



the Link



healthy families
new york

the children of today are tomorrow's parents / los niños del presente son los padres del futuro / les enfants d'aujourd'hui seront les parents de demain

Healthy Families New York: Energized and Motivated!

In This Issue ...

In this issue, we share news and great photos about the creative activities of programs around our state. We had so many submissions from programs about their work in their communities that we decided to highlight them in this issue and share the energy, inspiration and motivation we see in our HFNY programs. We also have a Spotlight on our colleagues at the Center for Human Services Research that includes some facts you might not have known about them.

As you read about the work of your colleagues around the state, we hope you will be inspired to continue your important work for the families of New York.

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Sheri Grasso, Program and Data Assistant

Dutchess County Healthy Families

Nikki Pison from Dutchess County Healthy Families shared their program's participation in the Pinwheels for Prevention campaign, the grass roots campaign for Prevent Child Abuse America.

The pinwheel has come to symbolize a person's commitment to truly preventative measures, such as home visitation services, parent education and the overall re-prioritization of our policies, programs and resources to ensure that every child in the United States is provided with a healthy, safe and nurturing home and an involved, supportive and caring community.

To kick off Child Abuse Prevention Month, The Institute for Family Health's Dutchess County Healthy Families program hosted an event in front of the Poughkeepsie City Hall

on April 1st. Poughkeepsie City Mayor, John Tkazyik attended and read a "Proclamation Against Child Abuse." There was a great turnout of staff, participant families and other members of the community.



Sequoyah P.

HFNY Goals

- To systematically identify overburdened families in need of support
- To promote positive parent-child interaction
- To ensure optimal prenatal care and promote healthy childhood growth and development
- To enhance family functioning by building trusting relationships, problem-solving skills and support systems

theLink

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Healthy Families New York: Updates from OCFS

By Bernadette Johnson, Program Coordinator, OCFS

Spring has sprung indeed. The tree outside my window has started to show its beautiful pink blooms and I am sure the warm weather is soon to follow. Spring is a time to refresh and to renew and to discover. I know that each of you discovers new and exciting qualities in the families you work with daily.

Some good news! As you know, New York was facing the largest budget gap in state history. Governor Paterson was committed to bringing this shortfall to a manageable level. In doing so, some hard decisions needed to be made, and regretfully some programming had to be reduced or eliminated. Many of you know that Home Visiting was slated to receive a 25% cut in the Governor's proposed budget, and that Community Optional Preventive (COPS) funding was slated to be completely eliminated. As a result of OCFS Commissioner Carrión's discussions and the work that many of you did in your own communities and at the state level, funding has been restored to the 2008-2009 levels for Home Visiting, and COPS funding was funded at over 29 million!

This tells us that Home Visiting is worth investing in, that prevention is a core service of OCFS, and that our elected officials believe in the effectiveness of prevention. In addition to our good fortune, the enacted budget also provides funding for the Children and Family Trust Fund, TANF prevention programming, increases to welfare grants and the food stamp program,

and improvements to the health care system. This is all good news for our families.

Many of you have participated in the Domestic Violence training that is being rolled out throughout our state system. We have heard wonderful things about this training that was developed for you by the Office of Prevention of Domestic Violence. It was designed to be compatible with the Domestic Violence Guidebook distributed to sites late last year. Using both the training and the guidebook, we hope to make a greater impact on those families that are experiencing partner violence so that they too can raise their children in a safe and nurturing environment.

You may have heard that we have a new person involved in Healthy Families here at OCFS, or some of you may have met her. Sharon Morris has been working with us as Assistant Bureau Director at the Bureau of Program and Community Development where Healthy Families is housed at OCFS. Sharon has been working in Child Welfare for many years at the county and state levels in foster care, child protective services, day care licensing, and Title IV-E foster care eligibility. Sharon will take direct responsibility for a couple of our programs in HFNY but will assist with the oversight of the whole program. Welcome Sharon.

Enjoy the change of the seasons and the beauty it holds.

