A Study Design for **Developing a Measure of Commitment to Promoting Racial Equity** in Home Visiting

HRSA
Maternal & Child Health

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Introduction

Research suggests that high-quality implementation of evidence-based home visiting programs increases the odds of achieving the best outcomes for children and families.[1] However, there is little consensus in the field regarding the critical elements of home visiting program implementation quality and how they may lead to improved outcomes for families and children.[2] The Measuring Implementation Quality in Maternal, Infant, and Early Childhood Home Visiting (MIECHV)-Funded Evidence-Based Home Visiting Programs project is a collaboration between Child Trends and James Bell Associates ("the research team")—under the direction of the Health Resources and Services Administration (HRSA) and the Administration for Children and Families—that seeks to address these gaps.

For this project, the research team (the first-person shorthand "we" will also refer to the research team) conducted a literature review on what is known about implementation quality.[3] We also developed a conceptual framework depicting the various factors that are hypothesized to contribute to implementation quality across levels of the home visiting system (e.g., family, home visitor, community context).[4] We engaged MIECHV awardees, tribal MIECHV grantees, and other home visiting experts throughout this project to ensure our work is relevant and applicable in the field. The final phase of this project is the development of study design reports that outline potential research plans to address identified awardee needs with respect to measuring program implementation quality. All these study designs—which represent a wide range of research questions, methods, and target audiences—are aimed at deepening our understanding of the factors that may contribute to implementation quality in the home visiting field.

Study Overview

Aim: Outline steps to develop an agreed-upon conceptualization of how a "commitment to promoting racial equity" is operationalized within a home visiting system

Design: Phased approach to measure development

Data sources: Surveys, focus groups, and expert panel

Sample: MIECHV federal staff, model representatives, state awardees and tribal grantees, local program staff, and families

Technical skill level: Moderate

Estimated cost: Between $150,000 and $292,000

Estimated time needed: 1 year

The study design presented here focuses on preliminary steps that can inform development of measurable indicators for one quality thread in the conceptual framework: "commitment to promoting racial equity" (see Figure 1). This thread is described as including equitable access to and implementation of services, having common language and understanding around root causes of inequity, recognition of implicit racial biases, and staffing that reflects the diversity of racial and ethnic backgrounds and experiences of community members. However, the indicators of this thread need to be specified further—across all levels of a home visiting system—in collaboration with home visiting practitioners and participants, as well as MIECHV awardees and tribal MIECHV grantees, model representatives, technical assistance (TA) and professional development (PD) providers, and other content experts.

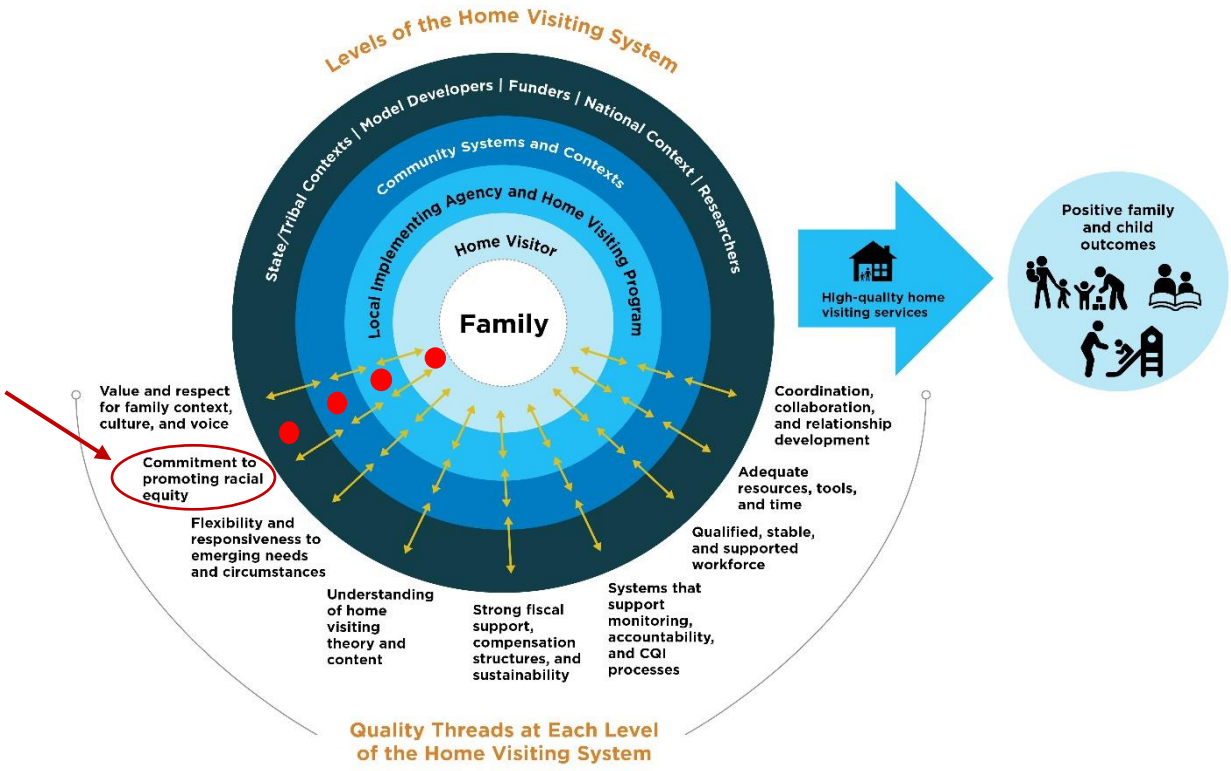
In an environment of increasingly widespread public attention to systemic racism, catalyzed by the high-profile murders of Black individuals and increased understanding of social determinants of health, the home visiting field is asking whether home visiting systems contribute to inequities and/or help advance health equity. Over the course of our meetings with awardees and grantees, racial equity emerged as an important aspect of home visiting implementation quality. Awardees, grantees, and other experts emphasized a need to attend to race and health equity across all levels of the home visiting system. Additionally, awardees and grantees indicated that their states and tribes were committed to addressing equity as part of implementation quality and were very interested in learning more about how best to operationalize this

thread. The interest in this quality thread and a need to better understand what it might look like in the home visiting context make this topic both relevant and important to explore.

This study design seeks to provide the home visiting field with the information needed to develop specific, discrete, and measurable indicators of a home visiting system's commitment to promoting racial equity. The study design employs a phased approach of surveys, focus groups, and a Delphi method (defined below) and is designed to elicit feedback from model representatives, TA and PD providers, MIECHV awardees and tribal MIECHV grantees, local program staff, and parents and caregivers. Each group has practical, firsthand experience from which to draw. The study design supplements practice-based expertise by involving content experts in multiple areas, such as health equity, social determinants of health, and racial equity. As the field moves forward in its commitment to promoting racial equity, it must carefully consider how this commitment is operationalized across levels of the home visiting system. Greater specification of what a commitment to promoting racial equity looks like within the home visiting context can support collective efforts and the creation of indicators to monitor and assess relevant progress. Although this study design focuses on one quality thread included in the conceptual framework, a similar approach could be taken to offer greater specification of other quality threads. Additionally, although we intend for the study design to be implemented at a national level, across all MIECHV awardees and tribal MIECHV grantees, it could also be adapted for the regional, state, or local level.

