



**HIPPYUSA**  
Home Instruction for Parents of Preschool Youngsters

August 16, 2010

Mary Wakefield, Administrator  
Health Resources and Services Administration

David Hansell, Acting Assistant Secretary  
Administration for Children and Families

via email to: HVEE@mathematica-mpr.com

Dear Administrator Wakefield and Acting Assistant Secretary Hansell:

HIPPY USA (Home Instruction for Parents of Preschool Youngsters) appreciates the opportunity to submit comments on the criteria for evidence of the effectiveness of home visiting program models for pregnant women, expectant fathers, and caregivers of children birth through kindergarten entry, published in the *Federal Register* on July 23, 2010 (Vol.75, No. 141). HIPPY USA is pleased Congress recognizes the value of early childhood home visiting and includes the Maternal, Infant, and Early Childhood Home Visiting Program in the Patient Protection and Affordable Care Act (ACA).

HIPPY USA, located in Little Rock, AR, was established as an independent non-profit organization in 1988 to promote and guide the replication of the HIPPY program in the United States through ongoing program development, guidance, and technical assistance informed by research and public policy. Developed in 1969 at Hebrew University in Israel, HIPPY programs empower parents as the primary educators of their children in the home and encourage parents' involvement in school and community life to maximize the chances of successful early school experiences. Nationally, there are currently 139 HIPPY program sites in 22 states and the District of Columbia, serving over 16,000 children and their families.

HIPPY USA has comments with regard to four sections of the Proposed Criteria:

- Section 3.0: Proposed Criteria for Evidence of Effectiveness;
- Section 4.0: Proposed Methods for HHS's Systematic Review of Evidence of Effectiveness;
- Section 5.0: Implementation Reviews; and
- Section 7.0: Future Allocations Based on Application Strength.

### **Section 3.0: Proposed Criteria for Evidence of Effectiveness**

Section 511(d)(3)(A)(i)(I)(aa) and (bb) of the ACA, which authorizes the Maternal, Infant, and Early Childhood Home Visiting Program, recognizes two types of research as equally acceptable for demonstrating evidence that would qualify a program model for the 75% of funding available to States for evidence-based models: Randomized controlled research designs (RCT) and quasi-experimental research designs (QED). HIPPY USA opposes the proposed classification of the studies into separate tiered ratings of "high", "moderate", and "low". We believe that such a system

not only incorrectly ranks QED as being a less sound method of evaluating outcomes, but it also oversteps what Congress intended in including both RCT and QED as equally valid evaluation designs.

While RCT studies have certain advantages in testing the effectiveness of a particular intervention without selection bias, they also have limitations, including cost, issues of external validity, and the ability to swiftly incorporate modifications to the provision of program services. QED studies have certain advantages, including less artificiality as compared to well-controlled settings, the ability to conduct applied behavioral analysis, and the relative ease in conducting a study/assessing the results/incorporating changes/reassessing outcomes.

Families do not live in a laboratory setting. In fact, most families served through home visiting typically have multiple risk factors and multiple needs. We believe that this is why the legislation did not rank one type of evaluation design as inherently better or worse than another type. Similarly, we believe it is why the legislation allows for States to select multiple program models to meet the varied needs of a diverse population.

**Recommendation:** HIPPY USA recommends eliminating the distinction between RCT and QED designs and rather employing only two distinctions: "Meets the Criteria" or "Does Not Meet the Criteria" for funding under the 75% reserved for evidence-based models.

#### **Section 4.0: Proposed Methods for HHS's Systematic Review of Evidence of Effectiveness**

Again, HIPPY USA recommends that the systematic review of program models and studies categorize according only to "Meets the Criteria" or "Does Not Meet the Criteria". HIPPY USA understands that timing prevents release of content information related to the systematic review of specific program models and studies that is being completed by Mathematica. However, we are concerned about the ability to fairly implement an appeals process through which errors or oversights in the evidence ratings can be corrected.

**Recommendation:** HIPPY USA urges HHS to develop a straightforward appeals process that could be immediately applied in FY10, and in subsequent years, to allow for evaluators and national program model leaders to correct errors in the ratings and bring forward additional research that may have been overlooked in the initial review process. Such an appeals process should be externally managed.

#### **Section 5.0: Implementation Reviews**

HIPPY USA supports the process outlined to provide implementation reports for the evidence-based models deemed eligible under this grant program.

**Recommendation:** We recommend that national offices for the prioritized models (and/or the model specific approved state offices, as may be applicable) be consulted throughout this process.

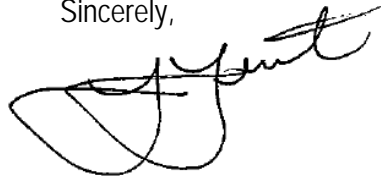
**Section 7.0: Future Allocations Based on Application Strength**

As stated above, HIPPY USA disagrees with the tiered ranking of program models and studies into categories of "high", "moderate", and "low", and rather recommends HHS employ a ranking of "Meets the Criteria" or "Does Not Meet the Criteria". Consequently, HIPPY USA strongly opposes utilizing the three-tiered ranking for making future funding decisions.

**Recommendation:** HIPPY USA recommends that HHS not make a determination on allocating future funds on a competitive versus a formula basis until after the second year. At that time, HIPPY USA suggests that HHS take a careful review of the effective use of the available funding by all States and at that time, with two years accumulated knowledge and data, determine future allocation distribution methods.

We look forward to working in partnership with HHS to ensure effective delivery of services to families with young children. Thank you for your thoughtful consideration of our comments and recommendations.

Sincerely,



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