Healthy Families Oneida County

Sandi Brandt, Supervisor, shared how their program participated in the Utica St. Patrick's Day parade. WE LOVE BEING A DAD! was their theme. Sandi says Bryant Mathis, Father Advocate, put the whole thing together and was responsible for such a fantastic turnout. "Over 100 participants marched behind our banner with their father representatives to boldly declare with Healthy Families Oneida County that DADS MAKE A DIFFERENCE!" Sandi also asks, "Could that be our HFNY Program Contract Manager, Tom Dwyer, marching behind our banner? He really is a 'good old Utica boy.'"



Healthy Families Successful Start

Keisha Andrews writes that Successful Start held its Annual Cultural Extravaganza on December 20th, 2008. "Twenty program families had the opportunity to enjoy a variety of foods that staff prepared while they listened to music representing the culturally diverse population that we serve. All children received a gift to take home and families were acknowledged for their home visiting participation with an incentive and a certificate. We topped the day off with raffles, door prizes and other fun contests. This was a fun-filled event for all who attended."



Healthy Families Staten Island

Healthy Families Staten Island's second annual graduation ceremony was featured in an article in the Staten Island Advance. Assemblyman Matt Titone attended the event and presented a plaque to graduating participant Cynthia Soto-Santiago and her children. The article showed that Ms. Soto-Santiago was living in a shelter with her children when she became involved with Healthy Families. She is now a college graduate, employed as a language tutor, and credits Healthy Families Staten Island and her FSW Dorothy Gordon for many of the positive changes in her life. Dorothy says, "I've been doing this for seven years and I've never met anyone like Cynthia... It's been a privilege and a learning experience for both Cynthia and me."



STATEN ISLAND ADVANCE PHOTOS/NICHOLAS FEVELLO
Cynthia Soto-Santiago, second from right, and her family, from left Samantha, 15, Adrian, 5, Sarah, 13, Nicholas, 9, Alyssa, 5, and William, 11, were part of the 2008 Healthy Families Staten Island second annual graduation.

Spotlight on the Center for Human Services Research

The Link typically "spotlights" one of our home visiting programs so we can all get to know the program's staff, program culture, and community, and to help us all feel a bit more connected. This issue of the Link spotlights staff of the Center for Human Services Research for the same reason.

We asked the "3 J's" (John, Jay and Jeff) and Rose and Eunju to address the following: What do you see as your role with HFNY staff and programs? Share a little about your past and how it prepared you for this role. Share something about yourself that most of us don't know. Here's what they shared!



John Heck

I feel my role is to make the HFNY MIS meaningful and useful to the HFNY community on all levels: from home visitors to managers to funders. This manifests itself daily through support via phone calls, emails, site visits and data analysis. It also involves regular on-going training around the state, attendance at various meetings for all levels of staff and regular attention to the software and how it can continue to support the programs. I also see my role as an interpreter of the HFNY-HFA model, making it understood by all members of the community using my experience as a HFA accreditation panel member and a regular visitor to most subgroups of HFNY.

What helped to prepare me for this position was working in mental health and developmental disability settings for 15 years prior to getting my MSW from SUNY Albany. In school, I became interested in information systems in human service settings. After graduation in 1988, I developed two statewide information systems before starting the HFNY MIS in 1995. This prior experience was invaluable in the creation of the current HFNY MIS.

I love to work outside and especially enjoy growing raspberries and garlic. I will try blueberries this spring.



Eunju Lee

I believe my role is to conduct a good, rigorous evaluation of HFNY to improve practice and inform the policies. As far as what prepared me for this work, I have always been interested in family and policy issues and received a fellowship at Center for Women in Government. My graduate training in Sociology prepared me with skills for generating questions, designing research studies, and analyzing data. What people might not know about me is that I have been living in Albany longer than I ever expected (!) and that anyone can guess. A clue: my older son was born at St. Peters in 1987.



