



POLICY BRIEF FALL 2009

Social Science Rising: A Tale of Evidence Shaping Public Policy

Ron Haskins, Christina Paxson, and Jeanne Brooks-Gunn

Rigorous social science evaluations of home-visiting programs designed to improve parenting and reduce child maltreatment convinced President Barack Obama's administration to initiate a multi-billion-dollar federal program to expand a particular model of home visiting. Supporters of other models reacted by lobbying Congress and the administration to fund other program models as well. In the resulting compromise, programs with the strongest evidence of success would receive the most money, and those with modest evidence of success would get some but less money. All programs that are funded would be subject to continuous evaluation using rigorous methods to ensure continuing good results. At least in this case, policy makers are focused on social science evidence and are using it to identify and support the most successful programs.

A major goal of social science is to influence public policy by generating practical knowledge that can help policy makers make informed decisions. This

ABOUT THE AUTHORS: Ron Haskins is a senior editor of *The Future of Children*, senior fellow and co-director of the Center on Children and Families at the Brookings Institution, and a senior consultant at the Annie E. Casey Foundation. Christina Paxson is a senior editor of *The Future of Children*, dean of the Woodrow Wilson School of Public and International Affairs, and the Hughes-Rogers Professor of Economics and Public Affairs at Princeton University. Jeanne Brooks-Gunn is the Virginia and Leonard Marx Professor of Child Development and Education at Teachers College and the College of Physicians and Surgeons at Columbia University.

For the full report on Preventing Child Maltreatment, edited by Christina Paxson and Ron Haskins, go to www.futureofchildren.org.

is especially true of social scientists who study children. Over the past four decades, they have developed increasingly reliable methods to test whether programs affect children's behavior and development and if so, whether their effects are long-lasting. Stripped to its basics, the model that developmental scientists follow is to identify an important social problem, design a treatment for the problem (or for preventing the problem), and test whether the treatment produces the desired outcome. In some cases, the findings can be used to calculate the benefits and costs of large-scale implementation, thereby providing policy makers with arguably the most direct and pertinent information they need to make sound decisions about public spending.

Just such a scenario is now playing out in the nation's capital. In his budget blueprint released in February 2009, President Barack Obama recommended spending up to \$8 billion over the next ten years on a

nurse home-visiting program aimed at helping poor mothers learn parenting behaviors that would boost their children's development. Tracing the early history of this proposal as Congress prepares for legislative action illustrates both the trials and triumphs of social scientists' efforts to produce evidence to shape public policy.

What, Exactly, Are Home-Visiting Programs?

First, some background. Home-visiting programs come in all shapes and sizes. There are a host of program models, many with written curriculums, trained staff, and elaborate financing arrangements. Some programs already serve thousands of children. Individual programs vary dramatically with respect to children's age, risk status of families served, range of services offered, and intensity of the intervention as measured by the frequency and duration of the home visiting. They also vary by who makes the visits, usually either a trained paraprofessional or a professional nurse, teacher, or social worker. Nor do all programs have the same goals. Some aim specifically to reduce child maltreatment, whereas others focus on improving children's health and developmental outcomes. What they all share is the view that services delivered in a family's home will have a positive impact on parenting, which in turn can influence the long-term development of the child.

Although home-visiting programs have been around for more than a hundred years, many newer programs developed since the 1960s use sophisticated evaluation methods to test their effectiveness. The best programs with the strongest reputations have been evaluated using randomized clinical trials (RCTs), which have recently been recognized by the National Academies as providing "the highest level of confidence" in program efficacy or failure. RCTs randomly assign families eligible for a program either to an experimental group, which receives the treatment, or to a control group, which does not; evaluators collect information about parents and children in both groups over many years during and after the treatment. Random assignment ensures that both groups are initially equivalent, thereby assuring that any differences in parenting or child outcomes between the

groups over time are attributable to the treatment. There is widespread—but not universal—agreement in the scholarly world that RCTs are the gold standard of program evaluation. If programs have not been evaluated by random assignment, according to the National Academies, "evidence for efficacy or effectiveness cannot be considered definitive, even if based on the next strongest designs."

