The Pew Home Visiting Data for Performance Initiative: Final List of Recommended Indicators and Descriptive Variables

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Maternal Health and Achievement: Maternal Depression Screening and Referral	
Indicator	Percent of untreated mothers enrolled in home visiting who are referred for follow-up evaluation and treatment as indicated by depression screening with a validated tool.
Operational Definition	*Type of measure*: Process
	Population: Mothers enrolled in a home visiting program (prenatally and following birth) who are untreated for depression.
	Numerator: Number of untreated mothers enrolled in home visiting who received a maternal depression screening using a validated tool that indicated the need for referral and who were referred for follow-up evaluation and treatment.
	Denominator: Number of untreated mothers enrolled in home visiting who received a maternal depression screening with a validated tool and whose screening results indicated the need for a referral.
Definition of Improvement	Increase over time in the proportion of enrolled mothers who are untreated for depression who are screened for maternal depression and receive indicated referrals.
Data Source	Program data—screening results.
Measurement Tool	Several validated depression screening tools are in widespread use, including the Edinburgh Postnatal Depression Scale, the Postpartum Depression Screening Scale, and the Patient Health Questionnaire.
Reliability/Validity	Varies with selected depression screening tool.
Data Collection	• Data are collected when screening is performed. • Data linkage between programs and the state home visiting data system is performed at least annually. • Conduct a 3-step process to measure the percent of: 1. Untreated mothers enrolled in home visiting who are screened. 2. Those screened for whom referrals are indicated. 3. Those for whom a referral is indicated who receive one.
Measurement Considerations	• Collect actual scores from the screening whenever feasible. • Consider measuring the percent with completed referrals and changes in depression status as part of focused quality improvement, research, and/or evaluation efforts. • Consider recommending a common, validated, statewide depression-screening tool for use across home visiting programs and/or models. • Measure at 2 or more points in time (e.g., prenatal and postpartum periods; intake and discharge). • Augment with quality improvement measures developed by the Home Visiting Collaborative Improvement and Innovation Network (http://hv-coiin.edc.org) (e.g., percent of untreated women referred to services with one or more evidence-based service contacts, percent of women with improvement of depressive symptoms).

Maternal Health and Achievement: Postpartum Health Care Visit	
Indicator	Percent of mothers enrolled in home visiting prenatally or within 30 days of giving birth who receive a postpartum visit with a health provider within 2 months (60 days) following birth.
Operational Definition	*Type of measure*: Process
	Population: Mothers enrolled in home visiting prenatally or within 30 days of giving birth.
	Numerator: Number of mothers enrolled in home visiting prenatally or within 30 days of giving birth who completed a postpartum visit with a health provider within 2 months (60 days) following birth.
	Denominator: Number of mothers enrolled in home visiting prenatally or within 30 days of giving birth who are at least 2 months (60 days) postpartum.
Definition of Improvement	Increase over time in the receipt of timely, postpartum health care visits within 2 months following birth.
Data Source	Program data—participant self-report is confirmed by medical records when possible.
Measurement Tool	N/A
Reliability/Validity	Validated questions are available from several national survey instruments.
Data Collection	• Data are collected during home visits in the first 3 months following birth. • Data linkage between programs and the state home visiting data system is performed at least annually.
Measurement Considerations	• Consider using a standardized question from the Pregnancy Risk Assessment Monitoring System (PRAMS) (http://www.cdc.gov/prams/pdf/phase-7-core-questions-508.pdf) or another survey. • Use opportunities to compare data on home visiting participants with those from Medicaid, health plans, PRAMS, or other sources. • Consider measuring annual well-woman visits for home visiting programs that continue over a period of years.

