



# Home Visiting Research, Evaluation, and Quality Improvement Efforts Supported by the Maternal, Infant, and Early Childhood Home Visiting Program

## Introduction

Since 2010, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) has significantly expanded evidence-based home visiting services for families with young children. A cornerstone of MIECHV is a portfolio of research, evaluation, and quality improvement efforts. Examples include—

- ✔ Mother and Infant Home Visiting Program Evaluation (MIHOPE)
- ✔ Home Visiting Applied Research Collaborative (HARC)
- ✔ Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN)
- ✔ Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) investigator-initiated studies
- ✔ Evaluations led by state, territory, and tribal MIECHV awardees

Together, these efforts address topics across home visiting models and locations, providing new insights into the scale-up and implementation of home visiting in diverse contexts.

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# Mother and Infant Home Visiting Program Evaluation

**About:** MIHOPE is a national randomized controlled trial to evaluate MIECHV.

**Goals and Purpose:** MIHOPE aims to examine and document how models operate in local and state contexts and to identify program features or strategies associated with greater impact.

MIHOPE also assesses the effects of MIECHV services on child and parent outcomes, the health care system, and health care costs. It includes local programs implementing one of four evidence-based [models](#): Parents as Teachers, Nurse-Family Partnership, Healthy Families America, and Early Head Start-Home-Based Option.

**Who is Involved:** MIHOPE was launched in 2011 by the Administration for Children and Families (ACF) in collaboration with HRSA within the U.S. Department of Health and Human Services. MIHOPE is conducted by MDRC in partnership with Johns Hopkins University, James Bell Associates, Mathematica Policy Research, University of Georgia, and Columbia University.

**Accomplishments:** A total of 88 local home visiting programs and more than 4,200 families were recruited in 12 states (see sidebar).

MIHOPE completed extensive data collection and analysis including—

- ✔ Baseline and 12-month staff surveys
- ✔ Weekly home visit and supervisory logs
- ✔ Monthly training logs
- ✔ Qualitative interviews with home visiting staff
- ✔ Videotaped home visits
- ✔ Surveys and in-home data collection with families at study entry and when the participating child was 15 months old

MIHOPE analyses of state needs assessments were presented as part of a Report to Congress in February 2015.

Twelve states participate in MIHOPE:

- California
- Georgia
- Illinois
- Iowa
- Kansas
- Michigan
- Nevada
- New Jersey
- Pennsylvania
- South Carolina
- Washington
- Wisconsin

**Implications:** MIHOPE provides evidence of the effect of home visiting on child and parent outcomes. The study provides rich information on how local programs are implemented effectively.

**Upcoming Activities:** MIHOPE is following up with participating families to examine the long-term effects of home visiting. In 2018, MIHOPE will release reports on program implementation, costs, and impact.

**For More Information:** See the [NHVRC Reference Catalog](#), [MDRC project overview](#), and ACF web page on [MIHOPE](#).

## Home Visiting Applied Research Collaborative

**About:** HARC is a national network of home visiting researchers and practitioners.

**Goals and Purpose:** HARC research cuts across multiple topics to focus on innovative methods and accelerate the translation of research into policy and practice.

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HARC aims to advance the field of home visiting by—

- ✔ Identifying top research priorities across stakeholders
- ✔ Developing a national research agenda
- ✔ Promoting innovative methods and trans-model research to address the national research agenda
- ✔ Supporting the professional development of emerging researchers

**Who is Involved:** HARC was established in 2012 through a cooperative agreement administered by HRSA and will continue through June 2022. Directed by Johns Hopkins University and managed by a multidisciplinary team, HARC works with HRSA, consultants, workgroups, and the HARC council. HARC members include 290 home visiting programs representing more than 5 models, 60 networks (which include hundreds of home visiting programs) in 48 states and territories, and 158 researchers from more than 13 disciplines.

**Accomplishments:** HARC defined a national research agenda with input from nearly 1,800 stakeholders. Priorities include—

- ✔ Strengthening and broadening home visiting effectiveness
- ✔ Identifying core elements of home visiting
- ✔ Promoting successful adoption and adaptation of home visiting innovations
- ✔ Promoting fidelity in implementing home visiting innovations
- ✔ Building a stable, competent home visiting workforce
- ✔ Promoting family engagement in home visiting
- ✔ Promoting home visiting coordination with other services for families
- ✔ Promoting the sustainment of effective home visiting
- ✔ Building home visiting research infrastructure

Other HARC accomplishments include developing a practice-based research network, establishing rules of governance, facilitating meetings, and developing workgroups on priority topic areas. HARC has accepted proposals for 13 studies since 2012. Additional studies have been carried about by HARC early career scholars and are being planned by workgroups. HARC has received significant research funding.

**Implications:** HARC studies are creating generalizable knowledge for the field that is applicable across models and states with implications for both practice and policy. HARC is also developing methods to promote rigorous home visiting research. For example, one project is identifying and refining observational measures of home visiting program quality and developing toolkits to help programs use the measures.

**Upcoming Activities:** In its current funding cycle, HARC will examine “precision home visiting,” differentiating components of home visiting services that achieve specific outcomes for specific populations. This approach focuses on the active ingredients of services rather than on models as a whole.

HARC will host its third annual Collaborative Science of Home Visiting meeting on January 31, 2018, in Washington, DC, before the National Summit on Quality in Home Visiting Programs.

**For More Information:** See the [NHVRC Reference Catalog](#) and the [HARC web site](#).

# Home Visiting Collaborative Improvement and Innovation Network

**About:** HV CoIIN is a network of MIECHV awardees and local home visiting programs that work in teams to incorporate quality improvement into everyday practice.

