

Healthy Start 2007-2008 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.
Callie H. Lambarth, M.S.W.
Ashley M. Snoddy
Wendy Nuzzo, B.S.

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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

ACKNOWLEDGMENTS

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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.”*

- The best thing about this program is that no matter what problem you have or what information you need the Family Support Workers are always willing to help you.
 - Having a resource to go to instead of worrying or calling the doctor for every little thing.
 - That they have information in our language (Spanish), and bilingual workers.
 - I know I am getting support & the help I need to help be the best mother I can be.
 - The best thing I think is having a very kind visiting teacher come over and talk with us about how we can become better parents on raising our first child.
 - I don't have to go anywhere for information. It comes to me. I don't know what I would do without it.
 - My opinion matters—I am asked what I like, not just told what to do.
 - Healthy Start has helped me with how to help my child in his learning and development and I learn how to be a good mother.
 - I think the best thing is that you get to learn a lot. Especially if you're a first time mom. You learn so much about babies. You also don't feel alone you know someone is there to help you through.
 - Having one-on-one time with someone who fully supports you and your family is encouraging.
 - My healthy start person only pulls me up. I feel she has never put me down in any way.
 - I love how she (my Family Support Worker, or FSW) is with my child. She cares so much for us and I really need that.
 - The best is that they explain to me in ways that I could understand.
 - The love and support you get from your advocate (FSW). The information, activities, and compassion from Healthy Start are absolutely wonderful.
 - I feel very lucky and blessed to have Healthy Start in my life.
 - Having someone to build my confidence as a parent.
 - My (FSW) and how she is so helpful and so wonderful. I can't really describe how wonderful she is.
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EXECUTIVE SUMMARY

Healthy Start is Oregon's largest child abuse prevention program, screening almost 10,000 first-birth families in 2007-08, and serving 3,235 high risk families with children ages 0-3 with Intensive Home Visiting Services. Healthy Start was created in 1993 with a mandate from the Oregon Legislature to provide universal, voluntary services to all first-time parents in the state of Oregon (ORS-417.795). The Healthy Start mission is to "promote and support positive parenting and healthy growth and development for all Oregon parents and their first-born children." The goals of Healthy Start are to:

1. Prevent child abuse and neglect among Healthy Start families; *and*
2. Improve the school readiness of children participating in Healthy Start.

To achieve these goals, Healthy Start uses the evidence-based Healthy Families America (HFA, see Rand, www.promisingpractices.net) home visitation model, and works with first time parents during the critical early years of children's brain development. The program aims to reduce risk factors associated with increased incidence of child abuse and neglect and to promote the role of parents as their child's first teacher.

In June, 2007, Oregon's Healthy Start program was officially recognized as an accredited multi-site state system by Healthy Families America; only the sixth state in the nation to have achieved this level of accreditation.

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 2007-08 are summarized below, and more detailed information is provided in the full report (also available at: www.oregon.gov/OCCF and www.npcresearch.com). Healthy Start's results in preventing child maltreatment will be reported in a separate document scheduled for release in winter 2009.

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 Intensive Service (the home visiting component of Healthy Start), 85% of parents consistently engaged in developmentally supportive interactions with their children.
- 79% of parents reported that they have improved their parenting skills.
- 61% of 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 84% of parents 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, 92% of Healthy Start parents reported reading to their children 3 times per week or more. In Oregon, the National Survey of Children's Health (2003) found that only 83% of parents in the general population read this often to their children, and rates are considerably lower for low-income families (67%) and Hispanic families (56%).

PROMOTING HEALTHY DEVELOPMENT

Oregon's Healthy Start program is highly successful in promoting positive health out-

comes 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 children had a primary health care provider, which greatly exceeds the Healthy Families America standard of 80%. Further, 72% of caregivers had a primary health provider.
- 93% of Healthy Start children were receiving regular well-child check-ups, compared to only 76% of all children ages 0-5 in Oregon (NSCH, 2003), and 84% of young children nationally (Child Trends, 2004).
- 95% of Healthy Start children had health insurance, compared to 85% of low-income children nationally (NSCH, 2003).
- 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 81% of children were fully immunized by age 3, with lower rates for poor children (76%, Child Trends, 2004).
- Almost all (93%) of Healthy Start children received regular developmental screening during FY 2007-08. Most (91%) of these children showed normal growth and development on their overall assessments. Of those parents whose children's assessments indicated a possible developmental delay, 96% received referral information and/or information to support their child's development in the area of delay.

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 and reach 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:

- 85% were connected to housing assistance,
- 91% were connected to education assistance,
- 91% were connected to job training and employment services,
- 97% were connected to Temporary Assistance for Needy Families, and
- 77% were connected to dental insurance, at a time when dental coverage was cut under the Oregon Health Plan (OHP).

These services are critical to family stability, health, and self-sufficiency. Further, although a relatively small number of families needed services related to domestic violence or substance abuse, almost all families indicating a need in these areas were connected with services (96% and 100%, respectively).

