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The Maine Healthy Families Program

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The Healthy Families/Healthy Start program began in Hawaii in the early 1980's and was inspired by the work of pediatrician C. Henry Kempe in Denver. The program seeks to ensure healthy thriving children and nurturing families by offering short and long term home-based support and assistance. Healthy Families America (HFA) is a national effort sponsored by Prevent Child Abuse America to utilize the Healthy Start Model in developing individualized community programs.

We conducted a three-year process and an exploratory outcomes study of six county-based, state-funded sites including:

1. Androscoggin County - Healthy Families Androscoggin;
2. Franklin County - Growing Healthy Families;
3. Kennebec County - Kennebec Valley Community Action Program;
4. Lincoln County - Healthy Kids!;
5. Washington County - Down East Community Hospital; and
6. York County - Alliance for Healthy Families

As first-time parents we were unsure of exactly where our child should be developing and what kinds of things we could do as parents to help our child grow and develop - this program is wonderful for teaching just that!
- parent response to Muskie survey, May 2000

The process study focused on: (1) assessing how the program was implemented and administered, (2) assessing the quality and consistency of the intervention and (3) providing information for program improvement. We conducted community partner interviews, home visit observations, a parent survey and a staff survey. The Outcomes study followed 89 families during their experiences with the program. During home visits, four measures were administered: the Child Abuse Potential Index, the Maternal Social Support Index, the Home Observation for Measurement of the Environment and the Ages and Stages Questionnaire.

Three reports have been produced. The first report focuses on the process study documenting the implementation of the program at six pilot sites. The second year evaluation report followed the evolution of the Healthy Families Maine program, through both a process study and the introduction of an exploratory outcomes study. The second year report presents a detailed description of the participating families. While the second year report focused on all of the children being served by the six Healthy Families programs, the third and final report is a more in-depth, longitudinal study of a group of 89 children and families served by their local Healthy Families program.

The 89 primary caregivers followed in the final report were Caucasian (100%) and had an average age of 22 years of age. They were mostly single (47%), had incomes below the poverty line (45%), had at least a high school diploma (61%) and were unemployed (69%).

About half of these families were recruited into the Healthy Families program prenatally, two-thirds had only a single child in the home, and about half had two adults in the home.

Summary

We found that the Healthy Families program is highly valued among the families that participate. In this study, we did not attempt to pass judgment on whether the Healthy Families home visiting program is successful in changing child and family outcomes due to a number of limitations of the study design. We did not use an experimental or quasi-experimental design (and thus cannot make causal conclusions), we relied on parent reports for most of our measures of child well-being and we only examined a small number of families. Keeping in mind these caveats, some of our major findings are reviewed below.

The Healthy Families Model

- Families report they find the home visits helpful (96%), and they feel comfortable with their Family Support Worker (94%).
- Families are often referred to services they were not previously utilizing. Healthy Families is an **important vehicle for referring families to needed nutritional, medical, educational and vocational services.**
- Community agency partners were extremely enthusiastic about their collaboration over the several years of planning and service of Healthy Families. They reported a **substantial increase in linking new parents into a wide network of services.**

Family History

- Families with multiple risk factors and/or past exposure to abuse are more likely to hold parenting beliefs that are associated with child abuse (i.e. they scored higher on the Child Abuse Potential Index). These primary caregivers are also likely to have homes with less emotional support and cognitive stimulation.

Engagement and Retention

- Families stayed in the Healthy Families program for an **average of 11 months**. Out of the 89 families observed, there was a **38% drop-out rate** from the Healthy Families program within the first 12 months.
- Families who terminate services with Healthy Families have homes with less emotional support and cognitive stimulation, higher scores on the Kempe risk assessment and less likely to be using TANF.
- The most common reasons for leaving the program are **Family Support Worker turnover, re-location of family, and demands from employment and/or education.**

I have learned better ways to discipline my child and understand the phases of development better, which makes me more patient and flexible.
- parent response to Muskie survey, May 2000

Family and Child Wellbeing

- **86% of parents felt that they had become better parents** since starting the Healthy Families Program.
- After 12 months in the Healthy Families program, more parents are in consensual relationships. More parents have **finished high school** or are in **post-secondary education** and more parents are **employed.**
- Over the first 12 months in the program, there were **no changes in the level of social support** available to families as measured by the Maternal Social Support Index.
- There were **significant increases in cognitive stimulation and emotional support available in the home** as measured by the HOME Observation for Measurement of the Environment. However, the increase may be expected due to natural increases in parent-child interaction and play materials as children age.
- There were **no changes in parenting beliefs related to an increased risk for child abuse and neglect** as measured by the Child Abuse Potential index. **About one-in-five families was at an elevated risk for child abuse and neglect throughout the study**.

Child Health and Development

- The vast majority of the children served by Healthy Families (95%) were in the range for **normal development**. Children routinely scoring low on a measure of child development were referred for developmental services.

