

Maternal, Infant and Early Childhood Home Visiting Program Tribal Expansion Evaluation Final Report

II. Evaluation Design

Overview

The purpose of the AZ-MIECHV grant was to leverage the home visiting infrastructure developed with MIECHV funding over the past five years. The AZ-MIECHV grant provided funding to implement and expand high quality, evidence-based home visiting services as part of the state's early childhood support system. Funds were provided in 2015-2016 for incremental expansion to tribal communities through the Parents As Teachers (PAT) model. The intervention proposed for ADHS MIECHV was to increase the capacity for providing evidence-based home visiting services for families in Arizona's highest risk communities. ADHS MIECHV intended to provide PAT home visiting services to 135 families. At the end of the fiscal year, there were a total of 71 families served. Of the 71 families, 47 are currently receiving services, four families completed the program, three families are enrolled but not receiving services and 17 families stopped services. Although ADHS MIECHV did not quite meet their goal, the PAT Educators made a total 340 household visits. One PAT Educator made 183 household visits on her own for her tribe.

Rationale

Current research suggests that early intervention in the first five years of a child's life is the ideal time to effect developmental outcomes over the lifespan of the child (Daro, 2006). Through the lenses of ecological systems theory (Bronfenbrenner, 1979) and social learning theory (Bandura, 1977) we understand home visitation as a model that supports increasing positive, parenting behavior, positive mental health, and childhood developmental outcomes through one on one peer mentorship and behavior modeling. Past evaluations of home visitation programs with child and parent-focused interventions found positive outcomes for mothers and children across a variety of studies (Sweet & Appelbaum, 2004; Supplee, Paulsell, & Avellar, 2012; Duggan, et al., 2004; Duggan, Caldera, Rodriguez, Burrell, Rohde, & Crowne, 2007; DuMont, Mitchell-Herzfeld, Greene, Lee, Lowenfels, & Rodriguez, 2008). A 2013 study of the Family and Child Education (FACE) program in tribal communities that focused on incorporating traditional language and values into implementation, found their home-visiting program had significant impacts on children and their parents (Research & Training Associates, Inc., 2013).

This evaluation examines the expansion of the PAT program in tribal communities in Arizona. The Native peoples of the United States have experienced centuries of oppression and neglect from governmental agencies. In the past, cultural differences and traditions were not respected or considered in work with tribal communities. This has caused considerable trauma for Native peoples. Given this, it is valuable to use current research on home visiting as an initial framework for directing the evaluation focus for this project while providing many opportunities for emerging evaluation findings. The evaluator used guiding practices from current literature in working with the Tribes when developing evaluation plans and activities. In 2013, the Tribal Evaluation Workgroup of Children's Bureau of the Administration for Children and Families in the U.S. Department of Health and Human Services created a *Roadmap for Collaborative and Effective Evaluation in Tribal Land*. This roadmap created four concepts that any evaluation with tribal communities should center around, that is: appreciation for those using the program services being evaluated, self-determination, high evaluation standards, and generosity of lessons learned. When developing the evaluation topics, aims, and questions, the evaluation centered around these concepts to ensure Native voice was not only considered but raised up and prioritized.

We understand that home visiting as an intervention for parent education, as implemented in the past, is effective. Therefore, this evaluation seeks to understand what implementation of evidence-based curricula "looks like" in these specific tribal communities. Findings from this evaluation will support a *deeper understanding of implementation* of home visiting parent education programs in tribal communities as well as *develop guiding principles for working with tribal communities* to support their work implementing these programs. Given this, the evaluation method used for this evaluation is the Community-based participatory research (CBPR) framework wherein the evaluator and the community work together to better understand the PAT program in their community. The purpose of using the CBPR as our method of evaluation is to allow the tribe to direct what is needed from the PAT program for their tribal members. This allows the evaluator and state administration to respect and honor tribal culture, traditions, and knowledge.

Previous research regarding the PAT program in tribal communities reported parents that participated in the curriculum:

1. Increased the amount of time parents spent with their child;
2. Increased parent involvement with their child's education;
3. Increased efficacy of parent interactions with their child; and
4. Increased parent understanding of child development (Parents as Teachers, 2015).

There are several factors in implementing home visitation programs that act as moderators to successful outcomes. This evaluation gathered data on many of these factors to better understand home visiting in tribal communities.

Parent's Reflections and Satisfaction

Parent's perception of their parenting skills can influence their perception of their child's behavior and a parent's satisfaction as a parent (Johnston & Mash, 1989). Similarly, low reported parenting efficacy can predict at-risk parenting behaviors in many families (Sanders & Wooley, 2005). A mother's experience with the home visitation program may also affect that program's efficacy (Council on Child and Adolescent Health, 1998). A positive perception of a program's worthiness can impact the time and importance a parent gives to their participation and engagement in the program. Similarly, a parent's satisfaction with the program may indicate a higher likelihood of valuing the content of the program and applying learned skills.

Psychological resources and maternal depression

We know depression in mothers can moderate the success of a home visiting program (Duggan, Berlin, Cassidy, Burrell, & Tandon, 2009). Some mothers with depression experience greater improvements in outcomes in mothers who reported depressive characteristics at the start of program participation (Love, 2002; Duggan, Berlin, Cassidy, Burrell, & Tandon, 2009). There is some evidence to support that mildly depressed mothers who complete a home visitation program find some of their depressive symptoms decrease.

Engagement with Program and Working Alliance

Engagement is a key factor in home-visitations effectiveness (Booth, Palamaro Munsell, & Doyle, 2014). Mothers who report positive relationships with their home visitor report more satisfaction with the home visiting program (Krysiak, LeCroy, & Ashford, 2008). We understand engagement to be an overarching concept that includes the factors of attendance and participation. Current literature suggests that most program participants complete between 57% and 70% of the planned home visits (Duggan, et al., 2000). Some researchers have observed a direct relationship between the level of observed engagement of parents and the efficacy of the home visitor (Roggman, Boyce, Cook, & Jump, 2001).

Research shows the quality of a client-worker relationship has significant impact on program outcomes and predicts positive child welfare outcomes (Lee & Ayon, 2004). It is interesting to note that the quality of the working relationship significantly impacts outcomes regardless of intervention method used (Norcross, 2002). A successful working alliance depends on a family connecting with their home visitor and trusting the program (Friedlander, et al., 2006). Participation in the program should feel emotionally safe. A home visitor's working alliance with a family can be linked to key factors such as: goal agreement, quality of relationship, trust between parties, and the strength of the interpersonal bonds developed (Brookes, Summer)

Data Collection

All data collection activities for the CBRE ended in early December, 2017. All data were analyzed by MIECHV Evaluators using RQDA 0.2-8 version (CRAN, 2016-12-12) for all qualitative data, descriptive statistics for the survey data (due to the low return rate) and descriptive statistics for the MIECHV program data, forms 1 and 2.

Prior to the release of this report, MIECHV Evaluators analyzed data separately for each tribe and co-presented the findings with the MIECHV Tribal Community Coordinator to Tribal Council members at two of the three tribes and a tribal ESW at the third. Incorporating stakeholder 'voice' in all components of the evaluation including the reporting of results and discussion of the results is part of the CBRE process. This preliminary reporting is conducted to allow the stakeholders the opportunity to see the progress of the program on their tribal lands. A deep discussion ensued among the Tribal Council members, the community members and the PAT Educators regarding the meaning of the data and the current situation. This process not only holds to the integrity of the contractual agreement with the tribes, but it also gives the MIECHV Evaluators more context in which to understand the data. At the beginning of the process (which is encompassed in the initial data from the planning meetings) the stakeholders led the process of planning the program sharing with evaluators their strengths, areas of weakness, infrastructure needs and immediate program needs. This kind of 'inside' information can only come from the stakeholders. The CBPR process holds all stakeholders accountable for fidelity of the program and its success.

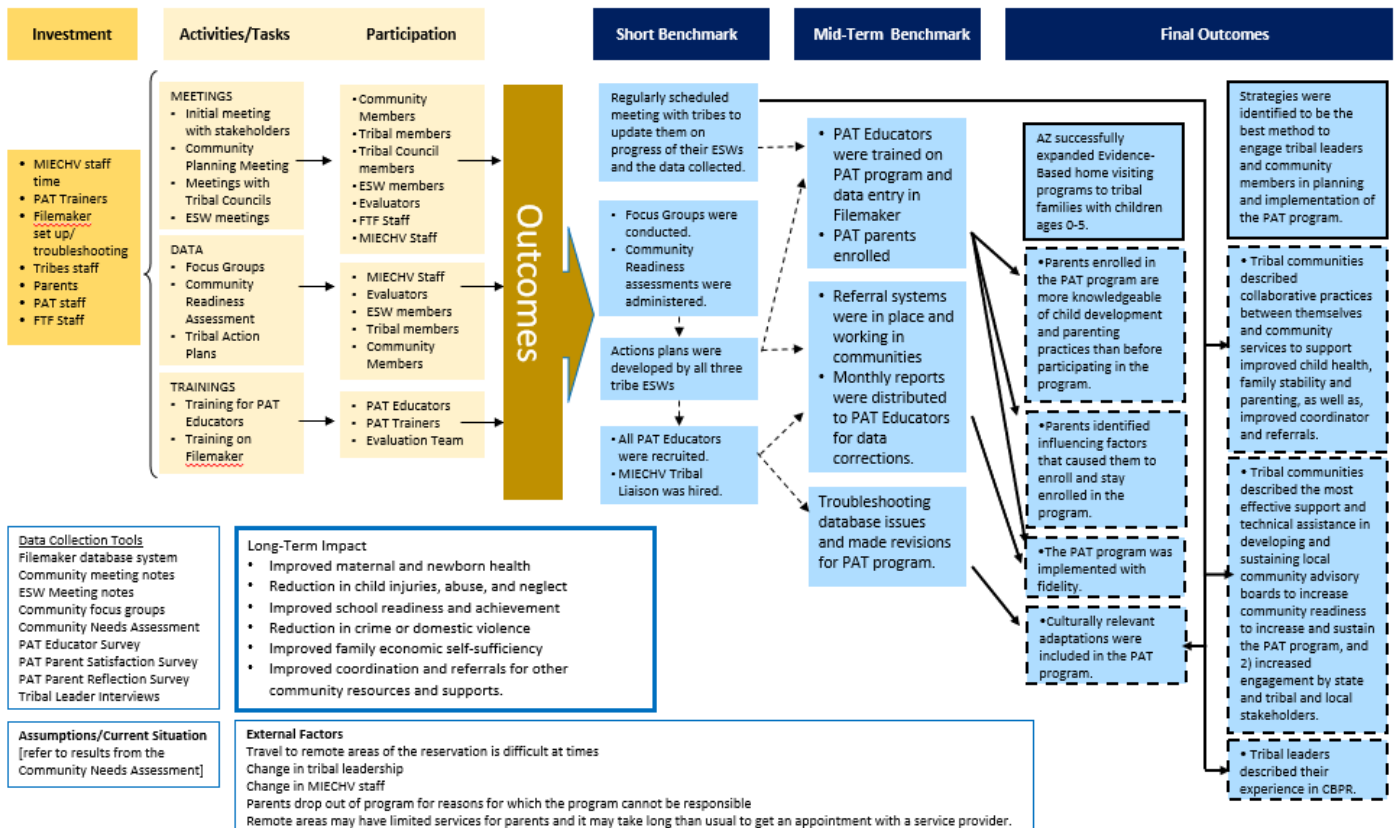
Table 1. Data Collection Activities

Data Collection Activity	Author of Instrument	Individuals Responsible for Data Collection	Tools used to Analyze Data
Focus Groups	Wellington Consulting Group, Ltd.	Wellington Consulting Group, Ltd.	RQDA (Version 0.2-8) Released 12-12-

			2016
MIECHV Community Readiness Assessment	Wellington Consulting Group, Ltd. (2011)	Wellington Consulting Group, Ltd.	Descriptives and Correlations were calculated
Community, Tribal Council, ESW Meeting Notes	Wellington Consulting Group, Ltd.	Wellington Consulting Group, Ltd.	RQDA (Version 0.2-8) Released 12-12-2016
PAT program data - MIECHV PAT Form 1	HRSA Reports - OMB No: 0906-0017	PAT Educator	Microsoft Excel (descriptives)
PAT program data - MIECHV PAT Form 2	<ul style="list-style-type: none"> Adverse Childhood Experiences Scale (ACES); Edinburgh Postnatal Depression Scale; PHQ-9; Past 30 Day ATOD Use Questionnaire; Web Scale; ASQ-3; PICCOLO 	PAT Educator	Microsoft Excel (descriptives)
Key Informant Interviews	Jeanette Shea & Associates, LLC. - PEDLS: Program Evaluation and Data Literacy Services	Jeanette Shea & Associates, LLC. - PEDLS: Program Evaluation and Data Literacy Services	RQDA (Version 0.2-8) Released 12-12-2016
PAT Parent Reflection Survey	Parents as Teachers National Center, Inc.	PAT Educator	Microsoft Excel (descriptives)
PAT Parent Satisfaction Survey	Parents as Teachers National Center, Inc.	PAT Educator	Microsoft Excel (descriptives)
PAT Educator & Supervisor Survey	Jeanette Shea & Associates, LLC. - PEDLS: Program Evaluation and Data Literacy Services	Jeanette Shea & Associates, LLC. - PEDLS: Program Evaluation and Data Literacy Services	RQDA (Version 0.2-8) Released 12-12-2016

MIECHV EVAL Logic Model

Partners: Navajo Nation, Cocopah Tribe, and Hualapai Tribe



The MIECHV PAT program logic model contains seven components: Investments, Activities/Tasks, Participation, Short-Term Benchmarks, Mid-Term Benchmarks, and Final Outcomes, Long-Term Impact, External Factors, Assumptions/Current Situation and a list of Data Collection Tools.

