

HEALTHY FAMILIES OREGON

KEY EVALUATION FINDINGS FY 2015–2016

OVERVIEW

Healthy Families Oregon (HFO) is a nationally accredited Healthy Families America (HFA) program. HFA accreditation ensures high-quality implementation of recognized standards of practice for effective home visiting programs. HFO achieves positive outcomes for Oregon’s highest risk families, including supporting children’s readiness for school and improving access to resources and supports.

Healthy Families Oregon (HFO) is the largest child abuse prevention program in the state. In fiscal year 2015–16, HFO provided screening and referral services to 7,314¹ families of newborns (16% of all births) and evidence-based intensive home visiting to 3,169 of Oregon’s most at-risk families. This represents a substantial increase in the number of families enrolled in home visiting and served through HFO compared to prior years (2,549 in FY 2014-15 and 2,436 in FY 2013-14). At the same time, at least 437 families who were screened and found eligible for services were not offered services because programs had reached their capacity limits, indicating ongoing unmet need for HFO services across the state. This number likely under-estimates unmet need given the large number of families who were not screened for eligibility.

NPC Research and Portland State University are the contracted statewide evaluators the HFO program. Below we present highlights from the 2015–16 statewide evaluation; for more information and the detailed report, please visit: www.npcresearch.com.

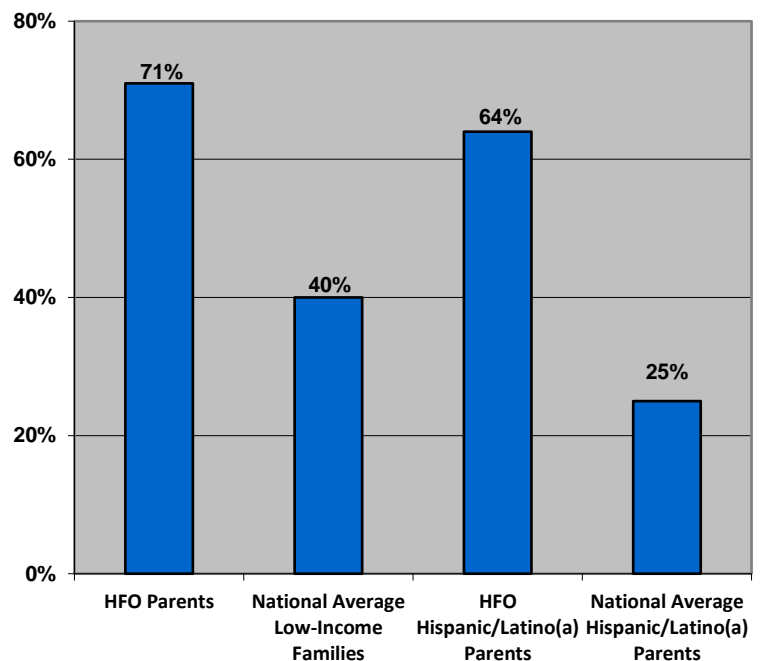
HFO IMPROVES POSITIVE PARENTING

Positive Parenting – After at least 6 months in the program:

- **More Early Literacy Support:** 71% of parents report **reading to their children daily**. Daily reading is a key building block for later school readiness in children.
- **Improved Interactions:** 95% of parents reported that they had positive, supportive interactions with their children.
- **Improved Parenting:** 71% of parents reported that they improved their parenting skills.
- **Decreased Stress:** 65% of HFO parents reported a significant decrease in parenting-related stress, a significant risk factor for child maltreatment.



Percentage of Parents Reading to Children 0-5 Daily*



¹ A slight decline from prior FY’s

* <https://www.childtrends.org/indicators/reading-to-young-children>

HFO BUILDS HEALTHY CHILDREN AND FAMILIES

- **Health Care:** After at least 6 months of service, children in families served by HFO exceed Oregon general population rates for connections to preventive health care, including:
 - 99% of HFO children had health insurance, compared to 96%² in Oregon overall.
 - 91% of HFO children had a well-child exam in the last 12 months, compared to 64%³ in Oregon.
 - 86% of HFO children were up-to-date with immunizations compared to 70% statewide.⁴
- **Providing Home Visits Prenatally Improves Birth Outcomes:**
 - HFO families who were screened and began services prenatally were somewhat more likely to report breastfeeding their infants (75%) compared to those who began service postnatally (72%), although the sample size of prenatally served families was small ($n = 79$).
 - Among the 108 families who had a second child while enrolled in HFO, 81% received good prenatal care for the initial birth compared to 93% for the second birth.
- **HFO Provides Important Early Developmental Screening and Referral:**
 - 71% of all HFO children received two timely developmental screenings using the Ages and Stages Questionnaire (ASQ) during 2015–16⁵. While this is below the HFO goal of ensuring all enrolled children have timely developmental screens, it is higher than the Oregon state average for receiving a single developmental screening before age 3 (55%⁶). Further, these data were not part of the statewide data system during 2015–16 and were not consistently tracked statewide during this period.
 - 8% of children were identified with a developmental concern or delay; of these almost all (96%) received a referral to Early Intervention services or other appropriate follow-up action.

