Promising Ways to Invest in Our Children’s Future: Home Visiting Programs

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Overview of Voluntary Home Visiting Programs

- Matches parents with trained professionals
  - Voluntary and non-punitive
  - Culturally appropriate
  - Family-centered
- Multiple models in use in California
- Proven outcomes related to child health and learning, maternal health and self-sufficiency
Demonstrated Outcomes

**Nurse Family Partnership**
- Reduced tobacco use during pregnancy
- Reduced pregnancy-induced hypertension
- Reduced risk of infant deaths
- Reduced child maltreatment
- Reduced ER injuries for children ages 0 to 2
- Increased breastfeeding & immunization rates

**Healthy Families America**
- Fewer birth complications
- Increased breastfeeding & immunization rates
- Lower rates of maternal depression

**Parents as Teachers**
- Increased rates of parents reading and playing
- Increased book ownership
- Increased children’s oral language skills

**Early Head Start**
- Fewer externalizing and attention problems
- More family involvement in school
- Fewer depressive symptoms
- Less use of alcohol
- Enhanced cognitive and language development
Cost-Benefit Analysis

Benefits of Nurse-Family Partnership per Family Served in California

Total Benefits $50,558

- $10,354 Reduced child maltreatment
- $11,332 Fewer youth crimes
- $24,324 Fewer infant deaths

Net Benefits $38,483

- Other $1332
- Fewer nonfatal child injuries $889
- Fewer preterm births** $2327

Cost of Nurse Family Partnership $12,075
Children Served in California

Children Served in California Home Visiting Programs

- Local Models: 24,619
- National Models:
  - EHS
  - NFP
  - PAT
  - HFA & HIPPY

Half of infants and toddlers are low income

Nearly two-thirds experience one or more risk factors

Unmet Need (based on early childhood poverty) 94%
What’s the future?

- MIECHV continued funding
- Triage by need and fit
- Technology tools to scale
- Medical model & funding mechanisms
- Pay for success
Questions?
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