

Family Spirit

Public Health & Prevention: Home- or Family-based

Benefit-cost estimates updated December 2019. Literature review updated June 2018.

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: Family Spirit is a home visiting programs for pregnant adolescent American Indian women. Family Spirit aims to improve parenting skills, prevent maternal drug abuse, and promote maternal life skill and positive psychosocial development. The intervention is delivered through home visits by trained American Indian paraprofessionals. The intervention includes 43 scheduled lessons delivered from the prenatal period (<32 weeks gestation) until 36 months after birth. In the single study included in this analysis, participants received home visits until 12 months after the birth of their child.

Benefit-Cost Summary Statistics Per Participant

Benefits to:

Taxpayers	\$670	Benefit to cost ratio	\$2.11
Participants	\$863	Benefits minus costs	\$881
Others	\$371	Chance the program will produce	
Indirect	(\$227)	benefits greater than the costs	56 %
Total benefits	\$1,677		
Net program cost	(\$796)		
Benefits minus cost	\$881		

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2018). 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		
Alcohol use [^]	18	Primary	1	159	-0.030	0.165	18	n/a	n/a	n/a	-0.084	0.596
Cannabis use [^]	18	Primary	1	159	-0.078	0.174	18	n/a	n/a	n/a	-0.217	0.206
Externalizing behavior symptoms	18	Primary	1	159	-0.072	0.112	18	-0.039	0.069	21	-0.200	0.074
Illicit drug use [^]	18	Primary	1	159	-0.063	0.166	18	n/a	n/a	n/a	-0.174	0.289
Internalizing symptoms	18	Primary	1	159	-0.068	0.111	18	-0.068	0.111	20	-0.190	0.090
Major depressive disorder	18	Primary	1	159	-0.072	0.112	18	-0.037	0.137	20	-0.200	0.074
Externalizing behavior symptoms	1	Secondary	1	156	-0.068	0.112	1	-0.038	0.069	4	-0.190	0.091
Internalizing symptoms	1	Secondary	1	156	-0.036	0.112	1	-0.036	0.112	3	-0.100	0.373

[^]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
Externalizing behavior symptoms	Criminal justice system	\$7	\$0	\$12	\$3	\$22
Major depressive disorder	Labor market earnings associated with major depression	\$292	\$686	\$0	\$0	\$978
Externalizing behavior symptoms	Health care associated with externalizing behavior symptoms	\$118	\$33	\$122	\$59	\$332
Major depressive disorder	Mortality associated with depression	\$0	\$1	\$0	\$7	\$8
	<i>Subtotals</i>	<i>\$417</i>	<i>\$720</i>	<i>\$133</i>	<i>\$69</i>	<i>\$1,340</i>
From secondary participant						
Externalizing behavior symptoms	Criminal justice system	\$21	\$0	\$45	\$11	\$77
Externalizing behavior symptoms	Labor market earnings associated with high school graduation	\$49	\$115	\$62	\$0	\$226
Internalizing symptoms	K-12 grade repetition	\$1	\$0	\$0	\$0	\$1
Externalizing behavior symptoms	K-12 special education	\$63	\$0	\$0	\$31	\$94
Externalizing behavior symptoms	Health care associated with externalizing behavior symptoms	\$129	\$37	\$133	\$65	\$364
Externalizing behavior symptoms	Costs of higher education	(\$10)	(\$9)	(\$3)	(\$5)	(\$26)
	<i>Subtotals</i>	<i>\$253</i>	<i>\$143</i>	<i>\$238</i>	<i>\$102</i>	<i>\$735</i>
Program cost	Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$398)	(\$398)
Totals		\$670	\$863	\$371	(\$227)	\$1,677

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.

