
RESEARCH REPORT



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106 North Bronough Street ■ Tallahassee, FL 32301 ■ (850) 222-5052 ■ FAX: (850) 222-7476 ■ www.floridataxwatch.org

The Ounce of Prevention Fund of Florida

Ten Years of Invaluable Service to Florida's At-Risk Children and Families

Overview

The Ounce of Prevention Fund of Florida is a not-for-profit, 501(c)(3) corporation founded in 1989. The Fund functions to identify, support, evaluate and fund programs and community initiatives that improve the growth, development and future potential of at-risk children and families in need. The philosophy of the Ounce of Prevention Fund of Florida in supporting local initiatives is to identify, fund, support and test innovative local programs that improve the life outcomes of children, preserve and strengthen families, and promote healthy behavior and functioning in society, recognizing that the wisest money spent is on prevention.

In partnership with community-based organizations and coalitions, programs are designed to strengthen individual, family and community capacities in order to avoid serious family dysfunction, and long term health problems, as well as academic and early developmental delays. Programs focus on family preservation and support through various service delivery systems, including; in-home visitation, education and support groups and services provided through schools and community-based centers. A key component of the Ounce of Prevention Fund of Florida's strategy is to provide comprehensive technical assistance to its programs, together with a strong evaluation component that measures program effectiveness by monitoring short-term and long-term outcomes based on Florida benchmarks.

Ounce of Prevention Fund of Florida programs require community involvement and agency collaboration. In prevention and early intervention efforts, pooled resources are essential to eliminate duplication of services, create economic efficiencies and obtain successful and measurable outcomes. The maximum program funding cycle is five years. Program funding request proposals must include validation of community acceptance and buy-in, and demonstrate the ability to secure 100% financing by Ounce funding conclusion.

The Ounce of Prevention Fund of Florida is established as a public-private partnership in concert with the State of Florida and the private sector. Funding through legislative appropriation is matched by

private contributions to enable selected programs sufficient time to prove their worth and effectiveness, both programmatically and financially. Evaluation information for those programs that prove to be effective and cost efficient is shared with legislators and other policy and decision makers to assist the program in finding a source of permanent funding, as well as enhancing the probability of replication in other communities in Florida.

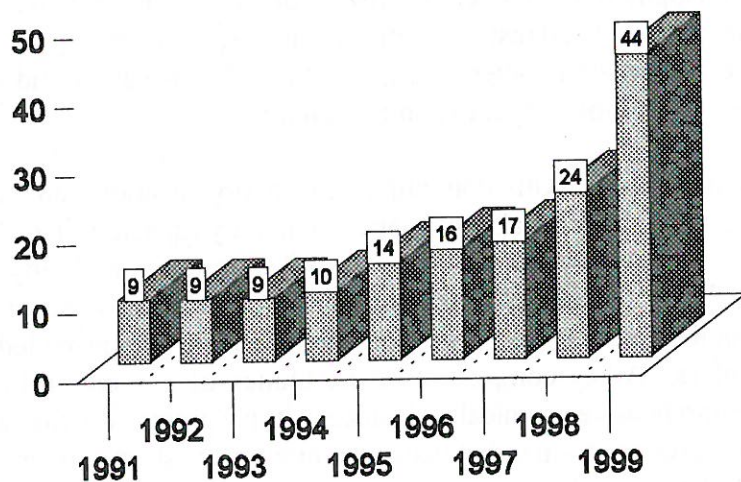
The Ounce of Prevention Fund of Florida is governed by a Board of Directors composed of twenty-five leaders from business, industry, the professions, civic leaders and child advocates. The Board provides policy and management oversight and maintains programmatic and fiduciary liability for all activities of the Ounce of Prevention Fund.

Since its inception in 1989, the Ounce of Prevention Fund of Florida has grown to include other initiatives, such as, Healthy Families Florida, the Florida Commission on Responsible Fatherhood and Florida Community Partners. Currently, the Ounce of Prevention Fund of Florida sponsors more than 80 programs statewide and operates under an annual budget in excess of \$30 million.

10-Year History of Service

Since 1990, The Ounce of Prevention Fund of Florida has provided funding to more than 64 different programs that provided services to more than 63,000 infants, children, men, women, parent(s) and families throughout the state. Total programs funded has grown from nine in 1991 to 44 in 1999 (including the WAGES Teen Pregnancy Prevention and the Community Based Family Resources & Support projects funded in 1998-99). The chart to the right shows the annual growth of programs funded by the Ounce of Prevention Fund of Florida.