The **Investment** section describes (in bulleted form) stakeholders who were vested in the program. These individuals, MIECHV Staff, Tribal staff, PAT Trainers, and PAT Staff, devoted time to the program. First Things First (FTF) staff were involved with the program in two of the three tribes.

The **Activities and Tasks** section is divided into three sections: Meetings, Data and Trainings. This section describes what was planned to make sure the program was a success. Meetings with the community members, tribal council members and evaluation stakeholder workgroup were listed as essential activities to gain approval from the Tribal Council members and buy-in from the community. Initial data was to be collected from Focus Groups and a Community Readiness Assessment. Actions plans were to be created to keep the staff on timeline. In additions, trainings had to be developed on the PAT Curriculum and the database established for data collection.

A list of participants was drafted to accompany the Activities/Tasks section to make sure that every stakeholder understood what was expected of them. This list also gives stakeholders a clear picture of the sense of commitment this project took to be a success.

There were three stages of **Outcomes**: Short-Term Benchmarks, Mid-Term Benchmarks and Final Outcomes. **Short-Term Benchmarks** took place over the course of 12- to 18-month period from the initial meetings with the tribes in June 2015. The Initial meetings with tribal councils consisted of discussions about needs, expectations and sustainability. A description of what the home visiting program would and should look like for their community, the type of data collection required, ownership of the data, outcome expectations and the parameters of the contract (i.e., IGA or funding funneled through FTF) were discussed at these meetings.

Mid-Term Benchmarks were obtained during the first 12- to 18-months of the program. These benchmarks consisted of training all PAT Educators on the PAT curriculum and entering the data into the Filemaker. The Filemaker database was used to house the PAT program data. Parents were recruited in each tribal community and referral systems were outlined. Monthly data reports were distributed to PAT Educators to verify and update program data.

The **Final Outcomes** were tied to the evaluation questions listed in Evaluation Results Section. There were two over-arching evaluation questions with seven sub-questions (i.e., identified with dotted lined boxes). Each of the Short- and Mid-Term Benchmarks were directly related to the Final Outcomes. For example, based on progress made with the training of PAT Educators on the curriculum (i.e., Mid-Term Benchmark) participating parents were provided information regarding child development (i.e., Final Outcome). Evaluation data showed that working towards the Short-Term and Mid-Term benchmarks resulted in more satisfied parents. The attrition of families from the program was a concern of program staff and ultimately became an evaluation question for each tribe. Participating parents who reported in their satisfaction and reflection surveys that they were more informed and more knowledgeable about the development of their child also stayed in the program.

Accompanying the logic model is a list of possible **Long-Term Impacts** from the PAT program. Also included is a list of **External Factors** identified within the tribal communities that may hinder the progress or success of the Program. External factors are issues that occur beyond the control of the MIECHV PAT program staff. If an external factor occurs, this would be considered an obstacle that the staff would have to work around to be successful.

The **Assumptions/Current Situation** box consists of a note for discretionary purposes to review the Community Readiness Assessments for each individual tribe's description of their concerns and current situation regarding their children ages 0 to 5. Lastly, there is a list of **Data Collection Tools** that were used for the evaluation. The MIECHV Evaluation logic model and the outlying boxes of information provide stakeholders a graphic depiction of the program was to progress, who was involved and what outcomes were expected. The logic model was shared and talked about with stakeholders so they would be familiar with and able to provide constructive feedback. The following images are examples of how the four major stakeholders (i.e., Community Members, Tribal Council and ESW, PAT Educators and PAT Parents) were affected by the program. Each stakeholder group was affected by one or more of the outcomes in a separate way depending on their perspective.

Logic Model Effect on Stakeholders

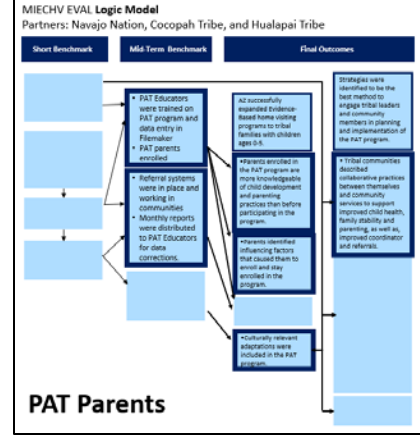
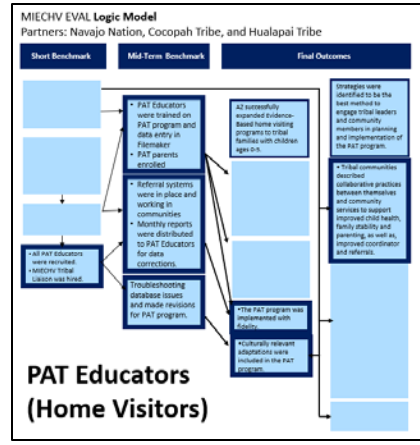
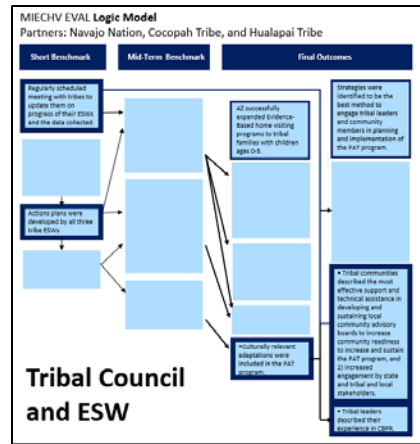
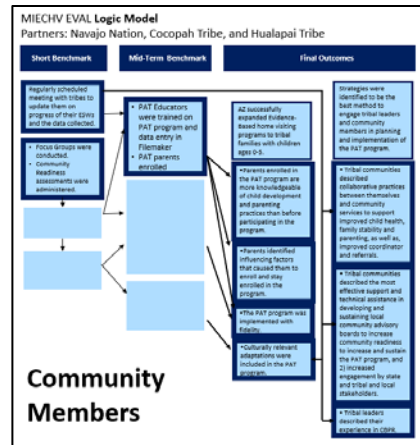
Community Members were included in the initial planning meetings and participated in Focus Groups and a Community Readiness Assessment (i.e., Short-Term Benchmarks). Feedback from community members was incorporated into trainings to make sure PAT Staff used culturally relevant references, stories, books in their language, as well as introducing culturally relevant activities during group connections (i.e., Final Outcomes). Community services were included in the list of available services for referrals which is noted under Mid-Term Benchmarks. Final Outcomes describes the effectiveness of community services agencies collaborating with tribal communities to support improved child health, family stability and improved parenting. In addition, the final outcomes accounted for the support and technical assistance provided to the community for sustaining local community advisory boards, increasing community readiness to sustain the PAT program and engaging community members to participate. A description of the community members' experience with the CBPE

process was also a Final Outcome.

The **Tribal Council** was engaged at the beginning of the process for discussion and approval of program expansion. An **ESW** stakeholder group was then established to make sure that tribal needs were met. Tribal Councils and ESW Stakeholders collaborated in creating and approving an Action Plan that helped PAT Staff stay on timeline. These stakeholders were directly impactful on the culturally relevant references and activities incorporated on each tribal land. They were also recipients of support and technical assistance needed to develop and sustain community advisory boards and increase community readiness to sustain the PAT program. In addition, the tribal and ESW members shared with evaluators a description of their experience with the CBPE methods.

PAT Educators were hired after the planning phase (i.e., Short Benchmark). The work of the PAT Educators started during the Mid-Term Benchmark phase (first 12-18 months of program). Training on the program curriculum was conducted by the evaluators and trainers from the National PAT program. PAT Educators were trained on entering data in the tribe's database by the evaluators. Parents were recruited by PAT Educators during various outreach functions hosted in the tribal communities and through various contacts. The PAT Educators developed relationships with the service providers who also referred parents to the program. Program fidelity and the requirement to implement culturally relevant materials and activities lay mostly on the PAT Educators' shoulders (i.e., Final Outcome). They consistently worked on fostering strong relationships with service providers to meet the goal of supporting improved child health, family stability and parental knowledge of child development.

Parent and family recruitment began during the Mid-Term Benchmark phase (first 12-18 months) of the program and continues. PAT Educators worked to build meaningful relationships with PAT caregivers. A strong relationship between PAT Educators and family members is vital to the success of the program. PAT Educators help meet the needs of the parent or refer them to a service provider that can assist or counsel with the parent. There were a number of data collection tools used to collect information from the primary caregiver and the target child. Data collection started at enrollment and continued throughout the program. At the end of the grant period the parents were asked to fill out a parent satisfaction survey and a reflection survey which contributed to answering the evaluation questions (i.e., Final Outcomes). Parents often requested culturally relevant materials from their PAT Educators. In response to the parents' request, PAT Educators found materials that were culturally relevant for PAT Parents. This directly contributed to the fidelity of program implementation.



Population

While Native Americans account for 5.4% of the population of the state of Arizona, this population consistently experiences higher incidence of risk factors impacting maternal and infant health. In 2012, Native Americans in Arizona (Arizona Department of Health Services, 2012) ranked worse than the statewide average on 47 of 70 health indicators; ranked poorly on measures of maternal lifestyle and health and in utilization of prenatal care. Three tribal communities, Hualapai Tribe, Navajo Nation, and Cocopah Tribe, implemented the Parent As Teachers (PAT) program with their current home visiting program during 2015-2017.

The **Hualapai Tribe** is a federally recognized tribe that was established in 1883. The 992,463-acre reservation is in northwest Arizona. The reservation, encompasses about one million acres, which lie on part of three northwest Arizona counties: Coconino, Yavapai, and Mohave including 108 miles of the Grand Canyon and Colorado River. According to U.S. Census data, the Hualapai Tribe had a population of 1,335 in 2010, of whom 289 (22%) were children ages 0 through 8 years. Thirty-four percent (34%) of the Hualapai Tribe Region households have children birth through five years of age. About 36% of the region's young children live with relatives other than their parents. In addition, over half (51%) of young children in the region live in single-female headed households. A quarter of the region's children under six live in their grandparent's household

More than half (52%) of the region's children under six (6) live in poverty. The majority of young children in the region (87%) received SNAP benefits. Ninety-eight percent (98%) of children attending the Hualapai region contained- Peach Springs Unified District are eligible for free or reduced lunch (First Things First, 2016). Childcare is available to the Hualapai tribal members at the Hualapai Child Care program and Tribal Head Start Program. The Hualapai Day Care Center has a capacity for 60 children (ages six months to 12 years) and the Head Start program can support up to 57 three and four-year-old children. Eighty-three percent of Hualapai children, ages three and four, are enrolled in Head Start.

Health care is available to community members at the Indian Health Services Peach Springs Health Center and the Hualapai Health Education and Wellness Department. Prenatal care and education services are provided by these two agencies through a contracted Ob/Gyn physician and the Maternal and Child Health Program, respectively. In 2012, about 72% of expectant mothers in the region received early (first-trimester) prenatal care. Although this is higher than the 64% for all Arizona reservations combined, it does not meet the Healthy People 2020 target of 78%. The primary care area is classified as a Federal Medically Underserved Area. Child welfare services in the Hualapai Tribe Region are overseen by the Hualapai Human Services Department. In 2012, there were fewer than 10 substantiated cases of child abuse and neglect that involved children birth to five. In the same year, there were 58 children (0-17) in foster care and fewer than ten foster homes available to serve this children on the reservation as well as off the reservation.

Geographically, the entire **Navajo Nation** extends into the states of Arizona (also the home of Window Rock, the administrative capital), New Mexico and Utah, covering over 27,000 square miles and is almost completely rural with a few low-density urban centers. According to U.S. Census Data, the Navajo Nation had a total population of 173,667, with 101,835 of these individuals residing within the Arizona part of the Navajo Nation. Within the Navajo Nation Region, 10,894 children ages 0 to 5 reside in the Arizona portion (11% of the total population). About 56% of children are living with at least one parent, and an estimated 44% of children in the Navajo Nation Region live with relatives other than their parents (such as grandparents, uncles, or aunts).

Multigenerational households are common in the region; 15% of households contain three or more generations. Almost three-quarters (72%) of the children ages zero to five years in the Navajo Nation Region are enrolled in the Supplemental Nutrition Assistance Program (SNAP). A large proportion of the children in the school districts serving children from the Navajo Nation Region (with the exception of Flagstaff and Tuba City Unified Districts) are eligible for free or reduced-price meals at their school. In 2014, there were 20 childcare centers under the CCDF Program across the entire Navajo Nation, up from nine in 2011. Thirteen of those centers were located in Arizona. As of March 2015, there were eight (8) Quality First sites in the Navajo Nation Region. The Navajo Head Start is the largest tribal Head Start program in the United States. In 2013-2014, the Navajo Head Start Program had a total funded enrollment of 2,063 children, 1,739 in the center-based setting (four days per week) and 324 children in the home-based option.

Members of the Navajo Nation can access health care services from a variety of providers that include the Navajo Nation Division of Health (NDH), the Indian Health Services (IHS) Navajo Service Area, other tribally operated facilities and private providers. In addition, Navajo traditional healing services are also available. In 2012, the most recent year data is available; there were 1,436 births to mothers residing in the region. Fifteen percent of births were to mothers age 19 or younger. An estimated 64% of women began prenatal care in the first trimester, and about 92% of those women had five or more prenatal visits over the course of their pregnancies. About 6% of babies annually are considered low birth weight. The tribally operated Growing in Beauty program is the Arizona Early Intervention Program (AzEIP) provider in the Navajo Nation Region. This program, which serves children ages 0 to 3 years, is under the Navajo Nation Office of Special Education and Rehabilitation Services (NNOSERS).

