

State-Led Evaluations of Family Engagement: The Maternal, Infant, and Early Childhood Home Visiting Program

Evaluation Brief
August 2017



This brief reviews MIECHV state-led evaluations on family engagement across home visiting program models. MIECHV is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF).

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)¹ supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. MIECHV builds upon decades of research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional improve the lives of children and families by preventing child maltreatment, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness.

States, territories, and tribal entities receive funding through MIECHV and have the flexibility to select home visiting models that best meet their needs. They must spend a majority of the funds to implement models that are evidence based,² and they may spend up to 25 percent to implement models that are promising.³ HRSA encourages all awardees to conduct rigorous evaluations. Those that choose to implement promising models are required to do so.

State-led evaluations address questions of interest to the state and provide new insights on the scale-up and implementation of home visiting programs. They focus on a variety of topics, such as systems collaboration and coordination and home visiting workforce development. Family engagement is a topic of great interest, with 25 awardees using fiscal year (FY) 2011 through FY 2015 funds to study it.⁴

What Is Family Engagement and Why Is it Important?

Family engagement in home visiting is the commitment of caregivers and pregnant women to (1) initially enroll in home visiting services, (2) engage during home visits, and (3) complete the intended number of home visits across the intended length of program enrollment.⁵ Engagement changes over time and is influenced by family characteristics and contexts as well as program and staff characteristics. Engagement is essential for achieving positive outcomes for families.^{6,7,8,9,10}

Research indicates that more home visits and longer enrollment in services are associated with better child and family outcomes, including enhanced child cognitive outcomes, positive changes in parenting behaviors, and positive birth outcomes.^{11,12,13,14,15}

Participants who receive an average of three or more home visits a month demonstrate improvements in parenting behavior.¹⁶

However, engagement is challenging. Up to 40 percent of families invited to enroll in home visiting programs choose not to do so.¹⁷ Research also indicates that families who do enroll may receive less than 80 percent of intended visits, and 25–50 percent may leave the program before completing it.^{18,19}

Researchers have identified family and program factors associated with engagement, but findings are often inconsistent and vary according to program model. More studies are needed across models to understand best practices for promoting engagement.

What Questions Are Awardees Asking About Family Engagement?

State-led evaluations of family engagement focus on three topics:

- ▶ Family and community characteristics associated with engagement

- ▶ Best practices and strategies to promote engagement
- ▶ Father engagement

The examples below describe evaluations of family engagement led by awardees using FY 2011 through FY 2015 funds. They were selected to reflect various methodologies, regions, settings, and evidence-based models.

Family and Community Characteristics Associated With Family Engagement

Alabama is examining how long families remain enrolled in home visiting in areas that are mostly rural and have a high rate of poverty. The evaluation aims to identify family characteristics that relate to patterns of enrollment length. The evaluation team conducted focus groups with participants to understand why they either remain enrolled in or leave home visiting programs. *Program models: Home Instruction for Parents of Preschool Youngsters (HIPPIY) and Parents as Teachers (PAT)*

Georgia is testing an enhanced engagement protocol in which program graduates introduce and explain the program to potential participants. The evaluation uses a randomized control trial to assess whether the protocol bolsters enrollment length and number of home visits received. *Program models: Healthy Families America (HFA) and PAT*

Through a separate evaluation, Georgia is also working to identify family and community factors that relate to participants' initial, ongoing, and sustained engagement. Potential family factors include basic characteristics, such as education, occupation, or ethnicity; facilitators of family use of services; and perceived and assessed need. Potential community factors include social capital, social disorganization, concrete resources, and social cohesion. This evaluation relies on retrospective analysis of program and administrative data. *Program models: HFA and PAT*

Oregon is identifying family, staff, and system characteristics associated with participant recruitment and satisfaction. The evaluation is gathering characteristics at multiple levels of program operations, including program leadership and administration and direct service provision.

Oregon is surveying participants and conducting semi-structured interviews with key home visiting program stakeholders. The interviews included administration of a modified tool to assess program infrastructure (such as governance, management and operations, and evaluation and quality management) and service delivery (such as entry into services, service planning, and service provision). *Program model: Nurse Family Partnership (NFP)*

Strategies to Promote Family Engagement in Home Visiting

Arkansas is investigating program factors that enable families to engage in and benefit from services. The evaluation is exploring the effect of several factors on engagement and enrollment length: matching family needs with services, meeting a particular type of need, and meeting needs within 3 months of enrollment. The evaluation is using administrative data and family assessment instruments to assess factors that influence family engagement. *Program models: HFA and PAT*

California is exploring strategies to engage high-risk families, including families experiencing substance abuse problems, intimate partner violence, or mental health issues. The evaluation focuses on the highest risk populations across eight counties, investigating whether the participant-home visitor relationship and home visitor background, access to reflective supervision, and training influence both home visitor and family retention. Information is being obtained through mixed methods, including semi-structured interviews, questionnaires, focus groups, observations, and surveys. *Program models: HFA and NFP*

Vermont is examining how referral, intake, and home visiting processes influence participant recruitment and enrollment length. The mixed-methods evaluation uses focus groups, interviews, surveys, and administrative data. It focuses on identifying barriers and facilitators to engagement during the referral and enrollment process, such as assessing whether establishing trust between a home visitor and participant in the first visit supports longer enrollment. It also assesses whether coordination of care and collaboration with other agencies promote longer enrollment. *Program model: NFP*

