Nyn t2b2 may 15, 2008 (draft transcript: this transcript is the unedited live captioning file created in the process of providing real-time captions for access to this proceeding by deaf and hard-of-hearing Participants and viewers. The file was not edited against a tape and, therefore, may contain inaccuracies and is not to be considered a verbatim transcript.)

(music)

Joiel- Hello, and welcome to public health live, the third Thursday breakfast broadcast. I'm Joiel ray-Alexander, and I'll be your moderator today. Before we get started, I'd like to ask that you please fill out your online evaluation. Continuing education credits are available after you take our short post-test, and your feedback is helpful in planning future programs. We encourage you to let us know what topics are of interest to you and how we can best serve your needs. We will be taking your questions later in the hour. The toll free number is 800-452-0662, or you may send your written questions by fax any time during the hour. The fax number is 518-426-0696. Today's program is on "home visiting: getting kids off to a good start." Our guests today are Karen Schimke, president and C.E.O. of the Schuyler center for analysis and advocacy, and Peggy Sheehan, program manager of healthy Schenectady families at the Schenectady county public health services. Peggy and Karen, thank you both for being here today.

Peggy- Thank you.

Karen- Good morning.

Joiel- Good morning. Before we begin, Karen, I'd like for you to help our audience who may not be completely familiar with home visiting. How would you define home visiting?

Karen- Home visiting is a longstanding preventive strategy to improve the health and well-being of children, mothers and families. It usually entails a visit by either a care professional or a nurse in the home, and that visit is to work around parent education, bonding with the child, connecting to needed services and supports. There are a number of models of home visiting here in New York State. The healthy families program, which Peggy is a part of, and that program has care professionals visiting with mothers prenatally and postnatally. Another model is the nurse/family partnership. That's a program that has a nurse visiting prenatally and postnatally. And then there are other programs like parents as teachers and hippie others, and these are programs that are mostly focused on literacy. And they tend to enroll the families later, like when the child is say 2 years old as opposed to prenatally, and work very specifically with preliteracy activities.

Joiel- Okay. Before we talk about home visiting, can you tell us about the babies born in New York State and the prenatal care that they receive?

Karen- well, there's about 245,000 babies born each year, and about 75% of those mothers--that's about 175,000 mothers--receive care in the first to third month, the first trimester. Another 46,000 get care in the fourth to sixth month and the row make 11,000 get care in the last trimester. Obviously you're always seeking to have care provided as early as possible.

Joiel- Karen, are there any disparities between who receives care?
Karen- White mothers tend to receive prenatal care at a much higher rate than mothers who are Hispanic or black.

Joiel- Okay. So essentially there are disparities when we're talking about prenatal care in different ethnicities.

Karen- um-hmm.

Joiel- how do you collect the data that you have?

Karen- the health department did a survey of all health departments locally to find out what they did, how they were already serving mothers and families; and there are a number of findings from this is survey. I think they surveyed—I got answers from something like 56 of the local health departments. And quite a substantial number of them, I think 38 or thereabouts, were in fact making contact with families and already in touch with families either prenatally or when the child was born.

Joiel- can you tell us about-- let's talk about for example the history of home visiting within New York state specifically.

Karen- well, the nurse/family partnership program, which was originated in Elmira, New York, has been around for more than 40 years, and it was—it has had very rigorous research through the years that have clearly and conclusively demonstrated that children where families have access to home visiting have better birth outcomes, have a reduction in child abuse and neglect, have more access to health care and so forth. The healthy families program, which is the largest program by quite a bit, and funded by state tax dollars, was originated in about 1995 I would say, and that program, too, has had significant evaluation and is demonstrating again the kinds of outcomes you want to see in these programs, that not only help children and families, but in fact are very good return on our investment.

Joiel- is there anyone in particular that the health departments target in terms of home visiting?

Karen- Yes. Families that are perceived to be at risk and not maybe making a good connection to the child. They-- families that might have substance abuse or alcohol use, or perhaps have other indicators of health issues. Single parents are somewhat more vulnerable. First-time parents are a great group of people to get in touch with because they're just doing it for the first time.

Joiel- as an example, Karen, if you could, tell us for example-- a teenager. What kind of care and attention would a teenager receive who's pregnant in relation to all pregnant women in New York State and the kind of home visiting care they might receive?

Karen- Well, putting aside home visiting temporarily, our teenagers are somewhat less likely to get early prenatal care than women of other ages, older women. About 10% of 15 to 19-year-olds get little, no, or light prenatal care. That's obviously a great concern.

Joiel- now in looking at the graphic over time, we don't see a lot-- a lot of variation over time in relation to these numbers. What does this indicate to our viewers?

Karen- well, you look at the chart or the graph and you see that there was a little blip about three years ago, and then we kind of started down a little bit. Many of the young people who are not receiving
prenatal care are not well connected to service delivery generally. They may not know to go. They may want not to be pregnant, and therefore they don't kind of want to admit that they need to go for prenatal care. I think there's a whole variety of reasons. The New York state health department has, as a result of some of the work that Peggy and I have been a part of and their work generally, is very committed to looking at that 10% for those teen girls and thinking about strategies to better connect them to link them to get them engaged.