Maternal Health and Achievement: Maternal Educational Achievement	
Indicator	Percent of mothers who entered home visiting without high school or GED completion who have enrolled in or completed high school or the equivalent.
Operational Definition	*Type of measure*: Outcome
	Population: Mothers enrolled in home visiting.
	Numerator: Number of mothers who enter the program without a high school diploma or GED certificate who are either still enrolled in school or a GED program or who have successfully completed high school or received a GED certificate.
	Denominator: Number of mothers who enter a home visiting program without high school or GED completion.
Definition of Improvement	Increase in the percentage of mothers who entered home visiting without high school or GED completion who have subsequently enrolled in or completed high school or the equivalent.
Data Source	Program data—participant self-report
Measurement Tool	N/A
Reliability/Validity	N/A
Data Collection	• Data are collected at entry into home visiting and at periodic visits thereafter, as well as at program exit. • Data linkage between programs and the state home visiting data system is performed at least annually.
Measurement Considerations	• Consider separate analyses for GED completion and high school graduation. • Consider the use of a validated question from the Behavioral Risk Factor Surveillance System (http://www.cdc.gov/brfss/questionnaires/pdf-ques/2013%20brfss_english.pdf). • For participants who have already attained high school or GED completion, states may additionally choose to measure enrollment or retention in work training, 2- and 4-year college degree programs, and/or increase in employment (e.g., hours or wages).

Child Health, Development, and Safety: Child Development Screening and Referral	
Indicator	Percent of untreated children enrolled in home visiting who are referred for follow-up evaluation and intervention as indicated by developmental screening with the Ages and Stages Questionnaire (ASQ).
Operational Definition	*Type of measure*: Process
	Population: Children enrolled in home visiting who are untreated (i.e., not receiving early intervention services) for developmental delays.
	Numerator: Number of untreated children enrolled in home visiting who received developmental screening using the ASQ that indicated the need for referral and who were referred for follow-up evaluation and intervention as indicated.
	Denominator: Number of untreated children enrolled in home visiting who received a developmental screening with the ASQ and whose screening results indicated the need for referral.
Definition of Improvement	Increase over time in the proportion of enrolled children who are untreated for developed delays who are screened for developmental delays and receive indicated referrals.
Data Source	Program data—ASQ screening results.
Measurement Tool	Ages and Stages Questionnaire (http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-3/)
Reliability/Validity	The ASQ has reported internal consistency and concurrent validity to screen for developmental problems in the general population of children from birth to 5 years (http://agesandstages.com/wp-content/uploads/2015/02/asq3_concurrent_validity.pdf; http://www.ncbi.nlm.nih.gov/pubmed/24041814; http://pediatrics.aappublications.org/content/131/5/e1468).
Data Collection	• Data are collected when screening is performed. • Data linkage between programs and the state home visiting data system is performed at least annually. • Conduct a 3-step process to measure the percent of: 1. Untreated children enrolled in home visiting who are screened with the ASQ. 2. Those screened for whom referrals are indicated. 3. Those for whom a referral is indicated who receive one.
Measurement Considerations	• Consider measuring completed referrals or follow-up interventions as part of quality improvement, research, or evaluation. • Collect actual ASQ scores (instead of adopting a pass or fail approach) and use the ASQ-recommended cutoff to determine whether referral is indicated, not a score set by the state or a program. • Collect data at multiple points in time; however, because this is a screening and not a diagnostic evaluation, use caution in reporting change over time. • Use opportunities to compare data on home visiting enrollees with those from Medicaid, health providers, early care and education, early intervention, child health surveys, or other sources. • States may choose to collect data regarding the ASQ: Social Emotional as well as the ASQ, to screen for social-emotional risks and concerns. • Augment with quality improvement measures developed by the Home Visiting Collaborative Improvement and Innovation Network (e.g., percent of untreated children with parental concerns about development, percent of children referred to early intervention and deemed eligible).

Child Health, Development, and Safety: Socio-Emotional Development	
Indicator	Percentage of 18- to 36-month-old children enrolled in home visiting who demonstrate improved social and emotional competencies (i.e., improved externalizing and internalizing behaviors, less dysregulation and fewer maladaptive habits).
Operational Definition	*Type of measure*: Outcome.
	Population: Children 18-36 months old enrolled in home visiting.
	Numerator: Number of children 18-36 months old enrolled in home visiting who demonstrate improved social and emotional competencies based on repeated assessments.
	Denominator: Number of children 18-36 months old enrolled in home visiting with repeated assessments.
Definition of Improvement	Increase over time in the proportion of children 18-36 months old enrolled in home visiting whose social and emotional development and age-appropriate competencies improve between program enrollment and program discharge.
Data Source	Parent Report.
Measurement Tool	Infant Toddler Social Emotional Assessment (ITSEA/BITSEA).
Reliability/Validity	BITSEA; Briggs-Gowan and Carter, 2005.
Data Collection	Parent completes the tool at baseline and repeated follow-up points.
Measurement Considerations	• Estimated time: 7 to 10 minutes • The BITSEA was normed on a sample that was not nationally representative; the sample excluded children who, at birth, were expected to have severe developmental delays and excluded parents who could not speak English. • Strengths of the BITSEA include that it is available in English and Spanish and can be administered to both parents and primary caregivers. • While this measure is widely used in early home visiting and other early intervention programs, BITSEA may not be highly sensitive to detecting change over time.

