



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: Results of First Year of Evaluation!

Joy Griffith
Healthy Families New York

The evidence is in! Research results prove that Healthy Families New York is having positive effects with families. To be able to show what was really working (and what might need improvement), the NYS Office of Children & Family Services funded a control group study. The evaluation used a randomized trial—the gold standard for testing program effectiveness. Eligible mothers from Erie, Rensselaer, and Ulster Counties were randomly assigned to a treatment group that was offered home visits or to a control group that received referrals to community services but no home visits. Mothers from both groups were interviewed at the start of the evaluation and again one year after their child's birth. The effects of the program were measured by comparing the treatment and control groups on several outcome measures. This study will continue to track each mother and family's progress through the child's third birthday.

Findings from the One Year Interviews

Mothers participating in Healthy Families New York (HFNY) developed more positive parenting attitudes. This is significant because healthier parenting attitudes contribute to lower rates of abusive or neglectful parenting behaviors.

HFNY mothers who were under age 18 or were less depressed reported markedly lower support for physical punishment. In one site, mothers reported more appropriate expectations for their children.

HFNY mothers reported fewer incidents of psychological abuse, physical punishment, and neglect involving their one-year-old children.

HFNY mothers gave birth to significantly fewer low birthweight babies. This means that fewer children will be at risk for illnesses and cognitive or neuromotor problems associated with low birthweight.

A higher percentage of HFNY mothers reported having health insurance for their children and, in one site, a higher percentage reported receiving WIC.

HFNY mothers with at least one child before the study began were more likely to breastfeed their babies.

HFNY reduces mothers' use of harmful substances. This may help prevent later problems related to health, parenting, and social relationships.

HFNY resulted in less cigarette smoking among mothers under age 18. Also, in selected sites, mothers reported less use of alcohol and illicit drugs.

These short-term, one-year effects are expected to have long-term impacts on children's development.

If you have questions about the study or would like more information, contact Susan Mitchell-Herzfeld, Director of Evaluation and Research, OCFS

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My dog playing with a butterfly by Felix

Winter 2004

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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

The Link is published three times yearly as a joint venture of Prevent Child Abuse New York and the New York State Office of Children and Family Services

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Updates From OCFS

Healthy Families New York 2003 Accomplishments!

Dear HFNY Program staff:

Each year, we compile accomplishments for the previous calendar year. We can only do this because of all the hard work you do to enter your information into the data management system. *Thank you!*

Here are some of your many accomplishments:

5088 families have been served during 2003 and 61,200 home visits have been provided. Since the HFNY program began in 1995, over 12,000 families have been served and 337,255 home visits have been provided.

The data system collects information on the families served and their outcomes. We have learned that statewide, our families have many stresses. For instance, as of September 30, 2003:

- ∞ 41% of the parents are under age 20.
- ∞ 80% are single.
- ∞ Virtually all families are under 200% of federal poverty level.
- ∞ 49% have less than a high school education.
- ∞ 79% are unemployed at intake.
- ∞ 80% of target children get Medicaid.

These were the performance targets as of September 2003:

- ∞ At least 90% of target children will be up-to-date on immunizations at 9 months of age. **Actual: 93%**

- ∞ At least 90% of target children will be up-to-date on immunizations by their second birthday. **Actual: 91%**
- ∞ At least 95% of target children will have a medical provider. **Actual: 99%**
- ∞ All target children will have at least 5 well-baby visits by their first birthday. **Actual: 83%**
- ∞ All target children will have 2 well-baby visits between 15 and 27 months. **Actual: 81%**
- ∞ All target children will demonstrate age appropriate developmental milestones on the Ages and Stages Questionnaire or be referred for further evaluations/services if delays are detected. **Actual: 98%**
- ∞ 90% of primary caretakers will have a medical provider. **Actual: 94%**
- ∞ 30% of primary caretakers will breastfeed their target children for at least 3 months from the birth of the child. **Actual: 36%**
- ∞ At least 75% of families will be enrolled in an education program, job training or job placement program or will obtain employment by the target child's second birthday. **Actual: 80%**

We at OCFS continue to be impressed with your dedication and support for families. As the first year results of the random assignment study indicate (see p. 1), you are having a positive impact on the lives of children and their families! We wish you a happy and healthy 2004!