Jeff Luks

As a Center, we try to help the HFNY programs operate as smoothly and efficiently as possible by providing technical support and assistance for the HFNY MIS, but we also provide assistance and advice on most things Healthy Families based on our years of experience with Healthy Families as well as the research and evaluation CHSR has completed.

I spent a number of years working direct care as a Child Care Worker and Supervisor, working with

Continued on page 5

emotionally and mentally disturbed teenagers. I was also a certified trainer for Cornell's Therapeutic Crisis Intervention program. I then moved into the Quality Improvement area of two human services agencies, where I began doing data analysis and using data and databases. After that, I landed at the Center, where, with the help of John and Dorothy, I learned a lot more about HFNY, programming and database design. My experience in direct care and data analysis, I believe, has helped a lot in how information is collected on the forms as well as how to design reports that are (somewhat) easy to understand and usable by the HF Staff.

You might not know this about me: I once did a live radio interview with the BBC of Northern Ireland.



Rose Greene

I am the Associate Director of the Center for Human Services Research. I have had different roles related to HFNY staff and programs and these roles have evolved over the years. Initially

I was involved in data collection and analysis. I ran worker and participant focus groups, analyzed MIS data, shadowed home visitors, provided oversight for the randomized control trial, and contributed to papers and reports. I view my current role as interpreting findings and informing practice and policy. I participate on the Central Administrative Team where trainers, researchers, and administrators discuss HFNY research implications for program development.

I think what prepared me best for this job was my experience in the human services. In the past, I organized early childhood after-school programs in public housing facilities, developed community garden programs in inner-city neighborhoods, and coordinated an employment program for economically-disadvantaged youth. These experiences

gave me insight into the challenges faced by families living in poverty and a deeper understanding of the social issues we examine in evaluating HFNY.

What you didn't know about me: I went to college—Queens College—with Jerry Seinfeld (for real, he's in my year book!)



Jay Robohn

My role at CHSR is primarily a programmer, though my day to day activities don't reflect that too much. I'm a member of the team at CHSR that provides technical assistance for the HFNY program. That includes

answering phones and responding to emails. The majority of calls are from programs' data entry managers, though sometimes program managers and supervisors also contact us. The requests range from resolution of data errors to form completion questions and reporting issues. In addition, I am involved in the Early Enrollment Pilot Project and the Forms Committee, which is planning for the next generation of HFNY software.

My professional career started in accounting, which I did for almost four years before switching gears and becoming an IT consultant. I was a principal in a small consulting company based in New York City and worked out of a home office for many years. My current position is my first experience in human services and I am still learning every day about that aspect of our work.

My hobbies include working on computers and collecting music. I have been trading music for many years with friends around the world. I even sang in a band in college, though saying I sang is being generous. Imagine me, 25 years younger, with long hair and a leather jacket, working 30 hours a week and attending business law and tax classes, and yelling songs out in my friends' basement in my spare time.

Research with a Community Education “Punch”

Ellen Butowsky, PCANY

Since its inception, Healthy Families New York has been distinguished by its commitment to research and evaluation. We have a top notch Management Information System designed by the Center for Human Services Research (CHSR) and a randomized trial representing a collaboration between OCFS, CHSR, and HFNY program sites that has been in place since 2000. Articles from this research have been published in highly respected journals over the past several years. (See www.healthyfamiliesnewyork.org/research.cfm)

The strong scientific evidence of our effectiveness has been instrumental in our ability to grow and maintain our statewide program. Members of the research team at OCFS and the CHSR have worked closely with HFNY program staff to integrate what we've learned into how programs are serving families. We asked the researchers to share information that they think has a particular "punch" when used for outreach and community education. As you'll see, these outcomes really support our prevention strategy by demonstrating that HFNY saves money in health and human services, and protects our state's children and families from experiences that may harm their development.

