

## **Healthy Families America (HFA) Addresses Major Risks for Maternal Mortality**

Healthy Families America (HFA) is rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development, and through home visiting helps at-risk parents forge a strong bond with their child despite challenges they face such as single parenthood, poverty, exposure to adverse childhood experiences (ACEs), and current or previous issues related to substance use, mental health, and domestic violence. Currently, nearly 73,000 families are served each year by approximately 600 Healthy Families America sites in 38 states, Washington DC, five U.S. Territories, and Israel.

Increasing evidence points to stress, racial disparities, and health provider/systemic biases as contributing factors over and above poverty in racial health disparities, including maternal and infant mortality. These are very challenging issues without easy, quick solutions. Healthy Families America's model, a two-generation program which works to reduce the transmission of trauma and socioeconomic disadvantage from parents to their children, shows impacts on social determinants of health, including access to health care, healthy behavior, education, physical environment, and reducing adverse childhood experiences. Two research studies are currently underway testing strategies to prevent obesity for HFA participants. In addition, HFA's evidence base suggests positive impacts on parenting stress, self-efficacy and parents' ability to advocate for themselves and their children. As a two-generation model, HFA's impacts on children can decrease the lifelong risk of chronic health problems, including factors that contribute to maternal mortality such as obesity, high blood pressure, and heart disease, thus helping to break the cycle of health disparities.

HFA is well-positioned to reduce risks for mothers in rural communities through its scalable and flexible model requirements and can be successfully implemented in low-density rural and tribal communities as well as metropolitan centers.

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. These studies represent evaluations conducted on real-world sites, conducted by investigators who are independent of the national headquarters for HFA. Evidence from rigorous evaluations demonstrate the following outcomes that suggest potential for reducing maternal mortality.

### Education/Self-Sufficiency:

- HFA helps new moms find the motivation and resources to further their education showing increased maternal education over one to three years (Anisfeld, et al., 2004; Jacobs, et al., 2015; Landsverk, et al., 2002; LeCroy & Krysik, 2011).
- HFA teen moms were less likely to experience a repeat teen birth (Ownbey, et al., 2011).
- Moms were more likely to use condoms at 12 months post-enrollment (Jacobs, et al., 2015).
- Parents were five times more likely to enroll in school or training (LeCroy & Krysik, 2011).
- Moms were less likely to be homeless from the child's birth to kindergarten follow-up (about 74 months post-enrollment) (Easterbrooks, et al., 2017).

Markers of improved maternal health: Rigorous studies of HFA sites report numerous health benefits for both mothers and babies.

- Reduced pregnancy complications by 70% (Galano, et al., 2001);
- Reduced rate of low birth weight births by 48% (Lee, et al., 2009);
- Reduced alcohol consumption (LeCroy & Krysik, 2011) and substance use (Easterbrooks, et al., 2017) by mothers;
- Higher positive mental health scores for mothers (LeCroy & Davis, 2016);
- Lower parenting stress for mothers (Green, et al., 2014; Jacobs, et al., 2015).

Access to health care and medical home: Findings indicate the degree to which parents interact with health care providers and systems.

- Families were more likely to have a primary care provider who understood the parent's concerns about the child (Duggan, et al., 1999).
- Children had better access to health care, evidenced by rates of health insurance at age one (Mitchell-Herzfeld et al., 2005) and two (Caldera, et al., 2007).
- Children had more completed well-child visits by age three (Landsverk, et al., 2002).

Maternal Advocacy:

- Mothers were more likely to advocate for themselves, and this effect was even stronger for mothers who were clinically depressed at enrollment (Easterbrooks, et al., 2017).

Child impacts: HFA reduces Adverse Childhood Experiences (ACEs)

- Children experienced lower rates of child maltreatment in multiple studies, over time.
- HFA reduced intimate partner violence (IPV) perpetrated by mothers (Bair-Merritt, et al., 2010). Maternal-perpetrated IPV has been shown to impact children independent of male-perpetrated IPV (McDonald et al., 2009).
- Children experienced reductions in other ACEs, including reduced maternal alcohol consumption (LeCroy & Krysik, 2011) and substance use (Easterbrooks, et al., 2017), and reduced maternal mental health issues (LeCroy & Davis, 2016).

