What Works for Health

Policy and Program Evidence Assessment

For the Partnership Program’s Lifecourse Initiative for Healthy Families

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NEW HOPE PROJECT

SOME EVIDENCE

DESCRIPTION

The New Hope Project was a demonstration program operated in Milwaukee from 1994 to 1998. Designed to be replicable by public assistance, this program offered participants job search assistance, transitional jobs, earnings supplements, and subsidized child care and health insurance. Participants were required to work at least 30 hours per week to earn these benefits (MDRC – New Hope).

EVIDENCE OF EFFECTIVENESS

There is some evidence that the New Hope Project benefited families; the project yielded strong positive outcomes in the short-term and more modest gains in the long-term (Miller 2008, Huston 2011, McLoyd 2011). Additional research is needed to replicate findings.

The New Hope Project increased participants’ employment, earnings, and income in the short-term. Economic effects faded for most participants after the program ended, but participants with only one barrier to employment continued to increase their employment rates and income. Participants were also better insured only for the short-term, but had better health than non-participants for a few years following the program (Miller 2008).

Among children of parents employed through New Hope, effects were strongest for boys. Boys performed better academically than their comparable peers in the short-term. After this effect dissipated, boys continued to be more engaged at school (Huston 2011), less likely to be in special education, and repeat grades less often (Miller 2008). Adolescent African American boys also worked for longer periods than comparable peers, and were more optimistic about their long-term employment prospects (McLoyd 2011).

New Hope cost approximately $18,000 per family. Participants were limited to three years of benefits (McLoyd 2011), and rarely used all benefits at once (Miller 2008).

CITATIONS


MDRC. New hope project. Available at: http://www.mdrc.org/project_8_30.html.


SEARCH STRATEGY: KEY WORDS

“New hope project”; “new hope”
**TRANSITIONAL JOBS**

**SOME EVIDENCE**

**DESCRIPTION**

Transitional jobs are time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment. Jobs may be combined with training and services to help participants overcome barriers to employment and build work-related skills (Baider 2006).

**EVIDENCE OF EFFECTIVENESS**

There is some evidence that transitional jobs improve employment and earnings, especially in the short-term (Bloom 2010, Baider 2006). Additional evidence is needed to confirm effects.

Transitional jobs increase employment for hard-to-employ persons for the duration of the subsidized position (Bloom 2010, Baider 2006, Redcross 2010). Certain programs such as the Catholic Charities Community Transitional Jobs Program and Personal Roads to Individual Development and Employment (PRIDE) have been shown to increase earnings and competitive employment after subsidized employment ends, especially for participants who complete the transitional jobs program (Baider 2006, Kirby 2002, Bloom 2010).

Some programs have demonstrated other positive effects such as emotional benefits (Kirby 2002), and reduced Temporary Aid for Needy Families (TANF) use even after the employment gains end (Bloom 2010).

For former prisoners, transitional job programs do not appear to impact long-term employment (Bloom 2010, Redcross 2010). However, the Center for Employment Opportunities program in New York reduced recidivism long-term (Redcross 2010), particularly for persons most likely to re-offend (Zweig 2011). Other programs have yielded mixed effects on recidivism (Redcross 2010, Baider 2006).

Transitional job program costs have been shown to range between $1,200 and $3,000 per participant per month (in 2012 dollars), with $400 to $1,000 of those funds going to wages (Kirby 2002).

**CITATIONS**


Bloom D. *Transitional jobs: Background, program models, and evaluation evidence*. MDRC; 2010.


**SEARCH STRATEGY: KEY WORDS**

“Transition(al) Job(s);” Transitional (+jobs) OR (+work) OR (+employment); Supported employment (+ income), (+competitive), (+poverty), (+urban), (+unemployment); Employment support; Community service jobs
PROGRAMS THAT SUPPORT FATHER INVOLVEMENT

SOME EVIDENCE

DESCRIPTION

Programs that support father involvement aim to improve the well-being of children, strengthen families, and improve father-child interactions.

EVIDENCE OF EFFECTIVENESS

There is some evidence that programs that support father involvement improve the well-being of children, strengthen families, and improve father-child interactions (Lundhal 2007, Magill-Evans 2006, Cowan 2009). Additional evidence is needed to confirm effects.

Programs that focus on active father-child involvement have been shown to enhance fathers’ interactions with their children and increase fathers’ positive perceptions of their children (Magill-Evans 2006). These interventions may also improve mood and increase children’s cognitive development (Magill-Evans 2006).

Interventions that involve both mothers and fathers demonstrate improvements in child behavior, parent behavior, and parent perceptions (Lundhal 2007, Cowan 2009). Such interventions may have better outcomes than interventions with only mothers or only fathers (Lundhal 2007); available evidence suggests that targeting parents’ relationship with each other can enhance benefits for children (Knox 2011).

