# Supporting Statement A

# Home Visiting Assessment of Implementation Quality Study: Understanding Supervisor Supports in Home Visiting

## OMB Control No. 0906-XXXX

## Terms of Clearance: None

## A. Justification

### 1. Circumstances Making the Collection of Information Necessary

This is a new Information Collection Request (ICR). The Health Resources and Services Administration (HRSA) requests Office of Management and Budget (OMB) approval to initiate data collection as part of the Home Visiting Assessments of Implementation Quality (HV-AIM) Study to explore how the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports supervision for home visitors through training supervisors.

Home visiting is a service delivery strategy that matches expectant parents and caregivers of young children with a designated support person—typically a trained nurse, social worker, or early childhood specialist—who supports healthy pregnancy practices, encourages early language development and early learning at home, teaches positive parenting skills, connects families to other resources in their community, and provides information to support family health and well-being.[1] Services are voluntary and provided in the family's home or another location of the family's choice. The MIECHV Program is administered by the Maternal and Child Health Bureau (MCHB) within HRSA in partnership with the Administration for Children and Families, and provides support to all 56 states and jurisdictions, as well as tribes and tribal organizations. MIECHV funding recipients have the flexibility to develop, implement, and tailor their home visiting programs based on community needs, capacity, and resources within the parameters of statutory and programmatic requirements. State and jurisdiction awardees often contract with local implementing agencies (LIAs) to provide home visiting services in their communities.

The MIECHV Program is authorized by the Social Security Act, Title V, § 511(c), as amended by Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328). HRSA provides grants to states, jurisdictions, and Tribal entities, who then have the flexibility to develop, implement, and tailor their home visiting programs based on community needs, capacity, and resources within the parameters of statutory and programmatic requirements. State and jurisdiction awardees often contract with local implementing agencies (LIAs) to provide home visiting services in the communities. Home visiting is a service delivery strategy that matches expectant parents and caregivers of young children with a

designated support person—typically a trained nurse, social worker, or early childhood specialist—who supports healthy pregnancy practices, encourages early language development and early learning at home, teaches positive parenting skills, connects families to other resources in their community, and provides information to support family health and well-being.[2] Services are voluntary and provided in the family's home or another location of the family's choice.

The HV-AIM Study assesses relationships between home visiting implementation quality, program service delivery, and child and family outcomes in the MIECHV Program, to better understand components, or "implementation quality threads," included in a conceptual model of home visiting implementation quality developed through a previous project.[3,4] One of the three quality components the HV-AIM Study will focus on is support for supervisors of home visitors. A qualified, stable, and supported home visitor workforce is an important quality component, and supervision is a key part of supporting that workforce. High-quality supervision practices have been associated with positive outcomes for both home visitors[5,6,7] and families.[8]

However, there remain significant gaps in the research on the training for supervisors and how it is connected to positive outcomes for home visitors and better service delivery. The focus of this ICR is supervision at the home visiting program level. This ICR will promote better understanding of the supports that supervisors are currently receiving and how those supports may impact home visitors and ultimately, families. This data collection will provide valuable insight into current supervision practices.

While there is no legal or administrative requirements that necessitate this data collection, subsection 511(h)(3) of the Social Security Act authorizes the Secretary to "carry out a continuous program of research and evaluation activities in order to increase knowledge about the implementation and effectiveness of home visiting programs.

## 2. Purpose and Use of Information Collection

The purpose of this information collection is to better understand the training that supervisors in MIECHV-funded programs currently receive and how it supports home visitors and ultimately families.

