



National Home Visiting
Resource Center

*Helping Children &
Families Thrive*



: Home Visiting Primer

About the National Home Visiting Resource Center

The National Home Visiting Resource Center (NHVRC) is a source for comprehensive information about early childhood home visiting; its growing evidence base; and its potential impact on children, families, and communities. The center's goal is to support sound decisions in policy and practice to help children and families thrive.

To support this mission, the NHVRC will—

- ✓ Publish original products, including the *Home Visiting Yearbook*
- ✓ Build an online collection of home visiting resources and research
- ✓ Create a space to share professional and personal experiences with home visiting



Join the conversation at
nhvrc.org



The *Home Visiting Primer* was adapted from chapter 1 of the *2017 Home Visiting Yearbook* developed by James Bell Associates with the Urban Institute. Support was provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations.

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Suggested Citation

National Home Visiting Resource Center. (2018). *Home Visiting Primer*. Arlington, VA: James Bell Associates and the Urban Institute.



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Introduction

The *Home Visiting Primer* serves as an introduction to early childhood home visiting, a proven service delivery strategy that helps children and families thrive. Home visiting has existed in some form for more than 100 years, paving the way to a healthier, safer, and more successful future for families. It connects parents-to-be and parents of young children with a designated support person who guides them through the early stages of raising a family. For many, it is a bridge to becoming the kind of parents they want to be so they can unlock their child’s potential.

Home visiting is voluntary and tailored to meet families where they are—from a teenage single mother in Phoenix to an expectant military couple near the Smoky Mountains to a Native American woman raising a grandchild with special needs in North Dakota. Depending on the family’s circumstances, the home visitor might talk with them about their child’s developmental milestones, coach them in positive parenting, connect them with needed services, and even help them create a resume so they can find a job. Home visiting is cost effective, with demonstrated improvements in child health, well-being, and school readiness and parent self-sufficiency.

Through our *Home Visiting Yearbook*, the National Home Visiting Resource Center (NHVRC) aims to provide the most comprehensive picture available of home visiting on the national and state levels. This primer provides context for the *Yearbook* data by establishing what home visiting is and its potential impact on families. It presents—

- ✓ Background information that defines home visiting and outlines its history
- ✓ Highlights from the evidence base for home visiting, describing its demonstrated impact on critical needs
- ✓ An overview of the funding sources for home visiting services



What Is Home Visiting?

Few experiences are as rewarding and challenging as parenthood. Many parents still remember the friends and relatives they turned to for advice after discovering they were expecting a child. Unfortunately, not everyone has a built-in system to help them navigate a child's early years.

Early childhood home visiting is a service delivery strategy that matches expectant parents and parents of young children with a designated support person—typically a trained nurse, social worker, or early childhood specialist. Services are voluntary and provided in the family's home or another location of the family's choice, often reaching socially or geographically isolated families.

A two-generation approach, home visiting delivers both parent- and child-oriented services to help the whole family. It views child and family development from a holistic perspective that encompasses—

- ✓ Child health and well-being
- ✓ Parent health and well-being
- ✓ Child development and school readiness
- ✓ Family economic self-sufficiency
- ✓ Positive parent-child relationships
- ✓ Family functioning

Home visiting can benefit all families that welcome a child into their lives. For families facing additional stressors, such as unemployment or health concerns, a consistent lifeline can provide the stability they need to get back on their feet. Home visitors get to know each family over time and tailor services to meet its needs. A home visit might include an assessment of child and family strengths and needs, provision of information on child developmental stages and progress, structured parent-child activities, family goal setting, assistance addressing crises or resolving problems, coordination with needed community services, or emotional support during stressful times.¹

Brief History

Early childhood home visiting is not new. As early as 1883, private charities sent home visitors to provide guidance and model healthy behaviors to the urban poor.ⁱⁱ Over time, new professions were created to support families in the home. The Settlement House movement of the early 1900s propelled the Progressive Era in the United States, promoting visiting nurses, teachers, and social workers.ⁱⁱⁱ Federal interest in the needs of mothers and young children led to the passage in 1935 of Title V, the Maternal and Child Health Program (which was later converted to a block grant). In the 1960s, the War on Poverty increased awareness of early child care and child development.

