

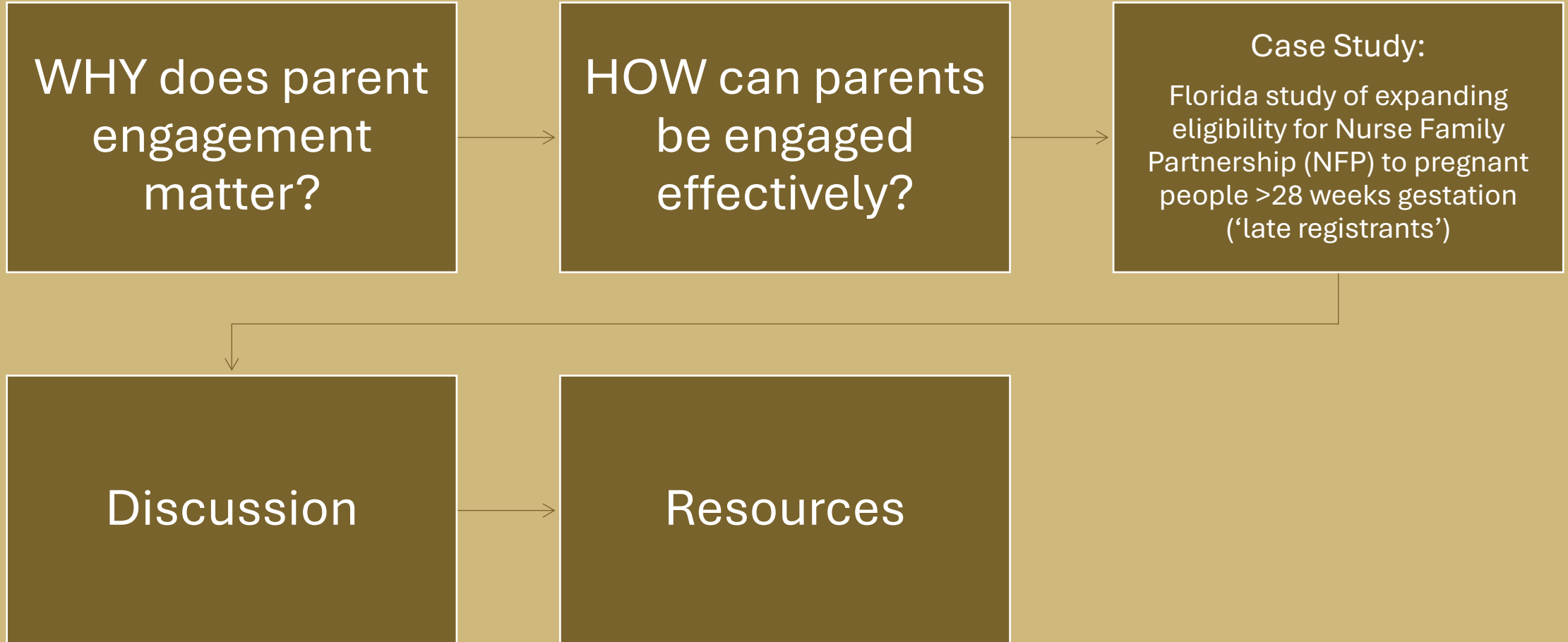
# Engaging Parents in Home-Visiting Research

Mandy Allison and Denise Brown

HARC Conference

9/17/24

# Agenda



# Prevention Research Center for Family & Child Health (PRC)



# Relevant PRC Goals



## 01

Conduct research to determine who has access to, engages with, and benefits from preventive interventions implemented early in the life cycle to improve the health of children and families with the aim of increasing equity in communities.