CITATIONS

Knox V, Cowan PA, Pape Cowan C BE. Policies that strengthen fatherhood and family relationships: What do we know and what do we need to know? American Academy of Political and Social Science. 2011;635(1):216-239.


SEARCH STRATEGY: KEY WORDS

Fatherhood (and involvement); Father (and involvement, absent, effectiveness); Fatherless; Non-resident father; father-child
24/7 DAD

DESCRIPTION

24/7 Dad is a comprehensive fatherhood program designed to help men improve their parenting skills and fathering knowledge. The program focuses on the following fatherhood characteristics: masculinity, discipline, and work-family balance.

EVIDENCE OF EFFECTIVENESS

There is some evidence that 24/7 Dad improves parenting skills, fathering knowledge, and attitudes toward fathering (Evans-Rhodes 2010, Olshansky 2006, Bronte-Tinkew 2007, Olshansky 2006a). Additional evidence is needed to confirm effects.

A number of studies demonstrate post-intervention improvement on survey outcomes that serve as indicators for parenting skills, fathering knowledge, and attitudes towards fathering (Evans-Rhodes 2010, Olshansky 2006, Bronte-Tinkew 2007, Olshansky 2006a).

CITATIONS


SEARCH STRATEGY: KEY WORDS

24/7 Dad (and father, fatherhood, fatherhood involvement, father-child); Dad Matters (and father, fatherhood, fatherhood involvement, father-child)
The Nurturing Fathers Program is a 13-week training course designed to teach parenting and nurturing skills to men.

There is some evidence that the Nurturing Fathers Program improves parenting attitudes and knowledge as well as fathers’ interactions with their children (Palusci 2008, NREPP, CEBC).

The Nurturing Fathers Program adapts the Nurturing Parents Program model to address the specifics of fatherhood. Assessments of the Nurturing Fathers Program are limited. However, Nurturing Parents has been shown to increase child-welfare and improve parenting attitudes, knowledge, and behavior (NREPP, CEBC). Nurturing Parents has also been shown to improve attitudes and behaviors among predominantly male inmates and participants in substance abuse programs (Palusci 2008).

Additional evidence is needed to confirm the effects of Nurturing Fathers.


Nurturing Fathers Program (and father-child, father involvement)
The Center for Driver’s License Recovery and Employability aims to improve employment and income among low-income drivers in Milwaukee County by increasing driver’s license recovery.

There is insufficient evidence to determine whether the Center for Driver’s License Recovery and Employability increases employment or income among low-income drivers in Milwaukee County (Quinn 2008, CDLRE 2010, Gustitus 2008). However, there is some evidence that the Center has increased the number of restored licenses (Quinn 2008, CDLRE 2010, Gustitus 2008).

The need for such a program is supported by the theory that (1) lack of a driver’s license is a barrier to employment, and (2) possession of a license should be an issue of safe driving and not poverty (Pawasarat 2000, Pifer 2009). Additional research is needed to demonstrate that increasing access to drivers’ licenses among low-income individuals increases employment and income.


Pawasarat J. Removing transportation barriers to employment: The impact of driver’s license suspension policies on Milwaukee county teens. Employment and Training Institute, University of Wisconsin-Milwaukee; 2000.


Quinn LM PJ. Second year evaluation of the center for driver’s license recovery & employability. Employment and Training Institute, University of Wisconsin-Milwaukee; 2008.

Center for Driver’s License Recovery (and father, fatherhood, income, employment); Driver’s License (and income, employment)
Dads for Life is an intervention designed to prevent mental health problems among children post-divorce by working with noncustodial fathers to increase commitment to the parenting role, expand and reinforce parenting skills, and minimize conflict with an ex-spouse.

There is insufficient evidence to determine whether Dads for Life improves children’s post-divorce mental health problems. Available evidence suggests that the program can decrease children’s internalizing emotions, and improve children’s behavior (Braver 2005), as well as reduce conflict and promote co-parenting (Cookston 2006), but these findings have not been replicated.


Dads for Life (and father, fatherhood, fatherhood involvement, co-parenting)
GEORGIA FATHERHOOD PROGRAM

INSUFFICIENT EVIDENCE

DESCRIPTION

The Georgia Fatherhood Program provides education, training, and job placement for non-custodial fathers with the aim of improving the economic well-being of their children.

EVIDENCE OF EFFECTIVENESS

There is insufficient evidence to determine whether the Georgia Fatherhood Program improves the economic well-being of children of non-custodial fathers. Available evidence suggests that previously unemployed program participants can realize increases in employment and income (Bloomer 2008), but these findings have not been replicated.