In the early 1970s, C. Henry Kempe, a crusader for the prevention of child maltreatment, advocated for a universal approach to prevention through a network of home health visitors.^{iv} Influenced by this approach, modern home visiting began with Hawaii's implementation of the Healthy Start Project in 1975.^v In 1977, David Olds initiated the first randomized control trial of what would become the Nurse-Family Partnership model, marking the beginning of rigorous evidence building in home visiting.^{vi} Political and community support for home visiting also began to gather and, bolstered by state and foundation funding, led to the creation of the first Parents as Teachers program in 1981.^{vii}

The burgeoning development of home visiting models continued throughout the 1990s. In 1992, Healthy Families America emerged from the National Committee to Prevent Child Abuse (now Prevent Child Abuse America),^{viii} with funding support from Ronald McDonald Children's Charities (now Ronald McDonald House Charities). Critical to the design of Healthy Families America was the development of infrastructure to replicate the model, including training, technical assistance, and an accreditation system to assess implementation. This laid the groundwork for the national expansion of home visiting models a decade later. Models also emerged from practice communities and academic settings, including Minding the Baby, which began in 2002 as a collaboration of the Yale Child Study Center, Yale School of Nursing, Fair Haven Community Health Center, and Cornell Scott-Hill Health Center.^{ix}

In the new millennium, several models established national offices, and six of the largest models collaborated to create a national forum.^x Its focus was to improve home visiting and develop benchmarks for measuring quality. In 2009, the U.S. Department of Health and Human Services (HHS) established the Home Visiting Evidence of Effectiveness project (HomVEE) to review the evidence base for home visiting models.^{xi} Bipartisan support for evidence-based home visiting led to the creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) in 2010. Congress reauthorized MIECHV funding in 2015 (through 2017), and again in 2018 for an additional 5 years.



Bipartisan support for evidence-based home visiting led to MIECHV.

Home Visiting: A Timeline

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- 1899**
Mary Richmond publishes her manual for home visiting, "Friendly Visiting Among the Poor: A Handbook for Charity Workers."
 - 1935**
Congress passes Title V, the Maternal and Child Health Program.
 - 1960s**
The War on Poverty emphasizes support for early child care and development.
 - 1970s**
C. Henry Kempe proposes home health visiting to prevent child abuse and neglect.
 - 1974**
Congress passes the Child Abuse Prevention and Treatment Act.
 - 1975**
Hawaii implements the Healthy Start Project.
 - 1977**
David Olds begins randomized clinical trials that lead to Nurse-Family Partnership.
 - 1900-1920s**
Settlement houses for the urban poor are expanded.





1981

The Missouri Department of Education designs first Parents as Teachers program.



2009

HHS launches HomVEE to review the evidence base for home visiting models.



1994

Head Start expands home visiting to children from birth to age 3 (Early Head Start).



2011

Pew Charitable Trusts hosts the first National Summit on Quality in Home Visiting Programs.



2000

National Home Visiting Forum convenes for first time.



2018

Congress reauthorizes MIECHV funding for an additional 5 years.



1992

Healthy Families America is established.



2010

Congress invests \$1.5 billion in home visiting through MIECHV.



Home Visiting Models

Home visiting models vary based on factors such as their target audience, the outcomes they prioritize, and the duration and frequency of home visits. Some models are designated as evidence based because they meet rigorous HomVEE criteria for evidence of effectiveness. Other home visiting models are grounded in practice or research but have not yet met the HomVEE standards of evidence (although they might meet some of the criteria). Both types play an important role in the home visiting landscape.