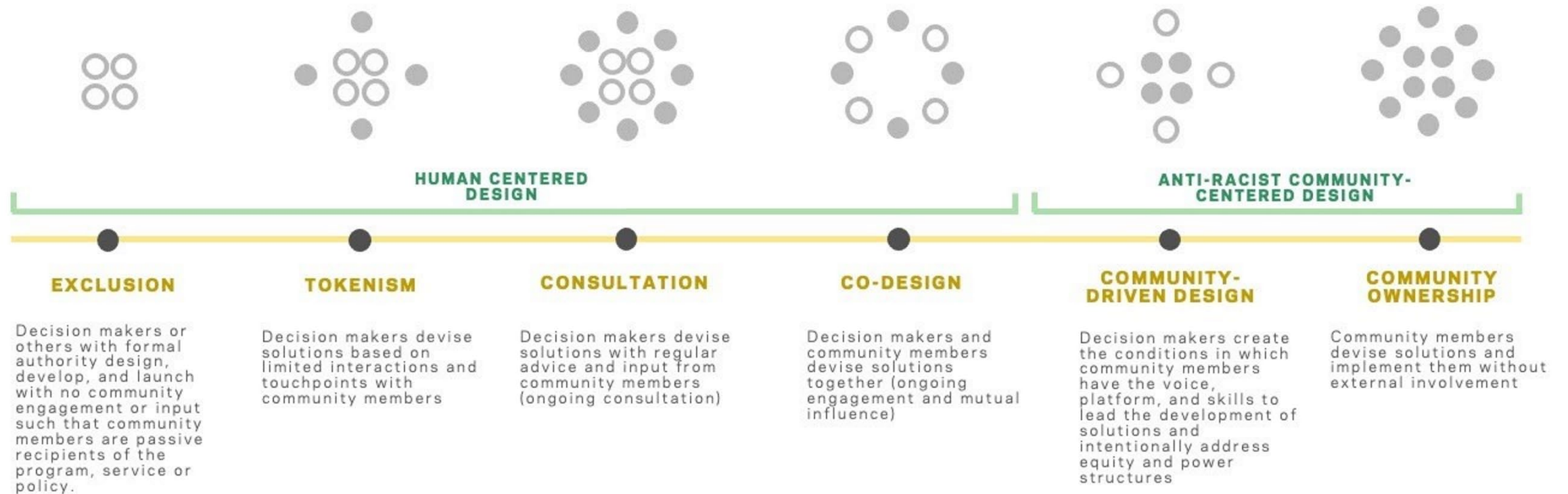
## 02

Conduct research using an equity lens throughout all stages from conception to dissemination.

## 03

Intentionally and authentically engage with the community affected by the research for all research conducted at the PRC.

# Concentration vs redistribution of power in design



From: Beyond Human-centered Design: The Promise of Anti-racist Community Centered Approaches in Child Welfare Program and Policy Design. Sonya Soni, Jessica Mason, Jermeen Sherman. Child Welfare Vol. 100, Issue 1 (2022): 81-109.

# PARENT leadership as A PROCESS

## PARENT VOICE AND LEADERSHIP CONTINUUM



*How Parent Leaders Become Change Agents to Impact Decisions*

<b>INVOLVEMENT</b>	<b>ENGAGEMENT</b>	<b>EMPOWERMENT</b>	<b>LEADERSHIP</b>
Parents are enrolled and participate	Parent voice informs	Parent partners collaborate in planning and implementation	Parent leaders are integral decision-makers
The system designs all policies, programs and evaluation tools for parent participants	The system learns from parent voice through surveys, focus groups and interviews	The system changes approach with parent partners	The system designs policies, programs and evaluation tools with parent leaders

From: <https://ecic4kids.org/stepping-up/>



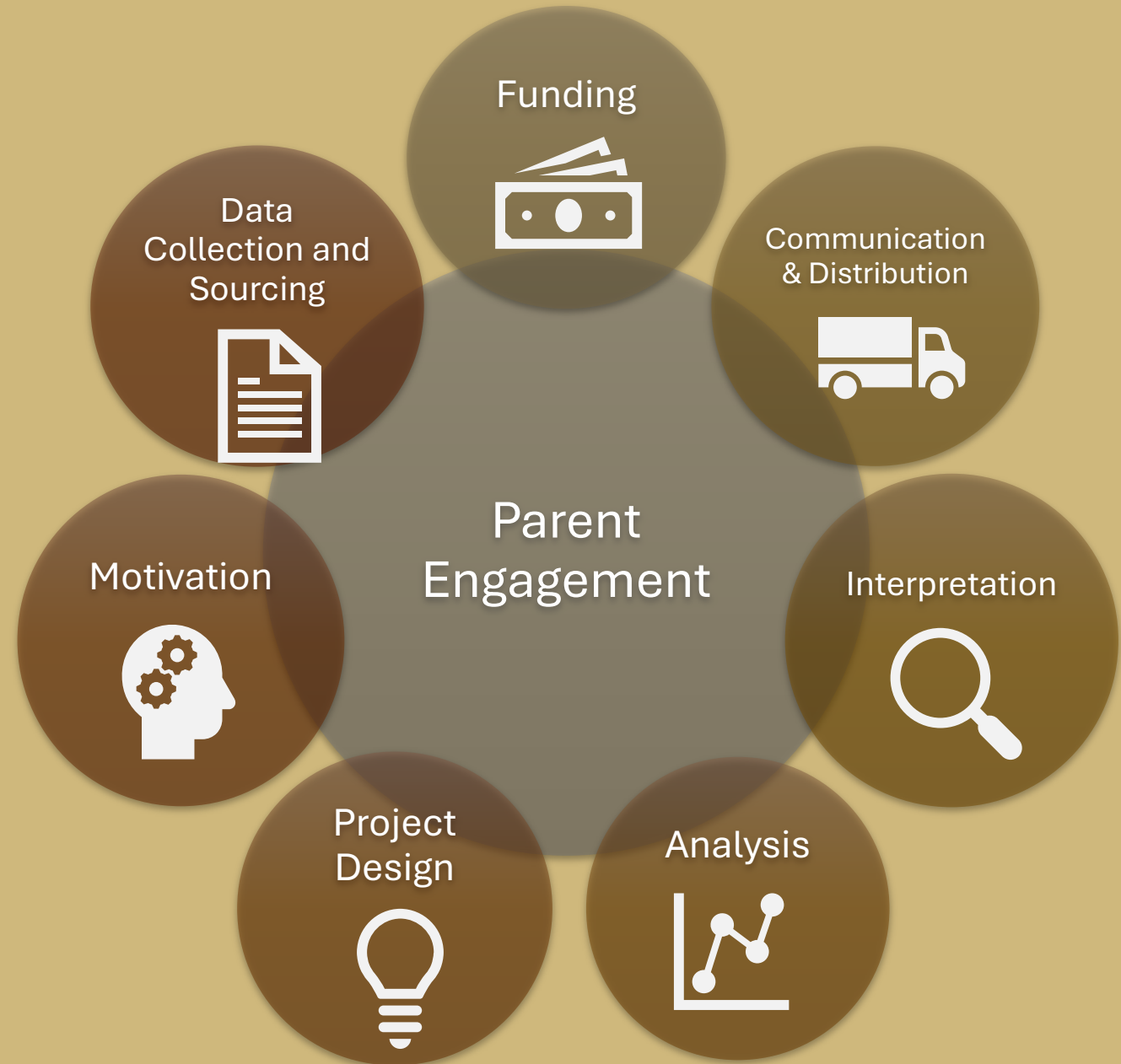
From: We All Count Data Equity Framework; <https://weallcount.com/the-data-process/>



