



# Costs to implement an effective transition-to-parenthood program for couples: Analysis of the Family Foundations program



Damon E. Jones<sup>\*</sup>, Mark E. Feinberg, Michelle L. Hostetler

Bennett Pierce Prevention Research Center, The Pennsylvania State University, USA

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## ABSTRACT

The transition to parenthood involves many stressors that can have implications for the couple relationship as well as the developmental environment of the child. Scholars and policymakers have recognized the potential for interventions that can help couples navigate these stressors to improve parenting and coparenting strategies. Such evidence-based programs are scarcely available, however, and little is known about the resources necessary to carry out these programs. This study examines the costs and resources necessary to implement Family Foundations, a program that addresses the multifaceted issues facing first-time parents through a series of pre- and post-natal classes. Costs were determined using a 6-step analytic process and are based on the first implementation of the program carried out through a five-year demonstration project. This assessment demonstrates how overall costs change across years as new cohorts of families are introduced, and how cost breakdowns differ by category as needs shift from training group leaders to sustaining program services. Information from this cost analysis helps clarify how the program could be made more efficient in subsequent implementations. We also consider how results may be used in future research examining economic benefits of participation in the program.

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## 1. Introduction

The transition to parenthood is one of the most crucial periods in family life. The experience of delivering and caring for a newborn can introduce stressors into the couple's relationship ranging from handling key parental and household duties to the financial concerns of raising a child. Much research has focused on the implications of this period on the couple's relationship as well as the emerging developmental environment for the child (Belsky & Kelly, 1994; Cowan & Cowan, 2000; Cox, Paley, Burchinal, & Payne, 1999). Because this life phase is often stressful for couples, many have advocated for intervention and prevention programs to help ease the transition to parenthood (Feinberg, 2002; Cowan & Cowan, 1995; Glade, Bean, & Vira, 2005). Despite this research, programs that address multiple aspects of the transition process – covering effective parenting and co-parenting strategies as well as child-rearing skills – are not widely available. In most communities resources are available at little or no cost to help couples prepare for the delivery process itself, such as childbirth classes run by healthcare providers for pregnant women and their partners. But fewer programs are available to assist with broader familial issues

in the context of early parenthood. This could change, however, as local policy makers recognize the ease with which programs addressing such issues common to early parenting may be delivered in community settings.

An example of a program for couples transitioning to parenthood is Family Foundations. This program was designed to help couples navigate co-parenting challenges common to early parenthood through a series of eight classes bracketing the birthdate. The classes cover issues common to relationships and caring for a newborn child, including emotional self-management, conflict management, problem solving, communication, and mutual support strategies. While covering significant issues such as these, the program occurs in a way that requires minimal investment of time or resources from participating families. Given that delivery of the curriculum requires temporary classroom space within local healthcare settings, it also involves little burden from public health systems.

Given the potential program impact on key outcomes of early parenthood, relationships and child development, it is worth considering the resources required to deliver this program. It also is important to understand program costs for the sake of future economic evaluation of effects linked to participation. For instance, programs that effectively reduce the likelihood for long-term behavior problems in children could translate into large economic benefits for participants and society, even if relatively few individuals are positively affected. One study found the costs to

<sup>\*</sup> Corresponding author at: 310 Biobehavioral Health Building, University Park, PA 16802, USA. Tel.: +1 814 865 6020.

E-mail address: [dej10@psu.edu](mailto:dej10@psu.edu) (D.E. Jones).

treat one child for conduct disorder can exceed \$80,000 within adolescence, just based on use of services (Foster, Jones, & Conduct Problems Prevention Research Group, 2005). A study by Cohen (2004) showed that the total economic benefits for diverting just one individual from a life of crime could exceed \$2-million (Cohen, 2004). Costs associated with other aspects of early parenting relationship problems could be associated with depression, marital dissolution or even family violence (e.g., Donohue & Pincus, 2007; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). In view of the multiple outcomes involved and the associated costs, it is worthwhile to assess any economic aspects of programs aimed toward the challenges of early parenthood.

In this paper we assess the costs necessary to deliver Family Foundations based on the trial project. We carry out this assessment using comprehensive university budget files that include costs to implement the program to six cohorts of couples in central Pennsylvania across two sites, over a five-year period. While the program is currently being implemented elsewhere, we consider costs for the first version of the program given the detailed cost information available and the ability to assess costs across multiple years.