Child Health, Development, and Safety: Language Development	
Indicator	Percentage of children18-36 months enrolled in home visiting who demonstrate enhanced language development and age-appropriate skills.
Operational Definition	*Type of measure:* Outcome
	Population: Children enrolled in home visiting between the ages of 18 and 36 months
	Numerator: Number of children 18 to 36 months old enrolled in home visiting who demonstrate enhanced language development and age-appropriate skills based on repeated assessments.
	Denominator: Number of children 18 to 36 months old enrolled in home visiting with repeated assessments.
Definition of Improvement	Increase over time in the proportion of children 18-36 months old enrolled in home visiting whose language development and age-appropriate language skills improve between program enrollment and program discharge.
Reliabilty/Validity	Fenson et al., 2000; Vogel et al., 2015; Bates & Goodman, 1997
Data Collection	Parent report
Measurement Tool	Macarthur-Bates Communicative Development Inventories (CDI)– Short Form
Measurement Considerations	• Estimated time: 10 minutes • Providers have found the CDI easy to administer and parents generally find it useful. • Reliability and validity have been found to be acceptable. • It is relatively low cost and well supported. • While not appropriate for predicting language development under the age of one, the Level II toddler form is appropriate for assessing language development for children 16 to 30 months of age.

Child Health, Development, and Safety: Well-Child Visits	
Indicator	Percent of children enrolled in home visiting who received their last recommended visit based on the American Academy of Pediatrics' "Bright Futures" schedule.
Operational Definition	*Type of measure:* Process
	Population: Children participating in home visiting.
	Numerator: Number of children participating in home visiting who received their last recommended well-child visit since enrollment, based on the American Academy of Pediatrics' "Bright Futures" schedule.
	Denominator: Number of children participating in home visiting.
Definition of Improvement	Increase over time in the proportion of children enrolled in home visiting who receive their last recommended well-child visit.
Data Source	Program data—parent report to home visitor is confirmed by medical records when possible.
Measurement Tool	Recommended visit schedule is available at https://www.aap.org/en-us/Documents/periodicity_ schedule_oral_health.pdf.
Reliability/Validity	N/A
Data Collection	• Data are collected at the time of home visits. • Data linkage between programs and the state home visiting data system is performed at least annually.
Measurement Considerations	• Question is ideally asked at each visit. • Consider use of a validated, standardized question from the National Child Health Survey (http:// www.cdc.gov/nchs/data/slaits/2011NSCHQuestionnaire.pdf) or another national survey. • Use opportunities to compare data on home visiting enrollees with those from Medicaid, health plans, pediatricians, child health surveys, or other sources. • Note that there are 6 infant visits outside the birth hospital. An additional 7 visits are recommended before the 5th birthday. The American Academy of Pediatrics recommends catching up at any point, so that the content of missed visits can be provided as soon as possible.

