

Home Visiting Beyond Borders

Have you ever wondered what home visiting looks like outside the United States? We reviewed the literature and interviewed some of your colleagues who come from other parts of the world. Read the main article to find out what we learned, and what it tells us about our own program model. Among our usual features, we have two interesting pieces on breastfeeding: The Milky Way looks at what changes or stays the same when families emigrate, and The Research Corner shares findings on our impact on families' breastfeeding decisions. You can also learn about some new members of the HFNY community. As always, let us know what you think by sending a note to our editor at pbalmer@preventchildabuseny.org Happy reading!

-Pam Balmer

The Research Corner

Pre- and Postnatal Discussions by Healthy Families New York: Home Visitors Foster Breastfeeding Initiation and Continuation

Sandra L. McGinnis, Ph.d., Senior Research Scientist

OVERVIEW

Breastfeeding is associated with many positive outcomes for infants and mothers, including protection against obesity, diabetes, sudden infant death syndrome (SIDS), asthma, eczema, and colitis for infants, faster post-pregnancy weight loss, and reduced risk of some reproductive cancers for mothers. Longer duration of breastfeeding is associated with greater benefits. The goal of this analysis was to better understand Healthy Family New York's (HFNY's) impact on the initiation and continuation of breastfeeding.

STUDY DESIGN AND FINDINGS

We studied 1,490 families who had their first prenatal home visit in 2010 or 2011, and who had six month follow-up data. Sixty-nine percent of mothers (1,033) started breastfeeding at birth, and 29 percent (439) of these continued breastfeeding (exclusively or with other feeding) for at least six months. We examined the factors related to breastfeeding initiation and continuation in these families.

Aspects of home visiting were associated with both the initiation and continuation of breastfeeding. Breastfeeding initiation increased when more prenatal home visits

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News from OCFS

Home Visiting is growing. We are entering our third year of partnering with the Department of Health on the Maternal, Infant, and Early Childhood initiative and providing expansion funding to three programs in the Bronx, one in Erie County, and now an additional expansion of a program in Brooklyn. Additionally, Office of Children and Family Services (OCFS) has been contacted by four County Health and Social Service Departments in New York State interested in starting a Healthy Families Program.



Healthy Families New York (HFNY) knows the important role of fathers in children's lives, and six fatherhood conference calls with the HFNY network were held in 2013. The second annual Fatherhood Institute was convened on October 30. Representatives included the majority of the Healthy Families programs, the Healthy Families Central Administration team and a member of the OCFS Fatherhood Initiative team. The morning session included roundtable discussions to establish the direction of our fatherhood work.

Our HFNY Home Visiting Program received re-accreditation by Healthy Families America (HFA). The purpose of HFA accreditation is to ensure that the HFA name, and programs using that name, represent a deep and abiding commitment to delivering the highest quality services possible and implement the program with fidelity to the national model. We began this process in March of 2012 when Central Administration received an accreditation visit. Over the next few months, ten program sites were also visited. Overall, our state system did very well and we are now a multi-site accredited system. This status is valid for five years.

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OCFS staff worked with Department of Health staff and the School of Public Health to create a “toolkit” for home visiting programs. The purpose of the toolkit is to increase capacity rates by increasing referrals from community providers. This toolkit will highlight the benefits of both HFNY and Nurse-Family Partnership. Toolkits were distributed to all Healthy Families programs in October.

HFNY is preparing to extend its Randomized Control Trial (RCT) to 15 years, which appears to be the most extensive HFA study to date. The research team at the Center for Human Services Research is contacting families that participated in the study in 2000 to establish contact information in preparation for conducting interviews beginning in November 2014, when the oldest child in the study will turn 15. The OCFS Bureau of Evaluation staff along with Center for Human Services Research are beginning to look at instruments to use in the study to measure effects on an array of areas including school success, juvenile justice, child abuse and neglect, and subsequent pregnancy.

We are continuing to work on the computer-based training for all HFNY staff on the topic of domestic violence and safety planning with families. Look for this training in the fall of 2014.