Joiel- engaging those teenagers in developing strategies certainly sounds key to addressing their needs and providing them the necessary supports in terms of prenatal care.

Karen- Right, absolutely. And there are some very, very good programs. Peggy will probably talk a little bit about some of the things that they do in Schenectady county where they have sort of a comprehensive centralized way of reaching people that is kind of like throws a safety net over the whole community.

Joiel- that's a great description. The home visiting program, you described it earlier. You gave us the history, and clearly it seems as though it has tremendous benefits for families, for women in particular. How's the program funded, Karen?

Karen- We have a patchwork of funding in home visiting programs in New York State. The healthy families program is funded as I said by state dollars, about 25 million. It went down just a little bit this year, across-the-board cut. That enables us to have services through 39 programs in 41 communities. We are far from touching every community, every county or every family that might need this program. There's the nurse/families partnership in several locations, not nearly as many. That's funded primarily by public health money that the county receives, by private foundation money, and by child welfare preventive money.

Joiel- how does early head start factor into the program?

Karen- Well, early head start is another very good home visiting program. Unfortunately, in New York State and across the country, it serves too few children. It is funded federally. And there is one in Schenectady County and Peggy can talk about it.

Joiel- Okay. Now there are a number of reasons why home visiting programs can be so beneficial to families and women and individuals to insure that families get off to a healthy start, which is the theme of our program today. I imagine that a child—child abuse is something—the program aims to tackle as well.

Karen- Absolutely.

Joiel- do you have any idea on child abuse and neglect and those statistics and data and how the program is targeting that group?

Karen- I think nationally about 91,000 children under one year of age were the subject of child protection reports last year, or maybe it was two years ago. Those are babies that—some are abused. An example of abuse is say shaking a baby when that should not be done, and then there's neglect. And neglect includes a whole variety of things, including simply not being able to sort of cope with the baby
and sort of leaving the baby to himself or herself. That as well substance abuse and failure to take medical care and a whole variety of things.

Joiel- 91,000 is an alarming number.

Karen- Yeah, and we're just talking about children under one. However, for babies whose parents are involved in home visiting, the number is substantially reduced. Because the parents are getting someone to pay attention to them as they try to learn to be a parent to the baby. They're getting someone who is supporting them, helping to link them to services, doing some service identification; for example maybe there's domestic violence or some other factor. And so we see a substantial impact on child abuse and neglect as a result of positive impact as a result of home visiting.

Joiel- and clearly when we think about neglect and direct maltreatment of the child, there are other things that neglect can lead to. What are they?

Karen- Well, first I should say that many people think abuse is serious and the neglect is more benign. And while neglect may not be as a result of some injury, neglect can lead to death. Neglect can lead to a failure to thrive, failure to grow up, failure to bond. The important part of the first several months in a baby's life is getting connected to those parents, is having parents who talk to them, who smile at them, who are connecting with them. Because what we know now from research is the failure to have an attachment between parent and child in the first months lives with us for the rest of our lives.

Joiel- you mentioned, when we talked about maltreatment and neglect of infants in particular and shaken baby syndrome, educating women and men, and particularly teenagers, both male and female. Is that something that's factored in to the education of these parents of infants?

Karen- Peggy, I'm sure, will talk about this. However, that's what it's all about. It's offering opportunities to do things that maybe don't come naturally and one has to learn to do them. Even for people who have been raised in families with a number of siblings, we don't really any of us when we grow up know exactly what we're getting into. It's kind of a shock when you have that first baby or sometimes even later on. And so this gives parents a chance to hear, you know maybe there's a better way to do it than what you're doing now. Let's demonstrate. And it's those demonstrations. It's that role modeling. It's that connecting and building a relationship between the mom and dad and home visitor that makes all the difference. It becomes trust.

Joiel- so it's not something you can just go on the internet and read "how to care and take care of an infant" and you're off and running to the races and doing well.

Karen- Well, I mean, there are good books and I have a personal favorite book, "the happiest baby on the block." It's a great little book, but it wouldn't do the job alone.

Joiel- so it's comprehensive support. Because family support workers actually go into the homes, can they identify any challenges outside of child care that families or individuals may be facing, Karen?

Karen- Yes. They are-- as they become more involved with the family, they're able to see if there's health care deficits. They're able to see if there's domestic violence or a substance abuse or any number of other things. So that, in a way, you're not only providing support for the family, but they are also doing service need finding so that they can then link the person to what they need.
Joiel- Okay. Now, what does your organization do to support home visiting?