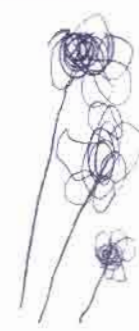
Joy Griffith
Bernadette Johnson
Rona White-Allen
Maria Rosado

PCANY Executive Director Debuts as Grandma!



Congratulations to Chris & Larry Deyss, proud grandparents.

Born Saturday, February 21 to Kira Deyss Greer and Billy Greer: Toby Nicholas, Kellen Grace, and Emma Rylee Greer—ranging in size from almost 4 pounds down to 2.5 pounds. All are doing well in the NICU at Albany Medical Center Hospital. Breast milk babies, of course! Toby started nursing at 2 days old. Kellen gets hers by tube, and Emma has to wait a bit until her tummy can digest anything.



Three flowers by Tavis

Cultural Viewpoints:

Healthy Families Oneida Serving A Community of Refugees

Fatima Abdullahi, Senior Trainer
Prevent Child Abuse New York

The Mohawk Valley Resource Center for Refugees (MVRC), located in Utica, New York, arranges a safe refuge for people from around the world who are escaping persecution in their home countries. Over the last two decades, the MVRC has resettled more than 10,000 refugees from 27 countries and assisted them in becoming active members of the Utica Community.

Healthy Families Oneida County (HFOC) home visitors meet many of these families shortly after their arrival. The families enter the country hoping for a better way of life and find that they face many challenges in learning the language and social norms of their new home.

Refugees from Bosnia make up nearly 10% of the 60,000 total population of Utica. I spoke with home visitors from Healthy Families Oneida to ask them about their experiences working with this European Community.

The LINK: What do you see as the greatest strengths of the families from Bosnia you work with?

HFOC: They have a high value for marriage. They like to feel secure. Their biggest goal is to find a job as soon as possible, save money, and buy a house. School is also very important. Children do not work while in school. Their only job is to go to school.

The LINK: What are some of the challenges these families are facing?

HFOC: Their biggest challenge is the language. The older adults don't pay much attention to education for themselves, so the problems start there. Parents are often unable to communicate well with educators, health care providers, and other service providers. Parents are also sometimes unable to follow rules—not because they don't want to, but because they don't know the rules or understand them. For example, one parent was cited for hitting her child with a belt and leaving him alone in a store. This is something they're accustomed to back home, they don't know not to do these things in this country.

The LINK: In your experience, how have you been most successful in engaging these particular families?

HFOC: Gaining their trust. Understanding them and earning their trust in the very beginning. They fear the unknown. They didn't have social departments or any services of this kind back home. When they see that we're there to help and see us helping with the children, then they start to trust us.

The LINK: What are some of the beliefs about childrearing in this group?

HFOC: There is a difference between raising boys and girls. They are treated differently. Also, the father is not obligated to do anything with the children—it's the woman's job.

The LINK: What challenges do you face in engaging the fathers? Have you been successful?

HFOC: Fathers are usually in the home during the visit because of curiosity and because they don't trust you. They sit and watch. When they see you as being helpful, they might join in. We're doing a lot to get the fathers interested. We leave materials for them. One mom told us to leave the material for him in the bathroom...if it works, why not?

The LINK: What are some of the traditions regarding children?

HFOC: There are a few. Some include: If it's the first time that the child is in your home, the child cannot leave without you giving her money. Parents cannot cut the first hair of their own child. Women cannot leave the house for 40 days after the birth of their baby. You can imagine that getting mom and baby to the first doctor visit is challenging.

The LINK: What other groups of refugees are you working with?

HFOC: We have Vietnamese, Russian, Somali, and families from Liberia. Most of the Liberian and Somali women are coming into this country pregnant—often without the father.

The LINK: Can you tell me a little about your relationship with the Mohawk Valley Resource Center for Refugees?

