



Mission:
To coordinate, measure and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

SUMMARY OF OUTCOMES: What Research Proves Home Visiting Impacts

Report as of June 19, 2017



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Summary of Outcomes Research

The following table shows the impact of home visiting models on specific outcome areas, based on existing research, by each model type currently in operation in Los Angeles: Early Head Start (“EHS”), Nurse-Family Partnership (“NFP”), Healthy Family America (“HFA”), Parents as Teachers (“PAT”), Welcome Baby, Partnerships for Families (“PFF”) and Healthy Start.

	EHS	NFP	HFA	PAT	Welcome Baby	PFF	Healthy Start
Increases Cognitive & Social Development	✓	✓	✓	✓	✓		
Improves School Performance		✓	✓	✓			
Improves Maternal Health		✓	✓	✓	✓		
Improves Child Health	✓	✓	✓	✓	✓		
Improves Mental Health	✓	✓			✓	✓	
Improves Family Safety & Parenting	✓	✓	✓	✓	✓	✓	
Increases Self-Sufficiency (Decreases use of Public Assistance; Increases Training or Employment)	✓	✓	✓				
Decreases Crime		✓					
Realizes Cost Savings		✓	✓	✓			

Details of Outcome Research by Impact Area and Model

The following tables outline the relevant existing research linking each applicable home visiting model in operation in Los Angeles with the individual impact areas listed above.

Increases Cognitive & Social Development	
EHS	<ul style="list-style-type: none"> ▪ EHS showed positive impact on children's cognitive development by 36 months (Roggman, 2009). ▪ After a year or more of services, compared with a randomly assigned control group, 2-year-old EHS children performed better on measures of cognitive, language and social emotional development (Commissioner's Office of Research and Evaluation and The Head Start Bureau, 2001). <ul style="list-style-type: none"> ○ EHS children scored 90.1 on the Bayley Scales of Infant Development Index, compared with 88.7 for the control group. ○ A smaller percentage of EHS children scored in the at-risk range of developmental functioning (33.6 percent versus 40.2 percent in the control group). ○ Children were reported by their parents to have larger vocabularies and to use more grammatically complex sentences. ▪ Three-year-old EHS children performed significantly better on a range of measures of cognitive, language and social-emotional development than a randomly assigned control group (Administration for Family and Children, 2006). EHS children: <ul style="list-style-type: none"> ○ Scored 91.4 on the Bayley Mental Development Index, compared with 89.9 for control group children. ○ Scored 83.3 on the Peabody Picture Vocabulary Test, compared with 81.1 for the control. ○ Were significantly less likely than control group children to score in the at-risk range of developmental functioning. ○ Engaged their parents more, were less negative towards their parents, and more attentive to objects during play. Furthermore, EHS parents rated their children as lower in aggressive behavior than control parents did (Administration for Family and Children, 2006). ▪ EHS children were less likely to have delays in cognition and language functioning (Administration for Children and Families (2002b), 2002).
NFP	<ul style="list-style-type: none"> ▪ NFP enrollees had higher cognitive and vocabulary scores at age 6 (Olds, et al., 2004).
HFA	<ul style="list-style-type: none"> ▪ Rigorous studies report improvements in children's cognitive development at one and two years, and fewer behavior problems that can interfere with learning at two and three years (Healthy Families America, September 30, 2015).
PAT	<ul style="list-style-type: none"> ▪ PAT children score higher on measures of achievement, language ability, social development, persistence in task mastery and other cognitive abilities (Drotar, Robinson, Jeavons, & Kirchner, 2009), (Pfannenstiel, 1989), (Pfannenstiel & Seltzer, New Parents as Teachers Project, 1985), (Pfannenstiel, Lambson, & Yarnell, 1991), (Wagner, Spiker, & Linn, 2002). ▪ 94% of children's language scores increased (Coalition, November 2016).
Welcome Baby	<ul style="list-style-type: none"> ▪ Welcome Baby was associated with higher scores for children's communication skills and social-emotional skills, as measured by the ASQ Social-Emotional assessment tool at 12 months and the BITSEA at 24 and 36 months (Sandstrom, June 2015).