Karen- Well, my organization, Schuyler center for analysis and advocacy, is a 136-year-old policy organization interested in improving healthy human services in New York State. Some three years ago now, in recognition of the fact that we had a strong healthy families program, that the nurse/families partnership was coming in, that there were other models, we decided that we should bring as many stakeholders as we could think of together, to think about whether the program in a patchwork, as it is now, could be rethought to become more of a system and more responsive to the needs of families. So we met with our partners, state agency staff, local departments of health like Peggy, a number of advocacy organizations to begin to say: if we could create the system that would really be the right system for babies and their families, prenatally and postnatally, what would it look like? And so some time ago, we issued the report "home is where the start is," which describes the system that is a different system than we have now. First off, it would be available in every county, in every community. It would be available to all families who need it. It would have a strong prenatal component, both of home visiting and of prenatal care. It would have a birth component, which would be a welcome baby contact for every single baby and family in new York state, even those families that some people would say: oh, they don't need that. Because any of us with our first child had a point, maybe two, three weeks down the road when we said: I don't know what to do. And then it would have postnatal intensive home visiting as well.

Joiel- Tell us more about the Schuyler center and the role that it plays. I know that the developing of policy is one role.

Karen- We do a lot of work developing policy. We do a lot of convening, of bringing groups together to work on social problems and social issues, and the work that we've done on home visiting is an example of that bringing people together. After we get the folks brought together and we come up with, as we have here, some—I think very good ideas about what the system ought to look like, then we have to turn to our next job. We have to work with policy makers and policy influencers within state government to get them convinced that we ought to do it, that it ought to look like that or close to that, and that we ought to pay for it.

Joiel- Who funds your work?

Karen- We are funded in part by private foundations, resources and we're very fortunate and we're an old organization, to have an endowment. And so we have some people who have long since died who are still supporting us.

Joiel- How difficult is it for an organization like the Schuyler center to obtain funding?

Karen- It’s hard for all policy and advocacy organizations to get funding. You really have to struggle to get private foundation, and there's lots of calls on that money. However, I think if you have solid ideas and a good way of drawing people together to work on the solutions to social problems, you can usually find some money.

Joiel- So in pulling together and convincing funders that home visiting program, for example, is something worthwhile and making a difference, you're not just speaking from kind of this esoteric
Karen to families, vantage point. You’re really talking about making the connections with families and truly getting families off to a healthy start.

Karen- Right. And I think many funders these days are very committed to the earliest years, to the zero to five years, recognizing that that is when the greatest learning takes place; that's when most of the brain connections take place, and so there are a number of foundations-- the work that we're doing in home visiting is funded by a foundation, the hagedorn foundation on long island, very committed to the early years.

Joiel- Would you mind sharing with us the particular approach to fund-raising that's been particularly successful?

Karen- I imagine it's the same approach that we use when we're trying to convince policy makers. Maybe you could call it sales. (laughing)

Joiel- What is the process that you undertook to initiate home visiting?

Karen- we brought a large group of people and many, many state staff from the health department, from the office of children and family services, from the council on children and families, state education department has come and been a part of it and a lot of advocacy groups and a lot of knowledgeable people like Peggy. We put them all in a room, try to achieve a consensus that there was more than one model about home visiting and that we were happy about that. Tried to achieve a consensus on the need for a universal welcome baby contact. We took advantage of the expertise around the state and brought in many, many speakers, who would talk about a program in say Rochester or in Schenectady or in Utica or wherever, and used all of that in sort of a combination of educational and action planning to come up with the recommendations that are found in our home is where the start is publication.

Joiel- You mentioned you've built a broad-based coalition. Who's been the partners in this effort?

Karen- Oh, the list is really long. Prevent child abuse in New York, fight crime, invest in kids; the three state agencies that I mentioned earlier; the association of county health officials. The list goes on and on. And each of those partners has a place in thinking about how home visiting should move forward. In the case of prevent child abuse, for example, while the program is funded by the state, prevent child abuse is responsible for training for the healthy families program. And so they've got a long history in thinking about how to provide the very best training that you can. Again I’m sure Peggy will talk about it. But these aren't just programs where people go into people's homes and talk about any old thing. These are programs that have specific things that are talked about at specific points. It's sort of a curriculum sort of approach in an effort to say, okay, when the baby is one month old you will talk about these kinds of things. If they're two months old, you would talk about these kinds of things, so prevent child abuse has played a very significant role in that.

Joiel- How do the coalition members organize within the state? As a follow-up to that, how does communication occur within the members?

Karen- Well, thank goodness for e-mail. (chuckles) We, during this last three years have held approximately monthly meetings. People have gotten to know each other very well. And I think they've gotten a sense of trust. I mean the perfect truth of the matter is that, because there are different models in home visiting, you always have the potential to become competitors instead of
complementers. And what we were really working on through this process is to say: there's plenty of need out there. There's plenty of room for everybody. Different communities should be able to make different decisions about what their array of services should look like, and we shouldn't be competing with each other. We should be complementing. And I think that we've made a huge strides on that idea.

Joiel- That sounds great. Now I know that you have partnerships with other organizations, correct, Karen?

Karen- Yes.

Joiel- How do those partnerships work? And what roles do they play?

Karen- Neither organization, sometimes are at the table. Other times they're playing co-convening roles. They are part of opportunities to sit down and think through issues. It's so many different roles.

Joiel- Okay. Well, clearly the list that you've provided us with Karen extremely impressive in terms of the coalition numbers. Are there any challenges? You talk about getting everyone around the table in a room. I'm sure you're bolting the door and locking it and keeping everyone in there to kind of tackle these very challenging issues. How do you go about mentally building this coalition but maintaining it and sustaining it?

