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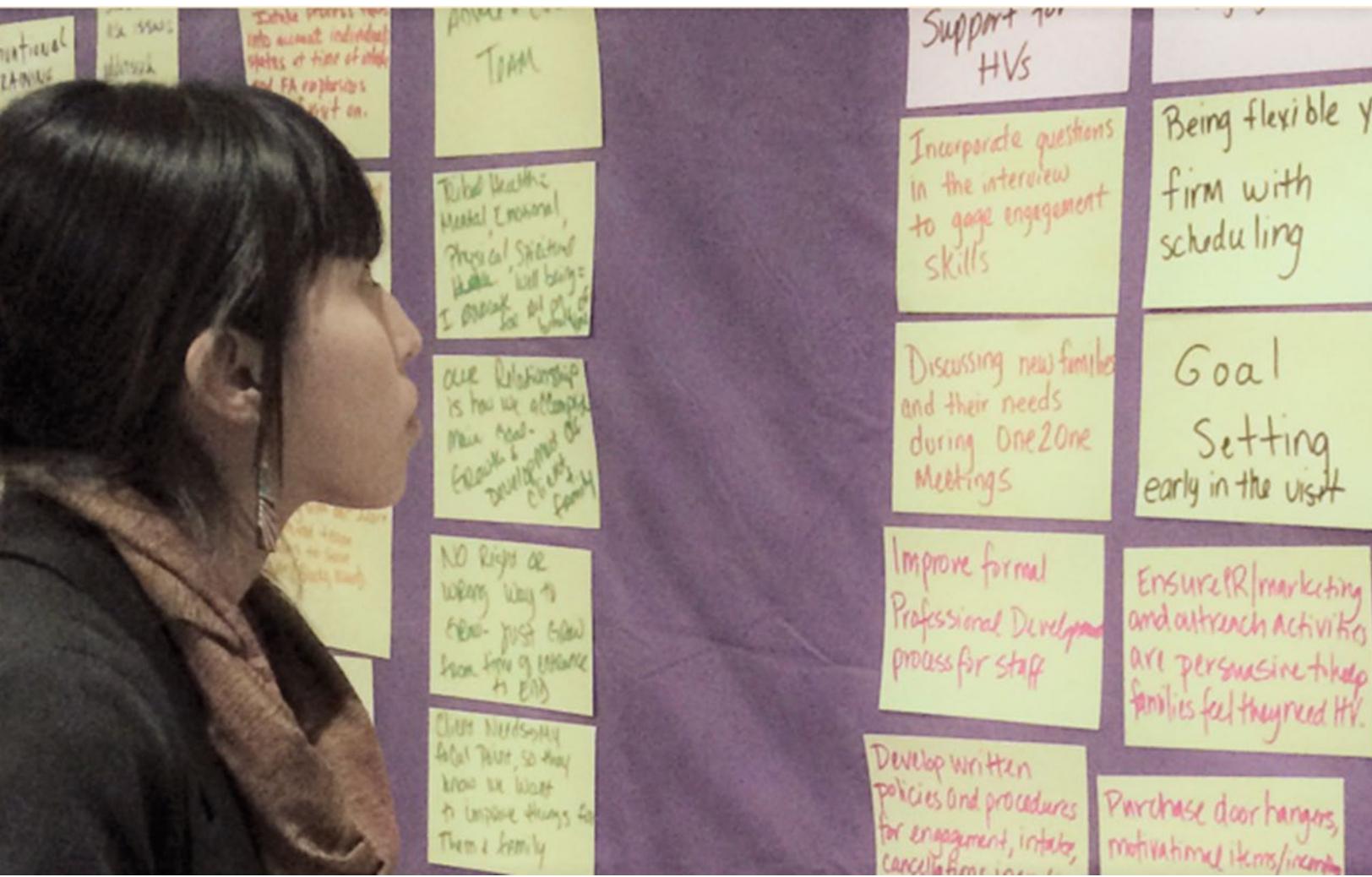
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REPORT | April 2022

Grantee-Led Evaluations in the Tribal Maternal, Infant, and Early Childhood Home Visiting Program (2nd Edition)

