Identifying Common Performance Indicators to Demonstrate Home Visiting's Collective Benefits

Introduction

Performance indicators help home visiting programs track services and activities, identify areas for improvement, and determine whether they are meeting goals. In keeping with broader trends in social services, home visiting programs are increasingly looking to document gains in specific outcome measures (e.g., reductions in low-birthweight infants and child maltreatment) in addition to tracking process measures (e.g., client demographics, number of home visits received).[1] Identifying common performance indicators across home visiting models and contexts supports continuous quality improvement, program accountability, efficient resource management, and the demonstration of collective benefits.

Other fields, such as education, early childhood, and health, have established common performance indicators to monitor program performance and measure results. For example, the National Assessment of Educational Progress (NAEP) established common measures of student achievement in reading, writing, math, geography, and science.[2] Teachers, school administrators, policy makers, and researchers use NAEP results to monitor academic progress and determine how to implement policies and programs to improve educational outcomes. Early Head Start programs report performance indicators in the domains of child development, family development, staff development, and community building.[3]

This brief summarizes, then compares national and state efforts to identify common home visiting performance indicators:

- Pew Home Visiting Data for Performance Initiative (Pew DPI)

- Redesign of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Performance Measurement System

- Home Visiting Accountability Acts (Maryland and New Mexico)

Home visiting programs are increasingly looking to document gains in specific outcome measures in addition to tracking process measures.

Pew Home Visiting Data for Performance Initiative

About: In 2013, Pew Charitable Trusts developed Pew DPI as one of the first national efforts to identify and pilot test common home visiting performance indicators.

Goals and Purpose: Pew DPI sought to develop a standardized, research-based approach for measuring the performance of home visiting programs regardless of model or funding stream. Goals included helping the field capitalize on available state administrative data, reducing the data collection burden placed on local programs, and improving policy making and funding decisions.

Who Was Involved: Karen Kavanaugh, Mimi Aledo-Sandoval, and Danita Moses of Pew Charitable Trusts led the initiative. They collaborated with state home visiting leaders; national model developers; and home visiting researchers, including Deborah Daro, Sacha Klein, and Kay Johnson.

Notable Details: Pew DPI developed recommendations using a two-phase process that included a feasibility study and ongoing stakeholder engagement. Stakeholders identified and prioritized home visiting goals and performance indicators; common examples from phase 1 included strengthening parent-child relationships, increasing parental knowledge, and improving maternal and child health and development.[4] Phase 2 reviewed and expanded an initial set of nine indicators across three core domains:

- Maternal health and achievement

- Child health, development, and safety

- Parental skills and capacity

Pew also recommended 16 descriptive factors (e.g., child and maternal characteristics) to help home visiting programs establish a common framework for describing program participants and explore how demographics might relate to outcomes within and across models.

Phase 2 included pilot testing to assess the feasibility of collecting and analyzing common performance indicators and descriptive factors. Five states and one county (see sidebar) collected retrospective data for a cohort of local programs during a 12-month period. They tested the collection and measurement of proposed indicators and descriptive factors, identified challenges and facilitators, and assessed whether administrative data from external agencies (e.g., child welfare agencies) could support measurement. Overall, the study found it was feasible for home visiting programs to collect common performance indicators.

Five states and one county participated in Pew DPI's feasibility study:

- Connecticut
- Iowa
- Kansas
- Los Angeles County, California
- Massachusetts
- Oklahoma

Pew DPI sought to develop a standardized, research-based approach for measuring the performance of home visiting programs regardless of model or funding stream.

Implications: Pew DPI's recommendations can help home visiting programs collect, analyze, and report common performance indicators. Programs can also benefit from suggested strategies to enhance their data collection's quality and rigor:

- Collect participant-level data (e.g., scores).
- Measure indicators at multiple points in time.
- Obtain a comparison group to assess impact.
- Use valid and reliable measurement tools.

For More Information: Read the final list of recommended indicators, including the rationale behind Pew DPI's selections. Learn more about the feasibility study.

Redesign of the Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement System

About: Since 2010, MIECHV has supported states and territories in implementing evidence-based home visiting models that address maternal and child well-being. Awardees are expected to demonstrate improvement in at least four of the following six areas:

- Maternal and newborn health

- Child injuries, child abuse, neglect, maltreatment, and emergency department visits

- School readiness or achievement

- Crime or domestic violence

- Family economic self-sufficiency

- Coordination and referrals for other community resources and supports

The MIECHV performance measurement system included 37 performance indicators before undergoing a redesign in 2015. Beginning in 2016, home visiting programs began collecting 19 measures to track program services, progress, and outcomes.