In this report, we first summarize existing literature and initiatives that focus on racial equity and propose a series of steps to better understand and develop foundational knowledge about this quality thread. We include information about the sample needed, data sources and measurement options, and analysis plans. We conclude with practical considerations and implications of findings.

Figure 1. Home Visiting Implementation Quality Conceptual Framework



Note: CQI stands for continuous quality improvement.
Source: Crowne, S., Rosinsky, K., Goldberg, J., Sparr, M., Ulmen, K., & Huz, I. (2021). *A conceptual framework for implementation quality in home visiting*. Health Resources and Services Administration, U.S. Department of Health and Human Services.

Key Terms

Home visiting system: Policies, contexts, agencies, entities, and individuals that influence and/or are a part of home visiting service delivery and dynamically affect one another. This system includes federal, tribal, state, model, and community contexts; local implementing agencies and home visiting program contexts; home visitors; and families.[a]

Indicator: A tool for measuring progress or performance related to a specific target, element, or goal. Indicators focus on discrete tasks, activities, or efforts that contribute to reaching a larger goal or target.

Criteria: Specific, measurable standards (or benchmarks) for the target, element, or goal an indicator is measuring.

Racial equity: "The consistent and systematic fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American, Asian Americans and Pacific Islanders, and other persons of color."[b]

[a] Crowne, S., Rosinsky, K., Goldberg, J., Sparr, M., Ulmen, K., & Huz, I. (2021). *A conceptual framework for implementation quality in home visiting*. Health Resources and Services Administration, U.S. Department of Health and Human Services.
[b] Exec. Order No. 13,985, of January 20, 2021, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.

Research Questions

This study design aims to answer the following research questions:

What does a "commitment to promoting racial equity" within a home visiting system look like? What are indicators, across levels of the home visiting system, of a commitment to promoting racial equity? How can these indicators be measured?

Within these questions are several subquestions:

1. From the perspectives of families, home visiting staff, and state/territory MIECHV awardees and tribal grantees, which indicators are the most important, useful, and suitable for use in the home visiting context?
2. Which indicators do model representatives, TA and PD providers, and funders prioritize as the most important, useful, and suitable for use in the home visiting context?
3. Which indicators do content experts in areas such as health equity, social determinants of health, and racial equity prioritize as important for promoting a commitment to racial equity?

Overview of Prior Work on Racial Equity in the Context of Home Visiting

According to the American Public Health Association, "racism is a driving force of the social determinants of health … and is a barrier to health equity."[5] Rooted in American history, racism is continuously maintained through structural racism. Structural racism refers to people continuing to be treated inequitably based on race, even if individuals working within these systems are not racist. Structural racism exists within

institutions and systems that interact with and reinforce one another (e.g., financial, criminal justice, health care, law, employment, housing, tax codes, education). These systems, historically designed to promote the well-being of White people and prevent Black people from achieving success and independence, perpetuate health inequities not just for Black individuals and other individuals of color but also for other disenfranchised and marginalized groups (e.g., individuals with disabilities, LGBTQI+ populations).[6]

On January 20, 2021, President Biden signed Executive Order 13985, "Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government." It defined *equity* as "the consistent and systematic fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American, Asian Americans and Pacific Islanders, and other persons of color."[7] Addressing inequities that exist across virtually all systems in the United States is critical for improving the future well-being of all citizens.[8]

As advocates for the health, well-being, and development of families with young children, home visiting programs can contribute to racial equity. Indeed, federal funders of home visiting are now explicitly emphasizing equity as part of their strategic plans. The Maternal & Child Health Bureau (MCHB) at HRSA includes in its plan the achievement of health equity as one of four goals to enhance the health and well-being of women, children, and families.[9] And the interim update to HRSA's strategic plan states the following mission: "to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs."[10] Several MIECHV-funded programs and related initiatives, have taken steps to achieve this goal. Examples of these efforts are summarized below.

The Home Visiting Collaborative Improvement and Innovative Network (HV CoIIN) 2.0 created the Health Equity Framework and Change Package with the overarching goal of building "MIECHV capacity to advance and sustain health equity with families served by home visiting."[11] Once finalized, the framework and change package will be used by home visiting programs and local implementing agencies (LIAs) to make systemic change and advance health equity for families. The Health Equity Framework includes a key driver diagram whose main objective is to build MIECHV capacity to advance and sustain health equity for families served by home visiting. The framework suggests five primary drivers and 16 secondary drivers needed to achieve the associated primary driver. The five primary drivers are (1) health equity as a strategic priority, (2) antiracist infrastructure that centers families' lived experience and community context, (3) continuous quality improvement that explicitly promotes health equity in home visiting outcomes, (4) family-centered, antiracist service delivery, and (5) relationships and linkages within and beyond MIECHV that center families' needs. To help meet a secondary driver, the Change Package provides "Change Ideas" for LIAs to consider along with areas where MIECHV awardees can support LIAs with tools and resources. During the project period HV CoIIN teams will use the framework and package to test primary drivers of systemic change that lead to health equity.

As part of HRSA's ongoing commitment to integrate health equity best practices and improve program implementation, MCHB and the Administration for Children & Families are conducting the Health Equity Assessment Leveraging Performance Measurement Enhancements project. Its aim is to "examine how the MIECHV performance measurement system can better integrate strategies to monitor and understand how awardees are documenting, assessing, and advancing health equity in home visiting." This project's goal is to integrate a health equity framework into the existing MIECHV performance measurement system in three ways, by (1) collecting data on the social and structural determinants of health, including for families living in rural and underserved areas; (2) collecting multilevel data (e.g., individual, household, community) to monitor efforts to advance equity in short- and long-term home visiting outcomes; and (3) adapting, adjusting, or updating performance measures to be culturally responsive and reflect the diversity of populations served by the MIECHV program.

The Maryland Department of Health, Maternal and Child Health developed for home visitors a toolkit that compiles resources, trainings, and tools, providing a foundational understanding of racial equity.[12] For

example, the toolkit includes resources from the 1619 Project, an initiative from the New York Times Magazine that covers the history of enslaved people in the United States and consequences that racist systems continue to have on Black, Indigenous, and people of color populations. The toolkit also offers resources for expanding knowledge and skills around race equity, such as the National Center for Pyramid Model Innovations' Creating Anti-Racist Early Childhood Spaces webinar, which discusses how to create antiracist environments to promote all racial identities. The toolkit includes a list of books and resources that home visitors can share with families.

