



# An Overview of Local Evaluations

## Rigorous Evaluation in Tribal Maternal, Infant, and Early Childhood Home Visiting

Brief 1 | June 2020



### History and Context of Evaluation in Tribal Communities

Supporting evaluation in tribal communities requires understanding its history and context. Evaluations using Western research methods<sup>1</sup> have long been imposed on tribal communities without their input into the evaluation design, implementation, or use (Tribal Evaluation Workgroup, 2013). Some of the results have been used to portray Native people negatively or in ways that were not approved by participants and did not align with their beliefs (Whitesell & Sarche, n.d.). Moreover, evaluators have often failed to recognize and incorporate indigenous ways of knowing, viewing them as inferior to

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<sup>1</sup> Western research methods in this context refers to methodologies originating from Western European tradition and scholarship.

The Tribal Home Visiting Program is a federally funded initiative that supports the provision of maternal, infant, and early childhood services to American Indian and Alaska Native families. Grantees that received 5-year awards beginning in 2010, 2011, and 2012 conducted local evaluations to strengthen the evidence base for home visiting in tribal communities and to answer locally relevant questions. The evaluations combined scientific and cultural rigor to ensure results that are valid for both researchers and communities.

This brief, the first in a series about the local evaluations, provides an overview of the types of designs implemented and questions answered by the Tribal Home Visiting Program grantee evaluations. The series is designed to help federal staff and leadership support tribal communities to build local evaluation capacity. It may also be of interest to other policymakers and researchers in the human services field. For more information, visit the [Tribal Home Visiting Program](#) website.

Western methods (Tribal Evaluation Workgroup, 2013). Indigenous ways of knowing are unique to each tribal community and are the traditional ways in which indigenous peoples understand, assess, and interpret the world (Roberts, Butler, & Green, 2016; Tribal Evaluation Workgroup, 2013).

Tribal nations in the United States have a constitutional right to self-governance known as tribal sovereignty. Tribal sovereignty has implications for data collection, ownership, and application (Rainie, Rodriguez-Lonebear, & Martinez, 2017). The size and characteristics of the community are also important. For example, an evaluation design requiring a large sample for generalizability may not be appropriate for a small tribal community, and data collection and confidentiality may present particular challenges in a close-knit community. More information about contextual factors can be found in the resources listed at the end of this brief.

In 2013, the Children’s Bureau at the Administration for Children and Families (ACF) convened a tribal workgroup to develop [\*A Roadmap for Collaborative and Effective Evaluation in Tribal Communities\*](#) (Tribal Evaluation Workgroup, 2013). The Roadmap outlines approaches for improving evaluation practice and training and supporting Native evaluators and researchers. This “new narrative” around research and evaluation in tribal communities helped ACF’s Tribal Home Visiting Program further refine evaluation supports for grantees.



## Requirements and Support for Tribal Home Visiting Grantees

When supporting Tribal Home Visiting grantees in meeting legislative requirements for rigorous evaluation, ACF recognized the importance of aligning evaluation requirements with context and needs of tribal communities. For example, ACF—

- ◆ Required grantees to establish community advisory boards to review their evaluation decisions, thereby increasing community buy-in and input into the evaluations.
- ◆ Supported grantees to use rigorous methods that were appropriate to the evaluation questions, feasible within the parameters of the grant, and congruent with the beliefs of community members. This meant ensuring that inferences about cause and effect were well founded (internal validity), understanding the populations and settings to which results could be generalized (external validity), and using measures that accurately captured the data (ACF, 2012).
- ◆ Funded the Tribal Home Visiting Evaluation Institute (TEI) to support grantees in their evaluation journey. TEI worked closely with each grantee, providing technical assistance to develop evaluation questions, select appropriate evaluation designs, and create an evaluation plan that was attainable and community driven. This involved regular calls, review of evaluation plans, webinar trainings, and web-based peer-sharing opportunities.

For more information about ACF's expectations and support for Tribal Home Visiting grantees' rigorous local program evaluations, see brief 2 in this series.



## Overview of Tribal Home Visiting Grantee Evaluations

Tribal Home Visiting grantees funded from 2010 through 2017 ( $n = 23$ ) posed a variety of questions using a range of rigorous evaluation designs. The questions and designs were informed by diverse community needs, interests, contexts, and resources.

### Evaluation Questions

The grantees designed evaluation questions using the PICO framework (TEI, 2016b; Testa & Poertner, 2010). The PICO framework was used to help programs clearly link their evaluation focus with the outcomes being studied and to identify appropriate comparisons. The four elements of the PICO framework are described here:

- ◆ Target **POPULATION** that will participate in the intervention and evaluation
- ◆ **INTERVENTION** to be evaluated
- ◆ **COMPARISON** that will be used to assess whether the intervention made a difference
- ◆ **OUTCOMES** the team expects the intervention to achieve

### What does a PICO question look like?

Do families (P) participating in home visiting services (I) have better clinical outcomes related to early chronic disease risk factors (including pregnancy and early childhood clinical outcomes) (O) compared with families that do not receive Nurse Family Partnership services (C)?