A Compilation of Grantee Evaluation Plan Profiles for
Development and Implementation Grantees Funded in 2016 and
Implementation and Expansion Grantees Funded in 2018

OPRE Report 2022-75



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A Compilation of Grantee Evaluation Plan Profiles for Development and Implementation Grantees Funded in 2016 and Implementation and Expansion Grantees Funded in 2018
OPRE Report 2022-75

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Submitted to

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Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
Contract Number: HHSP233201500133I
www.acf.hhs.gov/opre

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This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: Roberts, E., Park, C. C., Davis, C., Painter, A., & Morales, J. (2022). *Grantee-led evaluations in the Tribal Maternal, Infant, and Early Childhood Home Visiting Program (2nd edition): A compilation of grantee evaluation plan profiles for Development and Implementation Grantees funded in 2016 and Implementation and Expansion Grantees funded in 2018* (OPRE Report No. 2022-75). Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services.

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Introduction

This compilation of Evaluation Plan Profiles introduces and describes the evaluation studies developed by the Development and Implementation and Implementation and Expansion Cohort 2 grantees of the Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal Home Visiting) Program. The profiles also describe the programs funded through the Tribal Home Visiting Program and highlight the creative approaches grantees developed to rigorously evaluate them.

The profiles are designed for evaluators, program implementers, and federal staff looking to assess program outcomes in complex community contexts and may be most useful when evaluating tribal home visiting and/or early education initiatives.

Tribal Home Visiting Program

The Tribal Home Visiting Program provides funding to tribes and tribal/urban Indian organizations for culturally responsive services to American Indian/Alaska Native (AI/AN) families and children to strengthen their communities. The Tribal Home Visiting Program is overseen by the Administration for Children and Families (ACF) in collaboration with the Health Resources and Services Administration (HRSA) and was authorized by Title V of the Social Security Act.

The goals of the Tribal Home Visiting Program are to—

- ◆ Support the development of happy, healthy, and successful AI/AN children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs
- ◆ Implement high-quality, culturally relevant, evidence-based home visiting programs in AI/AN communities
- ◆ Expand the evidence base around home visiting interventions within AI/AN populations
- ◆ Support and strengthen cooperation and promote linkages among various early childhood programs, resulting in coordinated and comprehensive early childhood services

To achieve these overarching goals, grantees are required to conduct needs and readiness assessments, provide high-quality home visiting services, track and report performance measurement data, and participate in or conduct rigorous evaluation studies. Grantees select evidence-based home visiting models and, as needed, partner with model developers to design and implement cultural adaptations and enhancements that reflect their unique community needs and contexts.

ACF currently funds 23 Tribal Home Visiting programs within 3 cohorts:

- ◆ Implementation and Expansion Grantees Cohort 1 (IEG1s) funded FY 2016–2023 (*n* = 17)¹
- ◆ Development and Implementation Grantees (DIGs) funded FY 2016–2023 (*n* = 2)
- ◆ Implementation and Expansion Grantees Cohort 2 (IEG2s) funded FY 2018–2023 (*n* = 4)

Grantee Evaluations

DIG Requirements. Each DIG Tribal Home Visiting program grantee was required to develop a formative evaluation of its home visiting program. Formative evaluations are conducted before or early in a program’s implementation, with the goals of understanding and improving program design and performance.

IEG2 Requirements. Each IEG2 Tribal Home Visiting Program grantee was required to develop a locally relevant program evaluation that utilized a rigorous mixed-methods design. Grantees also engaged in a cross-grantee collaborative evaluation planning process, during which the teams identified a shared evaluation topic and later participated in communities of learning to further plan their evaluations. The teams decided on the topic of parenting stress (note: in the context of Tribal Home Visiting, “parents” can include all primary caregivers of children participating in the program). Under the shared topic of parenting stress, grantees are focusing on the ways their Tribal Home Visiting program activities affect outcomes related to caregiver and child health and well-being, including through family engagement, access to resources, and the impact of parenting stress and resilience.

