

With the New Year fast approaching, we would like to ensure expectant parents and families with a newborn are offered services to encourage a healthy start to 2020. The Healthy Families Allegany/Cattaraugus (HFAC) Home Visiting Program would like to share our program information with our community partners. HFAC is an evidence-based program offering home-based services to expectant families and new parents, beginning prenatally or shortly after the birth of the child.

Families who enroll in the program receive regular home visits with a Family Support Specialist (FSS). Family Support Specialists are specially trained to work with parents in a positive, supportive manner, building on parent's strengths. These visits include parent-child interaction activities, developmental screenings, discussions with the FSS regarding child development, health and wellness and community referrals are given as needed to promote self-sufficiency.

The Healthy Families Program provides home visiting services that support parents from pregnancy until their child is ready for school. Families must enroll prenatally or before their newborn reaches three months of age. Our services are **free and voluntary** and participants must reside in either Allegany or Cattaraugus Counties.

Enclosed please find a Healthy Families Referral Packet which includes in depth information about our program as well as evidence-based information on the outcomes of the Healthy Families Program. We welcome referrals for prenatal women or parents with infants under the age of three months. Once a referral form is completed and signed, you may fax or mail the form to our office.

Please contact me if you have any questions regarding our services at (716) 372-5987, ext. 113 or dtuttle@parenteducationprogram.org.

Thank you,

such as single parenthood, low income, and depression that put children at risk for adverse childhood experiences (ACEs), including abuse and neglect. **Currently more than 85,000 families are served by more than 600 Healthy Families America sites in 38 states, Washington DC, five U.S. Territories, and Canada.**

HFA is a leading national evidence-based home visiting model, meeting rigorous criteria for federal funding through the Maternal Infant Early Childhood Home Visiting (MIECHV) program. As one of the top two models states selected for MIECHV funding, HFA was chosen to participate in two highly selective federally legislated evaluations. The Mother Infant Home visiting Program Evaluation (MIHOPE)¹ examines the benefits of home visiting for children and families served by the MIECHV program. A second study, known as the MIHOPE/Strong Start evaluation, examines home visiting impacts on birth outcomes². Both studies hold promise for understanding current effectiveness and efficiency of family support home visiting efforts.

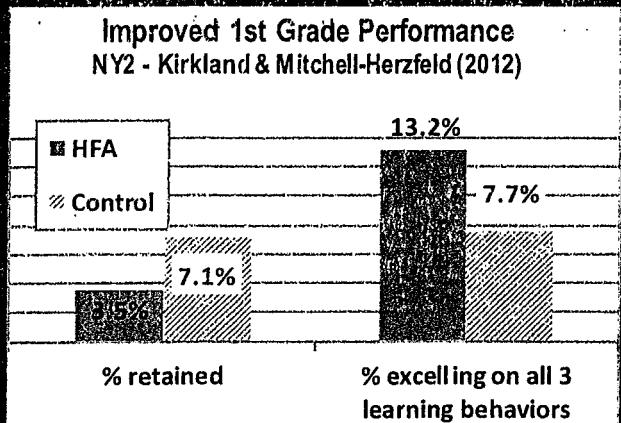
HFA's most rigorous evidence* comes from 12 publications of multiple randomized control trials (RCTs), with impacts in all six domains required by the MIECHV program.

- **Family economic self-sufficiency:** Most parents have not yet completed high school when they enroll in HFA, a critical step for future earning potential. HFA helps new moms find the motivation and resources to further their education, evidenced by three rigorous studies showing increased maternal education over one to three years^{1,4,3}.
- **Maternal and newborn health:** Rigorous studies of HFA sites report numerous health benefits for both mothers and babies. More moms in HFA reduced their alcohol use⁴. Children in HFA had better access to health care, evidenced by rates of health insurance at age one⁵ and two⁶, connection with a primary care provider, and more completed well-baby visits⁷. Most notably, HFA reduced the rate of low birth weight infants among women enrolled prenatally⁸. Low birth weight is associated with higher infant mortality as well as substantial short- and long-term challenges to child health and development.
- **Prevention of child injuries, including maltreatment:** Preventing Adverse Childhood

SCHOOL READINESS & ADJUSTMENT

The largest long-term rigorous study of HFA to date (NY2)* shows impacts on academic success, with more children in gifted programs, fewer retained in first grade, and fewer receiving special education services. HFA also increased positive learning behaviors (works and plays cooperatively, follows oral directions and rules, and completes work on time).

