parents as teachers®

FACT SHEET

July 2026

# Parents as Teachers Impact on Health and Wellbeing

**There is growing recognition that home visiting is an effective strategy for improving health outcomes for young children and their families.[1] Home visitors bring a critical understanding of how a family's culture and values impact parenting and health practices and provide motivation to address possible needed changes.**

## Parents as Teachers Approach to Health

Parents as Teachers is an evidence-based home visiting model designed to provide the information, support, and encouragement parents need to help their children develop optimally during the crucial early years of life. Parents as Teachers serves families throughout pregnancy until their child finishes kindergarten, working with caregivers to improve parenting practices and to promote healthy child development, school readiness, and school success. It meets families where they are and offers four dynamic services: personal visits, group connections, screenings, and resource referrals.

## Parents as Teachers improves child and parent health and developmental outcomes.

### Child Outcomes

- Parents as Teachers interrupts the harmful effect of early life stress (ELS) on the brains of young children and demonstrates long-lasting positive biological effects on the mental health of children living in high-risk families.[2]
- Children receiving Parents as Teachers services alongside parent-child and interpersonal psychotherapy had significantly higher (98%) compliance with the American Academy of Pediatrics (AAP) well child-visit recommendations compared to 90% for children not in Parents as Teachers.[3]
- Children participating in Parents as Teachers were less likely to be treated for an injury in the previous year and had fewer Medicaid-paid health care encounters for injury, ingestion, or emergency department visits than those not in Parents as Teachers.[4,5]
- Children in Parents as Teachers had improved fruit and vegetable consumption, and their parents had improved food preparation skills.[6]
- Parents as Teachers children showed lower rates of bottle feeding at night and were more likely to sleep through the night and demonstrate higher levels of self-control.[7]
- Children participating in Parents as Teachers were five times more likely to be fully immunized for their given age than children who were not in Parents as Teachers.[3,5]

- Parents as Teachers identifies approximately 26,000 children with one or more potential developmental delays or health, hearing, or vision concerns annually.[8] Of the 70,000+ children screened, 15% were referred to additional assessment, and 44% of those referred received follow-up services.[8] Over half of the children in Parents as Teachers who screen for developmental delays overcame these delays by age 3.[9]

## Parent Outcomes

- Parents as Teachers improved dietary intake, knowledge, and parental modeling in participating parents compared to those not involved in Parents as Teachers.[6]
- Parents as Teachers delivered with a focus on health and obesity prevention reduced obesity and improved health among caregivers, and participants were significantly more likely to reduce their intake of soda and other sugar-sweetened beverages, as well as increase physical activity, compared to those not receiving services.[10] Those in Parents as Teachers were significantly more likely to achieve appropriate weight loss and a reduced weight circumference compared to mothers not in Parents as Teachers.[10]
- Mothers in Parents as Teachers showed greater awareness of health and safety hazards and demonstrated more documented safety practices; all seven safety practices measured by the Home Safety Scale (IT-HOME) had significantly higher utilization rates for the intervention group compared to those not receiving Parents as Teachers.[5,11]
- Caregivers using Parents as Teachers had significantly lower Healthy Families Parenting Inventory (HFPI) Risk Scores, a measure of depression and parenting stress.[11]
- Caregivers receiving Parents as Teachers showed significant improvements in the following health care literacy indicators: use of information, use of prenatal care, child well care, child sick care, child dental care, and child immunizations. There were also significant improvements in the self-care indicators of use of resources, family planning, and relationship with parent educator.[12]
- As the number of Parents as Teachers prenatal contacts increased, the percentage of teens giving birth to low-birth-weight babies decreased. While 5.3% of the teen mothers with 1-3 Parents as Teachers prenatal contacts gave birth to low-weight babies, 2.5% with 7 or more Parents as Teachers prenatal contacts had low-birth-weight babies.[13]
- Expectant mothers receiving Parents as Teachers services combined with a lifestyle intervention program gained less weight weekly and total during gestation and through 12 months postpartum compared to those receiving standard services.[14,15]

- Parents as Teachers mothers are able to be screened for postpartum depression and referred to services when appropriate.

