OREGON CHILD CARE HEALTH CONSULTATION PROGRAM

2008 STATUS REPORT

Department of Human Services Public Health Division

Office of Family Health

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EXECUTIVE SUMMARY

Overview of the Oregon Child Care Health Consultation (CCHC) Program: Demonstration Phase to Implementation Phase

The Oregon Child Care Health Consultation (CCHC) program provides the following services:

- **General consultation** to child care providers on health and safety in child care
- **ABC Consultation: assessment-based, comprehensive consultation** for six months to child care providers to meet their specific, long-term health and safety goals
- **Group training and community health events** for child care providers, parents, and children to share information on health and safety in child care
- **Collaboration** between the health system and the early childhood care and education system

These services help child care providers to improve the health and safety of child care environments and to achieve the highest quality of care for the one-half of all Oregon children under the age of 13 years who are in some form of child care at any point in time.

Fiscal year (FY) 2008 (July 1, 2007 – June 30, 2008) was the first implementation year of the state CCHC program after the four-year demonstration phase ended in June 2007. The state program started with four local program sites: one in Lincoln County, one in Multnomah County, one in the Eastern Oregon region (Baker, Union, Malheur, Grant, Harney, and Wallowa counties), and one locally-funded program in Clackamas County.

A comprehensive evaluation of the program's four-year demonstration phase found several successes. After receiving an average of six months of CCHC services, child care providers:

- Reported an average of 20% improvement in their knowledge and practices related to children's health and safety in child care;
- Made significant improvements in implementing the main child care policies related to children's health and safety (child guidance, behavior, and discipline, emergency plans, health exclusions, and hand washing);
- Noted an 18% increase in children in their care with known medical care providers, a 14% increase in children in their care with known dental care providers, and a 30% increase in children's up-to-date recommended immunizations.

CCHC Services and Program Activities in Fiscal Year 2008

During FY 2008, CCHC continued to offer the following main services:

- Consultations
  - Provided an estimated total of 2,908 consultations through 1,054 site visits, 1,261 phone calls, 324 e-mails, and 269 other contact modes;
- ABC Consultation Program
  - Engaged 98 unique child care providers in the six-month intensive, assessment-based, comprehensive consultation program (769 estimated children were in the care of these providers);
  - 84% of ABC consultation clients in FY 2008 were small-scale, home-based child care providers whose children in care are mostly younger than six years of age (79%) and whose care environments vary widely;
- Group Training and Community Health Events
  - Offered 315 group training and community health events for 5,556 people.

These program services represented a growth in services over the previous fiscal year, although the pace of growth was less than in the previous two years.

The OFH made special efforts in FY 2008 to explore and prepare for possible program expansion over the coming years. The efforts included a comprehensive evaluation of the program's four-year demonstration phase and collaborative expansion planning with the current program partners and the Addictions and Mental Health Division. In this process, the OFH was able to examine the program from various perspectives, explore strategic options, and position itself for a potential program expansion in the future.

Program Evaluation Activities in FY 2008

The core CCHC evaluation methods remained the same in FY 2008 as in the previous years, with only minor modifications made to improve program quality and measure the effects of the program more accurately. The new main preliminary findings from the FY 2008 data collected through the streamlined methods were:

- The child care providers who completed the ABC consultation program received an estimated average of six consultation sessions through two site visits and four other contacts in the six-month service period;
- After child care providers received six months of ABC consultation, the vast majority completed their consultation goals or made good progress toward completion (32% to 38% of providers completed all of their consultation goals; 38% to 46% of providers completed some of the goals; there were no providers who did not make any progress toward completion.)

As part of the program expansion exploration efforts, a time study of the current CCHC Health Resource Teams' activities was implemented. The main goal of this study was to establish the information needed to develop a transferable CCHC program model. The analysis of preliminary data indicated that:

- The CCHC team members spent one third of their time with clients to provide services and approximately 1.3 times as much time was needed for preparation of client services;
- The CCHC team members were implementing the program's "reflective practice" strategy in which they shared expertise to prepare client services and strengthen the team's capacity.

Starting next fiscal year, the evaluation of the CCHC program will be transferred from PRE, the external evaluator, to the Maternal and Child Health (MCH) Assessment and Evaluation unit newly created within the OFH. After the next fiscal year ends (June 30, 2009), the MCH Assessment and Evaluation unit will analyze the data collected for two years on the state program and will present more comprehensive findings of the CCHC program evaluation. The unit will also continue to improve the evaluation methods to confirm and build on the promising outcomes of the CCHC demonstration phase.

OVERVIEW OF THE OREGON CHILD CARE HEALTH CONSULTATION (CCHC) PROGRAM

Description of the Program

The Oregon Child Care Health Consultation (CCHC) program provides consultation and training for child care providers to practice the highest quality of care and enhance the health and safety of children in their care. The program was started in March 2003 and currently provides services in Clackamas, Lincoln, and Multnomah counties and the Eastern Oregon region (Baker, Union, Malheur, Grant, Harney, and Wallowa counties).

By using a community-based approach and local multidisciplinary teams of child care experts (health consultant, mental health consultant, early childhood educator and child care specialist), the CCHC program:

- Provides **general consultation** to child care providers on health and safety in child care. Specific topics of consultation include: prevention of child injury and illness, immunization, caring for children with special needs, caring for infants and SIDS prevention, children's social and emotional issues and challenging behavior, emergency preparedness, environmental health issues, and care provider's health and safety. Consultation may be conducted by phone, e-mail and site visits.

- Offers intensive, **assessment-based, comprehensive (ABC) consultation** for six months to child care providers to meet their specific, long-term health and safety goals. ABC consultation includes an assessment of the child care environment and a review of policies and child care health records.

- Presents **group training and community health events** for child care providers, parents, and children to share information on health and safety in child care.

- Promotes **collaboration** between the health system and the early childhood care and education system to improve the quality of child care and children's physical and emotional health and safety.

