

Oregon Home Visiting Needs Assessment Report

Statewide



2012

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BACKGROUND AND METHODS OF OREGON'S HOME VISITING NEEDS ASSESSMENT

Oregon's Home Visiting Needs Assessment was conducted primarily for two purposes.

1. To provide information and guidance on the state's application for federal funding under the 2010 Patient Protection and Affordable Care Act - Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.
2. To inform the process of planning and designing a comprehensive, coordinated and culturally responsive home visiting system at state and local levels.

Data collection for the needs assessment's multiple components began in the summer of 2010 and continued into the summer of 2011. Analysis and reporting began in the summer of 2011 and continued into the first part of 2012.

OREGON'S HOME VISITING NEEDS ASSESSMENT INCLUDES FOUR COMPONENTS:

1. Federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Indicators and Health Inequities

Estimation of the percent and numbers of Oregonians affected by the outcomes or risk factors specified by the federal Affordable Care Act Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. These outcomes were also analyzed for subpopulations and the results examined for health inequities.

2. Numbers in Need of Home Visiting and Numbers Served by Home Visiting Programs

Estimation of the numbers potentially in need of home visiting for pregnant women, all children ages birth through 4 years, and children with special health needs ages birth through 4 years. These numbers were compared with the numbers served by each of the major home visiting programs serving the state and the total served by all programs together.

3. Survey of Pregnant Women/Parents of Young Children

Estimation of the percent of pregnant women and parents of young children who needed various services in the past year and estimation of the degree of difficulty getting the services. These estimates were made from a survey of over 4,500 mostly low-income pregnant women and parents of young children across the state.

4. Survey of Home Visitors

Estimation of needs of families served by home visiting and how often the needs were met as measured by the opinions of over 600 professional home visitors across the state. In addition, the home visitor survey provides estimates of how home visiting services meet families' needs (whether through direct service or referral).

COMPONENT 1. FEDERAL MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV) INDICATORS AND HEALTH INEQUITIES

Based on the numbers of people affected in past years by the 10 risk factors or outcomes examined (infant mortality, low birth weight, premature birth, poverty, juvenile crime, child maltreatment, domestic violence, school dropout, substance abuse and unemployment), the number of people at risk in the state ranges from 288 for infant mortality to 511,795 for poverty.

The inequity study for these 10 indicators showed that:

- African Americans were more than twice as likely to experience the condition or adverse outcome for seven of the 10 indicators.
- American Indians/Alaska Natives were more than twice as likely to experience the condition or adverse outcome for six of the 10 indicators.
- Hispanics were more than twice as likely to experience the condition or adverse outcome for five of the 10 indicators.
- Whites and/or Asian/Pacific Islanders were in the lowest risk group for all indicators.
- The subpopulation experiencing poverty was more than twice as likely to experience the condition or adverse outcome for three of the 10 indicators.
- In comparison of urban and rural areas, people in urban areas were more than twice as likely to experience the condition or adverse outcome for only one of the 10 indicators. For all of the other indicators, there were no large differences between the rural and urban areas.



COMPONENT 2. NUMBERS IN NEED OF HOME VISITING AND NUMBERS SERVED BY HOME VISITING PROGRAMS

Indicators of poverty and low income status were used to estimate the number of people in Oregon potentially in need of home visiting services. Based on the analysis of poverty indicators, census data and program enrollment data, it was determined that in 2009 home visiting services served approximately:

- 18 percent of the pregnant women potentially in need ;
- 36 percent to 43 percent of the children ages 0 through 4 potentially in need;
- 35 percent of the children with special health needs ages 0 through 4 potentially in need.

A statewide survey was administered to 11 home visiting programs to determine program capacity. The survey determined that in 2009 across the 11 programs:

1. Approximately 1,600 full-time equivalent (FTE) home visitors were available for home visiting services, and
2. Approximately 3,500 pregnant women and 39,000 children ages 0 through 4 were served.

