



Excerpt from the 2020 Prenatal-to-3 State Policy Roadmap

STRATEGY

EVIDENCE-BASED HOME VISITING PROGRAMS

Evidence-based home visiting programs are an effective state STRATEGY to impact:



Participation in evidence-based home visiting programs lead to:

- small but positive impacts on parenting skills; but
- less consistent evidence of impacts on other outcomes.

23

states supplement federal funding and have an estimated percentage of eligible children served by home visiting programs that is at or above the median state value (7.3%).

WHAT ARE EVIDENCE-BASED HOME VISITING PROGRAMS?

Home visiting programs, which provide support and education to parents in the home through a trained professional (e.g., nurse or social worker) or paraprofessional, have a growing evidence base and have expanded rapidly over the last decade as a state-based investment to support parents and children.¹

WHY ARE EVIDENCE-BASED HOME VISITING PROGRAMS IMPORTANT?

Supporting Families in the Early Years Produces Long-Term Benefits

Parents play a critical role in shaping children's early development.² Improving parents' knowledge, social support, and coping and problem-solving skills, as well as connecting families to community and health resources during the prenatal and early childhood periods, promotes positive long-term developmental trajectories in children.³

Nurturing Relationships Can Buffer Children From Adversity

Teaching parents the skills for warm and responsive caregiving can buffer the long-term negative effects of childhood stress and adversity.⁴

The Home-Based Delivery of Services Is Convenient for Many Families and Can Keep Them More Engaged

The convenience of home-based service delivery can maximize the likelihood that families will participate by eliminating or reducing barriers, such as transportation costs and child care needs.⁵ By providing support to families in their homes, it may be easier for the entire family, including fathers, to participate, and this delivery method may facilitate more personalized, individual attention, potentially increasing families' engagement in the programs.⁶

WHAT IMPACT DO EVIDENCE-BASED HOME VISITING PROGRAMS HAVE?

Participation in evidence-based home visiting programs leads to small but positive impacts on parenting skills, but these effects exist within the context of many more null findings. Fewer consistent impacts have been found on other important child and family outcomes, including birth outcomes,^{7,8} child maltreatment,^{9,10} and child health,^{11,12} but our review of the evidence on home visiting to date is limited to parenting impacts.

Strong Causal Studies Show That Evidence-Based Home Visiting Programs Impact One Prenatal-to-3 Policy Goal

Examples of Impact:



- Home visiting led to small but significant effects for improving parenting behaviors (overall effect sizes on parenting outcomes from meta-analyses range from 0.09 to 0.37) (A,C,D,E)
- Significant effects emerge within the context of many more null findings (B,E)

Note. Results are based on comprehensive reviews of the evidence. The letters in parentheses in the table above correspond to a strong causal study in the comprehensive evidence review of evidence-based home visiting programs. Each strong causal study reviewed has been assigned a letter. A complete list of causal studies can be found in the references section at the end of this document. Comprehensive evidence reviews of each policy and strategy, as well as more details about our standards of evidence and review method, can be found at pn3policy.org.

WHAT DO WE STILL NEED TO LEARN ABOUT EVIDENCE-BASED HOME VISITING?

More Research Is Needed to Identify a State Policy Lever to Implement Evidence-Based Home Visiting Programs

As a state strategy, evidence-based home visiting programs are effective at improving parenting skills, but research does not provide a specific state policy lever to guide the optimal funding or implementation of home visiting programs. Recent studies have attempted to identify which factors or components of home visiting—including targeting high-risk families versus taking a more universal approach—are associated with better outcomes, but no consistent pattern has emerged. States would benefit from knowing which aspects of home visiting matter the most for families, such as the frequency of visits or the target population served, and future research should seek to elucidate these answers.

More Needs to Be Studied About the Impacts of Evidence-Based Home Visiting Programs on People of Color

Most of the research on parenting outcomes in home visiting programs either does not examine impacts by race and ethnicity, or no significant differences emerge in subgroup analyses. Research does suggest that matching clients and home visitors on race and/or ethnicity can have better effects on birth outcomes, but this finding does not hold for parenting outcomes.¹³ Future studies should examine differential impacts of evidence-based home visiting programs based on race and ethnicity.

The Return on Investment for Evidence-Based Home Visiting Programs Needs to Be Studied More

High-quality home visiting programs have been found to produce \$1.75 to \$5.70 in cost savings for every dollar spent on the program. Savings attributed to home visiting programs have been identified in areas including child welfare, special education, and criminal justice. However, the current evidence base has not demonstrated how parenting behaviors specifically are linked to cost savings, and future research should prioritize examining the mechanisms through which home visiting could yield cost savings.

Additional Studies Will Be Helpful to Further Understand the Effects of Evidence-Based Home Visiting Programs on Other Policies

More research is necessary to understand how evidence-based home visiting programs interact with other policies that impact the prenatal-to-3 population, such as comprehensive screening and referral programs, which are a common referral source into home visiting programs.

