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Influence of Health Habits on the Success of the Community Response Program

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Final Written Report

Epidemiology

Committee

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Abstract

The goal of this project is to determine how specific health habits can affect success of the Community Response (CR) program. Community Response is a program that brings government, non-profit and faith-based organizations together in one community to share resources, identify challenges and create solutions with the goal of strengthening the protective factors that help families raise happy, healthy children (Lift Up Sarpy County, 2018). Health habits include habits centered around everyday life including protective factors such as maintaining support systems, financial stability, and other ways to strengthen families, eliminate risk, and keep children out of the child welfare system. A case-control study will be implemented, and success of the CR program will be classified as a yes/no outcome. Demographics and other factors that were investigated among participants include employment and income, support systems (people/services to count on in times of need), age, education level, and most common reason for entering the program. SPSS software was used to run a descriptive analysis on each demographic factor to determine patterns among participants in the program. Chi-Square, Fisher's exact tests, and a logistic regression were used to determine associations between exposures and success of the CR program. Success within the program is defined as participants who completed one round of CR by utilizing its services and assistances, and lack of success will be defined as those who did not complete the program, those who returned for multiple rounds, or those with whom we were unable to follow-up.

The results determined that there was an association between the exposure "number of children in home" and outcome "success off the CR program." This project

aimed to determine how Community Response has assisted the residents of Sarpy County and how further investigation of program aspects can continue to assist those in need.

Chapter 1: Introduction

Research Question

What influence do health habits have on the success of the Community Response program?

Specific Aims

1. To determine whether the Community Response program in Sarpy County has helped residents in this community to be stable in their finances, jobs, and in their home lives
2. To determine how health habits can affect success of the Community Response program

The goals and objectives of the project are to

1. Define “success” as a yes or no by looking through participant files that hold demographic and lifestyle factors/exposures and
2. Determine how these demographic and lifestyle factors affect program success

Significance

Sarpy County Community Response was initiated by Lift Up Sarpy County in July 2015. Starting in Bellevue, it grew to include Springfield and Papillion/La Vista

and will soon begin to operate in Gretna. Partnerships are also being explored with Millard Schools and Omaha Public Schools as parts of their catchment areas lie within the County (Lift Up Sarpy County, Inc., 2018).

The local collaboratives continue to meet to identify community needs and priorities and to help community partners share information about individual families respectfully, with a focus on creative solutions. While some programs are county wide, many put their primary focus on local school-district based collaboratives. After completing this project, Lift Up Sarpy County will better understand how their Community Response program is bettering the lives of its participants and helping them to be successful and stay out of the program.

Chapter 2: Background and Literature Review

Description of the health problem

Community Response is defined as “The actions a community takes to develop a system of resources and services which strengthen people by reducing risk factors and building protective factors,” (Lift Up Sarpy County, 2018). Within the program, a family is recognized as needing CR when they present one or more significant risk factors. Providers and other community members can call a central navigator to retrieve information to help a family connect to the necessary resources in the community. The program is defined using two key purposes. The first is to assist agencies and individuals in creating a collaborative system of prevention. This is done by assisting partnerships of community agencies, organizations and individuals in developing and maintaining a broad-based

system of prevention services by addressing gaps and barriers and effectively utilizing resources. The second purpose is to help people in crisis access services and resources. This is done by aiding individuals and families who need prevention services and resources in the community, especially during times of stress and crisis (Lift Up Sarpy County, 2018). The program provides several means of assistance and support for those in crisis. Community Response connects with families who would otherwise not have easy access to resources, coordinates access to needed services through a central navigator, and provides supportive interaction with families to strengthen protective factors.

The overall goal of the program is to help the community address the needs of all the population collaboratively. It works to increase family and community protective factors to strengthen parent and child resiliency, increase self-sufficiency, and realize positive life outcomes over time. It also aims to reduce entry into the child welfare system, and to increase informal and community supports for families (Nebraska Children, 2015). The target population of CR is individuals and families from birth to death. Through CR, individuals from birth to death are served through the plaiting of resources and involvement of multi-sector partners in the CR system with the focus being on the full age spectrum of children, individuals and partners (Lift Up Sarpy County, 2018). The problem being addressed is that some families may be taking advantage of the assistance from the program and utilizing the services longer than they should rather than improving their financial situations on their own.

