

WHITE PAPER

Family Life Education: A Profession with a Proven Return on Investment (ROI)

By Jacqueline Kirby Wilkins, Ellen Taner, Dawn Cassidy, and Robyn Cenizal

The purpose of this white paper is to describe the role of family life education in prevention education, typical outreach and engagement methods, and current and future funding models. A secondary purpose is to expand the recognition and utilization of this profession, making family life education a normative feature of American life.

What is Family Life Education?

Family life education (FLE) is an organized effort to enrich and improve the quality of individual and family life by providing people with information, skills, experiences and resources intended to strengthen, improve, or enrich their family experience. “Family life education focuses on healthy family functioning within a family systems perspective and provides a primarily preventive approach to health and wellbeing. The skills and knowledge needed for healthy functioning are widely known: strong communication skills, knowledge of typical human development, good decision-making skills, positive self-esteem, and healthy interpersonal relationships. The goal of family life education is to teach and foster this knowledge and these skills to enable individuals and families to function optimally” (National Council on Family Relations, n.d.).

“Family life education professionals consider societal issues, including economics, education, work-family issues, parenting, sexuality, and gender within the context of the family. They believe that societal problems such as substance abuse, domestic violence, unemployment, debt, and child abuse can be more effectively addressed from a perspective that considers the individual and family as part of larger systems” (National Council on Family Relations, n.d.). Extensive research supports these professionals in the assertion that knowledge about healthy family functioning can be applied to prevent or minimize many of these problems. This information is often shared with individuals through a variety of educational approaches.

Typical family life education content areas include but are not limited to the following (National Council on Family Relations, n.d.):

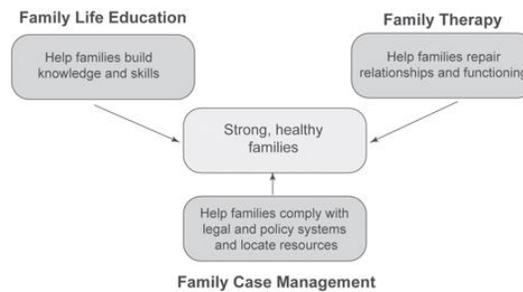
- **Families and Individuals in Societal Contexts** - An understanding of families and their relationships to other institutions, such as the educational, governmental, religious, and occupational institutions in society (e.g., structures and functions, dating, courtship, marital choice, changing gender roles).
- **Internal Dynamics of Families** - An understanding of family strengths and weaknesses and how family members relate to each other (e.g., cooperation, stress and conflict management, communication, decision-making and goal-setting, caring for the elderly, dual careers, divorce, remarriage, death, economic uncertainty and hardship, violence, substance abuse, and special needs in families).
- **Human Growth and Development across the Lifespan** - An understanding of the developmental changes (both typical and atypical) of individuals in families across the lifespan. Based on knowledge of physical, emotional, cognitive, social, moral, and personality aspects (e.g., prenatal, infancy, early and middle childhood, adolescence, adulthood, and aging).
- **Human Sexuality** - An understanding of the physiological, psychological, and social aspects of sexual development throughout the lifespan, so as to achieve healthy sexual

adjustment (e.g. reproductive physiology, sexual behaviors, sexual values and decision-making).

- **Interpersonal Relationships** - An understanding of the development and maintenance of interpersonal relationships (e.g., communication skills, intimacy, love, romance, relating to others).
- **Family Resource Management** - An understanding of the decisions individuals and families make about developing and allocating resources including time, money, material assets, energy, friends, neighbors, and space, to meet their goals (e.g., goal-setting and decision-making, development and allocation of resources, consumer issues and decisions).
- **Parent Education and Guidance** - An understanding of how parents teach, guide and influence children and adolescents as well as the changing nature, dynamics and needs of the parent/child relationship across the lifespan (e.g., parenting rights and responsibilities, parenting practices/processes, parent/child relationships, variation in parenting solutions, changing parenting roles).
- **Family Law and Public Policy** - An understanding of the legal issues, policies, and laws influencing the well-being of families, e.g., family and the law (relating to marriage, divorce, family support, child custody, child protection and rights, and family planning).
- **Professional Ethics and Practice** - An understanding of the character and quality of human social conduct, and the ability to critically examine ethical questions and issues as they relate to professional practice (e.g., formation of social attitudes and values, recognizing and respecting the diversity of values, examining value systems and ethics of professional practice).
- **Family Life Education Methodology** - An understanding of the general philosophy and broad principles of family life education in conjunction with the ability to plan, implement, and evaluate such educational programs (e.g., planning and implementing, evaluation, and program effectiveness).

