



Designing and Conducting Early Childhood Home Visiting Evaluations in Tribal Communities: Takeaways from the HomVEE Review of Research with Tribal Populations

PURPOSE

This brief summarizes findings on designing and conducting early childhood home visiting evaluations in tribal communities, based on the Home Visiting Evidence of Effectiveness (HomVEE) review of research with tribal populations.¹ A section at the end summarizes the research review process.

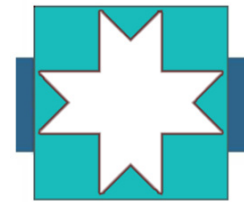
The other brief in this series highlights findings related to developing, tailoring, and implementing early childhood home visiting models² in tribal communities.³

TAKEAWAYS ON EVALUATING EARLY CHILDHOOD HOME VISITING MODELS IMPLEMENTED IN TRIBAL COMMUNITIES

Although the research literature on early childhood home visiting models implemented in tribal communities is growing, the findings from HomVEE's review highlight the need for additional culturally appropriate research. Based on its review of research with tribal populations, HomVEE identified common challenges evaluators faced, strategies used to overcome the challenges, and lessons for building a stronger evidence base.

KEY CHALLENGES IN CONDUCTING RESEARCH WITH TRIBAL POPULATIONS

From the review of research with tribal populations, HomVEE identified four key challenges that evaluators faced while conducting such research.⁴ HomVEE noted that some of these challenges were specific to impact evaluations.



Intended audience:
Evaluators

Other audiences:
State, tribal, and local government administrators; organizational leaders, supervisors, and home visitors; and model developers



Challenge 1: Aligning community values and research design elements can be difficult.

- ❖ Families may have concerns about participating in data collection at the beginning of a program. To allow families to become familiar with home visitors, researchers might postpone collecting baseline data until after the first few visits. The drawback to this approach is that researchers would be unable to measure the full impact of the intended level of service.
- ❖ Communities might be less willing to take part in an evaluation in which only a portion of eligible families receive services.
 - Communities might prefer designs such as pre/post evaluations rather than randomized controlled trials so that no community members are assigned to a study group that does not receive services. However, a pre/post design would prevent researchers from being able to estimate what would have happened to people in the program in the absence of the home visiting services.
 - In randomized controlled trials, incorporating active comparison conditions that offer some level of services beyond the usual care could increase community buy-in for and participation in the evaluation. On the other hand, if the services provided to the active comparison group are too similar to those offered to the intervention group, the contrast between the conditions would be reduced, making it harder to detect effects.
 - If a randomized controlled trial examines an intervention offered through two different modes—for example, receiving information by home visiting or by mail—researchers might reassign participants who could not attend the home visits to the comparison group (receiving services by mail). This would enable participants to receive some services rather than being removed from the study and not receiving any services. However, reassigning participants in this way would compromise the random assignment.
 - Researchers might choose to conduct a single-case design study to address the issue of equity in service receipt while maintaining a rigorous design. In this approach all study participants receive services, but it has its own challenges that researchers will have to anticipate and mitigate. For example, researchers may have difficulty setting a stable baseline, which would affect the researchers' ability to draw valid conclusions.

Challenge 2: Achieving high response rates is difficult when participants drop out of the program and the evaluation.

- ❖ Obtaining full information from all study participants (in other words, achieving high response rates) was a challenge. Low response rates were a main limitation of many of the impact studies from which HomVEE examined manuscripts.⁵ Without full information, evaluators cannot confidently calculate the effects of a model on everyone who was offered model services; this could bias the results and decrease how accurately the findings represent the program's impact on intended community.
- ❖ Studies faced low response rates because participants who dropped out of a program often dropped out of the evaluation as well and did not want to take part in follow-up data collection.
- ❖ Researchers with limited resources to invest in participant retention efforts might choose to examine a smaller sample, perhaps with a single-case design study or series of studies. This approach is less resource intensive than other designs, but it comes with its own challenges, as discussed earlier, that researchers must consider.

Challenge 3: The unknown cultural relevance of measures can make it difficult to interpret findings.

- ❖ Research activities such as rating services might conflict with cultural norms. Respondents might therefore provide responses meant to satisfy the interviewer rather than to reflect their genuine impressions.
- ❖ Translating interviews into a Native language could create differences in meaning from the English version.