Scientific Background

Much success has come from Community Response and other similar programs in communities, according to research. A Colorado community has found that the program they implemented, Colorado Community Response, has been successful in preventing child maltreatment, strengthening economic security, improving families' ability to cope with stress, and has demonstrated an increase in positive behaviors that help prevent child abuse and neglect (CDHS, 2017). Colorado Community Response provides support services to families who were once reported to child protective services for child abuse or neglect, but whose cases were subsequently screened out or resolved. The volunteer program intends to connect families with comprehensive family-focused services. These might include case management, resource referral, home-based visits, collaborative goal setting, financial coaching and one-time financial assistance (CDHS, 2017). Between July 2016 and June 2017, 1,124 families accessed Colorado Community Response services, and after participating, families were less likely to undergo future child welfare investigations. (CDHS, 2017).

The Social Work Research Center in the School of Social Work at Colorado State University and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect completed an independent evaluation of CCR following the program. The evaluation showed that 64 percent of participating families successfully met their individualized goals and remained engaged with services from the program. Additionally, nearly 90 percent of all participants reported that the program strengthened relationships within their families, and 86 percent

directly attributed improved conditions for their children to the CCR program (CDHS, 2017).

Another Community Response Program in Wisconsin looked to reduce the number of children re-referred to Child Protective Services, and therefore reduce direct and indirect costs for the state of Wisconsin (Bakken, et. al., 2014). The program serves families whose referrals to CPS are partitioned out or those who's case may have been closed after initial assessment. This new and advanced program identifies the potential "at-risk" families and engages them in services offered by their community to prevent further child maltreatment. Since the development of the Community Response program in both Colorado and Wisconsin, the program has been successful in additional states such as North Carolina and Minnesota. This program was effective at reducing re-referrals to CPS among participating families by implementing a quasi-experimental design evaluation (Bakken, et. al., 2014).

Limitations and gaps in existing literature

One major limitation found in the study by Bakken et al was the short timeframe which limited the ability to participate in dialogue with survey respondents to the necessary extent. A second limitation was that there was misunderstanding of the survey goals because of the varying terminology for similar systems and processes throughout states. Another limitation included surveys not always reaching the most appropriate person or not identifying county-initiated programs (Bakken, et. al., 2014). The fourth limitation portrayed that the survey design was not formulated as well as it could have been. Once the initial survey was

completed, it did not allow for respondents to go back and change their original answers as they progressed throughout the program, and therefore, the survey had low completion rate. The final important limitation to note was that the same participant completed the survey multiple times (Bakken, et. al., 2014). The CR program's primary focus is to provide support to families who were diverted by child protective services following a report of alleged child maltreatment (Community Response Program, 2018). The program looks to fill a gap in the child maltreatment prevention scale by serving families who have been reported to a county child protective agency for alleged child abuse or neglect but are either screened out or closed after initial assessment (Community Response Program, 2018). These limitations were considered when answering my research question to obtain more enhanced results. The questions on surveys and intake forms were easy to understand and easy for the participant to compete on their own. The CR program in Sarpy County worked meticulously to ensure that the appropriate population was receiving services from the program. Previous studies found this to be an issue. Because of this, it was important to consider who was receiving services and if county-initiated programs were being identified as support services. Each of these limitations are important to consider when answering the research question for my project.

Chapter 3: Data and Methods

Study Design

The study design implemented is a case-control study. Families applying for assistance from the Community Response program from January 2018 to

February 2019, ages 19-58, were surveyed. All races/ethnic groups were included.

Setting and study population

The study population includes families who have participated or enrolled in the Community Response program through Lift Up Sarpy County since January 2018. There are 123 total participants surveyed in this study. The surveys given to participants were devised by team members and staff of Lift Up Sarpy County. Those participating in this study are families who have applied for the services from Community Response once or multiple times. Whether or not they have completed the program successfully was classified as a yes/no outcome. Success within the program is defined as participants who completed one round of CR by utilizing its services and assistances, and lack of success will be defined as those who did not complete the program, those who returned for multiple rounds, or those with whom we were unable to follow-up. The survey completed by the participants included pre-program demographic questions and questions regarding employment/income, support systems, vulnerabilities, age, and most common reasons for entering the program.

