
The **Healthy Families** **America[®]** **Initiative**

Integrating Research,
Theory and Practice



Joseph Galano, PhD
Editor

The Healthy Families America[®] Initiative: Integrating Research, Theory and Practice

The Healthy Families America[®] Initiative: Integrating Research, Theory and Practice has been co-published simultaneously as *Journal of Prevention & Intervention in the Community*, Volume 34, Numbers 1/2 2007.

This page intentionally left blank

The Healthy Families America[®] Initiative: Integrating Research, Theory and Practice

Joseph Galano
Editor

The Healthy Families America[®] Initiative: Integrating Research, Theory and Practice has been co-published simultaneously as *Journal of Prevention & Intervention in the Community*, Volume 34, Numbers 1/2 2007.

 **Routledge**
Taylor & Francis Group
New York London

First published by The Haworth Press, Inc.

10 Alice Street, Binghamton, N Y 13904-1580

This edition published 2012 by Routledge

Routledge
Taylor & Francis Group
711 Third Avenue
New York, NY 10017

Routledge
Taylor & Francis Group
2 Park Square, Milton Park
Abingdon, Oxon OX14 4RN

The Healthy Families America® Initiative: Integrating Research, Theory and Practice has been co-published simultaneously as *Journal of Prevention & Intervention in the Community*, Volume 34, Numbers 1/2 2007.

© 2007 by The Haworth Press, Inc. All rights reserved. No part of this work may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, microfilm and recording, or by any information storage and retrieval system, without permission in writing from the publisher.

The development, preparation, and publication of this work has been undertaken with great care. However, the publisher, employees, editors, and agents of The Haworth Press and all imprints of The Haworth Press, Inc., including The Haworth Medical Press® and Pharmaceutical Products Press®, are not responsible for any errors contained herein or for consequences that may ensue from use of materials or information contained in this work. With regard to case studies, identities and circumstances of individuals discussed herein have been changed to protect confidentiality. Any resemblance to actual persons, living or dead, is entirely coincidental.

The Haworth Press is committed to the dissemination of ideas and information according to the highest standards of intellectual freedom and the free exchange of ideas. Statements made and opinions expressed in this publication do not necessarily reflect the views of the Publisher, Directors, management, or staff of The Haworth Press, Inc., or an endorsement by them.

Library of Congress Cataloging-in-Publication Data

The Healthy Families America Initiative : Integrating Research, Theory and Practice / Joseph Galano, Editor.

p. cm.

“Co-published simultaneously as *Journal of prevention & intervention in the community*, volume 34, numbers 1/2 2007”–T.p. verso.

Includes bibliographical references and index.

ISBN 978-0-7890-3680-3 (hard cover : alk. paper) – ISBN 978-0-7890-3681-0 (soft cover : alk. paper)

1. Healthy Families America (Project) 2. Family social work–United States. 3. Social work with children–United States. 4. Child abuse–United States–Prevention. I. Galano, Joseph. II. *Journal of prevention & intervention in the community*.

HV699.H387 2007

362.82'30973–dc22

2007033147

The Healthy Families America[®] Initiative: Integrating Research, Theory and Practice

CONTENTS

Introduction: The Challenge of Integrating Research into Practice <i>Joseph Galano</i>	1
Healthy Families America [®] : Ruminations on Implementing a Home Visitation Program to Prevent Child Maltreatment <i>John K. Holton</i> <i>Kathryn Harding</i>	13
Healthy Families America [®] Research Practice Network: A Unique Partnership to Integrate Prevention Science and Practice <i>Joseph Galano</i> <i>Cynthia J. Schellenbach</i>	39
Healthy Families America [®] State Systems Development: An Emerging Practice to Ensure Program Growth and Sustainability <i>Lori Friedman</i> <i>Lisa Schreiber</i>	67
Development and Implementation of a Quality Assurance Infrastructure in a Multisite Home Visitation Program in Ohio and Kentucky <i>Robert T. Ammerman</i> <i>Frank W. Putnam</i> <i>Jonathan E. Kopke</i> <i>Thomas A. Gannon</i> <i>Jodie A. Short</i> <i>Judith B. Van Ginkel</i> <i>Margaret J. Clark</i> <i>Mark A. Carrozza</i> <i>Alan R. Spector</i>	89