STAND UP if  
you've been  
involved in  
research that  
engaged  
parents/families



*In your experience, which steps of the research process have parents been engaged with?*





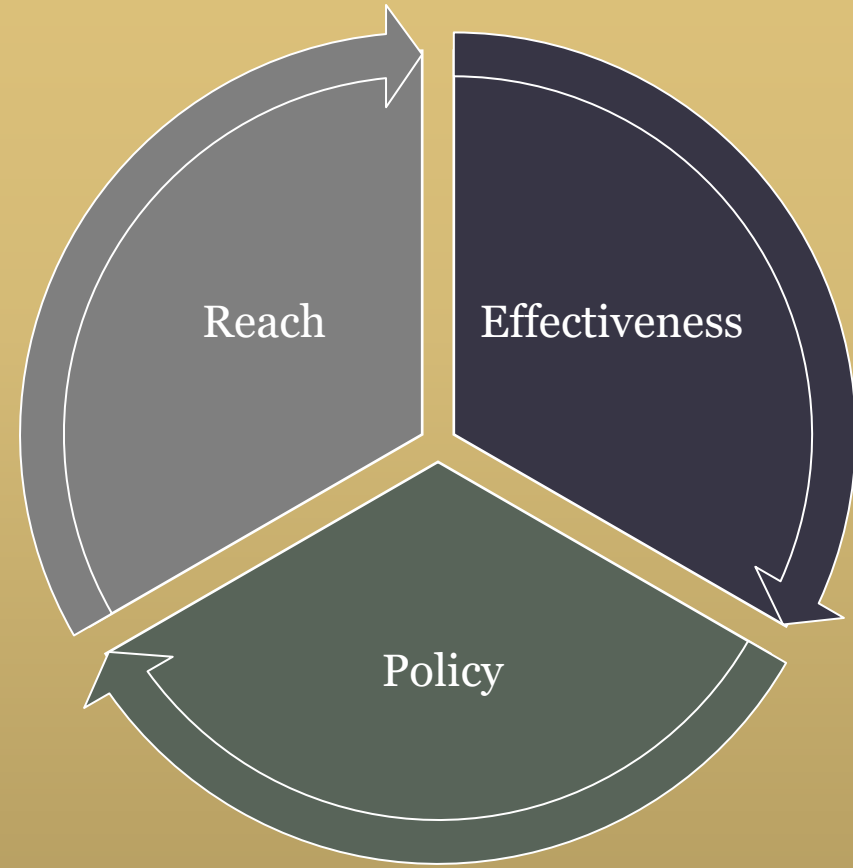
# Parent Leader Experience

Florida NFP  
Expanded Eligibility  
Initiative (NFPx) Case  
Example




# Questions


- 1** Does allowing pregnant people to be referred and enrolled in NFP later in pregnancy increase the reach of NFP to people who are most likely to benefit?
- 2** Does NFP work for people who are enrolled 'late'?
- 3** Should NFP continue to allow people to enroll later in pregnancy?



# Key Components of Effective Engagement



 Identify who should be 'at the table'


 Set clear expectations

 Provide fair compensation

 Provide research training if needed

 Create and revisit meeting agreements

 Attend to team culture

 Use methods to engage and ensure everyone has a voice

# Who



## **NFPX FLORIDA ADVISORY BOARD**

Katie Hood	Assistant Program Director, Florida Association of Health Start Coalitions
Deborah Burch	
Kelly Rogers	
Vera Beloshitzkaya	Maternal Child Health, Florida Department of Health
Tara Cockman	
Erin Hough	
Justine Hicks	Office of Child Welfare, Florida Department of Children and Families
Ashley Plummer	
Jennifer Marshall	MIECHV Evaluator, Director of Planning & Evaluation for the Sunshine Education and Research Center, University of South Florida
Mimi Graham	
Mirine Richey	Center for Prevention and Early Intervention Policy, Florida State University
Ariana Bergmann	Parent Leader
Denise Brown	Parent Leader
Devin Coleman	Parent Leader

# Expectations



We are recruiting clients who are currently in Nurse Family Partnership (NFP) or were previously in NFP as well as other caregivers to participate in the Parent Engagement Committee for the Ohio Expanded Eligibility Initiative Evaluation.

**What does participating mean?** You would attend monthly meetings beginning in June, at a time that will be determined by the group, to provide your thoughts and input on a research project meant to determine the effectiveness of NFP on clients who have had a previous live birth. A few examples of what you might help with are giving input on forms that are completed during home visits, interview questions for participants, and how the overall research process affects clients.

