



# Birth through Eight Strategy for Tulsa (BEST) Phase II Evaluation 2020 Annual Report

DECEMBER 2020

Eboni Howard | Sarah Caverly | Gabriele Fain | Hannah Dunn-Grandpre |  
Johannes Bos

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AMERICAN INSTITUTES FOR RESEARCH®

1400 Crystal Drive, 10th Floor

Arlington, VA 22202-3239

202.403.5000

[www.air.org](http://www.air.org)

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## Section I: BEST Phase II Evaluation Overview – The BEST Study

The purpose of this annual report is to summarize key Birth through Eight Strategy for Tulsa (BEST) Study activities, challenges, findings, and expected next steps for the forthcoming year. The report covers the BEST Study from January 1 to December 31, 2020 and is based on the BEST Evaluation Plan (Howard et al., 2019). In this section, we summarize of the purpose of the BEST Study, including the three study components, research questions, and timeline. In Section II, we provide an update of the Process Study. Section III summarizes the Outcome/Impact Study component, and Section IV summarizes the Ethnographic Study. For each study component, we provide an update of key activities, findings, lessons learned, and next steps.

BEST provides coordinated supports in the earliest years of children’s lives to help make Tulsa a good place for all children and families to live, grow, and thrive. By convening a diverse network of 26 partners that are public agencies, healthcare and woman’s health organizations, child care providers, education institutions, and other local nonprofits, BEST aims to develop a seamless multisector continuum of high-quality programs and services for children from birth through age 8 and their families. The BEST Study occurs over a 6-year period to learn how and in what ways a comprehensive, continuous, and integrated system-change approach can build greater opportunities that will improve the lives of young children and their families in Tulsa. The central purpose of the BEST Study is to determine whether BEST creates a change that leads toward four goals: (1) more children being born healthy, (2) more children on a positive developmental trajectory in the first 3 years of life, (3) more children prepared to enter kindergarten, and (4) more children achieving success by third grade. In measuring impact of BEST at the child level, it is also valuable to track BEST processes and activities at the system level and understand how the impact of BEST is actualized in the daily lives of children and families. As such, the evaluation has three study components:

1. **A process study** that provides information about how the BEST initiative engages with, supports, and interacts with the preconception-to-age-8 service infrastructure in Tulsa.
2. **An outcome/impact study** that provides information about what it is like to be born and grow up in Tulsa or to be a parent to a child aged 0–8 from a representative Tulsa sample. It includes four cohorts of children, two followed from birth and two followed from the start of kindergarten.
3. **An ethnographic study** that describes the routines and experiences of a small subset of families participating in the outcome/impact study.

These three study components work together to answer all the BEST evaluation research questions.

A technical working group (TWG) has been advising us on the components of the study and the activities summarized in this report. TWG members include Dr. Greg Duncan (Distinguished Professor, University of California at Irvine), Dr. Iheoma Iruka (Research Professor of Public Policy and Director of the Equity Research Action Coalition, Frank Porter Graham Child Development Institute at the University of North Carolina-Chapel Hill), and Dr. Marta Tienda (Maurice P. Daring '22 Professor in Demographic Studies, Professor of Sociology and Public Affairs, Princeton University). The TWG convened as a whole group on May 27 to provide feedback on the overall evaluation plan and proposed measures for the outcome/impact study. Following this meeting, members of the study team have continued to meet with the TWG, who provided feedback on elements of the outcome/impact study around sample recruitment and the process study, including the workforce survey, listening session protocols, and implementation rubric.

## **Guiding Evaluation Research Questions**

Five overarching research questions guide the BEST Study. The first four questions capture the effects of BEST on service infrastructure, service reach, parental outcomes, and child outcomes. The fifth question captures facilitators and barriers to BEST implementation, service delivery, and the initiative's capacity to positively change the trajectory on child and family outcomes. For all research questions, it is important not only to apply an equity lens but also to explicitly probe the impact of BEST on equity in Tulsa, specifically equity as it relates to the implicit and explicit biases that differentially affect communities and people of color.