The Evaluation of Healthy Families Arizona: A Multisite Home Visitation Program <i>Judy Krysik</i> <i>Craig W. LeCroy</i>	109
The Promise of Primary Prevention Home Visiting Programs: A Review of Potential Outcomes <i>Beth S. Russell</i> <i>Preston A. Britner</i> <i>Jennifer L. Woolard</i>	129
Healthy Families America® Effectiveness: A Comprehensive Review of Outcomes <i>Kathryn Harding</i> <i>Joseph Galano</i> <i>Joanne Martin</i> <i>Lee Huntington</i> <i>Cynthia J. Schellenbach</i>	149
The Role of Community in Facilitating Service Utilization <i>Deborah Daro</i> <i>Karen McCurdy</i> <i>Lydia Falconnier</i> <i>Carolyn Winje</i> <i>Elizabeth Anisfeld</i> <i>Aphra Katzev</i> <i>Ann Keim</i> <i>Craig W. LeCroy</i> <i>William McGuigan</i> <i>Carnot Nelson</i>	181
Potential Lessons from Public Health and Health Promotion for the Prevention of Child Abuse <i>Joanne B. Martin</i> <i>Lawrence W. Green</i> <i>Andrea Carlson Gielen</i>	205
Index	223

ABOUT THE EDITOR

Joseph Galano, PhD, is an Associate Professor of Psychology at the College of William and Mary and a core faculty member in the Virginia Consortium Program in Clinical Psychology. He is committed to applying psychology and working directly with communities to address social problems and to improve the human condition. Dr. Galano was awarded Fellow status in the Society for Community Research and Action (APA Division 27). In recognition of his career accomplishments, the American Psychological Association honored him with the 1996 Distinguished Contribution to Practice in Community Psychology award.

Dr. Galano has worked at the local, state, and national levels to prevent child abuse and neglect. He has consulted with Hampton, Virginia's Healthy Families Partnership for over fifteen years. Hampton was twice designated City of the Year for its proactive approach to solving social problems. Since 1995, he has worked with Prevent Child Abuse Virginia to develop Virginia's statewide child abuse prevention initiative, Healthy Families Virginia. He was a member of the steering committee that developed the Blue Ribbon Plan to Prevent Child Abuse and Neglect in Virginia and currently serves on Healthy Families Virginia's Advisory Council. Since 1992 he has been a member of the Healthy Families America (HFA) Research Practice Network and is a member of the HFA State Leaders Network.

His prevention research and advocacy also span some of society's other pressing social issues: perinatal substance abuse, teen pregnancy, and early childhood development. He has served on Virginia's Prevention and Promotion Advisory Council for 25 years and is proud to have helped shape Virginia's three prevention plans. Dr. Galano served as a Williamsburg/James City County Community Action Agency board member and chaired the board for six years. He has worked with Project LINK, a perinatal substance abuse prevention program in six Virginia cities; Square One, a 17-locality partnership recognized by the Annie E. Casey Foundation for its work to ensure that children in Hampton Roads enter kindergarten healthy and ready to learn; and Voices for Virginia's Children and Youth to prepare the "KIDS Count" annual reports on the status of children. He participated in Congressman Robert C.

Scott's Congressional Briefings on Youth Violence and the Congressman's community roundtables with youth.

Dr. Galano's greatest professional satisfaction has been to help prepare the next generation of preventionists. He has helped hundreds of undergraduate and graduate students become involved in community service and public health careers. He was twice nominated for both the President's Award for Service at the College of William and Mary and the Outstanding Faculty Award of the State Council of Higher Education in Virginia.

Introduction: The Challenge of Integrating Research into Practice

Joseph Galano

College of William & Mary

SUMMARY. The Introduction to this volume on the ways Healthy Families America® (HFA) integrates research, theory, and practice describes nine articles that offer a contemporary snapshot of HFA research and practice, including four empirical articles presenting research and practice at the state, multi-state, or national level and the most comprehensive summary of HFA outcomes. It contrasts the history of child abuse prevention with progress in the fields of substance abuse and violence prevention. It presents arguments underscoring the critical importance of

Address correspondence to: Joseph Galano, Department of Psychology, College of William and Mary, P.O. Box 8795, Williamsburg, VA 23187-8795 (E-mail: jxgala@wm.edu).

More people responded to the call for papers than were possible to include. The Editor is grateful to a superb group of reviewers who aided in selecting the manuscripts to be included and whose feedback added significantly to the quality of this volume. Their collective feedback illuminated issues and posed challenges to the authors, adding significantly to the quality of the individual manuscripts and ultimately to the contribution that the book makes to guiding the field. Special thanks must go to Deanna Gomby, who went beyond the call of duty by reviewing every manuscript and providing corrective feedback and valuable insight. Other reviewers were: Julie Chambliss, Claudia Coulton, Anne McDonald Culp, Rex Culp, James Garbarino, Deanna Gomby, Lydia Killos, Jon Korfmacher, Juliette Mackin, Joel Milner, Kristin Moore, Richard Roberts, James Sorensen, Abe Wandersman, and Kate Whitaker.

