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Research Rationale for State Systems Development

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Background

In 1992, Prevent Child Abuse America (PCA America) launched the Healthy Families America (HFA) program, in partnership with Ronald McDonald House Charities, with the vision of supporting and educating new parents at the time of their baby's birth and in the months and years thereafter. With the addition of a five-year grant from the Freddie Mac Foundation, HFA has been able to leverage significant public and private funds to expand greatly the reach of this critical program.

HFA has grown into a national voluntary home visiting initiative with the following three goals: to promote positive parenting, to encourage child health and development, and to prevent child abuse and neglect. HFA programs offer home visiting and related supportive services to families in over 400 diverse communities in 39 states and the District of Columbia.

In an ideal world, all communities should have the opportunity to access HFA and other home visiting services. However, funding inadequacies and capacity issues limit the field to a constrained growth of this program. As practitioners work to bring HFA "to scale," the need for the organization and coordination of resources becomes critical, necessitating infrastructures to support this growth. As researchers in an article entitled the *Dissemination of Prevention Programs* concluded, "as we begin to look carefully and realistically at the widespread implementation of prevention activities, it is clear that an infrastructure is needed to foster connections among settings and relationships with the innovation developers or other centers of expertise" (Weissberg et al, 1997).

Through the development of infrastructures to support home visiting programs, a pattern has emerged that enhances states' abilities to serve families. Within the HFA community, these activities are being referred to as a "state system." A state system has been defined by HFA as "an infrastructure comprised of representatives from multiple disciplines who work collaboratively to support families through the provision of home visiting services." A state system facilitates the integration of components such as training, evaluation and quality assurance to help ensure that members of the system keep abreast of emerging issues as they relate to serving families and children.

The concept of a state system for home visiting can be traced back to 1976 when the Hawaii Healthy Start program created the Statewide Council on Child Abuse and Neglect, an entity involved in "collaborative advocacy" on all five islands of the state (Breakey and Pratt, 1991). After over a decade of enhancing their system, the Healthy Start Network emerged with impressive outcomes, inspiring the creation of the HFA program. By 1995, the three-year-old HFA initiative already understood that each state should "take responsibility for the well-being of all their children...by creating a permanent infrastructure that can support all children" (HFA, 1995). At that time, PCA America began devoting significant resources toward assisting states in the creation of planning teams or task forces that engaged state level administrators and policy makers in the growth of the HFA program. By 1997, an official goal of HFA was "to establish national and state capacity to build upon and expand existing service networks and provide expertise to local communities," leading to the formalization of the state systems function at the national level in 1998 (HFA, 1997).

This rationale has been developed to establish a research base that validates the importance of state systems. HFA's growing network of state systems, each in a different developmental stage, needs the authentication of research to move ahead in funding and advocacy pursuits.

Fields of Research That Apply to State Systems Development

The literature utilized in this rationale is generated from "diffusion of innovation" and "program replication" research. Diffusion of innovation research offers a way to explore questions of systems reform and the institutionalization of social service programs. A leading researcher in this area, Everett Rogers, defines diffusion as "the process by

which an innovation is communicated through certain channels over time among the members of a social system” (Rogers, 1983). This body of research is composed of four core elements: 1) *the innovation itself* (in this case, the implementation of a state system), 2) *the communication channels* (the outreach, activities and resources that lead to the creation and support of a state system- i.e. partnering with community and state leadership including the PCA America chapters network, the state leaders network and other collaborative entities, 3) *the time from exposure to adoption* (the process of developing a network, the period from forming a task force to applying for brand identity for a state system) and 4) *the social system* (evidence of political support that contributes to the formalization and sustainability of the state system).

Another field of research this rationale taps is “program replication” literature, specifically the work of Lisbeth Schorr, Charles Bruner and David Racine. In general, this work is concerned with how promising approaches to helping children and families can be successfully and appropriately replicated or brought “to scale.” In chapter two, of her seminal book, *Common Purpose*, Lisbeth Schorr details the challenges of bringing an innovative program to scale, while still maintaining model fidelity. The chapter also highlights case studies of successful program replication, of which HFA is one example. The above theories, and their application to the state systems work of HFA will be explored in detail below.