Variables (outcomes, exposures, confounders) and operational definitions

The main exposures of the study included each of the “health habits” including demographic and additional factors that were tested for an association with success of the CR program. Health habits are habits centered around everyday lives including protective factors such as maintaining support systems, financial

stability, and other ways to strengthen families, eliminate risk, and keep children out of the child welfare system. These factors are defined as “health habits” as they are habits that influence the wellbeing of participants and how they are caring for their children and families to avoid entry into the child welfare system. Exposures were age, gender, race, education level, disability, support systems, most common reason for entering the program, the number of children in the home, and poverty level. The outcome of the study was “success of the Community Response program.”

Operational definitions

Community Response (CR): The actions a community takes to develop a system of resources and services which strengthen families and promote access to resources at the primary, secondary, and tertiary levels of prevention. Families are identified as needing CR when there is one or more significant risk factors present such as potential CPS involvement or homelessness, when a single agency cannot fully meet their needs, or when a “one-time” or “crisis” results in them cycling back two or more times. CR includes an ability for providers/community members to call a Central Navigator to get information to help a family to connect to available resources in the community (Lift Up Sarpy County, 2018).

Flex Funding: Flex Funding refers to the funding available through the CR program to fill gaps where program and agency supports are limited due to funding criteria and limitations (Lift Up Sarpy County, 2018). Flex Funds may be

used or given to participants to improve the ability to reach personal goals such as support, stabilization, and basic needs.

Eastern Nebraska Community Action Partnership (ENCAP): Eastern Nebraska Community Action Partnership helps Nebraskans improve their lives by providing access to the education, resources, and tools they need to help themselves (Eastern Nebraska Community Action Partnership, 2017).

Nebraska poverty line: $24,860 for a family of four, as of 2017.

Data sources and measurement

All data for this project was collected through CR common intake/referral forms, Flex Funds forms, and additional lifestyle questionnaires provided by CR coaches and Lift Up Sarpy County. Intake forms and additional questionnaires were completed when participants applied for the CR program. Flex Fund application forms were completed if the participant needed financial assistance. Surveys could be conducted again if participants applied multiple times. Intake and Flex Fund forms were conducted by participants enrolling into the program. Information retrieved from participants' intake forms when entering the program consisted of demographics such as age, gender, race, education level and disability. Additional information was collected regarding support systems, most common reason for entering the program, the number of children in the home, and poverty level. Post program surveys were also conducted regarding updates on personal goals, satisfaction from the program, and success. This data was collected via written reports, questionnaires, and surveys provided from

participants at the ENCAP location in Douglas County. The data was reviewed and entered into Excel spreadsheets. From there, I performed descriptive statistics on each exposure and ran Chi-Square tests to test for associations between different exposures and success of the program.

Analytic Plan

The data analysis will focus on how each exposure is associated with success of the Community Response program. Descriptive statistics were run to determine the frequencies of demographics (gender, race/ethnicity, education level, and disability) and additional exposures (most urgent need for entering CR, number of support systems in place, number of children in household and poverty level) that were retrieved from intake and flex fund forms, and post program surveys. Chi-square tests were then run to test for associations between exposures and the success of the program. A logistic regression was performed to determine the effects of gender, number of children living in the home, and support systems on the likelihood of success of CR. Statistical tests were run using an alpha value of $p<0.05$, and data was analyzed using SPSS.

Chapter 4: Results

Study population

The study consisted of a total of 123 participants, including single parents, two parent homes, and grandparents with grandchildren in the home. Among the 123 participants who enrolled in CR, 112 (91.1%) were female and 11 (8.9%) were male. When looking at race/ethnicity as a descriptive, 77 (62.6%) participants

were White, 25 (20.3%) were Black or African American, 13 (10.6%) were Hispanic or Latino, and 8 (6.5%) classified as “other” (Asian, American Indian or Alaska Native, and two or more races) (Figure 1).