Applying Evidence to Public Policy

Not surprisingly, the process of applying evidence, even gold standard evidence, to choice in the policy world does not always go smoothly. The first bump in the road is politics. The views of congressional committee chairmen, national political party leaders, and the president almost always outweigh evidence. And powerful interest groups that can shape legislation and determine its fate are often motivated primarily by their desire to help the people and organizations they represent, regardless of what the evidence shows.

A second problem is that the research evidence based on carefully executed RCTs is seldom as clear and straightforward as one would like. The results of RCTs hinge critically on the design and implementation of the specific programs being evaluated and on the characteristics of the groups participating in the evaluation. Differences in program implementation, especially the skill and training of those delivering the program and the demographic characteristics of program participants, can have major impacts on outcomes. For these reasons, evaluations of similar programs—or even of the same programs administered in different settings—can yield discrepant results, leading to no end of dispute about whether the program "works." The result can be a battle of conflicting evidence that is baffling and sometimes annoying to policy makers.

The current home-visiting policy scramble illustrates both of these difficulties. Many researchers and reviewers have singled out one particular program, the Nurse-Family Partnership program developed by David Olds, as being especially effective and well-documented. First tested by RCT in rural New York

on a predominantly poor sample of white teen mothers beginning in 1977, the program was later evaluated using RCTs in Memphis and Denver. In both replications, some characteristics of the original program, as well as the types of participating families, were varied. The results of evaluations of the three trials, all of which produced significant effects on key parent or child outcomes such as child health and safety, parenting quality, and child cognition, have been reported in peer-reviewed journals, a *sine qua non* for a program to claim it is supported by scientific evidence. In 1996, Olds began expanding the program by working with state officials and others while trying to ensure fidelity to his program model. By 2008, Nurse-Family Partnership programs had spread to twenty-five states. Seldom has an intervention program been so carefully tested and expanded with such serious attention to getting new sites to maintain fidelity to the program model.

Differences in program implementation, especially the skill and training of those delivering the program and the demographic characteristics of program participants, can have major impacts on outcomes.

The success of the Olds program did not go unnoticed by senior officials in the Obama campaign and subsequently in the Obama administration. In addition to a host of other domestic initiatives, President Obama's 2010 budget blueprint included funds for a "Nurse Home Visitation" program. The text accompanying the blueprint leaves little doubt about what the administration had in mind. First, the initiative uses the word "nurse," which is not part of the name of any prominent home-visiting program except the Olds Nurse-Family Partnership. Second, in describing the program, the budget text explains that funds would be given to states to "provide home visits by trained nurses to first-time low-income mothers and

mothers-to-be." Again, a perfect fit with the Olds program. The text then continues: "The program has been rigorously evaluated over time and proven to have long-term effects" and produces a "return-on-investment [of] between 3 to 6 dollars per dollar invested." With these words, the administration served notice that it supported only programs with strong evidence of success. Indeed, the most reasonable interpretation of the wording is that the administration intends to fund the Olds program.

Obama's apparent intention to fund only the Olds home-visiting program startled the worlds of early childhood education in general and home visiting in particular, because it meant that other nationally prominent programs such as Parents as Teachers, Healthy Families America, the Parent-Child Home Program, and HIPPYUSA would be left out. The concerns of these groups were not without merit. Some of these other programs had, like the Nurse-Family Partnership, been subject to rigorous evaluation with RCTs. Furthermore, within the scholarly world, some believed that the Olds program required further evaluation: there were inconsistencies in the results from the three evaluations; the programs had not been subject to evaluation by researchers outside of Olds' team; and the program focused on a narrow group of mothers—notably low-income first-time mothers who agreed, while pregnant, to participate in a two-year program.

The Lobbying Begins

With the emphasis on "nurse home visiting" in Obama's budget blueprint, the debate left the pristine confines of academic journals and conferences and leaped into the rough and tumble forum of federal policy making. In this venue, the home-visiting programs that felt slighted by the president's budget blueprint initiated a lobbying campaign to broaden the president's language to include additional home-visiting programs. Many of the programs not singled out by the president were part of a long-established coalition of influential and effective Washington child advocacy groups that included the Center for Law and Social Policy, the Children's Defense Fund, the Child Welfare League of America, and others. The

general line taken by these programs and their advocates was that Obama's emphasis on home visiting was an important advance for children and families, but that his proposal to single out one program for support was ill-advised. All high-quality, evidence-based programs, they argued, should be eligible for funding. Not surprisingly, groups favoring the Olds program started lobbying, too. All this is standard fare for federal policy making; the only difference is that those favoring the Olds program and those favoring broader inclusion would normally be allies on federal legislation to support children and families.