Other state initiatives seek to understand and improve racial inequities across public health programs, using data to inform this work. Specifically, the Massachusetts Office of Health Equity, Department of Public Health's Racial Equity Strategic Pathway Implementation Team developed the Racial Equity Data Road Map: Data as a Tool Towards Ending Structural Racism.[13] Piloted by Welcome Family, a Massachusetts MIECHV program, the road map contains seven modules:

1. Looking at Health Issues with a Focus on the Impact of Racism
2. Determining If a Program Is Ready to Use Data to Address Racism
3. Understanding What the Data Say about Differences in Health Outcomes by Race and Ethnicity
4. Using Other Sources of Data to Uncover Causes of the Differences
5. Making Plans to Act on Differences That Are Unjust or Avoidable
6. Presenting Data in Ways That Help People Make Sense of the Numbers
7. Moving from Data to Action

Within each module, tools and resources guide programs' work. For example, Module 1: Looking at Health Issues with a Focus on the Impact of Racism includes a racial equity reframing tool that helps researchers and policymakers understand that policies rooted in racism have been systemically perpetuated, directly resulting in disproportionately negative impacts on communities of color.[14]

In 2016, HRSA awarded four states that comprise Region X (Alaska, Idaho, Oregon, and Washington) with an innovation grant to identify the current strengths, gaps, and unmet needs in the home visiting workforce. The study found disparities in race and pay equity among home visitors and wrote in 2019 a brief aimed at addressing the findings and providing guidance to support the expansion of racially equitable approaches across the region.[15]

Finally, a recent HRSA-funded initiative includes coordinated state evaluations (CSEs); their purpose is to advance knowledge of early childhood home visiting services through coordinated evaluation efforts among MIECHV recipients. Although all CSE awardee participants are embedding health equity into their evaluation plans, participants in the Family Engagement and Health Equity CSE are developing evaluation plans specifically aimed at exploring racial disparities in service provision and better understanding home visiting's role (both actual and potential) in mitigating racial inequity.[16]

Within the home visiting field, efforts aimed at eliminating racial disparities, including inequities in health outcomes for children and families, exist; however, there is no shared understanding of exactly what a "commitment to promoting racial equity" looks like within home visiting organizations. There is also limited understanding of which factors/indicators across levels of the home visiting system are critical for promoting racial equity—and how those factors/indicators might be measured. The design outlined below provides initial steps to address these gaps.

Design Approach

The proposed approach for this study includes three phases that will help develop measurable indicators of a commitment to promoting racial equity. The three phases include (1) conceptualization, (2) operationalization, and (3) pilot testing and refinement. Indicators can then be used to create self-assessments with goals and benchmarks that can be used across all levels of the home visiting system. Specific approaches within these phases include a review of existing materials, surveys, focus groups, and a Delphi model. In the past, a modified Delphi model has been used within home visiting to establish a coordination framework and a set of indicators.[17]

What Is a Delphi Model?

A method for gathering input and reaching consensus on a topic without in-person meetings. This method is considered appropriate in content areas with limited or small existing knowledge bases.

Each study phase is described in more detail below. We believe this phased approach is well suited for answering the proposed research questions. First, it is a collaborative, participatory method for identifying indicators of a commitment to promoting racial equity. Involving representatives from multiple groups allows for a wide range of perspectives across all levels of the home visiting system. Second, the approach is an opportunity to learn from those directly involved in home visiting and from individuals with expertise and prior experience in issues related to health equity, racial equity, and system-level efforts (and measures) to advance racial equity.

We describe a study approach that is deliberately broad, with suggested data collection from all levels of a home visiting system; however, we recognize that a conceptualization of a commitment to promoting racial equity at all levels of the home visiting system may not be practical or possible to achieve within a single measure. Therefore, this study design can be modified as necessary to focus on one or two levels of the home visiting system and to identify indicators of a commitment to promoting racial equity that are most applicable to those levels. Certain indicators may apply to each level of a home visiting system. For example, disaggregating data by race and ethnicity may apply at all levels except the family level. Other indicators may pertain only to certain levels of the home visiting system or require modification to enhance their applicability to certain levels. For example, the mere presence of a diverse population from which to recruit a workforce may be most applicable at the community systems and context level. At the LIA or local program level, efforts to recruit and retain a diverse workforce may focus on hiring practices that value diversity; developing opportunities for families to become home visitors; taking into account job candidates' experience working with racially and ethnically diverse communities; and giving to staff stipends to pursue higher education opportunities.

Potential challenges include the following:

- **Identifying the most meaningful and productive approaches for discussing racial equity with home visiting staff and families.** Leading discussions about racial equity can be extremely challenging; the topic is complicated and may conjure among participants feelings of defensiveness, confusion, anger, or pain. To mitigate this challenge, we strongly recommend that the study team contracts with an individual or organization with expertise working with organizations to examine racial equity to help lead the project. If that partnership is not possible, this challenge can be minimized by collaborating with parents, caregivers, and local program staff to develop data collection plans and design data collection instruments; the study team can also ensure that the individuals facilitating focus group discussions reflect the race and ethnicity of study participants. Teams may also find it helpful to offer participants the option to join specific focus groups based on the racial and ethnic identities with which they feel most closely affiliated.
- **Study participants entering the project with differing perceptions and understandings of racial equity**. Although the study design explicitly recognizes the need to first understand how individuals

within a home visiting system define a commitment to promoting racial equity, we recommend presenting a broad definition of racial equity as a starting point to pave the way for developing a common understanding and shared language.

- **Ensuring representation of participants from various racial and ethnic groups as well as participants with different socioeconomic backgrounds.** Those communities that have been disenfranchised in the past understandably may not see a benefit to study participation. Offering alternative forms of study recruitment and engagement (e.g., one-on-one targeted discussions, use of trusted community representatives as liaisons) could help address possible hesitations for study participation.

To prepare for this study design, a project director—who will oversee the project—and a project team should be identified. Additionally, researchers should identify any existing sources of information (e.g., current frameworks, indicators, or measures of racial equity) to use in the first step of the conceptualization phase described below.

Measure Development Process

In this section we describe the key activities for each of the three phases of the study design. Within each phase, we explain data collection activities, data sources and measures, methods for analyzing data, and considerations for samples to include in each data collection activity.

Phase 1: Conceptualization

During the conceptualization phase, activities primarily focus on greater articulation of the construct (commitment to promoting racial equity) to be measured. This phase includes a review of existing frameworks, indicators, and measures of racial equity. It also entails ongoing collaboration with individuals across levels of the home visiting system, through surveys and focus groups, to identify and refine salient aspects of the construct within the home visiting context.

Review of existing frameworks and measures

The conceptualization phase should leverage knowledge gained from existing efforts. Specifically, the project team should review relevant materials (e.g., prevailing frameworks, self-assessments, and measures) related to racial equity in home visiting and adjacent fields. The goal of this review is to develop a preliminary list of indicators that are potentially applicable to the home visiting context (a list of materials to review in this step is provided at the end of this study report). Targeted internet searches for training materials, self-assessment documents, or toolkits for programs on topics related to racial equity in home visiting and related fields can supplement this list. For this step, teams may want to ask individuals who have experience in supporting organizational efforts on racial equity to help identify relevant materials. We also recommend reaching out to MIECHV awardees and tribal MIECHV grantees to explore what types of tools and materials they are using to examine and/or promote racial equity. Methods for finding materials should be broad enough to ensure identified sources are diverse and not limited to the efforts of a small or unrepresentative group of individuals; efforts led by individuals with relevant lived experience and people of color should be prioritized. If this study design is being implemented at a state or LIA level rather than at a national level, and/or resources are limited, this review phase could be scaled back to a narrower focus on regional-, state-, or local-level efforts.