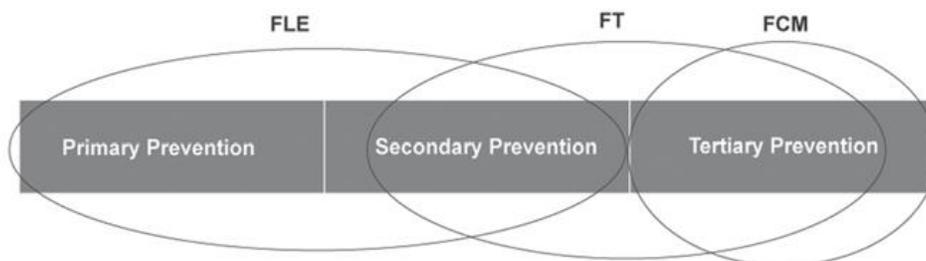
How Family Life Education Differs from Social Work and Therapy

Family life education has some similarities with other community entities that provide services to families, yet there are unique differences. While family life educators, social workers and therapists all share the goal of strengthening families and are equally committed to improving the lives of individuals, family life educators work on a prevention model — teaching families to enrich family life and prevent problems before they occur. The intent of family life education is to help individuals make sound decisions across a variety of life topics and avoid crises that impede the health and optimal functioning of families (Kirby Wilkins, 2013). Family life educators enter the process as *partners* in education, prior to individual or family crisis and focus on primary prevention. They are typically involved *before* individuals reach a crisis situation that merits case management or long-term or intensive counseling to repair functioning (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011). Family therapy (FT), social work and family case management (FCM) on the other hand, intervenes primarily after a significant or traumatizing event has occurred and problems have set-in. While the vast majority of family life education attempts to reduce or eliminate the need for secondary and tertiary interventions, some efforts are aimed at providing secondary prevention (early intervention) when necessary (Kirby Wilkins, 2013).



Source: Myers-Walls, Ballard, Darling, & Myers-Bowman (2011).

Research from the Rand Corporation (from Rand research report *Early Childhood Interventions: Proven Results, Future Promise*) and the Federal Reserve Bank of Minneapolis (in its report *Early Childhood Development: Economic Development with a High Public Return*) shows that family problems are less damaging for people — and less expensive for society — when they can be tackled by prevention (Karlo, Kilburn, & Cannon, 2005). Family life education recognizes that *all* families can benefit from education and enrichment programs — not only those experiencing difficulties.



Source: Myers-Walls, Ballard, Darling, & Myers-Bowman (2011).

Who is Qualified to Offer Family Life Education?

Over the years, there has been a question as to who is qualified to offer family life education. Oftentimes, parents with family life educational needs would turn to physicians and nurses who were not professionally trained in that field. It was clear that specific training and credentialing for this profession was necessary (Goddard, Gilliland, & Goddard, 2003). In 1985, the National Council on Family Relations, the nation’s premier source of family research and family life education practice information, established the first national credential for the profession — the Certified Family Life Educator (CFLE) designation. As of 2014, there are approximately 1550 CFLEs in the United States and Canada. Certification is awarded via successful completion of a national standardized exam or by completion of a family degree program that incorporates the CFLE criteria from one of the 127 universities with NCFR CFLE-approved academic programs (National Council on Family Relations, n.d.). CFLEs have demonstrated knowledge, skills and abilities relevant to the ten family life content areas noted above.

Additional recognized professional providers of family life education include Certified Health Education Specialists (SOPHE), Certified Prevention Specialists, licensed parent educators issued by the state of Minnesota and other state-recognized relevant professional certifications.

