

**Agenda Item 9
December 2, 2015**

DATE: November 16, 2015

TO: Children and Families Commission of Orange County

FROM: Christina Altmayer, Executive Director

SUBJECT: Executive Officer's Report

ACTION: Receive Executive Officer's Report

A. Quarterly Investment Report

The Quarterly Investment Report (Attachment 1) for July through September 2015 was prepared by the Orange County Treasurer.

B. Monthly Strategic Communications Report

Curt Pringle & Associates provides strategic communications services in the areas of legislative advocacy, community partnership, and public awareness. The Strategic Communications Activities Reports for October and November are included as Attachments 2 and 3.

C. Prevention Early Intervention

The Commission approved funding for the Prevention Early Intervention Program at the October 2015 meeting and is scheduled for implementation for January 2016. The program will focus on providing family strengthening services to families that have at least one child age 0-5, have an initial child abuse report, and who will not receive any services from the Orange County Social Service Agency. The final step to beginning services is the approval of a Memorandum of Understanding (MOU) between the Social Service Agency, Commission, Community Service Providers and the Children's Data Network. The MOU will establish a multi-disciplinary team that will be allowed access to confidential data. Children's Home Society and the Community Service Providers are preparing for a start date of on or about January 15, 2016. Additionally, Dr. Emily Putnam-Hornstein will be presenting the evaluation design to the community service providers, Social Service Agency representatives, Orange County Health Care Agency representatives, and Commission staff on December 3, 2015.

D. First 5 IMPACT (Improve and Maximize Programs so All Children Thrive) Update

First 5 California approved First 5 IMPACT, a statewide program to support a network of local quality improvement systems for early learning settings. Orange County is eligible to receive a total of approximately \$5.1 million over the next five years. There are two phases to the application process. The application for the first phase was submitted in August 2015. The second phase is due December 11, 2015. The Commission and the OCDE are collaborating on the application with a goal to strengthen the regional system of support and targeting family child care providers, and children and families that are not in any formal or informal care. The Orange County Department of Education (OCDE) implements the county's Quality Rating and Improvement System (QRIS). The intent is to use the QRIS as a guide to inform quality improvement investments and to ensure integration and coordination across systems.

E. Children's Mental Health

County stakeholders continue to be engaged in the further development of early childhood mental health implementation strategies, as considered by the Commission at the June 2015 planning meeting and September 2015 Commission meeting. A key priority has been that the proposed Commission investment would be aligned with broader mental health planning efforts in the county. Current efforts include the CHOC Children's Behavioral Health System of Care planning and Orange County's "Healthier Together" Health Improvement Plan. The early childhood mental health strategies are recommended to be considered as part of the potential Intergovernmental Transfer (IGT) opportunities. A project update will be provided in conjunction with the Commission's February 2016 regularly scheduled meeting.

F. MOMS Orange County Journal Article

MOMS Orange County's research manuscript "A Community-Based Home Visitation Program's Impact on Birth Outcomes" (Attachment 4) was accepted for publication by The American Journal of Maternal Child Nursing. MOMS collaborated with the University of California Irvine Nursing Science Program for over two-years to develop the manuscript that is expected was published this month. Commendments to the team for writing an excellent manuscript which will now have an opportunity to influence nurses and nursing practice. The Commission has been a long time funder of MOMS Orange County as a key partner in the Bridges Maternal Child Network providing home visitation and supportive services to pregnant mothers including health coordination, education and connections to community services.

G. STEM Conference

The Commission was part of a team that represented the OC STEM Initiative at the first national STEM Community of Practice Convening. Orange County was one of 27 local and regional networks for STEM learning that came together to exchange strategies for building all students' STEM knowledge and expertise through multi-sector "ecosystems" that bring together schools, out of school programs, businesses, institutions of higher education and STEM-rich institutions such as museums. On the second day of the two-day summit attendees met with White House officials to discuss equitable STEM education and federal STEM policies. The 27 STEM Learning Ecosystems that gathered in Washington, D.C. represent the inaugural group selected by the STEM Funders Network for support as part of a larger commitment that is targeted to grow 100 ecosystems in three years. The conversations demonstrated that the Commission is leading work nationally to incorporate the early learning community in STEM initiatives.

ATTACHMENTS:

1. Quarterly Investment Report - July 1, 2015 through September 30, 2015
2. Strategic Communications Report for October 2015
3. Strategic Communications Report for November 2015
4. MOM's Orange County's research manuscript "A Community-Based Home Visitation Program's Impact on Birth Outcomes"

Children & Families Commission of Orange County
Quarterly Investment Report
July 1, 2015 through September 30, 2015

OVERVIEW

Pursuant to the Commission's Investment Policy Statement dated May 6, 2015, the Treasurer submits this Quarterly Investment Report to the Commission. This Investment Report summarizes investment activities for the Commission for the three-month period from July 1 through September 30, 2015.

The Commission has invested 100% of its funds in the Orange County Investment Pool (OCIP). All funds are managed by the Office of the Orange County Treasurer.

Orange County Investment Pool

The primary goal of the OCIP is to invest public funds in a manner which will provide the maximum security of principal invested with secondary emphasis on providing adequate liquidity to Pool Participants and lastly to achieve a market rate of return. The Commission's investment in the OCIP as of September 30, 2015 totaled \$53,481,739.

PORTFOLIO PERFORMANCE SUMMARY – QUARTERLY

The following table presents an overview of the Commission's investments for the months of July, August and September 2015. The net yield for fiscal year 2015/2016 is 0.51%, net of the investment administrative fee of seven basis points.

Month Ended	Commission's Month End Balance	Commission's Monthly Gross Yield	OCIP Market Value	OCIP Book Value	Average Days to Maturity
July	\$50,949,354	0.54%	\$3,247,548,636	\$3,245,411,413	416 days
August	\$53,821,834	0.57%	\$3,251,252,747	\$3,250,802,129	405 days
September	\$53,481,739	0.64%	\$3,219,429,503	\$3,214,700,535	448 days

ECONOMIC UPDATE

From July through September, the U.S. economy continued its steady economic growth. The job market added 245,000 new jobs in July, 136,000 in August, and 142,000 in September. The unemployment rate was 5.3% in July, 5.1% in August and 5.1% in September. U.S. gross domestic product (GDP) increased at a 3.9% annualized rate in the second quarter of 2015, up from the previous quarter's rate of 0.6%. S&P/CaseShiller reported that housing prices continue to show positive momentum as year-over-year prices increased for the thirty-eighth consecutive month in July, up 5.0% from a year ago. The index for pending home sales increased 6.7% on a year-over-year basis in August. The Federal Reserve met twice during the quarter leaving their target rate of 0 to ¼ percent for the Federal Funds rate unchanged.

