# Response to Comments from the Public on Updated HomVEE Definitions Related to Virtual Service Delivery and Revised HomVEE Procedures and Standards

The Home Visiting Evidence of Effectiveness (HomVEE) review has revised several of its procedures and standards with the release of the HomVEE Handbook of Procedures and Evidence Standards Version 2.2, published in April 2024. In consultation with subject matter experts and staff at the Health Resources and Services Administration and the Administration for Children and Families, HomVEE staff proposed revisions to the handbook related to virtual home visiting, defining a subgroup, and limiting findings for review. HomVEE then issued an invitation for public comment on the proposed revisions on June 29, 2023.

This document summarizes updates HomVEE is making in its Version 2.2 Handbook including clarifications to certain questions raised in public comment. Please refer to the handbook itself for the definitive statement of HomVEE's standards and procedures (a summary of updates is included in Exhibit I.2).

## ISSUE 1: VIRTUAL HOME VISITING

The final Version 2.2 Handbook includes the following updates:

- HomVEE will review research about models that use entirely in-person home visiting and models with hybrid approaches that use both in-person and virtual home visits. In alignment with the Maternal, Infant, and Early Childhood Home Visiting statute, models that deliver all services virtually will be ineligible; a model must be designed or adapted to require at least one in-person home visit.
- A model may deliver some content in a virtual home visit asynchronously, but asynchronous delivery cannot be the primary mode of delivery. The content of virtual home visits should be designed or adapted for synchronous delivery.
- All research will be subject to the same standards and procedures. There are no separate standards or procedures for research involving virtual service delivery.

For more information, see the following Frequently Asked Questions on the HomVEE website: "Does HomVEE review research on virtual service delivery?" and "How does HomVEE apply HHS criteria for evidence-based early childhood service delivery models?"

## ISSUE 2: SUBGROUP POLICIES

The final Version 2.2 Handbook updates the procedures for defining subgroups. The updated procedures (Exhibit 1 in this brief; Exhibit II.10 in the handbook) state that HomVEE will review site and cohort analyses as individual studies, not as subgroup analyses. This means site and cohort analyses are considered non-overlapping samples when applying U.S. Department of Health and Human Services (HHS) criteria for an

"evidence-based early childhood service delivery model." For more information, see the following Frequently Asked Question on the HomVEE website: "When does HomVEE report subgroup findings?"

**Exhibit 1. HomVEE procedures for reviewing and reporting subgroup research**

HomVEE reviews replicable subgroups and reports subgroup results only (1) once the results are replicated, and (2) both instances of replication have outcomes that attain a high or moderate quality rating. For HomVEE, the terms **replicable** and **replicated** are defined as follows:

- **A replicable** subgroup is a subset of the sample examined in a study that is defined by a characteristic that a different study could duplicate with a completely different sample. Most subgroups are replicable in theory. HomVEE does not consider analyses of individual cohorts or sites from a larger study to be analyses of subgroups, and, therefore, does not require the cohorts or sites to be replicable. HomVEE will review cohort and site analyses as individual studies.
- A subgroup can be **replicated** by either (1) another subgroup that has an identical definition in a completely different sample from a separate study (for example, a study examining a subgroup of primiparous teenagers is replicated by another completely different sample of primiparous teenagers examined in a different study, and it is not replicated by a study examining primiparous women of all ages), or (2) a completely different study in which the entire sample has the characteristic(s) of the subgroup by definition (researcher design) or by chance. "By chance" could be how the sample happened to be created, or how the sample ended up after attrition (in which case HomVEE will apply the attrition standard). This approach is consistent with the HHS criteria's emphasis on observing effects across independent samples.

## ISSUE 3: LIMITING FINDINGS ELIGIBLE FOR REVIEW

The final Version 2.2 Handbook addresses concerns about Type I error and cherry-picking of findings by limiting the findings that are eligible for review in certain situations.

