

Program Partners:

Research Publications



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Table 1: Domestic research publications				
Article Title	Year	Program	Study Size	Summary of Findings
Short-Term Cost Benefits of Intensive Home Visiting By Preventing Child Maltreatment¹	2006	Healthy Families America	220	University of Minnesota conducted cost benefit analysis. Families reviewed after 1 year and 2.5 years participation. Findings: 7% of the most at-risk families had confirmed cases of child maltreatment. Expected was 53%. This equals a cost savings for the county.
Short-Term Cost-Benefits of Intensive Home Visiting²	2006	Dakota Healthy Families	220	Report outlines cost benefit of home visitation programs in relation to child maltreatment. A significant reduction in child maltreatment was identified. Results indicated child maltreatment was reduced with substantial cost savings.
Impact of a statewide home visiting program on parenting and on child health and development³	2007	Healthy Families Alaska	325	Randomized control trial measuring impact of home visiting on child healthcare use, child development and behavior, parent knowledge and attitude, and parent child interaction. Children in program had more favorable developmental and behavioral outcomes. Parents in the program had greater self-efficacy. Fewer participating families had a poor environment for learning and families were more likely to use parenting services. Greatest impact was seen among families that were below average at baseline assessment.
Impact of a statewide home visiting program to prevent child abuse⁴	2007	Healthy Families Alaska program	325	Randomized Control Trial. HV mothers reported using mild forms of physical discipline less often than control mothers. Groups were similar in severe forms of physical discipline. No program impact on parental risks. No difference seen in outcomes for families with higher dose of HV. HV failed to address parental risks and seldom linked families with community resources.
Health Access Nurturing Development Services (HANDS) Kentucky’s Home Visiting Program for First Time Parents ⁵	2008	HANDS	27,865	State report on program evaluation produced by Kentucky Cabinet for Health and Family Services. Includes data on participants from 1999 through June 2007. Positive impact was found in relation to child health and wellbeing, child health and development, risk reduction, home safety, maternal well-being, child abuse prevention, and family functioning.
Impact of a Kentucky maternal, infant, and early childhood home-visitation program on parental risk factors⁶	2013	HANDS	64 families	Study based in Kentucky found at risk mothers had better birth outcomes when utilizing home visiting program. “Specifically, lifestyle behaviors and mental health risk, coping skills and support systems, stresses, and anger management skills are risk factors that may experience significant reductions”

<p>Results from a randomized trial of the Healthy Families Oregon accredited statewide program: Early program impacts on parenting⁷</p>	<p>2014</p>	<p>Healthy Family Oregon</p>	<p>800</p>	<p>HFO mothers read more to children and provided more developmentally supportive activities. Children that experienced the HV program were more likely to have received developmental screenings, and were less likely to be identified as having a developmental challenge. HFO mothers reported somewhat less overall parenting stress compared to control mothers.</p>
<p>Evaluation of a Home Visiting Program Aimed at Facilitating Refugee and Immigrant Children's Acclimation and Development⁸</p>	<p>2015</p>	<p>Ready to Learn home visiting program</p>	<p>89</p>	<p>Study conducted in Mankato, Minnesota. Kids who completed the GGK curriculum (n=14) 78% had all their ASQ scores above the cutoff or in developmentally typical range. The majority of families left program due to moving or other obligations. Overall, 36% of the children improved from their first ASQ score, 38.2% had yet to complete two developmental screens to compare, 16.9% stayed the same score and 9% decreased from first screener score. Observations were made in the sessions to ensure fidelity and standardization.</p>
<p>Statewide Evaluation Results 2013-2014: Healthy Families Oregon⁹</p>	<p>2015</p>	<p>Healthy Families Oregon</p>	<p>2,436</p>	<p>Report states parent participants report more early literacy support, improved parent-child interactions, improved parenting, decreased stress, and increased rates of immunizations.</p>
<p>Which skillsets and other characteristics of a home visitor contribute to the effectiveness of a home-based child abuse and neglect prevention program?¹⁰</p>	<p>2015</p>	<p>Metro Alliance of Healthy Families</p>	<p>10</p>	<p>Voluntary Qualitative research study in St. Paul and Minneapolis, Minnesota. Training from GGK curriculum used as a foundation for the home visitors. Interventions noted that GGK had contributed to their success.</p>
<p>Kentucky Health Access Nurturing Development Services Home Visiting Program Improves Maternal and Child Health¹¹</p>	<p>2017</p>	<p>HANDS</p>	<p>2253</p>	<p>Study found participants had lower rates of preterm delivery, low birth weight infants, rates of maltreatment, and increased rates of prenatal care when compared to a demographically similar group.</p>
<p>Randomized trial of Healthy Families Arizona: quantitative and qualitative outcomes¹²</p>	<p>2017</p>	<p>Healthy Families Arizona is based on Healthy Families America</p>	<p>98</p>	<p>Participants showed positive impacts on parent knowledge and maternal involvement. Participants reported less parenting stress. At 6 months participants had implemented more safety practices in home, used more resources to meet family needs and scored higher on mobilizing resources. Quality of the home environment, regular routines, reduced chaotic household and reading to child improved. HF compared to control had higher mental health index. Families who received more home visits showed significantly better improvement on the following outcomes: social support, depression,</p>