Improved Birth Outcomes:¹

- A study published in the January 2009 issue of the American Journal of Preventive Medicine showed that mothers who enrolled in HFNY before their 31st week of pregnancy were only about half as likely as control group mothers to deliver low birth weight babies (5.1 percent vs. 9.8 percent).
- HFNY was particularly effective in reducing low birth weight among African-American and Hispanic mothers, groups that persistently experience high levels of poor birth outcomes. For example, 3.1 percent of the African-American mothers in the HFNY group delivered low birth weight babies, compared to 10.2 percent of African-American mothers assigned to the control group.

Improved Health Outcomes. HFNY has been shown to

increase access to health care.²

- At age 2, 10% more of the HFNY mothers had a primary care provider and 5% more of the HFNY mothers had health insurance than mothers in the control group;
- Twice as many children in the control group went without needed medical care during their second year of life as compared to children in the HFNY group.

Child Abuse and Neglect Prevention:

- A study published in the March 2008 issue of the journal Child Abuse and Neglect indicated that HFNY decreased the incidence of child abuse and neglect and reduced the use of aggressive and harsh parenting practices during the first two years of life, particularly among first-time mothers under age 19 who were offered HFNY early in pregnancy.³
- Compared to their counterparts in the control group, first-time mothers under age 19 who were offered HFNY early in pregnancy (the “prevention subgroup”) were markedly less likely to report engaging in minor physical aggression (51% vs. 70%) and harsh parenting (41% vs. 62%) at Age 2.

Positive Parenting. HFNY has been found to promote the use of positive parenting skills that support and encourage children's cognitive and social development.

- At Age 2, mothers assigned to the HFNY group were more likely to endorse appropriate limit setting strategies than those in the control group.⁴
- At Age 3, mothers assigned to the HFNY group were more likely than those in the control group to be observed using parenting strategies that stimulated the child's cognitive skills and were sensitive and responsive to the child's needs and affective cues.⁵

Thanks to Kimberly DuMont, Research Scientist, and Sue Mitchell-Herzfeld, Director of Evaluation, both from OCFS, for providing us with information for this piece.

¹ Eunju Lee, PhD, Susan D. Mitchell-Herzfeld, MA, Ann A. Lowenfels, MPH, Rose Greene, MA, Vajeera Dorabawila, PhD, Kimberly A. DuMont, PhD (2009). Reducing Low Birth Weight Through Home Visitation: A Randomized Controlled Trial. American Journal of Preventive Medicine, 36, 2,154-160.

² New York State Office of Children and Family Services (2006). Healthy Families New York: Early findings from the second year of the evaluation. Rensselaer, New York: Author.

³ Kimberly DuMont, Susan Mitchell-Herzfeld, Rose Greene, Eunju Lee, Ann Lowenfels, Monica Rodriguez and Vajeera Dorabawila (2008). Healthy Families New York (HFNY) Randomized Trial: Effects on early child abuse and neglect. Child Abuse & Neglect, Volume 32, Issue 3, March 2008, Pages 295-315

⁴ New York State Office of Children and Family Services (2006). Healthy Families New York: Early findings from the second year of the evaluation. Rensselaer, New York: Author.

⁵ DuMont, K., Rodriguez, M., Mitchell-Herzfeld, S., Walden, N., Kirkland, K., Greene, R., Lee, E. (2008). Effects of Healthy Families New York on Maternal Behaviors: Observational Assessments of Positive and Negative Parenting. Rensselaer, New York: New York State Office of Children and Family Services.

Healthy Families of Delaware Opportunities



FSW Janelle McDonald



Rayann Stein, FAW/FSW

Healthy Families of Delaware Opportunities held their first parent group on Friday, January 9, 2009, at the Sidney PAL Family Resource Center. Twenty-three mothers, fathers and children attended the group. Healthy Families staff led a discussion on homemade and store-bought toys, and the pros and cons of each. There was also a discussion of infant crying and strategies for preventing Shaken Baby Syndrome. At the end of the group, families were able to “purchase” needed items at the Baby Bucks Store. Baby Bucks are program-generated money that enrolled families can earn by achieving certain goals.

The feedback from participants was really positive, and the first Healthy Families of Delaware Opportunities group was deemed a great success!