The **Cocopah Tribe** is a federally recognized, sovereign tribe located in the southwestern corner of the State of Arizona, 13 miles south of Yuma and along the Colorado River. The current Cocopah Reservation is comprised of three noncontiguous regions: East, North and West Reservations. According to the U.S. Census (2010), the Cocopah Tribe Region had a population of 817 in 2010, of whom 100 (12%) were children ages birth to 8 years. Fifteen percent (15%) of households in the region included a young child. Almost half of the households with young children (birth to 5) in the region (47%) are single-female households. The proportion of young children living in a grandparent's household in the region (23%). For those children (0-17) living in a grandparent's household, 27% living in a grandparent's household have no parent present in the home. Almost 73% of the children aged 0-5 in the Cocopah Tribe Region live in poverty. In 2014, 75 children aged 0-5 received Supplemental Nutrition Assistance Program (SNAP) benefits. This is a higher number than the total population of children in that age range reported to be living in the region according to Census 2010 data.

Early care and education settings include the Cocopah Day Care and the Cocopah Head Start, both tribally-operated. The Cocopah Day Care provides childcare services to families in the region with children ages three to 12. Enrollment is available to children from the Cocopah Indian Tribe and also to members of any other federally-recognized tribe, such as the neighboring Quechan Tribe. The Cocopah Day Care has one classroom and a total capacity to serve 20 children. The Cocopah Head Start Program is located on the East Reservation and is a half-day program with a total funded capacity to serve 20 children ages 3 to 5. No infant care is available within the reservation boundaries and parents must travel 5-15 miles to the nearest infant child care facility.

Health data on the Cocopah Tribal members is limited. Due to its size, members of the Cocopah Tribe have to travel off the reservation to access medical care at the Fort Yuma Health Center. This health center is managed by Indian Health Service and provided medical care to Cocopah Reservation residents. Total births by Tribal members residing on the reservation in 2015 (the most recent data available) indicated less than 10 births occurred that year.

Evaluation Questions

1. ***To what extent does Arizona successfully expand evidence-based home visiting programs to families with children ages 0-5 living in tribal communities in urban, rural and tribal areas?***
 - a. *How do parents enrolled in an evidence-based home visiting program describe their knowledge of child development and parenting practices before and after participation in the program?*
 - b. *What factors do parents identify as influencing their enrollment an evidence-based home visiting program and staying in the program for the duration?*
 - c. *To what extent is the evidence-based home visiting program selected by the Tribal community implemented with fidelity?*
 - d. *To what extent were culturally relevant adaptations required to implement the evidence-based home visiting program selected by the Tribal community and what was the level of engagement by the model developer in designing, implementing and testing the adaptation?*

2. ***What are the best strategies to engage tribal leaders and community members in the planning and implementation of an evidence-based home visiting program in tribal communities?***
 - a. *How do Tribal communities participating in the AZ-MIECHV home visiting programs describe the collaboration with other community services to support improved child health, family stability, and parenting and improved coordination and referrals for other community resources and supports?*
 - b. *What support and technical assistance related to developing and sustaining local community advisory boards do Tribal communities identify as being the most effective in 1) increasing community readiness to implement and sustain evidence-based home visiting programs and 2) increasing engagement by state and tribal and local stakeholders?*
 - c. *How do Tribal leaders describe their experience in CBPR?*

Evaluation Design

The evaluation design is a mixed-methods evaluation using a Community-Based Participatory Research (CBPR) approach to support a culturally responsive and respectful approach. The CBPR approach was used because of existing research documenting the effectiveness and cultural relevance of the CBPR approach with tribal communities. CBPR is a partnership approach to research that equitably involves community members, practitioners, and academic researchers. Taking a CBPR approach provided all partners with a way to contribute their expertise and share responsibility and ownership (Israel et al.,

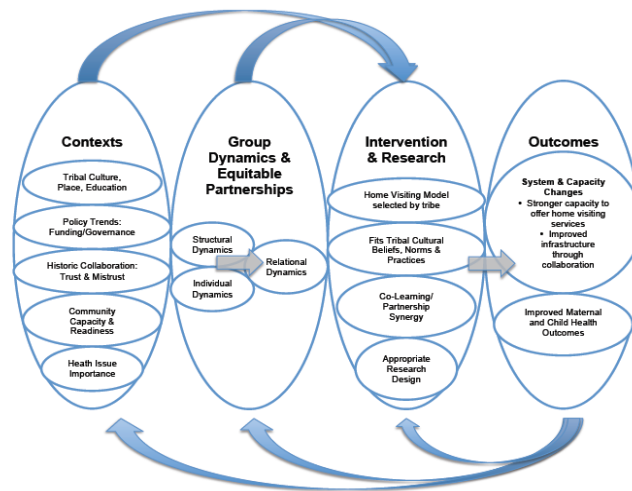
2010). A review of the research literature on CBPR commissioned by the Agency for Healthcare Research and Quality (Viswanathan et al., 2004) indicated that the CBPR approach contributed to greater participation rates, less attrition, and enhanced outcomes of capacity without decreasing research rigor. Implementing the selected intervention leads to the outcomes seen as changes in capacity, systems, and health outcomes.

Wallerstein et al. (2008) developed a CBPR conceptual logic model containing four dimensions critical to understanding the pathways by which CBPR leads to outcomes. While the CBPR partnership processes is presented linearly in the conceptual logic model, the process is dynamic and fluctuations in one component impacts and modifies another component. The evaluator adapted the CBPR conceptual logic model to meet the needs of the evaluation plan for the ADHS MIECHV grant.

The CBPR-driven project logic model identifies four components to community-based participatory research and the relationship between each component (See Figure 1). Starting on the left side of the model, contextual factors mold the nature of the research and partnership and determine how a partnership is initiated. The context constructs, tribal culture, policy trends, historical collaboration, community capacity and readiness, and the perceived severity and importance of health issues, frame the CBPR partnership through their current and historical significance on the lives of community members. Group dynamics and equitable partnerships address how structural dynamics and individual dynamics influences relational dynamics. The individuals working together in each of the Evaluation Stakeholder Workgroups bring their personal beliefs and motivations to the table in CBPR. The individuals working on the CBPR contribute to the structural dynamics by defining the team, its composition, diversity, complexity of membership, and the rules and resources used to guide the partnership. The structural and individual dynamics influence the relational dynamics, which are the core interactive and communicative processes used to negotiate work, relationships, and identities in the CBPR partnership. Effective relational dynamics can include reflection on core values to enhance respect and congruence, dialogue and mutual learning, self- and collective-reflection about the group's process, and the researcher's involvement in the community.

This evaluation assumed that CBPR-led intervention and research design are shaped by interactions with community partners, the services implemented reflect local culture, community-supported practices, contexts, and program environments. Thus, the interaction between the contextual factors and the group dynamics (illustrated in the logic model) produced the intervention, research design, and the variables leading to the outcomes. The evaluation design focused on program implementation and how outcomes were achieved. The evaluation also examined the extent to which MIECHV grant expectations are being met and the infusion of cultural competence and Native inclusion into each phase.

Figure 1. CBPR-Driven Project Logic Model



Rationale for Evaluation Design

Community-based participatory research (CBPR) is a promising approach to reduce health disparities and improve health in our communities. There is a long and sometimes unflattering history of research relationships between Native communities and academic and government institutions. The basic principles of CBPR address many of the concerns that tribal leaders and community members have about allowing research among their people (LaVeaux and Christopher, 2009, p. 12).

Rasmus (2014, p. 174) states that it is important to have the process emerge from local contexts and practices so that the resulting intervention is not experienced as something imposed or introduced, but is instead experienced as a natural,

indigenous way to address an issue or problem in the community. The author further notes that asking community members to identify existing strengths and resources and then offer support in building upon ongoing and existing efforts is a critical process step for researchers from "outside" who come into the community. This design used qualitative and quantitative research methodologies to gain familiarity with, increase understanding of, and help formulate better program services, evaluation questions and approaches. The literature supports this process for engaging support and collaboration with key stakeholders.

LaVeaux and Christopher (2009) built on existing work by Israel et al (2008) to develop nine principles specific to working with indigenous groups. The nine principles supplement the existing CBPR recommendations to support in-depth insight and collaborations with the tribal communities in order to conduct research that is successful, relevant and, useful. They are: 1) Acknowledge historical experience with research and with health issues and work to overcome the negative image of research; 2) Utilize Indigenous ways of knowing; 3) Recognize tribal sovereignty; 4) Differentiate between tribal and community membership; 5) Understand tribal diversity and its implications; 6) Plan for extended timelines; 7) Recognize key gatekeepers; 8) Prepare for leadership turnover; and 9) Interpret data within the cultural context.

The first five principles support the foundational work of an evaluation, this was work done by the evaluator prior to entering the community. The sixth principle provides a logistical perspective to ensure cultural differences in time are included in planning and conducting the evaluation. The seventh and eighth principle are interrelated and have implications for sustainability; therefore, inclusiveness, early and continuous involvement, and openness are expected in an evaluation to ensure time was taken to explore opportunities for continuous engagement, embeddedness, and appropriate exit/transition/sustainability strategies. Finally, the evaluator uses the ninth principle to ensure data are accurately and validly interpreted within the cultural context and include community voice.

The community engagement components of the CBPR approaches are now routinely identified as particularly well-suited for research with Native American and Alaska Native populations, many of which have experienced long histories of disempowerment of marginalization because of colonial interactions with the predominately Western cultures of contact. Changing a community's collective experience with research and enabling the opening-up of the community for change and healing is a critical outcome that the implementation of a CBPR approach has the potential to achieve. (Rasmus, 2014, p. 171). The form that CBPR process implementation takes in an Indigenous community context can have serious implications for intervention outcomes and sustainability. The CBPR process, initiated and formalized by the community work members, may work to integrate the intervention more naturally and seamlessly into the local cultural context. This innovation of local community members of formalized, community-directed in the CBPR process constituted a critical step in bringing about ownership of the intervention within this tribal community. (Rasmus, 2014, p. 178).

ADHS MIECHV PAT Program Timeline

2015, June	Tribal Consultation Meeting in Flagstaff, Arizona
	Tribal Community Meetings with five tribes and tribal entities who expressed interest in the proposal
September	IGA development and review of tribal budget documents
	Development of FAQ sheet for Tribes, follow up TA email communication with tribal contacts
October	Finalized and sent Tribal FAQ sheet, ISA comments reviewed, and document updated, TA conference with one of the tribes
	ISA comments and edits reviewed, document updated, and sent to ADHS for review, and follow up communication with Tribal contacts and ADHS
November	Conference call with ADHS, FTF, and Hualapai
December	Conference call with Tribal Coordinator
2016, January	Reviewed FTF ISA and provided feedback
March	Conferenced with tribe regarding budget; developed budget template and provided guidance; communicated with ADHS on tribal budget information
April	Met with Tribal ESW member provided her with data collection laptop and provided overview of Filemaker
May	Made changes to two tribes database; spoke with Tribal PAT Supervisor regarding training; Reviewed home visitor job description and provided feedback to tribe
June	Technical assistance calls with tribes on data entry, data questions and screening documentation; Prepared for ASQ and ASQ-SE training; on restricting data access;
	Followed up on questions from tribes after ASQ training – sent sample consent forms
	Developed spreadsheet for family identification information; Scheduled upcoming training
July	Phone conference with tribe regarding contract/budget
	Technical assistance with tribe on enrolling families, recruitment, data and upcoming reporting
	Technical assistance with tribe on data clean up and reporting; Began pulling data for monthly report
August	Technical assistance with tribe to set up access and discuss files
	Meeting with tribe to discuss data entry and clarify data time frames; Technical assistance with tribe on Monthly reporting to ADHS; Database access and reviewed data in monthly ADHS report
September	Technical assistance with tribe for peer support
October	Meeting with tribe on ADHS reporting and pulling data from database
	Reviewed MIECHV quarterly report format; Technical assistance with tribe for peer support; Mailed out all hard copies of new benchmarks and contacted tribe about missing monthly reports
November	Follow up with tribe with resources after training and provide technical assistance on CERs
	Technical assistance with tribe to include review of monthly report to ADHS; Assisted tribe with October report preparation for ADHS.
December	Technical assistance with tribe on hearing and screening training
2017, January	Technical assistance with tribe for technical support and discussion of monthly reporting
September	Database Training for all PAT Educators for FY18 MIECHV Data Collection
	FY17 MIECHV PAT Program data collection ends
October	Evaluation data collection from PAT Educators (Parent Satisfaction Surveys, Parent Reflection Surveys, PAT Educator and Supervisor Survey, and Tribal Interviews)
November	Individual Tribe Interim Report presentation to two sets of Tribal Council members and the ESW for the third tribe
December	ADHS MIECHV PAT Program Evaluation completed

Assessment Tools and Data Collection Schedule.

