

**2007**  
**HAMPTON HEALTHY FAMILIES**  
**PARTNERSHIP**  
**BENCHMARK STUDY:**  
**MEASURING COMMUNITY-WIDE IMPACT**

**Prepared by**

**Joseph Galano, Ph.D.**

**Lee Huntington, Ph.D.**



**The Applied Social Psychology Research Institute**  
**College of William and Mary**

**Huntington Associates, Ltd.**

**2007**  
**HAMPTON 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.**

June 2007

The primary authors of this report of 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, a William and Mary alumnus and M.P.H. student enrolled in the EVMS Public Health graduate program, Dave Canose, a graduate student enrolled in the Virginia Consortium Program in Clinical Psychology, and Ashley Britt Crews and Laura Grandy, undergraduate students at the College of William and Mary, all served as research assistants. The authors would also like to thank Lee Kirkpatrick, Ph.D. for his statistical consultation. 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 rather those of its authors.

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

### EXECUTIVE SUMMARY

A wide array of studies across the last two decades attests to the major impact of positive parenting on children's physical, mental, and emotional health in later adulthood (National Research Council and Institute of Medicine, 2000; Egeland, 1977; & Stewart-Brown, 2005). This report summarizes the findings of a study assessing whether the Hampton Healthy Families Partnership (HFP), initiated in 1993, is having a positive impact on the health and well-being of children and families in the city of Hampton. Since its inception in 1992, HFP has focused on a single, overriding mission: to ensure that all Hampton children are born healthy and enter school ready to learn. Annual evaluations conducted by the College of William and Mary (Galano & Huntington, 1993, 1994, 1995, 1996, 1997, & 1999) repeatedly demonstrated the Partnership's growth and success. For example, participants in the Hampton Healthy Start Program consistently demonstrated improved parent-child interaction and low rates of founded reports of child abuse and neglect and repeat teen pregnancy. Similarly, evaluations of Hampton's parent education programs have shown that participating parents improved their parenting skills and attitudes, used less physical punishment, and enjoyed more positive relationships with their children.

Having demonstrated success with individual children and families, community leaders now are interested in examining whether the city of Hampton, as a whole, is healthier because of the collective impact of HFP's programs on the children and families served by the Partnership. This Benchmark Study, commissioned by the city, employs eight benchmarks of children's health and well-being targeted by HFP. The benchmarks were selected based upon a review of national and state benchmarking systems and with consideration of the congruence between the benchmarks and the goals stated in Hampton's strategic plan and the mission of HFP. The benchmarks selected were: prenatal care beginning in the first trimester, low birth weight, infant mortality, founded children in cases of child abuse and neglect, founded reports of child abuse and neglect, childhood fatalities due to abuse and neglect, and births to teens. In addition, Comprehensive Services Act (CSA) cost per child was selected to be the eighth benchmark, as an economic measure of the high costs of treatment and rehabilitation services – services that must be called into action when our positive socialization systems fail.

**Since the inception of HFP, Hampton has outperformed all of the comparison regions and cities in reducing child abuse and neglect and decreasing the cost of treatment and rehabilitation services, as measured by CSA cost per child. These findings are encouraging given that Hampton, compared to Hampton Roads and the Commonwealth, has increasingly become at greater economic and social risk during this period. The fact that progress has been sustained in the face of growing adversity should be a source of pride to city officials, preventionists, and child advocates.**

## **Hampton's Progress: 1991-2005**

A review of Hampton's performance between 1991 and 2005 on the eight benchmarks selected to measure the health and well-being of children and families demonstrates that the city has made considerable progress toward these goals. Hampton improved in six key areas and only declined in one. Since the initiation of HFP, Hampton's infant mortality rates declined drastically and there were far fewer births to teenagers. There was also a significant reduction in rates of child abuse and neglect, an achievement explicitly targeted by Hampton's Healthy Start program. These accomplishments reflect the specific objectives established by HFP and the city's decision to make a systematic investment in parents, prevention, and health promotion. Hampton also experienced a declining trend in CSA costs from 1994 to 2005, which is especially favorable when compared to the trend for the Commonwealth. Although fatalities related to abuse and neglect remained about the same, the absolute level can be considered very low. The increase in low birth weight babies, the only decline in the city's performance, should be understood as part of an overall state and national trend.