The first phase of this study, which is not part of this ICR, analyzed existing quantitative data to explore the role training for supervisors plays in (1) home visitor job satisfaction and (2) the extent to which home visitors talk to families about particular topics (e.g., substance use and intimate partner violence, etc.). While the datasets used for this phase are informative, both have limitations. One dataset is from a decade ago so findings may not hold true today. The other dataset contains data from only one state and the data were collected during the height of the COVID-19 public health emergency and during a transition period when home visiting programs operated virtually, which raises concerns about the generalizability of the findings. The second phase of this study, which is the focus of this ICR, is meant to supplement these quantitative analyses. The qualitative information collected in this phase will allow us to identify whether the findings based on this older or non-representative data align with home visitors' and supervisors' current experiences in a post-COVID-19 era. Qualitative data collection will also allow us to describe if and how supervision support has changed in recent years and identify any additional or different supports supervisors need.

The research questions for this ICR are:

1. To what extent do findings from previous quantitative analyses resonate with current leaders of home visiting programs, supervisors, and home visitors?
2. What does training currently look like for home visiting supervisors?

3. Do leaders of home visiting programs, supervisors, and home visitors believe there are additional or different trainings and supports needed?

We will utilize qualitative methods to answer these questions, specifically through focus groups and interviews with leaders of home visiting programs, supervisors, and home visiting staff. To recruit participants, we will work with MIECHV state, jurisdiction, and Tribal Project Directors to distribute an announcement inviting leaders of MIECHV-funded home visiting programs, supervisors, and home visitors to participate. Interested individuals will be provided a link to a short recruitment survey that asks the individuals for information about their role, tenure, home visiting program, size of program, and more to help ensure we include a diverse array of perspectives in our ultimate sample. See Table 1 for more detail on how information will be collected for each research question.

**Table 1. Overview of Research Design**

| Research Question | Information Collection Activity | | |
|---|---|---|---|
| | Home Visitor Focus Group | Supervisor Focus Group | Home Visiting Program Leader Interview |
| 1. To what extent do findings from previous quantitative analyses resonate with current leaders of home visiting programs, supervisors, and home visitors? | X | X | X |
| 2. What does training currently look like for home visiting supervisors? | | X | X |
| 3. Do leaders of home visiting programs, supervisors, and home visitors believe there are additional or different trainings and supports needed? | X | X | X |

This information collection will build on findings from secondary quantitative data analysis of older or non-representative data. It will provide information on the types of supervision training and supports MIECHV supervisors are currently receiving and help provide information on how these supports may be associated with positive home visitor outcomes and improved service delivery. Findings will be used to identify practices that MIECHV-funded home visiting programs could use to best support home visiting supervisors, improving home visitors' ability to deliver high-quality home visiting services.

3. The findings will also contribute to the body of knowledge on the MIECHV Program, which engages in a broad portfolio of research, evaluation, and performance measurement through the MIECHV Learning Agenda, to promote activities that can be used concurrently and in tandem to improve home visiting services and family outcomes.[9] This information may be used to support future technical assistance to MIECHV-funded programs, support home visiting programs' continuous

quality improvement work, and guide future research and evaluation efforts. For example, technical assistance materials could be provided to home visiting programs that specify the particular areas for supervisor training that have been identified through this work as needed to improve home visitor well-being.

### Use of Improved Information Technology and Burden Reduction

The planned information collection includes the use of technological data collection techniques. Specifically, the Recruitment Survey will be administered using REDCap, a secure web-based platform, to reduce participant burden. Web-based surveys allow for efficiencies and reductions in respondent burden, for example by using skip logic to quickly advance to the next relevant question depending upon a respondent's answer selection. They also provide ways to limit invalid responses and reduce the burden related to completing and mailing (or otherwise submitting) paper forms. The proposed survey captures content that is appropriate for collection in this format.

The information collection requires direct person-to-person communication. All focus groups and interviews will be completed via telephone or video conferencing platform to reduce participant burden. Interviews and focus groups will be recorded (upon participant agreement) so that participants do not need to repeat responses or wait for the facilitator to document detailed responses. Though the semi-structured interview and focus group format may be more burdensome than an alternative form of computerized assisted data collection (such as a survey or questionnaire), the interview and focus group discussion guides are designed to collect information about complex concepts that may be difficult and time-consuming to capture by hand through a survey or questionnaire. Interviews and focus groups allow the facilitator to probe as necessary and to move through questions at a faster pace depending on how long the interview/focus group is running.

