



Suggested Talking Points on HHS Proposed Criteria for Evidence of Effectiveness

Overview

- Nurse-Family Partnership (NFP) commends the Department of Health and Human Services (the “Department”) for its scientifically-based and practical guidance to States in the proposed criteria for evidence of effectiveness of home visitation program models. NFP strongly supports the classification of impact studies as “high,” “moderate,” and “low,” because it ranks the evidentiary foundations of home visiting models based on their scientific rigor. NFP believes that the Department is permitted to make these classifications as part of the criteria for evidence of effectiveness of home visiting programs.
- The proposed criteria encourage States to develop well-integrated and well-designed home visitation initiatives with the most proven evidence-based program models as their cornerstones. NFP is providing commentary on Section 3 of the proposed rules regarding the measurement of important outcomes and the study design and reporting of outcomes of home visitation program models, summarized below.
- NFP strongly supports the funding mechanism for the Maternal, Infant, and Early Childhood Home Visiting Program (the “Home Visiting Program”) in Section 7, which combines formula funding for States and Territories with competitive funding for fiscal years 2011-2014. Competitive awards, based on the quality of State initiatives and their capacity to improve the health and well-being of at-risk populations through home visitation, furthers the central goal of the Home Visiting Program to provide the most effective services to children and families in need to produce measurable public health, educational and socio-economic improvements. NFP is providing factors for consideration in determining quality State initiatives for future funding allocations, summarized below.

Section 3: Proposed Criteria for Evidence of Effectiveness

- **Ranking of Evidentiary Studies:** NFP strongly endorses the criteria of evidence of effectiveness and supports the classification of impact studies of the home visiting programs into “high,” “moderate,” and “low” based on their evidentiary foundations. Although the Home Visiting Program in the Affordable Care Act identifies home visiting program models proven through randomized controlled trials and quasi-experimental designs as evidence-based, it required the Secretary to establish the criteria of evidence of effectiveness of the home visiting models. The determination of the criteria of evidence requires the Secretary to make evidentiary distinctions between the quality of evidence underpinning the home visitation models. NFP applauds the Secretary for devising a classification scheme that reflects high evidentiary standards.

- **Measurement of Important Outcomes:** Preference should also be given to studies that have found program effects on primary or final outcomes compared to those with impacts on intermediate outcomes. For example, improvements in the economic sufficiency of families should be measured based on reductions in welfare usage rather than participation in job training programs, which may be considered an intermediary outcome. These principles are favorably addressed in the What Works Clearinghouse and its supporting documentation, on which many of the proposed rules are based. NFP recommends that these factors be given greater consideration as part of the criteria of effectiveness for home visitation program models.
- **Objective Measurements of Outcomes:** Because subjective evidence is inherently less reliable than objective evidence, studies of program outcomes should be weighed more favorably if they have found important program impacts on outcomes that are measured with objective methods such as, for example, results of direct tests of language development rather than parental reports of literacy, or injuries documented in medical records rather than parental reports of injuries.
- **Sustainability of Program Outcomes:** NFP recommends that studies of program impacts be evaluated based on their sustainability for both programs proven through randomized, controlled trials and quasi-experimental designs. Although the law requires only that the results of randomized controlled trials be evaluated from the standpoint of whether they are sustained (for one year as specified under section 3.2.2) and whether the results have been published in a peer reviewed journal, we recommend that all evidence-based programs be evaluated based on the longevity or sustainability of their impacts.
- **Range of Program Outcomes/Domains:** Because the Home Visiting Program is designed to impact a broad range of child and family health, educational, parenting, economic and social outcomes, NFP recommends that preference be given to programs with studies demonstrating that more than one outcome is reliably achieved within any of the domains identified in statutory language, for example, studies that document positive, sustained outcomes in language development and achievement in math and reading, or for improvements in economic sufficiency, reductions in food stamp use and rates of employment. This will provide States with valid information regarding the program models proven to improve the lives of children and families across multiple domains.

