

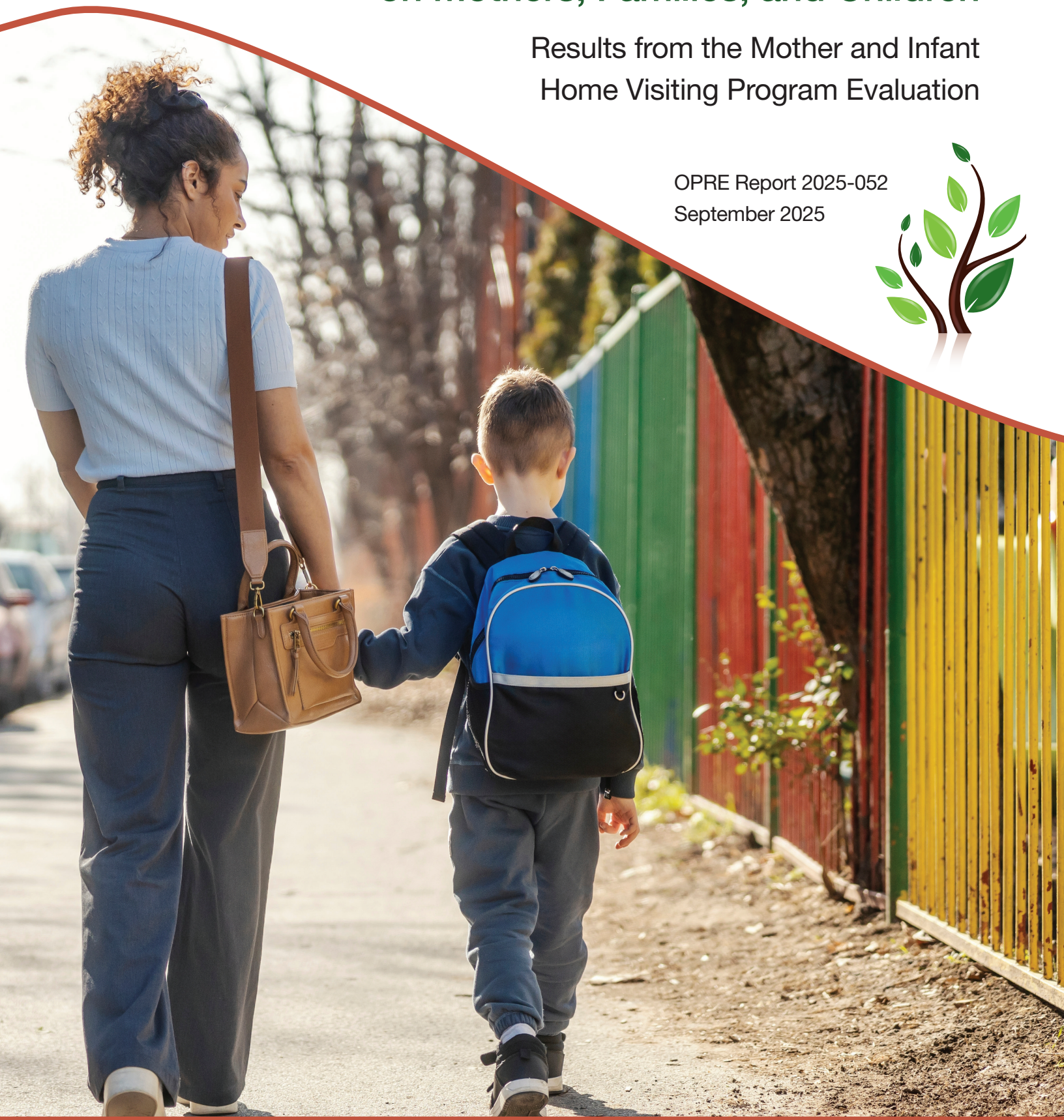
BEYOND THE EARLY YEARS

The Long-Term Effects of Home Visiting on Mothers, Families, and Children

Results from the Mother and Infant
Home Visiting Program Evaluation

OPRE Report 2025-052

September 2025



EXECUTIVE SUMMARY

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SEPTEMBER 2025

AUTHORS: Ximena A. Portilla, Kristen Faucetta, Kelly Saunders, and Amy Taub, MDRC

SUBMITTED TO:

Nancy Geyelin Margie and Laura Nerenberg, Project Officers
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

PROJECT DIRECTOR:

Kristen Faucetta
MDRC
200 Vesey Street
New York, NY 10281

CONTRACT NUMBER: HHS-HHSP23320095644WC

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OVERVIEW

The overarching goal of the Mother and Infant Home Visiting Program Evaluation (MIHOPE) is to provide information about whether families and children benefit from Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program-funded early childhood home visiting programs as they operated in the early years after the Program's inception (from 2012-2017), and if so, how. The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in collaboration with the Administration for Children and Families (ACF).

