POLICYLAB

September 18, 2024 | HARC Meeting, Washington DC

USE OF COMMUNITY ENGAGED RESEARCH FOR CREATING POLICY-RESPONSIVE PROGRAM ADAPTATION

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Objectives

1. Brief review of program adaptation
2. Describe frameworks and considerations for CEnR for evidence-based program adaptation
3. Examine case examples of policy-responsive CEnR for adaptation
4. Discussion

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FUTURE DIRECTIONS

- How do we create space and expectations in our policy environment for evidence-based programs to adapt in their local communities?
    - How should we support local adaptation processes to increase capacity for rigor of process and documentation?
    - How should we identify core component adaptations in the field and understand the problem they are solving for?
- How should we increase knowledge of policy stakeholder assessment as it relates to adaptation work?
- How and when should we prioritize impact assessment of adaptation?
- What are the pros/cons of standardizing adaptation frameworks for the home visiting field?

COMMUNITY ENGAGED RESEARCH (CENR)

A collaborative process through which communities and researchers work together to solve mutually recognized problems and build on strengths that each party brings to the collaboration.

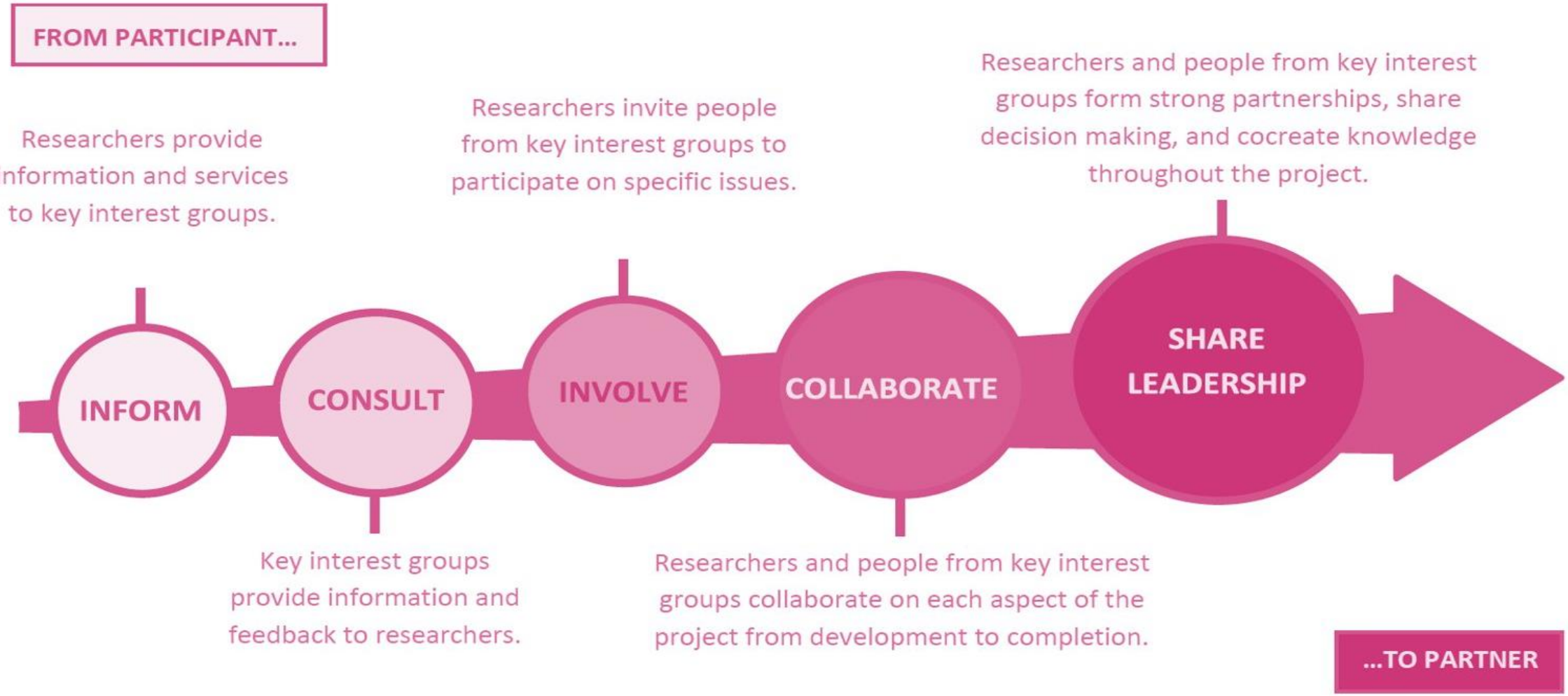
It is practiced through dialogue, co-learning, shared decision-making and power, and commitment to participation.

Community engaged research practices are equity-driven and intentionally change-oriented.

Many methods:

- Community based participatory research (CBPR)
- Training and technical assistance
- Coalition-building
- Shared knowledge generation
- Capacity-building for research and program implementation

CONTINUUM OF CENR



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ADAPTATION

- **Adaptation is common – may be the norm, may be protective**
  - **Classifications of adaptations:**
    - "**Cultural adaptations** are developed prior to broad-scale implementation, are intended to reach specific populations…**Local adaptations** are made just prior to or during intervention sessions, are directed at specific intervention, … to improve cultural fit as well as … other idiosyncratic considerations." – Barrera Jr. (2016)
    - Surface structure vs. deep structure adaptation (core components)
  - **Partial sustainability more common than full sustainability of full intervention components[2, 3]**
    - Majority of adaptations found to be reactive (61%) and deviated from the programs' goals and theory (53%)[4]

[1] Barrera, et al. (2016) Directions for the Advancement of Culturally Adapted Preventive Interventions: Local Adaptations, Engagement, and Sustainability. *Prevention Science*
[2]Wiltsey Stirman, et al. (2012) The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implementation Science*
[3]Elliott, D. S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*
[4] Moore et al. (2013) Examining Adaptations of Evidence-Based Programs in Natural Contexts. *The Journal of Primary Prevention*

ADAPTATION RESEARCH IS LIMITED

- **Robust frameworks and theoretical literature are present**
- **Research on local adaptation (responsive, impromptu)**
  - Limited to descriptive studies & drivers of adaptation
- **Research on cultural and deep structure adaptation (planned)**
  - Observation bias in published literature to planned adaptations and those driven by researchers
  - More implementation research and less impact evaluation