Father Engagement in Home Visiting

Alaska is documenting and defining the strategies home visitors use to engage fathers. The exploratory study relies on interviews and surveys with families. It examines relationships between the intensity and type of engagement strategies and whether fathers participate in home visits. It also examines how characteristics of families, nurse home visitors, and home visits affect use of engagement strategies and father engagement. *Program model: NFP*

Connecticut is testing the effects of father-focused services, including father home visitors, on father engagement in home visiting and fathers' personal and social identities. The study will also examine how father-focused services influence maternal well-being, child development, and risk of child maltreatment. Home visitors are addressing fathers' life skills, mental health, and parenting skills, as well as family violence. The evaluation uses a mixed-methods approach. *Program model: PAT*

West Virginia is examining barriers and facilitators to father engagement through interviews with fathers who are participating in home visiting and those who are not participating. Local programs will use the findings to inform the development of new engagement strategies and materials. The evaluation will also explore the effectiveness of the new strategies and materials. *Program models: PAT and Early Head Start-Home Visiting (EHS-HV)*

What Insights Do State-Led Evaluations Provide?

Family engagement is an important topic that many states have chosen to study. Their work suggests that multiple factors may influence engagement, including family characteristics, local program supervision practices, and collaboration at the state and local levels.

State-led evaluations address gaps in research by identifying practical strategies to engage families at different points in home visiting programs, from initial enrollment through completion. They may inform and improve program practice in diverse contexts across models. The evaluations highlighted in this brief examine engagement across five evidence-based models implemented in urban and

rural settings. The findings may have implications for refining training, professional development, and curricula to more effectively engage families.

What's Next?

The state-led evaluations on family engagement are part of a larger collection of ongoing studies on topics such as improving the home visiting workforce and testing model enhancements. HRSA and ACF will disseminate the findings as they become available. Many awardees plan to share their findings through conference presentations and journals.

For more information, please see [Profiles of Grantee-Led Evaluations—The Maternal, Infant, and Early Childhood Home Visiting Program: Fiscal Years 2011–2015](#).

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¹ Grants awarded under the MIECHV program are authorized by the Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) (the Act).

² The U.S. Department of Health and Human Services (HHS) uses Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature. Using the HHS criteria for evidence of effectiveness, HomVEE assesses the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry. Additional information about HomVee is available at <http://homvee.acf.hhs.gov>.

³ A home visiting model that qualifies as a promising approach is defined in statute: “The model conforms to a promising and new approach to achieving the benchmark areas specified in paragraph (1)(A) and the participant outcomes described in paragraph (2)(B), has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process.” The authorizing statute further requires, “An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using a ‘promising approach’ service delivery model.”

⁴ Includes awardees implementing evaluations focused on participant recruitment, engagement, or retention.

⁵ Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G. Roggman, L., et al. (2008). Parent involvement in early childhood home visiting. *Child & Youth Care Forum*, 37, 171–196.

⁶ Sweet, M.A., & Appelbaum, M.I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.

⁷ Roggman, L.A., Cook, G.A., Peterson, C.A., & Raikes, H.H. (2008). Who drops out of Early Head Start home visiting programs? *Early Education and Development*, 19(4), 574–599.

⁸ Raikes, H., Green, B.L., Atwater, J., Kisker, E., Constantine, J., & Chazan-Cohen, R. (2006). Involvement in Early Head Start home visiting services: Demographic predictors and relations to child and parent outcomes. *Early Childhood Research Quarterly*, 21, 2–24.

⁹ Lee, E., Mitchell-Herzfeld, S.D., Lowenfels, A.A., Green, R., Dorabawila, V., & DuMont, K.A. Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine*, 36, 154–160.

¹⁰ Goyal, N., Hall, E., Meinzen-Derr, J., Kahn, S., Short, J., Van Ginkel, J., & Ammerman, R. (2013). Dosage effects of prenatal home visiting on pregnancy outcomes in at-risk, first-time mothers. *Pediatrics*, 132, S118–125.

¹¹ Sweet, M.A., & Appelbaum, M.I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.

¹² Roggman, L.A., Cook, G.A., Peterson, C.A., & Raikes, H.H. (2008). Who drops out of Early Head Start home visiting programs? *Early Education and Development*, 19(4), 574–599.

¹³ Raikes, H., Green, B.L., Atwater, J., Kisker, E., Constantine, J., & Chazan-Cohen, R. (2006). Involvement in Early Head Start home visiting services: Demographic predictors and relations to child and parent outcomes. *Early Childhood Research Quarterly*, 21, 2–24.

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¹⁵ Goyal, N., Hall, E., Meinzen-Derr, J., Kahn, S., Short, J., Van Ginkel, J., & Ammerman, R. (2013). Dosage effects of prenatal home visiting on pregnancy outcomes in at-risk, first-time mothers. *Pediatrics*, 132, S118–125.

¹⁶ Nievar, A.M., Van Egeren, L.A., & Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal*, 31(5), 499–520.

¹⁷ Gomby, D.S. (2005). *Home visitation in 2005: Outcomes for children and parents*. Invest in Kids Working Paper No. 7. Committee for Economic Development, Invest in Kids Working Group.

¹⁸ Ibid.

¹⁹ Daro, D., Hart, B., Boller, K., & Bradley, M.C. (2012). *Replicating home visiting programs with fidelity: Baseline data and preliminary findings*. Washington, DC: Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Available from Mathematica Policy Research, Princeton, NJ.