



Parents as Teachers

August 17, 2010

Mary Wakefield
Administrator, Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

David Hansell
Acting Assistant Secretary
Administration for Children and Families
370 L'Enfant Promenade, S.W.
Washington, DC 20447

Dear Administrator Wakefield and Acting Assistant Secretary Hansell,

Parents as Teachers (PAT) greatly appreciates the opportunity to provide comments in response to the Request for Public Comment on Criteria for Evidence of 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). We would also like to commend the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) for their dedication to the implementation of the Maternal, Infant, and Early Childhood Home Visiting. We are extremely pleased with the enactment of the provisions in the Affordable Care Act which, for the first time will provide mandated federal funding for home visiting services.

An international parent education and family support organization, PAT offers parent education services designed to enhance child development and school readiness. Our history is engrained in over three decades of research-based practices designed to serve a wide range of families across the socioeconomic spectrum. With nearly 12,000 trained and certified PAT parent educators working in programs almost evenly split between rural and non-rural communities, nearly three million children have been served by PAT since 1985. According to 2008-2009 data, 70 percent of PAT families were characterized by high needs and approximately 40 percent of PAT families represented minority populations. Parents as Teachers has an extensive history in collaboration and partnership and Parents as Teacher's curriculum and training are used by a wide range of organizations including Head Start/Early Head Start and the Bureau of Indian Education, family literacy programs such as Even Start, school districts, child care centers, faith-based programs, family resource centers and correctional institutions.

The passage of the Maternal, Infant, and Early Childhood Home Visiting Programs provision, enacted as part of the Patient Protection and Affordable Care Act was truly

Our Vision: All children will learn, grow and develop to realize their full potential.

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shaped by the collaborative work of Congress and the members of the Home Visiting Coalition. Congressional leaders, their staff and members of the Home Visiting Coalition were able to successfully articulate the value of investment in effective, coordinated, and comprehensive home visiting programs. Parents as Teachers feels that the approach taken in the proposed criteria for evidence of effectiveness released on July 23, 2010 runs in some ways counter to the original intent of this legislation.

We recommend that the guidance be modified in the following ways:

- Eliminate the hierarchical ranking of randomized control trials (RCT) and quasi experimental designs (QED) so both methodologies equally qualify as evidence-based (Section 3);
- Broaden the definition of QED so that the criteria for “baseline equivalence” can be satisfied through carefully controlled statistical measures if unable to be met at study’s onset (Section 3.1);
- Increase the transparency of the current review of evidence of effectiveness and adopt processes that allow models and states to be involved in the review process (Section 4); and
- Delay implementation of the competitive grant process and consider implementing a formula only grant process. (Section 7)

Eliminate the hierarchical ranking of randomized control trials (RCT) and quasi experimental designs (QED) so both methodologies equally qualify as evidence-based (Section 3)

We feel strongly that Section 3.0 of the guidance misinterprets the Congressional intent that is put forth in Section 511(d)(3)(A)(i)(I)(aa) and (bb) of the law. While the statute clearly states that RCT or QED research designs are both equally acceptable approaches to qualify as an evidence-based program, the draft guidance establishes a hierarchical system that places QED at a lower threshold than RCT design which is inconsistent with the statute and was never intended.

The language of the statute surrounding the definition of “evidence-based” was carefully crafted by Congress, with the input of the Home Visiting Coalition. One reason RCT and QED designs were put on an equal footing in the legislation was because RCTs may be considered, in some regard, as an inappropriate approach to evaluating the results of the complex human interactions and behaviors exemplified by home visiting services and their foundational human relationships. The circumstances of the service model may require a more nuanced view of high quality studies, taking into account other factors present in the community being served. In addition, a holistic review of the models associated with a national organization or institution of higher education across all studies should consider converging evidence from supporting studies, even though these studies may not be RCT or QED.

We therefore strongly recommend eliminating the ratings of the quality of studies as “high,” “moderate,” and “low.” We stress that QEDs should not be dismissed as “moderate or low” quality, but should receive full and equal consideration as do RCTs in assessing a model’s effectiveness.

Broaden the definition of QEDs so that the criteria for “baseline equivalence” can be satisfied through carefully controlled statistical measures if unable to be met at study’s onset (Section 3.1)

We feel strongly that the definition of QED indicated in Section 3.1 should be clarified to explicitly include both prospective and retrospective studies. Currently, only QEDs that are prospective and have baseline data at the



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study's onset appear to meet the level of evidence criteria. However, there are many QED research studies that do not meet this criterion, yet utilize advanced statistical measures to show strong and significant impacts on vulnerable children.

For example, in the recent Zigler, Pfannenstiel, & Seitz (2008) article about the effectiveness of Parents as Teachers, published by independent researchers in the peer-reviewed *Journal of Primary Prevention*, 5,721 children representative of all children beginning public school in the state of Missouri in the fall of 1998-2000 were examined at Kindergarten entry, and then followed up in third grade. RCT was not an option given that Missouri Parents as Teachers has been available and implemented in all school districts since 1985 for all families with children prenatal to kindergarten entry. The study used advanced structural modeling techniques to test causal models which hypothesized both direct and indirect effects of Parents as Teachers on children's school readiness and third-grade school achievement. The results strongly supported the hypothesized relationship between Parents as Teachers and school readiness/achievement, and in addition, suggested that Parents as Teachers may be effective in narrowing the achievement gap consistently found between children from poverty and non-poverty households.