**Who is eligible?** A parent is anyone who is the primary caregiver for a child. Primary caregivers can include a biological, adoptive, or foster mother or father, or relatives, such as grandparents, aunts, and uncles. Those eligible can include individuals who have been in NFP before, currently enrolled or individuals who have never been in NFP before.

**What is the time Commitment?** The Ohio Parent Advisory Committee will meet monthly for approximately one hour. The meeting is led by the University of Colorado virtually via Zoom meeting. Meeting materials will be sent to you by email before the meeting each month. Meetings will begin in June of 2022 and continue until June of 2027. You do not need to participate for all 5 years unless you choose to do so. At the end of each year, we will ask if you would like to continue to participate.

**How will I be compensated?** Each parent will receive a monthly stipend of up to \$110, which includes a \$25/hour honorarium, \$25/hour childcare support, and \$10/month data internet support. Additional technological support in the form of a tablet will be provided if needed. You will receive \$245 for the initial training that we will provide.

**What are the minimum expectations?** Parents are expected to attend a minimum of six meetings per year and are encouraged to attend as many meetings as possible. Parents will be paid as indicated above for each meeting they attend and participate in. You would not be paid for meetings that you cannot attend.

**Will I receive training?** The University of Colorado will offer a 1 hour-long training for parent representatives to explain the NFP Expanded Eligibility Initiative, basic evaluation and research concepts, their rights and responsibilities as a parent participant in the evaluation and how the Advisory Committee will function. Additional online training will be offered, and participants will be paid for their time to complete all training as noted above.

**Questions?** *If you are interested or have further questions about this opportunity, please email Wendy Mazzuca, RN at [wendy.mazzuca@cuanschutz.edu](mailto:wendy.mazzuca@cuanschutz.edu)*

# Compensation

Hourly rate

Childcare

Travel

Technology

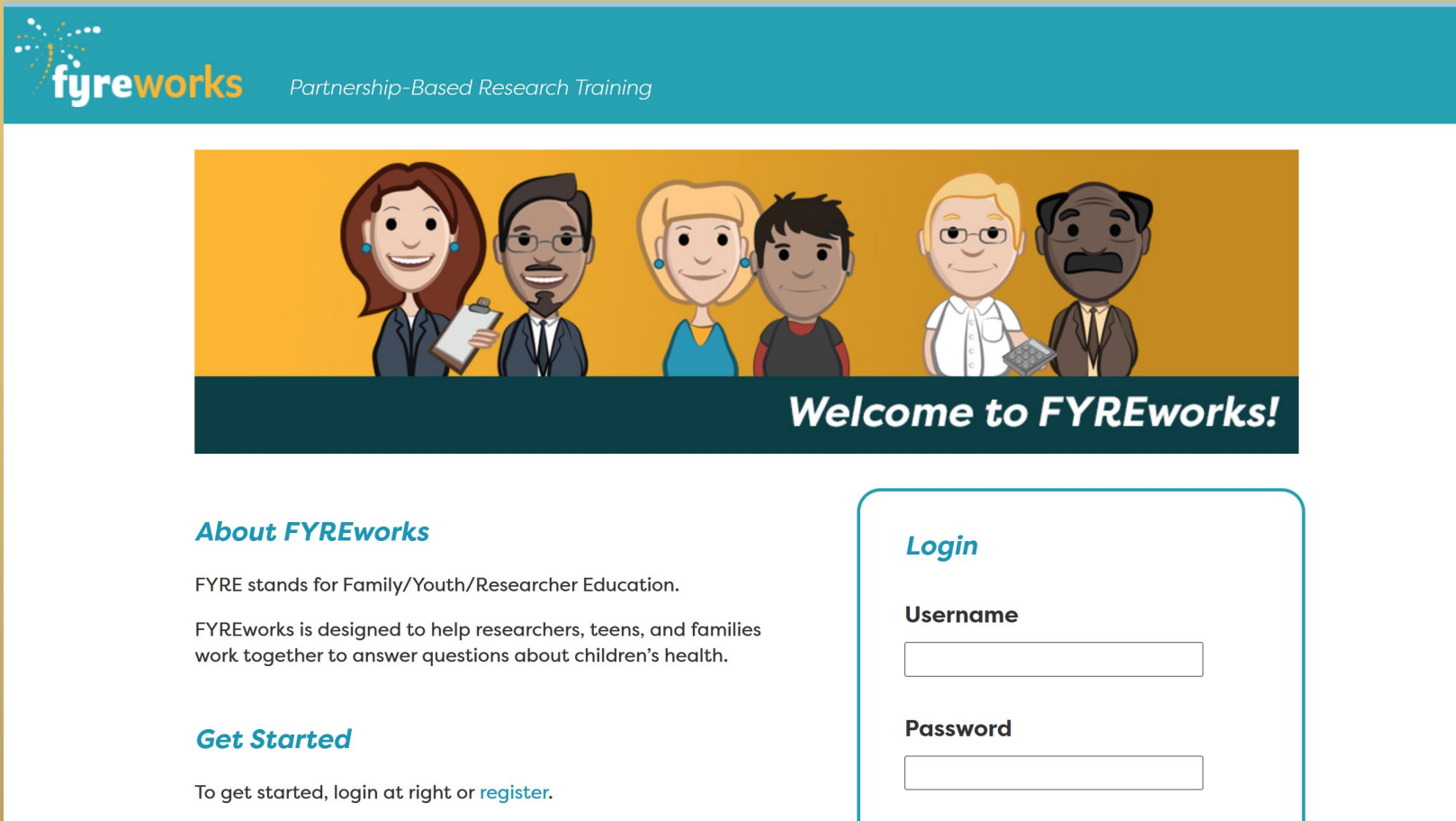
- Tablet
- Internet service

Transparent  
process for  
reimbursement





# Research training



The screenshot shows the FYREworks website interface. At the top, there is a teal header with the logo "fyreworks" and the tagline "Partnership-Based Research Training". Below the header is a banner featuring six diverse cartoon characters (three women and three men) in professional attire. The banner has a dark teal background with the text "Welcome to FYREworks!". Below the banner, there are two main sections: "About FYREworks" and "Login".