Improves School Performance	
EHS	<ul style="list-style-type: none"> ▪ According to Health and Human Services’ systematic review of the research on home visiting, several different home visiting models, including Early Head Start, Healthy Families America, Nurse Family Partnership, and Parents as Teachers all had a positive impact on child development and school readiness (Paulsell, 2010).
NFP	<ul style="list-style-type: none"> ▪ NFP enrollees had higher grade point averages and test scores in math and reading at age nine (Olds et al., 2004 and 2007).
HFA	<ul style="list-style-type: none"> ▪ Children who participated in Healthy Families America were half as likely to repeat first grade (3.5% vs 7.1%) as those who did not participate (Children Now, 2014). ▪ Children in HFA were more likely to be in a gifted program, fewer were retained in first grade, and fewer received expensive special education services (Healthy Families America, September 30, 2015).
PAT	<ul style="list-style-type: none"> ▪ PAT children score higher on reading, math, and language in elementary grades (Drazen & Haust, 1995). ▪ Compared to non-PAT children, PAT children were shown to require half the rate of remedial and special education placements in third grade (Pfannensteil, Seitz, & Zigler, 2002) (Drazen & Haust, 1995). ▪ PAT parents are more likely to enroll their children in preschool, attend parent-teacher conferences, PTA/PTO meetings and school events, volunteer in the classroom, talk with their children’s teachers, and assist their children with homework (O'Brien, Garnett, & Proctor, 2002) (Pfannenstiel, 1989) (Pfannenstiel, Lambson, & Yarnell, 1996). ▪ Teachers rated PAT children significantly higher than non-PAT children on multiple developmental indicators of school readiness (O'Brien, Garnett, & Proctor, 2002). ▪ PAT children score higher on standardized measures of reading, math, and language in elementary grades (Pfannensteil, Seitz, & Zigler, 2002). ▪

Improves Child Health	
EHS	<ul style="list-style-type: none"> ▪ EHS had small but statistically significant favorable impacts on the percentage of children who visited a doctor for treatment of illness (83% vs 80%), receipt of immunizations (99% vs 98%), and the likelihood of hospitalization for accident or injury (0.4% vs 1.6%), when compared to a control group (Administration for Children and Families, 2006, p. 1). ▪ EHS children were more likely than low-income children nationally to have health insurance (91% vs. 79%) (Administration for Children and Families, 2006, p. 2). ▪ EHS children were significantly more likely to receive Part C early intervention services due to higher rates of screening, referral and coordination with Part C partners (5.4% vs. 3.8%) (Administration for Children and Families (2002b), 2002, p. 1).
NFP	<ul style="list-style-type: none"> ▪ NFP was shown to decrease emergency room visit use rates for child enrollees (Avellar & Supplee, 2013). ▪ Children in NFP are significantly more likely to be up-to-date on immunizations at 6, 18, and 24 months (Thorland, Currie, Wiegand, Walsh, & Mader, 2017). ▪ NFP moms exhibited longer inter-birth intervals (Olds & et al., 2007). ▪ An analysis by the Center for American Progress demonstrated that scaling the Nurse Family Partnership program to all eligible women in CA could prevent 2,735 infant deaths and 54,695 preterm births over 10 years (Herzfeldt-Kamprath, November 2015).
HFA	<ul style="list-style-type: none"> ▪ Children in HFA had better access to health care, evidenced by rates of health insurance at ages one and two; connection with a primary care provider; and more completed Well-Baby visits (Healthy Families America, September 30, 2015) (Avellar & Supplee, 2013). ▪ HFA reduced the rate of low birth weight infants among women enrolled prenatally. Low birth weight is associated with higher infant mortality as well as substantial short- and long-term challenges to child health and development (Healthy Families America, September 30, 2015). A study of Healthy Families in New York demonstrated that women who receive home visiting services during pregnancy are nearly half as likely to deliver a low birth weight baby (Lee, et al., 2009). ▪ A study of HFA in Arizona showed that HFA mothers had higher rates of breastfeeding than the control group (Davis, March 2016).
PAT	<ul style="list-style-type: none"> ▪ Children participating in Parents as Teachers were more likely to be fully immunized for their given age (Wagner, Iida, & Spiker, 2001) (Paradis, Sandler, Todd Manley, & Valentine, 2013). ▪ Children in Parents as Teachers were less likely to be treated for an injury in the year following their participation in the program (Wagner, Iida, & Spiker, 2001). ▪ A health literacy demonstration project conducted with Parents as Teachers programs in the Boot-heel area of Missouri found significant improvements occurred in the following health care literacy indicators: use of information, use of prenatal care, child well care, child sick care, child dental care, and child immunizations (Carroll, Smith, & Thomson, 2015).
Welcome Baby	<ul style="list-style-type: none"> ▪ WB moms are 40%-60% more likely than a control group to exclusively breastfeed their babies at four months postpartum (Benatar & et al., 2012).

