

HEALTHY FAMILIES OREGON KEY EVALUATION FINDINGS FY 2016–2017



OVERVIEW

Healthy Families Oregon (HFO) is a nationally accredited Healthy Families America (HFA) program. The HFA model has been designated by the U.S. Health Services & Research Administration (HRSA) as one of 20 evidence-based programs for improving outcomes for children and families.¹ HFA accreditation ensures high-quality implementation of recognized standards of practice for effective home visiting programs. HFO has a documented track record of achieving positive outcomes for children and families, including supporting children’s social-emotional and cognitive readiness for school and improving access to resources and supports.

In 2017, the HFO program successfully went through a rigorous re-accreditation process with the HFA national office. In addition, as of January 1, 2018, the program has adopted and begun to implement HFA’s revised and improved Best Practice Standards for quality services. To continue to support home visiting quality, the state has also implemented additional training opportunities through on-line education, requiring staff participate in Structural Equity training, and the launch of new Advanced Home Visiting learning seminars. Four regional programs are also participating in Continuous Quality Improvement projects in partnership with The Ford Family Foundation. Finally, through partnerships with the Coffee Creek Correctional Facility and Inverness Jail, the program recently began a pilot project to serve pregnant and parenting women who are incarcerated, a population that is at extremely high risk for negative outcomes.

Healthy Families Oregon (HFO) is the largest child abuse prevention program in the state, with programs contracted and managed through local nonprofits. In fiscal year 2016–17, HFO provided screening and referral services to 7,108 families of newborns (16% of all births) and evidence-based intensive home visiting to 3,237 of Oregon’s most at-risk families. While this represents the largest number of families served statewide in the past 5 years, the need for additional services remains apparent. In 2016–17 there were at least 582 families who were screened and found eligible for services but who could not be offered services because programs had reached their capacity limits. Further, somewhat fewer families received initial HFO screening and information than in prior years. Thus, there is little doubt that there is significant unmet need given the large number of potentially eligible families who were not screened for eligibility.

As part of HFA’s quality performance standards, program evaluation that provides systematic data for continuous improvement is required. NPC Research and Portland State University are the contracted statewide evaluators for the HFO program. In this document we present an overview of key program outcomes and service delivery performance indicators for the 2016–17 statewide evaluation.² For more information about HFO and for comprehensive results for statewide, regional, and county-level programs, please visit: www.npcresearch.com.

¹ <https://homvee.acf.hhs.gov/models.aspx>

² Child maltreatment data for the 2016–17 fiscal year have not yet been released by Oregon DHS. Once released, the evaluation team will present a summary of abuse and neglect risk for HFO families during that time.



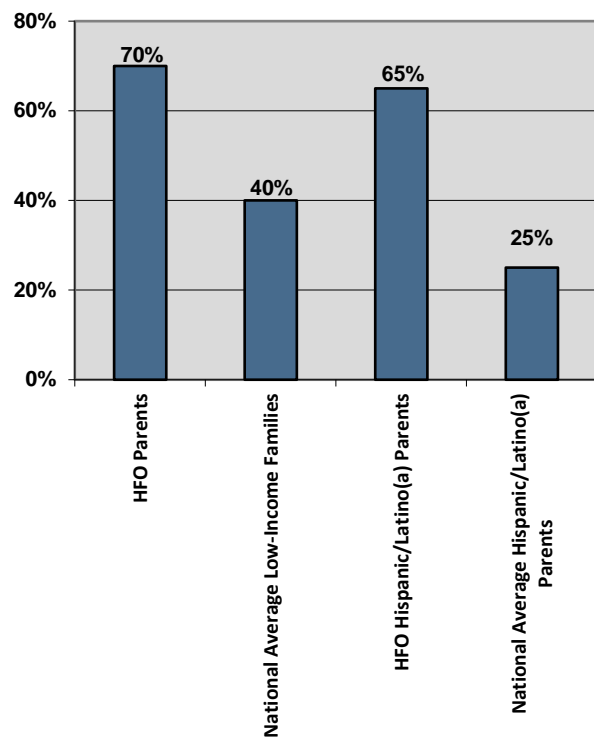
HFO IMPROVES POSITIVE, NURTURING PARENTING

