FEDERAL IMPACT SNAPSHOT

Improving the Health & Economic Well-Being of Families: How Florida and Tennessee Invested in Home Visiting to Improve the Lives of 7,000 Families

RESULTS FOR AMERICA

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Introduction

Each year, 380,000 children are born to first-time mothers living in poverty, many of whom are young, socially isolated and lack a high school diploma. Moreover, many pregnant women in the U.S. face multiple health risks including: heart disease, depression, intimate partner violence, substance use, inadequate nutrition, and even death. According to the U.S. Centers for Disease Control, 22% of women in the U.S. do not begin prenatal care as early as they should, with rates rising to 33% for African American and American Indian and Alaska Native women.

Even under normal circumstances, pregnant women and new mothers face major challenges such as lack of healthcare, employment and/or critical knowledge about raising a healthy child. During the COVID-19 health crisis, which has profoundly changed family life across the country, families face even more significant burdens such as illness, death of loved ones, job loss, and the disruption of critical support services, not to mention fear and anxiety. Low-income communities and communities of color have been disproportionately affected by the virus, so improving their health and economic well-being is key to recovery.

Helping families navigate these challenges and raise healthy children is both a social and economic imperative. Healthy families are more likely to pursue their education, secure well-paying jobs, engage with their communities, and utilize less public resources (e.g., emergency room visits or social services calls).

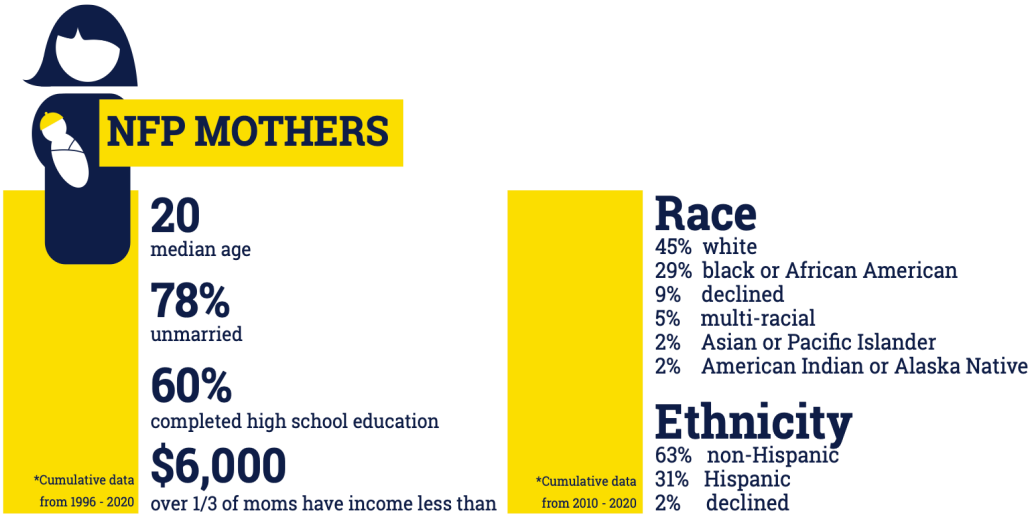
Fortunately, decades of research have shown that evidence-based home visiting programs — where trained professionals support expectant families during pregnancy and the child's first few years — help families get started on the right foot. They improve maternal health, child health, and the economic self-sufficiency of their families.

And, luckily, a growing number of local, state, and federal government agencies are investing taxpayer dollars in evidence-based interventions - including evidence-based home-visiting solutions. According to Results for America's 2019 Invest in What Works Standard of Excellence, 35 of the largest federal social services programs - including the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program operated by the Administration for Children and Families at the U.S. Department of Health and Human Services - prioritized evidence of effectiveness when allocating grant dollars.

The Impact Snapshot below tells the story of how the federal MIECHV program combined with state home visiting programs expanded the reach and impact of the evidence-based Nurse-Family Partnership model, allowing it to serve more families. We spotlight Florida and Tennessee, but they are just two examples of how, all across the country, taxpayer dollars are increasingly being shifted toward evidence-based solutions like NFP.

Nurse-Family Partnership

Nurse-Family Partnership (NFP) is a nonprofit organization whose mission is to "empower first-time moms to transform their lives and create better futures for themselves and their babies." NFP is a results-driven intervention that pairs low-income, first-time mothers with a registered nurse. The nurse makes regular visits to the home, starting early in the pregnancy and continuing through the child's second birthday. Nurses guide mothers through the emotional, social, and physical challenges they face as they prepare for a healthy birth. The image below includes a demographic profile of NFP mothers.