Rates on short-term and long-term Treasuries decreased as investors pushed back their expectations for an increase in the Federal Reserve's target interest rate. The 10-year Treasury ended the quarter at 2.04%, down from 2.35% at the end of the previous quarter.

U.S. Treasury Yield Curve: The Treasury 3-Month and the 2, 5, 10, and 30 year yields all decreased during the Quarter Ended September 30, 2015.

	Quarter Ended September 30, 2015	Quarter Ended June 30, 2015
3-Month	-0.02%	0.01%
2-Year	0.63%	0.65%
5-Year	1.36%	1.65%
10-Year	2.04%	2.35%
30-Year	2.85%	3.12%

Source: Bloomberg World Markets

COMPLIANCE MONITORING

As of September 30 2015, 100% of the holdings of the Commission are in compliance with the Commission's Investment Policy Statement dated May 6, 2015. Further, OCIP had no compliance exceptions for the three months ending September 2015. The Treasurer is audited regularly by the County Internal Audit Department (IAD) (merged into the Auditor-Controller on August 21, 2015) and the Auditor-Controller Internal Audit unit (ACIA). The ACIA and the IAD issued five audit reports during the third quarter of 2015 and all five reports were provided to the Board of Supervisors as part of the Treasurer's Monthly Investment Report. The reports are:

New Audit Reports

- The ACIA Report on Review of the Schedule of Assets Held by the County Treasury as of December 31, 2014 stated that no material modifications needed to be made to the financial statements prepared on a modified cash basis.
- IAD issued the Required Annual Examination of the Treasurer's Investment Compliance with Government Code and County Investment Policies for the Year Ended December 31, 2014, and found that the Treasurer-Tax Collector complied in all material respects with the noted California Government Code and Investment Policy Statement requirements.
- The ACIA report of the Schedule of Assets Held by the County Treasury as of March 31, 2015 stated that no material modifications needed to be made to the financial statements prepared on a modified cash basis.
- The ACIA Report on Continuous Compliance Auditing of the Treasury Investment Portfolio for the Quarter Ended March 31, 2015 identified no compliance exceptions.
- The ACIA Report on Continuous Compliance Auditing of the Treasury Investment Portfolio for the Quarter Ended June 30, 2015 identified one compliance exception. This report stated that the Treasurer reported this compliance exception in the Treasurer's Monthly Investment Report as of June 30, 2015, and that the Treasurer has implemented controls to prevent a similar occurrence in the future.

We have attached the Investment Policy and Treasury Oversight Committee Compliance Summary as reported in the Treasurer's Monthly Report for the months of July, August and September, 2015 (Attachment B). This summary tracks compliance in a variety of areas.

PORTFOLIO HOLDINGS OF DEBT ISSUED BY POOL PARTICIPANTS

Under guidelines outlined in the County's current IPS, the County Treasurer may invest in A or above rated securities issued by municipalities. Municipal debt issued by the County of Orange is exempt from this credit rating requirement. OCIP may invest no more than 5% of pool assets in any one issuer, with the exception of the County of Orange which has a 10% limit. OCIP has a total market value of \$12.7 million in AA- rated County of Orange debt, which represents approximately 0.40% of assets. Prior to purchasing any pool participant debt, a standardized credit analysis is performed.

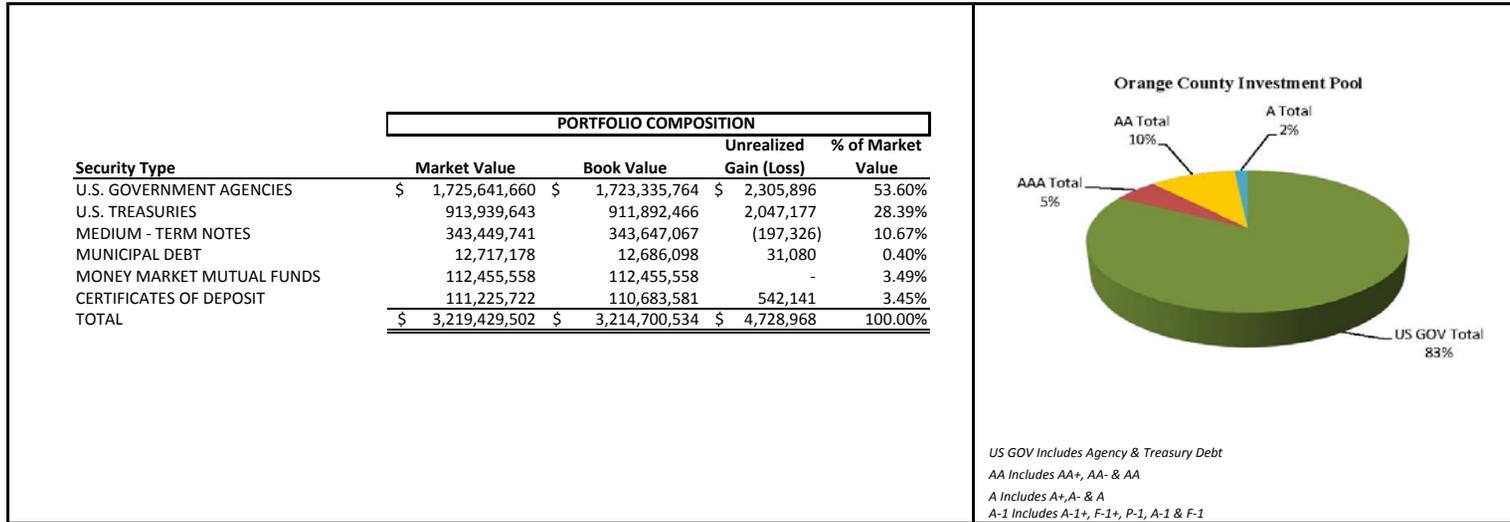
STATEMENT OF ACTIVITY

We have included the Statement of Activity for the months of July, August, and September 2015 (Attachment C). These Statements report the beginning and ending balances of the Commission's funds invested in the OCIP. All deposits, withdrawals, investment earnings, and administrative fees for the reporting period are also posted. The Commission's month-end balances for July, August, and September were \$50,949,354, \$53,821,834, and \$53,481,739 respectively.