A foundational goal for HFO is to improve the quality of parent-child interactions to support health child development. In 2016–17, results found that after at least 6 months in the program, parents reported:

- ▶ **More Early Literacy Support:** 70% of parents reported **reading to their children daily, greatly exceeding national averages.** Daily reading is a key building block for later school readiness in children.
- ▶ **Improved Quality of Parent-Child Interactions:** 94% of parents reported that they engaged in positive, developmentally supportive interactions with their children.
- ▶ **Improved Parenting:** 66% of parents reported improved parenting skills from enrollment to the 6-month follow-up.
- ▶ **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



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HFO BUILDS HEALTHY CHILDREN AND FAMILIES

A second key goal for HFO is to support child health in the critical first 3 years of life. HFO also supports maternal and family health by connecting families to nutritional and health services, and by providing education about health and wellness. Results from 2016–17 found that:

- ▶ **Health Care:** After at least 6 months of service, children in families served by HFO were more likely, compared to Oregon children generally, to be connected to key preventive health services:

³ Retrieved from <https://www.childtrends.org/indicators/reading-to-young-children>

- 99% of HFO children had health insurance, compared to 96%⁴ in Oregon overall.
- 91% of HFO children had a well-child exam in the last 12 months, compared to 67%⁵ in Oregon.
- 85% of all HFO children were up-to-date with immunizations and 86% of HFO children were fully immunized by age 2 (compared to 68% statewide).⁶

► **Providing Home Visits Prenatally Improves Birth Outcomes:**

- Not all HFO families are served prenatally, however, those that were (n=166), were 14% more likely to report breastfeeding their infants (87%) compared to those who began service postnatally (73%).
- Among the 56 families who had a second child while enrolled in HFO in 2016–17, 100% received early, comprehensive prenatal care; only 86% of these mothers received high quality prenatal for their first birth.
- Babies born to families screened and served prenatally were less likely to be premature (7% vs. 11%).

► **HFO Provides Important Early Developmental Screening and Referral:**

- 72% of all HFO children received two timely developmental screenings using the Ages and Stages Questionnaire (ASQ) during 2016–17.⁷ While this is below the HFO goal of ensuring all enrolled children have timely developmental screens, it is considerably higher than the Oregon state average for receiving a single developmental screening before age 3 (62%⁸).
- 5% of the children screened with at least one developmental screening during the year were identified with a developmental concern or delay; of these almost all (89%) received a referral to Early Intervention services or other appropriate follow-up services.



⁴ Retrieved from

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_B27001&prodType=table

⁵ Oregon Health Authority (2016). Oregon's health System transformation: CCO Metrics 2015 Final Report. Retrieved from <https://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf>

⁶ <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Pages/researchchild.aspx>

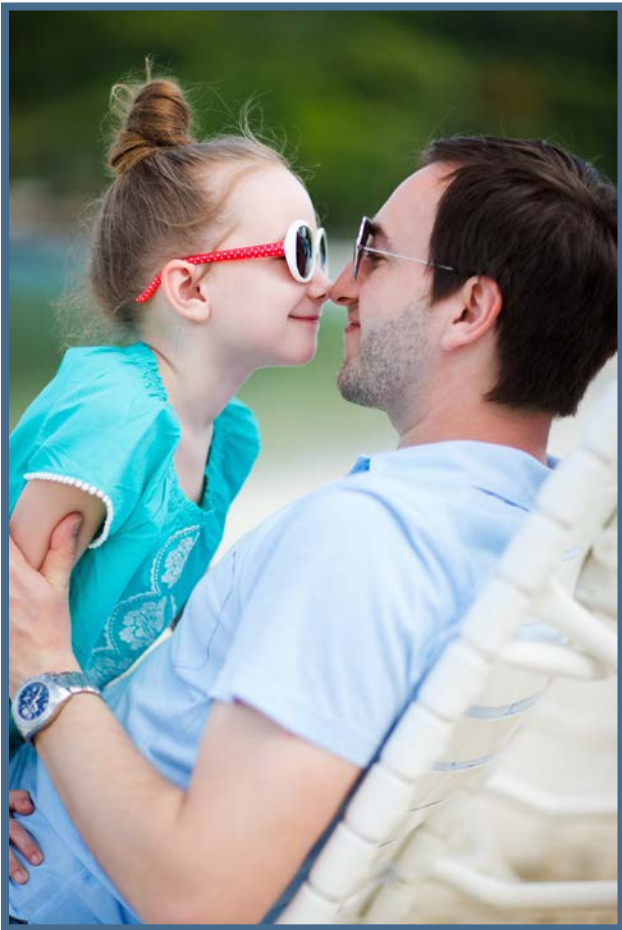
⁷ A timely screen is defined as receiving a developmental screening within 30 days of the recommended timeframe for ASQ administration, which includes at least two screenings per year depending on the child's age.