[Haworth co-indexing entry note]: "Introduction: The Challenge of Integrating Research into Practice." Galano, Joseph. Co-published simultaneously in *Journal of Prevention & Intervention in the Community* (The Haworth Press, Inc.) Vol. 34, No.1/2, 2007, pp. 1-11; and: *The Healthy Families America® Initiative: Integrating Research, Theory and Practice* (ed: Joseph Galano) The Haworth Press, 2007, pp. 1-11. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Available online at <http://jpic.haworthpress.com>
© 2007 by The Haworth Press, Inc. All rights reserved.
doi:10.1300/J005v34n01_01

the researcher-practitioner relationship and the need for an iterative model of action research. It examines implementation and action research challenges, illustrates lessons learned, and recommends ways to strengthen HFA and guide the next phase of child abuse prevention. doi:10.1300/J005v34n01_01 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Healthy Families America, home visitation, child abuse prevention, research to practice

INTRODUCTION

The goal of this volume is to bridge the gaps between research knowledge, professional practice in community-based home visitation, and policy development, highlighting what has been learned about the emerging Healthy Families America (HFA) initiative. The HFA initiative has been driven by the goal of ameliorating the shameful national epidemic of child abuse and neglect. The manuscripts in this collection are about efforts to build and sustain effective HFA home visiting programs in the United States and the lessons learned. This introduction has two goals: to introduce the volume and to call for greater federal leadership and responsibility in child abuse and neglect prevention.

During the last 30 years, the field of child abuse and neglect prevention has taken many new directions with new policies and programs *but too few champions at the national level*. Beginning with the widespread recognition of the “battered child syndrome,” there have been important changes in the use of national surveys to assess the incidence and prevalence of child abuse and neglect. There has also been increased documentation of the medical, educational, psychosocial, and economic consequences of abuse. More recent epidemiological research (The ACE Study) has documented the enormous toll that adverse childhood experiences exact, the substantial contribution that adverse childhood experiences make to the 10 leading causes of death and disability in America, and the associated spiraling health care costs (Felitti, 1998). The Centers for Disease Control and Prevention and Kaiser Permanente researchers assert that adverse childhood experiences are the leading determinant of health and well-being in the United States.

Increasing awareness of the national scope of child abuse and neglect along with the dramatic increase in the rate of founded cases created

alarm and concern for many child advocacy groups. Encouraged by a Government Accounting Office (1990) review and findings from some of the new prevention approaches, especially the heartening findings of David Olds' Nurse Home Visitation program, the U.S. Advisory Board on Child Abuse and Neglect sounded a call for a national response (U.S. Advisory Board on Child Abuse and Neglect, 1990). Despite the lack of federal leadership and funding, communities felt obligated to act, and a grass-roots community-by-community movement sprang up across the country (sometimes state leadership would follow). This phase of development allowed numerous community agencies to develop partnerships and coalitions (often under the banner of HFA) to spearhead child abuse and prevention efforts. Although this strategy garnered community support resources across a variety of domains during a time of scarcity, it also contributed to an inconsistent understanding of the problem and highly variable approaches to the solution, not an auspicious beginning for HFA.

Contrast HFA's beginning with the ways in which prevention science advanced in the areas of substance abuse and violence prevention. Although much remains to be done in the fields of substance abuse and violence, these scientific domains effectively move from research to practice. HFA must strive to understand and learn from these public health successes. Aided by federal leadership with a clear mission and substantial funding, these two prevention science areas have moved from surveillance and monitoring through several iterations of funded prevention trials. Each iteration has been more sophisticated than the last. Each iteration has moved from an individual intervention focus to increasingly ecological interventions that involve multiple layers and multiple systems. Each iteration has identified specific program models and best practices that have become the building blocks for the next stage of development. Each iteration has added to the theory base that undergirds prevention research and practice and has delineated critical mediators that must be addressed in the next round.

This federal investment has resulted in incredible resources for preventionists, citizens, and policymakers interested in reducing/preventing substance abuse and violence. These included the directory of Model and Promising Prevention Programs, developed under the leadership of Substance Abuse and Mental Health Services Administration (Brounstein, Gardner, & Backer, 2006), "The Red Book" (National Institute on Drug Abuse, 2003), the National Registry of Effective Prevention Programs (Brounstein, Zweig, & Gardner, 1999), and Blueprints Registry of Model Programs (Department of Justice's Office of Juvenile Justice and Delinquency Prevention, 2000). Now that these science-based programs have

been developed and made accessible, these federal agencies have increasingly taken on the task of helping states and communities with the challenges associated with widespread dissemination of substance abuse and violence prevention programs.

The field of child abuse and neglect prevention deserves and needs the same strong federal leadership that the fields of substance abuse and violence prevention have received. Building and sustaining effective prevention programs in real world settings may represent the most critical challenge confronting contemporary prevention science.