**fyreworks** Partnership-Based Research Training

**Welcome to FYREworks!**

**About FYREworks**

FYRE stands for Family/Youth/Researcher Education.

FYREworks is designed to help researchers, teens, and families work together to answer questions about children's health.

**Get Started**

To get started, login at right or [register](#).

**Login**

**Username**

**Password**

# Meeting agreements



We agree to clearly communicate the purpose of each meeting with agendas emailed ahead of time.

We agree to start and end meetings on time.

We agree to allot time at the beginning of meetings for getting to know one another and sharing experiences.

We agree to take care of our needs during meetings as needed.

We agree to actively participate in meetings.

We agree to ask questions for clarification.

We agree to respect one another and alternative perspectives through practicing humility.

We agree to listen to one another, where each person gets a turn to speak and others acknowledge what they have heard.

We agree to confidentiality and anonymity when needed of what is shared in meetings.

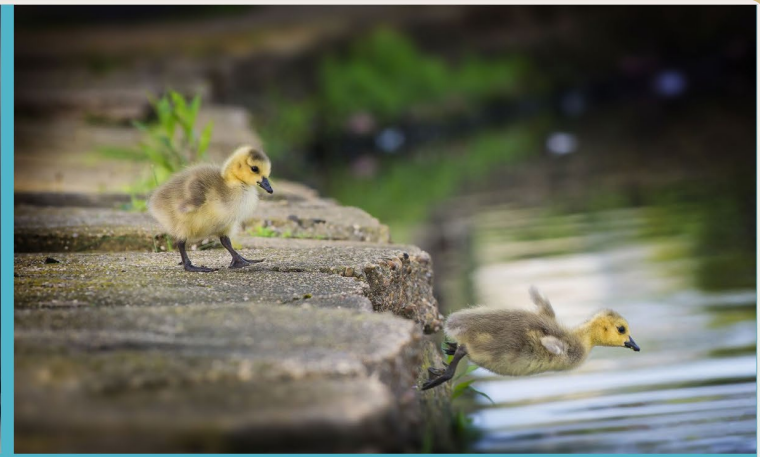
We agree to stay focused on shared upon goals and tasks to create solutions.

We agree to be flexible should our shared upon tasks pivot due to new perspectives.

# Team culture



If you could have any new skill instantly, what would it be and why?