The *Home Visiting Yearbook* primarily presents data on evidence-based home visiting. As of August 2018, 20 home visiting models met HomVEE criteria for evidence of effectiveness (see nhvrc.org/discover-home-visiting/models):

- ✓ Attachment and Biobehavioral Catch-Up (ABC)
- ✓ Child First
- ✓ Early Head Start Home-Based Option (EHS)
- ✓ Early Intervention Program for Adolescent Mothers
- ✓ Early Start (New Zealand)
- ✓ Family Check-Up (FCU)
- ✓ Family Connects
- ✓ Family Spirit
- ✓ Health Access Nurturing Development Services (HANDS)
- ✓ Healthy Beginnings
- ✓ Healthy Families America (HFA)
- ✓ HealthySteps¹
- ✓ Home Instruction for Parents of Preschool Youngsters (HIPPPY)
- ✓ Maternal Early Childhood Sustained Home-Visiting (MECSH)
- ✓ Minding the Baby
- ✓ Nurse-Family Partnership (NFP)
- ✓ Oklahoma's Community-Based Family Resource and Support (CBFRS) Program²
- ✓ Parents as Teachers (PAT)
- ✓ Play and Learning Strategies (PALS)
- ✓ SafeCare

MIECHV requires state awardees to devote the majority of funds toward implementing evidence-based models. Additionally, 3 percent of MIECHV funds are set aside to further bolster the home visiting evidence base through research and evaluation.^{xii}

¹ During a recent update, HomVEE revised the HealthySteps profile to include changes to the model, noting home visiting is not HealthySteps' primary service delivery strategy. States could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

² Oklahoma's Community-Based Family Resource and Support Program is no longer in operation. See <https://homvee.acf.hhs.gov/models.aspx> for details.



Why Home Visiting?

The first 5 years of life are the building blocks for children’s future health, development, and academic achievement.^{xiii} In fact, children’s early experiences and interactions with adults shape brain development and serve as the foundation for subsequent learning.^{xiv, xv, xvi}

Early childhood home visiting empowers parents and caregivers to meet their family’s needs and to engage more fully in their children’s care and growth. Participation benefits adults and children alike.

Studies have found a return on investment of \$1.80 to \$5.70 for every dollar spent on home visiting.^{xvii, xviii} For example, home visiting can reduce child emergency room visits, lowering health care expenses.^{xix} It can help identify developmental and social-emotional delays so children can access services early, lowering future mental health and special education costs. Among adult participants, outcomes include higher employment rates and tax revenues, reduced criminal activity, and reduced reliance on welfare programs.^{xx} This strong return on investment is consistent with established research on other types of early childhood interventions.^{xxi}

Home visiting has a strong evidence base, with many studies showing that it works.³ As a two-generation approach, home visiting has the potential to improve outcomes across a range of domains, such as child health, school readiness, parent economic self-sufficiency, and parenting practices. Not all domains have been well studied or have demonstrated improvement across all home visiting models.⁴ Here we highlight examples of home visiting’s demonstrated impact on critical needs.^{xxii, xxiii, xxiv}



Studies have found a return on investment of \$1.80 to \$5.70 for every dollar spent on home visiting.

³ For a more comprehensive review of the evidence base for home visiting, see *Components Associated with Home Visiting Program Outcomes: A Meta-Analysis*, retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24187111>.

⁴ For details about models by outcome domain, see evidence reviews conducted by HomVEE, Home Visiting Evidence Effectiveness: Outcomes, retrieved from <https://homvee.acf.hhs.gov/outcomes.aspx>.



Healthy Babies

Access to prenatal care prevents birth complications for both infants and mothers and reduces health care costs.^{xxv} Unfortunately, national data reveal that not all babies get a healthy start:⁵

- Six percent of expectant mothers had delayed or no prenatal care.^{xxvi}
- Ten percent of infants were born prematurely.^{xxvii}
- Approximately 6 percent of infants died before age 1.^{xxviii}

Home Visiting as Part of the Solution

Home visitors work with expectant and new mothers to ensure optimal care in pregnancy and infancy. Indeed, pregnant home visiting participants are more likely to access prenatal care and carry their babies to term.^{xxix} Home visiting also promotes infant caregiving practices like breastfeeding, which has been associated with positive long-term outcomes related to cognitive development and child health.^{xxx}



Safe Homes and Nurturing Relationships

Preventable injuries and abuse happen all too frequently to children in the United States:

- Twenty-five percent of children aged 0-5 visited the emergency room because of accident or injury between 2010 and 2013.^{xxxi}
- Unintentional injuries were a leading cause of death and disability among children aged 1-4.^{xxxii}
- The rate of substantiated child abuse was 9 per 1,000 children under 18, with the majority of victims under age 1.^{xxxiii}

Home Visiting as Part of the Solution

Home visitors provide parents with knowledge and training to make their homes safer. For example, educating parents about how to “baby proof” their home can reduce unintentional injuries. Home visitors also teach parents how to engage with their children in positive, nurturing, and responsive ways, thus reducing child maltreatment.^{xxxiv}

⁵ Data presented in this section are from 2016 unless otherwise indicated. For national and state data about maternal and child health indicators of well-being, consult the *Home Visiting Yearbook*.



