



# Home Visiting Services for Young Latino Families

Challenges and Choices

**Supporting Documentation  
Supplement to the Report  
May 17, 2010**

King County Children and Family Commission



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## Attachment A

### Demographic Characteristics of participants attending Focus Groups

The ten young parent focus groups were held in Bothell, Bellevue, North Seattle, White Center, West Seattle, Tukwila, Des Moines, SeaTac, Federal Way and Auburn. Focus groups for extended family members were held in Bellevue, Bothell, West Seattle, and Auburn. There were staff prepared to lead the discussions and interpret as needed and child care was provided at all focus groups.

**Table 1 Summary of Focus Group Participants**

Focus Group	# Groups	# Young Parents	# of Extended Family Members	Total #	Kids in Child Care	Focus Group Staff
Northshore	2	16	15	31	12	12
Eastside	2	33	15	48	18	12
North Seattle	1	2	1	3	3	10
Burien/White Center	1	19		19	12	9
West Seattle/South Park	2	21	16	37	10	11
Tukwila	1	22	0	22	16	10
Sea Tac	1	26	0	26	11	10
Federal Way	2	16	15	31	11	12
Kent/Auburn	1	24	2	26	10	10
Purepecha Group	1	20	0	20	8	10
<b>Totals</b>	<b>14</b>	<b>199</b>	<b>64</b>	<b>263</b>	<b>111</b>	<b>N/A</b>

**Table 2A Demographic Characteristics of Young Focus Group Participants – Gender, Age, Ethnicity(N=172)**

	# Participants	Percentage of Participants
<b>Gender (n=167)</b>		
Female (under 22 years)	121	73%
Male (under 22 years)	45	27%
Male (over 22 years)	25	*
<b>Age Range (n=172)</b>		
12-15 years	14	8%
16-19 years	81	47%
20-22 years	77	45%
<b>Ethnicity (n=160)</b>		
Latino/Hispanic	131	82%
Mexican-American	17	11%
Purepecha	12	7%

\*Older male partners participated in the extended family member focus groups and are identified here as part of the family composition with young Latina mothers

**Table 2B Focus Group Participants Characteristics – Housing, Relationship Status**

	# Participants	Percentage of Participants
<b>Housing Status (n=158)</b>		
Living with parents or family	71	45%
Living independently	87	55%
<b>Relationship Status</b>		
Married	54	40.9%
Unmarried	78	59.1%
<b>Living Arrangements *</b>		
Living with partner	122	82.4%
Living in own home	64	45.1%
Living with parents	64	45.1%
Living with other family members	53	37.6%
Living with friends	10	7.9%

\*more than one condition could apply

**Table 2 C Characteristics of Participants – Education, Employment Status, Childcare**  
(Number of respondents in each category= 129-164)

	# Participants	Percentage of Participants
<b>Education Levels (n=150)</b>		
Grade 5 and below	8	5%
Grade 6-8	12	8%
Grade 9-12	128	85%
College	2	1%
<b>Education Status (n=163)</b>		
Currently attending school	51	31%
Not currently attending school	112	69%
<b>Employment Status (n=164)</b>		
Currently working	69	42%
Not working	95	58%
<b>Child Care Status (n=129)</b>		
Currently have childcare	43	33%
Report needing childcare	86	67%

## Results from the Follow-up sessions with young Latino parents and their extended family members

After the focus group discussion leaders had reviewed the content of the groups and extracted the common themes from the discussion the leaders identified summary statements. There were three follow-up sessions, one in Bellevue, Burien and Federal Way. These sessions were attended by a total of 178 individuals, including 115 young parents and 63 extended family members. At the follow-up sessions the young Latino parents and their family members could attend and hear the summary statements. These participants at a follow-up session were asked if they agreed or disagreed with the statements and the results are included in the tables below.