Oregon's Home Visiting Programs
Babies First!
CaCoon
Maternity Case Management
Healthy Start~Healthy Families Oregon
Nurse-Family Partnership
Family Support and Connections
OCDC-Migrant & Seasonal Head Start
OCDC-Oregon Prekindergarten
Early Head Start & Head Start
DOE- Early Intervention & Early Childhood Special Education
Relief Nurseries

COMPONENT 3. SURVEY OF PREGNANT WOMEN/PARENTS OF YOUNG CHILDREN

A statewide Parent Survey of pregnant women and parents of young children was conducted in the spring of 2011. Survey recruitment occurred through home visiting programs; the Women, Infants and Children (WIC) program; outreach to other social service programs; and internet social media. The survey asked families about their service needs, their difficulty in getting those needs met, home visiting services and demographic questions.

The survey was completed by 4,628 participants representing all 36 Oregon counties. Slightly more than half (51%) of the survey participants received home visiting services in 2010 or 2011. Four in five survey participants (79%) reported a household income 185 percent of the federal poverty level (FPL) or below.

The types of services needed by the largest percentages of parents overall were those related to health care, parenting support and information, information about the resources and services needed, and basic needs.

The services reported as the most difficult to get overall included those related to job needs, child care, transportation and language needs, mental health/substance abuse/domestic violence, basic needs, and services for a child with special health needs.

As a group, survey participants who had received home visiting services reported 1) a greater number of needs, and 2) less difficulty in getting needed services, when compared to those who did not receive home visiting services. These facts indicate that home visiting programs are reaching out to families with high levels of need and helping them get services.

Survey participants who had received home visiting services reported a high level of satisfaction with those services, with 92 percent indicating satisfaction with the services.

COMPONENT 4. SURVEY OF HOME VISITORS

A statewide Home Visitor Survey was conducted through home visiting programs in Oregon during the spring of 2011. The survey was completed by 668 home visitors representing more than 12 home visiting programs. The survey used the same list of service needs as in the Parent Survey and asked home visitors their perspective on families' needs and how they were being met.

There was much agreement between parents and home visitors regarding the most needed services. Parents who received home visiting services and home visitors agreed on eight of the top 10 most needed services and eight of the top 10 most difficult services to get.

Home visitors were most likely to provide direct service rather than referral in the areas of parenting, pregnancy/newborn care, information about other resources/services, services for special health needs and language/transportation needs.



OVERALL FINDINGS OF NOTE

Are home visiting programs reaching all families in need?

No. The potential unmet need for home visiting services may be as much or more than twice the number currently being served.

What kinds of services do families say they need the most?

The types of services needed by the largest percentages of parents were those related to:

- Health care;
- Parenting support and information;
- Information about the resources and services needed;
- Basic needs.

What kinds of services are hardest for families to get?

Among those who needed each service, the types of services that the largest percentages of parents found difficult to get were those related to:

- Job needs;
- Child care;
- Transportation and language needs;
- Mental health/substance abuse/domestic violence;
- Basic needs;
- Services for a child with special health needs.

Do parents and home visitors report the same needs and difficulties?

There was much agreement between parents and home visitors as to the services needed by the most families and the services most difficult to get.

Are there differences between parents who received home visiting and those who did not?

- For most services, greater percentages of those who received home visiting needed the service. This is an indication that home visiting programs are successfully reaching families with greater needs.
- For most services, greater percentages of those who did not receive home visiting found the service difficult to get. This is an indication that home visiting programs effectively helped families get the services they needed.

Is there evidence of duplication of services for some families?

No. Few families receive more than one home visiting service. It is appropriate for some women and children to receive more than one type of service, such as a child with special health needs receiving home visiting from both Early Intervention and Early Head Start programs.

Are there inequities among population groups?

Race and ethnicity are strongly associated with disparities on the federal indicators of need. African Americans, Native Americans and Hispanics are more at risk than non-Hispanic Whites and Asians for many of the risk factors and outcomes that home visiting addresses, such as poverty, child maltreatment and domestic violence.