



**From the Desk of Susan Atwell, HFNY Unit Manager,
Office of Children and Family Services**

Hello Everyone! All of our Healthy Families America (HFA) accreditation site visits have been completed and we did an outstanding job! I want to thank the programs that had visits: South Bronx, Sunset Park, Brookdale, Orange, Niagara, Parkchester, Westchester, Schenectady, Erie, Dutchess and Oneida. We are all very appreciative of how hard they worked for our entire state system. Below are just a few of the highlights from the HFA reports we've received so far:

- “This site has an incredibly strong network of community partners and referral sources.”
- “Medical students have the opportunity to shadow home visits—reports indicate this is a very meaningful and impactful experience, enhancing their understanding of the population they serve.”
- “Through file reviews and discussion with staff and families, it appears that health and safety is discussed frequently.”
- “The program is truly invested in hiring staff from the community and that resemble the cultural characteristics of the service population.”
- “Everyone appears knowledgeable in their roles and enjoys the work they are presented.”

- “The site does a great job of assessing parent-child interaction, attachment, and bonding with all families utilizing CHEERS.” (CHEERS is an acronym for Cues, Holding, Expression, Empathy, Rhythm and Reciprocity, and Smiles).
- “The program has access to a great infrastructure that supports timely training and a variety of ongoing training.”
- “The site does a great job ensuring staff have limited caseloads to adequately meet the high needs of families in the program.”

We are very proud of all of these programs, and hope they are feeling proud of all their accomplishments! We have some very minor corrections to make and once the additional materials are sent to HFA, I expect that we will be fully accredited by year's end.

Again, thank you for your hard work!

~Sue



Pinwheel garden at Healthy Families of Rensselaer County

This year we celebrate the 35th Anniversary of “National Child Abuse Prevention Month.” April was first designated as Child Abuse Prevention Month by President Ronald Reagan in 1983. Healthy Families New York’s over 40 statewide programs hosted and participated in prevention month activities including planting and distributing pinwheels. The pinwheels represent the great childhoods we want for all children, and HFNY is a big part of making that happen for NY’s children.



Healthy Families Oswego County and host agency Oswego County Health Department teamed up to support Child Abuse Prevention Month. #GreatChildhoods #PCANY

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Office of Children and Family Services

Child Abuse Prevention Month Activities



Pinwheels planted at Healthy Families of Clinton and Franklin Counties



Distributed at the 2018 Steuben County Campaign Kick Off and County Proclamation



Healthy Families of Sullivan



Pinwheels at the Jefferson Healthy Families site and their Fort Drum Babypalooza



Exciting News: Healthy Families New York extending its reach in NYS

Research shows HFNY works for many families, from first time teen parents to families with other children. Families have healthier babies, demonstrate better knowledge of parenting and child development, create positive family bonds, develop connections to community services, and have children who do better in school. With the help of both community dollars and state funds, HFNY now serves more families throughout NYS in parts of: Monroe County, Wayne County, Corona (Queens, NYC), Cortland County...so we asked these new programs to share a little about themselves. Welcome aboard!

Healthy Families Corona: Rachel Schwartz, program director and Marlene Sierra, program manager



From left: Amy Sifuentes (Family Support Specialist), Marlene Sierra (Program Manager/Supervisor), Maria Torres (Family Resource Specialist). Two additional Family Support Specialists will join them.

Public Health Solutions (PHS) is the largest public health nonprofit serving New York City. For over 60 years, PHS has improved health outcomes and helped families thrive by providing services directly to the city's most vulnerable populations, publishing groundbreaking research that moves public health policy and practice forward, and supporting over 200 community-based organizations through our long-standing government partnerships. PHS is a leader in addressing crucial public health issues, including food and nutrition, health insurance access, maternal and child health, reproductive health, tobacco control, and HIV/AIDS prevention. PHS has a strong focus on health equity to ensure NYC families have the basics for a healthier life.

