HEALTHY START HOME VISITING: HAWAII'S APPROACH

—by Gail Breakey and Betsy Pratt

In July, 1985, a three-year demonstration project to prevent child abuse and neglect began in Leeward, Oahu, a multi-ethnic, mixed urban and rural, fairly depressed community, with more than its share of problems—substandard housing, underemployed adults, substance abuse, mental illness, and child abuse and neglect. The initial funding level was $200,000 per year. By 1988, an evaluation of the program revealed that not a single case of abuse among the project's 241 high risk families had been reported since the demonstration began. There was also evidence of reduced family stress and improved functioning among the families served.

The success of the 1985-88 demonstration project was, of course, gratifying. But what is even more remarkable is the institutionalization of the Healthy Start program within the Maternal and Child Health Branch of Hawaii's Department of Health. By July, 1991, Healthy Start had expanded to 11 sites operated by seven community-based agencies throughout the state. The state legislature appropriated $7 million to support this effort and housed it within the State Health Department. At present, the program reaches approximately 52 percent of families with newborns throughout Hawaii. Healthy Start has evolved into a systematic and multi-purpose network of community-based maternal child health services.

Healthy Start has evolved into a systematic and multi-purpose network of community based maternal child health services....The wonder in Hawaii is the state legislature's willingness to support the expansion of a program without sacrificing quality.

The wonder in Hawaii is the state legislature's willingness to support the expansion of a program without sacrificing quality. In *Within our reach. Breaking the cycle of disadvantage*, Lisbeth Schorr (1990) reminds us that "The temptation to water down a proven model in order to distribute services more widely is ever present. . . . Especially when funds are scarce, there are powerful pressures to dissect a successful program and select some one part to be continued in isolation, losing sight of the fact that it was the sum of the parts that accounted for the demonstrated success."

Details of the Healthy Start program have been amply written about elsewhere (Breakey & Pratt, 1991). In this article, we want to explain how Hawaiians managed to gain support for a statewide expansion of the model program.

STATEWIDE EXPANSION OF A MODEL PROGRAM

Expansion of Healthy Start toward a statewide system might best be described as an achievement of "collaborative advocacy." Our efforts go back to 1976 and our excitement about results from our first early identification and home visiting program. We started a Statewide Council on Child Abuse and Neglect, with representation from committees from five neighboring islands. Federal and state funds supported a prevention project on each island, but when the federal grant ended in 1980, staffing was cut by half.

We realized that we needed another demonstration project. In 1984, during the Hawaii Family Stress Center's annual lobbying for prevention before the state legislature, we met with Senator Yamasaki, Chairman of the Ways and Means Committee of the Hawaii State Senate. He saw merit in the idea of a demonstration program with comprehensive coverage of one geographic area, a focus on child development and linkage to a medical home, and follow-up to age five. He supported funding for Healthy Start at $200,000 a year, with the intent to expand statewide if the model were successful.

Armed with data showing no abuse among project children during the first 18 months of Healthy Start, we went back to the legislature for support for an incremental approach to statewide expansion. Through quarterly statewide meetings, we had maintained a relationship with the five neighboring islands' Family Support Programs. They and the two other agencies on Oahu with home visiting experience joined us to develop a statewide plan.

Expansion of the Healthy Start model created no turf issues for the five Family Support Programs, since each served a distinct island community. On Oahu, home to 80 percent of Hawaii's population, there were turf issues to be resolved. The Hawaii Family Stress Center and the other home visiting agencies discussed the areas of Oahu that each was interested in serving. We also recognized that long-established programs did not have to adopt every detail of the Healthy Start model, as long as each program included essential features. Rather than attempting replication in a "cookie cutter" approach, we identified features which appeared essential to program success.

Legislative education and advocacy for prevention had begun in the mid-70's and continues to the present. In each legislative session, efforts are focused first upon early meetings with key legislators, chairs of subject and money committees, as well as with executive branch leadership. Next come several days of meetings with members of relevant committees in a constant effort to educate them to the great potential of prevention programs related to needs of children.

