester.

Helping at-risk mothers with such matters as diet and stress during this period is valuable to them and to the entire community. Studies show that the children of women who had poor diets during pregnancy not only have a greater risk of obesity, but are more likely to have cardiovascular diseases as adults.

Stressed mothers are more likely to have premature babies with lower birth weights. They are more likely to miscarry. Babies born to stressed mothers often cry a lot and are difficult to console. They have more problems with developing the self-regulation skills they need to learn and control stressful emotions. As a result, as they grow older they are more likely to have such problems as hyperactivity, misconduct, depression and even schizophrenia.

The Nurse Family Partnership reaches mothers as early in the pregnancy as possible. A skilled, patient and empathetic nurse befriends the mother and offers to help during her pregnancy and the first two years of the child's life. She listens to the mom about her concerns, talks to her about her hopes and aspirations for her child, and helps her get the medical care and nutrition she needs to have a healthy baby and a successful delivery.

The mother's new-found mentor might advise her about how to resolve conflict with her family and the baby's father, and begin to get the support she needs. If the mother is a smoker, her nurse partner will help her stop — because smoking during pregnancy leads to low birth weight, premature birth and cascading cognitive and behavioral problems in infancy and childhood.

Once the baby is born, the nurse helps the mother develop the patience and skill to soothe her baby and promote her baby's development.

Olds and his colleagues evaluated NFP in a series of three randomized controlled trials. In such trials, people are randomly assigned to participate in the program, and others are randomly selected as non-participants.

This makes it highly likely that two groups are about the same at the beginning. If the ones who got the program are doing better a year or more later, you can be pretty sure it is because of the program.

Olds' studies have shown that families get remarkable benefits from the Nurse Family Partnership. Mothers who got the program were more likely to stop smoking, had healthier babies, were less likely to have another baby right away, were more likely to get further education, were less likely to end up on welfare, and were less likely to abuse their children. And their children did better in school.

When the children were teenagers, Olds checked to see how many had been arrested. He found that in this high risk group of families, 37 percent of the kids whose mothers didn't get the program were arrested, compared to 21 percent of the ones whose mothers got help from a nurse. That is a 44 percent reduction in crime.

Think about that in relation to Lane County's 2,000 juvenile arrests each year. We certainly can't claim that we could achieve a 44 percent reduction in arrests with just this program. Not every juvenile arrest is due to poor parenting in the prenatal period and first two years of life.

But suppose every young woman who could benefit from the program got it: We could expect to see a steadily dwindling number of juvenile arrests in the years to come.

It costs about \$12,500 to deliver the program to one family for three years. But before you say, "There's another costly government program," let me tell you what it saves.

The Washington State Institute for Public Policy assessed the return on investment for this program. The institute concluded that the total benefit of the program is \$22,781 per family. For every dollar spent on the program, \$2.37 is returned in reduced costs for criminal justice, special education, child abuse, public assistance and drug abuse treatment.

Pam Stuver is the supervisor of Maternal and Child Health Programs for Lane County. She told me that Lane County has four nurses providing the Nurse Family Partnership. Because the service is intensive, the nurses can help 100 young women who are most at risk — low income, first pregnancy.

Stuver estimates that the program is being provided to a little more than half of the women who want it and would benefit from it. If there are 100 women who don't get the support and assistance of nurse-mentors this year, we can estimate that there will be about 17 more juvenile arrests in about 15 years than there would have been.

The Nurse Family Partnership is just one program. Many other prevention programs help families and reduce teen crime, academic failure, and other adolescent problem behaviors.

For example, the Family Check-Up for families of middle school students found that 60.6 percent of the young people whose families didn't get the program were arrested by age 18, while only 37.5 percent of the youths whose families got the program were arrested. What would happen to juvenile crime in Lane County if this program were available in every middle school?

Somewhere in Lane County tonight there is a family that has benefited from the Nurse Family Partnership. There the kids went to bed feeling good about their families and excited to grow and learn. No one in their community may ever know it, but some other family will not be harmed by an aggressive teen, because that teen never became aggressive thanks to the help their family got in becoming more nurturing.

We have the know-how to make this happen in virtually every family in Lane County.