- 1. How does BEST impact the implementing partners and the larger prenatal-to-age-8 service infrastructure in Tulsa?**
  - a. **Engagement.** To what extent, and in what ways, does BEST engage with prenatal-to-age-8 service providers in Tulsa?
  - b. **Structural Changes.** To what extent, and in what ways, does BEST structurally change the prenatal-to-age-8 service system infrastructure in Tulsa?
  - c. **Collaboration.** To what extent, and in what ways, does BEST change the communication, coordination, and collaboration across providers in the prenatal-to-age-8 service infrastructure in Tulsa?
  - d. **Equity.** To what extent, and in what ways, does BEST change diversity, inclusion, and equity of prenatal-to-age-8 service provision in Tulsa, including engaging parents and community stakeholders as partners in service design and delivery?

2. **How does BEST impact participation in services among Tulsa’s children and families?**
  - a. **Service Reach.** To what extent, and in what ways, does BEST increase access to prenatal-to-age-8 services in Tulsa?
  - b. **Service Awareness.** To what extent, and in what ways, does BEST change the awareness of parents and caregivers of the services available to them and the benefits those services could have for them?
  - c. **Service Participation.** To what extent, and in what ways, does BEST increase the use of services available to parents, caregivers, and children in Tulsa?
  - d. **Equity.** To what extent, and in what ways, has BEST changed the level of diversity, inclusion, and equity in service access to children and families in Tulsa?
3. **How does BEST impact multiple dimensions of parent well-being, child-rearing practices, family functioning, and the home environments of children birth to age 8?**
  - a. **Parent Well-Being.** To what extent, and in what ways, does BEST change parent well-being, including parenting self-efficacy, role satisfaction, and psychosocial well-being?
  - b. **Child-Rearing Practices.** To what extent, and in what ways, does BEST change child-rearing practices, including the nature of parent/child interactions, behaviors to support children’s learning and health development (including home learning activities, well-child visits, and preconception and prenatal care), and their beliefs and attitudes about parenting and early learning experiences?
  - c. **Family Functioning.** To what extent, and in what ways, does BEST change family functioning, including resilience, mobilizing resources, and social supports?
  - d. **Home Environment.** To what extent, and in what ways, does BEST change the quality of the child’s home environment, including the safety, stability, and supportiveness of their household and neighborhood?
  - e. **Equity.** To what extent does BEST change the level of equity in these parent, family, and home outcomes across racial/ethnic groups, income groups, and neighborhoods?

4. **How does BEST impact the multiple domains of children’s health and development?**
  - a. **Health.** To what extent, and in what ways, does BEST change the birth outcomes and health of children in Tulsa?
  - b. **Development.** To what extent, and in what ways, does BEST change the developmental outcomes (e.g., cognitive/academic, language and literacy, and social-emotional skills) of Tulsa’s children?
  - c. **Equity.** To what extent does BEST change the level of equity in children’s outcomes across racial/ethnic groups, income groups, and neighborhoods?
5. **What are the most important facilitators for and challenges to the success and long-term potential of BEST? What changes to BEST are needed to increase its success?**
  - a. What made the biggest difference in establishing and strengthening the relationships between BEST and its partners and among the partners themselves? What barriers remain and how could they be addressed?
  - b. What made the biggest difference in changing the trajectory on parents and the home environment? What aspects of children’s lives are more difficult to improve? What areas are ripe for additional investment and intervention?
  - c. What made the biggest difference in changing the trajectory on child outcomes? Which child outcomes are most difficult to change and why? In what child and family developmental and functional areas do family background and neighborhood characteristics influence child outcomes?

## Study Timeline Updates

Exhibit 1 provides an overview of activities within the three study components and how they are planned with a revised timeline. Due to the COVID-19 pandemic, we have delayed recruitment for the outcome/impact study, as well as our data collection for both the birth and kindergarten cohorts. The delay in the outcome/impact study has also led to a delay in the ethnography study, given the ethnography sample will be selected from families recruited for the outcome/impact study.