Women enrolled in the MIHOPE randomized controlled trial when they were pregnant or had a child younger than 6 months of age. To date, the MIHOPE study team has reported on the effects of home visiting programs around the time the children were 15 months, 2.5 years, and 3.5 years of age. To examine the potential long-term effects of the MIECHV Program on children and families, MIHOPE included a follow-up when children were in kindergarten (approximately five to six years after women enrolled in the study). Though designed as a kindergarten follow-up, the COVID-19 pandemic caused data collection to pause during the 2020-2021 school year, which meant that data were collected when some children in the study were in first grade.

Because home visiting programs address a broad range of outcomes related to maternal, family, and child well-being, impacts were estimated on 66 outcomes. This report examines the effectiveness of home visiting across groups of outcomes organized into eight pre-specified topical research questions, using omnibus tests to look beyond effects on individual outcomes.

MIHOPE found statistically significant and positive effects of home visiting for the five research questions that measured maternal and family well-being outcomes. The results of omnibus tests indicate that home visiting had favorable effects on outcomes more readily impacted by direct interactions or services provided by home visitors. These include (1) maternal coping strategies and parenting behaviors that could be improved through direct interaction between parents and home visitors; (2) maternal mental and behavioral health; (3) parent-child interactions; (4) a constellation of outcomes related to conflict, violence, aggression, and maltreatment; and (5) families' economic circumstances.

MIHOPE found some evidence of positive effects of home visiting for the three research questions related to child functioning outcomes. The result of the omnibus test for children's social-emotional functioning in the home context was statistically significant and positive. A similar pattern of effects emerged on outcomes related to children's social-emotional functioning in school settings, but the omnibus test result was not statistically significant, potentially due to the smaller sample of teachers who reported on these measures. The omnibus test result was also not statistically significant for the research question related to children's cognitive, language, and math skills.

The kindergarten follow-up demonstrates the potential value of using groups of outcomes to interpret and understand effects across the many areas of family functioning that home visiting programs address. Using this analytical method, the study found favorable effects of home visiting on six of the research questions, indicating that MIECHV-funded home visiting programs resulted in improvements for families five to seven years after study enrollment in outcome areas cited in the MIECHV authorizing legislation.

ACKNOWLEDGMENTS

We would like to acknowledge the many people who have contributed to this phase of the Mother and Infant Home Visiting Program Evaluation (MIHOPE). First, we are especially grateful to the families who have continued to contribute to this study and to the teachers of MIHOPE children who responded to surveys. Without them, this study would not be possible.

Throughout the kindergarten phase of the study, MIHOPE benefited greatly from advice from staff members at the U.S. Department of Health and Human Services. At the Administration for Children and Families (ACF), Nancy Geyelin Margie and Laura Nerenberg provided regular feedback to the study team. At the Health Resources and Services Administration (HRSA), Maggie Kane and Kyle Peplinski also weighed in on various project issues.

This report is the culmination of the joint effort of a large team who contributed to the MIHOPE kindergarten follow-up design, data collection, and analysis. At MDRC, Leslyn Hall provided data collection oversight, Matthew MacFarlane facilitated fielding of the COVID-19 focused web survey, Marissa Strassberger led the COVID-19 qualitative data collection and analysis, directing the work of Osvaldo Avila, Helen Lee, Emily Marano, Victoria Quiroz-Becerra, Rebecca Schwartz, Sophia Sutcliffe, Mallory Undestad, Samantha Wulfsohn, and Jennifer Yeaton; Livia Martinez contributed to processing and analyzing the kindergarten data obtained from administrative sources and direct data collection, as well as many other technical staff throughout the years of data acquisition, collection, processing, and analysis, including Desiree Alderson, Sally Dai, Victor Porcelli, Miki Shih, Anne Warren, and Samantha Xia. Alex Giles provided excellent assistance with many aspects of the report, including with foundational literature reviews. Chuck Michalopoulos provided expert guidance about methodological issues.

