Tribal Home Visiting Evidence of Effectiveness Review: Process and Results

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Please stand by. We will begin soon….

Tribal Home Visiting Evidence of Effectiveness Review: Process and Results

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Welcome & Introductions

- **First conversation with tribal grantees regarding the Implementation Plan**

- **Scheduling follow-up conversations with one-on-one calls with each grantee**

- **Submit questions during webinar**

- **Webinar is being recorded & will be available on HomVee website for later use**

Outline of the Presentation

- **Implications of the review for home visiting program selection**

- **How to use systematic reviews**

- **Overview of the process and results of the review (Chapter 1)**

- **Overview of lessons learned and implications (Chapter 2)**

- **Strategies for using for the tribal review**

Implications of Review for Home Visiting Model Selection

- **Purpose of the review is to help grantees make evidence-informed decisions about home visiting program implementation and research and evaluation activities in your communities**

- **No home visiting models previously implemented in Tribal communities were found to meet the criteria for evidence of effectiveness**

- **Legislative language for the Tribal Home Visiting Program states that 'requirements shall, to the greatest extent practicable, be consistent with the requirements' for the State Home Visiting program**

- ***Tribal Home Visiting Program grantees may therefore propose a home visiting model that is a promising approach.***

Implications of Review for Home Visiting Model Selection

- **A promising approach is:**
  - A model in which there is little to no evidence of effectiveness
  - A modified version of an evidence-based model

- **The promising approach grantees choose:**
  - Should be grounded in relevant empirical work and have an articulated theory of change
  - Must have been developed by or identified with a national organization or institution of higher education
  - Must be evaluated through a well-designed and rigorous process

- **More details will be provided in the Implementation Plan Guidance to come**

Systematic Reviews of Home Visiting

- **The Department of Health and Human Services launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting programs models that target families with pregnant women and children from birth to age 5.**
    - **Report for the State Program**
    - **Call for Tribal studies**
    - **Report for the Tribal Program – today's webinar**

- **Same standards for evidence used for both reports http://homvee.acf.hhs.gov/Default.aspx**

Using a Systematic Review

- **The information from these reports can help to inform decisions you make about home visiting and its evaluation in your community**

- **Tribal report includes valuable lessons on**
  - **Ways for building programs that are culturally valid**
  - **Ways for implementing programs in tribal communities**
  - **Strategies for building knowledge and learning about home visiting for AIAN children and families**

- **Our hope is that this webinar will help to bring the Tribal report to life in way that will make it a useful tool for your own decision-making about home visiting programming and its evaluation in your community**

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Home Visiting Evidence of Effectiveness Review

- **OPRE/ACF contracted with Mathematica Policy Research in September 2009.**
  - Potential conflicts of interest addressed

- **The review was carried out under the guidance of an HHS working group:**
  - Office of Planning, Research and Evaluation/ACF
  - Children's Bureau/ACF
  - CDC/Division of Violence Prevention
  - CDC/National Center on Birth Defects and Developmental Disabilities
  - Heath Resources and Services Administration
  - Office of the Assistant Secretary for Planning and Evaluation

Early Childhood Home Visiting Program Model

- **Program model implemented in tribal communities or studies included substantial AIAN participation.**

- **Target population includes pregnant women or families with children birth to age 5.**

- **Home visiting used as the primary service delivery strategy; models that provided services primarily in centers with supplemental home visits excluded.**

- **Home visits were voluntary for pregnant women, expectant fathers, and parents and caregivers of children birth to kindergarten entry.**

- **Home visits targeted at least one of the participant outcomes.**

Targeted Outcome Domains

- **Child health**

- **Maternal health**

- **Child development and school readiness**

- **Family economic self-sufficiency**

- **Linkages and referrals**

- **Positive parenting practices**

- **Reductions in child maltreatment**

- **Reductions in juvenile delinquency, family violence, and crime**

Steps in the Review Process

- **Step 1: Identify potentially relevant studies.**

- **Step 2: Screen studies.**

- **Step 3: Rate the quality of the studies.**

- **Step 4: Assess the evidence of effectiveness.**

- **Step 5: Review implementation information.**

Identifying Studies

- **Key word searches in research databases**

- **Google search of websites for "grey literature"**

- **Public call for studies**

HomVEE identified more than 213 unduplicated studies, including 5 articles submitted through the call for studies.

Screening Studies

- **We screened out studies for the following reasons:**
    - **Home visiting not a substantial program element**
    - **Not an eligible study design**
    - **Target population out of range**
    - **No eligible outcomes**
    - **Did not study a named program model**
    - **Not published in English**
    - **Published before 1979**

HomVEE found 14 home visiting program models implemented in tribal communities.

Tribal Program Models

- – **Baby FACE**
- – **Early Intervention Program**
- – **FACE**
- – **Family Spirit**
- – **Healthy Families America/ Healthy Families Arizona**
- – **HAPPY Rural Outreach Project**
- – **Indian Family Wellness Project**
- – **Obesity Prevention + Parenting Support**
- – **Parent Child Home Program**
- – **Perinatal Intervention Program**
- – **Philani Child Health and Nutrition Program**
- – **SHARE-ACTION**
- – **ITCM Healthy Start Program**
- – **SIDS Risk Factor Program**

Rating Study Quality

We reviewed studies that used a comparison condition.

- **Randomized controlled trials (RCTs)**

- **Quasi-experimental designs (QEDs)**
  - Matched comparison designs
  - Single case designs (SCDs)
  - Regression discontinuity designs (RDs)

HomVEE reviewed 9 impact studies.