CITATIONS


SEARCH STRATEGY: KEY WORDS

Georgia Fatherhood Program (and fatherhood involvement, employment, income)
INSIDEOUT DAD

INSUFFICIENT EVIDENCE

DESCRIPTION

InsideOut Dad is a program designed to connect incarcerated fathers to their families and prepare them for release. The program aims to reduce recidivism and strengthen families.

EVIDENCE OF EFFECTIVENESS

There is insufficient evidence to determine whether InsideOut Dad decreases recidivism or strengthens families (CEBC). Available evidence suggests that program participants may improve confidence, knowledge, attitude, and behavior (EDRGSPAA 2011), but these findings have not been replicated.

The National Fatherhood Initiative recommends InsideOut Dad based on its focus on cognitive and behavioral approaches to criminogenic factors (Gosnell 2007).

CITATIONS


SEARCH STRATEGY: KEY WORDS

InsideOut Dad (and fatherhood involvement, behavior, recidivism)
**MALE INITIATIVE PROGRAM**

**INSUFFICIENT EVIDENCE**

**DESCRIPTION**

The Male Initiative Program is designed to educate fathers about the role they play in pregnancy outcomes and the health and well-being of their children. The program aims to improve involvement with children and families and promote parenting skills.

**EVIDENCE OF EFFECTIVENESS**

There is insufficient evidence to determine whether the Male Initiative Program improves pregnancy outcomes or the health and well-being of children. The Male Initiative Program is currently implemented in conjunction with Early Head Start in Pittsburgh and Savannah (EOASGA, Healthy Start Pittsburgh). Evaluations of the Male Initiative Program are not available.

**CITATIONS**


**SEARCH STRATEGY: KEY WORDS**

Male Initiative Program (and Head Start, fatherhood, fatherhood involvement)
COMMUNITY HEALTH WORKERS (CHW) -- BASED ON THE NEW YORK STATE CHW PROGRAM, USED BY NORTHERN MANHATTAN PERINATAL PROJECT

SCIENTIFICALLY SUPPORTED

DESCRIPTION

Community health workers (CHW) serve a variety of functions, including: providing outreach, education, referral and follow-up, case management, advocacy and home visiting services. CHW services are often targeted at women who are at high risk for poor birth outcomes. New York State’s program is focused on getting pregnant women into early and consistent prenatal care and ensuring their families receive primary and preventive health services.

EVIDENCE OF EFFECTIVENESS

There is strong evidence that CHW interventions improve a variety of health outcomes and behaviors, and increase access to care (Viswanathan 2010, Glenton 2010, Lassi 2010, Lewin 2010), particularly among racial and ethnic minority women (Andrews 2004, Wells 2011). CHW models are a suggested strategy to promote healthy behaviors and connect underserved populations (NLIRH 2009).

CHW-delivered interventions improve cervical cancer and mammography screening rates (Viswanathan 2010), particularly when CHWs share a racial or ethnic background with their patients (Wells 2011). CHW interventions increase breastfeeding (Lassi 2010, Lewin 2010), promote childhood immunization uptake (Glenton 2011, Lewin 2010), and improve TB treatment outcomes (Lewin 2010).

Lay and CHW interventions reduce child morbidity and mortality (Lewin 2010) and increase referrals to health care facilities for pregnancy related complications. Such interventions also improve birth outcomes for mother and child (Lassi 2010).

CITATIONS


**SEARCH STRATEGY: KEY WORDS**

Community health worker*; Lay health worker*; CHW
EARLY CHILDHOOD HOME VISITATION PROGRAMS

SCIENTIFICALLY SUPPORTED

DESCRIPTION

Early childhood home visitation programs are those in which parents and children are visited in their home prenatally and/or during the child's first two years of life by trained personnel who provide some combination of the following: information, support, and training regarding child health, development, and care.

EVIDENCE OF EFFECTIVENESS

There is strong evidence that early childhood home visitation programs prevent child injury and maltreatment (Community Guide, Sweet 2004, Hahn 2003, Roberts 1996, Bilukha 2005, MacLeod 2000) and improve cognitive and socio-emotional development outcomes (Sweet 2004). There is less evidence that such programs affect other parental behaviors and parental attitudes (Kendrick 2000, Sweet 2004) as well as birth outcomes (Issel 2011). Home visitation programs may not be successful and may even be harmful when implemented in populations of drug and alcohol abusers (Turnbull 2012, Doggett 2005).

Home visiting programs vary substantially in implementation and target a variety of outcomes. For example, such programs can be delivered by professionals (e.g., nurses), paraprofessionals, and non-professionals, and can start both before and after a child is born. Visits by paraprofessionals appear to have stronger effects on maltreatment outcomes and visits by professionals appear to have stronger effects on cognitive outcomes in most circumstances (Sweet 2004, Hahn 2004, Bilukha 2005). Additional evidence is needed to confirm the most effective method of implementation for any particular outcome of interest.

