

HOMVEE WEBINAR Q&A, 2/22/11

Q1: How is “university affiliated” defined in terms of it being a requirement of a promising practice to be evaluated?

The legislation specifies that a promising approach must have been developed or identified by a national organization or institution of higher education. The model must have either a current or past affiliation with a national organization or institution of higher education to fulfill this requirement.

The promising approach must also be evaluated through a well-designed and rigorous process. There is no specific requirement that the evaluation be affiliated with a university.

Q2: Will the information on implementation of models be available to states?

Information on implementation of models is available in the implementation profile for each model. The implementation profiles contain an overview of the model and information about developers' recommendations regarding prerequisites for implementation, training, materials and forms, program costs, and program model contact information. The profiles also include a section on implementation experiences; this information was extracted from stand-alone implementation studies and causal studies with a moderate or high rating. These profiles can be accessed through the *Implementation* tab on the HomVEE website at <http://homvee.acf.hhs.gov/Default.aspx>.

Q3: Can you provide information regarding the timing of re-review of programs that have submitted an appeal? For example, when is re-review expected to be complete and results disseminated?

Re-reviews will be conducted within 45 days of receipt of the request for re-review. All requests must be submitted to hvee@mathematica-mpr.com. HHS will issue a final decision within 45 days of the submission of the request for re-review. If the model is approved as meeting the HHS criteria for evidence of effectiveness, all states will be notified and will have 30 days to submit an Updated State Plan.

Q4: Are there any plans to categorize research that is in progress on these models? That would be very helpful for those of us considering submission of a promising approach as part of our state program.

No. The HomVEE project does not have consistent information about research underway on home visiting program models. States seeking information about research in process on specific models should contact the program model developer or purveyor directly.

Q5: Do you include training and other on-going training costs?

The implementation profiles on each model include information about training and training costs to the extent that the information was available. Specific topics include requirements for certification, pre-service training, in-service training, training materials, qualified trainers, technical assistance, and training and technical assistance costs. This information is available in the training and estimated costs sections of each implementation profile. Profiles can be accessed through the *Implementation* tab on the HomVEE website at <http://homvee.acf.hhs.gov/Default.aspx>.

Q6: Were maternal/infant home visiting programs included in the review? (not just early childhood)

Yes. Several models enroll women during pregnancy and aim to improve maternal health, infant health, and birth outcomes. Detailed information about each program model's theoretical model, target population, and target outcomes can be found on the model overview page of the implementation profile. Profiles can be accessed through the *Implementation* tab on the HomVEE website at <http://homvee.acf.hhs.gov/Default.aspx>. Detailed information about maternal and child health outcomes can be found in the Effects Shown in Research tab in each program model report. The reports can be accessed through the Model tab of the HomVEE website.

Q7: Were birth outcomes/newborn outcomes included, such as preterm birth, low birth weight?

Yes. Detailed information about preterm birth, low birth weight, and newborn outcomes that were measured can be found in the Child Health section of the Effects Shown in Research section of each program model report. The reports can be accessed through the *Models* tab of the HomVEE website at <http://homvee.acf.hhs.gov/Default.aspx>.

Q8: Are there any studies specific to American Indian/Alaska Native populations?

In addition to the main HomVEE review, the HomVEE team conducted a review of models that were implemented in tribal communities or included substantial proportions of American Indian Alaska Native families in the study samples. The results of this review are presented in a separate report entitled, "Assessing the Evidence of Effectiveness of Home Visiting Program Models Implemented in Tribal Communities." At this time, none of the models met the HHS criteria for evidence of effectiveness. This report can be accessed on the *Home Page* of the HomVEE website at <http://homvee.acf.hhs.gov/Default.aspx>.

Q9: Is there any consideration given to those programs that may not demonstrate a large impact due to the sample being difficult to treat (parents with severe mental illness, etc.)

The HHS criteria do not consider the magnitude of impacts in determining whether a model has evidence of effectiveness.