**Exhibit 1. Overview of BEST Phase II Evaluation Timeline by Study Component [Updated 12/2020]**

	2020				2021				2022				2023				2024				2025					
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
<b>Process Study</b>																										
Study design considerations	■		■		■		■		■		■		■		■		■		■		■		■			
Protocol development	■																									
IRB approval	■																									
Recruitment	■																									
Quarterly listening sessions		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Annual staff surveys			■				■				■				■				■							
Analysis		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Annual reporting			■				■				■				■				■			■				
<b>Outcome/Impact</b>																										
Study design considerations	■				■		■		■		■		■		■		■		■		■					
Finalizing measures/protocols	■	■																								
IRB approval	■				■				■				■				■				■					
Plan sample		■	■							■	■			■	■											
Recruitment					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
Data collection						■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
Collect extant data			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Analysis			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Annual reporting			■				■				■				■				■			■				
<b>Ethnography</b>																										
Study design considerations	■		■		■		■		■		■		■		■		■		■		■					
Protocol development	■	■																								
IRB approval		■					■				■				■				■			■				
Select sample			■	■						■	■			■	■											
Recruitment of families			■	■						■	■			■	■											
Data collection					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
Analysis					■				■				■				■				■	■				
Annual reporting					■				■				■				■				■	■				

**Section II: Process Study Key Activities and Findings**

Activities for the process study address Research Question 1. This evaluation component describes how the BEST initiative engages with, supports, and interacts with the preconception-to-age-8 service infrastructure in Tulsa. It describes how the initiative continues to evolve in response to feedback from partners and stakeholders and changing priorities and needs on the ground. The most important informants for the process study are the BEST partners and the George Kaiser Family Foundation (GKFF)-BEST team itself. The process study is also a source of formative feedback to GKFF-BEST. Key process study activities include the following:

- Organizing listening sessions with BEST partners
- Conducting qualitative focus groups and interviews
- Developing and releasing a workforce survey
- Developing an implementation rubric

We summarize our work for each in the subsequent sections, concluding with our lessons learned and next steps of the work for 2021.

## **Organizing Listening Sessions with BEST Partners**

AIR organized three rounds of listening sessions in 2020. The first round occurred in July 2020 with 28 attendees. At this session, AIR provided an overview of the final evaluation design, responded to questions, and gathered feedback on the evaluation plan and next steps. The second round of listening sessions was conducted in September 2020 with 17 representatives from 17 BEST partner organizations<sup>1</sup>. Three separate sessions were conducted via video conference. The next round of virtual listening sessions was conducted in December 2020 with five representatives from two organizations.

### ***Findings: July Listening Session***

The purpose of the July 2020 listening session was to share the final design plan with BEST partners, hear their feedback and concerns, and discuss next steps working with them. When we last talked to partners in 2019, we did not yet have a confirmed evaluation design plan. One purpose of the 2019 listening session was to hear their concerns about the evaluation and what research questions they were most interested in learning. In this July follow-up session, participating partners appeared receptive to the final evaluation plan and did not raise significant concerns. We concluded the session by identifying next steps for the process study, which included reaching out to individual partners to obtain staff contact information for the workforce survey.

### ***Findings: September Listening Sessions***

The purpose of the September listening sessions was to gather feedback from all BEST partners about the implementation of the BEST initiative and how things have changed since we talked to partners in 2019. Most of the feedback about the overall initiative was positive (Fain et al., 2020). Partners appreciate GKFF-BEST's investment in building the capacity of their respective programs to support children and families. Partners described how GKFF-BEST has helped to significantly scale social services in Tulsa and ensure robust programming for clients. In addition, BEST partners reported that GKFF-BEST fosters collaboration among participating organizations. When BEST partners were asked to describe the benefits of participation, the most common response was its promotion of collaboration among partners.

Reflecting on the many challenges that emerged in 2020 due to the COVID-19 pandemic and the Black Lives Matter protests, BEST partners applauded GKFF-BEST for its support of their respective programs and the Tulsa community. In the September listening sessions, partners were

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<sup>1</sup> Twelve partners did not participate in the fall 2020 listening sessions.

universally appreciative of GKFF-BEST's response to the COVID-19 crisis and to the national focus on racial equity issues. Some partners also encouraged GKFF-BEST (and the foundation in general) to take an even more pointed and vocal stand on racial equity, given their standing in the community.

