

# Oregon Home Visiting Needs Assessment Report

Statewide



2012

Oregon  
Health  
Authority

# Oregon Home Visiting Needs Assessment Report

Statewide



2012

## Funding Acknowledgement

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## Welcome Message from Iris Bell and Katherine Bradley

As co-chairs of the Home Visiting Steering Committee, we are very pleased that this set of state and county reports on Oregon's Home Visiting Needs Assessment is available for your use.

The reports provide a wealth of information on families with young children in Oregon. We hope that citizens and community leaders across Oregon will find the information useful for a wide variety of purposes.

We would like to express our thanks to the partner organizations and to the large number of dedicated people who have been involved in guiding the needs assessment process as well as in working to make Oregon's home visiting system more coordinated and efficient. Those members and organizations of the Home Visiting Steering Committee and the Home Visiting Needs Assessment Workgroup are listed on the next page.

In addition, we would like to express our thanks to the hundreds of home visitors and thousands of parents who responded to the home visiting needs assessment surveys. Their input is truly crucial in designing the best supports for Oregon's children and families in reaching their goals and achieving well-being.

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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.

## 1. Context of Home Visiting



### **Federal:**

- Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program:
  - Funding for evidence- based programs,
    - Formula,
    - Competitive,
  - Benchmarks and improvement requirements.



### **State:**

- Early Childhood Comprehensive Systems;
- LAUNCH grants;
- Governor's initiatives;
- Home visiting systems.

It is widely known that the time between conception and the start of school is the most critical period of childhood growth and development. Experiences in those early years have significant health and social effects that last a lifetime. Home visiting is one of the most commonly used and effective approaches in serving families with pregnant women, newborns and young children. Research supports that home visiting services, if designed and implemented well, produce many benefits for families. These benefits include improvements in maternal and prenatal health, infant health, and child health and development; increased school readiness; reduction in the incidence of child maltreatment; improved parenting related to child development outcomes; improved family socio-economic status; greater coordination of referrals to community resources and supports; and reductions in crime and domestic violence.

Home visiting services have recently been regarded both at the national and state levels as a vital service strategy to improve family outcomes. At the national level, President Barack Obama signed the Patient Protection and Affordable Care Act (ACA) in March 2010 that created the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. The ACA MIECHV program provides \$1.5 billion over five years to all eligible states to establish home visiting program models for at-risk pregnant women and children from birth to age 5. The MIECHV federal funding requirements include:

- Seventy-five percent of the funds must be used for designated home visiting programs with evidence of effectiveness based on rigorous evaluation research.

- States must conduct and submit a statewide home visiting needs assessment that includes identification and selection of at-risk "communities with concentrations of: a) premature birth, b) low-birth-weight infants, c) infant mortality, including infant death due to neglect, or other indicators of at risk prenatal, maternal, newborn, or child health, d) poverty, e) crime, f) domestic violence, g) high rates of high-school drop-outs, h) substance abuse, i) unemployment or j) child maltreatment."

- States must collect and submit data on the benchmark areas and measures designated by two partnering MIECHV administration agencies: the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF).

## Overview of Oregon Home Visiting Needs Assessment

In Oregon, an effort to develop a stronger statewide home visiting system recently has been intensified by the federal ACA MIECHV program and the state's planning for building an effective, comprehensive early childhood system. It also is widely recognized both at the state and local levels that:

- a) The lifelong health and well-being of children and parents (which is the ultimate goal pursued by a comprehensive early childhood system) is much broader than the scope of any one agency or program.
- b) The state's early childhood system should be redesigned so that it can provide coordinated and integrated services for children and families through close collaboration among service agencies and programs at all levels.
- c) Home visiting services should be enhanced in pace with the state's new, emerging comprehensive early childhood system.

Oregon's Early Learning Council (ELC) and agenda to transform the state's early childhood system were established in statute during the 2011-2012 biennium. (<http://www.governor.oregon.gov/Gov/OEIB/Docs/ELCReportExecSumwithlink.pdf>). The new structure will strengthen mechanisms for accountability and facilitate local responsibility for achieving targeted outcomes. This policy direction also will accommodate strategies to bridge categorical and historically siloed programs, services and funds to better promote health and development, and improve school readiness among children from birth to age 5, especially for those with the highest needs. The ELC's plan to achieve these goals falls into five broad categories:

1. Build a system for targeting and identifying Oregon's children with high needs through a system of early and universal screening and risk-assessment.
2. Ensure that there is a range of high-quality programs that can effectively meet the needs of different families and populations of children with high needs.
3. Empower and support families to make choices about programs and services that will best ensure the school readiness of their children.
4. Construct a strong accountability and resource allocation system in which programs have incentives for improving quality and delivering results for children.
5. Integrate governance and resources.

Implementation efforts by the Early Learning Council are now well underway and will be accelerated with Early Learning Challenge Grant funds to be awarded in January 2013, if Oregon's invitation to resubmit its application is successful. Soon to be adopted is a system for universal screening to: a) identify families with risk factors that may negatively impact their children's growth and development and b) to identify children who may have developmental delays, sensory impairments or behavioral concerns. Home visiting will be a primary resource for executing standard screening practices statewide to ensure children and families receive the support they need at the earliest possible time. In addition, the ELC has adopted an incremental plan for establishing an integrated, longitudinal age 0-20 year-olds data system as integral to ensuring accountability for limited resources and return on investment. Home visiting programs are targeted for the first phase of data system development in cooperation with Oregon's Department of Education and University of Oregon.

Oregon's Project LAUNCH exemplifies the comprehensive and collaborative nature of an effective early childhood system and the essential role of home visiting services in this system. Funded by

## Overview of Oregon Home Visiting Needs Assessment

the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the project seeks to demonstrate (in Deschutes and Multnomah counties) the success of an early childhood system in which many service agencies work closely to provide integrated behavioral and physical health and wellness services for children and families. Home visiting is one of the five essential service components required by SAMHSA's LAUNCH funding. The other four include: developmental screening and referral; integration of behavioral health into primary care; mental health consultation; and family strengthening.

In alignment with developments at the national and state levels, Oregon's home visiting service agencies and programs started working together in late 2009 to improve the state's home visiting system. Several partners (including Head Start/Early Head Start, the Oregon Commission on Children and Families, the Oregon Public Health Division and the Division of Children, Adults and Families) came together to develop a stronger statewide home visiting system to maximize the synergy, efficiencies and effectiveness of their programs. In partnership, the Public Health Division, Healthy Start~Healthy Families Oregon and the Oregon Center for Children and Youth with Special Health Needs began developing conceptual models for an integrated statewide home visiting approach. The home visiting partnership has recently been expanded to include Addictions and Mental Health Division services and other early childhood home visiting partners. The goals of the partnership are to capitalize on the strengths of each program, decrease overlap and redundancy, decrease administrative barriers and ensure that all children and families in Oregon receive the services they need.

### 2. Purposes of Oregon's Home Visiting Needs Assessment

The purposes of Oregon's Home Visiting Needs Assessment were to:

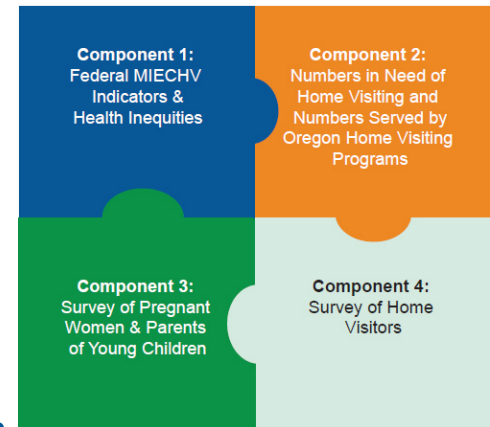
- Provide information and guidance on the state's application for federal funding under the 2010 Patient Protection and Affordable Care Act - Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program:
  - Meet the needs assessment requirements for funding;
  - Guide selection of communities for funding;
  - Guide design of home visiting systems and selection of evidence-based programs.
- Inform the process of planning and designing a comprehensive, coordinated and culturally responsive home visiting system at state and local levels.

These aspects of the needs assessment have been guided by a Home Visiting Needs Assessment Workgroup made up of representatives of home visiting programs. High-level needs assessment plans and major decisions of the Workgroup were submitted to, and approved by, the Home Visiting Steering Committee.

## 3. Components of Oregon's Home Visiting Needs Assessment

Oregon's Home Visiting Needs Assessment has four main components:

- Federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Indicators and Health Inequities;
- Numbers in Need of Home Visiting and Numbers Served by Home Visiting Programs;
- Survey of Pregnant Women/Parents of Young Children;
- Survey of Home Visitors.



## 4. Structure, Limitations and Use of the Oregon Home Visiting Needs Assessment Report

The report presents each of the four components as a separate section. In the state-level (*Oregon*) report, each section provides an overview of the component, briefly describes how data were collected and analyzed, and then presents the results of statewide data analysis. *Appendix 1. Data Sources, Definitions and Notes* describes the methods of data collection and analysis in more detail. This appendix also contains information on data sources, definitions of terms and labels, and additional notes to facilitate reading the report's tables, graphs and statements.

The state-level report is followed by the county-level reports, which are also organized by the four components. The component overviews and the description of data collection and analysis methods are not repeated in county reports, since the state-level descriptions also apply.

Due to the limitations of county-level data (e.g., the availability and nature of data, the methods of survey sampling, the sample size), county-level data are reported using the following methods:

- Not all of the data, tables and graphs in the state-level report are provided in the county reports. In some cases, the format of county-level tables and graphs is slightly modified from the state-level report versions.
- Not all counties are reported individually, because, for some counties, the survey sample sizes were too small. For reporting purposes, the 36 Oregon counties were grouped into 19 areas: nine individual counties and ten areas of combined counties. See the next page for a map of 19 county groupings.

The county groupings were based on the following two criteria:

- A county is reported individually when its number of parent survey respondents was over approximately 100 and the number of respondents who reported having received home visiting services in 2010 or 2011 was over approximately 50.
- When a county's numbers of survey respondents did not meet these criteria, it was grouped with other counties. The 16 service districts used by the Children, Adults and Families (CAF) Division of the Oregon Department of Human Services were used as a guide for the county groupings.

Oregon's home visiting needs assessment involved about a year and a half of intensive planning and implementation. Members of diverse communities and interest groups worked together during this process and dealt with the comprehensive, complex and dynamic aspects of the fields of maternal and child health and home visiting services. The needs assessment also entailed the collection, analysis and reporting of data from a wide variety of sources, methods and time over the year and a half

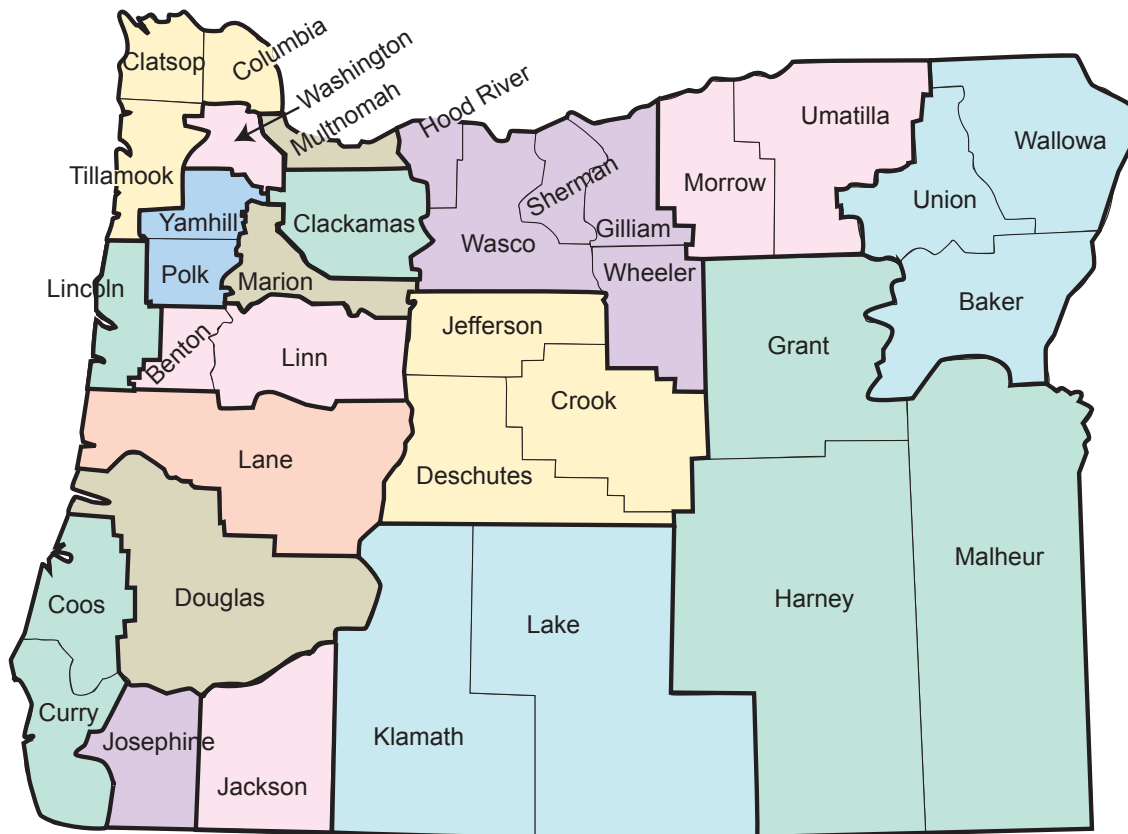
## Overview of Oregon Home Visiting Needs Assessment

process. This sometimes resulted in the inclusion of data that may not be as current as ideal, and/or data that are not source- and time-consistent throughout the report.

Despite these limitations, the Oregon Home Visiting Needs Assessment report is the first comprehensive view of Oregon's maternal and childhood health home visiting services at the community and state levels. The report is geared towards service providers and planners at the county and state levels. Members of the audience may be part of city, county or state governments; providers of home visiting services; providers of health care or public health services; educators or providers of early childhood care and education; or providers of other types of social services. The report will help communities learn more about needs and service gaps experienced by pregnant women and families with young children. In addition, the information on differences among groups of people with different demographic characteristics will help communities address the specific needs of subpopulations.

### County Groupings

*The service districts used by the Oregon Department of Human Services, Children, Adults and Families (CAF) Division, were followed as closely as possible to determine the following 19 county groupings.*



- Baker, Union, Wallowa
- Benton, Linn
- Clackamas
- Clatsop, Columbia, Tillamook
- Coos, Curry
- Crook, Deschutes, Jefferson
- Douglas
- Grant, Harney, Malheur
- Gilliam, Hood River, Sherman, Wasco, Wheeler
- Jackson
- Josephine
- Klamath, Lake
- Lane
- Lincoln
- Marion
- Morrow, Umatilla
- Multnomah
- Polk, Yamhill
- Washington

## 1

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

The federal Patient Protection and Affordable Care Act (the Health Care Reform Act), passed on March 23, 2010, required that all states submit a needs assessment including a report of the following Maternal, Infant and Early Childhood Home Visiting (MIECHV) indicators:

- Infant mortality,
- Low birth weight,
- Premature birth,
- Poverty,
- Crime,
- Child maltreatment,
- Domestic violence,
- School dropouts,
- Substance abuse,
- Unemployment.

Oregon used these indicators as the basis for an analysis of health inequities. The health inequities analysis consisted of three parts: 1) determination of statewide rates for each indicator for five subgroups by race/ethnicity, two subgroups by poverty/non-poverty and two subgroups by urban or rural area of residence; 2) use of the statewide rates to estimate the number of people at risk for that indicator in each subgroup in each county; and 3) calculation of odds ratios for subgroups for each indicator.

State rates were used instead of county rates to estimate the number of people at risk because, for some of the indicators, county rates were not available by subgroups; and because for counties with small populations, county rates can be unreliable due to small numbers.

### ***Instructions on how to read the table on the next page:***

The table on the next page shows two rows for each MIECHV indicator. The first row shows the statewide rate for the whole state population and for each subgroup. The second row shows the odds ratio for each subgroup in comparison to the reference group for that indicator. Each reference group is denoted with the term REF. *Refer to Appendix 1. Data Sources, Definitions and Notes for details on analyses of MIECHV indicators and health inequities.*

Odds ratios were calculated for each of the MIECHV health indicators. An odds ratio is a way of comparing whether there are differences between groups in the likelihood of an event occurring. The group with the lowest rate of the event occurring was used as a reference group, and all other groups were compared to that group. When an odds ratio is 1, it means that the event is equally likely to occur in the comparison group and the reference group. Odds ratios greater than 1 indicate the event is more likely to occur in the comparison group than the reference group. Odds ratios less than 1 indicate the event is less likely to occur in the comparison group than the reference group. The larger the odds ratio, the larger the difference between the two groups. Odds ratios larger than 2 are generally considered to show large differences.

For example, in the table on the next page, the bottom two rows show the unemployment rates and odds ratios. The reference group for race/ethnicity is Asians/Pacific Islanders. Compared to Asians/Pacific Islanders, the odds ratio for Whites is 1.18, suggesting that the unemployment rate is close to equal between these two groups. The odds ratio for Native Americans is 2.93, suggesting that the unemployment rate is nearly three times higher among Native Americans than Asians/Pacific Islanders.

As noted in the Oregon State of Equity report, "Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader not to view these disparities as the result of a single cause." The report, which examines disparities among Oregon Health Authority Key Performance Measures, can be found in its entirety at <http://cms.oregon.gov/OHA/oei/soe/docs/state-of-equity-report.pdf>. Complex and multiple causes of inequities are also discussed in the Urban League's State of Black Oregon report, which can be found at <http://ulpdx.org/wp-content/uploads/2012/04/UrbanLeague-StateofBlackOregon.pdf>.