Karen- You keep at it. You work on it every day. And I think that these are not easy coalitions to sustain. It's-- you know, in the 29 days between the monthly meetings, people have to go about their own lives. They have a lot of work to do and it's pretty easy to kind of say, the next time a meeting comes up: I'm too busy. I don't have time to go. And so we have a lot of contact, personal contact, encouragement. I run these meetings and I'm sort of a difficult taskmaster I guess you would say.

Peggy- You’re an energizing taskmaster.

Joiel- We need both clearly. I understand that the Schuyler center has developed a plan for home visiting.

Karen- Yes.

Joiel- Let's go over the specifics of the plan if you will. First of all, who exactly would benefit from the plan and how?

Karen- Well, in one sense everyone would benefit. In the sense that when children do better and all children do better, it's good for all of us. It's good to have children who end up in school doing better and graduate from high school and have long-term kind of impacts. As I've said, this system would have a prenatal, a birth and a postnatal component. And prenatally, our most fervent hope would be that mothers would enroll in a home visiting program very, very early in their pregnancy, at the same time that they would enroll in health care. And we're not talking about all mothers. We're talking about mothers who may have specific issues that they need to address. They're very young. It's their first time they're a mother. There are health related issues. So that the goal is to get everybody in. And I'm talking only about nurse/family partnership and healthy families when I say that, because I said before
there are also programs that are later enrollments because they're more literacy related and preschool related.

Joel- And in terms of the young mothers, if they don't self-identify-- and you referred to that earlier-- would they receive-- would any of the other coalition members for example receive a referral from one of the partners for example bringing forth a young mother who may be at risk and may be in need of additional prenatal resources and supports?

Karen- Young mothers are referred all the time by their health care provider, by their clinic, by whoever. This is-- these are all voluntary programs. A family does have a choice about whether to engage or not. And it's certainly possible that there are families that might not sort of think they need it to engage during the pregnancy who, upon either the birth of the child or shortly after, suddenly realize they really need some support and some help.

Joel- Now, Karen, you mentioned that you promote health as well as family functioning. How do these things go hand in hand?

Karen- One depends on the other. Really if we don't have healthy families and healthy babies, it impacts family functioning. I think about the baby who is born at an extremely low birth weight and ends up in the neonatal intensive care unit. That's a baby that puts greater stresses and strains on a family by a lot than if the baby is born more healthy.

Joel- what are the serves that your plan would include?

Karen- Primarily-- well, first prenatal care, medical care. Then a contact at birth which we're calling a welcome baby contact. That could be a phone call from your local health department. And it would be, you know, congratulations, you've got a new baby. This is a happy moment. It's really a window of opportunity. It also could be an offer of: do you need anything? Can I help you with anything? A lot of mothers are going to say no, I don't need anything. And then they are left with a phone number, however. And then three weeks later when they're struggling with breastfeeding or something, they're able to say: I have the phone number. I can call for help. And then it would be home visiting postnatally. So that when we're talking about this, we're talking about some families getting-- all families getting some things, and other families getting intensive home visiting.

Joel- That sounds like an absolutely wonderful program. It's comprehensive. It's beneficial, not just to all women, but certainly for children, partners, husbands, families, even the greater community, if you will. What kinds of resources need to be in place to accomplish this type of plan?

Karen- Well, as I said, we have for healthy families 39 programs in 41 communities. There are counties-- and I think Schenectady County is one-- that their program, and it's a terrific program, doesn't even cover the whole county. There are families who might move from a county with a home visiting program to two miles down the road to another county that doesn't have a home visiting program, and they're no longer able to get home visiting, which is really a tragedy. It should be a cohesive, consistent covering of New York State to make home visiting available to every single community and every single family.

Joel- As a safety net that you talked about.
Karen- Exactly.

Joiel -Seems to be transparent.

Karen- That’s right.

Joiel - Across communities.

Karen- That's right.

Joiel -Karen, your organization utilizes a home visiting pyramid.

Karen- That’s right.

(laughing)

Joiel - Could you walk us through it?

Karen- Right. Well if you go to the bottom of the pyramid that's really the universal supports and services. That's in-hospital screening, the welcome baby contact, perhaps a review of the birth certificates, which is available to local health departments. Then the middle level is services that we haven't spent a lot of time on because they're sort of the things that exist in a community, and I’m sure that again Peggy can talk about it, but those are the services that already families are being referred to. And then the top of the pyramid, for a relatively-- well, a relatively small proportion of everybody, is the really intensive home visiting that goes on for months/years. So what we try to portray here is simply that picture of everybody to some.

Joiel -The foundation and leading right up. Karen, thank you so much for this information.

Karen- Thank you.

Joiel - It's been really terrific. Now we'll turn to Peggy Sheehan, who we’ve been referring to throughout the program, program manager for healthy Schenectady families. Karen spoke a bit about the history of home visiting in New York State. How long has healthy Schenectady families been in play is it and tell us a bit about it.