Indicator extraction and summary

Team members should keep a record of the materials collected using Covidence or a similar spreadsheet- or document-management tool. Table 1 presents examples of the type of information to collect about each of the materials reviewed. To help identify relevant indicators, the team should consider Section A of the organizational assessment provided by the Race Matters Institute, which asks entities to assess the extent to which their organization does the following:

- Collects, breaks out, and analyzes data by race/ethnicity in programs and operations
- Proposes strategies for its work that have been through a racial impact analysis
- Values diversity, and asks about the cultural competence of staff to work with diverse groups
- Supports the efforts of internal groups to work on issues of equity, diversity, and inclusion[18]

In this example from Race Matters Institute, indicators to extract that apply at the state, tribal, LIA, and local levels might include but are not limited to guidelines and support for disaggregating and interpreting data by race/ethnicity; use of racial impact analysis tools to inform program operations and strategies; consideration of job candidates' experience working with racially diverse groups; and provision of protected time for staff to work on organizational issues related to equity, diversity, and inclusion. The team could also slightly modify these indicators so they would apply at the levels of model developers, funders, and community contexts and systems.

Table 1. Information to Collect From Materials Review

Type of material	Information to collect
All materials	• Process used to develop material • Intended use of material • Source • Title • Authors • Document type • Field designed or intended for • Name • Purpose and goals • Brief (1–2 sentence) summary of the resource • Level of the home visiting system to which source most applies
Frameworks	• Content included • Indicators included in measure and level of home visiting system to which they most apply • Description of how indicators are assessed • Supporting research and evaluation for included indicators
Self-assessments	• List of included indicators and level of the home visiting system to which they most apply • Description of how indicators are assessed • Supporting research and evaluation for included indicators

Type of material	Information to collect
Measures	• Purpose • Type of measure (self-report, observational) • Intended population • Domains measured • Administration approach and timing • Reliability and validity (if applicable) • Intended use of measure • Indicators included in measure and level of home visiting system to which they most apply • Description of how indicators are assessed • Supporting research and evaluation for included indicators

Surveys to consider applicability of indicators to home visiting and identify additional indicators

The next step in the process is to develop a survey to assess how useful, important, and suitable the preliminary list of indicators is for the home visiting context. The review of existing materials should generate a list of preliminary indicators. Before administering surveys, the team may need to change language from existing materials describing the indicators. Surveys should (1) use simple and clear terminology, (2) provide clear definitions of concepts and terms (such as *racial equity* or a home visiting system), and (3) include additional explanations or examples of how indicators translate to the home visiting context. Surveys can also be used for individuals to suggest additional indicators that may be particularly relevant for home visiting or that fill gaps in identifying indicators at different levels of the home visiting system.

A summary of the suggested sampling for surveys, steps for developing survey content, and methods for analyzing survey responses follow.

Survey sample

For the survey portion of this study, we recommend including representatives and potential beneficiaries of home visiting across multiple levels of the system. Prospective representatives and beneficiaries include—

- Currently enrolled parents and caregivers
- Local program staff
- State/tribal/territory program staff
- Federal MIECHV staff
- Model representatives
- TA and PD providers

Participants from each of the groups outlined above should represent the diversity of the home visiting system. Considerations may include accounting for diversity in:

- State and tribal home visiting structures (e.g., size, region, infrastructure, where lead agency is housed, prior work and efforts focused on equity)

- Models (e.g., intended outcomes, prior work and efforts focused on equity, populations served)
- Local program sites (e.g., program size, locale, type of local implementing agency, model[s] implemented, community and cultural contexts)
- Families served (e, g., family configuration, race/ethnicity, genders, socioeconomic status, children's ages)
- Staff demographics (e.g., racial and ethnic identity, gender, age, socioeconomic status, education, years of experience) and lived experience (e.g., immigration history, community affiliation, personal experiences with programs and services)
- Staff roles (e.g., project directors, supervisors, home visitors, intake staff, state and tribal MIECHV leads)

The study design is nested and includes representatives from all levels of the home visiting system. If possible, sample sizes for each group should ensure representation of all state/territory MIECHV awardees and tribal MIECHV grantees. Sample sizes will depend on the size of the state, territory, or tribal home visiting system in terms of the number of LIAs, number of staff supported through MIECHV funds, and number of families served. To provide an example, the sampling approach may aim to represent approximately 8 percent of staff employed (at the state and local level) and 3 percent of families served through each home visiting system. Table 2 presents an example of how this approach could work by sampling awardee-level staff, local program staff, and parents and caregivers from multiple LIAs within a given awardee. The sampling approach may also consider oversampling individuals from underrepresented racial and ethnic groups, to enable the possibility of disaggregating responses by the racial or ethnic identity of respondents. Although we intend for the study design to be implemented at a national level, across all MIECHV awardees and Tribal MIECHV grantees, it could be adapted for implementation at a regional, state, or local level. The study could include a sample (e.g., 33 percent) of MIECHV awardees and tribal MIECHV grantees.

Table 2. Example Sampling Approach for Surveys

MIECHV state, territory, or tribal awardee	Total number of awardee staff	Total number of local staff	Total number of staff participants	Total number of families served*	Total number of parent and caregiver participants	Total number of participants
#1	2	56	5	448	22	27
#2	3	15	2	120	6	8
#3	1	10	1	80	4	5
#4	4	85	7	680	34	41

*Note: Total number of families actively enrolled and who receive services from a home visitor that is supported by MIECHV funds.

Survey content

Survey content will be drawn from the list of indicators generated during the review and indicator extraction phase. The purpose of this phase is to learn from home visiting representatives and beneficiaries the extent to which these indicators seem useful, important, and/or comfortable to assess. Findings from this survey not only provide information about how relevant the indicators are to those who are most directly involved with home visiting but also give some indication of how feasible it will be to implement these indicators—and what types of supports will make implementation successful. For example, if survey respondents rate certain indicators as very important but also very uncomfortable to discuss, then

researchers may want to explore where the discomfort is stemming from and identify strategies for overcoming these barriers.

The team can provide lists of potentially applicable indicators, with adjusted language, and ask survey participants (see sampling for survey respondents above) if they feel the indicators are useful and important for home visiting. The survey can also ask participants about their level of interest and comfort with relevant indicators, to assess how suitable indicators are for individuals and entities that are part of a home visiting system. This information gives a sense of how feasible indicators are for the home visiting context in terms of existing levels of interest and comfort. Even if indicators appear less feasible (given participant responses), they may still be significant enough to retain. They may require that the team probe why participants expressed a lack of interest and/or discomfort and identify strategies for overcoming these issues. Finally, the survey can ask participants to nominate additional indicators of a commitment to promoting racial equity within a home visiting system.

