Other home visiting programs for at-risk families

Public Health & Prevention: Home- or Family-based


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: This broad topic includes home visiting programs for families considered to be at risk for parenting problems based on factors such as maternal age, education, low household income, or in some programs, mothers testing positive for drugs at the child’s birth. Depending on the program, the content of the home visits may include parenting instruction, referrals for service, education on child health and development, or social and emotional support. Home visitors are typically paraprofessionals, with varied levels of training. Families in the included studies received home visiting services for 12 to 27 months, with an average of 25 total hours of home visiting over the course of the intervention.

This topic does not include home visiting programs for pregnant or parenting adolescents.

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th></th>
<th>Benefit to cost ratio</th>
<th>$1.21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxpayers</td>
<td>$2,822</td>
<td>Benefits minus costs</td>
<td>$1,791</td>
</tr>
<tr>
<td>Participants</td>
<td>$11,510</td>
<td>Chance the program will produce benefits greater than the costs</td>
<td>51 %</td>
</tr>
<tr>
<td>Others</td>
<td>$723</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect</td>
<td>($4,626)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total benefits</td>
<td>$10,428</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net program cost</td>
<td>($8,637)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2017). 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.
### Detailed Monetary Benefit Estimates Per Participant

#### Benefits from changes to: ¹

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th>Participants</th>
<th>Taxpayers</th>
<th>Others ²</th>
<th>Indirect ³</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor market earnings associated with smoking</td>
<td>$1,547</td>
<td>$702</td>
<td>$0</td>
<td>$0</td>
<td>$2,249</td>
</tr>
<tr>
<td>Health care associated with smoking</td>
<td>$148</td>
<td>$525</td>
<td>$542</td>
<td>$264</td>
<td>$1,479</td>
</tr>
<tr>
<td>Public assistance</td>
<td>$293</td>
<td>($689)</td>
<td>$0</td>
<td>($344)</td>
<td>($740)</td>
</tr>
<tr>
<td>Food assistance</td>
<td>$603</td>
<td>($668)</td>
<td>$0</td>
<td>($334)</td>
<td>($398)</td>
</tr>
<tr>
<td>Mortality associated with smoking</td>
<td>$4</td>
<td>($6)</td>
<td>$0</td>
<td>$246</td>
<td>$251</td>
</tr>
<tr>
<td><strong>Subtotals</strong></td>
<td><strong>$2,595</strong></td>
<td>($128)</td>
<td><strong>$542</strong></td>
<td>($169)</td>
<td><strong>$2,840</strong></td>
</tr>
</tbody>
</table>

#### From secondary participant

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th>Participants</th>
<th>Taxpayers</th>
<th>Others ²</th>
<th>Indirect ³</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime</td>
<td>$0</td>
<td>$309</td>
<td>$570</td>
<td>$155</td>
<td>$1,034</td>
</tr>
<tr>
<td>Labor market earnings associated with test scores</td>
<td>($688)</td>
<td>($312)</td>
<td>($302)</td>
<td>$0</td>
<td>($1,302)</td>
</tr>
<tr>
<td>Child abuse and neglect</td>
<td>$1,706</td>
<td>$153</td>
<td>$0</td>
<td>$77</td>
<td>$1,936</td>
</tr>
<tr>
<td>Out-of-home placement</td>
<td>$0</td>
<td>$35</td>
<td>$0</td>
<td>$18</td>
<td>$52</td>
</tr>
<tr>
<td>K-12 grade repetition</td>
<td>$0</td>
<td>($56)</td>
<td>$0</td>
<td>($28)</td>
<td>($85)</td>
</tr>
<tr>
<td>K-12 special education</td>
<td>$0</td>
<td>($689)</td>
<td>$0</td>
<td>($343)</td>
<td>($1,032)</td>
</tr>
<tr>
<td>Property loss associated with alcohol abuse or dependence</td>
<td>$1</td>
<td>$0</td>
<td>$1</td>
<td>$0</td>
<td>$2</td>
</tr>
<tr>
<td>Health care associated with externalizing behavior symptoms</td>
<td>($25)</td>
<td>($89)</td>
<td>($92)</td>
<td>($44)</td>
<td>($250)</td>
</tr>
<tr>
<td>Health care associated with internalizing symptoms</td>
<td>$1</td>
<td>$4</td>
<td>$4</td>
<td>$2</td>
<td>$10</td>
</tr>
<tr>
<td>Labor market earnings associated with child abuse &amp; neglect</td>
<td>$7,915</td>
<td>$3,595</td>
<td>$0</td>
<td>$0</td>
<td>$11,510</td>
</tr>
<tr>
<td>Mortality associated with child abuse and neglect</td>
<td>$5</td>
<td>$2</td>
<td>$0</td>
<td>$43</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Subtotals</strong></td>
<td><strong>$8,915</strong></td>
<td>$2,950</td>
<td>$181</td>
<td>($121)</td>
<td><strong>$11,925</strong></td>
</tr>
</tbody>
</table>

#### Adjustment for deadweight cost of program

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th>Participants</th>
<th>Taxpayers</th>
<th>Others ²</th>
<th>Indirect ³</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment for deadweight cost of program</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>($4,337)</td>
<td>($4,337)</td>
</tr>
</tbody>
</table>

