

Implementing Evidence Based Programs: Facilitated Discussion

Nov 17, 2015 10:00-11:30 am

Session Notes

- Panelists discussed ***why using evidence based programs (EBP) is important to Healthy Start*** work. Reasons cited included:
 - moving practice to align with evidence
 - to be able to measure the effectiveness of a program
 - to secure funding for programs
- Grantees shared ***challenges with using EBPs*** including:
 - Staffing structure required by *Nurse Family Partnership* home visitors (nurse case managers) differs from the staffing structure of many Healthy Start programs which rely on community health workers.
 - Caseload limitations for specific EBPs vs. the enrollment number requirements for Healthy Start.
 - Reporting on all EBPs and Healthy Start as well as reporting to other funders is burdensome.
 - The perceived rigidity of EBP target populations, and the complicated circumstances for many Healthy Start clients and level of effort involved in serving those clients.
 - Rural grantees face larger distances to travel to make home visits, which make managing case load requirements more challenging.
- Some ***useful tips and resources*** shared during the discussion included:
 - *Family Spirit* is an EBP that allows for flexibility
 - Consider job sharing for case managers
 - Use a daily log/diary to assist with documentation to meet the reporting requirements of EBPs and Healthy Start
 - Hallmarks of Healthy Start which can enhance EBPs include: the program's foundations in the social determinants of health, emphasis on family resiliency, and fatherhood programming
 - Embrace a language shift when working with clients (refrain from using terminology like "baby daddy")

- Establish a system of “warm referrals” to bridge EBPs
- ***Issues and questions to follow up on with HRSA***
 - Enrollment numbers and case load requirements for Healthy Start Level and specific EBPs don’t always align. Grantees would like further discussion on this.
 - Suggestion: Look at levels of risk of Healthy Start clients and use these levels to determine the enrollment numbers, which could better align with requirements in EBPs like NFP and Parents as Teachers.
 - Question: Does HRSA accept the use of the “best practices” curriculum tools such as the “partners for a healthy baby” tool for use with program participants?
 - Grantees are encouraged each other to closely review the 3Ps screening tools and provide feedback on them to align with the EBPs they are using.
 - A small group has agreed to put together a list of additional recommendations and areas for further discussion on implementing EBPs. The group will send their suggestions to the Healthy Start EPIC Center to facilitate further discussion and to inform training and TA.