



## HEALTHY FAMILIES AMERICA: 2003 Annual Profile of Program Sites

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### HIGHLIGHTS

Launched in 1992, HFA has been providing home visiting services to many new parents striving to better care for their children. The 2003 annual HFA Site Profile Survey obtained information from 278 (65%) of 430 HFA sites in the U.S. With only one new site implemented in 2003, HFA appears to have reached a period of maintenance, compared to the rapid growth of the 1990's.

**Budgets** Nationwide, HFA programs reported a total of \$232 million, with an average site budget of \$540,000, up an average of \$12,000 per site from 2002 funding levels.

**Families Served** The majority of HFA families are first-time parents (73%), TANF-eligible (73%), and single (69%). Over one-third An estimated 47,500 families were currently enrolled in HFA programs when the 2003 survey was conducted, an average of 110 families enrolled per program. The number of families who enrolled in HFA prenatally is significantly higher than the 2001 survey (43% vs. 36%). Based on 2003 data, programs retain approximately 65% of families for at least six months, 48% for at least 12 months, and 28% for at least 24 months.

**Staff** The number of home visitors per program remained the same as in 2001, averaging seven full-time-equivalent home visitors per site. Over one-third (37%) of home visitors have a bachelors or graduate degree, and an additional 39% have some college education. On average, HFA home visitors possess four years of home visiting experience and three years tenure with their HFA program. The majority of supervisors (90%) are college graduates or have graduate degrees, while 10% have some college education or less. On average, supervisors have approximately eight years of home visiting experience and an average of four years tenure with their HFA program.

**Partnerships** In 2003, program managers reported nearly 4,500 local partnerships with community agencies to meet a variety of family needs, averaging 17 partnerships per site. The percentage of sites working closely with agencies in the areas of mental health, domestic violence, and substance abuse increased since the 2001 survey.

**Technical Assistance** The 2003 survey shows that sites access their state system or regional centers far more than the national office for training and technical assistance. The most frequent type of technical assistance received was HFA (core) training for staff (84%), followed by Quality Assurance/Credentialing (74%).

The full report on the 2003 survey is available at [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org).



## **HEALTHY FAMILIES AMERICA: 2003 Annual Profile of Program Sites December, 2004**

### **OVERVIEW**

Healthy Families America (HFA), a home visiting program, offers voluntary home visiting services to new parents so that they have the support they need to better care for their children. This effort was undertaken by Prevent Child Abuse America in 1992 with funding from the Ronald McDonald House Charities. Many new parents, often inexperienced, young, single and struggling, receive the support and resources that they need to overcome life's challenges through HFA.

HFA's overarching goals are to promote positive parenting, enhance child health and development, and to prevent child abuse and neglect before it starts. Current program evaluations have produced positive outcomes in reducing child maltreatment, ensuring healthy child development and positive parenting building a foundation for school readiness, and promoting family self-sufficiency. Furthermore, HFA strives to develop and sustain a system of community support, and link new parents to additional community resources.

Since the initiative, HFA showed a rapid growth in the late 1990's. State systems have been put in place to provide the infrastructure that is needed to sustain HFA programs. In addition, HFA Regional Resource Centers (RRCs) have been implemented in the Midwest and Western regions. The RRCs pool the strengths of several state systems to enhance program services through technical assistance and training to HFA sites.

- Since 1998, the National Center on Child Abuse Prevention Research at Prevent Child Abuse America has monitored the characteristics of affiliated HFA programs. The annual site profile is required of all HFA programs for quality assurance purposes. This report is the fifth in this series. The 2003 Survey collected information on the following areas: Program Characteristics: Host Agency, Accreditation Information, Community Type, Family Characteristics, Staff Characteristics, and Program Budget Information;
- Program Services: Program Capacity/Enrollment, and Family Retention;
- Program Partnerships: Collaborating Agencies, Technical Assistance, and Program Needs.

### **SURVEY METHOD AND SAMPLE**

The annual survey is a collaborative effort of the National Center on Child Abuse Prevention Research and the Quality Assurance/Credentialing Division of Prevent Child Abuse America. The 2003 survey was distributed to all 430 affiliated HFA sites in May 2003. A breakdown of the number of sites and response rate for 2003 is shown in the Appendix. In an attempt to increase the response rate, the survey deadline was extended to the end of July 2003. Multiple requests and reminders were sent via email and telephone to sites as well as state leaders to increase the response rate.

Despite these efforts, the survey was completed by 278 (65% response rate) programs, a 10% decrease compared to the 2001 survey. This decrease may be due to the many challenges that program managers are experiencing such as budget cuts, staff cuts and/or staff turn-over, which