² Citation: U.S. Census Bureau. (2017). *2015 American Community Survey 5-year population estimate: Health insurance coverage status by sex and age*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

³ Citation: Oregon Health Authority. (2016). Oregon's health System transformation: CCO Metrics 2015 Final Report. Retrieved from https://www.oregon.gov/oha/Metrics/Documents/2015_performance_report.pdf

⁴ <http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Documents/county/OregonPBR.pdf>

⁵ For programs submitting ASQ data on Excel sheets to the evaluation team.

⁶ Citation: Oregon Health Authority. (2016). Oregon's health System transformation: CCO Metrics 2015 Final Report. Retrieved from https://www.oregon.gov/oha/Metrics/Documents/2015_performance_report.pdf

HEALTHY FAMILIES OREGON SERVES FAMILIES AT HIGH RISK FOR ABUSE & NEGLECT

Families receiving HFO home visiting services have an average of three to four serious risk factors for child maltreatment and negative child outcomes. For example, at program enrollment:

- 86% of HFO families are below the Federal Poverty Level (compared to 15% statewide⁷), 80% report having difficulty paying for living expenses, 54% of households are unemployed, 71% are single parents (compared to 31% statewide⁸); 36% have less than a high school education (compared to 13% statewide⁹) and 12% are teen parents¹⁰ (compared to 4% statewide¹¹).

Importantly, past research on the HFO population has shown that children from families with three or more of these risk factors **are over 16 times more likely to be maltreated** than children from families with no risk factors (*HFO Maltreatment Prevention Report, 2013–2014*). On average, families in HFO have 3.4 of these risk factors.

Moreover, children in families served by HFO are at notably high risk for toxic stress and adversity. HFO families frequently report having experienced **significant past and current adverse and traumatic experiences**. For example,

- 72% of parents report a childhood history of abuse or neglect.
- 45% of parents report having current substance abuse issues.
- 43% of parents report having current mental health issues.
- 34% have prior or current criminal justice involvement.
- 27% screened positive for maternal depression symptoms.

HEALTHY FAMILIES OREGON SUCCESSFULLY ENGAGES & RETAINS FAMILIES OF COLOR

Statewide, only 38% of HFO families in FY 2015–16 were White/Caucasian (compared to 68% statewide). Twenty-nine percent (29%) were Hispanic/Latino and 14% represent other families of color (4% African American, 4% Asian, 1% Native American, 1% Hawaiian/Pacific Islander, and 6% multi-racial¹²). Compared to overall state demographics, Hispanic families in particular are well-represented in HFO (12.8% of Oregon’s population is Hispanic/Latino, U.S. Census, 2016). Further, Hispanic/Latino families and families of color appear to be successfully engaged and retained in HFO services. For example, Hispanic/Latino families were more likely, compared to White families, to agree to participate in HFO (57% vs. 51%) and remained in services at least as long as White families. Other families of color, on average, were more likely to remain in services at least 1 year (60%) compared to 55% of White and 55% of Hispanic families.

⁷ <https://talkpoverty.org/state-year-report/oregon-2016-report>

⁸ <http://www.countyhealthrankings.org/app/oregon/2015/measure/factors/82/map>

⁹ <http://datacenter.kidscount.org/data/tables/5203-children-by-household-heads-educational-attainment?loc=1&loct=2#detailed/2/39/false/573/1312,1313,1314,1315,1316/11679,11680>

¹⁰ HFO defines teen parent as a mother 19 years of age or younger at time of child’s birth.

¹¹ <http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/BIRTH/Documents/2016/birthage16.pdf>

¹² HFO representation of other families of color is similar to statewide rates of families with children:

<http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/BIRTH/Documents/Demographics/2013-2015/TOTALDem1315.pdf>

KEY SERVICE IMPLEMENTATION INDICATORS

HFO programs strive to meet a number Best Practice Standards related to service delivery and family outcomes to help show fidelity to the HFA model. The current evaluation helps track and reports on a variety of these indicators, described below.

HFO programs met three out of six research-based Performance Standards for effective service delivery based on data that were available at the time of this report (see Table below). Programs continued to be highly successful providing timely initial screenings to families with newborns, and showed improvement from 2014–15 in long-term family retention (increasing from 54% remaining in service at least 1 year to 56%). However, fewer families (72%) received their first home visit within 3 months (90% in 2014–15¹³). Two new indicators related to providing developmental screenings and pre- and postnatal depression screening indicate room for improvement, although data for both of these indicators was not tracked consistently by all programs during this fiscal year so may not represent all screens provided statewide.