Optimal Early Learning and Long-Term Academic Achievement

Because the early years of life are critical to brain development, parent-child activities like reading together are linked to future academic achievement. Nationally, many children do not get the start they need to launch a positive academic trajectory:

- Sixty-five percent of fourth graders failed to meet standards for reading proficiency in 2017.^{xxxv}

Home Visiting as Part of the Solution

Home visitors offer parents timely information about child development, helping them recognize the value of reading and other activities for children's learning. This guidance translates to improvements in children's early language and cognitive development, as well as academic achievement in grades 1 through 3.^{xxxvi, xxxvii}



Self-Sufficient Parents

Many people do not have the education and job opportunities they need to successfully navigate the transition to parenting and adulthood:

- For 14 percent of children under 18, the head of household had less than a high school diploma.
- For another 44 percent of children under 18, the head of household had only a high school diploma.^{xxxviii}
- Approximately 3 in 10 children under age 18 lived in families where no parent had regular, full-time employment.^{xxxix}

Home Visiting as Part of the Solution

Home visitors help parents set goals to promote their financial self-sufficiency. This support translates to better education and employment outcomes. Compared with their counterparts, parents enrolled in home visiting have higher monthly incomes, are more likely to be enrolled in school, and are more likely to be employed.^{xl, xli, xlii, xliii}



How Is Home Visiting Funded?

Early childhood home visiting is provided to participants at no cost to them. Agencies blend dollars from funding sources at the federal, state, and local levels to cover the cost of services. MIECHV has provided a significant boost of federal funding for evidence-based home visiting, but MIECHV awardees and other agencies that operate home visiting programs seek diverse funding streams to reach the many more families who could benefit.

Aside from MIECHV, states may allocate federal dollars toward home visiting from Title V of the Maternal and Child Health Block Grant Program, Temporary Assistance for Needy Families, Medicaid, Healthy Start, and the Community-Based Child Abuse Prevention Program. For example, prior to first receiving MIECHV funds in 2010, Louisiana combined state general funds, federal maternal and child health dollars, Medicaid dollars, and Temporary Assistance for Needy Families funding to support implementation of the Nurse-Family Partnership model.^{xiv} For decades, states have also drawn on a mix of general and dedicated funds to support home visiting, including tobacco settlements and taxes, lotteries, and budget line items. Funding is made available through health, education, and human services agencies.

States, local agencies, nonprofit organizations, and research institutes also leverage private dollars to develop, implement, and expand home visiting services. Examples of organizations that support or have supported home visiting include the United Way, March of Dimes, and philanthropic partners such as the Robert Wood Johnson Foundation, Heising-Simons Foundation, W. K. Kellogg Foundation, Richard W. Goldman Family Foundation, Pew Charitable Trusts, and others.

