

**FY 2002  
HEALTHY FAMILIES PARTNERSHIP  
BENCHMARK STUDY:**

**MEASURING COMMUNITY-WIDE IMPACT**

**Prepared by**

**Joseph Galano, Ph.D.  
College of William and Mary**

**Lee Huntington, Ph.D.  
Huntington Associates, Ltd.**

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The primary authors of this report are Joseph Galano, Ph. D. Principal Investigator and Research Associate, The Applied Social Psychology Research Institute and Lee Huntington, Ph.D. Principal Investigator and President of Huntington Associates, Ltd. The authors are grateful for the support they received from graduate and undergraduate research assistants who assisted in the preparation of this report. Elizabeth Carretta, an undergraduate and Nathan Flinchum, a graduate student, both at the College of William and Mazy, and Kimberly Gamble, a graduate student enrolled in the Virginia Consortium Program of Clinical Psychology all served as research assistants. The content of this report does not reflect the views or opinions of the Applied Social Psychology Research Institute or the College of William and Mary, but rater those of its authors.

## I. HAMPTON HEALTHY FAMILIES PARTNERSHIP BENCHMARK STUDY: MEASURING COMMUNITY-WIDE IMPACT

### EXECUTIVE SUMMARY

This report summarizes the findings of a study assessing whether the Hampton Healthy Families Partnership (HEP), initiated in 1993, is having a positive impact on the health and well-being of the city of Hampton. Eight community-wide benchmarks were selected because they reflect the goals stated in Hampton's strategic plan and the mission of the Partnership. The benchmarks selected are: prenatal care beginning in the first trimester, low birth weight babies, infant mortality, child abuse and neglect, childhood fatalities attributable to abuse and neglect, healthy birth index, assessment of reading/school readiness in kindergarten and first grade (PALS), and births to teens.

The study reviews Hampton's performance between the years 1991 and 2000. In addition to *evaluating* Hampton's progress, the study also compares Hampton's performance to Hampton Roads, Greater Richmond, and Richmond, as well as three pairs of Hampton Roads communities that were selected on the basis of ten socio-demographic variables. Based upon an empirical analysis of all Hampton Roads communities, Newport News/Suffolk were designated as peer communities, Chesapeake/Virginia Beach were designated higher-resource, lower-risk communities and Norfolk/Portsmouth were designated lower-resource, higher-risk communities.

### Major Findings

- **Overall Benchmark Summary:** Hampton improved in five key areas, remained the same in two, and declined in one. The one area of decline, low birth weight, is consistent with a national trend. Hampton's progress occurred during a decade (1991-2000) when the city was becoming increasingly at risk on many socio-demographic variables associated with poor child and family health outcomes.
- **Infant Mortality and Child Abuse and Neglect:** Hampton's performance was especially strong in several important areas.
  - The city outperformed all the comparison regions/cities in reducing the rates of infant mortality and child abuse and neglect.
  - Hampton also outperformed the Chesapeake/Virginia Beach communities, selected as an estimable standard of comparison because these communities possess greater resources and fewer socio-demographic risk factors.
- **Childhood Fatalities Attributable to Abuse or Neglect:** Hampton's performance during the last decade has been more similar to the performance of lower risk, higher-resource communities Chesapeake/Virginia Beach than to its peer communities Newport News/Suffolk.
- **Low Birth Weight, Healthy Births, and Births to Teens:** Hampton's performance in these domains may be best described as intermediate. Hampton's performance was most similar to its *peer* communities, Newport News/Suffolk, and it was mid-way between the performance of Chesapeake/Virginia Beach and Norfolk/Portsmouth. This recurring pattern confirms the strong relationship between the socio-demographic risks and resources (used to rank the communities) and community health outcomes.

- **Prenatal Care Beginning in the First Trimester:** Hampton's performance was very dissonant (much poorer) from all of the comparison cities in 1984. That gap had closed considerably by 1991 and the city's performance in 2000 is generally comparable to that of the other comparison cities.

### Understanding and Interpreting the Findings

**Progress in face of growing risks and fewer resources:** It is important to acknowledge that health occurs within a social, economic, and physical environment. Hampton's encouraging performance has occurred during a time when Hampton's families have become at higher risk on a number of factors known to have a negative influence on health outcomes

In order to better understand the overall findings there are a number of caveats, elaborations, and recommendations that need to be considered. Hampton, along with the other communities, experienced an increasing trend in the rate of *low birth weight* across both the pre- and post-intervention period. This result is consistent with the trend that has been observed nationally, and which in the '90s, was strongly influenced by multiple gestations related to use of fertility drugs. The influence of factors such as this, which are not likely or intended to be influenced by the Partnership's programs, renders this benchmark less useful as an indicator of the Partnership's effectiveness. In addition, low birth weight is one of the four Healthy Birth Index indicators, which probably accounts for the less positive results for Hampton on this benchmark. The evaluators recommend discontinuing one or both of the low birth weight or Healthy Birth Index indicators.

Of the benchmarks examined for the current report, infant mortality and child abuse and neglect may best represent domains in which a voluntary prevention program based on parent education and support can have an impact. As such, they are possibly the best measures of the Partnership's impact. Accomplishments in these two domains also reflect specific objectives set by HFP and Hampton's decision to systematically invest in parents, prevention, and health promotion. These are the two areas where the strongest gains were evinced and the city's performance in these two domains demonstrates the important contribution of HFP.

One of the methods used in this investigation was to identify comparison communities that could aid in elucidating Hampton's performance and better discern whether Hampton's performance was worse than, equal to, or better than what might be expected. Based upon an empirical analysis of all Hampton Roads communities, Newport News/Suffolk were designated as peer communities, Chesapeake/Virginia Beach as higher-resource, lower-risk communities and Norfolk/Portsmouth as lower-resource, higher-risk communities. Of the benchmarks in which Hampton did not excel, the city's performance was most comparable to its peer communities, Newport News/ Suffolk, during both the pre- and the post-intervention periods. Hampton's performance, during both time periods, was also lower than Chesapeake/Virginia Beach, but better than the performance of Norfolk/Portsmouth.

The findings of the investigation are encouraging. It is recommended that HFP continue to conduct biennial benchmark studies. This report, although expanded, does not adequately assess the impact of HFP on community-wide health. HFP is only now going to scale, therefore the full impact of the initiative may not be realized until 2005 or later. It is recommended that Hampton continue to track progress through this critical period and carefully review the benchmarks that will be used in the future. The Partnership may also want to consider adopting the more tailored three community-pairs approach developed for this investigation for future benchmark studies.