Data elements that are expected to yield high-quality data through a survey format have been included in our surveys; data elements where the semi-structured focus group or interview format is expected to yield higher quality data than would be possible in a survey are included in the semi-structured focus groups or interview. Most data collection will be through structured focus groups and interviews.

## 4. Efforts to Identify Duplication and Use of Similar Information

This project seeks to understand supervision supports and how they contribute to positive outcomes for home visitors, and ultimately better service delivery for families. Prior research has collected quantitative data on home visiting and supervision; however, this data is now either outdated and/or unrepresentative of a diverse, nationwide workforce. This data collection is intended to validate this existing data with a sample that is more representative of the current home visiting workforce and collect information that is difficult to capture with quantitative data such as why supervision supports do or do not contribute to outcomes of interest or if other supervisor supports are needed. The study team has reviewed existing research, evaluation, and technical assistance materials and incorporated relevant information into data collection protocols.

## 5. Impact on Small Businesses or Other Small Entities

This information collection will not have a significant economic impact on a substantial number of small businesses or other small entities.

Information will be collected from individuals employed by home visiting programs. These home visiting programs may be entities contracted by funding recipients to provide home visiting services and may be

small businesses or other small entities. Because information collection may involve small businesses or other small entities, the information being requested has been held to the absolute minimum necessary for the intended use of the data.

## 6. Consequences of Collecting the Information Less Frequently

The information collection for all data collection activities will occur only one time for each respondent.

There are no legal obstacles to reduce the burden.

## 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation.

## 8. Comments in Response to the Federal Register Notice/Outside Consultation

### 8A. Response to Public Comments

A 60-day Federal Register Notice was published in the Federal Register on February 2, 2024, vol. 89, No. 23; pp. 7400-01 (Appendix A). Public comments were requested by April 2, 2024. HRSA received no comments.

### 8B. Outside Consultation

In 2024, the study team consulted with 5 experts, detailed in Table 2, below, to review data collection instruments. Based on expert consultation, the study team adjusted collection instruments to use more plain, simplified language and tailored questions specific to the audience of each tool.

**Table 2. Experts Providing Outside Consultation**

| Role | Organization |
|---|---|
| **Home visitor** | **Healthy Families America (North Carolina)** |
| **Home visiting supervisor** | **Healthy Families America (Georgia)** |
| **MIECHV awardee** | **Alabama** |
| **Home visiting supervisor** | **Healthy Families America & Nurse-Family Partnership (Ohio)** |
| **Home visiting participant** | **New Mexico** |

## 9. Explanation of any Payment/Gift to Respondents

Incentives are proposed for leaders of home visiting programs, supervisors, and home visitors who participate in a focus group or interview. Incentives can improve the quality and efficiency of research by encouraging participation, reducing non-response bias, and increasing response rates among underrepresented groups.[10,11,12] Table 3 provides an overview of the respondent type and number, the estimated burden, the planned incentive, and rationale for the incentive for each of the data collection activities. As shown, participants will receive $40 for their participation in a one-hour interview or $50 for their participation in a 90-minute focus group. While there is no consensus in the field about what an appropriate compensation amount is for study participation,[13] prior research, including in the home visiting field, suggests that higher incentive amounts increase response rates.[14,15,16] The proposed

incentive amounts are not meant as compensation, and are not tied in any way to the respondent wages listed in Table 5 (see Table 5). Rather, the incentives are intended to provide extra money beyond cost-compensation—to show appreciation for participants' time, efforts, and knowledge. To be inclusive and equitable, we propose similar incentive amounts across respondents regardless of job title.[17,18]

Respondents will not receive any payments or gifts for completing the initial recruitment survey.