Goals and Purpose: The redesign of the MIECHV performance measurement system standardized performance indicators across awardees to reduce states' reporting burden and support national analyses and comparisons. It also aligned MIECHV performance indicators with other federal initiatives (e.g., Healthy People 2020, Home Visiting Collaborative Improvement and Innovation Network) to situate MIECHV performance within a broader context.

Who Was Involved: The Health Resources and Services Administration's Maternal and Child Health Bureau led the redesign in collaboration with the Administration for Children and Families; MIECHV awardees; model developers; technical assistance providers supporting the Design Options for Home Visiting Evaluation project; and experts in measurement, data systems, and home visiting practice.

Notable Details: The MIECHV redesign process included—

- Eight virtual listening sessions with home visiting experts and stakeholders

- Reviews of previous home visiting performance initiatives

- Consultations with experts, federal partners, and technical assistance providers

- Request for and response to public comments on draft measures

- Clearance from the Office of Management and Budget

The redesign process coincided with Pew DPI, which informed efforts to reduce and standardize MIECHV indicators.[5] Stakeholders established a partnership with the Pew Data for Performance team to build on Pew DPI's work surveying the field.

The redesign narrowed the original list of 37 indicators to 11 performance indicators and 8 system outcome measures[6] (see sidebar) and included information on eligibility criteria, timing and frequency of assessments, and data collection windows.[7]

Implications: As the largest federal investment in home visiting, MIECHV provides an opportunity to obtain consistent, comprehensive, and high-quality data on home visiting program outcomes. Using standard indicators allows for national analyses and comparisons, while aligning indicators with other federal measures provides context for interpreting MIECHV's performance.

For More Information: Visit the Health Resources and Services Administration website or read a description of a related journal article.

The 19 indicators stemming from the redesign of MIECHV's performance measurement system include—

- 11 performance indicators (depression screening, well-child visit, postpartum care, tobacco cessation referrals, safe sleep, parent-child interaction, early language and literacy activities, developmental screening, behavioral concerns, intimate partner violence screening, intimate partner violence referrals)

- 8 system outcome measures (preterm birth, breastfeeding, child injury, child maltreatment, primary caregiver education, continuity of health insurance coverage, completed depression referrals, completed developmental referrals)

The redesign of the MIECHV performance measurement system standardized performance indicators across awardees to reduce states' reporting burden and support national analyses and comparisons.

Home Visiting Accountability Acts (Maryland and New Mexico)

About: Maryland and New Mexico passed state laws to mandate standard reporting measures and annual outcomes reporting for state-funded home visiting programs. Maryland's Home Visiting Accountability Act of 2012 required that all state-funded home visiting programs report on funding spent, number and characteristics of families served, and child and parent outcomes beginning in 2015. New Mexico passed its Home Visiting Accountability Act in 2013 to better define its home visiting system and identify a common measurement and reporting structure.[8]

Goals and Purpose: Both laws aim to—

- Promote collaboration among public and private agencies, home visiting stakeholders, and technical experts

- Facilitate data sharing between public and private entities

- Assess the statewide impact of home visiting programs

- Support the integration of home visiting into the early childhood system

Who Was Involved: Implementation of Maryland's Home Visiting Accountability Act includes support from—

- Governor's Office for Children

- Children's Cabinet

- Maryland Department of Health and Mental Hygiene (now Maryland Department of Health)

- Home visiting advocates and experts

Implementation of New Mexico's Home Visiting Accountability Act includes support from—

- New Mexico Children, Youth and Families Department

- Governor Susana Martinez

- Home visiting service providers

Notable Details: The Maryland Governor's Office for Children established a home visiting workgroup, which included state agency staff, advocates, vendor representatives, and home visiting experts. Pew Charitable Trusts also provided guidance. The workgroup used common best practices to select performance indicators for monitoring and to assess program effectiveness. Following adoption of the recommended measures, the workgroup developed a data collection plan with support from the Institute for Innovation and Implementation at the University of Maryland School of Social Work.

The New Mexico Children, Youth and Families Department led an effort to develop common home visiting performance indicators based on home visiting research, practice, and long-term goals:

- Babies are born healthy.

- Children are nurtured by caregivers.

- Children are physically and mentally healthy.

- Children are ready for school.

- Families are connected to formal and informal supports in their communities.

The department collaborated with local service providers to ensure that performance indicators and data collection plans accounted for families' cultural and linguistic needs. Their efforts resulted in 10 selected outcomes and 8 performance indicators.

Maryland and New Mexico set a precedent for establishing a standard home visiting performance measurement system to assess statewide outcomes.