Ounce of Prevention Fund of Florida
Programs Funded



Operations of the Ounce of Prevention Fund

Program Selection

The Ounce of Prevention Fund of Florida has an extensive application, review and grant award process. This is critical to achieving the Ounce of Preventions goal of funding "...innovative, comprehensive, community-based, family-focused and culturally relevant programs that assure the physical, emotional, social, cognitive, cultural and spiritual development of children through strengthening and supporting the family." To be eligible for Ounce of Prevention funding, applicant programs must meet one of the following eligibility criteria:

- Private, not-for-profit agencies, organizations or community groups in Florida that are incorporated and have 501(c)(3) status as designated by the IRS.
- Private, not-for-profit agencies, organizations or community groups in Florida that have, as a partner and fiscal agent, an agency or organization that is incorporated and has 501(c)(3) status as designated by the IRS.
- Public agencies or organizations, including units of government and a combination of general local governments.

To receive funding from the Ounce of Prevention Fund, participating programs must be within one or more of the following program areas (and outcomes):

- Reduce and prevent teen pregnancy
- Reduce substance abuse (alcohol, tobacco and other drugs) among pregnant and parenting women and teenagers
- Improve maternal, child and adolescent health
- Improve family functioning, stability and economic self-sufficiency
- Promote responsible fatherhood
- Improve child development
- Reduce barriers to adequate school performance for children and adolescents

The Ounce of Prevention Fund grant process requires applicants to submit a concept paper addressing the following:

- Agency information
- Organizational capacity
- Services
- Staffing
- Innovative nature of the program
- Goals and outcomes of the program
- Evaluation
- Estimated cost of the program

Of significance is the description of the “innovative nature of the program.” To be considered an innovative program, one of the following criteria must be met:

- A new program design
- A program with demonstrated effectiveness which has not been implemented in Florida
- A program that has been tried in Florida or elsewhere, but is now proposed for a different setting or population

Applicants must explain why the proposed program is innovative and why the program is needed. This includes the geographic area to be served, location of the program, who will be served, and the specific strength that the operating agency brings to the proposed program.

An initial evaluation of applications is conducted by geographically diverse peer reviewers (volunteers, Ounce staff and Ounce Board members) and responses are scored on a weighted basis. A second review of “surviving” potential program fundings is conducted that includes the development of a “Logic Program Model” by the applicant, with the assistance of the Ounce of Prevention Fund staff. The Logic Program Model is an analysis of the applicant’s proposal that links all components (organizational capacity, appropriate staffing and staff training, goals and outcomes, measures and evaluation and program cost) to determine if and how the applicant can achieve the objectives stated in the grant application. This is a collaborative effort by the program applicant and the Ounce of Prevention Fund. The final selection of programs to fund is made by the Board of Directors of the Ounce of Prevention Fund of Florida.

Monitoring and Evaluation

The Ounce of Prevention Fund of Florida has implemented numerous fiscal checks and “quality assurance” reviews. These are conducted on a quarterly and annual basis.

Quarterly

On-site reviews by Ounce staff and follow-up reports are prepared on a quarterly basis. The on-site reviews document administrative, programmatic, evaluative and budget issues affecting the funded program and include Ounce staff recommendations. The review includes a fiscal monitoring by Ounce staff of each individual invoice paid by the program.

In addition to on-site reviews, each funded program submits a “Quarterly Narrative Report,” the purpose of which is “...to document the progress of program development, to summarize program and administrative activity, to identify current and potential issues or problem areas, and to describe the qualitative dimensions of participants, staff and program services.” This is submitted within 25 days of the end of the calendar quarter. The report includes:

Overview of the quarter
Coordination and collaboration

Program development and services
Staffing patterns and training

Program cost/budget issues
Barriers and challenges to service
delivery and program implementation

Community education activities
Program Objectives and participant outcomes
Other comments

This is an important component of the program evaluation. The other major component of program evaluation is to analyze the impact of the program in terms of the cost-effectiveness of the program so far. This is accomplished by defining the impact of the Ounce of Prevention program in terms of outcomes or benefits to citizens/clients, particularly low income families and in terms of dollar amounts via a cost-benefit analysis.

Fiscal monitoring reports are prepared quarterly that review the adequacy and compliance (in/out) of five standards: (1) Adequate Internal Control, (2) Allocation Methods, (3) Financial Records, (4) Financial Reports and (5) Fiscal Staff.

