



Designing and Conducting Home Visiting Evaluations in Tribal Communities: Takeaways from the HomVEE Tribal Review

PURPOSE

This brief summarizes findings on designing and conducting home visiting evaluations in tribal communities and the effectiveness of the models examined for the Home Visiting Evidence of Effectiveness (HomVEE) review.¹

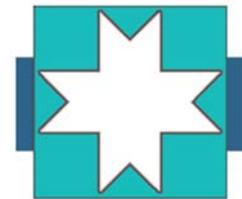
Two other briefs in this series highlight findings related to developing and adapting home visiting models for tribal communities, and implementing home visiting models in tribal settings.²

TAKEAWAYS ON EVALUATIONS OF HOME VISITING MODELS IMPLEMENTED IN TRIBAL COMMUNITIES

Although the research literature on home visiting models implemented in tribal communities is growing overall, the findings from HomVEE's review highlight the need for additional culturally sensitive research, specifically on the effectiveness of models delivered in tribal communities. Based on HomVEE's review of research in tribal communities, 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 IN TRIBAL COMMUNITIES

From the review of research in tribal communities, HomVEE identified three key challenges evaluators faced while conducting research in tribal communities.³ HomVEE noted that some of these challenges were specific to effectiveness evaluation.



**Target audience:
Evaluators**

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



Challenge 1: Striking the balance between addressing community values and community needs and designing high quality research can be difficult.

- ❖ It was sometimes difficult to address both community values and implement a strong research design.
 - To allow participants to become familiar with home visitors, one study postponed collecting baseline data until after a few home visits had been completed. Therefore, researchers could not measure the full impact of the intended level of service.
 - In another study, the evaluation was developed by a committee-appointed working group, which decided on a pre/post design rather than a randomized controlled trial because the latter had the potential to create controversy and concern in tribal communities. This prevented the researchers from estimating what would have happened to people in the program in the absence of the home visiting services.
 - Another study included an “active control” condition that offered a highly valued level of services rather than “usual care”. The study randomly assigned participants to one of two home visiting interventions. The treatment group received a home visiting intervention focused on parenting knowledge and involvement, and the control group received home visiting services focused on breastfeeding and nutrition education. Although the approach of providing all participants with home visiting services may have increased community buy-in of and participation in the evaluation, the study authors acknowledged that the contrast between the treatment and control conditions was reduced, making it harder to detect program effects.

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

- ❖ Obtaining full information from all study participants (in other words, achieving high response rates) was a challenge evaluators faced across studies, including those that examined home visiting in tribal communities. Without this information, evaluators cannot confidently calculate the effects of a home visiting model on everyone who was offered it; they can only calculate the effects on some or all of the people who chose to complete some or all of the services.
- ❖ Low response rates were a main limitation of many of the effectiveness studies HomVEE examined.
- ❖ 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 participate in follow-up data collection.

Challenge 3: The unknown cultural relevance of measures may make it hard to interpret the findings.

- ❖ Cultural and language differences may have influenced interview responses.
 - In one study, tribal caregivers and providers who were asked to rate services—a ranking behavior cited by the study authors as being in conflict with cultural norms—may have given responses meant to satisfy the interviewer rather than to reflect their genuine impressions.
 - Interviews were translated into a native language, which could have created differences in meaning from the English version.

FINDINGS ON TRIBAL HOME VISITING EFFECTIVENESS RESEARCH

The challenges described here related to implementing strong research designs and achieving high response rates are not unique to conducting evaluations in tribal communities.⁴ It is possible that additional discussion and knowledge-building activities about study designs and alternative data collection approaches could address community concerns without weakening the evaluation designs. HomVEE’s review of research in tribal communities identified some key lessons about how to strengthen effectiveness research in tribal communities. Table 1 presents strategies, with specific examples, for addressing common challenges in conducting effectiveness research in tribal communities.