1

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

**Maternal, Infant and Early Childhood Home Visiting (MIECHV) Indicators and Health Inequities: Annual Rates and Odd Ratios by Race/Ethnicity, Poverty and Rurality, Oregon**

MIECHV Indicator		All	Race/Ethnicity					Poverty		Rurality	
			White	Black	Native American	Asian/PI	Hispanic	Yes	No	Urban	Rural
Infant Mortality (2007)	State Rate (per 100)	0.584	0.564	0.838	0.782	0.655	0.611	0.558	0.618	0.538	0.726
	Odds Ratio		REF	1.49	1.39	1.16	1.08	REF	1.11	REF	1.35
Low Birth Weight (2007)	State Rate (per 100)	6.10	5.91	9.65	6.65	7.49	5.99	6.38	5.82	5.97	6.46
	Odds Ratio		REF	1.70	1.13	1.29	1.01	1.10	REF	REF	1.09
Premature Birth (2007)	State Rate (per 100)	8.39	8.19	11.05	10.85	8.69	8.50	8.98	7.88	8.11	9.20
	Odds Ratio		REF	1.39	1.36	1.07	1.04	1.15	REF	REF	1.15
Poverty (2008)	State Rate (per 100)	13.50	7.40	27.00	25.20	9.80	23.60	100.00	0.00	12.71	15.69
	Odds Ratio		REF	4.63	4.22	1.36	3.87	N/A	N/A	REF	1.28
Juvenile Crime (2008) (Arrests)	State Rate (per 100)	.904	0.85	3.33	0.66	0.39	0.72	1.01	0.88	1.05	0.50
	Odds Ratio		2.17	8.68	1.67	REF	1.84	1.15	REF	2.12	REF
Child Maltreatment (2008) (Abuse and Neglect)	State Rate (per 100)	1.18	0.97	2.95	3.72	0.33	1.04	5.03	0.34	1.02	1.61
	Odds Ratio		2.99	9.24	11.75	REF	3.19	15.34	REF	REF	1.58
Domestic Violence (2008) (Before or During Pregnancy)	State Rate (per 100)	4.13	3.56	10.01	11.57	2.16	4.69	9.29	2.11	3.80	5.06
	Odds Ratio		1.68	5.05	5.94	REF	2.23	4.74	REF	REF	1.35
(High) School Dropout (2008)	State Rate (per 100)	3.40	2.90	6.10	6.40	2.40	5.10	3.47	3.34	3.49	3.13
	Odds Ratio		1.21	2.64	2.78	REF	2.19	1.04	REF	1.12	REF
Substance Abuse (2008)	State Rate (per 100)	8.30	8.10	9.20	12.60	3.10	7.40	11.70	7.77	8.91	6.60
	Odds Ratio		2.76	3.17	4.51	REF	2.50	1.57	REF	1.38	REF
Unemployment (2008)	State Rate (per 100)	6.10	6.20	11.80	14.10	5.30	7.60	23.94	3.32	5.57	7.56
	Odds Ratio		1.18	2.39	2.93	REF	1.47	9.18	REF	REF	1.39

\*REF: Odds Ratios are relative to the best outcome group as a reference (REF) group in each MIECHV indicator. Instructions on how to read this table can be found on the previous page.



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

Following is a brief summary of the odds ratio analysis.

### Race/ethnicity:

- For all of the 10 indicators, either the Asian/Pacific Islander group or the White group was the lowest risk group.
- Blacks or African Americans: For seven of the 10 indicators, the odds were 2 or more times greater for African Americans for experiencing the condition or adverse outcome. These were poverty (4.6), juvenile crime (8.7), child maltreatment (9.2), domestic violence (5.1), dropping out of high school (2.6), substance abuse (3.2) and unemployment (2.4).
- American Indians/Alaska Natives: For six of the 10 MIECHV indicators, the odds were 2 or more times greater for American Indians/Alaska Natives for experiencing the condition or adverse outcome. These were poverty (4.2), child maltreatment (11.8), domestic violence (5.9), dropping out of high school (2.8), substance abuse (4.5) and unemployment (2.9).
- Hispanics: For five of the 10 indicators, the odds were 2 or more times greater for Hispanics for experiencing the condition or adverse outcome. These were poverty (3.9), child maltreatment (3.2), domestic violence (2.2), dropping out of high school (2.2) and substance abuse (2.5).

**Poverty:** Compared to subpopulations not experiencing poverty, odds ratios were 2 or more times greater for those experiencing poverty for the following three indicators: child maltreatment (15.3), domestic violence (4.7) and unemployment (9.2).

**Rurality:** In the comparison of rural and urban areas, the odds ratios showed that for only one of the 10 indicators (juvenile crime, 2.1) were the odds 2 or more times greater for urban residents for experiencing a condition or adverse outcome. For all of the other indicators, the comparisons of urban and rural residents showed odds ratios less than 2.

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

Estimated Number of People at Risk for MIECHV Indicators by Race/Ethnicity, Poverty and Rurality, Oregon											
MIECHV Indicator	Population	Estimated Number of People at Risk									
		All at Risk	Race/Ethnicity					Poverty		Rurality	
			White	Black	Native American	Asian/PI	Hispanic	Yes	No	Urban	Rural
Infant Mortality (2007)	Number of Births 49,360	288	193	10	7	17	62	103	186	200	88
Low Birth Weight (2007)	Number of Births 49,360	3,011	2,022	110	57	199	606	1,264	1,747	2,223	784
Premature Birth (2007)	Number of Births 49,360	4,141	2,800	126	93	231	861	1,776	2,365	3,019	1,116
Poverty (2008)	Number of Residents 3,791,075	511,795	227,860	21,807	13,042	15,528	97,430	N/A	N/A	354,152	157,643
Juvenile Crime (2008) (Arrests)	Number of Children 884,364	7,992	5,293	975	90	161	1,211	1,423	6,569	5,876	2,116
Child Maltreatment (2008) (Abuse and Neglect)	Number of Children 884,364	10,423	6,023	863	511	134	1,734	1,858	8,565	7,671	2,752
Domestic Violence (2008) (Before or During Pregnancy)	Number of Mothers 47,331	1,959	1,137	118	136	57	470	1,430	529	1,312	647
(High) School Dropout (2008)	Number of HS Students 175,804	5,977	3,680	310	535	88	1,312	2,790	3,187	4,415	1,541
Substance Abuse (2008)	Number of Adults 2,906,711	241,257	199,251	4,736	4,787	3,646	18,161	45,912	195,346	190,428	50,829
Unemployment (2008)	Number in Labor Force 1,948,501	118,859	103,880	4,250	3,578	4,422	13,268	62,974	55,885	79,829	39,029

## 2

## Component 2: Numbers in Need of Home Visiting and Numbers Served by Home Visiting Programs

The number of people in Oregon potentially in need of home visiting services was estimated primarily by using indicators of poverty or low income. Examples of these indicators are Federal Poverty Levels (FPLs) and enrollment in programs (such as the WIC program or Medicaid/Oregon Health Plan) for which low income is an eligibility requirement (*refer to Appendix 1. Data Sources, Definitions and Notes for the specific methods used to estimate numbers in need*).

Poverty or low income was used as an indicator of potential need of home visiting for the following reasons:

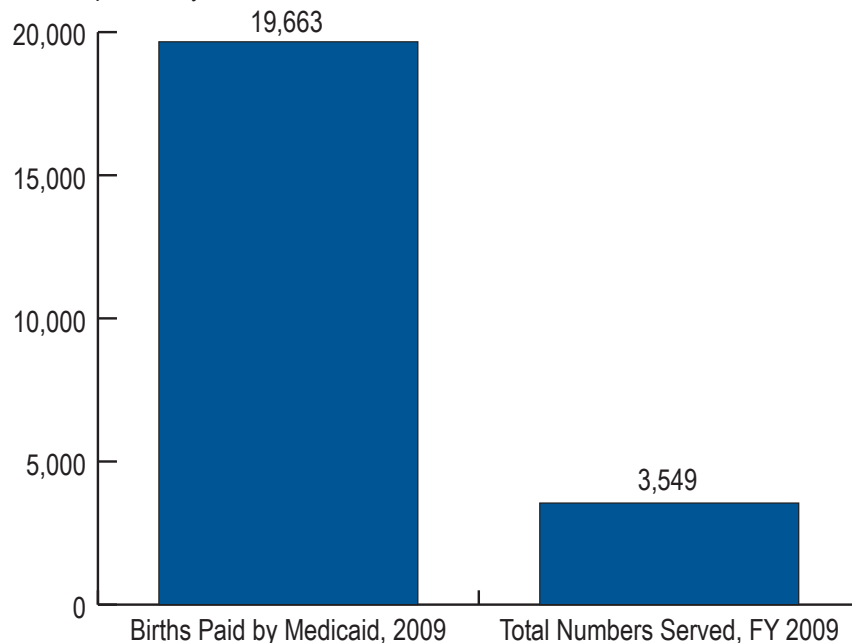
- Low income is often used by home visiting programs as an eligibility requirement.
- The literature on home visiting often cites low income as a risk factor.
- Poverty is often associated with risks and outcomes that home visiting programs attempt to prevent or address (e.g., future low educational attainment of children).

The use of these numbers based on low income indicators in the Home Visiting Needs Assessment implies neither that all families with low incomes need home visiting services nor that families with moderate or high incomes do not need home visiting services.

### Numbers in Need of Home Visiting Services & Numbers Served, Oregon

#### Pregnant Women

Home visiting served 18% of those potentially in need.



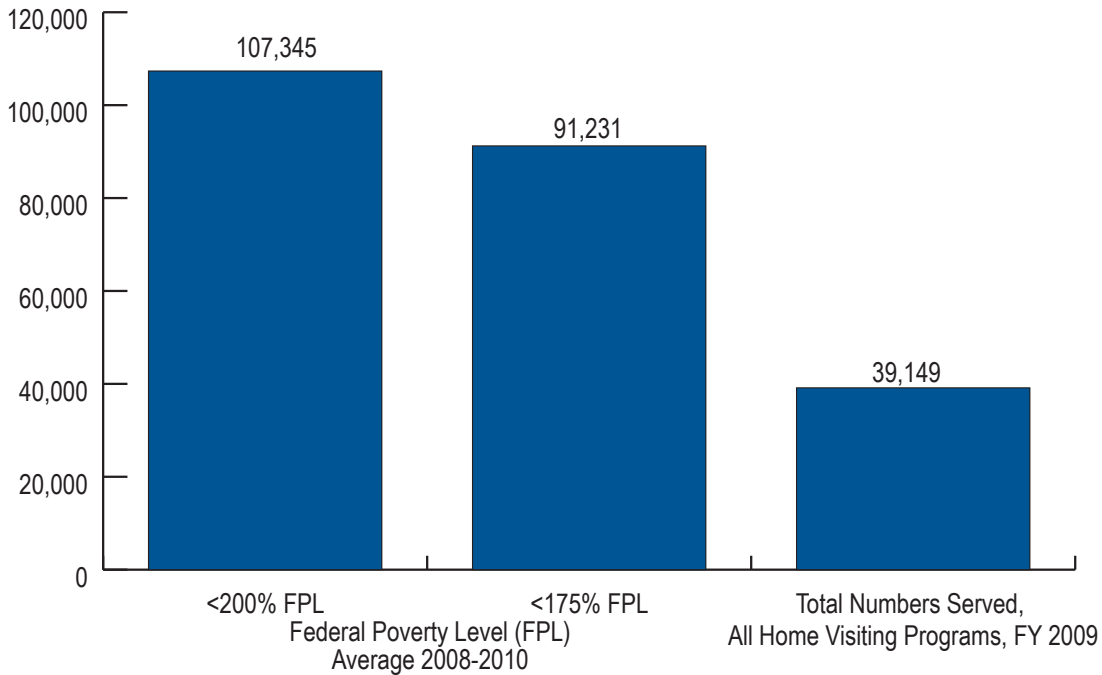
2

**Component 2: Numbers in Need of Home Visiting and Numbers Served by Home Visiting Programs**

**Numbers in Need of Home Visiting Services & Numbers Served, Oregon**

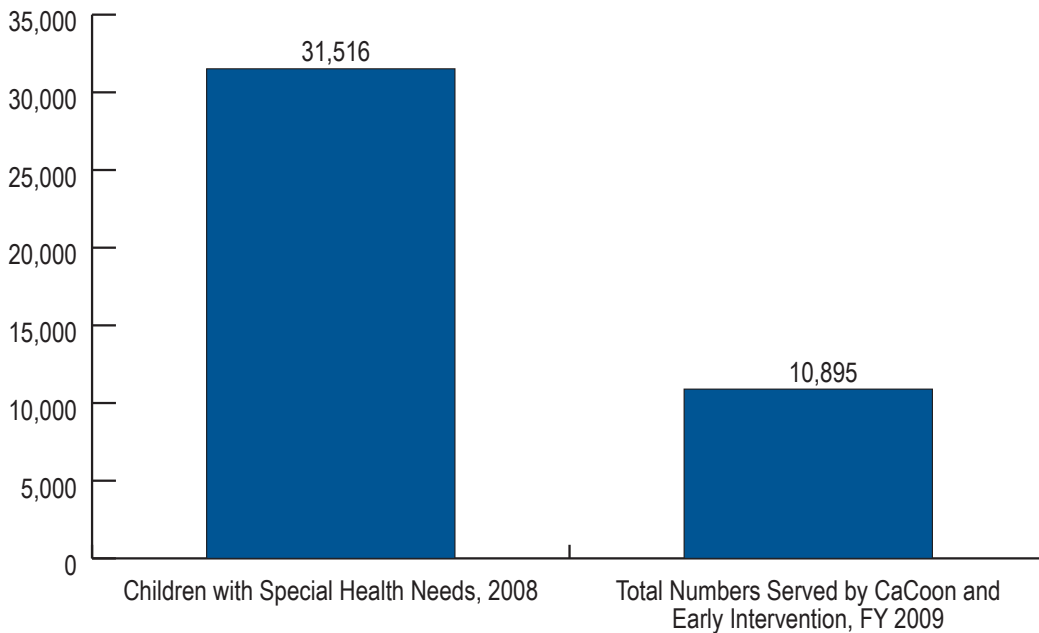
**Children: Birth through Age 4**

Home visiting served 36-43% of those potentially in need.



**Children with Special Health Needs: Birth through Age 4**

Home visiting served 35% of those potentially in need.



## 2

## Component 2: Numbers in Need of Home Visiting and Numbers Served by Home Visiting Programs

The needs assessment established a comprehensive list of programs in Oregon that provide home visiting services to young children and pregnant women. Based on this list, a statewide Survey of Home Visiting Programs was conducted with administrators and managers of Oregon's home visiting programs from November 2010 to March 2011. The purpose of the survey was to estimate the number of people receiving home visiting services and the workforce capacity of home visiting programs at state, local and program levels in FY 2009. The following are brief descriptions of the programs included in the Survey of Home Visiting Programs:

- **Babies First!:** The target population is families with babies and young children up to age 5. Services are provided by public health nurses, and include public health nurse assessment, care plan, health education, case management, and referrals.
- **CaCoon:** The target population is children and youth ages 0-21 years old with special health needs. Services are provided by public health nurses, and include service referral, screening, and family advocacy.
- **Early Head Start & Head Start Programs:** The target population is low-income children ages 0-5. Services are provided by home visitors, and include screening in development, social emotional development, hearing and vision, referrals and assistance, health and nutrition, early childhood education, socialization, and other individualized needs. Includes the Migrant and Seasonal Head Start and the Oregon Pre-kindergarten programs implemented by the Oregon Child Development Coalition (OCDC).
- **Early Intervention:** The target population is children ages 0-3 with developmental delays and disabilities and their families. Services are provided through contacts between the Oregon Department of Education (DOE) and local agencies, and include screening, assessment, referrals, and education.
- **Family Support and Connections Program (FS&C):** The target population is Temporary Assistance for Needy Families (TANF) clients. Services are provided by family advocates, and include providing family coaching, referrals and information to help families move towards greater independence.
- **Healthy Start~Healthy Families Oregon:** The target population is high-risk first-birth families. Services are provided by family support workers, and include providing screening, information, and parent coaching.
- **Maternity Case Management:** The target population is pregnant women. Services are provided by public health nurses, and include an expansion of perinatal services to mitigate health, economic, and social risk factors that impact birth outcomes.
- **Nurse-Family Partnership:** The target population is high-risk women pregnant with their first child. Services are provided by public health nurses, and include case management, referrals to prenatal care as well as other resources and developmental screening for children.
- **Relief Nurseries:** The target population is low-income families with children ages 0-6 who are at high risk for abuse and neglect. Services include parent education, family preservation, mental health services, therapeutic classroom and advocacy and case management services.

A total of 1,642 home visitors (in FTE) were available for providing home visiting services in 2009.

## 2

## Component 2: Numbers in Need of Home Visiting and Numbers Served by Home Visiting Programs

Numbers Served and Workforce by Home Visiting Program, Oregon, FY 2009

	Pregnant Women	Children			Home Visiting Staff FTE
		Birth through Age 2	Age 3 through 4	Total, birth through age 4	
Babies First!		6,388	402	6,790	70.7
CaCoon*		1,098	273	1,371	22.4
Maternity Case Management	3,009				41.6
Healthy Start Intensive Services		2,817	459	3,276	165.2
Nurse-Family Partnership	301	354		354	17.4
Family Support and Connections		1,811	904	2,715	43.9
OCDC-Migrant & Seasonal Head Start		1,507	1,077	2,584	462.0
OCDC-Oregon Prekindergarten			802	802	82.0
Early Head Start & Head Start	72	1,021	8,891	9,912	529.8
DOE- Early Intervention & Early Childhood Special Education*		2,540	6,984	9,524	128.6
Relief Nurseries	167	1,321	500	1,821	78.4
<b>Total</b>	<b>3,549</b>	<b>18,857</b>	<b>20,292</b>	<b>39,149</b>	<b>1,642.0</b>

\*CaCoon and Early Intervention programs serve children with special health needs.

## Component 3: Survey of Pregnant Women/Parents of Young Children

### Survey Methods

From April to June 2011, a survey (Parent Survey) was conducted statewide with pregnant women and parents of young children in Oregon. The main purpose of the Parent Survey was to gain information about the needs of families and the ease or difficulty of getting services. The survey used a structured written questionnaire, was anonymous, and was based on non-random sampling targeted primarily at low-income groups. The survey methods and questionnaire were finalized after several rounds of review and revision by the state Home Visiting Needs Assessment Workgroup and pilot-testing by parents.

#### **The Parent Survey was implemented over the following three phases:**

##### ***Phase 1:***

Paper survey distribution by the WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) program and home visiting programs. Respondents were mostly program clients (or potential clients). Completed surveys were returned by mail.

##### ***Phase 2:***

Paper survey outreach to metro and rural areas. Respondents were mostly immigrants, refugees and clients of social service programs.

##### ***Phase 3:***

Online survey completed by respondents who were recruited by home visiting programs via Internet social media.

#### **The Parent Survey included questions on the following areas:** (refer to Appendix 3 for a copy of the Parent Survey questionnaire):

##### ***List of 32 service needs items:***

- Did anyone in the household need the service in 2010-2011?
- If yes, how easy or difficult was it to get the service?