As an example, the Adequate Internal Control standard has its goals, the prevention of loss through theft of the organization's assets; prevention of intentional or unintentional misstatement of the accounts, and the division of responsibilities so no one individual is in a position to misappropriate assets. To assure compliance, fiscal procedures are reviewed, including the most recent financial and audit compliance report of the Sponsoring agency. Also reviewed are program financial reports comparing actual to budgeted receipts and expenditures.

Annually

Annually, each program must prepare an "End-of-Year" report. The report discusses a program's activities for the fiscal year in five main areas: (1) Program Overview, (2) Program Description, (3) Service Pattern Summary, (4) Satisfaction (survey) and (5) Qualitative Analysis. Of particular significance is the information reported on the program efficiency and effectiveness of service delivery and program design, performance objectives and outcomes during the year and consumer Satisfaction surveys. The Qualitative Analysis information is significant in describing what works (or doesn't) by type of participant, staff composition, duration and intensity of service and the particular characteristics of successful and non-successful program completers.

The following section of this report analyzes the impact of three selected Ounce of Prevention Programs in achieving their outcome or public benefits and examines their effectiveness in terms of cost-savings to Floridians as a result of these outcomes or benefits.

Selected Programs for Evaluation

Healthy Families Orange

The Healthy Families Orange Program is sponsored by the Arnold Palmer Hospital for Children and Women, 621 South Texas Avenue, Orlando, Florida and serves all families within the Washington

Shores and Parramore neighborhoods (zip code 32805) of Orange County, Florida. Its primary goals are to prevent child abuse, neglect, and poor developmental outcomes of children in the target area. The highest risk families are served intensively for up to five years. Fifteen public and private agencies are collaborating in both funding and delivery of services for this program. The impacts of the program for FY 1997-98 are presented in Figure 1:

Figure 1

Impact of Healthy Families Orange Program

Objectives	Baseline	National or State Baseline
75% of infants served will be in conformity with standards for well-child care visits and EPSDT screening by age two.	100% 94/94	83% in the state of Florida
75% of infants will be fully immunized by age four.	100% 94/94	Currently the CDC reports rates @ 87% with an objective for 90% by 2000

Some of the other aspects the program provides to its enrollees are a myriad of home based services which are offered for up to five years. One of these programs are facilitated by Family Support Workers (FSW), who are both clinically and supervisory orientated. FSWs help to facilitate mothers in the attainment of well child care, life coping skills and successful parenting skills. Through the use of the KEMPE Family Stress test, 74% (90/121) of the mother currently enrolled have shown improvement in parent-child interaction skills.

Maternal and Child Health Initiatives 1 and 2

The Maternal and Child Health Initiatives 1 and 2 are sponsored by the North Shore Medical Center in Miami, Florida, and serves low income, minority, pregnant women and their children residing in North Miami and Opa Locka. The primary goal of the program is to improve the health of women and children through increasing access to prenatal and pediatric health care.

Service is provided through the utilization of a community-based clinical setting and includes the provision of comprehensive prenatal, post partum and pediatric services utilizing a contemporary disciplinary psycho-social approach. The impacts of the program for FY 1997-98 are presented in Figure 2.

Figure 2

Impact of Maternal and Child Health Initiatives 1 & 2

Outcomes	Baseline	Florida Baselines
90% of babies born to women served by the clinic will have a gestational age of 35 weeks or greater.	92% 179/195	95% Statewide
90% of the babies born to women served by the clinic will have normal birth weight.	88% 172/195	91% Statewide 84% non-white
No more than 2% of the babies born to women served by the clinic and receiving pediatric care will experience infant death, excluding accidental death.	0% 195/195	0.9% Statewide 1.3% non-white

Maternal and Child Health Initiatives also provided 100% of the required immunizations to program children during their pediatric clinical visits and administered the EPSDT screening to all the eligible children during pediatric visits. The program also provided education on childbirth preparation, baby care, breast-feeding, infant/child safety and nutrition. 80% of mothers were able to demonstrate knowledge of these parenting skills.

Drug Free Families - Mid Pinellas Program

The Drug Free Families - Mid Pinellas Program is sponsored by the Pinellas County Public Health Unit and targets substance abusing pregnant and parenting women. The primary objective of the program is to achieve better outcomes for children and families by providing services that are family focused, preventive, comprehensive and intensively case-managed. Services are based on client strengths and delivered in the client's home and neighborhood. The program seeks to prevent child abuse and neglect of substance-exposed newborns by providing support to ensure optimal growth and development.