RESEARCH REPORTS

A Community Capitals Framework for Identifying Rural Adaptation in Maternal-Child Home Visiting

Whittaker, Jennifer MUP; Kellom, Katherine BA; Matone, Meredith DrPH, MHS; Cronholm, Peter MD, MSCE

Author Information

Journal of Public Health Management and Practice 27(1):p E28-E36, January/February 2021. | ***DOI:*** 10.1097/PHH.0000000000001042

INFANT MENTAL HEALTH JOURNAL
Infancy and Early Childhood

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ARTICLE | Open Access

CULTURAL ADAPTATIONS OF EVIDENCE-BASED HOME-VISITATION MODELS IN TRIBAL COMMUNITIES

Vanessa Y. Hiratsuka, Myra E. Parker, Jenae Sanchez, Rebecca Riley, Debra Heath, Julianna C. Chomo, Moushumi Beltangady, Michelle Sarche

First published: 16 May 2018 | https://doi.org/10.1002/imhj.21708 | Citations: 20

MODEL FOR ADAPTATION DESIGN AND IMPACT (MADI)

Domain 1: Adaptation Characteristics (Stirman et al., 2019)

Provides consistency in reporting of adaptations to promote comparison of findings across studies (prospective and retrospective application)

Domain 2: Possible Mediating or Moderating Factors (Stirman et al., 2019; Moore et al., 2013)

Criteria for making adaptations (prospective application); explanation of why, how, and under what circumstances outcomes are achieved (retrospective application)

Domain 3: Implementation and Intervention Outcomes (Intended and Unintended) (Proctor et al., 2011)

Encourages consideration of intended and unintended impact on intervention and implementation outcomes. Prospectively, promotes discussion of all impacts (e.g., if positive and negative impacts expected, can they be balanced? If not, should adaptations be re-designed? Could implementation strategies offset negative impacts?) Retrospectively, promotes more informed decisions in which variables to measure in evaluation.

- **What** is modified (content; delivery; training and evaluation; implementation and scale-up activities)?
- **Nature** of adaptation (e.g., adding/skipping/substituting elements; shortening/condensing pacing; repeating elements)?
- **Who** participated in adaptation decision-making (political leaders; program leader; funder; administrator; program manager; intervention developer/purveyor; researcher; treatment/intervention team; individual practitioners; community members; recipients)?
- **For whom/what** is the adaptation made (individual; target intervention group; cohort/individuals that share a particular characteristic; individual practitioner; clinic/unit; organization; network/system community)?
- **When** did adaptation occur (pre-implementation/planning/pilot; implementation; scale-up; maintenance/sustainment)?

Potential mediator:

- **Alignment with core functions/ relationship to fidelity**: Adaptation consistent with core functions of the intervention or implementation strategy?

Potential moderators:

- **Goal/Reason for Adaptation**: Adaptation made for a reason/goal that addresses fit?
- **Systematic**: Adaptation made with due consideration given to impact on outcomes **and** using a systematic process (consulting data, stakeholders, theory, best practice)?
- **Proactive:** adaptation made due to anticipated obstacle

Implementation Outcomes

- Adoption
- Acceptability
- Appropriateness
- Feasibility
- Cost
- Penetration
- Fidelity
- Sustainability

Intervention Outcomes

- Client outcomes
- Service outcomes

Impact

Kirk, et al. (2020). Towards a comprehensive model for understanding adaptations' impact: the model for adaptation design and impact (MADI). *Implementation Science*

CENR RATIONALE FOR ADAPTATION RESEARCH

CEnR and adaptation should go hand-in-hand

- **Practitioners/curriculum facilitators** working with target populations are most knowledgeable about adaptations needed for feasibility and sustainability
- **Target populations** are most knowledgeable about adaptations needed for acceptability and accessibility
- **Public agencies** (eg- health departments, child welfare systems, school districts) are most knowledgeable about adaptations needed for financial sustainability, program accessibility within larger systems, and changing service delivery priorities for target population

CENR ADAPTATION FRAMEWORKS - EXAMPLES

MOST: Integrating Community-Engagement and a Multiphase Optimization Strategy Framework (Whitesell et al. 2019, *Prevention Science*)

- Application in adaptation with community engagement in the creation of adaptations (preparation phase) and selection of candidate adaptations for testing (optimization phase)

M-PACE: Method for Program Adaptation through Community Engagement (Chen at al. 2013, *Evaluation & the Health Professions*)

- Framework involves implementation of program with fidelity with target set of stakeholders followed by structured review/identification of adaptation priorities
- Recent ECE application: Welsh et al. 2024, *Early Childhood Education Journal*)

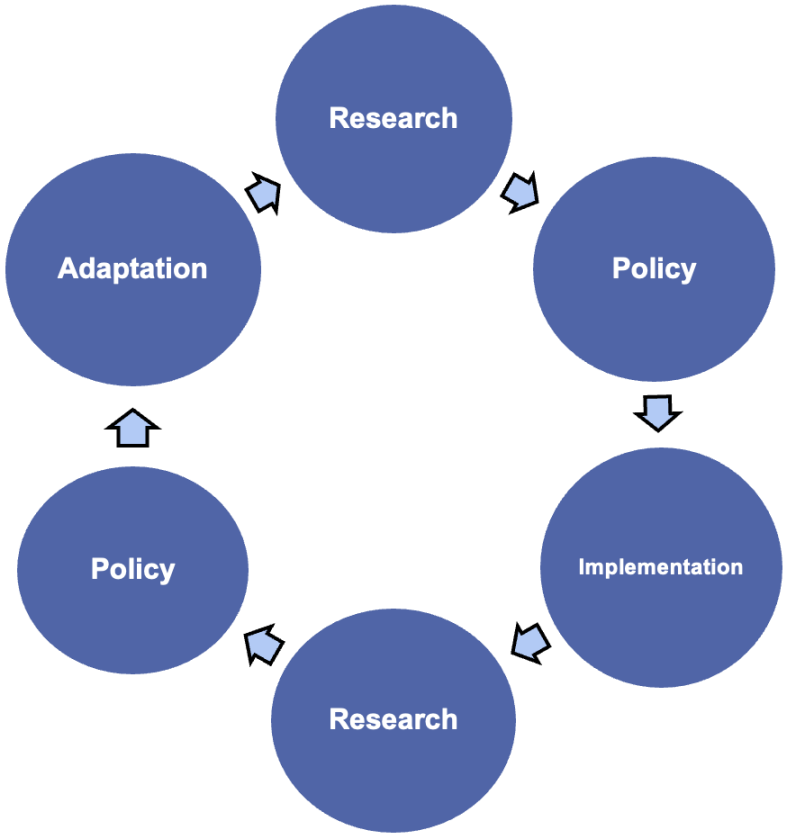
ADAPTATION & POLICY

Outside of planned adaptation in the context of a structured research process, adaptation at the local level may [often] happen as a response to:

