

Title V, Social Security Act:

Honoring Our Past, Celebrating Our Future

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Modeling Partnership: Improving Maternal and Child Health Through Home Visitation Programs

AUDREY YOWELL: Hello, everyone. I know this is a tough time slot but we've got it. I'm Audrey, I work in Maternal and Child Health Bureau as many of you may know and I'm the national director of the Maternal and Child Health, infant, early childhood home visiting program and if I can just make a tangential remark we're looking for an acronym. If anybody has any ideas, we're looking for them and as a facilitator of the much-envied just before lunch time slot I'll start off by making announcements first because we are running behind. There are two exhibit halls, as you know, one on this level with the famous photo booth which you may want to crowd your folks in and get your pictures taken. Upstairs you'll find the exhibit hall with the video on bullying included among other things and outside the door you're going to find cylinders with two posters enclosed in the same cylinder, the 1935 poster and the 75th anniversary poster. I'm telling you this because lunch is going to be served in the same room and the faster we clear out, the faster they can set up for lunch and we can eat. That being said, I'm very honored to be able to introduce to you today our esteemed partners in mounting the home visiting network. I want to say a couple minutes to say a few things about modeling partnership and I'm going to talk really fast so we can get through this. I know that many of the states who have been applying for the home visiting program have asked us why they keep needing to send in these letters of support. Well, they're not really letters of support. It's really documentation of some terms but your state agencies have been working together to make it a collaborative effort at the state level that we hope will be modeled for a community level when you address your communities at risk. What is it that we're doing to model that for you? I just wanted to let you know that we have several interagency work groups on research, evaluation, technical assistance, the tribal programs and administration. As many of you know, we have a very special collaborative relationship with the Administration for Children and Families, ACF and you'll be hearing

from George in a minute. And this is really built on years of our work together. We are actually required in home visiting program by law to be collaborating with ACF and I want you to know that this is a collaboration in spirit as well as by law. We really collaborate on every decision, on every policy direction because this is not a single health-related project. It's not a single child maltreatment prevention project, it is many things at once. And we need all the expertise we can get. So I'm going to really quickly tell you who we're working with and I'll probably forget somebody. The office of the secretary, the offices of the assistant secretary, the Office of health reform within ACF we have the administration for children, youth and families, the Office of policy research and evaluation, the Office of Head Start. The administration for Native Americans and the National Institute of child health and development, CDC, substance abuse, mental health and services Health and Services Administration. Indian Health Service. The domestic policy staff. The vice president's office, OMB, several divisions of. Education department, justice department and the Office of Juvenile Justice and -- M chip including Pew and many others. I'll read a bio for each of our presenters and we'll get going. I won't read the many pages that I could read to you on George Askew's bio. George has been deeply involved in working in child health and child advocacy since practically forever. For a young man. He's a board certified pediatrician. Right now he's serving as senior policy advisor for the early childhood health and development in the U.S. Department of Health and Human Services. He's leading a team of staff working on interdepartmental health-related early childhood initiatives and he's also overseeing interdepartmental early childhood programs and initiatives including the home visiting program, joint Head Start childcare initiative and program initiatives administered and developed in coordination with other SHH agencies. He's the former CEO of voices of America's children. Founder of Docs for tots and a professor at George Washington university School of Medicine in Washington, D.C. I do want to point out to you that in addition to graduating from case western reserve university School of Medicine and Harvard, more importantly he's a graduate of the Head Start program. This is the man who speaks with -- [Applause] We're also thrilled to be able to introduce to you Laurel Briske the Maternal and Child Health manager in the Minnesota Department of Health. She's been with the Minnesota Department of Health for 20 years. She served most recently as is public health nursing director in the community and family health division. She's also worked in the area of injury and violence prevention, children with special health needs, child health screening, masters degree in nursing and a pediatric nurse practitioner with 30 years experience in public health program. Before she came to the state health department she worked as a Head Start consultant for the U.S. public service in a primary care clinic for homeless women and children and a public health nurse in the county health department and as a school nurse. Our next speaker is John Schlitz. We have been really pleased to partner with John and Pew in working on various aspects of home visiting. John is a Maternal and Child Health and adolescent health policy expert and advocate who