Attachments:

- A. Orange County Investment Pool Summary
- B. Investment Policy and Treasury Oversight Committee Compliance Summary for July, August, and September 2015
- C. Statement of Activity for the months of July, August, and September 2015

**ORANGE COUNTY TREASURER-TAX COLLECTOR
ORANGE COUNTY INVESTMENT POOL
INVESTMENT POOL SUMMARY
AT SEPTEMBER 30, 2015**



SUMMARY OF INVESTMENT DATA							
INVESTMENT TRENDS							
	SEPTEMBER 2015	AUGUST 2015	INCREASE (DECREASE)	NET CHANGE %	SEPTEMBER 2014	INCREASE (DECREASE)	NET CHANGE %
Orange County Investment Pool (OCIP)							
End Of Month Market Value ¹	\$ 3,219,429,503	\$ 3,251,252,747	(31,823,244)	-0.98%	\$ 3,051,215,673	\$ 168,213,830	5.51%
End Of Month Book Value	\$ 3,214,700,535	\$ 3,250,802,129	(36,101,594)	-1.11%	\$ 3,051,236,048	\$ 163,464,487	5.36%
Monthly Average Balance	\$ 3,253,609,575	\$ 3,232,165,571	21,444,004	0.66%	\$ 3,071,400,622	\$ 182,208,953	5.93%
Year-To-Date Average Balance	\$ 3,297,967,669	\$ 3,320,146,717	(22,179,048)	-0.67%	\$ 3,100,325,515	\$ 197,642,154	6.37%
Monthly Accrued Earnings ²	\$ 1,718,576	\$ 1,579,611	138,965	8.80%	\$ 1,077,017	\$ 641,558	59.57%
Monthly Net Yield ²	0.57%	0.51%	0.07%	13.30%	0.35%	0.22%	63.82%
Year-To-Date Net Yield ²	0.51%	0.48%	0.03%	6.25%	0.34%	0.18%	51.63%
Annual Estimated Gross Yield ³	0.55%	0.55%	0.00%	0.00%	0.41%	0.14%	34.15%
Weighted Average Maturity (WAM) ⁴	448	405	43	10.65%	448	0	0.03%

¹ Market values provided by Bloomberg and Northern Trust.

² In September 2015, OCIP monthly accrued earnings and monthly, year-to-date net yields were higher than September 2014 and August 2015, primarily due to reductions in excess liquidity and improved cash management resulting in higher pool yields.

³ Annual estimated gross yield for September 2014 is reported at the actual annual gross yield for FY 14/15, and the annual estimated gross yields for September 2015 are reported at the latest forecasted yield. Annual estimated gross yield for FY 15/16 is higher than FY 14/15 due to reductions in excess liquidity and improved cash management while maintaining the same high quality of securities.

⁴ In September 2015, OCIP WAM was higher than in August 2015, primarily due to more investment in slightly longer maturities as part of a planned program to reduce significant excess liquidity.

**ORANGE COUNTY TREASURER-TAX COLLECTOR
INVESTMENT POLICY (IPS) AND TREASURY OVERSIGHT COMMITTEE (TOC) COMPLIANCE SUMMARY
July 31, 2015**

COMPLIANCE CATEGORY	PERFORMED BY	REGULATORY/POLICY GUIDELINES	CURRENT STATUS
Annual Compliance Audit	IA	Performance Evaluation-Cal Govt. Code 27134	Annual audit of calendar year 2014 in process.
Quarterly Schedule of Assets Review	AC	Performance Evaluation-Cal Govt. Code 26920(a)	Quarter ended September 30, 2014 completed. December 31, 2014 in process. March 31, 2015 in process.
Annual Schedule of Assets Audit	AC	Performance Evaluation-Cal Govt. Code 26920(b)	Annual audit as of June 30, 2015 in process.
Quarterly Continuous Compliance Auditing	AC	TOC Directive	Quarter ended March 31, 2015 in process.
Treasury Administrative Fee	TTC	Compensation Agreement-Cal Govt. Code 27013	Annual review of fees for FY 13/14 completed.
Annual Broker/Dealer Review	TTC	Authorized Financial Dealers and Qualified Institutions	Calendar Year 2014 completed.
Annual Broker/Dealer IPS Certification	TTC	Authorized Financial Dealers and Qualified Institutions	All 2014 IPS certifications received.
IPS Compliance Deficiencies	TTC	Investment/Diversification/Maturity Restrictions	TTC identified one compliance incident for FY 14/15. FY 15/16 identified zero compliance incidents as of July 31, 2015.
TOC Bylaw Changes	BOS	TOC Review and BOS Annual Approval	TOC reviewed Bylaws and made no changes at the October 22, 2014 meeting. No BOS approval required.
Annual IPS Approval	BOS	TOC Review and BOS Annual Approval	October 22, 2014 changes approved by BOS on December 16, 2014.
TOC Annual Report	BOS	TOC Bylaws Rule 30 - Oral and Written Report	TOC 2014 Annual Report was presented to BOS on March 10, 2015.
Broker/Financial Institution List	TTC	OC Gift Ban Ordinance and Form 700	TOC members were provided a list of active TTC Broker/Dealers and Financial Institutions by email on March 11, 2015.
Certificates of Compliance	TTC	TOC Bylaws Rule 34 - Annual	TOC members are in compliance for 2015.
Ethics Training	TTC	TOC Bylaws Rule 34 - Every Two Years	TOC members are in compliance for Calendar Year 2014.
Conflict of Interest Form 700 Filing	TTC	TOC Bylaws Rule 34 / IPS - Every Year	TOC members are in compliance for Calendar Year 2014.

LEGEND	
Auditor-Controller Internal Audit	AC
Board of Supervisors	BOS
Internal Audit Department	IA
Treasury Oversight Committee	TOC
Office of Treasurer-Tax Collector	TTC

**ORANGE COUNTY TREASURER-TAX COLLECTOR
INVESTMENT POLICY (IPS) AND TREASURY OVERSIGHT COMMITTEE (TOC) COMPLIANCE SUMMARY
August 31, 2015**

COMPLIANCE CATEGORY	PERFORMED BY	REGULATORY/POLICY GUIDELINES	CURRENT STATUS
Annual Compliance Audit	IA	Performance Evaluation-Cal Govt. Code 27134	Annual audit of calendar year 2014 completed.
Quarterly Schedule of Assets Review	AC	Performance Evaluation-Cal Govt. Code 26920(a)	Quarter ended December 31, 2014 completed. March 31, 2015 in process.
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Treasury Administrative Fee	TTC	Compensation Agreement-Cal Govt. Code 27013	Annual review of fees for FY 13/14 completed.
Annual Broker/Dealer Review	TTC	Authorized Financial Dealers and Qualified Institutions	Calendar Year 2014 completed.
Annual Broker/Dealer IPS Certification	TTC	Authorized Financial Dealers and Qualified Institutions	All but two 2015 IPS certifications received. Reviewing the two non-compliant brokers for removal from the list of approved brokers.
IPS Compliance Deficiencies	TTC	Investment/Diversification/Maturity Restrictions	TTC identified one compliance incident for FY 14/15 in JWA Pool. FY 15/16 identified zero compliance incidents as of August 31, 2015.
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Auditor-Controller Internal Audit	AC
Board of Supervisors	BOS
Internal Audit Department	IA
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**ORANGE COUNTY TREASURER-TAX COLLECTOR
INVESTMENT POLICY (IPS) AND TREASURY OVERSIGHT COMMITTEE (TOC) COMPLIANCE SUMMARY
September 30, 2015**