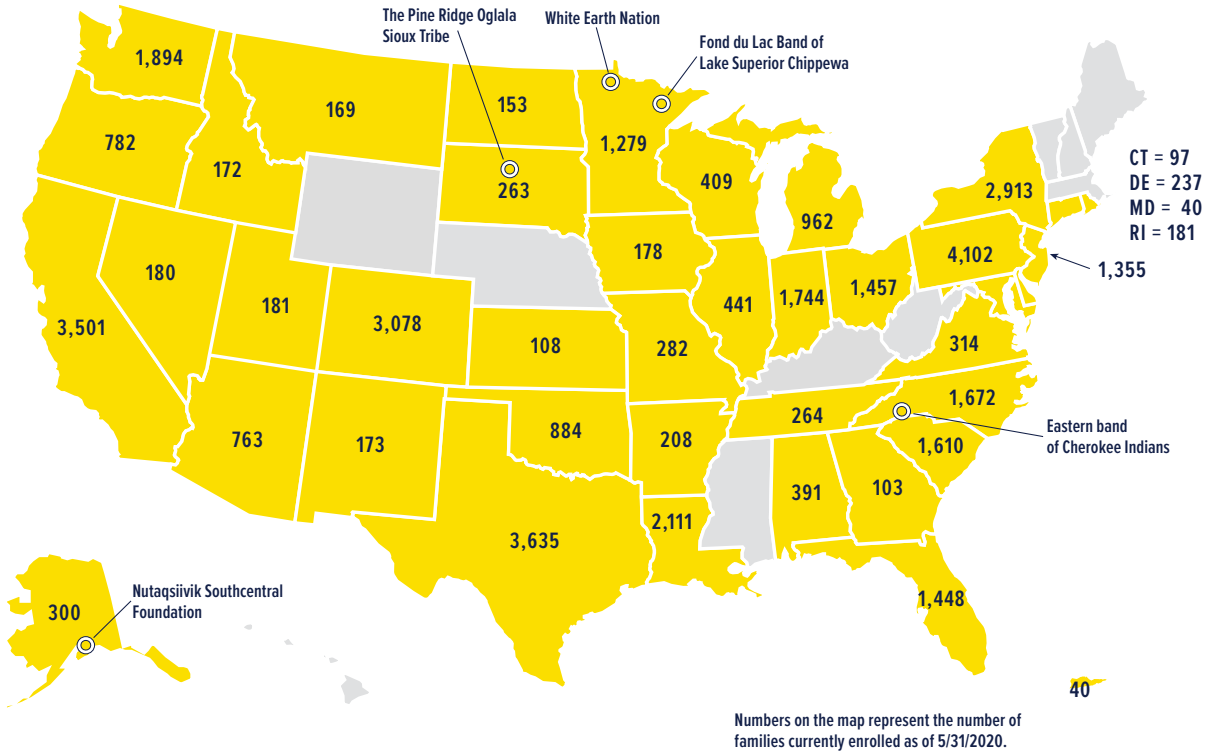


Source: Nurse-Family Partnership, Nurses and Mothers Fact Sheet

NFP Evidence and Results

Decades of research shows that NFP produces sizable, sustained effects on important outcomes for mothers and their children. Over the past 40 years, the NFP model has been studied, refined, and rigorously evaluated. Five well-conducted RCTs, each carried out in a different population and setting (three in the United States, one in the Netherlands, and one in the United Kingdom) found a pattern of sizable, sustained effects on important child and maternal outcomes in four of the five studies. Effects replicated across two or more studies include: (i) reductions in child abuse/neglect and injuries (20%– 50%); (ii) reduction in mothers' subsequent births (10%–20%) during their late teens and early twenties; and (iii) improvement in cognitive and educational outcomes for the subgroup of children of the most at-risk mothers (e.g., 6– percentile point increase in grade one to six reading/ math achievement). An 18-year follow-up study of moms and children in Memphis, Tennessee found that NFP significantly improved the cognitive functioning and academic performance of 18-year old youth in this same subgroup. An additional study report for the same period, found that NFP saved $17,310 per family in public benefit costs, resulting in a net savings (after accounting for the NFP program cost) of $4,732 in government costs in 2009 dollars.

NFP currently employs 2,375 nurse home visitors and supervisors who serve new and expectant mothers in over 40,000 families in 722 counties and 5 tribal communities in 40 states and the U.S. Virgin Islands. Overall, NFP has served over 330,000 families since 1996.



Source: Nurse–Family Partnership, Nurses and Mothers Fact Sheet

How NFP Works

Mothers–to–be voluntarily enroll in the NFP program, oftentimes referred by a community health agency or non–profit provider. Mothers and nurses are paired as early as possible, ideally beginning by week 16 of pregnancy. Nurse home visitors are specially trained, and they make around 60 planned visits over 2.5 years.

