Healthy children in healthy families

Improving child health by supporting parents

NACHRI

National Association of Children's Hospitals and Related Institutions

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National Association of
Children's Hospitals
and Related Institutions

NACHRI

LAWRENCE A. McANDREWS, FACHE
President & Chief Executive Officer

April 1997

Dear Colleague:

In recognition of Child Abuse Prevention Month, NACHRI is pleased to release *Healthy Children in Healthy Families: Improving Child Health by Supporting Parents.*

There has been unprecedented attention paid recently to the importance of the early years of life and how experiences during this period—both good and bad—have a decisive and lasting effect on a child's later development. We also know the critical role that parents play in this process.

The programs outlined in this report espouse the recommendations of the seminal 1994 Carnegie Corporation report, *Starting Points: Meeting the Needs of Our Youngest Children,* which stressed that when men and women are prepared for the opportunities and responsibilities of parenthood, they are more likely to provide the care and create the conditions that promote healthy child development. Specifically, this report profiles programs that:

- *Expand education about parenthood in health care settings, schools and communities,* including programs that reach out to employed parents and adolescent parents, as well as those that educate young people before they become parents.
- *Offer home visiting services to disadvantaged families,* including programs that work with poor, drug-affected, and other highly vulnerable families.
- *Create family and child centers to provide services and support to families,* including programs that offer integrated health, educational and social services.

Few jobs are more vital to the well-being of children and society as a whole than being a parent; yet few jobs are undertaken with so little solid information and training. Much of the parent training in years past was conducted informally among large extended families and close-knit communities, however these resources are no longer within the reach of many Americans. As health care providers and advocates for children and families, we can and should fill this void.

I hope this report inspires you to develop parent support and training programs or improve upon your existing efforts. My best wishes for all your health promotion efforts in 1997.

Sincerely,

Lawrence A. McAndrews

Lawrence A. McAndrews

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Facts about America's children and families

Facts about America's children and families

• More than half of all infants and toddlers (56 percent) have mothers in the workforce full or part time.

• Nearly a third of infants and toddlers in two–parent families (31 percent) have parents who both work full time at paying jobs.

• In a recent Commonwealth Fund survey, more than half of all parents report that they would like to spend more time with their children. Employed parents feel this tension most strongly; eight out of 10 parents who work full time wish for more time with their children.

• A national insurance research survey estimated that in 1992 American businesses and their employees paid $5.6 billion through their health benefits for unhealthy birth outcomes of mothers and infants.

• Each year, teenage girls give birth to nearly 500,000 babies. Today 3.3 million children live with adolescent mothers.

• One in four infants and toddlers under the age of three—nearly 3 million children—lives in a family with an income below the federal poverty level.

• The United States now leads the world in fatherless households. In 1960, 17 percent of American children lived apart from their fathers; in 1996 the figure was 40 percent.

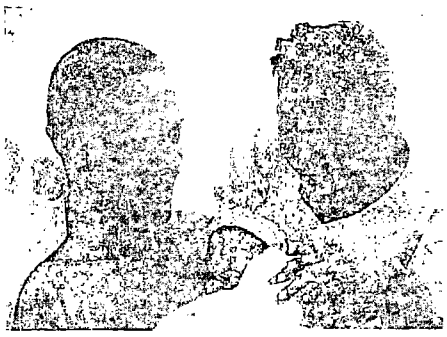
• There were an estimated 2.8 million cases of child abuse and neglect reported in the United States in 1993, up from 1.4 million cases in 1986.

• Almost 60 percent of the pregnancies in the United States are unintentional, either mistimed or unwanted altogether.

• Children born to mothers who have less than 12 years of education have a fourfold increased risk of mental retardation.

• For every $1 spent on prevention, $2 are saved in costs associated with treating and managing the consequences of child abuse and neglect.

Expanding education about parenthood in health care settings, schools and communities



M.A.L.E.S.—Men Are Living Examples of Strength

Abstract

M.A.L.E.S. is a school-based curriculum designed to teach 12- to 14-year-old boys the responsibilities of fatherhood and reduce the future incidence of child abuse and neglect. The program was founded at Spain Middle School in Detroit. Since the school population is primarily African American, a culturally sensitive approach was developed for implementing the curriculum.

History

In Detroit, as in most U.S. cities, there are few educational programs to prepare boys for responsible parenting, according to a recent Michigan conference on fatherhood. Most child abuse is perpetrated by men, and many children with social and emotional problems reside in families with uninvolved fathers. In response, the Children's Hospital of Michigan developed the M.A.L.E.S. curriculum to inform boys about the realities of fatherhood before they become sexually active.

Target population

The program is geared to seventh and eighth grade African-American boys at a middle school adjacent to the hospital.

Program design and features

The 16-week curriculum is presented in 50-minute sessions to groups of 15 to 20 boys who are selected by their teachers. The M.A.L.E.S. program coordinator recruits professional men—all of whom are actively involved with their children—to present on various subjects (see box). The teaching approach is highly interactive and the subject matter is presented through group exercises, role play, music and video. The format encourages the presenters to serve as role models to these young men.

Community partner

Detroit Public Schools

Budget and funding sources

The salary of the part-time program coordinator and related administrative expenses (approximately $800) are included in the hospital social work department budget.

Evaluation and outcomes

The boys are given a pre- and post-program test. Among the six groups that have completed the curriculum, results indicate improved understanding of the

Contact information

M.A.L.E.S.—Men Are Living Examples of Strength
Children's Hospital of Michigan
3901 Beaubien Boulevard
Detroit, MI 48201-2196

Contact:
David Allasio, M.S.W.
Child Protection Team Coordinator
(313) 993-7106

Subject matter

- The image of fathers in society
- Definition of male strength
- Male and female sexuality
- Relationships
- Goal setting
- Planning for responsible fatherhood
- Developmental needs of small children
- Child abuse prevention/non-violent discipline
- Financial needs of children
- Spirituality and fatherhood

subject matter. Both teachers and students report a high regard for the program.

Lessons learned and advice to others

Present the curriculum in a manner that appreciates the socio-cultural characteristics of the group to gain credibility and acceptance of the program among the students.

Next steps

- Pursue grant funding to expand the program to other Detroit middle schools.
- Develop a program for seventh and eighth grade girls on the role of the father and how adult parents can support each other.

Replicability

The program is replicable at children's hospitals or other organizations that work closely with schools. The M.A.L.E.S. program materials are available upon request.

Young Fathers Program

Abstract

The Young Fathers Program is a case management and educational program that promotes fathers' early and consistent involvement in their children's lives.

History

For many years, the Children's Hospital of Columbus has offered clinical and educational services to teen mothers and their children. In response to the growing body of literature showing negative outcomes for children with uninvolved fathers—namely school failure, persistent poverty and increased likelihood of incarceration—the hospital proposed a program to address the needs of young fathers and promote responsible parenting. This program was launched in 1995.

Target population

The program is open to fathers age 15 to 24 residing in Columbus, with priority given to fathers whose infants are cared for in the hospital's teen parent clinic and home visiting program.

Program design and features

Through a combination of individual counseling, peer support groups and case management, the program offers the following services:

- Positive role modeling
- Educational and employment assistance
- Child development and parenting education
- Relationship and family guidance
- Life skills training
- Sexual responsibility instruction and family planning services
- Referrals to substance abuse treatment services

Community partners

- Columbus Private Industry Council and temporary employment agencies, for job training and employment assistance
- Columbus Public School's teen parent program, area hospitals and prenatal clinics, for client recruitment
- Columbus Council on Alcoholism, for substance abuse treatment
- Franklin County Child Support Enforcement Agency, for paternity establishment

Budget and funding sources

The program is funded through a $50,000 grant from the Columbus Foundation. Program expenses include salaries for the coordinator and

Contact information

Young Fathers Program
Children's Hospital
700 Children's Drive
Columbus, OH 43205

Contact:
Charles Campbell, MSW, LSW
Program Coordinator
(614) 722-2452

Objectives for participants

- To provide financial and emotional support for their children
- To play a visible role in their children's lives
- To establish official paternity
- To complete education and/or vocational training
- To secure employment
- To prevent repeat pregnancies

secretary, staff and client transportation costs and related program expenses.