COMPLIANCE CATEGORY	PERFORMED BY	REGULATORY/POLICY GUIDELINES	CURRENT STATUS
Annual Compliance Audit	IA	Performance Evaluation-Cal Govt. Code 27134	Annual audit of calendar year 2014 completed.
Quarterly Schedule of Assets Review	AC	Performance Evaluation-Cal Govt. Code 26920(a)	Quarter ended March 31, 2015 completed. September 30, 2015 in process.
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Board of Supervisors	BOS
Internal Audit Department	IA
Treasury Oversight Committee	TOC
Office of Treasurer-Tax Collector	TTC



COUNTY OF ORANGE
OFFICE OF THE TREASURER-TAX COLLECTOR

Shari L. Freidenrich, CPA, CCMT, CPFA, ACPFIM
 P. O. BOX 4515
 SANTA ANA, CA 92702-4515

ocgov.com/ocinvestments

July 31, 2015

ORANGE COUNTY CHILDREN AND FAMILIES COMMISSION

Attn: Christina Altmayer, Executive Director
 1505 E. 17th Street, Suite 230
 Santa Ana, CA 92705

Monthly Apportionment Gross Yield: 0.536%
Administration Fee: -0.070%
 Monthly Apportionment Net Yield: 0.466%

Fund Number : 225

JULY 2015 STATEMENT

CASH IN TREASURY

Transactions

Transaction Date	Transaction Description	Tran Type	Authorized Signer	Amount
07/01/15	June 2015 Admin Fee	AF		\$ (2,946.36)
07/14/15	June 2015 Interest	IN		\$ 22,963.39

Summary

Total Deposit:	\$ 198,349.89	Beginning Balance:	\$ 51,881,841.84
Total Withdrawal:	\$ (1,130,837.57)	Ending Balance:	\$ 50,949,354.16

ACCRUED INVESTMENT INCOME

Transactions

Transaction Date	Transaction Description	Tran Type	Authorized Signer	Amount
07/14/15	June 2015 Interest	IN		\$ (22,963.39)
08/03/15	July 2015 Interest	IN		\$ 23,603.85

Summary

Total Accrual:	\$ 23,603.85	Beginning Balance:	\$ 22,963.39
Total Payment:	\$ (22,963.39)	Ending Balance:	\$ 23,603.85



COUNTY OF ORANGE
OFFICE OF THE TREASURER-TAX COLLECTOR

Shari L. Freidenrich, CPA, CCMT, CPFA, ACPFIM
 P. O. BOX 4515
 SANTA ANA, CA 92702-4515

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August 31, 2015

ORANGE COUNTY CHILDREN AND FAMILIES COMMISSION

Attn: Christina Altmayer, Executive Director
 1505 E. 17th Street, Suite 230
 Santa Ana, CA 92705

Monthly Apportionment Gross Yield: 0.566%
Administration Fee: -0.070%
 Monthly Apportionment Net Yield: 0.496%

Fund Number : 225

AUGUST 2015 STATEMENT

CASH IN TREASURY

Transactions

Transaction Date	Transaction Description	Tran Type	Authorized Signer	Amount
08/03/15	July 2015 Admin Fee	AF		\$ (3,072.68)
08/03/15	FY 2014 Admin Fee Rebate	AF		\$ 1,624.49
08/12/15	July 2015 Interest	IN		\$ 23,603.85
08/25/15	FY 2014 Interest Rebate	IN		\$ 8.25

Summary

Total Deposit:	\$ 56,364,739.01	Beginning Balance:	\$ 50,949,354.16
Total Withdrawal:	\$ (53,492,259.48)	Ending Balance:	\$ 53,821,833.69

ACCRUED INVESTMENT INCOME

Transactions

Transaction Date	Transaction Description	Tran Type	Authorized Signer	Amount
08/12/15	July 2015 Interest	IN		\$ (23,603.85)
09/01/15	August 2015 Interest	IN		\$ 26,247.09

Summary

Total Accrual:	\$ 26,247.09	Beginning Balance:	\$ 23,603.85
Total Payment:	\$ (23,603.85)	Ending Balance:	\$ 26,247.09



COUNTY OF ORANGE
OFFICE OF THE TREASURER-TAX COLLECTOR

Shari L. Freidenrich, CPA, CCMT, CPFA, ACPFIM
P. O. BOX 4515
SANTA ANA, CA 92702-4515

ocgov.com/ocinvestments

September 30, 2015

ORANGE COUNTY CHILDREN AND FAMILIES COMMISSION

Attn: Christina Altmayer, Executive Director
1505 E. 17th Street, Suite 230
Santa Ana, CA 92705

Monthly Apportionment Gross Yield: 0.641%
Administration Fee: -0.070%
Monthly Apportionment Net Yield: 0.571%

Fund Number : 225

SEPTEMBER 2015 STATEMENT

CASH IN TREASURY

Transactions

Transaction Date	Transaction Description	Tran Type	Authorized Signer	Amount
09/01/15	August 2015 Admin Fee	AF		\$ (3,234.71)
09/15/15	August 2015 Interest	IN		\$ 26,247.09

Summary

Total Deposit:	\$ 2,446,812.62	Beginning Balance:	\$ 53,821,833.69
Total Withdrawal:	\$ (2,786,907.27)	Ending Balance:	\$ 53,481,739.04

ACCRUED INVESTMENT INCOME

Transactions

Transaction Date	Transaction Description	Tran Type	Authorized Signer	Amount
09/15/15	August 2015 Interest	IN		\$ (26,247.09)
10/01/15	September 2015 Interest	IN		\$ 28,368.46

Summary

Total Accrual:	\$ 28,368.46	Beginning Balance:	\$ 26,247.09
Total Payment:	\$ (26,247.09)	Ending Balance:	\$ 28,368.46



To: Kelly Pijl, Communications and Policy Director
Children and Families Commission of Orange County

From: Todd Priest, Vice President
Curt Pringle & Associates

Date: October 28, 2015

Subject: October 2015 Strategic Communications Summary Report

The following is a summary of activities that were provided by Curt Pringle & Associates to the Children and Families Commission of Orange County for the month of October, 2015.

Legislative Advocacy

Board of Equalization Administrative Fees

- The State Auditor continues to conduct its review of the BOE's tobacco and licensing programs. Their report is expect to be released first quarter of 2016.

