

Evaluating Family Engagement in Title V MCH and CYSHCN Programs

From late 2014 through early 2015, the Association of Maternal & Child Health Programs (AMCHP) conducted a nationwide survey about family engagement in Title V maternal and child health (MCH) and children and youth with special health care needs (CYSHCN) programs. Out of 59 states and territories with Title V funding, 68 percent of MCH programs (40) and 75 percent of CYSHCN programs (44) responded.¹ The survey results reflect the perspectives of responding Title V programs about the range, depth, and effectiveness of strategies to engage families in program planning and improvement activities. A full picture of family engagement in Title V programs requires the views of families and family organizations as well. The survey is intended as a starting point for further work by AMCHP with its state and national partners to drive practice and policy change to support meaningful family engagement in Title V programs. This report shares methods for evaluating family engagement as well as barriers and benefits to engaging families.

Methods for Evaluating Family Engagement

The survey data corroborate anecdotal reports that evaluation of family engagement efforts is an underdeveloped area of program improvement, and that Title V programs recognize a need to develop their capacity in this regard. From a list of family engagement-related training and technical assistance topics, “methods to evaluate the extent, impact, and effectiveness of family engagement” ranks among the top two needs identified by CYSHCN programs and in the top four identified by MCH programs; 47 percent (17) of MCH and 63 percent (25) of CYSHCN respondents reported needing assistance with evaluation of family engagement.

Nearly twice as many MCH respondents as CYSHCN respondents report having no method to evaluate the impact and effectiveness of their programs’ family



engagement activities. The most common method used by both programs is participant satisfaction surveys. More than twice as many CYSHCN as MCH respondents use data from outside family organizations for this purpose. While similar percentages from both programs report using internal self-assessments without family participation, the percentage of CYSHCN respondents reporting that families are involved in internal self-assessments is more than double that of MCH respondents. CYSHCN programs also are more likely to use external review or assessment by families, youth, advisory groups, or family organizations as a method of evaluating family engagement.

Only four states indicated that their Title V programs use a comprehensive approach to evaluation with standardized indicators of family engagement.

¹Total n for individual survey items varies due to skip patterns and nonresponses.

Response Rates by Region

Evaluation Method	MCH % (n)	CYSHCN % (n)
No evaluation methods	31 (11)	15 (6)
Participant satisfaction surveys	47 (17)	70 (28)
Data from outside family organizations	25 (9)	60 (24)
Internal self-assessment – program staff not including families	22 (8)	20 (8)
Internal self-assessment – program staff including families	19 (7)	45 (18)
External review/assessment by families, youth, advisory groups or family organizations	8 (3)	25 (10)
Comprehensive approach to evaluation with standardized indicators of family engagement across programs within agency	3 (1)	8 (3)

NOTE: Percentages based on 36 MCH responses and 40 CYSHCN responses this question.