Where Do Family Life Educators Work?

Family Life Educators work in many settings — education (e.g., pre-school and daycare settings through post-secondary), home visitation programs, courts, parenting plans, schools, health care facilities, community programs, human services agencies, corporate employee wellness and employee assistance programs, faith-based organizations and public policy arenas. One of the most popular employers of family life educators is the

Cooperative Extension Service. As a result of the Smith-Lever Act, each state has Extension offices associated with Land Grant colleges and universities to bring knowledge and outreach to the common citizen. For this reason, while the approach varies in each state due to funding models, local county Extension offices provide outreach and engagement for the Land Grant entity in their state. One of the typical program areas offered in the county Extension office is family and consumer sciences. The family and consumer science educators have a primary focus on family life education. The majority of these educators have at least a master's degree in an area related to human development, family science, family relations, or family and consumer sciences.

What are the Typical Methods of Outreach?

Family life education is provided through a variety of mechanisms and strategies that meet the individualized needs of clientele:

- Face-to-face meetings (e.g., one-on-one consultations, small and large group trainings)
- Hands-on/interactive sessions with skill practice
- Individualized independent study with educator support
- Phone consultations
- Home visits
- Video-based lessons/ Webinars/On-Line Programs
- Newsletters and other written materials

The prevention/education interface might last minutes to hours or even longer in the case of multi-week sessions or longer-term programs. Individuals can repeatedly seek the expertise of family life education professionals.

Prevention Education Successes (Return on Investment)

Family life education programs cut across a wide range of prevention education topics, so it is difficult to determine the exact return on investment for family life education as a singular topic. However, there have been a variety of studies performed that document the benefit of prevention education in numerous areas taught by family life education professionals.

The results of a 15 year, National Institute of Drug Abuse-funded experimental research project on partnership based implementation of interventions for youth and families documented a conservative estimate of return on investment of \$9.60 for every dollar spent on prevention with a net benefit of \$5,923 per family (Spoth & Greenberg, 2005). The study concluded that, "Family skills training interventions designed for general populations have the potential to delay the onset of alcohol use and may avoid substantial costs to society at a proportionally small intervention cost. Economic analysis of such interventions is a largely unexplored area that could provide valuable guidance in forming public policy" (Spoth & Greenberg, 2005). Iowa State University's PROSPER project is successfully implementing several of the programs reviewed in the report, with each program showing a net savings per child and a positive return on investment, ranging from between \$3.43 and \$25.61 return on every \$1 invested (Partnerships in Prevention Science Institute, n.d.).

In the most comprehensive cost-benefit analysis of preventive interventions for youth, Aos and colleagues (2004) identified 37 programs targeting various ages and outcomes that generated benefits and minimized costs to society that exceeded their programs' costs. Net benefits and returns on investment varied widely in all intervention categories and across ages, but cost-effective programs had some characteristics in common:

- reduced crime (lowering criminal justice system and victim costs);
- increased educational attainment (associated with higher wages over lifetimes);
- reduced substance abuse (resulting in health and earnings benefits).

This research shows that strong returns to investment in prevention can be found. Good cost-benefit and other economic analyses are increasingly sought to complement prevention effectiveness studies and guide policymakers and others interested in achieving positive youth outcomes in a cost-effective way. (Flay, Biglan, Boruch, Gonzalez Castro, Gottfredson, Kellam, Moscicki, Schinke, Valentine, & Ji, 2005; National Research Council and Institute of Medicine, 2009; Spoth, Greenberg, & Turrisi, 2008). Additional studies have identified cost-beneficial prevention programs in early childhood education and intervention (Barnett & Masse, 2007; Belfield et al., 2006; Karoly et al., 2005; Temple & Reynolds, 2007), home visitation services to low-income mothers and their children (Barnett, 1993), intensive foster care (Zerbe, Plotnick, Kessler, Pecora, Hiripi, & O'Brien, 2009), and substance abuse prevention (Plotnick, Young, Catalano, & Haggerty, 1998; Spoth & Redman, 2002). Additionally, recent benefit-cost ratio indicates a return of \$5.30 per \$1.00 invested for prevention of cigarette smoking and delinquency (Kuklinski, Briney, Hawkins, & Catalano, 2012). Also, research has shown that when companies invest in the physical and emotional wellness of their workers, the return on investment can range from \$1.50 to \$6.85 for each dollar spent (Turvey & Olson, 2006).