**Participants at 3 Follow-Up Sessions held after the Focus Groups**

Participants	Bellevue (n=48)		Burien (n=49)		Federal Way n=81)		Total
Young parents	38	79%	25	51%	52	64%	115
Extended family members	10	21%	24	48%	29	36%	63

**At the follow-up sessions for young Latino parents and their extended family members they indicated agreement with the following statements**

Statements about young Latino Parents		Do you agree with the statement?											
		Bellevue (n=48)				Burien (n=49)				Federal Way (n=81)			
		Yes		No		Yes		No		Yes		No	
		#	%	#	%	#	%	#	%	#	%	#	%
1	Education and training (job) are the most important needs.	42	87%	6	13%	36	90%	4	10%	53	71%	22	29%
2	Most young Latino parents need to improve their parenting skills.	38	79%	10	21%	35	88%	5	13%	50	82%	11	18%
3	Young Latino parents are overwhelmed by the responsibility and challenges of parenting, but are confident that they can learn and become good parents.	39	82%	9	18%	37	93%	3	8%	48	63%	28	37%
4	Young Latino parents feel supported by their families and communities (FFN).	36	76%	12	24%	34	92%	3	8%	33	43%	44	57%
5	Young Latino parents are usually able to get health care and nutrition services.	21	43%	27	57%	14	35%	26	65%	24	31%	53	69%
6	Lack of documentation prevents many young Latino parents from getting needed services.	33	69%	15	31%	34	85%	6	15%	49	69%	22	31%
7	Young Latino parents need help (basic needs).	38	79%	10	21%	40	100%	0	0%	59	76%	19	24%

In addition, at the three follow-up sessions there were ten stations set up and at each station there was a key theme that had arisen in the focus group discussion. The participants were asked to vote at each station to indicate the level of importance of each of these themes. They could assign a #1, 2 or 3 ranking or no vote. The stations were staffed by a *promotora* from the community who could explain the process, answer questions, and hear any additional discussion.

**Resources for Parenting Skills Needed by Young Latino Parents**  
Rankings of 1, 2, or 3

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks
Parenting classes	9	3	0	12		2	2	2	6		44	34	4	82	2
Classes for fathers	1	0	7	8		1	2	2	5		21	44	10	75	
Classes for couples	19	5	0	24	3	6	10	9	25	3	17	13	17	47	
Mental health	21	5	0	26	2	2	1	4	7		55	15	10	80	1
Child development classes (ages and stages)	22	12	10	44	1	7	6	8	21	2	25	18	14	57	3
Home visiting services beyond a child's first birthday	0	0	1	1		0	2	2	4		24	0	22	46	4
CPR and First Aid training	22	21	7	50	1	5	2	3	10		17	19	27	63	
Anger management classes	13	13	6	32		7	10	6	23	2	17	11	12	40	
Prevention – DV/family violence	13	18	3	34		11	6	5	22	1	10	19	13	42	

### Health Care and Nutrition Needs of Young Latino Parents

*Rankings of 1, 2, or 3*

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks
Health insurance for baby, mother and father	23	12	12	47		26	9	4	39	1	56	12	12	80	1
Food and nutrition information/education	11	23	7	41		2	8	5	15		13	20	15	48	
Home visiting services by nurses, social workers, home visitors, etc.	15	17	8	40		5	5	8	18		12	14	0	26	
Home visiting by a combination of providers	35	9	3	47	2	2	3	3	8		35	9	3	47	3
Family planning information/education	41	7	0	48	1	9	5	7	21	2	41	7	0	48	2
Women's health	33	9	5	47	3	7	10	0	17	3	33	9	5	47	4
Men's health	33	9	5	47	3	1	4	3	8		33	9	5	47	4

### Mental Health/Counseling Needs of Young Latino Parents

*Rankings of 1, 2, or 3*

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks
Emotional support	28	16	5	49		5	4	3	12		38	17	11	66	1
Counseling services	17	17	13	47		14	4	5	23	2	29	12	17	58	
Relationship classes	19	18	11	48		10	14	5	29	4	37	33	18	88	2
Woman to woman support groups	15	15	18	48		1	4	2	7		22	16	22	60	
Man to man support groups	16	14	17	47		0	3	2	5		21	16	17	54	
Couples support groups	36	8	4	48	2	7	6	7	20		33	17	18	68	3
Peer to peer support groups	31	17	0	48	3	22	2	7	31	1	22	0	15	37	
Opportunities to socialize with other young Latino parents	46	2		48	1	12	3	10	25	3	32	27	13	72	4