Peggy- We’ve been in existence for ten years. This is our tenth year and so we've enrolled over 1,000 families in home visiting services. It's part of the healthy families New York network of home visiting programs. So it is a long-term, intensive, and as Karen mentioned voluntary home visiting program. Because that's the key. If parents voluntarily enroll in a program, they're more likely to engage and want to be committed to the educational piece. We promote healthy pregnancies. We enhance parents' understanding of healthy child growth and development. We decrease parental stresses which may result in child abuse and neglect which we've been talking a bit about. And then we increase the family's independence and their self-sufficiency because they set goals. They're individualized to what that family would need.

Joiel - Okay. So what you've done, Peggy, is you've given us a history. You've outlined to us this kind of long-term program that healthy Schenectady families really provides and what it's all about. Can you
tell me a bit more about the home visits themselves? Karen talked about it and made reference that you could go to greater detail for us.

Peggy- Home visits are conducted by specially trained home visitors that we call family support workers. And they begin by establishing a trusting relationship with the parent, because that is key, so that they begin this relationship building. But we utilize a holistic family centered approach. So it's not a cookie cutter program. We get to know the family. We get to know their community, their cultural needs. It is curriculum based and we use a variety of curricula to again individualize it to the family. It is evidence based education, so that what these families are learning are current, up to date information and guidelines for their family and their extended family. We work very closely with the parent and the child to create that relationship that Karen mentioned, because that is so important, those early relationships.

Joiel -Peggy, what are the goals of the business?

Peggy- We really work to promote the relationship, and we work to strengthen all of the family relationships. So mom, dad, baby, other siblings and surrounding other relatives that are involved with the family.

Joiel - All right. Home visits and healthy Schenectady families doing great work. We actually have a short video of a family support worker with the organization Peggy was referring to, healthy Schenectady families, at work. And it would be wonderful if we could all take a glimpse at the work of the organization. Let's take a look. (Music)

Narrator- healthy Schenectady families is a free home visiting program to support and encourage families of-- you know, and working with their children to help build the bonds and strengthen parent/child interaction.

Family support worker- My name is Nicole Webber. I work for healthy Schenectady families as a family support worker, and we help with bonding and baby education. A mother can find out about our program by a lot of different agencies out in our community.

Participant- I found it because I was going to the doctor at hometown health, and there's little pamphlets given out. When I read it, I just seen stuff and it was saying, like, if you just need help and stuff, like information and everything. And it's my first daughter, so I didn't really know a lot so I figured I can get some help.

Worker- Most of the families we work with, they all have different dynamics. There's single mothers there's mothers with their boyfriends. There's married couples. There's grandmothers that help support their daughters that are pregnant.

Participant- I have my parents up here and I is have one of my aunts and Jamare, my husband.

Worker- A family support worker goes into homes. They work with families on baby development, child education, bonding. If we see a prenatal mom, we would go in and do prenatal information, watch videos for labor and delivery, get a plan together so they'll be prepared for labor. Once the baby comes home, we do bonding activities and baby basics: how to bathe a child to feeding and sleeping. To even
just getting that mom really involved with the child so that she can work with her strengths to become a better mother.

Worker- So going into a third month and into a fourth month, she's going to learn how to roll from front to back. So it's important that keeping her on safe, you know, safe environment. By keeping her on the floor, yeah. I know that she likes the bath. I think some of the immediate benefits for the program is that helps the mother-- empowers her to become a better mom right at that point.

Worker- I found a mom that found herself homeless with a 2-month-old baby, and the next day we figured out a place for her to stay and she was back on track within a week and surprised herself how much that she could really do, you know, just herself.

Narrator- to do an assessment on a family and to see where they're at when they first come into the program and then to go out and do a home visit observation with the family support worker maybe two years down the road and see where they were and where they've come is awesome.

Worker- I think everyone needs someone in their lives to kind of encourage them and motivate them and really give them strength.

Worker- Notice touching. You know, you do really good with giving her the affection and you read her cues very well. Like when she was upset on the thing, you knew that she had enough and that she wanted to be picked up.

Narrator- our work, our role is to really try to help parents be the best they can be, children be the best they can be, and to really get in there and help parents, and I don't know that there are any of us who don't need that support and help. We all do no matter what walks of life we come from, no matter what income we have. We can all benefit from that.

Joiel -Well, that video clearly captures not only that adorable infant, but just the wonderful work of the home visiting program out of healthy Schenectady families. Now we focused on Nicole visiting with a new mother. How does that type of visit differ than for example a visit with an expectant mother?

Peggy- What Nicole would work with during the pregnancy would be providing information to continue regular prenatal care to have a positive birth experience. So she'd work with both mom and dad to help that happen.

Joiel - Karen, I know you had a comment that you wanted to share about the video and what we're seeing.

Peggy- One of the things that I found so striking in the video was the mother who had a 2-month-old and was homeless. Had this program not helped her to find housing, that baby very likely might have entered foster care. And that's exactly what we're-- that's one of the kind of things that makes this program so very important, because it could be foster care; it could be child abuse; it could be any number of things. That by having somebody you can turn to who will help you with things like housing, you have a much better potential to go forward and be a good parent.