Section 5: Implementation Reviews

NFP strongly supports the Department's intention to provide two implementation reports to States and the field to: (1) highlight the range of implementation support available to them; and (2) provide them with important information regarding lessons learned from implementation of program models in the impact trials of programs models and well as in the field. NFP recommends the inclusion of the following information in the reports:

- **First Report Regarding Implementation Resources:** Include core implementation components and processes that promote quality implementation and consistent fidelity to program models and as well include a comprehensive inventory of services and resources available to entities desiring to implement proven program models. An example of this

type of report has been developed by the National Implementation Research Network at the Frank Porter Graham Center of the University of North Carolina.

- **Second Report Regarding Implementation Experiences:** This report should:
 - Provide information regarding the degree to which the elements of the intervention are described in research or subsequent publications. For example, the report should be clear about the intervention and its process of working with families.
 - Include consultation with researchers and scientists who developed and tested the program model to ascertain the implementation factors closely related to program outcomes. Information regarding key implementation factors that promoted positive, sustained outcomes is critical to the program's replication in community settings and with diverse populations.
 - Provide detail regarding the broad range of factors that promote the effectiveness of the programs and their successful implementation. For example, it is not enough to describe the home visits, their frequency and duration, and the training of home visitors. This report should include implementation of the core components of the program model as well as program structure that produces reliability and adaptability, and the technical assistance capabilities of the program to scale-up with quality.
 - Include a full description of the settings and populations in which the program has been successfully implemented to date, including the encountered and anticipated implementation challenges and solutions.
 - Include information regarding the improvements or augmentations to existing program models currently being tested or implemented as well as recommendations regarding additional testing needed for program adaptations or augmentations.

Section 7: Future Allocations Based on Application Strength

NFP recommends that strong applications for competitive funding have the following characteristics:

- **Alignment of Child and Family Needs with Programs Demonstrating Strong Outcomes and Returns on Investments:** Quality applications should align the needs identified in the needs assessment with home visiting program models with the strongest evidence of addressing those needs. How closely States match community needs with program models with the strongest evidence of addressing the identified needs should be an important factor in determining additional funding. In addition, we believe that State applications that seek to provide the highest risk populations and communities with proven program models with the strongest evidence of outcomes and with demonstrated returns on investments should be a factor for additional funding.
- **Strong Program Implementation Support:** If States and Territories are to improve child and family outcomes, they must implement home visit program models with fidelity to their designs. Quality implementation requires an infrastructure to support the unique requirements of each home visiting program selected; ensure that home visitors are properly trained, develop or adopt program-specific data collection and quality assurance systems; coordinate services among multiple home visiting programs, and track and measure program progress, among other requirements. Strong applications should include

robust support for the broad range of program implementation requirements, including the capacity of the State or Territory to expand services. NFP recommends that the Department evaluate these implementation factors in determining funding allocations.

- **Leverage of Other Funding Resources:** The Home Visiting Program marks a unique opportunity for States and Territories to provide evidence-based home visiting services to families in a manner that capitalizes and fosters collaboration with other child health, educational and social supports. Strong applications should include fiscal strategies to integrate and leverage other prevention programs and public and private funding resources and initiatives to ensure that services provided to children and families served by home visitation are integrated, seamless and coordinated to benefit children and families.

- **Consultation with National or Regional Offices of Program Models:** National and/or regional offices of home visiting programs are often the definitive source of program-model information, including the unique requirements needed to implement their models. As such, they are useful resources for States as they develop their plans. States implementing home visitation programs should be required to demonstrate in their applications that they have consulted with the national and/or regional offices of the evidence-based home visitation programs they intend to implement to ensure that they have the capacity to implement the program models in accordance with programmatic requirements identified by the national and/or regional offices of the evidence-based programs.

- **Maintenance of Effort Waiver Process:** Many States have a long history of investing in evidence-based home visiting as an effective strategy to improve maternal health, child health and development, school readiness, and the economic stability of families. In fact, Congress considered the outcomes and results of home visiting programs operating in several States in creating the Home Visiting Program. Because of dismal fiscal forecasts and revenue projections, many States, including States that have a long history of investing in home visitation, are faced with the prospect of cutting funding for child and family services, including home visitation programs. State reductions in home visiting funding threaten their ability to meet maintenance of effort requirements. NFP recommends that the Secretary establish a waiver process for States to obtain a waiver of the maintenance of effort requirement if they face extreme fiscal circumstances. NFP also recommends that States be allowed to apply private and philanthropic funding for home visitation programs to its maintenance of effort requirement.