**Child Care Needs of Young Latino Parents**  
*Rankings of 1,2 or 3*

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks
Specific programs for young working parents	23	14	13	50	2	18	16	7	41	1	26	13	10	49	2
While going to school, in college, in training	29	11	10	50	1	16	11	5	32	2	18	8	10	36	3
While working	23	16	13	52	2	2	3	12	17		44	10	23	77	1
Affordable preschool options	21	16	7	44	3	9	10	8	27	3	10	15	10	35	
Trained FFN providers (aunt,sister,mother, friend,etc)	17	17	10	44		2	5	4	11		5	8	13	26	
Professional trained and certified providers	18	19	11	48		5	7	6	18		22	16	10	48	

**Access Issues/Needs of Latino Parents**  
*Rankings of 1, 2, or 3*

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks
Lack of reliable connections to access services	6	8	5	19		4	9	6	19		11	66	6	83	
Lack of information about available services	20	6	8	34	1	0	12	7	17		11	19	13	43	
Help navigating DSHS services (medical coupons, food stamps, TANF)	19	16	18	53	2	21	0	8	29	1	16	18	11	45	2
Advice about immigration issues	13	18	17	48	4	7	6	4	17	2	16	14	11	41	2
Information about child support	11	12	28	51		0	12	2	14		0	13	18	31	
Affordable and emergency housing	14	16	14	44	3	5	2	9	16		60	12	12	84	1

### Challenges Faced by Young Latino Parents

Rankings of 1,2, or 3

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Rank	Order of #1 Ranks
Parenting skills	26	5	12	43	2	18	6	2	26	1	41	13	3	57	2
Financial stability						2	5	6	12		55	15	1		1
Communication with significant other/families	1	24	3	28		4	3	9	16		33	12	8		3
Communication with family	5	4	20	29		15	2	4	21	3	22	14	2		
Documentation status	25	1	6	32	3	16	6	4	26	2	16	12	19		
Balancing/meeting multiple needs of a young family	1	0	3	4		10	13	5	28		11	12	16		
Continuing education	3	3	8	14		15	4	11	30	3	22	5	15		
Affordable housing	1	4	3	8		11	12	3	26		11	15	8		
Language	10	9	6	25		10	10	13	33		21	11	13		
Child care	28	11	9	48	1	10	4	1	15						

### Education and Employment of Young Latino Parents

Rankings of 1, 2, or 3

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks
ESL/ELL classes	28	15	2	45		7	4	7	18	3	10	19	26	55	
Support to finish high school	39	1	2	42	2	6	8	3	17		29	22	11	62	1
GED preparation classes	26	24	9	59		2	7	4	13		23	17	14	54	3
How to apply for scholarships for college	18	10	9	37		9	5	1	15	1	10	15	9	34	
Information about financial options available to young parents	37	4	2	43	3	8	5	2	15	2	25	17	13	55	2
Job preparedness	36	12	3	51	4	4	10	10	24		22	15	12	49	4
Secure employment	42	2	0	44	1	5	5	11	21		23	6	18	47	3

**Services Needed and Preferred by Young Latino Parents**  
Rankings of 1, 2, or 3

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Rank-ings	Order of #1 Ranks	1	2	3	Total # of Rank-ings	Order of #1 Ranks	1	2	3	Total # of Rank-ings	Order of #1 Ranks
<b>Young Latino parents need...</b>															
Translation/interpre- tation services	7	2	10	19	2	17	7	8	32	1	17	18	16	51	2
Understanding and respect for community customs and tradition	1	14	12	27		6	8	11	25		18	10	12	40	1
Specialized programming for young Latino parents	29	7	2	38	1	8	13	3	24	2	17	12	13	42	2
ESL/ELL classes	1	6	7	14		5	5	6	16		11	19	19	49	
Served by bilingual, bicultural workers	1	2	3	6		4	7	3	14		14	22	22	58	
Served by young bilingual, bicultural Latino workers	2	9	10	21		1	1	10	12		15	20	13	48	