Child Health, Development, and Safety: Child Maltreatment	
Indicator	Percent of children enrolled in a home visiting program with at least 1 investigated case of maltreatment following enrollment.
Operational Definition	*Type of measure*: Outcome
	Population: Children enrolled in home visiting.
	Numerator: Number of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment in the program.
	Denominator: Number of children enrolled in home visiting.
Definition of Improvement	Decrease over time in the rate of investigated child maltreatment among children enrolled in home visiting.
Data Source	Linkage of home visiting program data to child protective services administrative data at least annually.
Measurement Tool	N/A
Reliability/Validity	N/A
Data Collection	Data are collected by child protective services.
Measurement Considerations	• Allow plenty of time for home visiting and child protective services agencies to negotiate a data sharing agreement. • Use a universal participant consent form to minimize privacy concerns about sharing data between agencies. • Use a uniform exposure period (e.g., number of children investigated within 3 years following program enrollment). Also, aim to extend the follow-up period as long as possible (research indicates that positive impacts on child maltreatment rates may not be evident in the near term). • Consider tracking the dates of all investigated reports involving the target population, along with the type(s) of child maltreatment (e.g., abuse, neglect) reported, as research suggests that home visiting may reduce repeat reports, but not necessarily initial reports, and that it may be more effective at reducing some types of maltreatment than others. • Although substantiated child maltreatment reports are limited as a stand-alone measure, states may also wish to report the percentage of children participating in home visiting who are the subjects of at least 1 substantiated child maltreatment reports following program enrollment. • Consider using a comparison group to determine if the proportion of participants with subsequent child maltreatment reports is comparable to a similar group of parents of young children who were not enrolled in home visiting. Maltreatment rates may be inflated for participants because of better detection by home visitors. Control for this bias by tracking the number of reports filed by the home visitor.

Child Health, Development, and Safety: Maternal Smoking or Tobacco Use	
Indicator	1. Percent of pregnant mothers enrolled in home visiting who quit smoking or tobacco use following program enrollment 2. Percent of mothers enrolled in home visiting who reduced their amount of smoking or tobacco use following program enrollment
Operational Definition	*Type of measure*: 1. Outcome 2. Outcome
	Population: 1. Pregnant mothers enrolled in home visiting who smoked or used tobacco at enrollment 2. Mothers enrolled in home visiting who smoked or used tobacco at enrollment
	Numerator: 1. Number of pregnant mothers enrolled in home visiting who quit smoking or tobacco use and remained smoke and tobacco-free through the end of their pregnancy 2. Number of mothers enrolled in home visiting who were smoking or using tobacco less often at program exit than at enrollment
	Denominator: Number of mothers enrolled in home visiting who smoked or used tobacco at enrollment.
Definition of Improvement	1. Decrease over time in the proportion of mothers enrolled in home visiting who smoke or use tobacco while pregnant. 2. Increase in the proportion of mothers enrolled in home visiting program who were smoking or using tobacco less often at program exit than at enrollment
Data Source	Program data—participant self-report.
Measurement Tool	N/A
Reliability/Validity	N/A
Data Collection	• Data are collected by a home visitor. • Data linkage between programs and the state home visiting data system is performed at least annually. • This measure does not include e-cigarettes because federal guidelines are pending.

Measurement Considerations	• Measure current smoking and/or tobacco use at multiple points in time: the prenatal period, postpartum at 2 months (if applicable), and/or annually thereafter; or at enrollment and exit from home visiting. • Consider collecting data at subsequent intervals. • Consider using a validated question about smoking from PRAMS (http://www.cdc.gov/prams/ pdf/phase-7-core-questions-508.pdf), the National Health Interview Survey (http://www.cdc.gov/ nchs/data/nhis/tobacco/1997_forward_tobacco_questions.pdf), or the Behavioral Risk Factor Surveillance System (http://www.cdc.gov/brfss/questionnaires/pdf-ques/2013%20brfss_english.pdf).

Parental Skills and Capacity: Breastfeeding	
Indicator	Percent of mothers enrolled in home visiting during pregnancy who initiate and continue breastfeeding for at least 6 months.
Operational Definition	*Type of measure*: Outcome
	Population: Mothers enrolled in home visiting during pregnancy who give birth to a live infant.
	Numerator: Number of mothers enrolled in home visiting during pregnancy who initiate and continue breastfeeding for at least 6 months.
	Denominator: Number of mothers enrolled in home visiting during pregnancy who give birth to a live infant.
Definition of Improvement	Increase over time in breastfeeding initiation and continuation through 6 months.
Data Source	Program data— participant self-report and home visitor observation.
Measurement Tool	• Questions are available in PRAMS, the National Health and Nutrition Examination Survey, the National Immunization Survey, and other national surveys. • For more information regarding breastfeeding measurement, the following resources are suggested: http://www.cdc.gov/breastfeeding/data/ http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4209171/
Reliability/Validity	N/A
Data Collection	• Data are collected by a home visitor. • Data linkage between programs and the state home visiting data system is performed at least annually.
Measurement Considerations	• Consider also measuring the percent of mother enrolled in home visiting during pregnancy who initiate and continue breastfeeding for at least 3 months • Consider measuring breastfeeding initiation using birth certificate or program data. • For program data collection, consider use of a PRAMS survey question (http://www.cdc.gov/ prams/pdf/phase-7-core-questions-508.pdf). • Consider measuring exclusive breastfeeding. • Consider measuring average duration of breastfeeding. • Augment with quality improvement measures developed by the Home Visiting Collaborative Improvement and Innovation Network (e.g., percent of women who report intention to breastfeed, percent who initiate breastfeeding, percent of women exclusively breastfeeding at 3 or 6 months).