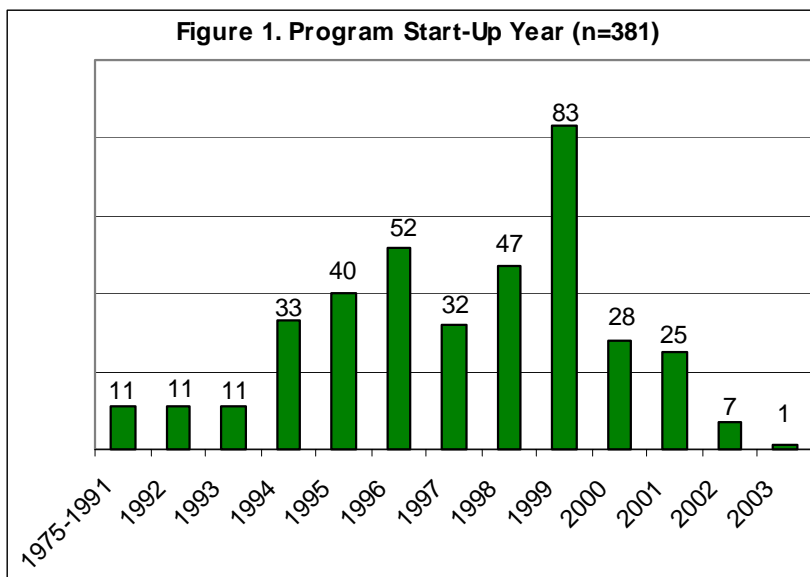
may translate to more responsibilities and less time to tend to this type of request. Of the responding sites, 82% (228 sites) responded to both the 2001 and 2003 survey. Data from previous years provide an opportunity to monitor program growth and/or program changes.

Confidentiality of all data is assured by assigning identification numbers to HFA programs and presenting all survey results in aggregate form. General program information about a site may occasionally be shared within the HFA network when considered appropriate, such as linking sites serving special populations. For this purpose, program directors were asked to sign a consent statement if they agreed to share their site's information within the HFA network. The majority of program managers/directors (85%) gave consent to share their information in this way. For more information about how the survey is used, please contact Prevent Child Abuse America.

## PROGRAM CHARACTERISTICS

### Program Tenure and Growth.

**HFA growth** has slowed down in recent years. Seven new HFA programs began serving families in 2002 and one in 2003, as shown in Figure 1. The most rapid HFA growth occurred between 1994 and 1999. This means that the majority of HFA programs (62%) are more than five years old.



### Program Funding.

Program managers that completed the survey reported budget information totaling \$144 million dollars in 2003.

Extrapolating this number to all 430 affiliated sites, the annual budgets of HFA programs total \$232 million, a decrease of 4% (\$-9.6 million) compared to 2001. Budget cuts of 10% or more were reported by 38 sites (14% of responding sites), while increases of 10% or more over 2002 funding levels were reported by 55 sites (20%). The average site budget for 2003 was \$540,000, up an average of \$12,000 per site compared to 2002.

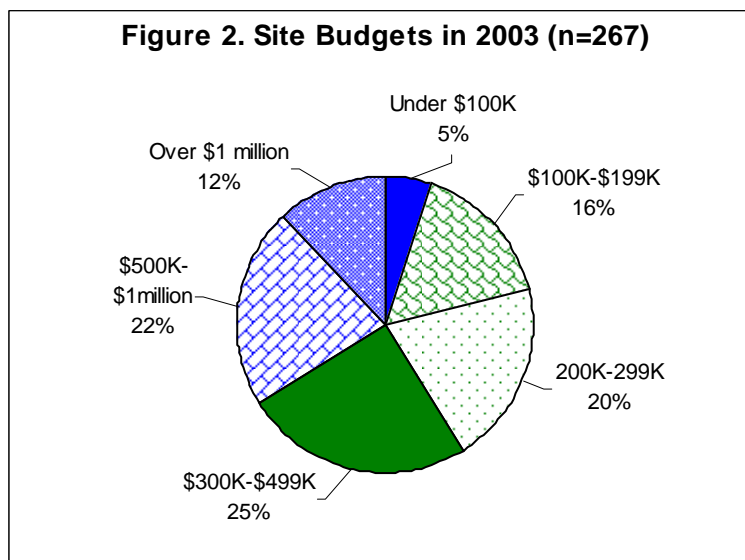


Figure 2 shows the distribution of site budgets for fiscal year 2003, which is similar to that seen in the previous survey.

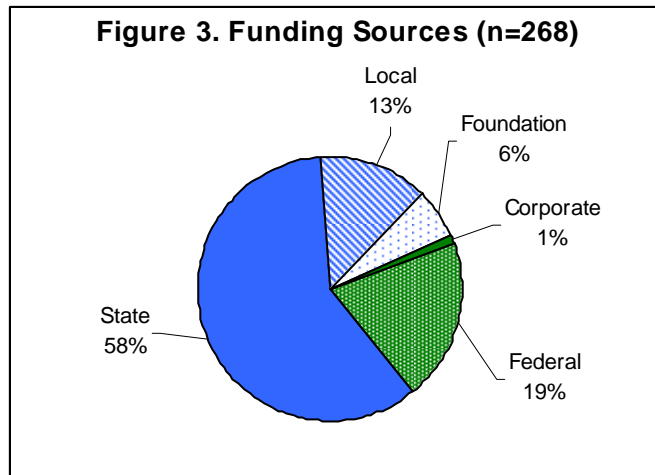
HFA programs receive funding from a variety of sources. Having multiple funding sources may increase a program's stability, particularly with the economic changes that our country has been experiencing in the last few years. Nationwide, HFA sites received funding from over 1,000 different sources in 2003. Over half of all sites reported having three or more funding sources, while only 16% of HFA sites relied on a single funding source.