##### ***Home visiting services:***

- How likely is the respondent to enroll in a home visiting program?
- Did the respondent receive home visiting services in 2010-2011?
- If yes, what programs, how many visits, and how satisfied were they with the services?

##### ***Household demographics and special health needs of children***

## Component 3: Survey of Pregnant Women/Parents of Young Children

### Methods of Data Analysis

The Parent Survey was analyzed and reported by using the following methods: descriptive statistics, weighting of data, factor analysis and multiple regression analysis.

#### Weighting of Survey Data

At the state level, the Parent Survey sample was weighted to the population size of children, birth through age 4, in each of Oregon's 36 counties. The purpose of sample weighting was to correct the variation of the original survey sample in terms of representing counties' young children, the main target population for home visiting services. The weighted data were used to estimate the extent of families' service needs and access difficulty at the state level (*refer to Appendix 1. Data Sources, Definitions and Notes for details on use of weighted survey data*).

#### Descriptive Statistics

Descriptive statistics (frequency, mean, percentage, ranking, etc.) were used to:

- Describe the demographic characteristics of survey respondents (*refer to Appendix 2 for Tables of Demographic Characteristics of Parent Survey Respondents at state and local levels*);
- Analyze the extent of families' service needs and access difficulty in terms of 32 survey items and the 10 types of services derived from factor analysis;
- Report family satisfaction with home visiting services.

#### Factor Analysis

A factor analysis was conducted on the Parent Survey data to simplify the 32 survey items related to service needs into the main types of services (*refer to Appendix 1. Data Sources, Definitions and Notes for details on factor analysis*). Ten types of services were derived from the factor analysis (see next page).

#### Multiple Regression Analysis

At the state level, Parent Survey data were analyzed by using multiple regression analysis to assess whether the extent of families' service needs and their difficulty accessing the services are likely different:

- (a) Between the families who have received home visiting services and those who have not and,
- (b) Among families with different demographic characteristics.

In total, 20 sets of multiple regression analyses were conducted.

- (a) For all of the regression analyses, the independent variables were the status of having received home visiting services and respondents' demographic characteristics (*refer to Appendix 1. Data Sources, Definitions and Notes for details on multiple regression analysis*).
- (b) For 10 of the analyses, the dependent variable was the level of service needs in each of the 10 factors. For the other 10 analyses the dependent variable was the level of difficulty getting services in each of the 10 factors.



**Component 3: Survey of Pregnant Women/Parents of Young Children****Methods of Data Analysis****Ten Types (Factors) of Services: Results of Factor Analysis****Parenting needs (6 items)**

- Information and support about playing with, reading to, and teaching children new things
- Information and support on parenting
- Help with finding out if a child is growing and developing normally
- Information about how to improve diet and nutrition for the family
- Information about how to keep children safe and prevent injuries
- Information and support about how to relate to a baby or young child

**Pregnancy/Newborn needs (4 items)**

- Information and support about breastfeeding
- Information and support about having a healthy pregnancy
- Information and support about how to care for a newborn
- Information and support about how to relate to a baby or young child

**Services for special health needs (5 items)**

- Help getting services for a child with special health needs
- Information on caring for a child with special health needs
- Help with coordinating multiple services a child needs or is receiving
- Health care from a specialist for a child
- Mental health or behavioral health services for a child

**Language/Transportation needs (2 items)**

- Translation or interpretation services
- Help with transportation

**Basic needs (4 items)**

- Help with getting food for the family
- Housing assistance (rent, power, heat, water, phone)
- Help getting health insurance and medical care
- Cash assistance, such as TANF

**Job needs (2 items)**

- Help with job search
- Help with getting job training or education

**Mental health/Substance abuse/Domestic violence (DV) needs (4 items)**

- Mental health or behavioral health services for a child
- Help for alcohol or drug use or abuse
- Help for domestic violence or sexual violence
- Mental health or behavioral health services for an adult

**Health care needs (5 items)**

- General health care for an adult, such as a physical exam
- Dental health care for an adult (including cleanings)
- General health care for a child, such as a well-child exam or physical exam
- Dental health care for a child (including cleanings)
- Health care from a specialist for an adult

**Child care (1 item)**

- Child care (including specialized child care)

**Information about other resources/services (1 item)**

- Information about other resources and services that your family may need

**Component 3: Survey of Pregnant Women/Parents of Young Children****Survey Respondents****Number of Respondents and Participation in Home Visiting Programs****Number of respondents:**

- 4,628 pregnant women and parents of young children
- Phase 1- WIC and home visiting programs: 3,478 (75%)
  - Phase 2- Outreach to metro and rural areas: 265 (6%)
  - Phase 3- Online: 885 (19%)

**Participation in home visiting programs:**

- 2,375 (51%) received home visiting services in 2010 or 2011
- 1,958 (42%) did not receive home visiting services
- 295 (7%) did not identify or were not sure if they received home visiting services.

***Of those who have received home visiting services, parents indicated involvement in the following programs in 2010-2011: (respondents could choose more than one program)***

640	Head Start
601	Healthy Start~Healthy Families Oregon
291	Early Intervention
209	Oregon Child Development Coalition (OCDC) - Migrant and Seasonal Head Start; Oregon Pre-kindergarten
176	Babies First!
173	Early Head Start
126	Public Health Nurse
112	Family Support and Connections
101	CaCoon
78	Maternity Case Management
74	Relief Nurseries
64	Nurse-Family Partnership
9	American Indian/Alaska Native Head Start/Early Head Start

- 84 percent participated in one program in 2010-2011
- 13 percent participated in two programs
- 3 percent participated in three programs
- Less than 1 percent participated in four or more programs

***For the survey, enrollment in more than one program often does not indicate duplication of service for the following reasons:***

- The survey asked whether the respondent received home visiting during 2010 or 2011.
- Participation in multiple programs could indicate movement along a continuum of services during the time period (e.g., first, pregnancy; then baby and family).
- A child could "graduate" from one program to another (e.g., Early Head Start to Head Start).
- A developmental delay could have been detected during the time period, causing referral to Early Intervention. Complex special health needs could require multiple services, such as CaCoon and Early Intervention.

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**Component 3: Survey of Pregnant Women/Parents of Young Children**  
 Survey Respondents

Demographic characteristics of all respondents: (for details, refer to Appendix 2. Demographic Characteristics of Parent Survey Respondents, Statewide)						
Female	94%					
Age (mean)	30 years					
Race/Ethnicity	White 54%	Hispanic/Latino 34%	Black or African American 3%	Asian/Pacific Islander 4%	American Indian or Alaska Native 1%	Other Race 3%
Education	Less than high school 26%	High school or GED 26%	Some college/ college degree or more 48%			
Employment	Employed FT or PT 46%	Not employed, looking for work 24%	Not employed, not looking for work 30%			
Federal Poverty Level	185% FPL or below 79%	Above 185% FPL 21%				
Someone pregnant in household	14%					
Household makeup	Two parent home 71%	Single parent home 27%	Other 2%			
English as the primary language at home	68%					
Average % of people in home with insurance	Health insurance 75%	Dental insurance 64%	Vision Insurance 51%			
Families with a child with special health needs	53%					
Urban/Rural/ Frontier	Urban counties 69%	Rural/Frontier counties 31%				

## Component 3: Survey of Pregnant Women/Parents of Young Children

### Types of Services Needed and Level of Difficulty Getting Needed Services

Overall, the types of services needed by the greatest percentages of parents were those related to: health care (61% of parents), parenting support and information (46%), information about other resources and services that the family may need (45%) and basic needs (41%).

Among those who needed each service, the types of services that the greatest percentages of parents found difficult to get were those related to: job needs (68% of the parents who needed the service found it difficult to get), child care (63%), language/transportation needs (55%), mental health/substance abuse/domestic violence (54%), basic needs (51%) and services for a child with special health needs (48%).

For most types of services, greater percentages of the families who received home visiting needed the services. The types of service needs with the greatest percentage difference between families who received home visiting and those who did not were: parenting needs (difference of 28%), information about other resources and services that the family may need (difference of 28%), pregnancy/newborn needs (difference of 17%), basic needs (difference of 15%) and language/transportation needs (difference of 15%).

For most types of services, greater percentages of the families who did not receive home visiting found the services difficult to get. Between the families who received home visiting and those who did not, the percentage of parents reporting access difficulty differed most in the services related to: information about other resources/services (difference of 29%), parenting needs (difference of 14%), language/transportation needs (difference of 14%) and job needs (difference of 13%).

3

**Component 3: Survey of Pregnant Women/Parents of Young Children**

**Types of Services Needed & Level of Difficulty Getting Needed Services**

Type of Services	Percent of parents who needed services			Among those who needed services, percent of parents who had difficulty getting services		
	All (N=4,628)	Received home visiting (n=2,375)	Did not receive home visiting (n=1,958)	All	Received home visiting	Did not receive home visiting
Parenting needs	45.5%	59.2%	31.0%	17.3%	12.8%	27.1%
Pregnancy/newborn needs	32.6%	40.6%	23.8%	14.0%	11.6%	18.6%
Services for special health needs	20.3%	24.9%	15.6%	48.0%	43.9%	54.5%
Language/ transportation needs	20.7%	27.6%	13.1%	54.8%	50.8%	64.5%
Basic needs	41.0%	48.2%	33.3%	50.7%	46.7%	57.6%
Job needs	25.9%	29.6%	21.7%	68.0%	62.9%	75.5%
Mental health, substance abuse/ domestic violence	11.0%	12.4%	9.5%	54.2%	50.0%	59.9%
Health care needs	61.4%	59.7%	64.7%	32.5%	34.1%	30.3%
Child care	32.9%	32.1%	34.3%	62.7%	57.0%	68.2%
Information about other resources/ services	44.7%	58.2%	30.5%	43.8%	35.1%	63.6%

## Component 3: Survey of Pregnant Women/Parents of Young Children

### Comparison of the Level of Service Needs Among Subgroups

#### Comparison of Needs by Receipt of Home Visiting Services and Comparison of Needs by Demographic Characteristics

The following section and the table on page 31 summarizes differences in the average number of reported service needs between (a) families who have received home visiting services and those who have not, and (b) families of different demographic characteristics. The table is a summary from a set of analyses that were conducted to determine whether the extent of families' needs differ between these groups. (For details on the method of analysis, refer to Appendix 1. Data sources, Definition and Notes: Comparison of the Level of Service Needs among Subgroups, Multiple Regression Analysis.)

#### Comparison of needs by receipt of home visiting services

Families who had received home visiting reported needing more services in nine of the 10 service categories than families that had not received home visiting:

- Parenting;
- Pregnancy/newborn care;
- Services for special health needs;
- Language/transportation;
- Basic needs;
- Job needs;
- Mental health, substance abuse/domestic violence;
- Child care;
- Information about other resources/services.

***This is a potential indication that home visiting programs in Oregon are successfully reaching families with greater needs.***

#### Comparison of needs by demographic characteristics

Looking at the average level of needs across all 10 service categories:

- Hispanics/Latino families reported fewer needs than White, non-Latino families.
- Families whose race was other than the listed races (White, Black/African American, Hispanic/Latino, Asian/Pacific Islander and American Indian/Alaska Native) reported more needs than White, non-Latino families.
- Those not employed and looking for work reported more needs than those employed full time.
- Those with incomes above 185 percent of the federal poverty level (FPL) reported fewer needs than those with incomes 185 percent of FPL or below.
- Single parent households reported more needs than two-parent households.
- Families with a child with special health needs reported more needs than those without a child with special health needs.
- Families with English as the primary language at home reported fewer needs than those with another primary language.
- Those living in rural or frontier counties reported fewer needs than those living in urban counties.
- Families with more health-insured members reported more needs than families with fewer health-insured members.

There were two especially notable demographic characteristics associated with the level of service needs:

- Families with a child with a special health need reported more needs in eight out of the 10 service categories.
- Similarly, compared to families who live in rural/frontier counties, those who live in urban counties reported more needs in seven service categories.

## Component 3: Survey of Pregnant Women/Parents of Young Children

### Comparison of the Level of Service Needs Among Subgroups

#### How to read the table on the next page:

Within each characteristic (e.g., employment status) there is a reference group, which is noted in the far left column. All other groups within this characteristic are compared to the reference group. The comparison to the reference group is shown with symbols.

The ↑ indicates that respondents in that group had statistically significantly more needs in that factor than the reference group. For example, the ↑ indicates that the "employed, part-time" group reported significantly more needs in the basic needs factor than the reference group of "employed, full-time."

The ↓ indicates that respondents in that group had statistically significantly fewer needs in that factor than the reference group. For example, the ↓ indicates that the Hispanic/Latino group had significantly fewer needs in the basic needs factor than the reference group of White respondents.

A blank box indicates that respondents in that group were not significantly different in that factor from the reference group. For example, the blank indicates that the group of Asian/Pacific Islander respondents did not differ significantly in the basic needs factor from the reference group of White respondents.

### Component 3: Survey of Pregnant Women/Parents of Young Children Comparison of the Level of Service Needs Among Subgroups

Reference for reading this table can be found on the previous page.

Home Visiting and Demographic Characteristics	Level of Needs											# of the factors related to the home visiting status or demographic variable (0-10)
	Parenting	Pregnancy/newborn	Services for special health needs	Language/transportation	Basic needs	Job needs	MH/ substance/DV needs	Health care needs	Child care	Other resources	Average of all 10 factors	
<i>Did not receive home visiting (Reference)</i>												9
<i>Did receive home visiting</i>	↑	↑	↑	↑	↑	↑	↑		↑	↑	↑	
<i>White (Reference)</i>												8
<i>Black/African American</i>				↑	↑		↓					
<i>Hispanic/Latino</i>			↓		↓		↓	↓			↓	
<i>Asian/Pacific Islander</i>		↓		↑		↑	↓	↓				
<i>American Indian/Alaska Native</i>												
<i>Other- 1 or more races</i>	↑			↑							↑	
<i>Less educated (Reference)</i>												5
<i>More educated</i>			↑	↓	↓			↑	↑			
<i>Employed, full-time (Reference)</i>												9
<i>Employed, part-time</i>					↑	↑			↓			
<i>Not employed, looking for work</i>		↑		↑	↑	↑	↑		↓	↑	↑	
<i>Not employed, not looking</i>	↑	↑	↑	↑	↑				↓	↑		
<i>185% FPL or below (Reference)</i>												6
<i>Above 185% FPL</i>				↓	↓	↓		↑	↑	↓	↓	
<i>Not a single parent (Reference)</i>												6
<i>Single parent</i>		↓		↑	↑		↑		↑	↑	↑	
<i>No one is pregnant in the household (Reference)</i>												6
<i>Someone is pregnant in the household</i>		↑	↓	↓			↓	↓	↓			
<i>Does not have children with special needs (Reference)</i>												9
<i>Has children with special needs</i>		↓	↑	↑	↑	↑	↑	↑	↑	↑	↑	
<i>English is not the primary language at home (Reference)</i>												5
<i>English is the primary language at home</i>	↓			↓		↑	↑	↓			↓	
<i>Urban (Reference)</i>												8
<i>Rural Frontier</i>	↓	↓	↓	↓	↓	↓	↓			↓	↓	
<i>Less health-insured household (Reference)</i>												4
<i>More health-insured household</i>			↑				↑	↑	↑		↑	
<b># of the home visiting &amp; demographic variables related to the needs factor (0-11)</b>	5	7	8	10	8	7	9	7	8	6	9	



## Component 3: Survey of Pregnant Women/Parents of Young Children

### Comparison of the Level of Difficulty Among Subgroups in Getting Services

The following section and the table on page 34 summarizes differences in the level of difficulty getting needed services between (a) families who have received home visiting services and those who have not, and (b) families of different demographic characteristics. The table is a summary from a set of analyses that were conducted to determine whether the families' level of difficulty getting services differ between these groups. *(For details on the methods of analysis, refer to Appendix 1. Data sources, Definition & Notes: Comparison of the Level of Difficulty among Subgroups in Getting Services, Multiple Regression Analysis.)*

#### Comparison of difficulty by receipt of home visiting services

Families that had received home visiting reported less difficulty getting the services needed in all of the 10 service categories than families that had not received home visiting:

- Parenting;
- Pregnancy/newborn care;
- Services for special health needs;
- Language/transportation;
- Basic needs;
- Job needs;
- Mental health, substance abuse/domestic violence;
- Health care needs;
- Child care;
- Information about other resources/services.

***This is a potential indication that home visiting programs in Oregon are effectively helping families get the services they needed.***

#### Comparison of difficulty by demographic characteristics

Looking at the average level of difficulty getting the services needed across all 10 service categories:

- Families of respondents with more education reported more difficulty than families of respondents with less education.
- Respondents not employed and looking for work reported more difficulty than those employed full time.
- Those not employed and not looking for work reported less difficulty than those employed full time.
- Single parent households reported more difficulty than two-parent households.
- Families with a child with special health needs reported more difficulty than those without a child with special health needs.
- Those living in rural or frontier counties reported less difficulty than those living in urban counties.
- Families with more health-insured members reported less difficulty than families with fewer health-insured members.

There were two especially notable demographic characteristics associated with the level of difficulty getting services:

- Families with a child with a special health need reported more difficulty getting the services needed in all but one service category (language/transportation).
- Compared to families who live in rural/frontier counties, those who live in urban counties reported more difficulty getting services in the following five service categories: parenting, pregnancy/newborn care, basic needs, health care needs and information about other resources/services.

## Component 3: Survey of Pregnant Women/Parents of Young Children

### Comparison of the Level of Difficulty Among Subgroups in Getting Services

#### ***How to read the table on the next page:***

Within each characteristic (e.g., employment status) there is a reference group, which is noted in the far left column. All other groups within this characteristic are compared to the reference group. The comparison to the reference group is shown with symbols.

The ↑ indicates that respondents in that group had statistically significantly more difficulty getting needed services in that factor than the reference group. For example, the ↑ indicates that the "not employed, looking for work" group reported significantly more difficulty getting needed language/transportation services than the reference group of "employed, full-time."

The ↓ indicates that respondents in that group had statistically significantly less difficulty getting needed services in that factor than the reference group. For example, the ↓ indicates that the Hispanic/Latino group had significantly less difficulty getting needed services in the basic needs factor than the reference group of White respondents.

A blank box indicates that respondents in that group were not significantly different in that factor from the reference group. For example, the blank indicates that the group of Asian/Pacific Islander respondents did not differ significantly in level of difficulty getting needed services in the basic needs factor from the reference group of White respondents.