Eligible families are visited initially on a weekly basis. Using a family support plan, Family Support Workers assist the family by referring and linking them to community services, providing child development education and works to engage the family in substance abuse treatment when needed. The impacts of the program for FY 1997-98 are presented in Figure 3.

Figure 3

Impact of Drug Free Families-Mid Pinellas Program

Outcomes	Baseline	Florida Baselines
80% of participating women who begin services prior to their third trimester will deliver normal birth weight infants.	84% 21/25	91% Statewide 84% non-white
90% of infants will be fully immunized by age two.	90% 36/40	87% Statewide 83% non-white

In the program, 95% (147/155) of infants participating for six months or longer were provided with immunizations as recommended by medical and state guidelines. Moreover, 92% (143/155) of participating infants received a developmental assessment within the first six months of enrollment and then at designated intervals. The greatest success of the program is that 96% (146/155) of families participating 6 months or longer have complied with medical visits as indicated by well child visit schedule and all medical needs were met for these infants.

The Cost of Not Intervening

The Ounce of Prevention Program Fund of Florida targets families with children exposed to environmental and biological risks. Children with environmental risks (children of teenage parents, children with low literacy parents, children born in poverty, and children in families with heavy exposure to violence, abuse, or neglect) have a high probability of poor development and school failure. Numerous studies have found that both poverty and low maternal literacy are potent and pervasive contributors to later mild retardation and other adverse conditions such as school failure, teenage pregnancy, and morbidity for such children (e.g. Resnick, Roth, Ariet, Carter, Emerson & Hindrickson, 1992).

Children with biological risks (such as low birthrate, substance exposed, and NICU graduates) experience various neurological, developmental, and health problems. Low birth weight children score significantly lower on intelligence tests; have a higher rate of learning difficulties, hyperactive behavior, cerebral palsy, blindness, deafness and other disabilities, more grade repetitions and special education placements (some studies show 50% higher rates) than do children of normal birth weight (Hack, Klein & Taylor, 1995).

Poverty continues to be the most powerful and potentially mitigating factor contributing to such poor outcomes. Poverty increases the probability of poor prenatal care and that a pregnancy will result in a low birth-weight baby (Wise and Meyers, 1988). Children in poverty are 1.5 times more likely to die in the neonatal period (Starfield, 1992), and poverty is correlated with teenage pregnancy and increased incidence of AIDS (Sealing, 1989), violence and child abuse (Pelton, 1978).

The Benefits of Intervention

Programs, such as the Ounce of Prevention's Healthy Families Orange and its Maternal and Child Health Initiatives that are aimed at impoverished new parents and their children have considerable potential to help parents and their children make beneficial changes in their lives. While a direct correlation of program outcomes is not possible, it is appropriate to review the results of studies of programs similar to those of the Ounce of Prevention Fund of Florida to discern potential impacts.

At least four studies have shown higher rates of returning to school or work for mothers who receive early intervention (Brooks-Gunn, et al., 1994; Seitz, Rosenbaum & Apfel, 1985; and Olds, Henderson, Tatelbaum & Chamberlin, 1988; Garber & Herber, 1981). A ten year follow-up of a Yale early intervention study also showed a very low rate of subsequent childbearing for intervention mothers (a median of 9 years before having a second child). Other consequences such as better parent-child relationships have tremendous long-term implications for reducing predelinquent behaviors and increasing parent confidence and abilities. Early intervention is believed to be most valuable if it is directed primarily toward strengthening parent-child interactions, increasing knowledge and skills. It can also be helpful to parent in dealing with the child's disability and in decreasing family stress.

There is a substantial basis for concluding that early intervention can produce immediate improvements for biologically-impaired children (Casto & Mastropieri, 1986; Shonkoff & Hauser-Cram, 1987), although benefits can be expected to vary with type and severity of condition. Although fewer long-term studies have followed children with biological risks, leaving some question regarding the long-term benefits (Barnett & Escobar, 1990), the longitudinal studies conducted have demonstrated substantial long-term benefit (Holloman & Scott, in press).

Intervention has shown *significant long-term* benefits for low birth weight babies. The Infant Health and Development Program (IHDP) clinical trial of low birth weight babies found a 13.2 IQ points higher score in the early intervention group than the controls (Infant Health and Development Program, 1990). Nine-year follow-up studies of the Miami IHDP cohort show that of the 91 low birth weight children who received early intervention, only 19% required special education as compared with 35% of a matched group who did not receive early intervention (Hollomon & Scott, in press).