## Questions on Effect of Home Visiting on Child and Parent Outcomes

Seven grantees focused their evaluation questions on the effects of home visiting models (e.g., Parents as Teachers, Nurse-Family Partnership) on child and parent outcomes, including —

- ◆ Maternal health
- ◆ Child health and wellness
- ◆ Parenting behaviors
- ◆ Parenting stress
- ◆ Parent-child relationships and interaction
- ◆ Parental knowledge of developmental milestones

## Questions on Effect of Model Enhancements on Service Delivery and Engagement

Two grantees focused their evaluation questions on the effect of model enhancements on implementation outcomes, including —

- ◆ Retention
- ◆ Engagement
- ◆ Access to partner services

## Questions on Effect of Cultural Adaptations on Child and Parent Outcomes

Fifteen grantees focused their evaluation questions on the effects of cultural adaptations they made to home visiting model curricula on child and parent outcomes, including —

- ◆ Child health outcomes
- ◆ Child development
- ◆ Child early literacy skills
- ◆ Maternal health risk indicators
- ◆ Parental empowerment
- ◆ Parental self-efficacy
- ◆ Parenting stress
- ◆ Parenting practices and skills
- ◆ Cultural interest
- ◆ Cultural/community connectedness



## Evaluation Designs

The grantees valued rigorous designs that did not necessitate random assignment and were feasible with small sample sizes.

Most grantees selected a quasi-experimental design (QED) ( $n = 15$ ). Rather than using random assignment, QEDs use cross-group or within-group comparisons with multiple time points of measurement to allow the researcher or evaluator to compare the effects of the intervention against a group or time when the intervention was not present.

Of the grantees that used QEDs, most ( $n = 12$ ) collected quantitative data only. Some ( $n = 3$ ) used a mixed-methods approach, collecting both quantitative and qualitative data. The most common QED was the matched comparison design ( $n = 8$ ). Other QEDs included a dynamic waitlist design ( $n = 1$ ), interrupted time series design ( $n = 1$ ), cross-sectional design with a naturally occurring comparison group ( $n = 1$ ), nonmatched comparison group design ( $n = 1$ ), nonequivalent comparison group design with pretest/posttest measures and retrospective focus groups ( $n = 1$ ), and goal attainment scaling<sup>2</sup> with qualitative interviews and focus groups ( $n = 1$ ).

Five grantees selected single-case designs for their evaluations, each using a

Random assignment occurs when a researcher or evaluator randomly chooses who from the study **Population** will receive the intervention and who will not receive the **Intervention** (the **Comparison**). For many tribal communities, random assignment is not acceptable because it is perceived as withholding available services from eligible community members.

nonconcurrent multiple-baseline design format. A single-case design measures the impact of an intervention on a single case or subject; each case serves as its own comparison (TEI, 2016a).

Other designs selected were a randomized controlled trial ( $n = 1$ ), randomized controlled trial with qualitative interviews ( $n = 1$ ), and strictly qualitative design ( $n = 1$ ).

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<sup>2</sup> Goal attainment scaling is a method by which individualized goals are standardized and scaled, allowing measurement to the degree of goal accomplishment (Kiresuk & Sherman, 1968).



## Evaluation Outcomes Studied

The grantees examined a range of outcomes related to home visiting. Selected outcomes from grantee evaluations are summarized in table 1.

*Table 1. Selected Evaluation Outcomes*

Outcome area	Selected outcomes from grantee studies
Maternal and child health	Alcohol, tobacco, and other drug use; infant birth outcomes; child immunization and injuries; breastfeeding
Child development	Developmental progress, school readiness, early literacy
Parenting	Knowledge, skills, behaviors, perceptions, empowerment, parental distress/unhappiness, confidence, self-efficacy, goal attainment, parent-child interaction, affection, responsiveness
Culture	Cultural pride; connection to identity; involvement in American Indian/Alaska Native activities; cultural interest; community connection; use of traditional parenting practices; discussion and use of traditional foods, medicine, and language
Program and service delivery	Participation, retention, referrals, follow-up, satisfaction, access

Outcomes were measured using a variety of tools and instruments, summarized in table 2.

*Table 2. Selected Measurement Tools*

Outcome area	Selected measurement tools from grantee studies
Maternal and child health	Survey of Wellbeing for Young Children; SPHERE Prenatal, Postpartum, and Infant Assessments
Child development	Ages and Stages Questionnaire, Infant and Toddler Social Emotional Assessment, Lollipop Test
Parenting	Home Observation for Measurement of the Environment Inventory, Parental Stress Scale, Parental Stress Thermometer, Parent Daily Stress Report, Parenting Stress Index, Nurturing Skill Competency Scale, Parent Self-Efficacy and Competence Scale, Parenting Interactions With Children: Checklist of Observations Linked to Outcomes, Fisher Parent Daily Stress Report Tool-Infant Version, Family Empowerment Survey, Knowledge of Infant Development Inventory, Karitane Parenting Confidence Scale
Culture	Native Identity Scale, Multigroup Ethnic Identity Measure
Program and service delivery	Health records, administrative records, home visiting model forms

## Key Takeaways

This brief reviews the types of evaluations Tribal Home Visiting grantees conducted to examine their home visiting services. Federal program staff and leadership working with tribal communities on evaluations may benefit from the following lessons learned:



Understand the history and context of evaluations in tribal communities. Allow ample time and ensure a collaborative, iterative process to arrive at an appropriate, flexible evaluation plan.



The PICO framework provides structure for evaluation question development. It can support programs in linking the outcomes being studied with the evaluation question(s).



Recognize that the diversity of tribal communities may require flexibility in evaluation designs and questions.



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# Supporting Tribal Home Visiting Grantees in Meeting the MIECHV Evaluation Requirements

## Rigorous Evaluation in Tribal Maternal, Infant, and Early Childhood Home Visiting

Brief 2 | June 2020



### Rigorous Evaluation in Tribal Home Visiting

The legislation that led to the creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) in 2010 set the stage for the rigorous evaluation requirement of the Tribal Home Visiting Program. A systematic, transparent, and ongoing review of the evidence of home visiting models, known as HomVEE (Home Visiting Evidence of Effectiveness), was at the core of the MIECHV evidence-based policy. Essentially, once HomVEE had established which home visiting models were evidence based, MIECHV grantees could choose one of those models to implement. If a grantee wanted to implement a “promising” home visiting model that was not on the list, the grantee was required to rigorously evaluate that model. In 2010, eight home visiting models were determined to be evidence based. For more information on HomVEE and the current list of evidence-based home visiting models, see the [HomVEE](#) website.