**Young Latino Parents' Preference for Service providers**  
Rankings 1, 2 or 3

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Rank-ings	Order of #1 Ranks	1	2	3	Total # of Rank-ings	Order of #1 Ranks	1	2	3	Total # of Rank-ings	Order of #1 Ranks
<b>Young Latino parents would like/prefer to receive services from...</b>															
Bilingual/bicultural Latino staff that have degrees or certifications in health, social services, human services, etc	39	3	1	43	1	28	9	5	42	1	47	10	4	61	1
Bilingual/bicultural Latino staff that may have received some training and are members of the Latino community	2	17	24	48	2	7	28	3	38	2	8	33	23	64	3
Non-Latino, Spanish speaking staff who have degrees or certifications in health, social services, human services, etc	1	25	18	44	3	5	4	33	42	3	16	29	35	80	2

**Participants' Ranking of Strengths of Young Latino Parents**  
*Rankings of 1, 2, or 3*

	Bellevue					Burien					Federal Way				
	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks	1	2	3	Total # of Ranks	Order of #1 Ranks
Love/commitment to their children	29	20	4	53	3	33	3	1	37		34	14	5	53	2
Family values from parents are important	13	20	1	34		13	8	18	39	3	6	18	15	39	
Partner support	14	16	14	44		13	19	16	48	2	16	12	16	44	
Self-esteem, confidence, resiliency	12	12	20	44		14	15	20	49	1	2	18	20	40	
Cultural identity	18	14	22	54	1	13	5	20	38		22	22	11	55	1
Spirituality, faith	11	18	25	54	2	1	2	2	5		22	15	10	47	3

## **Appendix B**

### **Relevant findings from Home-visiting Programs that have undergone evaluations with control groups**

A national model that is rated as an evidence based program that is implemented locally that targets services to the pregnant or parenting teen or young adult parent and family

- Nurse Family Partnership

Promising evidence supported national model that is implemented locally that targets services to the pregnant or parenting teen or young adult parent and family

- Parents as Teachers model (Healthy Start Program)

Promising evidence supported national model that serves parents of all ages including but not limited to teen or young adult parents

- Early Head Start

Promising evidence supported national program that is implemented locally that focus services on families with 2-3 year old children with socioeconomic risk factors and includes families with low income, limited education or teen parents but is not limited to teen parents.

- Parent- Child Home Program

National model that has not demonstrated effect and is not being implemented locally with young parents.

- Healthy Families America

**A national model that is rated as an evidence based program that is implemented locally that targets services to the pregnant or parenting teen or young adult parent and family**

### **Nurse Family Partnership (NFP)**

Results reported here are compilations from other research sites. The program is implemented locally by Public Health- Seattle-King County which follows the national program protocols for data collection but does not distribute a separate local evaluation limited to King County participants’ data.

