

Public Health Live – T²B²

**Home Visiting:
Getting kids off to a good start**

Guest Speakers

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Thanks to our Sponsors:

- School of Public Health, University at Albany
- NYS Department of Health
- NYS Community Health Partnership
- Milestones in Public Health Grant from Pfizer, Inc.

Special Thanks to

- NYS Association of County Health Officials
- NYS Nurses Association

Viewer Call-In

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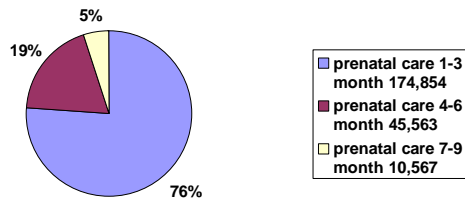
Evaluations

Please visit
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to fill out your evaluation and post test.

**Nursing Contact Hours, CME, CHES
are available.**

Thank you!

Prenatal Care Received During Pregnancy



Out of 245,402 live births in New York State in 2005*

*most recent year for data

History of Home Visiting

- While 795 women received no care, data was unavailable for an additional 13,623.
- Whereas 50% of white, non-Hispanic women received prenatal care, only 24% of Hispanic and 16% of black non-Hispanic women received care.

Home Visiting and Local Health Departments in NYS

- A 2006 survey conducted by the New York State Bureau of Child and Adolescent Health asked 57 local health departments (LHDs) how they were handling births in the state, in terms of providing home visiting services.
- Here are the findings...

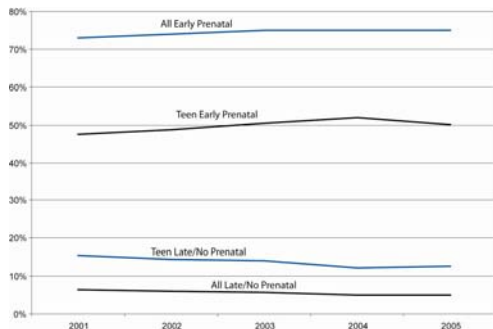


Home Visiting and Local Health Departments in NYS

- Of the 56 that responded, 52 provided home visiting with some sort of LHD support.
- Of those, 38 target their services to specific families:
 - Those with multiple social risks
 - Mothers of premature infants
 - Pregnant teens or teen mothers
 - First-time or single mothers, and/or
 - Those with histories of child abuse and neglect.



Early and Late/No Prenatal Care Among Teen Mothers and All Mothers



Current Funding

- Currently, NYS has a patchwork of funding for home visiting projects and programs.
- In 2007-08, TANF provided \$21.6 million in federal funding for Healthy Families New York (HFNY), which also received \$3.6 million from the state general fund.

Current Funding

- Early Head Start received approximately \$4.5 from federal Head Start funds.
- Counties used a combination of child welfare preventive money and Article VI (State Aid to Cities and Counties) money to fund community health workers and the Nurse-Family Partnership.

Child Abuse and Neglect Statistics

- In the U.S., more than 91,000 infants under age one experienced nonfatal maltreatment in 2006
- Close to 30% of those babies were less than a week old



Centers for Disease Control and Prevention; *Nonfatal Maltreatment of Infants—United States, October 2005 – September 2006*; April 4, 2008.

Child Abuse and Neglect Statistics

- Neglect was the primary cause of the maltreatment for 68.5% of the infants under one week old
- Neglect at that age could include neonatal exposure to:
 - Alcohol
 - Drugs
 - HIV, as well as a mother's positive toxicology screen



Centers for Disease Control and Prevention; *Nonfatal Maltreatment of Infants—United States, October 2005 – September 2006*; April 4, 2008.

The Importance of Home Visiting

- Reduces the risk of maltreatment.
- Home visiting programs that begin during pregnancy are particularly effective.
- Reduce costs associated with:
 - Foster care placements
 - Unintended pregnancies
 - Hospitalizations and emergency room visits.

Centers for Disease Control and Prevention; *Nonfatal Maltreatment of Infants—United States, October 2005 – September 2006*; April 4, 2008.

The Importance of Home Visiting


- Home visiting can also assist with the identification of:
 - Domestic violence
 - Substance abuse
 - Other negative issues within the family
- Staff is often the frontline reporting and referral system in those cases.

The Home is Where the Start Is Proposal





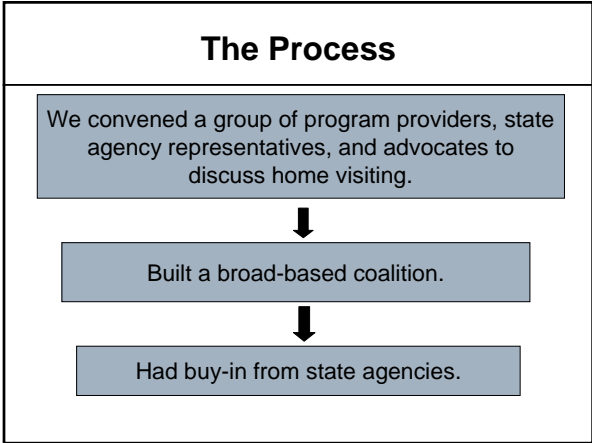
**The Schuyler Center for Analysis and Advocacy (SCAA):
Who are we and what is our role?**

- SCAA has been developing policy regarding low-income and vulnerable populations for 136 years.



**The Schuyler Center for Analysis and Advocacy (SCAA):
Who are we and what is our role?**

- We are funded by the Horace Hagedorn Foundation to work on home visiting.