Even though magnitude was not considered in the HHS criteria, HomVEE reported standard effect sizes on the website when they were available in the studies or the HomVEE had sufficient information to calculate them. Effect sizes can be found in the Effects Shown in Research section of each program model report. The reports can be accessed through the *Models* tab of the HomVEE website at <http://homvee.acf.hhs.gov/Default.aspx>.

Q10: Is there a list of models initially reviewed but that did not meet the requirements?

To date, HomVEE has reviewed 11 program models for the state MIECHV program. They are, in alphabetical order: Early Head Start-Home Visiting, Family Check-Up, Healthy Families America, Healthy Start-Home Visiting, Healthy Steps, Home Instruction for Parents of Preschool Youngsters, Nurse Family Partnership, Parent-Child Home Program, Parents as Teachers, Resource Mothers Program, and SafeCare/Project 12-Ways. Of those, four did not meet the HHS requirements for evidence of effectiveness: Healthy Start, Parent-Child Home Program, Resource Mothers Program, and SafeCare/Project 12-Ways.

Q11: If the curriculum for a model has changed from the curriculum used when the research was conducted, must the model be implemented using the original curriculum to be considered evidence based for this grant?

For the purposes of the funding allocated for evidence-based models in the MIECHV program, an acceptable adaptation is defined as changes to the model that have not been tested with rigorous impact research but are determined by the model developer not to alter the core components related to program impact. If the changes to the curriculum are such that the model developer does not believe they have altered the core components of the model, then the adapted program model may be funded under the evidence-based funding. Changes to an evidence-based model that alter the core components related to program outcomes may undermine the program's effectiveness. These changes will not be allowed under the funding allocated for evidence-based models.

Q12: Is there a page limit to the narrative response to the SIR?

No, there is no page limit to the narrative response to the SIR.

Q13: How do the HomVEE data and the RFP tie together?

The legislation requires that states use at least 75 percent of the grant funds on program models with evidence of effectiveness based on well-designed and rigorous research. HomVEE conducted a comprehensive review of the home visiting research literature to identify program models that have evidence of effectiveness according to a definition developed by HHS.

HomVEE identified seven program models that have evidence of effectiveness as defined by the HHS criteria. They are, in alphabetical order: Early Head Start-Home Visiting, Family Check-Up, Healthy Families American, Healthy Steps, Home Instruction for Parents of Preschool Youngsters, Nurse Family Partnership, and Parents As Teachers.

Q14: Are there plans to add information pertaining to limitations of models (e.g. limited effectiveness with families experiencing domestic violence)?

All outcomes—including those with favorable, unfavorable, and no effect findings—are reported on the HomVEE website in the Effects Shown in Research section of each model report. These reports can be accessed through the *Models* tab of the HomVEE website at <http://homvee.acf.hhs.gov/Default.aspx>. Domestic violence outcomes are included in the Juvenile Delinquency, Family Violence, and Crime page of the Effects Shown in Research section of each program model report if such outcomes were measured.

Findings for specific subgroups of families, such as families experiencing domestic violence, are reported in those reports as well if available. To be included in the HomVEE review, subgroup findings had to be replicated in a second study using a different sample of families.

Q15: If a national home visiting program allows each local program to determine the length of the program and frequency of visits, how can there be fidelity to a model?

Durlak and Dupre (2008) define fidelity as “the extent to which the innovation corresponds to the originally intended program” (p. 329). Therefore it is up to the model developer or national purveyor of the model to determine which elements of the model make up the core components of the intended program. There is not a standard definition of the elements included in fidelity to a model.

Q16: In quickly reviewing a summary of findings, the numbers of “no effect” greatly outnumber the favorable effects. How does this add up to evidence of effectiveness?