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A team led by Jeanne Brooks-Gunn at Teachers College adapted the Three-Bag Task parent-child interaction protocol and coding scheme for use with kindergarteners and coded the video-recorded parent-child interactions. The team benefited from the leadership of Marisa Morin, Sarah Lazzeroni, and Sarah Chu, who trained and directed the work of a team of coders: Caroline Botvin, Adriana Diaz-Donoso, Cory Dimitrakopoulos, Pamela Genao-Reyes, Caroline Geithner, Halimah Mohammed, Rashel Reizin, Megan Velie, and Eugenia Zhukovsky.

We received thoughtful comments on early drafts of this report from Chuck Michalopoulos, Carolyn Hill, and Emily Hanno. The report also reflects suggestions from staff members at ACF and HRSA—including Nancy Geyelin Margie, Laura Nerenberg, Lauren Supplee,

and Maria Woolverton from ACF; and Kasey Farrell, Amanda Innes, Maggie Kane, and Kyle Peplinski from HRSA.

Finally, Daniel Rocha provided exceptional report coordination, fact checking, and report production. The report was prepared for publication by Carolyn Thomas, with support from Joshua Malbin.

The Authors

EXECUTIVE SUMMARY

Early childhood home visiting programs provide individually tailored support, resources, and information to expectant parents and families with young children. Many programs aim to support the healthy development of infants and toddlers to help ensure their well-being. Home visiting programs in the United States have their origins in the late nineteenth century, and the nature of home visiting services has evolved over time.¹ In current practice, home visitors work with families to help identify family strengths, needs, concerns, and interests and work to address those in partnership with families through education and support during home visits or through referrals to and coordination with community services.

In 2010, Congress authorized the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program by enacting section 511 of the Social Security Act, 42 U.S.C. § 711, which also appropriated funding for fiscal years 2010 through 2014.² Subsequently enacted laws extended funding for the program through fiscal year 2027.³ The Program is administered by the Health Resources and Services Administration (HRSA) in collaboration with the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS).⁴ The initiation of the MIECHV Program began a major expansion of evidence-based home visiting programs.

The legislation authorizing MIECHV recognized that there was considerable evidence about the effectiveness of home visiting, but also called for research to increase knowledge about

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1. Terri Combs-Orme, Janet Reis, and Lydia D. Ward, “Effectiveness of Home Visits by Public Health Nurses in Maternal and Child Health: An Empirical Review,” *Public Health Reports* 100, 5 (1985): 490–499; Kathryn Harding, Joseph Galano, Joanne Martin, Lee Huntington, and Cynthia J. Schellenbach, “Healthy Families America Effectiveness: A Comprehensive Review of Outcomes,” *Journal of Prevention and Intervention in the Community* 34, 1 (2007): 149–179; John M. Love, Ellen Eliason Kisker, Christine M. Ross, Peter Z. Schochet, Jeanne Brooks-Gunn, Diane Paulsell, Louisa Banks Tarullo, Rachel Chazan-Cohn, Kimberly Boller, Jill Constantine, Cheri Vogel, Allison Sidle Fuligni, and Christy Brady-Smith, “The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs,” *Developmental Psychology* 41, 6 (2005): 885–901.
 2. Social Security Act of 1935. SEC. 511[42 U.S.C. 711] (j) (1).
 3. Funds for subsequent fiscal years were appropriated by section 209 of the Protecting Access to Medicare Act of 2014, Pub. L. 113-93 (fiscal year 2015); section 218 of the Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015, Pub. L. 114-10 (fiscal years 2016-2017); section 50601 of the Bipartisan Budget Act of 2018, Pub. L. 115-123 (fiscal years 2018-2022); and section 6101 of the Consolidated Appropriations Act, 2023, Pub. L. 117-328 (fiscal years 2023-2027).
 4. HRSA distributes funds from the federal MIECHV Program to MIECHV state and territory awardees. In 2024, HRSA provided awards to 56 states and territories, including 47 state agencies; 3 nonprofit organizations serving Florida, North Dakota, and South Carolina; the District of Columbia; and 5 U.S. territories. Awardees distribute funds to local implementing agencies—also commonly referred to as local programs—that work directly with families. Additionally, ACF oversees the Tribal MIECHV Program, which in 2024 funded 47 federally recognized Indian tribes (or consortium of Indian tribes), tribal organizations, and urban Indian organizations across 21 states.