HFA has issued Best Practice Standards (BPS). These standards take the place of the 12 Critical Elements of service delivery that we operationalize on a daily basis. Although much of the information is the same, there are some differences based on new research information available to the field. A group of Central Administration partners is coming together in February to determine what changes affect our HFNY policies. We anticipate changes to several of the policies that guide our program. The BPS will be effective July 2014.

OCFS is working on our own SMART Goals for 2014. We will be working internally, with Central Administration, and with programs on five goals: 1) Achieve minimum protected weekly supervision for staff, 2) Review, revise, and disseminate all statewide policies to align with HFNY’s new BPS, 3) Increase utilization of the program to a minimum of 85 percent of capacity, 4) Complete and roll out the domestic violence computer-based training to HFNY programs, and 5) Engage and educate local departments of social services staff about HFNY.

Lastly, I would like to welcome some new staff to the HFNY Central Administration team. You can read more about them in this issue. I think Tina, Brette, Alana, and Claudia will each be a great asset to our work here in Rensselaer and also good supports to all 36 HFNY programs.

- Bernadette Johnson, HFNY Coordinator

the Link

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The Milky Way The Breastfeeding Practices of Two Immigrant Families

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



Healthy Families New York strives to practice neutrality in our work with families. Yet it is important to recognize how our own histories impact our work. How might breastfeeding practices be the same or different among immigrants to the United States compared to the practices in their countries of origin?

The following are excerpts from two interviews with home visitors whose families immigrated to the US from Mexico.

CR

Rayza DelaCruz-Stitt: What ethnicity of a non-US country do you identify with?

CR: I identify myself as Mexican. My family is from Mexico.

RDS: What practices did you observe among your family members in Mexico?

CR: Breastfeeding was the main source of food. There was no such thing as food stamps, you just breastfed. When [my aunt ran into some difficulty breastfeeding, my mom helped out]. She had given birth to my little brother, and had enough milk for both babies. My mom just breastfed my little cousin, because he had to eat.

RDS: What about breastfeeding in public?

CR: Well, if we were at a family gathering my mom just breastfed right then and there. For us, it was very normal. It was a normal way of being at family gatherings. For us there is no taboo, you just breastfeed. There is no need for towels, a *reboso* (a type of baby sling), or any kind of cover. In fact, in the town that we are from in Mexico, not too many women used *rebosos* when breastfeeding.

RDS: What differences have you seen between those who immigrated versus those who were born here?

CR shared that she sees no difference in the attitudes and practices of her family members who are immigrants, and those who are first- and second generation Mexican-Americans.

CR: Even for us, me and my siblings, breastfeeding is important. The day when I have a baby, I know breastfeeding will be the main source of nutrition.

The first time I heard that breastfeeding hurts, was here in the program. At home I never heard that; you just needed to breastfeed, and you did. I don't know how to say this, without sounding.... Well, the women did not complain, they just breastfed. My brother's wife is first generation Mexican-American. My brother wanted his baby to breastfeed. She breastfed and stopped at three months. The baby was born with two bottom teeth, and my sister in law said it 'bothered' her. I don't know the breastfeeding history in her family, but in my family it was very strong.

JP

RDS: What ethnicity or non-US country do you identify with?

JP: I am Mexican.

RDS: What practices did you observe among your immigrant family members?

According to JP there was not much difference between the immigrants and first- and second generation family members. He and his siblings were breastfed, but he suspected that it was about economics; there was no money for formula. He said that he doesn't know if his new understanding of the nutritional benefits of breastfeeding is shared by his family.

JP: My sister is first generation, and she pumps and supplements because she needs to work.

RDS: Why do you think she takes the time to pump?

JP: I believe it's because this reduces the cost of formula. The benefits to the baby are not emphasized. Before working here, I did not see the impact of advertisements for formula. I didn't realize how it had influenced me.

RDS: How has your decision-making been influenced by the information you've learned while working in HFNY?

JP: Both my wife and I agree that exclusive breastfeeding is the way to go. It is easier to support her if we think the same way, and that is that this decision is about more than just economics.

RDS: What message would you like to send to other men in your community?

JP: Well, as men, we have a natural desire to provide for our families. There is a real driving force to be the provider. There is tension created when people send mixed messages about formula. The lack of maternity leave in this country sends a message to men that breastfeeding is not that important; that it is optional. Men, your wife is capable of producing what is needed for your baby.