Tracking and Evaluating How States Have Responded to COVID-19 Will Be Essential

The COVID-19 pandemic has required states to shift much of their home visiting practice to a remote environment. A survey of 1,312 programs implementing more than 30 different home visiting models found that 88% of programs stopped in-person visits completely, allowing only telephone or virtual visits aided by teleconferencing technology.¹⁴ More time is needed to assess the full impact of the evolving pandemic on states' home visiting programs and family outcomes.

HOW DO STATES VARY IN THEIR IMPLEMENTATION OF EVIDENCE-BASED HOME VISITING PROGRAMS?

In the absence of a clear state policy lever to assess variation across the states, we describe instead how states compare to one another in their progress toward implementing evidence-based home visiting programs.

The Majority of States Supplement Federal Funding to Implement Home Visiting, and Many Also Serve Eligible Children at a Percentage Higher Than the Median State Value

Currently, all 51 states implement home visiting programs using federal funds or a combination of federal and state funds. Thirty-eight states supplement federal funding with state funding to implement evidence-based home visiting,¹⁵ and 23 of those states also serve eligible children at a percentage at or above the median value across states (7.3%). The percentage of eligible children is determined by calculating the number of children participating in home visiting as a proportion of the number of low-income children under age 3 (below 150% of the FPL). Thirteen states do not supplement federal funding with additional state funding, but of these states, three states serve a proportion of their children at or above the median state value of 7.3%.

How Do We Determine States' Progress Toward Implementing Effective Policies and Strategies?

Without state statute or law to review for progress toward a defined legislative or regulatory action, we leveraged available data assessing state variation in each of the strategies to demonstrate how states are making progress implementing the six strategies relative to one another. Indicators of variation included factors such as the percentage of children or families that states serve through the strategy, states' eligibility criteria for the strategy, whether states invest state funds in the strategy, and whether states meet the federal recommendations for implementing the strategy.

Based on information from the National Home Visiting Resource Center, the Home Visiting Evidence of Effectiveness, the National Conferences of State Legislatures (NCSL) FY19 state budget survey, state statutes and adopted FY19 budgets, and data estimating the percent of eligible children served by home visiting relative to other states, we determined whether a state supplemented federal funding for evidence-based home visiting programs and if the estimated percent of eligible children served by home visiting is at or above the median state value (7.3%).

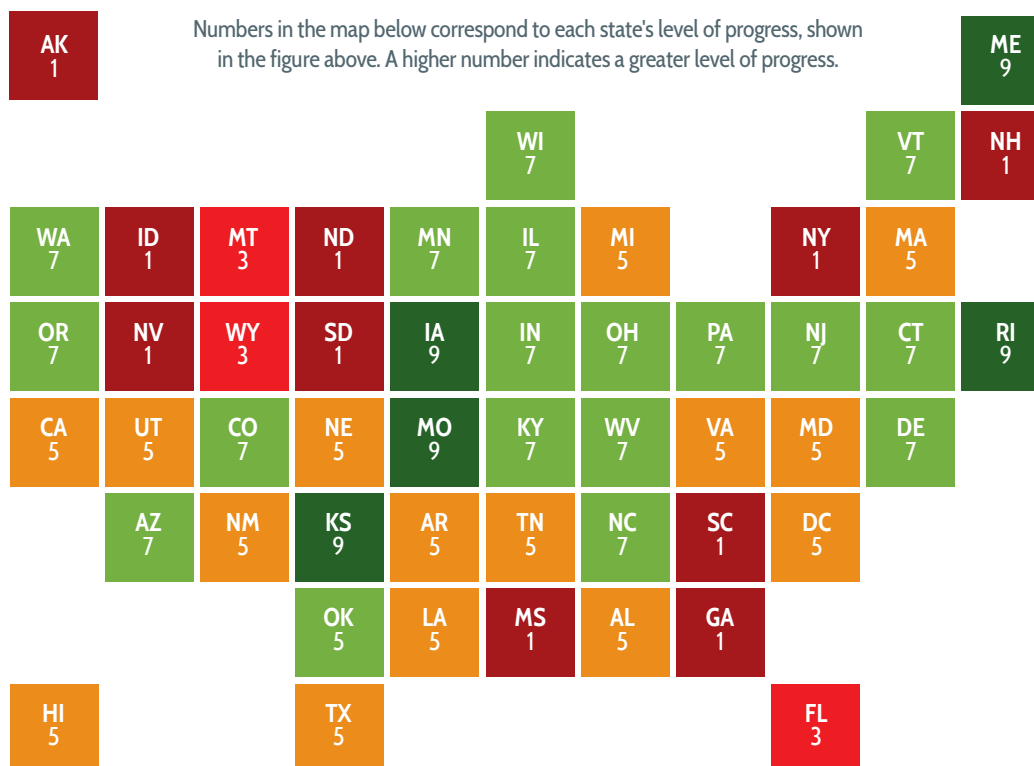
The figure on the next page shows the progress states have made to date toward implementing evidence-based home visiting programs. For additional information, please refer to the Methods and Sources section of pn3policy.org.



