

**Comments of the National Association of County and City Health Officials
On the Federal Register Notice 2010–18013 from the Health Resources and Services
Administration’s Maternal and Child Health Bureau and the
Administration for Children and Families**

The National Association of County and City Health Officials (NACCHO) is pleased to submit the following response to the Federal Register Notice 2010–18013 on the Maternal, Infant, and Early Childhood Home Visiting Program.

NACCHO is the national organization representing the nation’s 2,800 local health departments (LHDs) and its vision is health, equity, and well-being for all people in their communities through public health policies and service. NACCHO’s mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives. Among their various functions, LHDs protect, promote, and improve the health of women, children, and families.

NACCHO commends the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) on their collaborative efforts to “strengthen and improve” home visiting programs (HVPs), “improve coordination of services for at risk communities”, and “identify and provide comprehensive services to improve outcomes for families who reside in at risk communities” through the Maternal, Infant, and Early Childhood Home Visiting Program.¹ HVPs represent a hallmark of maternal and child health. These programs protect and promote the health of women and children at the most critical points during and after a woman’s pregnancy. HVPs focus efforts on creating a platform for long term positive outcomes for children, including increased educational attainment and social-emotional or physical development, and reduced child maltreatment and crime. However, not all HVPs have a comprehensive evidence-base for meeting communities’ needs and demonstrating effectiveness and sustainability.

NACCHO applauds the efforts set forth by HRSA and ACF to increase and improve the availability of empirically sound home visiting models, and appreciates this opportunity to provide comment and suggestions to HRSA and ACF’s development of: 1) an evidence-base for HVPs and 2) a methodology for conducting a systematic review of the evidence, applying the criteria proposed.

On behalf of the Nation’s 2,800 LHDs, NACCHO presents the following comments and suggestions for the criteria and methodology proposed in the Federal Register Notice 2010–18013.

Comments Regarding Proposed Criteria for Evidence of Effectiveness

NACCHO concurs with development of outcome criteria for well-designed, rigorous impact research (Table 1). Randomized Controlled Trials (RCTs) and quasi-experimental designs are undoubtedly the appropriate standards to which robust and well-funded HVPs must be upheld and identified with either a *high* or *moderate* ranking.



LHDs strive to provide programs, including HVPs, that demonstrate short and long-term positive health outcomes, as well as effectiveness and cost-savings to garner the social and political will necessary to sustain them in a real world. Despite their consistency with the communities' needs and the ability to positively address outcomes relevant to the eight program domains outlined in the Patient Protection and Affordable Care Act's (ACA) authorizing language, many LHDs' HVPs lack the resources to have conducted, or to conduct, rigorous evaluations using RCTs or quasi-experimental designs. Given that many local-level programs may fall into the *low* column in Table 1, NACCHO is concerned that the Federal Register Notice does not propose a process for programs assigned a *low* ranking. NACCHO also has concerns with the requirement that all evidence-based programs must have been published in a peer-reviewed journal, especially since institutional relationships between LHDs and academia are often underdeveloped and underutilized.

NACCHO suggests replacing the *low* column with a section of *Promising Practices*, as was included in the ACA authorizing language for the Maternal, Infant, and Early Childhood Home Visiting Program (p.338). NACCHO believes practices that demonstrate, or show potential to demonstrate positive outcomes for women and children (according to the outcome criteria set forth in the ACA) should be given the opportunity to pursue an evidence base.

Implementing this provision of the ACA has great potential to widen the breadth of options available to states who wish to spend 25% of their overall budget on promising practices or new approaches to HVPs, as authorized by the law. The outcome criteria suggested by HRSA and ACF accurately reflect the comprehensive efforts LHDs are making within their HVPs, whether they are based on a national model, a combination of multiple national models, or represent a new local innovation. If all programs that are pursuing the proposed outcome measures in their communities but lack the resources or capacities to have executed RCT or quasi-experimental evaluations are labeled *low*, the maternal and child health and early education fields may lose a wealth of potentially successful programs.

Comments Regarding Proposed Methodology for Systematic Review of the Evidence

NACCHO commends the development of outcome criteria to which HVPs should be held accountable. NACCHO also applauds the development of an evidence base to strengthen and improve HVPs. Based on LHDs' programmatic experience, the "Additional Requirements" outlined in the Maternal, Infant, and Early Childhood Home Visiting Program (p.338) are invaluable process criteria for achieving the intended benchmarks. NACCHO urges particular emphasis on: "well-trained and competent staff", which includes professionals such as public health nurses, social workers, educators, and child development specialists; "high quality supervision"; "strong organizational capacity"; and "appropriate linkages and referral networks to other community resources". (p. 338)

With respect to prioritizing the program models for review (step three in the methodology), NACCHO recommends that all HVPs identified as *high* or *moderate*, or as a *promising practice*, be held to both the outcome and process criteria. Outcome and process criteria are inextricably entwined in the development and sustainability of any successful public health program. All HVPs made available as models for immediate or future implementation at the local level should address the aforementioned process issues in addition to the desired MCH-related outcomes.

NACCHO suggests that HRSA and ACF create a "living document" of HVPs that are currently undergoing review. A living document of HVP models will provide public health practitioners with more immediate insight

into HRSA and ACF's standards and expectations for HVPs and a timely opportunity to consider how an existing HVP compares to the models ranked *high*, *moderate*, and possibly, *promising*. This open resource will also enable LHDs serving communities at large, not just high-risk populations, to have access to successful and promising practices that they can apply to their own HVPs.

Summary

- NACCHO supports HRSA and ACF's efforts to move forward with a review process that includes promising HVP practices.
- NACCHO recommends that all reviewed HVPs, regardless of their empirical rigor, be held to both outcome and additional process criteria.
- NACCHO suggests that HRSA and ACF develop a living document of HVPs under consideration, making this list available for public viewing and comment.

NACCHO looks forward to serving as a resource in the continued development of the proposed criteria and methodology for reviewing the proposed HVP applications. LHDs are well-positioned to support this exciting movement to establish an evidence base for HVPs because of their long experience in building community partnerships to develop and implement preventive interventions.

¹ Patient Protection and Affordable Care Act – Public Law 111 – 148 – Subtitle L- Maternal and Child Health Services. Sec. 511