NFP nurses provide a variety of services that address the following issues –

- **preventive health and prenatal practices** (e.g., finding prenatal care, improving diet, reducing substance use, teaching about breastfeeding);
- **health and development education** (e.g., providing parent coaching, educating about child milestones); and
- **economic self–sufficiency** (e.g., supporting mothers and families to plan for the future, stay in school, find employment, and plan future pregnancies).

The NFP National Service Office (NSO) contracts with states and network partners that deliver services to families. Network partners are public and nonprofit entities, such as state and county public health departments, community-based organizations, federally qualified health centers, managed care organizations, nursing associations, and hospitals. Nurses document and enter assessments from each visit into a web-based data collection system. The data is monitored to ensure that the program is being implemented with fidelity.

Cost and Funding

The cost of the NFP intervention model varies depending on the location, primarily driven by the local level of nurses' salaries. For example, the cost in South Carolina is estimated to be approximately $6,000 per family, while it's about $9,600 per family in New York City. NFP is funded by a wide range of government and private sources. They include federal funding streams like the Maternal, Infant and Early Childhood Home Visiting program (MIECHV), the Maternal and Child Health Block Grant, Medicaid, Temporary Assistance for Needy Families (TANF), as well as other local and state home visiting, child abuse prevention, juvenile justice and delinquency prevention, and substance abuse and mental health funds. Local NFP sites also use contributions from private philanthropy.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

The federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) operated by the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) provides grants to state health departments to support local voluntary, evidence-based home visiting services, such as NFP's, to pregnant women and to parents with young children.

MIECHV funding flows from the federal government to states and territories based on a formula that accounts for poverty, population, and past outcomes. (In a few states, including Florida, funds flow to a state-level intermediary organization because the state has declined to accept MIECHV dollars.) By law, state, territory, and intermediary grantees must invest the majority of their MIECHV grants (at least 75 percent) in evidence-based home visiting models; up to 25 percent of funding is available to implement promising approaches that will undergo rigorous evaluation. For services to reach individuals, states, territories, and intermediaries generally sub-grant their MIECHV funds to county health departments, family services agencies, or community-based organizations that actually provide the home visiting services.

MIECHV Evidence Requirements and Impact

MIECHV requires grantees to invest at least 75 percent of their MIECHV funds in one or more of the following 17 home visiting models which meet the evidence criteria developed by ACF's Home Visiting Evidence of Effectiveness (HomVEE) review committee:

Grantees can select one of the following service delivery models:

- Attachment and Biobehavioral Catch-Up (ABC) Interventions
- Child FIRST
- Healthy Families America
- Durham Connects/Family Connects
- Home Instruction for Parents of Preschool Youngsters
- Early Head Start – Home-Based Option
- Maternal Early Childhood Sustained Home Visiting Program
- Early Intervention Program for Adolescent Mothers
- Minding the Baby
- Early Start (New Zealand)
- Nurse-Family Partnership
- Family Check-Up for Children
- Parents as Teachers
- Family Spirit
- Play and Learning Strategies – Infant
- Health Access Nurturing Development Services (HANDS) Program
- SafeCare Augmented
- Healthy Beginnings
- Maternal Infant Health Program (MIHP)

MIECHV grantees must report on their program's performance relative to six statutorily defined benchmark areas (see chart below). Performance data, most recently updated in FY16, indicate MIECHV grantees demonstrated 98% improvement in at least 4 of the 6 areas.

Maternal and Newborn Health

- Preterm Birth
- Breastfeeding
- Depression Screening
- Well-Child Visit
- Postpartum Care
- Tobacco Use

Child Injuries, Maltreatment, and Reduction of Emergency Department Visits

- Safe Sleep
- Child Injury
- Child Maltreatment

School Readiness and Achievement

- Parent-Child Interaction
- Early Language and Literacy Activities
- Developmental Screening
- Behavioral Concerns

Crime or Domestic Violence

- Intimate Partner Violence (IPV) Screening

Family Economic Self-Sufficiency

- Primarly Caregiver Education
- Continuity of Health Insurance

Coordination and Referrals

- Completed Depression Referrals
- Completed Developmental Referrals
- Intimate Partner Violence (IPV) Referrals

MIECHV Funding Levels

The 2010 Patient Protection and Affordable Care Act created and funded the MIECHV program at $1.5 billion over five years (FYs 10–14). The law was twice amended to provide MIECHV funding in FYs 15–17. The 2018 Bipartisan Budget Act funded the MIECHV program at $400 million in FYs 18–22. The chart below includes MIECHV funding since its inception.

MIECHV Funding History	
Fiscal Year	**Funding Amount**
2010	$100,000,000
2011	$250,000,000
2012	$350,000,000
2013	$379,600,000
2014	$371,200,000
2015	$400,000,000
2016	$400,000,000
2017	$372,400,000
2018	$400,000,000
2019	$400,000,000
2020	$376,400,000

Sources: Congressional Research Service, Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding. U.S. Department of Health & Human Services, Health Resources & Services Administration, Fiscal Year 2021 Justification of Estimates for Appropriations Committees. Funding levels for FY13, FY14, FY17, and FY20 reflect across-the-board spending cuts enacted by Congress.