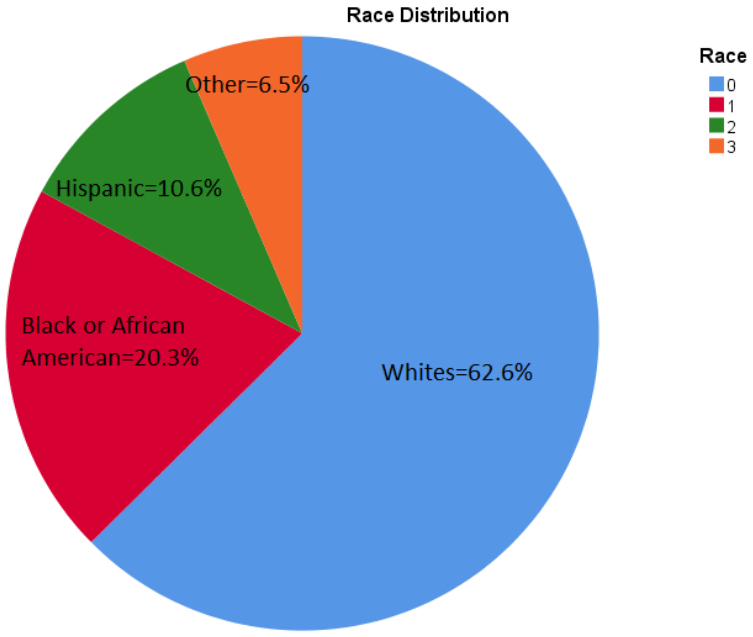


Figure 1. Demographics of study participants by race

Demographics

Descriptive statistics were run for all exposures including number of children in household, disability of a parent or child, the most common reason for entering CR, education level, if the participant was below or above the Nebraska poverty line, and whether they had support systems in a time of need. The number of children living in the household was based on having “two or less” or “three or more”. Of the 123 participants, 83 (67.5%) reported to having two or less children in their household, and 40 (32.5%) reported to having three or more. The intake form asked if either the participant enrolling (parent) or child in the home had a

disability. Eighty-seven (70.7%) said no to having a disability and 36 (29.3%) said yes to having a disability (Figure 2).