PHS is thrilled about the start-up of its new Healthy Families Corona (HFC) program, located in Corona, Queens. HFC joins PHS' two other Corona-based home visiting programs (the Nurse Family Partnership and the Maternal Infant Community Health Collaborative). These co-located programs are implementing a coordinated outreach and centralized intake process for home visiting referrals in their shared target area of Northern Queens. PHS' Corona service hub also houses a Neighborhood WIC program, and SNAP (food stamps) and health insurance enrollment. (cont'd on next page)

Exciting News (cont'd)

Healthy Families Corona (cont'd)

HFC's team of five staff will serve up to 68 families per year once it is functioning at full capacity. The area served by HFC (the neighborhoods of Corona, Jackson Heights, Elmhurst, E. Elmhurst, and Woodside) is the most ethnically diverse area of Queens County, which is considered the most ethnically diverse urban area in the world! Start-up for HFC has rolled out smoothly thanks in large part to significant support from PHS' original Healthy Families program, Bushwick Bright Start, which has served families in Brooklyn for over 17 years. The Healthy Families Corona team wishes to thank BBS Program Director Rayza de la Cruz-Stitt and her fantastic team for their continued support and guidance in launching Healthy Families Corona.

Healthy Families Monroe: Clarice Lazary, program manager

The mission of The Society for the Protection and Care of Children (SPCC) is "to provide the best opportunities for a bright future by respectfully partnering with children and their families, advocating for their health, well-being and safety, and working to heal and strengthen relationships." The Healthy Families Monroe program is perfectly aligned with this mission and a great fit for SPCC's menu of services. We serve over 7,000 individuals annually in our Family Trauma Intervention Program, TeenAge Parent Support Services, Supervised Visitation, Therapeutic Visitation, WIC and WIC Vendor Management programs. Healthy Families Monroe will serve Monroe County, which includes Rochester and its many surrounding suburbs. Several zip codes in Rochester have very high rates of premature births and low birth weights, along with an infant mortality rate that is double the county average. For this reason, and as evidenced by the HFNY research, the services that Healthy Families Monroe provides will have a great impact on our community. Healthy Families Monroe has hired Clarice Lazary, LMSW, as the program manager. We are in the process of hiring a supervisor and four family support specialists. We will keep you posted on our progress!

Healthy Families Wayne County: Kyra Yon, program manager

Healthy Families Wayne County is in the second-largest apple growing county in New York State. Wayne County is made up of farms and includes several tourist spots by Lake Ontario. Wayne County Action Program, Inc. (WACP) was founded in 1966 and is still a viable and cutting edge Community Action Program. Not afraid to assemble information for grant applications, WCAP hosts various state and federal programs to meet the needs of its residents. Currently, Healthy Families Wayne County staff are going through all of the trainings required by Healthy Families New York so that staff can provide high quality services. We are looking to hire 2 more FSW/FAWs. As we have people who speak Spanish in our county, one will be bilingual to accommodate our families.



Left to right is Heather Perce, Data Manager. Jeana Elleman, FSW/FAW. Rhonda Perkins, FSW/FAW. Kyra Yon, Program Manager. Hannah Stone, Supervisor.



Healthy Families Cortland: Deanna Pace, program manager

Cortland County Community Action Program, Inc. (CAPCO), is proud to be able to offer Healthy Families Cortland to our community. CAPCO is a community-based, human services nonprofit located in Cortland, New York and is the second largest human service provider in the county. For more than 40 years, CAPCO has worked intensely to help low income families in the community overcome barriers. Through a broad range of programs and resources, CAPCO provides assistance to over 4,000 people annually. The agency operates the following programs throughout Cortland County: Head Start/Early Head Start, Consumer Directed Personal Care Program, WIC, Energy Services and Family Development. Healthy Families Cortland will be based within the Family Development program. Cortland County is in the middle of New York State and is within an hour's drive of Tompkins, Cayuga, Tioga, Broome, Chenango, Madison and Onondaga Counties. The county encompasses 498.76 square miles and is rich in farm land. There is one city (Cortland), 15 towns and five school districts to serve children in the county. In 2017, 14.74% of the persons in the county were living in poverty; of those, 15.3% were children under the age of 18. The county recently lost its Maternal Child Health Home visiting program and this has left a real gap for families in crisis who need the extra help during the prenatal and early infancy period. Because of the many community connections we already have in place, we are beginning to receive referrals to the program. Healthy Families Cortland plans to serve 80 families annually. CAPCO is very excited to host the Healthy Families program!

