

Healthy Start of Oregon 2006-2007 Status Report

Executive Summary



Submitted to:

**Mickey Lansing, Executive Director
Oregon Commission on Children and Families
530 Center St. NE, Suite 405
Salem, OR 97301**

Submitted by:

**Beth L. Green, Ph.D.
Jerod M. Tarte, M.A.
Ashley M. Snoddy
Callie H. Lambarth, M.S.W.
Joseph M. Warren, M.A.
Wendy Nuzzo, B.S.**

January 2008



4380 SW Macadam Ave., Suite 530
Portland, OR 97239
(503) 243-2436
www.npcresearch.com

Healthy Start 2006-2007 Status Report

Executive Summary

Beth L. Green, Ph.D.

Jerod M. Tarte, M.A.

Ashley M. Snoddy

Callie H. Lambarth, M.S.W.

Joseph M. Warren, M.A.

Wendy Nuzzo, B.S.

NPC Research
healthystart@npcresearch.com

January 2008



Informing policy, improving programs

ACKNOWLEDGMENTS

The Healthy Start Status Report would not be possible without collaboration and coordination from a number of agencies and individuals. First and foremost are the staff members at the Oregon Commission on Children and Families (OCCF), the local commissions, and local Healthy Start programs. Their continuing commitment to results-based accountability has made a statewide system for charting the progress of Healthy Start a reality. Many thanks also go to staff at the Department of Human Services, Office of Children, Adults, and Families, for their help constructing data related to child maltreatment.

Staff members and volunteers spend long hours collecting information and “doing the paperwork.” We are particularly grateful for their dedication and commitment to the evaluation process. Further, this report would not have been possible without the interest and involvement of Healthy Start’s families. The families deserve special recognition for their willingness to cooperate and answer a multitude of questions. The input of staff, volunteers, and families at all of the Healthy Start

sites is extremely valuable and deeply appreciated.

Special thanks to the 31 Healthy Start programs operating in the 34 following counties that were included in this year’s status report:

Benton County	Lane County
Clackamas County	Lincoln County
Clatsop County	Linn County
Columbia County	Malheur County
Coos County	Marion County
Crook County	Morrow County
Curry County	Multnomah County
Deschutes County	Polk County
Douglas County	Sherman County
Gilliam County	Tillamook County
Grant County	Umatilla County
Harney County	Union County
Hood River County	Wallowa County
Jackson County	Wasco County
Jefferson County	Washington County
Josephine County	Wheeler County
Klamath County	Yamhill County

Parents Tell Us “The Best Thing About Healthy Start is....”

This year, we received more than 1,300 comments from parents about the Healthy Start program. Here are just a few examples of what parents told us is the “*best thing about Healthy Start.*”

[Because of Healthy Start] now me and my son are safe, and I get a chance at a better life.

How knowledgeable [the home visitor] is, and how willing to help. If she doesn't know something she makes sure to find out for me. It has opened my eyes about a lot of things I never knew.

There are so many benefits to having this program, it is hard to choose just one! It would have to be the interaction with someone who really cares and helps me.

They visit me and I don't feel so alone. They bring me information about children and other things that is so helpful.



They do a really good job. They bring bilingual books and information, and they are very respectful and open to other cultures.

Being able to talk about problems and concerns with someone I can trust.

The workers! They care about your child just as much as you do and they want you to learn as much as you can about the development of your child.

I love having the worker come give me information about how to love and teach my son what he needs to learn, and what I need to know about how to help him develop, and what to expect as the months go by. It makes me feel confident to have someone like [worker] telling me these things.

EXECUTIVE SUMMARY

Healthy Start is Oregon's largest child abuse prevention program. In FY 2006-07, despite a 20% cut in general fund allocations during the 2005-07 biennium, Healthy Start screened more families than in any prior year (9,788 families, representing 50% of eligible births). Oregon's Healthy Start program is unique in the nation, providing universal screening and referral services to first-time parents, and research-based home visiting services to families at higher risk of maltreatment and other negative outcomes. Healthy Start became an accredited Healthy Families America (HFA) program in June 2007, and provided evidence-based home visiting services to 2,857 children through 31 programs operating in 34 Oregon counties in FY 2006-07.

Receipt of HFA accreditation was the culmination of over two years of intensive work to develop and implement over 180 research-based quality standards across all of Oregon's Healthy Start programs. The HFA credential requires that local programs, as well as the central Healthy Start office, demonstrate the use of a comprehensive set of research-based program practices. HFA requires that all programs document evidence of adherence to evidence-based home visiting procedures, rigorous training and supervision supports, and effective program management and administration processes. Oregon was only the 6th state-level multi-site system to be accredited by HFA, although hundreds of individual programs have been credentialed.

