

# HEALTHY FAMILIES AMERICA: Building A National System

—by Leslie Mitchel and Anne Cohn Donnelly

*Though family needs and circumstances differ, Healthy Families America recognizes that all families need some level of support in the childrearing process. For many parents, this support comes from traditional sources - a spouse, a parent or a sibling - but for far too many others without such systems in place, outside assistance is necessary.*

## Introduction

For the past two decades, the National Committee to Prevent Child Abuse (NCPCA) has sought to identify programs and actions that reduce the risk for child maltreatment and promote healthy, positive outcomes for children. Since child abuse, like other childhood problems, is a complex issue with many underlying causes, prevention efforts must be comprehensive, addressing this diverse etiology. There is no single approach that can address the range of family needs, no single program that will prevent abuse in all families. Yet, if one is to start somewhere, a logical place to focus is with new parents, getting them off to a good start before destructive patterns are established.

While there are many impressive family support and early intervention models, the U.S. Advisory Board on Child Abuse and Neglect recommends a voluntary program of home visits to new parents and their babies as the desired approach (see Melton article in this issue). Grounded in the belief that all families need and deserve support, home visitation affords an opportunity to help families in their own environment, on their own terms. It is through these one-on-one exchanges that a relationship between a home visitor and a parent is formed — a relationship that can help keep even the most needy families engaged in services.

The public is very supportive of the concept. Public opinion polls conducted over the past few years by NCPCA show that over four-fifths of the respondents thought it appropriate to offer home visits and other supportive services to all first-time parents, including families like their own.

Recognizing the potential of home visitation for new parents, in January, 1992, NCPCA, in partnership with Ronald McDonald Children's Charities (RMCC) and in collaboration with the Hawaii Family Stress Center and the Hawaii Health Department, launched a national initiative entitled Healthy Families America (HFA). HFA, based on two decades of research on home visitor programs and modeled after a successful statewide system in Hawaii (see article by Breakey and Pratt in this issue), seeks to reach all first-time parents with intensive home visitor services. The goal of the initiative is to ensure that all new parents, particularly those at high risk for childhood maltreatment and other poor childhood outcomes, get off to a good start. The purpose of this article is to describe the approach NCPCA is taking to implement Healthy Families America.

## The Healthy Families America Approach

The vision of Healthy Families America is that

one day all new parents will receive the education and support they need through a voluntary home visitation system. Though family needs and circumstances differ, HFA recognizes that all families need some level of support in the childrearing process. For many parents, this support comes from traditional sources — a spouse, a parent or a sibling — but for far too many others without such systems in place, outside assistance is necessary. Just as this vision was both created and shared by the field, so too is the HFA effort to achieve the vision. From the beginning, NCPCA has worked with state Maternal and Child Health Programs, NCPCA state chapters and the state Children's Trust and Prevention Funds to help them sort out how to pursue their mission of supporting families.

Central to the Healthy Families America effort is the establishment of relationships with other organizations and programs whose goals, objectives and target populations are similar. To that end, NCPCA has established partnerships with over 40 national organizations such as the Cooperative Extension of the U.S. Department of Agriculture, the American Hospital Association, the American Nurses Association, and the National Association of Public Child Welfare Administrators. These partnerships have been instrumental at the state and community level in assuring that rather than duplicating existing efforts, HFA will build upon programs and enhance systems already in existence. In addition, they allow for a sharing of networks, the development of more collaborative approaches to linking services, and the creation of a more cooperative environment for knowledge and information exchange.

To date, statewide task forces have been established in nearly all fifty states. To help advance the efforts of these groups, HFA staff conduct "site visits" to these states. Depending upon the stage of development, a site visit may serve to clarify any issues or questions related to the approach, increase commitment of leadership, foster support from policy makers or assist in thorough implementation planning.

While some states are focusing broadly, using HFA as a vehicle to achieve systemic reform, others want to establish local HFA pilot sites which will grow into larger systems over time. With respect to the former, three states already have passed legislation supporting intensive home visitor services and many others are pursuing legislative initiatives. With respect to the latter, over twenty-seven HFA pilot sites already are operational. For those established pilot efforts, NCPCA, in collaboration with the Hawaii Family Stress Center, is providing training in how Hawaii operates its Healthy Start program and thus how pilot sites can effectively carry out the early identification and family support functions.

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While the primary objective of Healthy Families America is to prevent child abuse and neglect, HFA also provides an infrastructure for identifying families' needs and empowering families to access a range of health and social services. By recognizing that children and families are individuals and entities unto themselves as well as part of a larger community, home visitors serve as a bridge to link parents to the resources they need to better care for themselves and their children.

Throughout the implementation process, NCPA has been promoting flexibility in service delivery to facilitate HFA's integration into a wide range of communities, to encourage HFA's being built onto existing delivery systems in order to avoid duplication of efforts, to foster partnerships with existing service delivery systems, and to support opportunities for innovation. As HFA services are developed, they will be integrated as much as possible with existing community services.

## Criteria Basic to the Healthy Families America Effort

Central to the HFA effort, however, are some basic criteria that repeated evaluations of early intervention programs have found to contribute to their effectiveness. These criteria fall into four categories: 1) initiation of services, 2) service intensity and duration, 3) content of services, and 4) selection and training of service providers. The critical elements and their relationship to existing family support services help to define how Healthy Families America activities will take shape across the country.