Partners offered several recommendations to GKFF-BEST to support continuous quality improvement for the BEST initiative:

- Address the concerns of a few partners regarding the interface between the ConnectFirst family advocate program and other referral and case management services offered by BEST partners.
- Work with partners who are not centrally positioned in the early childhood sector to identify ways to make them feel more aligned with the overall initiative or to better articulate their respective roles in the overall initiative.
- Strengthen communication with BEST partners about the work of the GKFF-BEST team to help partners plan their work and identify potential areas of partnership with other service providers and with the GKFF-BEST team.
- Clarify roles of individual GKFF-BEST team members in a more regular and systematic manner.
- Provide an update on how GKFF-BEST will approach racial equity issues and implications for the BEST initiative and for individual partners.

### ***Findings: December Listening Sessions***

The December 2020 sessions were designed to dive deeper into a specific topic raised during the September sessions. Specifically, we aimed to gather feedback from BEST partners that do not squarely fall into the early childhood education and service sectors, such as health or youth services. Among other topics, the sessions focused on partners' perceptions of how they fit within the overall BEST initiative. The sessions were completed December 18, 2020 and findings will be shared in Quarter 3, 2021.

### ***Lessons Learned and Next Steps***

All partners were invited to the September listening sessions, during which partner leads engaged in discussions with each other guided by AIR, providing rich feedback about BEST. In 2021, AIR will continue its collaboration with GKFF-BEST to identify key areas of interest to explore through the process study to support continuous improvement of the initiative.

## **BEST Partner Workforce Survey**

AIR launched the workforce survey on October 27 and closed the survey on December 7. The survey was administered to a total of 297 frontline staff, and their managers, within 21 BEST partner organizations (only BEST partners that directly deliver services to children, parents, or other adults were included in the survey). The overall response rate for the survey was 67%, with a range from 0% (one partner) to 100% (seven partners) across the 21 partners.

The purpose of the survey is to gather information on a range of topics, including staff knowledge of BEST partner services, referral practices, service access barriers and facilitators, communication and coordination among service providers, the role of families in BEST partner agencies, staff professional development needs, staff perceptions regarding racial equity issues, and demographic information about respondents. Findings from the workforce survey will be available in early 2021.

### ***Lessons Learned and Next Steps***

It is important to take time for relationship-building with BEST partners. AIR spent approximately 2.5 months working with partner leads to identify and gather contact information for frontline staff and their immediate managers. This approach ensured that partners were not rushed in providing this information and that there was enough time to fully address questions and concerns. It is also important to be aware that frontline staff are busy, and respondents needed adequate time to complete the survey.

AIR will present the workforce survey findings early in 2021 and the planning for the 2021 workforce survey will begin in the spring of 2021.

## **Key Informant and Stakeholder Interviews**

In February and March of 2020, AIR met with numerous members of the GKFF team, including GKFF leadership and program officers, consultants, and GKFF-BEST leadership staff, to learn more about the work being done throughout the GKFF organization that may be related to the BEST Study. These meetings included conversations with GKFF program officers whose work intersects with BEST and the members of the GKFF BEST leadership team. In these conversations we learned more about GKFF's policy and programmatic priorities related to the topics including criminal justice reform, BEST partnership development, neighborhoods initiatives, partner data usage communications, strategies to improve community-wide engagement for BEST, partner performance management, and ongoing work at ConnectFirst and their response to COVID-19. In addition, we spoke with the BEST community liaison team to describe the evaluation plan and solicit their feedback on how to approach recruiting and parent engagement in the study. These conversations were very helpful in learning about the multi-dimensional and overlapping activities that the BEST initiative has with other GKFF investments and Tulsa community priorities.

In addition, in December 2020, we began to schedule interviews with four stakeholders nominated by GKFF-BEST to provide input on the BEST initiative. Some stakeholders were involved in the initial conception and development of the BEST initiative prior to 2016. The purpose of talking to these stakeholders is to gather their feedback about BEST, including recommendations about how to improve the initiative. AIR will complete these stakeholder interviews and share findings early in 2021.