Local CCHC programs and consultants base consultation and training on two key evidence-based elements: (a) Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care[1] and (b) Promoting First Relationships curriculum.[2]

Need for the Program

Healthy and safe child care practices and knowledgeable child care providers are crucial to the many young children who spend a significant amount of time in child care. In Oregon, about half of all children under age 13 years are in some form of child care and early education at any point in time.[3] By the time an Oregon child enters kindergarten, about three fourths will have spent some time in some type of child care and early education.[4] Thirty-seven percent of children spend an average of 29 hours per week in paid child care and early education.[5]

- Sixteen percent of the parents in Oregon with children under age 13 years do not always feel safe and secure with child care; 45% of the parents feel that the care or education program does not always meet their children's needs.[6]

- Research shows that health consultation to child care providers improves child care quality by preventing illness and injury and promoting children's physical, emotional, and behavioral health.[7]

- As of 2007, 24 states require or mandate by licensing or regulation some type of child care health consultation for child care and early education programs.[8] Oregon is not one of those states.

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[1] American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. *Caring for our children; National health and safety performance standards: Guidelines for out-of-home child care* (2nd ed.). Elk Grove Village, IL: American Academy of Pediatrics. 2002.
[2] University of Washington. NCAST-AVENUW. 2008. http://ncast.org/PFR_Research.html.
[3] *2006 Oregon Population Survey* and *2006 Oregon Population Estimates* from Population Research Center, Portland State University. (*Analysis provided by the Oregon Child Care Research Partnership, Oregon State University.)*
[4] Ibid.
[5] Weber, B., Vorpagel, B., & Kujala, B. *Child care and education in Oregon and its counties: 2004.* Oregon Child Care Research Partnership, Oregon State University. January 2007.
[6] Oregon Progress Board. *2006 Oregon Population Survey- Technical report.* Northwest Research Group, Inc. March 2007.
[7] Ramler M., Nakatsukasa-Ono, W., Loe, C. et al. *The influence of child care health consultants in promoting children's health and well-being: A report on selected resources.* The Healthy Child Care consultant Network Support Center. August 2006.
[8] Healthy Child Care Consultant- Network Support Center (HCCC-NSC). 2007. http://hcccnsc.edc.org.

- Oregon's leaders are responding with support for making CCHC services available to child care providers. In a report presented to the Governor and the 2007 Legislature,[9] the Oregon Commission for Child Care designated "safe and healthy" child care as one of five priority areas and recommended the CCHC program as one of the nine program initiatives.

- The CCHC program activities are aligned with the efforts of Oregon's Early Childhood Comprehensive Systems (ECCS) program to strengthen the state's capacity to help families and communities raise healthy children who are ready to learn at school entry. Through statewide collaboration building, the efforts of the ECCS program are focused on improving the five essential components of the early childhood system: children's access to health insurance and a medical home, social emotional development and mental health, early care and education, family support, and parent education.[10]

Successes of the Program

According to an evaluation of the program's four-year demonstration phase (2003 – 2007) conducted jointly by the Oregon Department of Human Services Public Health Division's Office of Family Health (OFH) and Pacific Research and Evaluation, LLC:[11]

- Child care providers who received CCHC services reported an average of 20% improvement in health knowledge and practices related to: (a) child health, (b) child safety, (c) children's emotional and behavioral health and development, (d) connecting and coordinating with health care resources, and (e) professional development.

- After receiving CCHC's intensive, assessment-based, comprehensive (ABC) consultation for an average of six months, child care providers made

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[9] Oregon Commission for Child Care. *Child care & education: Building a firm foundation for Oregon's families & Oregon's economy. Report to the Governor & the Legislature 2007*. March 2007.

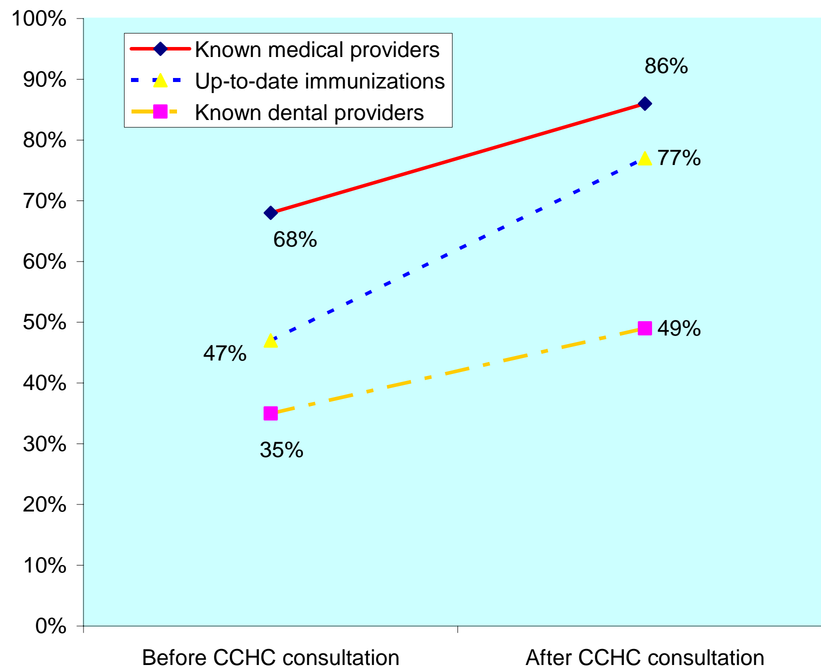
[10] Oregon Early Childhood Team (Oregon Department of Human Services, Oregon Commission on Children & Families, Oregon Department of Education, Oregon Employment Department, et al.). *Oregon's Early Childhood Comprehensive Systems plan: Strategies to equip young children for school, work and life.* November 2006.

[11] Oregon Department of Human Services Public Health Division, Office of Family Health (OFH), and Pacific Research and Evaluation, LLC. *Improving the Health and Safety of Children in Oregon's Child Care: Implementation and Outcomes of Oregon Child Care Health Consultation Program.* March 2008. **http://egov.oregon.gov/DHS/ph/ch/hcco/index.shtml**

significant improvements in developing and implementing child health and safety policies in four main areas: child guidance behavior and discipline, emergency plans, health exclusions, and hand washing.

- After receiving ABC consultation, child care providers noted: (a) an 18% increase in children in their care with known medical care providers, (b) a 14% increase in children in their care with known dental care providers, and (c) a 30% increase in children's up-to-date recommended immunizations. (Refer to Figure 1.)

Figure 1. Child care providers who received ABC consultation: Changes in the percentage of children with known health care providers and up-to-date immunizations



- Parents whose child care providers received CCHC services rated their care providers high on the quality of child care in the areas of: caregiver warmth and interest, caregiver skill, parental relationship with caregiver, and how the child feels in care.