<p><b>NFP Summary</b></p>	<p><b>What makes this program special?</b></p> <ul style="list-style-type: none"> <li>• Goals are to improve pregnancy outcomes by promoting health-related behaviors, to improve child health, development, and safety by promoting competent care-giving, and to enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment.</li> <li>• Home visitors are registered nurses who adhere to the 18 model elements that focus on clients and intervention context.</li> <li>• All NFP programs collect and provide data on families’ characteristics and needs, service provision, and participant progress to ensure that the program implementation adheres to the model as delivered in the NFP research trials.</li> </ul>
<p><b>NFP Evidence Rating</b></p>	<ul style="list-style-type: none"> <li>• California Evidence Based Clearinghouse (CEBC) assigned a rating of 1 Well-Supported by Research Evidence (1 is high, 5 is low rating). CEBC assigned a rating of 2 for Relevance to Child Welfare.</li> <li>• Coalition for Evidence-based Policy rated NFP as demonstrating strong evidence of its effects on important life outcomes.</li> <li>• Washington State Institute for Public Policy found the benefits of the NFP to exceed its costs with a net return of \$2.88 for every dollar invested or \$17,180 per participants.</li> </ul>
<p><b>NFP Program Description</b></p>	<p><b>Who is in the program?</b></p> <ul style="list-style-type: none"> <li>• First time, Low income mothers beginning during pregnancy and continuing until the child’s second birthday.</li> <li>• The mothers enrolled in the three research studies were low-income and the third study in Denver reflected the most diversity with 46% Hispanic, 36% white,15% African American mothers. Only 4% of the mothers were monolingual in Spanish.</li> <li>• The NFP in King County also referred to as Best Beginnings has a capacity of 450 young mothers under the age of 24. There are 18 nurses with caseloads of 25 clients including 4 bilingual nurses who serve Latina parents from the health department offices in Seattle, White Center and Kent.</li> </ul>
<p><b>NFP Outcomes</b></p>	<p><b>What are the outcomes?</b></p> <ul style="list-style-type: none"> <li>• Randomized Controlled Trials in Elmira, NY, Memphis 1987, Denver 1994</li> </ul>

- Strongest outcomes reported for higher risk subgroups of first-time, single, poor mothers. Results included fewer subsequent pregnancies, longer spacing between births, fewer months receiving welfare benefits, fewer arrests and fewer behavioral problems related to substance abuse for intervention group participants compared to control group.
- Positive long-term outcomes for children were decreased childhood injuries, improved school readiness, fewer incidents of running away, fewer convictions and probation violations.
- Results from the Denver study that compared data from families visited by nurses and those visited by a trained paraprofessional high school graduate. Mothers visited by nurses had longer birth spacing and for mother with low psychological resources at entry their children demonstrated more advanced language, superior executive functioning, and better behavioral adaptation. In the 2 year follow-up the mothers visited by the paraprofessionals compared to a control group reported longer employment, better mental health, and greater responsiveness toward their child.

**Promising evidence supported model that is implemented locally that targets services to the pregnant or parenting teen or young adult parent and family**

### **Parents as Teachers (PAT)**

Results reported here are from national evaluations. Healthy Start uses the Parents as Teachers approach with the Born to Learn curriculum.

#### **PAT Summary**

#### **What makes this program special?**

- PAT includes a combination of home visits, child screening, group experiences, and networking
- Parent educators use PAT's Born to Learn curriculum, which includes principles of early learning, parent resource materials, and hands-on activities for parents to use
- Parent educators have college-level training in early childhood development, and also attend the Born to Learn training institute. They work with families on a weekly or monthly basis, depending on family needs and availability
- Home visitors assess children for developmental progress and educate parents on developmental milestones
- Four goal areas are addressed in PAT: parent knowledge of early childhood development, early detection of developmental delays and health issues,

	preventing child abuse and neglect, and increasing school readiness
<b>PAT Evidence Rating</b>	<ul style="list-style-type: none"> <li>• PAT has been recognized as a Strengthening America’s Families Model Program and as an OJJDP Exemplary Program.</li> <li>• California Evidence Based Clearinghouse (CEBC) assigned a rating of 3 Promising Research Evidence (1 is high, 5 is low rating). CEBC assigned a rating of 2 for Relevance to Child Welfare.</li> </ul>
<b>PAT Program Description</b>	<p><b>Who is in the program?</b></p> <ul style="list-style-type: none"> <li>• Parents as Teachers (PAT) is a universal access, early childhood parent education program, focusing on pregnant or parenting families with children under age 5</li> <li>• Parents as Teachers (PAT) is an early childhood parent education program, focusing on pregnant or parenting families with children under age 5</li> </ul>
<b>PAT Outcomes</b>	<p><b>What are the outcomes?</b></p> <ul style="list-style-type: none"> <li>• In 1990, California implemented PAT, targeting the program to teen parents and parents with limited English proficiency. The evaluation found no significant impact of the program on parenting knowledge. A few small positive impacts were found on some child development indicators.</li> <li>• A 2002 and 2006 evaluation of PAT participants in Missouri found children enrolled in PAT had higher levels of school readiness. The benefits of PAT continued through third grade, with children exposed to PAT outscoring children with no pre-Kindergarten.</li> <li>• Children of Latina mothers benefited more on child development outcomes than children of non-Hispanic white mothers.</li> </ul>

