

Guidelines for Determining When and How to Respond to Research Studies

The release of research or program evaluation results is often met with breathless anticipation or dreaded fear and sometimes a combination of the two. If the results are strong and positive and the research or evaluation was conducted either on your program or a similar program, you might want to promote the findings widely. If the results are not quite what were expected, there may be some concerns about being associated with that program.

Regardless of the findings, your key stakeholders (funders, legislators, program staff, etc.) may be looking to you to help make sense of the results. To facilitate that, this document is intended to provide some suggestions and guidelines for determining an appropriate response along with some tips for developing talking points.

The study has been released. What now?

It is important to temper any immediate reactions when a research study is released. A first step should be to set aside some time to thoroughly read and re-read the results. If possible, assemble some colleagues to discuss the report and possible implications. Regardless of the results, the report will contain some degree of useful information. Research, by nature, is designed to be informative and typically provides recommendations upon which some action can be taken; to improve or change a program, implement a policy, etc.

As you review the report, consider and discuss the following questions. They may help to identify the similarities and differences between your program and the program being studied. It will also help you better understand the information being shared in the study.

- **What, specifically, was being studied?** For example, did the study examine a program's impact on reducing child abuse and neglect? Or was it a study of several programs and their impact on a certain outcome or particular population? Be sure to understand exactly what the researchers set out to accomplish.
- **How, when, where, why and by whom was the research done?** There are many ways to conduct research, and some approaches are considered more valid and rigorous than others. A random design tends to be considered the strongest methodology but it is expensive and can be challenging to implement. Try to understand the strengths and weaknesses of the design being used. Often, these will be discussed in the methodology section of the study. Also, consider the time frame. There is typically a long lead-time between when data is collected and when results are released. In the interim period, many programs are already making modifications to address identified needs. You should also consider differences in geography. Results from a study conducted in an urban area can look a lot different from one conducted in a rural one. It is also important to remember that the intent of a study can have an impact on the results. A study commissioned by a state's legislative body may be looking for something entirely different than a study that is conducted to improve program quality. This also applies to who conducted the study. Was it an independent researcher or a program staff member? This can impact the complexity and design of the study.
- **Who participated in the study?** How alike are the study participants to the individuals who participate in your program? Understanding this can help you differentiate between your program and the program under study.



- **Did the researcher indicate what data collection tools were used as well as their reliability and validity?** Remember that the validity of measurement tools may vary from population to population. You may be familiar with some of these tools and may be aware of their strengths and limitations.
- **What did the researchers find?** As you read through the results, it is very important to draw upon *your own expertise and critical thinking skills*. You are likely to have an instinctive reaction to the study. Do the results make sense to you? Do they mirror what you are finding in your own program? Why or why not? By discussing this with colleagues, you may identify several key variables that make your program different than the program in the study.
- **Was the study peer reviewed?** While all studies can be useful and insightful, studies that have been peer reviewed have undergone rigorous evaluation by experts in the field who are more likely to question and/or eliminate any misleading information. If a study was just released as a report and disseminated via electronic or regular mail as opposed to being published in a peer reviewed journal, there is more room for debate over the validity of the study. This is *not* to say that you should disregard studies that were not peer reviewed, but that you should play close attention to the methodology that was utilized and seek additional information from experts or the study authors if anything seems confusing.

In the event you would like additional information to help you dissect research studies, please visit our website at: <http://www.healthyfamiliesamerica.org/research/index.shtml#technical> and access the document entitled *Making Sense of Research 101*. This document provides an overview of the typical components of a research study and contains links to a number of other references and tools.

How to decide if a response is warranted.

Once you have had a chance to fully absorb and discuss the study, you will need to determine next steps. There is no right answer regarding this issue and each organization is apt to make its own decision based on organizational culture and protocols. To help make a decision, you may want to consider:

- Whether or not Healthy Families America and/or your particular program are being singled out. If Healthy Families America and/or home visitation is just one of several programs or models being examined, it may not be worthwhile to respond.
- What are the implications of the report? Consider the intent of the report and why it was developed. How is it being disseminated? Try to determine who is most likely to read it, how much do they know about the program and how likely they are to question the results? Is there any threat of loss of funding or support due to the results of the report? If you believe there is opportunity for your program to be misunderstood, which could lead to negative outcomes, you should develop a response.
- Will a response provoke negative publicity? Thoughtfully consider the range of options in which to respond. Not every study that is released requires an immediate or even written response. Sometimes, a critical analysis of the situation will lead to a decision to not respond and perhaps instead consider whether results warrant any programmatic modifications. Only you can determine if a public response might escalate the situation and potentially harm your program's reputation.



