

Reimbursement for Parenting Education Services to Promote Family Health and Wellbeing

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Abstract

Parenting education services are designed to promote healthy parent and child development. Parenting services support parents so they can safely care for and nurture their children. Research demonstrates that parenting education plays a significant role in promoting the health, wellbeing, and economic success of children through adulthood. Parenting education programs that focus on building the skills of families are urgently needed to promote the health and success of future generations. For parenting education services to have the greatest impact and reach the most families, federal and state policymakers must provide a mechanism for parenting educators to be reimbursed for their services. This paper summarizes the history and research on parenting education and provides recommendations for recognizing parenting education as an effective, cost saving, and reimbursable service.

Introduction

Positive experiences in early childhood are critical for health and wellbeing throughout life. Parents are the key providers of care for young children, and they are in an opportune position to offer the nurturance and guidance needed to foster the growth of competent and high-functioning adults. Parenting skills are not innate, and many families benefit from affordable, high-quality education and support services. While there is a rich history and strong research on the efficacy of parenting education improving outcomes (Chen & Chan, 2015) and evidence suggesting that parent-child relationships are the foundation for children's health and wellbeing (National Academies of Sciences, Engineering, and Medicine, 2016), there is a deficit of opportunities for parents to access these services. This is in large part due to a system that does not allow parenting educators to bill for services provided. The aim of this paper is to outline the history of and research on parenting education and to provide a rationale for the inclusion of parenting education services as billable services through state sponsored programs such as Medicaid and Medicare, and private insurance.

Review of Literature and Needs Assessment

The early years of a child's life are critical to healthy development and lay the foundation for the remainder of that child's life. A child's experiences and the presence, or lack thereof, of supportive adults and an enriching environment have broad implications for society's health, wellbeing, and economic prosperity (Felitti & Anda, 2010). Unsupportive, dysfunctional family environments can produce toxic stress, cause neurodevelopmental damage, and impair social and cognitive performance (Shonkoff & Garner, 2012). Increasing evidence indicates that numerous adult health problems, including many chronic diseases that can lead to premature death, are rooted in exposure to childhood adversity (Shonkoff, Boyce, & McEwen, 2009), and that

Adverse Childhood Experiences (ACEs) are a driving factor creating disparities in physical and mental health, as well as educational achievement (Shonkoff & Gardner, 2012). Identified by Felitti et al. (1998) in the Adverse Childhood Experiences (ACE) Study (see: www.acestudy.org), ACEs include emotional, physical or sexual abuse, physical or emotional neglect, and family dysfunction. The ACE Study asked 17,000 middle-class Americans to respond yes/no to a list of questions pertaining to the household conditions during their first 18 years of life. Survey questions assess psychological and physical abuse by parents and sexual abuse by anyone; emotional and physical neglect; and family dysfunction. Higher ACE scores are associated with an increase in risk for subsequent impairment, chronic disease, and early death.

ACEs occur at an alarming rate in the U.S., with Child Protective Services agencies receiving 3.6 million referrals annually (U.S. Department of Health and Human Services, 2015), and estimates that as many as 2.7 million children in the U.S. are exposed to domestic violence (UNICEF, 2006). Yet our models of disease prevention have failed to adequately incorporate efforts that address the social and systemic factors that contribute to adverse experiences and abuse, such as parental stress and lack of support (Shonkoff, Boyce, & McEwen, 2009).

Failure to effectively and systematically address and seek to prevent the myriad of social determinants of child development comes at a substantial cost. Health care costs for chronic diseases account for an enormous percentage of state and federal dollars (Shonkoff & Gardner, 2012). Aside from the economic burden of treating chronic diseases such as heart disease, diabetes, and substance abuse, child maltreatment generates a staggering \$124 billion in lifetime costs per year of child maltreatment cases (Fang, Brown, Florence, & Mercy, 2012).

Furthermore, the significant and well-documented role of early experiences on cognitive and

social-emotional development has implications for the future American workforce and economy, as both are factors affecting an individual's long-term capacity to be a productive and contributing member of society (Anda, et al., 2004; Heckman, 2006; Heckman, 2011). Indeed, investing in early childhood, especially in interventions that target safe and nurturing adult-child relationships, is the most cost-effective and efficient way to develop and promote the future workforce (Knudsen, Heckman, Cameron, & Shonkoff, 2006) and a thriving economy.

Supported by decades of research and deemed a high priority by the American Academy of Pediatrics, strategies that serve to protect children from adversity offer avenues to address these pressing and costly challenges (Garner et al., 2012). Given that safe, stable, and nurturing parent-child relationships are one of the most important and influential factors in promoting healthy child development (Knudsen et al., 2006), parenting education and family support programming have been identified as key strategies to prevent and reduce instances of toxic stress, abuse, and adverse experiences (Garner et al., 2012). A new report, *Parenting Matters*, created by the National Academies of Sciences, Engineering, and Medicine (2016) makes the case for the importance of a national effort that specifically targets parenting support. The report makes ten recommendations for the inclusion of additional research, funding, and protocols for helping improve the environment of the family.