The team should tailor surveys to each participant group. For example, questions related to "a home visiting system" may not be relevant for a parent or caregiver; instead, survey questions would need to be tailored to represent parent and caregiver experiences of home visiting from where [these individuals] sit. See Table 3 for examples of survey questions for each participant group. The specific content can be adapted as necessary. We strongly recommend including questions about participant demographics and background characteristics (such as race and ethnicity) to examine if and how responses vary by such characteristics. We also recommend that surveys be completed anonymously, to ensure that participants feel comfortable giving honest feedback.

Table 3. Example Survey Questions for Each Participant Group

Participant group	Example survey questions
All participants except parents and caregivers	• How useful are the following indicators to the home visiting context? Response options on a 1–5 scale from "very useful" to "not at all useful" for indicators identified from the material review. • How important do you feel each of the following are for promoting racial equity within a home visiting system? Response options on a 1–5 scale from "very important" to "not at all important" to rank indicators with an open-ended response option to nominate additional indicators.
Parents and caregivers	• In thinking about your home visits and your home visitor, how important are each of the following to you in terms of being satisfied with your home visits? Response options on a 1–5 scale from "very important" to "not at all important" for indicators that apply at the level of a home visitor and/or service delivery. • How interested are you in discussing the following topics or engaging in the following activities during your home visits? Response options could include "not at all interested," "somewhat interested," and "very interested" for racial equity–focused discussions or activities. • How comfortable are you in discussing the following topics or engaging in the following activities during your home visits? Response options could include "not at all comfortable," "somewhat comfortable," and "very comfortable" for racial equity–focused discussions or activities.

Participant group	Example survey questions
Home visitors	• How interested are you in discussing the following topics or engaging in the following activities during home visits? Response options could include "not at all interested," "somewhat interested," and "very interested" for racial equity–focused discussions or activities. • How comfortable are you in discussing the following topics or engaging in the following activities during home visits? Response options could include "not at all comfortable," "somewhat comfortable," and "very comfortable" for racial equity–focused discussions or activities.
Program supervisors, managers, and directors	• How interested are you in discussing the following topics or engaging in the following activities with your home visiting staff? Response options could include "not at all interested," "somewhat interested," and "very interested" for racial equity–focused discussions or activities. • How comfortable are you in discussing the following topics or engaging in the following activities with your home visiting staff? Response options could include "not at all comfortable," "somewhat comfortable," and "very comfortable" for racial equity–focused discussions or activities.
MIECHV awardee and tribal grantee staff	• How interested are you in discussing the following topics or engaging in the following activities with local implementing agencies? Response options could include "not at all interested," "somewhat interested," and "very interested" for racial equity–focused discussions or activities. • How comfortable are you in discussing the following topics or engaging in the following activities with local implementing agencies? Response options could include "not at all comfortable," "somewhat comfortable," and "very comfortable" for racial equity–focused discussions or activities.
Model representatives	• Does your model endorse home visitors discussing the following topics or engaging in the following activities during home visits? Response options on a 1–5 scale from "yes, highly encouraged" to "somewhat, we don't encourage or discourage," to "no, highly discouraged," for racial equity–focused discussions or activities.
TA, PD, and training providers	• How interested are you in discussing the following topics or engaging in the following activities with MIECHV awardees or local programs? Response options could include "not at all interested," "somewhat interested," and "very interested" for racial equity–focused discussions or activities. • How comfortable are you in discussing the following topics or engaging in the following activities with MIECHV awardees or local programs? Response options could include "not at all comfortable," "somewhat comfortable," and "very comfortable" for racial equity–focused discussions or activities.

Participant group	Example survey questions
MIECHV federal staff	• How interested are you in discussing the following topics or engaging in the following activities with MIECHV awardees or local programs? Response options could include "not at all interested," "somewhat interested," and "very interested" for racial equity–focused discussions or activities. • How comfortable are you in discussing the following topics or engaging in the following activities with MIECHV awardees? Response options could include "not at all comfortable," "somewhat comfortable," and "very comfortable" for racial equity–focused discussions or activities. • Does your agency endorse awardees discussing the following topics or engaging in the following activities? Response options on a 1–5 scale from "yes, highly encouraged" to "somewhat, we don't encourage or discourage," to "no, highly discouraged," for racial equity–focused discussions or activities.

Surveys should be short to encourage complete and quality responses from as many participants as possible. Participants should be able to complete surveys in 15 minutes or less. The team must consider linguistic and cultural inclusivity by providing a survey in multiple languages, at a suitable reading level, and with culturally appropriate questions. We also recommend involving individuals from different participant groups in the development of survey questions to ensure they are relevant and understandable.

Survey responses

To prepare for focus groups and the Delphi method, the team must analyze survey responses. Many online survey platforms (Survey Monkey, Qualtrics, etc.) allow a user to produce basic summaries of the data. If exporting the data to analyze outside of the survey platform, the first step is cleaning and preparing the data set. Survey data can be exported into a format that can be read by data analysis software (e.g., Excel, Stata, SAS, R) and then reviewed for:

- Missing data, to ensure that missing values are coded properly
- Formatting, to ensure that all variables are amenable to analysis (e.g., that numeric variables are stored in a numeric format)
- Any signs of data errors (e.g., unreasonable values, contradictory responses, incorrect execution of skip patterns)

The next step is to create any variables needed for analysis. For example, the team should run summary statistics for questions asking participants about the importance of each indicator or their level of comfort with each indicator. Summary statistics could include the average importance rating, on a 1–5 scale, for each indicator or the percentage of individuals indicating they feel "not at all comfortable," "somewhat comfortable," or "very comfortable" engaging in different activities. For open-ended questions to nominate additional indicators, participants will likely have responded in multiple ways, such as "disaggregated data" or "looking at data by race and ethnicity." Similar responses can be combined to identify indicators. The team and the focus groups can discuss these additional, nominated indicators to decide whether they are retained as submitted, retained and modified, or removed entirely.

Focus groups

Focus groups allow the team to gain a more in-depth understanding of survey responses and perceptions of what it means for a home visiting system to demonstrate a commitment to promoting racial equity. Focus

groups also allow team members to dig deeper into those indicators with which survey participants reported feeling less comfortable. Themes emerging from focus groups may help identify the types of preparation or supports needed for a measure of racial equity to be well received and utilized. Here is a summary of the suggested sampling for focus groups, steps for developing focus group protocols, and methods for analyzing focus group data.

Focus group sample

The team can recruit a subset of survey participants to participate in focus groups. The same considerations (outlined above) apply, but considerations for focus group participants might also include choosing individuals who have done extensive work on racial equity and individuals who work in organizations that have made minimal efforts focused on racial equity. To ensure participants feel comfortable expressing their feelings and thoughts, the team should conduct separate focus groups (and samples) for each participant group (see table 4).