Family fragmentation often leads to employee replacement costs of 150% of blue collar salary and benefits and 250% of managerial and sales professionals. A divorcing employee earning \$20.00 per hour is projected to cost the company more than \$8,000.00 (Turvey & Olson, 2006). Marital and familial instability, fragmentation, and dysfunction correspond proportionately with involvement of federal, state, regional, or tribal safety net services. Nationally, family fragmentation due to divorce and unwed childbearing costs U.S. taxpayers at least \$112 billion each year in federal, state, and local government programs and foregone tax revenues (Scafidi, 2008). This study goes on to state that if efforts to reduce family fragmentation succeed by even one percent, the result would net \$1.1 billion in taxpayer savings each and every year.

This correlation is highlighted in the Bureau of Justice Statistics report that states in 2007 there were 1,706,600 minors with incarcerated parents in federal and state prisons and about half of those parents had been the primary financial support of those children. Seventy five – 80% of incarcerated women are mothers and 65% of incarcerated men are fathers (Gable & Johnston, 1995). Fifty seven percent of those parents in state prisons met the criteria for mental health problems and 67% met criteria for substance use disorder (Bureau of Justice Statistics, 2007). And while they are provided behavioral health treatment, work assignments and self-help or improvement classes, there are not enough efforts like those provided by the National Fatherhood Initiative including the Inside Out Dad Program (IOD). Evaluations that connect responsible fatherhood programming along with other interventions reduced recidivism. Further, children of incarcerated fathers are about five times as likely as children with non-incarcerated parents to be incarcerated in their lifetime (Mazza, 2002). Effective parenting and strong family functioning have been proven to protect children against a variety of anti-social and problem behaviors such as gang membership and violence (National Institute for Justice and Centers for Disease Control and Prevention, 2013). Effective parenting can essentially keep youth out of the juvenile and adult criminal justice system thereby reducing societal costs (National Fatherhood Initiative, n.d.).

Current Challenges to Accessing Family Life Education

Lack of awareness of the availability and effectiveness of family life education. Family life education (FLE) is one of the remaining best kept secrets in America. Nearly every family could benefit from participation in evidence-based family life education programming (e.g., parenting classes, marriage enrichment education, budgeting, communication and conflict resolution, child abuse prevention, family living skills, workforce preparation, etc.) and the receipt of FLE resources (e.g., individual and group education, webinars, lunch and learn programs, factsheets, news releases and public service announcements, and newsletters).

Limited funding for these activities. The limited resources of family life education providers seriously constrains the capacity to effectively reach eligible audiences and to market available services to those that could benefit from the resources and to those that could refer them.

Current federal and state spending is only at \$1 to promote healthy marriages for every \$1,000 spent to deal with the costs of family disintegration and fragmentation (National Resource Center for Healthy Marriage and Families, 2013) despite the fact that evidence to support the effectiveness of community-based prevention programs is mounting (Trust for America's Health, 2013), and studies show that investment in community-based prevention yields savings on a magnitude of more than 5 to 1 (Trust for America's Health, 2008).

Failure to utilize and recognize Certified Family Life Educators. Another ongoing challenge is the inability to charge for and receive payment for providing prevention services. Federal Medicaid statute requires that preventive services be recommended and referred to by a physician or other licensed practitioner, allowing states to identify and recognize certified professionals able to bill for services rendered (Trust for America's Health, 2013). Unfortunately, prevention initiatives provided by Community Health Workers (CHWs) and family life educators (FLEs) are not typically recognized for purposes of reimbursement by Medicaid, Medicare or commercial insurers. "Public and private insurers have traditionally focused on reimbursing services provided by licensed clinical providers in a health care setting" (Trust for America's Health, 2013).

