

Healthy Families New York and School Readiness

In this issue we take an in-depth look at School Readiness with an article by Kristen Kirkland, one of our own researchers. She addresses questions like: What does school readiness mean? How does our program impact it? What can we do more of or do differently?

We also asked some experienced educators to share their thoughts. This fits nicely with the Milky Way, where we explore the question, "Can breastfeeding make babies smarter?" Happy reading, and let us know what you think about what you've read! Please send your thoughts to me at pbalmer@preventchildabuseny.org.

-Pam Balmer

The Milky Way

Can Breastfeeding Make Babies Smarter?



The physiological benefits of breastfeeding and the protective factors in the milk itself have been well documented in scientific health literature. The American Academy of Pediatrics (AAP), The World Health Organization (WHO), and other authorities in infant health recommend exclusive breastfeeding for the first six months of life, and feeding of breast milk plus other healthy foods for at least the first year.

It is undeniable that breastfeeding promotes healthy growth and development in babies. Many of the benefits we see during infancy have long-term effects, including the prevention of obesity, asthma, diabetes, and certain cancers. The benefits to the mother's health are also well documented.

We are often asked if breastfeeding can make babies smarter. A better question, however, might be: Does the lack of breastfeeding prevent babies from reaching their fullest potential? Breastfeeding is the biological

norm, so it makes sense that breastfeeding and breast milk provide babies with the foundation they need to reach their optimal health and cognitive development. It is logical to think of breastfeeding as an extension or continuation of pregnancy. Consider this: brain myelination (the process by which a fatty layer accumulates around nerve cells) starts in utero. After birth, the fatty acids in breast milk help this healthy coating of nerve cells to continue. So, while breastfeeding may not necessarily make babies smarter, it certainly allows them to become as smart as they were meant to be!

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A Note from OCFS

Healthy Families New York has been involved in some great work over the past year. Collectively we have provided 5,761 families with home visiting services totaling 75,799 home visits. We provided 3,208 Kempe assessments and involved fathers in our home visits on 3,029 occasions. Great work! Since the beginning of Healthy Families New York we have served 31,404 families and completed 983,354 home visits, and we continue to grow and improve our services.



The Office of Children and Family Services has been working with the Office of Prevention of Domestic Violence (OPDV) to create computer-based training around safety planning for participant families. This training will be closely aligned to our “Guidelines for Working with Families Where There is Domestic Violence,” and with the training previously provided by OPDV to our home visiting staff. We anticipate that the training will be about 1 hour long and be available to programs in the beginning of 2014.

We continue to work with the Department of Health on the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). This funding is provided to states through the Affordable Care Act. New York State has chosen to use these funds to expand and enhance Healthy Families New York and Nurse Family Partnership, two evidence-based home visiting models. Thus far, we have expanded services to additional families in Erie County and the Bronx, and we are hopeful that we will expand to serve additional families in the future.

We have been working with our Central Administration partners, Prevent Child Abuse NY and the Center for Human Services Research, on the new IFSP form, Supervision form, revising our Performance Targets, discussing our presence on the Web, and our Fatherhood Initiative. We have had many interesting discussions on these topics as we move forward in refining and improving our program.

I would like to take this opportunity to welcome a new program to the HFNY family! Dominican Women’s Development Center (DWDC) is a new provider of services in the Washington Heights section of Manhattan. DWDC is not new to home visiting as they are providing Early Head Start Services in Washington Heights. We look forward to working with DWDC and providing services again to the families in Washington Heights.

Have a wonderful summer!

Bernadette Johnson
HFNY Home Visiting Program Coordinator

the Link

EDITOR Pam Balmer
Director of Training
& Staff Development
Prevent Child Abuse NY

MANAGING EDITOR Ellen Butowsky
Prevent Child Abuse NY

LAYOUT Caitlin Vollmer

PROGRAM COORDINATOR Bernadette Johnson
NYS Office of Children
& Family Services

EXECUTIVE DIRECTOR Christine Deyss
Prevent Child Abuse NY

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SUBMISSIONS
ebutowsky@preventchildabuseny.org

PCANY
33 Elk St, 2nd Floor
Albany, NY 12207
518.445.1273 1.800.CHILDREN
cdeyss@preventchildabuseny.org

NYSOCFS
Division of Child Welfare and Community
Services (CWCS)
52 Washington St. 335N
Rensselaer, NY 12144
518.402.6770

The Milky Way

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More research is needed to demonstrate any cause-and-effect breastfeeding and breast milk may have on human intelligence and cognitive development. A number of studies strongly suggest a correlation between breastfeeding and higher IQ, better cognitive development, and better school performance.