**Citations:**

- Anisfeld, E., Sandy, J., & Guterman, N. B. (2004). Best Beginnings: A randomized controlled trial of a paraprofessional home visiting program: Technical report. Report to the Smith Richardson Foundation and New York State Office of Children and Family Services. New York: Columbia University School of Social Work.
- Bair-Merritt, M. H., Jennings, J. M., Chen, R., Burrell, L., McFarlane, E., Fuddy, L., et al. (2010). Reducing maternal intimate partner violence after the birth of a child: A randomized controlled trial of the Hawaii Healthy Start home visitation program. *Archives of Pediatrics and Adolescent Medicine*, 164(1), 16-23.
- Caldera, D., Burrell, L., Rodriguez, K., Crowne, S. S., Rohde, C., & Duggan, A. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child Abuse & Neglect*, 31(8), 829-852.
- Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., et al. (1999). Evaluation of Hawaii's Healthy Start program. *Future of Children*, 9(1), 66-90.
- Easterbrooks, A., et al. (2017). The Massachusetts Healthy Families Evaluation-2: Early Childhood (MHFE-2EC): Follow-up Study of a Randomized, Controlled Trial of a Statewide Home Visiting Program for Young Parents. Final Report to Massachusetts Department of Public Health, Children's Trust of Massachusetts. Medford, MA: Tufts University.
- Galano, J., Credle, W., Perry, D., Berg, S.W., Huntington, L., Stief, E. (2001). Report from the Field: Developing and Sustaining a Successful Community Prevention Initiative: The Hampton Healthy Families Partnership. *Journal of Primary Prevention*, 21(4), 495-509.
- Green, B.L., Tarte, J.M., Harrison, P.M., Nygren, M., Sanders, M.B. (2014). Results from a randomized trial of the Healthy Families Oregon accredited statewide program: Early program impacts on parenting. *Children and Youth Services Review*, 44, 288-298
- Jacobs, F. Easterbrooks, M., Goldberg, J., Mistry, J., Bumgarner, E., Raskin, M., Fosse, N., & Fauth, R. (2015, online). Improving adolescent parenting: Results from a randomized controlled trial of a home visiting program for young families. *American Journal of Public Health*, e1-e8.
- Landsverk, J., Carrilio, T., Connelly, C. D., Ganger, W., Slymen, D., Newton, R., et al. (2002). Healthy Families San Diego clinical trial: Technical report. San Diego, CA: The Stuart Foundation, California Wellness Foundation, State of California Department of Social Services: Office of Child Abuse Prevention.
- LeCroy, C. W., Davis, M.F. (2016). Randomized Trial of Healthy Families Arizona: Quantitative and Qualitative Outcomes. *Research on Social Work Practice*.
- LeCroy & Krysik (2011). Randomized trial of the Healthy Families Arizona home visiting program. *Children and Youth Services Review*, 33, 1761-1766.
- Lee, E., Mitchell-Herzfeld, S., Lowenfels, A. A., Greene, R., Dorabawila, V., & DuMont, K. A. (2009). Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine*, 36(2), 154-160.
- McDonald R, Jouriles E, Tart C, Minze L. (2009). Children's adjustment problems in families characterized by men's severe violence toward women: does other family violence matter? *Child Abuse Neglect*, 33(2):94-101.
- Mitchell-Herzfeld, S., Izzo, C., Greene, R., Lee, E., & Lowenfels, A. (2005). Evaluation of Healthy Families New York (HFNY): First year program impacts. Albany, NY: University at Albany, Center for Human Services Research.
- Ownbey, M., Ownbey, J., Cullen, J. (2011). The Effects of a Healthy Families Home Visitation Program on Rapid and Teen Births. *Child and Adolescent Social Work Journal*, Vol. 28, pg. 439.