- High levels of collaboration occurred in the early childhood system in all local CCHC program sites, especially with the main community partners: child care providers, the Child Care Resource & Referral Network, public health agencies, and early childhood planning teams.

BRIEF OVERVIEW OF THE CCHC PROGRAM IN FISCAL YEAR 2008

The Oregon Child Care Health Consultation (CCHC) program's mission is to improve the health and safety of children in child care within Oregon. This year (fiscal year 2008: July 1, 2007 – June 30, 2008) marks the beginning of the main implementation phase for the CCHC program after the program's four-year demonstration phase (March 2003 through June 2007). The main program phase started with the four local program sites in three counties (Clackamas, Lincoln, and Multnomah counties) and the Eastern Oregon region (Baker, Union, Malheur, Grant, Harney, and Wallowa counties). The program site in Jackson County discontinued after the demonstration phase.

Although the amount of services provided during FY 2008 increased over FY 2007, there was a slowdown in the rapid growth of the overall program services and clients that CCHC had experienced in the prior two years of the demonstration phase. The vast majority of the program's consultation clients this year continued to be the small-scale, home-based child care providers whose children in care are mostly younger than six years of age and whose care environments vary widely. These care providers are the main target population of the CCHC program and receive special program outreach.

In FY 2008, CCHC streamlined the design of program services and evaluation of the program to improve program quality and measure the effects of the program more accurately. The streamlining included: (a) adding a six-month duration limit (extendable) to the assessment-based, comprehensive (ABC) consultation service, (b) providing an individually-tailored goal-focused consultation for child care providers, (c) tracking the extent of care provider's goal attainment and the frequency of consultations provided, and (d) implementing a time study to estimate the program staff's allocation of time across the different tasks.

The Office of Family Health (OFH) initiated collaborative planning this year for a potential statewide expansion of the program. As part of this effort, Pacific Research and Evaluation (PRE), LLC and the OFH jointly conducted a comprehensive evaluation of the program's demonstration phase from the whole perspective by combining and analyzing all four years of program data. The findings of the evaluation were promising and will provide guidance to enhancing, replicating, or expanding the program in the future.

SERVICES AND PROGRAM ACTIVITIES DURING FY 2008

General Consultation

- In 2008 (fiscal year: July 1, 2007 through June 30, 2008), CCHC provided child care providers with an estimated total of 2,908 consultations through 1,054 site visits, 1,261 phone calls, 324 e-mails, and 269 other contact modes. (Refer to Table 1.)

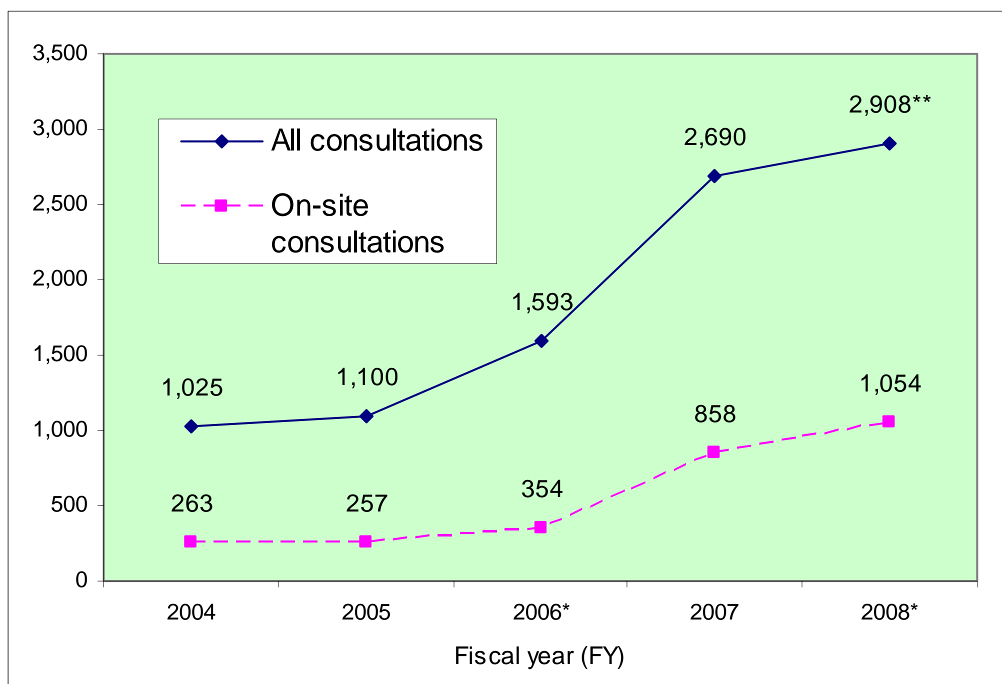
Table 1. Consultations provided for child care providers, FY 2008

Contact type	Number*	Percent
Site visit	1,054	36%
Phone	1,261	43%
E-mail	324	11%
Other	269	9%
Total	2,908	100%

** The number of consultations provided through phone calls, emails, and other contact modes was estimated from the actual count documented from two periods of two-week data collection at a six-month interval. The number of consultations provided through site visits is the actual count documented throughout the year.*

Overall, there was a slowdown this year in the rapid growth of program services and clients that CCHC experienced in the previous two years of the demonstration phase. For example, the annual rate of growth in the number of consultations for child care providers was 45% in 2005 and 69% in 2007 but only 8% in 2008. (Refer to Figure 2.) The overall slowdown in growth this year was likely due to the discontinuation of the Jackson County program site, the program service capacity, and the relatively small number of child care providers working in less populated, rural counties.

Figure 2. Consultations provided for child care providers FY 2004 – 2008



** Clackamas and Union counties joined the program in 2006; Jackson County discontinued from the beginning of FY 2008.*
*** For 2008, the number of all consultations was estimated from the actual count documented through four-week data collection; for all other years, the number is the actual count documented throughout the whole year. (The number of on-site visits is the actual count for all years.)*

- During consultation with child care providers in FY 2008, CCHC consultants addressed an estimated total of 8,335 specific issues (an average of 2.9 issues per consultation) in the areas of: child health (16%), child safety (13%), children's emotional and behavioral health and development (22%), connecting and coordinating with health care resources (9%), care providers' professional development (15%), CCHC program information (18%), and other issues (7%). (Refer to Table 2.) Compared to the consultations provided through other venues, on-site consultations focused more on children's emotional and behavioral health and development (30%), and less on child safety (8%) and information on the CCHC program (12%).

