

COMMUNITY ENGAGEMENT MANUAL

EXECUTIVE SUMMARY

HOW COMMUNITY ENGAGEMENT MADE A STRONG HOME VISITATION PROGRAM EVEN STRONGER

After providing more than 500,000 home visits to help more than 23,000 low-income, first-time mothers in and near Cincinnati, Ohio, provide the best possible start in life for their children, the Every Child Succeeds (ECS) agency has the data and experience to plainly state: Early childhood home visiting works.

Years of research has demonstrated the positive influences provided by the social workers, child

WHO NEEDS HOME VISITING ASSISTANCE?

The sober reality is that 47 percent of all infants and toddlers in the United States live in low income families, defined as at or below 200 percent of the federal poverty threshold (FPT). A quarter of all infants and toddlers live with families that are poor, with incomes at or below 100 percent of the FPT.

The figures become even more alarming when examining single parent households: 74 percent of infants and toddlers residing with a single parent are low-income, and 47 percent are poor. Although the number of single father households is rising, most single parent households remain headed by single mothers. Low maternal socioeconomic status increases the risk of numerous adverse child outcomes, including preterm birth, developmental delays, and child abuse.

In many cities, at-risk, single-mother households are concentrated among specific neighborhoods, which suggests that geographically targeted interventions may be an especially valuable method of deploying often-limited resources. This was a central factor in the focus on Avondale.

WHAT IS COMMUNITY ENGAGEMENT?

According to the Centers for Disease Control and Prevention, community engagement is "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people." In recent years, community engagement has been used increasingly to improve outcomes for children and families. Community-based initiatives such as the Harlem Children's Zone are being implemented around the country. These efforts recognize that children develop in the context of their families, their caregivers, and their community.

Further, there is growing evidence that factors such as income, family and household structure, social supports, education, and neighborhood conditions have an impact on health and healthy development. These social determinants of health underscore the need to engage the community and individuals in targeted interventions that can have lasting, positive impacts. Interventions that focus solely on individual behavior without taking into account the physical and social

As Avondale community leaders including businesses, residents, and pastors began working to address these disparities in maternal and child health, ~~EC~~CS

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ÒECS is a great program for new moms. It gives you all the help and support you and your baby need. It helped me out a lot and still does. I feel very blessed to be a part of a program as good as this oneECS visitors are very smart and caring. When they help you, it comes from the heartÓ- FranH-5(par)-!

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GETTING STARTED: ENGAGING THE COMMUNITY IN THE PROGRAM

Defining and Assessing the Community

A community can be broadly defined as a group of people with something in common. Often, this means people who live in the same area, such as a neighborhood, Zip code, or city, but it can also refer to people who have similar characteristics or share an identity. Due to the place-based nature of the community-based enrichment of home visiting strategy, Every Child Succeeds (ECS) uses a geographic definition of community. While the ECS Avondale project focused on an urban neighborhood in Cincinnati, the strategy also can apply to suburban or rural areas.

Defining the community and developing a thorough understanding of community dynamics are the first steps in engaging a community in home visiting. Data and on-the-ground experiences help inform and shape understanding.

Data collection

Data on community demographics, employment, education, housing, health, environment, and crime provide a high-level portrait of the community and can be used to develop strategies tailored to the community. Metrics regarding poverty, and child and maternal health and well-being, are particularly relevant in providing a home visiting program.

Often, data can be collected from public data sources. The American Community Survey from the United States Census Bureau collects and makes available data at the community and Zip code level every year. Other data may be available from other local and state programs working in the community.



A few data sources and examples of key metrics are identified below.

Data Sources

U.S. Census/American Community Survey www.census.gov/acs

Examples of Key Metrics

- Families receiving WIC/TANF
- Children in poverty
- Unemployment rate
- Children in single parent families

State Health Department Vital Statistics

www.odh.ohio.gov/healthstats/dataandstats.aspx

- Medicaid births
- Prenatal tobacco use (self-reported)
- Births to unmarried mothers
- Births to mothers under 18
- Preterm births
- Low birth weight
- Child mortality

Other local or community data sources

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Convening Ongoing Partnership Meetings

Once community champions and partners and an anchor organization have been identified, partnership meetings can begin. Initial meetings should seek input from community stakeholders about neighborhood priorities. Because each community is unique and should be empowered to originate and determine the focus of partnership and its activities, it is not expected that each partnership will look the same or take on the same work.