Improves Family Safety & Parenting	
EHS	<ul style="list-style-type: none"> ▪ EHS was shown to reduce child welfare encounters between five to nine years of age, subsequent encounters, and substantiated reports of physical or sexual abuse (Green, et al., 2014). ▪ After a year or more of program services, when compared with a randomly assigned control group, the parents of EHS children scored significantly higher on many measures of the home environment, parenting behavior, and knowledge of infant-toddler development (Commissioner's Office of Research and Evaluation and The Head Start Bureau, 2001, p. iii). EHS parents: <ul style="list-style-type: none"> ○ engaged in important activities with their children more frequently than control group parents; for example, singing songs and nursery rhymes, dancing, and playing outside as well as creating a richer literacy environment for their children. ○ were more likely to read to children daily and at bedtime. ○ displayed more supportive parenting behaviors. ○ showed greater enjoyment, greater sensitivity, and less detachment, created more structure, and extended play to stimulate cognitive and language development. ○ were more emotionally responsive, displaying greater warmth, praise, and affection toward their children. ○ created more structure in their children's day by setting a regular bedtime. ○ were less likely to report having spanked their child in the past week than control group mothers. ○ were more likely to suggest using a positive discipline strategy when presented with hypothetical parent-child conflict situations, such as distracting the child or explaining to the child. In conflict situations, Early Head Start mothers were more likely to suggest only mild responses. ○ reported lower levels of family conflict and parenting stress (Commissioner's Office of Research and Evaluation and The Head Start Bureau, 2001, p. 6). ▪ Findings also suggest that EHS had reduced the stress of parenting (Commissioner's Office of Research and Evaluation and The Head Start Bureau, 2001, p. iii). ▪ EHS increased mothers' knowledge of infant-toddler development and developmental milestones (Commissioner's Office of Research and Evaluation and The Head Start Bureau, 2001, p. 6).
NFP	<ul style="list-style-type: none"> ▪ NFP had a positive impact on reducing child maltreatment (Paulsell et al., 2010); the Nurse-Family Partnership home visiting program has been shown to reduce child maltreatment by 48% (Children Now, 2014). ▪ Center for American Progress estimated that scaling NFP to all eligible women in CA could prevent 196,902 incidents of intimate partner violence over ten years (Coalition, November 2016).
HFA	<ul style="list-style-type: none"> ▪ According to Health and Human Services' systematic review of the research on home visiting, HFA had positive impacts on reducing child maltreatment (Paulsell, 2010). ▪ Five HFA studies show significant benefits in preventing adverse childhood experiences, including reduced child maltreatment, physical punishment, yelling, and improved use of non-violent discipline, based on parents' self-reports—a more comprehensive measure of child maltreatment than official cases (Healthy Families America, September 30, 2015). ▪ HFA has shown a reduction of domestic violence perpetrated by mothers (Healthy Families America, September 30, 2015). ▪ Results from a randomized trial found positive outcomes showing Healthy Families mothers read more frequently to their children, provided more developmentally supportive activities, and had less parenting stress than the control group (Greene, 2014).