State Legislation Update

- Two bills (ABX2 11 & SBX2 10) are still pending that would increase the tobacco retailer licensing fee from \$100 to \$265, as well as establish an annual licensing renewal fee of \$265. Funds would be used to offset the current shortfall in the licensing and enforcement program, which is impacting the Commission's administrative costs.
- Governor Brown signed AB 216, making it unlawful to sell or furnish e-cigarettes to persons under the age of 18. Existing law only prohibited selling or furnishing e-cigarettes to minors if the device contained a nicotine cartridge.
- SB 151, which would raise the minimum age from 18 to 21 to purchase or consume tobacco has been approved by the Senate and is pending in the Assembly. The bill is supported by the First 5 Association and First 5 California. Recently Hawaii became the first state to raise the minimum age to 21.
- AB 47, which requires children who are not enrolled in transitional kindergarten by June 2018 to have access to the California State Preschool Program the year prior to them entering kindergarten, has been vetoed by the Governor. In his veto message the Governor stated the issue should be dealt with as part of the State Budget, without arbitrary deadlines.

Statewide Initiatives Update

- *Vaccinations Referendum – Failed to Qualify*
A referendum to overturn SB 277, the elimination of the “personal beliefs” exemption for public school immunization requirements has failed to qualify for the statewide ballot.
- *Tobacco Taxes*
The California Medical Association, American Lung Association, and a state employee union (SEIU) continue to gather signature to qualify an initiative that would add an additional \$2 tax on each pack of cigarettes. They are circulating several initiatives, all of which include a back-fill provision for Proposition 10. They have until 1/05/16 to submit 365,880 valid signatures.
- *Property Tax to Reduce Property*
An initiative to increase taxes on properties valued over \$3 million has begun gathering signatures. The property tax increase would range between .08% to 1%. Revenue from the new property tax would be used to fund early childhood education and childcare efforts, among other programs. Local planning groups, with First 5 Commission participation, would be established.

Briefings

- Working with Commission staff, the following cities and school districts have been identify for in-person Commission briefings over the next 12 months:
 - Supervisorial District 1: Garden Grove
Santa Ana Unified School District
 - Supervisorial District 2: Stanton
Ocean View School District
 - Supervisorial District 3: Yorba Linda
Placentia-Yorba Linda Unified School District
 - Supervisorial District 4: La Habra
La Habra City School District
 - Supervisorial District 5: Laguna Niguel
Irvine Unified School District

Public Awareness

- CP&A continues to prepare for the 2016 *Essentials For Young Lives* campaign.



To: Kelly Pijl, Communications and Policy Director
Children and Families Commission of Orange County

From: Todd Priest, Vice President
Curt Pringle & Associates

Date: November 17, 2015

Subject: November 2015 Strategic Communications Summary Report

The following is a summary of activities that were provided by Curt Pringle & Associates to the Children and Families Commission of Orange County for the month of October, 2015.

Legislative Advocacy

Board of Equalization Administrative Fees

- The State Auditor continues to conduct its review of the BOE's tobacco and licensing programs. Their report is expect to be released first quarter of 2016.

State Legislation Update

The State Legislature is on recess until January 4, 2016.

- New Leadership have been elected:

Assembly: Effective January 2016, Anthony Rendon (D-Lakewood) will replace Toni Atkins (D-San Diego as Assembly Speaker. Chad Mayes (R-Yucca Valley) will replace Kristin Olsen (R- Modesto) as Assembly Republican Leader.

Senate: Jean Fuller (R-Bakersfield) has replaced Bob Huff (R-Diamond Bar) as Senate Republican Leader. Kevin de Leon (D-Los Angeles) will continue to serve as Senate Pro Tem.

- ABX2 11 & SBX2 10 are still pending and are likely to be brought up again early 2016. They would increase the tobacco retailer licensing fee from \$100 to \$265, as well as establish an annual licensing renewal fee of \$265. Funds would be used to offset the current shortfall in the licensing and enforcement program, which is impacting the Commission's administrative costs.
- Still pending - SB 151 would raise the minimum age from 18 to 21 to purchase or consume tobacco has been approved by the Senate and is pending in the Assembly.

Statewide Initiatives

Qualified:

State Fees on Hospitals. Federal Medi-Cal Matching Funds Hospital Taxes

Increases required vote to two-thirds for the Legislature to amend a certain existing law that imposes fees on hospitals (for purpose of obtaining federal Medi-Cal matching funds) and that directs those fees and federal matching funds to hospital-provided Medi-Cal health care services, to uncompensated care provided by hospitals to uninsured patients, and to children's health coverage. Eliminates law's ending date. Declares that law's fee proceeds shall not be considered revenues for purposes of applying state spending limit or determining required education funding.

Currently Gathering Signatures:

Tobacco Taxes

The California Medical Association, American Lung Association, and a state employee union (SEIU) continue to gather signature to qualify an initiative that would add an additional \$2 tax on each pack of cigarettes. They are circulating several initiatives, all of which include a back-fill provision for Proposition 10.

Property Tax to Reduce Property

An initiative to increase taxes on properties valued over \$3 million has begun gathering signatures. The property tax increase would range between .08% to 1%. Revenue from the new property tax would be used to fund early childhood education and childcare efforts, among other programs. Local planning groups, with First 5 Commission participation, would be established.

Childhood Sexual Abuse. Statutes of Limitations

Eliminates statute of limitations for civil actions based on childhood sexual abuse committed on or after the effective date of the measure. Eliminates statute of limitations for felony prosecutions for certain sexual crimes committed against children on or after the effective date of the measure, and for such crimes committed before the effective date of the measure for which the statute of limitations has not yet expired.

Public Awareness

- CP&A is working the Association of California Cities – Orange County (ACC-OC) to engage City Managers with the Commission-supported Early Development Index (EDI) program.
- CP&A, along with Christina Altmayer, met with Orange County Sheriff Sandra Hutchens to discuss Commission programs and priorities. In addition, the Sheriff agreed to serve as the *2016 Essentials For Young Lives* Honorary Chair.
- Steering Committee meetings for the for the *2016 Essentials* campaign have been calendared.



A Community-Based Home Visitation Program's Impact on Birth Outcomes

Yuqing Guo, PhD, RN, Pamela Pimentel, RN, Jared Lessard, PhD, Julie Rousseau, PhD, CNM, RN, Jung-Ah Lee, PhD, RN, Yvette Bojorquez, RN, Michele Silva, and Ellen Olshansky, PhD, RN, FAAN

Abstract

Background: MOMS Orange County is a coordinated home visitation program in which trained paraprofessional home visitors work under the close supervision of registered nurses. This model was developed to address health disparities in birth outcomes in a Hispanic community in Orange County, CA.

Purpose: The primary objective was to test the impact of MOMS Orange County on birth outcomes. The second objective was to examine the breadth of prenatal health education topics as a mediator of the relationship between home visits and birth outcomes.

Methods: A retrospective cohort design was used. Paraprofessional home visitors collected prenatal and postnatal data during home visits. Only those whose birth outcomes were obtained were included in the analysis ($N = 2,027$ participants). Regression models were conducted to test the associations between prenatal home visits and birth outcomes, adjusting for 10 covariates.