The Reach and Impact of MIECHV

The number of new and expectant mothers served by evidence-based home visiting programs has dramatically expanded over the last several years. In fact, since 2012, the number of program participants and the number of home visits have grown by nearly 500%. The chart below shows the increase in participants, families, and home visits over time based on HHS report data (p.228) and a Government Accountability Office (GAO) report.

Growth In MIECHV Reach			
Fiscal Year	**Number of Participants**	**Number of Families Served**	**Number of Home Visits**
2012	34,180	data unavailable	174,257
2013	75,970	41,639	489,363
2014	115,545	60,981	746,303
2015	145,561	75,415	894,347
2016	160,374	82,318	979,521
2017	156,297	79,646	942,676
2018	150,291	76,622	930,595
2019	154,496	data unavailable	1,015,217

Congress created the Mother and Infant Home Visiting Program Evaluation (MIHOPE) as part of the Patient Protection and Affordable Care Act of 2010 to evaluate the MIECHV program as delivered by the four most widely implemented home visiting program models (one of which was NFP). The initial results, when the children reached 15 months of age, were released in January 2019, and unfortunately found small or no effects on all of the key targeted outcomes. However, the 2019 report pooled its findings across the four home visiting models studied, and one analysis that disaggregated the findings found that the NFP model appears to "have produced sizable reduction in the number of Medicaid-paid child emergency department visits, and a modest reduction in likelihood of a Medicaid-paid health care encounter for injury or ingestion."

Nurse-Family Partnership in Florida

Federally Funded Home Visiting Programs in Florida

Florida is one among an increasing number of states where federal MIECHV funding is being used to dramatically expand home visiting services through interventions like NFP. In Florida, the nonprofit Florida Association of Healthy Start Coalitions distributes federal MIECHV funds ($9.2 million in FY19). These dollars must be used to implement one of

three home visiting interventions – NFP, Healthy Families Florida, or Parents as Teachers. Sixteen organizations across the state were awarded competitive grants by the Florida Association of Healthy Start Coalitions. These organizations are implementing one of these three models in 24 high-need communities and 5 contiguous counties.

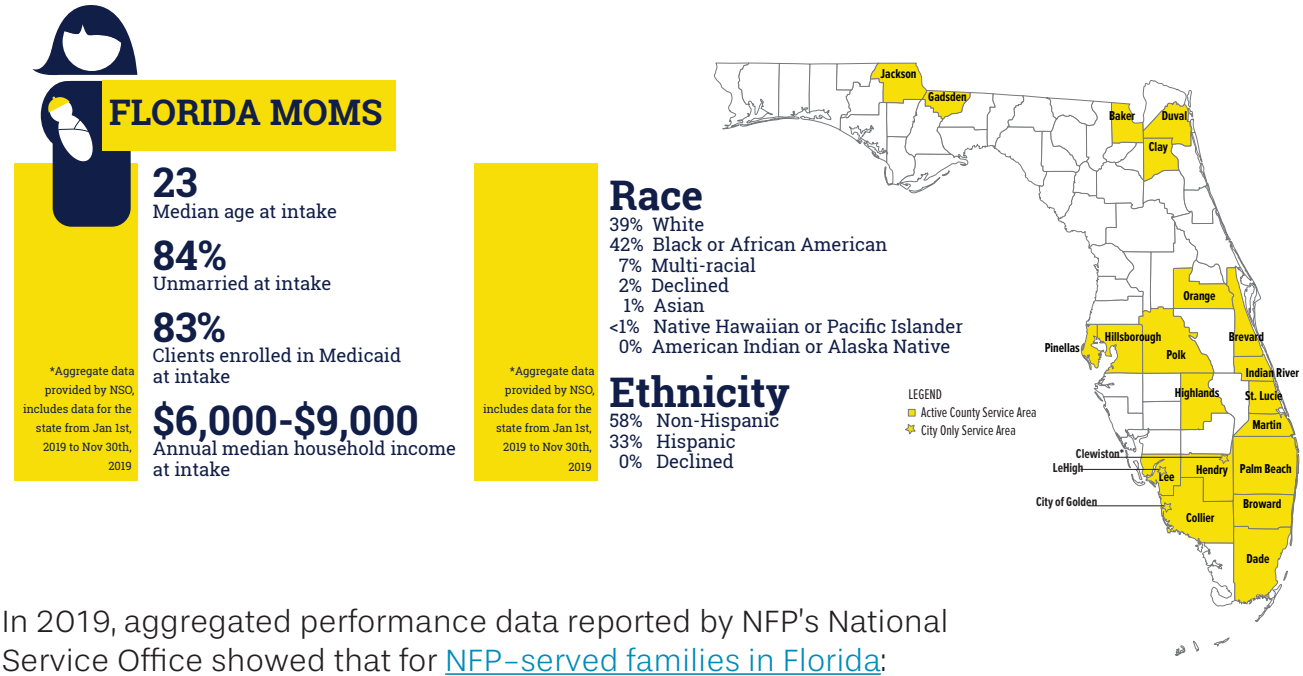
The chart below illustrates federal MIECHV funding levels allocated to Florida since FY12:

FLORIDA MIECHV FUNDING HISTORY	
Fiscal Year	**Amount**
2012	FL returned federal funds
2013	$15,893,312
2014	$5,801,252
2015	$8,361,139
2016	$10,937,600
2017	$10,850,099
2018	$10,236,342
2019	$9,283,616

The University of South Florida Lawton & Rhea Chiles Center is currently evaluating how effectively MIECHV funds are being administered in FL.

The Reach and Impact of Nurse-Family Partnership in Florida

NFP has operated in Florida since 2008 and has served 5,484 families across 20 counties.



In 2019, aggregated performance data reported by NFP's National Service Office showed that for NFP-served families in Florida:

- 89% of babies were born full-term;
- 92% of mothers initiated breastfeeding;
- 96% of babies received all immunizations by 24 months; and
- 67% of clients 18+ were employed at 24 months.

NFP Improving Health and Economic Well-Being in Hillsborough County

Hillsborough County, Florida (Tampa area) has used NFP's evidence-based approach to not only improve child and maternal health but also economic self-sufficiency. The Healthy Start Coalition of Hillsborough County, funded in large part by MIECHV funds allocated to the Florida Association of Healthy Start Coalitions, is a non-profit maternal and child health organization dedicated to "reducing Hillsborough County's infant mortality rate and improving the health of pregnant women." In September 2013, the Coalition became one of eight sites in Florida to implement home visiting programs with help from the federal MIECHV program. The chart below outlines the history of funding for Hillsborough's home visiting program.

MIECHV FUNDING HISTORY		
Fiscal Year	**Total State Funding**	**Hillsborough Co. Funding**
2013	$15,893,312	$500,000
2014	$5,801,252	$500,000
2015	$8,361,139	$250,000
2016	$10,937,600	$540,000
2017	$10,850,099	$780,000
2018	$10,236,342	$1,442,500
2019	$9,283,616	$928,333

Program Activities, Reach, and Impact

The Healthy Start Coalition of Hillsborough County contracts with REACHUP, Inc., another local nonprofit, to implement the NFP model. They currently serve families in East Tampa, Sulphur Springs and Tampa Heights, Florida, providing home visitation by a registered nurse to first–time mothers by the 28th week of pregnancy.

As of June 2018, the Hillsborough team of nurse home visitors had served 363 families in the county, and had completed 2,082 visits during the previous year. In 2017, the latest year of available data, 86% of new mothers received a postpartum check–up from their medical providers, 86% of participants were screened for depression, 89% of new mothers breastfed and 34% continued for at least 6 months, 81% of children received a developmental screening, 90% of participants were screened for intimate partner violence, and 98% of children had no investigated reports of maltreatment.

Yodelis' Story

Yodelis was 16 when she got pregnant, and she admits she was embarrassed and confused. "I was feeling scared," she said. "I had no idea how to be a mom."

A provider at the Exodus Women's Center near her home suggested she contact Nurse–Family Partnership through REACHUP, Inc and the Healthy Start Coalition of Hillsborough County. She hit it off immediately with her nurse, Andrea.

Yodelis relied on Andrea for information on how to handle her pregnancy, what to expect in childbirth, and how to care for little Nathan when he arrived. "She said, 'Just keep calm. Everything is going to be ok,'" Yodelis recalled. At the time she was working two part–time jobs and going to school. Sometimes, when Andrea would arrive for a home visit, she would hand Nathan to her just so she could eat.

Yodelis worked hard to complete high school while working and caring for Nathan and earned her diploma a year ahead of her class. Now, she is attending Hillsborough Community College, preparing to be a paralegal and ultimately a criminal lawyer.