- **<u>big 'P' policy</u> (*state/county legislative or regulatory requirements, budgetary changes*)**
- **<u>little 'p' policy</u> (*organizational administration and capacity, community crisis, philanthropic priority*)**

Policy-responsive CEnR will include considerations for policy stakeholder engagement throughout the process

Ideal Full-Circle Process



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CASE EXAMPLE 1

Operationalizing a Multi-Sector Approach for IPV Prevention in Families with Young Children

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SETTING & PARTNERSHIP STRUCTURE

- Citywide project set in Philadelphia
- Collaborative leadership team
  - Home visiting
  - Domestic violence
  - City government
  - Lived experience
  - Research & evaluation

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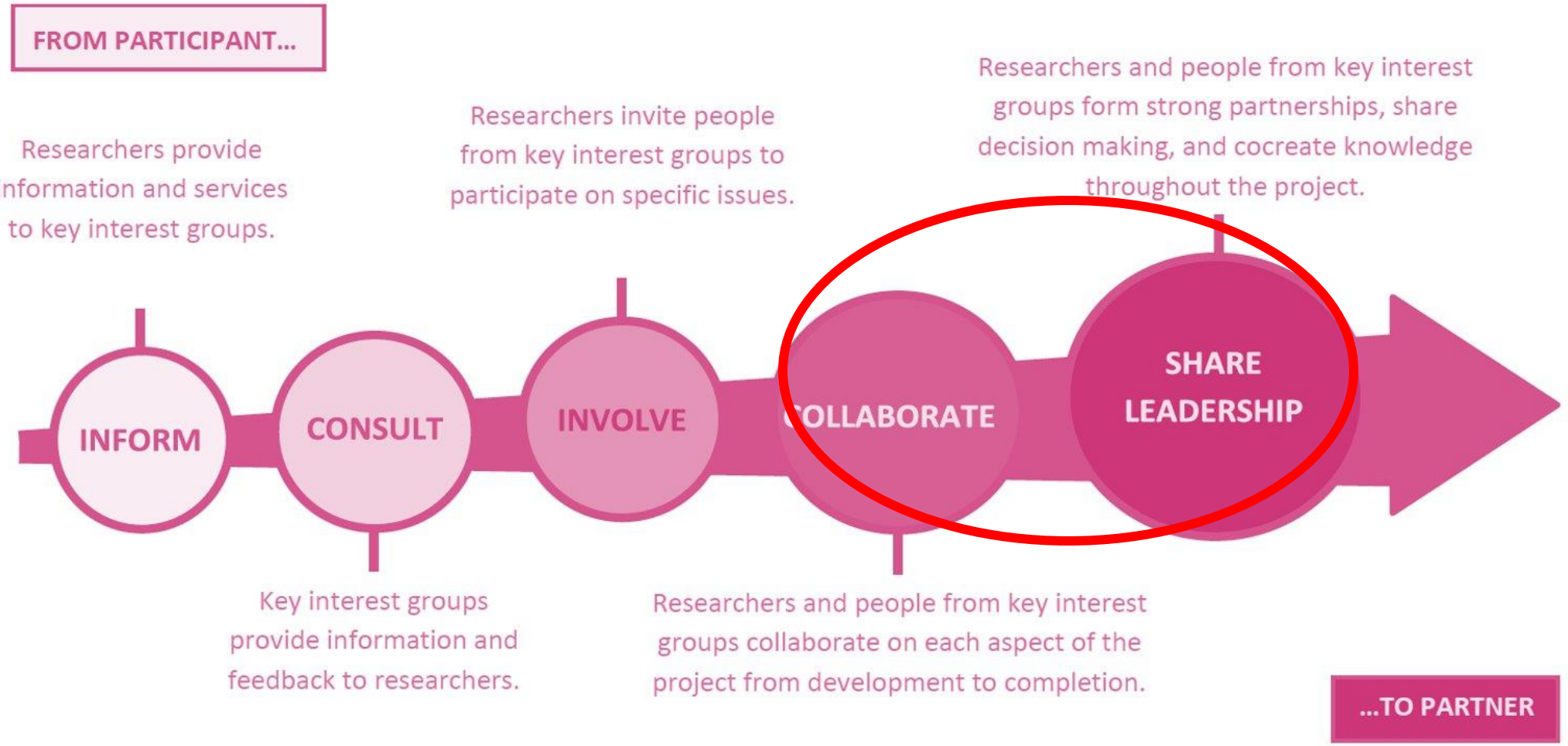
CONTINUUM OF RESEARCH