the implementation and effectiveness of home visiting.⁵ The legislation also required an evaluation of MIECHV in its early years, which became the Mother and Infant Home Visiting Program Evaluation (MIHOPE).⁶ The overarching goal of MIHOPE is to provide information about whether families and children benefit from MIECHV-funded early childhood home visiting programs as they operated from 2012 to 2017, and if so, how.

Given that previous long-term studies of home visiting found positive effects, ACF and HRSA initiated plans in 2016 to design follow-up studies with the families who enrolled in MIHOPE to examine the potential long-term effects, including cost benefits, of the MIECHV Program on children and families.⁷ Because the legislation that authorized MIECHV indicated that MIECHV-funded home visiting programs are expected to improve school readiness, and this was not something that could be measured during earlier MIHOPE follow-ups, a follow-up data collection was planned when children were in kindergarten, approximately five to six years after their mothers enrolled in MIHOPE.⁸ A kindergarten follow-up was designed to measure the intermediate effects of home visiting at the outset of formal schooling as well as outcomes that predict the longer-term effects of home visiting.

This report presents results from the study team’s analysis of the MIHOPE kindergarten follow-up data.

OVERVIEW OF MIHOPE

MIHOPE is a randomized controlled trial. That is, to provide reliable estimates of home visiting programs’ effects, women who enrolled in the study were randomly assigned either to a MIECHV-funded local home visiting program (the “program group”), or to receive information about other appropriate services in the community (the “control group”).

MIHOPE includes 88 local home visiting programs in 12 states (California, Georgia, Illinois, Iowa, Kansas, Michigan, Nevada, New Jersey, Pennsylvania, South Carolina, Washington, and Wisconsin). The study includes the four evidence-based models that 10 or more states chose in their initial MIECHV plans in fiscal year 2010-2011: Early Head Start—Home-based option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. When

5. Social Security Act of 1935. SEC. 511 [42 U.S.C. 711] (h) (3) (A).

6. Social Security Act of 1935. SEC. 511 [42 U.S.C. 711] (g) (2).

7. See Charles Michalopoulos, Kristen Faucetta, Anne Warren, and Robert Mitchell, *Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE)*. OPRE Report 2017-73 (Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017).

8. SEC. 511 [42 U.S.C. 711] (c)(1) indicates that grants are to be made to enable eligible entities to deliver home visiting services in order to promote improvement in several outcome areas that include school readiness. SEC. 511 [42 U.S.C. 711] (d) (1) (A) includes school readiness in the list of benchmark areas that eligible entities are expected to improve.

local programs were recruited for MIHOPE, 19 were implementing the Early Head Start—Home-based option, 26 were implementing Healthy Families America, 22 were implementing Nurse-Family Partnership, and 21 were implementing the Parents as Teachers model.⁹

A total of 4,229 families entered the study from October 2012 to October 2015. To be eligible for MIHOPE, women had to be at least 15 years of age, be either pregnant or have a child younger than 6 months of age when they enrolled in the study, speak English or Spanish well enough to provide consent and complete a survey when they entered the study, and be interested in receiving home visiting services. They also could not already be receiving home visiting services from a participating local program and had to meet the relevant local program eligibility criteria.

FINDINGS FROM PRIOR MIHOPE FOLLOW-UPS

Prior to the kindergarten follow-up, the MIHOPE follow-up data collection points included one extensive follow-up, timed to occur when children in the study sample were approximately 15 months of age, and two brief check-ins with families, timed to occur when children were approximately 2.5 and 3.5 years of age. In the extensive 15-month follow-up, the study team found that MIECHV-funded home visiting programs had positive effects for families when children were at this age, and most estimated effects were similar to but somewhat smaller than the average found in past studies of individual home visiting models.¹⁰ When children were approximately 2.5 and 3.5 years of age, the study fielded 30-minute surveys with families that measured a limited set of parent-reported outcomes and could not comprehensively assess any of the domains specified in the MIECHV authorizing legislation. Of the six confirmatory outcomes examined at each time point, only one estimated effect was statistically significant, suggesting that home visiting did not have effects on these particular outcomes as measured through parent report. However, an analysis of all outcomes (both confirmatory and exploratory) in each outcome area indicated positive effects in the areas of parental support for cognitive development and child functioning.¹¹

9. For information about state and site selection, see Charles Michalopoulos, Kristen Faucetta, Carolyn J. Hill, Ximena A. Portilla, Lori Burrell, Helen Lee, Anne Duggan, and Virginia Knox, *Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2019-07 (Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2019).

