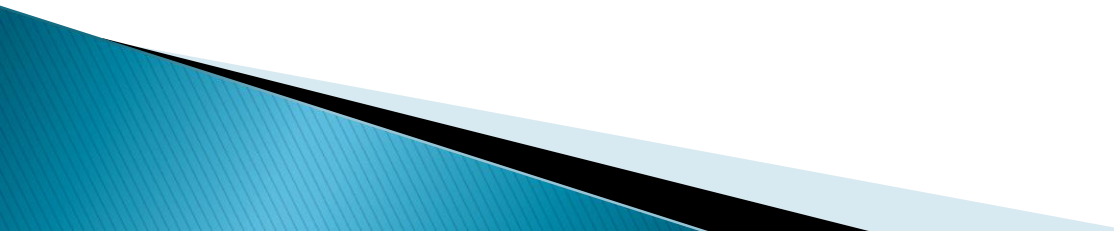


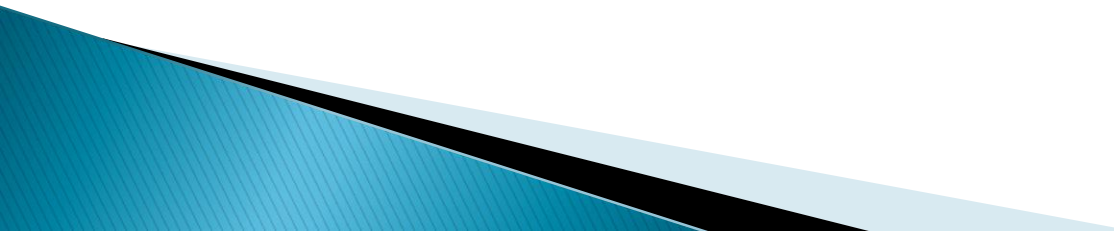
Partnering to Conduct Research in the Real World

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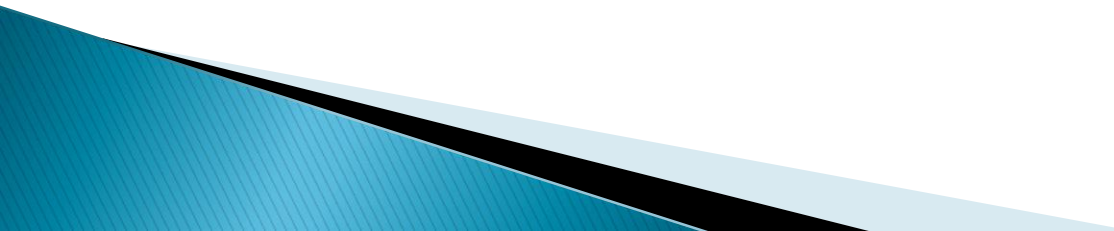
Why Does Healthy Families America Need Randomized Control Trials?

- ▶ HFA is the most widely implemented national model of home visiting & goals are laudable
 - ▶ Evidence of effectiveness is mixed, at best
 - ▶ Favorable outcomes tend to disappear when subjected to rigorous research designs
 - ▶ Need to know what does and does not work in order to improve outcomes
- 

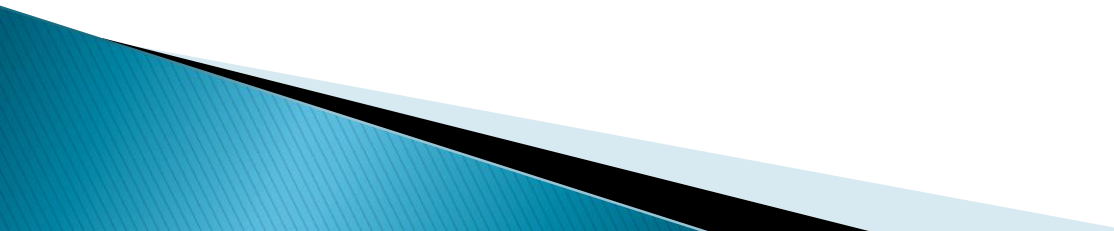
Why do HFA Programs Resist Participating in RCTs?