# References


1. Tschudy, M., Toomey, S., & Cheng, T. (2013). Merging systems: Integrating home visitation and the family-centered medical home. *American Academy of Pediatrics, 132*(2), S74–S81. https://doi.org/10.1542/peds.2013-1021E
2. Gardini, E., Schaub, S., Neuhauser, A., Ramseier, E., Villiger, A., Ehlert, U., & Turecki, G. (2020). Methylation of the glucocorticoid receptor promoter in children: Links with Parents as Teachers, early life stress, and behavior problems. *Development and Psychopathology*, 1-13. https://doi.org/10.1017/S0954579420001984
3. Paradis, H., Sandler, M., Todd Manley, J., & Valentine L. (2013). Building Healthy Children: Evidence-based home visitation integrated with pediatric medical homes. *Journal of the American Academy of Pediatrics, 132*(2), 174-179. https://doi.org/10.1542/peds.2013-1021R
4. Wagner, M., Iida, E. & Spiker, D. (2001). *The multisite evaluation of the Parents as Teachers home visiting program: Three-year findings from one community.* SRI International.
5. McCombs-Thornton, K., Wang, Y., & Sturmfels, N. (2023). *Parents as Teachers family outcomes: New insights from the Mother and Infant Home Visiting Program Evaluation (MIHOPE).* Parents as Teachers National Center. https://parentsasteachers.org/wp-content/uploads/2024/10/PAT-Family-Outcomes-MIHOPE.pdf
6. Haire-Joshu, D., Elliott, M.B., Caito, N.M., Hessler, K., Nanney, M.S., Hale, N., Boehmer, T.K., Kreuter, M., & Brownson, R.C. (2008). High 5 for Kids: The impact of a home visiting program on fruit and vegetable intake of parents and their preschool children. *Preventive Medicine, 47*, 77-82. https://doi.org/10.1016/j.ypmed.2008.03.016
7. Drotar, D., Robinson, J., Jeavons, I., & Kirchner, H.L. (2009). A randomized controlled evaluation of early intervention: The Born to LearnTM curriculum. *Child: Care, Health & Development, 35*(5), 643-643. https://doi.org/10.1111/j.1365-2214.2008.00915.x
8. Parents as Teachers. (2025). *2024-2025 Parents as Teachers affiliate performance report summary.*
9. Pfannenstiel, J., Lambson, T., & Yarnell, V. (1991). *Second wave study of the Parents as Teachers program.* Research & Training Associates.
10. Haire-Joshu, D., Schwarz, C., Steger-May, K., Lapka, C., Schechtman, K., Brownson, R., & Tabak, R. (2018). A randomized trial of weight change in a national home visiting program. *American Journal of Preventative Medicine, 54*(3), 341–351. https://doi.org/10.1016/j.amepre.2017.12.012
11. LeCroy & Milligan Associates, Inc. (2024). *Parents as Teachers randomized control trial in Arizona: 6- and 12-month outcomes report.* http://www.lecroymilligan.com/_files/ugd/4d0a9d_3729c8f41ef34a2d9dfeb80b81c3073b.pdf
12. Carroll, L., Smith, S., & Thomson, N. (2015). Parents as Teachers health literacy demonstration project: Integrating an empowerment model of health literacy promotion into home-based parent education. *Health Promotion Practice, 16*(2), 282-290. https://doi.org/10.1177/1524839914538968
13. Parents as Teachers (2001). *The impact of pregnant and parenting teen programs*.
14. Cahill, A., Haire-Joshu, D., Cade, WT., Stein, R., Woolfolk, C., Moley, K., Mathur, A., Schechtman K., & Klein, S. (2018). Weight control program and gestational weight gain in disadvantaged women with overweight or obesity: A randomized clinical trial. *Obesity, 26*(3), 485-491. https://onlinelibrary.wiley.com/doi/pdf/10.1002/oby.22070
15. Haire-Joshu, D., Cahill, A. G., Stein, R. I., Todd Cade, W., Woolfolk, C. L., Moley, K., Mathur, A., Schwarz, C. D., Schechtman, K. B. & Klein, S. (2019). Randomized controlled trial of home-based lifestyle therapy on postpartum weight in underserved women with overweight or obesity. *Obesity, 27,* 535-541. https://doi.org/10.1002/oby.22413
16. Traube, D. E., Palmer Molina, A., Kemner, A., & Henk, J. (2022). Perinatal mental health support and early childhood home visitation during COVID-19. *Prevention Science, 23*(2), 260-270. https://doi.org/10.1007/s11121-021-01313-9