Findings at the University of Miami Department of Pediatrics suggest that early intervention of low birth weight infants can accelerate small newborns' physical growth, reducing health and development problems (Field, Widmayer, Stringer & Ignatoff, 1980). This study further confirmed earlier findings by Scarff-Salapatek & Williams (1973) that intervention babies gained significantly more weight than did control babies.

Researches at the University of Florida Department of Pediatrics found that early intervention could reduce developmental delay in very low birth weight infants (18% of the control group tested delayed compared with only 4% of the intervention group at 12 months; and 26% of the control tested delayed at 24 months compared with only 4% on the intervention group) (Resnick, Armstrong &

Carter, 1988).

Research has also demonstrated that with early intervention it is possible to reduce hospital costs by discharging pre-term and low birth weight newborns early (Brooten, Kumar, Brown, et al., 1986). At the University of Miami Jackson Hospital, Zeskind and Iacino (1984) promoted maternal visitation to infants in the NICU and provided weekly home visits for six weeks post-discharge to answer questions about the babies' development. Intervention babies were hospitalized for a significantly shorter time than control infants, on an average of eight days. Greater maternal visitation to the baby may have facilitated the recovery of the infant (Zeskind & Iacino, 1984). Ross (1984) reported significantly higher 12-month developmental and home environment scores for low birth weight and pre-term infants from low-income families who were provided a year of home visiting services.

Within biological risks, severity and range of conditions vary extensively. For example, neurological problems are evident in approximately 42% of very low birth weight babies (less than 1500 grams), while only approximately 25% of the low birth weight babies (less than 2500 grams) experience later problems. The rates of conditions such as cerebral palsy and other disabilities increase with decreasing birth weight (rates for cerebral palsy for normal birth weight are reported at 5%; 14-17% for birth weights 1000 to 1500 grams and increases to 20% for children less than 1000 grams (Saigal, Szatmari, Rosenbaum, et al; 1991; Teplin, Burchianal, Johnson-Martin, et al, 1991).

The effect of intervention also varies within the population of biologically at-risk infants. Differences were found according to birth weight; children below 2000 grams only gained 6.6 IQ points higher than the controls while children between 2000-2500 grams gained 13.2 IQ points. The children who are closer to normal birth weight may be healthier and may have suffered less central nervous system damage than the smaller babies (Infant Health and Development Program, 1990).

The finding that very low birth weight babies made less progress is consistent with other research that has documented that children with more severe conditions make slower developmental growth than children mild or moderate impairments (Fewell & Glick, 1995; White, 1990; Dunst, Trivelle & Cross, 1986; Bricker & Dow, 1980). Two studies that compared various intensities of intervention for medically-fragile low birth weight infants found few differences (Goetze, Immel & Escobar, Gillette, Coury & Hansen, 1993; Piper, Kunos, Willis, Mazer, Ramsay & Silver, 1986). A highly possible explanation for the lack of differences worth of consideration according to Piper, Kunos, Willis, Mazer, Ramsay & Silver (1986) is that the "high Intensity" program (2-3 hospital-based visits within one month prior to NICU discharge followed by monthly home visits for 12 months) was not intensive enough. The Infant Health and Development Program, which found significant improvements, provided weekly home visits in the first year of life followed by a five-day per week child development program.

Potential cost savings can be determined by extrapolating findings for low birth weight (LBW) children derived from the Miami longitudinal follow-up of children in the national Infant Health and Development Program (IHDP, 1990) and Brooten, et. Al, (1986) health savings results. These finding have shown that home visiting programs for low birthweight babies resulted in 11 fewer days in the

hospital than control group infants producing a net savings of \$18,560 for each infant.

Conclusion: Ounce of Prevention Provided 10 Years of Value to Florida

The Ounce of Prevention was started as a public-private partnership in 1989 to deal with the challenges facing Florida's children and families. Florida TaxWatch's evaluation of the Ounce of Prevention Fund of Florida indicates that it has provided ten years of value to Floridians, particularly to the state's most vulnerable citizens. In addition, in TaxWatch's estimation, the program serves as a good example in the areas of accountability and performance for both non-profit and public sector organization in the state and elsewhere.

Over the course of the last ten years, the Ounce of Prevention Fund has served more than 63,000 Floridians in more than 64 programs statewide. But the Ounce provides more than funding to these programs. It also provides "hands on" technical assistance in such areas as quality assurance, systematic evaluations and training to the program implementors. In other words, the partnership between the Ounce of Prevention Fund of Florida and its programs does not end when the funds are dispersed. Rather, support remains continuous and tailored to program needs throughout the duration of implementation.