has dedicated his career to reducing health inequality experienced by our nation's disadvantaged children and families. He was the first executive director of the national assembly on school-based healthcare and led a national movement to improve mental and medical services to our schools. He's talked on school based healthcare financing and delivery. Throughout his 20 year MCH career in D.C. he has served as deputy director of making the grade, state and local partnerships to establish school-based health centers which is a national grant program of Robert Johnson foundation and serves as policy analyst with the southern governor's association infant mortality prevention initiative and worked as a clinical social worker with children and psychiatric and community mental health settings and authored several articles on school-based healthcare and teenage pregnancy prevention and I'll now turn it over to George Askew. [Applause]

GEORGE ASKEW: Thanks, this is the second day in a row that someone has introduced me as a young man and I kind of like that. It's a pleasure to be here on such an auspicious occasion and what a wonderful thing to be celebrating and a fun way for me to cap off my first six weeks back at the Department of Health and Human Services. I know my time is short and that this panel stands between you and your break and lunch so I'll be brief. I don't think I can get us quite back on schedule but I'll be, as I said, brief. Assad re just pointed out, one of the important concepts and realities, I hope, of this day is partnerships. I want to take a few minutes today to highlight noteworthy partnerships between ACF and the Maternal and Child Health Bureau past, present and perhaps get a glimpse a little bit of the future. My first go around at Federal service was in 2001. I got to work with Maternal and Child Health Bureau in the Office of Head Start. Even before that, I was witness to the collaboration of ACF and MCHB and non-government partners through Healthy Childcare America. The Healthy Childcare America campaign was launched in 1995. I get to call myself young, junior faculty member at Boston city hospital, Boston Medical Center now and started a healthy childcare Boston chapter to compliment Steve Shoeman and his work with healthy childcare in Massachusetts. Healthy childcare America is the product of a shared vision between HRSA's Maternal and Child Health Bureau and the Administration for Children and Families childcare bureau, now the new Office of Head Start if you haven't heard. Not to mention the vision was to form strong linkages between health and childcare professionals in order to -- health and childcare agencies, organizations, advocates and parents were asked to assist the Maternal and Child Health Bureau in developing the campaign, blueprint for actions which provided communities that suggested ten action steps they could take to pursue these goals. I would be remiss if I also didn't say that one of the movers of this program was Joe Lombardi who I currently work with. The Healthy Childcare America campaign became a true private/public partnership since 1996. The campaign continues today to be funded from the childcare bureau of the Maternal and Child Health Bureau and I think, I got this right

when it consists of three components. The National Resource Center for health and safety in childcare settings which is enhancing the quality of out of home childcare by supporting the state and local health departments, early care and education regulatory agencies, early care and educational providers and parents in their efforts to identify and promote healthy and safe early care. The national training institutes for childcare health consultants which I'm a graduate supporting regional and national training to childcare health consultants and the childcare and health partnership program which is developing and strengthening partnerships between health professionals and the early care and education community establishing a nationwide network of healthcare professionals involved in the provision of healthy and safe early care and education and promoting the use of early care and education settings as a point of access to health insurance and medical home, something very important to us in ACF. Presently as part of the healthy week childcare workgroup the Office of childcare in the Maternal and Child Health Bureau recently collaborated in the development of many of the health and safety, nutrition, physical fitness and screen time standards materials that were included in the childcare chapter for the White House solving the problem of childhood obesity within a generation. In addition, the third edition of care for our children guidelines for health and safety in out of home settings is scheduled for release in January 2011 and contains a chapter on new information for the prevention of obesity addressing nutrition, physical activity and screen time and childcare to assure that the nutrition, physical activity and screen time standards would be available for the August 2010 early childhood summit the Office of childcare provided additional funding to Maternal and Child Health -- national research center to develop an early release document which many of you have probably seen. This support en ached the Maternal and Child Health Maternal and Child Health Bureau to prevent copies made available during that conference. Sometimes it's spiritual, hand holding and money exchanging hands. Home visiting pays a good portion of my salary. Thank you. I'm not going to talk much. I'm going to briefly mention home visiting is again a present and future collaboration and it's been actually quite fun to work on this with Audrey and we have -- and with our staff back at ACF. It is a collaboration, as she said in the truest sense of collaboration and we think what you'll see as a product from home visiting and what it will do for our families who we serve will be something that will make us all very proud. Again, looking to the future, I had the opportunity to work on the transition team for Obama/Biden transition team before and after the election and reviewing the administration of children and families. As part of that work we noticed a need for greater communication across divisions and departments, particularly with respect to ACF and what we needed to do with reaching out to our colleagues. I'm happy to say that today we now have an office of the Deputy Assistant secretary in interdepartmental liaison for early childhood within the office of the assistant secretary and ACF of which I am a part and Joan is the lead. One of our goals is to better coordinate across government and with our non-government partners on child health, education and