In both of these personal stories, immigrant family members successfully breastfed their babies. While the first generation encountered some barriers that made breastfeeding less likely, positive messages about breastfeeding can increase the likelihood of continuing the family tradition. Certainly, we cannot draw scientific conclusions based on two personal stories, but we can use them to think about the impact that a new environment can have on a family's confidence about breastfeeding. As families come to this country seeking better lives, it is important that we share accurate, evidence-based, messages regarding breastfeeding as part of our breastfeeding support.

Home Visiting Beyond Borders

Ellen Butowsky, PCANY

Where have you come from little one?
Where were you staying before?
Today, where have you made your camp?

I came from the sky
Till now I was staying in the belly
Today I have camped on earth.

- Sung by the Chholar Mangal of India on the birth of a child

Healthy Families New York (HFNY) program staff is wonderfully diverse, representing many parts of the world including Africa, Asia, Europe and Latin America. We were interested in the question, “What does home visiting look like in other countries, if it exists at all?” While a literature review of the countries we’ve focused on would offer a broader view, we were more interested in the perspectives of our own home visiting staff as they looked back at their country of origin.

Our conversations with four HFNY staff resulted in some fascinating insights into perinatal experiences in the Dominican Republic, Uruguay, Guyana, and Taiwan. We asked staff to share what they know about pregnancy, childbirth and early child rearing in their country, and how it is similar or different from what they’ve observed and experienced here. We asked about formal and informal supports and also about anything from their country of origin they wish we had more of in the United States.

The results of our interviews are certainly not intended to be the definitive word on these four countries. We know that there is as much difference within groups as between them. Therefore, a caveat is that the information shared here represents only each person’s reflections from her own experiences and memories. As you read them, consider what it is like for both families and staff to straddle the traditions and practices of what are, in some ways, two very different worlds.

Rosmery Potes, Dominican Republic, FSW, CAMBA’s Healthy Families Program. Rosmery came to the USA when she was 13 years old.

My mother and grandmother were *parteras* (midwives) in our little town. Their training was from life experiences, nothing formal, just what was passed down from those before them. As a home visitor, I guess I’m like my mom in a sense. Doing this work is in our family. I grew up around it.

What was a culture shock for me coming here was that when someone gets pregnant in my village, it’s all hands on deck, and friends and neighbors all turn out to help. Everyone starts taking care of the pregnant mom, especially with moral support and helping with other children if she has them.

As a home visitor with Healthy Families, I see how big father involvement is here. In the small villages, dad leaves town to work and comes home once a month to bring home his pay. He’ll spend a few days at home and then go back to work. When mom goes into labor, they put an announcement on the radio so dad knows mom had a baby and to come home when he can.

There really isn’t prenatal care like we know it here in the villages where I’m from. It is different in the cities, of course. I think we have great informal supports in my village. There was nothing like home visiting there but with everyone living so close to each other for support, there isn’t that kind of need.

Once mom has the baby, she always has a female relative or friend



From left to right: Roxanne, Nicole, and Rosmery

with her for 40 days, *la cuarentena*, so she can attend to her baby and her own health, and focus on breastfeeding. When I gave birth, I was stunned because people all left and went back to work. I had thought I’d have the same support I saw in my country and yet there I was, all alone with my new baby. If I wanted to eat, I had to cook my own meals. It seemed so cold.

Something else that is different in my country is that breastfeeding is associated with finances. It’s free and most of us are too poor to do anything else. But, the wealthier are more likely to bottle feed because they can afford it. It’s a status thing, not that they think it’s actually better for their baby.

If I could add anything to how we do things here from my country, it would be more moral support through pregnancy until at least

Beyond Borders, cont'd.

the first 40 days. For me, with my first child, I didn't have support and I only breastfed for three months. With my second, I made sure I wouldn't be left alone again, and I was able to nurse exclusively for nine months.

Virginia Ardaix, Uruguay, FSW Dutchess County Healthy Families. Virginia moved to the USA in 2005.

I worked as a home visitor in Uruguay. In the past few years, my country has started to understand the importance of the early years for child development and making sure families have the tools to help children develop.