- 81% of children with data submitted (n=53) had received at least 80% of their **immunizations**. Documentation was weak in this area.

Themes

Some themes emerged from our findings. It is apparent that the Healthy Families program is facing old and new challenges.

Staff turnover. Staff turnover is a critical weakness in the Healthy Families program, affecting the stability of local sites and the services families receive. However, this may be part of a larger trend. Social service programs traditionally hire mainly female workers at low wages. This has, unfortunately, come to be an expected part of programs serving children and families in all communities. As more financial support is available for home visiting programs, staff salaries should be considered a critical part of attracting, nurturing and retaining a quality workstaff who form the backbone of the program.

Family turnover. Related to staff turnover is family turnover. While certainly some exits from the program should be seen as a positive move for families who are succeeding in their goals as parents, many exits are due to personal and professional moves as well as staff turnover. Other families don't respond well to the program and are never fully engaged. We cannot expect every family to respond enthusiastically to the Healthy Families model, however, we can be creative in thinking about how to respond to the various reasons for family turnover. A stable staff, wider geographic coverage and flexible service hours are critical components as are re-thinking the services offered to hard-to-engage families.

Location of services. It was relatively common for families to move out of the service area making them no longer eligible for services. We also heard complaints of sites not being able to serve families from particular towns. In a rural state such as Maine, where people commonly convene upon a single hospital for prenatal and birth services, it is perhaps shortsighted to define boundaries by towns. A new infusion of money and a desire to have home visiting services available to all parents in Maine should go a long way towards addressing this issue.

Service Model. The model of providing home visiting during the day works well for parents who are unemployed or on maternity leave. However, the current service model may be incompatible with the current push for increased employment rates through welfare reforms. Some programs have already begun to address this problem through offering early morning, lunch-time and evening visits. Programs should pay close attention to whether the hours of service complement the goals of the parents served by the Healthy Families program. Programs may also want to consider the possibility of combining their services with preschool programs to maximize the number of families able to participate.

I feel more knowledgeable about parenting and now share information and ideas with relatives pertaining to the Healthy Families Program.
- parent response to Muskie survey, May 2000

First-Time Parents. Many first time parents, especially teenage parents, are not emotionally nor sometimes developmentally ready for a Healthy Families program when they have their first child. By the time they are ready, they are older with multiple children and cannot access services. Many community partners and Healthy Families program managers mentioned the need for services targeted to families with multiple children.

Recommendations

PROGRAMMATIC RECOMMENDATIONS

- **Ensure that the various curriculums used with the Healthy Families model meet the needs of all families.** As Maine makes home visiting services available to all first-time families, it is critical that the curriculum be well-defined yet flexible for families with greatly varying needs. Cross-training on various curriculums (e.g. Parents as Teachers) reduces the time spent preparing for home visits and enhances the experience with the family.
- **Ensure that home visiting staff are retained through competitive salaries and a clear career path.**
- **In the process to expand home visiting, efforts not to "water-down" the quality of home visiting services are critical**. Client-to-staff ratios should be maintained as should requirements for staff credentials and staff training.
- **Resources should be allocated to updating computer and information management systems at all sites.** While some sites are isolated geographically, they do not need to be isolated *electronically*. Contemporary computers with virus-software and internet access should be a standard for sites.
- **Examine the overlap between Healthy Families and other early education programs to determine how comprehensive services could be offered.**

EVALUATION RECOMMENDATIONS

- **We do not recommend using home visiting staff to collect child and family assessments in future evaluation efforts**. Reliability of information and staff burden were issues. Adding additional work to under-paid, often over-worked staff was unwise. Maintaining a well-trained data collection effort was also problematic. While four training sessions were conducted (two initially and two due to staff turnover) and monthly conference calls were held to assist sites, additional staff turnover and staff apathy were concerns. Appropriately trained, paid research assistants and/or community members and routine quality control checks are recommended.
- **We recommend a focus on family turnover in future evaluations**. Understanding why families leave and what, if anything, should be done about it will be important to the success of Healthy Families and home visiting in Maine.
- **We recommend a stronger focus on curriculum in future evaluations**. Programs have begun to experiment with cross-training on various home visiting models (e.g. Parents As Teachers). Understanding the curriculum(s) used in the home visiting program are critical to evaluating whether appropriate, quality services are being delivered.
- **We recommend developing a management information system that serves the needs of both the sites and the evaluation**. While a management information system was created for purposes of the evaluation, it did not adequately serve the needs of the Healthy Families sites. A relevant, user-friendly management information system should be installed (preferably using an intranet) to assist the sites in complying with state reporting requirements, in obtaining funding from foundations and others, and becoming credentialled.
- **We recommend looking to other state and national evaluation efforts to determine what the strengths and weaknesses are of various evaluation designs.** Understanding the limitations of non-experimental designs is important when viewing the reported results.

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