As a result, non-medical providers – even though qualified - are often expected to offer the services for free within the existing operating capacity of their organization, attempt to charge recipients (many of whom have limited resources), or acquire grant funding or corporate sponsorship to cover the cost of service provision. However, the targeted nature of grant funding and corporate sponsorship can result in funding being restricted to only at-risk populations thereby stigmatizing participation in family life education. The failure to acquire sustained funding leads to high "start-up" investments without long-term implementation within communities.

Looking Forward: Future Strategies to Support Prevention Education. Exploration of Cost Recovery Options (CRO). Some family life education providers are implementing fees for service where doing so does not place a hardship on the recipients. For instance, they may provide free online materials but charge for hard copies as done by many Cooperative Extension agencies. Others charge for services provided to business' employee assistance programs, yet offer parenting classes for free to employee-wellness programs with limited resources or on a trial basis until research proves extensive utilization by their employees. Other programs may charge on a sliding fee scale. As traditional funding through federal, state, and local appropriations continues to drop, CROs will be increasingly necessary to bridge the gap.

Enhanced federal policies and provision of funding for prevention efforts. There are many agencies within the Department of Health and Human Services (DHHS) that offer appropriate venues to address policies and the provision of evidence-based family education within State, Territories, and Tribal governments. Integrating family life education into existing social service systems is one strategy for strengthening the safety net for families who traditionally have not had access or the personal resources to acquire or strengthen these critical relationship skills. The need for such an approach is supported by recent research presented in *Repairing the U.S. Social Safety Net* (Burt & Nightingale, 2010) which states, "Integrated services are good for clients with complex needs - they are more likely to get what they need, in a timely manner and with due regard for all the issues they are trying to handle."

Examples of integration strategies include:

- *Temporary Assistance for Needy Families (TANF).* Family life education supports the goals of TANF. States can include family life education as an authorized activity to meet TANF work participation requirements.
- *Request for Proposal Guidelines.* Include priority given to those with a family education infrastructure component within the targeted areas for Community Transformation Grants, Substance Abuse and

Mental Health Services Administration grants, State Block Grants, and others.

- *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide of the Administration for Children and Families (ACF)*. Expand the guide to include states' providers of in-person, on-line evidence-based programs. States' departments of behavioral health prevention could include the collection of those resources as a regulation of their federal funding. ACF has significantly "dived" into child abuse prevention and family well-being advocating for the promotion of many of the components of family education, and yet there is still more that ACF can do to assist and expand their efforts. Offering family life education as a general community service can reduce the stigma caused by linking family education with child abuse prevention as a punitive requirement.
- *Community Transformation Grants*. Expand the anti-tobacco, physical activity and nutrition education efforts to include other substance abuse prevention, alcohol, tobacco and other drug via family education in communities as well as advocacy for state's policies that promote family education.
- *Juvenile and Adult Criminal Justice Systems*. Rather than spending an exorbitant and growing number of dollars on incarceration, consideration should instead be given to primary prevention strategies addressing the factors that lead to the imprisonment in the first place (e.g., poverty, lack of education, unemployment, drug and alcohol abuse). Further, secondary and tertiary prevention can have significant effect.
- *Drug Court*. Require the inclusion of evidence-based family education as part of recovery support efforts.

Examples of expanded funding provisions include:

- *Public/private partnerships*. Develop a national strategy to expand the implementation of "Social Impact Bonds" and "Pay for Success" projects as identified by the National Juvenile Justice Network Tip Sheet.
- *Behavioral Health*. Fund behavioral health primary, secondary and tertiary (aka – universal, indicated, and selective) prevention. Fund providers such as community agencies and schools' family wellness programs that provide evidence-based family education programs and practices on an episode or bundled rate. This can be through either insurance companies meeting standards applied by federal and state regulations or various federal /state funding streams of grants, tax rebates, etc.
- *Medicaid and Medicare*. Establish guidelines for standards of performance of recognized evidence-based programs provided by an identified billable workforce. The focus on population health is driving changes in the marketplace related to the need for a broader array of health professionals to provide preventive services. The Trust for America's Health Healthier America 2013 report recommended that the Centers for Medicare and Medicaid Services (CMS) "clarify states' ability to reimburse a broader array of health providers and pay for additional covered services" under Medicaid. Nemours' paper on Medicaid Funding of Community-Based Prevention highlighted this as well as other authorities under Medicaid that would allow payment for prevention services. This change clarifies that states can reimburse for preventive services "recommended by a physician or other licensed practitioner...within the scope of their practice under State law". Previously, states could only cover preventive services that were provided by a licensed practitioner. This change opens the door to Medicaid reimbursement for preventive services staffed by a broad array of health professionals, including those that may fall outside of a state's clinical licensure system. Examples of services by non-licensed providers that could potentially be reimbursable, some of which are currently covered in Medicaid managed care or other plans include (Trust for America's Health/Nemour, 2013):
 1. Care coordination and educational counseling
 2. Home visiting