Exhibit 1. Continuum of engagement in research



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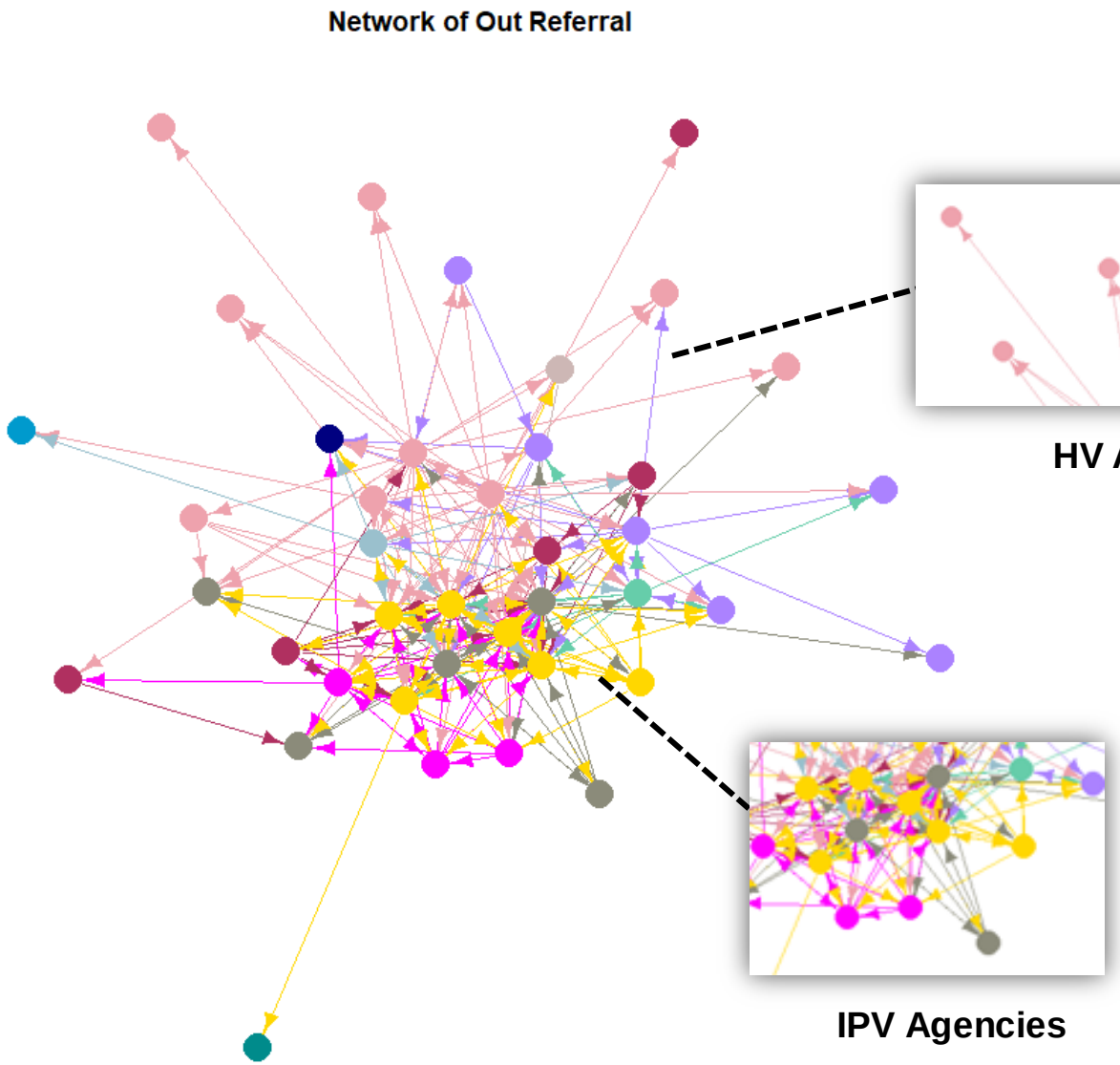
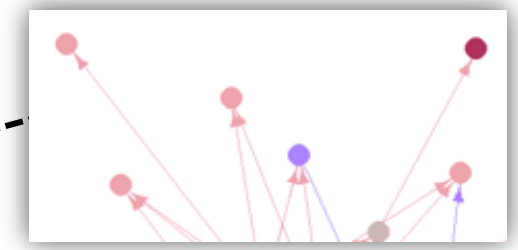
National Institutes of Health. (2011). *Principles of community engagement second edition.* (NIH Publication No. 11-7782).

 1. Conduct a social network analysis (SNA) survey to define and describe the current infrastructure of social and clinical services available to home-visited families in Philadelphia	Fall 2020
 2. Build consensus on perceived barriers and solutions to service collaboration	Summer 2021
 3. Develop, pilot, and evaluate an intervention to enhance capacity and coordination strategies for HV and IPV agencies	2022-2023
 4. Define model for continued implementation & refinement	2024





HV Agencies

IPV Agencies

Key Takeaways:

- Significant variability in overall service network
- HV & IPV agencies are somewhat connected, there is room to improve

Organization Groups:

- Advocacy
- Home Visiting
- Housing
- Immigrant Services
- IPV Agency
- Legal Services
- Mental Health Provider
- Other
- OUD/SUD Services
- Reproductive/Sexual Health Services
- Respite Care
- Service Hub
- WIC

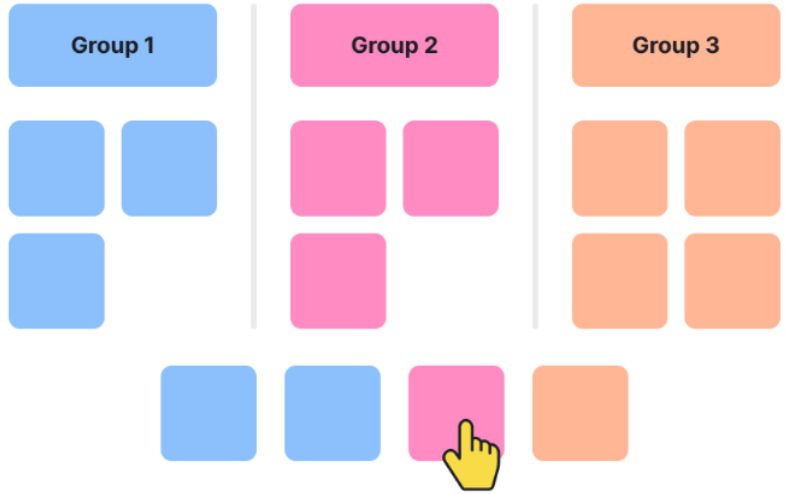
Survey question: "*Does your organization refer out to [this partner organization]?*" Y/N

Wang et al. (2024) A Social Network Analysis of a Multi-sector Service System for Intimate Partner Violence in a Large US City, *Journal of Prevention*.

