



Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

Building the Evidence-Base on Home Visiting Models Adapted or Enhanced for Diverse Populations

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Introduction

- **The field has identified a need to examine the impact of family-based interventions on diverse populations**
- **Research is needed on the effects of home visiting models on specific target populations, as well as on the efficacy and effectiveness of cultural adaptations of models**
- **Debate continues over the need for fidelity to evidence-based models versus the need for adaptations**

Sources: Kumpfer et al., 2010; Avellar & Paulsell, 2011; Castro et al., 2010



Continuum of Approaches to Cultural Adaptations

No alterations to evidence-based models

Evidence-based models are applicable to all subgroups.

Deviations from fidelity erode intervention effectiveness.

Adaptations of evidence-based models

Adaptations improve client engagement and increase effectiveness with subgroups.

Adaptations include **modifications** to consider language, culture, and context and **enhancements** or additions that do not modify core model components.

Rejection of evidence-based models in favor of locally innovated models

Evidence-based models are not appropriate for all target populations.

Locally innovated models emphasize a community's unique values, traditions, beliefs, and practices.



Processes to Consider When Making Cultural Adaptations

- **Conduct needs assessment of target population**
- **Use assessment data to select evidence-based model and identify needed adaptations**
- **Make necessary changes to the model, while maintaining fidelity to core elements**
- **Pilot test the adapted model**
- **Refine the adapted model**

Source: Castro et al., 2010



Panelists

- **Dr. Lana Beasley**
 - Assistant Professor, Oklahoma State University; Assistant Professor of Research, University of Oklahoma Health Sciences Center
- **Ms. Ivelisse Cruz**
 - SafeCare Program Supervisor, Latino Community Development Agency
- **Ms. Patricia Del Grosso**
 - Researcher, Mathematica Policy Research
- **Dr. Aleta Meyer**
 - Senior Social Science Research Analyst, Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services



References

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Lessons Learned from the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Evaluation



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 - Deborah Daro, Chapin Hall at the University of Chicago



Overview of EBHV

- **In 2008 ACF's Children's Bureau funded 17 grantees in 15 states to:**
 - Select home visiting program models that were evidence-based (as defined for purposes of the grant)
 - Leverage the grant funds to build infrastructure to implement, scale up, and sustain their selected programs with fidelity to their evidence-based models
 - Participate in local and cross-site evaluations
- **Grantees engaged partner organizations to build infrastructure and implement and sustain home visiting programs over a 5-year period**



Grantees Selected Several Home Visiting Models

Home Visiting Model	Target Population	Number of Grantees
Nurse-Family Partnership	First-time pregnant women < 28 weeks gestation	10
Healthy Families America	Pregnant women or new parents within two weeks of infant's birth	5
Parents as Teachers	Birth or prenatal to age 5	3
SafeCare	Birth to age 5	3
Triple P	Birth to age 12	1



Evaluation Overview

- **Mathematica and Chapin Hall at the University of Chicago funded to conduct a six-year cross-site evaluation**
- **The evaluation is designed to identify successful strategies for adopting, implementing, and sustaining high quality home visiting programs**



Evaluation Domains and Research Questions

- **Systems change** – How did grantees build infrastructure capacity to implement with fidelity, scale up, and sustain evidence-based home visiting programs?
- **Fidelity** – Were the home visiting programs implemented and delivered with fidelity?
- **Costs** – How much does the delivery and support of each home visiting program model cost?
- **Child and family outcomes** – Do these programs improve child and family outcomes?
- **Process** – How did grantees plan and implement their grant initiatives?



Types of Enhancements Grantees Are Implementing or Considering

- **Adding a mental health consultant/social worker to support home visitors (2 grantees)**
- **Hiring a project-specific interpreter and providing model-specific training (1 grantee)**
- **Offering families additional services to supplement the model (3 grantees)**



Grantees Adapting or Enhancing Models for New Populations

- **University of Oklahoma Health Sciences Center**
 - Working with SafeCare to develop a culturally competent version of the model for Latino families.
- **Minnesota Department of Health**
 - Working with NFP to add supplemental materials to the model to make it well suited to serve tribal communities in the state.



Lessons Learned

- **Grantees implementing enhancements and modifications consulted with model purveyors**
- **Enhancements were occasionally made to respond to implementation challenges**
- **When model purveyors did not approve proposed enhancements, grantees adjusted their plans**



Next Steps

- **Local evaluations**
 - Capture lessons learned and add to the literature through process studies and family and child outcome studies.
- **National cross-site evaluation**
 - Continue documenting adaptations and enhancements.



For More Information

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