3

**Component 3: Survey of Pregnant Women/Parents of Young Children**  
**Comparison of the Level of Difficulty Among Subgroups in Getting Services**

Reference for reading this table can be found on the previous page.

Home Visiting and Demographic Characteristics	Level of Difficulty											Average difficulty in all 10 factors	# of the factors related to the home visiting status or demographic variable
	Parenting	Pregnancy/newborn	Services for special health needs	Language/transportation	Basic needs	Job needs	MH/substance/DV needs	Health care needs	Child care	Other resources			
<i>Did not receive home visiting (Reference)</i>													10
<i>Did receive home visiting</i>	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
<i>White (Reference)</i>													7
<i>Black/African American</i>					↓			↓					
<i>Hispanic/Latino</i>			↓		↓				↓				
<i>Asian/Pacific Islander</i>	↑	↑	↑	↑									
<i>American Indian/Alaska Native</i>													
<i>Other- 1 or more races</i>	↓												
<i>Less educated (Reference)</i>													6
<i>More educated</i>	↑			↑	↑	↑	↑		↑			↑	
<i>Employed, full-time (Reference)</i>													8
<i>Employed, part-time</i>													
<i>Not employed, looking for work</i>				↑				↑	↑			↑	
<i>Not employed, not looking</i>	↓		↓		↓	↓			↑	↓		↓	
<i>185% FPL or below (Reference)</i>													5
<i>Above 185% FPL</i>	↑	↑			↑			↓	↓				
<i>Not a single parent (Reference)</i>													0
<i>Single parent</i>												↑	
<i>No one is pregnant in the household (Reference)</i>													0
<i>Someone is pregnant in the household</i>													
<i>Does not have children with special needs (Reference)</i>													9
<i>Has children with special needs</i>	↑	↑	↑		↑	↑	↑	↑	↑	↑	↑	↑	
<i>English is not the primary language at home (Reference)</i>													1
<i>English is the primary language at home</i>				↑									
<i>Urban (Reference)</i>													5
<i>Rural Frontier</i>	↓	↓			↓			↓		↓		↓	
<i>Less health-insured household (Reference)</i>													2
<i>More health-insured household</i>					↓			↓				↓	
<b># of the home visiting &amp; demographic variables related to the needs factor (0-11)</b>	7	5	4	5	8	4	3	7	6	4	7		

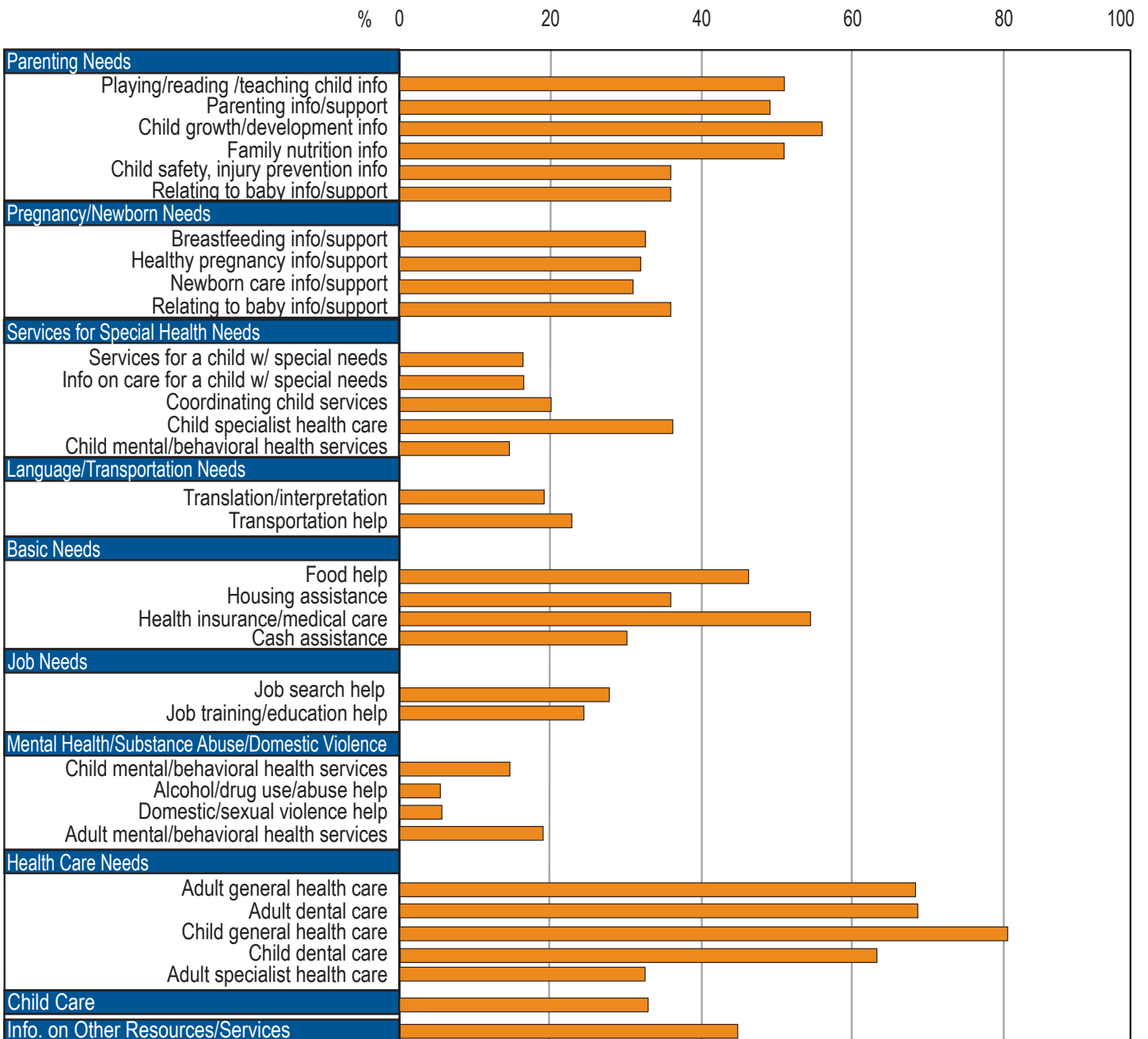
3

**Component 3: Survey of Pregnant Women/Parents of Young Children**

**Service Needs**

Among All Respondents (N=4,628) by Survey Item

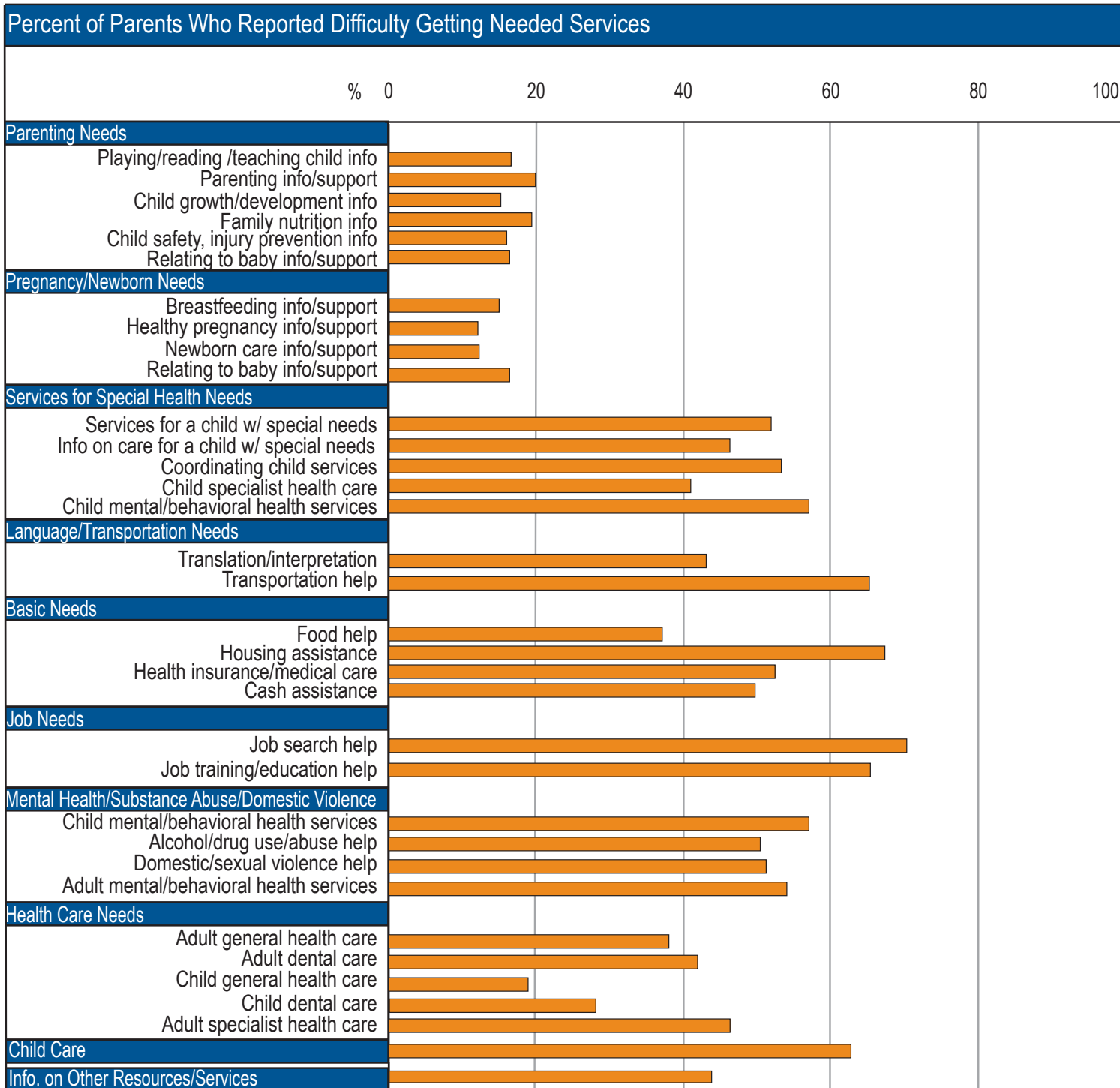
Percent of Parents Who Reported Needing Each Service



3

**Component 3: Survey of Pregnant Women/Parents of Young Children**

**Difficulty Getting Needed Services  
Among Respondents Who Needed Each Service**



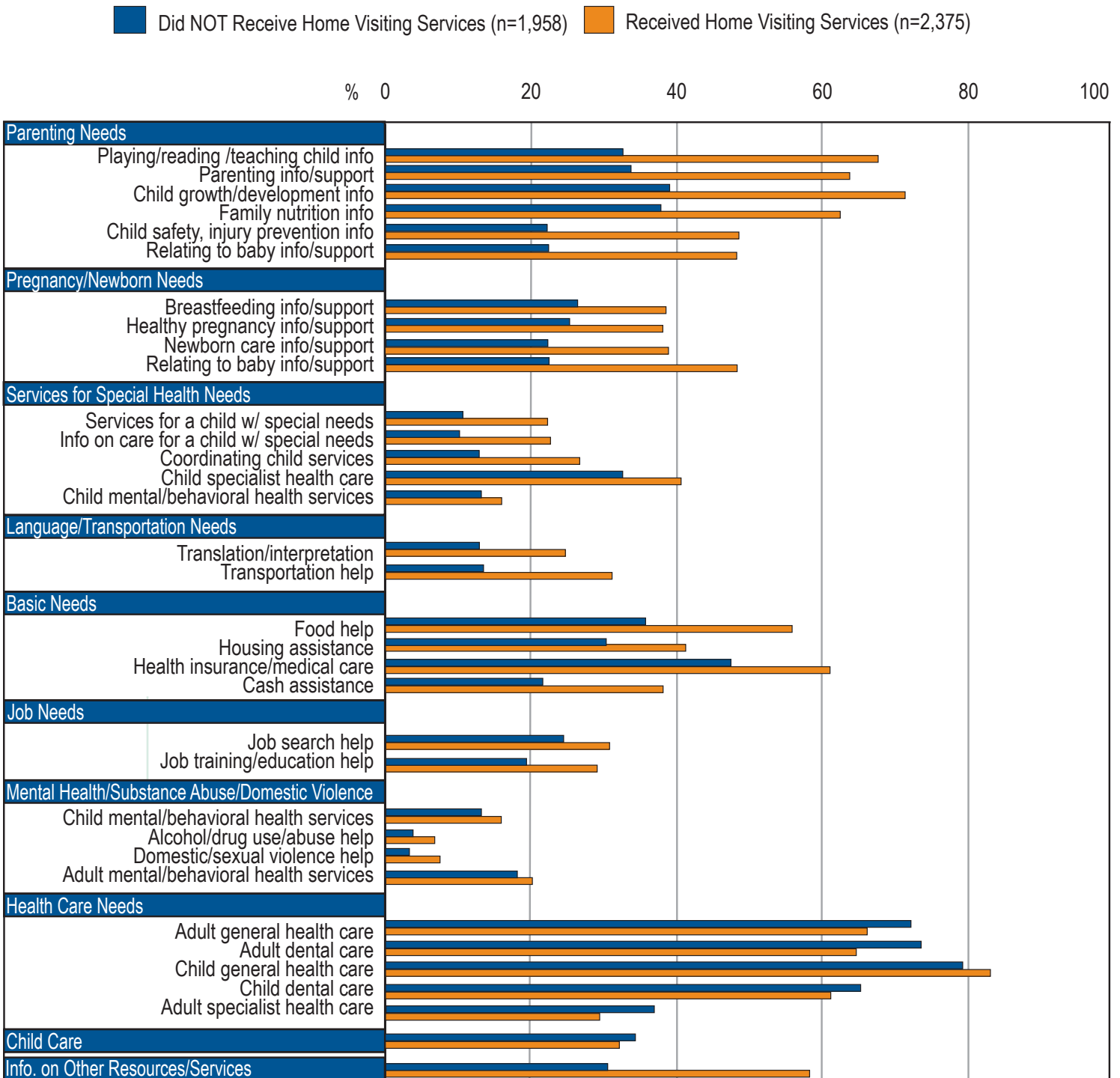
3

Component 3: Survey of Pregnant Women/Parents of Young Children

Service Needs

Families who received home visiting vs. those who did not

Percent of Parents Who Reported Needing Each Service



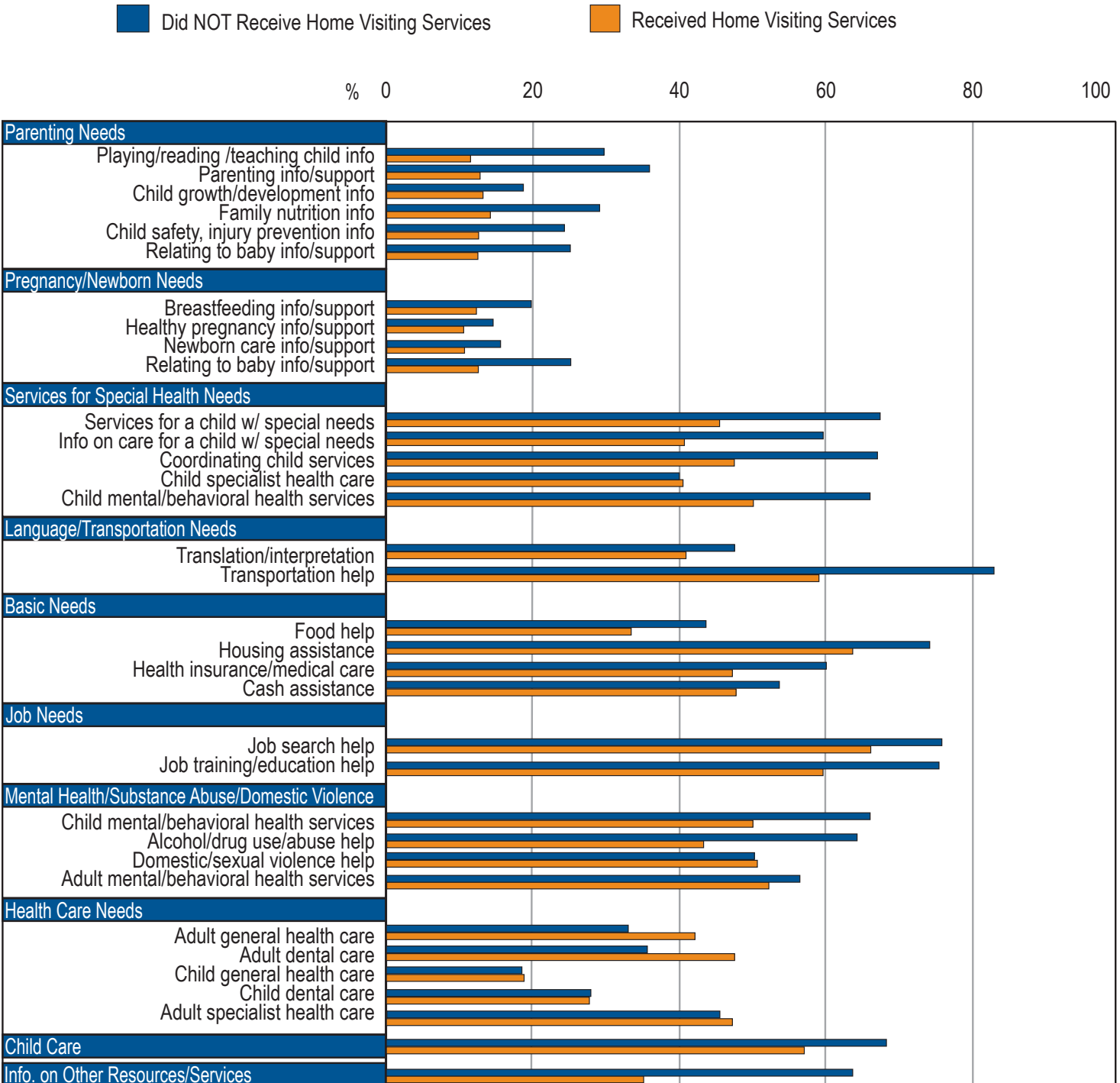
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**Component 3: Survey of Pregnant Women/Parents of Young Children**