Table 1. Sample strategies for addressing challenges in conducting effectiveness research in tribal communities

Strategies for conducting effectiveness research in tribal communities	Implementing the strategy	Specific examples derived from the studies reviewed ^a
Using a utilization-focused participatory evaluation approach.	Working with key stakeholders in tribal communities to build an evaluation that (1) respects tribal values while creating the most rigorous research design possible, and (2) is useful to both the tribal community and the evaluators.	<ul style="list-style-type: none"> • Establishing an evaluation workgroup that includes members of 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 for the community itself, and for building the evidence base of home visiting models implemented in 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 the program planning and evaluation design process 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 continue participating even if they leave the program. • Recruiting tribal members as home visitors and data collectors.
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 and/or provide feedback on new measures.

^a HomVEE derived the strategies in this table from the studies examined in HomVEE’s review of research in tribal communities. Some examples come directly from studies examined. Other examples are strategies HomVEE developed based on analysis of the studies reviewed. The researchers who led these studies did not test the effectiveness 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 in tribal communities) highlighted some lessons for conducting high quality research. The lessons are not specific to evaluating home visiting models in tribal communities. They are helpful for building a stronger and richer evidence base in any community:

- ❖ Aim to achieve baseline equivalence between the treatment and comparison groups on key characteristics: race/ethnicity, socioeconomic status, and baseline measures of relevant outcomes.⁵ Report information about these baseline characteristics and statistically control for them.⁶
- ❖ Use primary measures when feasible, especially for key outcomes. HomVEE defines primary measures as outcomes measured through direct observation, direct assessment, or administrative data; or self-reported data collected using a standardized (normed) instrument.
- ❖ Conduct studies with multiple study samples that seek to replicate the findings of initial efficacy trials.
- ❖ Select a focused set of outcome measures that:
 - (1) align closely with the model's targets for change,
 - (2) have strong validity and reliability,
 - (3) are appropriate for the study population, and
 - (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 may 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, and report on sample characteristics (such as race and ethnicity, 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) to aid stakeholders reading the results.
- ❖ Continue to test the effectiveness of the model periodically, as earlier results may be less applicable to today's families and context.

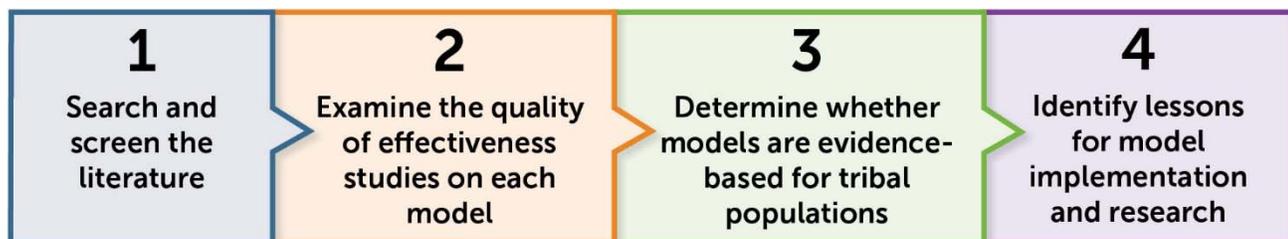
THE HOMVEE PROJECT

The Home Visiting Evidence of Effectiveness (HomVEE) project is a systematic review of the effectiveness of 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 of models that have been implemented in tribal communities or evaluated in studies in which tribal participants comprise 10 percent or more of the sample.⁷

HOMVEE'S PROCESS FOR REVIEWING RESEARCH IN TRIBAL COMMUNITIES⁸

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

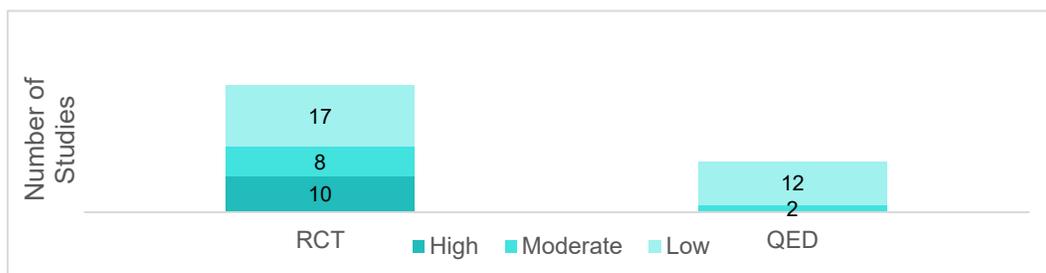
Figure 1. Process for reviewing research in tribal communities