Results: Number of prenatal home visits predicted higher birthweight and greater gestational age at birth. Breadth of health education topics partially mediated the associations between home visits and birthweight. The same mediation was revealed with gestational age at birth.

Clinical Implications: The MOMS Orange County prenatal home visitation program may be a promising approach to decrease adverse birth outcomes in disadvantaged communities. Rigorously designed studies are needed to further test this model.

Key words: Care coordination model; Healthcare disparities; Low birthweight; Premature birth.

There is cumulative evidence supporting the positive effect of home visitation programs on healthcare disparities in selected underserved communities. These programs have resulted in improved infant, child, and adolescent development (Eckenrode et al., 2010; Kitzman et al., 2010; Lowell, Carter, Godoy, Paulicin, & Briggs-Gowan, 2011). However, two recent systematic reviews and one meta-analysis identified inconclu-

sive and inconsistent findings of the likelihood that prenatal home visitation programs would reduce adverse birth outcomes at gestation (Hodnett, Fredericks, & Weston, 2010; Hollowell, Oakley, Kurinczuk, Brocklehurst, & Gray, 2011; Issel, Forrestal, Slaughter, Wienrot, & Handler, 2011). Key factors may well be the home visit delivery approach and dosage of topics covered during these home visits (Issel et al.).

Delivery Approach of Home Visitation: Registered Nurses Versus Paraprofessionals

There is limited evidence supporting positive improvements in birth outcomes from home visitation programs by registered nurses (RNs). Van Dijk, Anderko, and Stetzer (2011) evaluated the impact of a home visitation program designed to serve Medicaid women on birth outcomes and found participants had fewer low birthweight and preterm births and women who received 6 or more hours of service were less likely to give birth to babies with poor outcomes.

Evidence of the impact of paraprofessionals has been mostly derived from studies of child developmental outcomes. A meta-analysis evaluating paraprofessional home visitation programs found paraprofessional home visitors had a relatively consistent effect on improving psychomotor and cognitive development and reducing child behavior problems, but no effect on language development, physical health, and hospitalizations (Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013). Little is known about the effect of paraprofessional home visitation programs on birth outcomes.

Dosage of Home Visitation

In an effort to improve understanding of the reasons for the inconsistent



results of home visitation programs on birth outcomes, Slaughter et al. (2013) defined dosage of prenatal case management (PCM) as the duration of enrollment, breadth of interventions, and amount of contact time spent with the case manager during interventions. Slaughter et al. compared the predictive effect of PCM dosage and dichotomous PCM exposure measure on birth outcomes and found that PCM dosage was a more sensitive measure capturing the impact of home visitation on birth outcomes. Dosage of home visitation may be a significant predictor of program outcome and is critical to consider in studies of the impact of home visitation programs and birth outcomes.

MOMS Orange County

In the early 1990s in Orange County California, numerous at-risk pregnant women were unable to be served by RN-only home visitors because of the County's financial constraints. MOMS Orange County (MOMS) was founded as a non-profit organization in 1992, developing an adaptive model as a response to the county's prenatal care crisis. The mission is to help underserved mothers and their families have healthy babies by providing health coordination, education, and access to community resources. The program provides prenatal and postnatal services to an annual estimated 3,800 at-risk pregnant women in Orange County.

The coordination model between paraprofessionals and RNs is the unique feature of this community-based home visitation program. Paraprofessional home visitors, who are culturally and linguistically familiar with this community, make up this category of service providers. They are bilingual in spoken and written English-Spanish or English-Vietnamese, they have either a high school diploma or bachelor degree (in early education, psychology, or social work), and have a broad range

of experience. All newly hired home visitors complete a 6-month orientation including didactic training and shadowing experience before being assigned to a caseload. These trained paraprofessionals make home visits monthly during pregnancy and through the infant's first birthday. A home visit is composed of three aspects: 1) conducting assessments of ecological factors related to pregnancy and infant development; 2) delivering health education to increase access to care, promoting women's health, enhancing parenting skills; and 3) making referrals to public health nurses, other healthcare providers, and/or specialized community services. Registered nurses are the case managers and work closely with these paraprofessionals. Specifically, the RN case managers: 1) respond promptly to paraprofessional home visitors who ask for support and clinical or psychosocial information during home visit; 2) review standard assessments for accuracy after paraprofessionals complete monthly home visit for each client; 3) develop and revise the individual care plans that are implemented by paraprofessionals; and 4) refer clients who need immediate medical attention reported by paraprofessionals, coordinate resources, and services.

Purpose

The objectives of this study were to test the impact of MOMS's home visitation program on birth outcomes and examine the breadth of prenatal health education topics as a mediator of the relationship between home visits and birth outcomes in a sample of largely Hispanic families at risk.

Hypotheses

There were two hypotheses: 1) greater numbers of prenatal home visits will be associated with increased birthweight and an increased gestational age at birth and 2) prediction of impact of prenatal home visits and improved birth outcomes will be mediated through breadth of home visitation prenatal education.

Methods

Design and Procedure

After obtaining institutional review board approval at the academic institution, the secondary analysis data were extracted from the de-identified data from MOMS. Only pregnant women who were enrolled in the MOMS Orange County program and had a singleton birth baby in 2009 and 2010 were included. Exclusion criteria were pregnant women who were enrolled, but dropped from the program or had a twin birth during 2009 and 2010. The MOMS paraprofessionals collected data reported by women in the program during their home visits. These data were: demographics, prior and current physical and psychological health, pregnancy history, current pregnancy symptoms, and birth outcomes from this pregnancy.

Variables and Measures

Dependent variables. Birthweight and gestational age at birth (obtained by women's last menstrual period or expected date of birth) were the dependent variables and evidence of birth outcomes. Of the 2,709 women who participated in the MOMS program and delivered a single child, data on 2,027 (74.8%) of the infants were usable for analysis. There were no significant differences between those mothers from whom birth outcomes were obtained and those without birth outcome data in terms of age, education, marital status, or monthly income.

Independent variable. The number of prenatal home visits was defined as the independent variable to predict birth outcomes.