10. Michalopoulos et al. (2019).

11. Kristen Faucetta, Charles Michalopoulos, Ximena A. Portilla, and Kelly Saunders, *Checking in with Families in the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2023-140 (Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023).

KINDERGARTEN FOLLOW-UP: DESIGN AND ANALYTIC STRATEGY

Early childhood home visiting programs are designed to affect a wide range of maternal, family, and child outcomes across multiple areas. Home visiting aims to improve the health and well-being of families and children, primarily through partnering trained home visitors with families to help them reach their goals. Home visitors work with mothers and families to promote a supportive parent-child bond, support maternal and child health and well-being, prevent child injuries, abuse, and neglect, improve family economic well-being, prevent crime and domestic violence, and connect families to resources in their communities to further address their needs. Home visiting programs also work with mothers and families to support children's development and prepare them for school.¹²

Given the broad emphasis of home visiting, MIHOPE collected data for its kindergarten follow-up from multiple data sources, and the study team assessed impacts on 66 outcomes. The outcomes are organized into outcome areas and sub-areas, shown in Table ES.1.¹³

To examine whether home visiting has an effect on this wide range of outcomes at kindergarten, the study team used a series of tests that considers the pattern of effects—that is, the magnitudes and directions of the effects—on a *group* of outcomes and tests the likelihood that this pattern of effects would have occurred if there were truly no effect.¹⁴ This type of test is called an omnibus test. A significant p-value for the omnibus test indicates favorable effects for that set of outcomes.¹⁵

To group outcomes in the MIHOPE kindergarten analysis, the study team examined eight pre-specified topical research questions. These are shown in Table ES.2 along with the sub-areas that are used to answer each question. These topical research questions aim to provide information about the effects of home visiting on mothers, children, and families, and were shaped by groups of favorable effects seen in earlier MIHOPE reports and the stated priorities of the four home visiting models included in MIHOPE. The research questions also consider whose behavior, skills, or well-being is reflected in the outcomes (mother, family, and/or child), as well as whether the outcomes are more proximal to and potentially more affected by direct interactions between the home visitor and parent or more distal outcomes in the logic models of these four evidence-based home visiting models, such as children's functioning.

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12. See Health Resources and Services Administration, "Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program," (website: <https://mchb.hrsa.gov/programs-impact/maternal-infant-early-childhood-home-visiting-miechv-program>, 2025).
 13. The sub-areas were first described in the study's analysis plan. See Kristen Faucetta and Ximena A. Portilla, *Analysis Plan for the Mother and Infant Home Visiting Program Evaluation (MIHOPE) Kindergarten Follow-up*. OPRE Report 2025-024 (Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2025).
 14. Devin Caughey, Allan Dafoe, and Jason Seawright, "Nonparametric Combination (NPC): A Framework for Testing Elaborate Theories," *Journal of Politics* 79, 2 (2017): 688–701.
 15. A p-value indicates the likelihood that a pattern of effects would have been found by an intervention with zero true effects. An omnibus test is a type of global statistical test that collectively evaluates more than one null hypothesis.