3. Group health education (potentially reimbursable as long as Medicaid enrollees have some one-on-one interaction with a counselor)
 4. Community health worker services, such as asthma education to Medicaid enrollees
 5. Lactation consultation
 6. Developmental screening done by trained consultants in child care centers
 7. YMCA diabetes prevention program
 8. Science-informed parenting education
- *The Affordable Care Act.* Delivery system reforms are aimed at improving the quality and effectiveness of health care and holding health care providers accountable. Financing reforms are shifting the reimbursement system from volume-based to value-based. A highly coordinated health care system will be critical for addressing our nation's chronic disease burden, which today accounts for roughly 75 percent of our health care spending (Trust for America's Health/Nemour, 2013). Family Life Educators can be an integral part of the prevention strategies of these new systems.

Other options for reimbursing a broader array of health providers and prevention services include:

- *The Department of Labor*, by working with the insurance issuers, has the ability to encourage the implementation of evidence-based primary, secondary and tertiary prevention lifespan family education programs for behavioral health.
- *The Treasury Department* can encourage the inclusion of behavioral health primary, secondary or tertiary prevention-oriented, evidence-based family education programs provided either directly by the hospital or its community partners utilizing newly freed-up sources of revenue as charity-care demands diminish based on Medicaid Expansion and increased numbers of the population with health insurance. Consistently, communities identify alcohol, tobacco and other drug abuse primarily among youth as a major prevention target, especially in communities and regions with non-profit hospitals.
- *Adoption of Current Procedural Terminology (CPT) Codes* for prevention services for attendance at programs when conducted by a certified provider expanding the in-home and family education services of Visiting Nurses, Hospice and Diabetes care. The Adverse Childhood Experiences Study, an on-going collaborative research effort between the Centers for Disease Control and Prevention in Atlanta, Georgia and Kaiser Permanente in San Diego, California at ACE.org, has proven a linkage between the number and severity of adverse childhood experiences and increased adult behavioral and other long-term chronic diseases, which result in substantial health care costs.
- *Medical Loss Ratio* of insurance companies can include the provision of evidence-based family education in their configuration of direct services provided to their policy holders. The education can be provided by the insurance companies directly to their contracting employers or individual clients, or it can be provided by recognized outside contractors.
- *Bundled Billing.* Infuse funding of evidence-based family education programs and practices in bundled services provided by Accountable Care Organizations, health homes, Federally Qualified Health Centers and private practices.
- *Braiding Services.* Braiding services, where recognized providers who can bill for services cover a certain percentage of costs and alternate funds are identified to cover the rest, can provide an additional cost-recovery opportunity to FLE providers.

Community Health Needs Assessments. Approximately 60% of hospitals in the United States file an IRS 990 H Form to receive Non-Profit Status (IRS.gov, n.d.). As of 2012, to issue the form, hospitals have Community Benefit Requirements that include utilization of profits for community services. Currently, approximately 85%

of those funds provide healthcare access to the community via charity care. Further, 990 H requires hospitals to conduct, every three years, a CHNA (Community Health Needs Assessment) as well as identify what needs will be addressed and a plan of implementation. They are also required to identify when and why they are not addressing identified needs (J.L. Curtis, County Health Rankings.org webinar July, 16 2013).