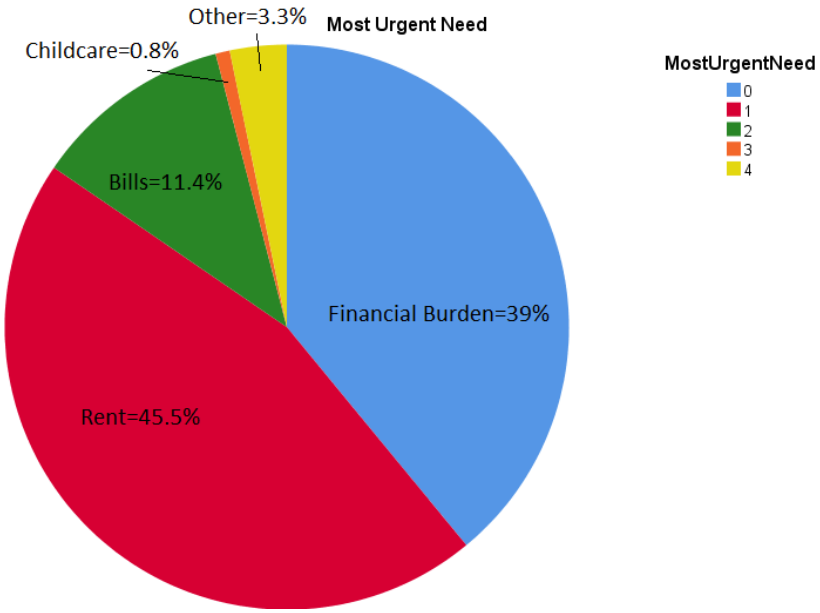
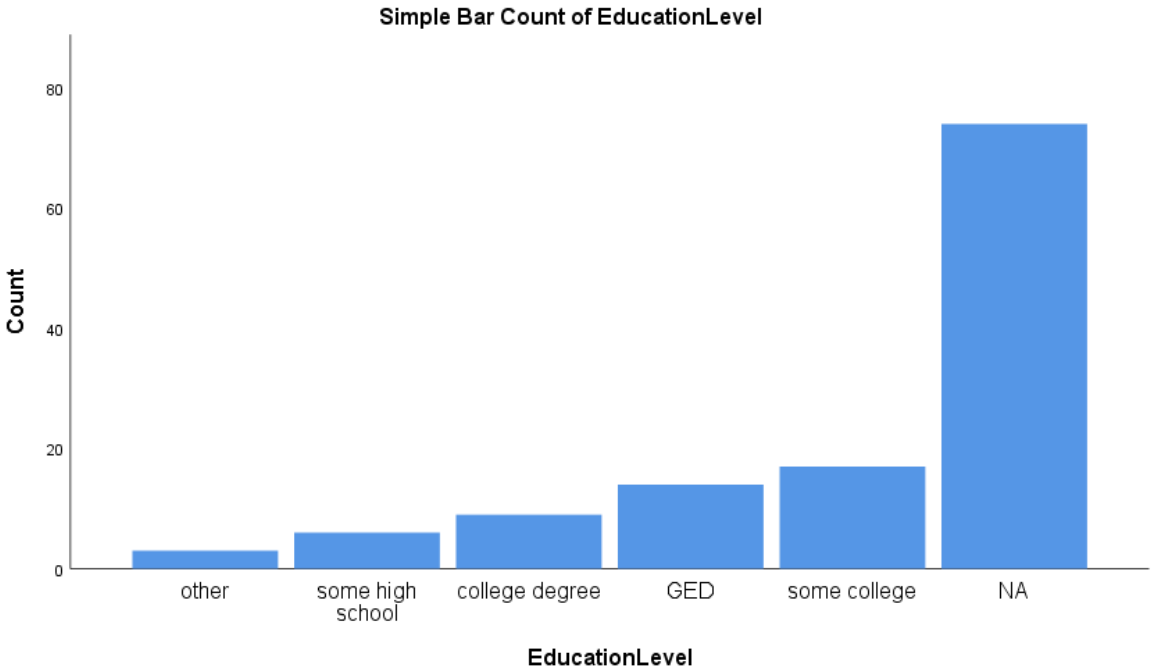


Figure 2. Demographics of study participants by "most urgent need"

There were several reasons for entering the CR program. They were classified into different categories including rental assistance, gas and water bills assistance (MUD/OPPD), transportation assistance (gas, car repairs, plates, tags, etc.), childcare expenses, and "other" which included assistance with medications, phone bills, school expenses, and other financial needs. Several participants needed assistance in two or more areas, so they were classified as having a "financial burden" in the "most common reason for entering the program" category. Of the 123 participants in this category, 56 (45.5%) needed rental assistance, 48 (39.0%) were classified as having a financial burden, 14 11.4%) needed gas and water bills assistance, 4 (3.3%) fell into the "other" category, and 1 (0.8%) needed childcare assistance.

In addition to applying for these assistances, many of the participants are also receiving additional public services such as Medicaid, childcare subsidy, unemployment, and food stamps (SNAP). Further research would be beneficial in identifying how participants are appropriately managing all their financial assistances. Participants who may be receiving additional assistances might be more likely to succeed in the program.

Education level of participants was categorized into classes including some high school, GED, some college, college degree, “other” (including technical school certification, graduate schools, etc.), and “not applicable” or those that chose not to answer. Of the 123 participants, 6 (4.9%) possessed some high school education, 14 (11.4%) obtained their GED, 17 (13.8%) possess some college education, 9 (7.3%) have a college degree, 3 (2.4%) classified themselves in the “other” category, and 74 (60.2%) fell into the “not applicable” category or chose not to answer.



