Translational Research in Child Maltreatment Prevention

John Eckenrode
Director, Bronfenbrenner Center for Translational Research

Cornell University

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Translational Research

Multi-phased process by which research-generated knowledge directly or indirectly relevant to health outcomes serves the general public
Knowledge to Action Framework (CDC)

(From: Prev Chronic Dis. 2011 March; 8(2): A46.)
The Interactive Systems Framework for Implementation and Dissemination

Stages of Research Uses by Various Stakeholders

- Transmission of research
- Cognition of findings
- Reference made to significant studies
- Efforts made to operationalize findings
- Influence seen on decisions
- Application to policy or practice

Citation of Child Maltreatment Articles Published Between 1988-2008

Number of Articles = 19867
Types of Child Maltreatment Preventive Interventions

• Home visitation programs
• Parent-training programs
• School-based programs
• Shaken-baby prevention programs
• Enhanced pediatric care
• Community-level interventions
Sources of Information on Child Maltreatment Prevention

- Primary research articles reporting evaluations of individual programs
- Review articles/reports (e.g. 2009 Lancet series; Cochrane reviews; Bilukha, et. al, 2005)
- Meta-analyses (e.g. Geeraert et al., 2004; Sweet & Appelbaum, 2004)
- Lists or registries reporting “effective” programs (e.g. CA Evidence-Based Clearinghouse for Child Welfare; Blueprints for Violence Prevention; CDC Community Guide)
• No evidence of risk of harm
• Program explicitly described in manuals
• Program supported by at least 2 RCTs in different settings with results published in peer-reviewed journals
• In at least 1 RCT effects were sustained for at least 1 year
• Outcome measures valid and reliable
• If multiple outcome studies conducted, the overall weight of the evidence supports the benefits of the practice/program
Evidence for Effective Child Maltreatment Prevention

• Home visitation programs: mixed evidence – best for NFP and Early Start, some emerging for HFA

• Parent-training programs: some promising results with Triple-P with small RCTs

• School-based programs: mainly SA – increases in knowledge – but unknown if they prevent SA

• Shaken-baby prevention programs: some promising findings from recent trials (hospital + community focus)
Evidence for Effective Prevention (cont.)

• Enhanced pediatric care: increasing physician skills – some modest initial results – needs more testing

• Community-level interventions: Triple-P trial in U.S. shows some positive outcomes

• Preventing recurrence: some evidence for Parent-Child Interaction Therapy (PCIT) for PA only
U.S. Policy Initiative

- Patient Protection and Affordable Care Act of 2010

- Includes $1.5 Billion over 5 years in mandatory funding for an innovative Home Visitation Grant Program for States

- Main scientific evidence for this policy came from the Nurse Family Partnership program results
Outcome Domains Considered in HHS/Mathematica Review of Home Visiting Programs (2010)

- Child health
- Maternal health
- Child development
- Reductions in child maltreatment
- Reductions in juvenile delinquency and crime
- Positive parenting practices
- Economic self-sufficiency
TRIALS OF PROGRAM

Elmira, NY 1977
- Low-income whites
- Semi-rural
N = 400

Memphis, TN 1987
- Low-income blacks
- Urban
N = 1,138

Denver, CO 1994
- Large portion of Hispanics
- Nurse versus paraprofessional visitors
N = 735
FAMILIES SERVED

- Low income pregnant women
  - Usually teens
  - Usually unmarried
- First-time parents
THREE GOALS

1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve parents’ economic self-sufficiency
Enduring Effects on Low-Income, Unmarried Mothers’ Behavior
Elmira 15-Year Follow-up

- 79% fewer verified reports of child abuse and neglect
- 32% fewer subsequent births
- 30 fewer months of welfare use
- 44% fewer behavioral problems due to alcohol & drug abuse
- 69% fewer arrests

CONSISTENT RESULTS ACROSS TRIALS

- Improvements in women’s prenatal health
- Reductions in children’s injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers’ involvement
- Increases in employment
- Reductions in welfare and food stamps
- Improvements in school readiness
Model Development

Original Trials
- Trial 1
- Trial 2
- Trial 3

Articulate Essential Model Elements

Develop/Test Model Innovations

Study and improve Implementation Process

International Replication
- Adapt and Test Original Model

US Community Replication
- Community Preparation
- Training/Coaching of Nurses
- Implementation Assessment
- Continuous Quality Improvement
Next Steps for Advancing the Child Maltreatment Translational Research Agenda

- Improve the basic research base supporting prevention research – e.g. identify risk factors that are most strongly linked to CA/N, are most prevalent, and most subject to change
- Synthesize and disseminate that research
- Improve science of CA/N prevention – e.g. apply standards of evidence from broader prevention field; pilot testing prior to full-scale trials; enhance integrity of trials
Next Steps (cont.)

- Build integrated approaches that address multiple targets (risks, people, communities) – e.g. financial instability and parenting knowledge
- Research on how CA/N prevention knowledge actually get used (or not used) by practitioners and policy makers
- Conduct more implementation research around CA/N prevention efforts – e.g. the fidelity vs. adaptation debate
- Further develop a prevention infrastructure to building capacity at the state and local levels

Research Team

Colorado
David Olds
Ruth O’Brien
JoAnn Robinson
Lisa Pettitt
Dennis Luckey
John Holmberg
Nancy Donelan-McCall
Kathy Isacks
Robin Tutt

Rochester
Harriet Kitzman
Bob Cole
Kim Sidora
Kathy Buckwell
Beth Anson

Baylor
Carole Hanks

Cornell
John Eckenrode
Chuck Henderson
Charles Izzo
Elliott Smith
David Zielinski
Jane Powers
Mary Campa
Margaret McCarthy
Kerry Bolger
Pamela Morris
Barbara Ganzel
Lyscha Marcynyszyn