**Table 3. Planned Incentives**

| Form Name | Type of Respondent | Estimated Number of Respondents * | Average Burden per Response (hours) | Incentive | Incentive Rationale |
|---|---|---|---|---|---|
| **Home Visiting Program Leader Interview Guide** | Leaders of home visiting programs | 50 | 1.0 | $40 | -Encourage sharing of experiences<br>-Reduce nonresponse bias |
| **Supervisor Focus Group Protocol** | Home Visiting Supervisors | 50 | 1.5 | $50 | -Encourage sharing of experiences<br>-Reduce nonresponse bias |
| **Home Visitor Focus Group Protocol** | Home Visitors | 50 | 1.5 | $50 | -Encourage sharing of experiences<br>-Reduce nonresponse bias |
| **Total** | | 150 | | | |

*There may be variation in the number of study participants.

## 10. Assurance of Confidentiality Provided to Respondents

Participation in all data collection activities is voluntary. All respondents will be informed that their responses will be kept private to the extent allowable by the law. For the recruitment survey and interviews, this means that their individual responses will not be shared with anyone outside of the study team. For focus groups, this means that the study team will not share any of their individual responses with anyone outside of the study team or identified in any report. However, given the nature of a focus group (i.e., multiple respondents sharing information together), all respondents will hear responses from the group and privacy cannot be fully guaranteed. The focus group facilitators will ask that respondents do not share any information or personal experiences that they hear from others during the group. Respondents will also be told the purposes for which the information is collected and that any identifiable information about them will not be used or disclosed for any other purpose. All data will be aggregated and de-identified for reporting purposes.

All individual recruitment survey data, as well as names and email addresses which are needed for incentives, will be stored in REDCap. For the recruitment survey, respondents' names and email addresses will be accessible by the study team in REDCap so that the study team can reach out directly to respondents who are interested in participating in interviews and focus group. People participating in interviews or focus groups will be asked to share their first names during the interview and focus groups so that interviewers and facilitators can refer to respondents by their names. Interview and focus group data will also be stored in an electronic system separately from personal identifiers. All interviews and focus groups will occur on Microsoft Teams, a secure video-conferencing platform. Focus groups and interviews will be recorded. The recordings, notes, and transcriptions will be saved to a secure drive and only the study team will have access to it.

This information collection was reviewed and approved by the Child Trends Institutional Review Board (IRB). See Appendix B for documentation of initial IRB approval. The Child Trends IRB operates under

Federal-wide Assurance Number 00005835, and thereby adheres to the requirements in the HHS Protection of Human Subjects regulations at 45 CFR Part 46. Final IRB approval will be obtained prior to the beginning of any data collection activities when OMB and any local approvals are in place.

# 11. Justification for Sensitive Questions

In support of HRSA's commitment to incorporating racially equitable approaches into research and the Executive Order *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* (January 21, 2021), this information collection will collect race and ethnicity data through the Recruitment Survey. Completing these survey questions will be optional. This information will be used to describe the study sample and ensure that participants from historically underserved and marginalized populations are included in this information collection.

Respondents will also be asked to answer questions related to their experiences with supervision. If they have had negative experiences with supervision, this could cause discomfort. The study team will mitigate this risk by allowing and reminding participants to skip questions that they are not comfortable answering. Some participants may also be concerned that their responses will affect their job or role. To minimize this risk, in addition to reminding participants that they can refrain from answering questions that make them uncomfortable, interview participants will be reminded that their answers are confidential. Focus group participants will be told about the importance of maintaining confidentiality and reminded that confidentiality cannot be guaranteed in a focus group setting. We will also mitigate this risk by not including supervisors and home visitors in the same focus groups.

# 12. Estimates of Annualized Hour and Cost Burden

## 12A. Estimated Annualized Burden Hours

For each data collection protocol, the data collection process will be conducted only once. The estimated burden per respondent varies (as shown in Table 4). The total burden for this information collection is 242.5 hours. There may be variation in the number of respondents; the total burden hours presented here assumes the maximum number of respondents. This burden estimate includes the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing, and maintaining information, and disclosing and providing information; to complete and review the collection of information; and to transmit or otherwise disclose the information.