As of 2018, the percentage of Nebraskans who had incomes below the poverty line ($24,860 for a family of four) was 10.8%. Nebraska was ranked 13th out of 51 states for having the most residents below the poverty line (Center for American Progress, 2019). Of the 123 participants who did answer regarding their income status, 17 (13.8%) were above the poverty line, 32 (26.0%) were at or below, and 74 (60.2%) did not answer. This could be due to reasons such as shame regarding income levels, being unemployed, or the possibility of not receiving assistance from the program because of their income. Income levels can greatly affect the success of the Community Response program and are important to recognize as a factor in this study.

The last exposure I examined was if participants had support systems in time of need. Supports may include friends or family to rely on, community and faith-based programs/agencies that are providing them services. Many participants

have been referred or entered the program because they had no formal or informal support systems in a time of crisis. Those entering the program may have experienced a crisis that could have resulted in homelessness, or near homelessness, extreme stress, experienced abuse or trauma, and several other reasons (Lift Up Sarpy County, 2018). When people enter the program in these circumstances, having formal or informal supports in place is an essential component for success in the program as well as in the individual's and their families' everyday lives. Of the 123 enrolled in the CR program, 85 (69.1%) reported to having a formal or informal support, and 38 (30.9%) reported as not having any type of support.

Overall, 71 (57.7%) participants successfully completed the program, and 52 (42.3%) were classified as unsuccessful. Those who were unsuccessful include those who did not complete the program in the specified timeframe or who did not complete it at all, and those who we were unable to follow-up.

Outcome data

After running descriptive statistics, Chi-square tests were run to determine any associations between exposures and success of the Community Response program. I was unable to run a Chi-square test on the association between education level and success of CR due to the low response in these categories. Many participants chose not to answer or answered "not applicable" for education level. This could be due to reasons of self-esteem or shame regarding their education level. Chi-square tests and Fisher's exact test were run for the other exposures to test for association using a significance level $p < 0.05$. Age

(p=0.986) and race (p=0.765) were not significant and showed no association with success of CR.

A Chi-square test was run to test the relationship between whether formal or informal support systems were in place and success of the CR program. A p-value of 0.445 was given, showing that the result is not statistically significant. Fisher's exact test was then run, and a p-value of 0.285 was calculated showing no significance. Therefore, the variables support systems and success of CR are not associated with each other.

A Chi-square test was run to test the relationship between most common reason for entering and success of the CR program. A p-value of 0.806 was given, showing no statistical significance, and therefore, no association between most common reason for entering the program and success of the CR program.

A Chi-square test was run to test the relationship between participants who were at or below the poverty line and success of the CR program, and a p-value of 0.764 was given, showing no statistical significance. Therefore, there is no association between participants who were at or below the poverty line and success of the CR program.

A Chi-square test was run to test the relationship between number of children in home and success of the CR program. The number of children in the home was classified as having two or less children and having three or more children living in the home. A p-value of 0.021 was given, showing that the result is statistically significant and that there is an association between number of children living in

the home and success of the CR program. This association is showing that having less children living in the home is associated with success of the CR program (Figure 3).

SuccessFailure * NumberChildrenInHome Crosstabulation

Count

		NumberChildrenInHome		
		0	1	Total
SuccessFailure	0	41	11	52
	1	42	29	71
Total		83	40	123

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.304[a]	1	.021		
Continuity Correction[b]	4.444	1	.035		
Likelihood Ratio	5.464	1	.019		
Fisher's Exact Test				.031	.017
Linear-by-Linear Association	5.261	1	.022		
N of Valid Cases	123				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.91.

b. Computed only for a 2x2 table

Figure 3. Chi-square results of "number of children living in home" and program success

A logistic regression was performed to determine the effects of gender, number of children living in the home, and support systems on the likelihood of success of the CR program. The model explained 12.5% of the variance in program success and correctly classified 61% of cases. The number of children living in the home (less than two children in the home) was statistically significant (p=0.023, [95% CI 1.143, 6.053]). Gender (p=0.052, [95% CI 0.978, 68.209]) shows that there is a possible association and determines that males are eight times more likely to succeed in the program, when keeping support system and number of children as constants, compared to women (Figure 4).