Research Corner:

Demographic Factors Impacting Breastfeeding Rates Across HFNY

Margaret Gullick, Senior Research Scientist, CHSR

The benefits of breastfeeding are wide ranging and long lasting, including improved health from infancy through early childhood and increased parent-child bonding. Under the current Healthy Families New York (HFNY) Quarterly Performance Targets, 30% of children at each program are expected to be breastfed (any amount) for at least three months. However, program rates are highly variable: some programs demonstrate 100% participation, others only 15%. We examined several key demographics of HFNY families enrolled between 2015 and 2017 to determine which mothers are likeliest to breastfeed, and identify those who could benefit from additional support.



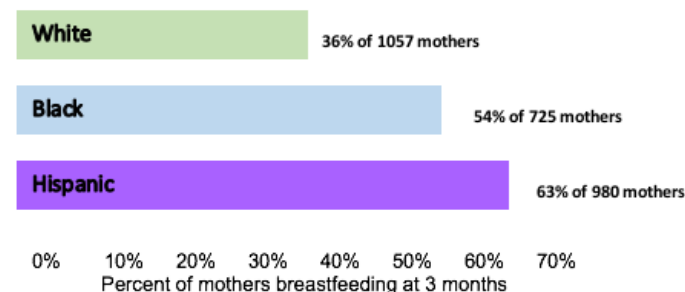
Across the state, many factors were associated with an increased likelihood of breastfeeding at three months. First, Hispanic and Black mothers were more likely to breastfeed than White mothers, and programs with a higher proportion of Black and Hispanic mothers showed higher breastfeeding rates. (Similarly, as almost all White mothers were born in the US and most Hispanic mothers were non-native, non-native mothers were more likely to breastfeed.) Age, marital status, and education were also important factors: older, married, and more educated mothers were more likely to breastfeed. First-time mothers were less likely to breastfeed, while multiparous mothers were more likely. Breastfeeding mothers were also likelier to have been enrolled in their third trimester, while non-breastfeeding mothers were likelier to have been enrolled postnatally.

These factors were also highly inter-related: Black and Hispanic mothers tended to be multiparous, older, and married; White mothers were more often first-time mothers, younger, and unmarried. White mothers tended to be more educated than Black and Hispanic; more educated mothers were likelier to enroll earlier and to be married.

The number of conversations about breastfeeding (as recorded in the Home Visit Log) also had an impact: families who had more conversations with their home visitor about breastfeeding were more likely to breastfeed than those who had fewer. Notably, families who enrolled prenatally tended to have more conversations than those who enrolled postnatally, indicating that earlier enrollment may allow more opportunities to promote breastfeeding behaviors.

Overall, the strongest indicators of breastfeeding were race/nativity, education, and the number of recorded conversations about breastfeeding. Together, these components indicate that extra efforts to promote breastfeeding might be best directed toward White or less educated mothers, potentially through more conversations about breastfeeding even if a family enrolls postnatally. Efforts to maintain high breastfeeding rates by continuing to engage older, Black or Hispanic, and more educated mothers, though, should also continue.

Figure: Mother's race impacts likelihood of breastfeeding at 3 months



COMBINED ENROLLMENT PILOT STUDY

Claudia Miranda-Julian (OCFS), Susan Dietzel (CHSR), Corinne Noble (CHSR)

A number of Healthy Families America (HFA) programs across the country (e.g., Oregon, Illinois, New Jersey) have moved to a combined assessment/enrollment process whereby the same staff person conducts the assessment (aka parent survey) and offers eligible participants the opportunity for immediate program enrollment and participation in home visits. In this one-step process, the assessment is no longer used to determine program eligibility, but solely to gather important information about the family that will aid in addressing the family's individualized interests and needs. Some advantages to a one-step process include: enrolling women earlier in their pregnancy and home visitors having more opportunity to develop the relationship with families both initially and throughout the entire spectrum of home visiting services.