As depicted in Figure 3, the largest percentage of site budgets comes

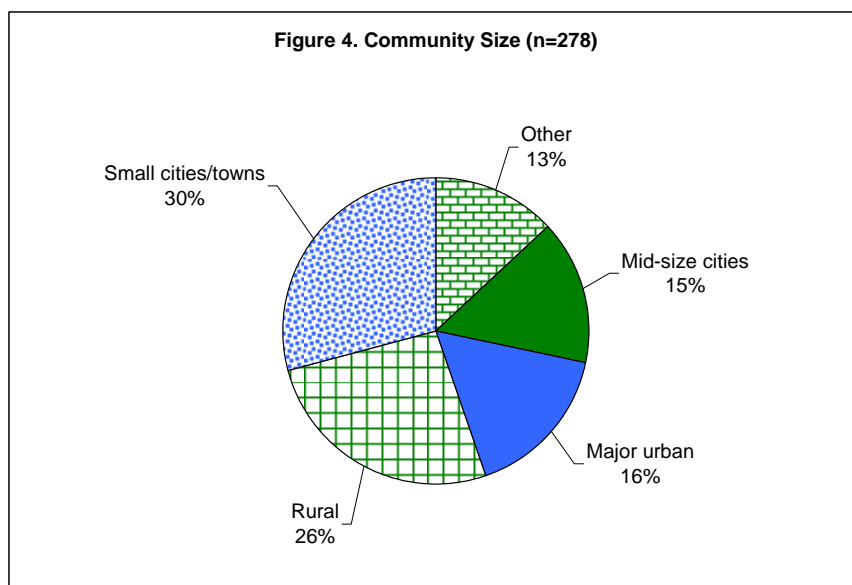
from state funding (58%). This is followed by federal and local funding at 19% and 13%, respectively. Foundation support comprised about 6% of budgets while corporate funders account for 1%.

**PROGRAM ACCREDITATION.** To ensure the quality of HFA, many agencies housing HFA programs are accredited through a variety of nationally-recognized organizations, such as the Council on Accreditation for Services to Families and Children (COA), the Committee on Accreditation for Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Health Care Organizations (JCAHO), and the National Association for the Education of Young Children (NAEYC).

Programs indicated that 42% of HFA host agencies are accredited by a nationally recognized organization, comparable to the 2000 and 2001 surveys. COA and JCAHO were most often listed as the type of accreditation. Six percent of HFA host agencies are accredited by state entities. Approximately 29% reported that their host agency is not currently accredited, and 9% were uncertain of their agency's accreditation status. The remaining sites did not provide this information (13%).



The accreditation process assures that HFA sites are implementing the critical elements of HFA and that sites provide quality services. In 2003, 125 HFA sites completed the HFA credentialing process. The majority (77%) of sites credentialed in 2003 are part of multi-site systems in Florida (39 sites) and Indiana (56 sites). For the first time since the inception of the HFA credentialing process, many sites are coming up for renewal of their credential. Additionally, 54 HFA sites will be going through the credentialing process in 2004. Over half of these sites (31) have been credentialed previously.



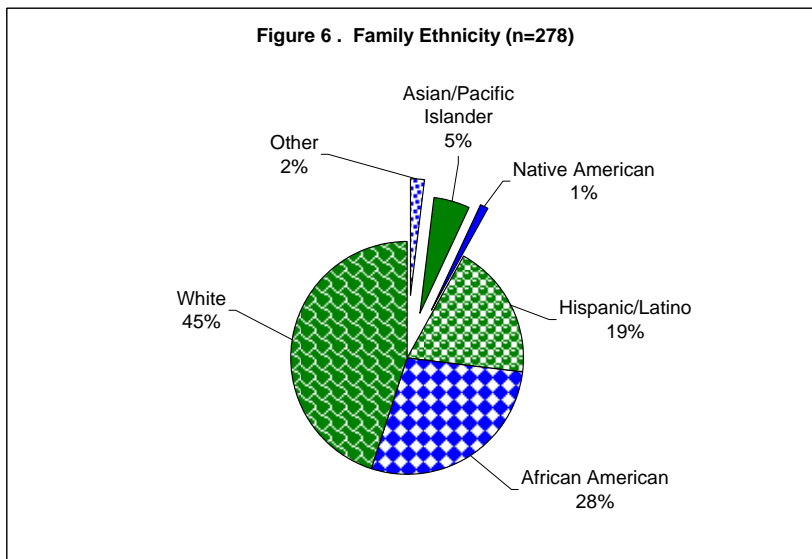
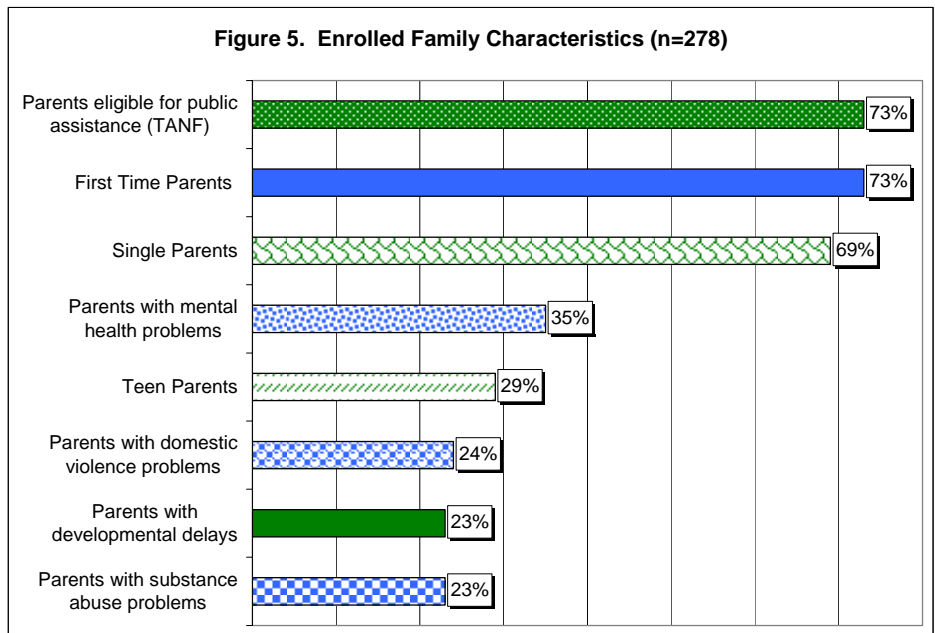
## TARGET COMMUNITIES