Evaluation and outcomes

In the past year, participating fathers have demonstrated improved financial support for their children and parenting knowledge, and more regular visitation with their children. More than two-thirds of participating fathers are involved in school, vocational training or work and there have been no reported subsequent pregnancies.

Lessons learned and advice to others

• *Don't expect instant receptivity.* This is not an easy population to engage and establishing trust can take considerable time because these young men are often skeptical of programs offering assistance.

• *Don't limit your program to a young age group.* If your funding source permits, make your program available to older fathers as well.

• *Use welfare reform to make the case for this service.* The new federal law will increase the demand for programs aimed at improving fathers' financial support of their children. Establishing a Young Fathers Program could be a hospital's proactive response to the potential negative effects of the new welfare reform law.

Next steps

The hospital recently hired a coordinator for all community adolescent services, including the Young Fathers program, teen parent clinic and home visiting program, to integrate programming and fund-raising efforts.

Replicability

The program is best replicated at children's hospitals and other institutions that offer services to teen mothers and/or have strong ties to prenatal programs.

The Parenting Place

Abstract

The Parenting Place is an educational program that promotes positive discipline and effective communication skills for parents.

History

In 1990 the National Center on Child Abuse and Neglect (NCCAN) awarded the Children's Hospital of Pittsburgh a $70,000 grant to create an educational program to decrease parents' physical punishment of children. The grant was one of nine programs that were funded nationwide. A $100,000 grant from the Children's Trust Fund of Pennsylvania in 1992 expanded the program to serve 300 percent more parents.

Target population

The program is open to all parents in Allegheny County—the hospital's primary service area—as well as four surrounding counties.

Program design and features

The Parenting Place uses trained community volunteers to present a parent education curriculum developed by the hospital. Because volunteer instructors interact with class participants in the communities in which they live and work, parents often view the instructors as local resources whom they may approach with questions about parenting issues. A 12-hour volunteer training is offered twice a year.

The parenting course consists of six presentations addressing self-esteem for children and their parents, discipline, effective listening, communication and sibling rivalry. An optional presentation is available on communicating with children about human sexuality and substance abuse prevention. Program staff is also developing new curricula about parenting teenagers and children with special health care needs.

The Parenting Place has two full-time staff members—a curriculum development coordinator and a volunteer coordinator. In addition to their regular duties, Parenting Place staff are frequently asked to give radio and TV interviews on child development and parenting topics.

Community partners

To expand the reach of the program, the Parenting Place collaborates with local libraries, schools, religious organizations, health centers, YMCAs and work places, which serve as host sites for the classes.

Contact information

The Parenting Place
Children's Hospital of Pittsburgh
One Children's Place
3705 Fifth Avenue
Pittsburgh, PA 15213

Contact:
Jim Bozigar
Coordinator of Community Relations
(412) 692-8665

Budget and funding sources

The annual budget for the program is $110,000, which is derived from participant fees and grants from the local Presbyterian Church (which funds child care during parenting classes), Allegheny County Children and Youth Services, local school districts (which use federal "drug free schools" funding) and the American Foresters Association.

Evaluation and outcomes

A pre- and post-program test measurement has indicated a statistically significant drop in parents' use of corporal punishment as a discipline technique. The Parenting Place has trained 140 volunteer instructors and presented the parenting course to over 6,000 parents. The program has been presented at more than 200 locations in Western Pennsylvania.

Lessons learned and advice to others

- *Always charge a fee for your parent education course.* Paying even a nominal fee will improve the likelihood that parents will remain in the program until completion of the course.
- *Recognize that parents' behavioral and developmental concerns about their children are universal.* The techniques you recommend for dealing with these concerns will not change significantly among different socio-economic groups.

Next steps

- Secure corporate underwriting for the program.
- Replicate the program at area hospitals.

Replicability

Staff are available to train other children's hospitals in the use of the Parenting Place curriculum.

Parent Warmline

Abstract

The Parent Warmline is a telephone consultation service that provides support, encouragement, practical advice and resource referral to parents of young children who have questions about their child's development or behavior.

History

The Parent Warmline was created in 1987 in response to the many calls received by various hospital departments related to child development issues. At that time, nurse advice lines and triage services were available in the Minneapolis/St. Paul area, but there was no central telephone consultation service for behavioral and developmental concerns. Using a model presented at the Chicago-based Family Resource Coalition, the manager of the hospital's primary care clinic, along with a pediatrician and a parent educator, launched the Parent Warmline program with an 18 month start-up grant from the hospital foundation.

Target population

The Parent Warmline is open to all Minnesota residents.

Program design and features

The Warmline receives calls 24 hours a day through a voice mail system. Working from home, volunteers check the voice mail system periodically throughout the day and respond to callers. Calls focus on a range of child development topics. Two-thirds of callers' concerns are addressed on the phone; one third of callers are referred to pediatricians, literature or other community resources, such as counseling and mental health programs.

The hallmark of the Parent Warmline is its corps of volunteers, all of whom are professionals with at least a bachelor's degree in child development or a related field. Volunteers receive an intensive three-day orientation and attend bimonthly continuing education seminars thereafter. The program trains 10 to 12 new volunteers a year and has an average volunteer base of 40. Each volunteer is asked for a minimum commitment of one year of service, working three to four shifts per month.

A program coordinator manages all volunteer recruitment, training and retention activities, as well as program development and evaluation functions. A program assistant is responsible for administrative duties.

The Warmline is consulted frequently by the local print and broadcast media on parenting concerns. Warmline staff and volunteers also present at health fairs, early childhood education programs and professional training conferences.

Contact information

Parent Warmline
Children's Health Care
2525 Chicago Avenue South
Minneapolis, MN 55404

Contact:
Linnea Grey, M.S.
Program Coordinator
(612) 813-6160

Community partners

- Area pediatricians/physicians
- Counseling and parent education programs
- Day care centers
- Churches
- Other community hospitals

Budget and funding sources

The annual budget is approximately $40,000, which covers the salaries of a program coordinator and a program assistant, and volunteer expenses (orientation, training, etc.). The program is fully funded by the hospital through the Family Resources Department.

Evaluation and outcomes

In 1995 the Warmline service received 2,300 calls, averaging 19 minutes in length, from 125 zip code zones throughout the state. A recent telephone survey indicated that 95 percent of parents reported they were "highly satisfied" with the program and that their conversation with the Warmline representative relieved the immediate stress of their issue.

Objectives

- To provide current and accurate information regarding child development and behavior to parents of infants and young children.
- To provide a link to existing community resources for parents who might not otherwise have access to such services.
- To prevent child abuse by increasing parental knowledge and ability to cope with normal parenting concerns.
- To serve as a professional clearinghouse for information relating to the health and development of children.
- To promote awareness of Children's Health Care within the medical, mental health and lay communities.
- To collaborate with area pediatricians by addressing the parenting, developmental and behavioral concerns of their patients.

Lessons learned and advice to others

- *Understand how volunteerism works.*
- *Hold regular volunteer recognition events and high quality in-service training with CEU credits.*
- *Position this service as a community resource and partnership*—not necessarily as a marketing tool or primary feeder program for the hospital.

Next steps

Expand the Parent Warmline to serve non-English speaking clientele, particularly Hmong and Spanish-speaking families.

Replicability

The program is highly replicable. Parent Warmline staff offer training and consultation for children's hospitals and other organizations.

Partners with Parents

Abstract

Partners with Parents is a workplace parent educational program for Wisconsin employers.

History

In an effort to become more visible with the Wisconsin employer community, the Children's Hospital of Wisconsin's planning and education departments developed a program to provide parenting education for employees of those businesses. Statistics indicating that 70 percent of Wisconsin children have both parents in the work force and that over 6,600 children are hospitalized in Wisconsin annually for preventable injuries provided compelling evidence in support of the program. In 1995 the hospital pilot tested Partners with Parents with the businesses represented on the hospital foundation board. Shortly thereafter, the hospital introduced the program to employers around the state.