Building Consensus on Barriers & Solutions

- Four focus groups with 22 HV & IPV agency staff

- Used nominal group technique to identify prioritized:
  - Client challenges related to working with other systems
  - Interagency solutions to address these barriers

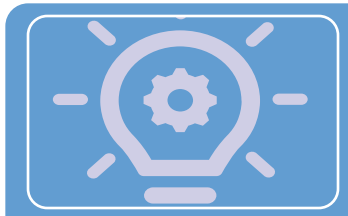


Participatory Approach to Analysis

- Full project team completed pile sort activity
- Consolidate list & “match” solutions to barriers

PILOT OVERVIEW – 'CHAMPION' MODEL

- Iterative conversations to identify the 'right' pilot
- Shared priorities: cross-sector relationship-building & client-level focused
- Innovations should not add to staff workload



A skills- & capacity-building model

- Adapted 40-hour advocate training for HV
- Ongoing cohort meetings for training and peer mentorship

HV professionals from 3 participating agencies (n=6)

Program oversight from HV-IPV Collaborative

Evaluation efforts to date

- Daily feedback surveys during 40-hour training
- Longitudinal surveys
- One-time interview

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RESEARCH & POLICY LESSONS LEARNED

Implementation theory and participatory research frameworks informed the process for adaptation selection

- Refine model to account for flexibility <u>across and within</u> sectors

Engage with state domestic violence agency throughout process

- Co-branded policy brief
- Supported domestic violence agency engagement with home visiting

POLICYLAB ISSUE BRIEF | FALL 2023
EXPERT PERSPECTIVES ON CHILD HEALTH POLICY ISSUES

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PREVENTING IPV THROUGH PARTNERSHIPS BETWEEN HOME VISITING PROGRAMS AND IPV AGENCIES

Intimate partner violence (IPV) is a pervasive public health issue worldwide. In the United States, *estimates show* around 41% of women and 26% of men report an experience of physical, sexual or emotional abuse by a romantic partner in their lifetime. *Preliminary data* also points toward a *recent surge* in domestic violence cases co-occurring with the COVID-19 pandemic.

The prevalence and severity of IPV is known to ***intensify during pregnancy*** and carries with it a unique set of intergenerational consequences for the expectant family. Pregnant and parenting IPV survivors often suffer a wide range of physical and psychological problems that extend far beyond the physical injuries and emotional distress directly caused by IPV. Maternal exposure to IPV is associated with ***depression, chronic pain, gastrointestinal problems*** and ***pregnancy complications*** (e.g., preterm birth, low birth weight). Furthermore, exposure to IPV during infancy and early childhood compromises the safety, well-being and development of children during a critically important time in their lives. Families experiencing IPV may require both acute and long-term services to address the health, social and economic repercussions they experience.

Effectively addressing a multifaceted issue such as IPV requires a ***comprehensive approach*** that includes efforts to prevent IPV before it occurs ("**primary prevention**"), appropriate response strategies for people in relationships in which IPV has already occurred to facilitate connection to care and prevent the recurrence of harmful behavior ("**secondary prevention**") and treatment to lessen the long-term

Spotlight on Terminology

Intimate partner violence (IPV) is defined as a pattern of aggression or abuse that one partner uses to gain power and control over the other person in a romantic relationship, both former and current. IPV can occur in many different forms, including physical or sexual violence, stalking and psychological aggression. In some instances, the term domestic violence (DV) is also used to describe this violence; however, DV can also include abuse between a parent and child, siblings, or even roommates, whereas IPV is exclusively between romantic partners.

This brief will focus on IPV, and services provided to survivors of IPV through community-based agencies ("IPV agencies").

Maternity Care Coalition · Office of Domestic Violence Strategies, City of Philadelphia · Children's Hospital of Philadelphia PolicyLab

Stephanie Garcia · Azucena Ugarte · Meredith Matone
Rebecka Rosenquist · Elizabeth Pride

CASE EXAMPLE 2:

Implementation Evaluation of the Pennsylvania Home Visiting Pilot for Families Impacted by Opioid Use Disorder

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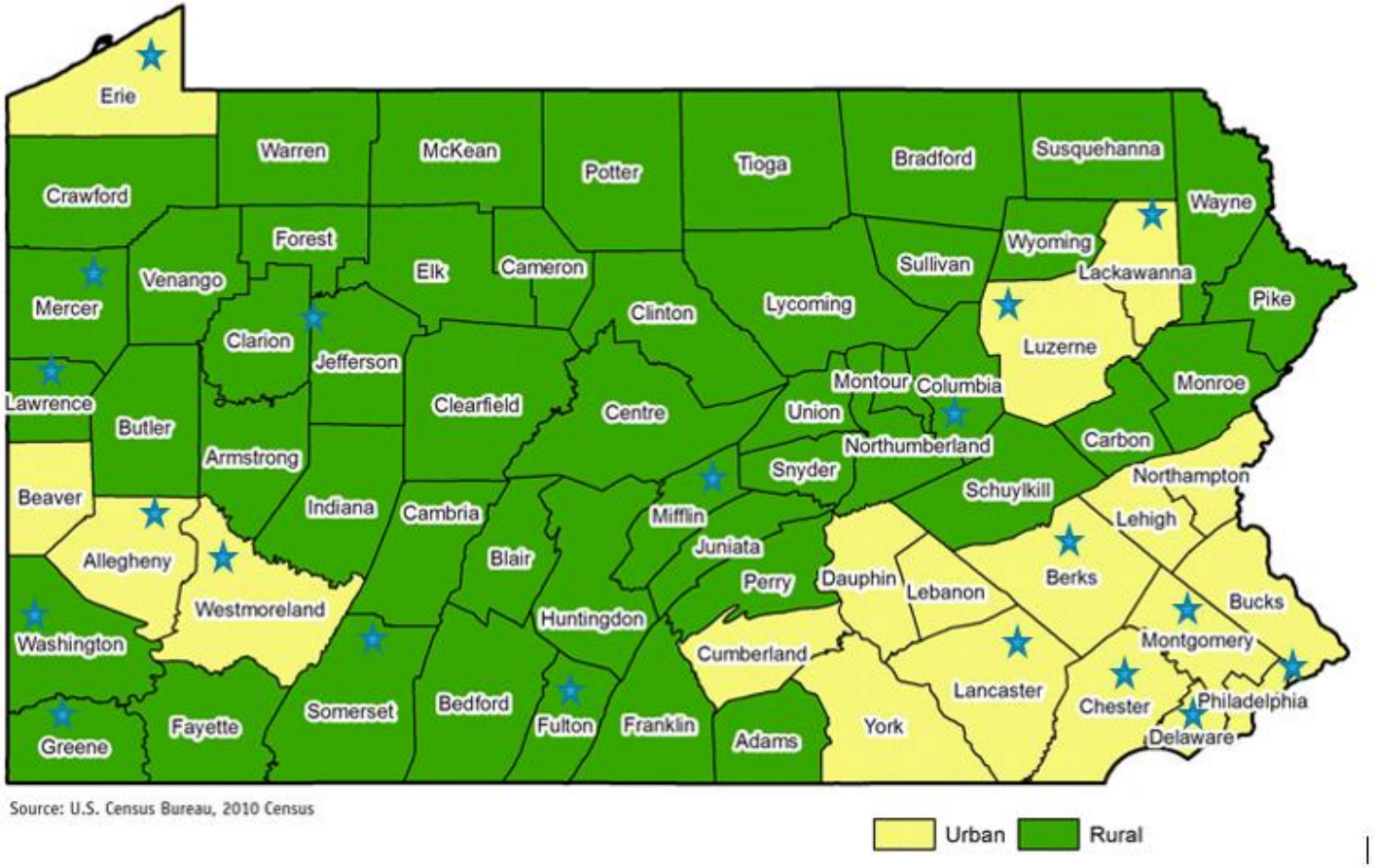
PROJECT BACKGROUND

In 2018, Pennsylvania governor's budget included one year of capacity-building funding to engage and support families struggling with OUD/SUD through home visiting.