Table 2. Data Collection Tools, References and Construct Measured

Goal 1. To what extent did Arizona successfully expand evidence-based home visiting programs to families with children ages 0-5 living in tribal communities in urban, rural and tribal areas?								
Evaluation Questions	Construct Measured	Data Collection Tool	Type of Measure	Author of Tool	Reliability Coefficients	Individual[s] Responsible for Data Collection	Number of Respondents	Frequency of Data Collection
1.a. How did parents enrolled in the PAT home visiting program describe their knowledge of child development and parenting practices before and after participation in the program?	Parents' perceived change in knowledge & skills	PAT Parent Reflection Survey	Quant & Qual	Parents as Teachers National Center, Inc.	Unknown	MIECHV PAT Educator	11 – PAT Family Caregiver receiving, completed or enrolled but not receiving (11/54 = 20%)	One time
	Parent Satisfaction	PAT Parent Satisfaction Survey	Quant & Qual	Parents as Teachers National Center, Inc.	Unknown	MIECHV PAT Educator	37 – PAT Family Caregiver of the 89 total family caregivers receiving, completed or enrolled but not receiving (37/54 = 69%)	One time
1.b. What factors did parents identify as influencing their enrollment in the PAT home visiting program and staying in the program for the duration	Parent Satisfaction	PAT Parent Satisfaction Survey	Quant & Qual	Parents as Teachers National Center, Inc.	Unknown	MIECHV PAT Educator	37 – PAT Family Caregiver of the 89 total family caregivers receiving, completed or enrolled but not receiving (37/54 = 69%)	One time
	Enrollment & Retention	PAT program data - MIECHV PAT Form 1	Quant	HRSA Reports - OMB No: 0906-0017	n/a	MIECHV PAT Educator	54 – PAT Households receiving, completed or enrolled but not receiving (54/71 = 76%)	At the end of the fiscal year
	Demographics	PAT program data - MIECHV PAT Form 1	Quant	HRSA Reports - OMB No: 0906-0017	n/a	MIECHV PAT Educator	89 – PAT Family Caregivers	At intake, 2-mos, 6-mo, and every 6 mo after
	Family Structure	PAT program data - MIECHV PAT Form 1	Quant	HRSA Reports - OMB No: 0906-0017	n/a	MIECHV PAT Educator	71 – PAT Households	At intake, 2-mos, 6-mo, and every 6 mo after
	Employment	PAT program data - MIECHV PAT Form 1	Quant	HRSA Reports - OMB No: 0906-0017	n/a	MIECHV PAT Educator	89 – PAT Family Caregivers	At intake, 2-mos, 6-mo, and every 6 mo after
	Financial Assistance	PAT program data - MIECHV PAT Form 1	Quant	HRSA Reports - OMB No: 0906-0017	n/a	MIECHV PAT Educator	71 - PAT Households	At intake, 2-mos, 6-mo, and every 6 mo after

	Communication & Responses	PAT Educator and Supervisor Survey	Qual	Evaluator	n/a	Evaluator	2 – Active PAT Educators (2/6 = .33%) 2– PAT Supervisors' (2/3 = 67%)	One time
1.c. To what extent was PAT program implemented with fidelity?	Fidelity	PAT Essential Requirements		Parents as Teachers National Center, Inc.	Unknown	Parents as Teachers National Center, Inc.	3 – MIECHV Tribal PAT Programs	At the end of the Fiscal Year
	Quality	PAT Parent Satisfaction Survey	Quant & Qual	Parents as Teachers National Center, Inc.	Unknown	MIECHV PAT Educator	37 – PAT Family Caregivers receiving, completed or enrolled but not receiving (37/54 = 69%)	One time
	Fidelity & Quality	Self-Study by the PAT National Center	Quant	Parents as Teachers National Center, Inc.	Unknown	Parents as Teachers National Center, Inc.	3 – MIECHV Tribal PAT Programs	At the end of the Fiscal Year
1.d. To what extent were culturally relevant adaptations required to implement the PAT home visiting program and what was the level of engagement by the model developer in designing, implementing and testing the adaptation?	Cultural Adaptations	Key Informant Interviews	Qual	Evaluator	n/a	Evaluator	13 – Key Informant Interviews	One time
	Engagement	Community Meeting Notes Tribal Council Meeting Notes ESW Meeting Notes	Qual	Evaluator	n/a	Evaluator	214 – Tribal community members including Tribal Council members	24 meetings over the time period: July, 2015 through December, 2017

Goal 2. What are the best strategies to engage tribal leaders and community members in the planning and implementation of an evidence-based home visiting program in tribal communities?								
Evaluation Questions	Construct	Data Collection Tool	Type of Measure	Author of Tool	Reliability Coefficients	Individual[s] Responsible for Data Collection	Number of Respondents	Frequency of Data Collection
2.a. How did the Tribal communities participating in the PAT programs describe collaboration with other community services to support improved child health, family stability, and parenting <i>and</i> improved coordination and referrals for other community resources and	Community Readiness	MIECHV Community Readiness Assessment	Quant & Qual	Evaluator	Reliability and/or Validity Level Above Face Validity Demonstrated	Evaluator	Numbers were not reported to ADHS	One time
	Capacity of Partnership; Involvement; Relationship; & Ownership	Focus Groups and Key Informant Interviews	Qual	Evaluator	n/a	Evaluator	39 – Focus Group Attendees 13 – Key Informant Interviews	One time
	Collaborative Partnerships	PAT program data -	Quant	Adverse Childhood Experiences	<ul style="list-style-type: none"> • ACES, $\alpha > 0.80$ • Edinburg 	MIECHV PAT Educator	82 – Referrals were made by PAT Educator	On-going – every month

supports.		MIECHV PAT Form 2		Scale (ACES), Edinburgh Postnatal Depression Scale, PHQ-9, Past 30 Day ATOD Use Questionnaire, Web Scale, ASQ-3, PICCOLO	h, $\alpha > 0.80$ <ul style="list-style-type: none"> • PHQ-9, $\alpha > 0.80$ • ASQ-3, $\alpha > 0.90$ • PICCOLO, $\alpha > 0.80$ 			there were at least one form to fill out for participants
2.b. What support and technical assistance related to developing and sustaining local community advisory boards did Tribal communities identify as being the most effective in 1) increasing community readiness to implement and sustain evidence-based home visiting programs and 2) increasing engagement by state and tribal and local stakeholders?	Support	PAT Educator & Supervisor Survey	Qual	Evaluator	n/a	Evaluator	2 – Active PAT Educator (2/6 = .33%) 2 – PAT Supervisors' (2/3 = 67%)	One time
	Engagement	Community Meeting Notes; Tribal Council Meeting Notes; and ESW Meeting Notes	Qual	Evaluator	n/a	Evaluator	214 – Tribal community members including Tribal Council members	24 meetings over the time period: July, 2015 through December, 2017
	Capacity of Partnership; Involvement; Relationship; Ownership; Perception of Change; Community members; Parent Educators; PAT Supervisors; & Tribal Council	Key Informant Interviews	Qual	Evaluator	n/a	Evaluator	13 – Key Informant Interviews	One time
2.c. How did Tribal leaders describe their experience in CBPR	Capacity of Partnership; Involvement; Relationship; & Ownership	Key Informant Interviews	Qual	Evaluator	n/a	Evaluator	13 – Key Informant Interviews	One time
	Engagement	Community Meeting Notes Tribal Council Meeting Notes ESW Meeting Notes	Qual	Evaluator	n/a	Evaluator	214 – Tribal community members including Tribal Council members	24 meetings over the time period: July, 2015 through December, 2017

1. Trustworthiness and Credibility

Triangulation was used to establish credibility by informing and confirming the findings across data sources. Data from the MIECHV Data Collection forms 1 and 2 confirmed (where appropriate) the qualitative data (i.e., interviews from tribal members and survey data from the parents). The needs of the community identified in the focus groups were also compared to the quantitative and qualitative data collected from the program, interviews, surveys and the member check sessions to see where gaps were initially reported in home visiting programs versus gaps that still exist after the implementation of the PAT Program. Member checks were conducted during the interim report presentations to each tribe. This gave the tribal members an opportunity to respond to the data by providing context in which the evaluators would not be aware. For example, during the interim presentation one tribal PAT office made the evaluators aware of additional information not known from the data collection regarding the Safe Sleep performance measure. For one tribe, this data count was very low which appeared to indicate that the parents were not educated on safe sleep measures. However, during the interim report presentation, it was shared with evaluators that the tribal custom is to share a family bed. This is a natural part of their culture and to do otherwise would mean a separation of the bonding that takes place during that close time with the child. The ADHS MIECHV Tribal Community Coordinator was then able to give some alternative suggestions on how to keep the baby close, even in the same bed, and safe. She shared that they could provide the needed apparatus that would keep the baby safe while respecting their tradition.

Peer debriefing was used to verify the coding procedure and coding agreement in the manner of an internal audit method. This method is where a second researcher reviews all the data, coding of qualitative data, checks for personal bias in the conclusions drawn from the data analysis. This technique was used to establish agreement, dependability and confirmability of the findings.

ADHS Cost of Evaluation

The cost of the evaluation was \$323,733.

Evaluation Results

To what extent does Arizona successfully expand evidence-based home visiting programs to families with children ages 0-5 living in tribal communities in urban, rural and tribal areas?

How do parents enrolled in an evidence-based home visiting program describe their knowledge of child development and parenting practices before and after participation in the program?

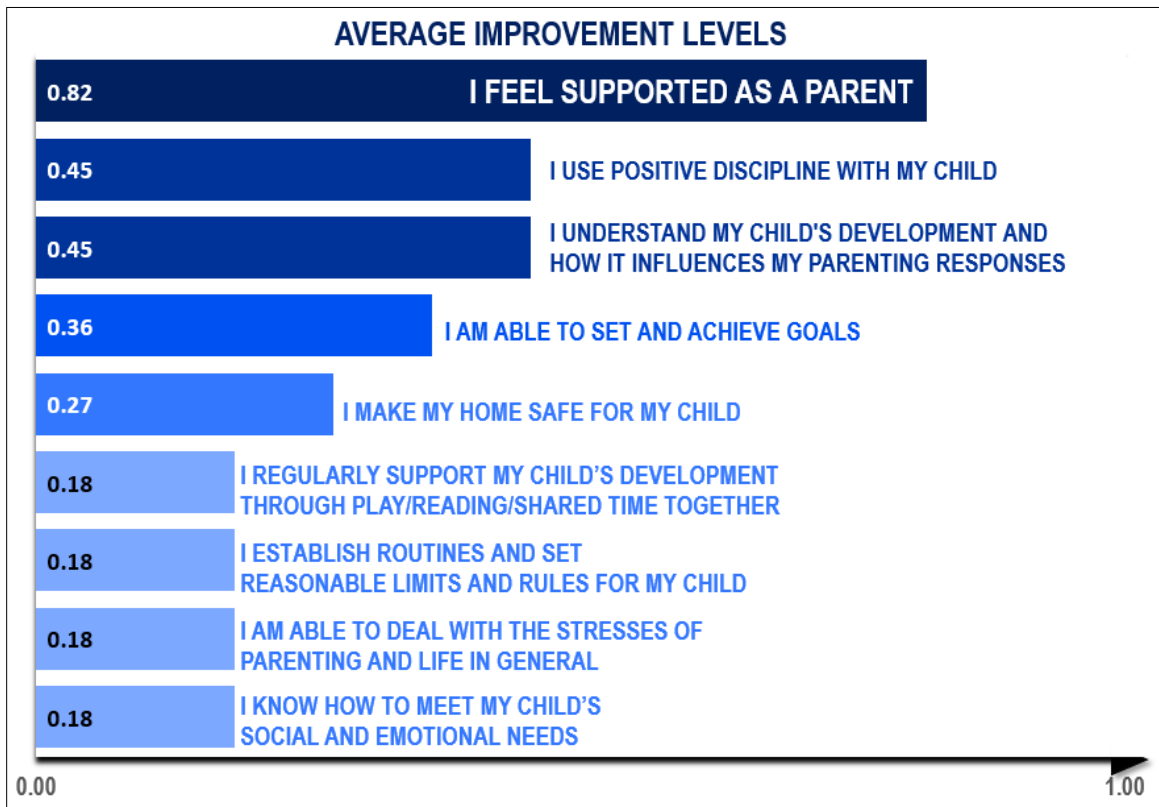
The expansion of the MIECHV home visiting program focused on educating parents while providing consistent feedback and encouragement. Infant mortality rates, developmental delays and child maltreatment are serious issues on the tribal lands, so the tribal council members saw this project as an opportunity to help their people.

The Parent Reflection Survey was used to track the progress of participating parents on nine skill areas: understanding their child's development and how it influences their parenting responses; successfully setting and achieving goals; dealing with the stresses of parenting and life in general; feeling supported as a parent; gaining knowledge on how to meet the social and emotional needs of their children; understanding the importance of regularly supporting their child's development through play, reading, and shared time together; learning to establish routines, setting reasonable limits and rules for their child; using positive discipline with their child; and, establishing a safe environment for their child.

The way a mother interacts with her children is heavily influenced by her knowledge level of child development. Participating parents who filled out the reflection survey (19%, 10 out of 54 households currently receiving services, completed the program or are enrolled but not receiving services) indicated they had a better understanding of their child's development and how it influences their parenting responses. The survey statement, *"I understand my child's development and how it influences my parenting responses"* was the second highest ranking positive average score. This statement had an average positive difference score across all parents of 0.45 levels of improvement, ranging from (-1) to 2 levels of improvement with a median of 0 and mode of 0. Five parents said that they improved in understanding their child's development due to the program. Two of the five parents improved two levels and three parents improved at least one level.

