Familias Unidas Research Program

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Familias Unidas

• Evidence-based, culturally-informed intervention for Hispanic youth and their families

• Parent-centered

• Delivered through 8 family-centered, multi-parent groups that place parents in the change agent role and through 4 family sessions
Familias Unidas:
Effective in Reducing Drug Use and Sexual Risk Behaviors

Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

BluePrints

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
How does Familias Unidas accomplish its goals?

- Instills hope in parents
- Places parents in positions of leadership
- Strengthens parental investment/collaboration with adolescent worlds
- Creates support networks for parents
- Provides skills to effectively deal with youth substance use and risky sexual behaviors
- Restructures interactions with family, school, and peer relationships
Figure 1. Stages of Research and Phases of Dissemination and Implementation

- Exploration
- Adoption
- Sustainment Scaling Up
- Implementation w/ Fidelity

Effectiveness Studies

Efficacy Studies

Preintervention
Effects of a Family Intervention in Reducing HIV Risk Behaviors Among High-Risk Hispanic Adolescents

A Randomized Controlled Trial

Guillermo Prado, PhD; Hilda Pantin, PhD; Shi Huang, PhD; David Cordova, PhD; Maria I. Tapia, MSW; Maria-Rosa Velazquez, MPA; Meghan Calfee, MS; Shanday Malcolm, MPH; Margaret Arzon, BS; Juan Villamar, MS; Giselle Leon Jimenez, MFT; Nicole Cano, BS; C. Hendricks Brown, PhD; Yannine Estrada, MSEd

Effectiveness Trial Study Design

(NIDA R01 DA025192; Prado)

Recruitment and Screening

Baseline Assessment

Randomization (n = 746)

Familias Unidas (n=376)

6 months post-baseline 93% retention

Community Control (n=370)

30 months post-baseline 86% retention

18 months post-baseline 90% retention
Participants

- 746 Hispanic 8th grade youth
- 52.1% male, 47.9% female
- Mean age = 13.9 years, SD = 0.67
- 67% of the families reported household incomes lower than $30,000 per year.
- 55.1% of adolescents were born in the U.S.
Training the Workforce to Deliver an Evidence-based Program with High Fidelity

- Identification of school counselors/social workers
  - Having a “champion” in the School System
- 4 days of training in the intervention
- Mean fidelity of 4.12 (SD = 0.57) on a 0-6 scale
Engagement Rates

- Mean number of sessions attended 6.4, SD 4.2
Mean parental monitoring of peer

Baseline

6 Month

Familias Unidas

Community Practice Control
<table>
<thead>
<tr>
<th></th>
<th>Drug use vs. Non drug use</th>
<th>Drug use frequency</th>
<th>Model fit indices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Slope</td>
<td>Slope</td>
<td>AIC / BIC</td>
</tr>
<tr>
<td></td>
<td>Est. (SE)</td>
<td>95% CI</td>
<td>$p$</td>
</tr>
<tr>
<td><strong>Drug use</strong></td>
<td></td>
<td></td>
<td>.836.25 (18)</td>
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<tr>
<td><strong>Intercept</strong></td>
<td>.06 (.22)</td>
<td>-.36, .49</td>
<td>.771</td>
</tr>
<tr>
<td><strong>Condition</strong></td>
<td>-.12 (.20)</td>
<td>-.28, .51</td>
<td>.575</td>
</tr>
</tbody>
</table>
Opportunity

Reach

Impact
eHealth Familias Unidas: Group and Family Sessions

CDC grant # U01PS003316 (PI, Y. Estrada)

Study Design

1. Pilot Study
2. Recruitment and Screening
3. Baseline Assessment
4. Randomization (n = 230)
5. Families Unidas (n = 113)
6. Control (n = 117)

3 Assessment Time Points:
- Baseline
- 3 months
- 12 months
Effects of eHealth Familias Unidas on Family Functioning

- **eHealth Familias Unidas (relative to control)**
  - \( \beta (SE): 0.118 (0.057), p = 0.037; \text{ effect size } = 0.33 \)

- **Parent-adolescent communication**
  - \( R^2 = 0.48 \)
  - \( \beta (SE): 0.102 (0.057), p = 0.05; \text{ effect size } = 0.30 \)

- **Parental monitoring of peers**
  - \( R^2 = 0.47 \)
Effects of eHealth Familias Unidas on Past 90-Day Substance Use

\[ \beta(\text{OR}): -1.425 (.240), p = .045 \]
Results: Engagement and Attendance

- Families participated in an average of 8.94 out of 12 sessions ($SD=4.87$)

- Parents participated in a mean of 5.93 ($SD=3.32$) parent group sessions

- For the family sessions:
  - 71.7% ($n=81$) completed all four sessions
  - 9.7% ($n=11$) completed 1, 2, or 3 sessions
  - 18.6% ($n=21$) completed 0 sessions
Opportunity

Primary Care
Feasibility and Acceptability Trial

Assess the Feasibility in Recruiting from Pediatric Primary Care

Clinic Personnel and Facilitator Qualitative Data Collection

Parent Qualitative Data Collection
93% of families enrolled
Parent Focus Group Themes

• **Recruitment:**
  • Trusting of their child’s primary care Pediatrician
  • Preferred primary care setting over a school setting

• **Intervention:**
  • eHealth format provides scheduling flexibility
  • Familias Unidas provides a mental health service
Primary Care is a Great Entry Point

“It’s a place we have all been taking our kids since they were little so we trust them and feel like since they approached us there in a place we feel comfortable and safe it was okay.”
Clinic Personnel & Facilitator Interview Themes

• Intervention:
  – eFU is valuable
  – Online intervention is flexible and convenient

• Feasibility:
  – Implementation of eFU in Pediatric Primary Care is Feasible
  – Importance of Clinical Staff buy-in is key
  – Other challenges and considerations
    • Reimbursement
    • Space and Clinic Flow
Primary Care Study

- Evaluate relative effectiveness of eFU in preventing/reducing substance use, risky sexual behaviors, and STIs
- Cost-effectiveness
- Mediator and Moderator Analyses
Average Attendance

• Number (%) engaged: 15 out of 20 (75%)
• Percentage of sessions completed for those engaged:
  – 77% of sessions
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Thank you to our Research/Community Partners and Participating Families.