The articles in this collection deepen our understanding of HFA and contribute to the development and integration of theory, research, and action. The authors represent a wide array of disciplines, agencies, and roles at the local, state, and national levels working together to plan, implement, evaluate, and sustain child abuse and neglect prevention programs. Their collective commitment deserves high praise. Much can be learned from their success and failures. Their reflections on the HFA experience can help to guide the next phase of child abuse and neglect prevention.

This volume focuses on both the HFA Research Network and the national home-visitation initiative. It describes the growth, evolution, and contributions of this research collaborative (50 researchers in 33 states). This book summarizes the historical antecedents and theoretical assumptions that guide the HFA initiative (programs in 38 states in over 450 communities) and presents the most comprehensive summary of emerging outcomes available to date. The volume also examines implementation issues such as fidelity to the program model and local adaptations in the face of complex, shifting, structural challenges; the role of state systems in developing and advocating for sustainable and effective programs; and the analytic, methodological, sociopolitical challenges confronted by community researchers conducting action research. Finally, this work illustrates lessons learned from the last decade, summarizing and making recommendations for policy issues that can strengthen the initiative.

CONTENTS OF THIS VOLUME

The Healthy Families America Initiative: Integrating Research, Theory, and Practice includes nine articles that offer a contemporary snapshot of research and practice in HFA. The intention is to bring together a set of manuscripts that will be meaningful to citizens, practitioners, and policymakers, as well as evaluators and researchers. Four empirical articles present research and practice at the state, multi-state, or national level and the most

current comprehensive summary of HFA outcomes to date. The first two articles provide an important historical and national context for understanding both practice and research in HFA.

The contributors of this volume have many years of distinguished contribution to the goals of HFA. They are individuals who value partnerships and who, in the words of Margaret Mead, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

The first article, “Healthy Families America®: Ruminations on Implementing a Home Visitation Program to Prevent Child Maltreatment” by Holton and Harding, provides the reader with a crucial understanding of the history of HFA, HFA’s relationship with Prevent Child Abuse America (PCA America), and an insider’s view of many of the challenges associated with HFA’s rapid ascension (expanding from 25 sites in 1992 to 430 in 2003) as a national prevention initiative. A strength of the article is its frank assessment of implementation challenges, limitations, and external critiques. The authors explain HFA’s internal credentialing process and discuss the way the credentialing process contributes to implementation fidelity, concluding with lessons learned and a thoughtful set of recommendations intended to advance existing models of home visiting.

The second article, “Healthy Families America® Research Practice Network: A Unique Partnership to Integrate Prevention Science and Practice” by Galano and Schellenbach, represents the first published account of the history and accomplishments of the HFA Research to Practice Network (RPN). Attempting to integrate researchers and practitioners on this scale is rare. PCA America deserves praise for leadership in attempting to close the elusive research-to-practice gap. The original goal of the RPN was to foster communication among academic researchers, community-based evaluators, and practitioners so as to integrate science-based prevention practices into practice settings. This article provides a rare glimpse inside PCA America’s attempt to create a new paradigm of collaboration. The authors acknowledge the limitations of past and current research paradigms in the social and behavioral sciences, especially the tendency to dichotomize research and practice and to devalue “real-world” researchers. The authors describe the evolution of the network from exclusively researchers to researchers and practitioners and the benefits accrued from working together. They examine what was learned about this rare experiment in creating practitioner-scientist partnerships and offer a detailed plan for sustaining and strengthening the RPN in the future.

The next three articles describe HFA’s attempt to support state systems development, and two exemplary statewide home visiting programs, Every

Child Succeeds (Ohio and northern Kentucky) and Healthy Families Arizona. Friedman and Schreiber, in their article “Healthy Families America® State Systems Development: An Emerging Practice to Ensure Program Growth and Sustainability,” examine HFA’s efforts in state systems development in the context of the diffusion of innovation and program replication literature. They consider the research base for their systems approach. The authors describe why having a centralized and efficient infrastructure is critical during an era of fiscal constraints and increased accountability. Benefits of a well-functioning infrastructure include helping states reduce duplication of services, creating economies of scale, coordinating resources, supporting high-quality site development, and promoting the self-sufficiency and growth of community-based programs. The article concludes with the discussion of the state systems benefits and challenges and lessons learned.

The next articles by Ammerman et al., and Krysik and LeCroy deal with the development, implementation, and evaluation of a multi-site and state-wide HFA program. Their work is exciting because it is grounded in theory and research but also recognizes the practical constraints and complexities of conducting action-oriented evaluation research in the real-world settings. These evaluations span a 10-year period and provide insights into how researcher-practitioner partnerships mediate program success. Both of these programs developed strong evaluator-practitioner partnerships from the beginning, employed evaluation for quality improvement, and contributed to positive intermediate outcomes, preparing each initiative to go to scale statewide and gradually employ more rigorous evaluation methods. In fact, having well-documented accounts of the evaluation processes that contributed to the development of these statewide initiatives represents a welcome shift away from the exclusive focus on best practices or evidence-based practice as the only path to program improvement. These papers provide a needed corrective, adding to our understanding of how researcher-practitioner relationships may also mediate program successes, just as the doctor-patient relationship is as important as the active ingredients in a pill.