Table 2. Issues addressed during consultation, FY 2008

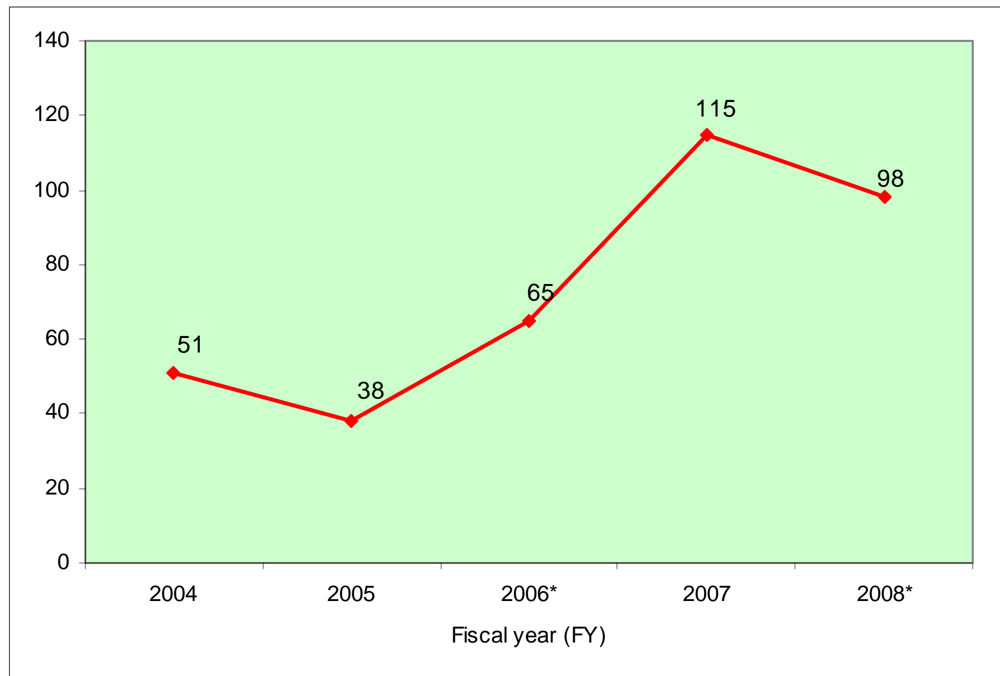
Area of consultation issues	All consultations	On-site consultations
Child health (nutrition, oral health, physical activity, immunization, child health, and communicable disease)	16%	16%
Child safety (injury prevention, abuse/neglect, environmental health, and emergency preparation)	13%	8%
Children's emotional and behavioral health and development (child development and mental/behavioral health)	22%	30%
Connecting and coordinating with health care resources (OHP, community resources, special needs, and access to health care)	9%	10%
Care providers' professional development (provider health, cultural competence, communicating with parents, and health records)	15%	17%
CCHC program information (CCHC objectives and information about training)	18%	12%
Other	7%	6%
Total	100% (N= 8,335 issues)	100% (N= 3,227 issues)

Assessment-based, Comprehensive (ABC) Consultation

- In FY 2008, CCHC consultants engaged 98 unique child care providers in intensive, assessment-based, comprehensive (ABC) consultation. A total of 52 care providers completed the program after receiving an estimated average of six consultation sessions through two site visits and four other contacts in the six-month service period.[12] The annual number of care providers receiving ABC consultation grew 72% in 2006 and 43% in 2007, but declined 15% in 2008. (Refer to Figure 3.)

[12] *The estimated number of consultations per child care provider was based on the surveys of individual providers who completed ABC consultation and their CCHC consultants.*

Figure 3. Child care providers who received ABC consultation FY 2004 – 2008



** Clackamas and Union counties joined the program in 2006; Jackson County discontinued from the beginning of FY 2008.*

An estimated total of 769 children (an average of 8 children per care provider) were in the care of the 98 care providers who received ABC consultation this year; of those children, 76 were children with special needs. (Refer to Table 3.)

Table 3. Child care providers who received ABC consultation: Estimated number of children in care, FY 2004 – 2008

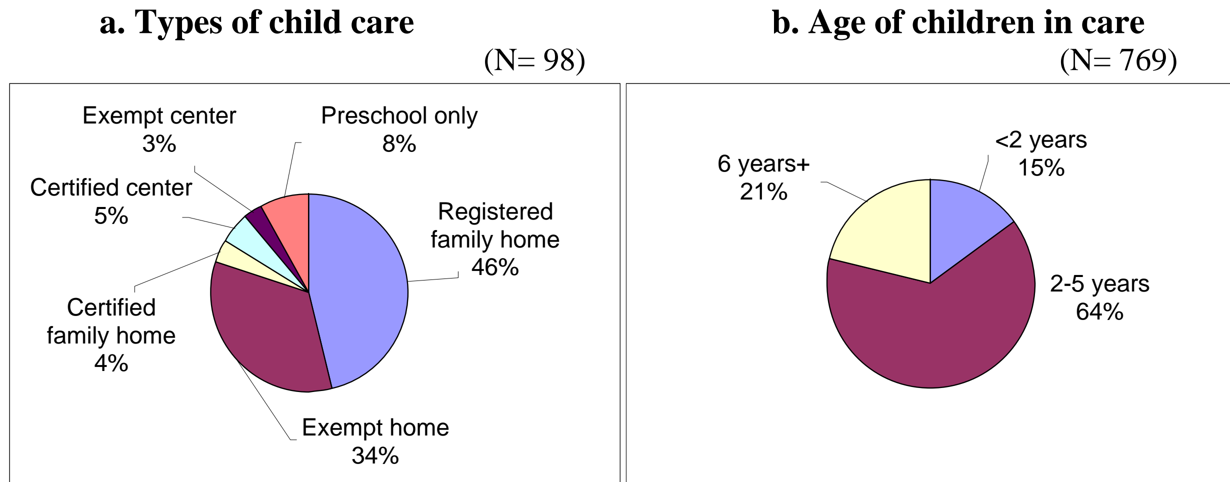
	2004	2005	2006	2007	2008
Care providers who received ABC consultation	51	38	65	115	98
Children in care	467	214	658	1,269	769
Children in care with special needs	33	21	48	91	76

- CCHC continued to be successful in engaging more home-based child care providers whose care environment and quality tend to vary more widely than those of center-based child care providers.[13] Of the 98 child care providers who received ABC consultation this year, the vast majority (84%) were family home-based providers. (Refer to Figure 4a.)

