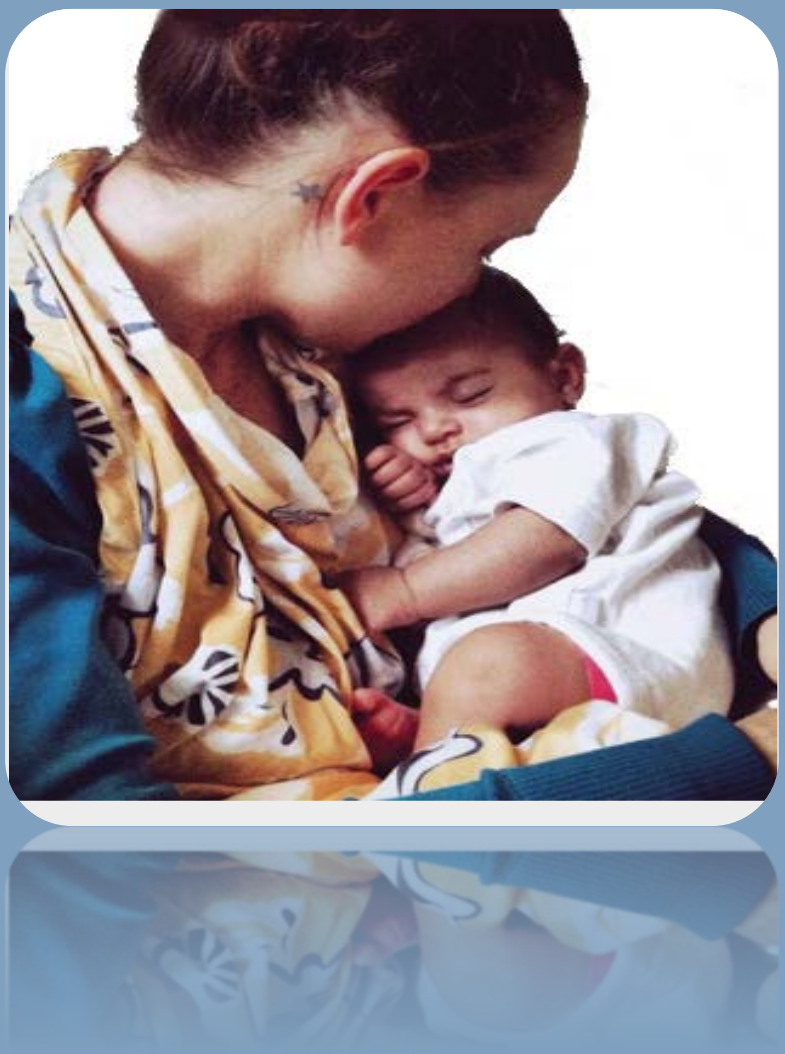
HEALTHY FAMILIES OREGON
KEY FINDINGS
JANUARY–DECEMBER 2018



NPC RESEARCH

DECEMBER 2019

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 Resources & Services Administration (HRSA) as one of 21 evidence-based home visiting 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.

HFO is the largest publically funded child abuse prevention program in the state, with programs contracted and managed through a variety of local organizations. In 2018, HFO provided screening and referral services to 5,501 families of newborns (13% of all births) and evidence-based intensive home visiting to 2,035[2] of Oregon's most at-risk[3] families. However, there were at least 636 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 2018 statewide evaluation. For more information about HFO and for comprehensive results for statewide, regional, and county-level programs, please visit: www.npcresearch.com.

[1] https://www.acf.hhs.gov/opre/research/project/assessing-the-evidence-home-visiting-evidence-of-effectiveness

[2] The number of families receiving home visits in 2018 is lower in comparison to prior years. This is likely due to a more stringent process for identifying served families in the statewide data system.

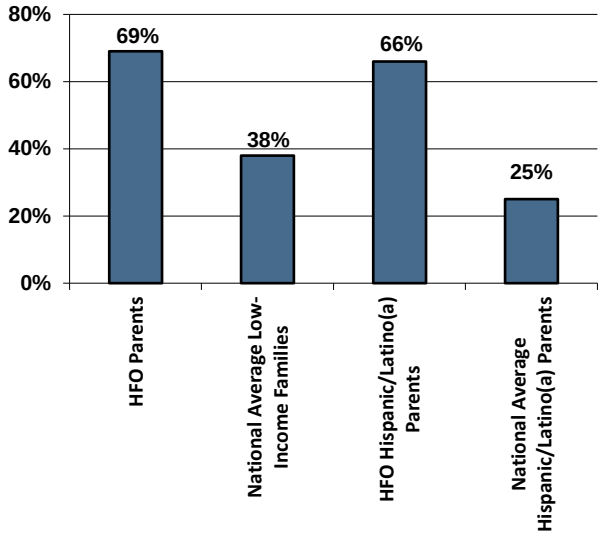
[3] The current version of the screening/eligibility instrument includes 15 items assessed for risk, including lack of prenatal care, teen parent, unemployed household, depression, and drug/alcohol use.

