TRIBAL EVALUATION INSTITUTE
Supporting Community Decision Making by
Strengthening Data Collection and Use

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[1] 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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[1] 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 **P**OPULATION that will participate in the intervention and evaluation

♦ **I**NTERVENTION to be evaluated

♦ **C**OMPARISON that will be used to assess whether the intervention made a difference

♦ **O**UTCOMES 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[2] 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 **P**opulation will receive the intervention and who will not receive the **I**ntervention (the **C**omparison). 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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[2] 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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