Table ES.1. Kindergarten Outcome Areas and Sub-Areas

| Outcome Area | Sub-Area | Example Outcome |
|-------------------------------|--|---|
| Parenting | Parent-child relationship | Parental warmth |
| | Behavior toward child during semi-structured task | Parental sensitivity |
| | Aggression toward child | Frequency of physical aggression during the past year |
| | Child maltreatment | Any substantiated report of abuse since 15 months |
| | Parental support for learning and development | Reads to child daily |
| Maternal well-being | Maternal coping strategies | Mastery |
| | Parenting distress | Parenting distress |
| | Maternal depressive symptoms | Exhibits depressive symptoms |
| | Maternal substance use | Used illicit drugs |
| Family conflict and violence | Family conflict | Family conflict |
| | Intimate partner violence | Maternal experience with battering |
| Family economic circumstances | Education, employment, and income | Quarters employed in the past year |
| | Material hardship | Food insecurity |
| | Public assistance receipt | Medicaid |
| Child functioning | Social skills | Engagement |
| | Behavior problems | Internalizing behaviors |
| | Emotional and behavioral self-regulation | Emotional self-control |
| | Behavior toward parent during semi-structured task | Child engagement of parent |
| | Cognitive skills | Short-term memory |
| | Language development | Vocabulary knowledge |
| | Mathematics development | Early numeracy and math skills |
| | Quality of play during semi-structured task | Child quality of play |

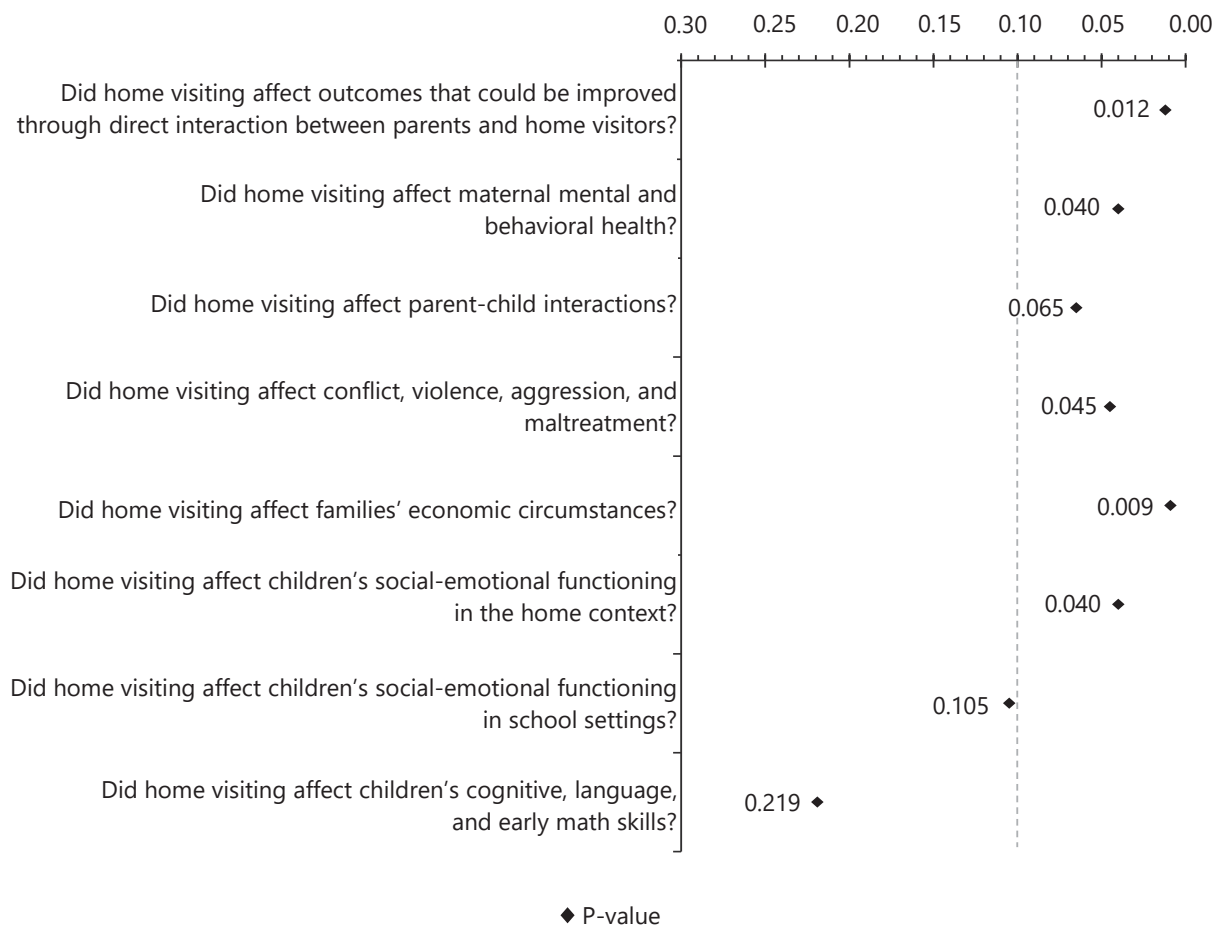
Table ES.2. Pre-Specified Topical Research Questions