[13] Fiene, R., Greenberg, M. et al. *The Pennsylvania Early Childhood Quality Settings Study*. Harrisburg, PA: Governor's Task Force on Early Childhood Care and Education. November, 2002.

CCHC also continued to reach out to the child care providers who took care of younger children. Of the 769 children in the care of the child care providers who received ABC consultation, four-fifths (79%) were under the age of six years. (Refer to Figure 4b.)

Figure 4. Child care providers who received ABC consultation, FY 2008



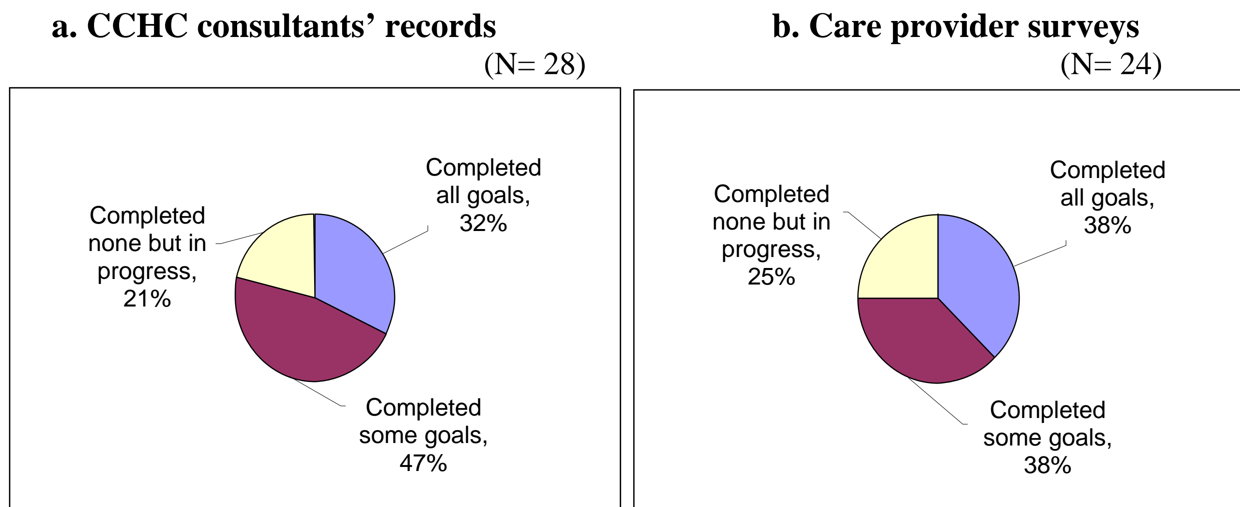
- The ABC consultation service was streamlined this year as part of the quality improvement efforts. The service duration of ABC consultation was set as a limited "six-month" period (can be extended depending on the care provider's intention and progress). CCHC consultants started conducting follow-up consultations with all ABC participants consistently in six months after the provider's initial program engagement. Previously, there was no clearly defined duration of the service or standard follow-up intervals.

  ABC consultation also put more emphasis on a "goal attainment approach." During consultation, CCHC consultants and child care providers set up to three specific goals related to improving the health and safety of children in their care, and worked together to achieve those goals. By tailoring program services to the specific needs of individual care providers, the goal attainment approach will likely focus ABC consultation, reinforce care providers' efforts with milestones of success, and increase program efficiency.

- In alignment with the goal-focused ABC consultation approach, the program started collecting data to assess the extent of goal attainment among ABC consultation participants. A preliminary data analysis indicated that after child care providers received six months of ABC consultation, the vast majority either completed their consultation goals or made good progress toward completion.

According to the CCHC consultants' follow-up record reviews conducted with ABC consultation participants (N= 28) in FY 2008, 32% of the care providers completed all consultation goals, 46% completed some of the goals, and 21% did not yet complete any goals but were in progress toward completion. (Refer to Figure 5a.) There were no providers who did not make any progress. Follow-up surveys of child care providers (N= 24) indicated a similar high degree of goal attainment. The majority of the providers reported completion of either all of their goals (38%) or some of the goals (38%). (Refer to Figure 5b.) There were no providers who reported not having made any progress.

Figure 5. Goal attainment status:
Child care providers who received ABC consultation, FY 2008



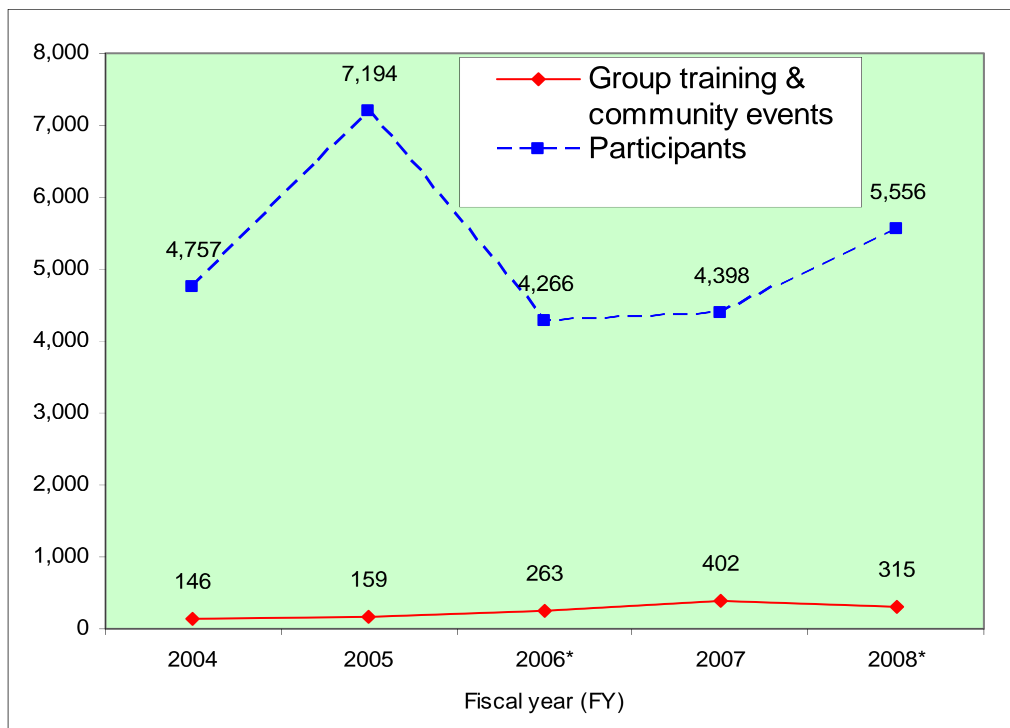
Group Training and Community Health Events