Adult caregivers are responsible for guiding and disciplining the children in their care. Positive guidance and discipline promote self-control and responsibility. The better an adult caregiver is at encouraging appropriate child behavior, the less time and effort will be needed to correct misbehavior. *The survey statement, "I use positive discipline with my child."* was the second highest ranking positive average score. This statement had an average positive difference score across all parents of 0.45 levels of improvement, ranging from (-1) to 2 levels of improvement with a median of 1 and mode of 1. The following table shows the results of the Reflection Survey.

Table 3. MIECHV PAT Program Parent Reflection Survey, Average Improvement Levels Across All Respondents (Difference Scores)



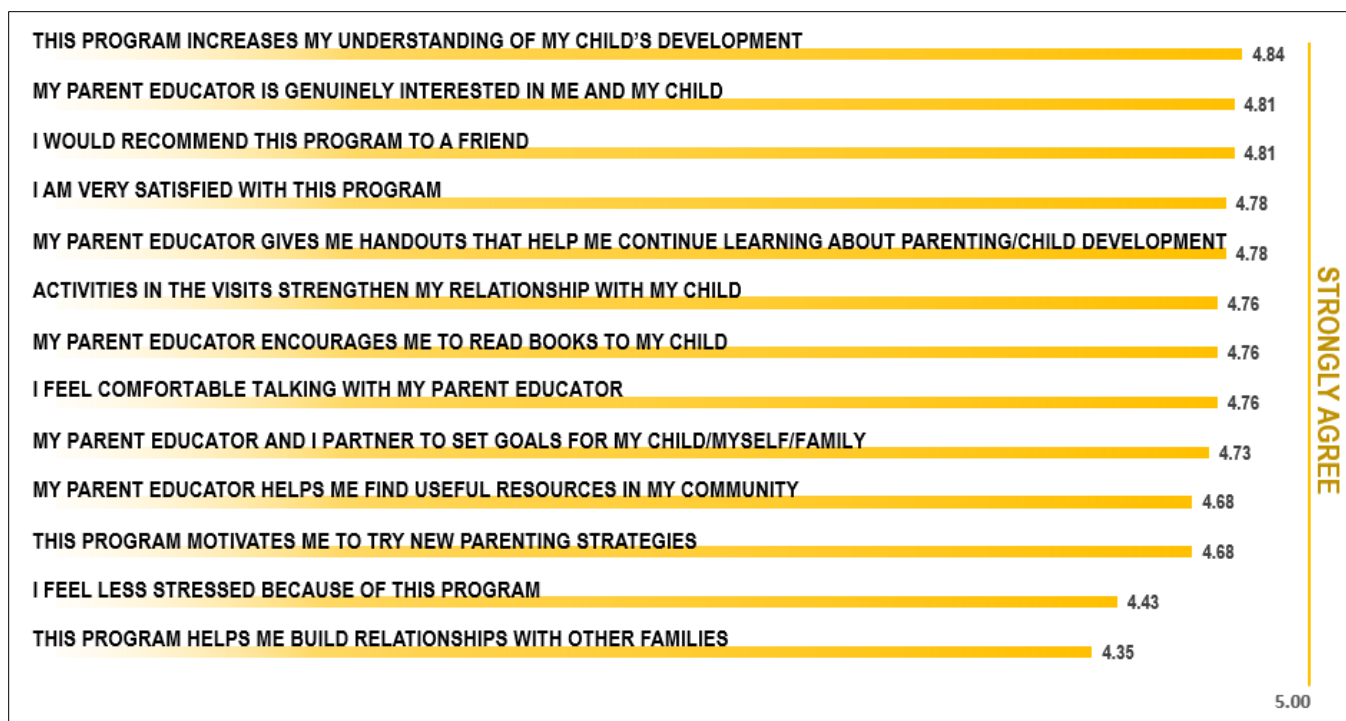
Note: On average across all PAT Parents reflecting on their growth of the 9 skill areas of the PAT curriculum, there was a positive score for each skill area.

What factors do parents identify as influencing their enrollment an evidence-based home visiting program and staying in the program for the duration?

Children benefit from good care provided by their caregivers and all caregivers need support and knowledge on child development. The PAT program provided that support and parental education needed in the tribal communities. The highest ranking positive average score on the Parent Reflection survey was *"I feel supported as a parent"* as a result of the PAT program. This statement had an average positive difference score across all parents of 0.82 levels of improvement, ranging from (-1) to 3 levels of improvement scores with a median of 1 and mode of 0. This means that one parent went from "I strongly disagree to being supported as a parent" prior to enrolling in the program to "Agree, I am supported as a parent" after the program ended for the fiscal year. This is an improvement of three levels. Two parents improved two levels and three parents improved one level. Two parents reported there was no change and one parent felt they were more supported prior to the program.

The same type of responses came from the Parent Satisfaction survey. Across all parents who participated in the survey (69%, 37 out of 54 households currently receiving services, completed services or are enrolled but not receiving services) three out of the top four responses were all related to feeling supported by their PAT Educator. The statements were: *"My parent educator is genuinely interested in me and my child," "I would recommend this program to a friend,"* and, *"I am very satisfied with this program."* The majority of the open-ended responses were similar in nature including the additional comments parents added at the end of the survey. Some parents expressed, *"I think my parent educator is very helpful and she is great." "I feel that parents as teachers give my child support and also give me support so I don't feel alone." "Thank you for this great program and teaching my daughter."*

Table 4. MIECHV PAT Program Parent Satisfaction Survey, Scale 1-5 (Strongly Agree)



Note: The responses from the Parent Satisfaction survey ranged from Agree to Strongly Agree for all 13 questions (4.35-4.84).

The questions on the Parent Satisfaction survey and the Parent survey aligned thematically with each other. As a result, the items that the parents were most satisfied with on the parent satisfaction survey were also scored high on the parent reflection survey. For instance, "I feel supported as a parent" was mentioned above. Also, the statement that "this program increases my understanding of my child's development," was scored high on both surveys confirming that the program was meeting their needs and enhancing their knowledge. Many survey responses were positive. Even the lower rated skills areas showed improvement and proved to be satisfying to the parents, such as the statement, "This program motivated me to try new parenting strategies" on the Satisfaction survey and the skill area reflected upon, "I establish routines and set reasonable limits and rules for my child."

Reviewing these findings together gives a real picture of the how parents are improving their parenting skills. This was an overwhelming need in each of the tribes. They needed prenatal and parental education for their tribal members. All three tribes requested that their PAT Educators be paid an adequate salary so they could hire, train staff and feel confident they would stay in their position for a while. Consistency with home visitors and regular 'hands-on' home visits were indicated as very important and remain important for keeping child caregivers in the program. An analysis of MIECHV data showed that 76% of PAT program households (54 of the 71 households) were receiving, completed or enrolled but not receiving services.

To what extent is the evidence-based home visiting program selected by the Tribal community implemented with fidelity?

The MIECHV PAT program was reviewed on 17 requirements for fidelity using an affiliate self-study (Parent Satisfaction survey) and a self-study by the PAT Program National Center. The ADHS MIECHV staff and MIECHV Evaluators were not present when the Tribal PAT programs were evaluated nor were they privy to any documentation regarding the topic. The tribes, however, shared a letter from the PAT National Center that they received confirming they were compliant with the fidelity criteria.

When the parents were asked on the Parent Satisfaction survey to write in suggestions for improvements, out of 20 comments across parents there were only three that stated anything different than "nothing," or "the program is great." The three comments of improvement were: (1) "Improvement for me would be to at least be there for one of the sessions and maybe more songs provided in [native language]," (2) "Educator comes out twice a week," and (3) "More crayons and puzzles, other intermediate games," and (4) "Group days/nights."

A statement from a PAT Educator regarding this topic was:

"The PAT curriculum has been a great tool with handouts easy to read and activities that are fun for families to engage in over and over. This has been a good learning experience for me as well and always a plus when families continue to

make follow-up appointments. I look forward in seeing the outcome on their families, and to see children enter school ready."

To what extent were culturally relevant adaptations required to implement the evidence-based home visiting program selected by the Tribal community and what was the level of engagement by the model developer in designing, implementing and testing the adaptation?

All interview respondents reported that the PAT curriculum was culturally responsive in and many indicated this was why it had been chosen by the Tribes. One tribal member stated during his interview that home visiting was a part of their culture. It is an honor to be visited by family, friends, even Tribal leaders.

All three participating tribes utilized the PAT program prior to this expansion project. They were familiar with the program and liked that it addressed the needs of children from 0 to 5 years old. The interviews and conversations with the PAT educators (5 out of 7 PAT Educators) concurred that they like the PAT curriculum and that it left room to incorporate or compliment cultural traditions. One respondent remarked they felt like the PAT curriculum complimented their Tribe's cultural traditions. The PAT Educators are extremely sensitive to tribal traditions. For example, multiple PAT Educators from all tribes are purchasing books of stories and nursery rhymes in the native language of their participating families. This was a request from parents and children to provide more materials of this nature. The preservation of the Native American tribes' language is known to be important to tribal communities. The PAT program has the autonomy to provide support and materials for this preservation.

PAT Educators work diligently to make sure the tribe's culture was incorporated into community events and group connection meetings. It was extremely important that PAT Educators learn the customs, traditions and superstitions of the tribe of which they were working. They attend multiple tribal and community events to learn, meet people and talk with families with young children.

What are the best strategies to engage tribal leaders and community members in the planning and implementation of an evidence-based home visiting program in tribal communities?

Communication was key in engaging Tribal leaders and community members. Eighty-seven percent (87%, n=13) of interviewed participants reported a strategy involving communication as a successful strategy. Specific communication strategies mentioned by participants included community meetings, meetings of the ESW and attending council sessions.

Another successful strategy in engaging tribal leaders is to respect each tribe as an individual sovereign entity with unique needs. The Tribal Council members voiced concerns in the initial discussions about the collection of members' data, the contract parameters, and that the project would be designed to meet the specific needs of their particular tribe. These concerns were successfully addressed by working with each tribe to create processes and practices that responded to their individual needs (e.g., some tribes wanted their funds to go through their already existing FTF contract, some tribes wanted their data stored onsite, and all three tribes wanted materials for their community children to reflect their culture and language).

The use of the ADHS Native American Liaison and the MIECHV Tribal Community Coordinator also proved a successful component of engaging the community in the initial planning. The ADHS Native American Liaison initially involved in this project acted as a communication conduit and connector bridging the relationship gap between the Tribes and ADHS. One participant commented:

"I think one of the best strategies is...working directly with the ADHSs tribal liaison and really to understand what are the steps that we need to take to build this relationship and to engage the tribal leaders."

Action plans were developed right after the Tribal Council approved the project. This helped to guide the staff on tasks in which they were responsible and kept them on the timeline. It was noted during the interviews that using the ESW to ensure the community had a voice in planning implementation was another successful strategy, although, they weren't utilized as they were initially intended.

The tribes first intention was to hire within the tribal community so the PAT Educators could relate to the cultural influences on their lifestyles and parenting choices. When they hired outside of tribal membership the administrators worked closely with the staff to help them understand their culture. The success of the program in large part is because of the PAT Educators. The knowledge they gain through the trainings and then the utilization of the PAT curriculum to help build trusting relationships with their participating families is what keeps parents involved. All parents 100% (n=37) "strongly agreed" or "agreed" that the PAT Educators cared about them and their children. This was the second highest ranking survey response (4.81 on a 1-5 Likert scale) on the Parent Satisfaction survey across all survey respondents. One tribal member working on implementation noted: *"... it is empowering to have our own people help our people and be trained in PAT and to be provided the resources to help Indian nations."*

Professional development trainings in the PAT curriculum and data collection tools provided context for program administrators and implementers that supported their ability to understand and advocate for the program with Tribal leaders and community members. Additional professional development opportunities (e.g., webinars, resource guides, etc.) were also useful for successful engagement. The ongoing support of the MIECHV staff and the knowledge acquired through the training of the PAT curriculum gave the PAT Educators the confidence to respond to the participating families' needs.

Interviewees who worked directly with the community identified outreach to those communities in the form of community events as a successful strategy. These events often included activities, food, and toys. Often the PAT Educators getting out into the community and talking with parents at events grew community awareness of the home-visiting program. One PAT Educator noted:

"I think people are getting an idea of what MIECHV is because of these events. They are starting to grow. Just a little story: We had our Charlie Brown Thanksgiving and we had about 70 families there. It was so fun, it was like a mad house to see all those little ones running around. In fact, towards the end people didn't just walk out, people were picking up chairs, everybody was helping. This is what this is about, the events are about families to come and engage with their children, understand it's important to read to your child that it could be fun, all have dinner together and at the end everybody picks up and cleans. Those are really effective. A lot of it is just word of mouth engaging the families in the community."

Interviewees who served in more administrative or supervisor roles identified the continuing support from FTF in two of the tribal communities as well as the community liaisons as key to engaging Tribal leaders and community members in implementation. These individuals have existing relationships and trust with the communities and thus information regarding implementing PAT was regarded as credible.

Additionally, the support the Tribal leaders and community members had during the ESW meetings allowed for significant participation and inclusion of community voice in approving the evaluation questions. Tribal voice was also intended to be included in the development of indicators and data collection protocols, though it is unclear the extent to which these activities took place for the project.

Similarly, developing a database under the tribes control met the individual needs of the Tribes. This was useful in building trust and comforted the participating parents regarding data collection. Having these practices in place allowed PAT Educators to speak confidently during outreach events about the protections and privacies that families would receive when participating in the PAT program.

How do Tribal communities participating in the AZ-MIECHV home visiting programs describe the collaboration with other community services to support improved child health, family stability, and parenting and improved coordination and referrals for other community resources and supports?