Gibson-Davis and Brooks-Gunn found that breastfed children scored 6.6 points higher on vocabulary tests than children who were not breastfed. The researchers point out that when they adjusted for educational level and maternal verbal ability, the difference in scoring was less dramatic. Still, among the adjusted group of mothers with post-secondary education, babies who breastfed scored 2.2 points higher in testing. The breastfed babies did not show a significant difference in score if their mothers had a high school diploma or less. (1)

The journal *Pediatrics* published a recent study that looked at the development of babies at one year. The babies were placed in the following categories: milk-based formula fed, soy-based formula fed, and breastfed babies. The researchers concluded that although both formula fed groups performed within normal limits, breastfed babies performed “slightly higher.” They added that their results “suggest a slight potential advantage of cognitive development for breastfed infants.” (2)

Other findings from *Pediatrics* include: “...mothers who choose breastfeeding over bottle feeding may be more likely to be sensitive in responding to the cues of their infants in dyadic interactions in early infancy.” (3)

Another study found that 10-year old boys who were breastfed for six months or longer scored higher than their non-breastfed counterparts in math, reading, spelling, and writing. The researchers in this study found that breastfeeding had a positive impact regardless of maternal socio-economic status. (4) Other research found that even when environmental contaminants (DDT) were found in breast milk, preschoolers that were breastfed had increased cognitive performance. (5)

Science confirms that when breastfeeding happens in the context of positive, effective parenting, it can improve cognitive development and school performance, and that we should continue our efforts and creativity to promoting breastfeeding with all of our families.

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(5) Beneficial Effects of Breastfeeding on Cognition Regardless of DDT Concentrations at Birth. Nu´ria Ribas-Fito¹, Jordi Ju´lvez¹, Maties Torrent², Joan O. Grimalt³, and Jordi Sunyer. *American Journal of Epidemiology*. Published by the Johns Hopkins Bloomberg School of Public Health.

Rayza Delacruz-Stitt, RN, MSN
Program Director Bushwick Bright Start
HFNY Program Certified HFA Trainer

HFNY Interventions That Support Cognitive Development

- * Supporting the parents' breastfeeding efforts.
- * Providing accurate information about breastfeeding, including the benefits of longer duration of breastfeeding (6-months and beyond)
- * Teaching effective parenting skills
- * Promoting school readiness such as literacy and reading skills
- * Supporting families to continue their education

Healthy Families New York Promotes School Success

Kristen Kirkland, Ph.D, Bureau of Research, Evaluation and Performance Analytics, NYS Office Of Children and Family Services

WHAT IS SCHOOL READINESS AND WHY IS IT SO IMPORTANT?

Children today are required to learn more complex information in school than their counterparts were decades ago. As the emphasis on standardized curricula and testing has increased, even kindergartners now spend less time in play and more time learning academic skills such as reading, writing, and math. The rigor required by current academic standards only increases as children progress through their scholastic careers. These changes in public education policy appear to have outdistanced the abilities of children, families, communities, and schools to meet the new requirements, and a growing body of evidence suggests that many children are entering school without the skills necessary to meet the standards set forth in the current model of public education.

Although there is no one definition of school readiness, most agree that readiness is multi-faceted and encompasses a variety of domains, including physical well-being and motor development, social and emotional development, approaches toward learning,

language development, and cognition and general knowledge. Hair and colleagues (2006) used data from a representative sample of children across the United States to develop a set of constructs designed to reflect these five school readiness domains. Their analysis revealed that 35% to 45% of children who entered kindergarten lacked the physical health and social-emotional skills that teachers felt were essential for success in school. Fewer than 30% of children were considered proficient in at least four of the five components of readiness.