Implications: Maryland and New Mexico set a precedent for establishing a standard home visiting performance measurement system to assess statewide outcomes. Several other states have passed similar legislation. For example, Texas passed the Home Visiting Expansion and Accountability Act, which allocates home visiting funding to programs with proven records of effectiveness. The Texas law also requires monitoring of outcomes related to maternal and infant health, family self-sufficiency, and school readiness.[9]

For More Information: Visit the websites for the Maryland Department of Health and New Mexico Children, Youth and Families Department.

Commonalities and Differences

The national and state efforts presented in this brief all used common home visiting program goals, such as improving maternal and child health, encouraging positive parenting, and promoting child development,[10] to establish standard performance indicators. Several recommendations support the goals of broader health care investments and initiatives, including Medicaid services for pregnant women and children and Healthy People 2020.[11]

Many differences also exist. The redesign of the MIECHV performance measurement system includes more performance indicators than other efforts, in part because the authorizing legislation includes a broader array of outcomes. Pew DPI, by contrast, selected indicators identified as most salient by home visiting researchers, national model developers, and theories of change guiding home visiting service delivery systems. Pew DPI also focused on developing a concise list of priority outcomes applicable to most home visiting programs, regardless of funding source. Maryland and New Mexico's indicators were even more focused to align with state priorities and local community needs.

Exhibit 1 on the following page summarizes the performance indicators recommended by each effort.

Exhibit 1. Crosswalk of Home Visiting Performance Indicators by Home Visiting Effort

Performance indicator	Pew DPI	MIECHV redesign	Maryland Accountability Act	New Mexico Accountability Act
Parent-child interactions, practices, or relationships	X	X	X	X
Breastfeeding	X	X		X
Child development and milestones	X		X	X
Child maltreatment	X	X		X
Maternal depression screening	X	X		X
Child health			X	X
Child injury		X		X
Developmental screening and referrals	X	X		
Intimate partner violence screening and referrals		X		X
Maternal depression referrals	X	X		
Preterm birth		X		X
Primary caregiver education	X	X		
Tobacco use or cessation	X	X		
Well-child visit	X	X		
Child behavioral concerns		X		
Child special needs			X	
Continuity of health insurance		X		
Coordination of referrals and resources				X
Interbirth interval	X			
Maternal mental health			X	
Postpartum care		X		
Prenatal care				X
Safe sleep		X		

Summary

Common home visiting performance indicators can expand the home visiting knowledge base, highlight differences in program performance over time, and promote accountability and sustainability. A uniform home visiting measurement system and method for describing program participants can also help the field track progress toward national goals and demonstrate home visiting's collective benefits. The efforts summarized in this brief suggest that a common home visiting measurement system is feasible, practical, and meaningful. Engaging a variety of stakeholders to balance national priorities with state and local needs can go a long way demonstrating how home visiting improves the lives of children and families and garnering continued support.

References and Notes

[1] Pew Charitable Trusts (2015). *Using data to measure performance: A new framework for assessing the effectiveness of home visiting.* Philadelphia, PA: Author.

[2] NAEP was created in 1969 as a Congressionally mandated project of the National Center for Education Statistics within the United States Department of Education's Institute of Education Sciences. States select their own assessments and standards for determining proficiency, and NAEP's common indicators allow for comparisons of proficiency standards across states over time.

[3] Information on Early Head Start performance measures and research is available at http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/index.html.

[4] Pew Charitable Trusts (2015).

[5] Labiner-Wolfe, J., Vladutiu, C., Peplinksi, K., Cano, C., & Willis, D. (2018). Redesigning the Maternal, Infant and Early Childhood Home Visiting Program performance measurement system. *Maternal and Child Health Journal, 22*(4), 467-473. https://doi.org/10.1007/s10995-018-2486-1

[6] Performance indicators are proximal measures that monitor performance of MIECHV awardees while system outcome measures include more distal measures less sensitive to change through home visiting services alone.

[7] MIECHV awardees received technical assistance to support reporting efforts, including guidance on identifying and addressing missing data, resources to help interpret and operationalize indicators and provide guidance on common challenges, and information on how MIECHV indicators align with home visiting model reporting guidelines.

[8] University of New Mexico Center for Education Policy Research. (2018). *New Mexico home visiting annual outcomes report fiscal year 2017.* Santa Fe: New Mexico Children, Youth and Families Department. Retrieved from https://cyfd.org/docs/FY17_HV_Annual_Outcomes_Report.pdf

[9] TexProtects, the Texas Association for the Protection of Children. (2019). *Recent history of family support home visiting in Texas.* Retrieved from https://www.texprotects.org/TXhomevisiting/legislators

[10] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health. (2018). *Home visiting.* Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview

[11] Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. More information is available at https://www.healthypeople.gov/2020/About-Healthy-People.