TRIBAL STUDY RATINGS AND MODEL EFFECTIVENESS

HomVEE conducted its first review of research in tribal communities in fall 2010. As the research literature on home visiting models studied with tribal populations grows, HomVEE updates the review. As of the fifth update, which was released in September 2017, the evidence base was still fairly small. The review identified 49 effectiveness studies involving tribal populations. Forty-one percent of these (20 studies) used a sufficiently rigorous design to provide unbiased estimates of home visiting impacts (these studies received a high or moderate rating – see Figure 2). Only six of the high- or moderate-rated studies specifically examined the effect of a model with tribal populations. That is, the studies included samples made up 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's review also examined and summarized information from 27 implementation or outcome studies on home visiting with tribal populations, but did not rate the quality of those studies because they did not test effectiveness.

Figure 2. Tribal home visiting effectiveness studies: research quality by study design



Source: The 49 effectiveness studies included in HomVEE's review of research in tribal communities.

Note: In the HomVEE review, including HomVEE's review of research in tribal communities, a QED can receive only a moderate or low study-quality rating.

RCT = randomized controlled trial; QED = quasi-experimental design.

ENDNOTES

- ¹ In this brief, HomVEE uses the terms ‘tribal’ and ‘native’ to 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 tribe, village, community, corporation, and population is unique from others with respect to language, culture, history, geography, political and/or legal structure or status, and contemporary context.
- ² The briefs are available on the HomVEE website (<http://homvee.acf.hhs.gov/tribal.aspx>).
- ³ Please see the report, *Assessing the Research on Home Visiting Program Models Implemented in Tribal Communities—Part 2: Lessons Learned about Implementation and Evaluation*, for additional information on the challenges and lessons learned for building the evidence base on tribal home visiting models. The report is available on the HomVEE website.
- ⁴ Please see Avellar, S., and D. Paulsell. “Lessons Learned from the Home Visiting Evidence of Effectiveness Review.” Princeton, NJ: Mathematica Policy Research, 2011.
- ⁵ These measures were determined to be key for composing a reasonable comparison group.
- ⁶ For more information on HomVEE standards for rating the quality of effectiveness studies, please see: <https://homvee.acf.hhs.gov/Review-Process/4/Producing-Study-Ratings/19/5>.
- ⁷ HomVEE’s review of research in tribal communities included study participants who identified as American Indian, Alaska Native, Native Hawaiians or Other Pacific Islanders, or who identified as members of indigenous groups in other countries.
- ⁸ Additional information on the process and detailed findings from HomVEE’s review of research in tribal communities are available in the report, *Assessing the Research on Home Visiting Program Models Implemented in Tribal Communities—Part 1: Evidence of Effectiveness*, which is available on the HomVEE website (<http://homvee.acf.hhs.gov/tribal.aspx>).

Submitted to:

Maria Woolverton, Project Officer
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number:

GS-10F-0050L/HHSP23320150115G

Mathematica Reference Number:

50096.02.152.059.000

Submitted by:

Project Director: Emily Sama-Miller
Mathematica Policy Research
1100 1st Street NE, 12th Floor
Washington, DC 20002

This brief is in the public domain. Permission to reproduce is not necessary. Suggested citation: Mraz Esposito, Andrea, Emily Sama-Miller, and Elizabeth Davenport Pollock. (2018). “Designing and Conducting Home Visiting Evaluations in Tribal Communities: Takeaways from the HomVEE Tribal Review.” OPRE Report #2018-34. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