### **Hampton Contrasted with Hampton Roads and Greater Richmond: 1991-2005**

Another instructive way to evaluate the extent to which the HFP has contributed to the well-being of the entire community is to compare Hampton's progress to the Hampton Roads and Greater Richmond regions and to comparison cities. Before summarizing the findings, however, an important qualification concerning the evaluation must be highlighted.

Beginning in FY 2002, Department of Social Services initiated a new system for processing reports of possible child maltreatment, the Differential Response System (DRS). DRS has had a non-uniform impact on communities' state-reported rates of abuse and neglect. As a result, the new DRS made comparisons between different Virginia cities invalid after 2001. Thus, although it represents a limitation, the evaluators have decided to use the child abuse and neglect statistics through the calendar year 2000 as the most scientifically valid, albeit abbreviated, method to assess Hampton's performance and to compare Hampton's and other localities' trends over time.

Over the last 14 years, Hampton did not outperform Hampton Roads in all areas. The city demonstrated strength in two important domains, however, consistently outperforming Hampton Roads in reducing child abuse and neglect and on the economic benchmark, CSA cost per child. It should be noted that CSA cost per child and child abuse and neglect are critical targets for HFP. These two benchmarks represent domains in which a voluntary prevention program based on parent education and support can be expected to have an effect. As such, they are probably two of the best indicators of the Partnership's impact. In addition, although in 1984 the prenatal care gap between Hampton and both comparison regions was enormous, by 2005 that gap had closed considerably.

The city of Hampton surpassed the progress experienced by Greater Richmond in several key domains, despite the fact that the localities in Greater Richmond may have lower levels of social and economic risk factors associated with poor child and maternal outcomes. Hampton experienced greater success in reducing child abuse and neglect (both founded children and founded reports) and slowed the growth in the rate of low birth weight babies. Hampton also outperformed Greater Richmond on CSA cost per child, requiring fewer funds for treatment and rehabilitation services. The city of Hampton experienced about the same level of success as Greater Richmond in reducing infant mortality. Greater Richmond outperformed Hampton on enrolling women in prenatal care during the first trimester, child fatalities

attributable to abuse and neglect, and births to teens. The prenatal care gap between Hampton and Greater Richmond was enormous in 1984; by 2005 that gap had closed considerably.

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. These findings are consistent with the trend that has been observed nationally, and which, in the '90s and since, were strongly influenced by multiple gestations related to use of fertility drugs. The influence of such factors, which are not likely to be influenced by the Partnership's programs, renders this benchmark less useful as an indicator of the Partnership's effectiveness. Hampton's performance was less favorable than Hampton Roads. Moreover, Hampton's performance needs to be evaluated within a larger ecological context – across the last 14 years, and since the initiation of HFP, Hampton and Hampton Roads have become less comparable since the city has become increasingly at risk relative to the region.

### **Hampton Contrasted with Comparison Cities**

In addition to examining Hampton's performance relative to the Hampton Roads region, this study compared Hampton to the city of Richmond and the three pairs of localities selected as comparators (two peer, two lower-risk/higher-resource, and two higher-risk/lower-resource localities). Both Hampton and the city of Richmond are faced with many of the same economic and social challenges. Hampton outperformed the city of Richmond in six of the eight benchmarks and was similar on two. Hampton outperformed the comparison cities on 50 percent of the benchmarks. Hampton performed similarly on one-third of the instances, and was worse than the comparators on only four of 24 comparisons (17%). In almost all of the instances where Hampton was outperformed, it was surpassed by Chesapeake and Virginia Beach (higher-resource/lower-risk communities). It is also noteworthy that Hampton outperformed all of the cities on both the child abuse and neglect and CSA cost per child benchmarks. These are two areas where the strongest differences were demonstrated and the city's performance in these two domains demonstrates the contribution of HFP across the last 14 years.

It is recommended that HFP continue to conduct benchmark studies. While this year's report has examined an expanded time frame, it still does not provide a complete test of the impact of HFP on community-wide health. Initiated in 1992, the Partnership began taking their programs to scale in 1998 and was fully at scale in 2002. Since the going-to-scale process was not complete until 2002, the full impact of the Partnership's efforts is still being realized. Moreover, this study only examined benchmark indicator data through 2005 – only three full years past HFP reaching scale. Benchmark studies conducted every three years might be the most sound evaluation approach. Moreover, a periodic review and reconsideration of the benchmarks is recommended. This is highlighted by the shortcomings of the low birth weight benchmark and the changes in child abuse and neglect reporting that are noted in this report.