				role satisfaction, problem-solving, breast-feeding, and Mental Health Index. Trends showing a relationship between program dosage and outcomes were evident for parental efficacy.
A randomized controlled trial of Healthy Families: 6-month and 1-year follow-up ¹³	2018	Healthy Families Arizona Home Visiting Program	245	Randomized control trial assessing impact of home visiting program at 6 month and 1 year. There was significant differences between groups on use of resources, mobilizing resources, home environment, subsequent pregnancy, positive affect, and problem solving favoring the healthy families group which utilized GGK curriculum only.
Maternal Depression and Breastfeeding in Home Visitation ¹⁴	2020	Des Moines Healthy Start and the Empowerment Family Support Project (DMHSP)	364	It is possible that women in HV programs are more likely to breastfeed due to the added support. It's also possible breastfeeding education provided by the HV was successful in increasing likelihood for some women. Rates of depression in other HV studies were significantly higher and rates of depression in this study were more aligned with the national average. Part of this is believed to be contributed to the fact that the program implemented new training for the HV.

Table 2: International research publications				
Article Title	Year	Program	Study Size	Summary of Findings
Families first: A process and outcome evaluation of nurse, home visitor and parent perspectives¹⁵	2006	Baby First/Families First Home Visiting Program	PH nurses:33 Home Visitors: 32 Parents 59	Qualitative evaluation of process and outcomes of program based on interviews with nurses and home visitors. Four regions included: urban, rural and remote settlements. GGK curriculum defined as strength. Evaluation of the program as a whole: reduction of risk, reduction of stress, improving parenting self-efficacy, empowering and supporting parents.
Issues related to delivering an early childhood home-visiting program¹⁶	2007	BabyFirst Program	24 nurses/ 14 home visitors.	Qualitative study. Issues identified with BabyFirst prioritizing other mandated programs. Reported often HV workload is heavy and the program was very labor intensive.
Saskatchewan KidsFirst Program Evaluation: Report of the Quantitative Study¹⁷	2010	KidsFirst	3779	Study used existing data to investigate association between home visiting program and family circumstances, child development, and health care utilization. Results suggested many families may have experienced improved functioning within 6 months of enrollment, most children appeared to be developing normally. No developmental differences were identified in children with longer enrollment in the program when compared to those with less exposure.
KidsFirst program evaluation: understanding the relationship between housing insecurity and program effectiveness¹⁸	2010	KidsFirst Program	84 individual interviews and 27 focus group interviews with 242 participants.	Study found initially program was effective at improving parenting skills, knowledge and parent-child interactions. More complex need parents did not show improvement. HV for these parents focus more on crisis management than parent-child interactions or child development.
Is the families first home visiting program effective in reducing child maltreatment and improving child development?¹⁹	2017	Family First Home Visiting	9,746	Population based retrospective cohort study. Children born between 2003-2009 and eligible for FFHV. Children followed from 1-5 years after initial program visit. Data from the Manitoba Population Research Data Repository. Study found reduction in key child maltreatment indicators. Evidence of improved child development scores at school entry no found.

<p>Families First Home Visiting programme reduces population-level child health and social inequities²⁰</p>	<p>2018</p>	<p>Families First</p>	<p>4575</p>	<p>Population-based retrospective cohort study for children born in Manitoba, Canada between 2003-2009. Program children were less likely to be taken into care at age 1 and more likely to receive complete immunizations. Inequities between program children and general pop were reduced for both outcomes.</p>
<p>Association between participation in the Families First Home Visiting programme and First Nations families' public health outcomes in Manitoba, Canada: a retrospective cohort study using linked administrative data²¹</p>	<p>2019</p>	<p>Families First Home Visiting Program</p>	<p>4010</p>	<p>FFHV participation associated with higher rates of complete childhood vaccinations at age 1 and age 2 and with parental involvement in community support groups. No difference found in rates of children being vulnerable in at least one area of development at age 5.</p>
<p>Towards flourishing, mental health promotion of families: perspectives of parents and home visitors²²</p>	<p>2020</p>	<p>Families First Home Visiting Program: Manitoba</p>	<p>10 families; 10 home visitors</p>	<p>Overall, participants reported that the home visiting program positively impacted the mental health and well-being for families, with emotional support from home visitors having the strongest impact.</p>
<p>The association of a paraprofessional home visiting intervention with lower child maltreatment rates in First Nation families in Canada: A population-based retrospective cohort study²³</p>	<p>2020</p>	<p>Families First Home Visiting Program: Manitoba</p>	<p>4010</p>	<p>The study found enrollment in home visitation program was associated with lower rates of children being taken into care within first two years of life. Also found lower rates of hospitalizations for maltreatment-related injuries through age three. Lower rates of children witnessing or being a victim of a crime was also observed.</p>

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