CITATIONS


**SEARCH STRATEGY: KEY WORDS**

Home visit (and child, children, infants); Home visitation (and child, children, infants)
NURSE-FAMILY PARTNERSHIP

SCIENTIFICALLY SUPPORTED

DESCRIPTION

The Nurse-Family Partnership (NFP) is a voluntary home-visiting program that targets low-income, first-time mothers and their babies. Home visits begin during pregnancy and continue through a child’s second birthday. The program aims to improve prenatal, birth, and early childhood outcomes.

EVIDENCE OF EFFECTIVENESS


NFP improves family outcomes, with increased time between births and fewer children (Olds 2007, Small 2005). Mothers have more stable partner relationships (Olds 2010, Olds 2007), a greater sense of mastery, and are less reliant on welfare (Small 2005). Participants engage in fewer risky behaviors, with less substance abuse during pregnancy (Small 2005) and reduced role impairment due to substance abuse (Olds 2010). Their children are less likely to be maltreated or abused (Small 2005, Karoly 2005). The program leads to reductions in emergency room visits, hospital days (Karoly 2005), and reduced childhood mortality (Olds 2007).

Nurse-visited children have fewer emotional disorders at age nine (Olds 2011) and do better academically (Olds 2007, Karoly 2005). They demonstrate more positive behaviors, with fewer arrests (Karoly 2005), sex partners, and reduced use of alcohol and tobacco during adolescence (Small 2005). Program effects persist for daughters of NFP participants: they are less likely to be arrested and convicted of a crime, have fewer children, and use less Medicaid support (Eckenrode 2010). There appear to be no such effects for sons of NFP participants (Eckenrode 2010).


CITATIONS


Isaacs JB. *Cost-effective investments in children*. Budgeting for National Priorities


**SEARCH STRATEGY: KEY WORDS**

Nurse-Family Partnership
MAGNOLIA PROJECT

SOME EVIDENCE

DESCRIPTION

The Magnolia Project is a Healthy Start program that provides prenatal and interconception care to women in five Jacksonville Florida zip codes; most residents of these zip codes are African American. Services include health education, clinical services, case management, community outreach, and the Birthing Project.

EVIDENCE OF EFFECTIVENESS

There is some evidence that the Magnolia Project leads to better birth outcomes and reduced maternal risk factors (Biermann 2006, Livingwood 2009, Will 2006). The Magnolia Project is a recommended strategy to improve birth outcomes (March of Dimes 2010). However, additional evidence is needed to confirm effects.

The Magnolia Project can lower incidence of infant mortality and low birth weight babies (Livingwood 2009, Will 2006). Participants have been shown to have fewer sexually transmitted (STD) infections (Biermann 2006, Livingwood 2009), and make greater use of family planning methods (Biermann 2006).

CITATIONS


SEARCH STRATEGY: KEY WORDS

Magnolia Project; Magnolia Florida; Magnolia Jacksonville Florida; Prenatal Jacksonville Florida
Empowering Families of Milwaukee (EFM) partners with the community to provide frequent and long-term home visits to families focusing on pregnant women and their children. EFM combines elements of home visiting programs such as Healthy Families America, Parents as Teachers, the Nurse Family Partnership, and Family Foundations.

**EVIDENCE OF EFFECTIVENESS**

There is insufficient evidence to determine the effectiveness of Empowering Families of Milwaukee specifically, even though it combines elements from a variety of programs with strong scientific support. Available evidence suggests the program may have a positive impact on birth outcomes, reduce child mistreatment, and increase scheduled immunizations (WI DHS 2009). However, additional evidence is needed to confirm these effects.

**CITATIONS**


**SEARCH STRATEGY: KEY WORDS**

Empowering Families of Milwaukee
MEDICAL HOMES

SCIENTIFICALLY SUPPORTED

DESCRIPTION

Medical homes provide continuous, comprehensive, whole person primary care (NCQA, PCPCC). In this model of care, personal physicians and their teams coordinate care across the health care system, working with patients to address all their preventive, acute, and chronic health care needs, and arranging care with other qualified health professionals as needed. Medical homes offer enhanced access, including expanded hours and easy communication options for patients. They also practice evidence-based medicine, measure performance, and strive to improve care quality (PCPCC – Joint Principles of the Patient Centered Medical Home).

EVIDENCE OF EFFECTIVENESS


Medical homes can increase continuity of care (van Walraven 2010), evidence-based care (Homer 2008), and patient or family participation (Rosenthal 2008, Homer 2008). By increasing patient monitoring and non-urgent care, medical homes reduce duplicate services (Rosenthal 2008) and emergency room visits (Rosenthal 2008, Diedhiou 2010, Chin 2009).