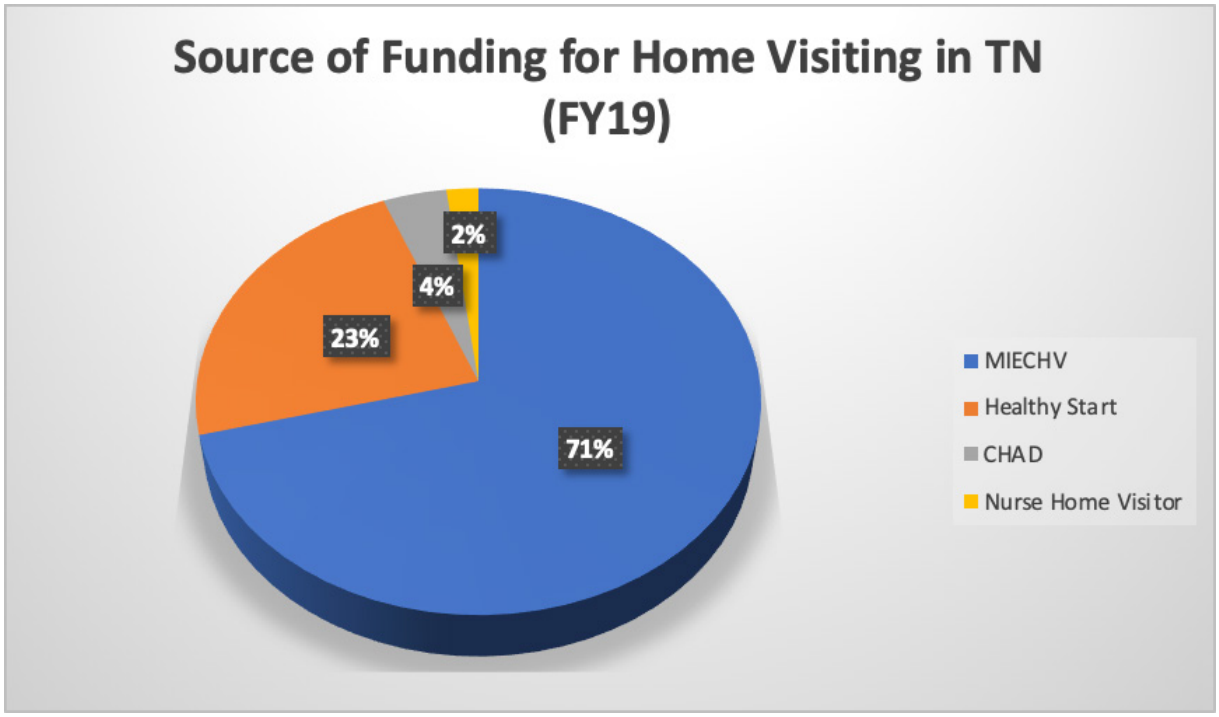
"Nathan is growing up," she said. "He's very happy and energetic. He runs around and plays a lot and keeps learning new things." Without nurse Andrea, Yodelis said she would be "a total mess. I don't want to imagine what life would have been like without her. She was very important to me."

Nurse–Family Partnership in Tennessee

State–funded Home Visiting Programs in Tennessee

Tennessee has also increasingly invested in evidence–based home visiting solutions as a way to improve family outcomes. Although the bulk of funding for these services comes from federal MIECHV dollars (e.g., 71% in FY19), Tennessee has also created three state funding streams that support home visiting, including the Healthy Start Home Visiting Program, the Child Health and Development (CHAD) Program, and the Nurse Home Visitor

Program. Only the Nurse Home Visitor Program, however, provides funding to NFP. (Four sites in Tennessee also utilize Temporary Assistance for Needy Families (TANF) dollars to provide home visiting services through NFP.) The graphic below illustrates the proportion of funding in FY19.



Source: Tennessee Home Visiting Annual Report, FY2019.

Information on all of Tennessee's home visiting services can be found online under the umbrella site Evidence Based Home Visiting (EBHV) Programs. Across all state and federal funding streams and programs, the Tennessee Department of Health supports eleven community-based agencies to deliver home visiting services in 51 counties. Providers include county health departments, hospitals, community health agencies, nonprofits, and one university. Home visiting services include improving parenting skills, linking families with social services agencies, promoting early learning, helping parents provide nurturing environments, and helping families become more self-sufficient. Families participate on a voluntary basis. The chart below illustrates the growth in federal and state funding and services over time.

Funding and Reach of Home Visiting in Tennessee				
Fiscal Year	**Total Funding**	**Federal versus State Funding**	**Total Families Served**	**Number of Home Visits**
2015	$8,636,000	**Federal:** $5,841,000 **State:** $2,795,000	3,476	35,705
2016	$10,179,134	**Federal:** $7,384,134 **State:** $2,795,000	3,146	31,648
2017	$10,042,133	**Federal:** $7,247,133 **State:** $2,795,000	2,716	18,810
2018	$10,262,200	**Federal:** $7,467,200 **State:** $2,795,000	2,512	25,413
2019	$14,561,741	**Federal:** $10,366,741 **State:** $4,195,000	2,569	24,759