Caswell and his colleagues (2014) claim that under the Affordable Care Act, hospitals are likely to gain \$2.59 in revenue from newly enrolled Medicaid beneficiaries for every dollar they lose from private health insurance, according to research conducted by the Urban Institute. Approximately 15.1 million uninsured adults could gain coverage under the ACA Medicaid expansion. These dollars can be used to either create or fund community resources to provide family life education services.

What can be Done Now?

Perform cost-benefit analyses of prevention education comparative to actual costs of crisis intervention. When decision-makers are determining where to spend their limited resources, there should be a cost-benefit analysis that looks at actual value of prevention and forecasting long-range returns, rather than simply focusing on reacting to an immediate issue.

Leverage Medicaid to fund community-based prevention. This would require “regulatory flexibility and policy guidance from Center for Medicaid and Medicare Services (CMS), in addition to partnership with states, to develop significant programmatic detail to overcome current barriers to success in this effort and would require integrators, who can drive a sustained partnership between Medicaid and organizations focused on public health” (Trust for America’s Health/Nemour, 2013). It may become possible for referrals from licensed professionals to recognized certified professionals providing evidence-based parenting and family education programs to bill Medicaid and Medicare for services.

Develop new tools and methods to assist in billing Medicaid for family life education services. It will be critical to create the tools and templates to assist advocates and states. Advocates will need to effectively engage in a dialogue with their state Medicaid officials about pursuing this new option. “States have a variety of priorities related to Medicaid and will likely not focus on this provision unless they are presented with clear and compelling proposals” that demonstrate why this approach can be successful and that it is safeguarded against fraud and abuse (Trust for America’s Health/Nemour, 2013).

Infuse evidence-based parenting and family education into Employee Assistance Programs. Work with insurance companies to incentivize companies’ employee wellness programs to include evidence-based family education programs and practices and have companies incentivize employees to utilize said programs. Employers have experienced significant savings as a result of offering these programs. Employee wellness programs can infuse lifespan family education and count participation toward insurance incentive points. According to a recent worksite wellness report (B. Quist, 2012), companies already implementing family education evidence-based programs and practices have found an increase in employee retention rates and a reduction in “presenteeism” costs (i.e., staff at work under family-related stress is more expensive than absenteeism).

Increase mainstream and social media attention to parenting and family education. Create partnerships with The Centers for Disease Control and Prevention and media consultants such as Hollywood, Health and Society to increase the inclusion of family life education content and the portrayal of families engaged in parenting and family education programs in mainstream media storylines. As has been demonstrated with other health topics such as HIV/AIDS, it will go a long way to remove the stigma associated with participation in programs as well as increase participation in programs and the utilization of skills learned from those programs. Funding for the development and research of social media methods that reinforce parenting and family education skills and resources is needed and can be spearheaded by private/public partnerships and grant-makers (Taner, 2013).

Conduct federal, state, and community interagency meetings, seminars, webinars, and focused dialogues.

Experts will address the scaling up of policies, funding streams and programs that focus on the economic and human contributions provided by family life education.

Summary

Prevention education is a well-documented, yet greatly underutilized strategy for addressing a wide variety of ongoing and critical societal issues (e.g., drug and alcohol abuse, divorce, abuse and neglect, drop-out prevention, unemployment, etc.). We, as a society, typically choose to invest in interventions when a crisis or societal issue has already presented itself as a dilemma or safety issue, rather than placing critical dollars in prevention. Oftentimes, this choice to fund in a reactive rather than a proactive way has to do with a perceived lack of return on investment (ROI) or a failure to recognize that prevention, while potentially more costly up front, has significant and accumulative long-term gains.

We need to be cognizant of the Board Room to Family Room connection. Decisions that are made by employers, philanthropists, legislators, and grant-makers can have a tremendous impact on the quality of life for individuals, families, communities and companies. These investments in prevention have been proven to minimally have an ROI of \$1.50 to \$9.60 for every \$1.00 invested. If this same return were experienced in the Board Room or on the trading floor, millions of investors would want to participate. How much more valuable is it to make this investment in human capital? The Washington State Institute for Public Policy (2001) reported that, “Whether funds are provided by federal, state or local government, corporate or private—investing resources in proven, ‘blue chip’ prevention stock is a fiscally-wise choice.”

