

Evidence Brief

Effective CNCS-Funded Healthy Futures Programs

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The Corporation for National and Community Service (CNCS) is the federal agency that leads national service and volunteering in the United States, helping millions of Americans improve their own lives and the lives of their fellow citizens through service. Through AmeriCorps, Senior Corps, and other programs¹, the agency has made investments in vulnerable and at-risk individuals, families, and communities across the country, working with local partners to solve their most pressing challenges and improve the health and well-being of those served. The priority objectives of many of the CNCS-funded programs within the Healthy Futures focus area center around access to health care, aging in place, obesity and food, child maltreatment prevention, and supportive family environments.

This brief features CNCS-funded interventions in the Healthy Futures area with positive results for the beneficiaries at the community level from high-quality, independent, and rigorous impact studies.² These programs produced favorable outcomes such as improved food security, reduced child maltreatment, improved mental health, and more. However, CNCS’s impact footprint goes beyond CNCS-funded organizations, their participants, and communities in which they live, and includes benefits for national service members during their service experience.

Who did these programs serve?

The interventions provided needed services to a wide range of target recipients including:

- Families with pre-school and kindergarten age children
- Children in elementary, middle, and high school including those in poor urban areas who are at risk for obesity
- Families at risk for child maltreatment
- Adults lacking medical care and/or experiencing mental health issues.

Funded programs served low-income adults and children, with diverse racial and ethnic backgrounds, in communities across the country.

What did they accomplish?

CNCS-supported Healthy Futures programs produced favorable outcomes including:

Obtained access to care	Improved food security
Increased utilization of health care	Obtained health knowledge and/or prevention knowledge
Reduced or improved chronic illness/disease	Reduced child maltreatment
Improved mental health	Increased parenting skills
Improved BMI/fitness	

How did these programs do it?

The evidence-based programs employed a variety of models and intervention components. The models included two common service delivery modes: formal education and training (e.g. recreational and sports instruction for youth), and one-on-one support (e.g. individual home visits to deliver parenting support).

Three of the five healthy futures interventions (60 percent) had multiple components ranging from public education campaigns in a specific geographic area to a multi-session parenting skills training course. One intervention was comprised of 5 components.

In order for these interventions to be implemented with fidelity and produce their intended outcomes, programs had to ensure that frontline personnel are prepared and trained, as needed, to deliver the interventions. The frequency, format, and timing of the trainings varied for each program. One program provided a weeklong pre-service delivery training that involved live skills demonstration, role play, and observation of field sessions. Other programs relied on extensive pre-service delivery where trainees shadowed experienced team members or provided ongoing trainings that included weekly and quarterly sessions. One program delivered training over several days before fielding the trainee for service delivery.

¹ For more information, see www.nationalservice.gov

² Based on an independent meta-synthesis study conducted in 2018 (Richman, S., Maxwell, N., Streke, A., Needels, K., & Eddins, K. (2018). Evidence of Effectiveness in CNCS-Funded Interventions: Benchmark Findings. Prepared for the Corporation for National and Community Service, Office of Research and Evaluation. Chicago, IL: Mathematica Policy Research), these programs had a range of effect sizes from 0.11 to 0.24 and an average effect size of 0.17 across the impact studies. The average effect size was not statistically significant partially because of the small number of qualified studies.

MEMBERS' ROLE IN IMPLEMENTATION AND SCALING OF EVIDENCE-BASED INTERVENTIONS

National service members' functions across these Healthy Futures interventions fall into two categories: (1) direct service providers, and (2) coordination or support positions within the organization or at implementation sites.

Trained national service members serve as home visitors and/or family resource aids augmenting and supporting other direct service roles such as coaches, social service providers and elementary school staff. For example, the Shasta County Child Abuse Prevention Council utilizes both SafeCare and Triple-P intervention models in its programming. To help families increase parenting capacity and skills, the organization engaged AmeriCorps members to provide direct services such as in-home case management and parenting education.

In addition to providing direct services, national service members also take on coordination or support positions that are important for enabling organizations to successfully scale up. From managing day-to-day program operations to organizational capacity building, members serve in positions such as site coordinators, volunteer recruiters and managers, and resource developers to support the implementation of these interventions. In the case of Shasta County Child Abuse Prevention Council, for example, the organization dedicated an AmeriCorps member to volunteer recruitment and management to enable high-quality service delivery.

TABLE 1. EFFECTIVE INTERVENTIONS FUNDED BY CNCS AND THEIR KEY FINDINGS

INTERVENTIONS	KEY FINDINGS
<p>The Birth & Beyond (B&B) Home Visitation Program supports at-risk families to reduce child abuse and neglect. The evidence-based curriculum, Nurturing Parenting Program, provides resources and referrals to health services, support groups, developmental child care, and assistance with food access.</p>	<p>Parents receiving at least eight hours of program services show statistically significant improvement in their parenting attitudes and behaviors. Parents who received 25-34 hours were 173 percent less likely at a given time to have a substantiated referral and 57 percent less likely at a given time to have any Child Protective Services referral, than those in the comparison group (both at the $p < 0.05$ level).</p>
<p>Home Instruction for Parents of Preschool Youngsters (HIPPY) Corps uses a home-based early intervention model with a curriculum delivered by AmeriCorps members trained as paraprofessional home visitors and large-group facilitators and aims to ensure both children's and parents' school readiness.³</p>	<p>Children in the HIPPY program showed a gain of 11 points on early-language assessments, compared to 5 points for those who were not in the program. Mothers in the program reported significantly more involvement with their young children at home.</p>
<p>Soccer for Success is a sports-based youth development program that serves children in grades K to 8 in underserved, urban communities. The program uses soccer as a tool to combat obesity, promote healthy eating and exercise habits, and foster positive youth development.</p>	<p>The study found that Soccer for Success participants showed greater improvement towards healthy BMI and waist circumference categories, and greater improvement in aerobic capacity, compared to participants in similar programs. In addition, Soccer for Success had statistically significant and consistent results across different locations, genders, and socio-economic backgrounds.</p>
<p>SafeCare (SC) Home-based Services is a home-based structured behavioral skills training program that focuses on concrete caregiving, household management, and parenting skills for parents in Child Protective Services for child neglect. The model has been used in university-based settings since 1979 and described in over 60 publications.</p>	<p>Safe Care's main effects were consistently significant across all analyses, generating Hazard Ratio effect sizes between 0.74 and 0.83 $p < .05$. Given a 45% recidivism rate, a home-based service system would prevent one case of child maltreatment per 9.6 -15.7 treated cases. By adopting Safe Care, for every 1000 cases treated, providers would prevent 64 -104 estimated first-year recurrences of child maltreatment over Service As Usual (SAU) interventions.</p>