The Tribal Home Visiting Program is a federally funded initiative that supports the provision of maternal, infant, and early childhood services to American Indian and Alaska Native families. Grantees that received 5-year awards beginning in 2010, 2011, and 2012 conducted local evaluations to strengthen the evidence base for home visiting in tribal communities and to answer locally relevant questions. The evaluations combined scientific and cultural rigor to ensure results that are valid for both researchers and communities.

This brief, the second in a series about the local evaluations, describes federal and technical assistance supports for meeting the evaluation requirements. The series is designed to help federal staff and leadership support tribal communities to build local evaluation capacity. It may also be of interest to other policymakers and researchers in the human services field. For more information, visit the [Tribal Home Visiting Program](#) website.

In 2010, the results of HomVEE determined that no home visiting models were evidence based for tribal communities. Thus, any home visiting model implemented was considered promising and required rigorous evaluation. The legislation for the 3 percent tribal set-aside of the MIECHV Program stipulated that these requirements, along with other requirements unique to MIECHV, were to be applied to the tribal set-aside to the extent practicable. Thus, the federal Tribal Home Visiting Team, comprising early childhood program staff from the Office of Child Care and the Children’s Bureau and research staff from the Office of Planning, Research, and Evaluation, began working together to decide what was practicable for Tribal Home Visiting grantees and what would build knowledge about home visiting in tribal communities.

Given the history of outside research and evaluation conducted in tribal communities, the Tribal Home Visiting Team wanted the Tribal Home Visiting grantees to build capacity and interest in evaluation. Thus, the team created a set of expectations for designing and implementing small-scale local evaluations that supported the grantees in focusing on questions of interest to the grantees themselves and that built the broader knowledge base of home visiting in tribal communities. The Tribal Home Visiting Team also hoped this experience would move the broader field of evaluation of home visiting in tribal communities towards the design and implementation of evaluation

studies that met HomVEE standards for evidence-based. As of December, 2019, 21 models have been determined to be evidence based, and one model met this criteria for evidence of effectiveness in tribal settings. For more information on Tribal HomVEE, the current list of evidence-based home visiting models for tribal communities, and standards of evidence for becoming an evidence-based home visiting model, see the [HomVEE](#) website.

ACF set a rigorous evaluation expectation for grantees to develop a local evaluation that addressed either a cross-group or within-group comparison, using an experimental design or a quasi-experimental design. This type of standard allowed for maximal flexibility at the grantee level while maintaining a consistent standard across grantees. ACF also required grantees to develop a strategy for community participation in and tribal oversight of evaluation plans and activities in their community.



## Supporting Tribal Home Visiting Grantees

For each Tribal Home Visiting grantee, the process for moving toward these requirements began with a facilitated discussion during a site visit and continued with strong evaluation technical assistance. The initial discussion at the grantee sites focused on what grantees themselves would like to learn about their home visiting program. The participants included Tribal Home Visiting grantee staff and leadership, their evaluators, the Tribal Home Visiting Team, and the program and evaluation technical assistance providers. The evaluation technical assistance provider, the Tribal Home Visiting Evaluation Institute

(TEI), specializes in engagement of tribal communities and evaluation science and skills. TEI worked with each grantee to help them design and implement a local evaluation. TEI's approach was grounded in the Tribal Home Visiting Team's priority that the experience of carrying out the MIECHV data and evaluation requirements would build the ongoing data system and evaluation infrastructure for grantees. Thus, TEI provided high levels of support while sharing the best approaches for measurement, research design, data collection, analysis, interpretation, and dissemination. For more information, see the [TEI](#) website.

## Key Takeaways

This brief reviews the context that informed the implementation of the rigorous evaluation requirement for Tribal Home Visiting grantees from a federal perspective, including the Administration for Children and Families' (ACF) decision making about expectations and provision of supports. Federal program staff and leadership working with tribal communities on evaluations may benefit from the following lessons learned:



Tribal grantees can meet rigorous evaluation requirements.



With flexibility and technical support, grantees can have a positive experience with local evaluation.



Local evaluation can provide valuable knowledge for grantees and for the broader field of home visiting.



Technical assistance providers with experience and skill supporting tribal communities in program evaluation can support grantees to meet evaluation requirements in locally meaningful ways.

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# Engaging Tribal Communities in Evaluation

## Rigorous Evaluation in Tribal Maternal, Infant, and Early Childhood Home Visiting

Brief 3 | June 2020



### Introduction

Research in tribal communities has often disregarded the concerns and sovereignty of those communities (for more information, see brief 1 in this series: *An Overview of Local Evaluations*), sowing distrust and reluctance to share information. The evaluations of the Tribal Home Visiting Program demonstrate the commitment of federal and tribal partners to create a new way forward in research and program partnership.

Community engagement incorporates meaningful community input into all phases of evaluation: determining evaluation questions, designing the evaluation plan, selecting appropriate measures, interpreting findings, and returning knowledge back to the community through ethical dissemination (Tribal Evaluation Workgroup, 2013). It requires time and commitment. The evaluator must get to know the community and its relationships and build trust and mutual respect.