Subsequent meetings are used to identify community-centered strategies that build on community strengths, are sensitive to local family needs, and that can be delivered in connection with the home visiting program. Regular partnership meetings continue in an ongoing manner to share program data, exchange information and ideas, and leverage connections to other resources and initiatives.

Partnership meetings should occur the day after family group meetings (described on page 13) to ensure that the partnership is kept up-to-date with the most current information on challenges and successes experienced by community members. These meetings facilitate assistance in crisis situations. Home visitors working with families in the community alert the community engagement coordinator when a family is facing a crisis, and the community engagement coordinator can bring those issues to the partnership. Community supports can then help to alleviate the crisis.

The partnership serves as the collective voice of the community. Its role is to ensure a strong program community connection and to guide efforts to support children and families. Key members of the partnership may include local faith and community leaders, business leaders, social service providers, development corporations, and community council members. Membership is open, and interest in the partnership can evolve over time as it becomes better known through outreach and word of mouth.

In Avondale, the initial partnership group was chaired by a pastor and included community members, business leaders and other pastors. See Appendix (page 24) for a sample partnership Memorandum of Understanding (including organization affiliation form) and a sample partnership meeting agenda.

The Importance of Setting Goals, Collecting Data, and Measuring Success

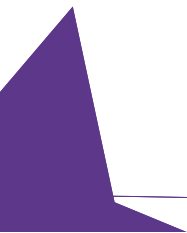
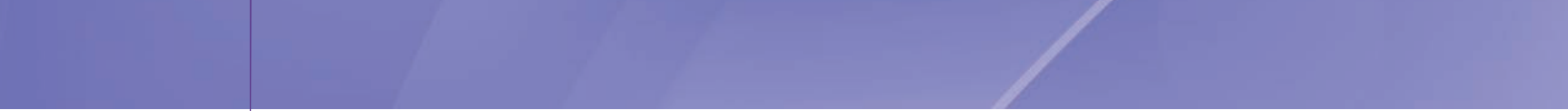
The Importance of Setting Goals, Collecting Data, and Measuring Success

The overall goal is to improve maternal health and child outcomes through increased engagement and retention in home visiting. The goals of the partnership should be aligned to these goals. Improvements in child and maternal health outcomes or family self-sufficiency can be measured to assess the impact of the program and the partnership. Satisfaction surveys administered to program participants can be useful in understanding what is resonating with community members and what is not.

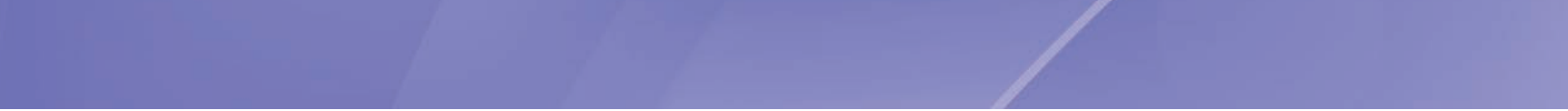
Collecting and analyzing data is important to measure progress and identify successes and challenges. Data collection and analysis efforts do not have to be complicated (see page 5 for some data resources). The partnership can determine a few key questions to determine whether the strategies employed are having the desired effect. These questions can be answered using both process and outcome measures. Process measures provide information on how a program or initiative is being implemented. One key process measure that the partnership may want to use to assess implementation of community-based enrichment of home visiting is the Fidelity Checklist, provided on page 27.

Outcome measures provide information on the results of a program or initiative, and should be aligned to the goals of the partnership. For some examples of process and outcome measures and a sample evaluation plan, see page 28. ArECS issue brief (page 36) provides an example of how to use data and report findings.