Effects appear strongest for children with special health care needs (Homer 2008) and persons with chronic conditions such as diabetes or depression (Amiel 2011). Medical homes reduce emergency visits for asthmatics (Chin 2009, Diedhiou 2010). They may also reduce disparities in health outcomes (Starfield 2004). Some medical homes have been shown to improve access and preventive care (Beal 2007), increase continuity of care, and reduce emergency room visits for low-income persons (Roby 2010).

Research on primary care transformation indicates that practices becoming medical homes should first build a relationship-centered workplace with shared leadership and time for group planning. Then, rather than incremental change or following top-down orders to change, practices should pursue group-directed, whole-system transformation (Crabtree 2011, Nutting 2009). Practices should also help doctors develop the skills for team-based care, and expect a change process up to three years long (Nutting 2009).

Some medical homes have yielded substantial cost savings over traditional care (Homer 2008, Rosenthal 2008). Most state medical home initiatives have been associated with higher quality and lower costs (Takach 2011).

CITATIONS


Diedhiou A, Probst JC, Hardin JW, Martin AB, Xirasagar S. Relationship between presence of a reported medical home and emergency department use among children with asthma. Medical Care Research and Review. 2010;67(4):450-75.


Patient-Centered Primary Care Collaborative (PCPCC). Patient centered medical home. Available at: http://www.pcpcc.net/patient-centered-medical-home.

Patient-Centered Primary Care Collaborative (PCPCC). Joint principles of the patient centered medical home. 2007. Available at: http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home.


Takach M. Reinventing medicaid: State innovations to qualify and pay for patient-centered medical homes show promising results. Health Affairs. 2011;30(7):1325-34.


SEARCH STRATEGY: KEY WORDS

Medical home(s) (+quality); Patient(-)centered; PCMH; Coordinated patient care
SAFETY NET MEDICAL HOME INITIATIVE

INSUFFICIENT EVIDENCE

DESCRIPTION

The Safety Net Medical Homes Initiative was launched in 2008 to develop and demonstrate a replicable model for practices becoming medical homes. Participating clinics receive re-design and quality improvement assistance through Regional Coordinating Centers in five states. The Initiative’s website offers implementation guides, assessment and transformation tools, and resources from its 2011 learning summit (SNMHI).

EVIDENCE OF EFFECTIVENESS

There is insufficient evidence to determine the effectiveness of Safety Net Medical Homes. However, a preliminary study suggests potential for positive effects.

CareOregon, a Medicaid managed care plan participating in the Safety Net Initiative, demonstrated reduced waiting times and improved outcomes in its medical homes. Diabetes outcomes in particular improved, most likely due to more frequent glucose level testing. Compared to non-participating clinics, Safety Net clinics reduced adult patients’ total hospitalizations and emergency department visits (AHRQ).

One study suggests that larger, urban clinics may become Safety Net medical homes more easily than smaller clinics (Lewis 2012). More rigorous evaluations are needed to confirm effects.

CITATIONS


SEARCH STRATEGY: KEY WORDS

Safety(-)net (+medical home) (+initiative)
Other Specific Medical Home Projects

Insufficient Evidence

Only descriptive information was found for the projects listed below:

Arizona Department of Health Services Medical Home Project

In this project school nurses connect uninsured, low-income children to a system of pediatricians, family practice physicians, and specialists. Children can then access multiple health services such as primary care, specialty services, diagnostic procedures, medication, and eye glasses through the system (AZ DHS).

Building Bridges: Medical Home and Library

This project began in Baltimore in 2010 to provide information to immigrant and low-income families on health insurance and medical homes through their community libraries. The project implementers also sought to introduce patients and clients of other community agencies to the library (Community Pediatrics – Grant 1797). The project’s current status is unknown.

Ellis Medical Home Project

This New York-based project was formed in collaboration with ministries, the Schenectady City School District, and other social, community, and public health service providers to improve quality of care and access to primary and preventive services. It promotes patient-centered, physician-guided, cost-effective and better coordinated care. Ellis Medical Home offers primary, preventive, pediatric, and dental care, a wide range of outpatient services, shuttle service, electronic health records, and health services navigators (Ellis).

Operation Healthy Home

In 2010, this project partnered with Operation Smart Child (OSC), a Neighborhood Christian Centers program that teaches parents how to optimize their child’s brain development. Operation Healthy Home intended to connect OSC participants to a medical home and add messages encouraging physical health to OSC’s current parental training. It also sought to identify barriers to health care access and, with health care providers, develop a referral process for those needing health insurance or a medical home (Community Pediatrics – Grant 1779). The project’s current status is unknown.