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	155.520[a]	.093	.125

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

Hosmer and Lemeshow Test

Step	Chi-square	df	Sig.
1	1.229	3	.746

Contingency Table for Hosmer and Lemeshow Test

		SuccessFailure = 0		SuccessFailure = 1		
		Observed	Expected	Observed	Expected	Total
Step 1	1	15	13.837	10	11.163	25
	2	25	26.353	26	24.647	51
	3	3	4.163	10	8.837	13
	4	8	6.647	15	16.353	23
	5	1	1.000	10	10.000	11

Classification Table[a]

			Predicted		
			SuccessFailure		
	Observed		0	1	Percentage Correct
Step 1	SuccessFailure	0	40	12	76.9
		1	36	35	49.3
	Overall Percentage				61.0

a. The cut value is .500

Variables in the Equation

								95% C.I.for EXP(B)	
		B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
Step 1[a]	SupportSystems	.148	.411	.129	1	.719	1.159	.518	2.592
	Gender(1)	2.100	1.083	3.761	1	.052	8.167	.978	68.209
	NumberChildrenInHome	.967	.425	5.175	1	.023	2.631	1.143	6.053
	Constant	-.215	.359	.358	1	.550	.807		

a. Variable(s) entered on step 1: SupportSystems, Gender, NumberChildrenInHome.

Figure 4. Logistic regression of support systems, gender, and number of children living in home.

Main results

After running descriptive statistics and the Chi-square and/or Fisher's exact tests on all exposures, the results showed that there was an association between exposure, "number of children in home" and the outcome, "success of the Community Response program." The logistic regression determined that "number of children in home" and "gender (males)" of the CR participant increased the likelihood of success within the program. There were no associations between support systems, most common reason for entering, and participants who were at or below the poverty line and success of the CR program. Although these exposures did not show associations, with more evidence and data regarding

these factors, a more accurate relationship could be determined. Although the results for these factors are mostly inconclusive, this does not mean that there is not an overall association present. It simply indicates that an association is unable to be detected in this specific sample. This may be due to the sample size and the low response rate for certain exposures.

Chapter 5: Discussion

Summary

The Sarpy County Community Response program works to share resources, identify challenges and create solutions with the goal of strengthening the protective factors that help families raise happy, healthy children (Lift Up Sarpy County, 2018), and works to strengthen family and community protective factors. I looked within the Community Response program to evaluate how health habits can affect the program's success. Participants that were considered to "succeed" by the end of the program were those that completed the program (within the year timeframe determined for the project) by receiving the necessary assistances they needed and did not have to re-enter the program. Successful participants utilized the assistance to strengthen family protective factors and work towards bettering their everyday lives. Lack of success was determined to be those who did not complete the program and/or did not utilize the services, or those with whom we were unable to follow up.

Key results

While CR has proven to be successful in each of these areas since its launch in 2015, the results specific to my research questions did not prove there was an association for all exposures and success of the program. The associations between gender and success and number of children living in the home and success were shown to be significant. The relationship showing males are more likely to succeed in the program could be due to the small number of males in the program, but the high success rate for them. While the majority of participants were females, nearly every male showed to succeed in the program. The significant association between having two or less kids in the home and success of the program could be largely due to less finances and spending on children and families compared to those with three or more children. Lack of parenting skills could also contribute to this relationship. Every other exposure that was tested for an association using a Chi-square or Fisher's exact test showed no statistical significance, showing no association between all other exposures and success of the Community Response program. This may be due to several issues with sample size, low response rate within some of the exposures, and interpretation of some questions on surveys.

Examining health habits among participants in the Community Response program is a beneficial way to determine how well the program is assisting those in need and keeping children out of the child welfare system. To improve this study, a follow-up of how participants are managing all factors examined today would be beneficial. It would be important to look at how those who were determined to "succeed" in the program are managing their finances, keeping

support systems available, and working to enhance the wellbeing of their families.

