

Healthy Families America

Public Health & Prevention: Home- or Family-based

Benefit-cost estimates updated December 2023. Literature review updated July 2017.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Program Description: Healthy Families America (<http://www.healthyfamiliesamerica.org>) is a network of programs that grew out of the Hawaii Healthy Start program. Healthy Families America programs aim to reduce child maltreatment and promote positive parent-child relationships. At-risk families are identified and enrolled either during pregnancy or shortly after the birth of a child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes, and case management. Participants typically receive weekly home visits in the first six months after a child's birth and may continue to receive periodic home visits until the child is three years old. Among programs included in the meta-analysis, participants typically received 29–43 home visits over a period of about 16 months.

Benefit-Cost Summary Statistics Per Participant

Benefits to:

Taxpayers	\$7,062	Benefit to cost ratio	\$1.81
Participants	\$3,733	Benefits minus costs	\$4,837
Others	\$93	Chance the program will produce	
Indirect	(\$68)	benefits greater than the costs	62%
Total benefits	\$10,819		
Net program cost	(\$5,982)		
Benefits minus cost	\$4,837		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2022). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our [Technical Documentation](#).

Meta-Analysis of Program Effects

Outcomes measured	Treatment age	Primary or secondary participant	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
					First time ES is estimated			Second time ES is estimated			ES	p-value
					ES	SE	Age	ES	SE	Age		
Substance use [^]	22	Primary	1	373	0.021	0.163	25	n/a	n/a	n/a	0.021	0.895
Major depressive disorder	22	Primary	4	1080	-0.057	0.051	25	-0.029	0.063	27	-0.057	0.269
Employment	22	Primary	2	462	0.077	0.091	25	0.000	0.000	26	0.077	0.397
Public assistance	22	Primary	3	2226	0.006	0.031	25	0.006	0.031	25	0.006	0.838
Problem alcohol use	22	Primary	1	373	-0.166	0.172	25	-0.166	0.172	35	-0.166	0.335
Food assistance	22	Primary	3	2226	0.033	0.031	25	0.033	0.031	25	0.033	0.286
Repeat birth [^]	22	Primary	1	263	0.041	0.187	21	n/a	n/a	n/a	0.041	0.827
Emergency department visits	22	Primary	1	263	0.006	0.146	25	0.000	0.000	26	0.006	0.967
K-12 grade repetition	1	Secondary	1	452	-0.012	0.122	8	-0.012	0.122	8	-0.012	0.920
K-12 special education	1	Secondary	1	452	-0.216	0.116	8	-0.216	0.116	8	-0.216	0.062
Preschool test scores [^]	1	Secondary	2	321	0.145	0.085	3	n/a	n/a	n/a	0.145	0.089
Externalizing behavior symptoms	1	Secondary	2	578	-0.081	0.115	6	-0.044	0.072	9	-0.081	0.482
Internalizing symptoms	1	Secondary	2	720	-0.151	0.161	6	-0.151	0.161	8	-0.151	0.348
Child abuse and neglect	1	Secondary	9	5003	-0.026	0.060	3	-0.026	0.060	17	-0.026	0.663
Out-of-home placement	1	Secondary	2	2006	0.180	0.164	6	0.180	0.164	6	0.180	0.274
Emergency department visits	1	Secondary	1	263	0.190	0.099	7	0.000	0.000	8	0.190	0.055

[^]WSIPP's benefit-cost model does not monetize this outcome.

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Detailed Monetary Benefit Estimates Per Participant