### Implementation Rubric

To help the GKFF-BEST team track the progress of BEST over time for continuous improvement purposes, AIR drafted an “implementation rubric.” This tool will provide a mechanism to document BEST’s progress in creating a network of coordinated agencies working together to promote positive outcomes for children and families in Tulsa. The tool is intended to be flexible and will evolve to reflect changes in the BEST initiative over time.

The draft of the implementation rubric is organized around four related domains (detailed in Exhibit 2). The domains—components, infrastructure, coordination, and context—were selected based on (a) a review of the research on systems change initiatives and (b) existing rubrics and assessment tools used in early childhood efforts similar to BEST. Racial equity topics are woven throughout each of these components; together the four domains and the interwoven aspects of racial equity contribute to a well-functioning early childhood system. In other words, these domains and racial equity topics represent the broad strategy to improve the service infrastructure and outcomes for children. It is important to note that BEST may not address all four components—or not address them all at the same time or with equal measure or success.

#### Exhibit 2. BEST Draft Implementation Rubric: System Domains

Components	Infrastructure	Coordination	Context
BEST helps young children and families access high-quality services that meet their needs and preferences.	BEST includes structures and supports to enhance the capacity of partners to provide high-quality services to young children and families.	BEST includes structures and supports that promote collaboration among system partners to provide high-quality services to young children and families.	BEST takes actions to improve the political context that surrounds it to create policy and funding changes to improve conditions for young children and families.
<b>Equity: BEST promotes equity and antiracism in Tulsa’s child- and family-serving systems.</b>			

In the rubric, each of the four domains is broken down into a set of constructs. For example, the *Components* domain includes three draft *constructs*:

1. **Service Reach.** BEST offers new and expanded services to help reach the initiative’s annual and overall goals related to increasing healthy births, promoting a positive trajectory by age 3, ensuring kindergarten readiness, and achieving success by third grade.
2. **Service Access.** With reasonable effort, families, especially those most in need, can access free or low-cost services that they need and want.
3. **Service Fit.** BEST partners offer culturally and linguistically responsive services that are designed to address the needs and preferences of all families.

For each construct, the rubric includes a set of sample *indicators and data sources* that could be used to rate progress for each. A general rating scale (e.g., from 0 (not developed/not met) to 3 (well-developed/advanced) can be used to rate each indicator and provide a snapshot of where the initiative stands, from a big-picture perspective.

In early 2021, we will work with GKFF-BEST to review and refine the tool, ensuring it aligns with the initiative’s goals and areas of focus, as well as GKFF-developed performance metrics. Once finalized, the tool can be used to summarize data collected from the three components of the BEST Study, as well as relevant partner metrics collected directly by GKFF-BEST. The indicators will be revised and/or expanded as this tool is used to ensure it is user-friendly and reflects the changing nature of BEST.

### ***Lessons Learned and Next Steps***

BEST is an effort that involves coordinated activities across partners that can be shaped by the political, economic, and social context of Tulsa. As a place-based initiative with a focus on systems change, identifying useful indicators to track and rate implementation should include indicators of success that fall within BEST’s sphere of influence. Yet, systemic change also includes factors beyond the immediate scope of BEST. As such AIR’s implementation rubric was being intentionally designed to be comprehensive in nature. It includes indicators that may not currently be a primary focus for the initiative; however, they could document where and how BEST is (and is not) placing its attention and resources—and what else may be needed. The tool will be reviewed and discussed in terms of its relevance and utility with the GKFF-BEST team to ensure the tool can produce actionable information for the purposes of continuous quality improvement and to inform broader strategic planning.

## Section III: Outcome/Impact Study Key Activities and Findings

The outcome/impact study activities address Research Questions 2, 3, and 4 (pp. 2–3 above). A multicohort study design will be used to estimate the impact of the BEST initiative on families and children. AIR will collect relevant outcome data directly from parents and children through representative surveys. Our sample will include two birth and two kindergarten cohorts with surveys conducted about 1 month, 18 months, and 30 months after recruitment. The differences in the outcomes and experiences between the two cohorts (recruited in 2021 and 2023) are our primary source of inference about the efficacy of the BEST initiative. The key activities for the outcome/impact study include the following:

- Creating a Sampling Approach
- Completing IRB and Implementing Sample Recruitment
- Developing Measures and the Survey Protocols
- Implementing Data Collection
- Conducting Data Analysis

We summarize our work for each activity in the subsequent sections, concluding with lessons learned and next steps of the work for 2021.