Strengths and limitations

One major strength of this study would be the ability to look at different exposures that may or may not be influencing the success of the CR program. While the program enrolls many families each year, there has not been an evaluation of this sort done to examine how well the program is working and if certain exposures are associated with success of the program. Another strength of the study is that the surveys and forms regarding demographics and Flex Funds were given the day of enrollment to ensure the families' needs were examined and accommodated right away. A third strength is the timeframe. The population included families who entered the program from January 2018 to February 2019. Meeting the initial financial needs of families can be done in a short timeframe, so examining a population from one year was beneficial. However, examining additional exposures and family needs might require a longer timeframe, also making this a limitation.

This study shares some similar limitations to previous research studies done on other Community Response programs. To accurately examine the full extent of how these health habits are influencing the success of the CR program, a longer timeframe and/or a follow-up study should be implemented. Additionally, a larger study sample would be beneficial in identifying reasons for success of the program. Similar studies with much larger study samples have shown higher success rates. Another major limitation of this study was the response rate from

participants enrolling. Many participants did not give a response to certain factors such as education level or income. This could have been because it was not applicable to the person enrolling, or it could be related to shame regarding these topics. This limitation could be overcome by conducting interviews rather than allowing participants to self-complete surveys when applying for assistance from the program.

Interpretation

One of the underlying reasons influencing success or failure in this and similar CR programs is centered around financial needs. Each participant enrolling in the program is in need of financial assistance and cannot keep up with everyday expenses. Lift Up Sarpy County and the Community Response program assists these families in an effort to teach them stability in their finances, maintain a strong, healthy home life, and keep their children out of the child welfare system. Examining additional exposures and health habits is beneficial for determining the success of the CR program. Following up with participants who have received the needed funds is an essential component in determining what could improve those who fall on or below the poverty line. Additionally, a more extensive follow-up of study participants may prove possible associations between exposures and success within the CR program.

To better understand how the program is positively impacting families, and to determine why so many families are below the poverty line, it would be beneficial to examine what additional areas their income and other public assistances goes towards. For example, many participants may spend their financial assistances

on alcohol, tobacco, gambling, and other unhealthy habits rather than on medical expenses, healthy food, childcare expenses, etc. Examining these factors could aid in determining how the Community Response program is assisting families and can determine what areas need improvement.

Generalizability

When comparing the Sarpy County Community Response program to other CR programs, they share many similarities. Both CR programs in Colorado and Wisconsin that I examined for comparison were similar to the Sarpy County CR program. All programs have been successful in preventing child maltreatment, strengthening financial wellbeing, working with families on ways to cope with stress, and have all demonstrated an increase in positive behaviors that help prevent child abuse and neglect. Additionally, each program has the intention of connecting families with comprehensive family-focused services (home visits, resource referral, case management, and financial coaching/assistance).

An evaluation of the Colorado Community Response program was similar to the evaluation of the Sarpy County Community Response program that I conducted. The CCR evaluation was done in one year and examined factors that may have been influencing whether families' personal goals were being met. The CCR program showed that over half of their participants in that year had successfully met their individualized goals and continued to engage in services offered from the program. Among these participants, 90% of them reported that the program strengthened relationships within their families, and overall, all participants stated that CCR was responsible for improving conditions for their children.

When comparing my evaluation to those conducted in Colorado and Wisconsin, the study samples were much larger in those states, potentially showing why their success rates were higher. The CCR program evaluated a total of 1,124 families in one year, whereas my evaluation included only 123 families. The population the CCR program worked with was much larger compared to the population in Sarpy County. Increasing this sample size could identify more risk factors and improve success rates.

While all CR programs aim to reduce the number of children referred to Child Protective Services, evaluations done in Colorado and Wisconsin identified additional factors that may be affecting the success of their programs. Additional factors examined by these programs included substance abuse, mental health issues, and lack of parenting skills. The Wisconsin program also examined family factors such as violence in the home, parenting stress, and child-parent relationships (Bakken, et. al., 2014). The Sarpy County Community Response program works to engage at-risk families with other community services, however, with my specific project, this was not examined. To further understand how engaging families and additional community services and programs helps to reduce the number of CPS referrals, this would need to be examined as an additional component. Because of this, my evaluation may not be generalizable to all populations without these implementations.

References

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