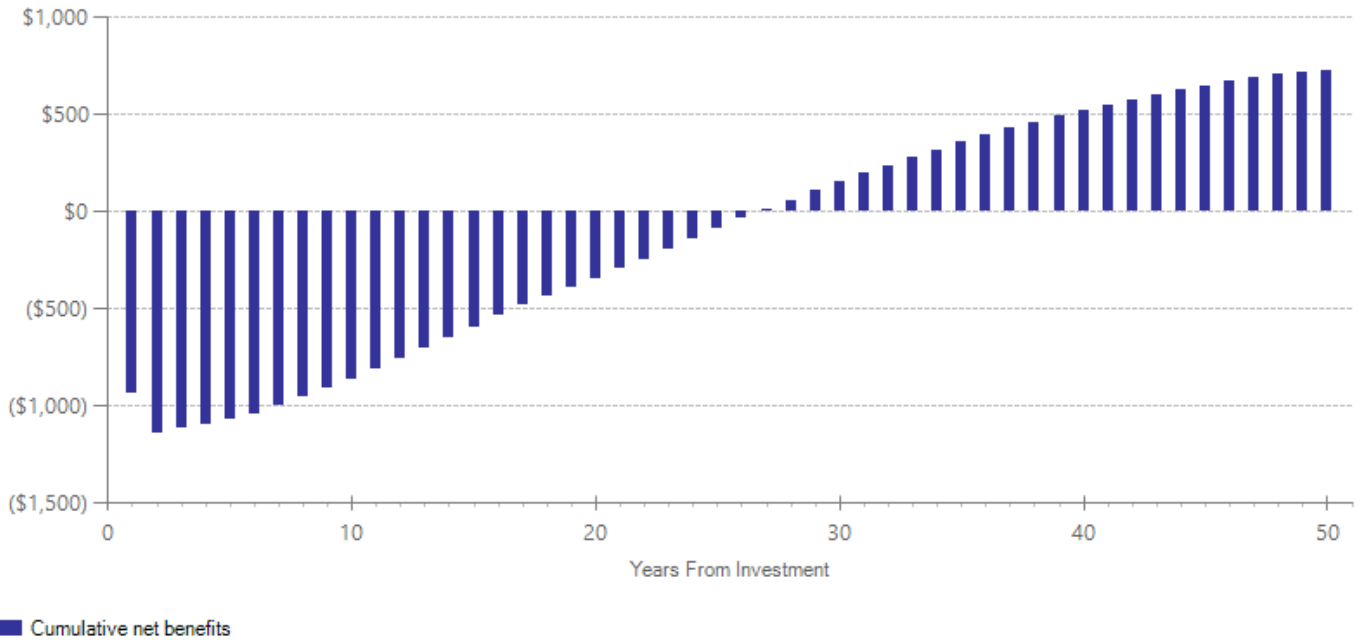
Detailed Annual Cost Estimates Per Participant

	Annual cost	Year dollars	Summary	
Program costs	\$619	2017	Present value of net program costs (in 2018 dollars)	(\$796)
Comparison costs	\$0	2017	Cost range (+ or -)	20 %

We estimate provider hours including service provision hours, training hours, and supervisory hours; apply the 2017 mean hourly wage estimate for Washington State reported by the Bureau of Labor Statistics (retrieved June 2018) for the appropriate provider; and increase wages by a factor of 1.441 to account for the cost of employee benefits. The included study averaged 18 home visiting hours, 5 training hours, and 2 supervisory hours per participant. We assume that supervisors are social workers. We used estimates of hours of training and service provision based on Barlow et al., 2013.

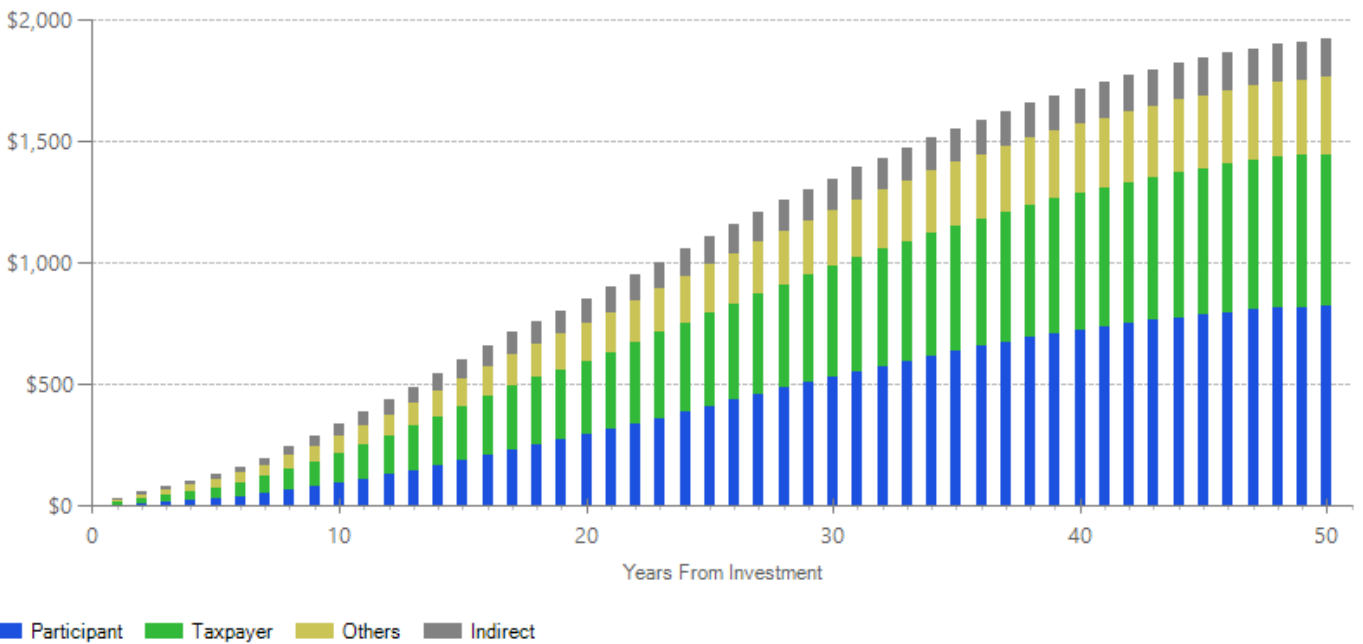
The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty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