Substantial gaps in school readiness have also been identified among specific groups of children. As with similar social issues, poverty and other related risk factors play a considerable role. A consistent body of research has linked children's readiness skills with socioeconomic status (Duncan & Brooks-Gunn, 1997; Duncan & Magnusson, 2005; Isaacs & Magnuson, 2011; Isaacs, 2012), maternal education (Isaacs & Magnuson, 2011); parenting styles and home learning environment (Waldfogel & Washbrook, 2011); health and well-being (Caughy, 1996; Currie, 2005; Reichman,

The Link asked some educators in our communities what they thought contributed to children entering school with the confidence and creativity to learn. Here are some of the thoughts and opinions the teachers shared with us.

DEBRA MURPHY
Kindergarten Teacher, Pine Bush Central School

"I'm happy to offer my opinions based on experience as a kindergarten teacher for 26 years. Children who succeed the most in kindergarten are the ones who have had plenty of opportunity for unstructured play. These children have a vivid imagination, are creative, and interact with their peers and teachers in a positive way. By allowing for unstructured play during the pre-school years, children come to kindergarten eager to learn and be actively engaged in the learning process. I've noticed that children who have been in highly structured preschools have a more difficult time socially and academically. They have not been allowed to go through important stages of cognitive and social development. It's important for parents to select child care and pre-school carefully to ensure that young children are not being asked to participate in developmentally inappropriate activities such as sitting for long periods of time or completing worksheets. I don't mean that there should be no academic learning before kindergarten, so long as it is done through play and especially rich language. The more a parent or caregiver speaks to and with their child the better!

With all the stress on academics and testing, many parents believe incorrectly that the earlier children are taught certain skills, the better they'll do in school. I have found that children with little to no preschool experience do as well and even better socially and academically than children coming from highly structured pre-school settings."

LARA SAVELSON
Speech language pathologist, New Paltz Central School District

"In my practice I work with students who have been identified with speech and language differences. They are already either having academic difficulties or they are at risk for difficulties learning to read, write and perform mathematical tasks. If there is one message about success and achievement I want to share with students, it would be that if you work hard, you will be successful. I give them very intentional, specific feedback everyday that is intended to emphasize the efforts they have made in their work, rather than how "smart" they are. By definition, being smart is an innate condition that implies a certain level of permanence. If you're smart, you just got lucky at birth. In contrast, if you realize you can be successful when you apply your energies toward something; if you really believe that your own hard work brought your success, you will be more likely to continue this hard work and to believe that you can succeed. The more students experience the value of perseverance and effort, the more they will have the confidence that they can apply these traits to a challenging task."

School Success continued

2005); and quality of child care (Waldfogel & Washbrook, 2011). These readiness gaps are apparent even at very young ages. Gaps in cognitive development and health between lower income and higher income infants have been found as early as nine months old and become even wider when measured at age two (Halle et al., 2009).

Interventions to reduce gaps in school readiness have focused their efforts on addressing issues that are associated with influencing readiness, such as parenting, maternal and child health, child care, and parental education. Because factors such as parenting style, quality of the home environment, and maternal and child health can account for up to 32% of the gap between low and middle income children's cognitive readiness outcomes (Waldfogel & Washbrook, 2011), home visiting is a particularly promising intervention for promoting children's development and learning.

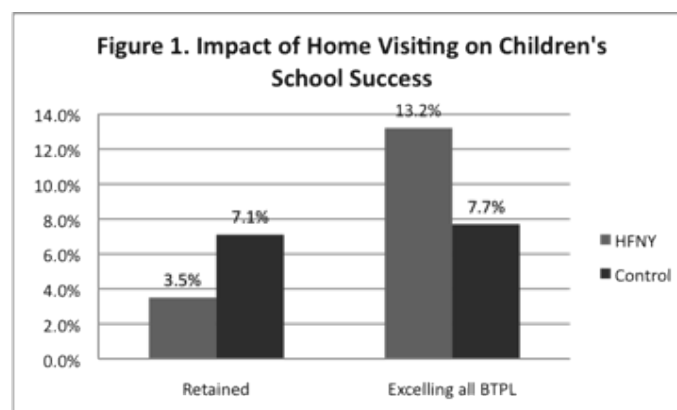
HOW DOES HEALTHY FAMILIES NEW YORK PROMOTE SCHOOL READINESS?

Grounded in Bronfenbrenner's (1979) ecological theory of human development, home visiting programs focus not only on the child and family, but also on the community and societal contexts in which families are nested. Home visiting programs emphasize reducing risk factors and promoting protective factors by improving knowledge of child development and promoting positive parenting skills, fostering healthy parent-child interactions, and facilitating linkages to community services.