- 20 pilot sites across models
- Half mostly-rural counties
- Evaluation partnership between the state & academia



CONTINUUM OF RESEARCH

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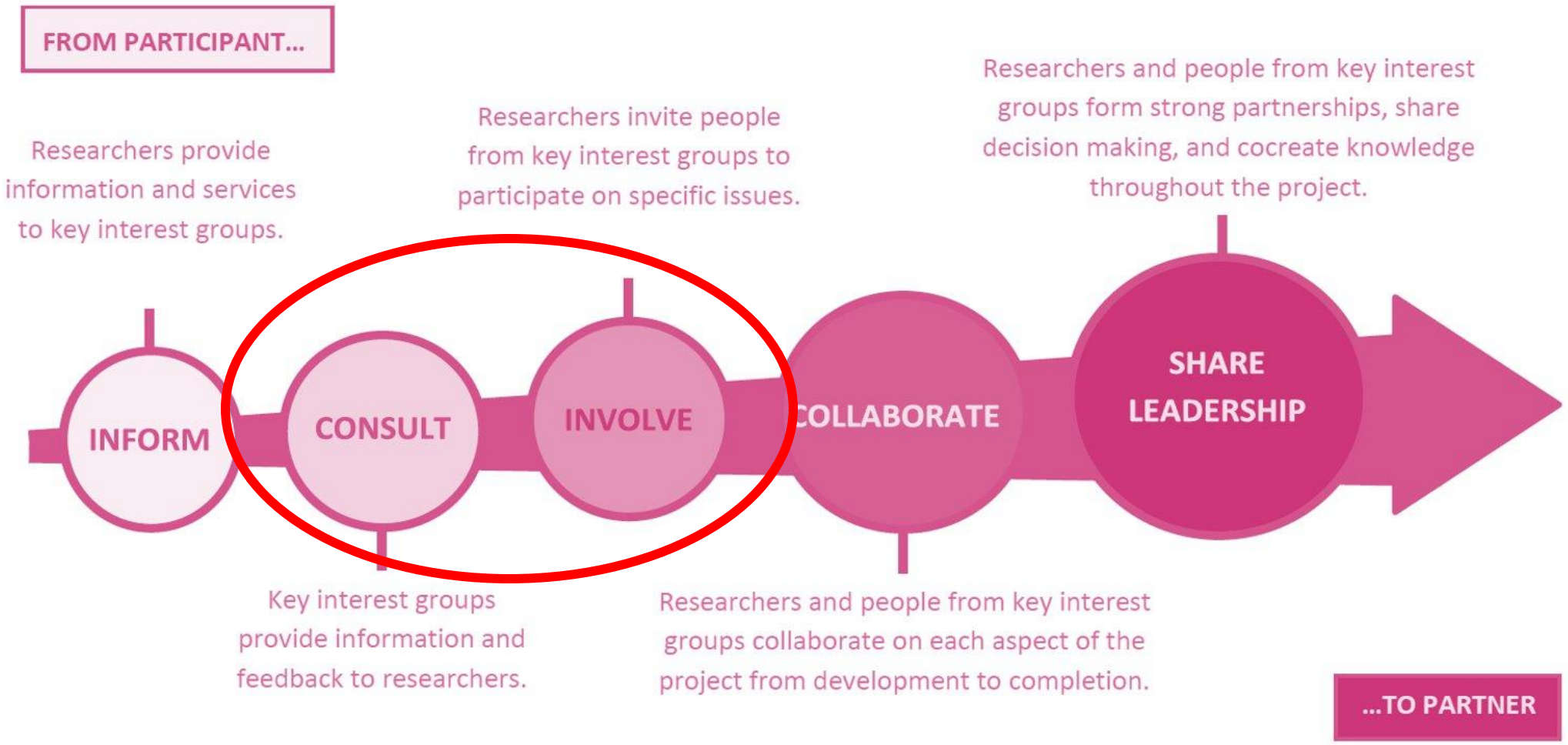

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METHODS

- Longitudinal Surveys at baseline, midpoint and one-year post-implementation
  - Capacity, Staffing, Training, and Pilot Components
  - HARC Indicators of Coordination Framework
  - CSSP Strengthening Families Protective Factors Framework
  - Organizational Readiness to Implement Change (ORIC)

- Site Visits with semi-structured interviews at a subsample of 10 sites
  - Purposively sampled for heterogeneity in geography, EBHV model, pilot components, capacity
  - Domains of focus: planning, capacity, hiring, training, recruitment, referrals, supervision, curricula, external partnerships

EXAMPLE ADAPTATIONS ACROSS IMPLEMENTING AGENCIES

Service Delivery	Staffing	Setting	Recruitment
Increased **frequency of visits** to once per week	**Co-located** Drug and Alcohol Specialist for staff supervisory and training support	**Group parenting** classes and 1-on-1 home visits **in treatment centers**	**Referrals** from health center with prenatal universal drug screen
Supplemental group classes with new curriculum—e.g., **Families in Recovery**	**Certified Peer Recovery Specialists** as home visitors	Home visits at a visit center for parents with children **in out-of-home care**	**On-site recruitment** from local prison

Matone et al. (2023). Innovations in Evidence-Based Home Visiting Intended to Engage and Support Families Impacted by Opioid Use Disorder: Three Case Studies from Pennsylvania Pilot Programs, *Maternal and Child Health Journal.*