⁸ Oregon Health Authority (2016). Oregon's health System transformation: CCO Metrics 2015 Final Report. Retrieved from <https://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/CCO-Metrics-2016-Final-Report.pdf>

HEALTHY FAMILIES OREGON SUCCESSFULLY ENGAGES & RETAINS FAMILIES OF COLOR

Statewide, 42% of HFO families in FY 2016–17 were White/Caucasian (compared to 68% of mothers giving birth statewide⁹). Thirty-two percent (32%) were Hispanic/Latino (compared to 19% statewide) and 21% represent other families of color (compared to 13% statewide): 6% African American, 4% Asian, 1% Native American, 1% Hawaiian/Pacific Islander, and 9% multi-racial.

Compared to overall state demographics, Hispanic families in particular are well



represented in HFO. 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 (73% vs. 62%) and remained in services at least as long as White families (87% vs. 83%) and other families of color (84%).

KEY SERVICE IMPLEMENTATION INDICATORS

In addition to documenting key child and family outcomes, HFO programs maintain accreditation by meeting HFA's comprehensive Best Practice Standards for service delivery. The current evaluation helps track and report on a variety of these indicators, described below.

HFO programs met five 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, providing timely first home visits, and showed improvement in long-term family retention.

Results for family retention this year are particularly notable—84% of enrolled families were enrolled at least 12 months, compared to only 54-56% in the prior 2 years. Retaining families for longer periods of time is critical for supporting positive outcomes.

While targets were not met for providing timely developmental screenings, significant challenges associated with the lack of a statewide data system likely contributed to missing data for this indicator.

⁹ <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/BIRTH/Documents/Demographics/2014-2016/TOTALDem1416.pdf>

Service Delivery Indicators ¹⁰	Standard	Statewide % FY 2016–17	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	92%	Yes
2. Percentage of new families receiving their first home visit prenatally or within 3 months of the baby’s birth.	80% – 94%%	93%	Yes
3. Percentage of families engaged in services for 90 days or longer (early engagement).	75% – 89% engaged	94%	Yes
4. Percentage of families remaining in services for 12 months or longer	50% – 64% remained	84%	Yes
5. Percentage of children with at least two on-time developmental screen in the past year.	100%	72%	No
6. Percentage of Depression Screenings occurring with families prenatally (when serving a family prenatally) and within 90 days after birth.	100%	91%	Yes

CHALLENGES AND KEY RECOMMENDATIONS

Families served by HFO continue to show positive outcomes in a variety of domains that provide a strong foundation for later school readiness and which reduce the risk of child maltreatment. 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, a time period during which infants are particularly vulnerable to abuse and neglect. Finally, children in HFO exceed statewide averages for connection with, and use of, preventive health care services.

Overall, 2016–17 evaluation results suggest that the HFO program is highly successful in supporting a broad set of positive outcomes for

children and families. At the same time, as with any service, there is always room for continued improvement. Based on findings from the 2016–17 evaluation, we make the following recommendations to continue to enhance the effectiveness of the HFO program:

- 1. STRENGTHEN THE PROGRAM’S APPROACH TO ENGAGING AND SERVING FAMILIES PRENATALLY.** Evidence suggests that HFO is even more successful in supporting positive outcomes when families are screened and served during the prenatal period. At the same time, families who are screened prenatally were much less likely to accept HFO services than those screened post-birth (59% v. 73%). Further, statewide only 10% of HFO families started services before the child’s birth. Families screened at birth may be less likely to feel they need home

¹⁰ 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.



visiting services, which may make them less likely to accept services. Programs, therefore, may need additional support and training in how to engage these families successfully, as well as to ensure robust program content that is relevant to the prenatal period.