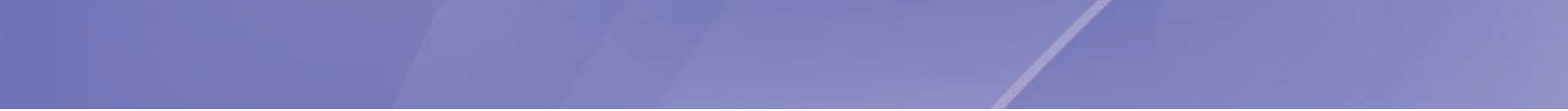


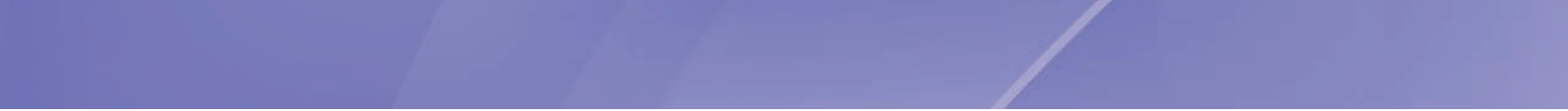


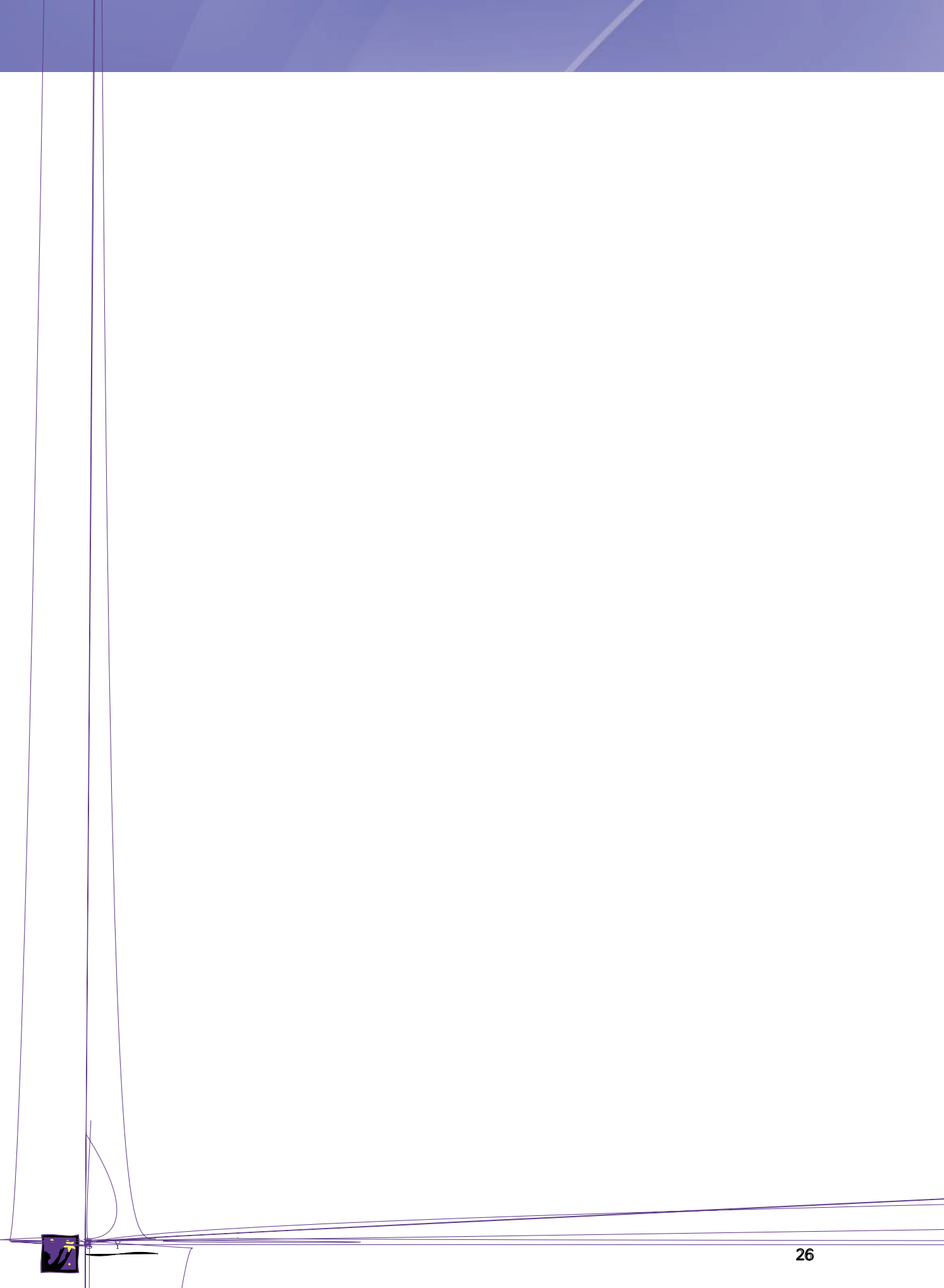
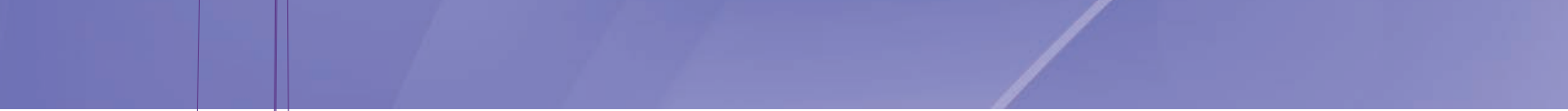