Parenting programs have been demonstrated to improve social-emotional development in children (Weisleder et al., 2016; Zimmer-Gemback et al., 2015); and to reduce child maltreatment, neglect, and corporal punishment while also increasing use of positive parenting practices and improving parent confidence (Chen & Chan, 2015). Additionally, adult relationship skills, which are commonly taught in parenting education, reduce instances of domestic violence,

and also promote wellbeing and healthy behavior in both the individual and those within their social network such as friends, family, and children (Umberson & Montez, 2010).

The research summarized above indicates that parenting education has implications for promoting the health, wellbeing, and economic success of children through adulthood. Experts maintain that interventions, such as parenting education programs that create positive parenting relationships and build skills are urgently needed to promote the health and success of future generations (Shonkoff & Gardner, 2012). Yet there is a significant gap in services and variability in availability and type of parenting education services, largely because parenting services have not been strategically included in models of health promotion and disease prevention. It is also clear that parents want and need parenting education services. A study of North Carolina pediatricians indicated that the parents they see are commonly concerned about child behavior and discipline issues, and that while sharing parenting advice is deemed important, pediatricians often do not have the necessary training or expertise in parenting education nor do they have the time to dedicate to these issues during patient appointments (DeBord & Stelter, 2007). Active collaboration with parenting education professionals is essential to fill this service gap (DeBord & Stelter, 2007; Garner et al., 2012), but a lack of reimbursement for such services remains a significant barrier to achieving this goal (Boat, 2015).

Definition of Parenting Education

Many parents benefit from periodic education, coaching, and support to maintain health and wellness and to be able to address problems with their children and in their family before issues become too large to manage independently. Parenting education can be helpful for all parents, regardless of age of children or family configuration. Most often, parenting education is conducted in groups. However, one-on-one consultations, coaching, home visits, and center-

based services are common. Parenting education is neither formal therapy nor counseling, but rather psycho-social education that encompasses an array of formal support. Primary sponsors of parenting education include community agencies, religious organizations, courts, public and private schools, mental health, public health, Departments of Social Services, Cooperative Extension, hospitals, senior centers, family resource centers, businesses and employers, and professional affiliate groups (Bryan, DeBord & Schrader, 2006).

Parenting education seeks to strengthen families by promoting an optimal environment for healthy adult and child development (NPEN, n.d.). Professional services are typically designed to build confidence and competence of parents to care for children and increase their capacity to prevent and respond effectively to family life issues and problems as they arise. While parenting education is an effective intervention for addressing multiple social problems such as child abuse, juvenile crime, teen pregnancy, and academic disengagement (U.S. Department of Health and Human Services, 2006), it still does not garner the public financial support and recognition for the important prevention role it plays in the lives of families.

History of Parenting Education

Parenting education practice has roots in disciplines including child development, early childhood education, adult development and education, family studies, psychology, health care, and social work (Bryan, et al., 2006; Carter & Kahn, 1996; Heath & Palm, 2006). While communities historically shared wisdom through multi-generational relationships and community elders, it wasn't until the late 1800's that parent and family education became a profession (Duncan & Goddard, 2011). For over a century, families have had access to training and resources on domestic responsibilities including parenting and family life information from

Cooperative Extension agents (Allen, Dunn, & Zaslow, 2011) and from professionals in the field of Family Science (Doherty, Boss, LaRossa, Shumm, & Steinmetz, 1993).

While parenting programs have been available to communities for nearly a century, the direction of the field of parenting education has shifted. Over time, a trickle-down university driven approach has been replaced by a more community-based approach. Today, a collaborative approach is favored (Duncan & Goddard, 2011). A number of undergraduate and graduate academic programs offer a degree for professional parenting educators (Cooke, 2006). This presumably has helped produce larger numbers of formally-educated, practicing professionals. The increase in academic degree programs related to parenting education has also helped provide continuity for professional parenting educator preparation and has elevated the professionalism of the field. The National Parenting Education Network (NPEN) and its members have also been instrumental in promoting the development of the field of parenting education.

Practitioners in the field include parenting educators, marriage and family therapists, family life educators, family life and parent coaches, and other family service providers.

While all of these practitioners might serve families in a variety of capacities, parenting educators focus specifically on parent services, and most often deliver parenting education. These services include delivering evidence-based programs and evidence-informed parenting services, including individualized consultations, and one-on-one coaching, among others. Methodologies, approaches and intensity of services provided vary (Carter & Kahn, 1996; Duncan & Goddard, 2007), though they should be complementary to one another (Heath & Palm, 2006).