References

- i. Michalopoulos, C., Lee, H., Duggan, A., Lundquist, E., Tso, A., Crowne, S., . . . Knox, V. (2015). *The Mother and Infant Home Visiting Program Evaluation: Early findings on the Maternal, Infant, and Early Childhood Home Visiting Program* (OPRE Report No. 2015-11). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- ii. Weiss, H. (1993). Home visits: Necessary but not sufficient. *The Future of Children*, 3(3), 113–128.
- iii. HomeVisiting.org. (n.d.). Historical summary. Retrieved from <http://homevisiting.org/history>
- iv. Kempe, C. H. (1976). Approaches to preventing child abuse: The health visitors concept. *American Journal of Diseases of Children*, 130(9), 941–947.
- v. Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., . . . Sia, C. C. (1999). Evaluation of Hawaii's Healthy Start Program. *The Future of Children*, 9(1), 66–90.
- vi. Nurse-Family Partnership. (2011). From a desire to help people, to a place that truly does: The story of how Nurse-Family Partnership became a leading model in maternal-child health programs. Retrieved from <http://www.nursefamilypartnership.org/About/Program-history>
- vii. Parents as Teachers National Center, Inc. (2017). About Parents as Teachers. Retrieved from <http://parentsasteachers.org/about/>
- viii. Healthy Families America. (2015). History. Retrieved from <http://www.healthyfamiliesamerica.org/history/>
- ix. Yale School of Medicine. (2017). Minding the Baby. Retrieved from <http://www.mtb.yale.edu/>
- x. HomeVisiting.org. (n.d.). Historical summary. Retrieved from: <http://homevisiting.org/history>
- xi. Sama-Miller, E., Akers, L., Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., & Del Grosso, P. (2017). Executive summary. In *Home Visiting Evidence of Effectiveness Review*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://homvee.acf.hhs.gov/homvee_executive_summary_august_2017_final_508_compliant.pdf
- xii. Health Resources and Services Administration, Maternal and Child Health. (2016). Home visiting. Retrieved from <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
- xiii. National Research Council & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- xiv. Ibid.
- xv. Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., . . . Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246.
- xvi. Adirim, T., & Supplee, L. (2013). Overview of the federal home visiting program. *Pediatrics*, 132(Supplement 2), S59–S64.
- xvii. Pew Center on the States. (2011). *Policy framework to strengthen home visiting programs*. Washington, DC: Author. Retrieved from http://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs_assets/2011/HomeVisitingmodelpolicyframeworkpdf.pdf?la=en

- xxviii. Karoly, L. A., Greenwood, P. W., Everingham, S. S., Hoube, J., Kilburn, M. R., Rydell, C. P., . . . Chiesa, J. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions*. Santa Monica, CA: RAND Corporation. Retrieved from https://www.rand.org/content/dam/rand/pubs/monograph_reports/1998/MR898.pdf
- xix. Kitzman, H., Olds, D. L., Henderson, C. R., Hanks, C., Cole, R., Tatelbaum, R., . . . Englehardt, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *Journal of the American Medical Association*, 278(8), 644–652.
- xx. Isaacs, J. (2007). *Cost effective interventions in children*. Washington, DC: The Brookings Institution. Retrieved from https://www.brookings.edu/wp-content/uploads/2016/06/01childrenfamilies_isaacs.pdf
- xxi. Masse, L. N., & Barnett, W. S. (2002). A benefit-cost analysis of the Abecedarian early childhood intervention. In H. M. Levin & P. J. McEwan (Eds.), *Cost-effectiveness and educational policy* (pp. 157–173). Larchmont, NY: Eye on Education, Inc.
- xxii. Heckman, J. J., Holland, M. L., Makino, K. K., Pinto, R., & Rosales-Rueda, M. (2017). *An analysis of the Memphis Nurse-Family Partnership program*. (Working Paper No. 23610). Cambridge, MA: National Bureau of Economic Research.
- xxiii. Daro, D. (2009). *Embedding home visitation programs within a system of early childhood services* (Chapin Hall Issue Brief). Chicago, IL: Chapin Hall at the University of Chicago.
- xxiv. Garner, A. S. (2013). Home visiting and the biology of toxic stress: Opportunities to address early childhood adversity. *Pediatrics*, 132(Supplement 2), 565–573.
- xxv. Johnson, K., Posner, S. F., Biermann, J., Cordero, J. F., Atrash, H. K., Parker, C. S., . . . Curtis, M. G. (2006). Recommendations to improve preconception health and health care—United States. *Morbidity and Mortality Weekly Report*, 55(4), 1–23.
- xxvi. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2016). *Nativity public-use data 2007-2016* [CDC WONDER Online Database, February 2018]. Retrieved from <https://wonder.cdc.gov>
- xxvii. Martin, J. A., Hamilton, B. E., Osterman, M. J. K., et al. (2018). Births: Final data for 2016. Supplemental tables. Table I-19. Preterm births, by race and Hispanic origin of mother: United States, each state and territory, 2016. *National Vital Statistics Reports*, 67(1).
- xxviii. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Pressroom. Stats of the States, Infant Mortality Rates by State, as compiled from data provided from the CDC WONDER Online Database. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm
- xxix. Issel, L. M., Forrestal, S. G., Slaughter, J., Wiencrot, A., & Handler, A. (2011). A review of prenatal home-visiting effectiveness for improving birth outcomes. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 40(2), 157–165.
- xxx. Victora, C. G., Horta, B. L., de Mola, C. L., Quevedo, L., Pinheiro, R. T., Gigante, D. P., . . . Barros, F. C. (2015). Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: A prospective birth cohort study from Brazil. *The Lancet Global Health*, 3(4), e199–e205.
- xxxi. National Health Interview Survey-Child and Family Core. NHIS-Child 2010-2013. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org
- xxxii. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2017). *Ten leading causes of death and injury*. Retrieved from <https://www.cdc.gov/injury/wisqars/leadingcauses.html>
- xxxiii. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau (2018). *Child maltreatment 2016*. Retrieved from <https://www.acf.hhs.gov/cb/research-data-technology/statistics->