development work particularly for our youngest children. We're crafting an overall vision now for this work that will result in more, we hope more and better collaboration with government partners such as Maternal and Child Health Bureau and many out of government partners represented by many of you in the audience. So as I said, I know my time is short. Thank you for giving me the chance to be part of the celebration and I look forward to continuing the hard work and pursuing the goal of Title V improving the health of all mothers and children. I will now turn it over to Laurel.

LAUREL BRISKE: Thanks so much for inviting me to represent a state health department perspective on home visiting partnerships. In just a couple minutes I'll try to answer a few questions. Who are our partners, how are partnerships developed, how are they currently working and how is this partnership model enhancing the state's ability to implement home visiting programs? We've been doing home visits in Minnesota for over 100 years. I've got some great pictures of public health nurses in St. Paul doing home visits with their buckle up galoshes, overcoats and bags slogging through the snow. But in the last 20 years we've had multiple versions of state funded home visiting pra's in the early 1990s we had targeted home visiting to prevent child abuse and neglect. In 2000 we tried a universal home visiting program, in 2002 we had a flux of funding to do home visiting and in 2007 we had an increased funding for statewide family home visiting. This has allowed us to bring state health department capacity for technical assistance, training and evaluation. All of these programs have required partnerships on multiple levels and they were all different kinds of partnerships. So who are our partners? First and foremost are families. In MCH we've talked for many years about family-centered care. We know the success of MCH programs working with communities to use a family-centered approach. Human development research shows that young children develop through their relationships with their parents and caregivers. Effective home visiting programs are dependent on the quality of the relationships between the home visitor and the parent. All evidence-based home visiting programs emphasize the importance of this relationship. The focus of home visiting is responsive care giving. Back in 1987 it's important to remember we're not in the home to meet the needs of the baby herself. Instead we're in the home to try to assure that the baby's needs are met. This can only be accomplished with relationship-based practice. In home visiting, relationship ships integrate a focus on the parent/child relationship with the focus on the professional-parent relationship. In Minnesota we have 91 local health departments and probably as many different home visiting pra's as we encourage evidence-based practice, we encourage collaborative community partnership. Local partnerships are essential with early childhood programs and they include Head Start, childcare, schools, primary care providers, mental health providers, social service agencies and other home visiting programs. In 2008 we collected information about the quality of local public health relationships with their community partners and we found it ranged from networking to full

