Children's Hospital of Philadelphia PolicyLab

An Evaluator's Take on Maternal Infant Early Childhood Home Visiting (MIECHV) Reauthorization

Family & Community Health

Date Posted:

Apr 15, 2015



In his inaugural address, President Barack Obama expressed his intention to promote government-funded, social programs based on merit. He said, "The question we ask today is not whether our government is too big or too small, but whether it works – whether it helps families find jobs at a decent wage, care they can afford, a retirement that is dignified. Where the answer is yes, we intend to move forward. Where the answer is no, programs will end."

This line of thinking marked a significant change in how funding decisions are made in government, where traditionally advocates must fight to have social research considered. The administration followed through by investing substantial funding into 6 evidence-based initiatives, all of which included support for concurrent program evaluations.

One of these 6 social programs is home visiting, a service strategy that works with high-risk families in the home on a regular basis for often at least 2 years to facilitate individualized skill building and connects families with appropriate local resources. Starting in the 1980s, rigorous research demonstrated the impacts several home visiting models can have on a variety of health and parenting behaviors. Based on this evidence, Congress approved $1.5 billion to be distributed between 2010 and 2014 to state governments and extended the funding for an additional year in 2014.

So far, this funding has allowed existing agencies to expand, new programs to be started in locations where services were lacking, and has created more jobs for people in the social service field. Most importantly, all of this growth has resulted in over 115,000 more families across all 50 states receiving these important, potentially

life-altering services. But the questions still remain: How effective are these services and what outcomes, if any, have improved?

As a member of the team evaluating these programs in Pennsylvania, I believe that it's still too soon to tell. While federal funding created the opportunity for program expansion, there's more to it than that. It takes time and significant effort to overcome all the hurdles that inevitably accompany systems change. And with such an internal focus on programmatic structure and growth, it is difficult to maintain, let alone improve, the impact the program has on clients. For these reasons, I am very happy with the Congress's decision to reauthorize MIECHV funding for two more years.

While evidence-based models provide a foundation, successful implementation of this, or any, legislation on such a large scale is mediated by stakeholders and resources at multiple levels. Over the past three years, systems at the federal, state, and local level were created and adapted – kinks were found and worked out. We are only now coming to a point where we can expect programs to be delivered with fidelity, data systems to accurately capture progress, and to gain a true understanding of success.

For better or worse, home visiting will serve as a litmus test for legislating evidence-based programming on such a large scale. No doubt, its success will influence how the government chooses to fund similar initiatives in the future. Therefore, it was incredibly important that we not cut ourselves short, but instead give ourselves the time and resources necessary to accurately inform policy.

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