Affected outcome:	Resulting benefits: ¹	Benefits accrue to:				
		Taxpayers	Participants	Others ²	Indirect ³	Total
Problem alcohol use	Criminal justice system	\$0	\$0	\$19	\$0	\$19
Employment	Labor market earnings	\$1,062	\$2,503	\$0	\$0	\$3,565
Major depressive disorder	Health care associated with major depression	\$100	\$28	\$103	\$50	\$281
Public assistance	Public assistance	(\$93)	\$34	\$0	(\$46)	(\$105)
Problem alcohol use	Property loss associated with problem alcohol use	\$0	\$9	\$17	\$0	\$27
Emergency department visits	Health care associated with emergency department visits	(\$3)	(\$1)	(\$5)	(\$2)	(\$10)
Food assistance	Food assistance	(\$180)	\$159	\$0	(\$90)	(\$111)
Problem alcohol use	Mortality associated with problem alcohol	\$3	\$6	\$0	\$98	\$107
	<i>Subtotals</i>	<i>\$889</i>	<i>\$2,739</i>	<i>\$135</i>	<i>\$10</i>	<i>\$3,773</i>
From secondary participant						
Child abuse and neglect	Criminal justice system	\$35	\$0	\$69	\$18	\$121
Child abuse and neglect	Child abuse and neglect	\$15	\$162	\$0	\$7	\$184
Out-of-home placement	Out-of-home placement	(\$240)	\$0	\$0	(\$120)	(\$359)
K-12 grade repetition	K-12 grade repetition	\$19	\$0	\$0	\$10	\$29
K-12 special education	K-12 special education	\$6,016	\$0	\$0	\$3,008	\$9,025
Child abuse and neglect	Property loss associated with alcohol abuse or dependence	\$0	\$0	\$0	\$0	\$0
Externalizing behavior symptoms	Health care associated with externalizing behavior symptoms	\$157	\$44	\$162	\$79	\$442
Emergency department visits	Health care associated with emergency department visits	(\$186)	(\$50)	(\$273)	(\$93)	(\$603)
Child abuse and neglect	Labor market earnings associated with child abuse & neglect	\$356	\$837	\$0	\$0	\$1,193
Child abuse and neglect	Mortality associated with child abuse and neglect	\$0	\$1	\$0	\$4	\$5
	<i>Subtotals</i>	<i>\$6,173</i>	<i>\$994</i>	<i>(\$42)</i>	<i>\$2,913</i>	<i>\$10,038</i>
Program cost	Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$2,991)	(\$2,991)
Totals		\$7,062	\$3,733	\$93	(\$68)	\$10,819

¹In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

²"Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

³"Indirect benefits" includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

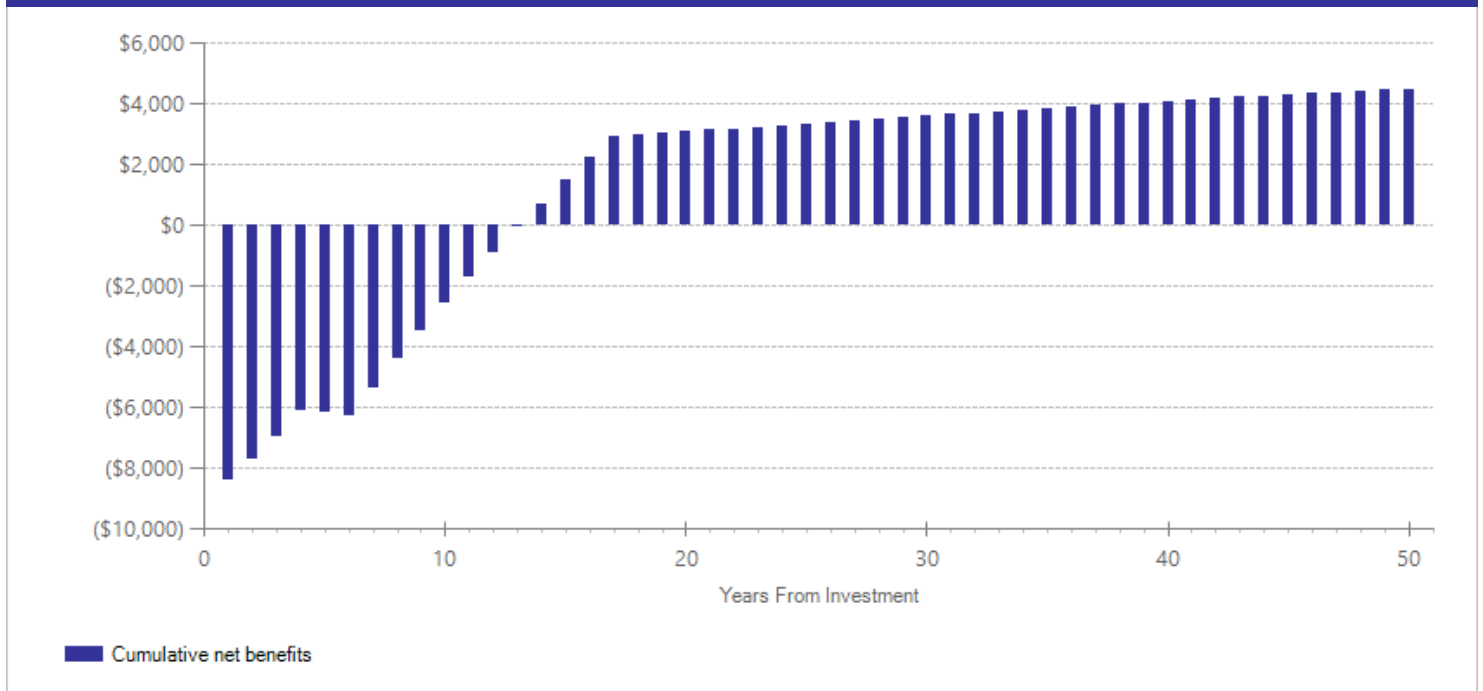
Detailed Annual Cost Estimates Per Participant