This ecological view in home visiting shares important similarities with current perspectives on school readiness, which includes children's own abilities and skills, as well as the role that families, communities, and schools play in promoting children's development and learning. Correspondingly, home visiting programs have the potential to support children's school readiness within each of these domains. Home visiting programs influence children's readiness for school directly through their impact on physical well-being and motor development, social and emotional development, and language development, cognition and general knowledge. Home visiting programs have also been particularly effective in helping families and communities promote children's readiness by providing parents with access to training and supports that promote healthy parent-child interactions and family functioning. Additionally, home visiting programs have the capacity to promote schools' abilities to support children's learning and development by facilitating transitions between the home and the school, and by providing continuity between early care, and education programs and school enrollment (Gombay, 2003).

WHAT IMPACT DOES HFNY HAVE ON CHILDREN'S SCHOOL SUCCESS?

To gain a better understanding of HFNY's ability to promote children's school success, we collected a release form from HFNY mothers that authorized us to obtain the target child's first grade



school records. This was part of the HFNY Year 7 randomized controlled trial (RCT). Of the 942 mothers interviewed at Year 7, 766 provided useable releases. The releases were sent to over 175 schools in 15 states. We received a total of 577 useable first grade records, which were subsequently coded and analyzed to assess the effectiveness of the intervention.

As shown in Figure 1, we found that children who received HFNY home visiting services were about half as likely to repeat first grade as children who were in the control group. In addition, we found that a larger percentage of children who received HFNY home visiting services performed above grade level on all three behaviors that promote learning: working or playing cooperatively with others, following directions or classroom rules, and completing home or class work on time, than children in the control group. We did not find any differences between the HFNY and control groups in the number of days absent, the percentage of children who were scoring above grade level overall on the behaviors that promote learning or academic subjects, or for the percentage of children scoring above grade level on reading and math alone. When we looked at children who were performing below grade level academically, there were no differences between the two groups, either overall or within the academic subjects or behaviors that promote learning separately.

When we saw the findings on retention and behaviors that promote learning, we were most interested in understanding the ways in which HFNY was able to generate them. After looking at the literature that suggests home visiting programs were consistently successful in effecting parenting outcomes, and taking into account findings from earlier waves of the HFNY RCT, we conducted additional analyses to examine the effect of three possible mechanisms on HFNY's

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Spotlight on Healthy Families Brookdale



Left to Right: Roxanne Munroe (Program Manager), Jennifer Lansiquot Dallas (FSW), Marie Meristil (Supervisor), Elsa Vasquez (FSW), Ebony Howard (Supervisor), Daniele Coleman (FSW), Tamara Gayle (FSW), Aqua Hawthorne (FSW), Diana Mejia (FSW), Kamila Major (FSW), Milagros Castro (FAW), Dwan Hunte (Sup/Data Mgr) and Teronda Britt (FSW).

Healthy Families Brookdale (HFB) was implemented at The Brookdale University Hospital and Medical Center (BUHMC) at the end of 2007 with funding from the New York State Office of Children and Family Services (OCFS). This partnership has been a great fit for us because we are an organization that is committed to supporting a healthy community, and we emphasize the importance of caring and respect for everyone. Through Robin Hood funding, we were able to double our team and expand our services after only one year.

Healthy Families Brookdale was originally funded with the intention of providing home visiting services to families in the 11212 zip code area (the Brownsville area of Brooklyn). However, the program is part of an institution that serves families from many other zip codes, and the hospital staff and members of the community immediately cried out for service to perinatal patients in the surrounding zip codes. These families needed and wanted the Healthy Families program services. A timely award from the Robin Hood foundation allowed us to respond to these needs, and HFB was able to expand services to 5 more zip code areas. Even after expanding our capacity by 100%, the program is now at full-capacity and seeking opportunities for further expansion. We are privileged to be able to provide such an outstanding service, and are determined to serve as many families as we can.