How to determine a format for the response.

If you decide that a response is necessary, you will likely determine an appropriate format for the response by considering the type of study that was conducted and how it was disseminated. Feel free to contact the national office or one of the Regional Resource Centers for assistance in preparing a response. Listed below are three typical responses along with a rationale for when you may want to employ these strategies.

- *Talking points for program staff and/or advocates.* It is always a good idea to develop talking points as they provide a quick and easy reference for responding to a study. However, you should determine in advance the most appropriate way in which to disseminate the talking points. Do you want to adopt a proactive approach and automatically release them to all your stakeholders or do you want to be more reactive and have them available in the event a stakeholder requests them?
- *A press release or letter to the editor if information was initially reported in the mass media.* If you want to provide your perspective on a study that was released widely either through a newspaper or magazine, this may be the appropriate approach. Consider your response thoughtfully to ensure it does not elicit negative publicity. If your response is intended for a publication with a national audience, we encourage you to contact PCA America for consultation and support. Feel free to contact Julie Rowe in the Marketing and Communications Department at jrowe@preventchildabuse.org for sample materials and guidance.
- *A letter to the editor if information was reported in a scientific publication.* Journal editors welcome debate and discussion on the studies they publish. In fact, most researchers and evaluators expect their reports to raise questions and challenges, particularly once they have been widely disseminated. Scientific journals typically allocate space for editorial letters or commentaries to facilitate dialogue and feedback. Consider partnering with a researcher or evaluator who is familiar with your program if you would like to develop this type of response. Feel free to contact the Research Center for a sample commentary or additional guidance. (Individual Research Center contact information available at the end of this document.)
- *A response directly to the authors of the study for clarification and correction if necessary.* Sometimes the catalyst for a research study is a legislative mandate where results are intended for that state in particular, but often end up being circulated more widely to the field through electronic vehicles. In this instance, study authors should be open to receiving constructive feedback if the information they present is incomplete, incorrect or misleading. It is up to the authors then to determine how to incorporate the clarification, although you can certainly provide some suggestions. Once again, we encourage you to contact study authors directly to seek clarification for information that is confusing or inaccurate and to offer your perspective on their findings. You can provide this feedback either formally through a written response or informally through phone or e-mail correspondence. Feel free to contact the Research Center for a sample response letter or technical assistance.

Developing your talking points.

Since talking points are likely to be your most frequently developed response, we wanted to provide some guidelines to aide in their development. Talking points can help you clarify or distill information and highlight key findings. They can also be used to describe how your program may be similar or dissimilar to the program in question. This template provided below is designed to



give you some guidance in developing your own, *tailored*, response to any studies or reports that you feel warrant a response.

Formatting your talking points.

Try and maintain a neutral tone throughout the document. While it is tempting to react defensively to criticism, it is not productive. When we develop talking points from the national office, we tend to express appreciation for the opportunity to discuss findings from the study and not be too critical of the study authors.

Title or Introduction

It can be helpful to develop a template that you use for all your talking points. This will make it easily recognizable by your stakeholders. You should aim to keep your talking points document *brief* (1-3 pages). You may want to include a title such as the one at the top of this document, your logo or name of your organization, and a header or footer if the document is longer than one page. As far as a flow of information for the talking points, the structure we've found to be useful is described below.

Intended Audience.

Provide some information and direction with regard to your intended audience. If they need to tailor the information in some way, give them some suggestions.

Example:

These talking points are intended for use by our Healthy Families America and state chapter networks. You are encouraged to adapt these talking points to reflect your state's particular issues, statistics or results.

Citation.

List the full name of the report, the authors and where the report was published – for reference purposes.

Example:

Duggan, A., McFarlane, E., Fuddy, L., Burnell, L., Higman, S.M., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program: impact in preventing child abuse and neglect. Child Abuse & Neglect, 28, 597-622.

Highlights from the Report.