Challenge 4: The diversity of cultural and traditional tenets across tribal communities makes it difficult to generalize the cultural acceptability of a model and the applicability of findings.

- ❖ Without gathering specific information on the tribal affiliation of participants, researchers cannot assess the cultural acceptability of a model or the generalizability of findings across tribal communities. However, achieving a sufficient sample size for each tribal community could be challenging; therefore, researchers would be able to present only a broad overview of a model's generalizability and would be unable to assess the cultural relevance of the model or applicability of findings to specific tribal communities.

The challenges described here related to implementing strong research designs and achieving high response rates are not unique to conducting evaluations in tribal communities.⁶ For all evaluations (including those conducted with tribal populations), it is possible that additional discussion and knowledge-building activities with stakeholders about study designs and alternative data collection approaches could address some of these challenges.⁷

STRATEGIES TO ADDRESS CHALLENGES IN IMPACT RESEARCH ON TRIBAL HOME VISITING

HomVEE's review of research with tribal populations identified some key lessons on how to strengthen impact research with tribal populations. Table 1 presents strategies, with specific examples, for addressing common challenges in conducting such research.

Table 1. Sample strategies for addressing challenges in conducting impact research with tribal populations

Strategies	Implementing the strategies	Examples derived from the research reviewed ^a
Conducting a utilization-focused participatory evaluation	Working with key stakeholders in tribal communities to develop an evaluation that (1) respects tribal values while remaining as rigorous as possible and (2) is useful to both the tribal community and the evaluators	<ul style="list-style-type: none"> • Establishing an evaluation work group that includes members of the tribal community • Working with the tribal community to determine a culturally appropriate approach to soliciting feedback from the community on the evaluation plan • Hiring an independent tribal liaison to encourage dialogue between the researchers and the tribal community • Discussing with stakeholders the benefits and costs of various evaluation designs from both a cultural and a research perspective • Working with stakeholders to highlight the importance of the evaluation, both for their community and for tribal communities more broadly
Encouraging all study participants to remain in the evaluation to minimize high sample attrition	Working closely with tribal elders, service providers, and other community stakeholders early in program planning and evaluation design to establish buy-in among tribal members	<ul style="list-style-type: none"> • Engaging stakeholders to (1) communicate to participants the importance of remaining in the evaluation and (2) encourage them to stay in the evaluation even if they leave the program • Recruiting tribal members as home visitors and data collectors to foster ongoing participation in the study
Using the highest quality and most culturally relevant measures available	Assessing measures for cultural appropriateness and addressing any concerns with cultural sensitivity	<ul style="list-style-type: none"> • Working with researchers and stakeholders in tribal communities to (1) assess measures for cultural appropriateness and (2) develop alternatives to measures that are not culturally sensitive, identify groups with whom to pilot new measures, and collect or provide feedback on new measures

^a The strategies and examples in this table come from HomVEE’s review of research with tribal populations. Some examples come directly from the manuscripts, whereas others are strategies that HomVEE developed based on analysis of the manuscripts. The researchers who led these studies did not test the impact of these specific strategies. This is not an exhaustive list of strategies.

LESSONS FROM HOMVEE'S REVIEW ON CONDUCTING HIGH QUALITY RESEARCH (NOT SPECIFIC TO TRIBAL COMMUNITIES)

Findings from the broader HomVEE review (including HomVEE's review of research with tribal populations) highlighted some lessons for conducting high quality research in order to build a stronger and richer evidence base of early childhood home visiting models. The lessons are not specific to evaluating such models in tribal communities.

- ❖ Aim to achieve baseline equivalence between the intervention and comparison groups on key characteristics: race and ethnicity, socioeconomic status, and baseline measures of relevant outcomes.⁸ Report information about these baseline characteristics and statistically control for them unless the study is a randomized controlled trial with low attrition.⁹
- ❖ Conduct studies with multiple samples in an effort to replicate the findings of initial impact trials.
- ❖ Select a focused set of outcome measures that do the following:
 - (1) Align closely with the model's theory of change
 - (2) Have strong validity and reliability
 - (3) Are appropriate for the study population
 - (4) Allow for cross-study comparisons
- ❖ Adjust for multiple comparisons to reduce the risk of identifying statistically significant findings by chance.
- ❖ Determine the appropriate sample size to detect statistically significant findings of interest.
- ❖ Report effect sizes.
- ❖ Measure longer-term effects if a model's theory of change suggests sustained or additional impacts after program services end. The timing for follow-up data collection can vary by model. Researchers and model developers should carefully consider the model's theory of change and the timing of expected outcomes.
- ❖ Select study samples with external validity in mind. Report as much information on the sample characteristics (such as race/ethnicity and, ideally, tribal affiliation; socioeconomic status; maternal age; child age; family's history of child welfare involvement; mother's history of substance use; and developmental delays or disabilities in children) as is culturally appropriate to help stakeholders assess whether the study's population is comparable to their own community in important ways.
- ❖ Continue to test the impact of the model periodically because earlier results might be less applicable to today's families and context.

