Resources, Education, and Care in the Home (REACH-Futures)
Public Health & Prevention: Home- or Family-based
Literature review updated June 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our Technical Documentation. At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: Resources, Education, and Care in the Home (REACH-Futures) is a home visiting program designed to reduce infant mortality and morbidity among low-income families. Home visits are made by a nurse and community worker during the first year after the birth of a child. Community workers conduct the first home visits two weeks after the child's birth and make regular contact with the families thereafter through home visits or by phone. The nurse accompanies the community worker on home visits at 1, 6, and 12 months to conduct infant health care and developmental screenings. In the included study, participating families typically received five home visits and seven phone contacts during the 12-month intervention.

Meta-Analysis of Program Effects

Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
				ES	SE	Age	ES	p-value
Repeat pregnancy	Primary	2	258	-0.026	0.148	21	-0.072	0.625
Preschool test scores	Secondary	2	258	0.045	0.092	1	0.098	0.488
Out-of-home placement	Secondary	1	258	0.046	0.122	1	0.128	0.296

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.

Citations Used in the Meta-Analysis

Norr, K.F., Crittenden, K.S., Lehrer, E.L., Reyes, O., Boyd, C.B., Nacion, K.W., & Watanabe, K. (2003). Maternal and infant outcomes at one year for a nurse health advocate home visiting program serving African Americans and Mexican Americans. *Public Health Nursing, 20*(3), 190-203.