

THE OKLAHOMA COMMUNITY-BASED FAMILY RESOURCE AND SUPPORT PROGRAM

The Oklahoma Community-Based Family Resource and Support Program meets the criteria established by the U.S. Department of Health and Human Services (DHHS) for an “evidence-based early childhood home visiting service delivery model,” because there is at least one high- or moderate-quality impact study with favorable, statistically significant impacts in two or more of the eight outcome domains. At least one of the favorable impacts was sustained for more than one year after program enrollment.

This short report provides summary information about the program model, research on evidence of effectiveness, and model developer contact information. A full model report and implementation profile will be available on the Home Visiting Evidence of Effectiveness (HomVEE) website (<http://homvee.acf.hhs.gov/>) by fall 2012.

Program Model Description

Oklahoma’s Community-Based Family Resource and Support (CBFRS) program was developed to improve maternal and child health and child development. Oklahoma’s CBFRS program was implemented by county health departments in 12 rural counties and targeted first-time mothers. Home visits—offered weekly or biweekly—began before 28 weeks gestation and continued to the child’s first birthday. The frequency of the home visits varied based upon the program phase. Home visits followed a standardized curriculum that covered maternal and child health, child growth and development, and parenting skills.

The program was administered by the Oklahoma State Department of Health in response to the Child Abuse Prevention and Treatment Act amendments of 1996, which allocated funding for state CBFRS programs to reduce the incidence of child abuse and neglect through a wide range of services. Oklahoma’s CBFRS program provided the home visitors with more than 40 hours of pre-service training as well as ongoing in-service training.

Oklahoma’s CBFRS was designed to be initiated before 28 weeks gestation and continue to the child’s first birthday. The frequency of the home visits varied based upon the program phase. During pregnancy, participants were visited weekly the first month of the program, followed by biweekly visits until the child’s birth up to eight prenatal visits. After the child’s birth, home visits occurred weekly during the first three months of the child’s life and biweekly for the next three months, for a total of 18 visits. Between six months and one year, biweekly visits continued for the remainder of the program for a total of 12 visits. Each visit was about an hour in length.

Review of Studies and Evidence of Effectiveness

The Home Visiting Evidence of Effectiveness (HomVEE) review identified two studies of Oklahoma CBFRS published between 1979 and 2011. Both were eligible for review and both met standards for a moderate rating.

The same sample was used across all studies that received a moderate rating. Researchers recruited 355 primiparous women from county health departments at or before the 28th week of gestation. Those living in 5 of 12 participating counties received the Oklahoma CBFRS intervention, whereas those living in 7 comparison counties were assigned to the comparison group. Authors

collected data from the mothers at baseline and when infants were 6 and 12 months old. At 6 months, 248 mothers participated in data collection and 263 participated at 12 months. Among those remaining in the study at the 12 month assessment, less than a third in each study group was a minority, and approximately 6 in 10 were enrolled in Medicaid at baseline. Average education in the two study groups was less than 12 years, and mothers were slightly younger than 20 years old, on average, at the time of their child's birth.

Taking into account all of the review results as of January 2012, which include all high- or moderate-quality impact studies for this program model regardless of publication venue, the Oklahoma CBFRS program model had favorable impacts in the maternal health and positive parenting practices domains and no unfavorable or ambiguous impacts in other domains examined by the HomVEE review. Oklahoma CBFRS had favorable impacts on the mother's use of birth control, incidence of pregnancy since the birth of her first child, and incidence of pregnancy at the time of the 12-month interview for the study. At the 12-month interview, Oklahoma CBFRS also had positive impacts on a home safety outcome and on the acceptance subscale of the home environment assessment.

Model Developer Contact Information

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References

Impact Studies with High Ratings

None

Impact Studies with Moderate Ratings

Culp, A. M., Culp, R. E., Hechtner-Galvin, T., Howell, C. S., Saathoff-Wells, T., & Marr, P. (2004). First-time mothers in home visitation services utilizing child development specialists. *Infant Mental Health Journal*, 25(1), 1-15. doi:10.1002/imhj.10086.

Culp, A. M., Culp, R. E., Anderson, J. W., & Carter, S. (2007). Health and safety intervention with first-time mothers. *Health Education Research*, 22(2), 285-294.

Impact Studies with Low Ratings

None

Implementation Studies

None

Studies That Did Not Meet Review Criteria

None