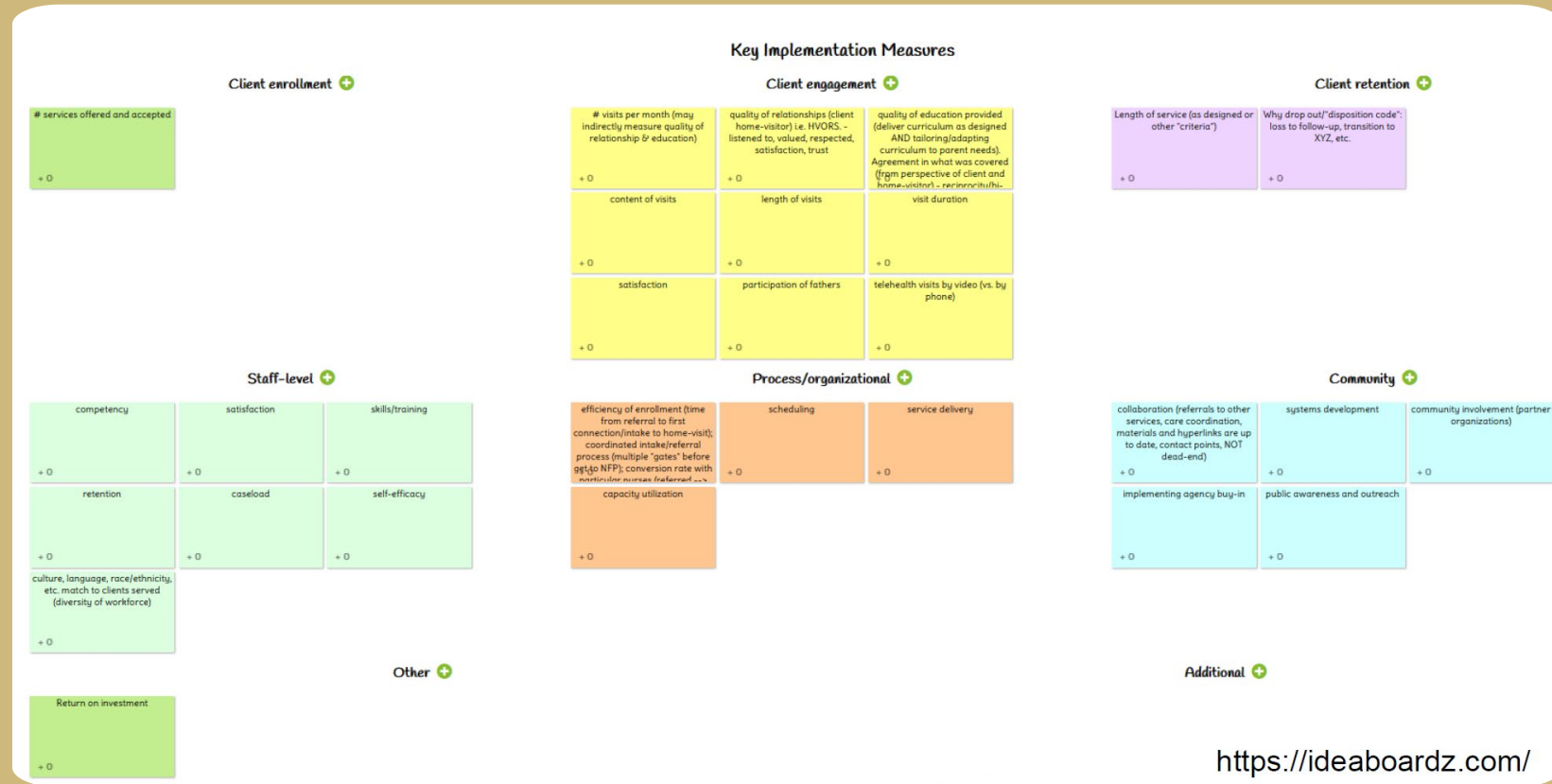


Describe something you've done that was hard or challenging for you to do.

# Defining outcomes of importance using modified e-Delphi method

Round 1: Open-ended questionnaire followed by discussion

- What are characteristics of families most important to reach with home visiting programs?
- What are key measures of home visiting program implementation?
- What are key measures of home visiting program impact?
- What are new or non-traditional measures in home visiting program implementation or impact?
- What are potential data sources to measure home visiting program implementation and impact?



# Defining outcomes of importance using modified e-Delphi method

## Round 2: Close-ended questionnaire

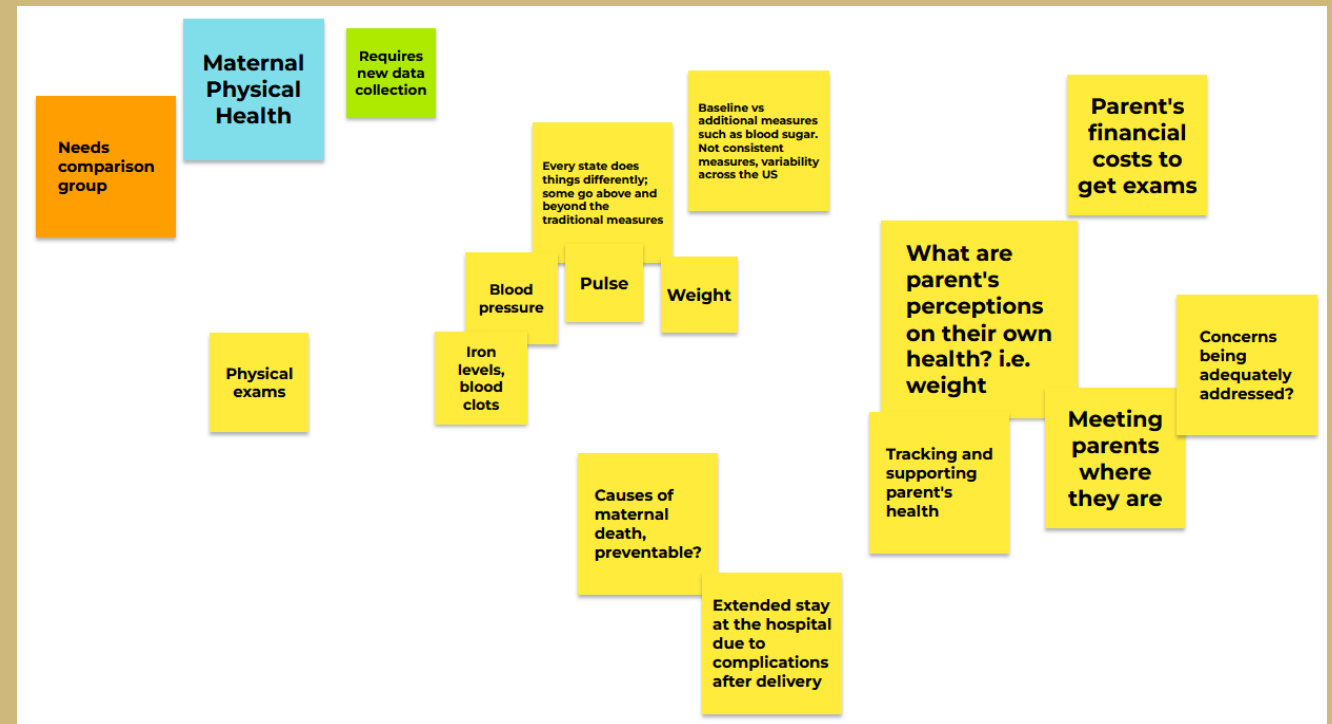
- 18 process outcomes and 17 impact outcomes
- Rank from Strongly Disagree to Strongly Agree on criteria:
  - Significance
  - Innovation
  - Relevance, and
  - Feasibility
- Completed during a meeting so we could walk through the survey

Consensus thresholds	Definitions
Inclusion	>75% of respondents provide a positive result (four or five) on the Likert scale for all criteria.
Non-consensus	50-75% of respondents provide a positive result (four or five) on the Likert scale for all criteria.
Exclusion	<50% of respondents provide a positive result (four or five) on the Likert scale for all criteria.