### *Explanation of Burden Estimates*

**Recruitment Survey:** We anticipate collecting up to 250 responses to the recruitment survey, from a mix of home visiting program leaders, supervisors, and home visitors. We plan to speak with up to 150 people in interviews or focus groups; we believe a sample of 250 people from which to recruit will ensure a diverse sample and account for participant dropout. The burden estimate is based on participants taking a maximum of 10 minutes to complete the survey. To ensure the burden is not underestimated, we conservatively used the higher end of the estimate.

**Home Visiting Program Leader Interview Guide:** We anticipate that speaking to 50 leaders of home visiting programs will allow us to hear from a diverse group and reach saturation.[19] The burden estimate is based on interviews taking a maximum of one hour.

**Supervisor Focus Group Protocol:** We anticipate that speaking to 50 supervisors will allow us to hear from a diverse group and reach saturation.[18] The burden estimate is based on focus groups lasting a maximum of 1.5 hours.

**Home Visitor Focus Group Protocol:** We anticipate that speaking to 50 home visitors will allow us to hear from a diverse group and reach saturation.[18] The burden estimate is based on focus groups lasting a maximum of 1.5 hours.

**Table 4. Estimated Annualized Burden Hours***

| Form Name | Number of Respondents | Number of Responses per Respondent | Total Responses | Average Burden per Response (in hours) | Total Burden Hours |
|---|---|---|---|---|---|
| Recruitment Survey | 250 | 1 | 250 | 0.17 | 42.5 |
| Home Visiting Program Leader Interview Guide | 50 | 1 | 50 | 1.00 | 50.0 |
| Supervisor Focus Group Protocol | 50 | 1 | 50 | 1.50 | 75.0 |
| Home Visitor Focus Group Protocol | 50 | 1 | 50 | 1.50 | 75.0 |
| Total | 400 | | 400 | | 242.5 |

## 12B. Estimated Annualized Burden Costs

The estimated total cost to respondents is approximately $12,896.74 (as shown in Table 5). There may be variation in the number of respondents for each data collection form; the total respondent cost presented here assumes the maximum number of respondents.

For data collection with home visiting program leaders (Recruitment Survey, Home Visiting Program Leader Interview Guide) the cost to respondents is based on the median hourly wage for social and community service managers for individual and family services from the 2022 U.S. Bureau of Labor Statistics Occupational Employment and Wages Statistics (Occupation Code: 624100-11-9151).[20] This wage category was used because it mostly closely approximates the role of a home visiting program leader.

For data collection with home visiting supervisors and home visitors (Recruitment Survey, Supervisor Focus Group Protocol, Home Visitor Focus Group Protocol), the cost to respondents is based on the median hourly wage of community and social services occupations from the 2022 U.S. Bureau of Labor Statistics Occupational Employment and Wages Statistics (Occupation Code: 21-0000).[21] This wage category was used because it includes a range of providers (e.g., health education specialists, counselors, social workers), and broadly reflects the type of respondents who will participate in these activities, including the range of roles held by program staff who may participate.

For all respondent types, the median hourly rate is used, as opposed to adjusting for locality, since recipients are spread across the country. For all forms, the average hourly wage was doubled to account for overhead costs.

