Using the FSU Partners for a Healthy Baby Curriculum to Achieve Positive Program Outcomes

Partners for a Healthy Baby is a research-based, practice-informed curriculum used in evidence-based programs across the nation that achieved positive outcomes as documented in numerous studies. Findings include: decreased incidence of low birth weight deliveries;¹² fewer small-for-gestational-age babies;¹ fewer repeat pregnancies;³ reduced rates of abuse and neglect, increased rates of up-to-date immunizations and enrollment in a medical home;^{2,4} significantly greater likelihood mothers will read to their children;³ improved child development outcomes;⁵ increased maternal responsiveness of teen mother;⁶ reduced rates of maternal depression;⁷ and increased rates of breastfeeding.⁸

The FSU *Partners for a Healthy Baby* curriculum was initially developed for the Panhandle Healthy Start Project, a federal Healthy Start initiative designed to reduce infant mortality. The FSU *Partners* curriculum was created to fill the need for a comprehensive home visiting curriculum that provided a clear focus on the family and a systematic approach to planning and conducting visits that ensured critical topics were discussed. The multidisciplinary faculty team at Florida State University developed the research-informed content, providing expertise in medicine, early childhood development, psychology, infant mental health, social work, and early intervention. Each team member reviewed classic theory and current research from their discipline to select and develop the categories, topics, and purposes. Focus groups with families informed the selection of topics and the magazine-style handouts.

The FSU *Partners* curriculum is currently used by more than 3700 programs in every state in the U.S., and in Canada. It is also being used by the U.S. Military's New Parent Support Programs in Germany and in many state-side locations. A variety of research-based home visitation models, including Healthy Families, Healthy Start, Early Head Start, teen parent programs, and state health departments use the FSU *Partners* curriculum. The curriculum is unique in that it addresses issues of child health and development within the context of the multifaceted needs of expectant and parenting families. The content in each book of the curriculum series supports the home visitor's ability to systematically plan and address key topics that are essential in achieving both family and program outcomes. For each topic there are specific purposes that define the home visit, with suggested follow-up activities. The full-color Parent Handouts, available in English and Spanish, summarize critical information and help the home visitor introduce subjects that may otherwise be difficult to talk about.

¹ Lee, E., Mitchell-Herzfeld, S., Lowenfels, A., Greene, R., Dorabawila, V., & DuMont, K. (2009). Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine*, *36*(2), 154-160.

² Virginia Department of Health. (2008). Virginia resource mothers program annual report. Richmond, VA: Author.

Williams, Stern, & Associates. (2005). *Healthy Families Florida evaluation report: January 1, 1999–December 31, 2003.* Retrieved from www.healthyfamiliesfla.org/pdfs/Final_Evaluation_1999-2003.pdf

⁴ Knight, S., & Patterson, J. (2008, May 6). "Stepping Stones" intensive home visiting program for pregnant and parenting teens. Presentation to North Carolina Smart Start Conference, Greensboro, North Carolina.

⁵ York, V., Sparling, J., & Ramey, C. (2001). Cradle to classroom evaluation. Unpublished manuscript.

⁶ Deutscher, B., Fewell, R., & Gross, M. (2006). Enhancing the interactions of teenage mothers and their at-risk children: Effectiveness of a maternal-focused intervention. *Topics in Early Childhood Special Education*, *26*(4), 194-205.

⁷ Perry, D. (2015). Policy Brief: Partners for Healthy Baby Curriculum Study. Unpublished Policy Brief.

⁸ Hadley, B., Rudolph, K., Mogul, M., & Perry, D. (2014). Providing home visiting to high-risk pregnant and postpartum families: The development and evaluation of the MOMobile Program. *Zero to Three, 35*(2), 40-48.