

Healthy Families Program (Report Highlights)

February 2001

This is the fifth evaluation of the Healthy Families—Arizona Program. Program goals are to prevent child abuse, promote child development and wellness, strengthen families, and reduce drug and alcohol dependency. To accomplish these goals, Healthy Families’ workers (“home visitors”) regularly visit families’ homes and provide education about child development, health, and safety. Home visitors also refer families to needed resources, including counseling, medical care, and employment programs.

Our Conclusions: For the second year, child abuse rates for Healthy Families participants were not significantly different than for the comparison group. There are several possible explanations for this, but none have been tested. The program has been successful in providing health referrals and promoting safety and positive parent-child interaction.

**No Significant Difference
in Child Abuse Rates**

Child abuse rates for Healthy Families participants did not differ significantly from the comparison group. The comparison group was made up of participants who left the program after three or fewer home visits.

This is the second year in a row we have not found a difference in abuse rates between participants and comparison group members; however, three years ago we did find a difference.

Child Abuse Reports		
Type of Report	Program Participants	Comparison Group
Substantiated Reports	1.7%	1.8%
Unsubstantiated Reports	6.1	5.5
Referred to Family Builders	1.8	2.7

Comparison of Evaluation Results		
Report Date	Healthy Families Participants	Comparison Group
January 1998 ^a	3.3%	8.5%
February 2000	1.6	1.4
February 2001	1.7	1.8

^a Difference between Healthy Families participants and comparison group statistically significant.

Possible explanations—There are several potential explanations for why the results obtained this year (February 2001) and last year (February 2000) are different than results obtained in 1998.

1. Program reduces child abuse risk, but various factors may have affected the results:

- Substantiated reports of abuse have decreased since a 1998 change in DES' procedures for substantiating reports.
- There are some differences between the current comparison group and the 1998 comparison group. It is possible the current comparison group has a lower risk for child abuse.
- Families with a history of abuse are now excluded, resulting in a less "at risk" population.

2. Program impact on abuse may be affected by length of participation in the program.

Because most abuse reports occurred after the family had left the program, it is possible that participants are leaving the program before the time when the risk of child abuse increases.

3. It is also possible that the program actually does not reduce child abuse risk.

However, further study should be made of the other possible explanations before drawing this as a final conclusion.

Program Promotes Child Health, Safety, and Improved Parent-Child Relationships

The program shows other positive impacts.

Child health—Most program children are fully immunized:

- 85 percent of 2- to 3-month-old children
- 73 percent of 12- to 15-month-old children

Program children have immunization rates higher than the estimated vaccination rates for children served by public health agencies. Over 97 percent of the children have a primary medical care provider.

Home safety—Improves after a year in the Program. Parents recognize the need to use car seats, never leave the child alone in the car or home, and keep dangerous objects such as scissors and matches out of the child's reach.

Parental stress—As we recommended, the program adopted a new measurement of family relationships and now uses the Parenting Stress Index (PSI) to measure parent-child relationships.

7 Areas Measured By PSI

-  Competence
-  Social isolation
-  Attachment to child
-  Feeling of loss of freedom
-  Depression
-  Child's distractibility; and
-  Child's mood

Although scores for most participants are within normal ranges, after 12 months in the program parental stress does decrease in all areas except child's distractibility.

Substance abuse—Results are not available yet regarding the program's impact on substance abuse. The program began using a new questionnaire to measure this area in July 2000.

The program has also implemented a method for tracking whether children with developmental delays are offered appropriate referrals.

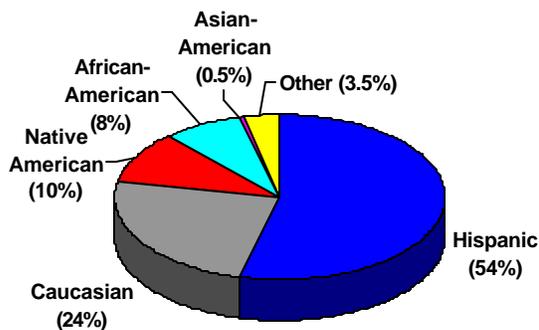
The program should continue to implement:

- ✓ The substance abuse questionnaire and track substance abuse referrals; and
- ✓ The new measures to track whether referrals are made when developmental delays are identified.

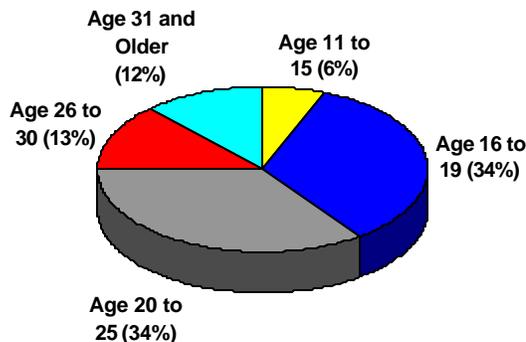
Other Program Facts

Family profiles—The 3,267 families participating in the program since 1994 who had at least four home visits have the following profiles:

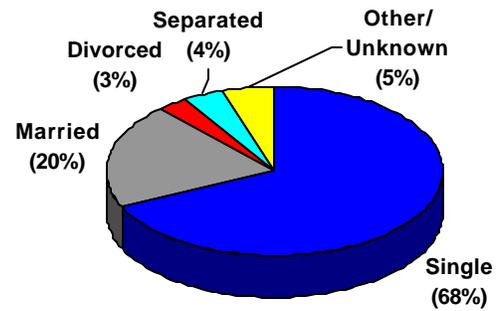
Mother's Ethnicity



Mother's Age



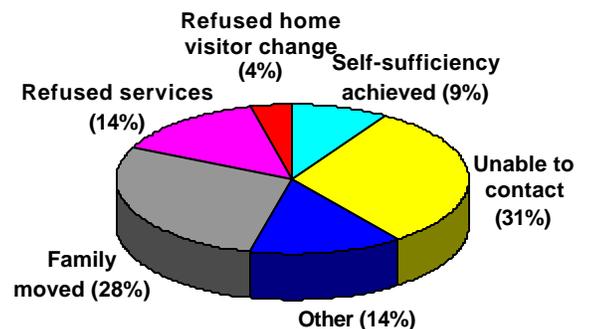
Marital Status



Length of participation—Of 1,178 currently enrolled families, approximately half have been in the program for one year or more. Of the 3,243 who have left the program, nearly half exited within 6 months.

Reasons for termination—About 10 percent of the families leave the program because they achieve self-sufficiency. Nearly 30 percent leave because the families move. An additional 30 percent of the cases are closed because the program could not contact the family.

Reasons for Termination



To Obtain More Information

- A copy of the full report can be obtained by calling (602) 553-0333 or by visiting our Web site at:

www.auditorgen.state.az.us

- The contact person for this report is **Carol Cullen**.