- In FY 2008, CCHC offered a total of 315 group training and community health events for 5,556 people, and shared information on health and safety in child care. (Refer to Table 4.) The program held fewer training and health events this year than FY 2007 but attracted more attendants. (Refer to Figure 6.)

Table 4. Group training and community health events, FY 2008

	Number of participants	Percent
Child care providers	3,214	58%
Parents	1,108	20%
Children	960	17%
Other	274	5%
Total	5,556	100%

Figure 6. Group training and community events
FY 2004 – 2008



** Clackamas and Union counties joined the program in 2006; Jackson County discontinued from the beginning of FY 2008.*

Efforts to Expand CCHC

- The Office of Family Health (OFH) made special efforts in FY 2008 to expand the CCHC program statewide over the coming years. By working with the current program partners and the Addictions and Mental Health Division, the OFH planned for a staged statewide expansion of the program and submitted a 2009-11 budget proposal to the Oregon Department of Human Services (DHS). Due to the severe economic recession, DHS did not review or pass most budget proposals for program expansion, including the CCHC proposal. Through the expansion planning efforts this year, however, the OFH was able to examine CCHC from various perspectives, explore the best strategic options, and position itself for a potential program expansion in the future.

PROGRAM EVALUATION ACTIVITIES DURING FY 2008

Evaluation of the 4-year CCHC Demonstration Phase

- In FY 2008, Pacific Research and Evaluation (PRE), LLC., the external CCHC evaluator, and the OFH jointly conducted a comprehensive evaluation of the program's demonstration phase from the whole perspective by combining and analyzing all four years of program data. (Previously, PRE conducted evaluations of the program in annual terms by using each year's program data.) The evaluation findings were promising and are available in a comprehensive evaluation report,[14] along with a specific description of the CCHC program, evaluation methods, and recommendations. The report will be a useful guide to enhancing, replicating or expanding the program in the future.

  An abstract summarizing the evaluation of the four-year CCHC demonstration phase was accepted by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention to be presented as a poster at 14th Annual Maternal and Child Health Epidemiology Conference, Atlanta, Georgia in December 2008.

Modifications to the Evaluation Design

- The core CCHC evaluation design and data collection instruments remained the same in FY 2008 as in the previous demonstration phase. The following few modifications were made to measuring the effects of ABC consultation and tracking CCHC consultants' contacts with child care providers:

  - *Strengthening the evaluation of ABC consultation:* The program strengthened the evaluation of the ABC consultation program component by: (a) administering the mailed Retrospective Provider Survey exclusively to the child care providers who received ABC consultation and (b) implementing both the Retrospective Provider Survey and CCHC consultant's Follow-up Record Review as a "six-month follow-up" in alignment with the duration of ABC consultation service.

    Prior to date, the Retrospective Provider Survey was administered not only to ABC consultation participants but also the care providers who were identified by CCHC consultants to have received a "fair" amount of one-to-

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[14] Oregon Department of Human Services Public Health Division, Office of Family Health (OFH), and Pacific Research and Evaluation, LLC. *Improving the Health and Safety of Children in Oregon's Child Care: Implementation and Outcomes of Oregon Child Care Health Consultation Program.* March 2008. **http://egov.oregon.gov/DHS/ph/ch/hcco/index.shtml**

one consultation. Both the provider survey and consultant's record review were previously implemented each year near the end of the year.

The focus on ABC consultation participants and the uniform six-month follow-ups of individual care providers are expected to measure the program effects more accurately.

- *Tracking of goal attainment and consultation frequency:* The Retrospective Provider Survey and the Follow-up Record Review forms included additional measurement items in alignment with the goal attainment approach of ABC consultation. The new items were designed to record the consultation goals of each child care provider and assess the progress toward the goals at the end of the six-month consultation period. Both forms also included additional questions asking the number of consultations that the care provider received through site visits and other contact modes in the course of six-month ABC consultation.

- *Tracking the consultations provided:* CCHC consultations provided to child care providers through contact modes other than site visits were tracked this year through formal documentation only for two-week periods each six months for a total of four weeks (20 work days). The data collected from this four-week period were used to estimate the total number of consultations provided for the whole year. Previously, the annual number of consultations was the actual number tracked in formal documentation throughout the year.

  Although this change likely resulted in a less accurate count of consultations, it significantly lessened the burden of CCHC consultants' daily data collection, allowing them to focus more on providing services for clients. Consultants continued to fill out the Site Visit Contact form throughout the year for all consultations provided on care providers' sites.

Time Study Implementation

- The program initiated a time study in FY 2008 to estimate how much time is allocated across different tasks when the CCHC Health Resource Team members work on the program. (Refer to Appendix for details of the time study methods and results.) The analysis of one-year preliminary data indicated that the CCHC team members spent one third (32%) of their time with clients to provide services: individual consultation (23%) and group training (9%). Approximately 1.3 times as much time (42%) was needed for preparation of client services.

The data also indicated that the CCHC team members were implementing the program's "reflective practice" strategy in which they shared expertise to prepare client services and strengthen the team's capacity. For instance, to prepare client services, the team members spent an average 8% of their time consulting with other members in addition to the 16 % of their time spent working alone. The results of the time study will be useful for potential future replication or expansion of the program as well as allocation of program resources.

Evaluation Planning

- Starting the next fiscal year, the OFH will use its internal capacity to evaluate the CCHC program. The five years of high-quality evaluation conducted by PRE will be transferred to the Maternal and Child Health (MCH) Assessment and Evaluation unit newly created within the OFH. The in-house evaluation is expected to enhance the program evaluation by allowing easier and more flexible access to program data and facilitating direct communications between the OFH and the local program sites.