“Development and Implementation of a Quality Assurance Infrastructure in a Multisite Home Visitation Program in Ohio and Kentucky” by Ammerman et al., describes the origins and implementation of Every Child Succeeds, a multi-site home visitation program in southwestern Ohio and northern Kentucky. When home visitation programs go to scale, numerous challenges are faced in implementation and quality assurance. Drawing on models in business and industry, the authors designed a Web-based system (eECS) to optimize quality assurance and generate new learning for the

field by systematically collecting and using data to document outcomes and identify clinical needs (such as high levels of maternal depression at enrollment) that can undermine home visitation. They describe the pilot testing of an augmented module to treat depressed mothers, present promising preliminary results, and discuss challenges encountered.

In their article “The Evaluation of Healthy Families Arizona: A Multi-site Home Visitation Program,” Krysik and LeCroy describe the history of HFAz, tracing its growth from a pilot in two sites in 1991 to 48 sites in urban, rural, and tribal regions of the state by 2004. HFAz is a broadly implemented home visitation program aimed at preventing child abuse and neglect, improving child health and development, and promoting positive parent/child interaction. The authors describe how a unique administrative structure and collaboration between evaluation and quality assurance helped overcome many of the problems familiar to home visitation programs. The evaluation team describes how a systematic focus to improve processes and outcomes has positioned the program for a randomized longitudinal study, highlights key components of the program, and presents encouraging evaluation results.

The final four articles bring together perspectives that are more national or ecological in their scope. The first, “The Promise of Primary Prevention Home Visiting Programs: A Review of Potential Outcomes” by Russell, Britner, and Woolard, reviews the literature on home visiting outcomes. The authors review traditional outcome domains (e.g., child maltreatment, child health, school-readiness) from the literature on HV, as well as nontraditional outcome domains (e.g., community connection, maternal life course, resilience, child/family wellness) that may be relevant for future evaluations. The authors identify some of the key impediments to effectiveness, including program fidelity, client risk level, intensity of services, and the failure to address community and organizational-level risks. They conclude that home visitation is a promising but largely untested service delivery model for strengthening parents and communities and fostering positive developmental outcomes for children. The authors assert that programs that document their implementation and study their outcomes through a thoughtful, planned process may capture important and much needed information on strengthening families through HV.

The second, “Healthy Families America® Effectiveness: A Comprehensive Review of Outcomes” by Harding, Galano, Martin, Huntington, and Schellenbach, describes the most contemporary and comprehensive summary of HFA outcomes to date. Since the inception of HFA, there has been a growing demand for research on its effectiveness. This paper reviews 32 evaluations (distilled from over 100 evaluation reports) of

affiliated HFA sites, nearly half of which include a randomized control or comparison group. Outcome domains include child health and development, maternal life course, parenting, and child abuse and neglect. Parenting outcomes (such as parent-child interaction and parenting attitudes) show the most consistent positive impacts. Mixed results in other domains indicate the need for in-depth research to identify key practices in the most successful sites. The authors discuss several factors that may contribute to differences in outcomes, including recent augmentations to program design, and variability in site implementation and quality, and in family risk levels at enrollment. Such variability in implementation presents a challenge for synthesizing results. The paper also includes highlights from two evaluations of programs that have gone to scale, one community-wide (Hampton, Virginia) and one statewide (Indiana), to illustrate the innovative approaches to evaluation found in HFA research. Overall, researcher-practitioner partnerships are found to be a significant strength of HFA.

The final two articles are unusual because they move to the macro level to explain how physical and social aspects of the environment impact child abuse prevention programs and how future solutions must go beyond traditional attempts to fix the individual and embrace more public health approaches. The first, “The Role of Community in Facilitating Service Utilization” by Daro et al., examines the role community characteristics play in influencing a parent’s decision to use voluntary child abuse prevention programs. Nine programs serving families in six states were participants. Multiple regression techniques were used to determine if community characteristics, such as neighborhood distress and the community’s ratio of caregivers to those in need of care, predict service utilization levels. The authors’ findings suggest that certain community characteristics are significant predictors of the extent to which families utilize voluntary family supports. Contrary to the authors’ assumptions, however, new parents living in the most disorganized communities received more home visits than program participants living in more organized communities. The authors recommend using community capacity building to improve participant retention. PCA America created the framework for this multi-state collaboration. That collaboration was not an end in itself, but a means to research that is capable of informing us about how to improve child abuse and neglect prevention programs.