Improves Family Safety & Parenting	
	<ul style="list-style-type: none"> ▪ A Massachusetts study found mothers enrolled in the Healthy Families program reported less parenting stress than control mothers (Easterbrooks, 2012). ▪ An Arizona study found positive results in comparison to the control condition on use of safety practices, parenting attitudes (e.g., inappropriate expectations), reading to children, use of resources, reduced alcohol use, and greater maternal education and training (Davis, March 2016). ▪ A study of teen mothers enrolled in HFA in Massachusetts showed that parents enrolled in the program reported less difficulty with their children and less parenting distress after 28 months of participation in the program than teen parents in the control group (Francine Jacobs, November 12, 2015). ▪ A study of families enrolled in HFA Arizona showed that at six months the Healthy Families group had implemented more safety practices in the home, used more resources to meet family needs, scored higher on mobilizing resources, had higher quality the home environment, more regular routines, reduced chaotic household and increased reading to their child than the control group (Davis, March 2016).
PAT	<ul style="list-style-type: none"> ▪ PAT families with very low income were more likely to read aloud to their children, tell stories, say nursery rhymes, and sing with their children (Wagner, Spiker, & Linn, The Effectiveness of the Parents as Teachers Program with Low-Income Parents and Children, 2002). ▪ Over 75% of PAT parents reported taking their child to the library regularly and modeling enjoyment of reading and writing (Pfannenstiel, Lambson, & Yarnell, 1996). ▪ PAT parents engage in more language activity and were more likely to promote reading in the home (Albritton, Klotz, & Roberson, 2004). ▪ PAT parents showed significant improvements over time in parenting knowledge, behavior, and attitudes (Owen & Mulvihill, 1994). ▪ PAT participation was related to 50% fewer cases of suspected child abuse and/or neglect (Drazen & Haust, 1993, August). ▪ Parents as Teachers had fewer documented cases of abuse and neglect compared to the state average in 37 diverse school districts across Missouri (Parents as Teachers National Center, Inc.). ▪ Short-term outcomes of PAT include: improved parenting practices; increased knowledge and practices of positive discipline techniques; more realistic expectations of age-appropriate developmental milestones; a home environment conducive to healthy child development; parent-child attachment; reduction of stress; fulfillment of basic needs; opportunities to interact with other parents; increased awareness and access to sources of information and support (Parents as Teachers National Center, Inc.). ▪ In another randomized trial, adolescent mothers in an urban community who participated in PAT scored lower on a child maltreatment precursor scale than mothers in the control group. These adolescent mothers showed greater improvement in knowledge of discipline, showed more positive involvement with children, and organized their home environment in a way more conducive to child development (Wagner, Iida, & Spiker, 2001).
Welcome Baby	<ul style="list-style-type: none"> ▪ Welcome Baby moms demonstrated stronger teaching skills and affection towards their children at 36 months compared to the control group (Urban Institute and University of California, Los Angeles).
PFF	<ul style="list-style-type: none"> ▪ PFF achieved reduced rates of re-referral to child protective services, substantiated allegations of maltreatment, DCFS case openings, and removal from the home over the length of the study (Brooks & et al., 2011).

Improves Self-Sufficiency (Includes Reducing Dependence on Public Assistance and Increasing Employment or Job Training)	
EHS	<ul style="list-style-type: none"> ▪ EHS has been shown to positively impact parents’ participation in education, job training activities, and employment (Admin. for Children and Families, 2006). ▪ After a year or more of program services, when compared with a randomly assigned control group, EHS parents were more likely to attend school or job training and to use employment-related services (The Commissioner’s Office of Research and Evaluation and The Head Start Bureau Administration on Children, Youth and Families Department of Health and Human Services, 2001, pp. 1, 7). ▪ Note: 2001 research on EHS failed to show any impact on the percentage of parents employed, hours per week employed in all jobs, receipt of welfare benefits, or family income during the first 15 months after their participation in EHS (The Commissioner’s Office of Research and Evaluation and The Head Start Bureau Administration on Children, Youth and Families Department of Health and Human Services, 2001, p. 7).
NFP	<ul style="list-style-type: none"> ▪ NFP moms had less use of welfare and food stamps and fewer subsequent births than control group moms (Olds & et al., 2007). ▪ At age 19, daughters of NFP enrollees had fewer children and less reliance on Medicaid than children of moms in the control group (Eckenrode & et al., 2010). ▪ 31% of parents who entered the program without a high school degree attained a high school diploma or GED by the time their child turned 12 months old (Nurse Family Partnership National Service Office, Oct. 2015).
HFA	<ul style="list-style-type: none"> ▪ HFA parents were five times more likely to enroll in school or training (LeCroy C. W., 2011). Most parents have not yet completed high school when they enroll in HFA, a critical step for future earning potential. HFA helps new moms find the motivation and resources to further their education, evidenced by three rigorous studies showing increased maternal education over one to three years in the program (Healthy Families America, September 30, 2015). ▪ A study of teen parents enrolled in HFA in Massachusetts showed that mothers enrolled in HFA were nearly twice as likely as control group mothers (17% vs 10%) to have finished at least one year of college (Francine Jacobs, November 12, 2015).
PFF	<ul style="list-style-type: none"> ▪ 71% of PFF families’ financial conditions improved while receiving services, as measured via initial and closing assessments using the Family Assessment Form (Brooks & et al., 2011).