The area served by HFB ranks amongst the highest for premature births, low birth weight, teen pregnancy and infant mortality outcomes in Kings County. Our target population faces other challenges as well, including high incidences of child abuse and maltreatment, poor school readiness and achievement, crime, poverty, social isolation, unstable housing and poor mental and physical health. Our Family Assessment Workers and the Program Manager have developed and continue to nurture, strong collaborative relationships with health care providers and community-based organizations, while participating in community initiatives designed to improve the quality of life and health for residents in our community.

HFB initiated the formation of the Healthy Families Brooklyn Advisory Group. Program managers from Healthy Families Brookdale, Bushwick Brightstart Healthy Families, CAMBA Healthy Families and Successful Start Healthy Families chair this group. The Advisory Group was initially formed to fulfill the HFA requirement to form an advisory group from the community, and we chose to meet on a quarterly basis. We are a unified group, operating under the same standards, and sharing the same goals. However, we also highlight each program's unique qualities. In an effort to make the Healthy Families New York presence stronger in our community, and we are collaborating with the Caribbean Women's Health Association annually to represent fatherhood at the Community Wellness Expo. Most recently, we sought to unify and strengthen the outreach strategies and efforts of our Family Assessment Workers and Fatherhood Representatives/Advocates, in addition to collaborating with the Community Health Worker Programs.

At HFB, we have formed a passionate team that truly embraces the philosophy and evidence-based practices of Healthy Families America and Healthy Families New York. Following a review of Critical Element #6, which states that, 'Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development,' home visitor Teronda Britt demonstrated this commitment:

"Reading this made me reflect on my role as a Family Support Worker and what an essential part I play in the lives of those served. During my journey I have encountered many that are deeply affected from childhood trauma and it amazes me because as adults they are still trapped and imprisoned in their minds; they can't seem to navigate their way to a healthier and more prosperous life without additional support. I feel that family goals are most effective when they are collaboratively designed with the target family and the Family Support Worker. Even when life altering barriers adjust the course of the goals designed with the family, it is still rewarding to have had the opportunity to assist with implementing a plan that is conducive for the family when the time is more suitable."

We utilize our Clinical Consultant in team meetings to address challenging issues home visiting staff encounter as they support families. In order to empower staff and enhance their performance and overall wellness, we make sure to provide innovative trainings that address team building, burnout and staff development.

In order to address isolation and build support systems for the families we serve, our program offers opportunities for socialization and education on topics of interest, in addition to home visiting services. We have an active, well-functioning Program Activities Committee that ensures all staff is involved in the planning and facilitation of program groups and events. In the near future, we plan to implement Infant Massage and Parenting Journey Groups to support positive parent-child interaction and bonding. Recently, our focus has been on providing support groups for fathers. Fatherhood Representatives Jennifer Lansiquot Dallas and Kamila Major work on evenings and weekends with our Fatherhood Consultant to engage fathers and develop programming to meet emerging needs.

Spotlight on Healthy Families Brookdale

In September 2012, we held our first graduation ceremony for 13 families who had been enrolled in the program for more than three years and had met the criteria for program completion. At the end of the ceremony, we displayed a slide show capturing moments from program activities and home visits. Our graduating preschoolers donned cap and gown and serenaded their audience with pride and a sense of accomplishment. We expect to have an even larger graduating class at the end of this contract year.

We asked our staff,

“If I were set down in your program, what would let me know I was there, and not in another program?”

This is how they responded:

Eboney Howard, Family Support Worker (FSW) Supervisor: “Our supportive and strength-based style. We work in partnership with families to assist them to live healthier lifestyles

Elsa Vasquez, FSW: “Our support for each other as we discuss participant issues, together with positive feedback and program supervisor support.”

Aqua Hawthorne, FSW: “Our team is made up of individuals with diverse backgrounds, and that's what makes us work so well together.

Kamila Major, FSW: “All of our unique personalities can sometimes be explosive but we make it work to our advantage.”
Dwan Hunte, Family Assessment Worker (FAW) Supervisor/Data Manager: “The understanding that there's always an opposing narrative!”

Milagros Castro, FAW: “What makes us who we are is that we can help parents and meet them where they are without judgment. We help parents understand how their babies learn and grow.”

Tamara Gayle, FSW: “What makes me who I am at Healthy Families Brookdale is my drive and passion to educate, assist and support the families I work with in all areas of life, not just child development, but all aspects that may be beneficial to them as they go through life.”