HomVEE Study Ratings

- **Eligible studies were assigned a rating based on the study's ability to provide credible estimates of a program model's impact.**
  - **HomVEE ratings: High, Moderate, or Low**

- **All tribal studies were rated low according to the HomvEE rating system.**

- **The study rating is a measure of the study's quality, <u>not</u> program effectiveness.**

Implementation Experiences and Lessons Learned

- **The HomVEE team gathered descriptive information about**
  - **Implementing home visiting models**
  - **Designing and adapting programs and evaluating services**

- **The team extracted information from**
  - **9 causal studies**
  - **7 standalone implementation studies**
  - **3 otherwise relevant studies with ineligible designs**

Characteristics of the Home Visiting Models

- **Most program models targeted outcomes in three domains**
  - **Child health**
  - **Child development and school readiness**
  - **Positive parenting practices**

- **All models used home visits as the primary mode of service delivery.**
  - **8 also included parent group meetings, access to referral networks, and center-based services**

Target Population

- **Models targeted families for enrollment based child age.**
  - **6 targeted families with children from birth/early infancy to ages 2-5**
  - **1 offered services from birth/early infancy to age 8**
  - **5 targeted pregnant women; 1 targeted women postnatal**
  - **2 targeted families with children ages 2-4**

Target Population and Location of Services

- **12 models targeted families living in tribal communities.**
  - **1 prioritized service areas that included Indian reservations**
  - **HFA programs included American Indian participants (but did not specifically target AIAN families)**

- **4 models were implemented outside the U.S.**
  - **3 program models in Canada**
  - **1 program in South Africa**

Home Visitor Characteristics

- **Most models employed paraprofessionals and did not set minimum education requirements.**

- **Models typically sought home visitors who**
  - **Were from the community being served**
  - **Had strong interpersonal and communication skills**
  - **Had experience working with families in the target communities**

Adapting or Developing Culturally Relevant Models

- **Strategies used to develop culturally relevant programs fall along a continuum of adaptations (Castro et al., 2010).**

Changes to peripheral components of existing models

Development of new services that build upon the cultural traditions and knowledge of the community

Involving Tribal Leaders

- **Programs engaged tribal leaders to provide input on**
  - **Designing culturally appropriate and relevant programs**
  - **Developing program content**
  - **Recruiting families**
  - **Training staff**

- **Tribal leaders endorsed programs and encouraged families to participate.**

Employing Culturally Competent Staff

- **6 models hired staff from the target community.**
  - Home visitors created an extended family support system

- **Some programs hired staff from outside the community.**
  - Programs provided cultural sensitivity training for staff

- **One study concluded that families preferred culturally competent staff and staff that spoke their native language.**

Building on Cultural Strengths and Traditions

- **Studies described building on cultural strengths and customs and incorporating traditional practices.**
  - **1 developed a curriculum based on tribal legends and delivered it with a traditional storytelling approach**
  - **1 integrated traditional arts and crafts, food, and music into the curriculum**
  - **Several emphasized the value of traditional child-rearing practices and the wisdom of tribal elders**

Lessons Learned About Delivering Services

- **Programs successfully recruited families, but nearly all faced attrition.**

- **Few studies reported on the degree to which programs were implemented as intended.**

- **Delivering services in rural communities and in communities that lacked coordination among service providers was challenging.**

- **Families' day-to-day needs often made it difficult for home visitors to deliver the content as intended.**

Strategies for Overcoming Implementation Challenges

- **Staff modified models to better align them with the needs of participants and home visitors.**

- **Staff used feedback from families midcourse, consistent with a process of continuous quality improvement.**

- **While modifications may have allowed staff to overcome some implementation challenges, the changes may have modified core elements of the models.**

Conducting Research in Tribal Communities

- **Obtaining high response rates was a challenge.**

- **Cultural relevance (or lack thereof) of measures may have influenced findings.**

- **There were conflicts between community preferences and research design elements.**

Implications for Moving Forward

- **Collaboration between tribes and model developers to adopt, implement, and sustain home visiting programs, along with rigorous local evaluations, will provide opportunities to build the evidence base.**

- **Future research should**
  - **Support development and implementation of culturally relevant home visiting models**
  - **Examine how well home visiting works for AIAN children and families**

Research on Model Development and Implementation

- **Detailed information is needed about model specifications and minimum requirements.**

  - **Operations and training manuals, information about qualified trainers, documentation of curriculum or program content, service delivery forms, and assessment tools**

  - **Specification of core elements of models (elements that programs must implement with integrity to achieve outcomes)**

Research on Model Development and Implementation

- **Model developers should create fidelity standards for core model elements.**
  - Measures of implementation fidelity assess the degree to which the initiative is implemented as planned

- **Research is needed to understand implementation challenges and how they can be overcome.**
  - Funding and sustaining models, recruiting and retaining staff, recruiting and enrolling families, and delivering model content

Research on Model Development and Implementation

- **Information is needed about adapting national models for tribal communities, including how to engage developers to design and test adaptations.**

  - There is an inherent tension between maintaining fidelity to core elements of the program model yet making culturally relevant adaptations.

Utilization-Focused Participatory Evaluation

- **Reduction in conflict between community preferences and research designs**
  - **Evaluators and stakeholders work jointly to design an evaluation that is useful to both**

- **Joint ownership**
  - **Maximizes usefulness of evaluation data for both evaluation and program purposes**

Implications for Future Research

- **To minimize attrition, plan ahead for challenges to recruitment and retention.**

- **Design and implement research designs that achieve strong internal validity.**

- **Use the highest quality measures feasible.**
  - **Limitations in the availability of culturally relevant measures may require researchers to develop or use new measures that are not yet standardized**

- **Consider the HomVEE review criteria in planning and implementing future studies.**

Questions?

- **Send us your questions during the webinar**

- **Submit questions on the HomVEE website, Help tab, Contact Us page**

http://homvee.acf.hhs.gov