The professional field of parenting education continues to grow and evolve. NPEN has been leading efforts to professionalize the field for over twenty years, and its members are

currently working to identify and build consensus for parenting educator competencies (NPEN, 2016). The NPEN parenting educator competencies framework is based on the work of Dana McDermott (2011). McDermott analyzed competencies across ten existing state, program, organizational systems and one national system for practitioners who work professionally with parents and families. The current NPEN model consists of three core areas of parenting education within socio-cultural context:

1. Human Development across the Lifespan/Life Course
2. Parenting and Parent-Child and Family Relationships
3. Parenting Education Professional Practice

The first two core areas contain competencies in two broad domains of knowledge needed by parenting educators, and the third core area combines competencies based on knowledge and skills needed to practice parenting education. The content knowledge in core areas one and two continues to evolve based on research and understanding of human development and family relations. The knowledge and skills related to professional practice in core area three continue to be developed based on applied research and intervention studies. NPEN has also identified a list of attitudes and dispositions effective parenting educators should embody. Finally, a set of competencies for parenting educator administrators and supervisors is included as an addendum to the NPEN framework.

Parenting Education Practice

Academic programs prepare parenting educators in family systems and child and adult development theories. Parenting educators use a strengths-based approach to support and empower parents as effective decision makers and change agents for their families. Their work with parents centers on promoting positive parent-child and family relations and family life

experiences in addition to preventing problems while facilitating problem-solving based on issues parents desire to address and resolve.

Professional parenting educators can conduct developmental screenings and identify areas of concern, coach parents to address behavioral issues with their children, provide support, and make successful referrals when families experience significant difficulties requiring more intensive interventions. They can also take family histories, provide case management services, conduct telephone consultations, and facilitate one-on-one consultation and group educational sessions. They regularly work with parents to meet basic needs for housing and health care, build social networks, and address children's needs and behavioral challenges and a range of other issues including:

- Creating safe indoor and outdoor physical and emotional environments
- Promoting child development
- Using effective guidance and discipline techniques
- Establishing daily routines, including at bedtime
- Promoting mealtimes and successful feedings
- Facilitating healthy habits and hygiene
- Encouraging healthy sleep
- Promoting strategies for school success
- Instituting family rules and chores
- Building a sense of family
- Managing child and adult stress

Credentials and Licensure

In 2002, North Carolina became the first state to offer a credential for parenting educators, and it remains a national leader in promoting the professionalization of parenting education. Currently, North Carolina is one of a limited number of states to offer a professional recognition program for parenting educators. The professional association known as the North Carolina Parenting Education Network (NCPEN) offers qualifying parenting educators a three-year credential. NCPEN members can apply for various levels of credentials. At the highest level, parenting educators have college degrees in public health, psychology, nursing, or human development or related areas. All credential levels require applicants to submit documentation of their education, training, and work experience with families. Additional application requirements include submitting supporting documentation, references, providing a statement of philosophy, signing an ethics statement, and paying a nominal fee. Applications are reviewed twice a year by credentialed parenting educators serving on the NCPEN Credentialing Committee.

NOTE: Minnesota is the only state with a Board of Teaching parent and family educator license. This license is required of parent educators employed in the public school Early Childhood Family Education (ECFE) programs for all families in Minnesota with children from birth to kindergarten.

Parenting Education as a Billable Service

There is a strong research base that clearly shows efficacy of parenting education practice. Additionally, training requirements and competencies are fairly standard across university-based academic programs, yet there is major discrepancy in who can and cannot bill for services provided. For example, marriage and family therapists, family counselors, health coaches, and psychologists who are licensed are able to bill for services. Family life educators, family life coaches, and parenting educators are not licensed and cannot bill for services.

Currently, most parenting professionals can offer services to families in one of two ways: funded programs or billable services. First, and most common, is the use of grant funds to support parenting programs that include parenting services for families in need. This model has been successful and many families have benefited from being a part of such parenting programs. Difficulty arises when the funding needed to sustain established programs is no longer available or accessible or when grants target specific audiences, leaving a gap where more services are needed.

The second way is offering parenting education programs as billable services. Parenting education as a mandated service has long been supported through child protective services (Bilukha et al., 2005). Social workers and nurse practitioners, for example, are able to offer the same or similar services to families for payment. While some professionals who offer parenting education as a part of their work with parents and families are currently allowed to offer billable services (i.e. social workers, family therapists, psychologists), most parenting professionals, regardless of their formal education and training, do not currently have a mechanism to bill for services. There is clear evidence that parenting services are effective (Chen & Chan, 2015), and if service codes and reimbursement rates are expanded to allow all credentialed parenting professionals to be reimbursed, families will benefit from additional access.

This paper supports the claim that since parenting services have been found effective in increasing the health and wellbeing of families, it is imperative that these services, when provided by licensed or credentialed parenting support professionals, be covered under Medicare or Medicaid and private insurance. As a preventative service, parenting education could save costs by building resilience and reducing punitive parenting practices and adverse experiences such as abuse, neglect, and exposure to domestic violence. As an intervention for all families

with children, parenting education, family life education or coaching can dramatically increase a parent's ability to provide quality care for their children.

Conclusion

Parenting educators can make valuable contributions to the current efforts in NC to increase healthcare quality and access to a range of services to meet the diverse needs of patients and their families in a cost effective manner. NCPEN credentialed parenting educators have the knowledge, skills, and attitude to contribute to comprehensive and patient- and family-centered care. However, before this can happen, federal and state policy makers and funders and private insurers must recognize parenting educators and provide a mechanism for them to be adequately reimbursed for their services.

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