The program I worked in was free and government-funded. It served 120 pregnant women and families in a very poor area of a largely populated city. The services we provided took place in homes and in our building (the Center). I was partnered with a male home visitor who had the same role as me. We were called the "open the door" of the program, similar to our outreach and engagement efforts in HFNY. We were also health and child development educators. We would walk the streets of the city, knocking on doors to enroll pregnant mothers and those with babies. If they hadn't had recent contact with the Center we would be the ones to go find them and bring them in. Once a week, we offered center-based activities for different age groups. We also had a social worker and a psychologist at the Center.



Virginia at work in her home visiting program in Uruguay.

Thinking about the difference between working with HFNY and in home visiting in Uruguay, I right away think about all the printed materials and curriculum we give families here. Any resources we gave families in Uruguay were made by us; we did not have pre-printed materials or DVDs. We developed these items ourselves by going to the library and using the printer. Also, although the government gave the funding for the program, once we received our three days of training, we were pretty much on our own to try and meet the needs of the community. While I see how beneficial all the resources and structure we have here is for families and staff, we do lose the freedom to be individually creative. Also, we have less of the informal interactions I've seen in my country. People stopped by the Center, and it was really a central place in the community. Here, if we want to be integrated into the life of the community, we have to focus on building that sense of community around the program.

Mishell Benjamen, Guyana, FSW with Healthy Families, Successful Start. Mishell came to the USA in 1990.

In my country, Guyana, trained midwives play a big role in prenatal care. They visit families in their homes if they are in a really rural area, and deliver babies in the home or clinic. The only reason someone would go to a hospital is if there are complications. Everyone in the villages helps out when someone is pregnant or has just had a baby. Adults and children cook, wash and help with housework. As the child grows, everyone in the village participates in child rearing and disciplining each child. The model, "It takes a village to raise a child" is practiced. For example, teachers are permitted to discipline children.

Fathers are seen as the breadwinners and disciplinarians. They are not allowed inside the room where baby is being delivered. They don't feel bad about this. They don't want to go in. It's our tradition that's been passed down.

We have different practices from here, like we discourage pregnant women from eating spicy foods because it is believed it can hurt the developing baby's eyes. Also, the placenta is buried on the family property, some say to protect the baby from evil spirits.

Another practice we have that has been passed down from generation to generation is infant massage with homemade coconut oil. We rub baby down before bath time, making sure to cross the legs and arms and stroke all the muscles. Babies love this. It relaxes them and they laugh the whole time. It's a great stress relief for the parents and the babies.

If I could add something to how we do things here, it would be to do more educating parents about the importance of infant massage. I'd do the education about it during pregnancy, like we do in our program with breastfeeding.

Annie Chiu, Taiwan, Program Manager, Healthy Families University Settlement.

Annie and her brother were born in the USA and like many very young children of Taiwanese immigrant parents, they were sent back to Taiwan to live with their grandparents so their parents could work. They returned to the US when they were ready to start school.

In my culture, it is considered better to send your very young children back to Taiwan or China to stay with relatives rather than having them in a child care center. It is better that they be with family while you are at work, even if that means being half way around the world.

Neither China nor Taiwan has anything like a health or social support home visiting program. There is not generally an issue with getting medicine and health care in Taiwan because the government provides it.

Beyond Borders, cont'd.

Actually, many Chinese parents are really perplexed here with our home visiting program because nothing like this exists in their country. It's a very private culture and it believes that the care of the baby should be centered on the family.

From speaking to my own mother and to immigrant families here, it seems that the care for the pregnant woman is all very food focused: what is okay to eat, what is not okay. For example, you can't eat lamb because it could give the baby epilepsy. There are many foods that are considered to have cold qi (energy) and that is bad for the baby. The intent is to assure mom and baby have good nutrition, but it is also focused on keeping baby happy so it will want to stay in this mother's womb.

There are lots of rules for what you can and cannot do. For instance, some believe that you shouldn't nail anything up on the wall because while the baby is in the womb, there are spirits lingering around trying to become your baby. If you nail something, you might hurt the spirit who is trying to become your baby, and if you hurt that spirit, the baby might leave. It's interesting to look at the belief around miscarriage. It means that the baby was not happy with that mother, and so it left. There is self-blame that you didn't cultivate the right environment.