| Research Question | Sub-Area(s) |
|--|--|
| Did home visiting affect outcomes that could be improved through direct interaction between parents and home visitors? | Maternal coping strategies Parenting distress Parent-child relationship Aggression toward child Behavior toward child during semi-structured task Parental support for learning and development |
| Did home visiting affect maternal mental and behavioral health? | Maternal coping strategies Parenting distress Maternal depressive symptoms Maternal substance use |
| Did home visiting affect parent-child interactions? | Parent-child relationship Aggression toward child Behavior toward child during semi-structured task Behavior toward parent during semi-structured task Parental support for learning and development |
| Did home visiting affect conflict, violence, aggression, and maltreatment? | Family conflict Intimate partner violence Aggression toward child Child maltreatment |
| Did home visiting affect families' economic circumstances? | Education, employment, and income Material hardship |
| Did home visiting affect children's social-emotional functioning in the home context? | Social skills Behavior problems Emotional and behavioral self-regulation Behavior toward parent |
| Did home visiting affect children's social-emotional functioning in school settings? | Social skills Behavior problems Emotional and behavioral self-regulation |
| Did home visiting affect children's cognitive, language, and early math skills? | Cognitive skills Language development Mathematics development |

ESTIMATED EFFECTS OF HOME VISITING ON MATERNAL, FAMILY, AND CHILD WELL-BEING

Figure ES.1 shows a summary of the omnibus test results (p-values) for the eight research questions that examine the estimated effects of home visiting on maternal, family, and child well-being at the kindergarten follow-up.

Figure ES.1. Summary of Omnibus Test Results for Topical Research Questions



NOTE: For each research question, an omnibus test was used to assess the joint probability of observing the same or more favorable results if there were no effects on a set of outcomes. A statistically significant result is determined by a p-value less than 0.10, represented by the area to the right of the dashed line.

- **MIHOPE found statistically significant and positive effects of home visiting for the five research questions that measured maternal and family well-being outcomes.** The results of the omnibus tests indicate that home visiting had favorable effects on outcomes more readily impacted by direct interactions or services provided by home visitors. These include (1) maternal coping strategies and parenting behaviors that could be improved through direct interaction between parents and home visitors; (2) maternal mental and behavioral health; (3) parent-child interactions; (4) a constellation of outcomes related to conflict, violence, aggression, and maltreatment; and (5) families' economic circumstances.
- **MIHOPE found some evidence of positive effects of home visiting for the three research questions related to child functioning outcomes.** The result of the omnibus test for children's social-emotional functioning in the home context was statistically significant and positive. A similar pattern of effects emerged on outcomes related to children's social-emotional functioning in school settings, but the omnibus test result was not statistically significant, potentially due to the smaller sample of teachers who reported on these measures. The omnibus test result was also not statistically significant for the research question related to children's cognitive, language, and math skills.

THE CONTEXT OF THE COVID-19 PANDEMIC: STUDY DESIGN CHANGES AND IMPLICATIONS FOR UNDERSTANDING THE EFFECTS OF HOME VISITING

Initially, the kindergarten follow-up was expected to occur during the four school years in which children in the MIHOPE sample were expected to enter kindergarten: the 2018-2019 school year (Cohort 1), the 2019-2020 school year (Cohort 2), the 2020-2021 school year (Cohort 3), and the 2021-2022 school year (Cohort 4). However, the COVID-19 pandemic prompted changes in the study's data collection plans. The study did not proceed with Cohort 3 data collection during the 2020-2021 school year, and the study team implemented new virtual data collection efforts to enhance understanding of how families in MIHOPE were experiencing the pandemic, to be able to contextualize kindergarten findings. Kindergarten data collection resumed during the 2021-2022 school year. Data collection for Cohorts 3 and 4 was fielded concurrently, while children in Cohort 3 attended first grade and children in Cohort 4 attended kindergarten. Rather than continue with in-person home assessments, the data collection protocol was adapted, and assessors were trained to deliver the child assessment and observation protocol virtually during the 2021-2022 school year.