A variety of funding mechanisms exist that would make the availability of family life education accessible and affordable for all families throughout the lifespan. Now is the time to make the necessary changes in and scale up of policy and funding provisions to ensure that certified family life educators are recognized as providers of prevention education, that avenues for billing for services (both independently and in partnership with currently recognized providers) are available, and that family life education is seen as a normative feature of American life, accessible to all. Through these efforts, numerous societal concerns can be minimized and individuals and families can reach their full potential.

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About NCFR

Founded in 1938, the National Council on Family Relations (NCFR) is the oldest multidisciplinary family organization in the United States and the only professional organization focused solely on family research, policy, and practice. NCFR provides a forum for family researchers, educators, and practitioners to share in the development and dissemination of knowledge about families and family relationships, establishes professional standards, and works to promote family well-being. Through its three scholarly journals, including the top-rated *Journal of Marriage and Family*, and an annual academic conference, NCFR offers the best in family-related research and practice to family professionals of all types.

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About the Authors

Jacqueline Kirby Wilkins, Ph.D., CFLE

Jacqueline Kirby Wilkins is Associate Professor at The Ohio State University (OSU) and the NE Ohio Regional Director of OSU Extension. She earned a Bachelor of Arts degree in Psychology from Ohio Dominican College, a Master of Science degree and a Doctor of Philosophy degree in Human Development and Family Science from The Ohio State University. She is a Certified Family Life Educator. Dr. Kirby Wilkins is highly involved in the Family Policy and Education and Enrichment sections of the National Council on Family Relations. She is a former Ohio State Parenting Specialist and small business management consultant. Her research interests include parenting, family policy, and improving business efficiency and effectiveness. She has received over \$5 million in local, state and federal funding to perform research and provide programming for Ohio's children and families.

Ellen Taner, MA.

Ellen Taner is President of Taner Associates. She received her Master's Degree in Health Education from Teachers College, Columbia University launching her career as a parenting and family educator for over 35 years. She has extensive administrative experience in public health and behavioral health. She is a member of the *Coalition for Whole Health*; *ACMHA*, *The College for Behavioral Health Leadership*; *The Society of Public Health Educators*; *NJ SOPHE*, and currently serves on the *New Jersey Citizens Advisory Council* and *New Jersey Behavioral Health Council*. As a consultant with the National Council on Family Relations, she collaborates with professionals throughout the United States advocating for the infusion of parenting and family life education into policies, media, so that it becomes the norm and a recognized profession. She continues to serve as a trainer of many recognized evidence-based parenting and family education programs.

Dawn Cassidy, M.Ed., CFLE

Dawn Cassidy, a Certified Family Life Educator, is the Director of Education for the National Council on Family Relations (NCFR). She has a M.Ed. in Work, Family, and Community Education from the University of Minnesota. She served as a parent facilitator for the MELD program for two years and as a member of the Southwest Family Room Collaborative Council, a United Way community resource program for families with young children. As a member of the Ethics Committee of the Minnesota Council on Family Relations, she was involved in developing guidelines for ethical thinking and practice for parent and family educators. She is co-author of *Family Life Education. Working with Families across the Lifespan*.

Robyn Cenizal, CFLE

Robyn Cenizal is a senior manager with ICF International and serves as the Project Director for the National Resource Center for Healthy Marriage and Families; a federally funded initiative that promotes the integration of healthy relationship skills into social service delivery systems as part of a holistic approach to strengthening families. She previously directed the TANF/Faith-based and Community Organizations Collaboration Institute, a research to practice project, which focused on developing and strengthening public/private partnerships to build capacity of TANF Agencies. In addition to her federal level work in the family strengthening, healthy marriage and responsible fatherhood fields, she also brings with her over 26 years of local government experience specializing in strategic public/private partnerships to mitigate community distress including broad expertise with family strengthening, child welfare, workforce development, violence prevention and poverty reduction. She is a Certified Family Life Educator and has authored numerous publications on promising practices associated with serving low-income and culturally diverse populations.