**Scope of Target Community.** HFA sites work in all types of communities, serving urban, suburban, and rural locations or a combination of these communities. Figure 4 indicates that the majority of HFA participants live in smaller cities or towns (30%) or rural areas (26%). Relatively few (16%) live in major urban areas (total area population greater than 500,000). This distribution is similar to previous surveys.

## FAMILIES SERVED

### Family Characteristics.

HFA programs offer home visitation services to overburdened parents who are experiencing challenges meeting the needs of their family. Due to the flexible nature of HFA, each program defines its target population based on the needs of its community. Figure 5 indicates the percentage of families with specific characteristics. The majority of families are receiving or eligible for TANF (73%), are first time parents (73%) and are

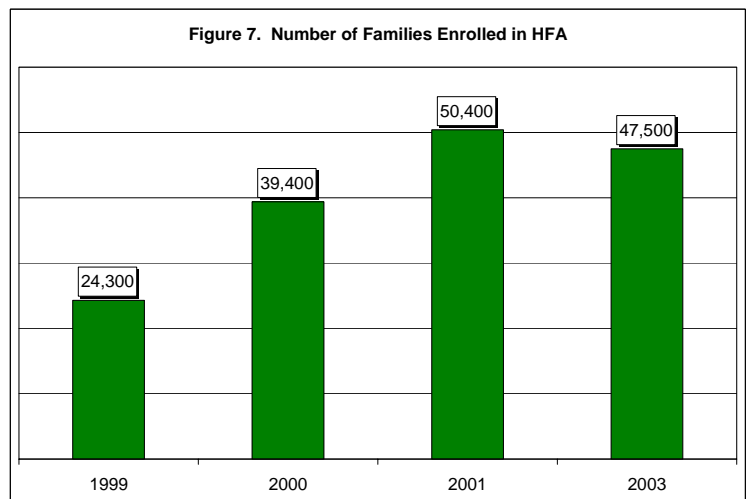


single parents (69%). A substantial number of families are experiencing problems with mental health (35%), domestic violence (24%), and/or substance abuse (23%). Over one-quarter are teens (29%).

**Family Ethnicity.** Based on program estimates, Figure 6 shows that nearly half (45%) of families enrolled in HFA home visiting services are White, 28% are African American and 19% are Latino. Families of Native American, Asian/Pacific Islander, and other origins make up 8% of HFA participants.

**Number of Families Served.** Figure 7 shows the total current enrollment of families in HFA at the time each survey was conducted. Compared to the 2001 survey results, family enrollment has decreased by 6%, due to the loss of sites.

Table 1 provides greater detail on the number of families receiving HFA services, as reported by HFA programs on the past three surveys. Table 1 first presents the number of families assessed during each survey year. The HFA assessment process provides a



supportive listener at a stressful time in a family's life and links them to appropriate resources within their community. The number of families assessed (71,000) is a slight decrease from 2001, with an average of 165 families assessed per site in 2003, versus 175 per site in 2001.

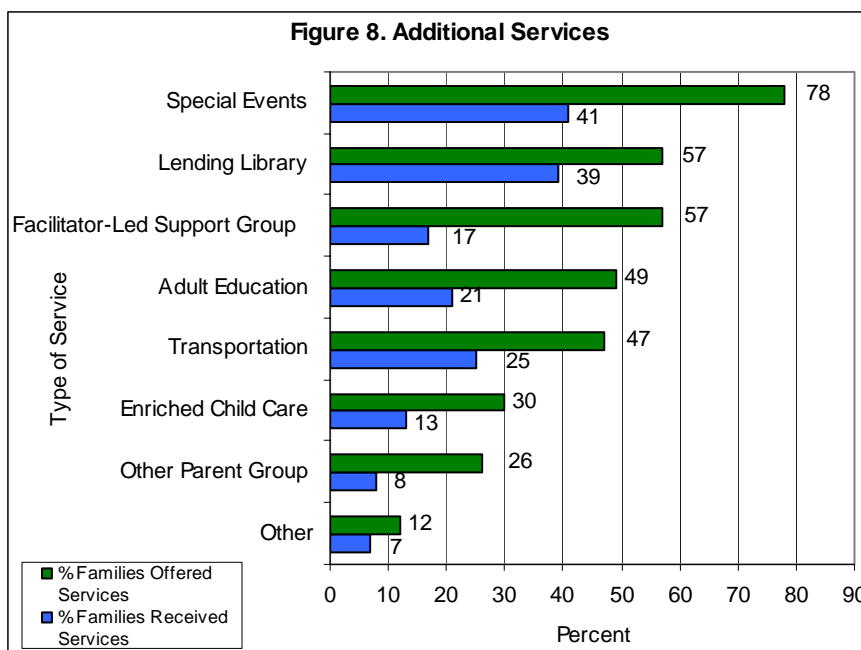
Table 1 also presents the total number of families receiving HFA home visitation services at the time of each survey, and the percentage of those families that enrolled prenatally. In 2003, we estimate that about 47,500 families were enrolled in HFA programs nationwide, which translates to an average of 110 families enrolled per program and no change in families per program since 2001. Enrolling families before the birth of a child offers an opportunity to provide support while the expectant parents prepare for the new baby. The percent of families who enroll in HFA prenatally is significantly higher than previous years (43%).

