

**Statewide Evaluation
Results 2011-2012:
Healthy Start~
Healthy Families Oregon
*Executive Summary***

Submitted to:

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**Statewide Evaluation Results 2011-2012:
Healthy Start~Healthy Families Oregon**
Executive Summary

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EXECUTIVE SUMMARY

Healthy Start~Healthy Families Oregon (HS~HFO) provides voluntary, evidence-based home visitation to high risk families in 35 Oregon counties. The HS~HFO program is accredited by the Healthy Families America program, which was rated in 2010 as meeting the U. S. Department of Health and Human Services (DHHS) criteria for evidence-based home visiting models (see www.promisingpractices.net and <http://homvee.acf.hhs.gov/Default.aspx>).

In 2011-2012, HS~HF Oregon provided risk screening and basic information to 9,052 first time mothers across the state – over half of all first births. Families who are identified through this screening process as being at high risk for child maltreatment and other negative outcomes are offered intensive, evidence-based home visitation services—in 2011-12, 3,181 families received home visiting, making HS~HF Oregon the state’s largest child abuse prevention program.

Healthy Start~Healthy Families Oregon (HS~HFO) 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 HS~HFO 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 the program are to:

1. Prevent child abuse and neglect; and
2. Improve early indicators of school readiness.

To achieve these goals, HS~HFO uses the evidence-based Healthy Families America (HFA) model, working with first time par-



ents during the critical early years of children’s brain development. Services begin prenatally or at birth, and continue until children are age three. 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, HS~HFO 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. Oregon was successfully re-accredited in 2012. Accreditation follows intensive review by national experts of the quality of implementation of the HS~HFO program, and ensures that the program meets national standards for model fidelity.

Rigorous program evaluation is a core required program element for Healthy Families America. Oregon has contracted with NPC Research to compile information collected by programs and conduct service implementation and outcome evaluation for over 10 years. This ongoing evaluation allows the state central administration and local programs to continually review data, ensure outcomes-based accountability, and to use this data for continuous program improvement. However, state budget cuts reduced funding available for the statewide

evaluation; thus, this document is the first comprehensive evaluation report for HS~HFO since FY 2007-08. Additionally, in 2009, NPC Research was awarded a five-year grant from the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families, to conduct a rigorous randomized trial and cost-benefit study of the HS~HFO program. This study will be completed in 2014.

Key findings from the FY 2011-12 evaluation are summarized below. A second report documenting the effects of HS~HFO on substantiated child maltreatment will be available later in spring 2013.

Outcomes for Children and Families

WHO ARE HS~HFO FAMILIES?

HS~HFO families are screened using a short, family-friendly risk screening tool that identifies up to 12 key risk factors associated with negative child outcomes. Of the over 9,000 first birth families screened, half (52%, or 4,414 families) had 2 or more of these 12 risk factors, making them potentially eligible for HS~HFO's intensive home visiting services. Families enrolled in home visiting services are characterized by an average of 3.3 risk factors, and are at significantly higher risk than families who receive initial screening and referral only. Specifically, home visited families 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
- Have late or no prenatal care

- Have financial difficulties than families who were screened but did not participate in the home-visiting component.

Families receiving home visiting present with a number of additional risk factors that place children at risk for maltreatment, for example:

- 85% of parents were experiencing multiple stressors related to parenting, poverty, and family instability.
- 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.
- 69% of parents reported having grown up in homes with at least one parent who had problems with substance abuse, mental health, and/or criminal involvement.
- 19%-42% had a variety of unrealistic and potentially harmful beliefs and attitudes about their newborn infants (e.g., high endorsement of the usefulness of corporal punishment).
- 32% of parents indicated a mild to moderate substance abuse problem.