HFOC: When there is to be an influx of refugees, the center tries to give in-service

trainings so that providers know a little about the culture. They have also provided translators and assisted us in locating families. Our relationship with them is getting better. They are coming to know our program better and serving as a referral source. We're starting to understand what they do better so that we don't overlap—we just focus on the parenting piece.

Interviewed for this article: Charity Leslie, Supervisor; Edina Mistic, FSW/FAW, and Jasmina Hodzic, FSW, who both work with Bosnian families; Nathlyn Smith and Lillie Savage are FSW's who partner in supporting Liberian and Somali families.

About Bosnia

The country we know today as Bosnia (or Bosnia-Herzegovina, as it is properly called) lies in Central Europe, across the Adriatic Sea from the heel of the "boot" of Italy, with Hungary and Austria to the north. In the early 1990's the population was about 4.5 million. Because of the tragic fighting and ethnic violence that occurred there in the 1990's as the nation of Yugoslavia broke apart into its present day components, the current population and many of its characteristics (religion, etc.) are not precisely known today.

Since the earliest years of the Christian era, Bosnia has been ruled or dominated by numerous entities. These include the Roman Empire, the Ottoman Empire, the Austro-Hungarian Empire and a Communist Regime under Marshal Tito.

The main religions of Bosnia are Catholicism, the Eastern Orthodox Church, and Islam. Islam is the dominant religion, with between 40 and 50% of the population being Muslim. Islam was brought to Bosnia in the 14th Century by invading Turks.

Many Bosnians were killed in the fighting and bombings of the 1990's, and many others lost their homes and livelihoods. Thousands have left their homeland hoping for more prosperity and stability in other countries.

SPOTLIGHT Steuben County



Steuben County is a rural county in the western Finger Lakes region of New York, bordering Pennsylvania on the south, and covering 1,409 square miles (more than the state of Rhode Island).

The county is named in honor of Major General Frederick William Baron de Steuben, the celebrated tactician of the revolutionary army.

∞ The population is approximately 100,000. The three major areas of population are Hornell, Bath (county seat), and Corning.

∞ Agriculture (especially dairy farms and vineyards) and forestry (logging and sawmill operation) have long been prominent in the area.

∞ 70% of the population lives in communities of less than 2,500 people.

∞ The population is 98% white, with the remaining 2% comprised of all other ethnic groups.

∞ The majority of the population is English-speaking, with a very small percentage being bi-lingual in Spanish.

∞ 24% of the children under the age of five live below the poverty level.

Steuben is home to Corning, Inc., one of the nation's oldest companies, celebrating its 153rd anniversary this year. Once the largest manufacturer of light bulbs and glass kitchenware, Corning today is the world's leading producer of optical fiber. Corning Glass also manufactures the hand-blown and etched pieces known as Steuben Glass.

The Corning Museum of Glass houses the world's most comprehensive and celebrated collection of glass. The collection contains items representing 3500 years of glass history.

About Healthy Families Steuben

Lisa Galatio
Program Manager
Healthy Families Steuben

Because Healthy Families Steuben serves such a very large area, our offices are situated in three communities around the county: Hornell, Bath, and Addison. Having staff in different locations means somewhat less driving overall to reach families. The workers in Steuben County find the size of the county to be one of the biggest challenges. Much time is spent driving to and from home visits, and families are often without transportation and isolated from available services.

Healthy Families Steuben has been provided to the community through Kinship Family and Youth Services and the Institute for Human Services since 1995. Though the original target area was just the Addison School District, within two years we expanded services to the entire county. There are now three Supervisors, eleven Family Support Workers and two Family Assessment Workers. At any given time, the program serves over 250 families.

Building Community

To help build connections between isolated families, we regularly hold parent support group meetings in Hornell, Bath, Addison, and in Corning.

Our staff has also found other ways to

participate in the community. In Addison, staff were instrumental in opening a much needed food pantry. They are also involved in a Family Collaborative, which organizes a family-centered event, such as an ice cream social or movie night, once a month. As a member of the Steuben Child Abuse Task Force, Healthy Families staff volunteer at twice yearly "Family Fling" events throughout the county.