Covariate variables. Of the demographic and prenatal data, 10 variables, found to be associated with birth outcomes in previous research (Heaman et al., 2013; Panaretto et al., 2006), were selected as covariates in this present study. The covariates included maternal age, maternal ethnicity, level of maternal education, marital status, monthly income, gestational age at entry into the study,

Table 1. Descriptive Characteristics of Study Sample ($N = 2,027$ Subjects)

Characteristics	<i>n (%) or M (SD)</i>
Ethnicity	
Hispanic	1,561 (77%)
Vietnamese	243 (12%)
Non-Hispanic White	122 (6%)
Other	101 (5%)
Education	
< High school graduate	892 (44%)
High school graduate	649 (32%)
At least some college	486 (24%)
Marital status	
Married	811 (40%)
Living with partner	649 (32%)
Single	466 (23%)
Other	101 (5%)
Baby gender	
Male	1,074 (53%)
Female	953 (47%)
Country of Birth	
Born in United States	689 (34%)
Born outside United States	1,338 (66%)
Continuous variables	
Maternal age in years	27.83 (6.60)
Monthly income	\$1,252 (929)
Birthweight	3293.72 (507.96)
Gestational age at birth	38.72 (1.58)
Gestational age at entry	19.00 (8.76)
Prepregnancy ^a	.45 (.84)
Current pregnancy ^b	.39 (.69)
Pregnancy symptoms	7.54 (4.38)
Prenatal visits	3.40 (2.0)
Breadth of prenatal health education topics	5.92 (3.76)

Note: ^aPrepregnancy = Prepregnancy medical history. ^bCurrent pregnancy = Current pregnancy medical condition.

gender of their newborn, and prepregnancy medical history, current pregnancy medical condition, and pregnancy symptoms. Both the prepregnancy and current pregnancy medical history data were collected using a 40-item checklist. Pregnancy symptom data were entered on a 20-item checklist.

Mediator variable. Prenatal health education topics are covered by paraprofessionals over the course

of the prenatal visits. The concept of breadth of health education was operationalized as the number of prenatal health education topics covered by the paraprofessionals and received by these women from intake to birth of child. Paraprofessional home visitors used a standard checklist to record topics covered in each visit. A home visit is, however, not limited to these topics. Instead, a paraprofessional home visitor is

flexible and responds to a client's issues as identified during a home visit. Ten prenatal health education topics are included in the program: preeclampsia warning signs, enrolling in MediCal, facilitating clients to communicate with healthcare providers, selecting a primary care provider, birth plan review, child-birth preparation, self-care after birth, postpartum depression, domestic violence, and car seat requirements. A count variable was created to indicate the breadth of health education with a Cohen's *kappa* reliability of .93.

Data Analyses

There were three phases of the data analysis: preliminary analyses were conducted to obtain descriptive statistics; regression models were used to examine the relationship of prenatal home visits and birth outcomes controlling for 10 covariate variables; and the variable breadth of prenatal health education topics was added to the above regression models as the final step to examine its mediating effect on birth outcomes (Baron & Kenny, 1986). In those models in which breadth of prenatal health education topics was significantly associated with the birth outcomes, Sobel tests were conducted to determine if the mediating effects were statistically significant. Specifically, the mediation effect is hypothesized when a third variable influences the relationship between independent variable and dependent variable by reducing the effect of independent variable. The Sobel test is a test to examine the reduction in significance (MacKinnon & Dwyer, 1993; Sobel, 1982).

Results

Preliminary Analysis

Table 1 shows characteristics of study sample. Predictor and mediator variables were significantly but weakly correlated with birth outcomes ranging from Pearson coefficients of .05 to .14. Significant correlations of covariates ranged from -.06 to .30. There were significant differences in the categorical

covariates. Male newborns were significantly heavier than female newborns, $t(2026) = 5.77, p < .001$. There were ethnic differences in prenatal health education lessons, $F(5, 2021) = 6.45, p < .001$ and birthweight, $F(5, 2021) = 5.87, p < .001$. Specifically, Vietnamese mothers received fewer prenatal health education lessons than did Latina mothers, Games-Howell $t = 3.83, p < .01$, and had lower birthweight newborns than did Latina, Games-Howell $t = 5.56, p < .001$, or Caucasian mothers, Games-Howell $t = 3.82, p < .01$. These findings showed the importance of controlling covariates in the regression analyses.

Association of Prenatal Home Visits and Birth Outcomes

Number of prenatal home visits significantly predicted an increase in both birthweight, (Table 2) and gestational age at birth after adjusting for covariates (Table 3). Each prenatal visit was associated with approximately 62 g increase in birthweight, and approximately .38 weeks (2.66 days) increase in gestational age at birth.

Breadth of Prenatal Health Education Topics as a Mediator of Birth Outcomes

After prenatal health education was added to the above regression

models, the strength of independent variable (number of prenatal home visits) remained significant but had diminished effects on birth outcomes. Otherwise, the number of prenatal home visits continued to have a direct effect on both birthweight ($B = 53.97, p < .001$) and gestational age at birth ($B = .35, p < .001$) but a reduced effect when the mediator was added to the model. The breadth of prenatal health education topics partially and positively mediated prenatal home visits in relationship to birthweight, Sobel $t = 3.80, p < .001$ (Table 2), and also to gestational

Table 2. Hierarchical Regressions of Birthweight

Variables	Birthweight					
	Model 1			Model 2		
	B	SE B	β	B	SE B	β
Age	5.21	1.88	.07**	4.71	1.86	.06*
Monthly income	.01	.01	.03	.02	.01	.03
Education level	-5.21	8.78	-.01	-7.48	8.76	-.02
Ethnicity ^a						
Vietnamese	-187.04	37.64	-.12***	-179.01	37.52	-.12***
White	83.94	54.34	.03	71.60	54.17	.03
Other/mixed	-43.57	42.88	-.02	-52.65	42.74	-.03
Marital Status ^b						
Living together	1.59	26.97	.00	-5.84	26.90	-.01
Single	-63.55	31.50	-.05	-69.08	31.39	-.06*
Other	-101.81	69.51	-.03	-100.51	69.82	-.03
Prepregnancy medical history	1.03	13.46	.00	1.61	13.40	.00
Current pregnancy medical condition	1.13	15.73	.00	.00	15.66	.00
Pregnancy symptoms	5.59	2.87	.05	4.20	2.88	.05
Gestational age at entry	14.16	2.41	.25***	13.70	2.40	.24***
Gender of newborn ^c	113.24	22.08	.11***	112.16	21.98	.11***
ΔR^2			.04***			.04***
MOMS prenatal visits	62.20	11.09	.24***	53.97	11.21	.21***
ΔR^2			.02***			.02***
Breadth of prenatal health education topics				14.01	3.23	.10***
ΔR^2						.01***
Adj. R^2			.05***			.06***
F	8.09***			8.83***		

Note: Unstandardized and standardized regression weights are from the final model (with all variables in the model). ^aReference group = Latina. ^bReference group = Married. ^cReference group = Female. * $p < .05$. ** $p < .01$. *** $p < .001$