Two entries in the debate are especially worthy of note. The Coalition for Evidence-Based Policy, an influential Washington lobby for high-quality program evaluation, declared its support for the president's decision to fund research-proven home-visitation programs such as the Nurse-Family Partnership. Run by Washington veteran Jon Baron, the coalition has assembled an advisory board that includes several noted scholars and others with an interest in applying high-quality evidence to policy choice, including a Nobel laureate (full disclosure: one of the authors of this brief is a member of the coalition's advisory board, though unhappily not the Nobel laureate). In April, the coalition issued a well-reasoned brief that emphasized its nonpartisan nature as an organization focused on promoting the development of rigorous evidence. Indeed, Baron and his coalition have almost single-handedly succeeded in getting many pieces of federal legislation to designate funds for program evaluation, especially RCTs. Citing an "authoritative" evidence review from *The Lancet*, a respected medical journal, that found the Olds program to have the "best evidence for preventing child abuse and neglect," the coalition expressed unqualified support for funding of programs, such as the Nurse-Family Partnership, that meet the highest standards of evidence. A six-page attachment to the brief reviewed evidence from the three RCTs by which the Nurse-Family Partnership had shown its strong impacts while pointing to deficiencies in the RCTs by which five other home-visiting programs had been evaluated.

Perhaps spurred by the coalition brickbat against the non-Olds programs, four highly respected scholars, including Deborah Daro of the University of Chicago, Ken Dodge of Duke, Heather Weiss of Harvard, and Ed Zigler, the child development sage from Yale, issued a call for broadening the funding. Their soundly argued letter to the president praised his proposal for investing in home-visitation programs, but criticized the focus on one program model. The impressive quartet argued that a single program model targeted on first-time mothers would leave out too many at-risk parents. They also cautioned against a sole reliance on evidence generated from RCTs, which do not provide guidance on how to scale up a model program to serve national needs. Finally, they expressed the view that although at-risk families merit the most intensive services, all families should have access to early child development programs. The world of social science, it appears, does not speak with one voice, and even the best evidence can lead to multiple—and sometimes directly opposing—conclusions.

Possibilities for Compromise

By the time Congress approved its budget resolution in late April, the forces supporting the broader language appeared to be making headway, because the budget supported home-visiting programs that "will produce sizable, sustained improvements in the health, well-being, or school readiness of children or their parents" and contained no mention of nurse visiting. Similarly, the Obama language on nurses was gone from the final administration budget released in early May.

The next and critical step was for congressional committees to begin writing the new program into law. Chairman Jim McDermott (D-WA) of the Human Resources Subcommittee of the House Ways and Means Committee was the first out of the box. In early June he circulated draft legislation and then held a hearing on his bill on June 9. Like the budget resolution, the McDermott draft bill represents a compromise between the contending forces. Specifically, it would give priority funding to programs that "adhere to clear evidence-based models of home visitation

that have demonstrated significant positive effects on important program-determined child and parenting outcomes, such as reducing abuse and neglect and improving child health and development.” Preferred programs must also have “well-trained and competent staff” and include training, technical assistance, and evaluation.

The world of social science does not speak with one voice, and even the best evidence can lead to multiple—and sometimes directly opposing—conclusions.