What is a “System”?

In his paper, “*The Infrastructure of Innovation: The Case of the National Diffusion Network*,” researcher James A. Taylor offers a definition of a system based on his work to improve public schools. According to Taylor, organizations that are part of a “system” behave in such a way that they “promote the well-being of the whole.”

Taylor argues that as an element of a system, organizations demonstrate the following:

- *purposeful behavior*- work that advances toward a particular goal;
- *patterned outcomes*- collective results that occur continuously for the system, while individual organizations accomplish their individual objectives;
- *role differentiation*- organizations that perform differently according to their specialization and distinct goal;

- *structure*- organizations provide structure to a system at the points at which they interact and produce results for the system. This structure can occur formally or informally.

In addition, Taylor argues that systems can be “closed” or “open.” A closed system would be one in which the individuals who plan the system control the behavior of those organizations in the system. An open system is one that “experiences evolutionary development.” An open system is fluid and adapts as it experiences the work and its environment (Taylor, 1982). Ultimately, the above elements overlap to create a system, which simply put, is a “patterned behavior that supports the attainment of a goal.”

Why are Systems for Home Visiting Necessary?

In May 2001, the Commonwealth Fund released a study entitled, “No Place Like Home: State Home Visiting Policies and Programs.” The purpose of the report was to analyze state-based home visiting programs to gauge the direction of their policies and programs.

Based on a survey response of 42 state programs including, HFA, the “Olds” Nurse Partnership model and other state-supported home visiting programs, the Commonwealth report delineated three central challenges experienced by states’ implementation of home visiting programs (Johnson, 2001):

1. *Managing multiple programs.*

In managing the implementation and growth of home visiting programs, states overwhelmingly struggle with coordination and collaboration. The report found that states’ most common approach to dealing with coordination was to create an entity, such as a working group, that serves as a management vehicle for the growing program.

2. *Dealing with complex requirements associated with various funding streams.*

Due to the wide variety of funding streams available to home visiting programs, from categorical government funds to private philanthropic grants, the organization of funding requirements is a massive task for home visiting

programs. Procedures for coordinating funding sources and requirements are essential to the effective stewardship of government and private monies.

3. *Promising- but not over-promising- results.*

In a social and political environment that places central importance on concrete outcomes for social service programs, home visiting programs struggle with how to evaluate the effectiveness of their services. Programs are increasingly pressured to find ways to create methods for data collection and analysis while struggling to maintain participant confidentiality.

The Commonwealth report detailed several recommendations that emerge from these challenges for home visiting program administrators (Johnson, 2001):

- Refine and narrow program objectives and outcomes measures;
- Promote quality of local home visiting efforts;
- Take explicit action to understand the flow of funds, blend funding where appropriate and maximize public resources;
- Minimize unnecessary duplication of effort;
- Establish mechanisms for interagency coordination;
- Provide leadership to support local programs;
- Request federal policy leadership for information sharing, standard setting, performance monitoring and evaluation within and among states;
- Establish a continuum of early childhood services that can address a wide range of family needs and achieve results in a cost-effective manner.

The above recommendations from the Commonwealth Fund report make the case for infrastructure-building and state systems development. Through a state system, home visitation services can be delivered in an efficient and effective manner that has been called for by research.

Program Replication and State Systems Development

The field of “program replication” research provides an important lens through which to view state systems development. In *Common Purpose*, Lisbeth Schorr discovered that growing programs “combine the replication of the essence of a successful intervention

with the adaptation of many of its components to a new setting.” Schorr argues the planners of a successful replication decide which components of the replication should be centralized and which should be individualized to local needs. This process is similar to the process of systems building within HFA and other home visiting programs. As the number and breadth of programs grow within a state, state leaders decide how various functions will be centralized and which will remain the function of individual communities.