These results are consistent with other studies reporting early indicators of children who are ready to learn, including higher scores for HFA children compared to controls on tests of cognitive development (AK, CA) or developmental screening (GA, NY1) at age 1 or 2 years, and fewer behavioral problems (AK, CA).



CHILD ABUSE & NEGLECT

Parents' self-reports provide a powerful measure of child maltreatment; several rigorous studies show reductions in harsh parenting, neglect, physical abuse, and psychological abuse measured from one to seven years (AK, AZ2, CA, HI2, NY2), and increased use of non-violent discipline (NY2).

Studies have also shown reduced rates of substantiated maltreatment (HI1, AZ3, OR, VA5), with strongest results for select subgroups, such as first-time moms who enrolled prenatally (NY2), moms who were not depressed (MA2), parents with prior CPS involvement (NY2), and those who received the recommended number of visits (FL4).

CHILDREN'S HEALTH

HFA improves birth outcomes, including low birth weight, a problem with tremendous public and personal costs. When moms enroll in HFA before the third trimester, multiple studies report positive impacts on birth weight (NY2, FL3, DC, NJ1, VA4), and fewer birth complications (VA2). HFA has also been shown to increase breastfeeding (NY1, NY2, MA1, OR, WI).

HFA improves parents' access to health care for their child by helping them:

- ◇ obtain insurance coverage (AK, NY2, OR),
- ◇ complete well-baby visits (CA, VA2, OR, WI), and,
- ◇ establish a medical home for routine and preventive health care needs (AK, AZ1, CA, FL3, FL4, HI2, IA, MD1, MD2, NY2, OR, TN, VA1, VA2, VA3, VA4, VA5).

FAMILY FUNCTIONING AND SELF-SUFFICIENCY:

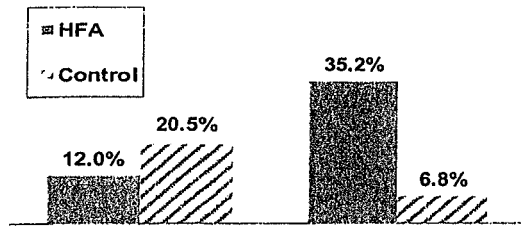
HFA parents make significant gains in their education (AZ2*, CA, NY1, DC, MA1, MD2, NJ1) and make better use of community resources (AZ2).

Delaying subsequent pregnancies impacts the health of both moms and babies, as well as helping young families achieve greater financial security. More HFA waited longer to have another child (FL4, NC, VA2b).

Substance abuse is another indicator of family functioning, as well as a risk factor for child maltreatment. Mothers in HFA reported less alcohol use compared to control families (AZ2).

Improved Family Functioning

AZ2 - LeCroy & Krysik (2011)



POSITIVE PARENTING ATTITUDES

HFA helps parents develop more positive beliefs about their role as parents. Compared to control families, HFA parents:

- * showed stronger parenting efficacy (AK, HI2),
- * had reduced parenting stress levels (MA2), and,
- * had more positive perspectives on their parenting roles and responsibilities (GA, HI1, NY2).

Even more studies support these findings (CT, MA1, NJ1, OR).

PARENT-CHILD INTERACTION

It takes time for parents to get acquainted with their new baby. Responsiveness and communication are the building blocks of attachment; the parent-child bond promotes child well-being and protects against child maltreatment. HFA shows significant impacts on parent-child interaction in numerous studies (GA, HI1, VA2, AZ1, FL2, IL, IN, MD1, MI, NJ1, OR, WI, VA4). In particular, researchers in a rigorous study observed significant improvements at two years on overall scores and specific areas of sensitivity, child clarity, and child responsiveness, while scores for control families declined (VA2).