[research/child-maltreatment](#)

- xxxiv. Del Grosso, P., Hargreaves, M., Paulsell, D., Vogel, C., Strong, D. A., Zaveri, H., ... Daro, D. (2011). *Building infrastructure to support home visiting to prevent child maltreatment: Two-year findings from the cross-site evaluation of the Supporting Evidence-Based Home Visiting initiative*. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. Contract No.: GS-10F-0050L/HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ.
- xxxv. U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2017). *National Assessment of Educational Progress, 2017 reading assessments*. Retrieved from https://www.nationsreportcard.gov/reading_math_2017_highlights/files/infographic_2018_reading.pdf
- xxxvi. Olds, D. L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., . . . Stevenson, A. J. (2007). Effects of nurse home visiting on maternal and child functioning: Age-9 follow-up of a randomized trial. *Pediatrics*, 120(4), e832–e845.
- xxxvii. Raikes, H. A., Robinson, J. L., Bradley, R. H., Raikes, H. H., & Ayoub, C. C. (2007). Developmental trends in self regulation among low-income toddlers. *Social Development*, 16(1), 128–149.
- xxxviii. The Annie E. Casey Foundation. (2018). *2018 KIDS COUNT data book: State trends in child well-being*. Baltimore, MD: Author. Retrieved from <https://datacenter.kidscount.org/data/tables/5203-children-by-household-heads-educational-attainment?loc=1&loct=1&loc=1&loct=1#detailed/1/any/false/870.573.869.36.868.867/1315.1316.1313.1312/11679.11680>
- xxxix. The Annie E. Casey Foundation. (2018). *2018 KIDS COUNT data book: State trends in child well-being*. Baltimore, MD: Author. Retrieved from <https://datacenter.kidscount.org/data/tables/5043-children-whose-parents-lack-secure-employment?loc=1&loct=1&loc=1&loct=1#detailed/1/any/false/870.573.869.36.868.867/any/11452.11453>
- xl. Jones Harden, B., Chazan-Cohen, R., Raikes, H., & Vogel, C. (2012). Early Head Start home visitation: The role of implementation in bolstering program benefits. *Journal of Community Psychology*, 40(4), 438–455.
- xli. Olds, D. L., Henderson Jr., C. R., Tatelbaum, R., & Chamberlin, R. (1988). Improving the life-course development of socially disadvantaged mothers: A randomized trial of nurse home visitation. *American Journal of Public Health*, 78(11), 1436–1445.
- xlii. LeCroy, C. W., & Krysik, J. (2011). Randomized trial of the Healthy Families Arizona home visiting program. *Children and Youth Services Review*, 33(10), 1761–1766.
- xliii. Home Visiting Evaluation of Evidence. (2014). *Home visiting program: Reviewing evidence of effectiveness* (OPRE Report No. 2014-60). Retrieved from https://homvee.acf.hhs.gov/HomVEE_brief_2014-60.pdf
- xliv. Pew Center on the States. (2011). *States and the new federal home visiting initiative: An assessment from the starting line*. Washington, DC: Author. Retrieved from https://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/home_visiting/homevisitingaugust2011reportpdf.pdf



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Developed by James Bell Associates in partnership with the Urban Institute. Support provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation.