Benefits Minus Costs Over Time (Cumulative Discounted Dollars)

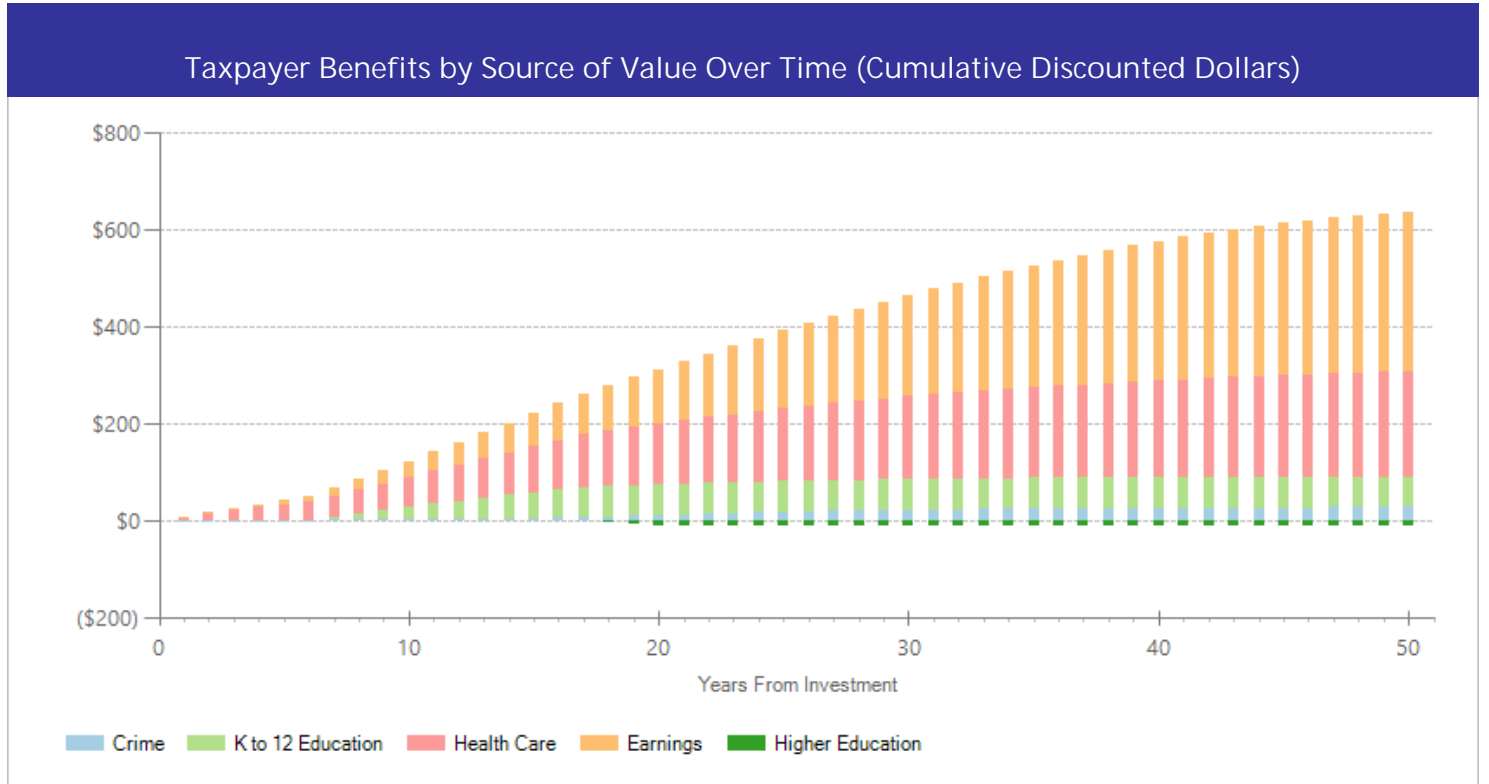


The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in discounted dollars. If the dollars are negative (bars below \$0 line), the cumulative benefits do not outweigh the cost 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.



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

Barlow, A., Mullany, B., Neault, N., Compton, S., Carter, A., Hastings, R., . . . Walkup, J.T. (2013). Effect of a paraprofessional home-visiting intervention on American Indian teen mothers' and infants' behavioral risks: a randomized controlled trial. *The American Journal of Psychiatry*, 170(1), 83-93.

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

Printed on 05-19-2021



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.