	Annual cost	Year dollars	Summary	
Program costs	\$5,071	2016	Present value of net program costs (in 2022 dollars)	(\$5,982)
Comparison costs	\$0	2016	Cost range (+ or -)	10%

Treatment cost estimates for this program reflect costs beyond treatment as usual. The per-participant cost is based on an average annual cost per family and the weighted average length of time in the program for included studies, which was 16.4 months. The average annual cost per family was \$3,718 (provided by Kathryn Harding at Prevent Child Abuse America, August 2017).

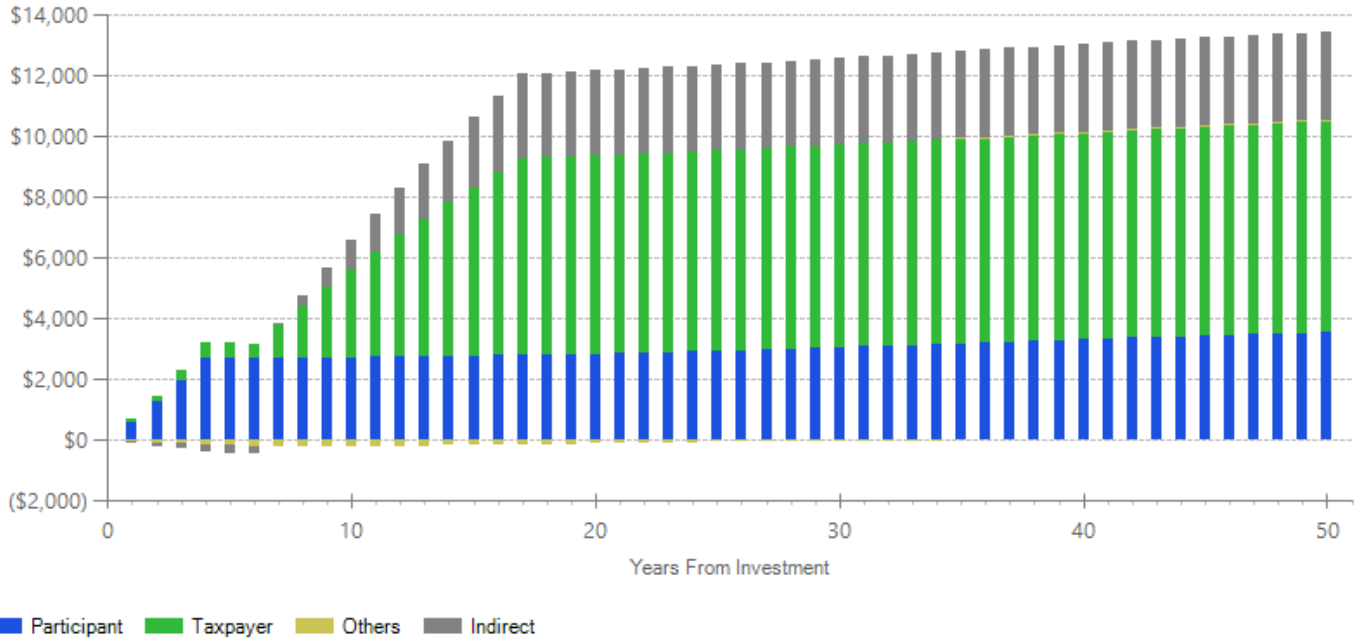
The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our [Technical Documentation](#).

