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.
Effect 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

Response Rates by Region

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

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

The bar graph shows the percentage of respondents who perceived various benefits from family engagement. The bars are color-coded for MCH and CYSHCN responses.

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

### 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:

- 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

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

- Difficult to recruit culturally diverse families: 58 (21)% MCH; 55 (24)% CYSHCN
- Difficult to recruit across geographic areas or from remote areas: 47 (17)% MCH; 57 (25)% CYSHCN
- Family time constraints: 36 (13)% MCH; 55 (24)% CYSHCN
- Difficult to keep family members involved over time: 44 (16)% MCH; 39 (17)% CYSHCN
- Difficult to recruit families to participate in general MCH issues (beyond CYSHCN or specific conditions): 56 (20)% MCH; 27 (12)% CYSHCN
- Difficult to identify family participants: 32 (14)% MCH; 50 (18)% CYSHCN
- Lack of resources/methods to pay family participants for time/expenses: 32 (14)% MCH; 50 (18)% CYSHCN
- Difficulty with state hiring/merit systems (e.g., lack of appropriate job classifications, difficulty meeting job qualifications): 36 (13)% MCH; 30 (13)% CYSHCN
- Lack of staff time to train/supervise family participants: 20 (9)% MCH; 39 (14)% CYSHCN
- State employee limitations hinder family advocate role: 20 (9)% MCH; 33 (12)% CYSHCN
- State budget limitations: 25 (9)% MCH; 14 (6)% CYSHCN
- Limited access to families – few/no direct services provided: 20 (9)% MCH; 28 (10)% CYSHCN
- Difficulty getting families interested in prevention: 14 (6)% MCH; 28 (10)% CYSHCN
- Need for flexibility for family staff/consultant work schedule: 14 (6)% MCH; 25 (9)% CYSHCN
- Lack of training for family participants to support them in roles: 19 (7)% MCH; 16 (7)% CYSHCN
- Unable to use technology/social media for family engagement: 14 (5)% MCH; 14 (6)% CYSHCN
- State hiring freezes: 11 (4)% MCH; 16 (7)% CYSHCN
- Lack of knowledge/support from superiors about value of family engagement: 11 (4)% MCH; 11 (5)% CYSHCN
- Legislative/administrative oversight limitations on contracts with other agencies: 6 (2)% MCH; 2 (1)% CYSHCN

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