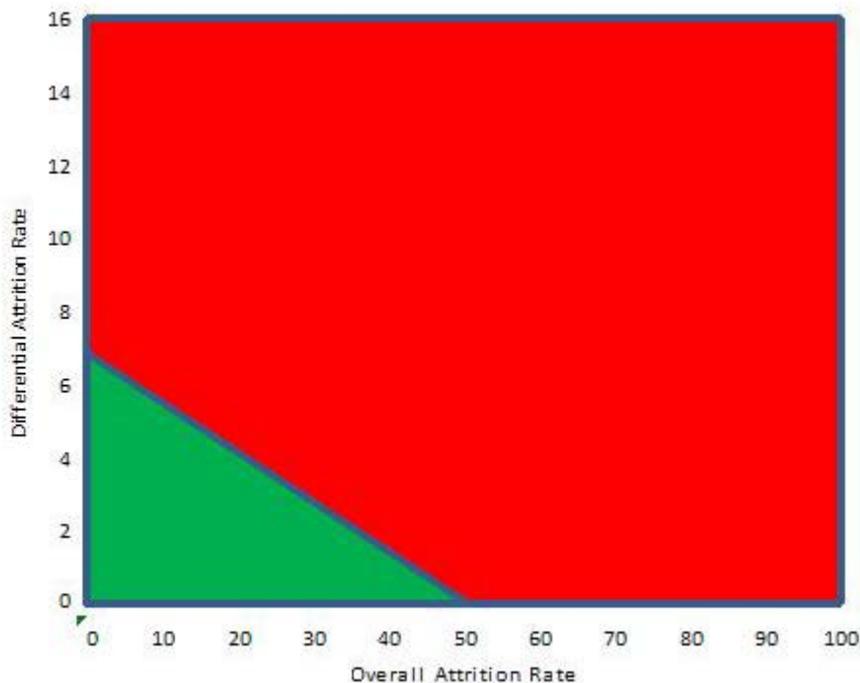
The HHS criteria for evidence of effectiveness did not consider unfavorable, ambiguous, or no effect outcomes in determining whether a program model has evidence of effectiveness. Only favorable outcomes were considered.

Q17: What level of attrition would disqualify a study from further consideration?

Attrition would not disqualify a study from further consideration. For randomized controlled trials, the HomVEE review used the What Works Clearinghouse (WWC) standard for attrition. If attrition exceeded the WWC cutoff for “high” attrition, then the study had to establish baseline equivalence on specified characteristics. These standards are described in detail in the Producing Study Ratings section of the *Review Process* tab on the HomVEE website, which can be accessed at <http://homvee.acf.hhs.gov/Default.aspx>.

The WWC standard for attrition is transparent and statistically based, taking into account both overall attrition (the percentage of study participants lost in the total study sample) and differential attrition (the differences in attrition rates between treatment and control groups). It recognizes an important trade-off between overall and differential attrition—namely, that for an expected level of bias, studies with a relatively low level of overall attrition can tolerate a relatively high level of differential attrition, whereas studies with a relatively high level of overall attrition require a lower level of differential attrition. ([WWC Procedures and Standards Handbook v2.0 - Assessing Attrition Bias](#)). The WWC attrition standard classifies studies as having either “high” or “low” attrition based on a combination of overall and differential attrition (see Figure 1).

Figure 1. Cutoffs for WWC Attrition Standards



Note: The red area indicates combinations of overall and differential attrition that produce a rating of “high” attrition. The green area indicates combinations that produce a rating of “low” attrition.

Random assignment studies that meet the standard for low attrition are considered for the high study rating. Random assignment studies with high attrition are considered for the moderate study rating and must meet the other criteria for this rating. The attrition standard does not apply to quasi-experimental comparison group studies because these studies are evaluated on the basis of the final analysis sample, from which there is no attrition (by definition).

Q18: Will you review a program that does not have a national program office, but does have a state office that provides training, technical assistance, evaluation, etc.?

Such a program could be selected for review if it meets the HomVEE definition of an early childhood home visiting program and is prioritized for review by HHS based on the number and design of causal studies, the sample sizes of the causal studies, and the availability of implementation information. Please note, review by the HomVEE project does not mean the program meets the additional requirements in the legislation for funding. Please speak with your HRSA project officer about the model.