Parental Skills and Capacity: Parent Self-Assessment of Ability to Mobilize Resources	
Indicator	Percent of families enrolled in home visiting who report improvement in mobilizing resources.
Operational Definition	*Type of measure:* Outcome.
	Population: Families enrolled in home visiting.
	Numerator: Number of families enrolled in home visiting who report improvement in mobilizing resources based on repeated assessments.
	Denominator: Number of families enrolled in home visiting with repeated assessments.
Definition of Improvement	Increase over time in the proportion of families reporting greater capacity to access needed resources from local providers (utilizing services, identify local providers, comfort in navigating service system, etc.).
Data Source	Family self-report.
Measurement Tool	Healthy Families Parenting Inventory (HFPI): Mobilizing resources subscale.
Reliability/Validity	Krysik & LeCroy, 2012
Data Collection	Parent completes tool at baseline and follow-up point (e.g., 6-months or at termination).
Measurement Considerations	• Estimated time: Less than five minutes. • Scale is brief and easy for parents to complete. • Home visitors should set aside time for parents to complete the measure during their first or second home visit, and again at subsequent points in the service delivery process. • This measure should be used in partnership with the other recommended Parental Skills and Capacity measures to provide multiple perspectives on parents' skills in this domain.

Parental Skills and Capacity: Parent Self-Assessment of Parent-Child Behaviors	
Indicator	Percent of families enrolled in home visiting who report improved parent-child behaviors.
Operational Definition	*Type of measure:* Outcome.
	Population: Families enrolled in home visiting.
	Numerator: Number of families enrolled in home visiting who report improved parent-child behaviors based on repeated assessments.
	Denominator: Number of families enrolled in home visiting with repeated assessments.
Definition of Improvement	Increase over time in the proportion of families reporting more positive child management skills, more frequent positive interactions with child (reading, praising, calmer response to managing behaviors, etc.).
Data Source	Family self-report.
Measurement Tool	Healthy Families Parenting Inventory (HFPI): Parent-child behavior subscale.
Reliability/Validity	Krysik & LeCroy, 2012
Data Collection	Parent completes tool at baseline and follow-up point (e.g., 6 months or at termination).
Measurement Considerations	• Estimated time: Less than five minutes. • Scale is brief and easy for parents to complete. • Home visitors should set aside time for parents to complete the measure during their first or second home visit, and again at subsequent points in the service delivery process. • This measure should be used in partnership with the other recommended Parental Skills and Capacity measures to provide multiple perspectives on parents' skills in this domain.

Parental Skills and Capacity: Parent Self-Assessment of Child-Rearing Environment	
Indicator	Percent of families enrolled in home visiting who report improvement in the quality of their child rearing environment.
Operational Definition	*Type of measure:* Outcome.
	Population: Families enrolled in home visiting.
	Numerator: Number of families enrolled in home visiting who report improved quality in their child rearing environment based on repeated assessment.
	Denominator: Number of families enrolled in home visiting with repeated assessments.
Definition of Improvement	Increase over time in the proportion of families reporting that their child rearing environment is safer and more supportive of positive child development (appropriate limit settings, planned activities, safe, home organized, etc.).
Data Source	Family self-report.
Measurement Tool	Healthy Families Parenting Inventory (HFPI): Quality of Home Environment subscale.
Reliability/Validity	Krysik & LeCroy, 2012
Data Collection	Parent completes tool at baseline and follow-up point (e.g., 6-months or at termination).
Measurement Considerations	• Estimated time: Less than five minutes. • Scale is brief and easy for parents to complete. • Home visitors should set aside time for parents to complete the measure during their first or second home visit, and again at subsequent points in the service delivery process. • This measure should be used in partnership with the other recommended Parental Skills and Capacity measures to provide multiple perspectives on parents' skills in this domain.