Implementation and outcome data for the Healthy Start program are tracked through an ongoing evaluation conducted by an external evaluator, NPC Research. Although the evaluation does not collect

information that speaks to all of the HFA standards, results this year found that at a statewide level, Oregon's Healthy Start program statewide met or exceeded HFA standards in almost every area in which evaluation data were available. Further, Healthy Start appears to be effectively engaging families with numerous risk factors in both screening and home visiting services. Outcome and implementation results from FY 2006-07 are summarized below, and more detailed information is provided in the full report (also available at: www.oregon.gov/OCCF and www.npcresearch.com). Child maltreatment results will be reported in a separate document scheduled for release in Spring 2008.



Outcomes for Children and Families

REDUCING RISK FACTORS FOR CHILD MALTREATMENT

Research shows that helping parents to improve their parenting skills and reduce their parenting-related stress is critical to reducing the likelihood of child maltreatment. Healthy Start's results in these areas compare favorably to other research with higher-risk families:

- Healthy Start workers report that after one year of service, 82% of Healthy Start's higher-risk families consistently engaged in developmentally supportive interactions with their children.
- 81% of higher-risk families reported that they have improved their parenting skills.
- 39% of higher-risk parents reported a decrease in parenting-related stress from the time of the child's birth to the 6-month birthday, a time when parents generally experience highly elevated levels of parenting-related stress.

PROMOTING SCHOOL READINESS

Oregon's Healthy Start program is also extremely successful in helping parents to provide children with supportive early literacy environments, one of the keys to helping children to be prepared to enter and succeed in school:

- After 12 months of Intensive Service, 81% of Healthy Start's higher-risk families were creating learning environments for their young children that were rated as "good" or higher by their home visitor, as indicated by The Home Observation for Measurement of the Environment Inventory (Caldwell & Bradley, 1994). This percentage is higher than results found in other, comparable populations.
- By age 1, 86% of Healthy Start Intensive Service parents reported reading to their children three times per week or more. Nationally, only about 64% of higher-risk families read to their young children three or more times per week (Nord, Lennon, Liu, & Chandler, 1999).

PROMOTING HEALTHY DEVELOPMENT

Oregon's Healthy Start program is highly successful in promoting positive health outcomes for children and adults, and greatly exceeds Healthy Families America standards on these issues. After at least 6 months in Healthy Start:

- 98% of Healthy Start's children receiving Intensive Services had a primary health care provider, which greatly exceeds the Healthy Families America standard of 80%. Further, 76% of caregivers had a primary health provider.
- 87% of Intensive Service mothers received early prenatal care for their second pregnancies, compared to 80% for their first pregnancies.
- 94% of children were receiving regular well-child check-ups, compared to only 84% of young children nationally (Child Trends, 2004).
- 89% of Healthy Start children had health insurance, compared to 85% of low-income children nationally.
- 93% of Healthy Start's 2-year-olds were fully immunized, compared to only 78% of all Oregon 2-year-olds (Oregon ALERT Immunization Registry, 2006), and greatly exceeding the HFA standard of 80%. Nationally, only about 76% of children from low-income households were fully immunized by age 3 (Child Trends, 2004).
- More than three-fourths (79%) of Healthy Start Intensive Service children received regular developmental screening during FY 2006-07. Most (90%) of these children showed normal growth and development on their overall assessments, and 78% of Healthy Start Intensive Service children with identified developmental de-

lays were linked to early intervention services.

SUPPORTING FAMILY SELF-SUFFICIENCY

Healthy Start's higher-risk families often need a variety of supports to help them meet their basic needs, and frequently set goals related to improving their self-sufficiency. After 6 months of Intensive Services, many Healthy Start families had been connected to services they needed. Of those families indicating each of the following needs:

- 87% were connected to housing assistance,
- 94% were connected to education assistance,
- 94% were connected to job training and employment services,
- 97% were connected to Temporary Assistance for Needy Families, and
- 78% were connected to dental insurance.

Further, although a relatively small number of families needed services related to domestic violence or mental health, almost all families indicating a need in these areas were connected with services (100% and 94%, respectively).

Finally, about one-fifth (20%) of parents reported their family income situation had improved over the past 6 months, and 31% of families reported that at least one of the primary caregivers gained employment during the prior year.