There were 82 reported referrals made to participating PAT caregivers. The two of the three participating tribes are working well with the community service providers to serve the PAT parents. The PAT Educators make referrals to service providers when necessary and, conversely, service providers who are counseling or treating caregivers of young children are directing them to the Tribal PAT programs. The third tribe has struggled to build trusting relationships with service providers. They are consistently working on bridging the communication gap between themselves and the service provider and from one provider to another. Even though this is the case with this particular tribe they have a very good relationship established with their IHS Maternity Services. When a newborn is delivered, the hospital staff will refer them to the Tribal PAT program.

What support and technical assistance related to developing and sustaining local community advisory boards do Tribal communities identify as being the most effective in 1) increasing community readiness to implement and sustain evidence-based home visiting programs and 2) increasing engagement by state and tribal and local stakeholders?

Respondents varied in identifying support or technical assistance related to developing or sustaining community advisory boards. There also appears to be a difference in understanding or shared conceptualization of specific community advisory boards developed to support each Tribal community. For many of the Tribes, some type of system wherein community members were engaged as advisors were already in place and these entities provided feedback and advisement for the project. In other cases, the tribes may have named the advisory boards something else that better fit their community. Twenty-seven percent (27%, n=4) reported they did not believe advisory boards were in place and 27% (n=4) commented they received technical assistance from a FTF advisory board or council.

The three tribes also varied on how the community advisory board interacts with the PAT Educators. In one tribe, the PAT Educator attends the monthly meetings and shares his update on the program's success and obstacles. The committee then

discusses the issues and advise the PAT Educator on how to handle certain situations. This PAT Educator then also meets with the Tribal PAT Office for staff meetings and various trainings. In this particular tribe the PAT Educator is the conduit for engagement between the state, tribe and local stakeholders. The other two tribe PAT Educators are not directly associated with their community advisory boards.

The initial planning meetings, Tribal Council discussions, the trainings and establishing Evaluation Stakeholder Workgroups (ESW) were a natural fit to increase engagement and community readiness to implement and sustain the PAT program. Administrators in the project identified the support provided by ADHS and FTF enhanced the relationship between the tribe and the state agencies. This strengthened relationship and the pursuit of Tribal input in the planning phases of the program increased engagement for tribal members in the project right from the start. These existing relationships were leveraged to support the Tribes understanding of the technical project administration details and scope. One ADHS staff member noted the additional FTF relationship entered in to by two of the tribes supported successful collaboration, commenting:

"I think that by having that additional relationship there strengthened the First Things First staff understanding of MIECHV by working with the tribe and the tribes understanding of First Things First and what's needed as a collaborative."

Respondents were able to identify key support and technical assistance provided by ADHS beginning with information and training about applying for available funding and the administration of the program. Providing information and trainings around the project and deferring to the Tribes to select the best curriculum to meet their needs also proved successful. The Tribal Council members and the community grappled with the idea of whether to start a new program or expand their already existing PAT program. The Tribal community valued ADHS and FTFs' experiences with home visitation and one interviewee noted how the outside agencies were useful in increasing community readiness:

"...we also talked about new expansions, new PAT programs and we thought that and this is where it involved a lot of the ADHS staff and also First Things First is that they noticed that from their own lessons that they've learned that it is not good to actually start a program from the beginning because it is going to take longer period of time."

There were multiple meetings which included the ADHS MIECHV Tribal Community Coordinator, the PAT Educators and tribal members to discuss what was working and to troubleshoot issues that arose. Several respondents reported receiving trainings and assistance through ADHS MIECHV Tribal Community Coordinator. Several PAT staff personnel commented that the training and technical support on the Filemaker database the tribes received from the MIECHV evaluators was very helpful. The ESW were comprised of members of the community advisory board who were of tribal descent. The process of pulling together an ESW to work specifically on this effort was in itself a way to support and sustain the work in their tribe. While the ESW were not utilized as initially planned they were a part of decision meetings and trainings that took place within each tribe.

Hiring PAT Educators within the tribal community or surrounding community was very important to each tribe. As noted in each of their focus groups, hiring PAT Educators that knew the culture and could related to the multi-generational families was vital to building trusting relationships with the participating families and critical to the families' success.

Engagement directly with the community depended heavily on relationship building. One interviewee reported they used motivational interviewing with families to build a trusting relationship. They commented it was key to "[understand] where their readiness was. It was just going out into the communities and communicating with them of what their needs are and to be available." Another respondent reported they worked diligently to connect with the community members in ways that are "...engaging but not intimidating and friendly and not judgmental."

The resources included in PAT on outreach and event planning were also useful in engaging the community. These guides provided information on marking, timing, and community activities that have been found useful in other communities. These resources provided ideas for engaging other community agencies as well, with one interviewee commenting:

"For instance, Role on to Read is a way to get not just your program but other departments in the community to get involve. So, you can get the police station, the fire department, the Indian health services, education department, everybody can get involved and have a little station that would have valuable information. And get parents to come out and walk around and hit these different stations."

How do Tribal leaders describe their experience in CBPR?

Respondents varied on their awareness and understanding of the CBPE approach or its role in the overall evaluation of the program. When the approach was described to interviewees unaware of the model they responded positively. Others aware of

CBPE commented it was the right approach for this project and that it gave voice to the Tribal communities. One interviewee stated, "The tribes are community-based... You are always making decisions based on what is best for the community." "Community-based participation is like the heart and soul of tribal consultation."

Most interviewees were not able to directly connect their experiences in this program with the CBPE approach. However, many provided CBPE practices and activities in their reasoning for why the program was successful. For example, participants agreed that the community participation and inclusion of Tribal voice at every step of the planning and implementation project was key. Similarly, providing implementation and evaluation back to the community was identified as successful and engaging practice, with one respondent commenting:

"We used some data and data really has been helpful in showing what is being done here. It really helps with the stakeholders when they seeing those types of increasing and what's working. I noticed that when we had some data that was given to us and to the council, I've seen the uptake of education in the awards for our children."

The tribal council members liked and appreciated this process and were encouraged initially by the idea of bringing together an EWS made up of their tribal members. They valued the idea that there would be periodic exchanges of information and discussions regarding issues.

For those who were more aware of the presence of the evaluation team, many respondents reported the evaluators did provide technical assistance on data collection and data management issues. The communication wavered, however, with staffing changes with the ADHS MIECHV staff. Some respondents commented that the evaluators were not embedded in the implementation process and did not engage with the community much beyond the initial three planning meetings. One respondent remarked that the evaluators originally contracted for this project did not provide much support beyond developing the stakeholders' meetings and that this caused data reporting and use challenges for some tribes. As a result, there were large communication gaps of time in the middle of the project cycle where the ADHS MIECHV staff was understaffed and therefore not as responsive as they were initially.

Relevant sample characteristics

The evaluators requested that the surveys be administered to all PAT participating parents. The home visiting experience is unique for everyone so in order to assess whether their needs are being met by the program and PTA Educator, the evaluators requested that all parents (one per household) complete the questionnaires. The return rate, however, was very low. The return rate for the Parent Satisfaction Survey was (69%, 37 out of 54 households currently receiving services, completed services or are enrolled but not receiving services). The return rate for the Parent Reflection Survey was even lower, at 20%.

The interviews were targeted toward the tribal leaders but in all three tribes it was a voluntary activity in which the PAT Educators organized. As a consequence, the 13 interviewees were from various levels within the tribe. There were five interviews from one tribe, three for the other two tribes and four interviews of the ADHS MIECHV staff. While it was important to get the perspective of the ADHS MIECHV staff, the evaluators stressed how critical it was to have the 'voice' of the tribes heard and known.

The evaluators requested that all PAT Educators and Supervisor fill out a reflection survey. This was an open-ended survey that was meant to capture the perspective of the PAT Educator on various components of the program and support they received. Out of six active PAT Educators only three (50%) completed the survey. The return rate of PAT Educators was 33% and the return rate for PAT Supervisors was 67%.

Discussion and Interpretation of Findings

To what extent did Arizona successfully expand evidence-based home visiting programs to families with children ages 0-5 living in tribal communities in urban, rural and tribal areas?

A total of 267 children (156 continuing and 50 newly enrolled) participated in the PAT program across the three tribal communities, representing 31 new families. Parents enrolled in the PAT program reported increased knowledge of child development and parenting practices since participating in the program. Parents reported strong trusting relationships with their home visitor which has positive implications for retention and improved outcomes. Tribal communities selected the PAT program. Home visitors reported they felt successful at adapting curriculum and resources to meet the needs of tribal members. The initial implementation of the PAT program in these tribal communities was successful in connecting with families and supporting positive development. Future implementation and evaluations of the PAT program will benefit from the trusting relationships and credibility ADHS has built during this initial expansion. Gathering additional detail about fidelity of implementation to the PAT

model and the cultural responsive adaptations made for each tribe are more likely to be welcomed as collaborative evaluation activities in the future.

The tribal communities identified a variety of infrastructure needs during the 2015 focus groups. These including hands-on home visiting, visits at developmental milestones, providing materials and supplies to families, and overcoming the barriers of a rural community. The PAT program is well suited for a home-visiting model, as the home visitor can meet the family where it is convenient to family members. Alleviating the burden of requiring transportation increases families' access to receiving parenting education. One tribe identified tribe-specific needs including regulated childcare centers, access to domestic violence shelters, and dissemination of the impact data from the PAT program to the community. Under this program, 42 families living on the reservation were able to receive 152 home visits. Key informant interviews revealed the home visitors provided additional tribe-specific materials to parents upon request. Another tribal community reported needs including localized resources, increased access to childcare and dentistry, and parent support and child development information. Ten families received 51 home visits. Parents reported increased knowledge of child development as well as feeling supported by their home visitor. Referrals were streamlined somewhat. Communication between the tribe and community resources increased. The third tribal community also noted a need for increased access to community resources and collaboration between the Tribe and outside community services. Key informants indicated that tribal families needed regular hands-on home visits and additional materials for parents. The tribe had one full-time educator who provided 183 visits to 19 families. Families reported positive feedback on the program, parent educator, and the services they received.

What are the best strategies to engage tribal leaders and community members in the planning and implementation of an evidence-based home visiting program in tribal communities?

The tribal communities participating in the PAT program described collaboration with other community services for referrals as a generally efficient and effective process. Key informants from the tribal communities indicated that ADHS and FTF provided an important level of support in ensuring referrals occurred in a timely manner. The strong relationships between home visitors and parents may have also contributed to a successful referral system; as the home visitor may have increased credibility in suggesting additional resources to parents. Future data may show these strong working relationships support improved child health, family stability, and parenting and improved coordination and referrals.

The tribal communities described building on existing groups or infrastructure as the most effective strategy for developing and sustaining local community advisory boards. Many communities had advisory groups in place either through tribal leadership or an outside community agency. It was time efficient to use those groups as evaluation working groups. If the tribal communities decide that additional community engagement was necessary, future projects can use successful strategies for engaging the community in the implementation of the program as the foundation for recruitment.

The technical assistance provided to support the evaluation was successful and was related to the development and training of the data collection tools and databases. Data from this evaluation indicated the project was successful in increasing community readiness to implement and sustain the PAT program in tribal communities. Successful strategies for engaging state and tribal stakeholders included sustaining continuous high-quality communication between stakeholders, respecting each tribe's unique needs and sovereign state, and use of liaisons and coordinators in program outreach and planning. The tribal communities are close knit and existing community events and traditions that support implementing the PAT program are likely to be sustainable strategies for long-term engagement. Tribal stakeholders described the CBPR approach as contributing to relationship building, and communication needed for a successful expansion. Tribal leaders and community members were able to identify strengths of their tribe and use them to support successful evaluation activities.

Limitations

When working with indigenous communities and tribal councils it is paramount that the partners follow the proper protocol required for approvals. This means, however, that timelines may experience some delays due to the tribes' schedules and requirements. This was the case for at least one of the tribes which started approximately 6 months after the other two participating tribes.

In addition, the MIECHV Tribal Community Coordinator hired by the ADHS MIECHV staff for this project went on maternity leave and subsequently took the remainder of the year off from the position before returning. During her absence there was no interim MIECHV Tribal Community Coordinator so communication between the participating tribes and the ADHS wavered.

Another limitation during the grant period was that the original evaluator severed their relationship with ADHS approximately 9 months before the project end. The second evaluator hired to complete the evaluation was contracted in August. From March, 2017 through July, 2017 there was no interim evaluator to guide data collection and project completion. The second evaluator

completed in October and November data collection of surveys from parents and PAT educators and interviews. There was no contact with the original evaluator so the final evaluation is a compilation of documents left with the ADHS MIECHV staff regarding the process at the beginning of the grant period (e.g., meeting minutes, narrative report, evaluation plan, etc.) and the data collection in the last quarter.

The return rate from the Parent Satisfaction and Reflection surveys was very low. It became evident to the evaluator through a conversation with a PAT Educator at one tribal council meetings that there was a misconception of the importance of the evaluation data collection versus the typical PAT curriculum data collection. During this conversation the evaluator stressed to the PAT Educator that while the data collection you conduct with parents enrolled in the program is paramount to their education, mental health and overall parenting skills; the data collection for the evaluation provides evidence of progress made and areas that are in need of improvement. In retrospect, the evaluator would have met virtually with all PAT Educators prior to the evaluation data collection to walk them through the importance, the administration procedures and timeline for data collection.