Target population

The program is open to all Wisconsin employers.

Program design and features

Employers participating in the program receive free or low-cost services for their employees with children. The education department designs these items in consultation with clinical experts in the hospital. Services include:

- *Workplace educational seminars*—available as one-time lectures or in series format. Conducted at the work site by the hospital's community educator, the seminars address pertinent issues such as stress, communication, discipline and other topics of concern to parents.
- *"Parenting Works" newsletter*—published three times a year, featuring general parenting articles and conversations with working parents from Wisconsin businesses.
- *Health tip sheets*—published quarterly in camera-ready format (suitable for employee newsletters and payroll envelopes), featuring family health and safety information.
- *Community education newsletter*—published three times a year, listing educational classes sponsored by the hospital.
- *Booklets and brochures*—on a variety of subjects, including child day care, discipline, drugs and alcohol, and injury prevention.

Planning department staff meet regularly with human resource directors and small business owners around the state to promote the program. The program is also marketed through chamber of commerce newsletters and through outreach to Wisconsin's 17 employer coalitions

Contact information

Partners with Parents
Children's Hospital of Wisconsin
9000 West Wisconsin Avenue
P.O. Box 1997
Milwaukee, WI 53201

Contact:
Pat Gruenwald
Planning and Marketing Department
(414) 266-6175

(business federations that are organized to address health care issues). The Partners with Parents advisory board, which includes participating employers, meets twice a year to provide feedback and direction to staff.

Budget and funding sources

The hospital funds the program's $150,000 budget, which covers materials, travel expenses and the following staff: a program coordinator from the planning and marketing department, clerical and public relations support. Education staff time is assumed by that department. Fees from materials and classes partially offset expenses.

Evaluation and outcomes

The program has been well received by employers—150 of whom now participate at some level. On average, parents rate highly the format and content of the workplace educational seminars. The hospital plans to conduct a thorough evaluation of the program in the future.

Lessons learned and advice to others

- *Make the program a partnership between the hospital's marketing and education departments.*
- *Utilize talents of both departments to make the program successful.*

Next steps

- Work with employers to identify their most prevalent pediatric insurance claims and design specific health education or disease management services to address those issues. The hospital intends to pilot test this approach with employers on the Partners with Parents Advisory Board.
- Distribute educational materials to pediatrician, OB-GYN, and family practice offices around the state.
- Develop specialized programs and materials for single mothers in Wisconsin, 81 percent of whom are in the paid work force.

Replicability

The program is highly replicable. Partners with Parents staff are available for consultation to other children's hospitals seeking to implement similar programs.

Reach Out and Read

Abstract

Reach Out and Read (ROR) is a pediatric early literacy program that integrates parent education on literacy development into regular preventive health care for children between the ages of six months and six years.

History

Reach Out and Read began as a collaboration between pediatricians and early childhood educators. The program is based on the connection between reading and children's well-being—and is rooted in the belief that illiteracy is the catalyst for other negative child health outcomes such as school failure, substance abuse and teen pregnancy. Launched at Boston Medical Center in 1989, the program seeks to change the culture of ambulatory pediatrics by making literacy development an integral part of anticipatory guidance. Today, there are over 80 ROR sites across the country, including 11 at children's hospitals.

Target population

The program targets socially and economically disadvantaged families, whose children are most at-risk for reading and school failure.

Program design and features

The program has three basic components. In the clinic waiting room, volunteers engage children with books, reading aloud and modeling book-related interactions for parents. Then in the examining room, the pediatrician or nurse practitioner introduces an age-appropriate children's book into the visit, commenting on the child's response and offering information to the parent or guardian on how to use books to support the child's healthy development. At the end of each visit, the child is given a new, culturally and developmentally appropriate book to take home. The accumulation of these books in the home encourages reading as a regular feature of the family's routine.

Staff for an ROR site typically includes a part-time program coordinator and a medical consultant.

Partnerships

To support their efforts, ROR projects often collaborate with local service organizations, such as the Junior League and Kiwanis. Many ROR sites also work with local bookstores, which can contribute new or overstocked books and can sponsor fund-raising events.

Contact information

Reach Out and Read

- Children's Mercy Hospital, Kansas City, MO
- Hughes Spalding Children's Hospital, Atlanta, GA
- Children's Hospital of Michigan, Detroit, MI
- Children's Health Care, Minneapolis, MN
- Rainbow Babies and Childrens Hospital, Cleveland, OH
- Children's Medical Center, Tulsa, OK
- Children's Hospital of Philadelphia, PA
- University of Virginia Children's Medical Center, Charlottesville, VA
- Children's National Medical Center, Washington, DC
- Phoenix Children's Hospital, Phoenix, AZ
- Children's Hospital of New Mexico, Albuquerque, NM

Contact:
Abby Jewkes
National Program Administrator
Reach Out and Read National Training Site
Boston Medical Center
(617) 534-5701

Budget and funding sources

ROR projects are typically supported by grants and donations. On average, it costs $30 per child to provide books at each primary care visit for the first five years of life. A hospital that provides books at both its primary care and specialty clinics can expect to spend an average of $20,000 a year on the project.

Evaluation and outcomes

An evaluation of the pilot program at Boston Medical Center in 1991 found that mothers who participated in the program were four times more likely to read aloud to their children than were mothers from similar socioeconomic backgrounds who had not participated in the program.

Next steps

- Expand the program to more hospitals and clinics around the country.
- Create a stronger research and evaluation component for the program.
- Expand the program to target new parents at the time of delivery.

Replicability

The program is replicable at any children's hospital offering ambulatory care. A comprehensive program manual is available for prospective Reach Out and Read sites. For more information, contact Abby Jewkes, National Program Administrator, Reach Out and Read National Training Site at Boston Medical Center at 617-534-5701.

Young Moms Program

Abstract

The Young Moms Program is a prenatal education and support program for expectant teens.

History

In 1989 a group of obstetricians, nurses, a perinatologist and concerned individuals from various community agencies serving teens came together in response to the growing number of young, high-risk mothers who were delivering in the Children's Hospital at Johnson City Medical Center's maternity unit. Based on their collective experience that expectant teens did not receive care until late in pregnancy, and national data indicating that traditional channels of prenatal care and education did not reach this population, the hospital developed the Young Moms Program.

Objectives

- To improve teen pregnancy outcomes
- To prevent school dropout
- To prevent repeat teen pregnancies

Target population

The program is open to pregnant teens under 21 residing in the hospital's eight-county service area.

Program design and features

The program receives referrals from area OB-GYN and family practice physicians, local health departments, school nurses, counselors, teachers and court systems. Each week for 18 weeks, expectant teens come to the hospital for a "one stop" visit. They attend a prenatal education and support class taught by hospital staff and volunteers from the community (see box); have an opportunity to visit a social worker; and receive referrals to community resources. They also receive nutritional counseling and can apply for and receive WIC vouchers. At each class, moms receive refreshments and vouchers as incentives for attendance that can be "cashed in" at a baby store run by volunteers. They also receive a convertible safety seat for completing the program. Each year, the program hosts a reunion and/or holiday party for all program alumni.

Community partners

In addition to its network of referral partners, the Young Moms Program has organized a coalition of service providers, including representatives from city and county schools, hospitals, health departments, mental health agencies, legal and social service departments, job training

Contact information

Young Moms Program
The Children's Hospital at Johnson City Medical Center
400 State of Franklin Road
Johnson City, TN 37604

Contact:
Pam King, R.N.C., B.S.N.
Prenatal Education Coordinator
(423) 461-6183

agencies and early childhood development programs. The coalition meets quarterly to coordinate efforts for pregnant teens and new mothers in Johnson City and the surrounding areas.

Budget and funding sources

The annual budget for the Young Moms Program is $33,000, which includes salaries for a program coordinator and a social worker and other program expenses. The hospital funds the program with help from a grant from the state to purchase child safety seats and a grant from the March of Dimes to purchase educational supplies and snacks.