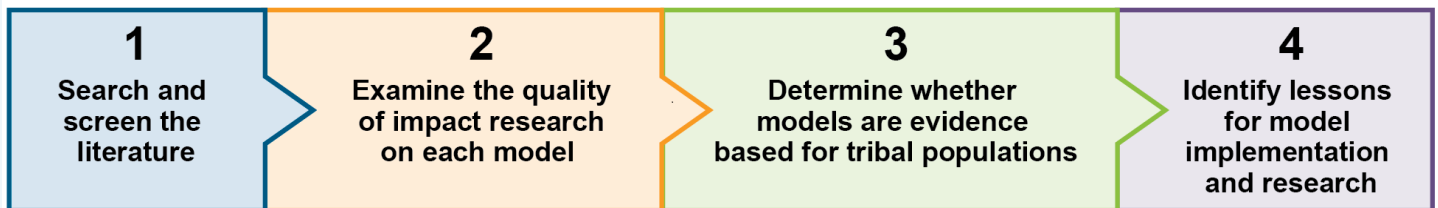
HOMVEE'S PROCESS FOR REVIEWING RESEARCH WITH TRIBAL POPULATIONS AND FINDINGS ON RESEARCH QUALITY

HomVEE is a systematic review of early childhood home visiting models that serve families with pregnant women and children from birth to kindergarten entry. The U.S. Department of Health and Human Services oversees the review. HomVEE also reviews the evidence of effectiveness for models that have been (1) implemented in tribal communities or (2) evaluated in manuscripts about studies in which tribal participants make up 10 percent or more of the sample.¹⁰

HOMVEE'S PROCESS FOR REVIEWING RESEARCH WITH TRIBAL POPULATIONS¹¹

HomVEE's review of research with tribal populations involved four steps related to identifying and reviewing implementation and impact manuscripts on studies about home visiting in tribal communities (Figure 1).

Figure 1. Process for reviewing research with tribal populations

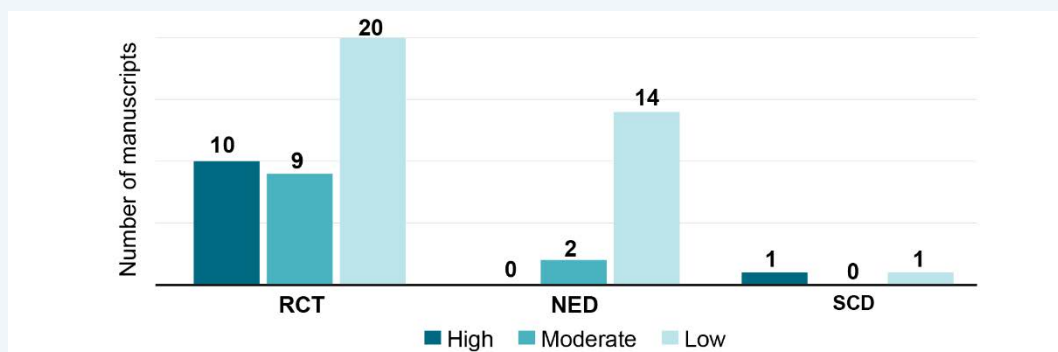


Note: Lessons for implementation and research drew on all literature that met the screening criteria, including research on models that are not evidence based for tribal populations.¹²

FINDINGS ON THE QUALITY OF THE IMPACT RESEARCH REVIEWED

HomVEE conducted its first review of research on early childhood home visiting models with tribal populations in fall 2010. As the literature on this topic grows, HomVEE updates its review. As of the sixth update,¹³ which HomVEE released in December 2020, the evidence base was still fairly small. The review identified 57 manuscripts about impact studies involving tribal populations. Of those, 39 percent (22 manuscripts) used a sufficiently rigorous design to provide unbiased estimates of home visiting impacts (these manuscripts received a high- or moderate-quality rating; see Figure 2).¹⁴ Only 8 of the high- or moderate-rated manuscripts specifically examined the effect of a model with tribal populations. That is, the manuscripts reported on samples composed entirely of tribal participants or reported findings by tribal community affiliation when tribal participants were only a proportion (10 percent or more) of the sample. HomVEE also examined and summarized information from 41 implementation or outcome manuscripts on early childhood home visiting with tribal populations, but HomVEE did not rate the quality of those manuscripts because they did not test effectiveness.