## 2. Background of the program

Family Foundations is structured to serve families at hospitals where pre-natal medical visits usually take place. Participants receive program services regardless of initial need (universally based); families with greater risk for problems were not the sole target. This enables a non-stigmatizing environment for classes. Initial evaluations of Family Foundations have been promising. Studies have shown that the program has had a positive impact on all areas that the program targets: compared to a control group, program participants demonstrated improved outcomes in key domains of parental stress and depression, co-parenting and parenting quality, and child outcomes through age 3 (Feinberg and Kan, 2008; Feinberg et al., 2009; Feinberg et al., 2010; Feinberg et al., 2014). Regarding the latter, more recent analysis has found effects on child internalizing and externalizing outcomes as well as school adjustment rated by teachers at age 6 or 7 (Feinberg et al., 2014). Further details on published effects of the intervention are provided in Appendix A.

Because of the demonstrated effects on key outcomes with such potentially long-term implications, it is important to consider how effective programs such as this may be more broadly implemented. Family Foundations involves a protocol that can be readily adapted to various settings. Key aspects of the program involve the training process for group leaders, coordination by local providers for program administration, and recruitment of participants. Understanding the costs necessary for implementing this program is important for considering future implementations as well as considering potential positive impact on economically relevant outcomes (such as child behavior problems). If the program eventually leads to costs saved by both families and society, it will be important to communicate such monetary benefits to stakeholders and potential funders. Given the impact on the important outcomes noted above, the likelihood of economic return on investment is increased especially given the relatively short timeframe of the program and delivery of services through group settings.

In order to establish a framework from which to estimate costs, we utilize a 6-step process described in prior studies (discussed further below in Section 3). For a cost-analysis of a preventive project like Family Foundations, such a process can help analysts understand necessary resources and key program parameters that may vary across implementations, thus leading to variation in costs. The cost analysis must consider the key inputs necessary to

carry out the program as well as the economic perspective to adopt when considering costs, i.e., how to value resources that include both line-item direct costs as well as valuing non-monetized resources such as the time required to participate (Foster et al., 2003). This is an important consideration since certain programs may involve fewer burdens than others for participants as well as providers. Here we consider the costs of Family Foundations based on an established cost analysis process using a healthcare provider-based (funder) perspective. That is, we consider what direct costs and facilities were required of funders to deliver the program while excluding costs to the family to participate or any broader societal burden (given that the latter costs were negligible). Finally, we employ a sensitivity analysis of our costing procedures in order to determine a range of estimates that represent reasonable variation in program costs.

## 3. Method

### 3.1. Background of the intervention

The trial project of Family Foundations was carried out from 2003 through 2007 at two hospital sites within Pennsylvania, located in Harrisburg and Altoona. The participants were 89 couples (178 individuals) assigned to the intervention condition in a randomized trial of Family Foundations. To be included in the study and have the opportunity to enroll in Family Foundations, couples had to be expecting their first child, living together, heterosexual, and 18 or older at the time of recruitment. There were ten cohorts of classes held at childbirth education centers in the two hospitals (four cohorts in Altoona and six cohorts in Harrisburg). Because the numbered cohorts at the two sites received classes at approximately the same time, we consider cohorts aggregate across sites (cohorts 1–6). Costs are not broken down by site given that most resources were expended collectively and were usually not distinguishable by site. The program was developed and evaluated through Penn State University and funded through a grant from the National Institute of Mental Health.

Family Foundations is a manualized intervention.<sup>1</sup> Each group had a male and a female leader. Each female group leader was a childbirth educator and nurse. Male group leaders were experienced in working with families and leading groups, and included mental health and community service professionals. Classes contained only study participants, with an average group size of nine couples. Couples participated in four prenatal sessions while mothers were in their second or third trimester, and participated in four postnatal sessions when the baby was (on average) 5 months old. Childcare was provided during postnatal sessions to facilitate attendance. The couples also participated in three booster sessions when the child was two years old, so families were involved with the program for approximately 26 months total (across three years). Attendance of sessions was good; the majority of participants attended five or more sessions (66% of mothers and 63% of fathers) while a comparably small number of enrollees attended two or fewer sessions (15% of mothers; 17% of fathers). Table 1 shows what years each cohort was involved with the Family Foundations program.

### 3.2. Cost analysis approach

Prior studies have endorsed frameworks for characterizing costs of an intervention such as Family Foundations (e.g., Corso & Filene, 2009; Yates, 1996). This includes recommended steps

<sup>1</sup> Readers can visit [www.famfound.net](http://www.famfound.net) for more information on the program or to obtain a copy of the manual.

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