Roxanne Munroe, Program Manager: “When I walk into the HFB staff area, I feel as though I am in a home filled with laughter, family talks, serious business, and not-so-serious business. Our group is very diverse in age, ethnicity and personal characteristics, but one thing we have in common is passion. Each and every one of us is filled with a passion to positively impact the lives of the families and children that we serve. In addition, our group truly embraces the concept of 'all for one and one for all'. If one rejoices we all rejoice, and when one cries we all feel sorrow.”

Program Update University Settlement Healthy Families

Prenatal Yoga

At University Settlement Healthy Families, we offer families a variety of ways to build social connections within the community, engage in parent-child interaction, and increase their knowledge of ways to support their child's development starting during pregnancy. We also try to make sure it's fun for them.

To this end, we have started two yoga groups, taught by a certified instructor. Our prenatal yoga group invites pregnant families at any stage of pregnancy to stretch, relax, and get ready for birth through gentle yoga. When we first started doing yoga, most of our participants had not been exposed to yoga at all. With more yoga studios coming to our community, we are still the only free prenatal yoga group in the area. Families have told us how they enjoy being able to do something for themselves before their baby arrives. We've also been really excited that it isn't just mothers who are taking advantage of this prenatal yoga group. In the last two cycles of our prenatal yoga group, two fathers participated with their partners. One told us, "After just one class, I slept better, and my back didn't hurt as much." His partner added that she was, "Glad to be able to do something together that was focused on just them."



Photo from www.babble.com

With the success of our prenatal yoga group, we decided to bring in the whole family and offer Parent/Tot yoga. Offered once a week for parents and children eighteen months to four years, Parent/Tot yoga invites families to play, stretch, and relax through the use of songs, stories, and massage. One of our favorite things about Parent/Tot yoga is to hear the children laughing and making animal sounds as they move from one pose to the next. Another advantage that we hear from families is that the children usually want to take a nap right after yoga.

By offering groups like Prenatal and Parent/Tot yoga we are able to expose our families to unique, healthy and interesting ways to spend time together before and after the birth of the baby.

- Marilus Castellanos, Assistant Program Director

Thoughts from a Program Manager



As a Program Manager, I support our staff to promote school readiness by discussing their efforts at team meetings and in supervision. Home visitors routinely help parents prepare children for school by bringing out activities with colors, numbers and letters. We encourage parents to read to their children every day, and to talk, play, sing and dance with them.

We have a great relationship with Head Start, and home visitors assist families in applying. Home visitors also help the families register for kindergarten or preschool, including referring them to organizations that provide clothing and supplies, completing the free lunch application, and advocating with the school for any special needs of the child or parents.

Depending on the needs of the family, a home visitor might work with parents on their morning schedule to help the children eat a good breakfast, make the bus and have time in the evenings to do homework. Some families appreciate that their home visitors talk about what the first day will be like and prepare them for the positive and negative feelings that occur with separation. We sometimes use about three months to transition the families out of the program so they have gradual lessening of our support. Since saying good-bye to families is hard, this is also nice for the home visitors!

-Lise Kennedy, RN MS
Supervising Public Health Nurse at Healthy Families of Sullivan

HFNY's Management Information System Goes On the Web



Front Row: Chris Pappas, Jenny Perella, Cori Robohn
Back Row: Dar Chen, Devinder Khalsa, John Heck, Jay Robohn

In January 2013, Healthy Families New York launched our new web-based management information system for use by program sites and HFNY Central Administration members. The website was designed, programmed, and tested by the Center for Human Services Research Information Technology staff in a multi-year process.

There are currently about 230 registered users. These include the roles of data entry, supervisor, user, guest, administrator and Central Administration (program contract managers, trainers, evaluators). During the month of April 2013, 182 users logged in to HFNYMIS.org.

Family support workers, family assessment workers and supervisors use the system to enter data that document assessments, support and services that they have provided. Easily accessible reports that predict upcoming data points help staff as they plan work activities. Data points may include, a child's birthday, for example, which may indicate that immunizations and developmental screenings are due. Other tools to support planning and practice that the system provides include lists, analysis, quarterly and accreditation fidelity reports. These items are useful for staff at all levels of the program.

In the coming months, HFNY will continue to move toward a paperless system, designed so that home visitors and assessment staff are able to enter data directly into the system.