Mixed methods designs. Grantees utilized different types of mixed-methods designs. The types of designs grantees chose to answer their evaluation questions include:

- Convergent:
 - When the qualitative and quantitative strands of the study occur at the same time with equal importance.
 - Design seeks to assess the same constructs/questions through different methods.
- Embedded:
 - When the two strands occur either concurrently or sequentially with one strand taking precedence and the other strand providing supplemental information.
- Exploratory sequential:
 - When qualitative data collection and analysis occurs first as an initial exploration of a topic and quantitative data collection and analysis follows to validate qualitative findings.

¹ IEG1 grantees participated in a rigorous evaluation as part of the Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE).

- Prioritizes qualitative strand.
- Explanatory sequential:
 - When quantitative data collection and analysis occurs first and qualitative data collection and analysis happens second and is used to assist in the interpretation of the quantitative findings.
 - Prioritizes quantitative strand.

The evaluation studies were underway at the time of this publication. The findings from the studies will be disseminated upon completion. Please contact the grantee using the contact information provided in the profile if you would like to discuss its study findings.

Tribal Evaluation Institute

The Tribal Evaluation Institute (TEI) supported Tribal Home Visiting Program grantees throughout the development and implementation of their evaluation plans. TEI provides technical assistance in the areas of rigorous evaluation, performance measurement, continuous quality improvement, data systems, and ethical dissemination and translation of findings. In 2019, OPRE awarded the TEI3 contract to JBA, in partnership with Michigan Public Health Institute, Tellenger, and Face-to-Face Integrated Technologies, to continue to support grantees in strengthening their data collection and use. TEI’s mission is to help Tribal Home Visiting Program grantees gather and use information that improves the health and well-being of children and families. TEI embraces a community-engaged approach that helps to build capacity while honoring local and cultural practices.



Grantee Evaluation Plan Profiles

TEI developed an Evaluation Plan Profile for each grantee based on their local evaluation plans created as a requirement of grant funding.² Each profile contains a description of the program, a summary of the evaluation plan, and information about the evaluation team. The profiles identify the home visiting model the grantee implemented; any adaptation, enhancement, or supplements created; the evaluation question(s); the evaluation design and outcomes of interest; the study type; the type of data collected and the methods used; the target sample size; the data collection instruments intended to be used; the analysis plan; a description of evaluation team

² The evaluation plans outlined grantees’ proposed methods for implementing their evaluations. TEI reviewed the evaluation plans, identified themes across selected elements of the plans, and created codes based on the themes. Each plan was then coded and codes were used to populate Evaluation Plan Profile templates. Some qualitative elements of the plans were not conducive to being coded (e.g., unique ways in which grantees culturally enhanced programs). This information was summarized in the profiles.

and community engagement efforts; and grantee contact information. Each grantee reviewed, provided feedback on, and approved the content of their Evaluation Plan Profile and its public dissemination. These profiles can be used as resources for the development and implementation of future evaluations in tribal communities; they can also inform evaluation-related policies and grant requirements for tribal funding recipients.

Choctaw Nation of Oklahoma

Program Description	
Grantee	Choctaw Nation of Oklahoma, Chahta Villa Apela Program
Evaluator	Sarah Rowland, Ikbi Information Solutions
Duration of Evaluation	October 2019–September 2023
Cohort	Implementation and Expansion Grantee Cohort 2
Home Visiting Model(s)	Parents as Teachers
Adaptations/Enhancements /Supplements	Integration of cultural components into group connection meetings using the Positive Indian Parenting curriculum
Evaluation Plan	
Evaluation Questions	<ul style="list-style-type: none"> ◆ What factors at enrollment can help predict Parental Stress Scale scores in home visiting clients? ◆ Do Parental Stress Scale scores change from the initial assessment to 12 months of enrollment in the program? ◆ What does the Chahta Villa Apela Program do to affect parental stress in caregivers? <ul style="list-style-type: none"> ○ How do home visitors work with families in general to mitigate stress? ○ What types of special, stress-causing circumstances do families experience? ○ How do home visitors work with families with special, stress-causing circumstances to mitigate stress? ○ How do home visitors use the Parental Stress Scale responses?
Evaluation Design	Convergent mixed-methods design
Study Type	Exploratory descriptive study