Evaluation and outcomes

To date, more than 1,000 mothers and support persons have been served. The program has been effective in lowering the rate of low birth weight (LBW) infants delivered by program participants. While teens nationally give birth to 10 percent of all LBW births, only 4 percent of babies born to mothers who participated in the program in the first three years were LBW. The hospital's costs for providing care for these patients were lowered significantly during the first three years of the program's operation.

In 1992, the Young Moms Program was designated a model adolescent service program by the Tennessee Commission on Children and Youth. In addition, the program has received an Outstanding Achievement Award from the National Organization for Adolescent Pregnancy and Parenting and a Secretary's Award for Excellence in Community Health Promotion from the U.S. Department of Health and Human Services in 1993.

Educational topics

- Options for pregnant teens
- Reducing risk factors during pregnancy
- Goal setting for education and employment
- Physical and emotional changes
- Labor and delivery
- Father involvement
- Sexually transmitted diseases
- Contraception
- Nutrition
- Newborn care
- Child development
- Parenting skills
- Injury prevention
- Coping skills/Stress management
- Self-esteem

Lessons learned and advice to others

- *Rely on adolescent experts to guide and administer your program.* Expectant teens are a very challenging group and it takes special skills to deal with them.
- *Secure strong administrative support.* Staff members credit the ongoing, visible support of upper management for the hospital's continued funding of the Young Moms Program.
- *Use clients as advocates for the program with funders, community leaders and the media.* They can provide the most compelling argument in support of special services for pregnant teens.

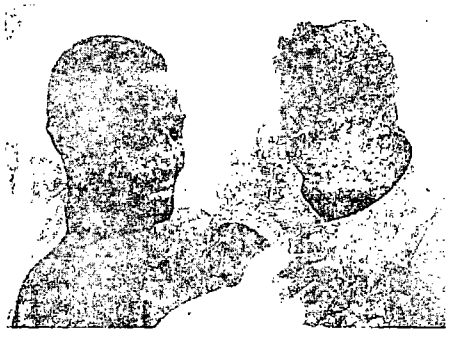
Next steps

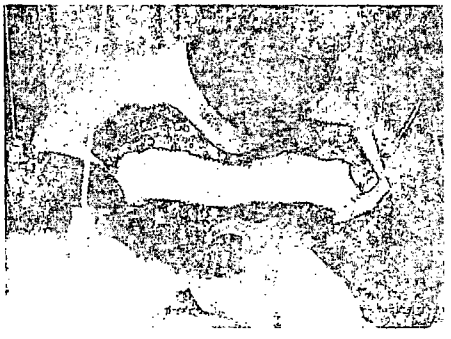
- Provide follow-up and ongoing parenting support to mothers after the birth of their babies.
- Improve the participation of fathers in the program.
- Use alumni as mentors for new program participants.

Replicability

The program is replicable at children's hospitals with linkages to maternity hospitals.

Offering home visiting services to disadvantaged families





Healthy Families America

Abstract

Healthy Families America (HFA) is a national home-visiting initiative that seeks to ensure that all new parents, particularly those facing the greatest challenges, receive the education and support they need prenatally or at the time their baby is born, and continuing throughout the first years of life.

History

Healthy Families America—an initiative of the National Committee to Prevent Child Abuse (NCPCA)—is built on 20 years of research and the experience of numerous communities, beginning with the Hawaii Healthy Start program at Kapiolani Medical Center. HFA was launched in 1992 with a start-up grant from the Ronald McDonald House Charities. Currently, over 250 local HFA sites are operating in 37 states and the District of Columbia. To date, nine children's hospitals are sponsors or co-sponsors of HFA programs in their communities.

Target population

All new parents can benefit from parenting education and support services. However, due to fiscal constraints, most HFA sites offer services to those new parents facing the greatest challenges, such as poverty and social isolation.

Program design and features

All HFA sites adhere to a set of core elements that assist program planners in developing and implementing comprehensive services, while enabling the program to be tailored to the community. The basic approach is as follows:

1. Families are assessed prenatally or at the time of a child's birth to identify those most in need of services. Program enrollment is voluntary.
2. Visits begin weekly and gradually progress to bimonthly, monthly and quarterly. Families may remain in the program for up to five years.
3. Parents learn appropriate parent-child interaction, healthy infant and child development and a host of other parenting and life skills, depending on the needs of the family. Parents work closely with the home visitor to develop an individual family support plan outlining goals and expectations.
4. All families are linked to a medical home to assure optimal health and development and are referred to other appropriate community services, as necessary.
5. Services are provided by staff with limited case loads (i.e., for most communities, no more than 15 families per home visitor).
6. Home visitors receive intensive training and on-going effective supervision.

Contact information

Healthy Families America

- Kapiolani Medical Center for Women and Children, Honolulu, HI
- Children's Hospital and Health Center, San Diego, CA
- Le Bonheur Children's Medical Center, Memphis, TN
- Driscoll Children's Hospital, Corpus Christi, TX
- Connecticut Children's Medical Center, Hartford, CT
- Children's Hospital at the University of Texas Medical Branch, Galveston, TX
- Hughes Spalding Children's Hospital, Atlanta, GA
- Tampa Children's Hospital at St. Joseph's, Tampa, FL
- Arnold Palmer Hospital for Children and Women, Orlando, FL

Contact:
Training and technical support for HFA programs:
Anna Loftus
NCPCA
(312) 663-3520

Specific HFA children's hospitals representatives:
Stacy Collins
NACHRI
(703) 684-1355

Community partners

HFA places a high priority on community collaboration. Children's hospitals' HFA sites work closely with social service agencies, health departments, other hospitals and health care providers and school systems.

Some hospitals have more integrated arrangements. For example, Connecticut Children's Medical Center sponsors an HFA program jointly with three community-based agencies, with each contributing staff and other resources. Other hospitals collaborate with existing HFA sites by offering specific services. For example, All Children's Hospital in St. Petersburg, FL provides evaluation and treatment of children with developmental delays in the Pinellas County Healthy Families program.

At the national level, NCPCA has developed a partnership with NACHRI to advance the HFA model to children's hospitals across the country.

Budget and funding sources

Most hospitals' HFA programs are grant-funded, through private or public sources, or both. Public sources include state departments of health or social services, state Title V programs and children's trust funds. Private sources include hospital foundations and foundations created as the result of for-profit conversions in the health care industry (e.g., the California Wellness Foundation). Hospitals also receive Medicaid reimbursement for certain services.

Conversely, some hospitals have chosen to become involved in HFA as funders. The Children's Hospital of Wisconsin provides support to nine HFA projects in Wisconsin through its Child Abuse Prevention Fund, which receives its funding through employee contributions and private donations.

Evaluation and outcomes

Research over the last 20 years has consistently confirmed that providing education and support services to parents around the time of a baby's birth—and continuing for several months or years thereafter—significantly reduces the risk of child abuse and contributes to positive, healthy child-rearing practices.

Families receiving this type of intensive home visitor service also demonstrate other positive changes, such as consistent use of preventive health services, including immunization; increased high school completion rates (for teen parents); higher employment rates; lower welfare use and fewer subsequent pregnancies. Children's hospitals involved in HFA are also evaluating specific institutional measures, such as emergency room use and rates of pediatric subspeciality care referrals.

Next steps

- Ensure that all states have a multidisciplinary task force of public and private agency representatives working to institutionalize Healthy Families at the state level.
- Implement the HFA credentialing system for all current and future HFA sites.
- Advocate for funding to ensure a permanent nationwide infrastructure for home visitor services.

Replicability

HFA can be tailored to any community.

Healthy Connections

Abstract

Healthy Connections is an infant mortality reduction program, providing intensive perinatal nursing services, with community outreach and home visits, to families who use the hospital's primary care clinics.

History

In reaction to the alarming infant mortality rates among African-American and Hispanic infants, the city of Boston in 1991 undertook an in-depth study of all infant deaths in the city in the preceding 24 months. Results indicated that infant deaths occurred when the care system was fragmented, when it provided no outreach to at-risk families and when it offered few opportunities for patient involvement. In response, Children's Hospital designated $5 million for research and health service programs, including Healthy Connections, to improve outcomes for at-risk newborns.