Specifically, HomVEE will take the following approach:

- For low-attrition randomized controlled trials (RCTs), regression discontinuity designs (RDDs), and otherwise uncompromised RCTs, HomVEE prioritizes findings for review that are adjusted for required baseline covariates (if both adjusted and unadjusted findings are available). For non-experimental comparison group designs (NEDs), high-attrition RCTs and RDDs, or compromised RCTs, HomVEE generally focuses on adjusted findings. The team reviews unadjusted findings only when covariate adjustment is not required to demonstrate baseline equivalence. This is due to the potential for high risk of bias in those designs.
- If authors report that they constructed or used an existing composite measure, but report only findings for individual items, HomVEE request findings for the composite measure. Reviewers will only review findings on the composite measure, unless the author provides a clear justification for examining the individual items. This justification may be in the manuscript or in response to an author query.
- HomVEE will review findings based on binary variables that are constructed using a specific threshold value of a continuous variable only when authors provide a clear justification for the significance of the binary threshold. This justification may be in the manuscript or in response to an author query.

Exhibit 2 summarizes the revised standards introduced in the Version 2.2 Handbook to limit the findings HomVEE reviews.

**Exhibit 2. HomVEE's Version 2.2 Handbook updates to limit findings for review, within eligible studies[a]**

| Type of findings | Eligible | Not eligible |
|---|---|---|
| Findings from covariate-adjusted analyses *(does not apply to single-case designs)* | • Findings from analyses adjusted for required baseline covariates*<br>• Findings from unadjusted analyses for randomized designs with low attrition and uncompromised randomization, or regression discontinuity designs with low attrition (see Handbook Exhibit III.6) | • Not applicable |
| Item-level findings drawn from composite measures, including scales or subscales | • Findings based on scales or subscales*<br>• Item-level findings drawn from a composite measure (including scales or subscales), only when authors provide a clear justification for examining the individual item-level measures, either in the manuscript under review or in response to an author query | • Item-level findings drawn from scales or subscales, if scale or subscale findings are also available<br>• Item-level findings for which author does not provide a clear justification for examining the individual item-level measures, either in the manuscript under review or in the response to an author query |
| Findings from continuous and binary outcome variables | • Findings based on continuous outcome variables<br>• Findings for binary variables when the manuscript also presents findings for the continuous variable, and the authors justify that the binary measure threshold provides information that is relevant and useful to the early childhood home visiting field | • Findings on binary variables when the manuscript also presents findings on continuous variables (such as scale scores) or the authors do not justify the binary variable threshold |

* HomVEE's preferred analysis (the primary focus of the review) when the manuscript presents multiple eligible analyses.

[a] HomVEE will review these analyses in manuscripts that have at least one finding from an impact study design that is eligible for review by HomVEE: randomized controlled trials and three types of quasi-experimental designs (regression discontinuity designs, single-case designs, and non-experimental comparison group designs).

## ISSUE 4: APPLICATION OF REVISED STANDARDS

HomVEE will apply the current (Version 2.2) procedures and standards for all newly reviewed manuscripts beginning with the 2024 annual review.

**In general, HomVEE will not retroactively apply the new Version 2.2 procedures or standards to previously reviewed research about evidence-based models.** For manuscripts HomVEE has reviewed in the past, the following procedures will apply:

- In Track 1 (models that have not yet met the HHS criteria for an evidence-based early childhood service delivery model), HomVEE *will* re-review any previously reviewed research using the latest procedures and standards in effect at the time the model is selected for review.
- In Track 2 (models that already meet the HHS criteria), HomVEE *will not* re-review previously reviewed research, and findings from previously reviewed research will remain on the HomVEE website. The

exeption is when HomVEE adds to the website new findings from a previously reviewed manuscript (for example, in cases where a subgroup analysis is replicated and therefore findings are reviewed for the first time). In such cases, the team will apply the latest procedures and standards to the newly added findings. For more information, see the following Frequently Asked Question on the HomVEE website: "When does HomVEE report subgroup findings?"

- For manuscripts subject to appeal, HomVEE will generally apply the procedures and standards that were in place at the time the manuscripts were originally reviewed.

**Submitted to:**
Shirley Adelstein, project officer
Kristyn Wong VanDahm, project specialist
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

**Contract Number:**
HHSP233201500035I/75N98021F00368
Mathematica Reference Number:
51317.C3.T12.120.12B

**Submitted by:**
Project director: Rebecca Coughlin
Mathematica
1100 1st Street NE,
12th Floor, Washington, DC, 20002



Mathematica
Progress Together