In my country, parent-child bonding is not really talked about. The belief is that if I'm providing my children with a stable environment and resources, that's considered the most important thing in the early years. Usually immediate family or in-laws will help for the first month. They don't say it's for promoting bonding, but in many ways I think that's exactly what it is because others are caring for the mom so she can just take care of herself and her child. It is not acceptable for people outside of the family to visit during that time. I wonder what that will be like for our home visit achievement rates.

Many of the moms I have worked with bottle feed after the first month because they need to go back to work. Also, some mothers are embarrassed to nurse publicly in this culture with so many different types of people around possibly "watching," even though they know that breast milk is best. Many fear that they do not have enough milk to keep their babies full since their bodies are recovering and are in what the Chinese consider a cold state of qi. Sometimes the mother or mothers-in-law insist that the baby be given a rice water-like formula because they are extremely concerned about the hunger of the child. This is especially the case with families who come from a place where there was food scarcity and hunger.

There are so many cultural considerations in working with this population. Second generations are less likely to hold to some of these ideas than first. Western culture has a lot to offer Chinese culture regarding bonding and attachment. I wish Chinese culture was more open to talking about it. I wonder about how to make the HFNY message accessible: How to honor Chinese culture and smooth out the western ideas to introduce them to the Chinese families in our program.

Program Update

Healthy Families Parkchester



On July 19, 2013, Healthy Families Parkchester held a Book Fair for our participants. We find that activities like book fairs help to engage parents, and that in turn helps us maintain a good retention rate. Exposing children and families in our community to literature is part of our mission; giving families a chance to read together helps families bond and recognize their own and their children's creativity. And, who knows, their experience at the Book Fair could encourage them to think about becoming authors, illustrators and educators. The Book Fair event was so successful that we plan to hold it annually.

- Carmen Torres, Family Support Worker

Spotlight on Healthy Families Washington Heights

*"Every person is defined by the communities she belongs to."
- Orson Scott Card*

Healthy Families Washington Heights (HFWH) is the newest member of Healthy Families New York, and is hosted by the Dominican Women's Development Center (DWDC). DWDC has been serving women and their families in New York City for the past 25 years. Our mission is to aid in the growth and development of women's self esteem. We do this through multicultural and holistic social services that provide educational, economic and cultural development programming.



Healthy Families Washington Heights is committed to helping families work toward a better tomorrow. We are centrally located in our community, so services are easily accessible to isolated and at-risk families, and we strive to be respectful of cultural and community diversity. Our

team is excited to be serving families in Northern Manhattan, an area that is underserved due to language barriers, economic and educational disparities, and immigration status. We utilize the evidence-based Healthy Families America approach, which is at the heart of all HFNY programs. We are fortunate to be the part of a network that is so supportive and committed to each other's success!

Our program director, Vanessa Tricoche, comes to our agency with over a decade of experience as a leader within the New York City Department of Education and community-based organizations. Ms. Tricoche is a community educator and expert in social and emotional learning, conflict resolution, intergroup relations, diversity, and crisis intervention.

Other members of our team include Rosemary Pena, Family Assessment Worker, who brings seven years of experience as a Family Support Worker as well as experience as a participant parent in a HFNY program. Jessica Reynoso is a Family Support Worker and brings years of experience supporting families with immigration-based needs, including issues of citizenship, deportation, voter participation and helping families stay together. Karen Lopez is a Family Support Worker and a doula, with experience in child development education. Rosely Lopez is our Data Manager. She comes to us from the private insurance sector and has experience helping to minimize health care disparities in our community.

Our focus is on being responsible for the health and wellbeing of our community; we are all part of the same community and believe that in community, we help each other out. As a team, we work to create a healthy family environment for our staff. We have structured times for positive interactions, and on Fridays we have instituted "Family Fridays," a meeting in which we share a family style lunch and take the time to get to know one another.

