



Mother and Infant Home Visiting Program Evaluation – Strong Start

Project Description

Adverse birth outcomes result in significant emotional and economic costs for families and communities. Research suggests that poor birth outcomes are influenced by a variety of social, psychological, behavioral, environmental, and biological factors. Home visiting programs represent a promising means of impacting each of these areas.

The Mother and Infant Home Visiting Program Evaluation – Strong Start (MIHOPE-Strong Start) will evaluate the effectiveness of two evidence-based home visiting models at improving birth outcomes for women who are enrolled in Medicaid or CHIP. The two models to be studied in MIHOPE-Strong Start – Healthy Families America (HFA) and Nurse-Family Partnership (NFP) – have both shown some evidence of improving birth outcomes in prior research. MIHOPE-Strong Start is funded by the Centers for Medicare and Medicaid Innovation at the Center for Medicare and Medicaid Services (CMS) in partnership with the Administration for Children and Families' Office of Planning, Research and Evaluation and the Health Resources and Services Administration's Maternal and Child Health Bureau. The evaluation is part of CMS's Strong Start for Mothers and Newborns Initiative, which is also funding and studying three other types of prenatal interventions to provide better care, improved health, and reduced costs by improving birth outcomes.

The Study. The overall goals of the study are to determine whether home visiting programs improve birth outcomes and reduce health care costs in the child's first year. In addition, the evaluation is designed to investigate the features of local programs and of home visitation that lead to greater effects on birth outcomes and health care costs. CMS may use the results of the evaluation to help inform Medicaid reimbursement policies. The study includes an *impact analysis* to measure what difference home visiting programs make on maternal prenatal health and health care use, preterm birth and other birth outcomes, and infant health and health care use. It also includes an *implementation analysis* that will describe the families who participate and examine how the program models operate in their local and state contexts. The primary data used in the study are expected to be from surveys completed by families and home visiting staff, Medicaid and CHIP data, vital records, and program service records. Among families who are eligible for the study, a lottery-like process, also known as random assignment, will be used to select families for enrollment in home visiting services. All families in the lottery will be invited to participate in the evaluation. Those selected for home visiting services will form the program group, and those not selected will form a comparison group. The research team will monitor both groups over time to see if differences emerge in the outcome areas mentioned above. Up to 15,000 families are expected to participate in the study. Although the study will affect which families can enroll in home visiting services, no fewer families will be served as a result of the study.

Selection and Enrollment. Approximately 100 local home visiting program sites offering HFA or NFP and clustered in 18-20 states will be selected to participate. States with significant numbers of eligible sites will be designated high priority for MIHOPE-Strong Start. The study will be closely integrated with MIHOPE, an existing study of the federally funded Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Some sites participating in MIHOPE may also participate in MIHOPE-Strong Start.

Benefits to Participation. Participating in a study like MIHOPE-Strong Start includes the following benefits to program sites: (1) funds to support staff participation in research activities; (2) opportunity to help build a strong evidence base regarding the impact that home visiting models have on pre-term births and other birth outcomes; (3) possibility that results will be used to influence Medicaid reimbursement criteria; and (4) national recognition for your state and home visiting programs, demonstrating your commitment to rigorous research on program effectiveness.

Project Timeline. Study enrollment and data collection will continue through September 2015. Data collected and analyzed for the study will be published in annual reports beginning in 2013 and continuing through 2017.

The Study Team. The study is being conducted by a team of organizations led by MDRC, including James Bell Associates, Johns Hopkins University, and Mathematica Policy Research. For more information please contact: Sharon Rowser (Sharon.Rowser@mdrc.org), Nancy Geyelin Margie (Nancy.Margie@acf.hhs.gov), or Lauren Supplee (Lauren.Supplee@acf.hhs.gov).