Outcomes	<i>Caregiver:</i> Caregiver stress
Data Collection Methods	<i>Quantitative:</i> Surveys, administrative data <i>Qualitative:</i> Focus groups
Target Sample Size	<i>Quantitative:</i> Ninety clients complete an intake Parental Stress Scale, 60 clients with 2 Parental Stress Scales administered <i>Qualitative:</i> Three home visitors
Data Collection Instruments	<i>Quantitative:</i> Family Information Form, Parental Stress Scale (PSS) <i>Qualitative:</i> Focus groups
Analysis Plan	<i>Quantitative:</i> Analyze the difference in Parenting Stress Scale scores from intake to 12 months across different demographic factors; analyze for quantifiable differences between family characteristics and caregiver stress. <i>Qualitative:</i> Home visitor discussions will be transcribed and coded to identify themes about how home visitors help families mitigate stress. Types of family experiences/circumstances leading to family stress will be analyzed to explain differences seen in quantitative data comparison.
Evaluation Team	
Description of Evaluation Team	Barbara Moffitt is the program manager and ensures data collection and reporting. Sarah Rowland, of Ikbi Information Solutions, serves as the external evaluator to analyze and report evaluation data.
Community Engagement	The program has a community advisory board that participated in the design of the evaluation plan. The advisory board is made up of tribal and community leaders from multiple service areas.
Contact Information	Barbara Moffitt – bmoffitt@choctawnation.com ; (580) 326-8304 ext. 6048

Cook Inlet Tribal Council

Program Description	
Grantee	Cook Inlet Tribal Council (CITC)
Evaluator	Wendi Kannenberg and Scott Miller, McKinley Research Group
Duration of Evaluation	July 2019–September 2022
Cohort	Development and Implementation Grantee
Home Visiting Model(s)	Parents as Teachers (PAT)
Adaptations/Enhancements /Supplements	Integration of PAT model with cultural practices and peer strategies for service delivery, along with partnerships with other CITC departments and key behavioral health services
Evaluation Plan	
Evaluation Questions	<ul style="list-style-type: none"> ◆ How well does CITC’s Five-Factors Assessment Tool identify the needs of families who participate in the Tribal Home Visiting Program? <ul style="list-style-type: none"> ○ How can the Five-Factors Assessment and/or its implementation be improved with respect to its use in tribal home visiting? ○ Does the assessment accurately measure family status for families served by tribal home visiting? ○ To what extent is the assessment used to develop or modify service plans, including connecting families with culturally supportive groups? ○ To what extent do Five-Factors scores and the scores for each of the 5 factors measured individually improve over time during tribal home visiting participation?
Evaluation Design	Explanatory sequential mixed-methods design
Study Type	Formative evaluation; Exploratory descriptive study

Outcomes	<p><i>Caregiver:</i> Caregiver health and wellness, caregiver stress</p> <p><i>Child and Caregiver:</i> Caregiver-child relationships and interaction</p> <p><i>Program:</i> Retention</p>
Data Collection Methods	<p><i>Quantitative:</i> Administrative data, assessment tool</p> <p><i>Qualitative:</i> Interviews, document review</p>
Target Sample Size	<p><i>Quantitative:</i> Forty to 50 families</p> <p><i>Qualitative:</i> Eight semi-structured interviews with Tribal MIECHV staff; 8 semi-structured interviews with key staff in other departments and staff at referral agencies</p>
Data Collection Instruments	<p><i>Quantitative:</i> Five-Factors Assessment, Performance measurement assessment scores (Patient Health Questionnaire [PHQ-9], Alcohol Use Disorders Identification Test-Concise [AUDIT-C], Parenting Interactions With Children: Checklist of Observations Linked to Outcomes [PICCOLO], Hurt-Insult-Threaten-Scream [HITS] Screening, MUSE Family Resources Check-In [MUSE FRC], and Parental Stress Scale [PSS] scores)</p> <p><i>Qualitative:</i> Family visit records, interview guides</p>
Analysis Plan	<p><i>Quantitative:</i> In the first year, the program will analyze descriptive statistics to conduct preliminary comparisons of Five-Factors and Performance Measurement scores. In the second year, Pearson’s chi square test for correlation will be used to analyze Five-Factors Assessment scores’ correlation to scores from performance measurement assessment scores.</p> <p><i>Qualitative:</i> Interview results will be entered into an Excel spreadsheet for coding and will be analyzed to identify recurring themes, areas of confusion or insight, suggestions for improvement, training needs, and ideas about broader applicability of the approach.</p>