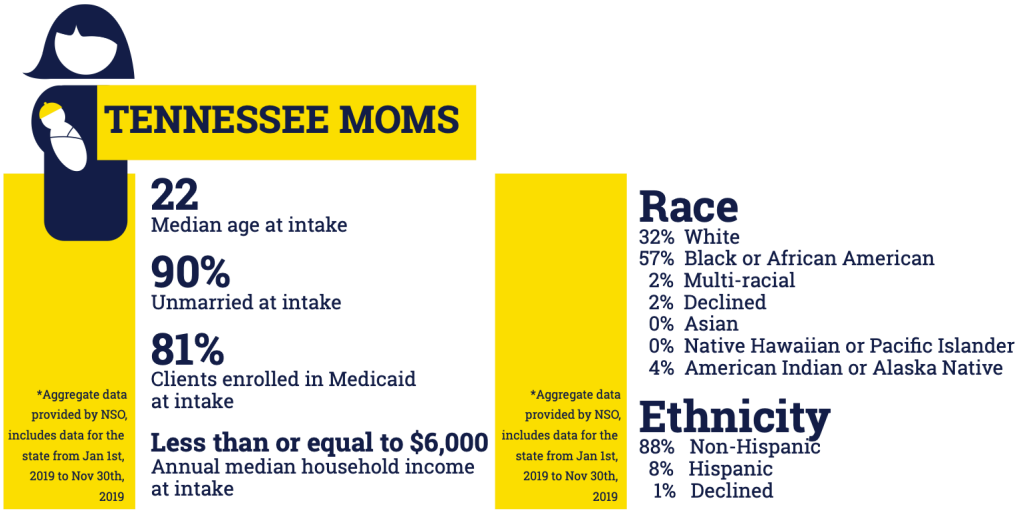
Nurse-Family Partnership in Tennessee

Nurse–Family Partnership began operating in Tennessee in 2010, and since then, it has served 1,515 families. NFP currently works with 4 network partners to provide home visiting services across the state. They include LeBonheur Children's Hospital in Memphis, East Tennessee State University (working in nine northeast counties), Neighborhood Health in Nashville, and Erlanger Children's Hospital in Chattanooga.

Tennessee currently invests its MIECHV funds in the following three home visiting models: Nurse Family Partnership, Healthy Families America, and Parents as Teachers. In contrast to Florida, the vast majority of funding for NFP in Tennessee comes from state home visiting dollars and TANF, not MIECHV dollars. For example, in 2019, LeBonheur Children's Hospital in Memphis received $25,000 in MIECHV dollars, but $345,000 in Tennessee home visiting dollars and $1.2 million in TANF funds to provide home visiting services through NFP. On the other side of the state, in 2017, the Tennessee Department of Human Services, which oversees the state's TANF funds, partnered with NFP and East Tennessee State University to use $1.2 million in TANF funding to expand NFP services in nine counties in northeast Tennessee.

The Reach and Impact of Nurse-Family Partnership in Tennessee

NFP has operated in Tennessee since 2010 and has served 1,515 families across 10 counties. The graphic below illustrates the reach of NFP across the state.



Aggregated performance data reported to NFP's National Service Office in 2019 showed that for NFP-served families across the state of Tennessee:

- 91% of babies were born full-term;
- 75% of mothers initiated breastfeeding;
- 78% of babies received all immunizations by 24 months; and
- 72% of clients 18+ were employed at 24 months.

Moreover, LeBonheur Children's Hospital in Memphis is the longest continuously operating NFP network partner site in Tennessee. Since 2010, more than 600 mothers and their babies have completed the NFP program at LeBonheur. Of these participants, 89% of babies were born full-term, 75% of mothers initiated breastfeeding and 97% of toddlers had current immunizations.

The Long-Term Impact of Nurse-Family Partnership in Memphis

In 1990, NFP wanted to study the impact of its home visiting services and turned to frontline providers and advocates in Memphis to help. Researchers enrolled 742 pregnant, low-income, primarily African American women in two studies to evaluate the long-term impacts of NFP services on their children, including one focused on child well-being and another focused on the public cost-savings of the program.

The first study found that NFP services improved the cognitive-related skills for the subgroup of 18-year-olds born to the most at-risk nurse-visited mothers, and reduced female convictions. The cognitive outcomes for youth at age 18 included better receptive language, math achievement, and a number of secondary cognitive-related outcomes (e.g., working memory, ability to accurately read others' emotions). In addition, according to NFP, the subgroup of nurse-visited children of the most at-risk mothers also were three times as likely to graduate from high school with honors compared to the control group.

The second study found that the NFP program reduced public-benefit costs, an effect more pronounced for mothers with higher psychological resources and mediated by subsequent pregnancy planning. Nurse-visited women, compared with controls, incurred $17,310 less in public benefit costs, an effect more pronounced for women with higher psychological resources. These savings compare with program costs of $12,578. And, according to NFP, after accounting for the NFP program cost, it resulted in a net savings of $4,732 in 2009 dollars.