VI. Evaluation Successes, Challenges, and Lessons Learned

Implementation of the Evaluation

Ongoing communication among all stakeholders is a key strategy followed in the CBPR process. CBPR was built on the idea that the 'voice' of stakeholders drives the process. Initiated and formalized by community members, the CBPR process was designed to integrate interventions more naturally and seamlessly into the local cultural context. Formally adopting and implementing the community-directed CBPR process constituted a critical step in bringing about ownership of the PAT program within tribal communities. Tribal members (a.k.a. key stakeholders) were instrumental in the pre-planning efforts regarding the selection of the home-visiting program expansion in their community. A continuous stream of feedback based on current program activities (e.g., initial planning phase or implementation phase of the PAT program) brought attention to changes and improvements needed. These key stakeholders continued to be involved contributing their thoughts and ideas in planning, implementing and evaluating the home-visiting programs.

Tribes have unicameral governments where all the powers are vested in the Tribal Council. Tribal Councils (or Legislative Council) have the power and authority to represent and speak for tribal members in all matters. Tribes negotiate with federal, state, and local government; and with councils or governments from other tribes. Support and collaboration were solicited from these key stakeholders to help MIECHV evaluators understand cultural protocols, identify community partners, make introductions to tribal leaders, and build mutual understandings. The Evaluation Stakeholder Workgroup (ESW) for each tribe consisting of four to five tribal community members were also brought together to act as "gatekeepers" for the tribes during the process. Some of the ESW members were also members of the larger Community Advisory Boards (CAB) already in place. MIECHV Evaluators were to receive input and advice from the ESWs. In turn, the indirect role of the ESWs was to assist in building trust in their partnerships and keeping partners informed and updated.

Focus groups ($N= 39$) were conducted in each tribal community to discuss the tribe's strengths, areas of need and the status of home visiting for children ages 0 to 5. The evaluator's probed the focus group to talk about what they needed most from home visitors, what they would like to see in their community and the current barriers that were in place preventing this from happening.

After the focus groups were conducted, a Community Readiness Assessment (CRA) (Wellington Group, Ltd., 2011) was administered within each tribe. The CRA focused on experience with evidence-based home visiting program implementation, referral systems, workforce, continuous quality improvement, collaboration and interaction with stakeholders, dissemination and sustainability, resource availability, infrastructure to implement and decision making. The results from the focus groups and the CRA were then used as a guide to develop a plan that could meet the needs of each tribe. There were many commonalities across tribes, for example, the lack of consistent transportation modes makes it difficult for families on tribal lands to get to needed services. While there were several similarities across tribes there were unique nuisances to each tribe that needed to be acknowledged and, when possible, addressed with the expansion of the PAT program. For example, one tribe crosses four states which makes it difficult for service providers to communicate across state lines. This tribe focused their expansion of the PAT program on the Arizona side because of the remote nature and lack of resources. After the CRAs were completed and analyzed, action plans were devised for each tribe. These action plans were instrumental in keeping all responsible parties on the timeline.

These components to the CBPR evaluation (i.e., focus groups, CRA, surveys) were vital to planning an effective expansion of the PAT program but also served the purpose of data collection for the evaluation. The next phase of data collection for the evaluation came in large part at the end of the fiscal year. The 19 benchmark measures that were collected for MIECHV reporting were analyzed in conjunction with the parent surveys, the PAT Educator and Supervisor surveys and the interviews.

Upon the collection and analysis of the data, the MIECHV Evaluators and the MIECHV Tribal Community Coordinator presented their tribe's results. The discussion that ensued because of the presentation of the data served three purposes: it aided the tribe in seeing where the barriers to progress were still in existence, it incorporated stakeholders' views on the data thereby continuing to build a relationship with the tribes, and it was another critical data component for MIECHV evaluators.

Successes and Accomplishments

The major successes of this evaluation occurred early in the process during the initial phases of the planning. Meeting with the tribes, respecting the protocols and traditions of the Tribal Councils, responding to their requests for data ownership and contractual agreements were pivotal to getting the program off the ground.

Technical assistance provided by the original MIECHV Evaluator was well received throughout the fiscal year. Providing answers to multiple data questions and troubleshooting was necessary to get the new database system running properly. Training on data entry, cleaning of data and reporting out was necessary especially in the earlier phases of the program through fiscal year 2016. Fiscal year 2017 was the first official data collection for MIECHV.

Evaluation Challenges

The biggest challenge for all stakeholders was the change in MIECHV Evaluators. After the ESWs were established in each tribe they ceased to meet as was originally intended so the lapse in communication to the ESWs from the original evaluator in early FY 2017 until the next evaluator was brought on board in August 2017 was damaging to the relationship built initially with the tribes. The interim reports to the tribes helped to repair the bridge of communication at the end of the process.

Another challenge related to the change in evaluators was the data collection needed to complete the evaluation. This data needed to be collected from the parents, PAT educators and tribal members, yet, orchestrating the data collection requested by an evaluator that hadn't had a relationship with tribes prior to this time was difficult. The change in evaluators caused confusion on the part of the tribes and angst when it came to assistance and troubleshooting issues with their database. With the aide and persistence of the MIECHV Tribal Community Coordinator the tribes were assured that database technical assistance was still in place with the original evaluator and that compliance with the request for data collection was vital to reporting the progress of the program to HRSA. The response rate, however, was very low across all three tribes (i.e., 69% for the Parent Satisfaction survey and 20% for the Parent Reflection survey). This constrained the analysis of the survey data to just descriptive and the individual reports to each tribe were dependent on an extremely low response rates (i.e., 79%, 74% and 33% for the Parent Satisfaction survey; 36%, 13% and 33% for the Parent Reflection survey for households that were currently receiving services, completed the program or was still enrolled but not receiving services).

Deviations from Original Evaluation Plan

There were a few deviations from the original evaluation plan. Originally exploratory and descriptive studies were to be completed early on in the process. Neither of these studies were conducted. Also, the ESW was not utilized as submitted in the evaluation plan. While they were organized and met up to three times they did not continue meeting after the initial meetings and trainings.

Aside from these studies the major deviations from the original plan was the communication and dissemination of data results. Quarterly meetings with Tribal Council members, reporting out the results from the CRA for planning purposes and writing briefs for the tribal newsletters were not implemented.

Lessons Learned

Continuous Communication

Interviews with a variety of stakeholders revealed that Tribal community and agency support of the evaluation was associated with the robust community inclusion in the planning stages of the evaluation. There were occasions during the grant that a Tribal Community Coordinator was missing and the original evaluator left the project. Leaving five months without an evaluator. During these times communication between the tribes and ADHS was minimal regarding the progress beyond the trainings from the national PAT Program and troubleshooting technical support on the database. Other ADHS staff and FTF stepped in to cover for the months that there was a void in staff. The communication bridge built at the beginning of the grant wavered.

Engage Tribes as Experts

Selection of the PAT program was the most important positive lesson from the grant. Engaging the tribe as the experts in their community gave insight that would have not been there any other way. Their 'voice' was critical to the program from planning through implementation and evaluation.

Use of Tribal Liaison

The use of Native community members to liaise with the Tribal community was successfully used to engage outside agencies in collaborative efforts. These liaisons worked with Tribal leaders and implementing organizations to ensure all groups were up-to-date on the project.

Engage Communities in the Group Connection Community Events

Individuals working directly with all the Tribes reported that the monthly Group Connections gatherings were very effective for the families. They provided an opportunity for PAT Educators to further develop their relationship with their families. It also provided another occasion to inform parents about services available to them.

Examine Data-Use Capacity

It was important to all stakeholders involved in the program that the Tribes owned their data and if their infrastructure permitted that they housed their data at the tribal office. Setting up a database, training staff on how to enter data, and requiring PAT staff to enter data on an ongoing basis posed a challenge in this first year of data collection. Regular troubleshooting of the database system was necessary. This increased the frustration of PAT staff. Multiple PAT Staff members preferred to keep hard copies of their records which made it difficult for ADHS MIECHV to receive regular updates and accurate aggregate data.

Home Visitors are Key Driver to the PAT Program's Success

After reviewing all the data collected from the parent satisfaction and reflection surveys in addition to informal conversations evaluators had with various individuals, the overwhelming response to the question of success was based on the nature of the relationship between PAT Educators and the families they visited. The statement, *"My PAT Educator is generally interested in me and my child,"* was scored high from all families across the three tribes. This relationship is pivotal to increasing retention among families. One parent educator stated during the interim report to the Tribal Council that if the PAT Educator can't bond with the family then the second PAT Educator should step in and takes over. This has been very successful for these home visitors in build trusting relationships with the participating families. On occasion families dropped out of the program, however, this is not due to the lack of trying to connect from the PAT Educators side. PAT Educators made multiple attempts to meet with families on different days of the week and various times of the day for the families' convenience.

It was evident in every interview conducted with a PAT Educator that they are very passionate about helping participating families. In fact, they call them "their families" and they are proud of the work and accomplishments their primary caregivers have achieved since joining the program.

"...when we approach our families we really try to make them feel at ease, and because we are MIECHV and we have so much data that we collect, I believe we both go out of our way to assure the families because of the sensitive nature of the questions that we are asking. We go out of our way to assure them that, although their information is reported, it's de-identified." –Home Visitor

V. Conclusions, Implication of Findings, and Recommendations

Key Evaluation Findings

There are four overarching goals of the ADHS MIECHV program: expanding home visiting services to high-risk communities, assisting in the creation of a culture of collaboration with community service providers, strengthening the infrastructure of the home visiting program and building in an evaluation system that is formative in nature for continuous improvement and development.

The primary focus of the MIECHV grant was to expand and support home visiting services in high-risk communities to improve maternal and child outcomes. The tribes felt that the PAT Program would be the best way to expand of the MIECHV home visiting program in the highest-risk areas. They were aware that there would be challenges but also saw the collaboration with ADHS MIECHV as an opportunity to address those challenges together. In doing so, the PAT Program in the three tribal communities made a positive impact on participating parents, a lasting impact on PAT Educators (as they reported in their surveys) and are addressing tribal issues with the parents of their young children.

It is notable that all parent survey respondents reported they strongly agreed (80%, n=30) or agreed (20%, n=7) that PAT Educators cared about them and their children. The implications of this high-level of perceived support from the program for the parents suggested PAT Educators were building strong working relationships with their families. Given what we know about the influence of working relationships on reducing attrition and increasing positive outcomes, we expect to see engaged families who persist in their participation continue to develop positive parenting skills and strong knowledge about their child's development over time. Parents felt supported more than prior to the program and are requesting home visits more often. The PAT program and its staff have demonstrated their ability to meet the cultural needs of the participants as demonstrated through their willingness to search out additional tribe-specific resources to supplement current program materials. Thus far, evaluation data suggests the PAT program expansion in three tribal communities has been successful in increasing parent knowledge of parenting practices and child development as well as providing the PAT educator training and implementation practices that support culturally relevant adaptations.

The CBPR approach was used to strengthen the capacity of tribal communities to collaborate with community service providers. One PAT program made great strides with the collaborative relationship between the PAT Educator and the community service providers. A second tribe is dealing with the remote rural conditions families live in and transportation to service providers. In addition, this tribe deals with communication issues with service providers across states lines which have improved this past fiscal year. The third tribe is working on building strong relationships with community service providers that were not there prior to the MIECHV PAT program. Over the past fiscal year this tribe developed a strong relationship with Indian Health Services and is looking forward to developing more relationships that aide in improving the well-being families. The strong and trusting relationship PAT Educators are developing with participating parents may also have implications for parents using community resources. A referral or suggestion from their PAT educator may receive more consideration and follow-thru than from a less trusted source. Finally, the level of relationship building PAT educators have been able to make over the past year speaks to the cultural competency and responsiveness of the PAT program.

A third focus of the grant program was strengthening the home visiting infrastructure on the tribal lands by increasing membership, providing support, professional development and technical assistance to the PAT Educators and regularly disseminating the information to community members. ADHS MIECHV wants to build capacity within the tribal communities to sustain maternal and child health for their members. This includes a continuous feedback loop to the tribal council members and the community. This was an area that was not as strong this past fiscal year due to several factors (e.g., change in evaluators providing support, database issues, late start into the fiscal year with PAT Educators). This was the first full year of implementation so future years should build on the strengths accomplished this past year and work on improving the areas that need more structure.

The fourth goal was to build in an evaluation system that was formative in nature for continuous improvement and development. All stakeholders valued the nature of the CBPR process. The tribal members appreciated their input being utilized and the opportunity to come together on an ESW for the betterment of the PAT Program. However, due to staffing issues for the ADHS MIECHV program the process was not fully developed and implemented as originally intended. Hence stakeholders still felt the evaluation was a separate process. It was apparent to the evaluators at the end of the fiscal year that there was a separation in thought about the evaluation and the PAT Program. For instance, the evaluators had to help the PAT Educators understand that just as the screenings they give their families is pertinent to their health and well-being, the evaluation data collection tools are pertinent to the life of the PAT program continuing, progressing to a stable program and growing in their communities. This was an indication to evaluators that moving forward the purpose of the data collection procedures for both their parents and the evaluators should be part of PAT Educators training. They need to understand the purpose of the data collection, what questions are being addressed and how the results may be used for future improvements.

Recommendations

The following are recommendations based on the findings from the ADHS MIECHV PAT program evaluation:

- Re-convening of evaluation stakeholder workgroup to work with their understanding of how to utilize the data from the monthly reports and evaluation. Assist them in exploring how to share lessons and findings from the program with their tribal community members in a usable way. Perhaps take advantage of a community event with a gallery walk to share outcomes and future programmatic changes to better suit their needs.
- Implement a fidelity monitoring checklist to better understand how home visits are taking place and learn from already successful practices.
- Frequent communication about updates on the program with appropriate messages for all stakeholders. Clarify the importance of communication and soliciting community voice. Discuss how to use these lessons learned to amplify this type of practice in other work taking place with the tribe.