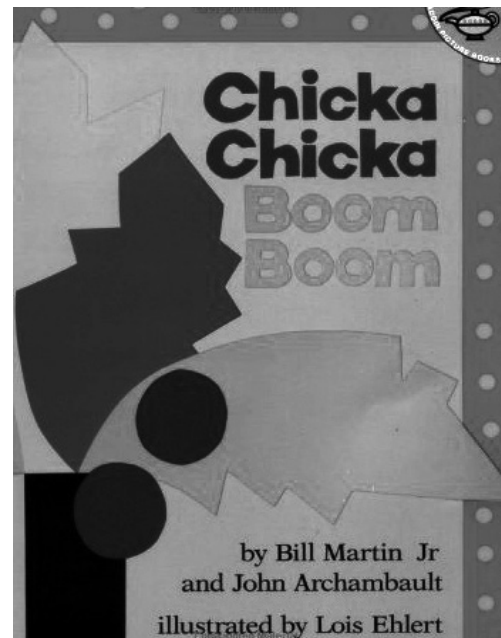
The HFNY MIS continues to evolve, as it has done since 1995. With the input from both long-term users as well as Central Administration members, who now have direct access to the MIS, CHSR will continue to incorporate new ideas to better serve the home visiting participants.

- John Heck, Center for Human Services Research, SUNY-Albany

The Book Corner

Chicka Chicka Boom Boom
by Bill Martin and John Archambault

Submitted by Scott McDowell, FSW, Early Advantages, Clinton County



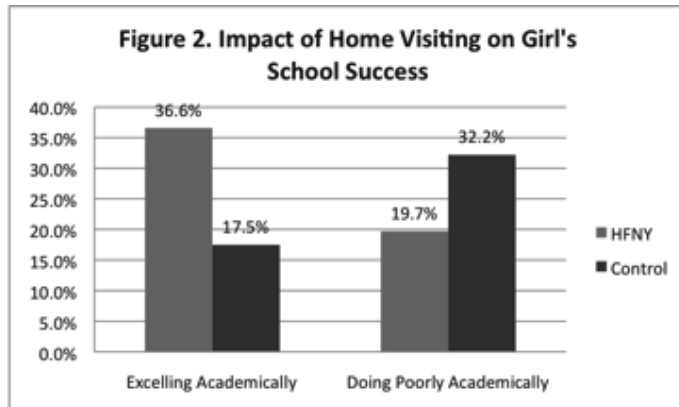
I enjoy using so many different books in my work. Some books promote gross and fine motor skills and the home visitor can read them out loud while the parents and child do some movement that goes along with the stories, or the parents can read the book while the child does some movements. *Chicka Chicka Boom Boom* is a really fun book to use in that way, and the illustrations are great too!

- Submitted by Scott McDowell, FSW, Early Advantages, Clinton County

School Success continued

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ability to promote children's success in school. We hypothesized that HFNY's early positive impacts on promoting appropriate limit setting and reducing the frequency of neglect at Age 2, and supporting the development of responsive and cognitively engaging parenting strategies at Year 3 played a role in explaining, at least in part, how HFNY was able to promote children's success in school. The results of our preliminary analysis supported this hypothesis. As discussed above, it is likely that home visiting directly influenced children's school success by promoting children's own skills. However, our analyses also suggest that by providing parents



with the knowledge and skills necessary to develop responsive and appropriate parenting strategies, HFNY indirectly supported children's learning and development and their subsequent school success.

UNDER WHAT CONDITIONS IS HFNY MOST EFFECTIVE IN PROMOTING SCHOOL SUCCESS?

We found HFNY to be particularly effective for girls. Girls in the HFNY group were more likely to perform above grade level academically on reading and math or all three behaviors that promote learning, and less likely to perform below grade level academically on reading, math or any of the three behaviors that promote learning than girls in the control group (see Figure 2). No such differences were found for boys.

Healthy Families New York was also more effective when services were implemented with high intensity. Children who received at least 75% of their expected home visits were 2.28 times more likely to perform above grade level academically, and 47.4% less likely to perform below grade level academically, than children who received less intensive visitation.

WHAT DO THESE RESULTS MEAN FOR PRACTICE?