Figure 2. Manuscripts about tribal home visiting impact studies: research quality by study design



Source: The 57 manuscripts about impact studies included in HomVEE's review of research with tribal populations.

Note: In the HomVEE review, including HomVEE's review of research with tribal populations, a manuscript reporting on an NED can receive only a moderate- or low-quality rating.

NED = non-experimental comparison group design; RCT = randomized controlled trial; SCD = single-case design study.

ENDNOTES

¹ In this brief, the terms *tribal* and *Native* refer inclusively to the broad and diverse groups of Native American, Native Hawaiian, American Indian, and Alaska Native tribes, villages, communities, corporations, and populations in the United States, acknowledging that each of these entities is unique from others with respect to language, culture, history, geography, political and legal structure or status, and contemporary context. The term *tribal* also refers to participants who identified as members of indigenous groups in other countries.

² In this brief, the term *model* refers to a model or version of a model, *version* refers to a model adaptation and/or enhancement, and *program* refers to a localized implementation of the model.

³ The brief is available on the HomVEE website (<https://homvee.acf.hhs.gov/tribal>).

⁴ For more information on the challenges, strategies, and lessons learned related to building the evidence base on tribal early childhood home visiting models, please see the report “Assessing the Research on Early Childhood Home Visiting Models Implemented with Tribal Populations—Part 2: Lessons Learned about Implementation and Evaluation.” The report is available on the HomVEE website (<https://homvee.acf.hhs.gov/tribal>).

⁵ In this brief, the term *manuscript* refers to a description of study results. A single study may produce one or many manuscripts. *Study* refers to an evaluation of a distinct implementation of an intervention (that is, with a distinct sample, enrolled into the research investigation at a defined time and place, by a specific researcher or research team).

⁶ Please see the “Lessons Learned from the Home Visiting Evidence of Effectiveness Review” report on the HomVEE website (<https://homvee.acf.hhs.gov/Publications/HomVEE-Summary>).

⁷ A 2018 special issue of the *Infant Mental Health Journal* (volume 39, issue 3) discussed lessons emerging from evaluations of home visiting programs for tribal communities.

⁸ HomVEE determined these measures to be key for composing a reasonable comparison group.

⁹ For more information on HomVEE’s standards for rating the quality of manuscripts about impact studies, please see <https://homvee.acf.hhs.gov/publications/methods-standards>.

¹⁰ HomVEE’s review of research with tribal populations included study participants who identified as American Indian, Alaska Native, or Native Hawaiians or other Pacific Islanders, or who identified as members of indigenous groups in other countries.

¹¹ Additional information on the process of and detailed findings from HomVEE’s review of research with tribal populations is available in the report “Assessing the Research on Early Childhood Home Visiting Models Implemented with Tribal Populations—Part 1: Evidence of Effectiveness.” This report is available on the HomVEE website (<https://homvee.acf.hhs.gov/tribal>).

¹² For the purpose of the HomVEE review, the term *evidence-based model* refers to a model that meets criteria developed by the U.S. Department of Health and Human Services. These

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criteria are based on statutory requirements in the authorizing legislation for the Maternal Infant Early Childhood Home Visiting Program. HomVEE recognizes that other systematic reviews may use different criteria to evaluate evidence of effectiveness. Thus, an *evidence-based model* in the context of HomVEE may or may not meet the requirements for evidence of effectiveness according to other systematic reviews.

¹³ This update includes manuscripts published through September 2018 or received through the HomVEE call for manuscripts that closed in early January 2019.

¹⁴ This update of HomVEE's review of research with tribal populations relies on HomVEE's original standards for identifying well-designed impact research. For additional details, please see: <https://homvee.acf.hhs.gov/publications/methods-standards>.