# Defining outcomes of importance using modified e-Delphi method

## Consensus Discussion Meetings

- 9 process outcomes and 11 impact outcomes
- Jamboard to document members' perspectives





Defining  
outcomes of  
importance  
using  
modified e-  
Delphi  
method



Round 3: Close-ended questionnaire



9 process outcomes and 11 impact  
outcomes



Rank from Lowest  
Priority to Highest  
Priority

Threshold for inclusion: 100% of  
respondents identified as High  
or Highest Priority, OR

>50% of respondents identified  
as High or Highest Priority

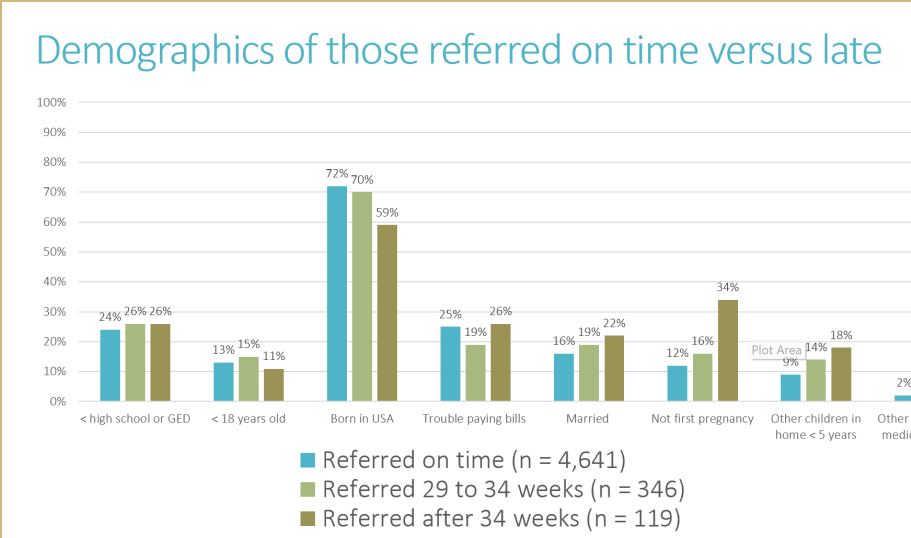


One final discussion about priorities and  
opportunity to 'rescue' outcomes





# Methods: Sharing Results

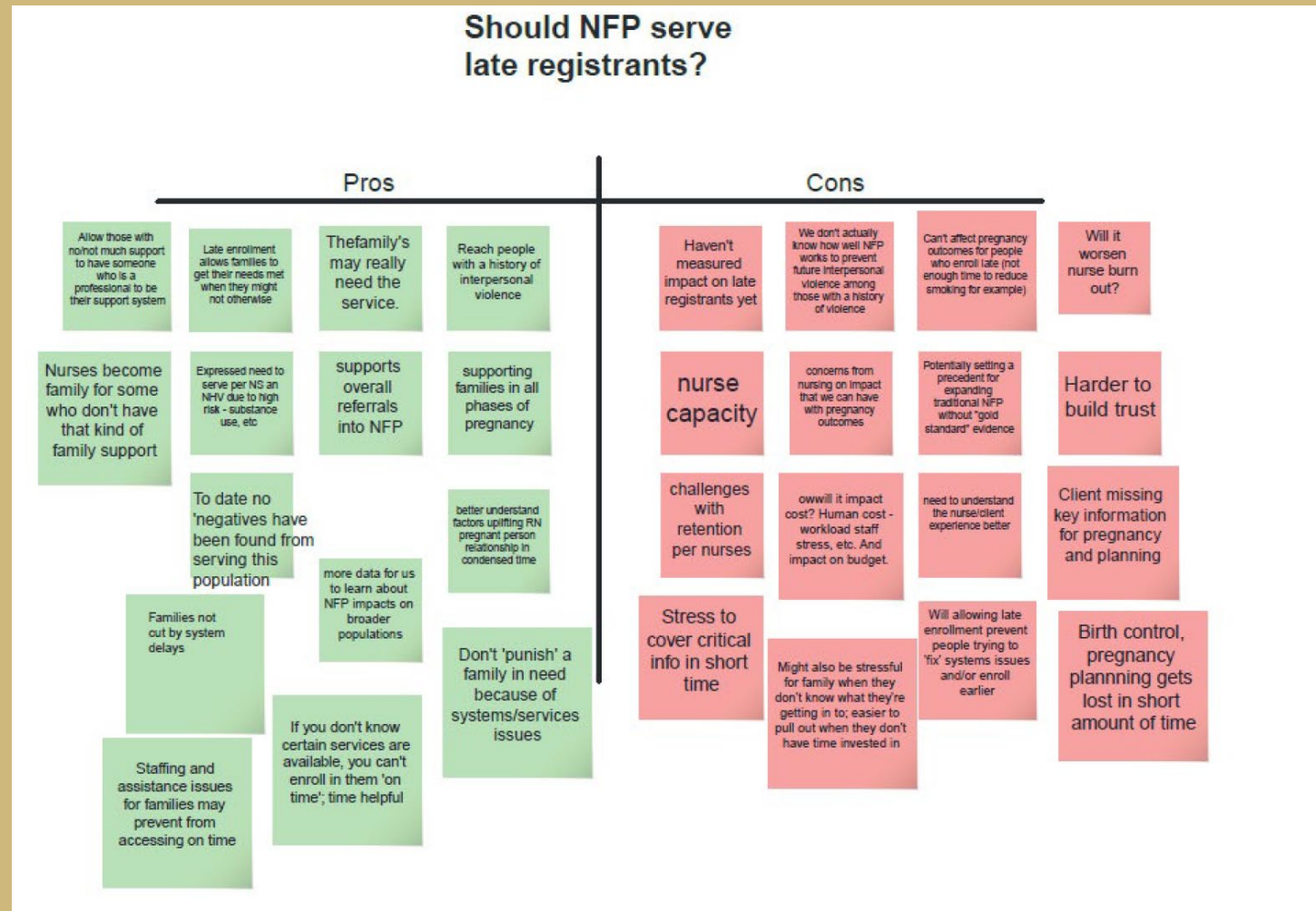


“It's a scenario that they, they're being offered the program, but they say no when they were like, let's say, 25 weeks. But then when they come to 37 or 35, they start saying, 'Oh my gosh, you know, I want the program.' Something like that.”



# Methods:

## Interpreting Findings and Making Policy Recommendations



**RESEARCH BRIEF**  
Expansion of NFP to Serve Late Registrants:  
NFPx Florida Pilot Study

Prevention Research Center  
For Family & Child Health  
University of Colorado  
Anschutz Medical Campus  
familychildprc@cuanschutz.edu

**PILOT STUDY OVERVIEW**

**PURPOSE**  
Nurse-Family Partnership (NFP) is an evidence-based nurse home-visiting program typically serving first-time pregnant individuals referred and enrolled prior to 28-weeks gestation. Beginning in 2021, NFP sites in Florida participated in a pilot study to expand access to NFP by encouraging referrals to and enrollment in NFP after 28 weeks including people with previous births.

We were particularly interested in learning if expansion of NFP to allow late registrants would enable NFP to better serve the community by reaching families with overlapping risks for poor health and life course outcomes who are known to benefit most from participating in NFP.

We used a variety of data sources to conduct our study including Florida's Prenatal Risk Screen, Coordinated Intake and Referral System, and Birth Certificates. We also used data from NFP program implementation and interviews of NFP supervisors and nurses, clients, and referral partners. We compared program people referred after 28 weeks gestation to those referred before 28 weeks and NFP clients enrolled after 28 weeks (late registrants) to clients enrolled before 28 weeks.