Our Friends in Home Visiting

- New York State
 - Department of Health
 - Office of Children and Family Services
 - Council on Children and Families
 - Office of Mental Health
 - Education Department
 - Association of County Health Officers





Our Friends in Home Visiting

- Prevent Child Abuse NY
- Fight Crime: Invest in Kids
- Nurse-Family Partnership
- Healthy Families NY
- Parent-Child Home Program
- Parsons Child and Family Center
- Perinatal Networks
- New York CAN 0-5 Committee




Our Plan

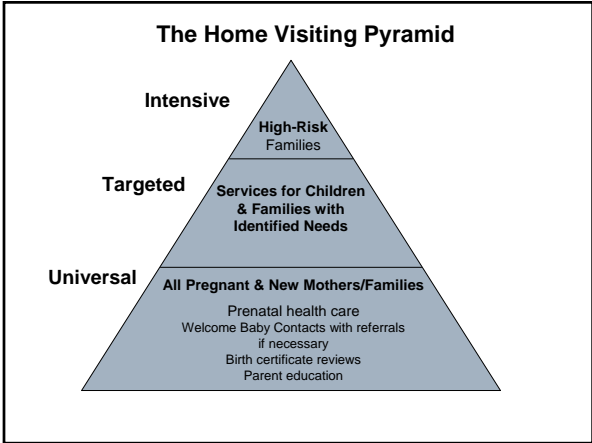
- Universal prenatal care, postpartum screening, and comprehensive home visiting.
- All new families in NYS should receive assistance from a system of support and services that promotes:
 - Optimal health
 - Mental health
 - Family functioning and self-sufficiency.

**This System of Services
Would Include:**

- **Universal contact of all pregnant women and new families**
- **Assessments for parent, child and family health, mental health, developmental, social, literacy and other service needs;**

**This System of Services
Would Include:**

- **Early intervention through referrals to coordinated supports and services**
- **Home visiting services of varying duration and intensity according to the child's and family's needs.**



**Family Support and Education
through Home Visiting**

A collage of six images illustrating family support and education. It includes a baby in a hospital bed, a family reading a book together, a woman holding a child, and other scenes of family interaction.

**Healthy Schenectady Families
of Healthy Families NY**

- **A long-term, intensive, voluntary home visiting program**
- **Promotes healthy pregnancies**
- **Enhances parents' understanding of healthy child growth and development**
- **Decreases parental stresses which may result in child abuse or neglect**
- **Increases family independence & self-sufficiency through individualized goal achievement**

**Family Support Worker
Home Visits**

- Holistic, family centered approach
- Culturally competent
- Curriculum based
- Multi-sensorial strategies
- Evidence based education
- Individualized to each family's needs
- Support parent-child interactions
- Establish ongoing web of support

A small image of a baby sitting on a colorful play mat, playing with toys.

Community Health Nursing Visits

- Prenatal assessment & health teaching
- Childbirth preparation
- Breastfeeding education
- Postpartum assessment & health teaching
- Newborn assessment
- Developmental assessments



Proven Outcomes: Health & Parent-Child Interaction

- Age-Appropriate Immunizations at 1 year: 97%
- 5 Well-Baby Medical Visits by 15 months of age: 91%
- Lead Risk Assessment: 99%
- Medical Provider for Primary Care Taker: 99%
- Breastfeeding for 3 months: 31%
- Reducing parental stress by child's 1st birthday: 50%

Proven Outcomes: Self – Sufficiency

- Employment, education & training at child's 1st birthday: 80%
- No longer receiving TANF Benefits at 1st birthday: 51%
- Education of participants <21 at 1 year postpartum: 73%



Creating Community Collaboration

Key Schenectady Strategies:

Connections – case finding approach utilized to involve key community stakeholders and service providers

Communication--clear articulation of vision/mission of all programs

Consideration of all ideas

Combination of multiple efforts-- parallel processes combined

Commitment -- community-wide

Creating Community Collaboration

Investment of time at beginning



Development of healthy professional & agency relationships

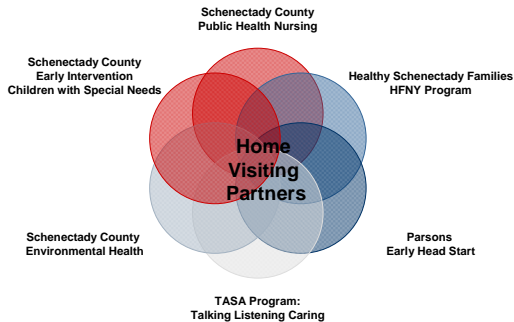


Sound, ongoing collaborative practice

Coordination of Schenectady Home Visiting Programs

- Inclusion of new & existing programs in planning processes
- Determination of all programs' strengths & limitations
- Integration of similar program elements

Home Visiting Partners Central Intake



Successful Collaboration Strategies

Listen!!

- Maintain a positive, strength based attitude
- Utilize the expertise of the group
- Involve participants in ongoing collaboration
- Meet regularly—yet purposefully
- Focus on your mission

Enhancing Program Success

- Ongoing Evaluation
- Ongoing continuing education
- Ongoing quality improvement
- Incorporation of staff and participant feedback
- Creating consistent community message

Challenges and Opportunities

- New Partners
- Diversified funding
- Need for ongoing funding for proven strategies
- Need for ongoing support for professionals involved—investment in self
- Maintain model integrity while individualizing program for the community

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