Reduces Criminal Activity	
NFP	<ul style="list-style-type: none"> ▪ At age 19, daughters of NFP enrollees were less likely to have been arrested and convicted than daughters of the control group (Eckenrode & et al., 2010).

Summary & Details of Research on Program Efficacy with Specific Subpopulations and Cultures

Disproportionate representation in the child welfare system among racial and cultural minority families in the US remains a serious social issue. In response, researchers, policymakers, and practitioners are increasingly including an examination of *culture* as an integral part in developing child maltreatment prevention and intervention efforts. While the field has attempted to make—and has made—advancements in understanding the disproportionality of minority groups in the child welfare system, these advancements have only served to highlight the complex and multifaceted nature of culture, as well as its interaction with social stratification by race, ethnicity, and socioeconomic status. While it may not be realistic to imagine that all programs can be designed and evaluated for relevance to all cultural groups, nor that there are even a finite number of cultural groups in the US, the necessity of capturing and examining the dynamic nature of culture in relation to child maltreatment is clear (Megan Finno-Velasquez, 2015).

The findings of home visiting programs may be substantially impacted by cultural and community norms, including those of the racial/ethnic populations served as well as those of the communities in which studies have been conducted (Azzi-Lessing, 2013). That said, not all of the home visiting models have directly examined differential impacts for various racial/ethnic groups, nor have most studies addressed or discussed the substantial cultural differences that may characterize the different communities in which various programs operate. In many studies, the outcome analyses control for race, a common statistical approach, but one that might serve to mask positive outcomes that occur only within a particular subgroup (Greene, 2014).

The chart and narrative below shows studies that have been conducted related to a particular sub-population that have demonstrated a statistically significant impact on that sub-population. If a check mark is not shown for a particular sub-population for a home visiting model, it does *not* indicate that research proves the program ineffective on that sub-population, but rather more frequently that research has not been conducted on the impact of the home visiting model on that sub-population to date.

	EHS	NFP	HFA	PAT	Welcome Baby	PFF	Healthy Start
African-American	✓	✓					
Latino				✓		✓	
Asian-Pacific Islander							
Indigenous			✓	✓			
Teen	✓		✓	✓			
Mothers with less than a GED/high school degree					✓		

- the quality of child behavior observed during parent-child play;
- reduction of parental stress; and
- in the demonstration of encouragement and affection toward their children (Sandstrom, June 2015).

Partnership for Families:

- A study by First 5 LA of over 3400 families in Los Angeles County illustrated that Latino children whose families were fully engaged in PFF had the lowest percentage of re-referrals to DCFS (36% vs 52%) and DCFS case openings (8% vs 16%) when compared to families receiving no services among all ethnic groups participating in the study (Devon Brooks, November 30, 2011).

Recognizing the reality of incomplete research on program effectiveness specific to ethnic and other sub-populations, and moreover recognizing the complex interplay between demographic and other cultural dynamics active in the diverse communities that make up Los Angeles County, we must look beyond these studies to answer important questions about the role culture plays within home visiting programs.