Two of our Family Support Workers are Certified Child Safety Seat Technicians and often lend their expertise to the community.

In December 2001, staff decided that they would enjoy doing some type of community service together rather than having a holiday party. The first year, they helped box food at the Food Bank of the Southern Tier. For the past two years, they helped out at the Frank Pierce Head Start program by wrapping gifts for children and parents and preparing holiday projects for the students. This year, we were rewarded by a visit from Santa! Staff have also enjoyed ringing bells for the Salvation Army at holiday season.

Collaboration with Early Head Start

One of our most successful collaborations is with our local Early Head Start program. In some cases, while working with a Healthy Families target child, workers are also able to provide Early Head Start home-based services to that target child's sibling. This partnership has served both programs well as it conserves manpower and travel time. We are also able to share many resources and trainings with Early Head Start. Our families have also expressed satisfaction, because the relationship can reduce the number of workers they have coming into their homes, yet their needs can still be met.



Healthy Families Steuben staff at the Food Distribution Giveaway at the Southern Tier Food Bank

One of our claims to fame is that we recently went for two years and three months (**and four days, plus three hours and ten minutes, but who's counting??**) with no staff turnover! Staff credits their job satisfaction to three main things: the fulfillment they feel when working with families, their positive work environment (including their strong relationships with co-workers), and the many opportunities for staff development.

Louise Henrie interviews Marlene Shiloh, FSW, Healthy Families Steuben (January 30, 2004) for THE LINK.

Marlene Shiloh has worked as an FSW since July 1995. She has two children herself, 13 & 5, and says, "I wish I had this program when I was a teen-age mom!"

The LINK: Tell us about some of the families you are working with.

MS: I try to focus often on PCI (Parent-Child Interaction) during visits. One mother I'm working with now is 19. The two-year-old daughter is the target child and now there's a new baby in the family. It's nice to see the Mom holding her daughter on her lap, making eye contact, and smiling back and forth. When the Mom lays the toddler on the floor to talk to her, I point out, "Look at how she looks at you, she wants to look at your lips when you talk to her, she notices you're paying attention to her." This woman is very pleased. She needed encouragement to see that she could be a good, positive parent.

Once when she referred to the toddler as a brat, I asked her what her own childhood was like. She said, "It was rough, because I was a brat."

I asked her, "Don't you want it to be different now?" She has learned a lot of skills since I've known her. Now, I'm helping her to find ways to include the toddler in activities with the new baby.

The LINK: Can you tell us about a time when you felt you really made a difference for somebody?

MS: I worked with a 28-year-old woman who was living with her partner's family and having a lot of trouble with him. The baby wasn't turning his head properly, and I recommended that she call the pediatrician for a possible physical therapy referral. I try to support parents to do things for themselves, rather than doing things for them. So anyway, she called the doctor that very day and baby was receiving PT for his weak neck muscles within the week. This experience was so empowering for her that she then applied for a job and moved out into her own apartment soon afterward away from that troubling situation.

I like to work with Ages & Stages with parents. They are often surprised at what their children can do. I tell them what I see happening, and I ask about positive behaviors, such as, "How often do you play on the floor with her?"

I tell parents they are the "Number One Teacher" for their child. Parents really need to hear the words, "You can do it," and how important they are to their child.

County Fair Factoid

Steuben County has one of the oldest continuously running fairs in the nation. (The Jefferson County New York Fair has been running since 1818.) The Steuben County Fair in Bath held its first fair in 1795 and has held continuous fairs since 1819.



Healthy Families New York trainers Rayza DeLaCruz-Stitt & Wendy Bender at the 2003 Prevention Conference sponsored by Prevent Child Abuse New York

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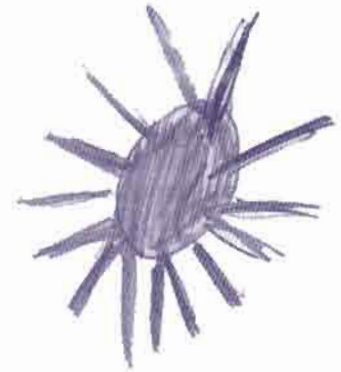
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Childhood Obesity - A Family Health Issue



Obesity in kids is epidemic in the United States. The number of children who are considered severely overweight has increased 98% since the 1960's; currently one child in five is overweight. This increase is seen both in young children and adolescents and across all age, race and gender groups.