multi-sector collaboration. We need to know that our community partners so that we can develop -- help a family meet their needs. Families are not going to follow up on referrals that we make if they know we don't know who we're referring to. They'll see right through that. How can we expect families to do what we don't do ourselves? We also have an active local public health association and they were instrumental in getting past our current family home visiting statute that provides every county and tribal government in the state with funding for home visiting. Recently targeted home visiting coalition was developed to preserve this funding and to seek new partners for advocacy. At the state health department level our collaborative relationships with other departments of education, Human Services, the Office of minority and multi-cultural health, Head Start, childcare, county and tribal governments, the universities, the council of health plans, the mental health association, early childhood funders and our legislators make our home visiting programs possible. I believe that if an organization values partnerships and models collaboration, it will affect direct practice. We live this on several different levels. In planning for the new Federal home visiting program, we decided that if home visiting is relationship-based we need to practice relationships at a state agency level. It's been challenging in the past for state agencies to collaborate on early childhood issues. Our Early Childhood Comprehensive Systems grant has helped us to focus our partnership on our relationships with state agency -- other state agency early childhood programs. Using a model of collaboration we decided that first the state must get their house in order before we included other partners. This has involved a year of planning and sin con, Inc. with the governor's early childhood count ill. These relationships benefit all of us. In 2007 when the state passed a law to fund targeted home visiting programs, we convened a steering committee of state and local partners to implement those programs. The involvement of these programs at the very beginning, many of whom were directly involved in getting the law passed, provided us with critical input on program evaluation, training and development. Because of the strength of their relationships they wanted to keep meeting long after the implementation phase of the law and their initial charge was accomplished. They remain intact today to advise the department on this new Federal home visiting program. In March of this year, we invited managers of early childhood programs with possible connections to home visiting to form a state agency team around the needs assessment process. These were high level managers and assistant commissioners with decision-making power and influence in their agencies. Human Services, child protection, child mortality, children's trust fund, substance abuse, mental health, childcare, education and Head Start. Without the guidance for of a needs assessment we spent several months getting to know each other, sharing our program philosophies, perspective and experience. We had empathy for each other's struggles at state agency programs and broke down the communication barriers that existed in the past. It was a good time for us to ponder, reflect and think on our issues and by the time the guidance arrived we were great friends and everyone was willing to invest significantly and

quickly in the needs assessment without question or competition. It was pretty amazing. I think what the Federal agencies, ACF and HRSA have done to collaborate in this home visiting program has inspired us on a state level to collaborate. This is purposeful use of partnerships. I applaud you for the work you've invested in your relationships because it helps us as well. Relationships shape our development and influence our functioning whether they're relationships with children, families, with our colleagues, with our staff or with communities. Relationships affect other relationships. Partnerships affect other partnerships. In the infant mental health field they actually have a name for this. They call it parallel process where there is a flow effect on the relationship, how relationships influence relationships. This suggests that the quality of the relationship with the parents or caregivers is an important contributor to the effectiveness of home visiting programs. How we deliver services is as important as what we deliver. No one cares what you know until they know that you care. I think this principle has some strong implications for us in home visiting. The way that governments relate to services, parallels the way that services relate to communities. That parallels the way that managers relate to staff. That parallels the way that staff relate to parents and that parallel the way that parents relate to children. So to answer the final question, how does this partnership model enhance our ability to effectively implement home visiting programs? Simply stated, we couldn't do it without our partners from families to communities, to local governments, to state agencies, to regional and Federal partners, each and every one of them is critical. We need them to be nurtured, valued and supported. Thank you. [Applause]

JOHN SCHLITT: Good morning and yes, it is still morning but barely. I'm John Schlitt the director of the Pew Home Visiting Campaign and I want to thank Audrey and the bureau for allowing the campaign to share time at the podium with you today as you celebrate this incredible milestone. Happy 75th anniversary. I just want to say looking at you guys, you look great. Really, not a day over 50, seriously, a beautiful crowd. I haven't been around for all 75 years but I have been around for the last third of it, about 25 years here in Washington, D.C. focused on MCH issues and I've had a very steady and wonderful relationship with the bureau. It's on this occasion I want to acknowledge my MCH colleagues with whom I've been privileged to partner for many, many years, David, Trina, Audrey, Isidore, Stephanie and MONITA. Thank you all to your commitment to our nation's vulnerable women, children and yes, Trina, adolescents. There was a time we couldn't say adolescents in the Federal government, I kid you not. As an advocate they would say no, we can't use that word. We struck it from our language for a while but I think it's back in vogue I'm happy to say. I don't have any slides and I also realize it gives me more face time on the jumbotron. That's all good, too. Partnership is compelling to Pew. We believe that private and public sectors have a shared responsibility for meeting our most challenging social problems whether it's protecting public safety, educating our young children, taking care of their