Joiel - I love the point, regardless of community, income, gender, race, ethnicity, everyone essentially needs encouragement and needs support, and this type of program provides that.
Peggy- Exactly.

Joiel - Who else conducts home visits?

Peggy- Well, in Schenectady we've done things a little bit differently. We do have a community health nurse that visits all of our families, together with the family support worker during the prenatal period as well as during the first year of that baby's life. And they'll do activities such as prenatal assessment. They'll do breastfeeding support and education. They'll do the postpartum assessment and that newborn assessment, as well as the developmental screening that we do on the babies that—on a regular basis. And the nurses and the family support workers work in partnership and sharing their expertise with the family. They're the eyes and the ears of each other. So in between visits they will keep conference and, you know, discuss what they can do together to help this family move forward.

Joiel - Again, a very comprehensive and essential piece of the program. What outcomes do families who participate in the program see or yield, for example?

Peggy- Well, we're demonstrating some great health outcomes. I'd like to share them with you. As you can see, we're tracking many different activities, but the immunizations at one year, 97% of our babies are fully immunized. 91% have those five well baby medical visits by 15 months of age. 99% of the homes have had a lead risk assessment. 99% of the primary caretakers, who are the moms or the dads, have a medical provider. And 31% of our moms are breastfeeding for three months, and what is also great is because we do focus on that parent/child relationship, we're seeing the reduction in the parental stress by the child's first birthday. 50% of our families are experiencing less stress than they were at the beginning.

Joiel - So important. Do these outcomes extend beyond these parent/child interactions?

Peggy- Yes, they do, and this is very exciting also. We do look at promoting families' independence. In fact we essentially set up the system that the families won't need us any longer. So we begin weaning them from the very beginning. And so we promote self-sufficiency. 80% of our parents are either employed or in educational or training program by the time the baby is one year of age. By the first birthday, 51% of the families that were receiving public assistance when we enrolled them are no longer receiving public assistance. That's a key not only to the families' successes but to our funders as well. And then for those younger parents that we have, less than 21, 73% of those moms are involved in educational program, either returning to school, getting their G.E.D. or some other training program which is so important to their long term success.

Joiel - Oh, absolutely. Are you able to maintain support and contact with the families as the child grows?

Peggy- Yes. Our program is long term in that we'll stay with the families until that child is either 3 or 5 years of age. It depends if the child gets into head start or a pre-k program or when they do enroll in kindergarten, then they graduate from our program. But we have a wonderful tiered system of home visiting so that, as the time continues, families get fewer and fewer visits so that by the time that child is 3 to 5 years of age, we may only be seeing them either monthly or even quarterly, just for that added boost.

Joiel - As you said earlier it's not a cookie-cutter approach, so it's going to vary from family to family.
Peggy- Exactly.

Joiel - The home visiting program relies on getting the word out and connecting with new parents. How do you create community collaborations that will benefit the program?

Peggy- Well, Karen spoke beautifully to that, and we did do that in Schenectady. We really, you know, looked at, you know, who are the key players in this community that will continue and help motivate us to set up a home visiting program? So we use a case finding approach to establish those connections. We made sure there was a clear articulation of what we were trying to do. What would family support look like in Schenectady County? We did consider all ideas, and sometimes having a lot of ideas around the table makes that a little bit of a challenge, but we did, you know, look at every different way that we could provide this. We need to know what’s happening in the community, too. What else is already going on owe that we’re not duplicating. If there’s another process going on, we brought those folks to the table, too. And we did establish a communitywide commitment from a variety of key stakeholders.

Joiel - Peggy, what would you say are the key components to creating a community collaboration?

Peggy- well, you definitely have to invest time at the beginning, you know, and I can’t stress that enough, because if you just like we did with parenting, invest that time in the beginning at the collaborative, if you invest time at the beginning and listen to everybody and gather the information from all of the expertise that’s out there, then you’re more likely to, you know, develop a good plan as well as healthy collaborative relationships, so that you can continue to move forward as the development of the programming, you know, continues.

Joiel - Collaboration is never easy, and when you’re collaborating with others, you have to coordinate efforts. How do you do this?

Peggy- well, you need to find the common ground, and there is common ground amongst all of the programs that are out there, whether they be an educational program, whether it be an early education program, a literacy program, a case management program. What does everybody, you know, bring to the table? And what-- where are the overlaps? And then how can we enhance those and build on those?

Joiel - I asked Karen earlier, and I’ll ask you this now. Are there any challenges to coordinating new programs with existing programs?

Peggy- yes, because what happens, everybody is very passionate about this work, and sometimes, you know, people will get rolling with their passions and want to go in their direction without bringing along the rest of us that have been there. So we try to make sure that we welcome everybody to the table and then say, okay, how can we make this puzzle piece fit into what we're providing here in Schenectady?

Karen- If I could just add to that. People do bring their own perspectives and their own programs sort of in their mind. What we've tried to do is move people to think child and family. We all have common ground on wanting our children and our families to do well and to be well.

Joiel - That's a very center.
Peggy- Right.