Finally, about one-fifth (20%) of parents reported their family income situation had improved over the past 6 months, and 32% 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 2007-08 than in any prior year:

- 9,897 first-birth families were screened in 2007-08, slightly more than in FY 2006-07 and more than in FY 2005-06.
- Only 7% of families declined to hear about Healthy Start at the initial point of contact. An additional 7% accepted the information about parenting and community resources from Healthy Start, but declined to participate in screening and 6% could not be reached after signing a preliminary release form. Of those screened, only 147, or 1%, declined to participate in the evaluation.
- Most screening (89%) 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 negative outcomes:

- Of those families screened, 57% (5,208 families) screened at higher risk making them eligible for Healthy Start Intensive Services.
- Families screened by Healthy Start have more demographic risk factors, compared to Oregon's general population, suggesting that programs are targeting their screening resources on families most likely to be in need of Intensive Home Visiting Services. For example:
 - 53% of those screened were single mothers, compared to 32% in the general population (KIDS COUNT, 2004)
 - 9% of those screened were teen mothers (17 years and under), compared to 3% in the general population (KIDS COUNT, 2004)

- 23% of mothers screened had less than a high school education, compared to 20% in the general population (KIDS COUNT, 2004)



This year, because of a streamlined screening process, Healthy Start was able to offer Intensive Services to 3,137 eligible families, similar to 2006-07, and many more than in 2005-06 (3,388 families in 2006-07 and 1,175 in FY 2005-06). In all, Healthy Start served more Intensive Service families this year than in prior years—a total of 3,235 families. Six hundred and twenty seven (627) families (about 20% of those eligible) were not able to be offered Healthy Start home visiting because of funding restrictions leading to a lack of capacity to serve all the families needing and wanting services.

Because Healthy Start services are voluntary, a number of parents decline to participate in the Intensive Services component. The most frequent reason for not participating is that parents believe services are “not needed” (70% of those declining). Evaluation data supports the idea that parents who are less in need of Healthy Start are more likely to decline to participate. Analyses show that families with more total risk factors on the screening tool were significantly *more likely* to accept Intensive Services compared to those with fewer risk factors. Further, families were more likely to accept Intensive Services if they: (1) were teen parents; (2) had less than a high school

education; (3) were at risk for depression; (4) were unemployed; or (5) had substance abuse issues.

Families enrolled in Intensive Services are characterized by a number of risk factors. Specifically, compared to families who were screened and referred only, they were significantly more likely to be:

- single-parent households;
- Teen parents
- Unemployed
- Have less than a high school education
- Be at risk for depression
- Have marital/relationship problems
- Lack health insurance
- Have late or no prenatal care
- Have financial difficulties than families who were screened but did not participate in the home-visiting component.

Further, 68% of parents receiving home visits from Healthy Start reported having grown up in homes with at least one parent who had problems with substance abuse, mental health, and/or criminal involvement. Seventy-nine percent (79%) 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 current capacity of Healthy Start to provide them:

- A total of 1,423 new Intensive Service families were able to be enrolled; however, 627 (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 parents reported Healthy Start “helped a lot or a little” by providing parenting information. Parents also reported that their home visitor “helped a lot or a little” with obtaining basic resources (80%), dealing with emotional issues (77%), and encouraging the development of positive relationships with family or friends (81%). Parents reported that the services provided by the program are culturally competent (92%) and help them to build on their family’s strengths (86%).

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, thus ensuring home visiting services are consistent with evidence-based best practices. The state’s investment in accreditation has paid off in greater consistency and quality of services across the state, although variability in both process and outcome indicators suggests that there continues to be room for improvement. Research on home visiting programs shows these services *can* work; however, the quality and intensity of services must be held at high levels. During 2007-08, Healthy Start programs continued to engage in ongoing monitoring and quality assurance efforts. The success of these efforts is reflected in this year’s process and outcome data. OCCF staff and NPC Research continue to monitor program quality using both the HFA standards and the Oregon Healthy Start Service Delivery Performance Indicators. 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. This will be particularly challenging in the upcoming biennium, which is likely to involve fiscal challenges.

Home visiting services that are delivered in conjunction with other community supports such as specialized services for serious issues (e.g., substance abuse, domestic violence, mental illness), high quality daycare or preschool, early intervention, health care providers, and other resources are generally acknowledged to create the best outcomes for children. As the state’s largest consistent screening and identification system, Healthy Start plays a key role as a common point of entry into early childhood, parenting, and other services for families. Strengthening the role of Healthy Start in being able to consistently identify families and children at risk can benefit the state early childhood system as a whole by eliminating duplicative screening processes and streamlining referrals. This screening process could be strengthened even further if it was expanded to additional families, and if additional community partners, especially hospitals and medical facilities.

However, it is important to recognize that Healthy Start cannot be “everything for every family” and as such can sometimes be most effective by helping families access an array of community based services. In this area, strengthening the skills of Healthy Start workers in identifying serious family issues such as domestic violence, mental health, and substance abuse may be important. However, identification is only a first step; success for these families relies on whether Healthy Start can successfully connect families with needed resources. Community-wide work in building collabo-

rations to provide these services to families, as well as significant investment in resources for mental health, substance abuse, and other critical issues is needed. This effort will require widespread backing for an effective system of supports for children and families, within which Healthy Start can play an important, but not isolated, role.

Overall, data collected for this evaluation documents that Healthy Start provides effective services to prevent child maltreatment and support school readiness to Oregon's highest risk children and families. Healthy Start programs continue to demonstrate positive outcomes for high risk families by supporting the development of positive home environments, early literacy activities, health care, and positive parent-child interactions, all of which are critical to prevention of child abuse. Continued support for Healthy Start's effective screen-

ing, referral, and intensive home visiting component is critical for supporting Oregon's children in their most vulnerable early years.

As 2009 begins, the economic climate in Oregon suggests that the need for Healthy Start and other support services for the youngest children and their families will increase, while state funding to meet this need may not be readily available. During tight economic times, it is important to consider the significant long-term cost savings that can be attained through investments in effective prevention programs, like Healthy Start (Rolnick & Grunewald, 2003). Oregon's investment in its youngest children, and in prevention, has the potential to provide lasting benefits if such investments are continued through the current economic downturn.