### Initiation of Services

- Services are initiated prenatally or at birth.
- A universal intake service is provided for all new parents from a defined target area (e.g., educational hospital visit to all births in a given census tract or zip code).
- Universal needs assessment using standardized protocol is utilized to systematically identify those new parents most in need of services due to the presence of various risk factors.
- All high risk parents are offered services in a positive, voluntary way.
- Home visitation is the core service offered.
- Creative outreach (e.g., persistent positive outreach for at least three months) is utilized to build client trust in accepting services.

### Service Intensity and Duration

- The services offered are intensive (e.g., at least once a week).

- Services are offered over the long term (e.g., 3-5 years).

### Content of Services

- Services are family-centered, addressing the needs of the child within the context of the family and recognizing that the adults in the family are the primary decision makers.
- Services focus both on supporting the parent as well as on supporting parent-child interaction and child development.
- Services include a focus on child health and linkages to the health care system (e.g., assurance of immunizations, visits to well baby clinics).
- Services include a focus on school readiness directly or by offering linkages to other school readiness services (e.g., Head Start, HIPPY).
- Service plans are tailored to needs of the individual family and problem solving to address service needs is foremost. The longer term focus of services is on self-sufficiency and empowerment.

### Selection and Training of Service Providers

- Early identification and home visitation workers are selected based upon specific personal characteristics (e.g., non-judgmental, compassionate, able to establish a trusting relationship, etc.) rather than because of specific academic credentials or previous work experience.
- All workers complete intensive, standardized initial training program and periodic in-service training (e.g., every three months).
- All workers receive ongoing, intensive professional supervision to assure quality (e.g., two hours of supervision weekly for home visitors; no more than five or six home visitors for every supervisor).
- Worker caseloads are limited (e.g., no more than 15 of the highest risk families at any one time).

### Underlying Principles of Healthy Families America

Healthy Families America calls upon states and communities to recognize programs already embracing many of these criteria and acknowledge their successes. But HFA also challenges us all to do better. NCPA hopes to reform systems so that they comprehensively provide: access for all, coordinated services, and continuity of care.

**Access for All:** Since the public believes that all families deserve and could benefit from some form of enrichment, HFA hopes to create systems where this occurs. Systems in which all families receive a basic level of support and education, with additional assistance provided to those who are in need of and who request more. One way to reach this

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goal is through partnerships among new parent programs. For example, merging a program like First Steps with HFA. First Steps, created by the Georgia Council on Child Abuse is an example of a model already providing short-term educational and support services to all families with newborns (e.g., one or two visits around the time of birth).

Since the program is hospital-based and primarily short-term, it provides a solid foundation for identifying families in need of more comprehensive services. In at least two states with First Steps programs, Arizona and Georgia, efforts are underway to introduce a systematic needs assessment and expand the model to incorporate the components of a Healthy Families America system. This type of partnership makes effective use of limited dollars by combining program efforts, which achieves the goal of offering general support and information to all parents and supplementing this with more intensive services to families most in need.

**Coordinated Services:** No single prevention or intervention program can address the entire range of families' needs. HFA in and of itself is not a panacea, but is effective as part of a comprehensive effort to link parents and children to care that meets their specific needs. NCPCA's training and technical assistance to HFA planning teams emphasizes and promotes such coordination. For example, the Cooperative Extension System of the U.S. Department of Agriculture, currently trains paraprofessional home visitors to provide guidance on nutrition and household management issues. To avoid wasteful duplication by creating new HFA sites or training new paraprofessionals, communities are being encouraged to build on the Extension's existing system.

Similarly, HFA sites seeking to offer parent support groups in addition to home visits are being encouraged to connect with programs already well-established in their community. For example, programs such as MELD (Minnesota Early Learning Design), which has been serving families since 1973, give parents another vehicle for gaining support, through a peer group

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format with "parents helping parents." And, in addition to providing direct services to families, staff at MELD and other programs can help with ongoing training for HFA paraprofessionals.

**Continuity of Care:** The home visitor services provided under the Healthy Families America banner are designed to begin intensively and taper off as families grow more stable, autonomous, and responsive to their children's needs. Since families participate in HFA for up to five years, the services are the least intensive just prior to school entry. As a result, a critical element in the HFA criteria is to help enroll families in Head Start or establish program linkages with other school readiness programs. Models such as HIPPPY, the Home Instruction Program for Preschool Youngsters, utilize paraprofessional home visitors to work with parents of four- or five-year-olds during the critical transition between preschool and kindergarten. NCPCA and HIPPPY hope to build the HIPPPY program into one or more existing HFA sites to demonstrate how the two efforts can work together. Finally, there are a multitude of center-based family resource and support programs, often with multiple foci, that can be important resource for families. In addition to general support, these centers offer services such as English as a Second Language classes, clothing exchanges, child care, and literacy education; they are an integral component to the comprehensive array of family support services. And, these centers remain accessible to families following their participation with an HFA site.

## Conclusion

The vision of Healthy Families America is to help all adults develop their capacity as parents so that their children can in turn achieve their fullest potential. It is a vision shared and created by the field. But it will only be realized if all HFA efforts are done collaboratively. Only through a coordinated system can we assure that families will receive all of the services they need (with a secure funding base).

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## Infant Home Visitation

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## APSAC FACTS:

*Twenty-three states are home to approved APSAC chapters. Professionals are actively forming chapters in 18 additional states and in Puerto Rico. Professionals in Australia, Canada, and the U.S. Armed Forces stationed overseas have expressed interest in developing APSAC chapters as well.*