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MEMORANDUM

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RE: **An "Evidence-Based" Standard that Reflects Unique Challenges in Rural Communities**

DATE: May 17, 2017

Executive Summary

It is widely known that young children in remote rural areas experience unique challenges. However, lesser known is the fact that researchers evaluating services for those children also experience unique challenges.

In an effort to distinguish the most effective social services for children, policymakers are wise to designate which program providers have shown effective, data-driven solutions. However, if governments limit funding to those programs with randomized control trials, they risk excluding services to many rural communities by ignoring the limitations of delivery in rural America. Instead, policymakers need to focus on vigorous, evidence driven programs with strong evaluation studies, based on appropriate designs for rural settings, including but not limited to randomized control trials.

This Memo will: (1) provide a list of some of the unique challenges facing children, providers, and evaluators in rural communities and (2) recommend an enhanced, more inclusive definition for evidence-based programs for policymakers.

Increased Risk to Young Children in Remote Rural Communities

Children growing up in remote rural areas often face risks even greater than their urban and suburban peers, increasing their need for effective program support.

- The U.S. Economic Research Service reported in 2005 that 21% of rural children lived in poverty, in comparison with 18% of non-rural children (1).
- Rural child poverty rates are higher for all racial and ethnic groups except Asian Americans (Rural Families Data Center, 2004), and we see growth in families of color in rural areas (1).
- There is greater deep poverty—and it has spiked more in rural than in urban areas (2).
- Rural children are only about half as likely as non-rural children to live in households with annual incomes of $75,000 or more (3).
- Rural children are significantly less likely than non-rural children to have parents with at least a bachelor's degree (4).
- Young parents often speak of a dilemma: stay connected to their communities or migrate out for opportunities.
- Rural children overall are 60% more likely to be placed in special education in kindergarten (4).

- About three quarters of non-rural White children were proficient in letter recognition upon entering kindergarten, but only about two thirds of rural White children were proficient (76.6% vs. 66.3%). The parallel figures for non-rural and rural Black children were 63.7% and 54.1% respectively (4).
- Analysis of the ECLS-K data reveals that rural children were only two-thirds as likely as non-rural children to be in center-based care other than Head Start during the pre-kindergarten year but are more likely to attend Head Start (4).

How the current evidence-based standard underserves rural America (5)

Program evaluation must be adaptive for locales and communities. Limiting the research standard to randomized control trial studies places an unreasonable burden on high-need rural communities. In addition, very few evidence-based programs have been tested in rural locales, thus ***the evidence base as it pertains to small, rural communities is meager and unique principles for establishing best evidence-based practices for rural areas have not been well developed.*** A few of the obstacles of research studies based on current evidence-based definition in remote rural communities include:

- Experiments in rural areas can **cost more** than experiments in urban areas due to density and distance issues.
- Some studies require a **large sample size** in order to determine whether or not it is effective, while it is harder for remote rural areas to recruit a large sample.
- Some random assignment interventions may not be **morally feasible** to implement in rural settings (e.g., to create a randomized control group, a program provider may need to refuse to serve half the childhood population in the area, but cannot refuse services due to their mission). An assumption for a moral feasibility of a randomized control trial is that there are more persons in a locality than can currently be served, but this is often not true in small, rural communities.
- Some random assignment interventions may not be **economically feasible** to implement in rural settings (e.g., a program provider may not economically survive serving half the eligible families).
- **Geographic dispersion** makes it difficult for researchers to establish relationships through in-person meetings with potential school partners and the local school community – and opportunities to conduct virtual meetings may not be available.
- It can be challenging for programs to **hire staff in rural areas that comply with federal guidelines** required to receive funding (e.g., requiring the hiring of staff members with specialized certifications and/or fluency in multiple languages).
- In small communities, families often believe that **confidentiality cannot be maintained** (because everybody knows everybody else) – and therefore do not volunteer to participate in programs and research as frequently.

- Most evidence-based programs have been tested in urban or larger rural settings, thus the authentic evidence base as it pertains to small, rural communities is meager and unique principles for establishing best evidence-based practices for small, rural communities have not been well developed.

More inclusive evidence-based definition

*At a minimum, an **evidence-based program** should have the following 5 components:*
1. ***RESEARCH STUDY:*** *There should be at least one well-conducted research study using either random assignment or quasi-experimental design[1], that has been published in a peer-reviewed journal for that particular program and/or shows statistical significance in externally conducted research.*
2. ***META-ANALYTIC STUDIES:*** *Alternately, there may be findings of significant impact on school-readiness related outcomes from meta-analytic studies (where the results of multiple single studies are combined quantitatively and published in the peer-reviewed literature).*
3. ***IMPLEMENTATION:*** *The staff delivering an evidence-based program at the local level must be specifically trained and qualified to implement the program, and staff must monitor program delivery to ensure fidelity to the program model.*
4. ***PROFESSIONAL DEVELOPMENT:*** *Staff delivering the program must also have support of supervisors or consultants with opportunity for continual professional development activities.*
5. ***COMMUNITY ENGAGEMENT:*** *Finally, as no one program or service can meet all needs that a child and family may face, local providers must have the ability to make linkages to other community services, as needed and as appropriate, during the time of program delivery.*

Conclusion

Not only are there unique needs of poor children in rural communities, but there are also barriers to funding due to limitations of evidentiary requirements. Often, rural providers of social services cannot meet evidence standards due factors such as a) **higher cost** due to disperse populations, b) **lower total sample** size for studies, and c) **the moral dilemma** of having to refuse to serve significant portion of eligible children who need services due to the requirement that the provider create a control group. The solution is to broaden the definition of evidence-based programs, continue investing in research based "Promising Practices," and set standards for rigorous evaluation designs that are adaptive for rural communities.

[1] NOTE on RCTs: Changing Randomized Control Trial to experimental design in in line with the What Works Clearinghouse, a federal standard used by the Federal Institute of Education Sciences (IES) within the U.S. Department of Education. What Works Clearinghouse accepts experimental designs including but not limited to Randomized Control Trials.

References

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