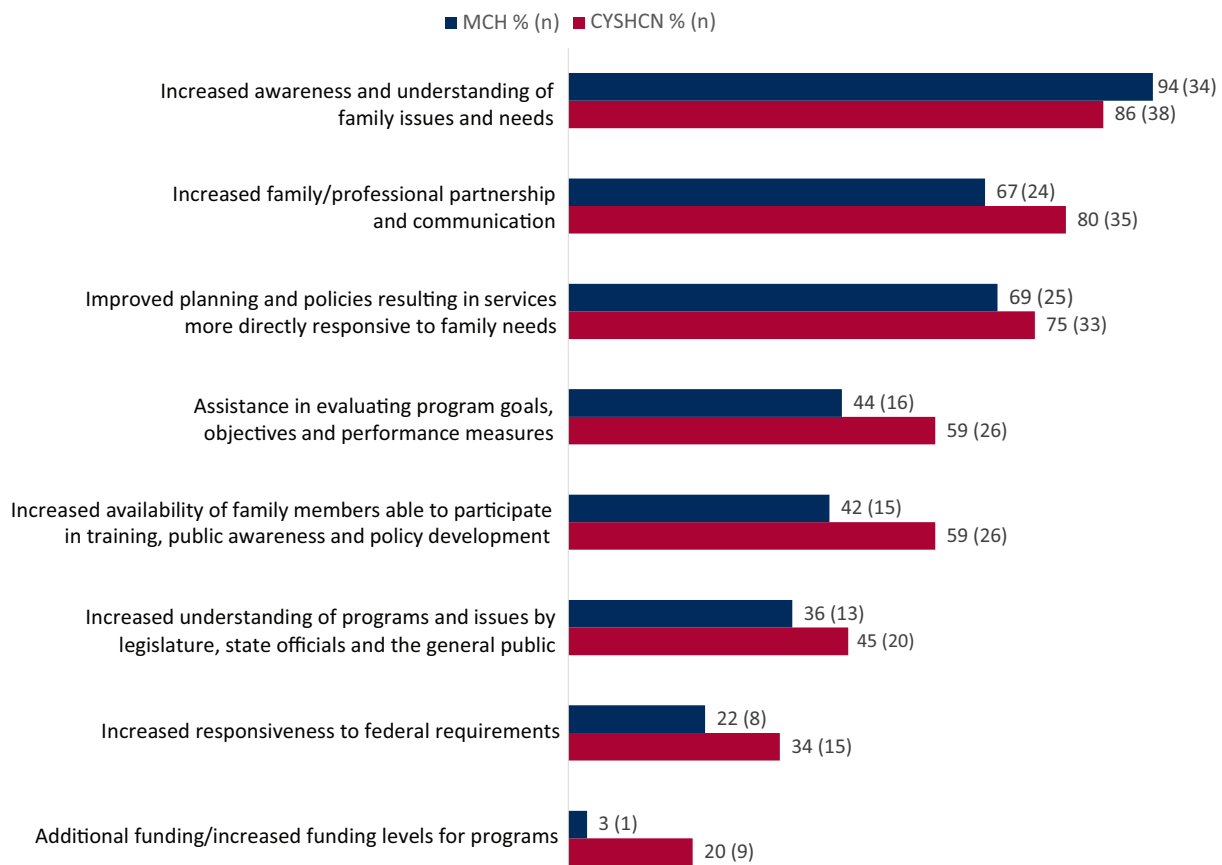
Effects of Family Engagement: Benefits and Barriers

Benefits of Family Engagement

Respondents were asked about noticeable or tangible benefits their programs had experienced as a result of family engagement. They were prompted to consider only benefits their programs had actually experienced, not theoretical benefits. The top three benefits identified by both MCH and CYSHCN respondents are:

- Heightened awareness and understanding of family issues and needs
- Increased family/professional partnerships and communication
- Improved planning and policies resulting in services more directly responsive to family needs

Perceived Benefits of Family Engagement



NOTE: Percentages based on 36 MCH responses and 44 CYSHCN responses this question.

What specific program areas or issues have received the biggest benefit from family engagement?
(Only program areas/issues identified by multiple respondents are included here. Numbers of mentions are in parentheses.)

MCH Respondents	CYSHCN Respondents
Care coordination and navigating system of care (11) CYSHCN (includes specific CYSHCN program planning and system improvement activities) (10) Adolescent health (6) Medical home (6) WIC (6) Emergency preparedness (3) Newborn Screening/Newborn Hearing Screening (3) Safe sleep (3) Transition (3) Early Intervention (2) Perinatal health/improving pregnancy outcomes (2) Child health (2)	CYSHCN (includes specific CYSHCN program planning and system improvement activities) (14) Medical home (13) Family support programs/networks (11) Care coordination (10) Transition (8) Emergency preparedness (5) Newborn Screening/Newborn Hearing Screening (5) Early Intervention (2) Safe Sleep (2) WIC (2)

Respondents were also asked to identify specific program areas or issues that have experienced the biggest benefits from family engagement. (Chart above.) This question was open-ended, and respondents were free to list as many program areas or issues as they wished. Responses were submitted by 24 MCH and 34 CYSHCN programs.