Why the concern?

Being overweight is very hard on children, socially, emotionally, and physically. Overweight kids are often subjected to teasing and ridicule, leading to low-self-esteem, social isolation, and depression.

There are also some very real health risks. These include:

- ∞ Type 2 diabetes, also known as adult-onset diabetes
- ∞ High cholesterol and high blood pressure (risk factors for heart disease)
- ∞ Sleep apnea (interrupted breathing while sleeping) which can, in severe cases, lead to problems with learning and memory
- ∞ Skeletal problems of the feet, legs, knees, hips and back
- ∞ Liver disease
- ∞ Asthma

Overweight kids tend to become overweight adults, continuing to put them at greater risk for heart disease, high blood pressure and stroke

Causes of Childhood Obesity

There are no surprises here. The main causes are eating too many high calorie foods and not enough exercise. In a study of more than 4,000 children,* researchers found that rates of obesity were lowest among children who watched one hour or less of tv each day and highest among kids watching 4 or more hours per day. The more television the children watched, the less likely they were to exercise. The study also found that the more television children watched, the more calories they consumed. This may be due to commercials advertising high-calorie foods such as sodas, chips, and candy, prompting children to eat these as they watch tv.

Should Parents Worry About Overweight or "Chunky" Babies?

NO! There is no reason to be concerned about chubby or overweight babies or toddlers. For children under 3, being overweight does not seem to predict obesity in the future. However, after age 3, overweight children should be evaluated by a physician.

* "Television Watching, Energy Intake, and Obesity in US Children: Results From the Third National Health and Nutrition Examination Survey, 1988-1994." Carlos J. Crespo, DrPH, MS; Ellen Smit, PhD, RD; Richard P. Troiano, PhD, RD; Susan J. Bartlett, PhD; Caroline A. Macera, PhD; Ross E. Andersen, PhD. *Arch Pediatr Adolesc Med*, 2001;155:360-365.



Victor Bernstein talks with Healthy Families Jamaica staff at "The Nature of Nurturing" training in November, 2003

Healthy Families Steuben is participating in a Childhood Obesity Task Force coordinated by the Steuben Rural Health Network. Other participating groups are WIC, Head Start, Steuben County Health Department, and Cornell Cooperative Extension. The group's first goal is to raise public awareness surrounding childhood obesity. The group is working on bringing a speaker to the area to educate those working with children, including school employees.

Organizations Unite To Tackle Obesity Uptown! Duchess of York Helps Launch "Losing Weight/Getting Healthy in Harlem" Initiative

Northern Manhattan Perinatal Partnership, in collaboration with Harlem Hospital, North General Hospital, the American Diabetes Association, and Weight Watchers International announced a major initiative on January 15. The project is called "Losing Weight - Getting Healthy In Harlem," and the goal is to combat the alarming obesity rate in Harlem that is causing rapidly escalating incidences of diabetes and other life-threatening diseases.

Sarah Ferguson, The Duchess of York, represented Weight Watchers, which partnered with Northern Manhattan Perinatal Partnership in September 2003 to introduce its first public meetings in the Harlem community. Deputy Commissioner Dr. Mary T. Bassett, MD, MPH represented the NYC Department of Health and Mental Hygiene.

How Should FSW's Respond to The Issue of Childhood Obesity?

According to the American Academy of Family Physicians and other medical sources, the best line of defense against childhood obesity is prevention. This would include getting children off to a good start in terms of what kind of food they eat and helping parents to build in physical activity to their children's lives.

DO: Provide education and information about healthy eating habits

DO: Ask parents about their own exercise habits and learn from them how they plan to make sure their children get enough physical activity.

