Moving toward precision in prenatal evidence-based home visiting:

Assessing the concordance of national model and local program perspectives

Presented by: Ciara Zagaja, MPH





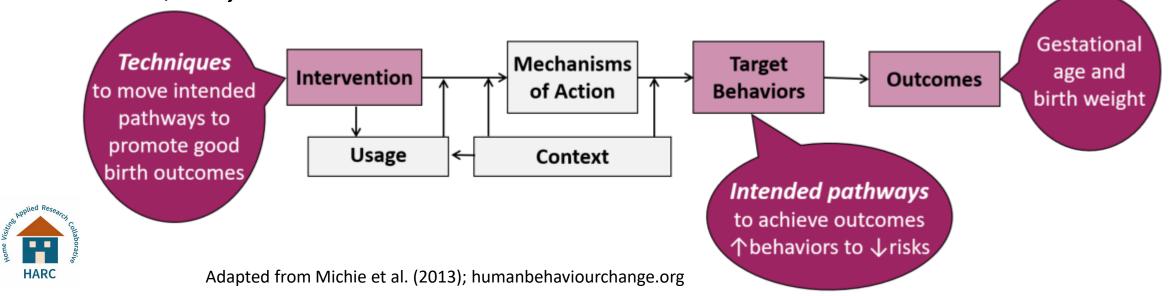
Introduction

Traditional Research Paradigm: *Can* home visiting improves outcomes?



- Small average effects sizes
- Difficulty engaging families
- Context is highly variable

New Precision Paradigm: What works best, for which families, in which contexts, why and how?



Methods

Sample

<u>Inclusion criteria</u>: 1) US-based; 2) enroll families prenatally; 3) improving birth outcomes as intended outcome

- 4 evidence-based home visiting models
- 169 local programs

Data Collection

Online surveys to assess stance on:

- 41 behavioral pathways
- 23 behavior change techniques

Response choices: Required, Recommended, No expectation, Not compatible, Not sure

Intended pathways and **endorsed techniques** are those that are *required or recommended*

Descriptive Statistics

| | Models | Local Programs |
|------------------------------|--------------|----------------|
| | Mean (Range) | Mean (Range) |
| Intended Behavioral Pathways | 31 (16-41) | 34 (5-41) |
| Endorsed Techniques | 17 (12-22) | 17 (2-23) |

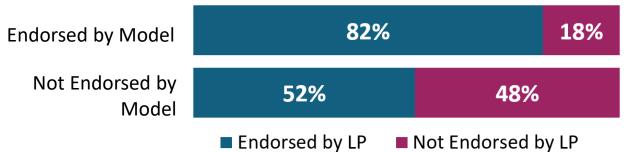


Results – Model and Local Program (LP) Concordance

Intended Behavioral Pathways

Endorsed by Model Not Endorsed by Model 66% 34% Not Endorsed by LP Endorsed by LP Not Endorsed by LP

Endorsed Techniques



- While LPs designated 89% of the pathways designated as intended by their model, there was remarkable variability (range: 6-100%)
- On average, LPs designated 66% of pathways as intended when their model did not
 - **53**% of LPs designated <u>all</u> of the pathways designated as intended by their model

- While LPs endorsed 82% of the techniques endorsed by their model, there was remarkable variability (range: 9-100%)
- On average, LPs endorsed 52% of techniques that their model did not
- 24% of LPs endorsed <u>all</u> of the techniques endorsed by their model

Main Findings

- Our standardized approach is useful for eliciting and comparing stakeholders' perspectives to facilitate crossmodel research.
- While local programs usually aligned with their model on intended behavioral pathways and endorsed techniques, there was remarkable variability.
- Most local programs tended to go beyond the intended behavioral pathways and techniques endorsed by their model.
- Only a quarter to a half of local programs agreed completely with their models' intended behavioral pathways and endorsed techniques.







Population, Family and Reproductive Health

Contact: czagaja1@jhu.edu

HARC website: https://www.hvresearch.org

Authors: Ciara Zagaja, Lori Burrell, Kay O'Neill, Kelly Bower, Anne Duggan

Acknowledgements

We would like to thank the national home visiting models and local programs that collaborated with us on this project.

Project support

- Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services under cooperative agreement UD5MC30792, Maternal, Infant and Early Childhood Home Visiting Research and Development Platform
- Pritzker Family Foundation [Grant #134163 Precision Prenatal Home Visiting to Promote School Readiness via Good Birth Outcomes]