**Difficulty Getting Needed Services**

Families who received home visiting vs. those who did not

**Percent of Parents Who Reported Difficulty Getting Needed Services**



**Component 3: Survey of Pregnant Women/Parents of Young Children**  
**Rankings of Need for Services among Subgroups**

Services 1= Highest percent of families needed this service 32= Lowest percent of families needed this service	Parent Survey Respondents (N=4,628)						
	Families who received home visiting (n=2,375)	Families who did NOT receive home visiting (n=1,958)	Families living 185% FPL or below (n=3,269)	Families with a child with a special health need (n=2,198)	Not all of family members have health insurance (n=2,062)	Living in urban counties (n=3,109)	Living in rural/frontier counties (n=1,376)
	Rank	Rank	Rank	Rank	Rank	Rank	Rank
Child general health care	1	1	1	1	1	1	1
Child growth/development info	2	6	6	5	6	5	6
Playing/reading /teaching child info	3	12	9	8	8	7	8
Adult general health care	4	3	2	3	3	3	3
Adult dental care	5	2	3	4	4	2	2
Parenting info/support	6	11	10	9	10	9	10
Family nutrition info	7	7	8	7	7	8	7
Child dental care	8	4	4	2	5	4	4
Health insurance/medical care	9	5	5	6	2	6	5
Info on other resources/services	10	14	11	10	11	10	11
Food help	11	9	7	12	9	11	9
Child safety, injury prevention info	12	21	14	15	13	13	14
Relating to baby info/support	13	19	13	17	12	14	13
Housing assistance	14	15	12	13	14	15	12
Child specialist health care	15	13	16	11	16	12	15
Newborn care info/support	16	20	19	26	18	20	18
Breastfeeding info/support	17	16	17	23	15	18	17
Cash assistance	18	22	15	19	19	21	21
Healthy pregnancy info/support	19	17	18	25	17	19	16
Child care	20	10	21	14	23	16	19
Transportation help	21	25	24	27	25	24	23
Job search help	22	18	20	20	20	22	22
Adult specialist health care	23	8	22	16	21	17	20
Job training/education help	24	23	23	24	24	23	24
Coordinating child services	25	28	26	18	26	26	25
Translation/Interpretation	26	27	25	30	22	25	30
Info on care for a child w/special needs	27	30	28	22	27	28	26
Services for a child w/special needs	28	29	29	21	28	29	28
Adult mental/behavioral health services	29	24	27	29	29	27	27
Child mental/behavioral health services	30	26	30	28	30	30	29
Domestic/sexual violence help	31	32	31	31	31	31	31
Alcohol/drug use/abuse help	32	31	32	32	32	32	32



3

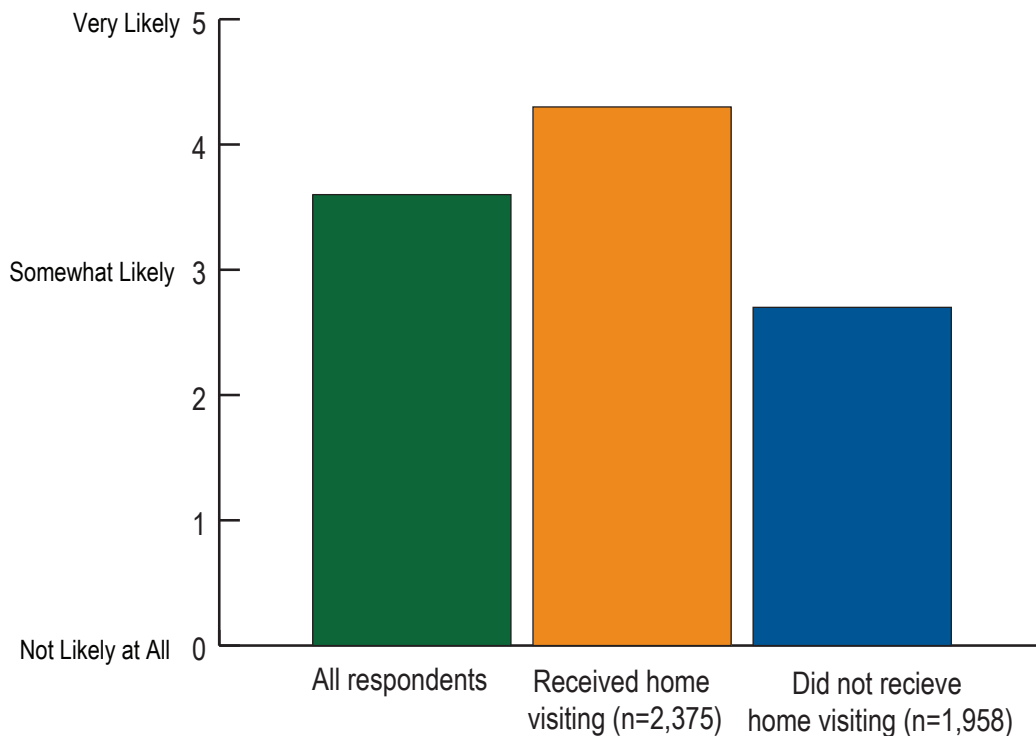
**Component 3: Survey of Pregnant Women/Parents of Young Children**  
**Rankings of Difficulty Getting Services among Subgroups**

<b>Services</b> 1= Most difficult service to get according to the parents' average rating 32= Least difficult service to get according to the parents' average rating	Parent Survey Respondents Whose Families Needed the Service						
	Families who received home visiting	Families who did NOT receive home visiting	Families living 185% FPL or below	Families with a child with a special health need	Not all of family members have health insurance	Living in urban counties	Living in rural/ frontier counties
	Rank	Rank	Rank	Rank	Rank	Rank	Rank
Housing assistance	1	3	2	1	2	1	2
Job search help	2	2	1	2	1	2	1
Job training/education help	3	4	3	3	3	3	3
Child care	4	7	4	4	4	5	4
Transportation help	5	1	5	5	7	4	7
Adult dental care	6	19	7	15	6	16	6
Adult mental/behavioral health services	7	14	6	6	5	9	5
Adult specialist health care	8	16	8	14	8	15	8
Cash assistance	9	13	10	10	10	12	10
Child mental/behavioral health services	10	8	9	7	13	7	13
Domestic/sexual violence help	11	15	15	8	14	13	14
Services for a child w/special needs	12	6	11	12	15	8	15
Health insurance/medical care	13	10	13	9	12	10	12
Coordinating child services	14	9	14	13	16	11	16
Adult general health care	15	21	16	18	11	18	11
Alcohol/drug use/abuse help	16	5	12	11	9	6	9
Info on care for a child w/special needs	17	11	17	16	17	14	17
Translation/Interpretation	18	17	18	20	18	19	18
Child specialist health care	19	20	20	19	21	20	21
Info on other resources/services	20	12	19	17	19	17	19
Food help	21	18	21	21	20	21	20
Child dental care	22	23	22	22	22	22	22
Child general health care	23	30	23	25	23	25	23
Family nutrition info	24	25	25	24	25	24	25
Breastfeeding info/support	25	28	30	30	27	29	27
Child growth/development info	26	29	28	29	30	30	30
Parenting info/support	27	22	24	23	24	23	24
Relating to baby info/support	28	26	27	26	28	27	28
Child safety, injury prevention info	29	27	26	27	26	28	26
Playing/reading /teaching child info	30	24	29	28	29	26	29
Healthy pregnancy info/support	31	31	31	32	31	31	31
Newborn care info/support	32	32	32	31	32	32	32

3

**Component 3: Survey of Pregnant Women/Parents of Young Children:  
Likelihood to Enroll in Home Visiting Services**

Question: If you were offered home visiting services (free of charge) to help with needs like those you checked YES for, how likely would you be to enroll in the service?



**Parents are very likely to enroll in home visiting services if they have experience receiving the services.**

For a Parent Survey question asking about parents' likelihood to enroll in home visiting services, the respondents overall rated an average of **3.6** on a five-point response scale (1, "Not likely at all"; 3, "Somewhat likely"; 5, "Very likely").

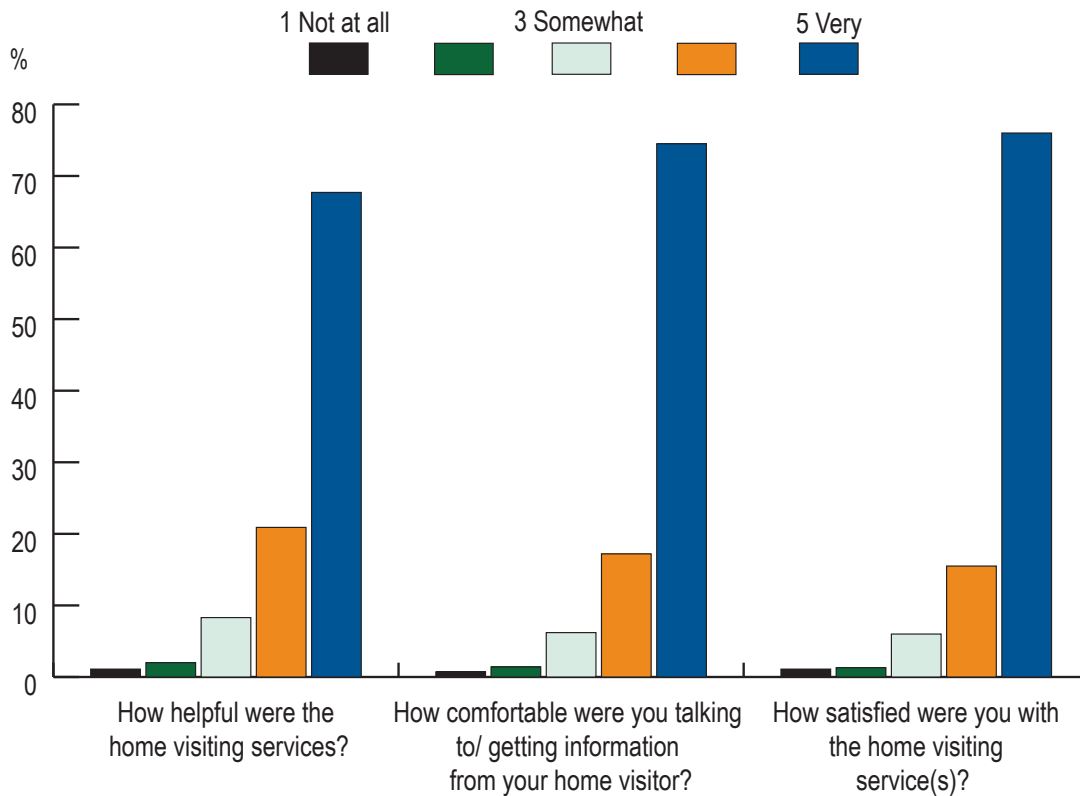
Compared to respondents who did not receive home visiting services in 2010 or 2011, *those who received the services were far more likely to enroll* in home visiting services.

*Average rating scores:*

4.3 for respondents who received home visiting,  
2.7 for those who did not receive home visiting.

3

**Component 3: Survey of Pregnant Women/Parents of Young Children:  
Satisfaction with Program Services**



**Parents who had received home visiting services reported a high level of satisfaction with the services.**

Of the respondents who received home visiting in 2010 or 2011:

- 89 percent reported that the services were "very helpful" or more than "somewhat helpful,"
- 92 percent reported that they were "very comfortable" or more than "somewhat comfortable" with getting services from home visitors,
- 92 percent reported that they were "very satisfied" or more than "somewhat satisfied" with the services.

## 4

**Component 4: Survey of Home Visitors****Survey Methods**

Along with implementation of the Parent Survey, a survey (Home Visitor Survey) was conducted with the home visitors of home visiting programs throughout Oregon in April and May 2011. The main purpose of the Home Visitor Survey was to collect data from a home visitor's perspective about the needs of families and the service availability and gaps in communities throughout the state. Like the Parent Survey, the Home Visitor Survey used a structured written questionnaire, was anonymous, and was based on non-random sampling. The survey methods and questionnaire were finalized after several rounds of review and revision by the state Home Visiting Needs Assessment Workgroup and pilot-testing by home visitors.

The Home Visitor Survey was conducted online through the survey link that was e-mailed directly to home visitors throughout the state. The Home Visitor Survey questionnaire included questions in the following areas (*refer to Appendix 3 for a copy of the Home Visitor Survey questionnaire*):

The same list of 32 service needs items as in the Parent Survey:

- What percent of clients needed each service in 2010-2011?
- How often were clients' needs met?
- How was each need met? (Directly by the home visitor; through referral; through a combination of direct service and referral; service not provided)
- Home visitor demographics

**Methods of Data Analysis**

- Descriptive statistics (frequency, mean, percentage, ranking, etc.) were used to analyze the Home Visitor Survey data and report:
  - Demographic characteristics of survey respondents,
  - Home visitors' perception about their clients' most needed services and the clients' needs that were least likely to be met
  - How home visitors address clients' needs.

# 4

## Component 4: Survey of Home Visitors

### Survey Respondents

#### Number of Respondents and Demographic Characteristics

#### Number of respondents: 668 home visitors

137	Head Start/Oregon Head Start Pre-kindergarten
123	Healthy Start~Healthy Families Oregon
78	Babies First!
60	Early Head Start
60	Relief Nurseries
40	Family Support and Connections
31	Maternity Case Management
29	CaCoon
27	Head Start - Migrant Seasonal
19	Nurse -Family Partnership
18	Early Intervention
17	Early Head Start - Migrant Seasonal
24	Other

#### Demographic characteristics of respondents:

<b>Female</b>	97%				
<b>Race/Ethnicity</b>	White 72%	Hispanic/Latino 23%	Black or African American 1%	Asian/Pacific Islander 2%	Other Race 3%
<b>Education</b>	Less than 12th Grade <1%	12th Grade or GED 6%	Some College 16%	College Degree or More 78%	
<b>Certificate, license or degree</b> <i>(respondents can choose more than one field)</i>	Nursing 28%	Education/Teaching 40%	Social Work 21%	Other 25%	
<b>English as the primary language</b>	85%				
<b>Born in the United States</b>	82%				

# 4

## Component 4: Survey of Home Visitors

### Rankings of Families' Most Needed Services: Comparison of Home Visitor and Parent Survey Respondents

1= Most Needed Services 32=Least Needed Services

<b>(Home Visitors) Clients' Most Needed Services &amp; (Parents) Families Most Needed Services</b>  Services	Home Visitor Survey respondents (N=668)	Parent Survey respondents who received home visiting (n=2,375)
	Rank	Rank
Parenting info/support	1	6
Playing/reading/teaching child info	2	3
Child growth/development info	3	2
Child general health care	4	1
Info on other resources/services	5	10
Child safety, injury prevention info	6	12
Family nutrition info	7	7
Child dental care	8	8
Relating to baby info/support	9	13
Adult general health care	10	4
Adult dental care	11	5
Health insurance/medical care	12	9
Housing assistance	13	14
Newborn care info/support	14	16
Food help	15	11
Transportation help	16	21
Cash assistance	17	18
Child care	18	20
Breastfeeding info/support	19	17
Job training/education help	20	24
Job search help	21	22
Healthy pregnancy info/support	22	19
Coordinating child services	23	25
Adult mental/behavioral health services	24	29
Translation/interpretation	25	26
Child specialist health care	26	15
Child mental/behavioral health services	27	30
Info on care for a child w/special needs	28	27
Services for a child w/special needs	29	28
Adult specialist health care	30	23
Alcohol/drug use/abuse help	31	32
Domestic/sexual violence help	32	31

In terms of the services needed by the most families, there was much agreement between Parent Survey respondents who received home visiting and Home Visitor Survey respondents. For example, of the 32 needs items surveyed, the following eight were rated both by the parents who received home visiting services and the home visitors within the top 10 most needed services for families:

- Parenting information/support;
- Playing/reading /teaching child information;
- Child growth/development information;
- Child general health care
- Information on other resources/ services;
- Family nutrition information;
- Child dental care;
- Adult general health care.

# 4

## Component 4: Survey of Home Visitors

### Rankings of Families' Most Difficult Services to Get: Comparison of Home Visitor and Parent Survey Respondents

1= Most Difficult 32=Least Difficult

(Home Visitors) Clients' Needs Most Difficult to Meet & (Parents) Services Most Difficult to Get	Home Visitor Survey respondents (N=668)	Parent Survey respondents who received home visiting and needed the service
	Rank	Rank
Adult dental care	1	6
Adult specialist health care	2	8
Adult mental/behavioral health services	3	7
Adult general health care	4	15
Job training/education help	5	3
Job search help	6	2
Housing assistance	7	1
Alcohol/drug use/abuse help	8	16
Child care	9	4
Transportation help	10	5
Child mental/behavioral health services	11	10
Domestic/sexual violence help	12	11
Cash assistance	13	9
Child dental care	14	22
Translation/interpretation	15	18
Health insurance/medical care	16	13
Child specialist health care	17	19
Coordinating child services	18	14
Services for a child w/special needs	19	12
Food help	20	21
Info on care for a child w/special needs	21	17
Info on other resources/services	22	20
Child general health care	23	23
Family nutrition info	24	24
Breastfeeding info/support	25	25
Healthy pregnancy info/support	26	31
Newborn care info/support	27	32
Relating to baby info/support	28	28
Parenting info/support	29	27
Child safety, injury prevention info	30	29
Playing/reading/teaching child info	31	30
Child growth/development info	32	26

In terms of the most difficult services for families to get, there was much agreement between Home Visitor Survey and Parent Survey respondents who received home visiting. Of the 32 service items surveyed, the following eight were rated both by home visitors and the parents who received home visiting services within the top 10 most difficult services for families to get:

- Adult dental care;
- Adult specialist health care;
- Adult mental/behavioral health services;
- Job training/education help;
- Job search help;
- Housing assistance;
- Child care;
- Transportation help.