Target population

Each year the program serves approximately 1,000 mothers and newborns from poor, largely minority Boston neighborhoods with high infant mortality rates.

Program design and features

In-hospital intervention

Healthy Connections works with two Boston maternity hospitals that deliver most of the infants receiving care at Children's primary care sites. Those mothers who indicate they will be using Children's for primary care are visited by a Healthy Connections perinatal nurse within 24 hours of delivery.

The in-hospital visit is a comprehensive intervention that includes assessing family strengths regarding infant care knowledge and availability of support networks; identifying needs, including health insurance, nutrition, primary care for all family members, housing, transportation, mental health and substance abuse treatment; educating families on all aspects of newborn care and post-partum adjustment; and an interactive physical exam and behavioral assessment of the baby.

Every mother receives a Polaroid picture of herself and her baby to place in a booklet containing the infant's appointment record and infant care information. The low literacy booklet, *Your New Baby,* was prepared by the Healthy Connections staff and is available in Spanish, Haitian-Creole and Vietnamese (see Resources chapter for information). An initial well-baby appointment is scheduled and all hospital information is transmitted directly to the primary care provider.

Contact information

Healthy Connections
Children's Hospital
300 Longwood Avenue
Boston, MA 02115

Contact:
Constance Keefer, M.D.
Child Development Unit
(617) 355-6948

Community outreach
The perinatal nurse telephones the mother 48 hours after discharge to assure the infant's health and the parents' adjustment. If a family misses its well-baby appointments, the program's community health liaison makes a home visit to re-establish the family's connection to primary care. The community health liaison can assist with transportation, housing, welfare benefits and other immediate needs of the family.

Community partners
In addition to the maternity hospitals, Healthy Connections staff work closely with prenatal care clinics and the Visiting Nurse Association of Boston to identify at-risk pregnant and post-partum women. With most client families residing in public housing, the program has also established partnerships with the Boston Housing Authority on injury prevention and health education initiatives and the Massachusetts Union of Public Housing Tenants to train neighborhood perinatal outreach workers.

Budget and funding sources
The program's budget of $112,000, financed by the department of pediatrics, covers the salaries of a nurse practitioner and a registered nurse, data management and support services, and supplies. The salaries of the community health liaison and the medical director are funded through other departments.

Evaluation and outcomes
The program has documented a 75 percent decrease in the rate of emergency room visits in the first month of life (roughly $50,000 in savings per year); a dramatic increase in the rate of kept well-baby visits at two, four, and six months; and an increase in immunization rates. Newborn health records are now available at virtually 100 percent of first well-baby visits and primary care providers report increases in their efficiency and effectiveness during first visits with the newborn and family.

Objectives

- To develop secure attachment between the family and primary care provider
- To identify and reduce barriers to care
- To provide comprehensive, in-hospital assessments of mother and newborn
- To provide infant care information in useable form for parents.

Lessons learned and advice to others
- *Keep good cost data on your program.*
- *Demonstrate the savings from reduced emergency room usage and improved efficiency among the primary care practitioners.* Such data provides evidence for continued funding of perinatal outreach programs.

Replicability
The program is replicable at children's hospitals that offer primary care services.

Parent Aide Program

Abstract

The Parent Aide Program is a child abuse prevention and family support project providing lay home visitation, parent education and peer support groups for young families at risk for abuse and neglect.

History

Launched in 1976, the Parent Aide Program was developed as a follow-up service for at-risk families discharged from the Children's Hospital and Health Center's inpatient and intensive care units. As the only hospital-based early response system for at-risk families in San Diego at that time, the Parent Aide Program quickly became a referral source for other hospitals, pediatricians and social service providers in the area.

Target population

The program targets single, isolated parents, particularly those with childhood histories of abuse or neglect; parents of medically fragile or special needs children with few support systems; mothers with alcohol and other drug use histories; and teen parents.

Program design and features

Upon entering the program, families are offered both individual and group services, depending on their needs. Services include a 10-session parent education course and a bimonthly mothers' support group. Services are offered at the hospital and free, on-site child care is provided. Families needing more intensive help are matched with a parent aide—a trained community volunteer who works with the family in the home to provide emotional support, good parent modeling and help in securing community resources.

The unique feature of the Parent Aide Program is its incorporation of volunteers into all program services. Parent aides are asked to give a one-year commitment to the program, during which they serve an average of six hours per week. Parent aides receive 27 hours of initial training, weekly supervision and monthly in-service education. Volunteers also serve as child care workers and as "special friends" (a big brother/big sister style relationship) for children in the program. Most volunteers are college-educated professionals under the age of 30.

Community partners

The Parent Aide Program's referral partners include area hospitals, physicians, social service agencies and the county child protective services system. The Parent Aide Program has also formed a partnership with the San Diego Child Abuse Prevention Foundation to jointly sponsor

Contact information

Parent Aide Program
Children's Hospital and Health Center
3020 Children's Way
San Diego, CA 92123

Contact:
Diana Champion
Center for Child Protection
(619) 576-5910

community educational programs and volunteer training workshops. The San Diego Exchange Club/National Parent Aide Network has also recently joined with the program to help recruit volunteers, provide financial support and expand community parenting classes.

Budget and funding sources

The program budget is approximately $50,000, which supports a program administrator/volunteer coordinator, a parent educator and a part-time secretary. Revenue sources include parenting class registration fees, the hospital's foundation, the San Diego Child Abuse Prevention Foundation and other private sources.

Evaluation and outcomes

Mothers participating in the program have shown decreased maternal stress and improved understanding of appropriate discipline, with a resulting decrease in reports of child abuse.

The program was named the 490th "Point of Light" by President Bush in 1991, and received the 1991 American Hospital Association "Program of Excellence" award.

Lessons learned and advice to others

- *Start small.*
- *Secure strong administrative support for the program.*
- *Involve a broad cross-section of hospital staff in planning.*
- *Collaborate with as many community agencies as possible.*
- *Demonstrate the value you place on your volunteers* through in-service training, quality supervision and regular recognition events.

Objectives for participating families

- To reduce the level of risk for child abuse and neglect
- To increase ability to establish trusting relationships and utilize community resources
- To reduce children's isolation through individual and group services
- To enhance health and lifestyle habits of family members
- To increase ability to view children as individuals with separate needs and feelings
- To demonstrate use of age-appropriate discipline
- To enhance help-seeking behavior during stressful times

Next steps

Secure additional foundation funding—a challenging task, given the trend in the child welfare community toward staff model home visiting programs.

Replicability

The program is replicable and specific program materials, including staff and volunteer job descriptions and training outlines, are available on request.

Family Network

Abstract

Family Network is a community and home-based intervention program for pregnant and parenting women, infants and families who are at very high risk for poor birth outcomes, developmental delay and child abuse and neglect.

History

Boston is one of 22 cities involved in "Healthy Start," a federal grant program for rural and urban communities with infant mortality rates 1.5 to 2.5 times the national average. The city is working to reduce the infant mortality rate by changing the way health care is delivered to at-risk groups. With funding from the Boston Healthy Start Initiative, the Children's Hospital and the Visiting Nurses Association developed a program to serve the often invisible population of pregnant and parenting women who do not access or appropriately utilize the health and ancillary services available.

Target population

The program is aimed at pregnant and parenting women residing in the service area of Children's primary care clinic—the Martha Eliot Health Center—who have no regular source of health care.

Program design and features

The Family Network program is based on a team approach involving a registered nurse—who coordinates the family's medical care—and a paraprofessional family health advocate—who conducts on-going home visits with the family, arranges for needed psychosocial and other ancillary services, teaches parenting and nurturing skills, and, most importantly, provides the vital link between the family and the health care system. A mental health professional also provides support to clients in need.

Referrals are accepted on clients who are discharged from other programs for lack of compliance and women who are hard to engage due to multiple problems such as substance abuse, family violence and transient living arrangements. Family health advocates also conduct outreach in neighborhoods and at public events. A unique aspect of Family Network is the staff's commitment to remain accessible to women who normally reject intervention or services. Repeated and persistent attempts to contact at-risk women results in 95 percent of them eventually accepting help.