2. **CONTINUE TO EMPHASIZE AND SUPPORT BREAST-FEEDING.** Statewide, 73-87% of HFO mothers reported breastfeeding at Intake (typically about 30-90 days after the baby's birth). In Oregon, 91.9% of women initiate breastfeeding, but only 68% are still breastfeeding after 6 months.¹¹ The American Pediatric Society recommends that breastfeeding continue until the child's 1-year birthday to enhance positive health and attachment benefits.¹²
3. **IMPLEMENT A STATEWIDE DATA SYSTEM.** In July 2015, the state discontinued use of its centralized data system, intending to develop and implement a new, improved comprehensive system. However, at the time of this report, programs continued to rely on a complicated, incomplete statewide data system. Among other challenges, the current system relies on multiple methods of providing data to the state and for evaluation (e.g., entering directly into the data system, mailing survey forms to the evaluator, entering data into Excel spreadsheets). Further, this interim system does not have data quality control protocols or reports, making monitoring data quality and completeness extremely difficult. Not having a fully functional system continues to have a

significant impact on data quality while putting additional burden on program staff. The current state goal is to have a functioning data system in place by July 1, 2019; progress towards this goal should be a priority for the state.

4. **EXPAND AND STRENGTHEN INITIAL SCREENING FOR PROGRAM ELIGIBILITY.** Fewer families were screened for risk factors in FY 2016–17 (7,108) compared to recent prior years (7,314 during FY 2015–16, 7,681 during FY 2014–15, and 7,990 during FY 2013–14). Overall, these screened families represent a small percentage of Oregon's births (approximately 16%). It is our understanding that new screenings are conducted less frequently when caseloads are full. To comprehensively describe family risks, as well as offer other local resources even when programs are at service capacity, we recommend the ELD establish a statewide plan to expand screening services. This would allow for a more accurate representation of the true home visiting need in Oregon.
5. **CONTINUE TO ADVOCATE FOR ADDITIONAL FUNDING FOR HOME VISITING SLOTS.** In FY 2016–17, **582** families were eligible and interested in home visits but unable to enroll in services because visitor caseloads were full. This finding, coupled with the relatively low rates of screening for potentially eligible families, suggests that there is a significant unmet need in Oregon. Increased funding for HFO would provide additional screening opportunities as well as additional home visiting slots for

¹¹ <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

¹² <https://www.cdc.gov/breastfeeding/faq/index.htm>

families needing and wanting to receive the services. Additionally, a statewide commitment to supporting early school readiness by investing in evidence-based programs from birth through age 5 should

further prioritize additional funding for HFO and other evidence-based home visiting programs.

What Parents Are Saying About HFO

- ▶ “My visitor is lovely. Every week we look forward to our visit. She is someone I could seek advice in and makes me feel I’m not alone in stressful situations. Thank you so much!” – *parent of 6-month-old child*
- ▶ “The connection to community resources and the ability for my worker to come to me with those resources is amazing. It has helped me to find more time for myself and my family and reduces my stress and anxiety knowing that I can ask my worker for help and support.” – *parent of 6-month-old child*
- ▶ “Healthy Families is a wonderful program! It has been an absolute godsend for myself and my family. I strongly recommend your program to everyone I meet!” – *parent of 12-month-old child*
- ▶ “(Home visitor) is really quite nice and helpful. Never have I felt beneath them or that I needed to be anything but ourselves.” – *parent of 12-month-old child*
- ▶ “(Home visitor) has been one of the most supportive person we’ve ever known. She is well knowledged, extremely caring, respectful, understanding, giving. She is one of the best people we know and are so thankful for her mentoring and time. This is a much needed and great program.” – *parent of 24-month-old child*
- ▶ “I think this is an excellent program for all families. I love having someone tell me every month the things they see my child excel in or things we need to work on. It’s also very nice as a first time mom to have so many questions answered such as teething, feeding, illness, potty training, etc.” – *parent of 24-month-old child*

For more information about the HFO Evaluation, please contact:

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For copies of the full FY 2016–17 data tables, see www.npcresearch.com.

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