Table 3. Hierarchical Regressions of Gestational Age at Birth

Variables	Gestational Age at Delivery					
	Model 1			Model 2		
	B	SE B	β	B	SE B	β
Age	-.01	.01	-.06*	-.01	.01	-.06*
Monthly income	.00	.00	.03	.00	.00	.03
Education level	.06	.03	.05*	.05	.03	.04
Ethnicity ^a						
Vietnamese	-.13	.12	-.03	-.10	.11	-.02
White	.02	.17	.00	-.03	.17	-.00
Other/mixed	-.17	.13	-.03	-.20	.13	-.03
Marital Status ^b						
Living together	.02	.08	.01	-.01	.08	-.00
Single	-.05	.10	-.01	-.08	.10	-.02
Other	-.34	.21	-.04	-.34	.21	-.04
Prepregnancy medical history	-.03	.04	-.02	-.03	.04	-.02
Current pregnancy medical condition	-.11	.05	-.05*	-.12	.05	-.05*
Pregnancy symptoms	.01	.01	.02	.00	.01	.00
Gestational age at entry	.09	.01	.52***	.09	.01	.51***
Gender of newborn ^c	-.04	.07	-.02	-.04	.07	-.01
ΔR^2			.03***			.03***
MOMS prenatal visits	.38	.03	.47***	.35	.03	.43***
ΔR^2			.06***			.06***
Breadth of prenatal health education topics				.06	.01	.13***
ΔR^2						.01***
Adj. R^2			.08***			.09***
F	12.80***			14.11***		

Note: Unstandardized and standardized regression weights are from the final model (with all variables in the model). ^aReference group = Latina. ^bReference group = Married. ^cReference group = Female. * $p < .05$. ** $p < .01$; *** $p < .001$

age at birth, Sobel $t = 4.53$ $p < .001$ (Table 3).

Discussion

The first objective of this study was to examine the impact of MOMS prenatal home visits on birth outcomes. Results supported the hypothesis that more prenatal home visits were associated with an increase in birthweight and gestational age at birth controlling for the 10 covariates. These findings are similar to a prior randomized controlled trial in which paraprofessionals made home visits. Lee et al. (2009) found that the Healthy Families

New York prenatal home visitation program significantly reduced low birthweight births in at-risk women (45% Black and 22% Hispanic). Our results suggest at-risk women who receive greater numbers of MOMS prenatal home visits are less likely to have preterm and low birthweight infants in this sample of largely Hispanic mothers and newborns.

The second objective was to investigate the mediating effects of breadth of health education topics on the relationship between MOMS home visits and the birth outcomes. The results supported the hypothe-

sis that the strength of association between the number of prenatal visits and birthweight was partially mediated by breadth of prenatal health education topics. The same pattern was found with the gestational age at birth. These findings suggest that the wide breadth of health education topics received by women in the MOMS home visit program over the prenatal period may be a critical factor leading to decreases in low birthweight and premature births. Birth outcomes partially mediated by health education topics suggest that there may be other factors that contribute to

Clinical Implications

Programs like MOMS Orange County may reduce adverse birth outcomes in a disadvantaged largely Hispanic community.

Breadth of health education topics covered during prenatal home visits may be one of the mechanisms explaining why home visits are associated with improved birth outcomes.

The MOMS coordination care model may be an exemplar for an improved national healthcare system with a new focus on patient-centered teamwork, disease prevention, and cost reduction highlighted in the Patient Protection and Affordable Care Act of 2010.

birth outcomes including relationship between clients and home visitors and cultural competency of home visitors.

Our study provides preliminary evidence about the effect of the MOMS Orange County program on birth outcomes using a relatively large sample size, controlling for important confounding factors. The contribution of this study is to reveal that the breadth of health education may be one of mechanisms explaining the relationship between prenatal home visits and birth outcomes. To our knowledge, such an analysis has not been reported in studies of the effect of prenatal visitation programs on birth outcomes in a community-based home visitation program serving a largely Hispanic population. The MOMS home visitation model shows promise to improve birth outcomes in an at-risk population.

Limitations and Future Research

There are three notable limitations in this study. First, the associations were correlational. Because there was no experimental manipulation, a causal conclusion is not possible with the present findings. The positive relationship of the MOMS program with birth outcomes indicates that the MOMS model has the potential to generate better birth outcomes in a disadvantaged community. Second, although 10 covariates were controlled in the

present study, other factors, which influence birth outcomes, were not adjusted in the study (e.g., maternal depression, social support). Lastly, the generalization of the results is limited to Orange County participants with low-to-moderate psychosocial risks, which are the focus of the MOMS program; more high-risk clients (who have intensive medical conditions or teen pregnancy) are referred to public health nurses. Therefore, future studies are needed to be conducted with the emphasis on including a comparison group, using a multi-informant approach to collect rigorous data, evaluating the longitudinal effects on infant development, and replicating this model in different communities.

Clinical Nursing Implications

Our study suggests that the MOMS coordination care model, combining RN oversight with home visitation by culturally and linguistically matched paraprofessionals, may provide a novel approach to improve birth outcomes. The model extends a nurse's traditional role in home visitation from direct delivery of home health visits to close supervision of home visit assessment and health education conducted by paraprofessionals. Nurses in the MOMS home visitation model are positioned as the case manager between paraprofessionals and clients ensuring comprehensive, consistent, and coordinated education. According to a recent

Census report, the Hispanic population (17.1%) is the fastest growing ethnicity group in United States; by 2060, the Hispanic population is projected to double (United States Census Bureau, 2013). This community-based home visitation program could be a potential cost-effective model not only improving women's health, but birth outcomes as well in vulnerable populations. In order to best serve these vulnerable populations with documented barriers to healthcare, current nursing education needs to emphasize community-based case management. Nursing education must prepare nurse leaders able to coordinate care across teams of community health workers, paraprofessionals, and public health nurses—MOMS provides a promising, efficient, and effective model.

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Yuqing Guo is an Assistant Professor, University of California Irvine, Program in Nursing Science, Irvine, CA. The author can be reached via e-mail at gyuqing@uci.edu

Pamela Pimentel is the Chief Executive Officer, MOMS Orange County, Santa Ana, CA.

Jared Lessard is a Postdoctoral Fellow, Research Institute on Addictions, University at Buffalo, NY.

Julie Rousseau is an Assistant Clinical Professor, University of California Irvine, Program in Nursing Science, Irvine, CA.

Jung-Ah Lee is an Assistant Professor, University of California Irvine, Program in Nursing Science, Irvine, CA.

Yvette Bojorquez is the Chief Program Officer, MOMS Orange County, Santa Ana, CA.

Michele Silva is the Chief Development Officer, MOMS Orange County, Santa Ana, CA.

Ellen Olshansky is a Professor, University of California Irvine, Program in Nursing Science, Irvine, CA.

With help from an award by University of California Irvine's (UCI) Campus-Community Research Incubator (CCRI), MOMS Orange County and the UCI Program in Nursing Science established a community-based participatory research partnership. Inherent in this process is collaboration between academic researchers and community members at all stages of the research, including publication. These findings are of interest to the stakeholders who are from MOMS Orange County, but it is important to emphasize that consensus was reached to objectively meet criteria for deriving objective results and applying the scientific process to this rich data set.

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