As a system, HFNY has long discussed transitioning to a one-step process. Given the size of our system, an abrupt change is not feasible (and potentially detrimental) so, Central Administration decided in 2015 to embark on a Combined Enrollment Pilot Study. The aim was to convene a committee whose members came from all levels of the system (Central Administration, program managers, and supervisors) to begin the pilot study. That summer, the committee held their first meeting and met regularly over a one-year period, finally generating an agreed-upon model for the study.



A key change to HFNY's current practice that emerged during committee conversations was the addition of a welcome family visit (WFV). This visit serves as an opportunity for families to get to know more about HFNY before delving into the sensitive topics discussed during the parent survey. The WFV is organized in a way that is family-driven. During the first visit, the home visitor asks families what they are looking forward to and about anything they may want to learn or talk about with regarding parenting and child development. This first home visit incorporates what the parent shared, providing a sampling of what the HFNY partnership is all about. The parent survey visit is then scheduled after the WFV to continuously guide content and approaches for future visits.

The Combined Enrollment Pilot Study aims to address the following questions: 1) What impact does a combined assessment/enrollment process have on program engagement and retention as compared to current program practice; 2) How do staff in the pilot sites perceive the combined approach relative to the current way of doing assessment and intake; 3) What benefits and limitations do they identify about the combined assessment/enrollment process; and 4) Were there any obstacles in implementing the combined assessment/engagement process?

As of May 2018, the committee identified three pilot sites. The first, HF of Clinton and Franklin Counties, began this process in January 2018. The second site, Orange County HF, is slated to begin June 2018 and the third, HF Bushwick Bright Start, is set to start in the Fall of 2018.

There is some debate in the field about the feasibility of a one-step process. Some argue that outreach and assessment each require a specialized skill set that not all direct service staff possess. Others argue that the community outreach piece is diminished when the assessment role is combined with that of the home visitor. HFA programs that have adopted the combined enrollment model maintain that these concerns can be overcome, and that the benefits outweigh any risks.

When asked why they chose to participate, this is what the HFNY pilot sites had to share with us:

"We chose to participate in this pilot because we feel it will strengthen relationships and build trust with families, and therefore, improve enrollment and retention. Our families may have had negative experiences with other service providers, and this model demonstrates right away that we are different, that we are not there to judge, and that we are there for them."

– **Brigette Grant, assistant program manager (Orange County Healthy Families)**

"Capacity!!!!"

– **Esther Piper, program manager (Healthy Families of Clinton and Franklin Counties)**

"We believe that the Combined Enrollment supports continuum in the relationship building process with families. The families share significantly personal, information which can render them vulnerable. They develop trust with the Family Resource Specialist (aka Family Assessment Worker), and are then called upon to disengage with that person after building trust. Then the gap between completion of the survey documentation, and passing to the Family Support Specialist (aka Family Support Worker) may cause the family to lose motivation to remain engaged with the program. The one-step eligibility criteria will likely help enroll families earlier within the early initiation stipulated time period (prenatally to two weeks postnatal). Because eligibility is determined by the initial HFNY screen, we can enroll families sooner. The FSS can better utilize the parent survey as a service planning tool, and will better help to incorporate our new service plan per the new 2018 HFA Best Practice Standards (BPS). The FSS will be more invested in the families' parent surveys from the start, and more likely to use it as an ongoing tool which supports Trauma-Informed practice, attention to risk factors, and building relevant protective factors. The WFV reflects a more strength-based, family centered, warm approach to services. The FSS staff will be more invested in filling their own caseloads, and will better understand rationale for BPS #8.

We anticipate this will favorably impact capacity. Ready for combined enrollment!"

– **Rayza DeLaCruz-Stitt, program director (Bushwick Bright Start Healthy Families)**



Stay tuned for more information as we continue to learn during this 3-year pilot.