The Tribal Home Visiting Program is a federally funded initiative that supports the provision of maternal, infant, and early childhood services to American Indian and Alaska Native families. Grantees that received 5-year awards beginning in 2010, 2011, and 2012 conducted local evaluations to strengthen the evidence base for home visiting in tribal communities and to answer locally relevant questions. The evaluations combined scientific and cultural rigor to ensure results that are valid for both researchers and communities.

This brief, the third in a series about the local evaluations, describes how the grantees engaged their communities while designing and implementing the evaluations. The series is designed to help federal staff and leadership support tribal communities to build local evaluation capacity. It may also be of interest to other policymakers and researchers in the human services field. For more information, visit the [Tribal Home Visiting Program](#) website.

The Administration for Children and Families provided Tribal Home Visiting grantees with flexibility to fully engage their communities in their evaluations and contribute to the home visiting evidence base (for more information, see brief 2 in this series: *Supporting Tribal Home Visiting Grantees in Meeting the MIECHV Evaluation Requirements*).



## Lessons on Community Engagement

The Tribal Home Visiting Program evaluations offer important lessons for anyone interested in conducting community-driven evaluations. The highlights below are based on articles that appeared in a special issue of the *Infant Mental Health Journal* (May/June 2018) authored by grantees, technical assistance providers, and federal staff.

**Take time to build partnerships and share information with the community.** The grantees partnered with evaluators from the community, private firms, and academia. It took time for the external evaluators to understand the community's strengths, values, and culture. Program directors and evaluators emphasized the importance of participating in program planning and implementation. They also stressed the need to engage with program staff and community members—especially tribal leaders and elders—in developing the evaluation and sharing the findings in a way that “gives back” to the community (Ayoub, Geary, Londhe, Hiratsuka, & Roberts, 2018).

## Engage the community in developing the evaluation methodology.

The grantees found that it was important for community and cultural protocols to inform methodological decisions such as identifying research questions and designs, selecting measures, and determining data collection procedures. Collaboration with tribal community advisory committees and others ensured that the selected outcomes, measures, and study designs were both scientifically and culturally rigorous. Indigenous worldviews were emphasized and acknowledged by local evaluators and program staff to ground the evaluations in community cultures and traditions (Kilburn, Lyon, Anderson, Gutman, & Whitesell, 2018).

## Use measures and instruments that fit the community.

The grantees gathered community input to determine the relevancy of existing instruments, adapt them to fit community contexts, and create new ones when valid and reliable measures for tribal communities did not exist (Whitesell et al., 2018). They engaged community members in defining adaptations, clarifying adaptation goals, and operationalizing intended outcomes. Evaluators cannot do this alone. They must serve as both facilitators and guests, translating community priorities into an evaluation that is locally relevant and acceptable (Meyer et al., 2018).

## Build on community strengths.

The grantees focused on increasing positive outcomes rather than reducing negative ones, which many studies in tribal communities have historically done. Some grantees emphasized qualitative data—consistent with traditional storytelling and knowledge transfer from person to person—over quantitative data (Whitesell et al., 2018).



## Grantee Case Studies

The grantees used multiple strategies to involve community members in the evaluation in ways that were unique to their program and context. The following case studies describe the experiences of two grantees.

### Case Study 1: The Port Gamble S’Klallam Tribe Together for Children Program

**Overview.** The Port Gamble S’Klallam Tribe (PGST) Together for Children Program implemented the [Nurse Family Partnership](#) (NFP) home visiting model with families that enrolled prior to the 28th week of pregnancy and delivered a curriculum based on the [Touchpoints](#) philosophy to families with children aged 0–5. The NFP model was chosen, in part, because the community valued its emphasis on addressing maternal stress.

**Evaluation design rationale.** The program staff and evaluation team collaborated with community stakeholders and the Chi-E-Chee Coalition, composed of tribal residents and local agency staff, to develop the implementation and evaluation plans.<sup>1</sup> As the primary voice for the community, the coalition plans local prevention and intervention initiatives and oversees research. The team also collaborated with the Port Gamble S’Klallam Tribal Council, which supervises all tribal activities, to obtain a formal resolution and human subjects approval to conduct the evaluation. The team systematically garnered interest, engagement, and ongoing support of the evaluation by conducting community and staff needs assessments, interviewing families, and acknowledging and respecting the cultural realities of the community.

**Evaluation implementation.** As a result of the community-engaged planning process, PGST chose an evaluation question and design that allowed it to determine whether the home visiting program was addressing parenting stress. Based on program and community input, PGST determined it would not be feasible to identify a control group of mothers within the community and instead chose a single-case design, which aligned with the local context and interests. PGST credits the completion of its rigorous evaluation to community and staff support and involvement.

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<sup>1</sup> All Tribal Home Visiting grantees are required to develop an implementation plan to guide program goals, services, and model enhancements.

## Case Study 2: Native American Professional Parent Resources Tribal Home Visiting Program

**Overview.** The Native American Professional Parent Resources (NAPPR) Tribal Home Visiting Program provided a culturally enhanced version of the [Parents as Teachers](#) (PAT) model to families in Albuquerque and three surrounding counties. The enhancements included nine cultural activities and discussion guides to augment standard PAT lessons with Southwest intertribal core values and beliefs, language, customs, songs, and traditional parenting practices.

**Evaluation design rationale.** The evaluation focused on cultural connectedness because a community needs assessment had identified a need for culturally relevant services that supported cultural revitalization. A mixed-methods design was selected to generate reliable findings and a holistic picture of the intervention implementation and its effects. The evaluation team felt that surveys and focus groups would be efficient and accepted by the community. The qualitative component helped alleviate concerns about measuring a conceptually challenging construct (i.e., cultural connectedness) without a validated instrument, and it addressed community values by including home visitor and participant voices. Validated measures for cultural connectedness, cultural self-efficacy, and cultural interest did not exist, so NAPPR created measures drawing on an extensive literature review and consultation with experts in the field. The evaluation was guided by a community-engaged approach that addressed tribal community values and needs through the perspectives of a range of key stakeholders.