Service Delivery Indicators ¹⁴	Standard	Statewide Percent FY 2015-2016	Standard Met?
1. Percentage of screenings occurring prenatally or within the first 2 weeks of the child’s birth	80% – 94% screened within 2 weeks	93%	Yes
2. Percentage of new families receiving their first home visit prenatally or within 3 months of the baby’s birth.	80% – 94%%	72%	No
3. Percentage of families engaged in services for 90 days or longer (early engagement).	75% – 89% engaged	91%	Yes
4. Percentage of families remaining in services for 12 months or longer	50% – 64% remained	56%	Yes
5. Percentage of children with at least two on-time developmental screen in the past year.	100%	71%	No
6. Percentage of Depression Screenings occurring with families prenatally (when serving a family prenatally) and within 90 days after birth.	100%	58%	No

¹³ It is possible that this decrease is due to insufficient data related to home visits—see “Challenges and Key Recommendations.”

¹⁴ Additional mandated service delivery indicators were maintained locally by programs or by the Oregon Early Learning Division (ELD) and therefore not tracked by the HFO evaluation.

CHALLENGES AND KEY RECOMMENDATIONS

Families served by HFO continue to show positive outcomes in a variety of outcomes that provide a strong foundation for later school readiness. HFO families are providing positive, developmentally supportive environments for their children, as evidenced by the high rates of daily reading to children and positive parent-child interactions. Further, these parents report reduced parenting-related stress during their newborn's critical first year of life. Finally, the statewide evaluation mirrors results from a recent longitudinal study of HFO impacts that showed that receipt of HFO home visiting was associated with improved connections to preventive health care services (Green, Sanders, & Tarte, 2017).

Based on findings from the 2015–16 evaluation, the following recommendations for improvement are made:

1. Strengthen the program's ability to engage and serve families prenatally. Evidence suggests that serving families prenatally may improve birth outcomes, breastfeeding rates, and other neonatal outcomes, yet the program continues to serve only a fraction of families during the critical prenatal period.
2. Continue to emphasize and support breast-feeding. Statewide, 72%–75% of HFO mothers reported breastfeeding at Intake. In Oregon, 91.9% of women initiate breastfeeding, but only 64% are still breastfeeding after 6 months.¹⁵
3. Strengthen HFO accountability systems for ensuring maternal depression screening. While it is likely that the data available for this report under-represent the frequency of maternal depression screening (see below), ensuring close tracking and follow-up of maternal depression appears to be an area in need of additional attention and improvement.

While outcomes continued to be strong among home visited families, a number of key service implementation indicators did not meet statewide or HFA standards this year. However, it is important to note that this year was extremely challenging in terms of data collection, especially in regards to critical aspects of service delivery data. While NPC Research provides an infrastructure for collecting and maintaining most of the key outcome data, the state HFO data system, Family Manager, was discontinued as of July 2015. This system had managed and tracked such key information as program screening and enrollment dates, service exit dates, home visit dates, and developmental screening information. The original goal was to have a new system in place later in 2015–16; however, at this writing there has not yet been a functional statewide data system for Healthy Families. Programs were provided with a series of Excel spreadsheets, which proved challenging and insufficient for the complexity and amount of data required for statewide data tracking. Given inconsistencies in how local programs managed and reported data using this temporary system, it is extremely likely that data available for implementation and service tracking this year was not complete. As of this writing, this will be the third fiscal year in which this critical statewide prevention program lacks a working database for enrollment and service tracking. The need for a functional statewide data system for HFO at this juncture is critical to ensure ongoing program accountability, monitoring, and performance.

¹⁵ <https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>

With these caveats in mind, we make the following recommendations related to service implementation improvement:

- Continue to expand and strengthen initial screening for program eligibility. Fewer families were screened for risk factors in FY 2015–16 (7,314) compared to prior years (7,681 during FY 2014–15 and 7,990 during FY 2013-14). Such screening is important for linking families to other needed resources even if home visiting programs have reached capacity. Further, this screening can provide important information to statewide funders and policymakers about the broader need for home visiting.
- It's possible that families are staying in service longer (data does suggest there were fewer available service spots in comparison to need); however, it's also possible that families who should have been exited, weren't properly documented.
- Strengthen accountability systems for tracking and monitoring families who are screened and found eligible for services to ensure strong efforts are made to follow up with and engage them in services. This year there was a large number of families (approximately 20%) whose risk screens were missing key information about screening result, family interest in the program, whether services were ever offered, and reasons they may have declined services.
- Continue to work to retain families beyond the first year. While small improvements have been noted in the 1-year retention rates, providing ongoing support through children's third birthday remains an important program goal for supporting child and family well-being. In particular, 12-month retention rates for teenaged mothers was disappointingly low (42%).

Programs should be commended for the tireless efforts they made in compiling and reconciling data during this challenging transitional period. Early learning Division staff, most notably Erin Deahn, Linda Jones, and their contractors, also warrant recognition for their ongoing efforts to strengthen the statewide program and provide guidance to programs, many of whom were under new agency leadership this fiscal year. Finally, we would also like to extend a special note of thanks to the many HFO parents who share their experiences and information with the statewide evaluation.

For more information about the HFO Evaluation, please contact:

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For copies of the full FY 2015–16 data tables, see www.npcresearch.com.

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