## 4

**Component 4: Survey of Home Visitors****How Home Visiting Programs Address Clients' Needs**

Home visitors are more likely to "provide services directly" (along with "making referrals" to other agencies, if needed) to address clients' needs related to the following types of services:

- Parenting
- Pregnancy/newborn care
- Information about other resources/services
- Services for special health needs (except for child specialist health care and child mental/behavioral services)
- Language/transportation

Home visitors are more likely to only make referrals to other agencies to address clients' needs related to the following types of services:

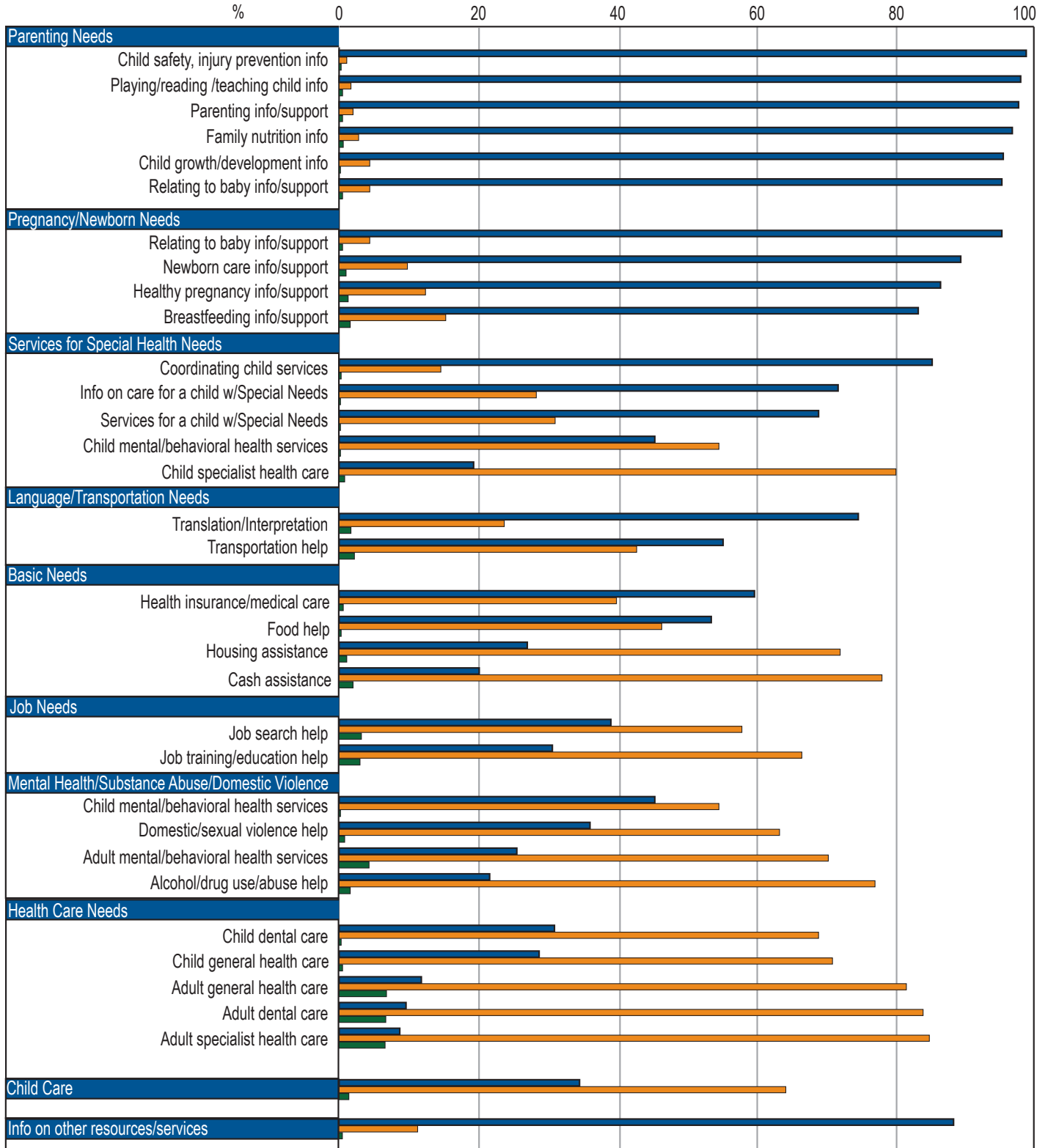
- Health care needs
- Mental health/substance abuse/domestic violence
- Job needs
- Child care



# 4

## Component 4: Survey of Home Visitors How Home Visiting Programs Address Clients' Needs

■ Service directly provided (or direct service & referral) 
 ■ Referral only 
 ■ Nothing



### **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 are effectively helping 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.

## 1

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

#### Maternal, Infant and Early Childhood Home Visiting (MIECHV) Indicators and Health Inequities: Annual Rates and Odds Ratios by Race/Ethnicity, Poverty and Rurality, Oregon (Table)

#### Estimated Number of People at Risk for MIECHV Indicators by Race/Ethnicity, Poverty and Rurality (Table)

Data source: Dent, C., Program Design and Evaluation Services, Multnomah County Health Department and Oregon Health Authority. Oregon Home Visiting Needs Assessment (Second Phase) - Analysis of Health Disparities: Priority Group Statewide Rates and Odds Ratios Relative to Best Outcome Group (December 2010) and Oregon Home Visiting Needs Assessment (Second Phase) - Analysis of Health Disparities (December 2010).

- **Maternal, Infant and Early Childhood Home Visiting (MIECHV) indicators** refer to the 10 indicators (**infant mortality, low birth weight, premature birth, poverty, juvenile crime, child maltreatment, domestic violence, school dropouts, substance abuse and unemployment**) that states were required to include in their home visiting needs assessment by the Patient Protection and Affordable Care Act (the Health Care Reform Act passed in March 2010).

In Dent's reports, the following methods were used to assess health inequities by subgroup (race/ethnicity, poverty and rurality) and estimate the numbers at risk:

- At the state level, the statewide annual rates per 100 persons in Oregon were determined for each Maternal, Infant and Early Childhood Home Visiting (MIECHV) indicator within each of the subgroups. Using these values, odds ratios were calculated for each indicator for subpopulation groups possibly experiencing inequities in comparison to the lowest risk group for that indicator. The odds ratio is a common measure of effect size describing the strength of association between two variables.

(The odds ratio is the ratio of the odds of an event occurring in one group to the odds of it occurring in another group. An odds ratio of 1 indicates that the condition or event under study is equally likely to occur in both groups. An odds ratio greater than 1 indicates that the condition or event is more likely to occur in the sub-group, relative to a reference group. Odds ratios greater than 2.0 are generally considered to indicate large associations.)

At a county level, the frequency distribution of the subgroups was determined within each county. Then, the frequency of sub-group persons in the county that possessed the indicator was estimated by applying the statewide rates in Oregon to county sub-group person count.

- **Race/ethnicity** was defined using the race and ethnicity groups in line with a recommendation by the U.S. Office of Management and Budget (OMB). Each racial group of "White," "Black or African American," "Asian/Pacific Islander" and "American Indian/Alaska Native" excludes persons of Hispanic or Latino descent. The "Hispanic or Latino" ethnic group includes persons of any race. In the table of estimated number of people at risk for MIECHV indicators, "all at risk" includes an additional number of people for other or unknown race that is not displayed in the table.
- **Poverty** was defined as incomes below 100 percent federal poverty level (FPL), except for the high school dropout estimates that used a cutoff of 130 percent FPL (eligibility for school meal assistance). For three MIECHV indicators related to birth outcomes (infant mortality, low birth weight and premature birth), participation in the WIC program (the Special Supplemental Nutrition Program for Women, Infants and Children) was used as a proxy for poverty.
- **Rurality** was determined using Rural Urban Commuting Area codes based on community time/distance to urban centers.
- The populations used as denominators and the data sources for state values to estimate the numbers at risk for MIECHV indicators are as follows:
  - For infant mortality, low birth weight and premature birth: Number of live births, 2007, Oregon Center for Health Statistics (2007)
  - For poverty: Number of all residents, 2008, American Community Survey (2006-2008)
  - For juvenile crime (arrests): Number of all children, ages 0-17 years, 2008, Oregon Uniform Crime Report (2008)
  - For child maltreatment (abuse and neglect): Number of all children, ages 0-17 years, 2008, Oregon Children, Adults and Families Division (2009)
  - For domestic violence (before or during pregnancy): Number of mothers, 2008, Oregon Pregnancy Risk Assessment Monitoring System (2008)
  - For (high) school drop out: Number of all high school students, 2008-09, Oregon Department of Education (2008)
  - For substance abuse (dependence on or abuse of illicit drugs or alcohol): Number of all adults, 2008, National Survey on Drug Use and Health (2008)
  - For unemployment: Number of all people in labor force, 2008, Bureau of Labor Statistics (2008)

## 2

## Numbers in Need of Home Visiting and Numbers Served by Home Visiting Programs

**Numbers in Need of Home Visiting Services and Numbers Served (Graphs)**

The following methods and sources were used to estimate the number of people who are potentially in need of home visiting services:

- For **pregnant women**: Number of births paid by Medicaid in 2009. Summarized by the Oregon Health Authority, Maternal and Child Health Assessment and Evaluation Unit from Oregon Center for Health Statistics birth certificate data.
- For **children birth through age 4**: Number of children, birth through age 4, living in households with incomes below 200 percent federal poverty level (FPL) and 175 percent FPL. Calculated by the Oregon Health Authority, Maternal and Child Health Assessment, Evaluation and Informatics Unit. The county-level estimates were derived by multiplying the number of children birth through age 4 in the county's populations in 2009 by the state-level percentages for Oregon children of the same ages below 200% FPL (43.3% of the population) and 175% FPL (36.8% of the population). Oregon FPL data source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009-2011 (3-year average data of 2008-2010).
- For **children with special health needs, birth through age 4**: Calculated by the Oregon Health Authority, Maternal and Child Health Assessment, Evaluation and Informatics Unit. Estimates were derived by multiplying the 2008 U.S. Census estimate of the Oregon population by the state-level prevalence estimate from the 2005/2006 National Survey of Children with Special Health Care Needs.
- **Total numbers served in FY 2009** by home visiting programs (for **pregnant women; children, birth through age 4; children with special health needs, birth through age 4**) are based on the Survey of Home Visiting Programs that was conducted with administrators and managers of Oregon's home visiting programs from November 2010 to March 2011. The number of children with special health needs, birth through age 4, who were served by home visiting programs is the count of those served by CaCoon and DOE-Early Intervention & Early Childhood Special Education programs.

In this report, estimation of the numbers potentially in need of home visiting was primarily based on indicators of low income or poverty for the following reasons:

- Home visiting programs often use low income as an eligibility requirement.
- The literature on home visiting often cites low income as risk factor.
- Poverty is often associated with risks and outcomes that home visiting programs attempt to prevent or address (e.g., future low educational attainment of children).

The use of these numbers based on low income indicators in the Home Visiting Needs Assessment implies neither that all families with low incomes need home visiting services nor that families with moderate or high incomes do not need home visiting services.

**Numbers Served and Workforce by Home Visiting Program, FY 2009 (Table)**

- The number of **pregnant women, children birth through age 2 and children ages 3 through 4** is the count of those served by home visiting programs during fiscal year 2009 (July 2008 through June 2009). This data was provided by individual home visiting programs through the Survey of Home Visiting Programs conducted from November 2010 to March 2011 and was compiled by the Oregon Health Authority, Maternal and Child Health Assessment, Evaluation and Informatics Unit. CaCoon and Early Intervention & Early Childhood Special Education (EI/ECSE) programs serve only children with special health needs.
- The number of **home visiting staff FTE** is the count of full-time equivalent (FTE) staff members who provided home visiting services during fiscal year 2009. These data were provided by individual home visiting programs through the Survey of Home Visiting Programs and was compiled by the Oregon Health Authority, Maternal and Child Health Assessment, Evaluation and Informatics Unit.

The following cautions are needed in reading the numbers served and the number of home visiting staff FTEs in the table:

- When data on the numbers served and staff FTEs were not available for individual home visiting programs, they were counted as '0' into the total.
- The number of children served by home visiting programs represents only children birth through age 4. For instance, the CaCoon program serves children birth through age 21; the ODCD- Migrant & Seasonal Head Start (MSHS) program serves children birth through kindergarten age (5 years or older).
- The Family Support and Connections (FS&C) program and the Department of Education- Early Intervention & Early Childhood Special Education (EI/ECSE) program provide services on a regional basis in which one or more counties constitute one region. For FS&C, the numbers served and staff FTEs for each county were estimated by the program by using the actual regional based data. For EI/ECSE, those numbers were estimated by the Oregon Health Authority, Maternal and Child Health Assessment, Evaluation and Informatics Unit by allocating the regional team's FTE proportionally to the number served in that county.
- Deschutes, Douglas, Sherman/Wasco, and Yamhill counties submitted data on staff FTEs for Babies First!, CaCoon and Maternity Case Management (MCM) programs as a combined FTE, not as separate FTEs for each program. FTEs in these counties were allocated to each program, proportionally to the number served by the program.
- The Healthy Start Intensive Services program tracks the number served, as a family unit, not individual children. For this program, one child per family was counted. The number of children served in each county for two age subgroups was derived by applying the average statewide ratio of the age subgroups served by the program (0.86 for birth through age 2; 0.14 for ages 3 through 4).

## Survey of Pregnant Women/Parents of Young Children

Unless noted otherwise, the following guidelines were used to analyze and report the data collected from the Survey of Pregnant Women/Parents of Young Children (Parent Survey):

- Percentages, means and other statistics are calculated by counting the total excluding missing' responses as denominators.
- Due to confidentiality, data is not reported in the survey for the questions or items of interest with less than 5 respondents.
- Caution is needed in reading the percentages, means and other statistics calculated from less than 50 respondents. The reported data values based on those small samples may not be reliable indicators for the whole population intended to be assessed by the survey.

**Weighting of Survey Data**

The state-level analyses of Parent Survey data on the extent of families' service needs and access difficulty are based on a weighted survey sample. The original survey sample was weighted to the population size of children, birth through age 4, in each of Oregon's 36 counties. The purpose of weighting was to correct the variation of the original survey sample in terms of representing counties' young children, the main target population for home visiting services.

The original, unweighted Parent Survey sample was used to describe the demographic characteristics of respondents both at state- and county-levels. All county-level analyses of Parent Survey data were based on the unweighted survey sample. (Since the only weighting variable is county-related, the use of weighted and unweighted samples for county-level data analyses generates the same results in terms of percentage and average values.)

**Factor Analysis**

Factor analysis was conducted to identify a small set of factors (types of services) to represent relationships among the 32 survey items used to measure respondents' service needs and their difficulty accessing the service needed. A total of 10 factors were derived from the 32 survey items by using principal component analysis and oblique rotation. Principal component analysis is a factor extraction method that is commonly applied to "mathematically" derive a small set of factors to convey as much of the information in the observed/ measured variables as possible, rather than "understanding" the underlining relationships among variables. Oblique rotation is a factor rotation method that allows for correlated factors instead of maintaining independence between the rotated factors. Being more realistic at theoretical level, oblique rotation tends to represent the grouping of variables more accurately.

**Types of Services Needed and Level of Difficulty Getting Needed Services (Table)**

- **Type of services:** Refers to the following 10 factors identified as a result of conducting factor analysis on 32 items of service needs in Parent Survey: **parenting needs** (6 items), **pregnancy/newborn needs** (4 items), **services for special health needs** (5 items), **language/transportation needs** (2 items), **basic needs** (4 items), **job needs** (2 items), **mental health/substance abuse/domestic violence (DV) needs** (4 items), **health care needs** (5 items), **child care** (1 item), and **information about other resources/services** (1 item) (see page 24 for specific survey items in each factor).
- **Percent of parents who needed services** (by type of services): Indicates the average percentage of the service needed (for individual survey items) in each type of services.
- **Among those who needed services, percent of parents who had difficulty getting services** (by type of services): Indicates the average percentage of difficulty accessing the service item(s) needed by families in each type of services. The percentage is not a simple average but a weighted average in which the actual counts of responses for all service needs and all access difficulties were respectively added up first, and then these two sums were divided to derive the overall percentage.
- Respondents who **received home visiting** and those who **did not receive home visiting**: Information derived from the respondents who answered "yes" or "no" to the survey question: "Did you receive home visiting services in 2010 or 2011?" Those who answered "not sure" were not included into either category.

**Comparison of the Level of Service Needs Among Subgroups (Table)*****Multiple Regression Analysis***

At the state level, Parent Survey data were analyzed by using multiple regression analysis to assess whether the extent of families' service needs is likely different: (a) between the families who have received home visiting services in 2010 or 2011 and those who have not and (b) between the families of different demographic characteristics. In total, 10 sets of multiple regression analyses were conducted by entering into each regression: (a) as a dependent variable, the level of families' needs for each of 10 types of services (10 factors) and (b) as independent variables, the status of families' having received home visiting services and respondents' demographic characteristics. The demographic characteristics entered into regression were: as categorical variables, race/ethnicity, employment, poverty-level, single-parent, pregnancy, children with special health needs in the family, speaking English in the home and rural/urban county and as continuous variables, education (1 to 4: 1, less than 12th grade; 2, 12th grade or GED; 3, some college; 4, college degree or more) and the percent of people in the household with health insurance (0 to 100).

Each regression was conducted by using the hierarchical regression method in which the status of families' having received home visiting services was first entered as an independent variable and then respondents' demographic characteristics were entered as additional independent variables to see if any of the characteristics were significantly associated with the level of service needs.

- **Level of needs:** The level of families' needs for each of the 10 service types was calculated into a 0%-100% scale by using the following formula:  
Level of families' service needs=  
(Number of the service items needed in a factor / Total number of the service items in the factor) x 100
- **↑ and ↓:** Up and down arrows in the table cells indicate a direction of statistically significant relationships between independent variables and a dependent variable, the level of families' service needs in each factor. "↑" represents a significant positive relationship; "↓", a significant negative relationship; the blank, no significant relationship. For example, a "↑" sign between the status of families' receiving home visiting services ("Received Home Visiting?" Coded as "0" for No; "1" for Yes) and the level of "Parenting" service needs indicates that families who received home visiting services were in a greater need of the "Parenting" service, compared to those who did not receive home visiting services.

***Receipt of home visiting services in bivariate and multiple regression models:***

Except for the health care and the childcare needs factor variables, receipt of home visiting services was a statistically significant, positive predictor for all needs factor variables both in bivariate and multiple regression models. For the health care needs, receipt of home visiting was a significant, negative predictor in the bivariate model but not a significant one in the multiple regression model; for the childcare needs, receipt of home visiting was not a significant predictor in the bivariate model but a significant, positive predictor in the multiple regression model.

**Comparison of the Level of Difficulty Among Subgroups in Getting Services (Table)****Multiple Regression Analysis**

At the state level, Parent Survey data were analyzed by using the same multiple regression method as above to assess whether the extent of families' difficulty in accessing the needed services is likely different: (a) between the families who have received home visiting services in 2010 or 2011 and those who have not and (b) between the families of different demographic characteristics. In total, 10 sets of multiple regression analyses were conducted by entering into each regression: (a) as a dependent variable, the level of families' access difficulty in each of 10 types of services (10 factors) and (b) as independent variables, the status of families' having received home visiting services and respondents' demographic characteristics. The demographic characteristics entered into regression were: as categorical variables, race/ethnicity, employment, poverty-level, single-parent, pregnancy, children with special health needs in the family, speaking English in the home and rural/urban county and as continuous variables, education (1 to 4: 1, less than 12th grade; 2, 12th grade or GED; 3, some college; 4, college degree or more) and the percent of people in the household with health insurance (0 to 100).

