Show Me the Evidence

Research on Home Visiting and the MIECHV Program

Lauren H. Supplee, Ph.D.
Program Area Director & Senior Scientist,
Early Childhood Development
April 13, 2017
About Child Trends

Child Trends is a nonprofit, nonpartisan research center that improves the lives and prospects of children and youth by conducting high-quality research and sharing the resulting knowledge with practitioners and policymakers.

We . . .

1. take a whole child approach
2. study children in the real world
3. want children to flourish
4. value objectivity and rigor
5. pursue knowledge development and knowledge transfer

childtrends.org
Topics for today

- My background
- Brief history of home visiting
- State and strength of the evidence
- The design of MIECHV for success
My background

- Conducting program evaluations for the last 17 years
- Spent the last 10 years at ACF/DHHS
  - Worked on Bush Administration’s Supporting Evidence-based Home Visiting Program (precursor to MIECHV)
  - One of the architects of MIECHV
- Oversaw the research & evaluation of MIECHV for the last 6 years
History

Home visiting has been in the US since approximately 1900s
Models come predominantly from the health, education or social work traditions
Ingredients of Home Visiting

1. Reach families where they are (& are most comfortable)
2. Family as the center of child outcomes
3. Form a warm, supportive relationship
4. Provide information, support, & goal setting
5. Connect families to existing community resources
6. Well, trained qualified staff
Focus of home visits vary by program

Different home visiting models, serving children of different ages & families with different risk & protective factors.

Universal (serving everyone) vs. targeted to specific risk factors
Frequency of home visits vary by program

Wide range of recommended numbers of visits over different time spans.

• Models such as Family Connects and Family Check Up recommend 3 visits with a family.
• Other models, such as Healthy Families America or Nurse Family Partnership, begin seeing families in pregnancy or early infancy and may continue for multiple years.
The state of the evidence is strong

Home visiting models have undergone research since approximately 1960s
A number of models with multiple rigorous evaluations, many with evaluations at scale

Over decades of research, across many different models, states, communities, and populations

Study after study show early childhood home visiting can have impacts
Impacts of home visiting

Models have impacts in a range of outcomes
✓ Child health
✓ Maternal health
✓ Child development & school readiness
✓ Reductions in child maltreatment
✓ Positive parenting
✓ Family economic self-sufficiency
✓ Juvenile delinquency, crime and domestic violence
✓ Linkages & referrals to other community resources
Outcomes

Not all models are designed to impact all outcomes (and that’s ok!)

Most models do show favorable impacts on child development and school readiness and positive parenting practices.

Breadth of outcomes

• Healthy Families America & Nurse Family Partnership have the greatest breadth of favorable findings – across 6-8 areas.
Impacts over time

Most models have sustained impacts

Some models have impacts seen years after home visiting. For example:

- **NFP** – Substance use when the children were 12 years old; Arrests when the children were 19 years old
- **HFA** – Reductions in child abuse when the kids were 7 years old
- **EHS** – Reduction in child welfare encounters between ages 5-9; Increase in parental income when the kids were 5 years old
Gaps in the research

Impact for specific populations or program types ("What works best for whom?").
Need to know more about what are the ingredients that make home visiting work.
Need to know more about adaptations and program “add ons”.

Show me the Evidence
Lauren H. Supplee
Importance of implementation

Studies have shown the effects of evidence-based programs are only as strong as program implementation:
- Well-trained and supported staff
- Fidelity to the model
- Community context to support implementation
- Use of data for program monitoring
MIECHV is designed for success

Role of evidence
Reserving the majority of funds for evidence-based models with a smaller amount available for innovative models that needed to be rigorously tested
Sends a strong message about the role of evidence in program design
Strong partnership between the research office and the program office (GAO-16-818)
Value of tiered evidence structure

States have reported the evidence requirements in MIECHV helped them expand the reach of evidence-based home visiting in their state (MIHOPE Report to Congress)

Recent GAO report found tiered evidence structure gave federal agencies platform to require evidence in other programs not required by statute to use evidence in funding decisions (GAO-16-818)
MIECHV is designed for success

Learning and improvement

Included a learning agenda throughout the program design

Included funding and support for data systems & continuous quality improvement (CQI)
Learning agenda: Using evidence for improvement & accountability

Rich portfolio of research & evaluation activities
  Performance measures paired with CQI
  Grantee-led evaluations with technical assistance
  Systematic review of evidence
  Implementation, impact and cost analysis evaluation
  Descriptive studies
  Engaging academic researchers in applied research
Learning agenda: Data systems & CQI

To use data for continuous program improvement requires strong data systems. Carefully identify the specific actions that must be present for success (e.g. a reliable system for screening children for developmental delays). Identifying ways to improve the effectiveness of that piece of the system and use data to track progress.