Table 4. Example Sampling Approach for Focus Groups

Participant group	Number of focus groups	Number of participants per focus group*	Total number of participants
Parents and caregivers	4	7	28
Home visitors	4	7	28
Program supervisors, managers, and directors	4	7	28
MIECHV awardee staff	3	7	21
Model representatives	1	7	7
TA, PD, and training providers	2	7	14
MIECHV federal staff	1	7	7
TOTAL			**133**

*Note that the numbers provided in this table are only suggestions; they are based on a range of 6–8 participants per focus group. The sizes of focus groups will depend on many factors, including but not limited to the number of model representatives who are interested in participating, whether survey findings suggest the need to oversample certain groups, whether study participants prefer to be grouped with those of similar racial or ethnic backgrounds, and whether the study focuses on a particular level of the home visiting system.

Developing focus group protocols

The focus groups could cover such topics as level of acceptability and interest for engaging in activities or discussions related to racial equity; key indicators of a commitment to promoting racial equity at various levels of a home visiting system; key components of ensuring equitable services and outcomes for children and families served through home visiting; and potential challenges and benefits of the home visiting field demonstrating sustained commitment to racial equity. Table 5 below offers example focus group questions. Focus groups should meet for no longer than 90 minutes and should include 6 to 8 individuals per group plus a facilitator and a notetaker.[19] As with the surveys, the team must prioritize linguistic and cultural inclusivity by offering focus groups in multiple languages and asking culturally appropriate questions.

Table 5. Example Focus Group Prompts

What does a commitment to promoting racial equity within home visiting mean to you? *Follow-up prompt:* How would you know you had been successful or were making progress in achieving your vision of equity?
To what extent do you think home visiting promotes racial equity? In what ways does home visiting promote racial equity? In what ways is home visiting falling short when it comes to promoting racial equity? Where are there gaps?
Can you describe efforts you are involved in to promote racial equity within home visiting systems? Can you describe other efforts at either the state or local level?
Are you interested in discussing issues of racial equity with your [home visitor, families, staff]? If so, what types of discussions do you have? If no, are you interested in having discussions on racial equity? If yes, what topics would you be interested in discussing? If no, what contributes to this lack of interest? For example, does it feel like you can't make a difference, or do you not know how to approach the topic?
Are you comfortable discussing issues of race and equity with your [home visitor, families, staff]? If yes, what makes you feel comfortable and how do you think these discussions are helpful? If not, what do you think contributes to your discomfort? For example, does it feel like you can't make a difference, or do you not know how to approach the topic?
What kinds of barriers or challenges have you encountered trying to address issues related to racial equity in your work? Are these barriers at the state level, the local level? Or: Where do you see these barriers?
If your organization has not engaged in efforts to promote racial equity, why not? Are there certain anticipated barriers that have prevented you from focusing on racial equity? If yes, please explain.

Analyzing focus group data

The first step in analyzing focus group data is to finalize the notes from each focus group. This effort includes ensuring that all substantive comments and key topics are contained in the notes with sufficient detail; however, notes do not need to be verbatim. We recommend having two study team members in each focus group—one who leads the conversation and one who takes the notes. It is helpful to record sessions as well so the notetaker can fill in any gaps later (if recording, obtain permission from participants first).

To analyze focus group data:

- **Review notes from the focus groups to generate a list of codes (i.e., topics) identified across responses.** For example, to capture what a commitment to promoting racial equity means to a respondent, the team may want to create codes around "equitable service access," "equitable salaries and hiring practices," "culturally relevant models," etc.
- **Code each set of notes by assigning portions of text one or more codes.** Using the example above, if the notes indicate someone said making sure all families can access community services, the team could code that text as "equitable service access." Qualitative analysis software, such as Dedoose or NVivo, can help organize coding.
- **Review the text associated with each code, across focus groups.** Summarize emerging themes.
- **Analyze, by participant group and by level of the home visiting system.** The team may also want to summarize themes by participant groups and by level of the home visiting system to understand salient

indicators across each level of the home visiting system. For example, themes can be summarized as applying to multiple or select levels of the home visiting system.

Delphi method to further refine indicators[a]

The team can compare findings from the survey responses and focus groups to create a penultimate list of indicators. Specifically, the team can review average importance and comfort ratings from surveys to determine which indicators may be dropped—based on average ratings, within and across participant groups, falling below a pre-identified threshold. Survey data can be supplemented with codes and themes emerging from focus groups to consider indicators to retain despite lower average ratings. Additionally, focus group data and coding from open-ended survey responses might inform modifications of indicators, to increase applicability to home visiting contexts or certain levels of the home visiting system, or inclusion of additional indicators to address gaps.

The team can use this penultimate list in the next step of measure development, which includes a Delphi method with an expert panel to gather information and opinions from panel members. See below for details on potential participants to include in the expert panel and steps for implementing the Delphi method.

Delphi method sample

The Delphi method includes a panel of experts. For this study, we recommend identifying participants with expertise in the following: social determinants of health, health equity, racial equity, home visiting, frameworks or indicators of racial equity within systems, provision of trainings on racial equity, efforts to use data to promote equity, and family voice. Experts can be identified from referencing materials reviewed in the first phase of measure development, from open calls seeking nominations, and/or from snowball nominations (i.e., experts nominate other experts). The expert panel ideally will include up to 35 participants.[20] When selecting experts, the team must consider regional representation as well as racial and ethnic diversity.

Delphi method procedures

The first step should include giving a brief overview of the study, orienting panel members to home visiting, and describing their anticipated involvement in the study. This information can be provided via email or via individual phone calls with panel members. The next step is to provide a list of the indicators and ask panelists to score each indicator in terms of its importance and validity for demonstrating a commitment to promoting racial equity. Scoring could be done on a 5-point Likert scale (1 = not important/valid, 5= highly important/valid). Panelists can complete scoring using a web-based form.

The team can then calculate the average importance and validity score for each indicator as well as the minimum and maximum score assigned to each indicator. Average ratings could also be examined within specific subgroups (such as racial equity experts versus health equity experts) to see if ratings vary by groups. Team members should base decisions to keep or refine indicators on ratings above a certain threshold (e.g., a mean score above 3.5). There may be instances when panelists do not rate an indicator as important but individuals within the home visiting system (from surveys and focus groups) rate it as very important. In this case, that indicator could be retained and flagged for additional discussion. Possible parameters for deciding which indicators to keep might include retaining indicators in a top prespecified percentile or retaining no more than a prespecified number of indicators. It is also possible to combine similar indicators about the same general idea into one indicator. If indicators identified from prior steps and deemed important by the study team score below a particular threshold, then the expert panel could be

[a] Methods proposed for the modified Delphi method adapted from: West, A., Duggan, A.K., Gruss, K., & Minkovitz, C. S. (2018). Creating a measurement framework for service coordination in maternal and early childhood home visiting: An evidence-informed, expert process. *Children and Youth Services Review*, *89*, 289–297.

invited to a second round of scoring to rank those indicators only. The results of scoring and the steps previously outlined should lead team members to pinpoint a smaller set of indicators, which can be operationalized in the next phase of measure development (discussed below).