**Experience implementing the evaluation.** NAPPR's approach was instrumental in generating interest and trust in the intervention and evaluation process. The program was effective in establishing community and staff buy-in, designing and implementing rigorous evaluation methods, maintaining flexibility to account for contextual realities, and strengthening local evaluation capacity.

## Key Takeaways

This brief describes how tribal home visiting grantees engaged community members in the evaluation planning and implementation process. Federal program staff and leadership working with tribes and tribal communities may benefit from considering the following when overseeing locally designed evaluations in this context:



Individuals designing grant requirements for projects with tribal communities should be familiar with the importance of community engagement.



Time to engage community members should be incorporated into grant activity time lines and requirements. Federal project officers may use the strategies provided in this brief as examples for other tribal communities.



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# Addressing Evaluation Challenges

## Rigorous Evaluation in Tribal Maternal, Infant, and Early Childhood Home Visiting

Brief 4 | June 2020



### Introduction

Tribal Home Visiting grantee evaluations did not always go as planned, as is the case with most program evaluations implemented in real-world practice settings. Nineteen of the 23 grantees reported adapting their studies after implementation began because of unforeseen issues with recruitment and retention, unavailable or missing data, time constraints, small sample sizes, or requirements associated with tribal oversight.

Lessons learned from addressing these challenges may inform future evaluations of other tribal grant programs and others working in tribal communities.



### Evaluation Challenges and Solutions

#### Solutions to Recruitment and Retention Challenges

Grantees noted challenges recruiting and retaining enough study participants to ensure

The Tribal Home Visiting Program is a federally funded initiative that supports the provision of maternal, infant, and early childhood services to American Indian and Alaska Native families. Grantees that received 5-year awards beginning in 2010, 2011, and 2012 conducted local evaluations to strengthen the evidence base for home visiting in tribal communities and to answer locally relevant questions. The evaluations combined scientific and cultural rigor to ensure results that are valid for both researchers and communities.

This brief, the fourth in a series about the local evaluations, describes challenges encountered during evaluation implementation and the unique strategies grantees used to solve them. The series is designed to help federal staff and leadership support tribal communities to build local evaluation capacity. It may also be of interest to other policymakers and researchers in the human services field. For more information, visit the [Tribal Home Visiting Program](#) website.

they had their planned sample size. To address this, grantees made changes that allowed for more data collection opportunities, such as expanding their sampling criteria and data collection strategies. Solutions included—

- ◆ Broadening comparison group criteria after discovering original criteria were too restrictive and may have limited the number of possible study participants
- ◆ Switching from a comparison group design to a within-person comparison design when only a few participants met eligibility criteria
- ◆ Adding design components (e.g., qualitative or retrospective data collection methods) to work within short study time frames
- ◆ Moving away from a randomized controlled trial design or broadening eligibility requirements to address community concerns about withholding interventions from those who could benefit



## Grantee Case Studies

Despite common challenges, each grantee's evaluation experience was unique due to community context, the focus of the study, and the team's evaluation capacity. The following case studies share two grantees' experiences evaluating culturally adapted home visiting programs and maintaining scientific and cultural rigor in the face of unexpected challenges.

### Case Study 1: Southcentral Foundation Nutaqsiivik Program

**Overview.** The Southcentral Foundation Nutaqsiivik Program serves American Indian and Alaska Native (AIAN) residents of Anchorage, AK, and the adjacent Matanuska-Susitna Borough using the Nurse-Family Partnership (NFP) home visiting model. Traditionally, NFP includes home visits from registered nurses to low-income, first-time mothers from pregnancy until the child is 2 years of age. The Nutaqsiivik Program made structural and cultural adaptations in collaboration with NFP, such as extending services to mothers of more than one child and modifying materials to reflect the needs and concerns of urban AIAN recipients.

## Solutions to Other Contextual Challenges

Grantees faced challenges obtaining historical data for comparison purposes. To solve this challenge, they adjusted how they operationalized, measured, or identified outcomes. Other grantees were challenged by timing and study feasibility. To address these challenges, grantees had to reassess original methodology decisions. One grantee, for example, began asking home visitors to collect data after recognizing that it was neither realistic nor appropriate to bring in an independent observer as planned.

Tribal institutional review board (IRB) requirements affected some plans. For example, one grantee had to shorten the evaluation time line to accommodate a data-sharing agreement, and another had to narrow its sampling frame to one community in its service area.

**Evaluation design rationale.** The Nutaqsiivik Program used a quasi-experimental design to compare health outcomes of mothers enrolled in the adapted NFP model with mothers who did not receive those services. The design used propensity scores<sup>1</sup> to match participants in the treatment group with those in a historical comparison group. The program used medical records from both groups to assess seven primary outcomes measured in previous NFP trials:

1. Third-trimester use of tobacco, alcohol, and other substances
2. Preterm delivery
3. Rapid subsequent births
4. Days child was hospitalized for injuries in the first 2 years of life
5. Count of emergency department encounters for child injuries in the first 2 years of life
6. Child's breastfeeding status at 6 months
7. Child's immunization status at 24 months

Home visiting staff and participants also completed individual interviews to share their views on the cultural relevance and functionality of the adapted model.

The evaluation design allowed the Nutaqsiivik Program to continue serving all participants, avoid additional data collection during home visits, use data from existing medical records, and align recruitment with service delivery approaches. It also honored requests by community stakeholders to compare outcomes between the locally adapted NFP program and the national NFP programs.