Many home-visiting programs—some of which are reviewed in an article in the latest issue of *The Future of Children* by Kimberly Howard and Jeanne Brooks-Gunn of Columbia University—would seem to qualify under the McDermott language because they follow a model that has at least some evidence of success from RCTs, feature trained staff, and have other characteristics consistent with McDermott’s language. A subsequent section of the McDermott draft, however, stipulates that programs “that do not adhere to a model of home visitation with the strongest evidence of effectiveness” would be eligible for less generous funding. McDermott makes the word “strongest” do a lot of work. Apparently the compromise intended is to give preferred funding to the Nurse-Family Partnership because it is the program with “strongest evidence of effectiveness,” but still to provide some funding for the other programs fighting to be included. Whether the McDermott language achieves the distinction between these two types of programs is arguable. Should the legislation be enacted as drafted, the regulations written by the Department of Health and Human Services (HHS) could settle the issue, in which case lobbying efforts will shift from Congress to HHS. Any party not satisfied with the regulations could take HHS to court. In the end, the courts could decide the issue—at

least until Congress redrafts the provision to clarify its original intent, at which point the entire process would begin again.

Perhaps the most important sign of the central role being played by evidence in this debate is the June 8 blog posting of Peter Orszag, the director of the federal Office of Management and Budget and President Obama’s closest adviser on budget policy. Orszag asserts that he and the president are placing evidence of program success from “rigorous” evaluations at the center of decision making. He states emphatically that the Obama administration will evaluate as many programs as possible, cut off funding for those that are not working, and expand those that are. In the case of home-visiting programs, he endorses the two-tier approach of giving more money to the programs with the strongest evidence of success and some but less money to programs that have “some supportive evidence but not as much.” Orszag also cites several examples of how the administration is expanding funds for conducting rigorous program evaluations and then using the evidence to make funding decisions.

A Step Forward for Social Science

Legislation is messy. But as this episode unfolds, there is a lot to like for the social science community. Our own view is that the available research, combined with language like that drafted by McDermott, does not permit a sharp distinction between programs with the “strongest evidence” and other programs. As the Howard and Brooks-Gunn article makes clear, a number of programs show evidence of benefits, and no single program clearly dominates the rest. But it must be counted as a victory for social science that the federal policy process now hinges importantly on evidence, a clear sign that both the administration and Congress want to do everything they can to fund successful programs. It also augurs well for the research community that the McDermott bill requires continuing evaluation of programs that receive the bill’s funding. Indeed, the bill sets aside \$10 million in guaranteed funding, mostly for program evaluation. The emphasis on continued evaluation is especially important in light of the ongoing

debates over which programs are most effective and concerns about whether the effects of programs will diminish as they are scaled up.

In the scuffle over which programs to fund, we hope that two important issues receive careful scrutiny. The first is whether home-visiting programs should be made available only to high-risk families or should instead be extended to low-risk families that are in little danger of maltreating their children or providing them with inadequate care or stimulation. In an ideal world, it may be worthwhile to fund home-visiting programs that make good parents even better. It may also be easier to build political support for universal programs than for narrowly targeted ones. Given the budget problems facing the U.S. government, however, we believe it makes most sense to target home-visiting programs on the high-risk parents who need them most and for whom the payoffs are likely to be the highest.

The second issue is whether, even for high-risk families, there can be a “one-size-fits-all” home-visiting program. Programs that work for first-time teen mothers may not be suitable for other groups of high-

risk parents—for example, those with drug addictions or serious mental health issues. Funding and then evaluating programs that target different groups of high-risk families will make it possible to build up new evidence on which programs are effective, and for whom. The flexibility written into the current legislative draft will facilitate these efforts.

Like other participants in the policy process, researchers and their allies sometimes publicly disagree with each other, even when funding for programs they all support is on the line. But over the years, the relentless call by researchers, journals like *The Future of Children*, and respected organizations like the National Academies and the Coalition for Evidence-Based Policy have convinced policy makers that evidence of program success should be a requirement for program funding. Regardless of the outcome, in the current debate over home visiting, social scientists have taken another step toward the goal of getting policy makers to consider high-quality evidence when making program funding decisions. That is a signal achievement for the research community—and, in the long run, for the improvement of public programs for children and families.

Additional Reading

Richard Behrman, “Home Visiting: Recent Program Evaluations: Analysis and Recommendations,” *The Future of Children* 9, no. 1 (1999): 4–26.

Kimberly S. Howard and Jeanne Brooks-Gunn, “The Role of Home-Visiting Programs in Preventing Child Abuse and Neglect,” *The Future of Children* 19, no. 2 (2009): 77–105.