Although not shown in Table 1, there was wide variation in programs' caseload capacity currently filled. On average, programs reported being at 88% of capacity, with a median score of 90%, indicating that half of all programs are at 90% or higher capacity.

	2000		2001		2003	
	Sample	National Estimates	Sample	National Estimates	Sample	National Estimates
Families Assessed in Past Year	57,122	66,536	56,394	79,615	45,289	71,074
Families Currently Enrolled in HFA	33,807	39,379	35,709	50,413	30,240	47,500
Families Enrolled Prenatally	37%		36%		43%	
Number of HFA Programs	358	417	323	456	274	430

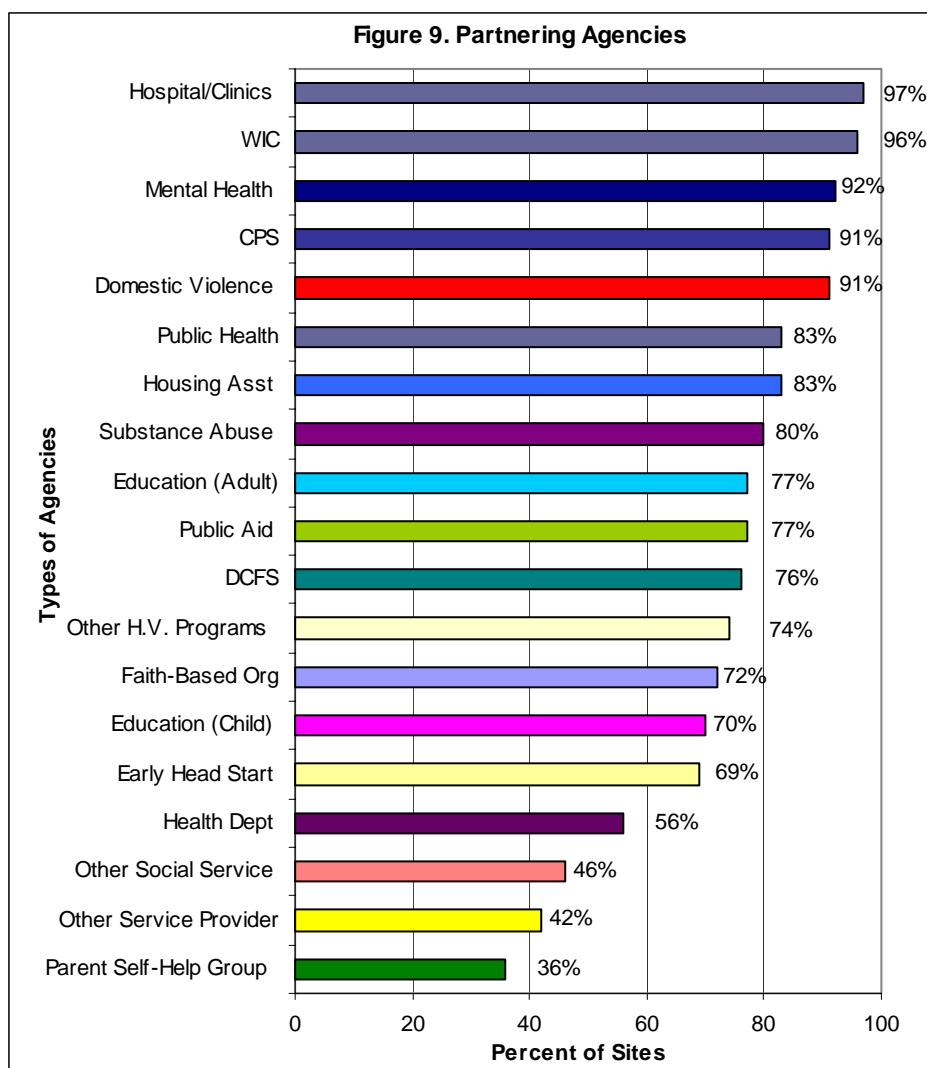
**Retention of Families.** Keeping families engaged in home visiting services can be a challenge. On the 2003 survey, 85% of HFA programs provided retention information for families who first enrolled in 2000, representing over 15,000 families. Programs retained approximately 66% of families for at least six months, 45% for at least 12 months, and 28% for at least 24 months. These figures are comparable to the HFA implementation study completed in 2004,

**Additional Services.** Families in HFA receive other services in addition to home visits, such as special events (41%), access to a library of parenting materials and books (39%), parent support groups (17%), and adult education services (21%). Figure 8 illustrates some additional services that programs offer, the percentage of families offered services and the percentage of families that utilized these services. In 2003, 65% of programs offered one or more of these services through a partnering agency. These supplemental services demonstrate the importance of collaborating and partnering with other community agencies.



## PROGRAM PARTNERSHIPS

HFA programs partner with a variety of community agencies to better meet the needs of families. In the 2003 survey, program managers reported collaborations with nearly 4,500 community agencies. On average, HFA programs partner with 17 local agencies per site, a slight increase compared to the 2001 data.