Services, offered in both the home and health center, include a full range of case management and primary health care services (see box). Clients receive on-going services based on the levels of risk and need, during the perinatal period and up to one year after birth.

Contact information

Family Network
Children's Hospital
300 Longwood Avenue
Boston, MA 02115

Contact:
Francine Azzara
Martha Eliot Health Center
(617) 971-2301

Community partners

The Family Network program relies on the Visiting Nurse Association of Boston for skilled nursing services. Family Network staff also coordinate services and advocacy efforts with other Boston Healthy Start grantees.

Budget and funding sources

The program's budget of $244,000 is funded through grants from the Boston Healthy Start Initiative and the Massachusetts Department of Public Health.

Evaluation and outcomes

Of babies born to program participants,100 percent are immunized, 100 percent have an identified primary care provider and 64 percent are breastfed.

The program has also improved self esteem of the mothers, birth outcomes and compliance with care, and decreased use of the hospital emergency room for routine care. Family Network has been selected as a model home visiting program by the Massachusetts Department of Public Health.

Lessons learned and advice to others

- *Make a long-term commitment to the program.* Families with multiple problems need continuous care to improve their lives. Moreover, communities depending on outreach programs often lose trust in the sponsoring institution when the program suddenly disappears for lack of funding.
- *Build in adequate support and training for the staff.* Staff working with families with multiple needs are often at risk for burn out and need regular recognition, professional supervision and quality continuing education.

Services

- Prenatal, postpartum and pediatric nursing care
- Health assessment and monitoring
- Parent education
- Developmental screening
- Breast-feeding instruction and support
- Nutrition counseling
- Mental health counseling
- Substance abuse services
- Subsidized housing referral

Next steps

- Hire an educational specialist to work with mothers in the program to improve their literacy skills.
- Secure funding for a teen life center, where pregnant and parenting teens can receive life skills and parenting instruction.
- Conduct pregnancy prevention education with pre-teens.

Replicability

The program is replicable at children's hospitals that offer primary care.

HIPPY—Home Instruction Program for Preschool Youngsters

Abstract

The Home Instruction Program for Preschool Youngsters (HIPPY) is a home-based early intervention program that helps parents provide educational enrichment for their preschool age children.

History

HIPPY was developed in 1969 by a team of early childhood educators at Hebrew University of Jerusalem in Israel. Since its inception, HIPPY has grown into a worldwide movement adapting a curriculum—originally designed for undereducated parents in Israel—to local communities on five continents. Introduced in the United States in 1984, the HIPPY program is now used in 28 states. The Children's Hospital of Arkansas sponsors the nation's only HIPPY State Training and Technical Assistance Center, providing services to 30 HIPPY sites throughout the state.

Target population

The HIPPY program is designed for parents with preschool age children (ages 3 to 5) who may not feel confident in their own abilities to teach their children.

Program design and features

The HIPPY curriculum, presented over the course of two years, is primarily cognitive-based, focusing on language development, problem solving, logical thinking and sensory discrimination skills. Every other week, paraprofessionals make home visits to role play HIPPY activities with parents.

On alternating weeks, group meetings are held. During group meetings, paraprofessionals and parents role play the week's activities and an enrichment activity focusing on parenting and family life issues is offered. Parents enrolled in the program commit to spending 15 to 20 minutes a day doing HIPPY activities with their children.

In Arkansas, HIPPY programs are sponsored by a variety of organizations, including schools, educational cooperatives, universities, Head Start agencies and other community-based organizations. The role of the State Training and Technical Assistance Center based at the hospital is to provide initial training for all new HIPPY home visitors, sponsor in-service training and regional and statewide seminars on early childhood issues and provide a networking forum for HIPPY coordinators.

Contact information

HIPPY—Home Instruction Program for Preschool Youngsters
Arkansas Children's Hospital
1120 Marshall Street
Little Rock, AR 72202

Contact:
Barbara Gilky
Arkansas State HIPPY Director
(501) 320-3671

Community partners

HIPPY programs work closely to coordinate services with other community agencies, including health departments, school districts, human service departments and literacy councils.

Budget and funding sources

Costs are approximately $1,000 to $1,500 per child each year over two years. This estimate is based on an average of 60 families in the first year and 120 families in the second year. Most HIPPY programs are staffed with a full-time coordinator and one paraprofessional home visitor for every 12 participating families. Arkansas HIPPY programs receive funding from several private and public sources, including Title IV, Head Start, Even Start and the Americorps Program.

Evaluation and outcomes

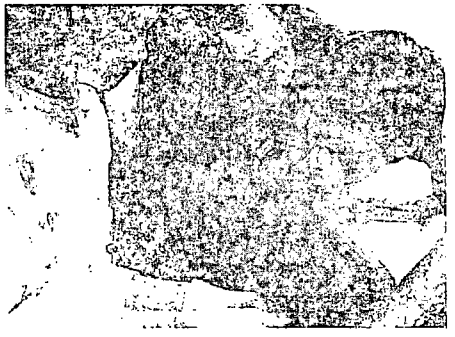
Extensive research in Israel shows HIPPY benefits children by improving academic achievement and adjustment to school, reducing the need for children to repeat grades and increasing the rate of school completion. Parents become more involved in their children's education, develop higher self-esteem and pursue further education for themselves. The U.S. Department of Education is now funding the first systematic evaluation of HIPPY in the United States. Preliminary findings of first grade teacher ratings suggest that participating in HIPPY may have a positive effect on children's ability to adapt to the classroom, an important component of school success.

Next steps

The national parent organization—HIPPY USA—is committed to on-going curriculum development integrating current research in emergent literacy and the experience of HIPPY program providers and parents. An advisory group consisting of academicians, practitioners, parents and paraprofessionals has been established to support this process.

Replicability

The HIPPY program is highly replicable. HIPPY USA has produced a start-up manual and a guide to fund-raising for prospective HIPPY sites. For more information, contact HIPPY USA at (212) 678-3500.



Creating family and child centers to provide services and support to families

Family Care Connection

Abstract

The Family Care Connection (FCC) is a network of four neighborhood-based drop-in centers providing primary and preventive health care, respite care, parenting education, substance abuse treatment and other support services to at-risk families.

History

The Family Care Connection was established in 1989 when Children's Hospital of Pittsburgh received grants from the U.S. Department of Health and Human Services, the Howard Heinz Endowment and the Scaife Family Foundation to establish a family support program for at-risk families in Allegheny county. The program was inspired by a local pediatrician, who had worked in a neighborhood health clinic and believed poor families needed more than traditional medical care to ensure the healthy development of their children. Her vision led to the development of the first "drop-in" center, offering family support services as well as preventive health care. The model's success in improving maternal and child health led to the opening of three other centers. This network of community-based drop-in centers forms the Family Care Connection program.

Target population

The Family Care Connection targets families in four communities in Allegheny County—Rankin, Braddock, Wilkinsburg and Turtle Creek/East Pittsburgh—which were selected for their high rates of poverty, low birth weight and inadequate prenatal care. All families residing in these targeted communities are eligible to participate in the FCC program. The program serves approximately 1,000 families a year.

Goal and objectives

- The goal of the FCC program is to improve the health of children and families in low-income neighborhoods. Its objectives are:
- To improve access to health care for children in poor communities.
- To provide medical, mental health and social services to enhance the health of children and families.
- To enhance child development and prevent infant mortality and low birth weight.
- To prevent child abuse and neglect.
- To prevent and treat parental drug abuse.
- To provide emergency respite care for at risk children.

Contact information

Family Care Connection
Children's Hospital of Pittsburgh
One Children's Place
3705 Fifth Avenue
Pittsburgh, PA 15213

Contact:
Cindy Graffius
Manager, Prevention Programs
(412) 692-8666

Program design and features

Each FCC project is located within a well-established community agency that has invited the FCC to be located on-site. The host agency provides free space and works to complement its program and staff with those of the FCC. This collaboration with an existing agency helps to ensure that community residents do not view the FCC program as foreign or transient. The four centers are located at a Boys and Girls Club and other community service agencies.