### Creating a Sampling Approach

#### *Birth Cohort*

At two time points, we will recruit approximately 1,260 families with newborns across two cohorts. The proposed sampling frame will include a representative sample of English-speaking and Spanish-speaking mothers who are permanent residents of Tulsa city with babies born in Tulsa city hospitals. As an initial step for recruitment, we examined available birth data from the Tulsa Health Department for six Tulsa hospitals (Howard, Caverly, & D’Souza, 2020). We examined a range of mother demographics to get a sense of the birth population demographic representativeness across hospitals. These demographics included number of births by hospital, ethnicity, race, marital status, teenage mother, number of previous children, hospital payment source, and recipient of Special Supplemental Nutrition Program for Women, Infants and Children (WIC). As our analysis suggests, it would be preferred for all six hospitals to participate in recruitment of the birth cohort to obtain a sample representative of Tulsa. However, we can still recruit a sample that shifts the distributions of various demographic characteristics by less than 5% if we are unable to recruit across all hospitals. Yet, with fewer hospitals, the time to recruit the required sample could be extended by 4 or more months with an assumption of a 20% study participation agreement rate (Howard et al., 2020).

### ***Kindergarten Cohort***

At two time points, we will sample and recruit a representative sample of approximately 1,100 English-speaking and Spanish-speaking families with public school kindergartners who are in the Tulsa Public Schools (TPS) catchment area. Our plan is to work closely with TPS and TPS charter schools serving kindergartners in Tulsa to identify and recruit these kindergartners during the school year.

### ***Lessons Learned and Next Steps***

It is always important to identify alternate recruitment options in study with a larger sample goal, as the BEST study does. The AIR team will work collaboratively with TPS to create and implement a communication plan to recruit the kindergarten sample. We will also stay aware of the unpredictability and impact of the COVID-19 pandemic; as such we will also strategize alternative recruitment options and timeframes with our Tulsa district, school, and hospital partners.

## **Developing Measures and the Survey Protocols**

### ***Data Collection Protocols and Procedures***

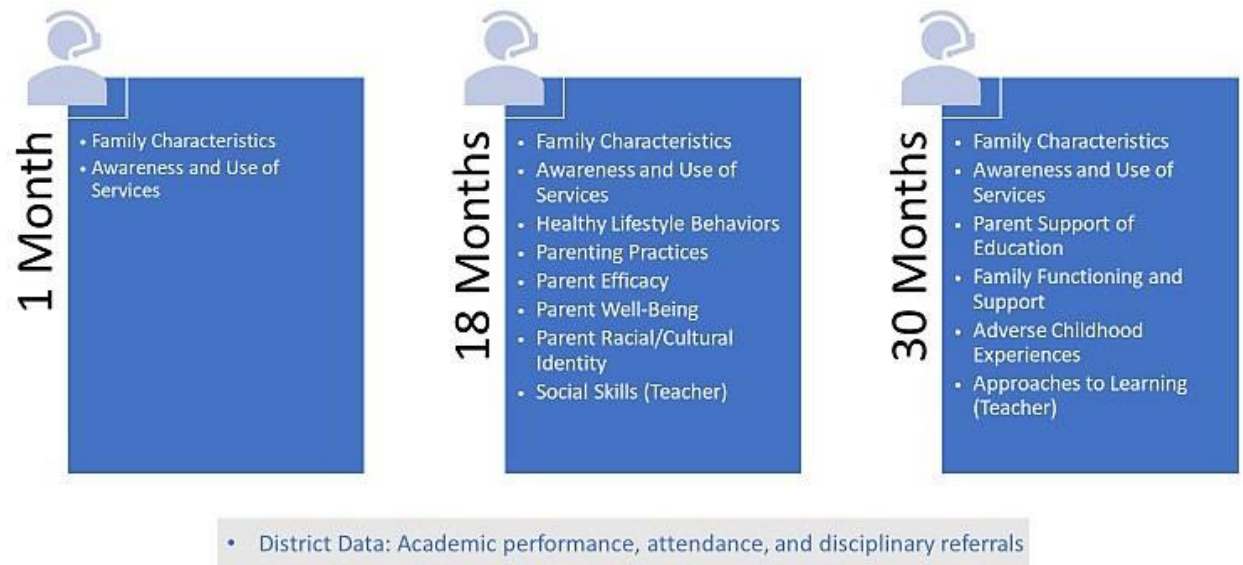
There will be three rounds of data collection for each of the birth and kindergarten cohorts. The evaluation team will collect information at 1–2 months, 18–20 months, and 29–31 months. The goal of the initial 1-month initial follow-up is to gather information about families choosing to participate in the study and their awareness of services. At 18 months, the survey will gather data on protective factors and children’s development, and the final time point’s goal is to gather information on parents’ future goals/aspirations for the children and their development. The AIR team reviewed potential constructs for each time point (Caverly et al., 2020). Constructs are summarized in Exhibits 3 and 4. The constructs reflect both family and child outcomes, as well as targeted protective factors (i.e., parent/child attachment, parent well-being) that BEST hopes to increase during implementation.