Dots

Painted with abandon
by Sonja De Piro, age 2

HFNY Early Prenatal Enrollment Pilot Project

Fatima Horne-Abdullahi, PCANY

In response to the exciting findings that prenatal enrollment in HFNY resulted in fewer low birth weight babies, greater program retention, and less harmful parenting practices (HFNY: Results of First Year of Evaluation), Central Administration has been working to identify ways to increase early prenatal enrollment. These efforts have included reviews of statewide data, phone interviews with program staff, surveys about enrollment practices with programs in NY State and in other states, and meetings with administrative and front-line program staff from various sites.

As a result, the universal screening requirement was identified as an important barrier to early prenatal enrollment because it requires FAWs to put a lot of energy into attempting to engage all screened families in an assessment, many of whom fall outside the window that HFA identifies as the most effective period for enrollment in the program—prenatal and within the first two weeks of birth. In an effort to learn more about the impact of this barrier, to redirect FAWs energies to engaging and assessing families earlier in their pregnancies, and to potentially increase early prenatal enrollment into the program, a small one-year pilot project was designed.

Healthy Families programs in Niagara, South Bronx, Dutchess County, Steuben and Suffolk have signed on to participate in this project. In partnership with Central Administration, these programs have spent the past few months preparing for the pilot launch. Preparation activities have included: the development and MIS implementation of a shortened screening tool requiring responses to four questions instead of the usual fifteen; program managers have worked to ensure staff buy-in as well as that of their agencies, advisory boards and community to prioritize pregnant families in their outreach and enrollment, and Central Administration has developed two Talking Points documents. These documents provide language that can be used when doing outreach and communicating the HFNY programs' approach to early prenatal enrollment as well as research findings that support this approach. (HFNY General Talking Points and Prenatal Talking Points are on the HFNY website.) Central Administration also provided sites with data and feedback on their prenatal enrollment process prior to the pilot project so that they would have a better idea of what particular changes they could make to improve their early prenatal enrollment.

The pilot will attempt to answer several research questions, including:

1. Are the pilot sites getting more prenatal screens, seeing an increase in prenatal assessments, and seeing an increase in early prenatal enrollments (<25 weeks)?
2. How much time do prenatal participants spend at each step of the process (screen, assessment, and enrollment) and what are the reasons that prenatal participants drop out of the process from screen to assessment to enrollment?
3. Are the sites seeing an increase in referral sources? What are the demographics of prenatal participants assessed and enrolled?
4. Most importantly, the pilot project will track new and creative ideas these sites discover for increasing their prenatal enrollment.

Programs will be kept abreast of the project's findings periodically throughout the year as they are identified so that all of our communities can benefit from what is learned through the efforts of the participating sites. Stay tuned!

Diaspora Healthy Families

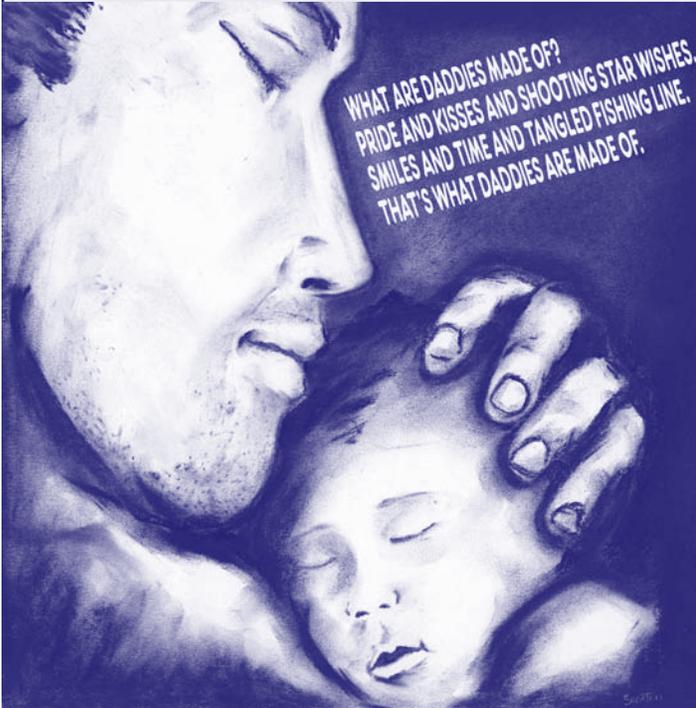
Diaspora Healthy Families hosted its first holiday party in December of 2008. They shared, "Our data manager Renato Jordan dressed up as Santa Claus and handed out holiday gifts. Program participants including moms, dads, target children and siblings enjoyed dancing to holiday music, eating, opening their gifts, and talking to our Diaspora Healthy Families staff."