Maine Patient Centered Medical Home Pilot

This three year pilot began in January 2010 to create a statewide medical home implementation model. It is comprised of 26 Maine practices transforming into medical homes. The practices have established new payment agreements and are now implementing practice changes, participating in a learning collaborative, and receiving individualized quality improvement coaching. The project’s website has many tools and resources for practices becoming medical homes, including strategies for integrating behavioral health, improving children’s outcomes, and other topic-specific information (MPCMH).

The Cigna and Holston Medical Group Patient-Centered Medical Home Pilot Program in the Tri-Cities and Southwest Virginia

This pilot project began in August 2010. The project focuses on patients with chronic needs who receive care from Holston Medical Group; it is one of many Cigna pilots examining the effectiveness of patient-centered models of care. Cigna intends to evaluate this project after it has been operational for at least one year (Cigna, 2010). The project’s current status is unknown.
CITATIONS


Community Pediatrics. Grant Information. 1779. Available at: http://www2.aap.org/commpeds/grantsdatabase/searchDetail.cfm?gID=1779.

Community Pediatrics. Grant Information. 1797. Available at: http://www2.aap.org/commpeds/grantsdatabase/searchDetail.cfm?gID=1797#.


SEARCH STRATEGY: KEY WORDS

“Medical home”; Arizona Medical Home Project; Arizona + medical home (+DHS)

Building bridges medical home and library; Highlandtown Community Health Center (+bridges) (+medical home); Building bridges + medical home (+Maryland)

Ellis medical home

Operation Healthy Home (+ Memphis); Inner(-)city + medical home; Operation smart child (+NCC)

SIGN + medical home; Holston + medical home; CIGNA + medical home (+ tri-, tri-cities, southwest, Virginia)

Maine (+patient centered) medical home (+evaluation)


**CENTERINGPREGNANCY**

**SCIENTIFICALLY SUPPORTED**

**DESCRIPTION**

CenteringPregnancy is a multifaceted model of group care that integrates health assessment, education, and support into a unified program within a group setting. Eight to twelve women with similar gestational ages meet to learn care skills, participate in a facilitated discussion, and develop a support network with other group members. Each pregnancy group meets for a total of 10 sessions throughout pregnancy and early postpartum. The practitioner, within the group space, completes standard physical health assessments (CHI).

**EVIDENCE OF EFFECTIVENESS**

There is strong evidence that women in CenteringPregnancy programs are more likely to receive adequate prenatal care than non-participating women (Ickovics 2007, Kennedy 2011). CenteringPregnancy has been shown to improve birth outcomes, especially for African American women (Ickovics 2003, Ickovics 2007, Picklesimer 2012).

CenteringPregnancy improves infant birth weight (Ickovics 2003) and reduces the likelihood of preterm delivery, especially for African American women (Ickovics 2007, Picklesimer 2012) and African American teenagers (Grady 2004). Women in the program learn more about healthy pregnancy, and feel better prepared for delivery (Ickovics 2007) and more satisfied with their prenatal care than non-participating women (Ickovics 2007, Klima 2009, Kennedy 2011). CenteringPregnancy does not appear to differ in cost from traditional care (Ickovics 2007).

Centering Pregnancy Plus, an intervention with an additional focus on reducing risky sexual behavior, has been shown to reduce unprotected sex, sexually transmitted infections, and repeat pregnancies (Kershaw 2011). The program can also increase self-esteem and decrease depression during and after pregnancy (Ickovics 2011).

**CITATIONS**


**SEARCH STRATEGY: KEY WORDS**

“Centering Pregnancy”; CenteringPregnancy; Group Pre(-)natal Care
**SYSTEMS NAVIGATOR AND INTEGRATION (E.G., PATIENT NAVIGATORS)**

**SCIENTIFICALLY SUPPORTED**

**DESCRIPTION**

Patient navigators provide culturally sensitive assistance and care-coordination, guiding patients through available medical, insurance, and social support systems. These programs seek to reduce racial, ethnic, and economic disparities in access to care and disease outcomes (Vargas 2008).

**EVIDENCE OF EFFECTIVENESS**

There is strong evidence that patient navigator programs improve cancer screening, especially for breast cancer (Phillips 2010, Robinson-White 2010). Additional evidence is needed to confirm effects for programs focused on other health outcomes.

Patient navigators improve breast cancer screening, diagnosis, and treatment (Robinson-White 2010), and can also increase screening for colorectal cancer (Fisher 2007). By increasing screening, such programs have the potential to reduce racial disparities in early detection (Robinson-White 2010, Phillips 2010, Fisher 2007).

Patient navigator programs to improve prenatal care are recommended (CDC, NACCHO), but have not been rigorously evaluated. Such programs may help women navigate the Medicaid system, find managed care and a provider, and obtain other services such food and transportation assistance (Payne 2011, NACCHO).