FCC staff includes a physician, site coordinators, nurses, a substance abuse services coordinator, family support workers and lay parent educators. The FCC also contracts for licensed substance abuse, respite care, literacy and mental health professionals to provide services at the drop-in centers and/or in the home.

The hallmark of the FCC program is its flexibility in providing services. Families can choose the services they like, how often they will participate and in many cases, whether they receive the services in their home or at the drop-in center. The four centers are located within walking distance of most families in the community.

Services

Services provided by the FCC

- Family case management
- Nurse home visiting
- Pediatric primary care
- Developmental assessment
- Child development and infant stimulation
- Overnight respite care for children
- Clothing
- Transportation assistance
- Substance abuse treatment
- Housing assistance
- Parenting and health education
- Individual and group counseling

Services provided by the host agency

- Food bank
- Energy assistance
- Job training and literacy programs
- Recreational activities for older children

Community partners

The FCC and its host agencies in each neighborhood are true partners, coordinating their work with families and offering an array of services that would not otherwise be as extensive. The FCC also works closely with the public health department to identify and provide services to pregnant women.

Budget and funding sources

The FCC's annual budget of $940,000 is funded through a mix of private foundation and federal grants. Foundations include Alcoa, Hearst, Heinz Endowments and the Scaife Family Foundation. Federal grant sources include the Maternal and Child Health Bureau, HHS Office of Community Services and NCCAN. The program receives third party payments for selected services and also has a contract with the Allegheny County Children and Youth Services to provide home visiting.

Evaluation and outcomes

The FCC has contributed to reductions in infant mortality and low birth weight and improvements in first trimester use of prenatal care in the communities it serves.

Lessons learned and advice to others

- *Hire a grant writer for your program.*
- *Find partners with similar philosophical principles and compatible working styles.*
- *Hire your staff from the communities you serve.*
- *Seek revenue streams in addition to grant funding.*

Next steps

- Seek third-party payment for more services.
- Create designated funding streams for each FCC site.
- Work to promote the FCC as a model for systemwide change in Allegheny County.

Replicability

The program has been replicated in the state of Pennsylvania. Technical assistance is available for other children's hospitals wanting to replicate the program in their own service areas.

The Parenting Center

Abstract

The Parenting Center is a primary prevention program offering support and education to parents of children from birth through adolescence.

History

The concept of a Parenting Center serving New Orleans families began to take shape in 1977, when the local Junior League chapter conducted a community-wide needs assessment. Input from more than 60 civic, religious, judicial, social service and educational leaders indicated a need for a primary prevention program focused on parent training.

The Junior League approached Children's Hospital and together they developed a proposal for a parenting center, funded with a 4-year $90,000 start-up grant from the League. An advisory board, composed of five hospital board members, five Junior League members and five community representatives, was formed to oversee the operations of the center. Following two years of development and preparation, the Center was opened to the public in the summer of 1980. In 1982 the Parenting Center became a department of the hospital and is now considered a major component of the hospital's mission.

Objectives

- To promote confidence and competence in parents.
- To encourage optimal child development.
- To enhance the well-being of the family as a whole.

Target population

The program is open to all parents in New Orleans and surrounding communities.

Program design and features

The Parenting Center has attained broad public appeal because of its emphasis on programming to address universal concerns of parents. Most programs are conducted at the Parenting Center, which is located at the hospital. Parents have the opportunity to become members of the Center and receive reduced class fees, resource library privileges, a newsletter subscription and use of the drop-in play space for parents and children under 4.

Programs and services include:

- *Parent/infant/toddler program* (ages up to 4), including classes, a drop-in center, support/play groups, a resource library, on-site child care for class participants, daily summer enrichment activities and individual counseling.

Contact information

The Parenting Center
Children's Hospital
200 Henry Clay Avenue
New Orleans, LA 70118

Contact:
Donna Newton, M.Ed.
Director
(504) 896-9365

- *Warmline*, a volunteer-run telephone advice service for parenting concerns.
- *Brown bag seminars* for working parents, offering work site parenting classes for area employers.
- *Evening parenting classes* on discipline, child development, communication, and age-specific topics (e.g., for parents of toddlers, school-age children and adolescents).
- *Step family programs*, including specialized support groups and classes.
- *Separation and divorce counseling*, to help parents address child behavior and adjustment issues.
- *Community outreach seminars* for Head Start programs, public schools, churches and other organizations.
- *Public relations activities*, including periodic interviews with and articles submitted to the print and broadcast media.

Community partners

The Parenting Center has established a variety of community partnerships for time specific and on-going projects. For example, using a grant from the Louisiana Trust Fund in 1995, the Parenting Center joined with the Catholic Archdiocese and the New Orleans Family Services to sponsor a five-week parenting series on the local public television station. Examples of on-going partnerships include the Step Family Association of Southeast Louisiana, with whom the Parenting Center coordinates education events and support programs; and maternity program at other hospitals, for whose patients the Parenting Center provides specialized classes.

Guiding principles

- Parents know their children best.
- Parenting skills are not instinctive—but can be learned and developed.
- Parenting education is crucial for optimal child development.
- Parenting education is essential for the prevention of child abuse and neglect.
- Information about child development is eagerly sought by new parents.
- Many parents do not have access to extended family and other traditional support systems.

Budget and funding sources

The Parenting Center's $200,000 annual budget is derived from individual membership fees, program fees, foundation support and fund-raising events, and general hospital funds. The budget includes the salaries of a director, an assistant director, two parent educators and support staff.

Evaluation and outcomes

Evaluations are conducted following each educational program and periodic satisfaction surveys are conducted for Warmline customers. Overall, evaluations indicate a high degree of satisfaction with Parenting Center services.

Lessons learned and advice to others

• *Target your services to highly motivated groups,* such as first time parents, parents of pre-adolescents and step-parents. Although most parents will find instruction helpful, the Louisiana experience demonstrated that these particular audiences have the highest degree of interest and are therefore a reliable revenue stream for the program.
• *Give your parenting education program an actual identity.* The credibility and visibility of your program will be enhanced if it is a stand-alone project—like the Parenting Center—and not an activity of an existing hospital department.

Next steps

• Explore the possibility of marketing the Parenting Center's services to HMOs and other insurers. The Parenting Center may be offered as part of the hospital's package of pediatric services.
• Offer more professional training. Staff plan to broaden the effectiveness of the program by training professionals who interact regularly with children and families, including teachers, day care staff, youth development workers, and mental health specialists.
• Explore the development of a web site on the Internet.
• Work with television stations to develop public service announcements and other programming to reach more parents.

Replicability

The program is highly replicable and Parenting Center staff are available for consultation and technical assistance to other children's hospitals.

Decker Family Development Center

Abstract

The Decker Family Development Center is a comprehensive program providing predominantly low-income families with young children with a convenient "one-stop" location for social, mental health, medical and educational services.

History

In the late 1980s health and social service providers in the Akron area formed a coalition to explore ways to overcome the problems created for poor, multiple-risk families when these services are bureaucratically and geographically scattered. The 25-member group—called the Akron-based Coalition for Early Intervention—set out to develop a model for the ideal program to provide all the services at-risk families need. According to a community assessment, problems—such as lack of transportation for families and lack of coordination among service providers—were particularly acute in Barberton, an economically distressed community with some of the highest teen-pregnancy and school-drop-out rates in Summit County.

The coalition, led by a team of representatives from the Children's Hospital, the University of Akron and the Barberton City Schools, prepared a proposal for a comprehensive family service center, which would be housed in a vacant elementary school. The coalition was awarded a $1 million grant from the Ohio Department of Education as part of its school drop-out prevention initiative, and the Decker Center opened its doors to families in 1990.

Goals

- To enable parents to recognize that they are the first and most significant teachers in their children's lives.
- To provide parents with the support, parenting skills and education to help their children reach their developmental potential.
- To work with children as infants, to promote their self-esteem and to enhance the probability that they will remain in school and complete their education.
- To have all preschool children developmentally ready to enter kindergarten.
- To provide multidisciplinary services to special needs children so that they may reach their full potential.
- To provide encouragement, education, training and support services to families, to enable them to become self-sufficient members of society.