Santa Claus with seven-month-old Denzel

Starting Together

Chris Shortell, Fatherhood Advocate, Starting Together Program in Madison County, created this drawing and poem as a Father's Day card. It is being distributed as a fundraiser for the program.



Healthy Families Rensselaer County

Healthy Families Rensselaer County staff and their families joined in PCANY's 2008 Walk for Children last October, walking as a team to celebrate their commitment to kids.



NYS Child Abuse Prevention Conference

The 14th annual New York State Child Abuse Prevention Conference, held April 20-22, brought together Healthy Families New York staff and others from around the state for three days of education, inspiration and rejuvenation.

The conference was a terrific success, with more than 90 percent of participants who completed evaluations rating it as very good to excellent. Plenary speakers Angela Shelton and Craig Zablocki stole the show, each sharing their personal story of overcoming trauma with joy and laughter. "Bring back Angela," one participant begged. "I could listen to her all day!"

Plans are already underway for the 2010 Child Abuse Prevention Conference. In the works is a structured networking event, a sightseeing tour of Albany, and more of what you've come to expect—inspiring and energizing plenary speakers and top-notch workshops offering the latest strategies and techniques for working with children and families.

If there are particular topics you'd like to see at the 2010 conference, please contact Jennifer Matrazzo at 518-445-1273.

News You Can Use

Save the Date

15th Annual NYS

Child Abuse Prevention Conference

Marriott Hotel, Albany, NY

April 26-28, 2010

Parenting Materials Available

Visit PCANY's online Resource Room for parenting materials to use with families www.preventchildabuseny.org/resource.shtml

Parent Helpline

For information and referral services on a range of parenting and family issues call 1-800-342-7472



The Milky Way

Rayza DeLaCruz-Stitt, RN, MSN
Program Director
Bushwick Bright Start
Certified Healthy Families Trainer

Breastfeeding Advocacy: Rights, Laws & HFNY Roles

Our Milky Way focuses on laws that protect breastfeeding women, some areas where breastfeeding legislation could be even stronger, and some ideas about the role of HFNY staff in advocating for breastfeeding families as part of their job.

Breastfeeding is a crucial component of maternal and infant health and well-being, and breastfeeding advocacy exists on a global scale. The World Health Organization and the Baby Friendly Hospital Initiative both recommend that "all Maternal Child Health workers be trained in breastfeeding support and management." They recognize that breastfeeding is an important international public health issue, and that advocacy for breastfeeding families has never been more important.

In New York State Breastfeeding in Public Is a Right

Did you know that N.Y. Civil Rights Law § 79-e (1994) permits a mother to breastfeed her child in any public or private location. *You can share this information with the families you work with to help dispel the myth that breastfeeding only belongs in bedrooms and bathrooms.*

Working Women and Breastfeeding



Did you know that while the World Health Organization's Innocenti Declaration¹ called for the removal of obstacles to breastfeeding within the workplace, no legislation exists to ensure longer and paid maternity leave for breastfeeding women? *This is an important area for*

on-going advocacy for working mothers who want more access to their nursing babies.

The Family Medical and Leave Act (FMLA)

Did you know that the FMLA requires employers to provide up to 12 weeks of unpaid leave for the birth and care of a newborn child²? Having this information can help families obtain longer access to their babies during this critical time for attachment and establishing the breastfeeding relationship.