Each regression was conducted by using the hierarchical regression method in which the status of families' having received home visiting services was first entered as an independent variable and then respondents' demographic characteristics were entered as additional independent variables to see if any of the characteristics were significantly associated with the level of difficulty accessing the service needed.

- **Level of difficulty:** The level of families' access difficulty in each of the 10 service types was calculated into a 0%-100% scale by using the following formula:  
Level of families' access difficulty= (Number of the service items that a family had access difficulty in a factor / Number of the service items needed in the factor) x 100
- **↑ and ↓:** The up and down arrows in the table cells indicate a direction of statistically significant relationships between independent variables and a dependent variable, the level of families' service access difficulty in each factor. "↑" represents a significant positive relationship; "↓", a significant negative relationship; the blank, no significant relationship. For example, a "↓" sign between the status of families' receiving home visiting services ("Received Home Visiting?" Coded as "0" for No; "1" for Yes) and the level of difficulty accessing the "Parenting" service needed indicates that families who received home visiting services had less difficulty getting access to the "Parenting" service, compared to those who did not receive home visiting services.

*Receipt of home visiting services in bivariate and multiple regression models:*

Except for the health care difficulty factor variable, receipt of home visiting services was a statistically significant, negative predictor for all difficulty factor variables both in bivariate and multiple regression models. For a health care difficulty level, receipt of home visiting was not a significant predictor in the bivariate model but a significant, negative predictor in the multiple regression model.

#### Service Needs and Difficulty Getting Needed Services by Survey Item (Graphs)

- **Percent of Parents Who Reported Needing Each Service:** Indicates the average percentage of respondents who answered "yes" (vs. "no") to the survey question: "In 2010 or 2011, did anyone in your household need any of the following services?" There were a total of 32 items listed for the question.
- **Percent of Parents Who Reported Difficulty Getting Needed Services:** Indicates the average percentage of respondents who answered "a little difficult" or "very difficult" (vs. "easy") to the question on the same 32 items, "If yes, how easy or difficult was it to get the service?" Respondents answered this question only on the service items that they needed.
- **Families who received home visiting and those who did not receive home visiting:** Information derived from the respondents who answered "yes" or "no" to the survey question: "Did you receive home visiting services in 2010 or 2011?" Those who answered "not sure" were not included into either category.

#### Rankings of Need for Services Among Subgroups & Rankings of Difficulty Getting Services Among Subgroups (Tables)

- **Rankings of need for services among subgroups:** The table indicates rankings of 32 service items in order of highest to lowest average percent of parents who needed services (those who answered "yes" to the survey question, "In 2010 or 2011, did anyone in your household need any of the following services?").
- **Rankings of difficulty of getting services among subgroups:** The table indicates rankings of 32 service items in order of highest to lowest mean ratings of parents on a three-point scale (1, "easy"; 2, "a little difficult"; 3, "very difficult") to the question: "If yes, how easy or difficult was it to get the service?" (Respondents answered this question only on the service items that they needed.)

Followings are the definitions of subgroups of Parent Survey respondents:

- **Families who received home visiting vs. Families who did not receive home visiting** are the families of respondents who answered "yes" vs. "no" to the survey question: "Did you receive home visiting services in 2010 or 2011?"
- **Families with 185 percent FPL or below** were derived by using the categories of household's annual income level and the number of household members asked in the Parent Survey (for details, refer to the Data Notes section of Appendix 2: Demographic Characteristics of Parent Survey Respondents).
- **Families with a child with a special health need** are the families of respondents who answered "yes" to any one of items in the following four survey questions:
  - "Are any of your children expected to need prescription medications for more than a year?"
  - "Are any of your children expected to need or use any of the following services more than other children the same age for more than a year? (medical care; mental health; physical therapy; occupational therapy; speech therapy; educational services)"
  - "Are any of your children expected to be limited or prevented, for more than one year, in his/her ability to do things most children the same age can do?"
  - "Do any of your children have any kind of emotional, developmental or behavioral problem for which they are expected to need treatment or counseling for more than a year?"

The above questions were modified from a series of questions that are asked in the 2009-10 National Survey of Children with Special Health Care Needs (NS-CSHCN, [http://www.cdc.gov/nchs/data/slraits/NS\\_CSHCN\\_Questionnaire\\_09\\_10.pdf](http://www.cdc.gov/nchs/data/slraits/NS_CSHCN_Questionnaire_09_10.pdf)) and the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS)-2 Survey (<http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/Documents/PRAMS2.pdf>) to screen children with special health care needs.

- **Not all of family members have health insurance** are the families of respondents who indicated that any one of the people living in the household did not have health insurance (including OHP, private insurance, or any other type).



## 3

## Survey of Pregnant Women/Parents of Young Children

- **Living in urban vs. rural/frontier counties:** This state-level analysis is based on the information provided by respondents on their county of residence and the following classification of counties:
  - Urban counties: Benton, Clackamas, Columbia, Deschutes, Jackson, Lane, Marion, Multnomah, Polk, Washington and Yamhill (11 counties)
  - Rural counties: Clatsop, Coos, Crook, Curry, Douglas, Hood River, Jefferson, Josephine, Klamath, Lincoln, Linn, Tillamook, Umatilla, Union and Wasco (15 counties)
  - Frontier counties: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa and Wheeler (10 counties).

**Urban counties** are defined as the Metropolitan Statistical Area (MSA) counties that have at least one Census Bureau-defined Urbanized Area (UA) of 50,000 or more population. (Source: Oregon Office of Rural Health, Oregon Health & Science University. <http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm>; 2004 state map, Office of Management and Budget [http://www.census.gov/geo/www/maps/stcbsa\\_pg/stBased\\_200411\\_nov.htm](http://www.census.gov/geo/www/maps/stcbsa_pg/stBased_200411_nov.htm))

**Frontier counties** are defined as the counties with less than 6 people per square mile. (Source: Oregon Office of Rural Health, Oregon Health & Science University, 2009. <http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/upload/ORH-Urban-Rural-Map.pdf>)

**Rural counties** are defined as the other counties than Urban and Frontier Counties.

### Likelihood to Enroll in Home Visiting Services (Graph)

This state-level analysis graph is based on the survey question asked for all respondents: "If you were offered home visiting services (free of charge) to help with needs like those you checked YES for, how likely would you be to enroll in the service?" Respondents answered on a five-point scale (1, "not likely at all"; 2; 3, "somewhat likely"; 4; 5, "very likely"). The graph shows a mean score for all respondents and a comparison of mean scores for the respondents who received home visiting services in 2010 or 2011 and those who did not.

### Satisfaction with Program Services (Graph)

This state-level analysis graph is based on the following three survey questions asked for the respondents who received home visiting services in 2010 or 2011: "How helpful were the home visiting services?" "How comfortable were you talking to or getting information from your home visitor?" and "How satisfied were you with the home visiting service(s) you got?" Respondents answered these questions on a five-point scale (1, "not at all"; 2; 3, "somewhat"; 4; 5, "very"). The graph shows the percentages distribution of these five response categories for each of the three questions.

## 4

## Survey of Home Visitors

All analyses of Home Visitor Survey data are based on the original, unweighted sample because of the small sample size and no valid variables identified for weighting.

### Rankings of Families' Most Needed Services: Comparison of Home Visitor and Parent Survey Respondents (Table)

- Home Visitor Survey: Among all **Home Visitor Survey respondents**, 32 service items are ranked in order of their highest to lowest mean ratings on a four-point scale (1, "0-25%"; 2, "26-50%"; 3, "51-75%"; 4, "76-100%") to the question: "Out of all the families you served in 2010, what percentage needed the following?"
- Parent Survey: Among **Parent Survey respondents who received home visiting**, 32 service items are ranked in order of greatest to smallest average percentages of parents who needed services (those who answered "yes" to the survey question, "In 2010 or 2011, did anyone in your household need any of the following services?").

### Rankings of Families' Most Difficult Services to Get: Comparison of Home Visitor and Parent Survey Respondents (Table)

- Home Visitor Survey: Among all **Home Visitor Survey respondents**, 32 service items are ranked in order of their highest to lowest mean ratings on a four-point scale (1, "rarely or never"; 2, "sometimes"; 3, "usually"; 4, "always") to the question: "How often were these clients' needs met (by yours or any other agency)?"
- Parent Survey: Among **Parent Survey respondents who received home visiting and needed the service**, 32 items are ranked in order of highest to lowest mean ratings of parents on a three-point scale (1, "easy"; 2, "a little difficult"; 3, "very difficult") to the question: "If yes, how easy or difficult was it to get the service?" (Respondents answered this question only on the service items that they needed.)

### How Home Visiting Programs Address Clients' Needs (Graph)

This state-level analysis graph shows how home visitors address client's needs in each of the same 32 items as asked in the other section of the survey to assess the extent of clients' service needs and the frequency of the needs met. The survey question asked: "What do you usually do when a client needs the following? Please answer from your perspective, and skip any that you are completely unsure of." There were four response options: (a) "provide service directly", (b) "refer to another agency", (c) "both provide service & make referrals" and (d) "nothing- we do not attempt to address this need". The graph shows the percentage of each response option with (a) and (b) combined into one.

## APPENDIX 2. DEMOGRAPHIC CHARACTERISTICS OF PARENT SURVEY RESPONDENTS

### Data Notes:

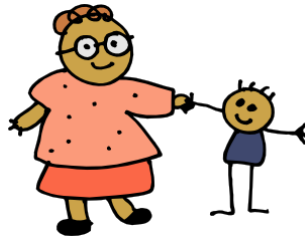
The percentages and means presented on demographic characteristics are based on the actual number of survey respondents without sample weighting.

- **Race/ethnicity** was derived from two survey questions asked separately about race and ethnicity. The categories of race/ethnicity reported are consistent with the minimum number of race/ethnicity categories recommended by the U.S. Office of Management and Budget (OMB, Statistical Policy Directive 15), except that the survey combined two categories of Asians and Native Hawaiians/Pacific Islanders into one: Asian/Pacific Islander. Each racial group of "White", "Black or African American", "Asian/Pacific Islander", "American Indian/Alaska Native" and "Other" excludes persons of Hispanic or Latino descent. The "Hispanic or Latino" ethnic group includes persons of any race. The "Other" race group represents other single race or two more races, as indicated by survey respondents.
- **Federal poverty levels (FPLs)** were approximated by using the seven categories of household's annual income level and the number of household members asked in Parent Survey. For each of the seven income categories ("less than \$10,000"; "\$15,000 to \$14,999"; "\$15,000 to \$24,999"; "\$25,000 to \$34,999"; "\$35,000 to \$49,999"; "\$50,000 to \$69,999"; "\$70,000 or more"), two dollar values at the end of the category were entered into FPL Income Converter along with the number of household members, the average of these two FPL percentages was calculated, and then this average FPL percentage was assigned to the respondents in that income category. (For the "less than \$10,000" income category, \$0 was used as the minimum income; for the "\$70,000 or more" category, \$94,999 was used as the maximum income.) Source for FPL Income Converter: <http://www.nccp.org/tools/converter/>, National Center for Children in Poverty (NCCP), 2011.

## APPENDIX 2. DEMOGRAPHIC CHARACTERISTICS OF PARENT SURVEY RESPONDENTS

### STATEWIDE

	All Respondents (N=4,628)	Received Home Visiting (n=2,375; 54.8%)	Did Not Receive Home Visiting (n=1,958; 45.2%)		All Respondents (N=4,628)	Received Home Visiting (n=2,375; 54.8%)	Did Not Receive Home Visiting (n=1,958; 45.2%)
Gender: female	93.6%	94.7%	92.2%	Someone pregnant in household	13.8%	10.5%	17.3%
Age (mean)	30.3	28.9	32.0	Families with a child with a special health need			
Race/Ethnicity				Overall (any one of the items below)	52.5%	57.2%	46.7%
White	54.0%	46.4%	64.3%	Prescription medications	22.8%	24.5%	20.8%
Black or African American	3.3%	2.3%	4.5%	Limited/prevented ability	12.4%	15.8%	8.7%
Hispanic or Latino	34.4%	44.0%	21.3%	Emotional, developmental/behavioral issues for treatment or counseling	16.1%	19.3%	12.9%
Asian/Pacific Islander	4.1%	3.1%	5.5%	Medical care	34.7%	71.3%	73.1%
American Indian/Alaska Native	1.4%	1.1%	1.6%	Mental health	11.5%	23.2%	25.2%
Other	2.9%	3.0%	2.7%	Physical therapy	7.4%	18.0%	11.3%
Education				Occupational therapy	7.6%	18.5%	12.2%
Less than 12th grade	26.2%	33.1%	17.1%	Speech therapy	16.9%	40.5%	27.3%
12th grade or GED	26.3%	30.5%	21.7%	Educational services	22.0%	49.4%	40.9%
Some college	24.5%	24.7%	24.4%	People with insurances in household			
College Degree or more	23.0%	11.7%	36.8%	All ages:			
Employment status				Health insurance	74.6%	72.8%	77.5%
Full time	26.6%	19.1%	35.3%	Dental insurance	64.3%	63.0%	66.8%
Part time	19.8%	18.4%	21.3%	Vision insurance	50.5%	49.7%	52.4%
Not working, looking for work	24.0%	26.1%	21.3%	Ages under 5:			
Not working, not looking for work	29.6%	36.4%	22.1%	Health insurance	88.8%	90.4%	88.0%
Federal Poverty Level (FPL)				Dental insurance	77.5%	80.4%	75.1%
185% FPL and below	79.1%	89.8%	65.9%	Vision insurance	62.2%	65.8%	58.9%
Above 185%	20.9%	10.2%	34.1%	Ages 5-17:			
Number of people in household (mean)				Health insurance	84.2%	82.7%	86.5%
All ages	4.0	4.1	3.9	Dental insurance	76.3%	75.3%	78.4%
Ages under 5	1.3	1.4	1.1	Vision insurance	61.6%	62.7%	61.6%
Ages 5-17	1.0	0.9	1.0	Ages 18+			
Ages 18+	1.8	1.8	1.8	Health insurance	61.4%	56.3%	68.1%
Parenting status				Dental insurance	51.0%	45.9%	57.2%
A two-parent home	70.7%	67.2%	75.0%	Vision insurance	38.3%	33.3%	44.4%
A single-parent home	27.0%	30.2%	23.1%				
Other	2.3%	2.6%	1.9%				
Born in the U.S.	68.4%	63.0%	76.1%				
English as primary language in home	68.1%	61.5%	77.6%				



### Please Give Us Your Input!

The State of Oregon wants to learn more about what families in Oregon need.

We also want to know how easy or hard it is to get your needs met.

This information will be used to help improve services for families throughout Oregon.

- The survey will take about 15 minutes to complete.
- You may choose whether or not to take the survey.
- You may stop the survey at any time.
- You may skip any questions you do not want to answer.
- If you decide not to take the survey, it will not affect any benefits you are receiving.

If you have questions about this survey you may contact us at **503-860-6836**

**The survey begins on the next page**



**Partners:** Oregon Office of Family Health, Head Start, Early Head Start, American Indian and Alaska Native Early Head Start and Head Start, OCDC (Oregon Child Development Coalition), Healthy Start, CaCoon, Babies First!, Maternity Case Management, Family Support & Connections.

**Thank you for taking the time to fill out this survey.  
Your responses will help improve services for Oregon mothers, children and families.**

1. What town/city do you live in? \_\_\_\_\_

2. What county do you live in? \_\_\_\_\_

3. Where did you get this survey?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Head Start   | <input type="checkbox"/> Early Intervention           | <input type="checkbox"/> Relief Nurseries     |
| <input type="checkbox"/> Early Head Start   | <input type="checkbox"/> CaCoon                       | <input type="checkbox"/> WIC                  |
| <input type="checkbox"/> American Indian/Alaska Native<br>Head Start/Early Head Start | <input type="checkbox"/> Babies First                 | <input type="checkbox"/> Public Health Nurse  |
| <input type="checkbox"/> OCDC   | <input type="checkbox"/> Family Support & Connections | <input type="checkbox"/> Don't Know/ Not Sure |
| <input type="checkbox"/> Healthy Start  | <input type="checkbox"/> Maternity Case Management    | <input type="checkbox"/> Other: _____         |
|   | <input type="checkbox"/> Nurse Family Partnership     |   |

**Part 1: Your Household's Needs**

- In the left set of columns, mark  the box under **yes** or **no** to let us know what services your household needed in 2010 or 2011.
- For the rows you marked **yes**, mark  the box to the right to let us know how easy or difficult it was to get the service.

In 2010 or 2011, did anyone in your household need any of the following services?	IF YES		If yes, how easy or difficult was it to get the service?			
	No	Yes	Easy	A Little Difficult	Very Difficult	Don't know/ Didn't try to get it
1. General health care for a <b>child</b> , such as a well-child exam or physical exam						
2. General health care for an <b>adult</b> , such as a physical exam						
3. Health care from a specialist for a <b>child</b>						
4. Health care from a specialist for an <b>adult</b>						
5. Information on caring for a child with special health needs						
6. Help getting services for a child with special health needs						
7. Help with coordinating multiple services a child needs or is receiving						

## APPENDIX 3. SURVEY INSTRUMENT: PARENT SURVEY

### Part 1 Continued: Your Household's Needs

- In the left set of columns, mark  the box under **yes** or **no** to let us know what services your household needed in 2010 or 2011.
- For the rows you marked **yes**, mark  the box to the right to let us know how easy or difficult it was to get the service.

In 2010 or 2011, did anyone in your household need any of the following services?			IF YES →	If yes, how easy or difficult was it to get the service?			
	No	Yes		Easy	A Little Difficult	Very Difficult	Don't know/ Didn't try to get it
8. Dental health care for a <b>child</b> (including cleanings)							
9. Dental health care for an <b>adult</b> (including cleanings)							
10. Mental health or behavioral health services for a <b>child</b>							
11. Mental health or behavioral health services for an <b>adult</b>							
12. Translation and/or interpretation services							
13. Help with transportation							
14. Information about other resources and services that your family may need							
15. Child care (including specialized child care)							
16. Help for alcohol or drug use/abuse							
17. Help for domestic violence or sexual violence							
18. Information and support about having a healthy pregnancy							
19. Information and support about breastfeeding							
20. Information and support about how to care for a newborn							
21. Information and support about how to relate to a baby or young child							

**Part 1 Continued: Your Household's Needs**

- In the left set of columns, mark  the box under **yes** or **no** to let us know what services your household needed in 2010 or 2011.
- For the rows you marked **yes**, mark  the box to the **right** to let us know how easy or difficult it was to get the service.

