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 550 Healthy Families America sites in 37 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the US Virgin Islands 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) 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 outcomes.* 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 reviewed 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.1,2,5

- **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 use.2 Children in HFA had better access to health care, evidenced by rates of health insurance at age one3 and two4, connection with a primary care provider, and more completed well-baby visits5. Most notably, HFA reduced the rate of low birth weight infants among women enrolled prenatally6. 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 maltreatment7,8,9 physical punishment,8,9 yelling,2 and improved use of non-violent discipline,10 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 benefits.10
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 one and two years, and fewer behavior problems that can interfere with learning at two and three years. These early impacts lead to success in school, with more children in gifted programs, fewer retained in first grade, and fewer receiving expensive special education services.

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 mothers. 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 services, and increased use of community resources at 6 and 12 months.

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.

Notes:
* Outcomes that meet criteria for the federal HomeVEE Review is available here: [http://homvee.acf.hhs.gov/](http://homvee.acf.hhs.gov/)
Study Citations