Promising evidence supported national model that serves parents of all ages including but not limited to teen or young adult parents

**Early Head Start (EHS)**

<p><b>EHS Summary</b></p>	<p><b>What makes this program special?</b></p> <ul style="list-style-type: none"> <li>• EHS offers home based services, center-based services and a combination model to fit the families’ needs.</li> <li>• Families that meet low-income eligibility are enrolled and 10% of participants are children with special needs. Families that are over income may enroll if a child has special needs.</li> </ul>
<p><b>EHS Evidence Rating</b></p>	<ul style="list-style-type: none"> <li>• California Evidence Based Clearinghouse (CEBC) assigned a rating of 3 Promising Research Evidence (1 is high, 5 is low rating). CEBC assigned a rating of 2 for Relevance to Child Welfare.</li> </ul>
<p><b>EHS Program Description</b></p>	<p><b>Who is in the program?</b></p> <ul style="list-style-type: none"> <li>• EHS enrolls pregnant women and parents with children less than 3 years old. Low income families that meet income eligibility or families with a child with special needs.</li> <li>• Home-based families have a 90 minute weekly home visit focused on child learning goals mutually agreed to by parent and child educator. Children in center based services are in a full-day quality child development center.</li> </ul>
<p><b>EHS Outcomes</b></p>	<p><b>What are the outcomes?</b></p> <ul style="list-style-type: none"> <li>• Randomized control trial with matched control groups was conducted with first 17 EHS sites. The evaluation documented moderate, but significant findings among children and parents. EHS children had slightly higher rates of immunization than comparison children and fewer hospitalizations for accident or injury. EHS children had higher average scores and fewer at-risk scores on the Bayley Scales of Infant development and Mental Development index.</li> <li>• The EHS parents showed stronger parent-child interaction, greater warmth, less detachment and more time spent playing, and more support for language and learning.</li> </ul>

Promising evidence supported national program that is implemented locally that focus services on families with 2-3 year old children with socioeconomic risk factors and includes families with low income, limited education or teen parents but is not limited to teen parents.

### Parent-Child Home Program (PCHP)

<p><b>PCHP Summary</b></p>	<p><b>What makes this program special?</b></p> <ul style="list-style-type: none"> <li>• Home visiting program to improve parent-child interaction and early childhood learning for children ages 2-3 years old in families with socioeconomic risk factors such as low income, limited education and English proficiency or teen parents.</li> <li>• Home visitors indigenous to community with same language and cultural background as participants- some college education.</li> </ul>
<p><b>PCHP Evidence Rating</b></p>	<ul style="list-style-type: none"> <li>• California Evidence Based Clearinghouse found PCHP to have promising research evidence and a medium rating in relevance to child welfare.</li> <li>• Cost benefit analysis conducted by Washington State IPP found the costs of PCHP to outweigh the benefits with a net return of \$0 or a cost of \$3,890 per participant.</li> </ul>
<p><b>PCHP Program Description</b></p>	<p><b>Who is in the program?</b></p> <ul style="list-style-type: none"> <li>• Families who have risk factors and who have a 2-3 year old enroll in the program, Families receive 2 visits a week for 23 week. Home visitors model interaction with a toy or book then guide parent to follow the interaction.</li> </ul>
<p><b>PCHP Outcomes</b></p>	<p><b>What are the outcomes?</b></p> <ul style="list-style-type: none"> <li>• In an evaluation of the PCHP in South Carolina the children’s scores demonstrated school readiness more than a general population of children.</li> <li>• Participating parents showed more verbal interaction with children than comparison group parents.</li> <li>• A long term follow-up showed that children who had been in PCHP had higher high school graduation rates compared to middle income students nationwide.</li> </ul>

National model that was rated as failing to demonstrate effect by the California Evidence Based Clearinghouse on Child Welfare. Randomized controlled trial evaluations of Healthy Families New York have shown positive effects. HFA is not being implemented locally with young parents.