health, a stable environment for business and ensuring a prosperous economic future. What can you expect with this partner with respect to home visiting we're dedicating our resources to advocacy through strategic partnerships in states and through various communication efforts we intend to provide a little heat and a lot of light on states to align policies more closely with those of the Federal Maternal and Child Health home visitation initiative because we think the emphasis on evidence and accountability actually makes for good public polls. We hope the states will take this open hood moment and reflect on their own investments in home visiting. New data coming out from Pew next week paints a picture of states that for the most part have made a very nominal investment in what is less policy and is more a loosely connected and poorly coordinated collection of programs. You get the difference? \$500 million the last year was directed explicit by states for home visiting. Some to nationally tested partners, some state-developed models and more than I care to say, to programs at the local level which there were no strings attached at all. Another \$500 million was earmarked by states to be available for home visiting. It's part of the Block Grant strategy in early childhood or child abuse and prevention. But the states couldn't tell us how much money was being spent on home visiting because they did not hold the locals accountable for how those dollars were being spent. Too many dollars, to our thinking, are going out without being tied to quality standards. To evidence-based programs or to demands for evaluations that demonstrate a program's effectiveness. Our campaign message nationally and to states and communities is four-pronged. Number one, ensure that publicly funded home visiting models have a proven record of effectiveness. Number two, obviously should follow, routinely evaluate those programs to make sure that they are meeting the promise that research says they ought to be. Number three, prioritize at-risk families with investing in home visiting programs. Number four, allocate sufficient funding to reach a critical mass of at-risk families. We found even under the best scenarios the state may be reaching 10% of low income at-risk vulnerable moms and families with a strategy we know to have powerful, powerful effect and extraordinary returns on investment of the public taxpayer dollars. As part of our partnership we've been talking with the Federal government about what we're learning from our state research so that they can understand what the experience of states looks like and be prepared for the kind of implementation issues that states will be facing in the near future. Pew is also dedicating its resources to nurturing non-traditional campaign partnership. We're talking about business leadership to talk about early childhood. Public policies and resources as one of the most compelling workforce development strategies. It doesn't start in K- 126789 it starts prematurely and before that. We're building -- law enforcement community, it's so critical and vital to reducing child abuse and the future prospects of criminality for our young children. I can't tell you the number of fantastic district attorney's and sheriffs who have gone to the governors and state legislators and said put our juvenile courts out of work. Invest in home visiting and early childhood. Very powerful message. I've been a child advocate for 25 years and people know what

to expect. They know what I'm going to say when I come to visit them. When a sheriff or a CEO of a business comes, they don't expect that message invest in early childhood. It's very powerful and effective. We're also trying to build support among funders like Pew can invest in research to help us button up our home visiting knowledge gaps and policy advocacy to pressure decision makers to prioritize what we know works and fix or disinvest in what does not. We're trying to work with child advocates to help them understand it's important that we demand smarter, more effective government investments, not just children funding without any expectation of accountability or results. Those days are gone. Our state policymakers will demand more from us and children's advocacy organizations should step up. Lastly we're dedicating our resources to research. We have funded \$1.5 million in 12 research projects across the country that will answer some very policy relevant questions about home visiting. We have a solid evidence base but there are still questions about this work we don't have answers to. So our knowledge point is help us provide answers around what are the effects and costs of a universal program? Laurel had talked about Minnesota trying that approach. What are the long term effects of early Head Start? What are the active ingredients of home visiting? Regardless of the model that you use, what is it about that relationship between moms and that visitor that has such powerful effects so that states who are interested in thinking about quality standards as opposed to quality programs can then give communities a broader array of program options than the small number of programs we know today to be tested and rigorous. What are the roles of dads in home visiting? What research-based strategies do we have at our disposal to help us recruit and retain hard to reach families? What assessment tools do we need to measure quality across all home visiting models? Next February we're convening a research summit and I put this out there because we would like to have every state represented at this home visiting research summit and we are committed to providing resources to all the leads at the state level who will be working on home visiting to come and be part of an exciting summit that will involve researchers, policymakers, state and Federal agency staff to talk about the state-of-the-art particularly around quality and quality improvement and what we know works about home visiting. We hope it will be a fantastic meeting. We're actually tying it to the AMCHP meeting. Two days following AMCHP in that second week of February. I commend the fine collaboration between Audrey and George between, MCHB and ACF on the home visiting initiative. We appreciate your openness from hearing to us advocates, the state and program leaders. The stakes are very high for states right now and Pew is betting on them to get it right but they will need our help. In closing, as we at Pew like to say to our public sector colleagues, we're very committed to being a partner as often as possible and a critic as often as necessary. Thank you very much. [Applause]