REDUCING RISK FACTORS FOR CHILD MALTREATMENT

Recent reviews of the research literature suggest that poor parenting skills, negative or harsh parent-child interactions, and high levels of parenting stress are all consistently associated with an elevated risk of child abuse and maltreatment (Stith et al., 2009). HS~HFO targets these and other risk factors early in the child's life in order to reduce the likelihood of maltreatment and to support long-term success for children and families. HS~HFO has a proven track record of positive results in these areas that compares favorably to other programs serv-

ing high-risk families. Specifically, participants in HS~HFO show:

- **Increased positive parenting:** After one year of home visiting, 96% of parents consistently engaged in positive, nurturing interactions with their children.
- **Improved parenting skills:** 75% of parents reported that they improved their parenting skills during the first 6 months of services.
- **Decreased parenting stress:** 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 elevated levels of parenting-related stress.

PROMOTING SCHOOL READINESS

HS~HFO 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. HS~HFO participants:

- **Provide positive, developmentally supportive learning environments:** After 12 months of service, 88% 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 standardized Home Observation for Measurement of the Environment Inventory, a widely used assessment tool (Caldwell & Bradley, 1994). This percentage is higher than results found in other, comparable populations.
- **Read frequently to their young children:** By age 1, 92% of Healthy Start~Healthy Families' parents reported reading to their children 3 times per week or more. In Oregon, the National Survey of Children's Health (2007)

found that 85% of parents in the general population read this often to their children, and rates are considerably lower for Oregon's low-income families (76%) and Hispanic families (69%).

PROMOTING HEALTHY DEVELOPMENT

Positive health and development is a key foundation for children's later school readiness. HS~HFO is highly successful in promoting positive health outcomes for children, and greatly exceeds Healthy Families America standards on these issues. After at least 6 months in the program, children are:

- **Linked to primary health care:** 99% of HS~HFO children 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, an increase from 72% five years ago.
- **Receiving well-child care:** 93% of HS~HFO children were receiving regular well-child check-ups, compared to only 76% of all children ages 0-5 in Oregon (NSCH, 2007), and 84% of young children nationally (Child Trends, 2007).
- **Covered by health insurance:** 99% of HS~HFO children had health insurance, compared to 85% of low-income children nationally (NSCH, 2007). This is an increase from the 95% coverage rate reported five years ago for HS~HFO.
- **Fully immunized:** 90% of HS~HFO's 2-year-olds were fully immunized, compared to only 71% (National Immunization Survey, 2011)—76% of all Oregon 2-year-olds (Oregon ALERT Immunization Registry, 2010), and greatly exceeding the HFA standard of 80%. Nationally, about 82% of children were fully immunized by age 3 (Child Trends, 2007).

- **Showing healthy growth and development:** Almost all (88%) of HS~HFO children received at least one developmental screening (using the Ages and Stages Questionnaire, or ASQ) during FY 2011-12. Most (89%) of these children showed normal growth and development on their overall assessments and 96% were on track for social-emotional development.
- **Appropriately linked to Early Intervention:** Of those parents whose children's assessments indicated a possible developmental delay, 95% received referrals and/or other services to support their child's development in the area of delay. Only 7% declined to be referred for early intervention services.

While not all HS~HFO programs provide services prenatally, results suggest that providing home visits prenatally may enhance health-related outcomes. Specifically, mothers served prenatally were:

- More likely to be breastfeeding their infants (82% vs. 66% of mothers served postnatally)
- Less likely to have premature infants (7%) compared to those served postnatally (12%), although the overall number of premature infants is small.
- More likely to receive early and comprehensive prenatal care compared to those served postnatally (90% vs. 80%).

Finally, HS~HFO mothers who had a subsequent (second) child were more likely to receive early and comprehensive prenatal care for their subsequent birth (91% vs. 86% for their first pregnancy).

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 home visiting services, many families had been connected to services they needed. Of those families indicating each of the following needs:

- 77% were connected to housing assistance,
- 76% were connected to education assistance,
- 73% were connected to Temporary Assistance for Needy Families,
- 69% were connected to job training and employment services, and

Fewer families were successfully connected to dental insurance (55%) and substance abuse treatment (60%). Compared to the 2007-08 findings, the percentage of families who identified many of these needs was higher, while the number successfully connected to needed services was somewhat lower, than in prior years. This may reflect the overall economic downturn as well as related state and federal budget cuts for these services.