As shown in Figure 9, nearly all HFA programs report at least one collaboration with a hospital or medical clinic (97%), closely followed by WIC (96%). Programs' efforts to address major factors in child abuse and neglect can be seen in the substantial increases in the percent of sites partnering with agencies concerned with mental health (92% up from 80%), domestic violence (91% up from 79%) and substance abuse (80% up from 67%) .

In addition, HFA programs partner with various home visiting programs in their communities to coordinate and avoid duplication of services. Ninety-one percent of HFA programs indicated partnering with Early Head Start or another

home visiting program such as Parents as Teachers, Even Start, or a nurse home visiting program.

## SERVICE PROVIDER CHARACTERISTICS

**Program Managers' Tenure.** Changes in leadership can be challenging for program and impact families as well. A new survey question in 2003 asked program managers when they began serving in their role with the program. Two-thirds of programs (65%) have had at least one change in the program manager since the program first opened its doors. Considering only programs that began in 2000 or earlier, 74% of managers have served in their role for three years or more, while one out of four managers (26%) have served for less than three years.

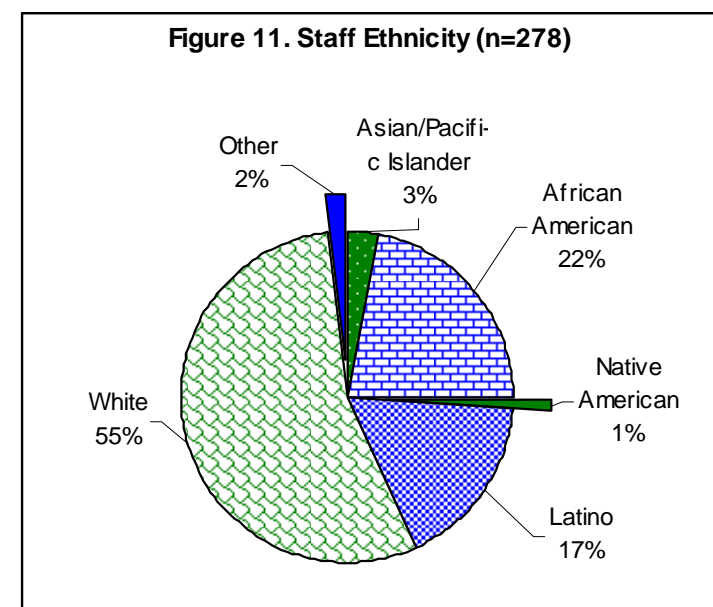
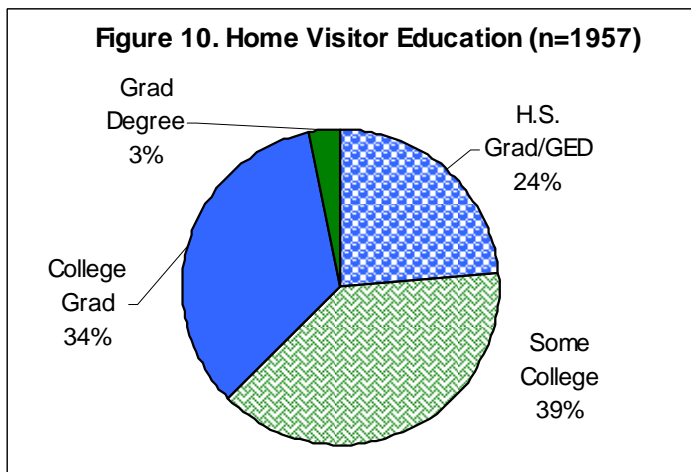
**Supervisors Qualifications.** Based on the 2003 survey, HFA sites employ an average of two full-time supervisors per site. The 2003 survey obtained information on 607 HFA supervisors' educational level, years of experience, and tenure with the program. The vast majority of HFA supervisors have graduate degrees (40%) or are college graduates (50%), 9% have an Associates degree, and 1% have no degree beyond a high school diploma. On average, supervisors have

approximately eight years of home visiting experience and four years tenure with their HFA program.

**Family Assessment Worker Qualifications.** In 2003, HFA programs employed an average of two full-time FAWs per site. Based on 426 FAWs represented in the 2003 survey, 10% have a graduate degree, 48% have a bachelors degree, 34% have an Associate's degree, and 8% had no degree beyond a high school diploma. On average, FAWs have approximately five years of home visiting experience and three year's tenure with their HFA program.

**Home Visitor Qualifications.** Nearly 2000 home visitors, or Family Support Workers (FSWs) are represented in the 2003 survey. The average number of home visitors per site (seven full-time equivalent) remained the same as in 2001.

Figure 10 shows that 3% of home visitors have graduate degrees, 34% are college graduates, and an additional 39% have some college education. High school graduates with no college experience make up 24%. Among sites that responded to the survey in both 2001 and 2003 (228 sites), FSW educational level increased slightly from 14.0 years in 2001 to 14.35 in 2003, a statistically significant increase. In addition to formal education, experience in home visiting is important to the effectiveness of home visitors. On average, HFA home visitors possess four years of experience in home visiting and three years tenure with their HFA program.