Through her analysis of various case studies, Schorr details the following “elements of successful replications”:

- Have the continuous backing of an intermediary organization offering expertise, outside support, legitimation and clout to help sustain the scaled-up intervention;
- Recognize the importance of the systems and institutional context (are aware of how institutional environment can influence practice);
- Recognize the importance of the people context (that the individuals working on the replication are invested in the program);
- Use an outcomes orientation to judge success;
- Take on, directly and strategically, the obstacles to large-scale change.

Successful state systems take the above into account by operating through a work group or independent institution (the intermediary organization), understanding the political and social context within which the state system is being formed, evaluating success and strategically planning their growth and direction.

The work of Bruner, et al, reinforces Schorr’s findings in her program replication research and moves the discussion toward systems reform issues. Bruner found four themes in systems reform efforts that have relevance for state systems development:

- *Community-based*: Community level decision-making has required novel governance, management, and relationships between state and local entities;
- *Holistic*: Systems are expected to deliver a seamless approach to families. Such a system mandates a new level of collaboration and communication;
- *Results-Accountable*: In the movement towards outcomes, a systematic manner of collecting concrete results is critical;

- *Participatory*: In a move to make a system more inclusive, broad-based strategies must be developed to engage a wide variety of consumers and constituents.

Taken together, the work of Schorr and Bruner helps build the case for state systems development by emphasizing the importance of an entity that understands and addresses the socio-political environment when bringing together a variety of innovators toward creating a system of services for children and families.

In their paper, *Resolving Paradoxes in the Expansion and Replication of Early Childhood Care and Education Programs*, Yoshikawa, et al, warn that replication not be seen simply as the addition of programs. They state “expansion and replication differ from simple aggregation (adding new sites) in that they involve higher levels of organization than program-level interaction” (Yoshikawa, et al, 2001). They cite the example of Head Start, where the “replicating agency” itself contains many organizational levels including a training and technical assistance system and regional offices to support the growth of the program. The authors argue that replication must take into consideration both “horizontal relationships (e.g., interactions and support among programs), [and] vertical relationships (e.g., interaction between the replicating agency and individual program sites).” Within the vertical relationship, the intermediary organization has responsibilities to the sites, such as performance standards to monitor quality, tailored technical assistance and other functions.

Furthermore, Yoshikawa, et al, argue “certain forms of replication may not be adequate in the larger task of systems building.” Program replication will not automatically lead to systemic change without higher levels of influence, such as policy change at the state or federal level. Therefore, the authors “encourage a simultaneous focus on expansion and replication of successful programs, and advocacy with the goal of building universal, accessible systems of...care” (2001).

Outcomes of a Systems Approach

In a recent article in the journal *Pediatrics*, researchers highlight the benefits of a “system-level approach” to coordinating health care services for low-income mothers and infants in Durham, North Carolina (Margolis et al, 2001). The *Linkages for*

Prevention project assessed the impact of health care coordination at the community-, practice-, and family-levels. The maternal and child health outcomes for those enrolled in an “intensive home visiting program” were selected as the study population for this project. Over a three-year time frame, the researchers found positive effects at all three levels of intervention. Better coordination of services led to:

- Policy-level changes that produced sustainable organizational and financial stability;
- The engagement of multiple organizations toward a common goal;
- Reduced duplication of services;
- Changes in the process of preventive services delivery in health care organizations;
- Better health outcomes for mothers and children comparable to the outcomes of previous randomized trials of home visiting services.

The researchers conclude that “system-level interventions hold promise to improve the effectiveness and outcomes of care for children” (Margolis, et al, 2001). The Durham project demonstrates that a system-level approach builds capacity by coordinating existing resources, removes the burdens on single program sites and ultimately leads to better outcomes for children.

Conclusion

This rationale has clarified the definitions of systems, the need for systems in the field of home visiting, the criteria for solid and effective program replication and state systems and the outcomes and benefits of systems of care for children and families. We hope this rationale will be a useful research base to explain and justify the importance of state systems for HFA and other home visiting programs. This rationale should also reaffirm and validate what HFA has been doing for the last decade, laying the foundation for a sustained effort and permanent infrastructure to deliver this critical program.

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