DO: Refer parents to their Pediatrician or family doctor if you or they are concerned about a child's weight.

DO: Be aware that there is no dieting medication approved for use in children.

DO NOT: Make any suggestions about limiting the food intake of an infant or a young child. It is rare, but some parents who have concerns about a child being "fat" may attempt to put their child on a diet. This can result in malnutrition and serious health problems.

DO: Find out how EFNEP (Expanded Food and Nutrition Education Program) can assist you in bringing education about healthy and economical eating habits to your families. EFNEP is a federally funded program available throughout New York. EFNEP workers make home visits and also lead groups. You can get more information by visiting:

<http://www.cce.cornell.edu/programs/efnep/>



The Milky Way

Breastfeeding & Childhood Obesity

RayzaDeLaCruz-Stitt, BSN, RN, MSN
Nurse Educator, Best Beginnings/Alianza Dominicana
Senior FSW Trainer, Prevent Child Abuse New York

Risk reduction and primary prevention—it's what our programs do! The more we learn about breastfeeding, the more we see how supporting it fits with our program goal of primary prevention.

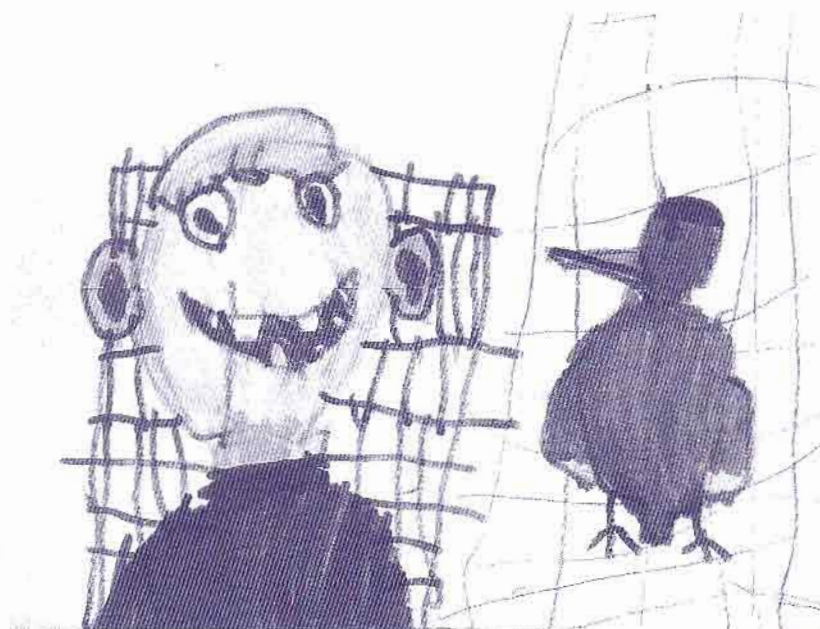
Did you know that breastfeeding may help in preventing childhood obesity?

Consider the following:

- ∞ Studies show a correlation between infant breastfeeding and decreased incidence of obesity in later childhood.
- ∞ The longer children breastfeed, the lower the incidence of later obesity.
- ∞ Breastfed babies are better able to regulate their appetites and so are less likely to overeat later in life.
- ∞ Formula-fed babies have a greater incidence of obesity than their breastfed counterparts.
- ∞ Breastfeeding is a low cost, highly nutritious feeding choice. This feeding modality provides many health benefits, and could be a low-risk method of decreasing future childhood obesity.

Works consulted: *Lancet*, June 8, 2002;369,PP2003-2004

Self-Portrait with a favorite parrot by Louis



Prevent Child Abuse New York's 9th Annual New York State Conference

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KEYNOTE SPEAKERS: Gary Melton, director of the Institute on Family and Neighborhood Life and professor of psychology at Clemson University. David Finkelhor, director of the Crimes Against Children Research Center, co-director of the Family Research laboratory and professor of sociology at University of New Hampshire. Mac Bledsoe, president and founder of the Parenting with Dignity program.

Conference Information and Registration materials at <http://www.preventchildabuseny.org>

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