Phase 2: Operationalization

The next phase focuses on the best approach for assessing the presence of identified indicators. The first step in this process is determining criteria for assessing each indicator. When creating criteria, team members should incorporate best practices, such as using simple and specific language. Criteria are specific and discrete benchmarks or goals for determining if a particular indicator is present. It is possible that criteria for an indicator were discussed in the earlier phases of the study. One step for identifying criteria could include looking at specific ideas generated in open-ended survey responses and focus group discussions related to a particular indicator. Criteria for a particular indicator might include, for example:

> **Example indicator:** Hiring practices that promote racial equity.
>
> **Example criteria:** Policy for staff diversity (e.g., recruitment, hiring); inclusion of people of color at all levels of program operations (advisory boards, directors, managers, supervisors, home visitors); efforts to expand pipelines for recruiting candidates from racially underrepresented groups; efforts to promote equitable salaries and benefits; efforts to diversify recruiting team; presence of workforce equity teams; use of tools, resources, and consultants to diversify applicant pool.

Criteria for the final set of indicators can be generated using expertise from the study team, input from practitioners and content experts, as well as input from experts in self-assessment and measure development. This could include informal, individualized discussions or additional focus groups. Once criteria are drafted for each indicator, considerations for how best to measure each criterion should be discussed. Table 6 presents example options for assessing the criteria within each indicator. The best approach for assessing each indicator will depend on the specific nature of each indicator and criterion. For example, a self-report option may be helpful when a criterion includes multiple steps that are completed over time (such as efforts to promote equitable salaries), whereas document reviews may be helpful for assessing if a specific aspect of a criterion (such as pay equity analysis) was completed.

Table 6. Example Measurement Options

Measurement approach	Example response options
Self-report	Simple checklist of "yes" or "no" for presence of criteria Scale from 1 to 3 with response options for: 1. Not working on this/no efforts in place 2. Just started working on this/initial steps have been made 3. Working on this/progress has been made
Document reviews	Review of program policies, procedures, files, or administrative data to assess evidence of criteria. Criteria could be rated as: 1. No evidence of criteria, needs support 2. Some evidence of criteria, adequate 3. Substantial and consistent evidence of criteria, excellent

Measurement approach	Example response options
Surveys	Anonymous staff surveys to assess perceptions of organizational commitment and efforts to promote racial equity.

Phase 3: Pilot testing and refinement

The final study phase focuses on pilot testing and refining indicators and associated criteria with relevant individuals across levels of a home visiting system. Pilot testing must consider to which level of the home visiting system an indicator and associated criteria apply and involve individuals who represent the applicable level of the home visiting system. For example, if criteria assess an indicator that is mostly constrained to the federal, tribal, or state level of a home visiting system, then it would not be appropriate to pilot test that indicator and associated criteria with home visitors, parents, or caregivers. Pilot testing might include several rounds, to assess (1) the initial criteria for each indicator; (2) a revised set of criteria; and (3) a final draft of criteria. In the first round, described below, participants are instructed to complete the measure, to be followed by a cognitive interview to discuss participant interpretations of the indicator, associated criteria, and response options. In future rounds, not included in the scope of this study design, participants complete a revised version of the measure and results can be shared with participants to facilitate discussion about utility of the indicators and criteria for program improvement efforts.

The required sample size for initial pilot testing and cognitive interviews can be small (e.g., 10 to 15 participants). Open-ended coding of transcripts from cognitive interviews will identify emerging themes related to the clarity of instructions included in the measure, indicators, criteria, and response options. The cognitive interviews will also offer insights into whether participants feel the indicators and criteria are feasible to assess; areas that need refinement or simplification; and if and how participants envision the indicators and criteria can be used for practice improvement purposes.

Ways of Assessing Performance of a Measure

Reliability: Assesses how consistently indicators and criteria are rated (1) over time, (2) across indicators and criteria, and (3) across respondents. For self-assessments, consistency across respondents may be the most relevant measure of reliability. This is often called *inter-rater reliability* and refers to the extent to which different respondents give consistent ratings. For example, do a program supervisor and a program director rate performance for criteria within the indicator of "hiring practices that promote equity" the same?

Validity: Assesses whether indicators and criteria measure what they are intended to measure. *Face and content validity* refers to whether indicators and criteria measure what they are intended to measure (a commitment to promoting racial equity). Other types of validity assess if ratings are correlated with variables one would expect them to be correlated with. If the variables are measured at the same time, this is called *concurrent validity*. For example, this might include examining if the indicators and criteria correlate with concurrent staff perceptions of an organization's commitment to promoting racial equity. If the variables are measured in the future, this is called *predictive validity* (e.g., if ratings for the indicators and criteria predict a system's ability to narrow gaps in health equity for children and families).

Next steps for pilot testing

Although subsequent pilot testing required for measure development is beyond the scope of this study design, we offer here some recommendations about how additional pilot testing can be done. For

subsequent rounds of pilot testing, the sample size depends on the number of indicators and criteria included in the measure. For example, 5 to 10 participants per indicator, for self-report measures, is generally recommended.[21] A subset of survey participants from the first phase of the study could be selected to participate in additional pilot testing. After pilot testing, the team should run standard analyses to assess reliability and validity (see box). If these analyses do not conform to anticipated measurement properties (i.e., reliability is not acceptable), then indicators and criteria, as well as instructions for assessing criteria, must be examined and tested further. Psychometric analyses can guide decisions about removal of poor-performing or unnecessary indicators and/or criteria.

Practical Considerations

There are many practical considerations to weigh for the proposed study design. We have outlined key considerations below.

Technical skill required: The proposed study will require a study team that includes a project director who is responsible for all aspects of the study design and implementation, and one research support staff and one data analyst. Data collection staff members, particularly those leading focus groups, should have experience in similar types of data collection activities and ideally should represent study participants in terms of race and ethnicity. The study team should also include individuals with experience in measure development, pilot testing, and psychometric properties of measures. For confidentiality purposes, staff should be external to participating MIECHV awardees, tribal grantees, and local programs when possible.

Level of effort: We assumed a 1-year timeline, which allows for approximately 6 months spent in the conceptualization phase, 4 months in the operationalization phase, and 2 months of preliminary pilot testing. The conceptualization phase includes the review of existing materials, development of the survey and focus group protocols, and participant selection and recruitment. We anticipate between 20 to 35 percent effort for all staff, which includes time for reviewing existing materials; developing and administering surveys; and scheduling and conducting focus groups, facilitation of the Delphi panel, and data analysis. Future studies may be necessary to continue pilot testing and refine identified indicators.

Costs: In addition to staff time, there are costs for data collection and analysis—including incentives for survey respondents, focus group participants, and members of the Delphi expert panel. We assumed a minimum of a $25 gift card per participant. It is possible that some individuals cannot accept gift cards as part of their program policies; in such cases, consider providing a program stipend in place of a gift card.

As figure 2 shows, the estimated costs for this study range from about $150,000 to $292,000. Figure 2 uses a staff salary rate of $130/hour for the project director, $100/hour for other staff, a $25 gift card per participant (on the lower range), and a $40 gift card per participant (on the higher range). Because expected time commitment is the same across participants, we recommend offering the same incentive amounts for all participants to ensure equitable reimbursement. The range provided in figure 2 includes sampling approximately 33 percent of MIECHV awardees and tribal grantees (on the lower range) and including all MIECHV awardees and tribal grantees (on the higher range).