HFO IMPROVES POSITIVE, NURTURING PARENTING

A foundational goal for HFO is to improve the quality of parent-child interactions that support healthy child development. In 2018, results found that after at least 6 months post-birth, parents reported:

- ***More Early Literacy Support:*** 69% 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. HFO enhances reading activities with families who tend to have lower rates of literacy support for their young children (see table).
- ***Improved Quality of Parent-Child Interactions:*** 93% of parents reported that they engaged in positive, developmentally supportive interactions with their children.
- ***Improved Parenting:*** 62% of parents reported improved parenting skills from program enrollment to the 6-month follow-up.
- ***Decreased Stress:*** 64% of HFO parents reported a decrease in parenting-related stress, a significant risk factor for child maltreatment.

Percentage of Parents Reading Daily to Children Aged 0–5[4]



HFO STRENGTHENS HEALTHY CHILDREN AND FAMILIES

A second key goal for HFO is to support child health in the critical first 3 years of life. HFO supports maternal and family health by connecting families to nutritional and health services, and by providing education about preventive care, health, and wellness. Results from 2018 found that:

- ***HFO Increases Access to 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:

[4] Retrieved from https://stateofbabies.org/data/#/Oregon

- 91% of HFO children had a well-child exam in the last 12 months, compared to 65%[5] in Oregon.
- 86% of all HFO children were up-to-date with immunizations and 87% of HFO children were fully immunized by age 2 (compared to 75% statewide).[6]
- 98% of HFO children had health insurance, similar to Oregon's statewide average (97%).[7]

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

- Not all HFO families are served prenatally; however, those that were (*n* = 137) were more likely to report breastfeeding their infants (87%) compared to those who began service postnatally (75%).
- Babies born to families served prenatally were less likely to be premature (4% vs. 12%).

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

- HFO's goal is to ensure participating children have two timely developmental screens per year. In 2018, 72% of all HFO children received two timely developmental screenings using the Ages and Stages Questionnaire (ASQ).[8] Statewide, 72% of children receive a single developmental screening before age 3.[9]
- 5% of the children screened with at least one developmental screening during the year were identified with a developmental concern or delay; of these children, almost all (87%) received Early Intervention services.

HFO SUCCESSFULLY ENGAGES & RETAINS FAMILIES, PARTICULARLY FAMILIES OF COLOR

Compared to overall state demographics, Hispanic/Latino families in particular are well represented in HFO. Statewide, 43% of families participating in HFO were White (compared to 68% of all mothers giving birth in Oregon[10]). Thirty-six percent (36%) were Hispanic/Latino (compared to 19% of births statewide) and 19% were other families of color (compared to 13% of births statewide): 4% African American, 4% Asian, 1% Native American, 1% Hawaiian/Pacific Islander, 7% multi-racial, and 2% other.

[5] Oregon's health System transformation: CCO Metrics 2018 Final Report. Retrieved from https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2018-CCO-Report-FINAL.pdf

[6] https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2018-CCO-Report-FINAL.pdf

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

[8] 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.

[9] Oregon's health System transformation: CCO Metrics 2018 Final Report. Retrieved from https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2018-CCO-Report-FINAL.pdf

[10] Comparisons are based on most recent birth data by demographics, however it is expected the final rates for 2018 would not significantly vary from the 2015-2017 data available: https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/BIRTH/Documents/Demographics/2015-2017/TOTALDem1517.pdf

Further, Hispanic/Latino families and other families of color appear to be even more successfully engaged and retained in HFO services than White families. Hispanic/Latino families were more likely, compared to White families, to agree to participate in HFO (60% vs. 51%) and remain in service at least 12 months compared to White families (84% vs. 69%) and other families of color (65%).

KEY HFO 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 four out of six research-based Performance Standards for effective service delivery in 2018, 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 first home visits. They also showed improvement in long-term family retention.

Results for family retention this year are particularly notable—72% of participating families were involved at least 12 months, compared to only 53-56% during 2011-2016.[11] Retaining families for longer periods of time is critical for supporting positive outcomes.

[11] Retention for FY 2016-2017 was reported at 84%; however, analyses conducted for the 2018 Status Report suggest there may have been an error in how the statewide data system assigned entries and first home visits to families, two key data points necessary for determining retention.