The final article, “Potential Lessons from Public Health and Health Promotion for the Prevention of Child Abuse” by Martin, Green, and Gielen, reviewed two of the most successful public health efforts of the last third of the 20th century—tobacco control and automobile injury control—to understand

how changes occur and to generalize from those arenas to child abuse and neglect prevention. The article identifies potential lessons for the field of child abuse prevention. The authors distill the lessons learned and provide five specific recommendations for child abuse and neglect prevention professionals: Investigate varied logic models or conceptual frameworks to identify new opportunities for effective intervention; use a multi-disciplinary, multi-sector approach; normalize desired behaviors and denormalize undesirable behaviors; balance efficacy, feasibility, and cultural appropriateness; and develop strategies for effective policy advocacy based upon who benefits and who shoulders most of the burden. The authors conclude with suggestions about how to frame child abuse and neglect prevention to best impact citizens and public policy.

Selecting articles for this volume required difficult choices. Page limitations and the need to avoid redundancy necessitated excluding all site-level submissions and limiting articles about statewide initiatives to two. These two were not chosen because they assured positive outcomes but because of their commitment to the HFA model and to program evaluation, a commitment sustained over a meaningful time span. While these two articles do describe exemplary state initiatives, other excellent state programs are not represented here. For instance, the HFA site in New York was recently recognized as a “program that works” by the Rand Corporation (Mitchell-Herzfeld, Izzo, Greene, Lee, & Lowenfels, 2005). The time required to provide documentation for this recognition precluded the site from submitting an article for this collection. The New York HFA is committed to continuing its rigorous evaluation, and it promises to offer meaningful contributions to the field of child abuse prevention.

Another statewide initiative that is not discussed in this volume is Alaska’s. In June of 2006, the funding for Healthy Families Alaska (HFAK) ended. A recent Johns Hopkins randomized trial (Duggan, in press) determined that although HFAK was not effective in preventing child abuse and neglect, it did produce positive impacts in four critical child and family domains. Moreover, the researchers identified areas to target for improvement and the program had already instituted some of those recommendations. The Johns Hopkins team recommended continuing to provide services to these high risk families. However, the Alaska legislature decided to end funding for the program. The February 20, 2006 newspaper headline in the *Anchorage Daily News* read: “Funding ends for Healthy Families program: Program to prevent child abuse and neglect not effective, state says.” During a PCA America sponsored conference call with participants from nearly forty states, I asked the Johns Hopkins research team if an equally fair headline would have been, “Study finds encouraging

results in four critical domains, but not in the area of preventing child abuse and neglect.” They agreed. Importantly, the assessed levels of risk for these Alaska families as measured by the KEMPE scale (Korfmacher, 2000) at enrollment, as well as women’s entry levels of domestic violence, maternal depression, and substance abuse, were the highest of any HFA program to date.

The Alaska project represents a missed opportunity. The *sine qua non* of prevention science is the implementation of effective, enduring programs in real communities. A state facing a major social problem was receiving the expertise of a talented team of researchers who were engaged in the reiterative process of program design, evaluation, and feedback leading to modification. Instead of following this schema, eloquently articulated by Donald Campbell (Campbell, 1991), the Alaska legislature cut funding. Thus, it abandoned the process just as HFAK was moving into the next phase of improving services to some of the highest risk families in the nation. In addition to the disservice to the Alaskan families, this premature action denies prevention scientists the opportunity to learn how to protect children and families who face more than their share of adversity.

What happened in Alaska epitomizes the challenge facing researchers who want to conduct scientific, ethical evaluations. Seeing programs de-funded tempts program managers and state leaders to present only the most favorable findings or to re-analyze data until favorable results can be produced, instead of reporting accurately on scientific, ethical research. The Alaska experience confirms the worst fears of program managers, state leaders, and advocates: that research evaluation results can and will be used against a program, instead of being used to improve it.

REFERENCES

- Brounstein, P. J., Gardner, S., & Backer, T. (in press). Moving effective prevention to scale. In P. Tolan, J. Scazpozniak, & S. Sambrano (Eds.), *Improving life trajectories: An assessment of CSAP’s predictor variable multi-site study*. Washington, DC: American Psychological Association Press.
- Brounstein, P. J., Gardner, S. E., & Backer, T. E. (2006). Research to practice: Efforts to bring effective prevention to every community. *Journal of Primary Prevention*, 27, 91-109.
- Brounstein, P. J., Zweig, J. M., & Gardner, S. (1999). *Understanding substance abuse prevention toward the 21st century: A primer on effective programs* [CSAP Technical Report, DHHS Publication No. SMA 99-3301]. Washington, DC: US Government Printing Office.