**CITATIONS**


**SEARCH STRATEGY: KEY WORDS**

“System* navigat*” (+prenatal); “Patient navigat*” (+evaluation) (+prenatal) (+community health worker) (+breast cancer randomized); Systems Navigat* and Integration; Systems advocate* prenatal; Patient advocate* (+prenatal)
BIRTHING PROJECT USA: SISTER/FRIENDS AND BARBER SHOP

EXPERT OPINION

DESCRIPTION

The Birthing Project is a volunteer effort, primarily targeted at women of color, to encourage better birth outcomes by providing one-on-one support and education to women during their pregnancy through volunteer Sister/Friends. Barber Shop targets fathers within the same communities.

EVIDENCE OF EFFECTIVENESS

The Birthing Project is a recommended strategy to improve birth outcomes, primarily among women of color (Cruz 2008). Available evidence suggests that the program may have positive effects on birth weight (Maddox-Whitehead 2009, Robilliard 2005), infant mortality (Maddox-Whitehead 2009), and consistency of prenatal and postnatal care (Hall-Trujillo 2010). More rigorous research is needed to determine effects.

In summer 2012 the Health Resources and Services Administration (HRSA) plans to evaluate the Birthing Project USA Sister/Friends program compared to traditional home visits' effect on changing behaviors caused by internalized racism (HRSA 2012).

CITATIONS


SEARCH STRATEGY: KEY WORDS

Birthing Project USA; Birthing Project; Birthing Project Evaluation; Kathy Hall-Trujillo; SisterFriends (Sister Friends); Barbershop (Barber Shop)
NORTHERN MANHATTAN PERINATAL PARTNERSHIP

EXPERT OPINION

DESCRIPTION

The Northern Manhattan Perinatal Partnership provides a comprehensive perinatal care assistance program with a wide range of services and linkages to improve perinatal health. The program includes efforts to address early childhood needs, broad child welfare, housing, health system access, and economic opportunities, as well as targeted advocacy work.

EVIDENCE OF EFFECTIVENESS

The Northern Manhattan Perinatal Partnership is a recommended strategy to improve birth outcomes in African American populations (Byrd 2005, Lu 2010a, Lu 2010b, March of Dimes 2010) and achieve health equity (March of Dimes 2010). Available research suggests the program may have contributed to a 70 percent reduction in Harlem’s infant mortality rate (Lu 2010b, March of Dimes 2010). More rigorous research is needed to determine effects.

CITATIONS


SEARCH STRATEGY: KEY WORDS

Northern Manhattan Perinatal Partnership; Northern Manhattan Perinatal Project; Manhattan Perinatal; NMPP; Healthy Start New York
REACH OUT AND READ

SCIENTIFICALLY SUPPORTED

DESCRIPTION

The Reach Out and Read program partners with doctors, nurse practitioners, and other medical professionals to incorporate literacy support into regular well-child visits. From the 6-month checkup through age five, medical providers give children developmentally appropriate books and give parents guidance and encouragement on reading with their children. The program focuses on children growing up in low-income communities (Reach Out and Read).

EVIDENCE OF EFFECTIVENESS

There is strong evidence that Reach Out and Read improves home literacy environments (Golova 1999, High 1998, High 2000, Mendelsohn 2001, Needleman 2005, Sharif 2002, Silverstein 2002); the program has also been shown to enhance early language skills among low-income children (High 2000, Mendelsohn 2001, Sharif 2002, Thierot 2003). Reach Out and Read is endorsed by the American Academy of Pediatrics (AAP).

Reach Out and Read positively affects parents and children. Participating parents are more likely to read to their children (Golova 1999, High 1998, High 2000, Mendelsohn 2001, Needleman 2005, Sharif 2002) and to report reading aloud as a favorite activity for themselves (Golova 1999, High 1998, Sharif 2002, Needleman 2005) and their children (High 1998, Sharif 2002, Silverstein 2002). Participating families have been shown to own more books than non-participants (Needleman 2005, Silverstein 2002) and to increase the number of books owned with program participation (Golova 1999).

Many participating children and toddlers have been shown to have higher receptive (pointing) and expressive (naming) vocabulary scores than non-participating children, with stronger evidence supporting improvements in receptive scores (High 2000, Mendelsohn 2001, Sharif 2002, Thierot 2003).

CITATIONS


Reach Out and Read. Available at: http://www.reachoutandread.org/.


**SEARCH STRATEGY: KEY WORDS**

Literacy (and child*); Reading (and child*); Reach Out and Read
BABY FAST

SOME EVIDENCE

DESCRIPTION

Baby FAST is a multifamily group intervention for young parents and their infants and toddlers (age 0-3). The program aims to protect vulnerable families with risk factors, such as single-parent families, teen mothers, isolated families, or families within communities with higher risk factors.