- The use of a ADHS tribal liaison are proven successful strategies when working with sovereign tribal nations. Perhaps some kind of tribal program leader and ADHS tribal liaison reflection session where they come together for a facilitated discussion of the process, findings and action planning for the future.
- Explore opportunities to build capacity and sustainability into this PAT Home Visiting model. Utilize mentoring techniques or train the trainers model with PAT educators. From this evaluation we found that PAT Educators need peer support in terms of sharing what they are dealing with in some situations. Building a network for the home visitors to turn to for ideas, vent frustrations and to troubleshoot would be beneficial for the current staff.
- Explore using the next round of evaluation to build PAT adaptation guide for each of the tribes that could be shared with curriculum developers.

VI. Plans for Dissemination of Evaluation Findings

The dissemination of the outcomes from this plan is critical for improvements needed in the future for sustainability of the program and consistent engagement by the various stakeholders. This dissemination plan was developed for the Arizona Department of Health Services (ADHS) MIECHV Staff. First and foremost, the Navajo Nation, the Hualapai tribe, and the Cocopah tribal councils are the primary internal stakeholders and partners with the ADHS/MIECHV staff. Tribal councils were integral to every component of this program and directly affected by the program. This grant program was designed around the idea of working collaboratively with the tribes to build capacity in their community for the expansion of the PAT program.

The 2017 ADHS/MIECHV program has seven stakeholders that will be addressed in the dissemination plan:

- } **The Tribal Councils are a primary, internal stakeholder and partner.** Tribal participation was integral to every component of the program and directly affected by it.
- } **The PAT Home Visiting Staff and Supervisors are an internal stakeholder.** Their dedication to the program is essential to its success.
- } **The United States Department Health and Human Services (US HHS), Health Resources and Services Administration (HRSA), is a critical external stakeholder.** As the funder of this grant, HRSA will receive all outcomes and results from this evaluation as evidence of the progress of this program.
- } **The PAT families are a critical external stakeholder.** The relationship between the PAT Educator staff and the families is critical to fostering a trusting bond and utilize the benefits of this program to help those in need.
- } **First Things First (FTF) is an external stakeholder.** FTF, a state government department, worked in conjunction with ADHS and the Tribes to help build capacity among the tribal communities.
- } **The tribal community members are an external stakeholder.** This program was approved by Tribal Council and tailored by their culture to encourage families to enroll.
- } **The community referral services are an external stakeholder.** The tribes, through the PAT program, have been working collaboratively with various community services in the physical, behavioral and mental health arenas to come to the aid of their PAT families.

The following dissemination plan from the ADHS/MIECHV PAT Home Visiting program evaluation was developed to ensure that findings inform practice and maximize the benefits to the communities being served. This plan was developed keeping in mind the unique needs of all internal and external stakeholders. This proactive dissemination strategy offers the breadth to reach out to multiple audiences and the depth to conduct more in-depth interactive work with key audiences such as Tribal Leaders, Elders and program staff. The following table lists the various types of information (i.e., results, findings and outcomes) that will be disseminated throughout the duration of the evaluation and as a follow-up with stakeholders.

Table 5. Dissemination Information

Tribe	<ul style="list-style-type: none"> • Community-Based Participatory Research (CBPR) evaluation – summary of benefits and challenges • Summary of the community services provided through the referral service of the PAT program • The findings regarding the tribe • Their parents' satisfaction knowledge of child development as a result of the program • The relationship between the PAT Educators and the parents participating in the program • Enhancements to the PAT program moving forward • Next Steps (based on discussion with tribe)
PAT Educators & Supervisors	<ul style="list-style-type: none"> • Benchmark indicators • Their parents' satisfaction knowledge of child development as a result of the program • Enhancements of the PAT program moving forward
HRSA	<ul style="list-style-type: none"> • Evaluation Report <ul style="list-style-type: none"> ➢ Progress on the expansion of the PAT program ➢ The collaboration between the ADHS, the tribes and the community services ➢ The benefits and challenges of the CBPR Evaluation ➢ The support provided to the PAT Educators ➢ Benchmark results from the Home Visitors ➢ Findings for each tribe ➢ The parents' satisfaction knowledge of child development as a result of the program ➢ Enhancements Moving forward

PAT families	<ul style="list-style-type: none"> Information about the success of the program, the referral system to community services, and enhancements to the PAT program that will have a positive effect on their families.
First Things First	<ul style="list-style-type: none"> Review of collaborative work Next steps
Tribal Community members	<ul style="list-style-type: none"> Results of the PAT program Advertisement of the PAT program Benefits of the PAT program

The following matrix is sorted by the column labeled "Timeline." This matrix lists the objective of disseminating the information listed, the stakeholder, the type of venue of which the information is presented, and the individuals involved.

Table 6. Dissemination Schedule

Timeline	Objective	Stakeholder	Venue	Individuals
November & December, 2017	<ul style="list-style-type: none"> Results from the CBPR evaluation – summary Share benchmark indicators, aggregated results from the parents' surveys and enhancements to the program moving forward 	<ul style="list-style-type: none"> Tribal Council/Evaluation Stakeholder Workgroup PAT Educators and Supervisors 	Presentation and dialogue	<ul style="list-style-type: none"> ADHS – Gerilene Tsosie Tribal Councils MIECHV Evaluator PAT Educators and Supervisors
December, 2017	Meet obligations with HRSA	HRSA	Evaluation review Evaluation report	<ul style="list-style-type: none"> ADHS – Gerilene Tsosie Evaluation Team HRSA Staff
December, 2017	Review of collaborative relationship and next steps moving forward	FTF	Handouts and Discussion	<ul style="list-style-type: none"> ADHS/MIECHV staff FTF staff
December, 2017	Review of referral system – what was working and what improvements need to be made moving forward	Community Referral Services	Discussion	<ul style="list-style-type: none"> ADHS/MIECHV staff PAT Supervisors Community Service Staff
January, 2018	Information about the success of the program, the referral system and enhancements for the coming year.	PAT Families	Handouts, flyers, brochures	<ul style="list-style-type: none"> PAT Educators PAT Families
January, 2018 - ongoing	Promoting the PAT program for expansion in the tribal communities	Tribal Community Members	Newspaper articles, advertisements, Commercials, Tribal newsletters, brochures	<ul style="list-style-type: none"> ADHS – Gerilene Tsosie Tribal Communication Directors

During the dissemination process it is crucial to be all inclusive to those that have an interest in the program. Allowing time to hold discussions regarding the information shared is an effective way to enhance the learning and build rapport and engagement from the various stakeholders. To be successful there has to be this reoccurring exchange of information and feedback for all parties involved. Follow-up with various stakeholders in the future is critical to the on-going quality of the program in the tribal communities.

References

- Arizona Department of Services. (2014). Health Status Profile of American Indians in Arizona 2012 Data Book. Retrieved from <http://pub.azdhs.gov/e-books/american-indians/az-american-indians-2012/files/assets/common/downloads/HSAM%202012.pdf>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84 (2), 191-215.
- Booth, A., Palamaro Munsell, E., & Doyle, O. (2014). Maternal engagement in a home visitation intervention: What lies beneath psychological resources? *Journal of Community Psychology*, 42 (1), 29-46.
- Brook Publishing. ASQ-3 Technical Report - Ages and Stages. <http://agesandstages.com/resource/asq-3-technical-report/>
- Brook Publishing. PICCOLO Technical Report. <http://archive.brookespublishing.com/documents/PICCOLO-technical-appendix.pdf>
- Bronfenbrenner, U. (1979). *Ecology of Human Development: Experiments by Nature and Design*. Cambridge: Harvard University Press.
- Brookes, S., Summers, J., Thornburg, K., Ispa, J., & Lane, V. (2006). Building successful home visitor-mother relationships and reaching program goals in two Early Head Start programs: A qualitative look at contributing factors. *Early Childhood Research Quarterly*, 21, 25-45.
- Cantor JC, S. C., Belloff D, How SKH, McCarthy D. (2007). Aiming Higher: Results from a State Scorecard on Health System Performance - StateScorecard.pdf. Retrieved from http://www.commonwealthfund.org/usr_doc/StateScorecard.pdf?section=4039
- Christopher, S., Saha, R., Lachapelle, P., Jennings, D., Colclough, Y., Cooper, C., Webster, L. (2011). Applying indigenous community-based participatory research principles to partnership development in health disparities research. *Fam Community Health*, 34(3), 246-255.
- Council on Child and Adolescent Health. (1998). The role of home-visitation programs in improving health outcomes for children and families. *Pediatrics*, 101, 486-489.
- Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression scale. *British Journal of Psychiatry*, 150:782-786. <https://doi.org/10.1192/bjp.150.6.782>.
- Daro, D. (2006). *Home visitation: Assessing progress, managing expectations*. Chicago: Ounce of Prevention Fund and Chapin Hall Center for Children.
- Duggan, A., Berlin, L., Cassidy, J., Burrell, L., & Tandon, D. (2009). Examining maternal depression and attachment insecurity as moderators of the impacts of home visiting for at-risk mothers and infants. *Journal of Consulting and Clinical Psychology*, 77 (4), 788-799.
- Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., & Crowne, D. (2007). Impact of a statewide home visiting program to prevent child abuse. *Child Abuse & Neglect*, 31 (8), 801-827.
- Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S., Windham, A., et al. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse and Neglect*, 28, 597-622.
- Duggan, A., Windham, A., McFarlane, E., Fuddy, L., Rohde, C., Buchbinder, S., et al. (2000). Hawaii's Healthy Start program of home visiting for at-risk families: Evaluation of family identification, family engagement, and service delivery. *Pediatrics*, 105, 250-259.
- DuMont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., & Rodriguez, M. (2008). Healthy Families New York (HFNY) randomized trial: Effects on early child abuse and neglect. *Child Abuse & Neglect*, 32 (3), 295-315.
- Friedlander, M., Escudero, V., Heatherington, L., Deihl, L., Field, N., Lehman, P., et al. (2006). *System for Observing Family Therapy Alliances: Training Manual*. Washington D.C.: American Psychological Association.
- Israel, B., Schulz, A., Parker, E. and Becker, A. (1998) Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-202. doi:10.1146/annurev.publhealth.19.1.173
- Johnston, C., & Mash, E. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18 (2), 167-175.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Krysiak, J., LeCroy, C., & Ashford, J. (2008). Participants' perceptions of healthy families: A home visitation program to prevent child abuse and neglect. *Children and Youth Services Review*, 30, 45-61.
- Laveaux, D. and S. Christopher (2009). "Contextualizing CBPR: Key Principles of CBPR meet the Indigenous research context." *Pimatisiwin* 7(1): 1.
- Lee, C., & Ayon, C. (2004). Is the client-worker relationship associated with better outcomes in mandated child abuse cases? *Research on Social Work Practice*, 14 (5), 351-357.

- Love, J. (2002). Making a difference in the lives of infants and toddlers and their families. Child Outcomes Research and Evaluation, Office of Planning, Research, and Evaluation, Administration for Children and Families and the Head Start Bureau, Administration on Children, Youth and Families, Department of Health and Human Services, Washington D.C.
- Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P., ... Steele, H. (2014). Adverse Childhood Experiences (ACEs) Questionnaire and Adult Attachment Interview (AAI): Implications for parent child relationships. *Child Abuse & Neglect*, 38(2), 224-233.
- Norcross, J. (Ed.). (2002). *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients*. New York: Oxford University Press.
- Rasmus, S. M. (2014). Indigenizing CBPR: evaluation of a community-based and participatory research process implementation of the Elluam Tunjiinun (towards wellness) program in Alaska. *Am J Community Psychol*, 54(1-2), 170-179. doi: 10.1007/s10464-014-9653-3
- Roggman, L., Boyce, L., Cook, G., & Jump, V. (2001). Inside home visits: A collaborative look at process and quality. *Early Childhood Research Quarterly*, 16, 53-71.
- Sanders, M., & Wooley, M. (2005). The relationship between maternal self-efficacy and parenting practices: Implications for parent training. *Child: Care, Health and Development*, 65-73.
- Supplee, L., Paulsell, D., & Avellar, S. (2012). What works in home visiting programs? (Curits & Alexander, Eds.) *What Works in Child Welfare*, pp. 39-61.
- Sweet, M., & Appelbaum, M. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75 (5), 1435-1456.
- Tribal Evaluation Group (2013). *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities*. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/tribal_roadmap.pdf
- United States Census Bureau. (2015). *Arizona QuickFacts from the US Census Bureau*. Last Revised: Tuesday, 08-Jul-2014 06:3733 EDT Retrieved April 22, 2015, from <http://quickfacts.census.gov/qfd/states/04000.html>
- Viswanathan, M., Ammerman, A., Eng, E., Gartlehner, G., Lohr, K. N., Griffith, D., et al. (2004). *Community-based participatory research: Assessing the evidence (Evidence Report/Technology Assessment No. 99; prepared by RTI, University of North Carolina)*. Rockville, MD: Agency for Healthcare Research and Quality.
- Wallerstein NB, Duran B. Using community-based participatory research to address health disparities. *Health Promotion Practice* 2006; 7(3):312-323.
- Wallerstein, N., Oetzel, J., Duran, B., Tafoya, G., Belone, L., & Rae, R. (2008). What Predicts Outcomes in CBPR? In M. Minkler & N. Wallerstein (Eds.), *Community-Based Participatory Research for Health: From Process to Outcomes* (2 ed., pp. 371-392). San Francisco: Jossey-Bass.