- Campbell, D. T. (1991). Methods for the Experimenting Society. *Evaluation Practice*, 12(3): 223-260.
- Demer, L. (2006, February 20). Funding ends for Healthy Families program: Program to prevent child abuse and neglect not effective, state says. *Anchorage Daily News*, p. B1.
- Department of Justice, Office of Juvenile Justice and Delinquency Prevention (2000). *Blueprints for violence prevention* [Publication Number NCJ 204274]. Washington, DC: Department of Justice, Office of Juvenile Justice and Delinquency Program.
- Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., Shea, S. (In press). Impact of a Statewide Home Visiting Program to Prevent Child Abuse. *Child Abuse & Neglect*.
- Felitti, V. J., Anda, R. F., Nordenberg D., Williamson, D. F., Spitz A. M., Edwards V. et al. (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults*. The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*.
- Government Accounting Office (GAO) (1990). *Home Visiting: A promising early intervention strategy for at-risk families* (GAO/HRD-90-83). Washington, DC: Author.
- Korfmacher, J. (2000). The Kempe Family Stress Inventory: A review. *Child Abuse and Neglect*, 24:129-140.
- Mitchell-Herzfeld, S., Izzo, C., Greene, R., Lee, E., & Lowenfels, A. (2005). Evaluation of Healthy Families New York (HFNY): First year program impacts. Rensselaer, NY: New York State Office of Children and Family Services, Bureau of Evaluation and Research, Albany, NY: Center for Human Services Research, University at Albany.
- National Institute on Drug Abuse (2003). *Preventing drug use among children and adolescents* [NIH Publication Number 04-4212]. Washington, DC: National Institute on Drug Abuse.
- U.S. Advisory Board on Child Abuse and Neglect (1990). *Child abuse and neglect: Critical first steps in responding to a national emergency* (Report 3rd). Washington, DC: U.S. Department of Health and Human Services, US Government Printing Office.

doi:10.1300/J005v34n01_01

This page intentionally left blank

Healthy Families America®: Ruminations on Implementing a Home Visitation Program to Prevent Child Maltreatment

John K. Holton
Kathryn Harding

Prevent Child Abuse America

SUMMARY. Following a 1990 federal report forecasting a national child abuse and neglect epidemic, Prevent Child Abuse America (PCA America) promoted a home visitation program known as Healthy Families America (HFA). HFA achieved rapid adoption and implementation across the nation going from 25 sites in 1992 to 430 in a decade. In this article, the authors describe PCA America's approach to develop, promote, oversee, and evaluate a national home visitation program. Despite its promising growth, HFA has been criticized for failing to achieve the goal of preventing child maltreatment. HFA's past and present are critiqued based on theory and implementation practice of home visitation and its future projected from the perspective of insiders. Developing a better understanding of HFA's history will advance existing models of home visitation and add to the emerging knowledge base of child maltreatment prevention. doi:10.1300/J005v34n01_02 [Article copies available for a fee from The Haworth Document Delivery Service:

Address correspondence to: John K. Holton, Prevent Child Abuse America, 500 North Michigan Avenue, Chicago, IL 60611.

[Haworth co-indexing entry note]: "Healthy Families America®: Ruminations on Implementing a Home Visitation Program to Prevent Child Maltreatment." Holton, John K., and Kathryn Harding. Co-published simultaneously in *Journal of Prevention & Intervention in the Community* (The Haworth Press, Inc.) Vol. 34, No.1/2, 2007, pp. 13-38; and: *The Healthy Families America® Initiative: Integrating Research, Theory and Practice* (ed: Joseph Galano) The Haworth Press, 2007, pp. 13-38. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Available online at <http://jpic.haworthpress.com>
© 2007 by The Haworth Press, Inc. All rights reserved.
doi:10.1300/J005v34n01_02

1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Child abuse prevention, home visitation, Healthy Families America

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government . . . and the Governors of the several states should ensure that efforts to prevent the maltreatment of children are substantially increased. Such efforts, at a minimum, should involve a significant expansion in the availability of home visitation and follow-up services for all families of newborns.

(US DHHS, Advisory Board on Child Abuse and Neglect, 1990)

THE BEGINNING: FROM HEALTHY START TO HEALTHY FAMILIES

In the final decade of the 20th century, the U.S. Advisory Board on Child Abuse and Neglect issued a report calling for immediate and urgent attention directed at the “national emergency” of child abuse in the United States. A second report concentrated its recommendations on the federal government’s role and strongly emphasized the importance of making prevention a key strategy by implementing a voluntary, universal neonatal home visitation program (US DHHS, 1991). As child abuse remains a magnet for news attention, the advisory report warnings and its call to action made national headlines. One organization, the National Committee to Prevent Child Abuse (NCPCA), currently known as Prevent Child Abuse America (PCA America), decided to change the way it conducted business and sought to put in place one of the several recommendations put forth by the advisory body. In looking at the existing models for home visitation, a key recommendation to prevent child maltreatment, PCA America decided to begin its efforts based on a model found literally in the “middle of the ocean.” The purpose of this article is to tell the story of Healthy Families America (HFA), PCA America’s home visitation model, from the inside-out, describing the

program's beginnings, present, and projected future. In doing so, the article explains the current model of HFA and put forth lessons learned with the hope that preventionists in fields serving children will benefit from this experience and move the country closer to the goal of ending the epidemic of abuse and neglect.