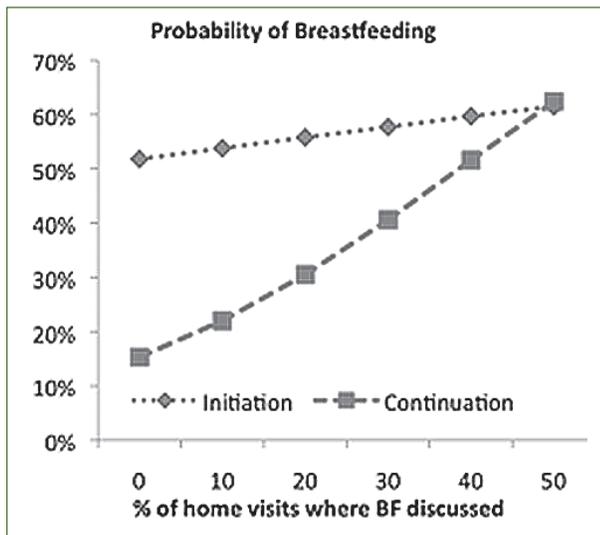
If you were to visit us today, as we are getting started and building our program, you would find us doing creative outreach and building community relationships with local hospitals, community-based organizations, local political representatives, and other community service providers. We are dedicated to empowering one family at a time with community support and collaboration. We are excited to be HFNY's new home visiting team in Washington Heights.

The Research Corner

Continued from Page 1

included breastfeeding discussions. Similarly, breastfeeding continuation increased with more home visits following the birth, and with more postnatal home visits that included a discussion of breastfeeding.

These effects were independent of other factors that influence breastfeeding, such as maternal age, education, race/ethnicity, and Kempe (assessment before home visiting services) score.



CONCLUSIONS

Findings suggest that frequent discussions about breastfeeding, both pre- and postnatal, do have an effect on breastfeeding initiation and continuation. Home visitors can make a difference by providing breastfeeding education and support as often as possible during visits. Home visitors should also consider the various factors that affect women's decisions to breastfeed (e.g. age, race, stress score, education).

NEXT STEPS

As we continue to examine these data, we will focus on the impact of program characteristics such as geographic location, sponsorship, and the presence of a lactation consultant on staff to better understand how HFNY programs support home visitors to encourage breastfeeding among participant families.

The Second Annual Fatherhood Summit

The Healthy Families New York Central Administration team hosted its second Fatherhood Summit on October 30, 2013. The event was well attended, with approximately 50 participants from all of the HFNY regions.

One of the goals of the summit was to offer an environment for staff to learn new ideas from each other. Participants focused on how to engage fathers actively and consistently and to promote the importance of the father's role in positive child development and family success.

One of the dominant themes this year was about sending strong and positive messages about father involvement. Participants said that they gained knowledge and improved their skills, and especially enjoyed the smaller roundtable discussions for networking and sharing lessons learned. JoAnn Morak, Program Manager of Healthy Families, Madison County shared that her staff, "Enjoyed the smaller groups and all the great ideas brought by other sites. We heard ideas for how they bring the importance of fathers into their work."

There was also a well-received presentation by Reggie Cox, founder of the Changing Lives Father's Program and the Fatherhood Connection.

Esther Piper, Program Manager for Early Advantages, Healthy Families Clinton County, shared that her staff came back with, "Renewed energy around their work with fathers." She said that they had a new perspective on the timing of when they will start to think about engaging fathers. "The summit challenged our assessment worker to think beyond the home visit and assessment, and we have decided to start including the dads from the moment of screening, at the time of the referral. We are designing materials that will help with this. We want to be sure we reach those fathers who may not be living in the home but who want to be involved with their child."

JoAnn Morak said that her staff came back with enthusiasm and a plan to continue to have open dialogue with others in their organization, and to, "Continue to dispel myths and preconceived notions through open and honest communication."

For more information about the Fatherhood Involvement or the statewide fatherhood conference calls, please contact Thomas Dwyer, at Thomas.Dwyer@ocfs.ny.gov

Welcome Alana Hetrick



I am very excited to join the Healthy Families New York team at the Office of Children and Family Services (OCFS) as the HFNY Unit Supervisor. For the past eight years, I've been working with OCFS at the New York State Child Abuse and Maltreatment Register. Prior to working at OCFS, I worked at Saratoga County Department of Social Services. I started my Human Services career as a Family Outreach worker with Northeast Parent and Child Society. In my spare time, I volunteer in my community. For the past ten years, I've been a volunteer firefighter and Emergency Medical Technician. In all of these ways, I've been able to help others. These positions have also instilled in me the importance of prevention.