Parental Skills and Capacity: Home Visitor Assessment of Parental Capacity to Meet Child's Needs	
Indicator	Percent of mothers enrolled in home visiting who demonstrate improved capacity to meet their child's needs.
Operational Definition	*Type of measure:* Outcome
	Population: Mothers enrolled in home visiting
	Numerator: Number of mothers enrolled in home visiting who demonstrate improved capacity to meet their child's needs based on repeated assessments.
	Denominator: Number of mothers enrolled in home visiting with repeated assessments.
Definition of Improvement	Increase over time in the proportion of families with home visitors assessing mother's caregiving capacity and immediate home environment to be more conducive to positive child development.
Data Source	Home visitor assessment
Measurement Tool	HOME-SF
Reliability/Validity	Mott, 2004
Data Collection	Home visitor completes the tool at baseline and follow-up (e.g., 6 months, termination)
Measurement Considerations	• Estimated time: Less than 10 minutes following a home visit. • Scale is brief and easy for home visitors to complete. • Home visitors should set aside time to complete the measure immediately following their first or second home visit, and again at subsequent points in the service delivery process. • This measure should be used in partnership with the other recommended Parental Skills and Capacity measures to provide multiple perspectives on parents' skills in this domain.

Parental Skills and Capacity: Home Visitor Observation of Parent-Child Interaction	
Indicator	Percent of mothers enrolled in home visiting who demonstrate more frequent parent-child interactions.
Operational Definition	*Type of measure:* Outcome.
	Population: Mothers enrolled in home visiting.
	Numerator: Number of mothers enrolled in home visiting who demonstrate improved capacity to meet their child's needs based on repeated assessments.
	Denominator: Number of mothers enrolled in home visiting with repeated assessments.
Definition of Improvement	Increase over time in the proportion of families with home visitors assessing the mother's caregiving capacity and immediate home environment to be more conducive to positive child development.
Data Source	Direct observation.
Measurement Tool	DANCE (NFP programs) or PICCOLO (other home visiting programs).
Reliability/Validity	PICCOLO: Roggman et al, 2013. DANCE: Donelan-McCall et al, 2012.
Data Collection	Home visitor observes parent-child interaction at baseline and repeated follow-up points.
Measurement Considerations	• Estimated time: - PICCOLO: 10 minutes to administer; 2 minutes to score. - DANCE: 5 to 8 minutes to administer; 10 minutes to code. • Although observational tools like these have historically not been adopted by most agencies because of cost and difficulty in administration, home visiting programs are increasingly embracing these strategies and are becoming more comfortable incorporating them into their standard practice precisely because of their instrumental value in improving practice. We believe the potential strength of this strategy (as evidenced by the MIECHV recommendation that home visiting programs adopt them) provide confidence that such a tool will, in the near term, be a common element in all home visiting programs.

Descriptive Factors	
Child Characteristics	Date of Birth Full term or preterm birth
Maternal Characteristics	Number of prior births
	Race (Use 2010 U.S. Census Race Categories): • One Race, American Indian/Alaskan Native; • Once Race, Asian; • Once Race, Black Or African American; • One Race, Native Hawaiian/Pacific Islander; • One Race, White; • One Race, Some Other Race; • Two Or More Races; • Other; Or • Unknown/Did Not Report
	Ethnicity (Use 2010 U.S. Census Race Categories): • Hispanic/Latino, • Not Hispanic/Latino, • Other, Or • Unknown/Did Not Report
	Native Language (Use MIECHV Benchmark Response Categories) • English, • Spanish, • Arabic, • Chinese, • French, • Italian, • Japanese, • Korean, • Polish, • Russian, • Tagalog, • Vietnamese, • Tribal Languages, • Other, Or • Unknown/Did Not Report.
	Contact with Father at time of home visiting program enrollment: • Yes • No
	Residential address/zip code

Participant Program Experiences	Date of first home visit
	Dates of subsequent visits
	Date and reason for termination of enrollment, including successful transitions and early terminations (Use MIECHV Benchmark Response Categories): • Currently receiving services • Completed program • Stopped services before completion • Other (define)
Program Characteristics	Model or program