Another unique aspect of the Ounce of Prevention Fund's approach to project management is that it doesn't just keep funding programs no matter how they perform. It sets goals and performance standards, evaluates the outcomes and holds the agencies accountable to reach those goals, including resource self-sufficiency (when the Ounce of Prevention funding stops). Programs that do not measure up get their funding canceled. This continuous review and evaluation process assures the Ounce of Prevention Fund's resources are spent on programs that add value to the lives of Floridians. This is a practice that the Florida State Legislature has tried to introduce at the state level since 1994 via the Government Performance and Accountability Act which mandated the introduction of Performance-Based Program Budgeting in state agency. The Legislature should urge state agencies to take a page from the Ounce of Prevention Fund's book regarding program performance and accountability.

Of the many challenges facing our state today, none is more important than the well being of Florida's families and children. The Ounce of Prevention Fund of Florida has led the way for the last ten years in fostering public/private partnerships and in practicing accountable and effective program management in order to deal with this challenge. Florida Taxwatch salutes the efforts of the Ounce of Prevention Fund of Florida and urges its funding partners to continue supporting such a worthwhile effort.

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About Florida TaxWatch

Florida TaxWatch is the only statewide organization entirely devoted to protecting and promoting the political and economic freedoms of Floridians as well as the economic prosperity of our state. Since its inception in 1979, Florida TaxWatch has become widely recognized as the watchdog of citizens' hard-earned tax dollars. The nationally distributed *City and State* magazine (now *Governing* magazine) published a poll of the nation's statewide taxpayer research centers. Based on this poll, the publication cited Florida TaxWatch as one of the six most influential and respected government watchdogs and taxpayer research institutes in the nation.

In recent years, news stories about Florida TaxWatch have run in all Florida newspapers, *The Wall Street Journal*, *The New York Times* and *The Washington Post*. In addition, Florida TaxWatch has been featured on the prestigious *MacNeil/Lehrer Newshour*.

Florida TaxWatch is a private, non-profit, non-partisan research institute supported by voluntary, tax-deductible membership contributions and philanthropic foundation grants. Membership is open to any organization or individual interested in helping to make Florida competitive, healthy and economically prosperous by supporting a credible research effort that promotes constructive taxpayer improvements. Members, through their loyal support, help Florida TaxWatch to bring about a more effective, responsive government that is accountable to the citizens it serves. Florida TaxWatch is supported by all types of taxpayers -- homeowners, small businesses, corporations, professional firms, labor unions, associations, individuals and philanthropic foundations -- representing a wide spectrum of Florida's citizens.

Florida TaxWatch's empirically sound research products recommend productivity enhancements and explain statewide impact of economic and tax and spend policies and practices. Without lobbying, Florida TaxWatch has worked diligently and effectively to build government efficiency and promote responsible, cost-effective improvements that add value and benefit taxpayers. This diligence has yielded impressive results: through the years, three-fourths of TaxWatch's cost-saving recommendations have been implemented, saving taxpayers over \$6.2 billion (according to an independent assessment by Florida State University). That translates to approximately \$1,067 in added value for every Florida family.

With your help, we will continue our diligence to make certain your tax investments are fair and beneficial to you, the taxpaying customer who supports Florida's government. Florida TaxWatch is ever present to ensure that taxes are equitable, not excessive, that their public benefits and costs are weighed, and that government agencies are more responsive and productive in the use of your hard-earned tax dollars.

The Florida TaxWatch Board of Trustees is responsible for the general direction and oversight of the research institute and safeguarding the independence of the organization's work. In his capacity as chief executive officer, the president is responsible for formulating and coordinating policies, projects, publications and selecting the professional staff. As an independent research institute and taxpayer watchdog, the research findings, conclusions and recommendations of Florida TaxWatch do not necessarily reflect the view of its members, staff or distinguished Board of Trustees.

This report was researched and written by Michael Walsh, Senior Research Analyst and Geraldo Flowers, Askew School/Florida TaxWatch Research Associate, with the assistance of Michelle Bailey, Leah Barber and Shawna Morgan under the direction of Dr. Keith G. Baker, Senior Vice President and Chief Operating Officer.
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[The following text is extremely faint and illegible. It appears to be a multi-paragraph document, possibly a letter or a report, with several distinct sections separated by line breaks. The content is too light to transcribe accurately.]