**Experience implementing the evaluation.** The Nutaqsiivik Program experienced challenges related to data quality and availability of the historical comparison group:

- ◆ Rates of missing data for some indicators and outcome variables were high because a structurally different medical record system was used by staff members when the historical comparison group received services.
- ◆ Many members of the historical comparison group interacted with the Nutaqsiivik Program in some capacity before it was structurally and culturally adapted; this made it impossible to measure exposure to and impact of the previous program.

### **Primary Evaluation Question: Nutaqsiivik Program**

Do high-social-risk primiparous and multiparous mothers<sup>2</sup> who participate in the NFP home visiting program, modified for cultural resonance and multiparous mothers, show improvement in selected child health outcomes and reductions in selected maternal and child health risk indicators compared with a historical comparison group of mothers who did not receive the modified NFP program?

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<sup>1</sup> Propensity score matching is a statistical technique that seeks to balance key baseline factors between the intervention and comparison groups.

<sup>2</sup> Primiparous refers to a mother with one child and multiparous to a mother with more than one child.

Evaluators excluded mothers with exposure to the earlier program from the data analysis, resulting in a smaller sample size than anticipated. The program matched as many intervention group participants as it could with the historical comparison group and made adjustments during the data analysis phase to assess statistical significance for most outcomes included in the original evaluation plan.

The program also found it difficult to reach several individuals for face-to-face interviews. Evaluators expanded their methods to include phone interviews, but problems with sample size persisted. The Nutaqsiivik Program contemplated additional recruitment but decided such efforts were unnecessary after initial qualitative analysis conducted after expanded sampling revealed no additional themes or observations from those interviews.

The Nutaqsiivik Program experienced challenges with missing data and participant recruitment early in its evaluation. Still, evaluators were able to adjust their data analysis plan to answer evaluation questions and yield findings and lessons to inform the program, its stakeholders, and the broader home visiting field.

## Case Study 2: United Indians of All Tribes Foundation Ina Maka Family Program

**Overview.** The United Indians of All Tribes Foundation's Ina Maka Family Program (IMFP) serves American Indian parents/caregivers and children in an urban community in the Seattle metropolitan area. The IMFP selected the Parents as Teachers (PAT) home visiting model for its evaluation and chose to focus on retention and program engagement. Evaluators aimed to address the lack of research on high attrition and low participation rates among AIAN families in home visiting programs.

United Indians of All Tribes designed and implemented the IMFP intervention and evaluation using a community-based approach. A needs assessment conducted in the first year of the program identified three community priorities to address when adapting the PAT-based intervention:

1. Addressing poor cultural fit driven by experiences of discrimination and assimilation
2. Focusing on resilience and strengths-based practices
3. Using enculturation as an evidence-based approach for building resilience

Working with community members and its Scientific and Community Advisory Board, IMFP adapted three main PAT components to be culturally appropriate for urban AIAN recipients:

1. Group connections focused on cultural activities and discussion of cultural strengths
2. Individual visits, including eight culturally enhanced modules
3. Specialized referrals to AIAN service providers

**Evaluation design rationale.** IMFP used an experimental, mixed-methods design to compare participants in a structural-level culturally enhanced PAT program with participants in a surface-level culturally enhanced<sup>3</sup> PAT program for 12 months. Families were randomly assigned to either of the two types of services.

Outcomes of interest included four constructs:

1. Confidence in parenting skills
2. Program engagement and participation
3. Program retention
4. Participant satisfaction

IMFP conducted focus groups and interviews with a subset of parents, home visitors, and elders to examine the relevance of the culturally adapted content and to assess the relationships between home visitors and families. Evaluators hypothesized that the culturally enhanced program would help parents more readily identify and engage in healthy parenting approaches, gain comfort advocating for their own needs, and develop more positive perceptions of parenting.

### **Primary Evaluation Question: Ina Maka Family Program**

Do urban AIAN parents/caregivers who receive culturally adapted IMFP home visitation services for 12 months demonstrate greater change in parenting outcomes compared with parents/caregivers who receive nonadapted IMFP home visitation services?

**Experience implementing the evaluation.** IMFP encountered early recruitment challenges because of limited program resources and the geographic spread of potential participants. To address this challenge, IMFP reduced the planned sample size. This allowed home visitors to spend more time with higher need families and to work within a more extended time frame for recruitment. As a result of this reduction in sample size, IMFP needed to reevaluate the types of statistical analyses that were possible, and used a more conservative test than initially planned.

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<sup>3</sup> Structural-level enhancements include group connections focused on cultural activities (e.g., storytelling, field trips, singing, drumming, arts/crafts, ceremonies); availability of elder visits; and referrals to traditional healers. Surface-level enhancements include hiring of AIAN home visitors; using materials that share AIAN cultural stories, histories, and languages; serving meals rooted in tradition; holding group connections at locations that are well known or have significance.

## Key Takeaways

This brief describes how Tribal Home Visiting Program grantees needed to modify their evaluation studies after implementation to address unanticipated challenges. Their experiences and solutions may benefit federal program staff and leadership working on evaluations with tribes and tribal communities.



Offer technical assistance to grantees early to address program enrollment and completion issues. For example, programs may need support monitoring recruitment and enrollment efforts to prevent future attrition and other problems.



Recognize that even the best-laid plans will not prevent setbacks. Provide continued technical assistance to help grantees identify and address potential limitations—for example, sample sizes that are too small to determine causality or yield generalizable findings.



Build in time for grantees to complete IRB and other local review processes, which often take longer than anticipated.