HFA owes its beginnings to several sources, none more important than the Hawaii Family Stress Center, which instituted a home visitation service envisioned by C. Henry Kempe, the pediatrician often credited with identifying child abuse as a social problem. In their widely influential publication, Kempe et al. (1962) did two things: firstly, it disqualified, or at least held suspect, caregiver explanations for children's injuries such as subdural and retina bleeding, contusions, broken bones, or burns offered to medical personnel; and secondly, it marked the medical community's commencement to address systematic injuries to children. Kempe argued that parents were the key to prevention. To support parents, particularly those in need, Kempe developed an assessment tool (Kempe & Kempe, 1976; Korfmacher, 2000; Orkow, 1985) to guide home visits by a well-trained and supervised staff (Kempe, 1976a). The Hawaii Family Stress Center further developed Kempe's approach which resulted in "Healthy Start," a home visitation program initiated in 1975. In time the practice spread across the state and by the early 1980s had come to the attention of mainland states (see Appendix 1, "A Short History of the Hawaii Family Stress Center").

Another home visiting model focusing on the health needs of new mothers, the Prenatal/Early Intervention Project, P/EIP,¹ began in Elmira, New York as a health promotion and smoking cessation randomized experiment (Olds, Henderson, Chamberlin, & Tatelbaum, 1986). In addition to improvements in maternal health and life course activities, P/EIP brought scientific evidence to bear in support of home visiting as an efficacious approach to prevent child maltreatment. Both Healthy Start and P/EIP programs achieved national stature when the Advisory Board highlighted the importance of parents starting their child rearing journey with support, guidance, and knowledge. Preventing child abuse and neglect, as stressed by Dr. Kempe and detailed in the Advisory Board's report, begins with good parenting and continues with good community support (Kempe, 1976b).

Up to the 1990 Advisory Board report, federal efforts to prevent child maltreatment were legislated by the Child Abuse Prevention and Treatment Act (CAPTA), created by Congress in 1974. Funding from CAPTA created the National Center on Child Abuse and Neglect or *NCCAN* (now *OCAN*—the Office on Child Abuse and Neglect) and supported state legislative efforts to define what could be considered child maltreatment and

to develop the necessary infrastructure for intervention and remediation. As authorized and funded by CAPTA, states designed protocols to intervene in the lives of families as warranted. Although, NCCAN sponsored periodic national conferences, research, and occasionally, demonstration prevention programs, no prevention program had been promulgated for the nation, however, and the existing research/program undertakings were limited by the brevity of federal funding cycles. Reducing child maltreatment in this manner would waste generations of children, PCA America argued, given the professional community's historical obstinacy to acknowledge child maltreatment and societal reluctance to challenge sacrosanct values that deem children parental property (Golden, 1992; Nelson, 1984; Roberts, 2002).

During the intervening years between legislating CAPTA and the Advisory Board report, the rise in public awareness of child maltreatment corresponded to the escalation of reports of abuse and neglect (Daro, 1998, 1999). The Advisory Board's "national warning" (USDHHS, Advisory Board on Child Abuse and Neglect, 1990) of the child maltreatment epidemic responded to public concerns and called for an action agenda. The Advisory Board criticized the status quo federal strategy of funding "discretionary programs" as a means of accumulating knowledge. To address this national epidemic and promote the merits of prevention to reduce the numbers of abused children, PCA America endorsed the Advisory Board recommendations and the idea of universal home visiting. Encouraged by the interest of several states to implement prevention programs coupled with the promising results from the Olds et al. (1986) home visitation program, PCA America took steps to promote a model fashioned after Healthy Start. With financial support from the Ronald McDonald's House Charities, PCA America collaborated with the Hawaii Family Stress Center to introduce home visitation services for new parents to the rest of the country as "Healthy Families America" (HFA). Naming PCA America's home visitation program, "Healthy Families America" was due to the use of "Healthy Start" by wellness efforts linked to infant mortality reduction, heart disease prevention, and other health concerns.

Making the decision to promote home visitation was in keeping with the prevention approaches detailed years earlier by PCA America's executive director, Anne Cohn Donnelly:

Based on what is known or believed to enhance an individual's ability to function in a healthy way within a family . . . a strategy for prevention [includes:] (a) support programs for new parents, (b) education for parents, (c) early and regular child and family