**Totals**

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th>Participants</th>
<th>Taxpayers</th>
<th>Others ²</th>
<th>Indirect ³</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtotals</strong></td>
<td><strong>$11,510</strong></td>
<td><strong>$2,822</strong></td>
<td><strong>$723</strong></td>
<td>($4,626)</td>
<td><strong>$10,428</strong></td>
</tr>
</tbody>
</table>

1. In 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.

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### Detailed Annual Cost Estimates Per Participant

<table>
<thead>
<tr>
<th>Annual cost</th>
<th>Year dollars</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program costs</td>
<td>$5,293</td>
<td>2016</td>
</tr>
<tr>
<td>Comparison costs</td>
<td>$0</td>
<td>2016</td>
</tr>
</tbody>
</table>

The per-participant cost estimate is based on a weighted average of the costs of each study and includes the cost of provider time, training, travel, materials, and administrative costs. We used the costs reported in the studies when possible (Olds et al. 2002 and Black et al. 1994). For studies that did not provide cost estimates, we estimated an average cost per hour of home visiting, using program costs and number of home visiting hours as reported in other studies (Olds et al. 2004 and Black et al. 1994). We then applied this average cost per hour to the number of home visiting hours reported in each study.

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.
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 non-discounted dollars to simplify the “break-even” point from a budgeting perspective. 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.
## Meta-Analysis of Program Effects

<table>
<thead>
<tr>
<th>Outcomes measured</th>
<th>Treatment age</th>
<th>Primary or secondary participant</th>
<th>No. of effect sizes</th>
<th>Treatment N</th>
<th>Adjusted effect sizes and standard errors used in the benefit-cost analysis</th>
<th>Unadjusted effect size (random effects model)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First time ES is estimated</td>
<td>Second time ES is estimated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ES</td>
<td>SE</td>
</tr>
<tr>
<td>Cannabis use^</td>
<td>22</td>
<td>Primary</td>
<td>1</td>
<td>211</td>
<td>-0.013</td>
<td>0.201</td>
</tr>
<tr>
<td>Employment</td>
<td>22</td>
<td>Primary</td>
<td>1</td>
<td>212</td>
<td>0.031</td>
<td>0.096</td>
</tr>
<tr>
<td>Food assistance</td>
<td>22</td>
<td>Primary</td>
<td>1</td>
<td>211</td>
<td>0.075</td>
<td>0.096</td>
</tr>
<tr>
<td>High school graduation ^ ^</td>
<td>22</td>
<td>Primary</td>
<td>1</td>
<td>211</td>
<td>0.072</td>
<td>0.139</td>
</tr>
<tr>
<td>Public assistance</td>
<td>22</td>
<td>Primary</td>
<td>1</td>
<td>212</td>
<td>0.047</td>
<td>0.096</td>
</tr>
<tr>
<td>Regular smoking</td>
<td>22</td>
<td>Primary</td>
<td>1</td>
<td>156</td>
<td>-0.132</td>
<td>0.126</td>
</tr>
<tr>
<td>Attention-deficit/hyperactivity disorder symptoms</td>
<td>1</td>
<td>Secondary</td>
<td>1</td>
<td>187</td>
<td>-0.061</td>
<td>0.137</td>
</tr>
<tr>
<td>Child abuse and neglect</td>
<td>1</td>
<td>Secondary</td>
<td>3</td>
<td>222</td>
<td>-0.392</td>
<td>0.233</td>
</tr>
<tr>
<td>Emergency department visits*</td>
<td>1</td>
<td>Secondary</td>
<td>2</td>
<td>359</td>
<td>0.112</td>
<td>0.084</td>
</tr>
<tr>
<td>Externalizing behavior symptoms</td>
<td>1</td>
<td>Secondary</td>
<td>1</td>
<td>187</td>
<td>0.048</td>
<td>0.137</td>
</tr>
<tr>
<td>Internalizing symptoms</td>
<td>1</td>
<td>Secondary</td>
<td>1</td>
<td>187</td>
<td>-0.006</td>
<td>0.137</td>
</tr>
<tr>
<td>K-12 grade repetition</td>
<td>1</td>
<td>Secondary</td>
<td>2</td>
<td>190</td>
<td>0.061</td>
<td>0.136</td>
</tr>
<tr>
<td>K-12 special education</td>
<td>1</td>
<td>Secondary</td>
<td>2</td>
<td>190</td>
<td>0.043</td>
<td>0.136</td>
</tr>
<tr>
<td>Out-of-home placement</td>
<td>1</td>
<td>Secondary</td>
<td>2</td>
<td>91</td>
<td>-0.075</td>
<td>0.161</td>
</tr>
<tr>
<td>Preschool test scores^</td>
<td>1</td>
<td>Secondary</td>
<td>6</td>
<td>625</td>
<td>0.034</td>
<td>0.057</td>
</tr>
<tr>
<td>Test scores</td>
<td>1</td>
<td>Secondary</td>
<td>2</td>
<td>192</td>
<td>-0.016</td>
<td>0.102</td>
</tr>
</tbody>
</table>

^WSIPP’s benefit-cost model does not monetize this outcome.

^ ^WSIPP does not include this outcome when conducting benefit-cost analysis for this program.

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