³ HIPPY Corps is in the education as well as healthy futures focus area based on the types of outcomes pursued and achieved.

INTERVENTIONS	KEY FINDINGS
<p>The Triple-P Parenting Program is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. Through a comprehensive system that includes five intervention levels of increasing intensity and narrowing population reach, the system enhances parental competence, and prevents or alters dysfunctional parenting practices, thereby reducing an important set of family risk factors both for child maltreatment and for children’s behavioral and emotional problems</p>	<p>The effect sizes on child maltreatment (CM), child out-of-home placements, and hospitalizations or emergency-room visits for CM injuries ranged from 1.09 to 1.22, which are all considered to be in the large to very large range. In a community with 100,000 children under 8 years of age, these effects would translate into 688 fewer cases of child maltreatment, 240 fewer out-of-home placements, and 60 fewer children with injuries requiring hospitalization or emergency room treatment.</p>

TABLE 2. PROGRAM BY INTERVENTION CORE COMPONENTS, OUTCOMES, TARGETED POPULATIONS, AND IMPLEMENTATION SETTINGS

PROGRAM (Site Evaluated)	CORE COMPONENTS	OUTCOMES	TARGETED POPULATION ⁴	IMPLEMENTATION SETTING
B&B Home Visitation Program (Sacramento)	<ul style="list-style-type: none"> Parenting instruction home visits 	<ul style="list-style-type: none"> Reduced child maltreatment 	<ul style="list-style-type: none"> Low income Parents of young children 	<ul style="list-style-type: none"> Parent’s homes Urban West
Home Instruction for Parents of Preschool Youngsters (San Diego)	<ul style="list-style-type: none"> Instructional home visits Parent/child literacy activities Parent monthly group meetings and instruction 	<ul style="list-style-type: none"> Enhanced emergent literacy skills; Increased parenting skills 	<ul style="list-style-type: none"> Low income Parents of young children Hispanic Age 0-5 	<ul style="list-style-type: none"> Parent’s homes Urban West
Soccer for Success (Seattle, Denver, Los Angeles, Detroit, Buffalo)	<ul style="list-style-type: none"> Physical activity (soccer skills learning and practice) Nutrition instruction Youth development activities 	<ul style="list-style-type: none"> Improved BMI/fitness Obtained health knowledge and prevention knowledge 	<ul style="list-style-type: none"> Low income African American Hispanic Age 6-17 	<ul style="list-style-type: none"> Schools, public parks, and community centers Urban Northeast, Midwest, South, and West
SafeCare Home-based Services (Multiple)	<ul style="list-style-type: none"> Behavioral skills training in caregiving, household management, and parenting skills 	<ul style="list-style-type: none"> Reduced child maltreatment 	<ul style="list-style-type: none"> Parents or Caregivers 	<ul style="list-style-type: none"> Parent’s or Caregiver’s homes Urban and rural Region not described
Triple-P Parenting Program (Multiple)	<ul style="list-style-type: none"> Media and information about positive parenting Individual consultation and seminars Brief consultations with information and active skills training Individual active skills training program Augmented individual active skills training program 	<ul style="list-style-type: none"> Reduced child maltreatment 	<ul style="list-style-type: none"> Parents and Families with at least one child in the birth to 12-year-old range 	<ul style="list-style-type: none"> Community centers in direct contact with parents and families (schools, health centers, social services) Rural South

⁴ Target population refers to the primary groups served by the organization, but not to the exclusion of any individual with similar needs. No CNCS-funded program excludes on the basis of classes protected under federal law.

TABLE 3. KEY STUDIES THAT FORM THE BASIS FOR EVIDENCE

INTERVENTION	DOCUMENT	EVALUATOR
B&B Home Visitation Program	Child Abuse Prevention Council (2015). AmeriCorps impact evaluation Sacramento County: Birth and beyond home visitation program, 2013–2015. Sacramento, CA. (Link)	LPC Consulting Associates, Inc.
Home Instruction for Parents of Preschool Youngsters	Necoechea, D. M. (2007). Children at-risk for poor school readiness: The effect of an early intervention home visiting program on children and parents. University of California, Riverside. (Link)	University of California, Riverside
Soccer for Success	Hollar, D., Riggle, Z. (2014). Soccer for Success: Independent Evaluation of Program Impact 2013-2014. U.S. Soccer Foundation. (Link)	Healthy Networks Design & Research
SafeCare Home-based Services	Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., & Beasley, W. H. (2012). A statewide trial of the SafeCare home-based services model with parents in Child Protective Services. <i>Pediatrics</i> , 129(3), 509-515. (Link)	Department of Pediatrics, University of Oklahoma Health Sciences Center
Triple-P Parenting Program	Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. <i>Prevention science</i> , 10(1), 1-12. (Link)	Psychology Department, University of South Carolina