Switch gears if it becomes clear that the original evaluation design is not feasible. Incorporating qualitative research methods, for example, can provide a richer understanding of the program—especially when there are suboptimal sample sizes or high levels of missing quantitative data. Qualitative data may also shed light on barriers to participant recruitment, retention, and data quality.

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# Evaluation Findings and Implications

## Rigorous Evaluation in Tribal Maternal, Infant, and Early Childhood Home Visiting

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### Introduction

As documented in earlier briefs in this series, grantees of the Tribal Home Visiting Program examined a range of outcomes (see brief 1) with support from the Administration for Children and Families and the Tribal Home Visiting Evaluation Institute (see brief 2). Community priorities and decision making also played a role in grantees' evaluation efforts (see brief 3) and provide an important lens for interpreting results. This brief shares grantees' evaluation findings and provides important context for translating implications for the fields of home visiting and evaluation.



### Evaluation Findings

Evaluations assessed child and parent outcomes, and implementation outcomes. Some grantees evaluated specific elements

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This brief, the fifth in a series about the local evaluations, presents findings from grantees' evaluation studies and implications of these findings. The series is designed to help federal staff and leadership support tribal communities to build local evaluation capacity. It may also be of interest to other policymakers and researchers in the human services field. For more information, visit the [Tribal Home Visiting Program](#) website.

of their home visiting services, such as program enhancements and cultural adaptations.<sup>1</sup>

## Effect of Home Visiting on Child and Parent Outcomes

Six grantees noted improvements in child development, parenting skills, and service engagement.

- ◆ One grantee found that children receiving services using the Parents as Teachers (PAT) model showed improvements in communication, fine motor, and personal social skills compared with children not receiving these services (\*).

Three grantees measured the effect of home visiting on parental knowledge and coping skills.

- ◆ One grantee found increases in the quality of support and stimulation for children receiving home visiting services compared with a comparison group of similar children not receiving services (†).
- ◆ Another grantee reported that parents receiving home visiting services felt more empowered to manage daily family situations and their relationships with service providers compared with parents in a control group (†).
- ◆ A third grantee, using a within-person comparison, found a link between stress management techniques and reductions in parenting stress before versus after the intervention (n/a).

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<sup>1</sup> Evaluation findings described within this brief fell into three categories (symbols are provided throughout for ease of interpretation): \* = statistically significant finding ( $p < .05$ ); † = group difference with no statistical significance; n/a = statistical significance was not applicable because the finding was qualitative in nature or a single-case design finding.

## Effect of Program Enhancements on Service Delivery and Engagement

Grantees also explored the effect of program enhancements on service delivery and engagement.

- ◆ One grantee found, using historical comparison data, that mothers who received the Nurse-Family Partnership (NFP) model with enhanced engagement strategies received more service referrals (\*) and had higher service completion rates compared with preintervention rates (†).
- ◆ Another grantee found that distributing incentives across the service period promoted engagement in the first 6 months compared with providing a single, larger incentive after 12 months (\*).

## Effect of Cultural Adaptations on Child and Parent Outcomes

Twelve grantees evaluated the effect of cultural adaptations such as recruiting tribal community members as home visitors; engaging elders in home visits and group sessions; and integrating traditional songs, language, activities, and customs into home visiting services.

- ◆ Eight grantees reported improvements in child and parent outcomes, including retention, parenting, and cultural connection. Two of these eight grantees, for example, found that parents receiving a culturally enhanced version of PAT stayed enrolled longer and attended more visits than parents receiving “services as usual” (\*).
- ◆ Three grantees reported that cultural enhancements increased parenting knowledge and skills (†).

- One grantee found that parents receiving the Nurturing Parenting curriculum enhanced with cultural activities reported increased parenting skills and decreased parenting stress compared with those in a comparison group (\*).
  - Similarly, another grantee found through qualitative interviews that a culturally enhanced version of PAT strengthened parenting skills by providing parents with critical resources to manage stress and child behavior (n/a).
  - A third grantee, using a within-person comparison, found that parents receiving the Positive Indian Parenting curriculum showed an increased level of self-efficacy and parental responsiveness over time (n/a).
- Three grantees measured the impact of cultural enhancements on cultural connection and engagement, such as parents' confidence teaching children Native languages and using traditional childcare practices.
- ◆ One grantee reported that parents receiving a culturally enhanced parenting curriculum felt more connected to their culture than they did prior to receiving the content (\*).
  - ◆ Another grantee, using a within-person comparison, found that cultural enhancements to the PAT model increased cultural engagement (n/a).
  - ◆ One grantee found that families receiving culturally adapted services reported, through qualitative interviews, the importance of teaching others about culture (n/a).



## Implications

Grantees reviewed their evaluation findings and noted various ways to improve both home visiting and evaluation and research practices based on study results. Contextual factors influenced grantees' interpretation of evaluation findings. Grantee priorities often focused on—

- ◆ The degree to which evaluation findings provided meaningful information about what Native families and communities found valuable about home visiting programs
- ◆ Home visiting's potential for increasing connectedness to programs, communities, and culture
- ◆ Which program elements contributed to positive changes in health and well-being among families and communities

### Implications for Home Visiting Practices

Suggested practice changes ranged from establishing or extending existing program components to promote early engagement to creating new staff positions to address participants' case management needs.

- ◆ One grantee credited its evaluation findings for providing information on using incentives to better engage clients early, when they are at increased risk of dropping out of the program.

The same grantee noted it would explore whether other social services programs could use the same incentive structure in the community.