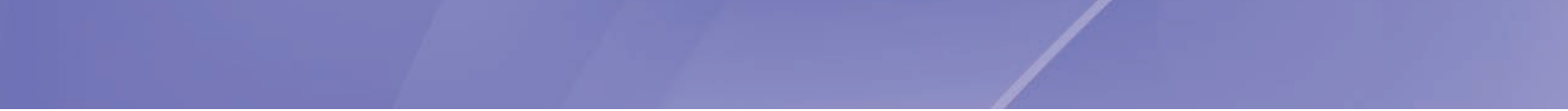


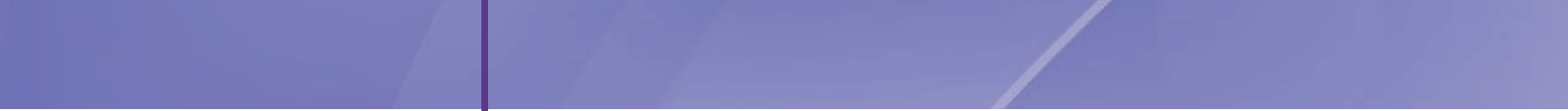


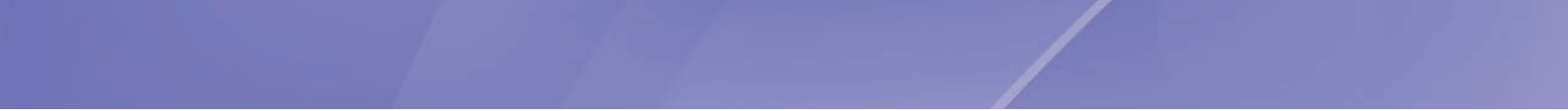




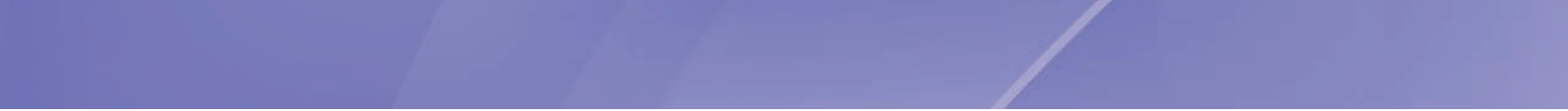














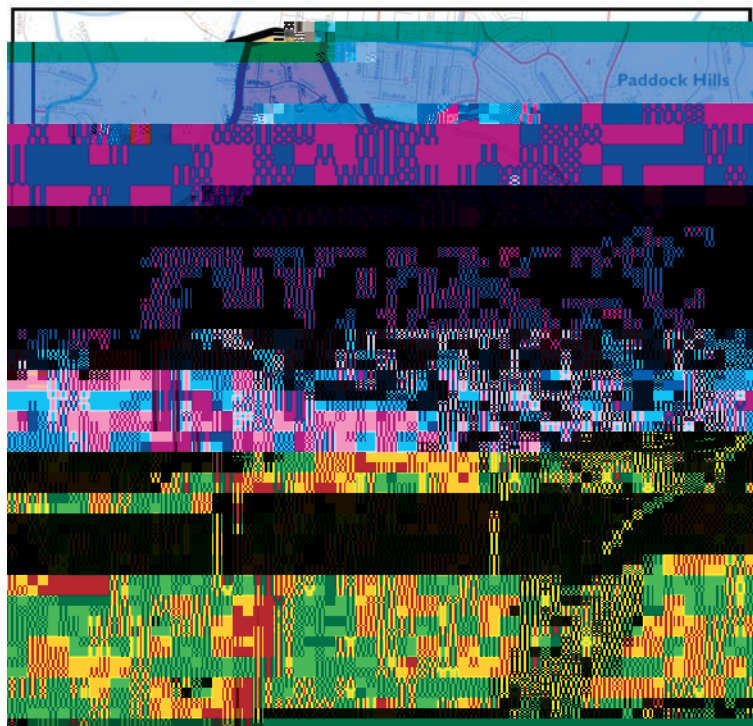
Avondale ECS Issue Brief No. 1:

The Avondale Focus of Every Child Succeeds: Evaluation of Process Measures

Alonzo T. Folger, PhD, Anita Brentley, MEd, MPH

Every Child Succeeds (ECS) provides evidence-based interventions to at-risk mothers and their children through home visitation (HV) services that occur prenatally and during early childhood. The ECS program seeks to engage families whose children are at the highest risk for inadequate development (cognitive, social, and emotional) and poor physical and/or mental health outcomes. Standard procedures and curricula are used for evaluating and cultivating the health and development of ECS children and the interactions with their caregivers. Also, recognizing the importance of the mother's role in HV, ECS promotes maternal self-efficacy in order to engender self-sufficiency.

In 2006, the ECS program launched an enhanced HV strategy in the neighborhood of Avondale. New and expecting mothers (and eventually fathers) were recruited and encouraged to participate in ECS-hosted group sessions that complemented the HV curriculum. This added layer of intervention was designed to enhance the HV curriculum, stimulate greater social supports, and better prevent disengagement from ECS. The work in Avondale is coordinated



by ECS, and to minimize program variation, only a small number of HV agencies are involved in implementation. The unique service in Avondale was designed to cultivate family and community engagement and education needed to realize the optimal impact of HV. This evaluation report is the first in a series of briefs to review the Avondale service model and impact. The "At-a-Glance" table below contains select characteristics of Avondale residents and their ECS involvement.

The Issue Brief

The report contains brief questions and answers that help characterize maternal and child risk in Avondale, the ECS program implemented in Avondale, and the impact of this neighborhood-specific approach on family engagement. Because African American mothers accounted for 93 percent of the Avondale enrollment (2008-2012), many of the comparisons with the ECS population in Hamilton County were restricted to African American mothers. Please note that the statistics provided in this report are unadjusted and should be interpreted with caution; subsequent updates will provide adjustment for potential confounding factors and interactions that may have contributed to the findings.

What are the health risks among neonates and young children in Avondale?

In Avondale, the incidence of infant mortality is higher than in many other Cincinnati neighborhoods (Figure 1). Although risks for infant death are heterogeneous (FT0(nur)10(e 1). r73 lin)40.-6(m)-6(a)2(n)4(tan)13

The Avondale Program

How are families recruited to the Avondale ECS program?

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t ECS operates a "pantry" at the conclusion of group sessions. At the pantry, which takes place at a community church, mothers are given the opportunity to search for donated items of which they are in need. This is a popular service that provides essential resources for the Avondale mothers.

t ECS Avondale Coordinator: recognize this evening that everything we do has multiple purposes. One is to alleviate isolation; one is to celebrate the accomplishments of these young ladies; and one is for just 2 hours to remove them from a stress-filled environment. I can't imagine being criticized, judged and ridiculed just because you have a child. The craziest part of this is most of this criticism is coming from the mother's family!!!! The people who are supposed to love you. I saw the looks on faces today and we are on the right track.

The Findings

What is the ECS penetration in the neighborhood of Avondale?

The penetration of ECS has historically been measured by the proportion of first-time (primiparous), at-risk mothers who were served by the program (i.e., received a minimum of an assessment visit or one home visit). Anecdotally, it is known that variation exists in the penetration rates at the sub-county level in Ohio. In Avondale, where a targeted effort was launched to enroll/retain families, the estimated needs met reached approximately 85 percent in 2011.