**Goals and Purpose:** The primary mission of HV CoIIN is to help MIECHV awardees implement and disseminate evidence-based practices. Another goal is to test innovative changes to move the field forward using quality improvement methods. Last, HV CoIIN aims to build staff capacity for quality improvement and develop a data-driven culture of quality. HV CoIIN focuses on four topics: breastfeeding; developmental promotion, early detection, and intervention; family engagement; and maternal depression.

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*HV CoIIN is a network of MIECHV awardees and local home visiting programs that work in teams to incorporate quality improvement into everyday practice.*

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**Who is Involved:** HV CoIIN was established in 2013 through a HRSA cooperative agreement. HRSA directs the collaborative in partnership with a team at the Education Development Center (EDC). EDC carries out HV CoIIN in partnership with Brigham and Women's Hospital and Shift Consulting. Model developers, research faculty, awardees, local implementing teams, and families are engaged in multiple phases, including development of a theory of change, smart aims, key drivers, and evidence-based changes to test. Thirteen MIECHV awardees (10 states, 2 tribes, and 1 nonprofit) and 36 local programs were involved in the testing and implementation phase of HV CoIIN.

**Accomplishments:** Surveys showed significant gains in knowledge of quality improvement methods among participating MIECHV awardees and local programs, and HV CoIIN gained insight into the field's needs. User-friendly resources and tools now available on the HV CoIIN web site include webinars; plan, do, study, act (PDSA) cycles; and quality improvement planning tools.

**Implications:** HV CoIIN developed and tested changes that have an impact and are easy for programs to learn from, replicate, and adapt. The lessons learned through HV CoIIN have significant practice implications.

**Upcoming Activities:** HV CoIIN will disseminate online toolkits and work to scale up and expand quality improvement efforts.

**For More Information:** See the [NHVRC Reference Catalog](#) and the [HV CoIIN web site](#).

## Maternal and Child Health Bureau Investigator-Initiated Studies

**About:** In September 2012, HRSA's MCHB awarded three grants to advance knowledge of home visiting as a service delivery strategy for families with young children:

*Project Engage, Dr. Kathryn Bigelow, University of Kansas.* This randomized controlled trial examines the use of technology, such as text messaging, to help home visitors engage parents in promoting children's language development. Home visitors access a training web site and receive coaching. Data from observations of parent-child interactions help track parent use of strategies and child language development.

*Problem Solving Tools, Dr. Melissa Johnson-Reid, Washington University, St. Louis.* This randomized controlled trial assesses the efficacy of Problem Solving Tools (PST) with depressed and anxious mothers participating in the Nurses for Newborns home visiting program. PST is an 8-week skill-based program to help mothers identify strategies to address problems. Mothers who complete the program are invited to participate in the Incredible Years—a parenting support group—to provide social support and buffer against depression and anxiety.

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*HRSA's MCHB awarded grants in 2012 to support three studies: Project Engage, Problem Solving Tools, and Model of Implementation Supports.*

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*Model of Implementation Supports, Dr. Patricia Manz, Lehigh University.* This study includes three randomized controlled trials that examine the effectiveness of implementation supports for home visitors and supervisors, including data review, coaching and supervision, and videotaped home visits.

**Accomplishments:** Investigators have successfully worked with local programs to carry out interventions and collect data. Two of the grants are complete and one is in its final year.

**Implications:** The grants provide valuable information on effective implementation of home visiting services and strategies.

**Upcoming Activities:** Data analysis is underway and investigators plan to disseminate findings through conference presentations and publications. [One report](#) is currently available.

**For More Information:** See the [NHVRC Reference Catalog](#).

## State, Territory, and Tribal-Led Evaluations

**About:** Since 2011, MIECHV state and territory competitive awards and tribal awards required rigorous evaluations of activities carried out with grant funding. As of 2016, evaluations are encouraged but no longer required, and all MIECHV awardees can propose evaluations.

**Goals and Purpose:** Awardees answer questions of local interest and engage in evaluation and data-driven decision making. They also contribute to the home visiting knowledge base in areas such as implementation in tribal communities and evaluations of promising approaches.

**Who is Involved:** HRSA and ACF fund the evaluations through MIECHV. Within ACF, OPRE oversees evaluation technical assistance to awardees, which is provided by James Bell Associates through Design Options for Home Visiting Evaluation (DOHVE) and the Tribal Evaluation Institute (TEI).

**Accomplishments:** More than 120 evaluations have been designed and implemented, and approximately 80 have been completed, with final evaluation reports submitted. More recently, 14 innovation awards were provided to states and require evaluations.

**Implications:** Awardees work closely with local programs, communities, and other stakeholders to design and carry out evaluations to inform practice and policy. The initiative builds evaluation capacity and data literacy at the state, territory, tribal, and local levels. Cross-model evaluations in diverse contexts and locations provide generalizable findings on home visiting implementation and scale-up of evidence-based models.

**Upcoming Activities:** Awardees disseminate their findings through presentations at conferences such as the National Summit on Quality in Home Visiting Programs. A special issue of the *Infant Mental Health Journal* in fall 2017 will address tribal programs and evaluations, and a special issue of the *Maternal and Child Health Journal* in early 2018 will address state-led evaluations.

**For More Information:** See the NHVRC Reference Catalog for the [MIECHV Report to Congress](#) and [Tribal Report to Congress](#).

## Summary

MIECHV not only expands evidence-based home visiting services for families with young children. It also emphasizes ongoing research, evaluation, and quality improvement efforts through a national evaluation of MIECHV; networks for research and collaborative improvement; support for independent research; and evaluation capacity building for states, territories, and tribes. The findings of these efforts will provide valuable insights for the entire home visiting field. See the [NHVRC Reference Catalog](#) for information and updates on federally funded projects.