- After the next fiscal year ends (June 30, 2009), the MCH Assessment and Evaluation unit will conduct an outcome evaluation of the main program phase by using the data collected for two years (FY 2008 – 2009). The results will be available in 2010 and will include the effects of the program on: (a) child care providers' health and safety knowledge, policies and practices, (b) access to health care providers among children in their care, and (c) children's immunization rates.

- The MCH Assessment and Evaluation unit will explore more rigorous evaluation methodology to confirm and build on the promising outcomes of the CCHC demonstration phase. The options include a comparison group evaluation model that will neither incur much additional expense nor be intrusive to the current program design and activities.

APPENDIX

Time Study: Child Care Health Resource Team

Oregon Child Care Health Consultation Program
Fiscal Year 2008

Background and Methods

In FY 2008, the Oregon Child Care Health Consultation (CCHC) program conducted a preliminary time study on the current Health Resource Teams to establish the basic information needed to develop a transferable CCHC program model. The study focused on estimating how much time the team members (both the team as a whole and by type of team member) allocate across different tasks when they work on the program. Further analysis of this data, along with other data such as program budgets, will generate valuable information to plan resources for the current program, configure the ideal structure, functions, and cost of the Health Resource Team, and replicate or expand the program in the future.

Currently, CCHC has four local Health Resource Teams that provide program services primarily in five counties. For this time study, information was collected from the members of these four local Health Resource Teams for two-week periods each six months (October 2007 and April/ May 2008) for a total of four weeks (20 work days). Each member was asked to fill out one daily work/ time log form (Semiannual Snapshot- Task Analysis) per day. The form was designed to capture anonymously the amount of time spent daily on different tasks such as preparation for consultation to child care providers, travel, on-site consultation, phone consultation, and breaks/ lunch.

The core members of each Health Resource Team include: a Health Consultant (HC), a Child Care Specialist (CCS), a Mental Health Specialist (MHS), and an Early Childhood Educator (ECE). They work either full-time or part-time for the CCHC program and are paid either directly by the local lead agencies or indirectly by the local organizations collaborating with the program. During the four-week data collection period, the four Health Resource Teams included 20 to 22 of these core members: 4 HCs, 5 CCSs, 4 MHSs, 4 ECEs, and 3 to 5 other members (Child Care Resource and Referral Director, Administrative Assistant, Health Educator, etc.).

Results

Time Allocation of Child Care Resource Team as a Whole

For the time study, a total of 276 daily work/ time log forms were completed during the 20 work days of the data collection period. This implies that an average of 14 (276/20) team members filled out the daily log form each work day, resulting in a 64% to 70% (14/20 to 14/22) rate of study participation. The 14 members who completed the log forms worked a total of 52 hours and 30 minutes per day, or an average of 3 hours and 50 minutes per member per day.

For an easy reference, the average hours per work day per member in the study sample were converted into an eight-hour work day unit and the allocation of time across tasks by type of members was examined. When converted into an average eight-hour work day, the Health Resource Teams spent approximately 1 hour and 50 minutes (23%) in providing consultation to clients; 45 minutes (9%) conducting group training and community health events; 3 hours and 20 minutes (42%) preparing for providing program services; 1 hour and 5 minutes (14%) conducting administrative and other support activities; 30 minutes (6%) traveling (mostly for site-visit consultation); 30 minutes (6%) taking breaks and having lunch. (Refer to Figure 1 and Table 1.)

Figure 1. Percentage of time spent by main task category: All Health Resource Team members

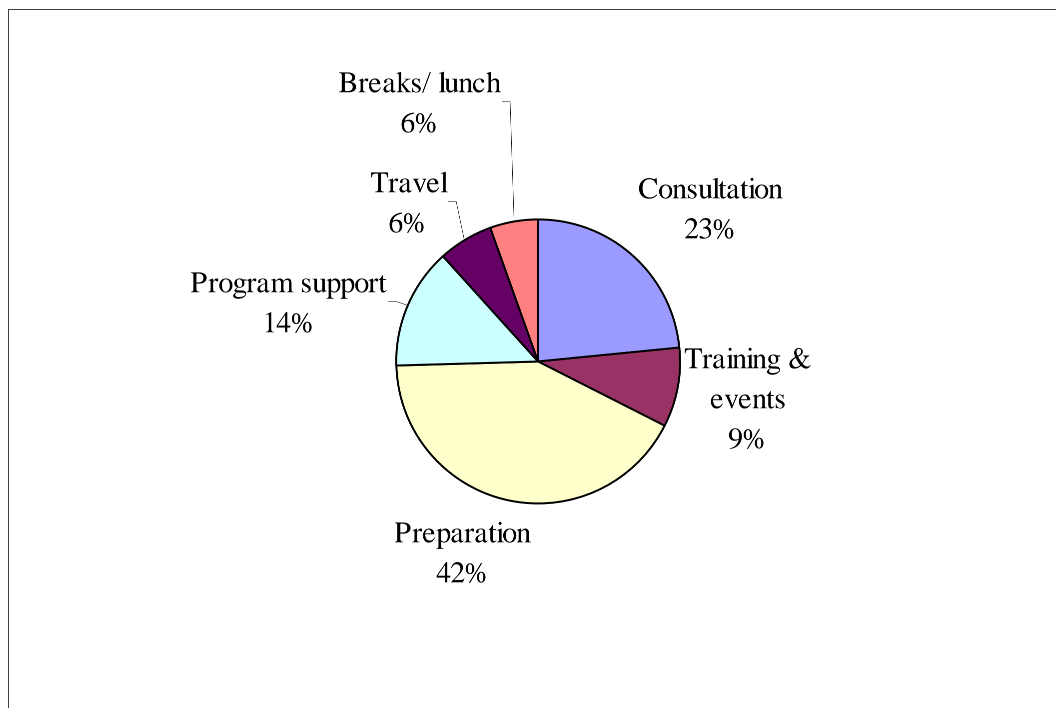

Table 1. Average daily time spent by task:
All Health Resource Team members
(Converted the actual 3.8 hours of average work day into an 8-hour work day)