Marshall et al, (2023). Parenting Support for Families Impacted by Opioid Use Disorder during the COVID-19 Pandemic: Insights from Pennsylvania Home Visiting Pilot Programs, *APSAC Advisor (American Professional Society on the Abuse of Children)*

PERCEIVED IMPACTS OF OUD ADAPTATIONS

- **Additional support** during an isolating time
- **Targeted education** on parent-child interaction
- **Screening** for substance use and referrals to treatment
- HV represents a **non-court ordered and non-treatment related** service for impacted families
- Confidence building on **strengths and protective factors**
- Supports for **grandparents** raising children
- Support **reunification** goals with children in out-of-home care
- **Connecting** families with others in recovery

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CHALLENGES IN ENGAGING AND SUPPORTING FAMILIES

Client-related:

- Higher complexity of needs than standard caseload
- Stigma and client disclosure
- Competing priorities with child welfare and SUD treatment
- Housing and transportation barriers

Home visiting service-related:

- Lack of appropriate OUD-related curricula for EBHV
- Maintaining fidelity with model requirements
- Competition for hiring within OUD field

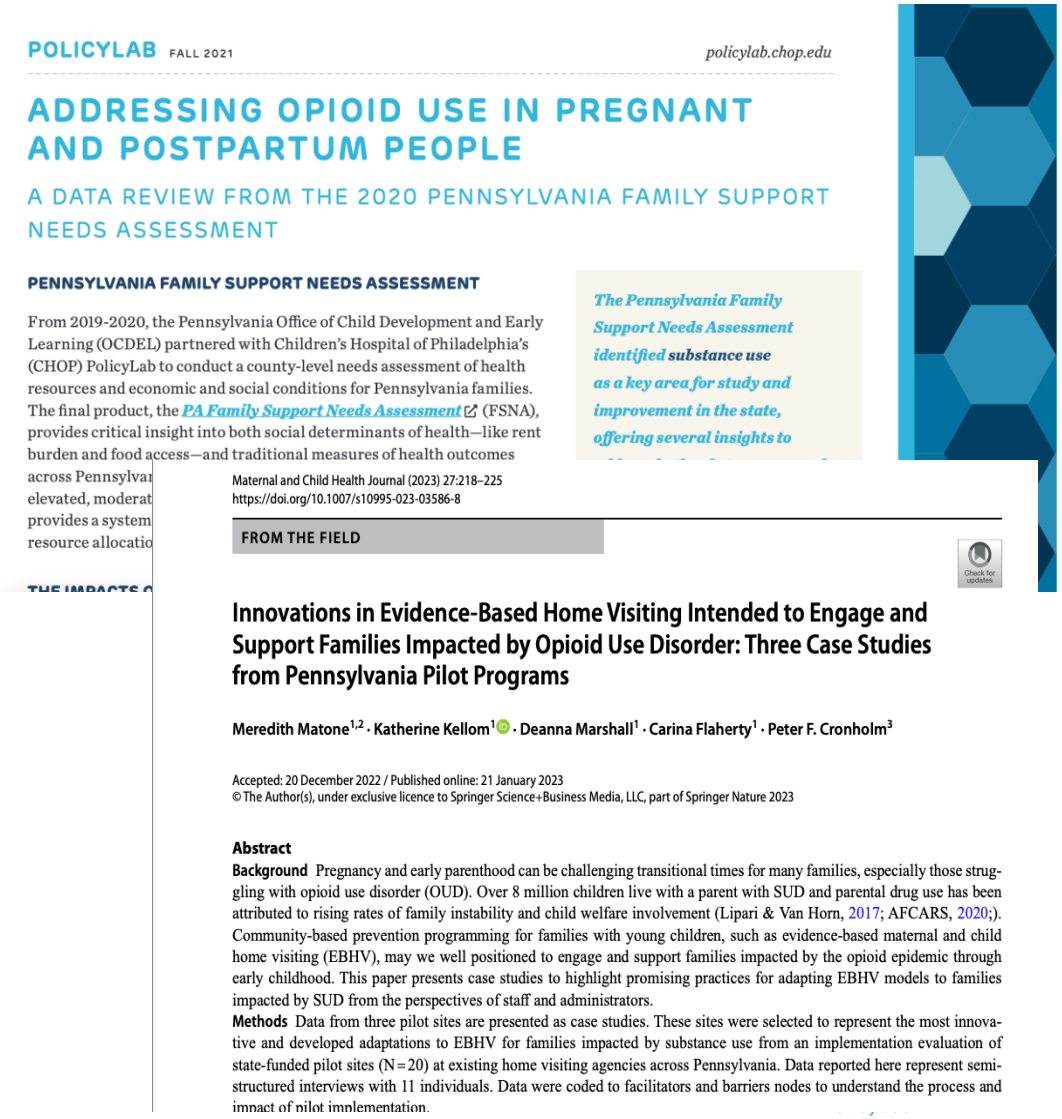
RESEARCH & POLICY LESSONS LEARNED

Longitudinal design was additive in this observational implementation research framework

Continued engagement with state and local policymakers to educate and identify new opportunities for sustainment

Developed research partnership with **Families in Recovery** group parenting program

- Collaborative work with program developer to establish CEnR research agenda that includes hybrid implementation-effectiveness trial



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ADDRESSING OPIOID USE IN PREGNANT AND POSTPARTUM PEOPLE

A DATA REVIEW FROM THE 2020 PENNSYLVANIA FAMILY SUPPORT NEEDS ASSESSMENT

PENNSYLVANIA FAMILY SUPPORT NEEDS ASSESSMENT

From 2019-2020, the Pennsylvania Office of Child Development and Early Learning (OCDEL) partnered with Children's Hospital of Philadelphia's (CHOP) PolicyLab to conduct a county-level needs assessment of health resources and economic and social conditions for Pennsylvania families. The final product, the *PA Family Support Needs Assessment* (FSNA), provides critical insight into both social determinants of health—like rent burden and food access—and traditional measures of health outcomes across Pennsylva elevated, moderat provides a system resource allocatio

The Pennsylvania Family Support Needs Assessment identified ***substance use*** *as a key area for study and improvement in the state, offering several insights to*

Maternal and Child Health Journal (2023) 27:218–225
https://doi.org/10.1007/s10995-023-03586-8

FROM THE FIELD

Innovations in Evidence-Based Home Visiting Intended to Engage and Support Families Impacted by Opioid Use Disorder: Three Case Studies from Pennsylvania Pilot Programs

Meredith Matone[1,2] · Katherine Kellom[1] · Deanna Marshall[1] · Carina Flaherty[1] · Peter F. Cronholm[3]

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Abstract

Background Pregnancy and early parenthood can be challenging transitional times for many families, especially those struggling with opioid use disorder (OUD). Over 8 million children live with a parent with SUD and parental drug use has been attributed to rising rates of family instability and child welfare involvement (Lipari & Van Horn, 2017; AFCARS, 2020;). Community-based prevention programming for families with young children, such as evidence-based maternal and child home visiting (EBHV), may we well positioned to engage and support families impacted by the opioid epidemic through early childhood. This paper presents case studies to highlight promising practices for adapting EBHV models to families impacted by SUD from the perspectives of staff and administrators.