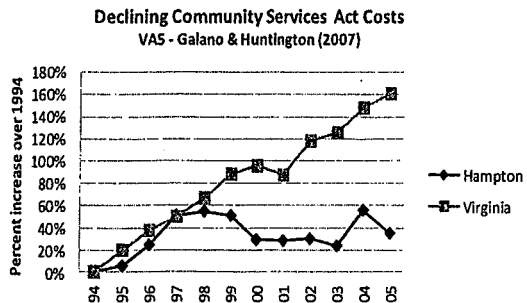
SUPPORT FOR CHILD DEVELOPMENT

HFA increases parents' understanding of children's developmental milestones and needs (NY2, IA, MD1); and helps parents create a more responsive and developmentally stimulating home environment (AK, GA, HI1, VA2, AZ1, DC, FL4, IL, IN, MD1, MI,

COMMUNITY-WIDE IMPACT STUDY

A ground-breaking study commissioned by Hampton Virginia city leaders found significant community benefits of HFA (VA5).*

- ◇ The study examined rates of change in several key benchmark areas, comparing Hampton to similar communities.
- ◇ The strongest results showed a greater rate of improvement for Hampton on rates of child maltreatment, child maltreatment fatalities, and infant mortality.
- ◇ Hampton's costs related to these outcomes indicate savings compared to state costs, shown in the figure below.



Delaying subsequent pregnancies helps young families achieve greater financial security. More HFA moms waited at least two years to have another child (FL4, NC, VA2b). HFA also improves birth outcomes, including low birth weight, a problem with tremendous public and personal costs. When moms enroll in HFA before the third trimester, studies report positive impacts on birth weight (NY2, FL3, DC, NJ1, VA4), and fewer birth complications (VA2).

LOWER EDUCATION COSTS

The largest long-term rigorous study of HFA to date (NY2) shows impacts on academic success, with fewer children retained in first grade or receiving special education services. Other rigorous studies show early indicators of school readiness (AK, CA, GA, NY1).

IMPROVED FAMILY SELF-SUFFICIENCY

In multiple studies, HFA parents show significant gains in their education (AZ2, CA, NY1, DC, FL4, MA1, MD2, NJ1) that can lead to increased family income and tax base.

REDUCED CHILD MALTREATMENT

Several rigorous studies show reductions in child maltreatment measured via parent self-report (AK, AZ2, CA, HI2, NY2), or substantiated reports (HI1, VA5). Strongest results on substantiated reports are for select subgroups (MA2, NY2, FL4, OR), such as first-time moms who enrolled prenatally (NY2).

their newborn reaches three months of age.

What are the key elements of the program?

- Families referred to the HFAC Program will meet with a Family Resource Specialist (FRS) who will assess family needs and determine program eligibility.
- Families enrolled will receive regular home visits from their Family Support Specialist (FSS). FSS's are specially trained to work with families in a positive and supportive manner, building on parents' strengths.
- Enhance parents understanding of healthy child growth and development through education and activities.
- Strengthen the parent-child relationship.
- Build on parental skills to encourage a positive home environment.
- Improve family support systems and self-sufficiency by providing information on other community resources or program service agencies.
- A Breastfeeding Support Specialist and a Certified Lactation Consultant (CLC) are available to provide support, information and advance education to families participating in the HFAC Program.
- HFAC provides information, support and specialized services to new and expectant fathers/father-figures who are participating in the HFAC Program.

What is New York State Home Visiting?

Healthy Families New York is a collaboration of all Healthy Families Programs in New York State, the New York State Office of Children and Family Services, Prevent Child Abuse New York, Inc., the Center for Human Services Research of the State University of New York at Albany, the New York State Home Visiting Council and Healthy Families America.

What is the Parent Education Program?