To continue efforts to reduce disparities and improve outcomes for *all* children and families in Los Angeles, below are recommendations for how we may best move the field forward, based on formative analysis published by Megan Finno-Velasquez:

- (1) **Recalibrate the Conceptualization of Culture:** The key is to continue instilling the notion that a family's culture is a product of experiences that cannot be categorized *monolithically* with easily visible shared characteristics and features such as racial or ethnic labels. The examination of the role of culture in child maltreatment and family well-being necessitates a close look at each family's heterogeneous experience, beliefs, and practices across multiple contexts that are uniquely relevant to each family's functioning, with the goal of addressing cultural processes involved in prevention and intervention efforts in a more nuanced manner (Megan Finno-Velasquez, 2015).
- (2) **Replace the Notion of Cultural Competence with Cultural Reciprocity:** To effectively serve diverse families, practicing cultural reciprocity or humility may be more appropriate than cultural competence as currently institutionalized. Cultural reciprocity places responsibility on the professional to engage in self-reflection and dialogue to consider their own and the families' cultural norms and participate in collaborative exchange to provide effective services (Megan Finno-Velasquez, 2015).
- (3) **Refine Child Maltreatment Research to Integrate Diverse Cultural Groups:** Continuing efforts are needed to define and measure child maltreatment for diverse racial or ethnic and cultural groups, as well as to better understand differences and similarities in the causes of maltreatment among many types of families. From a research perspective, scholars may help to advance this goal by carefully articulating the definitions and operationalization of maltreatment and well-being constructs included in studies, as well as assumptions about the cultural relevance of these constructs for the study population. We should move towards explicitly stating the strengths and limitations of the measures used to capture culture as a construct. Work is needed, both within and across cultural groups, to understand how contexts, neighborhoods, federal family and immigration laws, local child welfare policies and practices, and family characteristics interact with parents' culturally bound beliefs and behaviors in the US. Research would benefit from carefully defining child neglect so as to clearly distinguish it from family poverty. Despite the risk poverty creates – both for child development generally and for child neglect specifically – more focused research and clearer definitions of neglect and risks for neglect within culturally diverse groups could contribute substantially to the ability of

policymakers and practitioners to address these issues and promote child well-being (Megan Finno-Velasquez, 2015).

- (4) **Enhance Intervention Design and Testing with Diverse Cultural Groups:** Existing interventions often rely on 20th century, European American, middle-class values. There may be a need to diversify the parenting styles and norms that are driving intervention development and normalization. Experts may wish to consider more rigorous and targeted testing of existing interventions with diverse cultural groups (Megan Finno-Velasquez, 2015).
- (5) **The Use of More Holistic and Innovative Strategies:** Maltreatment prevention interventions should address multiple stressors typically clustered together within a specific racial or ethnic group or community context, including economic and cultural stressors (Megan Finno-Velasquez, 2015).
- (6) **Diversify who is developing and evaluating such programs:** An intentional commitment to increasing the cultural and racial diversity of leading researchers, teachers, service providers, and policy makers in the field of child maltreatment and well-being may be critical to improving interventions and supporting the well-being of an increasingly diverse pool of families (Megan Finno-Velasquez, 2015).
- (7) **Focus on participant experience:** Research could be strengthened by placing greater emphasis on the process and experiences of diverse families throughout the implementation of interventions. Such research might document perceptions of cultural relevance or resonance, shared understandings and worldviews among program participants and providers, experiences of discrimination or empowerment, and overall client satisfaction with providers and services. Perhaps more importantly, longitudinal data could be utilized to understand whether the effects of parenting interventions and prevention on culturally diverse groups hold in the long term. This information, along with more data about families' origins and cultural identities, could be collected and analyzed within the context of implementation trials to better understand the role of culture in response to intervention. Moreover, while evidence-based programs may be effective in promoting positive parenting outcomes for families with diverse cultural beliefs and backgrounds, alternatives could exist that work just as well. These alternatives might not require assimilation and adoption of culturally relative practices that may force suppression of divergent cultural values (Megan Finno-Velasquez, 2015).

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