Explore your state's interactive data at pn3policy.org/interactive.

Have States Made Substantial Progress Toward Implementing Evidence-Based Home Visiting Programs?

Progress	Detail	# of States	
Substantial Progress	10		
	9	State supplements federal funding, and the estimated percentage of eligible children served by home visiting is more than twice the median state value (14.6%).	5
	8		
Some Progress	7	State supplements federal funding, and the estimated percentage of eligible children served by home visiting is between the median state value (7.3%) and twice the median state value (14.6%).	18
	6		
	5	State supplements federal funding, but the estimated percentage of eligible children served by home visiting is below the median state value (7.3%).	15
Little to No Progress	4	State does not supplement federal funding, but the estimated percent of eligible children served by home visiting is more than twice the median state value (14.6%).	0
	3	State does not supplement federal funding, but the estimated percentage of eligible children served by home visiting is between the median state value (7.3%) and twice the median state value (14.6%).	3
	2		
	1	State does not supplement federal funding, and the estimated percentage of eligible children served by home visiting is below the median state value (7.3%).	10
	0		



At Least Two Evidence-Based Home Visiting Programs Are Implemented in Each State

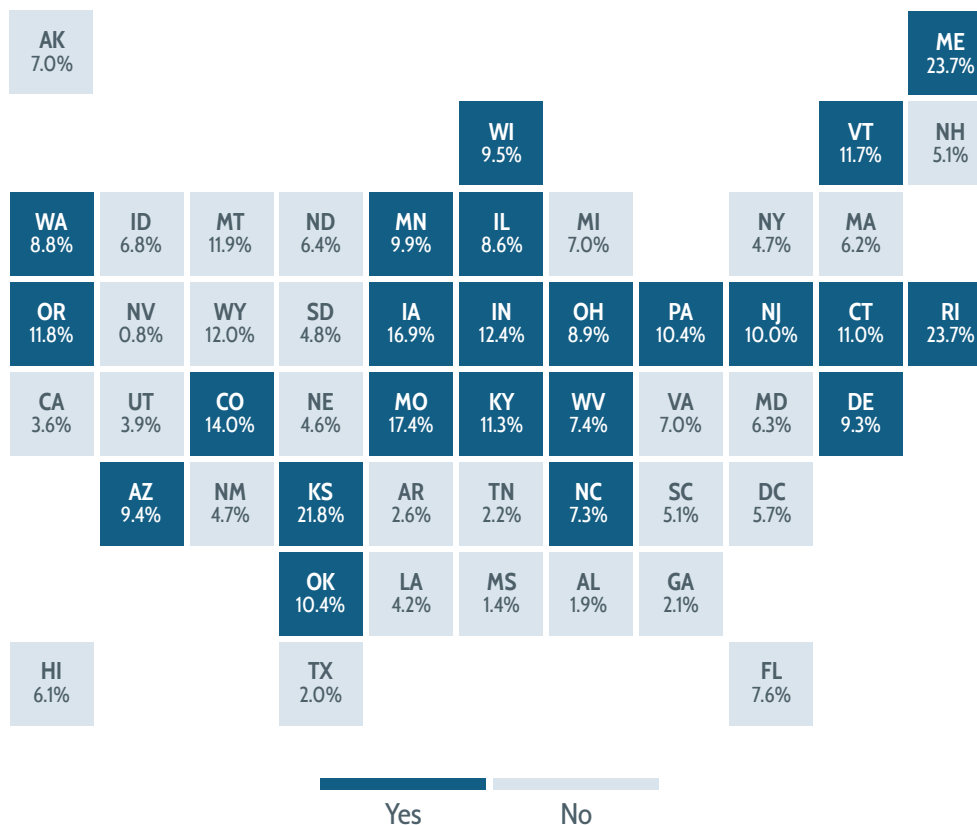
At least two home visiting program models that have a demonstrated impact on parenting serve families in every state. California, Maryland, and North Carolina are implementing eight different evidence-based models that have demonstrated an impact on parenting.

The Reach of Home Visiting Varies Across States, But Generally Is Small

The reach of home visiting is relatively small across the country. The percentage of children participating in home visiting as a proportion of the number of low-income children under age 3 (less than 150% of the federal poverty threshold) ranges from a low of 0.8% in Nevada to a high of 23.7% in Maine and Rhode Island. The median state value is 7.3%, which implies that half of states serve more than this percentage of eligible children and half of states serve fewer.

Children Served by Home Visiting

Estimated % of eligible children under age 3 served by home visiting programs



States with a "Yes" have made substantial progress toward implementing evidence-based home visiting programs.

Source: As of June 11, 2020. National Home Visiting Resource Center; 2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS). For additional information, please refer to the Methods and Sources section of pn3policy.org.

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Strong Causal Studies

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