

ABOUT HomVEE

Home Visiting Evidence of Effectiveness (HomVEE): Reviewing the Research

Policymakers and program funders need evidence on what works in home visiting, but not all evidence is based on equally rigorous research.

Systematic reviews of evidence support sound decision making by assessing the quality of complex studies and by summarizing the findings.

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Search and Screen the Literature

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Prioritize Home Visiting Models for Review

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Examine the Quality of Studies on Each Model

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Determine Whether Models are Evidence-Based

The Issue

Home visiting programs help support families so they can acquire the resources and skills they need to raise children who are physically, socially, and emotionally healthy. Policymakers and program administrators need evidence on “what works.” Not all evidence, however, is based on equally rigorous research. To supply federal, state, and local policymakers with the most rigorous evidence available, researchers conduct systematic reviews to determine which studies are methodologically sound and then extract and summarize the findings from them. Policymakers, program administrators, and the public can use these findings to identify home visiting models for which there is strong evidence of effectiveness.

About HomVEE

The Home Visiting Evidence of Effectiveness project systematically reviews the research on home visiting models that serve pregnant women or families with children up to kindergarten entry. It determines which models have enough rigorous evidence to be considered evidence-based according to criteria defined by the U.S. Department of Health and Human Services (HHS). The review is funded by HHS and overseen by HHS’ Office of Planning, Research, and Evaluation, Administration for Children and Families, in collaboration with HHS’ Maternal and Child Health Bureau, Health Resources and Services Administration.

What HomVEE Does

Each year, HomVEE uses objective, standard techniques to systematically review the evidence on home visiting models. The goal is to identify findings from rigorous studies of the effectiveness of home visiting models. The HomVEE review process (described in <http://homvee.acf.hhs.gov/Review-Proc/4/Overview/19/>) includes four steps:

Step 1: Search and Screen the Literature

HomVEE conducts annual searches of the literature for published and unpublished studies that are relevant to home visiting models. First, the project team systematically searches research databases. Second, the team circulates a call for studies. This call for studies aims to identify studies that the HomVEE team has not previously reviewed, including unpublished manuscripts, conference papers, and new publications (currently in press) that may not be included in research databases. The team then screens the studies to determine whether they are eligible for review. A study is considered eligible if it:

- Measures effectiveness quantitatively
- Examines a named program in which home visiting is the primary service delivery mode and that offers home visits to most or all participants
- Examines outcomes in at least one of eight domains: (1) maternal health; (2) child health; (3) positive parenting practices; (4) child development and

- school readiness; (5) reductions in child maltreatment; (6) family economic self-sufficiency; (7) linkages and referrals to community resources and supports; and (8) reductions in juvenile delinquency, family violence, and crime
- Was published (or submitted to HomVEE) since 1979 in English

Step 2: Prioritize Home Visiting Models for Review

HomVEE uses a point system to help prioritize the models it reviews each year. Points are based on the following:

- The number and design of eligible studies identified in the literature search
- The size of each study's sample
- The outcomes examined by the studies (more points are given to eligible outcomes that are studied less frequently)
- Whether the study examines a population of particular interest to the Maternal, Infant, and Early Childhood Home Visiting Program
- Whether the model is active, has operated for at least three years, has implementation support available in the United States, and is associated with a national organization or institution of higher education
- Whether the model has already earned an evidence-based rating from HomVEE

HomVEE assigns a rating of **high**, **moderate**, or **low** to each effectiveness study according to the quality of causal evidence it provides.

Step 3: Examine the Quality of Studies on Each Model

HomVEE assigns a rating of high, moderate, or low to each effectiveness study according to the quality of causal evidence it provides. The rating reflects HomVEE's level of confidence in whether the impacts observed were caused by the program, not by other factors. To determine the rating, HomVEE uses a comprehensive set of review standards that focus on whether the treatment group, which was offered the program, and the comparison group, which was not offered the program, were similar before the program began on characteristics such as race/ethnicity, socioeconomic status (HomVEE refers to these as baseline characteristics) and initial scores on outcomes the study is testing (HomVEE calls these baseline measures).

- **High rating:** Only randomized controlled trials (RCTs) can receive a high rating. RCTs receive a high rating if they do not have substantial design problems and if they control for differences in baseline characteristics and baseline measures.
- **Moderate rating:** RCTs receive a moderate rating if they do not have substantial design problems but did not control for differences in the pre-program characteristics. Quasi-experimental design studies (QEDs) receive a moderate rating if they demonstrate that there were no differences between the treatment and comparison groups in their baseline characteristics and baseline measures, and if they control for baseline measures.
- **Low rating:** RCTs and QEDs that do not meet the criteria for high or moderate ratings receive a low rating.

HomVEE also summarizes the findings from implementation studies of prioritized models but does not rate the quality of these study designs.

Step 4: Determine Whether Models Are Evidence-Based

HomVEE synthesizes the evidence from all high- or moderate-rated studies of each model to determine whether the model meets the HHS criteria for an evidence-based early childhood home visiting model (see page 3 for details).

HomVEE creates an effectiveness report and an implementation report for each model it reviews (regardless of the model's evidence-based status). For evidence-based models, HomVEE also creates an implementation experiences profile within the implementation report that details how the model has been actually implemented.

Learn More

To learn more, read HomVEE's Executive Summary, or to view an implementation report, please visit: <http://homvee.acf.hhs.gov/Research.aspx>. There, you can also find a searchable database of details on each study reviewed, the study rating, outcome(s) examined, and the model examined. For more information please contact HomVEE@acf.hhs.gov

HHS Criteria for an Evidence-Based Early Childhood Home Visiting Model

For a model to be evidence-based, it must meet at least one of the following criteria:

- At least one high- or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains
- At least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples with one or more favorable, statistically significant impacts in the same domain

In both cases, the impacts must either (1) be found in the full sample or (2) if found for subgroups but not for the full sample, be replicated in the same domain in two or more studies using non-overlapping analytic study samples.

Additionally, in accordance with legislation, if the program model meets the above criteria based on findings from randomized controlled trial(s) only, then one or more favorable, statistically significant impacts must be sustained for at least one year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.

Additional requirements apply for results from single-case design studies — please see more information here: <https://homvee.acf.hhs.gov/Review-Process/4/DHHS-Criteria/19/6>.