- ▶ Fear that families in the control group are denied participation in beneficial services
 - ▶ Fear that the program will NOT demonstrate desired outcomes
 - ▶ If so, then support and funding will disappear
 - ▶ Belief they are “making a difference”
 - ▶ Research results might threaten personal passion and pride
- 

What is the E-Parenting Project?

- ▶ Fully randomized trial conducted in two community-based Healthy Families sites
 - ▶ Funded by CDC; collaboration WSU & IU & HFI
 - ▶ 413 at-risk families of newborns assigned to
 - Healthy Families treatment as usual
 - Healthy Families + E-Parenting
 - Control Group
- 

What is the E-Parenting Project?

- ▶ Healthy Families home visitors bring laptop computers on 8 regularly scheduled home visits, starting right after birth
 - ▶ Interactive, tailored sessions include evidence-based interventions
 - Motivational interviewing
 - Cognitive retraining
 - Project Safe Care
 - ▶ RAs collect data at baseline, 6 & 12 months
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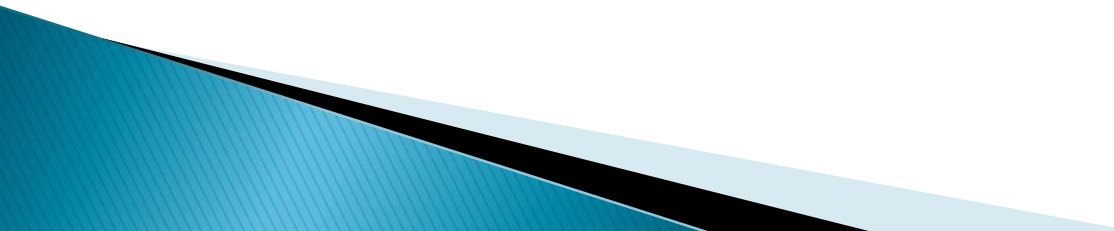
Overcoming Barriers to RCT

- ▶ Major Contributing Factors
 - Growing insistence on Evidence-Based Models
 - Affordable Care Act funding for evidence-based HIV
 - Requirements to demonstrate favorable outcomes, if funded by ACA
 - Realization that HFA model needs more research
 - Experience with Building Strong Families RCT
 - State leaders' desire to participate in Building Strong Families trumped reluctance to RCT
 - And the results were not known...yet

Overcoming Barriers to RCT

- ▶ Start with perceived needs
 - Home visitors discomfort addressing risks
 - Substance use
 - Mental health/perinatal depression
 - Interpersonal violence
 - Lack of consistency in home visit content
 - Individualized approach taken to extreme
 - Staff turn-over compromises expertise
 - HV tend to focus on what is comfortable

Overcoming Barriers to RCT

- ▶ Create an intervention that is:
 - Affordable & easy to implement
 - Acceptable to home visitors and families
 - ▶ Involve home visitors in:
 - reviewing the sessions & pilot testing with families
 - make recommended modifications
 - ▶ Avoid threatening the role of home visitor!
- 

Overcoming Barriers to RCT

- ▶ Address program concerns for:
 - Services to families
 - Did not include young mothers or highest risk families
 - Remind staff that participation is voluntary & families qualify for financial incentives
 - Design to not interfere with meeting program standards
 - Follow-up with high risk situations
 - Sustainability of program
 - Adjust if too few families to generate unit rate reimbursement
 - Payment to site for coordination & 1 staff RA position
 - Hired supervisors to be contract Ras
 - Site keeps laptops; celebrations for all staff

Remaining Challenge

- ▶ Getting the program to accept results
 - Focus groups with home visitors, program managers & state /national leaders
 - BEFORE results are known
 - Elicit expected results based upon other research
 - Elicit explanations for results that are expected
 - Elicit explanations for opposite results
 - AFTER results are known
 - Share results and recall expectations & explanations
 - Involve home visitors, program managers & state/national leaders in interpreting the results
- ▶ Implementing recommendations to improve practice & inform policy
 - Involve home visitors, program managers & state/national leaders in developing recommendations for practice & policy

Stay Tuned for Results