EVIDENCE OF EFFECTIVENESS

There is some evidence that Baby FAST reduces parents’ stress levels and improves supportive relationships within the community (McDonald 2008).

Baby FAST adapts the Families and Schools Together (FAST) model to target infants instead of children ages 4 to 12. FAST has been shown to decrease aggressive behavior and improve teacher rating of academic performance (NREPP, PPN, OJJDP).

Additional evidence is needed to confirm the effects of Baby FAST.

CITATIONS


SEARCH STRATEGY: KEY WORDS

Baby FAST (and development); Families and Schools Together (and FAST, baby, babies, infants)
CARRERA ADOLESCENT PREGNANCY PREVENTION PROGRAM

SOME EVIDENCE

DESCRIPTION

The Carrera Adolescent Pregnancy Prevention Program is a multi-component intervention that takes a holistic approach to prevention, including classroom instruction, counseling, and community events to reduce teen pregnancy and births.

EVIDENCE OF EFFECTIVENESS

There is some evidence that the Carrera Adolescent Pregnancy Prevention Program reduces rates of teen pregnancy and sexual risk behaviors (Alford 2008, Kirby 2007, Philiber 2002, Philiber 2001). Additional evidence is needed to confirm the strength and consistency of these effects.

The strongest evidence for the program’s success comes from studies in New York City run by the program’s founder, Michael Carrera (Philiber 2002, Philiber 2001). These studies find strong effects for females, but a lesser effect among males (Kirby 2009). Programs implemented outside New York City have been less effective (Kirby 2009). A study in the UK, for example, found that a replica program had no effect on teen pregnancy and might even increase risky sexual behaviors (Wiggins 2009).

CITATIONS


SEARCH STRATEGY: KEY WORDS

Carrera (and teen pregnancy, pregnancy prevention, multi-component interventions)
Healthy Families America (HFA) is a home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences. Developed in 1992 by Prevent Child Abuse America, the program is based on 12 Critical Elements operationalized through best practice standards that provide a quality structure while offering flexibility in implementation. HFA services begin prenatally or right after birth and are offered by family support workers for 3 to 5 years. There are nearly 400 affiliated HFA program sites in 40 States, DC, and the US territories (Healthy Families America).

There is some evidence that HFA improves child well-being (CEBC, PPN, Harding 2007) as well as parenting practices and attitudes (PPN, LeCroy 2011, Harding 2007). There is insufficient evidence to support an effect on child abuse and neglect (DuMont 2008, Harding 2008, Duggan 2007, LeCroy 2011, CEBC). Flexibility in implementation, inherent in the program’s design, is likely to contribute to variable effects.

HFA has been shown to positively affect child well-being and safety (CEBC). Mothers participating in Healthy Families New York (HFNY) are less likely to deliver low birthweight babies than non-participants (PPN). Positive effects on the number of low birthweight babies have also been shown in Virginia, Florida, and Washington DC implementations of HFA (Harding 2008).

Overall, HFNY mothers are less likely to engage in abusive, neglectful, or harsh parenting practices, and more likely to use positive parenting skills than non-participants (PPN). An Arizona-based study finds positive effects on parents’ expectations and home safety practices in the short term only (LeCroy 2011). A multi-state assessment finds variation but concludes that, overall, HFA has a largely positive effect on parenting attitudes and home environments (Harding 2008).

HFA does not appear to affect the prevalence or frequency of substantiated reports of child abuse and neglect, potentially due to surveillance bias (DuMont 2008, Harding 2008, Duggan 2007). The program has been shown to decrease self-reported cases of abuse and neglect in some circumstances (Harding 2008, DuMont 2008).


SEARCH STRATEGY: KEY WORDS

Healthy Families America
HEALTH LEADS

EXPERT OPINION

DESCRIPTION

Health Leads mobilizes undergraduate volunteers, in partnership with providers in urban clinics, to connect low-income patients with the basic resources — such as food, housing, and heating assistance — that they need to be healthy (Health Leads).

EVIDENCE OF EFFECTIVENESS

Health Leads is a recommended strategy to connect low-income patients with basic resources and, ultimately, to improve health (AHRQ, RWJF). Available evidence suggests that seeking services from Health Leads’ family help desk can improve patients’ access to needed resources (Garg 2010). However, additional evidence is needed to confirm effects.

CITATIONS

Agency for Healthcare Research and Quality (AHRQ). Physical “prescriptions” written during medical visit and “filled” by onsite volunteers connect low-income families to vital community resources. Available at: http://www.innovations.ahrq.gov/content.aspx?id=3005.


SEARCH STRATEGY: KEY WORDS

Health Leads; Project Health; Rebecca Onie
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