Milky Way: Using Reflective Strategies to Support Breastfeeding

Rayza DeLaCruz-Stitt, BSN, MSN, Program Director, Bushwick Bright Start HFNY- a program of Public Health Solutions



There are many misconceptions in our culture about breastfeeding, particularly about older babies or toddlers being breastfed. The American Academy of Pediatrics (AAP) recommends six months of exclusive breastfeeding and continuation of breastfeeding with complementary foods for at least 12 months, or as long as desired by the mother and baby. The World Health Organization recommends continuation of breastfeeding with complimentary foods to two years and beyond. Healthy Families America's (HFA) Reflective Strategies for Home Visiting are powerful tools for supporting breastfeeding. Here is a summary of reflective strategies, and how to use them to support or promote breastfeeding.

ATP (Accentuate the Positive) :To build self-esteem by identifying parental behaviors/and skills that support breastfeeding, including those observed within the CHEERS domains.

S-ATP (Strategic Accentuate the Positive): To increase breastfeeding behavior that you want to see more often.

Explore & Wonder: To address missed cues/build empathy regarding the baby as an active participant in the nursing relationship.

Solution-Focused Talk: Used when a parent hands you a breastfeeding problem, or you see a problem that you need to obtain more information about.

Normalizing: To dispel breastfeeding myths and provide evidence-based breastfeeding support and information based on the science of lactation.

The following examples were created in collaboration with Jasmine Rodriguez, a senior family support specialist (FSS) and James Porter, who works in training and staff development, PCANY. They are based on four recent home visits Jasmine had with a family.

Scenario: Mom stated that she wants to wean her 12-month-old baby in order to go back to work. She is reluctant to wait until her baby indicates that she is ready to wean.

Strategy: Use *Solution-Focused Talk* to gather more information, asking questions such as the following:

How did you decide to wean her now?

What do you know about self-weaning?

What support would you need to keep nursing?

In general, how do you feel about older babies nursing?

What would it be like for you to let her take the lead in the weaning process?

You thought about weaning a few weeks ago; what made you decide to keep nursing?

How does your husband feel about older babies breastfeeding?

Who supports you with breastfeeding your one-year-old? Who doesn't support you?

Scenario: Mom stated, "She has already received the benefits of breastmilk, and may never want to come off the breast if she continues to nurse on demand" and "She is older now, and doesn't need breastmilk as much."

Strategy: Use *Normalizing* to address possible misconceptions about the need to breastfeed older children.

Step 1: Identify the belief mentally. Mom believes older babies do not need breastmilk.

Step 2: Normalize it. "Many moms and dads in our culture believe that taking breastmilk is not necessary once babies are eating solids, and older babies should not nurse. It used to be, and you may remember, that pediatricians told parents to offer babies formula as a supplement, and to wean babies earlier."

Step 3: Share Research. Now we know that breastmilk has nutritional value well into the toddler years. The new recommendation of the AAP is to nurse until at least 12 months and to feed the baby solid foods along with breastmilk beginning at 6 months.

Step 4: Ask what the parent thinks. "What do you think about this information? How does it affect your thinking about weaning?"

Scenario: Mom has been reluctant to let the baby take the lead and self-wean. She has been limiting her time at the breast, and offering more solids instead of nursing when the baby gives cues that she wants to nurse. During this visit, baby was sitting on Mom's lap and began to fuss and pull on her shirt. Mom picked up her shirt and began to nurse. Baby then came off the breast and started eating her apple.

Strategy: Use: *Strategic Accentuate the Positives (S-ATP)*

Step 1: Identify a behavior you want to see more. Mom breastfeeds baby when she gives cues that she wants to breastfeed, rather than giving baby solid foods to try to wean her.

Step 2: Observe (for the behavior you want to see more). Mom followed baby's cue when she pulled on mom's shirt, and allowed her to nurse.

Step 3: Affirm. "Just now when baby pulled your shirt, you recognized that she wanted to nurse, and you let her latch on. She satisfied her need and quickly came off the breast, and back to her apple."

