Mother and Infant Home Visiting Program Evaluation
Project Description

Home visiting programs are recognized as an important strategy for providing support services to families with young children. Programs are diverse, widely used across the country, and generally aim to provide information, referrals, and parenting support to reduce child maltreatment, improve maternal and child health, and improve early school readiness. The recent growth in federal funding to support the scale up of evidenced-based programs provides an unprecedented, critical opportunity for program and research collaboration at the Federal, State, and community levels.

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is sponsored by the U.S. Department of Health and Human Services, Administration for Children and Families and the Health Resources and Services Administration. This evaluation, mandated by the Patient Protection and Affordable Care Act of 2010 (PPACA) (P.L. 111-148), is designed to build knowledge for policymakers and practitioners about the effectiveness of the new federally funded Maternal, Infant and Early Childhood Home-Visiting Program (MIECHV) in improving outcomes for at-risk children and families.

The Study. The study includes: an *analysis of the state needs assessments* that were provided in the state MIECHV applications; an *effectiveness study* that includes an impact analysis to measure what difference home visiting programs make for the at-risk families they serve, focusing on areas like prenatal, maternal, and newborn health, child development, parenting, domestic violence, and referrals and service coordination. The effectiveness study will also include an implementation analysis that will examine how the program models operate in their local and state contexts and describe the families who participate; and an *economic analysis* that will examine the financial costs of operating the programs. A special goal of this study is the linking of implementation strategies to program impacts, thus informing the field about the types of program features or strategies that might lead to even greater impacts on families. For example, understanding how, and at what level, the average family participates in the program will provide context to any variation in impacts we find in the health of families. The primary data used in the study are expected to be collected by the research team through surveys, review of administrative records, interviews, observations, and staff logs.

Selection and Enrollment. Sites in the evaluation will operate one of four models that meet HHS' criteria for evidence-based models and were chosen by at least 10 states for their MIECHV programs: Early Head Start – Home Visiting, Healthy Families America, Nurse Family Partnership, and Parents as Teachers. Approximately 85 local home visiting program sites in 12 states will be selected to participate. Among families who are eligible for the study, a lottery-like process, also known as random assignment, will be used to select which families to enroll in home visiting services. The use of random assignment means that each program will need to have more people eligible for services than can be enrolled into home visiting. The research team will work with each program to build on their existing outreach and assessment processes to help recruit enough families. 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. A total of 5,100 families are expected to participate in the study.

Benefits to Participation. Participating in a study like MIHOPE includes the following benefits: (1) Recognition to your state and MIECHV programs distinguishing your practices and demonstrating your commitment to rigorous research on program effectiveness; (2) A strong evidence base to inform public funding of home visiting and national family policies; (3) Information about what difference home visiting programs make, who they make more difference for, and why; and (4) Feedback about program and state program participation; and (5) Funds to support staff participation in research activities.

Project Timeline. Study enrollment and data collection will begin in 2012. Data gathered from the initial information provided by families and staff will be published in a report to Congress in 2015. There are plans for follow up through 2018.

The Study Team. The study will be conducted by a team of organizations: MDRC (the lead), James Bell Associates, Johns Hopkins University, Mathematica Policy Research, and the University of Georgia. For more information please contact: Sharon.rowser@mdrc.org or Lauren.supplee@acf.hhs.gov.