

Healthy Start of Oregon 2005-2006 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.
Juliette R. Mackin, Ph.D.
Jerod M. Tarte, M.A.
Jodi Brekhus, M.S.
Ashley M. Snoddy
Joseph M. Warren, M.A.**

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

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NPC Research

healthystart@npcresearch.com

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Informing policy, improving programs

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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 the all the Healthy

Start sites is extremely valuable and deeply appreciated.

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

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

EXECUTIVE SUMMARY

Healthy Start is Oregon's largest child abuse prevention program, screening over 7,500 families and providing evidence-based home visiting services to over 3,300 children at risk for maltreatment statewide in FY 2005-06. Outcomes for families receiving home visiting are tracked annually through an ongoing evaluation conducted by an external evaluator, NPC Research. Additionally, during FY 2005-06, Oregon's Healthy Start program continued its efforts to obtain a statewide program credential from Healthy Families America (HFA). This credential involves documenting the use of a comprehensive set of research-based program practices, including evidence-based home visiting procedures, rigorous training and supervision supports, and effective program management and administration processes. As of December 2006, 7 of 13 selected Oregon sites have passed the credentialing process, and the statewide system is on-target to achieve credentialing in Spring 2007.

Although the evaluation does not provide data that speak 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 has been effectively engaging families with numerous risk factors for child maltreatment. In tandem with the positive outcome findings, these results suggest that Healthy Start programs are providing effective services for Oregon's most at-risk children. Outcome and implementation results from FY 2005-06 are summarized below, and more detailed information is provided in the full report (also available at: www.oregon.gov/OCCF).



Outcomes for Children and Families

REDUCING RISK FACTORS FOR CHILD MALTREATMENT

Research shows that helping parents to develop skills to better support their children's development and reducing parents' levels of stress are critical to reducing the likelihood of child maltreatment. Healthy Start's results compare favorably to other research with higher-risk families:

- Healthy Start workers report that 73% of Healthy Start's higher-risk families consistently engaged in positive, supportive interactions with their children.
- 86% of higher-risk families report that they have improved their parenting skills.
- 38% 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 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 from families receiving Intensive Service had a primary health care provider, which greatly exceeds the Healthy Families America standard of 80%. In addition, 78% of caregivers had a primary health provider.
- 91% of Intensive Service mothers received early prenatal care for their second pregnancies, compared to 76% 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).
- 91% of Healthy Start children had health insurance, compared to 85% of low-income children nationally.
- 94% of Healthy Start's 2-year-olds were fully immunized, compared to 72% of all Oregon 2-year-olds (U. S. NIS-3, 2003), and greatly exceeding the HFA standard of 80%. Nationally, about 76% of children from low-income households were fully immunized by age 3 (Child Trends, 2004).
- Almost three-fourths (73%) of Healthy Start Intensive Service children received regular developmental screening during FY 2005-06. Most (88%) of these children showed normal growth and development on their overall assessments, and 86% of Healthy Start Intensive Service children with identified developmental delays were linked to early intervention services.

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 be prepared to enter and succeed in school:

- After 12 months of Intensive Service, 79% 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 2, 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).

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. Last year:

- 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, 92% were connected to education assistance, 91% were connected to job training and employment services, 95% were connected to Temporary Assistance for Needy Families, and 84% were connected to dental insurance.
- Over one-third (35%) of parents reported their family income situation had

improved over the past 6 months (only 13% reported a decrease in income), and 9% of families reported that at least one of the primary caregivers gained employment over the first 6 months of their child's life.

Program Implementation & Service Delivery

Healthy Start continues to increase the effectiveness of its system for contacting and offering services to first-time parents:

- A total of 10,336 families (56% of eligible births) were identified and offered Healthy Start services during FY 2005-06 and 40% (7,510 families) agreed to participate in the screening and the program's evaluation.
- Only 6% of families declined to hear about Healthy Start at the initial point of contact. An additional 14% accepted the initial Healthy Start information, but declined to participate in screening. Of those screened, only 1% declined to participate in the evaluation.
- Most screening (87%) took place prenatally or during the first 2 weeks after the baby's birth. 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, 72% screened at higher risk.
- Families screened by Healthy Start have more demographic risk factors, compared to Oregon's general population. For example:
 - 52% 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)

Healthy Start is successfully engaging higher-risk families with Intensive Services:

- 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. 92% 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. 97% reported a lack of nurturing parents in their own childhoods, with concerns ranging from use of corporal punishment to more serious abuse and neglect.
- Healthy Start has a very low rate of refusal of Intensive Services: 90% of families who were offered home visiting services agreed to participate. However, as seen in many home visiting programs, long-term retention is a challenge. 41% of Intensive Service families who had enrolled in FY 2004-05 (that is, who the evaluation could follow for at least 1 year) remained in service for longer than 1 year.

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

- Using the current (FY 2006-07) eligibility requirements, 3,980 families screened last year would have been eligible for Intensive Services. Program capacity allowed enrollment of only 1,231 new Intensive Service families,

about one-third (31%) of potentially eligible higher-risk families.

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 (90%), dealing with emotional issues (91%), and encouraging the development of positive relationships with family or friends (93%). Parents reported that the services provided by the program are culturally competent (75%) and help them to build on their family’s strengths (92%).

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. Meeting these standards will ensure that all programs across the state are implementing high quality home visiting services for families at risk. Currently, the Healthy Start program is on-target to obtain its HFA credential in Spring 2007.

HEALTHY START RESTRUCTURE PROCESS

In addition to credentialing efforts, FY 2005-06 brought other significant quality assurance efforts to the Healthy Start pro-

gram. The data presented in this report reflects services provided in a year of a 20% across the board funding reduction. During this year, a statewide Healthy Start Restructure Committee was formed to address the question of program quality in the face of this budget reduction. This committee made several changes, effective June 2006, designed to strengthen the quality and efficiency of the Healthy Start program, including:

1. Developing and implementing data-based performance standards for program implementation and outcomes;
2. Revising and streamlining the Healthy Start intake and eligibility process;
3. Affirming the priority of Healthy Start to serve first-birth families; and
4. Revising the way that funds are allocated to better account for program capacity and quality.

As a result of these processes, nine programs implemented state-supervised quality improvement plans, and five programs were required to significantly restructure their service delivery system in order to obtain ongoing funding. 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 “best practice” 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.

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