In 2011, the estimated penetration rate was 85 percent for Avondale and 27 percent for Hamilton County. During 2009-2011, the odds of being reached in Avondale were significantly higher than in Hamilton County as a whole (Odds Ratio: 5.99, [95% CI: 4.62-7.78]). This trend was driven by an apparent reduction in the estimated population of #

each subsequent year from 2006-2011. A special prenatal recruitment focus in Avondale had a similar enroll

What is the effect of the Avondale program on ECS home visitation retention rates?

Retention in ECS is often measured by the proportion of families who are still active in the program at specific intervention time points (e.g., 12 months after enrollment date). In addition to characterizing the duration and quantity of HV, it is important to understand the rate at which retention milestones are achieved. Family retention at 12 months post enrollment is an ECS program quality indicator—system-wide and for individual service agencies. The ECS target is a 50 percent retention rate or greater at 12 months. During the 12 months of participation, home visitors have opportunities to establish a strong rapport, assess family risks, provide direct services to improve family functioning and promote health and development, and facilitate linkages to other support programs. Past research has indicated that approximately 50 percent of families remain active at 12 months and there is notable variation by service agency. (4) Refusal to participate is the largest factor in attrition and has tendency to occur early during the program. (4) Indeed, this suggests that programs (e.g., Avondale) designed to enhance early family engagement with a dedicated service agency may lead to improved retention and optimize the HV intervention, resulting in improved child health and development outcomes.

Families enrolled in the Avondale program from 2008-2011 had a 12 month retention rate of 51%. This rate was significantly higher than the 38 percent retention rate for African American mothers in Hamilton County (outside Avondale) during the same time period ($p < 0.01$). In fact, the probability of program retention was higher at each time point during the HV intervention. The curves plotted in Figure 4 show retention probabilities with 95 percent confidence bands for Hamilton County mothers in Avondale (blue) and Hamilton County mothers outside of Avondale (red). The difference between these curves was statistically significant and supported markedly higher retention rates among Avondale families through three years of ECS service ($p < 0.01$). The improved retention contributed to an ECS graduation rate in the 2008-2009 Avondale cohort (18.6%) that was significantly higher than the graduation rate (10.9%) of other African American mothers in Hamilton County ($p < 0.01$). Namely, Avondale mothers had a likelihood of ECS graduation that was nearly two times (1.71 [95%-CI: 1.21-2.40]) that of other mothers in Hamilton County.

Conclusion: The Avondale program has stronger retention rates at all points in the program and a better ECS graduation rate.

Figure 4. The Probability of Retention in ECS among African American Mothers Enrolled in ECS 2006-2012 in Avondale and Hamilton County (Outside Avondale)

African American mothers

à Data generated from January 1, 2012 through December 12, 2012

Notes: Censored points represented by circles represent mothers who were still actively enrolled in the program.

Note: 55 records were missing maternal race and were excluded from the analysis

Summary

Avondale is a disadvantaged community in Hamilton County with documented poor child health outcomes. A sentinel indicator of community health, infant mortality, was markedly higher than expected for this community 2007-2009. The unique and harrowing circumstances of the Avondale neighborhood were the impetus for the unprecedented, ongoing effort by ECS to engage and educate at-risk families.

The Avondale program hosted 62 group sessions from 2008-2012 to complement the HV curriculum. Over 300 families have been enrolled in the Avondale program since 2006 and over 250 families since 2008. Families in the Avondale program (2008-2012) received 6,351 home visits. The evaluation revealed that ECS is reaching most women eligible for HV services in Avondale and ensuring more rapid engagement (often prenatal) than in other communities served by ECS.

Stronger engagement in HV has been observed in Avondale. An index of engagement is the intensity of participation measured through the quantity of visits and duration of activity in the program. Families in the Avondale program (2008-2011) had significantly more days active in ECS and more home visits than families outside of Avondale. These findings were likely associated with the documented superior 12-month retention and ECS graduate rates.

The next phases of evaluation will focus on comparing measures of child health and development. The aim of the evaluation will be to describe the connection between changes in program process measures (e.g., engagement, retention) and improved child health and development outcomes including, but limited to gestational age, safety, and social/emotional development.