**Table 5. Estimated Annualized Cost to Respondents***

| Form Name | Type of Respondent Category | Number of Respondents | Total Burden Hours | Average Hourly Wage (Multiplied by 2 to calculate total overhead respondent cost) | Total Respondent Cost ($) |
|---|---|---|---|---|---|
| **Recruitment Survey** | | | | | |
| Home Visiting Program Leaders | Individual and family services: Social and community service managers | 70 | 11.9 | $34.91 | $830.86 |
| Supervisors | Community and social service occupations | 90 | 15.3 | $23.74 | $726.44 |
| Home Visitors | Community and social service occupations | 90 | 15.3 | $23.74 | $726.44 |
| **Home Visiting Program Leader Interview Guide** | Individual and family services: Social and community service managers | 50 | 50.0 | $34.91 | $3491.00 |
| **Supervisor Focus Group Protocol** | Community and social service occupations | 50 | 75.0 | $23.74 | $3,561.00 |
| **Home Visitor Focus Group Protocol** | Community and social service occupations | 50 | 75.0 | $23.74 | $3,561.00 |
| Total | | 400 | 242.5 | | $12,896.74 |

*The total burden hours presented here provide information assuming the maximum number of respondents.

## 13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

## 14. Annualized Cost to Federal Government

The total cost of this information collection to the Federal Government is $223,523, which includes the

cost of the contract to Child Trends for performing the study as well as the cost of federal employees supporting the evaluation. The information collection is 16 months in total with an average annual cost of $214,031. This includes designing data collection instruments, collecting all data, and analyzing data, as well as the cost of incentives to respondents. This represents 20% of the HV-AIM contract to Child Trends, which is approximately $1,073,845 per year.

In addition, the cost to the federal government includes the cost of federal staff time to project oversight and development. This includes approximately 5% of a federal public health analyst at Grade 13, Step 4 ($91.27 per hour for 104 hours) for a total cost of $9,492. Wage has been multiplied by 1.5 to account for overhead costs.

## 15. Explanation for Program Changes or Adjustments

This is a new information collection.

## 16. Plans for Tabulation, Publication, and Project Time Schedule

**Project Timeline**: The information collection will take place in 2024-2025. The estimated timeline for the information collection, data analysis, and publication is detailed in Table 6.

**Table 6. Estimated Time Schedule for Project Activities**

| Activity | Expected Timeline – start (time period to complete activity) |
|---|---|
| Study recruitment | Two weeks after obtaining OMB approval (complete within 4 months) |
| Data collection | Six weeks after obtaining OMB approval (complete within 3 months) |
| Analysis | Two months after data collection begins (complete within 4 months) |
| Publication | Seven months after obtaining OMB approval (complete within 3 months) |

**Tabulations**: For interview and focus group data, planned analyses will consist of at least two phases. First, we will conduct thematic coding using prior themes based on the topics included in the interview and focus group discussion guides and previous quantitative analyses. Second, we will develop additional codes as needed to reflect other themes that emerge from the data.

**Publications:** Findings from the planned analyses will be presented in two briefs, a journal manuscript, and an interactive dissemination product. These products will include analysis of data gathered from this information collection and be applicable to a broad audience, including MIECHV funding recipients, home visiting and other community program administrators, technical assistance providers, and policymakers, and will be widely disseminated. The journal manuscript will highlight important insights for the home visiting field.

## 17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and Expiration date will be displayed on every page of every form/instrument.

## 18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

[1]

[2] National Home Visiting Resource Center. (2023). *2023 Home visiting yearbook*. James Bell Associates and the Urban Institute. https://nhvrc.org/yearbook/2023-yearbook/

[3] Goldberg, J., Sparr, M., Rosinsky, K., Lloyd, C., Till, L., Harris, P., Crowne, S., Fortune, B., & Higgins, C. (2023). Co-designing a conceptual framework of home visiting implementation quality. *Children and Youth Services Review* 155 (2023): 107161. https://doi.org/10.1016/j.childyouth.2023.107161

[4] Health Resources and Services Administration Maternal & Child Health. (2021). *A conceptual framework for implementation quality in home visiting*. https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/conceptual-framework-report.pdf.

[5] Franko, M., Schaack, D., Roberts, A., Molieri, A. Wacker, A., Estrada, M., & Gann, H. (2019). The Region X Home Visiting Workforce Study. Denver, CO: Butler Institute for Families, Graduate School of Social Work, University of Denver.