These results suggest that home visiting programs can have a positive effect on children's educational outcomes. Although additional work needs to be done to understand the precise mechanisms driving these effects, home visitors should continue to focus their efforts on providing parents with child development information

and promoting positive parent-child interactions. The current study suggests that this may be an effective tool for helping parents to become their children's "first teachers." Home visiting programs should also implement policies to ensure that families are receiving the intended level of services, since children were more likely to excel when they received more intensive services. Because many children were still performing poorly in spite of receiving home visiting services, home visiting programs may want to enhance their existing efforts to develop collaborations with early education programs and school systems to support families through those transitions.

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The Roving Reporter

What do you think your role does to contribute to children and parents being ready to start their school experience?



We as parent educators are able to go into the homes and encourage the parents to be their child's first teacher. We bring them information on their child's development and achieving their developmental milestones. Also, if there are any developmental delays, we can refer them to a program.

Polly Kiblin, FSW Healthy Families Allegeny/Cattaraugus

As FSW's we encourage parents to be their child's first and most important teacher. Part of that includes being an advocate for themselves and their child. We can help parents become strong advocates for their child's success in school by becoming an advocate with their pediatrician or other adults in their child's life. Being involved with their children's education is a huge factor in success and starting early is key to this success.



Corina Allen, FSW Healthy Families Broome



I feel the best way to contribute to our families getting ready for school is to help them feel prepared. Knowing what to expect and having a creative toolbox is essential for parents. Parents who have already been developing their own ways to make learning fun will be confident in helping their children continue to enjoy learning once they start school.

Tonya Albrecht, FSW Healthy Families Oneida

As an FSW I normalize or clarify expectations, track and facilitate development and provide information to ensure preparedness.

Patrick Gannon, FSW Healthy Families Staten Island



In the Next Issue Home Visiting Around the World

Have you ever wondered what Home Visiting looks like outside of the United States? Many other countries recognize that home visits from trained professionals and lay home visitors can provide valuable information and practical support to families who are expecting or have just had a baby. For example, in many parts of Europe, home visiting is integrated into a comprehensive health care system that routinely offers it to all families, regardless of their income level. We'll look at home visiting in some different parts of the world and explore what it tells us about our model of delivering services. See you next time!

Letters to the Editor

We want to know what you think! What thought or question or idea did the Link spark for you? Help the Link editors satisfy their curiosity, and perhaps start an interesting conversation while you're at it. You can send your Letters to the Editor to Pam Balmer at pbalmer@preventchildabuseny.org. Thanks!

Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.
--Albert Einstein

theLink

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Children &
Family Services
Andrew M. Cuomo, Governor
Gladys Carrión, Esq., Commissioner



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Farewell Jim Cameron



Jim Cameron

With a heavy heart, I write to tell you Prevent Child Abuse New York (PCANY) and the children and families of New York have suffered a tremendous loss with the death of James (Jim) S. Cameron. Jim was our founding executive director and a tireless advocate for children. He worked in the field of child abuse and neglect for over 40 years at all levels of practice: clinician, supervisor, administrator, consultant, planner, teacher and advisor.

A pioneer in the field of child welfare, Jim was instrumental in developing and strengthening New York State's ability to respond to and prevent child abuse. While at the NYS Department of Social Services, Jim advised the legislature on development and implementation of New York's comprehensive child protection legislation and the Child Abuse and Maltreatment Central Register, and Child Abuse Reporting Hotline.

At PCANY, Jim guided the development of a statewide network that promotes and initiates quality services and effective policies to prevent child abuse and neglect. He led advocacy efforts to establish the NYS Children and Family Trust Fund, which supports Family Violence Prevention initiatives as well as the Healthy Families New York program. Both continue to provide proven prevention services to children and families in our state.

Jim served numerous state and national groups dedicated to children's well being. With a particular dedication and passion, he worked with Prevent Child Abuse America, the NYS Children and Family Trust Fund Advisory Board, and colleagues from Cornell University's Family Life Development Center.

Jim's vision and dedication have improved the lives of countless children in New York and across the country. His impact will be felt for generations to come, not only in PCANY's offices, but also in communities throughout New York.

"Jim was the quintessential gentleman, scholar, thinker and doer. What an impact he had on so many of us and oh how he will be missed!"
—Anne Cohn Donnelly, Kellogg School of Management, former Executive Director of National Committee to Prevent Child Abuse

- Christine Deyss, Executive Director