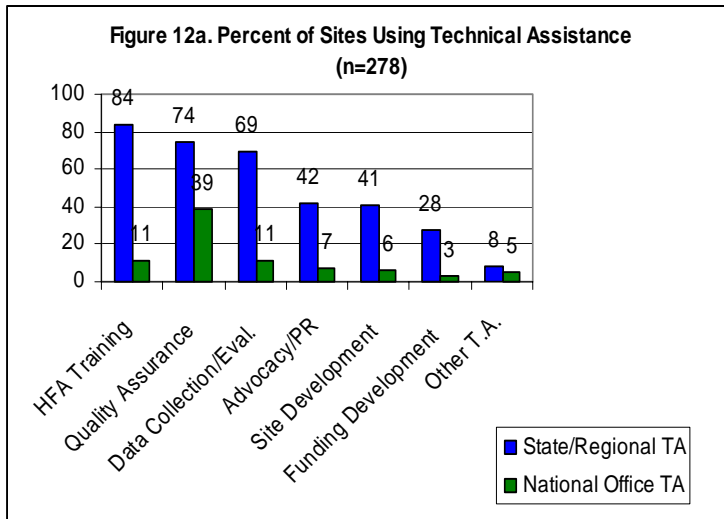


**Program Staff Ethnicity.** HFA programs work to ensure that staff ethnicity parallels that of enrolled families. Based on program estimates, Figure 11 shows that about 55% of staff in HFA are White, 22% are African American, 17% are Latino, 3% are Asian/Pacific Islander, 1% are Native American and 2% of program staff are of other ethnic/racial origins. This distribution is fairly similar to that of family ethnicity, shown on page 5.

**STATE, REGIONAL & NATIONAL TECHNICAL ASSISTANCE.**

HFA sites receive technical assistance (TA) on numerous topics from a variety of sources. The HFA national office, housed at Prevent Child Abuse America, provides

TA in all areas. However, the rapid growth of HFA made it necessary to create additional resources for sites early in the initiative. Many states have put systems in place to provide this type of ongoing support to sites. With the recent implementation of two HFA Regional Resource Centers (RRCs) in the Midwest and Western regions, sites in 28 states now have an additional resource for technical assistance.

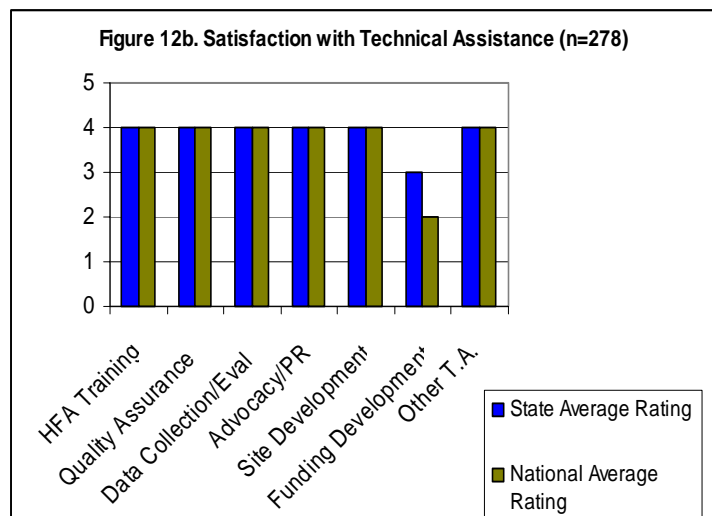


Designed to streamline activities, the purpose of state systems has been to maximize efficiency and ensure that consistent and high quality services are being provided to HFA programs across the country. Survey results indicate that the implementation of state systems has been highly successful. Sites report using their state system or RRC for technical support at much higher rates than the national office, suggesting that capacity building efforts over the past decade have been successful. Even among sites that used national TA, the majority also accessed TA in the same area from their state or RRC. This suggests that states and Regional

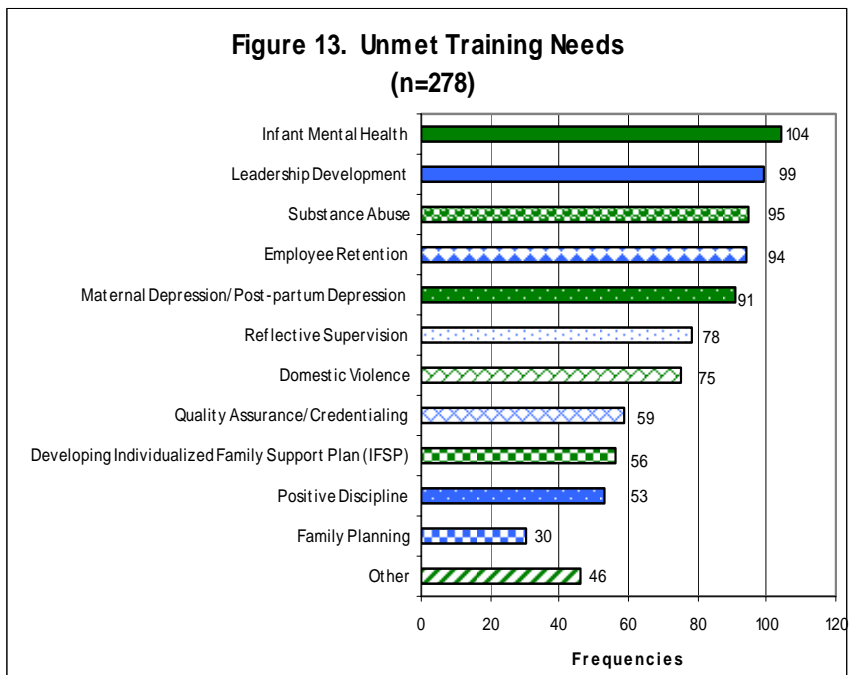
Resource Centers serve as the primary provider of technical assistance to sites, with the national office acting primarily as a back-up source of TA, with the possible exception of quality assurance, discussed below.

