



HealthySteps Evidence Summary

HealthySteps is supported by a strong evidence base, including a 15-site national evaluation and several more recent site-level evaluations. For more information on key outcomes, please visit our website: <https://www.healthysteps.org/the-evidence>

Child Health & Development

- Children were more likely to receive a well-child visit on time^{1,2,3,4}
- Children were more likely to receive vaccinations on time^{1,3,4} and 1.4x more likely to be up-to-date on vaccinations by age 2^{1,2}
- Children were 8x more likely to receive a developmental assessment at 30–33 months¹
- Continuity of care was better for both total visits and well-child visits^{4,5}
- Children whose mothers reported childhood trauma scored better on a social-emotional screening after receiving HealthySteps than comparable children who did not receive the program⁶
- One longitudinal analysis indicated that HealthySteps participation was associated with greater security of attachment and fewer child behavior problems⁷

Connections to Resources

- Children were 1.4x more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention¹
- Families were 4x more likely to receive information on community resources¹
- Parents received more services^{3,4,8} and had longer clinic visits⁴

Breastfeeding & Early Nutrition

- Mothers reported feeling more supported to breastfeed⁹ and breastfed longer than the minimum 6 months recommended by the American Academy of Pediatrics²
- Mothers were 22% less likely to give newborns water and 16% less likely to introduce cereal by 2-4 months old (too young for solid foods)¹
- Children identified as being “at risk” of social-emotional challenges demonstrated lower rates of obesity at age 5 than comparable children who did not receive HealthySteps¹⁰

Child Safety

- Children were 23% less likely to visit the emergency room for injuries in a 1-year period¹
- Mothers were 24% less likely to place newborns on their stomachs to sleep, reducing SIDS risk¹
- Parents scored higher on an injury control index, and families were more likely to use stair gates and have access to the local poison control center’s telephone number^{2,9}



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Parenting Knowledge & Practices

- Parents were 22% less likely to rely on harsh punishment (yelling, spanking with hand)¹
- Parents were less likely to use severe discipline (face slap, spanking with objects)^{1,2}
- Parents were more likely to notice behavioral cues and provide age-appropriate nurturing^{1,4}
- Families received more anticipatory guidance that matched their needs^{4,11}
- 12 key child development and family-specific topics were discussed more frequently³
- Parents demonstrated a better understanding of infant development⁹

Parent & Physician Satisfaction

- Parents were 2x more likely to report that someone at the practice went out of the way for them, and they were 1.5x more likely to rely on someone in the practice for advice (rather than friend or relative)¹
- Parents were 1.8x more likely to remain with the practice through 20 months¹¹
- Parents rated their provider as more competent and caring⁴ and were more likely to believe that the health plan cared about them as a parent⁹
- Participating physicians indicated they were highly satisfied with the program and with the role of the HealthySteps Specialist with parents⁴

Maternal Depression

- Mothers with depressive symptoms were more likely to discuss their symptoms^{1,2,4}
- Mothers were 1.4x more likely to have a nonmedical referral, including for maternal depression¹
- Providers were more likely to discuss postpartum depression with mothers³
- Mothers with depressive symptoms reported fewer symptoms after 3 months in the program⁹

Early Literacy & School Readiness

- Mothers were 22% more likely to show picture books to their infants every day¹
- Mothers were 12% more likely to have read to their infant in previous week⁹
- Beyond 5 years, families were more likely to report that their child had looked at or read books in the previous week¹¹
- Parents were more successful in establishing routines, reading to children, and limiting television viewing time⁴



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Citations

1. Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D.,... Tang, C. (2003). *Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation*. Johns Hopkins Bloomberg School of Public Health, February 28, 2003.
Johnston, B. D., Huebner, C. E., Anderson, M. L., Tyll, L. T., & Thompson, R. S. (2006). Healthy Steps in an integrated delivery system: Child and parent outcomes at 30 months. *Archives of Pediatrics & Adolescent Medicine*, 160(8), 793–800.
2. Buchholz, M., & Talmi, A. (2012). What we talked about at the pediatrician's office: Exploring differences between Healthy Steps and traditional pediatric primary care visits. *Infant Mental Health Journal*, 33(4), 430–436.
3. Piotrowski, C. C., Talavera, G. A., & Mayer, J. A. (2009). Healthy Steps: A systematic review of a preventive practice-based model of pediatric care. *Journal of Developmental and Behavioral Pediatrics*, 30(1), 91–103.
4. Niederman, L. G., Schwartz, A., Connell, K. J., & Silverman, K. (2007). Healthy Steps for Young Children Program in pediatric residency training: Impact on primary care outcomes. *Pediatrics*, 120(3), e596–e603.
5. Briggs, R. D., Silver, E. J., Krug, L. M., Mason, Z. S., Schrag, R. D. A., Chinitz, S., & Racine, A. D. (2014). Healthy Steps as a moderator: The impact of maternal trauma on child social-emotional development. *Clinical Practice in Pediatric Psychology*, 2(2), 166–175.
6. Caughy, M. O., Huang, K., Miller, T., & Genevro, J. L. (2004). The effects of the Healthy Steps for Young Children program: Results from observations of parenting and child development. *Early Childhood Research Quarterly*, 19(4), 611–630.
7. Huebner, C. E., Barlow, W. E., Tyll, L. T., Johnston, B. D., & Thompson, R. S. (2004). Expanding developmental and behavioral services for newborns in primary care: Program design, delivery, and evaluation framework. *American Journal of Preventive Medicine*, 26(4), 344–355.
8. Johnston, B. D., Huebner, C. E., Tyll, L. T., Barlow, W. E., & Thompson, R. S. (2004). Expanding developmental and behavioral services for newborns in primary care: Effects on parental well-being, practice and satisfaction. *American Journal of Preventative Medicine*, 26(4), 356–366.
9. Gross, R. S., Briggs, R. D., Hershberg, R. S., Silver, E. J., Velazco, N. K., Hauser, N. R., & Racine, A. D. (2015). Early child social-emotional problems and child obesity: Exploring the protective role of a primary care-based general parenting intervention. *Journal of Developmental and Behavioral Pediatrics*, 36(8), 594–604.
10. Minkovitz, C. S., Strobino, D., Mistry, K. B., Scharfstein, D. O., Grason, H., Hou, W., Ialongo, N., & Guyer, B. (2007). Healthy Steps for Young Children: Sustained results at 5.5 years. *Pediatrics*, 120(3), e658–e668.