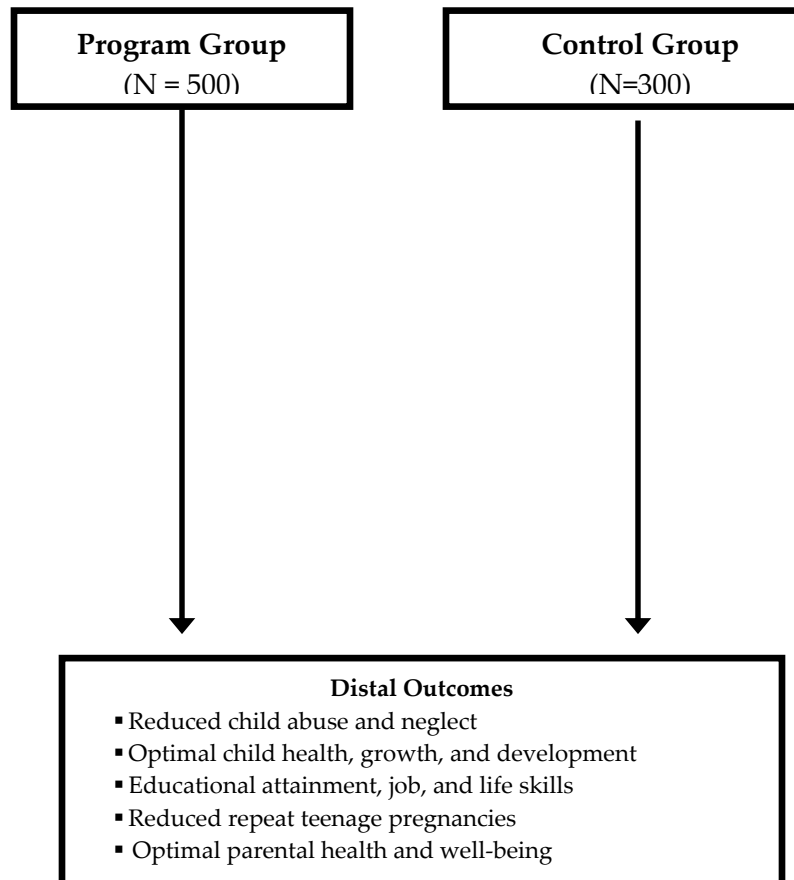


Overview of Impact Study

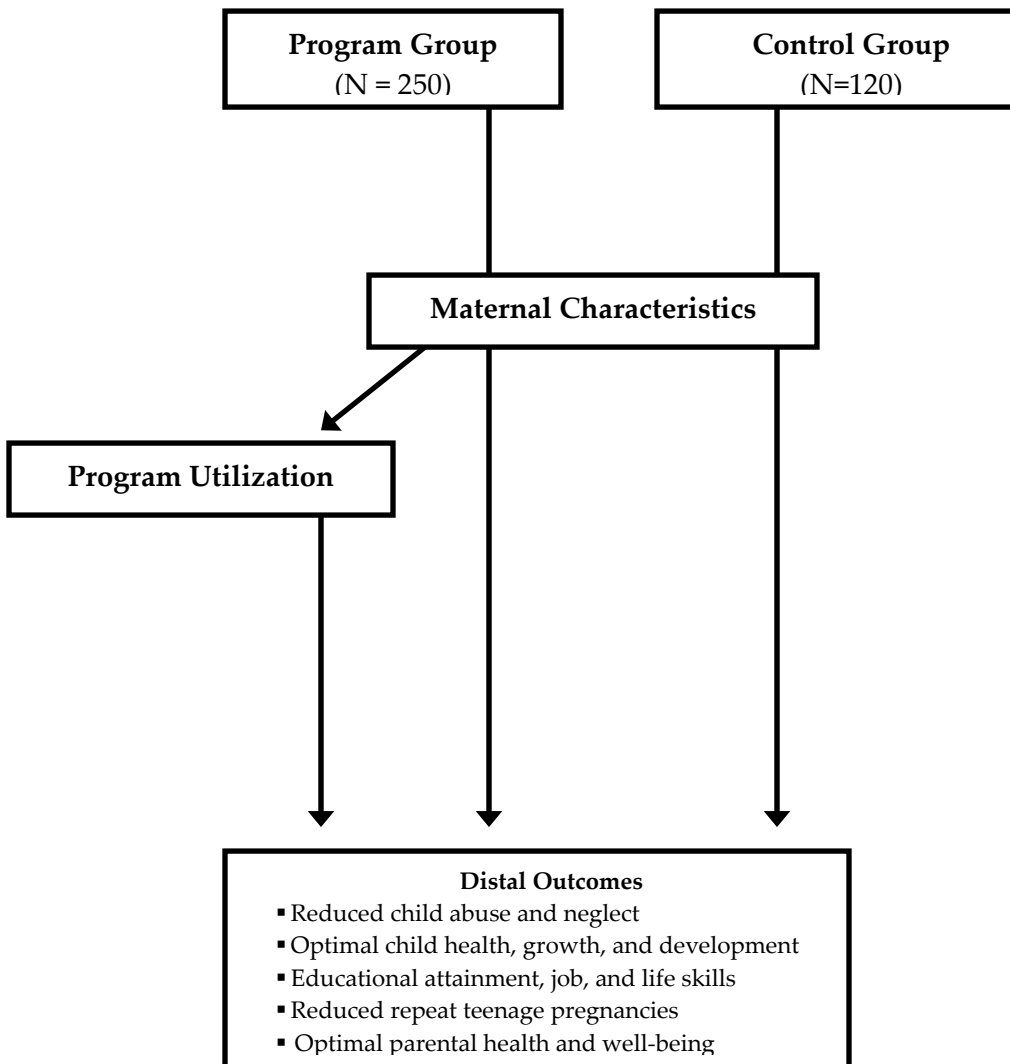
This large-scale randomized trial with 500 program group participants and 300 control (or non-HFM program) group participants will allow us to determine the extent to which HFM's main program goals have been achieved, and to attribute these outcomes, with greater certainty, to the HFM program. The basic research question is: *To what extent is HFM meeting its primary, long-term goals?* This overarching research objective is framed by the following questions:

1. Is there a difference between the program and control group participants in the achievement of the five HFM goals, or distal outcomes?
2. Within the whole sample, do maternal characteristics (e.g., depression, history of abuse) predict program utilization and distal outcomes?
3. Within the program group, does program utilization predict distal outcomes?
4. Within the program group, are there differences in distal outcomes as a function of program quality (specifically defined as "fidelity to the model") and community context (defined by demographic characteristics)?

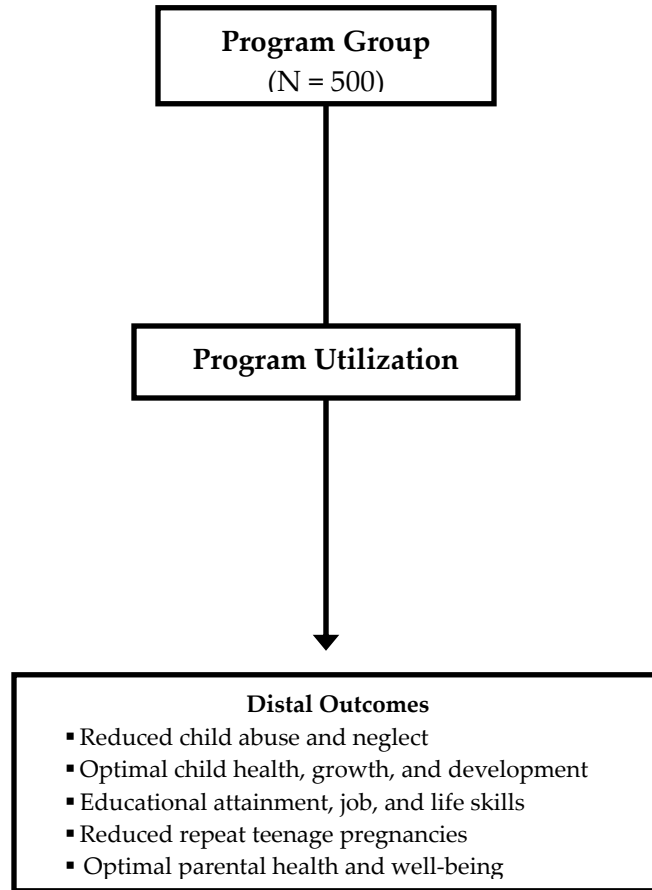
The first of these questions represents the standard research objectives of most impact evaluations; in essence, it answers the basic question, "does the program work?"



The second Impact Study research question represents our intention to better understand, on the same large scale, *for whom* the program works; we will investigate how individual-level factors moderate the ways in which participants use the program, and their achievement of distal outcomes.



The next two research questions, which apply to the program group only, take into account both how program services are implemented, and how participants in particular communities differentially utilize these services. Research Question 3 asks whether participants' *patterns of program utilization* (e.g., program tenure, frequency and intensity of visitation) predict distal outcomes.



And Research Question 4 tests MCTF’s imputed theory of change that home visiting services delivered by *high quality programs* (as prescribed by the program model) will result in improved participant outcomes *quite independent of community context*.

2 X 2 Matrix Representing Possible Distribution of Programs

	Community Profile Type 1 <ul style="list-style-type: none"> ▪ Urban ▪ Low on economic indicators ▪ Low neighborhood quality indicators 	Community Profile Type 2 <ul style="list-style-type: none"> ▪ Non-urban ▪ High on economic indicators ▪ High neighborhood quality indicators
High Fidelity Program	Distal outcomes <i>Communities E, G (n~125)</i>	Distal outcomes <i>Communities B,D (n~125)</i>
Low Fidelity Program	Distal outcomes <i>Communities A, C (n~125)</i>	Distal outcomes <i>Communities F, H (n~125)</i>

To answer these research questions, we are tracking a large sample of participants over a two-year period. The research design for this component will include random assignment of participants seeking to enroll in HFM to a program group (n = 500) and a control group (n = 300).⁴

The Tufts team is collecting pre-test and post-test assessments of indicators representing the five main goals of the program, selected participant and community data, and information about HFM program implementation and utilization (for the Program Group). Additionally, interagency agreements have been negotiated by MCTF with the Massachusetts Departments of Education (DOE), Children and Families (DCF), Transitional Assistance (DTA), and Public Health (DPH); interagency data will be obtained at regular intervals throughout the course of the proposed six-year evaluation.

⁴ These sample sizes allow for attrition from the evaluation without compromising statistical power.