All of the Healthy Families staff that I've met so far at the state and local level has been friendly and upbeat. It's obvious they believe in the Healthy Families program and are committed to the positive impact they are having every day in the lives of New York's children and families. Healthy Families is a new program to me, and from what I've learned so far, it is an amazing one (and I'm sure I've only scratched the surface!).

Healthy Families has been shown to improve outcomes for children and families, and I am glad to be a part of it. I look forward to continuing to learn and grow in this position and to meeting more of the wonderful people who make this program such a success.

Welcome Claudia Miranda-Julian

My name is Claudia Miranda-Julian. It is such an honor to join the Healthy Families New York family! As a new research scientist with the Office of Children and Family Services, I will be assisting Dr. Kristen Kirkland on multiple aspects of the HFNY evaluation. I am originally from New York City, but I have spent the last eight years as a member of the Tufts University evaluation team of Healthy Families in Massachusetts. I have a doctoral degree from Tufts University in Child Development and a Master's degree in Social Work from Columbia University. My primary research and clinical interests lie in better understanding the impact of trauma on parenting. Through my experience with Healthy Families in Massachusetts, I strongly believe in this work. I look forward to learning more about HFNY and ultimately, contributing to its continued success.

Welcome Tina Tison



I am very excited to have joined PCANY as the Program Associate for the Training and Staff Development team.

My background includes a number of years in two Healthy Families programs, and I am happy to continue working in support of families and children, albeit in a different role.

I live in Forestburgh, NY in the southern Catskills with my husband, the youngest of our three daughters, and a dog and a cat. I also spend a good deal of time in Claryville, where we maintain a house and property owned collectively by my husband's family. My hobbies mostly involve appreciating this beautiful area of the world I live in. I love hiking, snowshoeing, kayaking, and biking in my spare time, and I almost always have my camera with me while I'm doing those things because I also love photography.

Welcome Brette Wolff



It is an honor to join such an inspiring team of professionals, dedicated to advocating for those in need and supporting resilience in families across the state. Healthy Families New York instills hope every day in the lives of others and exemplifies the qualities of a healthy family. It is through the relationships with HFNY that families are not only able to identify their own strengths but are supported with the tools to make their dreams and goals become realities.

In Kindergarten I remember being asked what I wanted to be when I grew up and I replied, “a pediatrician.” I wanted to help children and families and make people feel better. However, I shifted my focus from medicine to psychology after working with the Department of Children and Families as a Guardian Ad Litem in college. Throughout the years I have reflected on the words of Mr. Fred Rogers, “When I was a

boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping.’ To this day, especially in times of ‘disaster,’ I remember my mother’s words and I am always comforted by realizing that there are still so many helpers – so many caring people in this world.”

For the last three years, I worked at Boston Children’s Hospital with The Brazelton Touchpoints Center and Family Connections, providing mental health consultation and professional development to Head Start and Early Head Start programs. I also worked in direct care for The Home for Little Wanderers, a behavioral residential treatment facility. I earned a Master of Education and Certificate of Advanced Study in Risk and Prevention and School Adjustment Counseling/School Social Work from Harvard Graduate School of Education as well as a Master of Arts degree in Developmental Psychology from Teachers College, Columbia University. During this time I focused on research and evaluation as well as the development of skills to implement prevention and intervention strategies that meet the specific needs of unique communities.

I value working with organizations that have a passion for strength-based support and try to volunteer with hospitals and shelters as much as possible. Additionally, my favorite new activity is spending time with my nephew, Davis and niece, Everleigh. I love celebrating life’s little moments with them and hope to instill in them what it means to be a helper.

I am so fortunate to be a part of the Training and Staff Development team and look forward to working with HFNY!

Farewell Abby Balmer



It’s been nearly three years since I introduced myself to this amazing and diverse community, and in some ways it feels like just yesterday I sat down to write a small introductory note for the Link. But mostly it feels like a lifetime ago! Since that time, I have moved just over the border to Vermont and then back to New York again, have traveled to Park City, Utah to volunteer at the Sundance Film festival, have fostered many dogs, have adopted one of those foster dogs and, primarily, have kept busy at my computer organizing countless trainings for the HFNY family!