Service Delivery Indicators[12]	2018 Standard (Adequate)	Statewide % 2018 (Aggregate)	Standard Met?
1. Percentage of eligibility screenings occurring prenatally or within the first 2 weeks of the child's birth.	80-94%	92%	**Yes**
2. Percentage of new families receiving their first home visit prenatally or within 3 months of the baby's birth.	80-94%	90%	**Yes**
3. Percentage of families engaged in services for 90 days or longer (early engagement).	75-89%	91%	**Yes**
4. Percentage of families remaining in services for 12 months or longer.	50-64%	72%	**Yes**
5. Percentage of children with at least two timely developmental screens in the past year.	90%	72%	***No***
6. Percentage of maternal depression screenings occurring prenatally (when serving a family prenatally) and within 90 days after birth.	80-94%	45%	***No***

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. Families who participate in HFO 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, 2018 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 2018 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

[12] This is a partial list of service delivery indicators. Additional data were maintained locally by programs or by the Oregon Early Learning Division (ELD) and therefore not tracked by the HFO evaluation. A complete description of best practice standards can be found at: http://www.dhs.state.il.us/OneNetLibrary/27896/documents/GATA_2018Grants/FCS_NOFOs/2018_2021HFABestPracticeStandardsJuly2017_.pdf

successful in supporting positive outcomes when families are screened and served during the prenatal period. However, only 7% of HFO families started services before the child's birth. Families screened at birth may be less likely to feel they need home visiting services, which may make them less likely to accept services. Programs, therefore, may need additional support and training in how to identify, screen, and engage families prenatally, as well as to ensure robust program content that is relevant to the prenatal period.

2. CONTINUE TO EMPHASIZE AND SUPPORT BREASTFEEDING. Statewide, 87% of mothers enrolled in HFO prenatally and 75% of mothers enrolled in HFO postnatally reported breastfeeding at intake (typically about 30-90 days after the baby's birth). In Oregon, 89% of women initiate breastfeeding, but only 73% are still breastfeeding after 6 months.[13] The American Pediatric Society recommends that breastfeeding continue until the child's 1-year birthday to enhance positive health and attachment benefits.[14]
3. CONTINUE TO DEVELOP THE 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 an incomplete and fragmented 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, maintaining program hard files). While improvements to data quality control in the data system have been made since the FY 2016-2017 report, additional data quality checks, data entry protections, and program-level monitoring reports are needed. Not having a fully functional system continues to have a significant impact on data quality while putting additional burden on program staff.
4. EXPAND AND STRENGTHEN SYSTEMS FOR PRENATAL & PERINATAL ELIGIBILITY SCREENING, SYSTEMATICALLY INTEGRATING HFO AND THE FAMILY CONNECTS PROGRAM. Fewer families were screened for risk factors in 2018 (5,501) compared to recent prior years. Overall, these screened families represent a small percentage of Oregon's births (approximately 13%). It is likely that screenings are conducted less frequently when caseloads are full, despite the potential for using screening services to connect families with resources other than HFO. As the state moves forward to implement the recently approved universally offered home visiting program Family Connects, it would be wise to strategically align this work with existing HFO screening systems to leverage the success of this effort.
5. INCREASE STAFF TRAINING AND SUPPORT FOR COLLECTING & REPORTING REQUIRED DATA. There is clearly a need for additional training and support for staff who are responsible for collecting important required evaluation data. In particular, data that are gathered using tools and/or protocols that undergo frequent updates were particularly problematic this year (including ASQ and Depression screenings), with substantial issues related to consistency and quality of data available for

[13] https://www.cdc.gov/breastfeeding/pdf/2018breastfeedingreportcard.pdf

[14] https://www.cdc.gov/breastfeeding/faq/index.htm

the evaluation. While some key forms and processes (e.g., many of the child and family outcomes submitted through "bubble sheets") have not changed substantially, data and outcomes related to family enrollments/exits, first home visits, ASQ screenings, and depression screenings have varied in quality and consistency the past several years. Developing updated training tools and/or providing more focused technical assistance to programs, especially those with new home visitors, is clearly needed. This quality assurance will also be important as additional changes to data collection and management are implemented in the coming years.

For more information about the HFO Evaluation, please contact:
Jerod Tarte (tarte@npcresearch.com) or Beth Green (beth.green@pdx.edu).
For copies of the full 2018 data tables, see www.npcresearch.com.
For more information about Healthy Families Oregon, please contact:
Early Learning Division, Oregon Department of Education
early.learning@state.or.us, (503) 947-1400, or visit
https://oregonearlylearning.com/healthy-families-oregon.