Tasks	Hours: minutes	Percentage
Consultation to clients:	1 : 52	23%
Site visit	0 : 58	12%
Phone	0 : 38	8%
E-mail	0 : 16	3%
Group training & community events	0 : 45	9%
Preparation for providing services:	3 : 20	42%
Personal preparation	1 : 19	16%
Consultation with Health Resource Team	0 : 37	8%
Meetings	0 : 41	9%
Data collection	0 : 43	9%
Administrative & indirect program support	1 : 07	14%
Travel	0 : 30	6%
Breaks/ lunch	0 : 26	6%
Total	**8 : 00**	**100%**

Overall, the Health Resource Team members spent one third (32%) of their time with clients to provide services: individual consultation and group training. Approximately 1.3 times as much time (42%) was needed for preparation of client services. The team members prepared client services by spending an average 38% of their preparation time working alone and additional 19% of their preparation time consulting with other members. This indicates that the members were implementing the program’s “reflective practice” strategy in which they shared expertise to prepare client services and strengthen the team’s capacity.

The allocation of time across the tasks in the Health Resource Teams presented above over-represents the work of HCs and other team members because these members had the higher rate of study participation than CCSs, MHSs, and ECEs. During the data collection period, the work/ time log form was completed daily by an average of: 3.9 HCs, 2.1 CCSs, 1.6 MHSs, 2.0 ECEs, and 3.6 other members. (Unlike HCs and other members, the local CCHC programs hire most CCSs, MHSs, and ECEs part-time, or external supporting organizations contribute the time of these members to the programs. Therefore, involving these members in the time study was more challenging.)

Time Allocation by Type of Health Resource Team Member

The time study sample was examined further by type of team members to better understand their time allocation and establish guidance to resource planning and management for the current and future CCHC program. (Refer to Table 2.) Of the 52 hours and 30 minutes of average total work time spent per day in the all local CCHC sites, HCs accounted for the largest proportion (39%, 19.5 hours), followed by other team members (21%, 10.3 hours), MHSs (18%, 9.1 hours), ECEs (16%, 7.6 hours), and CCSs (6%, 2.9 hours).

Overall, the members of all types, except for other team members, spent the most amount of time (38% to 47%) in preparing services for clients, followed by time (22% to 30%) spent in providing consultation to clients.

Health Consultant (HC): Compared to CCSs, MHSs, and ECEs, HCs spent a large proportion of time in conducting group training and events (HCs, 13% vs. CCSs, MHSs, and ECEs, 3% to 6%) and a smaller proportion of time in providing consultation to clients (HCs, 22% vs. CCSs, MHSs, and ECEs, 27% to 29%). Along with MHSs, HCs spent less time (6%) in conducting administrative and indirect program support activities.

Child Care Specialist (CCS): Compared to HCs, MHSs, and ECEs, CCSs spent more time in conducting administrative and indirect program support activities (CCSs, 20% vs. HCs, MHSs, and ECEs, 6%-13%) and less time in traveling (CCSs, 0% vs. HCs, MHSs, and ECEs, 7%-9%). CCSs spent more time in providing phone-consultation to clients (CCSs, 22% vs. HCs, MHSs, and ECEs, 7%-8%) than providing on-site consultation.

Mental Health Specialist (MHS) and Early Childhood Educator (ECE): Compared to HCs and CCSs, MHSs and ECEs spent more time in providing site-consultation to clients (MHSs, 17% and ECEs, 20% vs. HCs, 9% and CCSs, 6%). Along with HCs, MHSs spent less time (6%) in conducting administrative and indirect program support activities.

Other team members: Compared to HCs, CCSs, MHSs, and ECEs, other members spent more time in conducting administrative and indirect program support activities (other members, 35% vs. HCs, CCSs, MHSs, and ECEs, 6%-20%) and less time in providing consultation to clients (other members, 13% vs. HCs, CCSs, MHSs, and ECEs, 22%-30%).

Table 2. Average daily time spent on tasks by type of Health Resource Team members

*(Converted into an average 8-hour work day)**

Tasks	Health Consultant (HC)		Child Care Specialist (CCS)		Mental Health Specialist (MHS)		Early Childhood Educator (ECE)		Other	
	Hours: minutes		Hours: minutes		Hours: minutes		Hours: minutes		Hours: minutes	
Consultation to clients:	1 : 46	22%	2 : 22	30%	2 : 08	27%	2 : 18	29%	1 : 05	13%
Site visit	0 : 45	9%	0 : 31	6%	1 : 22	17%	1 : 37	20%	0 : 37	8%
Phone	0 : 35	7%	1 : 47	22%	0 : 37	8%	0 : 32	7%	0 : 20	4%
E-mail	0 : 27	6%	0 : 04	1%	0 : 10	2%	0 : 09	2%	0 : 07	1%
Group training & community events	1 : 05	13%	0 : 17	3%	0 : 25	5%	0 : 30	6%	0 : 41	9%
Preparation for providing services:	3 : 46	47%	3 : 43	46%	3 : 42	46%	3 : 04	38%	2 : 35	32%
Personal preparation	1 : 53	24%	0 : 25	5%	1 : 28	18%	1 : 09	14%	0 : 38	8%
Consultation with Health Resource Team	0 : 45	9%	1 : 32	19%	0 : 09	2%	0 : 20	4%	0 : 46	10%
Meetings	0 : 34	7%	0 : 50	10%	0 : 60	12%	0 : 31	7%	0 : 49	10%
Data collection	0 : 34	7%	0 : 56	12%	1 : 05	13%	1 : 03	13%	0 : 22	5%
Administrative & indirect program support	0 : 30	6%	1 : 36	20%	0 : 27	6%	1 : 04	13%	2 : 50	35%
Travel	0 : 35	7%	0 : 02	0%	0 : 44	9%	0 : 36	7%	0 : 11	2%
Breaks/ lunch	0 : 19	4%	0 : 00	0%	0 : 34	7%	0 : 29	6%	0 : 38	8%
Total	8 : 00	100%	8 : 00	100%	8 : 00	100%	8 : 00	100%	8 : 00	100%

**The allocation of time in this table is presented in terms of an 8-hour work day per member. The average actual work time per day per member was: 3.9 hours for HCs, 2.1 hours for CCSs, 1.6 hours for MHSs, 2.0 hours for ECEs, and 3.6 hours for other members.*