Despite the sound statistical methods and the statistically significant results, it is unclear based on the proposed definitions whether this would qualify as a moderate-level QED because the proposed definition of QED requires that researchers collect baseline data prior to treatment (Parents as Teachers services).

We therefore strongly recommend adjustments to the proposed rating of research studies to clearly specify that studies with this and similar retrospective designs be considered as evidence of effectiveness.

Increase the transparency of the current review of evidence of effectiveness and adopt processes that allow models and states to be involved in the review process (Section 4)

Steps 1 through 3 of the review process outlined in section 4.1 explain the progress made thus far in evaluating relevant studies. Home visiting programs, including Parents as Teachers, along with state level applicants are eagerly awaiting notification of which models are under consideration by HHS and Mathematica Policy Research. Withholding this information unnecessarily complicates states' ability to develop plans that are aligned with HHS' list of allowable program models. We strongly encourage HHS to immediately release the list of program models that are being considered by Mathematica Policy Research. Furthermore, we encourage HHS to continue to release information about Mathematica Policy Research's ongoing research review and release information regarding subsequent decisions incrementally. Parents as Teachers state level collaborators have expressed surprise and concern about the lack of communication regarding HHS' apparent progress in the review of program models and associated studies, given that states will ultimately be required to decide how evidence-based models will fit the needs in their state. We share this concern and hope that going forward HHS will adopt an open and transparent process that provides for collaboration between states, models and HHS in this critically important research review of evidence of effectiveness.

Parents as Teachers recommends that HHS include a step in this section that will allow models associated with a national organization or institution of higher education the opportunity to review and provide feedback during the review and assessment process. Establishing this open dialogue between HHS, home visiting models and academia will enhance the depth and thoughtfulness of the review of evidence of effectiveness, help to



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reduce misinterpretations of the studies being reviewed and ensure that no studies are overlooked in the review process. We request that HHS give the home visiting models the opportunity to review the evaluations and their quality rating assignment, as well as engage the model developers in the discussion during the assessment of effectiveness for each program model. Parents as Teachers also recommends that there be an opportunity to add studies that were not included in the original literature review for the purpose of assessing evidence of effectiveness.

We also encourage HHS to establish a process so states and program models can appeal HHS' decision regarding the ratings assigned to individual studies and ultimately to home visiting models. While this appeals process must be judicious, it is important that it be implemented expeditiously so as not to impede program implementation at the state level.

Parents as Teachers recommends that the models associated with a national office or institution of higher education be involved in the development of the implementation reports. Parents as Teachers also recommends that the implementation reports referred to in this section should also contain information about participation/enrollment (e.g., age of participants at the time of enrollment or program exit), cost of implementation, and the flexibility and past successes in collaborating with other organizations, including other home visiting program models.

Implement a formula only grant rather than the phased in competitive grant proposed in the guidance for the first five years of this program (Section 7)

While earlier versions of home visiting legislation specifically included a formula grant approach, the ACA does not specify what method HHS should use to allocate funds to states – formula or competitive grant. Parents as Teachers was initially pleased to read HHS' plans for a formula grant, but puzzled by the proposed transition to a competitive process after one year of formula grant implementation. Switching from a formula grant process to a competitive grant process severely limits a states' ability to confidently develop, launch and implement their home visiting program plans. Given the severe fiscal constraints and volatile state revenue projections facing many states, we think the proposed competitive process imposes an unnecessary burden on states that will ultimately impact service delivery to eligible families.

The Maternal, Infant, and Early Childhood Home Visiting program is intended as a national program to increase the availability of evidence-based home visitation services for at-risk families. Parents as Teachers is concerned that implementing a competitive grant program will give an advantage to certain states that have a long track record in implementing statewide home visiting models that meet a narrow standard of evidence criteria. It would inadvertently exacerbate disparities already existing among states in their ability to serve families in need of services. We hope that all states will be given the opportunity to establish, expand or revamp their home visiting programs on a go-forward basis. This will create a larger nationwide infrastructure for quality home visiting programs that hopefully states can build on and invest in as state revenues rebound over time. Furthermore this uncertainty undermines the emphasis on program innovation and collaborations between models that is emphasized in the statute.

The proposed competitive grant process greatly concerns us not only because it seems to rely heavily on past research, but also because the process would over-emphasize HHS' proposed "high level of evidence" which HHS currently defines as RCTs that meet specific criteria. As we explain earlier in this letter, Congress was



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clear in their direction to equate RCT and QED methodologies in evaluation home visiting models. Beyond the Congressional intent of the equality of RCT and QED, we feel strongly that implementation experience and research outcomes tied to state specific benchmarks after three and five years, as outlined in ACA would more appropriately be used as a factor in future funding determinations – after the first five years of implementation through a formula grant are complete.

Again, we appreciate the opportunity to provide you with these comments and ask that you seriously consider our recommendations. We look forward to the implementation of the ACA Home Visiting Grant Program. We would be happy to discuss any questions that you may have about the comments and recommendations provided. Thank you again.

Sincerely,

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