[6] Gill, S., Greenberg, M. T., Moon, C., & Margraf, P. (2007). Home visitor competence, burnout, support, and client engagement. Journal of human behavior in the social environment, 15(1), 23-44.

[7] Watson CL, Bailey AE, Storm KJ. Building capacity in reflective practice: A tiered model of statewide supports for local home-visiting programs. Infant Ment Health J. 2016;37(6):640-52. doi:10.1002/imhj.21609

[8] Casillas, K. L., Fauchier, A., Derkash, B. T., & Garrido, E. F. (2016). Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. Child abuse & neglect, 53, 64–80.

[9] Health Resources and Services Administration Maternal and Child Health. (2023). *MIECHV evaluation and research*. Health Resources and Services Administration. https://mchb.hrsa.gov/programs-impact/programs/home-visiting/miechv-evaluation-research

[10] Singer, E., & Ye, C. (2013). The use and effects of incentives in surveys. *The ANNALS of the American Academy of Political and Social Science*, *645*(1), 112–141. https://doi.org/10.1177/0002716212458082

[11] Abdelazeem, B., Abbas, K., Amin, M., El-Shahat, N., Malik, B., Kalantary, A., & Eltobgy, M. (2022). The effectiveness of incentives for research participation: A systematic review and meta-analysis of randomized controlled trials. *PLoS One*, *17*(4): e0267534. https://doi.org/10.1371/journal.pone.0267534

[12] David, M.C. & Ware, R.S. (2014). Meta-analysis of randomized controlled trials supports the use of incentives for inducing response to electronic health surveys. *Journal of Clinical Epidemiology*, *67*(11), 1210-1221.

[13] Bierer, B. E., White, S.A., Gelinas, L., & Strauss, D.H. (2021). Fair payment and just benefits to enhance diversity in clinical research. *Journal of Clinical and Translational Science*, *5* (1): e159. https://doi.org/10.1017/cts.2021.816

[14] Geyelin Margie, N. & Nerenberg, L. (2019). *MIHOPE incentive experiment results: 15-month follow-up*. Office of Information and Regulatory Affairs (OIRA), Office of Management and Budget (OMB). https://omb.report/icr/201907-0970-010/doc/93761901.pdf

[15] Stewart, D.W. & Shamdasani, P.N. (2015). *Focus groups: Theory and practice, 3rd edition*. Los Angeles, Sage.

[16] Crowne, S., Falletta, K., Padilla, C.M., McClay, A., Warren, J., Li, W., Hegseth, D., & Around Him, D. (2023). *Findings from the Maternal, Infant, And Early Childhood Home Visiting (MIECHV) Advancing Health Equity in Response to COVID-19 project*. Health Resources and Services Administration, U.S. Department of Health and Human Services.

[17] Gelinas, L., Largent, E.A., Cohen, I.G., Kornetsky, S., Bierer, B.E., & Lynch, H.F. (2018). A framework for ethical payment to research participants. *New England Journal of Medicine*, *378*:766–71. https://doi.org/10/1056/NEJMsb1710591

[18]Ver Ploeg, M., Moffitt, R.A., & Citro, C. (Eds.) (2002). *Studies of welfare populations: Data collection and research issues: Panel on data and methods for measuring the effects of challenges in social welfare programs*. Committee on National Statistics Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press. https://nap.nationalacademies.org/read/10206/chapter/1#ii

[19] Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social science & medicine*, *292*, 114523.

[20] US Bureau of Labor Statistics. *Occupational employment and wages, May 2022: 11-9151 Individual and family services*. US Bureau of Labor Statistics. https://www.bls.gov/oes/current/naics4_624100.htm

[21] US Bureau of Labor Statistics. *Occupational employment and wages, May 2022: 21-0000 Community and social service occupations*. US Bureau of Labor Statistics. https://www.bls.gov/oes/current/oes210000.htm