Program Implementation & Service Delivery

Healthy Start continues to increase the effectiveness of its system for contacting and offering services to first-time parents, reaching more families in FY 2006-07 than in any prior year:

- A total of 13,457 families representing 69% of eligible births were identified and offered Healthy Start services during FY 2006-07 and 50% (9,788 families) agreed to participate in screening and the program's evaluation. This represents almost 2,000 more families screened in FY 2006-07 than in FY 2005-06.
- Only 7% of families declined to hear about Healthy Start at the initial point of contact. An additional 13% accepted the initial Healthy Start information, but declined to participate in screening, and 8% could not be reached after signing a preliminary release form. Of those screened, only 219, or 2%, declined to participate in the evaluation.
- Most screening (88%) took place prenatally or during the first 2 weeks after the baby's birth, exceeding the HFA standard of 80%. Early screening and engagement of families in services is critical to program success.

Healthy Start's screening and assessment system effectively identified families and children at greatest risk for poor outcomes:

- Of those families screened, 56% screened at higher risk.
- Families screened by Healthy Start have more demographic risk factors, compared to Oregon's general population. For example:
 - 51% of those screened were single mothers, compared to 32% in the general population (KIDS COUNT, 2004)
 - 9% of those screened were teen mothers, compared to 3% in the general population (KIDS COUNT, 2004)

- 26% of mothers screened had less than a high school education, compared to 20% in the general population (KIDS COUNT, 2004)



As a part of statewide efforts to streamline the screening and eligibility process, Healthy Start implemented a one-step eligibility process during FY 2006-07. In prior years, eligibility was determined in a two-step process: (1) Risk screening using the New Baby Questionnaire, followed by (2) an in-depth Kempe Family Stress Interview/Assessment for those scoring at higher risk. Because the Kempe process involves an intensive and in-depth interview, many families who were identified as potentially eligible for Healthy Start Intensive Services never completed the second stage of the eligibility process, due to lack of program resources, inability to locate families, families refusing to participate in the Kempe, and other reasons.

This year, Healthy Start was able to offer Intensive Services to a much larger number of eligible families – 3, 388 families (compared to 1,175 in FY 2005-06). One unexpected consequence of this streamlined process was a significant increase in the number of families who declined home visiting (44% vs. only 11% last year). Importantly, however, families

were significantly more likely to accept services if they had a larger number of risk factors. In particular, families were more likely to accept services if they: (1) were teen parents; (2) had less than a high school education; (3) were single parents; (4) were at risk for depression; (5) were struggling financially; (6) were having problems with family relationships; or (7) had substance abuse issues. This suggests that although more families declined to participate in Intensive Services, families who did decline may have been less in need of support. In fact, 49% of those declining services did so because they felt they did not need the service.

Families enrolled in Intensive Services are characterized by a number of risk factors:

- Families receiving Intensive Services are significantly more likely to be single-parent households, teen parents, unemployed, and have financial difficulties than families who were screened but did not participate in the home-visiting component.
- 68% of Healthy Start Intensive Service mothers and fathers grew up in homes with at least one parent who had problems with substance abuse, mental health, and/or criminal involvement.
- 82% reported a lack of nurturing parents in their own childhoods, with personal histories ranging from the mild use of corporal punishment to more serious abuse and neglect.

The need for Intensive Home Visiting Services seems to be greater than the capacity of Healthy Start to provide them:

- A total of 1,273 new Intensive Service families were able to be enrolled; however, 974 (20% of eligible families) could not be offered Intensive

Services because program caseloads were full.

Finally, it is important to note that parents are extremely positive about the services that Healthy Start provides:

- Close to 100% of Healthy Start Intensive Service parents reported Healthy Start “helped a lot” by providing parenting information. Parents also reported that their home visitor “helped a lot” with obtaining basic resources (87%), dealing with emotional issues (87%), and encouraging the development of positive relationships with family or friends (95%). Parents reported that the services provided by the program are culturally competent (over 76%) and help them to build on their family’s strengths (over 85%).

Conclusions and Looking Ahead

Outcomes for Oregon’s Healthy Start program are consistently positive across a variety of domains known to be important to supporting children’s healthy development and reducing the risk for child maltreatment. Further, the program is showing considerable success at the state

level in meeting the standards set by Healthy Families America, as reflected by receipt of HFA accreditation in June 2007.

In addition to credentialing efforts, FY 2006-07 brought other significant program improvements and quality assurance efforts to the Healthy Start program. These efforts emphasized performance-based monitoring, changes to the screening and eligibility process, and development of community partnerships to improve screening processes. The success of these efforts is reflected in this year’s process and outcome data, especially in the area of screening eligible first birth families. OCCF staff and NPC Research continue to monitor program quality using both the HFA standards and the Oregon Healthy Start Service Delivery Performance Standards. Continued technical support and assistance to the local program sites will help ensure consistency in implementing these standards so that all of Oregon’s children can have a “healthy start.” However, additional funds will be needed in order to reach a larger proportion of eligible families with intensive home visiting services.