Figure 2. Cost Considerations

Staff	Project director, 20% time for 12 months; $130 rate = **$54,080**; Research staff, 20% time for 12 months; $100 rate = **$83,200**	Project director, 35% time for 12 months; $130 rate = **$94,640**; Research staff, 35% time for 12 months; $100 rate = **$145,600**
Software	Examples include Dedoose or NVivo = **$500**	Examples include Dedoose or NVivo = **$500**
Participant incentives	400 survey, 75 focus group, and 20 Delphi participants, $25 each = **$12,375**	1,120 survey, 133 focus group, and 35 Delphi participants, $40 each = **$51,520**

Ethical considerations: All study team members will need to complete trainings on privacy and confidentiality. All study team members will be responsible for explaining the study to participants, ensuring their participation is voluntary, and maintaining their confidentiality. If the study requires approval from an Institutional Review Board review, there may be additional requirements such as written documentation of consent. At a minimum, team members should obtain verbal consent from all focus group participants and require survey respondents to indicate their written consent on the survey (e.g., through a check box).

Use of Findings

Entities across multiple levels of the home visiting system can use the indicators and associated criteria that might be developed from this study. Examples of how the findings may be used are provided below.

Use identified indicators and criteria to assess progress toward a commitment to promoting racial equity. Although study findings are only a starting point for identifying indicators of a commitment to promoting racial equity, entities at all levels of a home visiting system can assess the presence of identified indicators and associated criteria within their agencies, programs, or services. Results can help identify areas of strength as well as areas in need of improvement and attention. For example, programs could focus on a smaller set of indicators to start with—by assessing whether criteria associated with selected indicators are present and then establishing strategic plans outlining steps and goals for meeting criteria identified as missing or in need of improvement. Programs could focus their efforts on one to two indicators at a time before moving on to other indicators.

Identify sources of support and resources needed to achieve a commitment to promoting racial equity across all levels of a home visiting system. A review of the indicators and criteria identified from this study can help identify the sources of support and resources needed at each level of the home visiting system to achieve a commitment to promoting racial equity. For example, some indicators and associated criteria may reveal that efforts and support at a national level are necessary to create a pipeline for recruiting a diverse home visiting workforce. As another example, analyses may show that addressing issues of pay equity for local program staff requires attention to pay equity across all levels of a system and/or greater flexibility in how program funds can be allocated. In some instances, individuals—depending on where they sit within the home visiting system—may not have the capacity to make practical and concrete changes in program implementation or practice as a result of findings. For example, a local program likely does not have the power to directly impact the availability of national resources for hiring a more diverse workforce. In this instance, individuals could instead use findings to advocate for broader systemic changes by calling attention to a need for more resources and highlighting how they would be beneficial.

Examine associations between identified indicators with other aspects of implementation quality and outcomes. Findings from this study can inform future research examining whether the presence of indicators related to this quality thread are associated with other quality threads or with outcomes. For example, future research might explore if the presence of identified indicators and criteria of racial equity are associated with a more stable and supported workforce. Research could explore if the identified indicators and criteria are associated with higher levels of family engagement or satisfaction with program services. Exploring these questions with an eye to understanding specific pathways may be especially helpful in understanding which indicators, or combination of indicators, possibly "drive" associations with other aspects of quality or outcomes.

Conclusions and Next Steps

This report presents a possible approach for developing a better understanding and specific indicators of what it means for a home visiting system to demonstrate a commitment to promoting racial equity. Given the importance of this topic and a general lack of clarity surrounding what a commitment to promoting racial equity looks like in home visiting, this study draws on multiple phases of measure development, the perspectives of home visiting participants, practitioner expertise, individuals situated at each level of the home visiting system, and the expertise of individuals steeped in efforts and measures of racial equity. We recommend surveys, focus groups, a Delphi method, and multiple rounds of pilot testing to inform the development of a measure or measures.

This study can be viewed as a preliminary step to creating a measure or measures of the quality thread "commitment to promoting racial equity." The proposed study can provide a helpful starting point for developing a shared set of indicators, and a measure, of what it means for a home visiting system to demonstrate a commitment to promoting racial equity. Additionally, the indicators and criteria could be shared with a broader group of home visiting beneficiaries, practitioners, implementors, models, and funders to further assess their utility, relevance, and acceptability within the home visiting context. As stated in the report, this study design could also be used to develop specific indicators of the other eight quality threads included in the framework in Figure 1.

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Resources

Assessing Classroom Sociocultural Equity Scale (ACSES)[22]: Aims to serve as a complementary tool to existing classroom quality measurement tools, the Classroom Assessment Scoring System (CLASS) and the Early Childhood Environment Rating Scale – Revised (ECERS-R), to measure equitable sociocultural interactions with racially minoritized learners.

Annie E. Casey Foundation's Racial Equity Toolkit: Contains resources to help foundations, policymakers, advocates, and other practitioners to, among other goals, close opportunity gaps; evaluate investments; frame and communicate work focused on racial inequities; and ensure that policies, programs, and practices optimally serve all who work for or are served by the organization.

- Racial Equity Impact Analysis[23]: Provides users a set of guiding questions to help determine if existing or future policies, programs, or practices will impact outcomes for certain racial disparities.
- Organizational Self-Assessment[24]: Contains racial equity staff competencies and a list of organizational operations where users rate their staff and operations on certain equity components. For example, "Staff can articulate the costs of failing to address barriers to opportunity and embedded racial inequities." Users then tally scores to learn their organization's racial equity score. Lower scores mean there is room for learning about racial equity and becoming more intentional in its promotion; higher scores help organizations refine what they are currently doing.

Region X Advancing Racial Equity Brief[25]: Region X, in collaboration with the Butler Institute for Families, examined the strengths, gaps, and unmet needs in the home visiting workforce. Findings informed recommendations for improving equity in pay, recruitment, and retention of home visitors; enhancing professional development; and cultivating multicultural supportive workplaces.

The Race Matters Institute provides an assessment of how an organization is doing in its work to advance racial equity. It contains steps needed to achieve equitable results and provides an assessment, based on responses, to characterize how well an organization is doing in its efforts to advance racial equity. The assessment was adapted from Advancing the Mission Toolkit from the Annie E. Casey Foundation.

The Bay Area Regional Health Inequities Initiative has an organizational self-assessment to provide health leaders with guidelines for the skills, organizational practices, and infrastructure needed to address health equity. The self-assessment includes a staff survey, collaborating partner survey, staff focus groups questions, management staff interviews, and internal document review guidelines.

The Tenets Initiative offers a list of tenets for diversity-informed work with infants, children, and families. The tenets are based on the core concepts of diversity-informed practice, equity, intersectionality, privilege, reflective capacity, and social justice. Guidelines and workshops are also provided to help organizations use the tenets.

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