**Exhibit 3. Crosswalk of Constructs and Timing of Measurement for the Birth Cohorts**



**Exhibit 4. Crosswalk of Constructs and Timing of Measurement for Kindergarten Cohorts Team**



The AIR team has created a final draft of the 1-month survey for both cohorts and are in the process of creating the 18-month survey.

### ***Lessons Learned and Next Steps***

The community context is an important factor in measurement selection to ensure we capture BEST outcomes aligned with the BEST Theory of Change and logic models. We included key criteria for our measurement selection process such as identifying measures that are available in multiple languages, are culturally responsive to families living in Tulsa, and balance constructs aligned with protective and compensatory experiences (PACEs) and adverse childhood experiences (ACEs). As part of our next steps, the measures will be carefully reviewed, vetted, and piloted to ensure the questions are clear to parents who choose to participate in the BEST study and can be conducted with minimum burden.

### **Implementing Data Collection and Conducting Data Analysis**

The AIR team developed partnerships with key organizations within Tulsa and the state of Oklahoma to begin gathering data to inform our analysis of trends within neighborhoods to better understand the potential impact of BEST. The team connected with 11 organizations to gain a better understanding of the data available and processes to establish data sharing agreements. Due to COVID-19 delays, the AIR team opted to focus on gathering publicly available extant data including data from the American Community Survey (ACS) and data from the Oklahoma State Department of Education (OSDE) to begin analyzing for baseline trends across the Tulsa community and within neighborhoods. The data were also used to establish potential comparison cities, both within Oklahoma and nationally. The AIR team will be gathering data from BEST Partners as well as sources in Tulsa, the state and from national sources to create a robust and comprehensive longitudinal dataset. Collecting data from multiple sources will support our ability to examine trends over time and the potential impact of BEST.

### ***Lessons Learned and Next Steps***

The level of extant data reported, for example, individual, zip code, city, or county, has affected our ability to analyze the data at the level of interest for BEST. In many instances, publicly available data have been aggregated up to the zip code and/or city level, which presents a challenge if we would like to combine the data in different ways, such as by school boundaries or specific neighborhoods. Another challenge was linked to the masking of data due to small samples. Within the health data, we identified two zip codes for which the data were masked to ensure the small number of participants could not be identified. This masking process led to the exclusion of some zip codes from our analysis. The AIR team will continue to collaborate with partner agencies to submit data requests and move forward with our baseline analysis. We anticipate submitting a series of additional extant data memos in 2021.