PARENT SATISFACTION WITH HS~HFO

Parents are given multiple opportunities to provide confidential feedback about the services they receive from HS~HFO. Overall, families are extremely positive about the home visiting services. Almost 100% of HS~HFO parents reported that the home visitors "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 (96%), dealing with emotional issues (95%), and encouraging the development of positive relationships with family or friends (92%). Parents reported that the services provided by the program are culturally competent (96%) and help them to build on their family's strengths (84%).

Program Implementation & Service Delivery

Strong outcomes cannot be achieved without high-quality service delivery. HS~HFO has maintained a strong system for screening, contacting and offering services to first-time parents, reaching slightly more than half of all first time parents during 2011-12 (51%, or 9,052 families). Most screening (93%) took place prenatally or during the first 2 weeks after the baby's birth, exceeding the HFA standard of 80%, and showing a 5% increase in the rate of early screening compared to the the 2007-08 report. Slightly more than one fourth of all screenings (2,308 screenings, 27%) were conducted prenatally. Early screening and engagement of families in services is critical to program success.

The program served 3,181 families with evidence-based intensive home visiting services during FY 2011-2012. Services were offered to 4,085 families; about two-thirds of these indicated that they would be interested in the program. The primary reason for declining services was that the family felt that services were not needed; in fact, those families who indicated this as a reason for declining had fewer risk factors, on average, than those who were interested in home visiting.

For families who indicate that they are interested in home visitation, a follow-up contact or home visit is scheduled near the due date or shortly after the baby's birth. Of these follow-up contacts, 70% are made successfully. Families are not contacted and/or offered services for a variety of reasons, including:

- Services are not available/program caseloads are full (20%)
- Additional local eligibility criteria are not met (28%)

- Families can no longer be reached or located (51%)

Overall, of those families who are initially screened and indicated interest in the program, about 45% (839) enrolled in services and began receiving home visits.

Statewide, Hispanic families were more likely than other families to accept and engage in home visitation (55% of Hispanic families vs. 38% of White families). Hispanic families also were more likely to remain in the program longer, compared to White/Caucasian families. This is consistent with past research showing that home visiting programs, with their family-centered approaches, may be particularly culturally appropriate for Hispanic families (Nievar, Jacobson, & Dier, 2008). However, it also suggests that the program may need to improve its strategies for successfully engaging and retaining other families in services.

Thus in 2011-2012, a total of 3,181 families received intensive home visitation; of these 839 were new to the program during this fiscal year. Families remain in the program, on average, until the baby is about one year of age. The average age of children at exit from the program is 14 months, although the average for local programs ranges from 3 months to 30 months, with 9 programs retaining families for 20 months or more.

MEETING SERVICE DELIVERY STANDARDS

Across six key service delivery performance standards (related to timing, engagement, provision, and retention in services), the state met or exceeded the Oregon Performance and/or HFA standards in all six areas. Individual programs showed somewhat greater variability:

- 17 out of 33 local program¹ sites met state standards for screening (more than 50% of target population screened)
- 28 out of 33 met state standards for early screening (70% within 2 weeks of birth)
- 31 out of 33 met standards for timely delivery of the first home visit (80% of first home visits by baby's 3-month birth date)
- 28 out of 33 met state standards for successfully engaging over 75% of families for more than 90 days;
- 24 out of 33 met the standard for successfully retaining at least 50% of families for more than 1 year of service.
- All 30 programs met the standard for providing the expected number of home visits (specifically, providing 75% of expected home visits to participants).

continued to be reduced since accreditation was originally achieved in 2007.

HS~HFO programs represent a key component of the state's effort to screen families and children for risk of negative outcomes, and to the system of home visitation and supports for at-risk families. Evaluation results underscore the key role that HS~HFO programs have in improving outcomes for these families, and in laying the foundations for later success.

Conclusions

Healthy Start~Healthy Families Oregon has consistently documented positive outcomes for parents and children for over 10 years. During FY 2011-2012, program participants showed improvements 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 and local levels 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 HFA accreditation appears to have resulted in greater consistency and quality of services across the state, and variability in implementation quality across programs has

¹ There are currently 30 HS~HFO programs with 33 physically distinct (county level) sites.