In 2010 or 2011, did anyone in your household need any of the following services?			IF YES →	If yes, how easy or difficult was it to get the service?			
	No	Yes		Easy	A Little Difficult	Very Difficult	Don't know/ Didn't try to get it
22. Information about how to keep children safe and prevent injuries							
23. Help finding out if a child is growing and developing normally							
24. Information and support on parenting							
25. Information and support about playing with, reading to, and teaching children new things							
26. Information about how to improve diet and nutrition for the family							
27. Help getting health insurance and medical care							
28. Cash assistance, such as Temporary Assistance for Needy Families (TANF)							
29. Housing assistance (rent, power, heat, water, phone)							
30. Help with getting food for the family							
31. Help with a job search							
32. Help getting job training or education							

Please use this space to give us more information on any answers above, or about any other household needs that are not on this list:

*The following questions are about home visiting services.*

**Home visiting services** are programs that families choose to enroll in.

**Home visitors** are professionals who come to your home to offer support and information related to your needs or your child's needs.

1. If you were offered home visiting services (free of charge) to help with needs like those you checked YES for, how likely would you be to enroll in the service?

1

1=Not Likely at All

2

3

3=Somewhat Likely

4

5

5= Very likely

2. Did you receive home visiting services in 2010 or 2011?

Yes      —————> Continue on **Page 6**

No      —————> Skip to **Page 7**

Not Sure      —————> Skip to **Page 7**



**Part 2: Home Visiting Services**

**FILL OUT** this section if you **received** home visiting services in 2010 and/or 2011.  
**SKIP to Part 3** if you **did not receive** home visiting services in 2010 and/or 2011.

1. Which was your home visiting program in 2010 and/or 2011? (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Head Start   | <input type="checkbox"/> Healthy Start                | <input type="checkbox"/> Maternity Case Management |
| <input type="checkbox"/> Early Head Start   | <input type="checkbox"/> Early Intervention           | <input type="checkbox"/> Nurse Family Partnership  |
| <input type="checkbox"/> OCDC   | <input type="checkbox"/> CaCoon                       | <input type="checkbox"/> Relief Nurseries          |
| <input type="checkbox"/> American Indian/Alaska Native<br>Head Start/Early Head Start | <input type="checkbox"/> Babies First                 | <input type="checkbox"/> Public Health Nurse       |
|   | <input type="checkbox"/> Family Support & Connections | <input type="checkbox"/> Don't Know/ Not Sure      |
|   |   | <input type="checkbox"/> Other: _____              |

2. Are you still receiving services?  Yes  No

3. Approximately, how many times did a home visitor come to **your home** in 2010 and/or 2011? \*

\* If more than one home visitor came to your home, please tell us about the one who you saw the most.

- |                                  |                                     |   |
|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 2-5 times  | <input type="checkbox"/> 11-20 times        |
| <input type="checkbox"/> 1 time  | <input type="checkbox"/> 6-10 times | <input type="checkbox"/> More than 20 times |

4. Approximately, how many times did you meet with a home visitor **outside your home** in 2010 and/or 2011? \*

\* If you met with more than one home visitor outside the home, please tell us about the one you saw the most.

- |                                  |                                     |   |
|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 2-5 times  | <input type="checkbox"/> 11-20 times        |
| <input type="checkbox"/> 1 time  | <input type="checkbox"/> 6-10 times | <input type="checkbox"/> More than 20 times |

**Please use the scale from 1 to 5 to answer the following:**

5. How helpful were the home visiting services?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 1=Not Helpful At All       |                            | 3=Somewhat Helpful         |                            | 5= Very Helpful            |

6. How comfortable were you talking to or getting information from your home visitor?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 1=Not comfortable at all   |                            | 3=Somewhat comfortable     |                            | 5= Very Comfortable        |

7. How satisfied were you with the home visiting service(s) you got?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 1=Not Satisfied At All     |                            | 3=Somewhat satisfied       |                            | 5= Very satisfied          |

Use this space to tell us why you rated your experience the way you did:

**Part 3: About Your Household**  
 Please answer the following questions about your household.  
*All information will be kept private and will not affect any services you are now getting.*

1. How old are you? \_\_\_\_\_
2. Are you  Male  Female  Transsexual  
 Use this space to give more information, if needed: \_\_\_\_\_
3. Is anyone in your household pregnant right now?  Yes  No
4. Are you employed?  
 Yes, full time  No, but I am looking for work  
 Yes, part time  No, I am not looking for work
5. What is the highest level of school you have completed? Check one answer.  
 Less than 12th grade  Some college  
 12th grade or GED  College degree or more
6. What is your yearly total household income before taxes? Include your income and the income of everyone else in your household.  
 Less than \$10,000  \$35,000 to \$49,999  
 \$10,000 to \$14,999  \$50,000 to \$69,999  
 \$15,000 to \$24,999  \$70,000 or more  
 \$25,000 to \$34,999

7. How many people live in your household, how old are they, and do they have health insurance?  
 Please write only **one number** in each box.

	How many people live in your household?
Under 5	
Ages 5-17	
Ages 18+	

	How many of them have insurance? (including OHP, private insurance, or any other type)		
	Health	Dental	Vision
Under 5			
Ages 5-17			
Ages 18+			

8. Is your home  A two-parent home  A single-parent home  
 Other (Please describe anything else about your household you would like us to know)  
 \_\_\_\_\_  
 \_\_\_\_\_

## APPENDIX 3. SURVEY INSTRUMENT: PARENT SURVEY

9. Are any of your children expected to need prescription medications **for more than a year?**

Yes       No

10. Are any of your children expected to need or use any of the following services **more than other children** the same age **for more than a year?**

Yes No

medical care

mental health

physical therapy

Yes No

occupational therapy

speech therapy

educational services

11. Are any of your children expected to be limited or prevented, **for more than one year**, in his/her ability to do things most children the same age can do?

Yes       No

12. Do any of your children have any kind of emotional, developmental or behavioral problem for which they are expected to need treatment or counseling **for more than a year?**

Yes       No

*Your answers to the next questions will help us understand the specific problems that some groups of people are facing. We are asking these questions to find out if some groups of people face more difficulty getting services than others.*

1. Are you of Hispanic or Latino origin?

No

Yes (specify), \_\_\_\_\_

*(For example, Mexican, Mexican American, Puerto Rican, Cuban, Argentinean, and Colombian)*

2. What is your race? (Choose all that apply)

White

Black or African American

American Indian or Alaska Native

Asian/Pacific Islander

Other: \_\_\_\_\_

3. Were you born in the United States?

*This does not indicate citizenship. We will not ask your status nor assume your status based on this question.*

Yes       No

4. Is English the primary language spoken in your home?

Yes       No      → If not, what is? \_\_\_\_\_

**END OF SURVEY - THANK YOU!**

*Your responses will help improve services for Oregon families.*

**Please return your survey in the postage-paid envelope provided.**

*If you have any questions, call 503-860-6836.*

## Needs Assessment: Survey for Home Visitors

The following survey is for home visiting direct service providers. Please take the time to fill it out completely, as your information will inform a statewide planning process that is a cooperative effort of all of the state's major home visiting programs.

The purpose of this survey is **not** to evaluate home visiting programs. The purpose is to gain information from home visitors' experience and expertise about the needs of families and about the availability and gaps in services in communities throughout Oregon. This information, as well as information about how home visiting programs address specific needs, will help in planning a comprehensive, coordinated, and culturally responsive statewide home visiting system for Oregon.

**Part 1:** Questions about what county you work in the most, as well as for what program and roughly how many people you served. *If you work in more than one county or for more than one program, you may complete a separate survey for each county or program.*

**Part 2:** Questions about the specific needs of clients you served, and how often those specific needs were met. On the left, choose the most accurate % of need for each service, then estimate how often the needs were met.

**Part 3:** Questions about what needs you are able to meet directly, what needs you refer to other agencies, and what needs you are unable to address at all.

**Part 4:** Questions about you, to help us understand more about Oregon's Home Visitors, and about the diversity of the workforce.

**Many questions ask for your best estimate, but you may skip any questions you are completely unsure of.**

### PART 1: GENERAL INFORMATION

#### 1. In what county did you personally provide the most home visiting services since January 2010? (Choose One)

*If you serve clients in more than one county, please answer the questions in this survey for the county in which you serve the most clients. You may fill out additional surveys for other counties you work in.*

- |                                    |                                     |                                    |                                     |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker     | <input type="checkbox"/> Douglas    | <input type="checkbox"/> Lane      | <input type="checkbox"/> Umatilla   |
| <input type="checkbox"/> Benton    | <input type="checkbox"/> Gilliam    | <input type="checkbox"/> Lincoln   | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Grant      | <input type="checkbox"/> Linn      | <input type="checkbox"/> Wallowa    |
| <input type="checkbox"/> Clatsop   | <input type="checkbox"/> Harney     | <input type="checkbox"/> Malheur   | <input type="checkbox"/> Wasco      |
| <input type="checkbox"/> Columbia  | <input type="checkbox"/> Hood River | <input type="checkbox"/> Marion    | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Coos      | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Morrow    | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Crook     | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Yamhill    |
| <input type="checkbox"/> Curry     | <input type="checkbox"/> Josephine  | <input type="checkbox"/> Polk      |                                     |
| <input type="checkbox"/> Deschutes | <input type="checkbox"/> Klamath    | <input type="checkbox"/> Sherman   |                                     |
|                                    | <input type="checkbox"/> Lake       | <input type="checkbox"/> Tillamook |                                     |

#### 2. Through which program did you personally provide the most home visiting services in 2010? (Choose One)

*If you serve clients through more than one program, please answer the questions in this survey for the program in which you serve the most clients. You may fill out additional surveys for other programs you work for.*

- |   |  |
|---|--|
| <input type="checkbox"/> Babies First!  | <input type="checkbox"/> Head Start -- Migrant Seasonal                  |
| <input type="checkbox"/> CaCoon   | <input type="checkbox"/> Head Start / Oregon Head Start Pre-kindergarten |
| <input type="checkbox"/> Early Head Start                                       | <input type="checkbox"/> Healthy Start (Healthy Families Oregon)         |
| <input type="checkbox"/> Early Head Start -- American Indian and Alaskan Native | <input type="checkbox"/> Maternity Case Management                       |
| <input type="checkbox"/> Early Head Start -- Migrant Seasonal                   | <input type="checkbox"/> Nurse Family Partnership                        |
| <input type="checkbox"/> Family Support and Connections                         | <input type="checkbox"/> Early Intervention                              |
| <input type="checkbox"/> Head Start -- American Indian and Alaskan Native       | <input type="checkbox"/> Other (please specify): _____                   |

#### 3. How many clients did you personally serve in 2010 in the county and program you indicated above?

*Fill in numbers below based on how your program keeps track of "clients." For example, if your program considers the child to be the "client" only fill out the number of children you served.*

- Pregnant Women \_\_\_\_\_  Families \_\_\_\_\_
- Children \_\_\_\_\_  Adults \_\_\_\_\_

## APPENDIX 3. SURVEY INSTRUMENT: HOME VISITOR SURVEY

### PART 2: SPECIFIC NEEDS OF THE FAMILIES YOU SERVED AND HOW OFTEN THE NEEDS WERE MET

From your perspective, check the box  for the most accurate estimated % of need for each service, then estimate how often the needs were met by your agency, or any other agency.

Out of all the families you served in 2010, what percentage needed the following:					How often were these clients' needs met? (by yours or any other agency)			
	0-25%	26-50%	51-75%	76-100%	Rarely or Never	Sometimes	Usually	Always
1. General health care for a <u>child</u> , such as a well-child exam								
2. General health care for an <u>adult</u>								
3. Health care from a specialist for a <u>child</u>								
4. Health care from a specialist for an <u>adult</u>								
5. Help caring for a child with special health needs								
6. Help getting services for a child with special health needs								
7. Help with coordinating multiple services a child needs or is receiving								
8. Dental health care for a <u>child</u> (including cleanings)								
9. Dental health care for an <u>adult</u> (including cleanings)								
10. Mental health or behavioral health services for a <u>child</u>								
11. Mental health or behavioral health services for an <u>adult</u>								
12. Translation and/or interpretation services								
13. Help with transportation								
14. Information about other resources and services that your family may need								
15. Child care (including specialized child care)								
16. Help for alcohol or drug use/abuse								
17. Help for domestic violence or sexual violence								
18. Information and support about having a healthy pregnancy								
19. Information and support about breastfeeding								
20. Information and support about how to care for a newborn								
21. Information and support about how to relate to a baby or young child								

## APPENDIX 3. SURVEY INSTRUMENT: HOME VISITOR SURVEY

### CONTINUED: PART 2: SPECIFIC NEEDS OF THE FAMILIES YOU SERVED AND HOW OFTEN THE NEEDS WERE MET

From your perspective, check the box  for the most accurate estimated % of need for each service, then estimate how often the needs were met by your agency, or any other agency.

Out of all the families you served in 2010, what percentage needed the following:					How often were these clients' needs met? (by yours or any other agency)			
	0-25%	26-50%	51-75%	76-100%	Rarely or Never	Sometimes	Usually	Always
22. Information about how to keep children safe and prevent injuries								
23. Help finding out if a child is growing and developing normally								
24. Information and support about parenting								
25. Information and support about playing with, reading to, and teaching children new things								
26. Information about how to improve diet and nutrition for the family								
27. Information on getting health insurance and medical care								
28. Cash assistance, such as Temporary Assistance for Needy Families (TANF)								
29. Housing assistance (rent, power, heat, water, phone)								
30. Help with getting food for the family								
31. Help with a job search								
32. Help with job training or education								

Please tell us about any other help or services pregnant women, children and families needed in 2010, and how often those needs were met.

<i>Description of Need</i>	<i>Was the need met?</i>	<i>How was it met? (Your agency, referral to another agency, etc.)</i>

## APPENDIX 3. SURVEY INSTRUMENT: HOME VISITOR SURVEY

### PART 3: MEETING CLIENT'S NEEDS IN YOUR COMMUNITY

From your perspective, when clients need the following services, what do you usually do?

	Provide Service Directly	Refer to Another Agency	Both Provide & Make Referrals	Nothing (we do not try to address this need)
1. General health care for a <u>child</u> , such as a well-child exam				
2. General health care for an <u>adult</u>				
3. Health care from a specialist for a <u>child</u>				
4. Health care from a specialist for an <u>adult</u>				
5. Help caring for a child with special health needs				
6. Help getting services for a child with special health needs				
7. Help with coordinating multiple services a child needs or is receiving				
8. Dental health care for a <u>child</u> (including cleanings)				
9. Dental health care for an <u>adult</u> (including cleanings)				
10. Mental health or behavioral health services for a <u>child</u>				
11. Mental health or behavioral health services for an <u>adult</u>				
12. Translation and/or interpretation services				
13. Help with transportation				
14. Information about other resources and services that your family may need				
15. Child care (including specialized child care)				
16. Help for alcohol or drug use/abuse				
17. Help for domestic violence or sexual violence				
18. Information and support about having a healthy pregnancy				
19. Information and support about breastfeeding				
20. Information and support about how to care for a newborn				
21. Information and support about how to relate to a baby or young child				
22. Information about how to keep children safe and prevent injuries				
23. Help finding out if a child is growing and developing normally				
24. Information and support on parenting				

## APPENDIX 3. SURVEY INSTRUMENT: HOME VISITOR SURVEY

### CONTINUED: PART 3: MEETING CLIENT'S NEEDS IN YOUR COMMUNITY

From your perspective, when clients need the following services, what do you usually do?	Provide Service Directly	Refer to Another Agency	Both Provide & Make Referrals	Nothing (we do not try to address this need)
25. Information and support about playing with, reading to, and teaching children new things				
26. Information about how to improve diet and nutrition for the family				

27. How to get health insurance and medical care				
28. Cash assistance, such as Temporary Assistance for Needy Families (TANF)				
29. Housing assistance (rent, power, heat, water, phone)				
30. Help with getting food for the family				

31. Help with a job search				
32. Help with job training or education				

**1. Do any population groups in your county have more difficulty than other groups getting needed services?**

For example, racial/ethnic groups, groups that speak a certain language, groups that live in more rural areas, etc.

Yes  No

If yes, what groups have more difficulty? \_\_\_\_\_

\_\_\_\_\_

Tell us about their specific difficulties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### PART 4: PLEASE TELL US ABOUT YOURSELF

This section is completely optional, although we hope you will fill it out. It helps us understand more about who filled out this survey, and also about diversity in the workforce that delivers home visiting programs.

**1. How old are you?**

- Less than 20
- 20 – 24
- 25 -29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 or older

**2. Are you**  Male  Female  Transsexual

Use this space to elaborate, if needed: \_\_\_\_\_

**3. Are you of Hispanic or Latino origin?**

- No
- Yes (specify) \_\_\_\_\_

(For example, Mexican, Mexican American, Chicano, Puerto Rican, Cuban Argentinean, Colombian)

**4. What is your race? {Choose all that apply}**

- White
- Black or African American
- American Indian or Alaska Native
- Asian/Pacific Islander
- Some other race: \_\_\_\_\_

**5. Were you born in the United States?**

- Yes
- No

**6. Is English the primary language you speak?**

- Yes
- No → If no, what is? \_\_\_\_\_

**7. What is the highest level of school you have completed? Check one answer.**

- Less than 12th grade
- 12th grade or GED
- Some college
- College degree or more

**8. In which of the following do you have a license, certification or degree (check all that apply) and please specify the license, certificate, or degree (e.g., RN, MSW, LPN, etc.)**

- Nursing Please specify \_\_\_\_\_
- Education / Teaching Please specify \_\_\_\_\_
- Social work Please specify \_\_\_\_\_
- Other Please specify \_\_\_\_\_

*This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Oregon Health Authority, Maternal and Child Health at 971-673-0252, for TTY 971-673-0372, or email [cate.s.wilcox@state.or.us](mailto:cate.s.wilcox@state.or.us).*