- ◆ Another grantee indicated it may integrate more stress management activities for families with older children based on decreases in parenting stress during child infancy after similar activities.
- ◆ Two grantees shared that their findings would lead to a more structured process for assessing client readiness to participate in their programs. Suggested improvements included providing preservice case management to stabilize families and to help them prepare for home visiting services prior to enrollment.
- ◆ Three grantees focused on home visitor process and program improvements to be made based on their findings.
  - Two grantees said they would focus on home visitor data collection skills to improve the quality of service provision and their ability to demonstrate value to their communities.
  - Another grantee shared that its results provided important information on how to move forward in establishing formal quality improvement processes.

Grantees also used evaluation findings to influence decisions regarding maintaining components of their home visiting programs.

- ◆ Two grantees indicated they would continue implementing NFP based, in part, on findings suggesting it was a good fit for their respective programs and communities.
- ◆ A third grantee noted it would continue collecting data on key child development factors (e.g., communication, literacy, comprehension skills) as a result of evaluation findings.

Similarly, six grantees noted that evaluation findings related to their cultural enhancement work reinforced their commitment to ensuring local culture is embedded in home visiting practices. Grantees reported that findings about the salience and benefit of cultural elements would lead to continued work refining enhancements, developing or finding measures to better capture positive changes, and improving accessibility and relevance to their broader community.

“While culturally tailored home visitation modules took considerable time and effort to develop, they also provide the most current research findings, AI/AN [American Indian and Alaska Native]-specific supports, and aspects of AI/AN culture that—based on the qualitative findings—appear to resonate with parents of AI/AN children regardless of their own cultural knowledge. No other home visitation curriculum currently provides this information to parents or home visitors.”

—Tribal MIECHV grantee

## Implications for Evaluation and Data Practices

Grantees also reflected on their experiences conducting evaluation studies in their communities and identified several lessons for other tribal or small communities.

**Thoughtful planning, training, and engagement of staff requires sufficient time early in the evaluation process.** Grantees learned the importance of ensuring adequate time at the beginning of the study to decide how the study will be staffed and to train and prepare staff accordingly. They found that involving the evaluator early and consistently proved critical to the success of their study. One grantee also recommended quality assurance efforts be built into the evaluation process from the start.

**Tribal grantees are capable of conducting rigorous evaluation studies using innovative evaluation designs.** Grantees successfully used innovative study designs, notably single-case and mixed-methods designs, for their evaluations. Grantees felt single-case designs worked well for small communities, while mixed-methods designs generated useful, well-rounded information and rich narratives on meaningful topics.

Grantees shared the following lessons learned about study design and data collection:

- ◆ Be aware of potential challenges using administrative data and medical records data.
- ◆ Some instruments may not be appropriate or specific enough to meet program evaluation needs.
- ◆ Evaluations should include outcome variables that are sensitive to change in a short-term study.
- ◆ Longer evaluation study time frames are beneficial and may yield larger sample sizes.
- ◆ Retention for a longer study (12 months or more) may be challenging because of changes in family situations.
- ◆ Competing needs of families and home visitors may make data collection challenging.
- ◆ Reliable data collection methods and data systems are critical to a successful evaluation.
- ◆ Contacting participants multiple times and through multiple means may help with study attrition.
- ◆ Gift-giving may improve study retention, as it is a common practice in many tribal communities.

**Community guidance and involvement are imperative to a successful evaluation.**

Grantees learned it was important to ask evaluation questions that matter to the community and tribal leaders and to use evaluation processes and criteria that validate and resonate with indigenous perspectives. Grantees noted that evaluation should be responsive and relevant to the community first and the project second. One grantee suggested both (1) educating community members on evaluation and its importance and (2) customizing studies to adhere to cultural priorities; this dual approach can help communities feel more open to gathering data and that their input is appreciated.

The evaluation process can be a positive, learning-centered process for program staff, communities, and participants. Many grantees indicated their evaluation studies were a source of pride and increased capacity for the home visiting program, organization, and tribe. One grantee, for example, felt the evaluation was a powerful motivator for staff to understand how data can demonstrate their work's impact on families. For some grantees, this was the first time their organization had conducted a rigorous evaluation; one such grantee credited the inaugural experience for growth in the organization and a broader interest in research and evaluation in the community.

Another grantee noted the organization would strive for more comprehensive evaluation processes in the future. Still another grantee found that the focus group experience was meaningful for evaluation participants. These combined reflections indicate how evaluators and program teams can work with communities and tribal leadership to change perceptions about evaluation and ultimately build support for evaluation and research.

“Building consistent and ongoing evaluation partnerships between Western scientific communities and tribal communities (that are inclusive, collaborative, reciprocal, culturally informed, and strengths based) enriches Western scientific approaches and can mitigate historical distrust in tribal communities to support the improvement of services and stronger outcomes.”

—Tribal MIECHV grantee

# Key Takeaways

This brief presents findings from evaluation studies conducted by Tribal Home Visiting grantees and the implications of those findings and experiences for the fields of home visiting and evaluation.

Key takeaways from evaluation findings include:



Tribal home visiting grantees demonstrated effectiveness in improving parent and child outcomes. These improvements were connected to the delivery of home visiting services as well as grantee-developed cultural adaptations to those services.



Grantees used program enhancements to improve service delivery and caregiver engagement.

Federal program staff and leadership working with tribes and tribal communities may benefit from considering the following when designing and overseeing interventions and evaluations in this context:



Federal staff overseeing evaluation studies in tribal communities should be familiar with the contextual factors that may influence how study findings are interpreted and set evaluation expectations appropriately.



Federal staff and technical assistance providers should encourage tribal grantees to engage staff and community stakeholders in interpretation of their evaluation findings. For example, grantees can include program staff's perceptions of findings in the overarching study results.



When program staff are engaged and well supported by local evaluators and technical assistance, evaluation efforts can be meaningful, positive experiences for those involved.

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