Data Sources and Methods

Data were abstracted from the ECS database on December 12, 2012. The ECS system is a web-based application used to collect program data; data are routinely transferred to a program database and used for administrative and evaluation purposes. All datasets were prepared and analyzed in SAS 9.2. The evaluation was restricted to data generated from January 1, 2006-December 12, 2012. Because of the high percentage (nearly 100%) of African American mothers in the Avondale program and race as a known confounder for many outcomes, comparisons were restricted to African American mothers in Hamilton County. Further exclusion criteria included children who received services through Part C (The Program for Infants and Toddlers with Disabilities) and/or

graduated from ECS. For outcomes with prevalent outcomes (> 10%), Proc GENMOD was used to model dichotomous outcomes using log link function and binomial distribution. The retention curves were generated with Proc Lifetest and evaluated for significance using a Log-rank test.

Limitations

The data used in this evaluation were gathered from the ECS administrative dataset. Although improvements including user instruction and some field validation have occurred in recent years, there remains the potential for errors in data collection. Differential error rates by HV agency could have introduced bias that affected the reported findings. For example, data collected through the Avondale program could have been more accurate than that collected throughout Hamilton County. Fortunately, most data used in the evaluation were from records such as home visiting dates. In parallel with evaluation work, data quality assessments are conducted to better recognize and elucidate potential biases.

Another potential bias is the effectiveness of the home visiting agency that delivers service to the Avondale community. Independent of the Avondale program interventions, it may be that the performance of this agency resulted in strong family engagement and retention. However, an analysis revealed that the home visiting agency had retention rates that were significantly improved within the Avondale population as opposed to other areas of Hamilton County. This finding suggested that the policies and practices adopted by the Avondale program likely accounted for the observed improvement in engagement and retention.

The estimation of Openetration or proportion Observed (Figure 2) requires the use of population-based data gathered from the Ohio birth registry. The pattern in the birth data suggested a declining rate of at-risk, time mothers from 2009-2011 in Avondale. Although there were no significant system changes with Ohio birth data identified, there remains a chance that our finding regarding penetration in Avondale was an artifact of unreported system based changes. Changes in the technical processes used by the Ohio Department of Health to assign geofacto 3(t

ECS Enrollment: Women in the ECS service area who are eligible for services and receive at least one home visit.

ECS Served: Women in the ECS service area who are eligible for services and receive an assessment visit AND/OR at least one home visit.

HV: Home visitation service is a compilation of interventions provided in the home of disadvantaged families at high risk for poor child development and health outcomes. Standard curricula are delivered by a network of professionals (e.g., nurses and social workers) at a regular frequency during pregnancy and up to three years post-partum.

IQL: Interquartile Range is a measure of statistical dispersion equal to range between the lower (25th) and upper (75th) quartiles.

Prenatal: The time period during which a woman is pregnant.

Primiparous: A woman's first live birth. In ECS, the objective is to target first-time mothers to improve outcomes associated with the current pregnancy/birth and subsequent pregnancies/births.

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Additional Community Engagement Resources

Community Tool Box

Workgroup for Community Health and Development at the University of Kansas Available at <http://ctb.ku.edu/en>

Making a Difference in Your Neighborhood: A Handbook for Using Community Decision-Making to Improve the Lives of Children, Youth, and Families

Center for the Study of Social Policy Available at <http://www.cssp.org/community/constituents-co-invested-in>

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COMMUNITY ENGAGEMENT RESEARCH FRAMEWORK

Most home visiting programs use an ecological framework in assessing child development. This framework views the child as developing in a multi-faceted environment. The parent-child relationship is presumed to directly affect child outcomes, while factors outside that relationship – other family members, neighborhood, social or economic status – directly affect that primary relationship, and thus indirectly influence child development outcomes.

Just as social and environmental factors influence healthy development, these same factors can play a role in home visiting participation. Researchers have proposed an ecological framework in which neighborhood factors such as social capital, social cohesion, and the availability of resources influence parental enrollment and retention in voluntary family support programs. This is represented in the diagram on the following page.

Primary influence:

Secondary influence:

Adapted from McCluskey, K., and Daro, D. (2001). "Parent Involvement in Family Support Programs: An Integrated Theory." *Family Relations*, Vol. 50, No. 2, 113-121.

Other emerging research indicating that community characteristics can influence home visiting participation supports this approach. One study found that community violence significantly reduces the likelihood that mothers will remain in a home visiting program.

Home visiting outcomes: Why engagement and retention matter

Studies of home visiting effectiveness have shown positive impacts on child development, and a reduction in child maltreatment and child mortality. But do engagement and retention in home