Joiel -Can you describe how home visiting partners work together? What are the benefits of working together and working the way that you've outlined for us?

Peggy- What we did in Schenectady is create a home visiting partnership where we brought our home visiting programs together under one central intake. One of the issues within a community when you have several different programs with is several different referral criteria or boundaries, it confuses the referral sources. We didn’t want that any longer in Schenectady so we created a central intake that includes healthy Schenectady families. It includes our early head start program, our parsons early head start program and our local tacit program which is a case management program is also included. And our central intake coordinator takes direct referrals on all of those programs. Together with our other Schenectady county public health departments, because public health is the lead agency in Schenectady, we were able to pull in all our great public health work into this central intake and so our public health nursing program is involved, our early intervention program is involved and our environmental health staff are involved in all of this, too.

Joiel -Peggy, have you found that there's some collaboration strategies that work much better than others?

Peggy- Yes. I found, as we worked with everybody, that there are a variety of areas of expertise and that, if we tap into those areas of expertise and as we identify what we don't know, you know, who does? Let's find that person and bring them to the table. We've also learned that we need to tap into the energy and excitement of the youths in our community and bring that new energy and expertise to the table. A lot of our-- the young college grads that are coming out that, you know, want to know what we're doing. We've been listening to them and incorporating their new ideas.

Joiel -So it's playing to the strengths. It's identifying those strengths and determining where the gaps are and figuring out who among the partners can fill in those gaps.

Peggy- Exactly.

Joiel -How did you come up with these strategies?

Peggy- Well, a lot of it came from working together in a relatively small community; Schenectady's not a very large county. But we-- through our experience through the years. What worked? What didn't work? You know, some of us have been providing home visiting services for a generation or so. So we said, oh, let's throw that out. That didn't work. So how do we collaborate based on all of that expertise?

Karen- I think we learn a lot from our mistakes.

Peggy- Yes.

Karen- We learn more from our mistakes than our successes. As we're working in collaboratives and in communities and so forth, there are points when we can later say: oh, I see what happened there. We
didn't listen well enough or we didn't have the right people at the table or any number of things like that. And so it's-- I think you'd call to the school of hard knocks. (laughter)

Joiel -Sounds good. Healthy Schenectady families is such a successful program doing absolutely wonderful work that I’m sure other organizations would like to emulate and adopt some of the great efforts that you’re doing. How do you insure the continued success of your program?

Peggy- There really does need to be ongoing evaluation, and our program is fortunate to be using the center for human services research to conduct all of our data collection and analysis. We need to use that data and, you know, I am looking at reports and evaluating and using that data to move forward. There needs to be ongoing education. What a lot of programs forget is that you can train your staff at the beginning, but you need to continue that educational process so that their skill set maintains a high level for that program, for their work. And we need to incorporate staff and participant feedback. You know, without the great staff that are dedicated in doing this day-to-day work, healthy Schenectady families would not be where it is today. If the supervisors, the central intake coordinators, the home visitors, the family support workers and nurses, the data and administrative staff. Without them, healthy Schenectady families would not be the success that it is today.

Joiel -Thank you very much. How do you work around these challenges in terms of maintaining a successful home program?

Peggy- Well, the challenges are ever changing and, you know, what happens to it that, as the funding climate changes, I think that's our biggest challenge. And we try to maintain a positive attitude and be as strength based as we can, but these are difficult times and we are worried about them.

Joiel -Thank you, Peggy. We're ready to take your calls now. The toll free number is 800-452-0662, or you may send your written questions by fax: 518-426-0696. Peggy, do these challenges become easier to navigate as you get more people and more organizations involved in home visiting?

Peggy- We found that they are in Schenectady. We have been in existence for ten years and many of the key Stakeholders are the same, so that again as Karen said we've been able to learn from the mistakes and what didn't work. But the challenges as I said are, you know, the diversified funding. You know, it's a patchwork of funding, and the amount of time that it takes to manage that alone. And so there are times that it's a lot harder and then we go through some easy times. So this is just a difficult time.

Joiel -Okay. Its cyclical and ebbs and flows, highs and lows.

Peggy- Yes.

Joiel -Okay. We actually have had some questions that have come in for you. Here's one question: do you have workers who are trained to work specifically with fathers?

Peggy- What we do here in Schenectady, we don't have a fatherhood, you know, advocate as some other healthy families programs do. So that what our family support workers do, they bring the dads into the visit and they have some special training in how to do that. It highlights the fact—we talk to the dads. What would you like? And, you know, we tailor our materials for the dads. We have handouts that are just for them. They've said to us: I would read that. This is the kind of information that I want.
And that partnership piece works well, too, because partnering with early head start, we're able to tap into their expertise and their resources for their father groups.

Joiel - Is there an older sibling component to the home visiting programs?

Peggy- Older siblings want to be involved so it's in that bag of tricks are always things for the older is siblings to do.

Joiel -Another question. What kind of skills training and experience do you look for in a community health worker?

Peggy- We don't have a community health worker program. These are family support workers. So our family support workers actually have either, you know, a two-year degree in some human services background or most of ours in Schenectady do have a bachelor's degree in either education, early education or human services.