## Section IV: Ethnography Key Activities and Findings

The ethnography activities address Research Questions 2, 3, and 4 (pp. 3 above). The purpose of the ethnographic study is to provide an in-depth perspective from the families' points of view on their day-to-day experiences raising young children in Tulsa, including their interactions with systems and service providers. Key ethnographic study activities include the following:

- Creating a Sampling Approach
- Completing IRB and Implementing Sample Recruitment
- Developing Ethnographic Data Collection Protocols
- Implementing Data Collection
- Conducting Data Analysis

We summarize our work within each of these ethnographic study activities in the subsequent sections, concluding with our lessons learned and next steps for the work in 2021. Several foundational activities have been initiated, so this component of the BEST Study will be ready when we begin to recruit families.

### Creating a Sampling Approach

The sample for the ethnographic study is a subsample of the birth and kindergarten samples recruited for the outcome/impact study. Sampling has not been initiated, but we have drafted a process for selecting a total of 40 families for the ethnographic study, 10 families for each cohort. We plan to use data from the 1-month survey to identify families as possible candidates for the ethnography, with the goal of recruiting a diverse sample of parents based on their neighborhood, economic status, number of children, and preferred home language.

### Developing Ethnographic Data Collection Protocols

The ethnography will use the Ecocultural Family Interview (EFI). The EFI is an approach to ethnography research based on using a conversation with parents about how they organize their everyday routine. The approach focuses on learning how families plan, create, change, and sustain their everyday activities. Organizing a daily routine is something all families must do. Parents share their experience about things that go right or wrong in their family routines, and how they adapt with the skills, resources, supports, and beliefs they have to make a routine for themselves and their children meaningful. The format of the open-ended interview is a mixture of conversation, probing questions, and preplanned structured questions to hear about the family routine and circumstances from the parents' perspective, using their own words. Interviewers are trained to guide the conversation to be sure that they have a clear understanding of the parent's meaning and the family's circumstances.

There are five tools that AIR will use as part of the ethnographic study. These tools include (1) the qualitative interview conversation with the parent/caregiver; (2) the interviewer’s EFI cue cards to ensure that all topics are covered, and the interview flows in a conversational manner; (3) the audio recording of the interview; (4) written interview summary notes; and (5) the EFI codebook, which adds to the traditional ethnographic method by providing a systematic approach rate for the family on key items in the EFI. The eight themes we expect will guide the ethnographic data collection are listed in Exhibit 6. Each theme is also composed of subthemes and examples that help the interviewer score a family in that area.

**Exhibit 6. Ecocultural Family Interview Key Themes**

A. Family Subsistence and Work
B. Services
C. Information
D. Cultural Beliefs and Influences
E. Home-Community Environment
F. Networks and Supports
G. Connectedness
H. Domestic Workload and Child Care Tasks
I. Sustainability of Daily Routine

***Lessons Learned and Next Steps***

We recognize that moving forward with the ethnography study will take patience, until other components of the BEST Study are able to move forward. In 2021, AIR will initiate the ethnography with the sample recruitment in the outcome/impact study.

## Conclusion

We designed the BEST Study to be responsive to the requirements of a participatory and equity-focused evaluation and will actively seek out feedback and suggestions for improvement from community stakeholders and study participants. However, due to the COVID-19 pandemic, several major study activities have not been fully realized in 2020. The components that we have been able to learn the most from in 2020 are the process study and working with BEST partners. From the process study, we have learned that BEST partners applauded GKFF-BEST for their support of their respective programs and the Tulsa community and that partners were universally appreciative of GKFF-BEST's response to the COVID-19 crisis and to the national focus on racial equity issues. Partners also offered several recommendations to GKFF-BEST to support continuous quality improvement, and partners staff were cooperative as demonstrated with a strong response rate for the Workforce Survey.

Despite the straining circumstances of the pandemic, we also learned that there continued to be a great deal of support from Tulsa organizations for the BEST Study. The level of cooperation, research approvals and executed data sharing agreements (such as from TPS), along with numerous positive conversations from a range of organizations and stakeholders (such as Oklahoma Department of Human Services, CAP Tulsa, Tulsa Educare, AssistOK, Youth Services Tulsa, The Opportunity Project, Impact Tulsa, and OSDE) reinforce the support and excitement for the BEST Study and its design. We look forward to executing additional study activities of the three components and presenting additional new findings in our 2021 annual report.

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