Benefits Minus Costs Over Time (Cumulative Discounted Dollars)



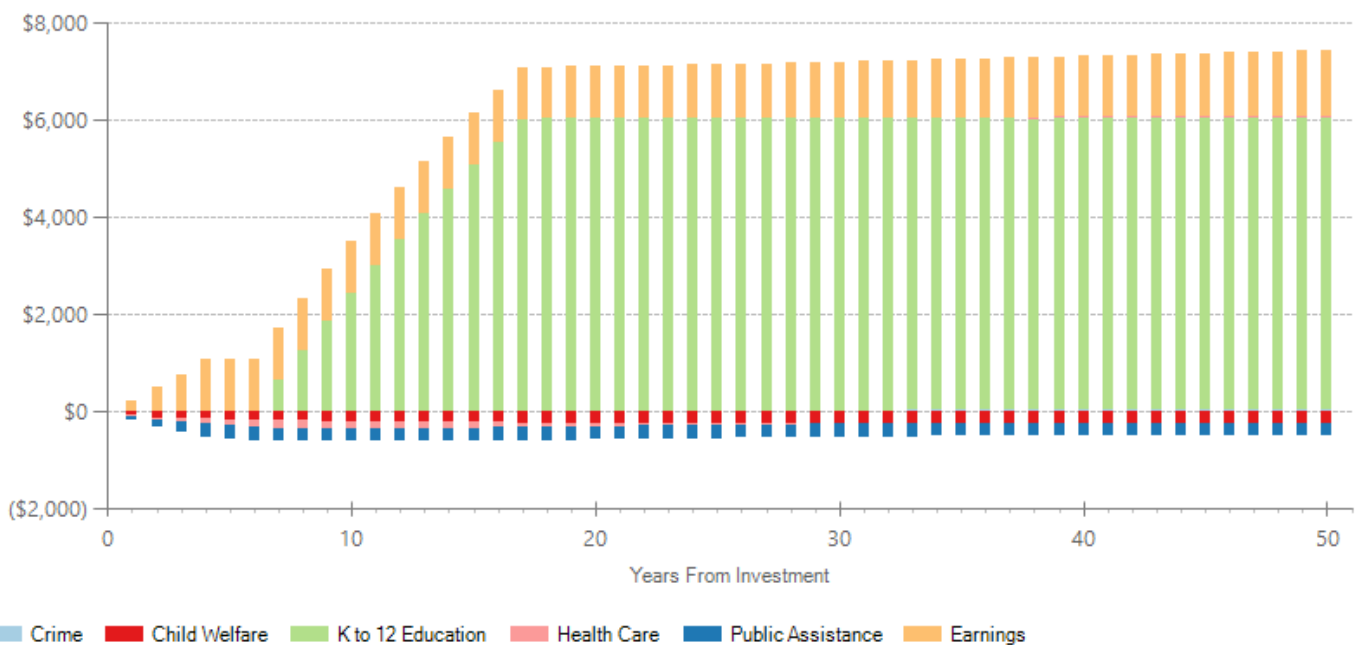
The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in discounted dollars. If the dollars are negative (bars below \$0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach \$0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above \$0, the benefits of the program exceed the initial investment.