Several years ago, the Department of Health prepared a 10-year projection of target populations, staffing needs and costs for the program. The program is currently funded at about $7 million per year and costs to complete state-wide expansion would be about $12 million. Costs will increase by several million each year, as new cohorts of infants are added, until all sites begin to graduate children out of service. By the year 2003, the budget for the statewide program will be about $18 million.

continued on next page

Healthy Start

—Gail Breakey
and Betsy Pratt

continued from page 7

A STATEWIDE PROGRAM: SURVIVING AND THRIVING

The situation of Healthy Start is unusual; the impetus for its establishment came from the private sector, but it is now institutionalized within the public sector. A statewide program must have a place within the established structure of state services in order to survive and thrive. Our program was placed in the mental health system from 1982-1988. The arrangement did not work well in our case, although it could conceivably work elsewhere. The Maternal Child Health Branch (MCHB), in contrast, has been a tremendous support to the development of Healthy Start as a statewide program. MCHB has provided a focus for coordination of all agencies, efficient contract management, monitoring, data collection, and advocacy for the program, both within the Department of Health and the larger community.

Members of the Healthy Start Network agree that the program needs to be completely statewide within a few years. Our current legislative effort is focusing upon providing existing programs with sufficient resources to maintain intake of newborns, which requires adding some staff each year, and to recruit and retain qualified staff. Next year or in the next biennium we will again pursue expansion, possibly bringing one or two new service agencies into our Network.

Programs like Healthy Start provide preventive services which cut across service categories including health, social services and early education services. Over time prevention services have the potential to reduce the costs of treatment in these areas as well as the costs of courts and corrections.

The issue of multiple sources of funding for a statewide program also deserves attention. Currently, state general funds comprise the major source of funds. It is a great deal to ask of a state legislature to fund a program as broadly based as Healthy Start from state revenues alone. Such a strategy would surely result in "dilution" eventually. It will be important to utilize all available funding streams as appropriate and available. These technically could include Medicaid reimbursement for targeted case management, possibly for risk assessments and developmental screening. Home visiting services could be covered with changes in the state's Medicaid plan. The federal carrot held out to states in developing Part H plans under P.L. 99-457 (IDEAS) has been potential federal funding of services to children enrolled in enrichment plans. In Hawaii, Healthy Start's environmentally at risk children would qualify. Programs like Healthy Start provide preventive services which cut across service categories including health, social services and early education services. Over time prevention services have the potential to reduce the costs of treatment in these areas as well as the costs of courts and corrections. It will be very important for states to look at developing funding streams for prevention and early intervention programs. These include innovative ideas such as setting aside a portion of federal Title IV and Medicaid reimbursements for treatment services, or a small percentage of departmental budgets in these areas for prevention. In this way, it will be possible to develop an infrastructure of prevention services which will likely reduce the demand for treatment services over the next decade.

Healthy Start offers a systematic, highly effective and family-friendly approach to prevention of abuse and neglect and provision of health and early education services for the most vulnerable and needy infants and toddlers. It creates an excellent opportunity to reach and serve children and their families who have not been reached effectively by the EPDST program, immunization programs, health care programs, or prenatal services. Extending effective services to families of children at risk was a major recommendation of Lisbeth Schorr's book, *Within our reach. Breaking the cycle of disadvantage.*

Lisbeth Schorr defined six challenges to efforts designed to prevent "rotten outcomes" of childhood. Healthy Start offers a solution for the challenges of knowing what works, proving we can afford it, attracting and training skilled and committed personnel, resisting the lure of dilution in replication, "gentling the hand" of bureaucracy, and devising replication strategies. Schorr further challenges programs to develop methods of linking populations at risk with needed services. Healthy Start provides a mechanism for doing this. We look forward to collaborating with colleagues to serve our entire state and eventually our nation so that all of our children may have a safe and healthy start in life.

References

Breakey, G. & Pratt, B. (1991). Healthy Growth for Hawaii s Healthy Start: Toward a systematic statewide approach to the prevention of child abuse and neglect. *Zero to Three*. 11:4 April 16-22

Schorr, L. (1990). *Within our reach. Breaking the cycle of disadvantage*. New York: Doubleday

Gail Breakey, RN, MPH, is Director of the Hawaii Family Stress Center. Betsey Pratt, MEd, is Assistant Director of the Hawaii Family Stress Center.

HELP APSAC GROW

Word of mouth is APSAC's best form of advertising. More than 50% of members first heard about APSAC from other members. If you are attending conferences or meetings with professionals who could benefit from knowing about APSAC, the national office is happy to supply brochures for your use. Call 312-554-0166 any time.