Joiel -how does your program-- and Karen, you can weigh into this as well-- address the issue of literacy or non-English-speaking families in terms of providing prenatal care, home visiting support? What kinds of resources are out there for them?

Peggy- well, that's—Schenectady has a Schenectady literacy task force, and early head start and healthy Schenectady families are part of a project called leap into literacy, so that, with united way funding early head start and healthy Schenectady families, and tacit families now receive books that our family support workers have attended specialized trainings in early literacy. So every month the families that are involved with this get a new book and we give sibling books, too, because again those siblings want those new books also.

Karen- and just to go back, there are home visiting programs that are-- enroll families and children later, like when the child is 18 months or 2 years of age. And they are geared specifically for literacy. So for example in New York City, the nurse/family partnership and healthy families programs are working with the prenatal and postnatal. And then parents as teachers would receive a family. And they make I believe weekly visits. They spend time with the mother and the child, with language, with books, the same kind of stuff and so that there's kind of a continuum that you can create if you have a system of home visiting.

Joiel -Here's a question that's come in from Tompkins county department of health: is the Schenectady curriculum available to other counties, especially the teaching tools?

Peggy- We actually use professional curricula. We use the Hawaii early learning profile, which is the health curriculum. We use partners for families, partners and parenting education, and the St. Angelo curricula, so that what another program could do—I mean I would-- I’d love to talk to them. How we pick and choose what would be best for which family, and which ones have been translated in other languages is the other key piece.

Joiel -We have a call coming in from Cortland County for Peggy Sheehan or Karen Schimke. Your question?
Caller: I’d be interested to know, did you have goals in mind, percentage of the population that you had intended to serve? And how did you document your success? I mean, I’m sure there are numbers to back up what you do.

Peggy- Healthy families New York has quite a few performance targets that we are working towards meeting. I showed you some with the health and development targets and the parental stress targets. But the number of families we served is really based on the amount of funding that we do have to serve those families. And then we’re really always striving to, you know, have 100% of our kids immunized and 100% of our families self-sufficient. But there-- healthy families New York web site, you’ll be able to see all of the performance targets that we’re working towards.

Caller: thank you very much.

Joiel -Thank you for your call from Cortland County. Another fax question from Albany: your presentation indicated that home visiting programs target both families with multiple social risk. Adjustment from military life to civilian life is a stress factor. I can't read all of this. But when we're talking about young men and younger families, women veterans, how can they benefit from home visiting programs, and how do you reach out particularly to our young families and/or veteran services organizations?

Peggy- well, basically through any other point of contact that they may have in that their health care providers, their ob/gyns, their pediatricians. That's where the veteran families have come to us. Within the military there are family support services also, so I’ve actually had contact with some of those family support services to share what we do in the home so that they can, you know, replicate it within their own base if they would like to.

Karen- I would just chime in that, if you think about a reservist who gets sent over and a young mother is left alone with the baby, having all the stress and strain of having somebody in Iraq or wherever, this problem could become a lifesaver.

Joiel -Absolutely. Here's a follow-up to that question: how can we learn about where all the home visiting programs are in New York State?

Karen- well, one could go to the office of children and families web site and punch in home visiting and you would see where the healthy families programs are. There's quite a number of parents as teachers programs around the state, and I believe they have a web site as well. The nurse/family partnership, which really grows out of a national organization probably, has a web site. I can tell you that, in New York State we have nurse/family partnership in Monroe county, New York City. I think it's going into Onondaga. I think both Nassau and Suffolk are looking at that program. Healthy families is by far the biggest and the longest of funded programs. Lots of communities do lots of things, however. For example, in Elmira they have sort of a version of nurse/family partnership and they're coming back into the real program. And they had healthy families and they have a welcome baby contact, and they also have other activities around visitation, because they are a community that has really dedicated itself to doing what I call the safety net to cover the whole community.

Joiel -I know each of you provided your contact information. Karen, how can viewers reach you?

Karen- I can be reached by e-mail at kschimke@scaany.org, or at 518-463-1896, extension 25.
Joiel - Thank you. And Peggy, how can our viewers contact you?

Peggy - At peggy.sheehan@schenectadycounty.com or 518-386-2824.

Joiel - Well, Peggy Sheehan and Karen Schimke, I want to thank each of you for providing just a wealth of comprehensive information about the safety net and your dedication. I want to applaud you for your dedication to children and families who should be and are the center of the work that you do for New York State and in Schenectady. Thank you both so much.

Peggy & Karen - We're delighted to be here.

Peggy - Thank you.

Joiel - and thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs, and continuing education credits are available. This program will be available via web streaming within a week or two. Please see our web site for more details. We hope you'll join us next month on June 19th for our next program titled "who, what, when and how: implementing the chronic disease self-management program in your community," with Lisa Ferretti, director of operations at the center for excellence and aging services, university of Albany school of social welfare, and Melanie Shefchik, public health educator at the Rockland county department of health. I'm Joiel Ray-Alexander. See you next time for public health live, the third Thursday breakfast health broadcast.

(music)