Evaluation Team	
Description of Evaluation Team	Wendi Kannenberg, in cooperation with CITC Director of Child and Family Services Department Deborah Northburg, leads the evaluation with support and data analysis by McKinley Research Group Senior Evaluation Consultant Scott Miller and Economist and Quantitative Analyst Macey Fredenberg.
Community Engagement	Community engagement and outreach consists of family-to-family outreach, targeted outreach to Alaskan elders and tribal entities, and provider outreach through an established spectrum of services. These community members took part in the needs and resources assessment, which guided the design of the evaluation plan.
Contact Information	<p>Wendi Kannenberg – wkannenberg@mckinleyresearch.com; (907) 267-6509</p> <p>Scott Miller – smiller@mckinleyresearch.com; (907) 265-6506</p> <p>Nicole Hunter – nhunter@citci.org; (907) 793-3180</p> <p>Deborah Northburg – dnorthburg@citci.org; (907) 793-3134</p>

Crow Creek Tribal Schools

Program Description	
Grantee	Crow Creek Tribal Schools
Evaluator	Dana McDaniel, McDaniel & Associates Consulting
Duration of Evaluation	October 2019–July 2022
Cohort	Development and Implementation Grantee
Home Visiting Model(s)	Parents as Teachers
Adaptations/Enhancements /Supplements	Integration of cultural components throughout the home visiting program, such as incorporation of tribal language and utilization of traditional practices and spirituality
Evaluation Plan	
Evaluation Questions	<ul style="list-style-type: none"> ◆ How does staff professional development in the areas of needs assessment, goal setting, and self-efficacy relate to primary caregiver outcomes? ◆ To what extent does training increase home visitors' skills in providing needs assessment, goal setting, and self-efficacy support for primary caregivers? ◆ To what extent are staff implementing skills from needs assessment, goal setting, and self-efficacy support training with primary caregivers? ◆ To what extent does staff training in providing needs assessment, goal setting, and self-efficacy relate to outcomes for primary caregivers?
Evaluation Design	Explanatory sequential mixed-methods design
Study Type	Formative evaluation; Exploratory descriptive study
Outcomes	<p><i>Caregiver:</i> Caregiver self-efficacy, caregiver goal attainment</p> <p><i>Program:</i> Staff skills</p>

Data Collection Methods	<p><i>Quantitative:</i> Surveys, program records, administrative data</p> <p><i>Qualitative:</i> Document review, interviews</p>
Target Sample Size	<p><i>Quantitative:</i> Fifteen clients, 3 home visitors</p> <p><i>Qualitative:</i> Three home visitors</p>
Data Collection Instruments	<p><i>Quantitative:</i> Administrative data, Life Skills Progression Assessment (LSP), Training Survey, Parent Educator Post Evaluation Survey, Primary Caregiver Post Survey, Modified Primary Caregiver Self-Efficacy Questionnaire</p> <p><i>Qualitative:</i> Supervisor Reflective Supervision Tracking Sheet, Parent Educator Pre/Post Evaluation Interview Questions</p>
Analysis Plan	<p><i>Quantitative:</i> Descriptive statistical analysis will be conducted with manipulation, summarization, and interpretation of the data. The descriptive analysis methods will include numerical counts or frequencies, percentages, measures of central tendency (mean, mode, median), and measures of variability (range, standard deviation, variance) as applicable. Inferential statistical tests may be employed if sample sizes permit and power is sufficient.</p> <p><i>Qualitative:</i> Analysis will be conducted using a theory-driven approach and include documentation of the data and process, categorization into concepts to identify potential themes or patterns, and then examination of the relationships and authentication of conclusions.</p>
Evaluation Team	
Description of Evaluation Team	<p>The evaluation team consists of the program director, program staff, and lead evaluator from McDaniel & Associates Consulting. The program director, La Costa McGhee, completes monthly data pulls; program staff complete forms; and the lead evaluator coordinates data collection and analysis.</p>
Community Engagement	<p>Invested members from two tribal communities along with partner program contacts form the advisory group that offer feedback on the evaluation planning process and services to</p>

	address community issues; this advisory group meets biannually for project updates and community member feedback.
Contact Information	Dana McDaniel – dkrelations@aol.com