Step 4: State the impact. "By allowing her to breastfeed when she wants to, she is beginning to wean herself on her own. By allowing her to go at her own pace, you help her feel safe and build her confidence."

Milky Way (cont'd)

Scenario: Over time, Mom has more consistently allowed baby to lead and self-wean. During most of this visit (as Jasmine documented in the Holding section of CHEERS),” Mom held baby closely on her lap and in her arms, and nursed while continuing to talk to FSS.” Mom asked baby, "You're sleepy aren't you?" as she rocked her back and forth while breastfeeding her.

Strategy: Use *Accentuating the Positives (ATPs)* to affirm Mom's strength in this area and build her self-esteem and confidence

Step 1: Observe for parenting strengths and skills. Jasmine observed Mom holding baby close, rocking her, and allowing her to nurse while she fell asleep.

Step 2: Affirm. "You both looked so relaxed and content as you rocked her to sleep while at the breast. You two were so connected."

Step 3: Impact. "When you relax and allow her to nurse, she relaxes and is able to follow her own hunger cues. By allowing her to wean at her own pace, she learns to trust that you read her cues. This trust helps her build independence."

These examples show how HFA's Reflective Strategies are powerful tools for supporting breastfeeding families including helping them breastfeed into toddlerhood. They can help us strengthen parental confidence, and build their competencies, skills, and protective factors (developmental parenting). The family example shared by Jasmine is a beautiful illustration of the work carried out all over the state by our HFNY Home Visitors.

Please send your questions, and more examples to: rdelacruz-stitt@healthsolutions.org



Ready, Set, GO: My Family Tree Activity

Tina Tison, PCANY

Finally, it's spring and flowers are blooming and trees are growing their leaves – new beginnings everywhere! This is an activity that home visitors could do with families. It could also be a fun prenatal activity, with one leaf blank for the baby's name if the parents haven't chosen it. Some families may want to include people that are actually not related, but are as close as family. This could be a great way to help them identify their support system! It can also be used as an activity related to the Family Goal Plan process. Along with the FGP form itself (by adding the title "Our Family Goal Tree"), this activity might help some families who are more visually oriented to identify goals with their FSW and keep working on them.

My Family Tree



www.family-tree-template.org

WARM WELCOMES

Ann Marie Johnson ~ OCFS



Hi! My name is Ann Marie Johnson, but most people just call me "AMJ". I have just recently joined Healthy Families New York at the Office of Children and Family Services. For the past seven years I have worked as a CPS intake worker with Albany County CPS. Although I am newer to the prevention side of things, it has been a lot of fun learning more about it and meeting a bunch of great new people who love serving in the human services field as much as I do. In my spare time, I like to garden and travel with my husband and adult children whenever an opportunity presents itself. I also am very involved in my church and local community, always willing to assist wherever and whenever possible. Although HFNY is a new program for me career-wise, and I look forward to the growth and potential opportunities it will bring to help me continue to give back successfully to my community.

Mir Nahid Mahmud ~ CHSR



Hello everyone! My name is Mir Nahid Mahmud; unlike others I go by my middle name, Nahid. As a new research scientist at the Center for Human Services Research, I am very excited to join the HFNY evaluation and research team. Primarily, I will be working on the HFNY Worker Survey 2018, starting from development of the survey instrument, managing the survey during this summer and finally, reporting the findings of the survey in the fall. I am a PhD candidate at the Department of Economics at the University at Albany. I have a master's degree in economics from the University of Warwick (UK). My research has focused on health economics. As an applied econometrician, I am interested in understanding how different policies and programs change the well-being of individuals and families. Besides being a data junkie, I am an avid soccer fan.



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Ontario County invited families to a free pancake breakfast for their annual Pinwheel Event, promoting the prevention of child abuse and neglect. On this chilly April morning, families enjoyed breakfast, music, crafts, planting a pinwheel garden, touring a police car and fire truck, free diapers, children's clothing, books and so much more!