**METHODS**

**KEY FINDINGS**

**REFERRALS**  
Pregnant people referred after 28 weeks were:  

- less likely to have been born in the US
- more likely to have been pregnant previously
- more likely to have first prenatal visit in 2nd or 3rd trimester
- more likely to report smoking

**ENROLLMENT**  
Late registrants (clients enrolled after 28 weeks) were:  

- more likely to speak Spanish
- racially and ethnically diverse
- experienced adversities (such as housing and food insecurity) and mental and physical health concerns

**NFP PROGRAM DELIVERY**  
Late registrants had:  

- fewer visits during pregnancy
- no difference in number of visits by 12 months postpartum
- better retention at 12 months
- similar or better rates of screening for mental health and child development

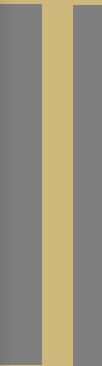
**IMPACT**  
Future research should include measuring the IMPACT of NFP for late registrants.  

- A comparison group of similar people who do not receive NFP is required to determine the impact of NFP on late registrants.
- Like previous NFP studies used to determine the effectiveness of NFP for low-income first-time birthing people, a randomized clinical trial is the gold standard of evidence. Other study designs with a comparison group are also possible.

**ACCORDS**  
ADULT AND CHILD CENTER FOR OUTCOMES  
RESEARCH AND DELIVERY SCIENCE  
UNIVERSITY OF COLORADO  
CHILDREN'S HOSPITAL COLORADO

# Nurse-Family Partnership Expansion Evaluation Guide

A guide for the expansion and evaluation of Nurse-Family Partnership to serve individuals with previous live births (multips) and individuals who enroll after 28 weeks gestation but prior to the birth of the child (late registrants).



Methods:  
Dissemination

Community Engagement and Outcomes Prioritization to Improve Family Health in Evidence-based Nurse Home Visiting in Florida

2022 National Maternal Health Innovation Symposium

Community Engagement & Nurse Home Visiting

Florida Bridge Pilot Final Report | February 2024  
PREVENTION RESEARCH CENTER FOR FAMILY & CHILD HEALTH  
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

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## Challenges to Effective Parent Engagement

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Funding



Ensuring equal voice



Avoiding assumptions. Ask more questions, beginners mind, 'don't be the expert'



Creating safety to discuss topics such as racism





# Resources

Using your phone camera, scan the QR code for links to some useful resources





# Discussion