Fairbanks Native Association

Program Description	
Grantee	Fairbanks Native Association (FNA)
Evaluator	Alethia Gregory/Charlee Roundhill, Policy and Research Group (PRG)
Duration of Evaluation	February 2020–September 2023
Cohort	Implementation and Expansion Grantee Cohort 2
Home Visiting Model(s)	Parents as Teachers
Adaptations/Enhancements /Supplements	<i>Enhancements:</i> Individualized cultural enhancements for each family according to its interests and goals; designation of a cultural lead who seeks out and plans cultural activities for the curriculum, and connects families to traditional cultural events and activities that incorporate native language and storytelling; program utilizes Cultural Connectedness Scale
Evaluation Plan	
Evaluation Questions	<ul style="list-style-type: none"> ◆ To what extent do program data indicate families are connected to resources intended to alleviate family stressors after program exposure? ◆ How did primary caregivers' level of awareness of resources available in the community change after program exposure? ◆ What were primary caregivers' experiences with being able to access resources they feel they need in the community after program exposure? ◆ How did primary caregivers' sense of support and connectedness to their communities change after program exposure? ◆ How did primary caregivers' knowledge about caregiver-child interaction and its relation to child development and well-being change after program exposure?

	<ul style="list-style-type: none"> ◆ What was primary caregivers' experience of being provided knowledge and skill-building opportunities aimed at helping them effectively parent after program exposure? ◆ To what extent do program data indicate parental sense of competence has improved for primary caregivers after program exposure? ◆ How did primary caregivers' parental stress change after program exposure? ◆ How did primary caregivers' parental sense of competence change after program exposure? ◆ To what extent do program data indicate caregiver-child interaction has improved for families after program exposure? ◆ How did caregiver-child interaction change after program exposure?
Evaluation Design	Explanatory sequential mixed-methods design
Study Type	Descriptive design and development study
Outcomes	<p><i>Caregiver:</i> Caregiver behaviors, caregiver skills, caregiver self-efficacy, caregiver satisfaction, caregiver empowerment, caregiver knowledge of developmental milestones</p> <p><i>Child and Caregiver:</i> Caregiver-child relationships and interaction</p> <p><i>Program:</i> Access to partner services</p>
Data Collection Methods	<p><i>Quantitative:</i> Administrative data, program data</p> <p><i>Qualitative:</i> Semi-structured interviews</p>
Target Sample Size	<p><i>Quantitative:</i> Approximately 30 families</p> <p><i>Qualitative:</i> Ten primary caregivers at a minimum</p>
Data Collection Instruments	<p><i>Quantitative:</i> Parenting Sense of Competency Scale (PSOC), Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), program referral tracking log</p> <p><i>Qualitative:</i> Interviews with primary caregivers (interview guide)</p>

Analysis Plan	<p><i>Quantitative:</i> Conduct pre/post analyses of enrollment data and determine if the change is statistically significant to infer that participants' outcomes have changed during involvement in the program.</p> <p><i>Qualitative:</i> Apply data reduction through initial coding of individual transcripts and providing descriptive codes. The codes will be further reduced to focused/refined codes to determine preidentified or emergent themes present in the data. Data will be reorganized around initial research questions and the evaluation team will compare responses to better understand the extent of consensus among participants.</p>
Evaluation Team	
Description of Evaluation Team	<p>Mary Willey, Tribal Home Visiting Program Manager, provides implementation and data collection oversight and ensures evaluation plans align with programmatic goals. Charlee Roundhill, PRG junior research analyst, serves as the project manager and provides technical assistance to FNA. Alethia Gregory, PRG lead research analyst, assists in evaluation plan development, creating instruments, data analysis, and writing reports. Sarah Walsh, PRG lead senior research analyst, oversees the research team and supports evaluation planning, entering and managing data, conducting analysis, and preparing reports.</p>
Community Engagement	<p>Community members from FNA reviewed the evaluation questions and recognized the evaluation topic to be relevant to the needs of young Alaska Native parents. The organization board of directors will also provide tribal oversight and feedback of the evaluation plans and activities.</p>
Contact Information	<p>Mary Willey – mwilley@fairbanksnative.org; (907) 452-1648 ext. 6021</p>

