

Healthy Families America: Rigorous Evidence*



Healthy Families America – HFA - is rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development. HFA delivers home visits to overburdened families, to help parents forge a strong bond with their child despite challenges such as single parenthood, low income, and depression that put children at risk for adverse childhood experiences (ACEs), including abuse and neglect. **Currently more than 85,000 families are served by more than 600 Healthy Families America sites in 38 states, Washington DC, five U.S. Territories, and Canada.**

HFA is a leading national evidence-based home visiting model, meeting rigorous criteria for federal funding through the Maternal Infant Early Childhood Home Visiting (MIECHV) program. As [one of the top two models states selected for MIECHV funding](#), HFA was chosen to participate in two highly selective federally legislated evaluations. The Mother Infant Home Visiting Program Evaluation (MIHOPE)¹ examines the benefits of home visiting for children and families served by the MIECHV program. A second study, known as the MIHOPE/Strong Start evaluation, examines home visiting impacts on birth outcomes². Both studies hold promise for understanding current effectiveness and efficiency of family support home visiting efforts.

HFA's most rigorous evidence* comes from 12 publications of multiple randomized control trials (RCTs), with impacts in all six domains required by the MIECHV program.

- **Family economic self-sufficiency:** Most parents have not yet completed high school when they enroll in HFA, a critical step for future earning potential. HFA helps new moms find the motivation and resources to further their education, evidenced by three rigorous studies showing increased maternal education over one to three years^{1,4,3}.
- **Maternal and newborn health:** Rigorous studies of HFA sites report numerous health benefits for both mothers and babies. More moms in HFA reduced their alcohol use⁴. Children in HFA had better access to health care, evidenced by rates of health insurance at age one⁵ and two⁶, connection with a primary care provider, and more completed well-baby visits⁷. Most notably, HFA reduced the rate of low birth weight infants among women enrolled prenatally⁸. Low birth weight is associated with higher infant mortality as well as substantial short- and long-term challenges to child health and development.
- **Prevention of child injuries, including maltreatment:** Preventing Adverse Childhood Experiences (ACEs) is essential for life-long health and productivity. Five HFA studies show 17 significant benefits in this area, including reduced child maltreatment^{4, 9, 10}, harsh punishment^{1, 6, 7, 11}, yelling¹, and improved use of non-violent discipline¹², based on parents' self-reports—a more comprehensive measure of child maltreatment than official cases. First-time moms who enrolled prenatally and parents with prior CPS involvement experience the greatest benefits⁹.

- **School readiness:** HFA engages both parents and children to ensure kids are primed for school success. Rigorous studies report improvements in children's cognitive development at one⁴ and two³ years, and fewer behavior problems that can interfere with learning at two³ and three⁴ years. These early impacts lead to success in school, with more children in gifted programs⁹, fewer retained in first grade¹³, and fewer receiving expensive special education services⁹.

- **Reduction in crime or domestic violence:** Reducing domestic violence is particularly challenging, but crucial due to its close link to child maltreatment and many other negative outcomes for children and families. HFA has shown some success in this area, with reduced domestic violence perpetrated by mothers¹⁴. This outcome makes sense, as most HFA participants are moms and therefore most likely to show a change in behavior as a result of participation.

- **Linkages and referrals:** HFA families typically exhibit more needs than a single program can address. HFA programs use key strategies to strengthen their connection and collaboration with an array of community services, paving the way for linking families to needed services. Two rigorous studies provide evidence of impacts in this area, including increased referrals of families to family planning services¹², and increased use of community resources at 6 and 12 months¹.

CONCLUSIONS: HFA's most rigorous evidence covers a broad range of outcome domains and meets criteria for sustained impacts and replication of outcomes in different studies with independent samples. In addition, these studies represent evaluations conducted on real-world sites, conducted by investigators who are independent of the national headquarters for HFA.

*Outcomes that meet criteria for the federal HomeVEE Review, found at <http://homvee.acf.hhs.gov/>

Study Citations

¹ Information about the MIHOPE project is available here:

<http://www.acf.hhs.gov/programs/opre/research/project/maternal-infant-and-early-childhood-home-visiting-evaluation-mihope>

² Information about the MIHOPE/Strong Start evaluation is available here:

<http://www.acf.hhs.gov/programs/opre/research/project/mother-and-infant-home-visiting-program-evaluation-strong-start-mihope-ss>

³ Anisfeld, E., Sandy, J., & Guterman, N. B. (2004). *Best Beginnings: A randomized controlled trial of a paraprofessional home visiting program: Technical report*. Report to the Smith Richardson Foundation and New York State Office of Children and Family Services. New York: Columbia University School of Social Work. Additional Sources: Executive summary, Narrative summary.

⁴ LeCroy & Krysik (2011). Randomized trial of the Healthy Families Arizona home visiting program. *Children and Youth Services Review*, 33, 1761-1766.

⁵ Mitchell-Herzfeld et al (2005). *Evaluation of Healthy Families New York: First year program impacts*. Office of Children and Family Services. Available at:

ocfs.state.ny.us/main/prevention/assets/HFNY_FirstYearProgramImpacts.pdf

⁶ Caldera, et al. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child Abuse & Neglect*, 31(8), 829-852.

⁷ Landsverk, et al. (2002). *Healthy Families San Diego Clinical Trial: Technical Report*. Child and Adolescent Services Research Center, San Diego Children's Hospital and Health Center.

⁸ Lee, E., Mitchell-Herzfeld, S., Lowenfels, A. A., Greene, R., Dorabawila, V., & DuMont, K. A. (2009). Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine*, 36(2), 154-160. doi:10.1016/j.amepre.2008.09.029

⁹ DuMont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., Rodriguez, M., et al. (2008). Healthy Families New York (HFNY) randomized trial: Effects on early child abuse and neglect. *Child Abuse & Neglect*, 32(3), 295-315.

¹⁰ Duggan, Caldera, et al. (2007). Impact of a statewide home visiting program to prevent child abuse. *Child Abuse & Neglect*, 31(8), 801-828.

¹¹ Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., Windham, A., et al. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse & Neglect*, 28(6), 597-622.

¹² DuMont, K., Kirkland, K., Mitchell-Herzfeld, S., Ehrhard-Dietzel, S., Rodriguez, M. L., Lee, E., Layne, C., & Greene, R. (2010). *A randomized trial of Healthy Families New York (HFNY): Does home visiting prevent child maltreatment?* Washington, DC: National Institute of Justice.

¹³ Kirkland, K., & Mitchell-Herzfeld, S. (2012). *Evaluating the effectiveness of home visiting services in promoting children's adjustment in school: Final report to the Pew Center on the States*. Rensselaer, NY: New York State Office of Children and Family Services, Bureau of Evaluation and Research.

¹⁴ Bair-Merritt, M. H., Jennings, J. M., Chen, R., Burrell, L., McFarlane, E., Fuddy, L., et al. (2010). Reducing maternal intimate partner violence after the birth of a child: A randomized controlled trial of the Hawaii Healthy Start home visitation program. *Archives of Pediatrics and Adolescent Medicine*, 164(1), 16-23.