Contact information

Decker Family Development Center
Children's Hospital Medical Center of Akron
One Perkins Square
Akron, OH 44308

Contact:
Mary Frances Ahern, L.I.S.W.
Program Director
(330) 848-4264

Target population

The program is designed for parents on public assistance with children under age 5. Decker currently serves approximately 150 parents and 200 preschool children.

Program design and features

The Center's holistic, family-centered approach provides parents and their preschool age children with the opportunity to access medical/health, educational and social support at a single site. Many services are offered at the Decker Center to benefit participating parents and their preschool children (see box).

In addition to being one of the nation's first comprehensive family service centers, Decker is also distinct as a truly collaborative model between a hospital (Children's), a school system (Barberton), and a university (Akron). Representatives from the three institutions comprise the senior management team for the Center. Each institution also provides staff and services: Children's Hospital provides the center's director, nurse practitioner, pediatrician, social workers and mental health personnel; the University of Akron's Department of Elementary Education provides the early learning and preschool instruction staff and evaluation services; and Barberton City Schools provides the facility crew, adult education and training staff and serves as the fiscal agent for the program.

Services

Services for parents

- Child care
- Parent education classes
- Family literacy and GED classes
- Case management services
- Legal and financial assistance
- Public assistance determination
- Mental health services
- Nutrition education
- Pre-employment training
- Home visitor and outreach service

Services for children

- Pediatric health care
- Parent/child play groups
- Infant and toddler stimulation program
- Head Start
- Special needs preschool
- Developmental kindergarten
- Foster grandparenting
- Speech and hearing services
- Occupational therapy and physical therapy services

Community partners

The core Decker Center partnership is augmented with extensive programming support from 20 other community agencies, including the Barberton Health Department, the Akron Metropolitan Housing Authority, the Barberton Public Library and others.

Budget and funding sources

The Decker Center's $1.6 million budget is supported primarily by grants and contracts from state and federal sources including the Ohio Department of Education, Head Start, the JOBS (Jobs Opportunity Basic Skills) program, and the U.S. Department of Education's "Even Start" (family literacy) and Adult Basic Education programs. Additional funding sources include Medicaid, state child care contracts and foundation grants.

Evaluation and outcomes

Data from the Decker Center's first five years of operation indicate important health and education gains. All of the children are up to date with their immunizations; on average, children who participate in programming grow 22 percent beyond normal (non-intervention) rates. Children have also improved in their social and cognitive skills and fewer Decker Center children require special education classes at the elementary school level than do their non-intervention counterparts. During any one year, 10 percent of the adults exit the program with a GED and 11 percent leave with a job or move on to college or trade school.

The Decker Center has received numerous awards in the past three years, including an American Hospital Association NOVA award (1994), a Barbara Bush Family Literacy Award from the Barbara Bush Foundation (1994), a Secretary's Award for Excellence in Community Health Promotion from U.S. Department of Health and Human Services (1995), an Ohio Best Practice Award for Educational Partnerships (1995), and an award from the National Center for Community Education as an exemplary community/school partnership (1996).

Lessons learned and advice to others

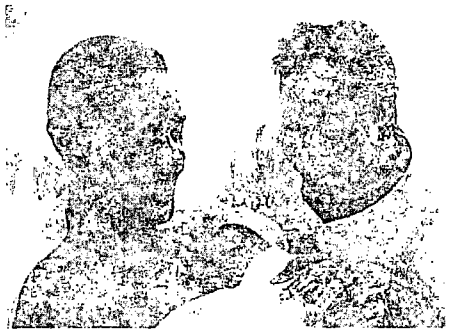
Decker Center staff credit their success on a model for collaboration they have coined "DISNI," which requires participating organizations to:
Devoid yourself of organizational territorial issues.
Increase communication.
Share authority and power.
Negotiate goals and objectives, then work toward their successful implementation.
Have an **I**ntense sense of shared ownership in the collaborative model that is publicly displayed.

Next steps

- Undertake a building enlargement and remodeling project that will create more classroom and medical space.
- Advance the Decker Center nationally as the prototype for family and child services of the future.

Replicability

The Decker Center model is highly replicable. Program staff routinely present the Decker model and results of research at professional meetings and conferences and are available for individual consultation.



Resources

Resources

Children's hospitals' resources

Great Kids Program, developed by the Children's National Medical Center, Washington, D.C., is a working parents' seminar designed to teach step-by-step solutions to common parenting problems, encourage parents to make real changes to improve the quality of family life and help parents obtain the skills needed to raise well-adjusted children. Parents learn essential survival tips, ways to develop their children's self-discipline and the know-how to reduce the stress of parenting, especially within a two career family. The slide program and script can be presented at work sites over the course of four, one-hour sessions. To order, contact Ellie Runion at (202) 884-2338.

Your New Baby, written and designed by the staff of the Division of General Pediatrics at Children's Hospital, Boston, is an illustrated guide for the care of the newborn in the first year of life. The easy-to-read booklet, originally written for the hospital's Healthy Connections program, was also commissioned by the Boston Healthy Start Initiative for free distribution to community clinics in Boston. The booklet is available in English/Spanish, English/Haitian Creole and English/Vietnamese versions. The cost is $1.25 per copy and $1.10 per copy for orders of 100 or more. To order, contact Joan Lowcock at (617) 355-6714.

The Family Institute at Kapiolani Medical Center for Women and Children provides training and technical assistance for home-based family support programs, conducted by trainers with extensive professional experience with culturally diverse groups in the United States and abroad. The Family Institute has also published its own parent education curricula, which were designed for Hawaii's Healthy Start home visiting program and are available for purchase. For information, call (808) 944-9000.

Other resources

Healthy Steps for Young Children, sponsored by the Commonwealth Fund, is a national initiative to help parents foster the healthy growth and development of their very young children. With support from the Commonwealth Fund, as well as matching funds from local donors, 15 sites across the country are participating in a national evaluation to test a new approach to pediatric care that offers an expanded set of services, emphasizing the role of parents in nurturing their children's physical,

emotional and intellectual development. A number of children's hospitals, including those in Houston, Pittsburgh, Honolulu, Asheville and Los Angeles, are participating in this program. The Healthy Steps for Young Children Program has a home page on the World Wide Web (www.healthysteps.org) that contains background information on the program, provides details about current and on-going activities and links Web users with program documents. For more information, contact the Commonwealth Fund at (202) 606-3840.

Parents as Teachers (PAT) is an award-winning early childhood parent education program for parents of children up to age 5. The PAT program is based on the belief that experiences in the beginning years of a child's life are critical for laying the foundation for school success and that parents are their children's first and most influential teachers. PAT offers families regularly scheduled personal visits by certified parent educators who provide information on the child's development and ways to encourage learning, group meetings with other parents and periodic screening for early detection of developmental problems. The PAT initiative has spread to 47 states and five foreign countries. In St. Louis, Missouri, a parent educator from the local PAT program meets regularly with NICU staff from Cardinal Glennon and St. Louis Children's Hospital to identify families who might benefit from the program. For information about Parents as Teachers, or to inquire about PAT programs in your state or community, contact Kate Ball at the Parents as Teachers National Center at (314) 432-4330.

National Center for Family Literacy (NCFL) is a training and research organization that seeks to break the inter-generational cycle of under-education and poverty by improving parents' basic skills and attitudes toward education, their parenting skills and their children's pre-literacy and school readiness skills. NCFL has an extensive publication list and offers a wide array of workshops and technical assistance. For information, contact NCFL at (502) 584-1133.

The mission of NACHRI is to promote the health and well-being of children and their families through support of children's hospitals and health systems that are committed to excellence in providing health care to children. It does so through education, research, health promotion and advocacy.

As part of its recently expanded mission, NACHRI builds public support for improving children's health, education, safety and security and works in alliance with others in the health care profession and the public to advance an accessible and medically appropriate continuum of care for children.

National Association of
Children's Hospitals
and Related Institutions

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