

Minnesota Coalition for Targeted Home Visiting

Notes from Conversation with Richard Chase, Wilder Research 3-21-16 with Laura LaCroix-Dalluhn and Cindy Toppin around draft Outcomes/Indicators for HV Standards

1. Background

Cindy and Laura shared development process of MN HV standards/outcomes. Shared NM logic model and outcomes.

2. General Conversation about selecting outcomes/indicators – Richard’s perspective as an evaluator

- Outcomes are often laid out ahead of time but often indicators are developed in conjunction with grantees after the RFP. It gives them buy-in. The data collected should be useful not just for evaluation purposes but also for program evaluation and program improvement.
- Practice people are often closer to what is happening on the ground and can have a clearer view of data and what will work than academic people.
- Richard was part of HFA Research Network with MDH and Penny Hatcher.
- There is more than one way to meet outcomes.
- Some agreement around racial equity that top down models don’t always serve diverse communities well. Play with different rules to better serve at-risk families
- Change our language: standards will produce the desired outcomes because they are based on research.
- Evaluation is then about your outcomes.
- Discussion about possible evaluation of pilots (if funded). You could look at % of meeting standards. For example: if you meet 90% of standards, do you have better outcomes than a program that meets 70% of standards? Continuum of how standards are implemented compared to family outcomes.
- You could compare counties with similar demographics (from the Reach and Resilience report).

3. Specific comments about the draft outcomes/indicators

- Many of our draft outcomes are really outputs. Example: Screening and referral. That is an output.
- Linking to community services is the issue – be more active. Did they access services or not?
- Not sure we need so many indicators
- Logic model from NM – he would make changes. Look at long term outcomes like school readiness, graduation rates, safe neighborhoods. Think about 1) initial outcomes (increased knowledge, even though this is a weak indicator) and 2) intermediate outcomes (parent consistently demonstrates xxxx)

- At what point you start with parent is critical. Different outcomes would be expected based on when you started with family? Did you start at one month prenatally or several months? Did mother breast feed for one day or many months? Is breast feeding a cultural thing, implications?
- We do have some outcomes: Families demonstrate positive responsive parenting techniques that support children's social emotional, cognitive and physical development. Parents demonstrate knowledge of their children's developmental abilities and emerging skills and stages.
- No need to have so many indicators. Many are interrelated.
- Families meet their basic needs could be an outcome. Adequate social support, adequate nutrition, housing, access to other services as needed.

Richard is willing to come to April 11 Practice Matters to have some discussion with members.