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

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Patricia Del Grosso
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.

Source: Castro et al., 2010
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


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

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• **Federal project officer**
  – Melissa Lim Brodowski

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  – Kim Boller, Debra Strong, Diane Paulsell, Margaret Hargreaves, Heather Zaveri, Cheri Vogel, Russell Cole, Pia Caronongan, and others
  – 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

<table>
<thead>
<tr>
<th>Home Visiting Model</th>
<th>Target Population</th>
<th>Number of Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse-Family Partnership</td>
<td>First-time pregnant women &lt; 28 weeks gestation</td>
<td>10</td>
</tr>
<tr>
<td>Healthy Families America</td>
<td>Pregnant women or new parents within two weeks of infant’s birth</td>
<td>5</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td>Birth or prenatal to age 5</td>
<td>3</td>
</tr>
<tr>
<td>SafeCare</td>
<td>Birth to age 5</td>
<td>3</td>
</tr>
<tr>
<td>Triple P</td>
<td>Birth to age 12</td>
<td>1</td>
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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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- [http://www.supportingebhv.org/](http://www.supportingebhv.org/)