Shantriva's Story

Beth was worried. She had been working with Shantriva for several months, and after a healthy pregnancy and the birth of her son, the young mother was not looking well.

Beth, a nurse with NFP at Le Bonheur Children's Hospital in Memphis, thought it was more than the fatigue that often accompanies the life of working parents of small children. During each visit, she noticed that Shantriva was thinner, more exhausted, more and more gaunt.

Shantriva was working at a restaurant and was so tired and lightheaded. "Everybody thought I was pregnant or just lazy because I was sleeping a lot," she said. Shantriva sought medical help at a clinic and was told she was fine. Beth wasn't satisfied. At Beth's urging, Shantiva returned to the clinic. The clinic's nurse practitioner diagnosed her with depression and suggested she seek counseling.

But days later Beth was still concerned. Shantriva said she was going back to the clinic, and this time Beth was going with her. "She could barely stand up," Beth said.

"Her heart rate was through the roof. She had altered breath sounds. This wasn't depression; she was sick."

At the clinic, Beth introduced herself as Shantriva's home visitor, told the nurse practitioner of Shantriva's severe symptoms, and said she needed a full health assessment. Finally, the nurse practitioner agreed, performing a tuberculosis (TB) test, and ordering a chest X-ray.

That night, Shantriva texted Beth a photo of the TB test site on her arm. It was clearly positive. Beth acted quickly. She went to Shantriva's home and called an ambulance to take her to the hospital.

For Shantriva, the TB diagnosis was "the scariest moment of my life." Tuberculosis, most often found in the lungs, can affect the brain and other organs and can be fatal. It is transmitted through breathing the bacteria in the air.

While Shantriva was relieved to finally be getting treatment, a new fear was taking hold. She couldn't be around her son Tony, then 13 months old, until she was well. "It was so hurtful when they took my baby from me," Shantriva said. "I was just praying, praying, praying."

Shantriva was released from the hospital after a few days and was quarantined alone in a motel. Tony was staying with his grandmother, and Shantriva tried to talk to him over the phone. "He was so little. After a while I don't think he remembered me a lot," she said.

Beth left food, books, clothing and other items outside Shantriva's motel room door. She also called frequently and made regular visits to check on Tony's health. He had tested positive for TB but had no symptoms. He was treated for latent TB.

Finally, after three months in the motel, taking eight pills a day, reading, watching TV, and exercising to restore her strength, Shantriva was cleared to return home to Tony.

"Beth was really a blessing," she said. "She helped me out tremendously. Just being by my side was really valuable. Without her I wouldn't have made it through those three months."

Since she recovered, Shantriva has earned her GED and is working two jobs. She shared her story on a panel discussion about health disparities in Memphis and has met with state legislators to talk about ways to address the disparities.

Black Americans frequently experience health disparities due to systemic racism.

The experience was frustrating for Beth, but far from unusual. "I have never lived inside a brown or black body, but nearly every single client I work with has. I saw first-hand the systemic racism in Shantriva's experience with the healthcare system."

At last, Shantriva is healthy and focused on the future. "I have so many dreams it might make you laugh," she said. "I want to be a mentor to women with low self-esteem. I want to own a shelter for the homeless. I want to have a YouTube channel and write a book. I want to be an entrepreneur. I want to be wealthy."

For now, though, the 25-year-old who survived TB is happiest being Tony's mom. "He's very smart and already uses a lot of big words."

As for herself, Shantriva said she feels stronger and more confident than ever. "Most definitely I'm better able to advocate for myself and my family. I know a lot of people are struggling with the coronavirus. I tell people my story and that I don't feel like

Conclusion

Harnessing the power of evidence and data to improve child and maternal health and advance family economic mobility is a moral, social, and economic imperative. Local, state, and federal governments can and should help by prioritizing evidence of effectiveness in all of their grant-making decisions. Federal, state, and local leaders have used evidence in awarding home visiting funds, resulting in fewer health risks and greater economic self-sufficiency for the nation's most vulnerable mothers and children. This success demonstrates that prioritizing evidence when investing taxpayer dollars can ensure the greatest impact for the families and individuals that need it most.

Results for America

Results for America is helping decision-makers at all levels of government harness the power of evidence and data to solve our world's greatest challenges. Our mission is to make investing in what works the "new normal," so that when policymakers make decisions, they start by seeking the best evidence and data available, then use what they find to get better results.

Invest in What Work Policy Series

This Federal Impact Snapshot is part of Results for America's Invest in What Works policy series launched in 2012 to help local, state, and federal policymakers harness the power of evidence and data to increasingly shift taxpayer dollars toward results-driven, evidence-based solutions.

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