I’m returning to the great state of Maine and the College of the Atlantic, a tiny school situated on Mount Desert Island, to study Multi-Media Arts at the graduate level. I’m sad to leave all of you, but so excited to begin the next chapter of my life. It’s been great fun getting to know all of you these three years and watching the incredible work you do.

The Roving Reporter

What was your birth experience like in terms of your culture or your family's traditions?



We adopted both of our children. Our son was 7 years old and now he's 17, our daughter was 2 months old, and now she's 7. It's funny when people talk about preparing for a baby. They phoned us to say there was a baby girl in the system and we could adopt her. When I asked when they said, "What are you doing at 3:00 today!"

Everyone has an idea of adoption and why people do it. When I think of our families, no one had had children that way. It was really new and different for them. But, it was so great the first time for them with our son, that when we told them we were doing it again, they were really happy.

Thomas Dwyer
Program Contract Manager, OCFS



When my best friend was giving birth to my godson, I was allowed to be in the room, but not to watch. She wanted her sister there. I had to go behind the curtain.

Natalia Andujar
FSW, Healthy Families Parkchester

Both of my son's children were born in Kobe, Japan. There is a small clinic where you go to have babies and my daughter-in-law knew most of the other women who were there having their babies. The whole family, including grandparents and siblings, typically stay at the clinic during the labor.

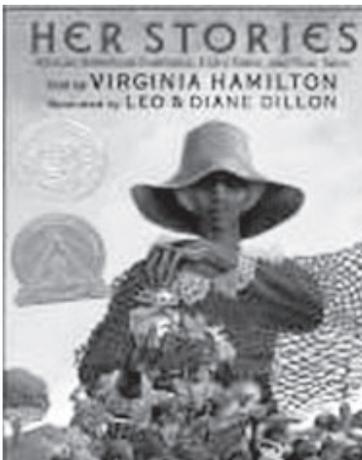
My son tells me that the fathers don't offer much input into baby care in Japan compared to the US. He had been saying, to no avail that the baby didn't need to be so bundled up. When a nurse came to their home, she whipped off the baby's socks and said, "Let him be free and feel things!" My son felt good to have someone acknowledge that he knew something!

Chris Deyess
Executive Director, PCANY



In the Spanish culture, they think everyone should be present at the birth. When my sister was in labor, it was me, my brother, my sister, my mother and grandmother. My mom was holding one leg, grandma was holding the other. When they yelled 'push' I felt like I couldn't breathe! I would like to see another birth experience to see if it is different.

Beatrice Garcia
FSW, Healthy Families Parkchester



The Book Corner

Her Stories By Virginia Hamilton
Submitted by Erinn Serriano Harkless, Family Support Worker, Certified Parent Educator
Healthy Families Albany County

Many years ago, I was working with a young African American girl who liked Cinderella and other princess fairy tales, but she was really curious why there were no black princesses in the fairy tale books. So, I went looking for one and found *Her Stories* by Virginia Hamilton. It includes stories with characters from all kinds of

different backgrounds, such as Good Rose, Bad Blanche and the Talking Eggs, and Catskinella. At the end of the book, Ms. Hamilton offers black history facts and folktales.

I remember the little girl being very happy when I showed her this book, and asking me how I knew about it. It was a good opportunity to explain that many surprising things exist in the world and we just need to look for them. This book is great for eight year olds up to adults, but I have this book in my personal collection, and shared it with my own daughter when she was just five.

theLink

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Andrew M. Cuomo, Governor
Gladys Carrión, Esq., Commissioner



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In the Next Issue

There are five "Protective Factors" that are the foundation of the Strengthening Families approach. These factors are also an integral part of our new Healthy Families America Core training for Family Support Workers. They include: Parent Resiliency, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, and Social and Emotional Competence of Children. Stay tuned for our next issue to learn more about these protective factors and the exciting ways we are integrating them into our trainings and our work with families.

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!

"I know there is strength in the differences between us. I know there is comfort where we overlap."
- Ani DiFranco