- Recruiting representation across geographic areas or from those in remote areas
- Recruiting culturally diverse families
- Identifying family representatives
- Lack of resources or methods to pay family participants for time or expenses
- Keeping family members involved over time

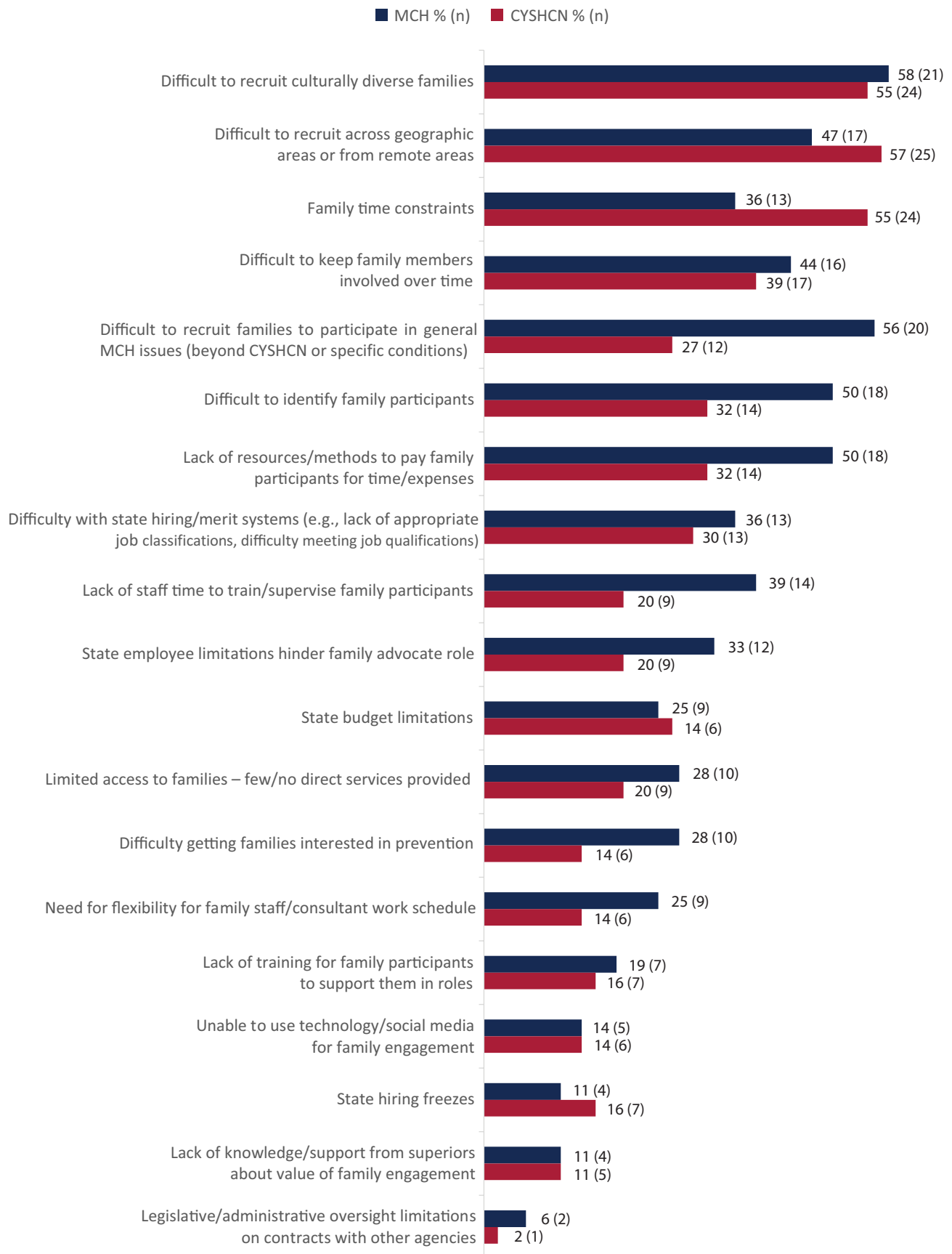
Barriers to Family Engagement

As with benefits, respondents were asked to identify barriers to family engagement that their programs had actually experienced (as opposed to theoretical difficulties). The top difficulties experienced by both MCH and CYSHCN programs include:

Family time constraints also rank among the top barriers identified by CYSHCN respondents. For MCH respondents, recruiting families to participate in more general MCH issues (beyond CYSHCN or condition-specific committees) is the second-most often identified challenge.



Perceived Barriers to Family Engagement



NOTE: Percentages based on 36 MCH responses and 44 CYSHCN responses to this question.



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