Through new data collection efforts in 2020-2021 and the kindergarten data collection that resumed in 2022, the study team was able to learn about MIHOPE families' experiences at two time points to contextualize kindergarten findings. Consistent with national trends, MIHOPE families' experiences in late 2020 and early 2021 were characterized by heightened levels of depressive symptoms and food insecurity. School closures and other pandemic-related changes and disruptions to learning were challenging for parents, and for children.

These challenges were experienced by families in both the program and control groups. After schools had more consistently re-opened for in-person learning and kindergarten data collection resumed in the 2021-2022 school year, the heightened levels of depressive symptoms and food insecurity were less apparent.

In investigating the pandemic's implications for examining the effects of home visiting, the study team found that in general, the effects of home visiting did not differ based on whether effects were measured before the onset of the pandemic or after the onset of the pandemic. However, this finding does not diminish the challenges and difficulties families confronted earlier in the pandemic, the effects of which may have persisted in ways MIHOPE did not measure.

CONCLUSION

Because home visiting programs address a broad range of outcomes, MIHOPE examined the effectiveness of home visiting across groups of outcomes organized into eight pre-specified topical research questions. In this way, the MIHOPE kindergarten analysis differs from prior studies of home visiting, which have focused on individual outcomes. The approach of analyzing more comprehensive research questions about child and family functioning may be well-suited to studying home visiting because programs as a whole are trying to affect a wide range of outcomes. The broad and tailored nature of home visiting services may mean that home visiting is helping each family in some way so that effects may be spread across many outcomes even though the average effect on any single outcome might be small.

By anchoring to topical research questions, the analysis was able to examine a through-line from more proximal outcomes in the home visiting models' logic models to more distal outcomes and settings. Home visitors first and foremost work with mothers to support and create behavior change for the mother based on her strengths and interests. This carries into other areas of the family system targeted by home visiting, such as interactions with children and other family members. In this way, home visiting aims to address more proximal outcomes at the maternal and family level, with an aim that these positive effects will extend more distally to children's functioning as they grow and develop.

MIHOPE found favorable effects of home visiting for all five research questions that address outcomes more proximal to the intervention. This indicates that home visiting was effective at improving maternal coping strategies and parenting behaviors that are directly targeted via interactions with home visitors in the home, maternal mental and behavioral health, parent-child interactions, a constellation of outcomes related to conflict, violence, aggression, and maltreatment, and families' economic circumstances. Though the individual effects were small, collectively the results for these research questions indicate that the MIECHV-funded home visiting programs included in MIHOPE demonstrated positive effects in outcome areas

specified in the legislation that authorized the MIECHV Program.¹⁶ This further emphasizes the potential value of using groups of outcomes in future studies to interpret and understand effects across the many areas of family functioning that home visiting programs address.

Favorable effects of home visiting also emerged for child outcomes that were more closely tied to the home visiting intervention—children’s social-emotional functioning in the home. And while the magnitude of effects was not strong enough to confirm a favorable effect on similar behaviors in a more distal classroom setting, the general pattern is the same. However, there is less evidence to suggest that there are longer-term effects of home visiting on outcomes *most* distal to the intervention: children’s cognitive or academic outcomes.

The nonsignificant finding when examining the effects of home visiting on children’s cognitive, language, and math skills may warrant further exploration. This research question grouped together academic skills and goal-oriented cognitive skills that are implicated in those academic skills. Though all outcomes are measured using direct child assessments, it is possible that more robust measurement (for instance, measuring more outcomes within a sub-area or from multiple informants or modalities) is needed to more precisely and more comprehensively estimate the effects of these more distal outcomes that are not the central focus of home visiting programs. Future studies could aim to fill this gap in the evidence by including more comprehensive measurement of language and other skills in these sub-areas to further understand children’s school readiness at the transition to formal schooling.

MIHOPE is a comprehensive evaluation of the MIECHV Program in the early years after the Program’s inception (from 2012-2017), providing evidence about the Program’s effectiveness in improving the well-being of mothers, families, and children at multiple time points. Given the positive effects found in prior long-term studies of home visiting, the next follow-up will examine the effects of home visiting through the time children are in third grade, and will include a benefit-cost analysis that will examine whether the benefits of home visiting outweigh the costs.

16. SEC 511 [42 U.S.C. 711] (d) (2) (B) (i-vii).