Methods Data from three pilot sites are presented as case studies. These sites were selected to represent the most innovative and developed adaptations to EBHV for families impacted by substance use from an implementation evaluation of state-funded pilot sites (N = 20) at existing home visiting agencies across Pennsylvania. Data reported here represent semi-structured interviews with 11 individuals. Data were coded to facilitators and barriers nodes to understand the process and impact of pilot implementation.

LESSONS LEARNED & DISCUSSION

CENR LESSONS LEARN(ING)

- Researchers must be flexible in our role in CEnR
  - We may be most useful as bumpers in the bowling alley – facilitating, supporting the achievement of an outcome (…that we are not driving)
  - Skills & resources extend beyond traditional research roles → logistical & administrative capacity
- First understand policy & community context then tailor research accordingly
  - Engage policy stakeholders in CEnR processes, where appropriate
- Develop research partnerships with intentionality and longevity in mind
- Co-create processes to assess and improve partnership functioning

CENR LESSONS LEARN(ING)

- Some methods for community engagement:
  - Advisory boards
  - Pilot grant opportunities (community and faculty Co-PI models)
  - Subawards to community agencies/members for specified scopes of work within projects
  - Community reviewers of research concepts/grants
  - Co-writing on issues to articulate an issue
  - Collaborative advocacy
  - Coalition building, committee attendance

FUTURE DIRECTIONS

- How do we create space and expectations in our policy environment for evidence-based programs to adapt in their local communities?
    - How should we support local adaptation processes to increase capacity for rigor of process and documentation?
    - How should we identify core component adaptations in the field and understand the problem they are solving for?
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- What are the pros/cons of standardizing adaptation frameworks for the home visiting field?

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Thank you!

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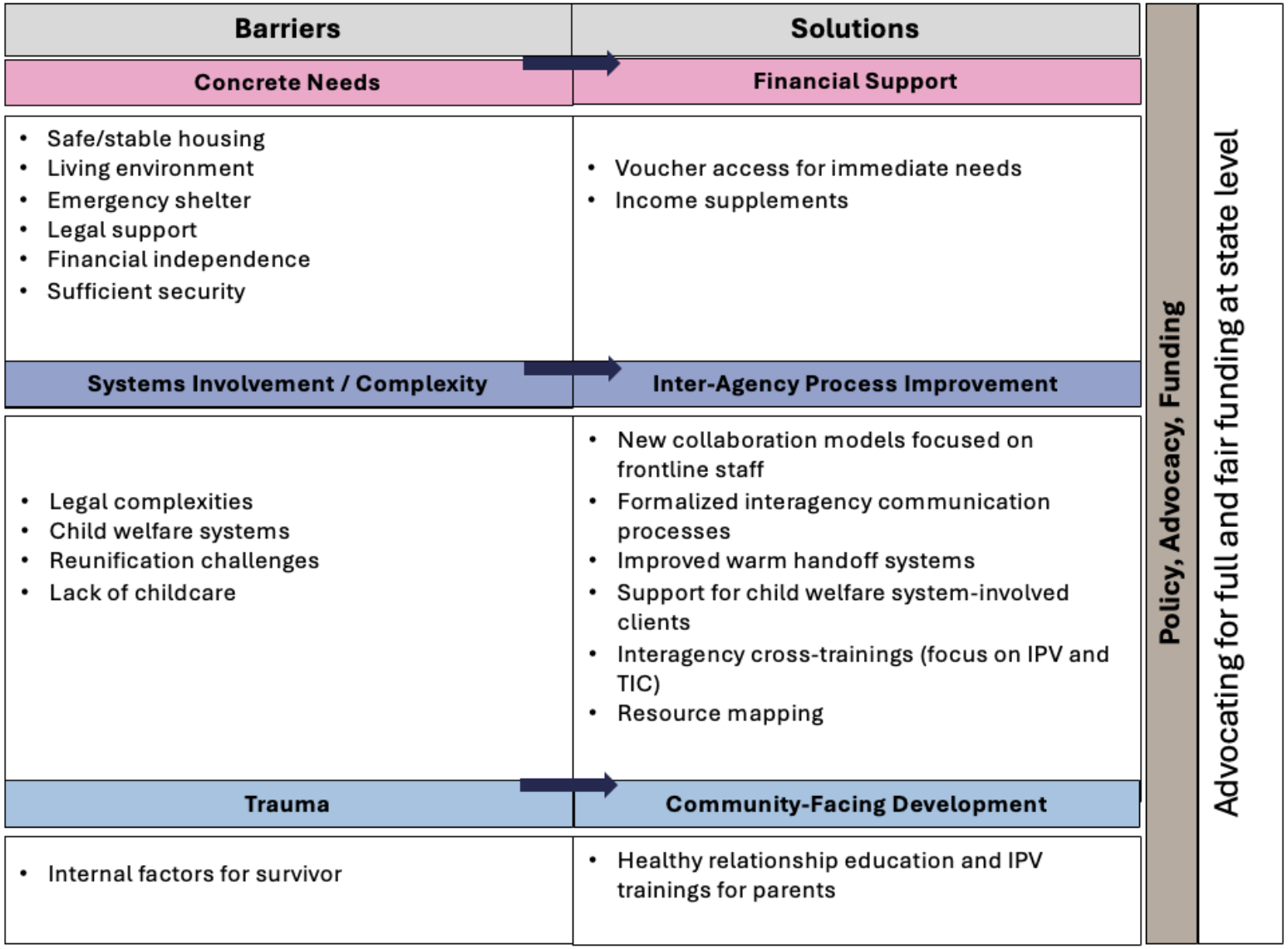

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