Great Plains Tribal Chairmen’s Health Board

Program Description	
Grantee	Great Plains Tribal Chairmen’s Health Board
Evaluator	Stella SiWan Zimmerman, ACET, Inc.
Duration of Evaluation	July 2019–September 2022
Cohort	Implementation and Expansion Grantee Cohort 2
Home Visiting Model(s)	Family Spirit
Adaptations/Enhancements /Supplements	<p><i>Enhancements:</i> Extension of services to children 3 to 5 years of age; assessments used with Family Spirit lessons during home visits</p> <p><i>Supplement:</i> Maajtaag Mnobmaadzid (To Learn by Observing) curriculum from the Inter-Tribal Council of Michigan, modified to reflect Dakota language and culture</p>
Evaluation Plan	
Evaluation Questions	<ul style="list-style-type: none"> ◆ To what extent does a caregiver’s parenting stress decrease after participating in home visiting services? ◆ What are the main sources of parenting stress for caregivers enrolled in the program? ◆ How did the program retain and engage caregivers with high parenting stress? ◆ In what ways did the program support caregivers to help address parenting stress? ◆ To what extent does a caregiver’s parenting self-efficacy improve after participating in home visiting services? ◆ In what ways did the program support caregivers to increase parenting self-efficacy? ◆ To what extent does a caregiver’s reported parenting self-efficacy relate to changes in parenting stress?

Evaluation Design	Embedded mixed-methods design
Study Type	Exploratory descriptive study
Outcomes	<i>Caregiver:</i> Caregiver stress, caregiver self-efficacy <i>Program:</i> Retention, engagement
Data Collection Methods	<i>Quantitative:</i> Program documents, administrative data, surveys <i>Qualitative:</i> Focus groups, interviews
Target Sample Size	<i>Quantitative:</i> Forty families <i>Qualitative:</i> Two focus groups with 10 participants from each group (20 participants total), 2 community health worker interviews
Data Collection Instruments	<i>Quantitative:</i> Parenting Stress Index Short Form, 4th Edition (PSI-4-SF); MUSE Baseline Caregiver Survey-Parenting Self-Efficacy Subscale; home visit session summary and referral forms <i>Qualitative:</i> Focus group script, interview script
Analysis Plan	<i>Quantitative:</i> Inferential statistics will be conducted to examine the relationships between the parenting stress score and aspects of home visiting services and between parenting stress and parenting self-efficacy, to determine the strength of the correlation and the association (i.e., Pearson correlation tests and other statistics when the sample is large enough, such as <i>t</i> -tests or repeated measures ANOVA), and report on trends in the absence of statistical power. <i>Qualitative:</i> Focus groups and interviews will be analyzed using a theory-driven approach to confirm and support quantitative findings.

Evaluation Team	
Description of Evaluation Team	The lead evaluator, Program Manager, and Community Health Workers compose the evaluation team that developed the data collection and evaluation processes. The lead evaluator creates culturally relevant evaluation tools; provides technical assistance; and builds the capacity of program staff to collect, report, and utilize evaluation data.
Community Engagement	The grantee engages three key agencies, community service organizations, staff, evaluators from other programs, and a mental health consultant in the evaluation design. The grantee shares updates with key agencies at a monthly interagency forum and holds monthly evaluation calls with staff, home visitors, and program partners.
Contact Information	Terri Rattler – terri.rattler@gptchb.org Stella SiWan Zimmerman – stella@acetinc.com

Inter-Tribal Council of Michigan, Inc.