In the 2003 survey, program managers were asked to approximate the number of times in the past year that they have accessed technical assistance through either their state system or RRC and the national office and to rate how well these resources met their needs based on a five point scale. Shown in Figure 12a, the most frequent type of technical assistance used was HFA training for staff. Eighty-four percent of the sites that responded requested this type of support from their state system or RRC. Only 11% of sites utilized the national office for HFA training. The next most frequently used type of support from state systems or RRCs was quality assurance (74% of sites utilized state or regional sources, and 39% of sites used the national office). The relatively high utilization of quality assurance TA from the national office, compared to other national TA, suggests that the national office is still an important resource in this area. Even so, the vast majority of sites (89%) using national TA for quality assurance also accessed TA from their state system or RRC.

Figure 12b indicates how well the services provided met site needs (using a five-point scale with five indicating that the TA met all of a site's needs). Results suggest that sites are quite satisfied with the support they are receiving from all sources. The lowest satisfaction score fell in the area of funding (averaging a score of about two for national and three for state/regional) which may be more reflective of the economy and scarcity of adequate resources than the support provided.



**Training Needs.** As a requirement, service providers receive ongoing training to ensure high quality services. Program managers were asked to list their unmet training needs for their program. As shown in Figure 13, the most common unmet training needs are in the area of Infant Mental Health (104 sites) and Leadership Development (99 sites), followed by Substance Abuse (95 sites), Employee Retention (94 sites) and Maternal Depression/Post-partum Depression (91 sites). Unmet Training needs listed as “Other” (46 sites) included working with Developmentally Delayed Parents, dealing with Cultural Diversity issues, Child development, Creative Outreach, Family Retention, and Engaging Fathers in services.



## CONCLUSIONS

Healthy Families America (HFA) appears to have reached a stable point in program growth, both in terms of new site development and funding for existing sites. Most sites maintained funding levels in 2003 comparable to 2002 levels. Similarly, the average number of families currently enrolled in HFA programs remained steady at 110 families per site. The slow-down in growth may be attributed to current economic conditions.

An estimated 1,000 different sources funded HFA programs across the country in 2003, with half of HFA programs reporting three or more funding sources. Having multiple funding sources may contribute to program stability during difficult times. Consistent with previous surveys, the largest percentage of site budgets comes from state funding, followed by federal and local sources.

The 2003 survey provided the first national examination of risk characteristics in HFA families, indicating that the majority are first-time parents, TANF-eligible, and unmarried. Program managers estimated that, on average, about one-third of HFA families experience mental health issues, and about one-quarter experience domestic violence and/or substance abuse problems. These issues may often require long-term services, however, family retention as measured by the 2003 survey was only 45% at 12 months, comparable to results of the HFA implementation study completed in 2004, which found 51% of families retained at 12 months. Community partnerships are also important in addressing family needs, and the 2003 survey showed considerable increases in the percentage of programs partnering with agencies in the areas of mental health (92%), domestic violence (91%), and substance abuse (80%).

Finally, the 2003 survey offered a glimpse of the newly created HFA Regional Resource Centers (RRCs) in the Midwest and Western regions. Survey results indicate that sites are using state or regional sources far more than the national office for technical assistance (TA) in nearly all areas. One exception to this pattern is TA on quality assurance/credentialing. While the majority of sites (74%) access TA in this area from state or regional sources, a substantial number of sites (39%) also report using national support on quality assurance/credentialing.

**Appendix: Response Rate by State**

State	Number of Affiliated HFA Sites in State					Response Rate in 2003
	1998	1999	2000	2001	2003	
Alabama	2	2	2	2	2	100%
Alaska	8	8	6	5	5	80%
Arizona	14	13	13	14	14	100%
Arkansas	0	1	1	1	1	0%
California	4	5	2	2	2	100%
Colorado	1	1	0	0	0	N/A
Connecticut	6	7	10	11	8	25%
District of Columbia	1	1	1	1	1	100%
Florida	5	9	36	40	39	95%
Georgia	12	13	14	15	14	79%
Hawaii	9	9	9	10	9	33%
Idaho	3	3	4	0	0	N/A
Illinois	14	16	21	34	36	36%
Indiana	44	46	57	56	56	96%
Iowa	6	15	13	14	14	100%
Kansas	5	4	4	5	5	60%
Kentucky	2	2	4	4	4	50%
Louisiana	3	3	2	2	2	50%
Maine	5	8	11	10	9	89%
Maryland	2	3	14	16	15	87%
Massachusetts	2	5	34	33	33	0%
Michigan	9	9	9	10	10	60%
Minnesota	3	5	4	3	3	0%
Missouri	3	3	2	2	1	100%
Nevada	1	1	1	0	0	N/A
New Jersey	15	15	16	17	18	72%
New Mexico	1	1	1	1	1	100%
New York	12	12	12	28	28	75%
North Carolina	4	8	10	11	9	44%
North Dakota	0	0	1	1	1	100%
Ohio	1	3	9	9	9	22%
Oklahoma	12	15	13	7	7	14%
Oregon	16	16	15	15	15	20%
Pennsylvania	2	1	7	6	4	75%
South Carolina				6	5	20%
Tennessee	8	9	6	5	4	50%
Texas	8	9	13	16	6	100%
Vermont	1	1	1	1	0	0%
Virginia	16	18	29	33	33	73%
Washington	1	2	0	0	0	N/A
West Virginia	1	1	1	2	2	100%
Wisconsin	8	8	9	8	5	40%
Total Sites	270	311	417	456	430	65%