One of the **United States Breastfeeding Committee's (USCB)** goals is to: "Increase protection, promotion and support for breastfeeding mothers in the work force." N.Y. Labor Law § 206-c (2007) states that employers must allow breastfeeding mothers reasonable, unpaid break times to express milk and make a reasonable attempt to provide a private location for her to do so. The law prohibits discrimination against breastfeeding mothers. According to the USBC Workplace and Breastfeeding Support Paper, companies implementing lactation support programs have noted the following

Continued on page 11

¹ World Health Organization and UNICEF group of policymakers met in Florence, Italy in 1990. The declaration was produced and a global initiative was formed to protect breastfeeding around the world.

² United States Department of Labor Family and Medical Leave Rule: Family and Medical Leave Act (FMLA)

³ United States Breastfeeding Committee. Workplace breastfeeding support [issue paper]. Raleigh, NC: United States Breastfeeding Committee; 2002.

benefits³:

- Cost savings of \$3 for each \$1 spent
- Employees tended to miss less work due to sick children
- Lower cost of healthcare for the employee's baby
- Increased productivity
- Higher morale/loyalty
- More likely to attract valuable employees
- More likely to retain valuable employees
- Positive image for the company/organization

The following are characteristics that the USBC has identified for an effective Employee Lactation Support Program:

- Breastfeeding support policies are in place and workers are informed of the policies
- Flexible scheduling when possible (part-time, job-sharing, phasing back to work, flex-time, compressed work week)
- Breastfeeding or pumping breaks allowed
- Clean, private space for nursing or pumping
- A nearby sink for hand-washing and preparation
- Provide information and resources to pregnant and parenting staff (including men)

HFNY Workers & Certified Lactation Counselors (CLCs) can play a critical role in advocacy

Several Healthy Families New York programs have Certified Lactation

Counselors or International Board Certified Lactation Consultants on staff. Following CLC training, staff reports feeling more confidence advocating for families.

Healthy Families staff and CLCs within HFNY programs can educate the public and policy makers on Welfare to Work legislation that could impact low income women's decisions to breastfeed. HFNY staff can encourage public service agencies to consider Lactation Support Corporate Models that have worked well in private settings. At minimum, education, support, and breastfeeding promotion among our participants can go a long way toward changing the practices.

Two of our performance targets provide a backdrop for prevention work in this area: PC1-1 Primary Care Taker breast feeding at least three months, and MLC-1 Employment, Education and Training by the first birthday. We are more likely to succeed in helping a family to meet both of these targets by starting discussions and sharing information about breastfeeding early in the prenatal period. Families who are able to plan for the timing of

when to introduce supplements, or mechanical feeding devices (bottles, pumps etc.) will be more likely to establish lactation before they separate from their babies. Similarly, early discussions will enable families to explore work and school settings that might be more supportive of breastfeeding.

Lastly, FAWs, FSWs, and other HFNY workers can help to educate community business owners, and increase awareness of the importance of family and baby-friendly workplaces. World Breastfeeding Week is celebrated during the first week of August. This presents a wonderful opportunity for HFNY programs to advocate for more family and baby-friendly community businesses.

Training is an integral part of the HFNY model. Increasing the number of FSWs and FAWs trained as CLCs can strengthen their knowledge and contributions to breastfeeding advocacy!





Roving Reporter!

Question: What one thing would you want to say to your community about the work you do with babies?

Ellen Butowsky, Prevent Child Abuse New York



*Rayann Stein
FAW/FSW*

Delaware Healthy Families

I want them to know how much money our program will save us in the end, and how much healthier babies will be as adults because of us.



*Kayla Hudson, FSW
Building Healthy Families
Otsego*

It's exciting to know that the work we do with babies positively affects the families of tomorrow.



*Katie Demick, FAW
Building Healthy Families
Otsego*

The children we work with are special and deserving...we work to raise our next generation of mothers and fathers.

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