Program Description	
Grantee	Inter-Tribal Council of Michigan, Inc. (ITCM)
Evaluator	Jennifer Torres, Michigan Public Health Institute (MPHI)
Duration of Evaluation	April 2020–September 2023
Cohort	Implementation and Expansion Grantee Cohort 2
Home Visiting Model(s)	Family Spirit
Adaptations/Enhancements /Supplements	<p><i>Adaptations:</i> Enrolling families into the program at any point between pregnancy and the fifth birthday of the youngest child, extending services to 60 months of age, adjusting visit frequency during pregnancy, having home visitors include a variety of professional backgrounds and community affiliations</p> <p><i>Enhancements:</i> Providing assessments; developmental tracking, parent education, and referrals concurrently for all children under age 5; using Ages & Stages Questionnaire (ASQ) learning activities</p> <p><i>Supplements:</i> Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) intervention for prenatal/postnatal smoking; use of Gikinawaabi curriculum; use of Period of Purple Crying shaken baby prevention curriculum; Family Spirit style modules focused on opioids and cancer screening; lactation consultant services to supplement basic breastfeeding education; Mothers and Babies curriculum to promote healthy mood, bonding, and strategies for coping with stress</p>
Evaluation Plan	
Evaluation Questions	<ul style="list-style-type: none"> ◆ How is resilience defined, understood, and experienced by caregivers in Tribal Home Visiting communities? ◆ What are the cultural understandings of resilience? ◆ What are the characteristics and sources of resilience for Tribal Home Visiting caregivers?

	<ul style="list-style-type: none"> ◆ How might resilience be measured for Tribal Home Visiting caregivers? ◆ How is caregiver stress defined, understood, and experienced in Tribal Home Visiting communities? ◆ What are the cultural understandings of caregiver stress? ◆ What are the characteristics and sources of stress for Tribal Home Visiting caregivers? ◆ What is the magnitude of stress experienced by Tribal Home Visiting caregivers? ◆ In what ways do Tribal Home Visiting services work to promote resilience among caregivers? ◆ In what ways do Tribal Home Visiting services work to address stress among caregivers? ◆ Do caregivers receiving Tribal Home Visiting services experience an increase in resilience over time? ◆ Do caregivers receiving Tribal Home Visiting services experience a reduction in perceived stress over time?
Evaluation Design	Exploratory sequential mixed-methods design
Study Type	Exploratory descriptive study
Outcomes	<i>Caregiver:</i> Global perceived stress, caregiver resilience
Data Collection Methods	<p><i>Quantitative:</i> Surveys</p> <p><i>Qualitative:</i> Interviews, photovoice, focus groups</p>
Target Sample Size	<p><i>Quantitative:</i> 325 clients complete the Perceived Stress Scale, 200 clients complete a self-report measure of resilience</p> <p><i>Qualitative:</i> Five key informant interviews, 15 focus group participants, 20 photovoice participants</p>
Data Collection Instruments	<i>Quantitative:</i> Perceived Stress Scale (PSS), grantee-developed measure of resilience

	<p><i>Qualitative:</i> Key Informant Interview (adapted from Roots of Resilience project), photovoice and photovoice interviews, home visitor focus groups</p>
Analysis Plan	<p><i>Quantitative:</i> Analysis of the Perceived Stress Scale collected at client enrollment will be summed to calculate a perceived stress score, and change over time will be assessed using a paired samples <i>t</i>-test at enrollment and at 1 year. The resilience measure (to be determined based on qualitative findings) will be assessed for change over time using descriptive statistics from a retrospective self-report measure.</p> <p><i>Qualitative:</i> Key informant interviews and photovoice images and narratives will be analyzed using thematic analysis to better understand how stress and resilience are experienced by tribal home visiting families and to capture the cultural understandings of these concepts in tribal home visiting communities. Preliminary findings will be used to develop an interview protocol for the photovoice interviews and focus groups. Focus groups and photovoice interviews will be analyzed using a theory-driven approach.</p>
Evaluation Team	
Description of Evaluation Team	<p>The ITCM project team provides oversight, training, and data collection. MPHI is responsible for coordinating the planning and implementation of the evaluation study. ITCM and MPHI work together to create the evaluation instruments/protocol, collect data, analyze data, and write reports/publications.</p>
Community Engagement	<p>The community engagement process includes maintaining an Evaluation Advisory Committee comprising relevant community members, quarterly presentations with tribal health directors, quarterly in-person feedback meetings with staff, and monthly update webinars or conference calls with staff.</p>
Contact Information	<p>Jennifer Torres – jtorres@mphi.org</p>