Harriet L. MacMillan and others, “Interventions to Prevent Child Maltreatment and Associated Impairment,” *Lancet* 373 (2009): 250–66.

Mary Ellen O’Connell, Thomas Boat, and Kenneth E. Warner, editors, *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities* (Washington: National Academies Press, 2009).

David Olds and others, “Long-Term Effects of Nurse Home Visitation on Children’s Criminal and Antisocial Behavior: 15-Year Follow-up of a Randomized Controlled Trial,” *Journal of the American Medical Association (JAMA)* 280, no. 14 (1998): 1238–44.



Senior Editorial Staff

Editor-in-Chief

Sara McLanahan

Princeton University

Director, Center for Research on Child Wellbeing,
and William S. Tod Professor of Sociology and Public Affairs

Senior Editors

Ron Haskins

Brookings Institution

Senior Fellow and Co-Director,
Center on Children and Families

Christina Paxson

Princeton University

Dean, Woodrow Wilson School of Public and
International Affairs, and Hughes-Rogers Professor
of Economics and Public Affairs

Isabel Sawhill

Brookings Institution

Senior Fellow, Cabot Family Chair, and
Co-Director, Center on Children and Families

Journal Staff

Executive Director

Elisabeth Hirschhorn Donahue

Princeton University

Managing Editor

Brenda Szittya

Princeton University

Program Manager

Kris Emerson

Princeton University

Outreach Director

Lisa Markman-Pithers

Princeton University

Outreach Director

Julie Clover

Brookings Institution

Communications Coordinator

Regina Leidy

Princeton University

Outreach Coordinator

Mary Baugh

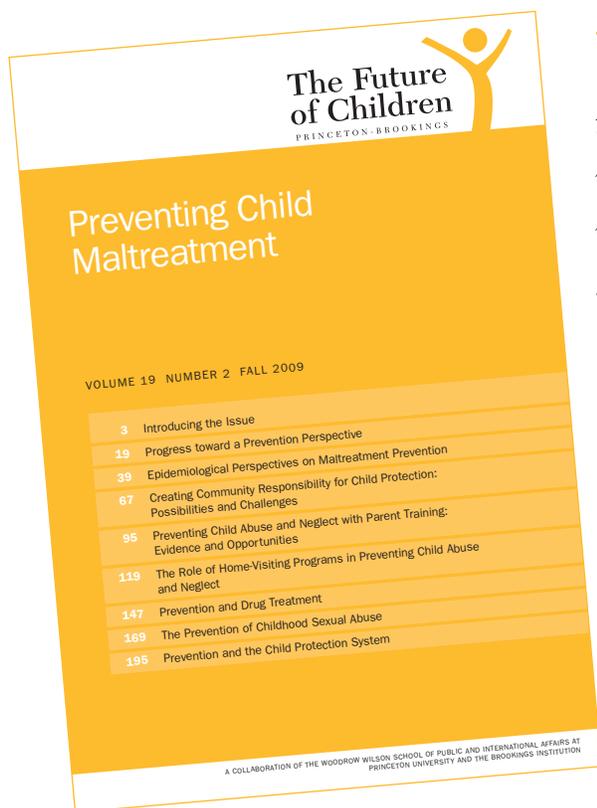
Brookings Institution



The Future of Children
Princeton University
267 Wallace Hall
Princeton, NJ 08544

CHANGE SERVICE REQUESTED

NONPROFIT ORG.
U.S. POSTAGE
PAID
PERMIT NO. 186
PRINCETON, NJ



This policy brief is a companion piece to Preventing Child Maltreatment, which can be found at no charge on our website, www.futureofchildren.org. Print copies of Preventing Child Maltreatment also can be purchased on our website. While visiting the site, please sign up for our e-newsletter to be notified about our next volume, Transitions to Adulthood, as well as other projects.

The Future of Children would like to thank the David and Lucile Packard Foundation for their generous support. *The Future of Children* is a collaboration of the Woodrow Wilson School of Public and International Affairs at Princeton University and the Brookings Institution.

The Future of Children © 2009 by The Trustees of Princeton University, all rights reserved.