Benefits by Perspective Over Time (Cumulative Discounted Dollars)



The graph above illustrates the breakdown of the estimated cumulative benefits (not including program costs) per-participant for the first fifty years beyond the initial investment in the program. These cash flows provide a breakdown of the classification of dollars over time into four perspectives: taxpayer, participant, others, and indirect. "Taxpayers" includes expected savings to government and expected increases in tax revenue. "Participants" includes expected increases in earnings and expenditures for items such as health care and college tuition. "Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance. "Indirect benefits" includes estimates of the changes in the value of a statistical life and changes in the deadweight costs of taxation. If a section of the bar is below the \$0 line, the program is creating a negative benefit, meaning a loss of value from that perspective.

Taxpayer Benefits by Source of Value Over Time (Cumulative Discounted Dollars)



The graph above focuses on the subset of estimated cumulative benefits that accrue to taxpayers. The cash flows are divided into the source of the value.

Citations Used in the Meta-Analysis

- Anisfeld, E., Sandy, J. (with Guterman, N. B., & Rauh, V.). (2004). *Best Beginnings: A randomized controlled trial of a paraprofessional home visiting program (Technical Report)*. Email from E. Anisfeld on February 2, 2011.
- 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.
- Center on Child Abuse Prevention Research. (1996). *Intensive home visitation: A randomized trial, follow-up and risk assessment study of Hawaii's Healthy Start program* (Final Report). Chicago: Prevent Child Abuse America.
- Chambliss, J. W., & Emshoff, J. G. (1999). *The evaluation of Georgia's Healthy Families Program: Results of phase 1 and 2*. Atlanta, GA: EMSTAR Research. Unpublished manuscript.
- Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse & Neglect*, 28(6), 597-622.
- Duggan, A., Fuddy, L., Burrell, L., Higman, S. M., McFarlane, E., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: Impact in reducing parental risk factors. *Child Abuse and Neglect*, 28(6), 625-645.
- Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., & Crowne, S. S. (2007). Impact of a statewide home visiting program to prevent child abuse. *Child Abuse & Neglect*, 31(8), 801-827.
- DuMont, K., Kirkland, K., Mitchell-Herzfeld, S., Ehrhard-Dietzel, S., Rodriguez, M. L., Lee, E., . . . Greene, R. (2010). *Final report: A randomized trial of Healthy Families New York (HFNY): Does home visiting prevent child maltreatment?* Rensselaer, NY: New York State Office of Children and Family Services.
- Earle, R.B. (1995). *Helping to prevent child abuse and future criminal consequences: Hawai'i Healthy Start*. Washington, DC: National Institute of Justice. (ERIC Document Reproduction Service No. ED 394651).
- Easterbrooks, A., Chaudhuri, J., & Fauth, R. (2017). *The Massachusetts Healthy Families Evaluation phase 2: Early childhood (MHFE-2EC): Final report to Massachusetts Department of Public Health, Children's Trust of Massachusetts*. Medford, MA: Tufts Interdisciplinary Evaluation Research (TIER), Eliot-Pearson Department of Child Study and Human Development, Department of Urban and Environmental Planning, Tufts University.
- Galano, J., & Huntington, L. (1999). *Year VI evaluation of the Hampton, Virginia Healthy Families Partnership: 1992-1998*. Hampton, VA: Virginia Healthy Families Partnership.
- Green, B.L., Sanders, M.B., & Tarte, J. (2017). Using administrative data to evaluate the effectiveness of the Healthy Families Oregon home visiting program: 2-year impacts on child maltreatment & service utilization. *Children and Youth Services Review*, 75, 77-86.
- Landsverk, J., Carrilio, T., Connelly, C.D., Ganger, W.C., Slymen, D.J., Newton, R.R., . . . Jones, C. (2002). *Healthy Families San Diego clinical trial: Technical report*. San Diego, CA: The Stuart Foundation.

For further information, contact:
(360) 664-9800, institute@wsipp.wa.gov

Printed on 03-20-2024



Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.