Provide a brief summary of highlights from the report. Generally, research studies include the following sections: abstract, introduction and/or literature review, method, results, discussion, and references. For the purpose of providing a context for the reader of your talking points, consider extracting key points from the study and include details such as:

- When the study was conducted
- The number of participants/families/etc., included in the study
- The study design (randomized, comparison group, etc.)
- What the study measured (child abuse and neglect, parenting knowledge or skills, etc.) and how (CPS reports, observation, self-report, etc)
- What the key findings of the study were



Example:

- *From 11/94 to 12/95, 643 families were enrolled and randomly assigned to a Healthy Start Program (HSP) or a control group. Six Healthy Start sites, operated by three community-based agencies, participated in the study. Child abuse and neglect were measured through observation, self-report, and administrative records and were followed up at one, two and three years.*
- *The study found that HSP families had lower rates of neglect (on a self-report measure) than control families, however no differences were found on psychological or physical abuse. Rates of maltreatment were very low in both home visited and control families. The authors interpret these results to mean that HSP prevented neglect but not abuse.*

Study Recommendations.

Most research studies provide recommendations for further study or suggested next steps. These recommendations are invaluable and should be noted in your talking points.

Example:

The study authors recommend substantial investment in continued research of home visitation with regard to planned variations in the model, implementation systems and their impact on staff and service quality and the utilization of qualitative methods to obtain family perspectives on the role of their home visitor.

Possible Responses to the Study.

It is important to acknowledge your appreciation for the study results as a contribution to greater understanding and knowledge of the program. However, this is also the opportunity to remind readers of the limitations of the study as well as the ways in which your program may differ from the program being studied.

Example:

This study provides important information for current discussion in the home visiting field on program implementation, effectiveness, and particularly, the role of depression, substance abuse, and domestic violence in preventing child maltreatment.

It is important to be aware of the context and limitations of the study:

- ✓ *Since the study was conducted (1994 to 1998), many programs have recognized the challenge of providing services to families struggling with substance use, domestic violence and mental illness – and have incorporated additional training and supervision to help support families living with these issues.*
- ✓ *The authors suggest the need for scientific study of utilizing a strengths-based approach in home visiting for at-risk families. While we applaud the desire to continue learning about the impact of home visitation, home visiting has been recognized as an effective child abuse prevention strategy by numerous reputable entities including:*
 - *The Centers for Disease Control and Prevention*
 - *Office on Child Abuse and Neglect*
 - *Fight Crime Invest in Kids*
 - *Office of Juvenile Justice and Delinquency Prevention*



- *The National Center for Children in Poverty*
- *The Center for Substance Abuse Prevention*
- *The National Association of Counties*

In spite of the study's limitations, we welcome these findings. The results demonstrate the difficulties inherent in working to prevent child abuse and neglect. At-risk families often face enormous challenges including, but not limited to, substance abuse, mental illness and domestic violence. The behavior change necessary to overcome these challenges and provide a supportive, nurturing environment for children occurs incrementally over long periods of time.

Closing Statement.

You may choose to include a closing statement or paragraph that includes information on proposed next steps or plans to utilize the study's recommendations.

Example:

In closing, PCA America overwhelmingly agrees with the recommendation to invest in a range of home visiting research efforts which utilize a variety of qualitative and quantitative approaches. To that end, we have recently completed an implementation study that highlights some areas that warrant further discussion and research.

Embrace Research.

Regardless of the results of the study, there is always something to be learned from research studies. Be open to discussing and considering the knowledge and recommendations presented in the studies you discover. The quest for opportunities for program enhancement should be ongoing.

We encourage you to contact either the national office or our Regional Resource Centers to alert us to the release of any research or evaluations related to Healthy Families America and other home visitation programs. Sharing this type of information provides an opportunity for us to inform the entire network.

We hope that this information is useful. You'll find additional information and resources on our websites. Please visit Healthy Families America at www.healthyfamiliesamerica.org and Prevent Child Abuse America at www.preventchildabuse.org. If you would like to speak with someone regarding a response, feel free to contact: Domarina Oshana (doshana@preventchildabuse.org), Lori Friedman (lfriedman@preventchildabuse.org) or Kathryn Harding (kharding@preventchildabuse.org) in the Research Center; Lisa Schreiber (lschreiber@preventchildabuse.org) or Wendy Mitchell (wmitchell@preventchildabuse.org) in the Programs and Chapters Department; Jane Ascroft (jascroft@preventchildabuse.org) in the Advocacy Department; or Julie Rowe (jrowe@preventchildabuse.org) in the Marketing and Communications Department. You can also contact Kathleen Strader, Director of the Midwest Regional Resource Center at straderk@trinity-health.org or Kate Whitaker, Director of the Western Regional Resource Center at hfazkate@earthlink.net.

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