### Healthy Families America<sup>1, 2</sup> (HFA)

Results below are from the evaluation of Healthy Families New York except where additional data from other site evaluations are included.

<p><b>HFA Summary</b></p>	<p><b>What makes this program special?</b></p> <ul style="list-style-type: none"> <li>• Home visiting program to families with newborns to improve social support, provide parenting education, support cognitive and emotional development in children, and better life course for mothers.</li> <li>• Home visitors indigenous to community with same language and cultural background as participants- some college education with training provided.</li> </ul>
<p><b>HFA Evidence Rating</b></p>	<ul style="list-style-type: none"> <li>• Coalition of Evidence Based Practice found HFA to have Promising initial effects that fade over time.</li> <li>• California Evidence Based Clearinghouse found HFA failed to demonstrate an effect because of limited demonstration of positive impacts, problems with evaluation methods, and difficulties in reproducing results, and limited presentation of unfavorable results.</li> <li>• Cost benefit analysis conducted by Washington State Institute of Public Policy found the costs of HFA to outweigh the benefits with a net additional cost of \$0.62 for every dollar invested.</li> </ul>
<p><b>HFA Program Description</b></p>	<p><b>Who is in the program?</b></p> <ul style="list-style-type: none"> <li>• Typically serves families with newborns. Programs may identify populations. In HF in New York the population was pregnant women and adolescents, 66% were lack or Hispanic, 90% unmarried</li> <li>• Women at any gestational age, or with an infant less than 3 months old in communities with high teen pregnancy</li> <li>• Limited to women with a high score on family stress checklist indicating high risk of child maltreatment and who live under 200% of federal poverty guidelines</li> </ul>
<p><b>HFA Outcomes</b></p>	<p><b>What are the outcomes?</b></p> <ul style="list-style-type: none"> <li>• Evaluation of HFNY randomized controlled trial (RCT) found home-visited mothers were approximately half as likely as mothers assigned to the control group to deliver low-birth weight babies</li> <li>• In the HFNY RCT- Intervention group mothers reported committing one-quarter as many acts of serious abuse at age 2 as did control mothers. Young first time mothers in the intervention group who had been enrolled at 30 weeks of</li> </ul>

<sup>1</sup> Lee,E., Mitchell-Herzfeld,S., Lowenfels,A.et al. (2000) Reducing Low Birth Weight through Home Visitation A Randomized Controlled Trial. American Journal Preventive Medicine 36(2):154-160.

<sup>2</sup> Dumont,K., Mitchell-Herzfeld,S., & Greene,R. et al (2008) Healthy Families New York randomized trial:Effects on early child abuse and neglect. Child Abuse & Neglect 32(3),295-315.

pregnancy were less likely than parents in the control group to engage in minor physical aggression with their child in the past year and were less likely to engage in harsh parenting in the past week.

- In a RCT of HF in San Diego, 36% Hispanic and 19% monolingual in Spanish. No differences were found between HF mothers and control group mothers in rates of substance abuse, social support scores, or measures of mother-child interactions. No differences were found between children in the HF homes and the control group on current immunizations or scores on cognitive development.
- HF in San Diego found that white but not African American or Hispanic women were more likely to deter second pregnancies
- In a RCT of HF in Alaska, the program children demonstrated better outcomes than control group children on behavioral and developmental indicators as measured on the Child Behavior Checklist and Bayley Scales of Infant Development.
- Overall the evaluations of HFA have indicated that parent child interactions and parent capacity are strongly impacted as measured through the HOME Inventory and NCAST. Participants are provided greater knowledge of alternative forms of discipline, more understanding of child development and their child's behavior cues.