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April is Child Abuse Prevention Month!

Prevention 2005: Community Resource Packets Now Available

Community resource packets for National Child Abuse Prevention Month in April are now available for ordering from the National Clearinghouse on Child Abuse and Neglect Information. The website and packet feature fact sheets and a poster in both English and Spanish that emphasize the theme of shared responsibility for preventing abuse and neglect and protecting children's safety and well-being. Packets can be ordered from the website or, for orders of more than one, by calling (800) 394-3366 or (703) 385-7565

http://nccanch.acf.hhs.gov/topics/prevention/prev_packet_2005.cfm

A piece developed by the Marketing and Communications Team at PCA America is available regarding Child Abuse Prevention Month media opportunities. Based on our recent reframing research, the piece includes some general guidelines for talking about child abuse and neglect; sample language for describing April as Child Abuse Prevention Month; sample interview answers to common questions; general media tips and examples of how to link community programs to child abuse prevention for the public. We will be building on this and updating it for eventual inclusion in the upcoming communication toolkit in the fall, so any feedback is greatly appreciated. For a copy of the piece, contact Julie Rowe, jrowe@preventchildabuse.org or 312.334.6841.

Are you with the band?

PCA America is very proud to announce the launch of its national child abuse prevention blue wrist band campaign. To kick-off the campaign, an ad featuring seven-time NBA All-Star Grant Hill, and his wife and four-time Grammy nominee Tamia, will appear in the April issue of American Baby magazine. As the campaign grows, this ad, and others like it as more celebrities "get with the band," will run in additional places. Through the sale of these wrist bands (sold for \$1.00), PCA America has set out to generate greater awareness of, and funding for, its leading child abuse prevention programs and services. To get with the band and support these efforts, you can visit our website www.preventchildabuse.org and click on the wrist band ad, or call 1-800-688-1275 ext. 2.

Through the very generous support of our partners that made this campaign possible - Foresters, Kappa Delta, Sigma Delta Tau, American Baby, Edelman and Penn Traffic - the campaign is

already off to a remarkable start, having sold 130,000 pieces to date! We hope you will get with the band and help us keep this momentum going throughout the year!

Q&A Corner: Cultural Competency in HFA Programs

How Can We Achieve Cultural Sensitivity in Healthy Families America?

Healthy Families America is unique in its approach to cultural sensitivity, even recognizing it as one of the twelve Critical Elements of the program model. Critical Element #5 reads: ***Services should be culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.*** With an active presence in over 400 communities nationwide, acknowledging the importance of cultural sensitivity is crucial: Healthy Families America sites come into contact with almost as many different kinds of people as there are residing in the United States. By striving to be culturally sensitive, programs are better able to understand and address communication barriers that can lead to frustration among the program, direct service staff, and families.

Critical Element #5 reinforces the importance of assessing program progress toward providing culturally sensitive services. Ultimately, it requires a program to continually modify or tailor its system of service delivery to the cultural characteristics in its service population. Doing so includes examining personnel/staff selection, training and development, assessment, service planning and implementation, and program evaluation. Essentially, this ongoing process encourages a program to become self-aware and to integrate culturally sensitive practices based on the unique characteristics of families.

Since cultures vary from program to program and state to state, measuring cultural sensitivity is a challenge. To address this, Healthy Families America has created *Cultural Sensitivity, A Process of Self Awareness and Integration*, a workbook to support programs with implementation of the standards. The workbook provides in depth definitions of cultural competence and sensitivity and concrete examples of implementing the standards in terms of cultural sensitivity.

Programs vary in how they implement the standards related to cultural sensitivity. Typically programs are narrow in the scope of what they consider cultural characteristics of the service population. In many cases programs focus on race/ethnicity, age and language. While these are all very important characteristics, it can limit a program's ability to be responsive to many other cultural characteristics. Programs and state systems are encouraged to think about culture in a broader context. Some areas to consider are: family composition (i.e., single parents, teens living with their parents, grandparents parenting, etc.), income/employment, education, geographical characteristics (migrant workers, seasonal workers, location of families and barriers to services available, etc.), lifestyle characteristics (i.e., same sex relationships, families using drugs/alcohol, domestically violent relationships, etc.), and special needs (children, parents, etc.). Programs are encouraged to identify characteristics that are unique to the families they are serving.

Programs are also encouraged to provide training on culturally sensitive practices. While an annual training focusing on being “culturally sensitive/competent” can be useful, it can be limiting. Programs are cautioned to avoid trainings that view families from a general or stereotypical viewpoint and encouraged to think of culture broadly. Many common training topics (i.e., eligibility for food stamps, WIC, low income housing, etc.) are related to culturally sensitive practices. Many programs use local community colleges or universities, community agencies, videos, internet and staff to deliver training on different topics. It is important to clearly illustrate the connection between the unique characteristics of the populations served – often identified during the annual review of cultural sensitivity - and the need for the training topics.

Developing an Annual Review of Cultural Sensitivity

There are a number of approaches to developing a review of cultural sensitivity on an annual basis. The best practice standards allow for creativity and variation. However, keeping some key points in mind will assist programs in developing this review.

- The review should be in a narrative format. The narrative allows programs to identify patterns and trends related to the strengths and areas on which to build.
- It is essential that programs explore all areas including assessment, home visiting, supervision, service planning, training, etc.
- The review should include participant and staff feedback. Programs vary in how they solicit this feedback (i.e., surveys, focus groups, family advisory committees, team meetings, interviews, etc.). It is important to give at least one option that is anonymous so individuals feel free to express themselves. Include questions related to culturally sensitive practice, materials, communication and staff-participant interaction.
- Programs should exercise care in asking the questions. For example, asking “Healthy Families provides services that are culturally sensitive?” may not be clear to a family. Asking, “My home visitor respects my parenting styles?” or “My home visitor respects my religious beliefs or other beliefs that may play an important role in my decision making?” may be more effective.

All of the above topics and more are covered in the *Cultural Sensitivity, A Process of Self Awareness and Integration* workbook. Complementary copies of the workbook are available by contacting Cyd Wessel at cwessel@preventchildabuse.org or at 312.334.6811.

Resources on Cultural Competency

National Center for Cultural Competence
Georgetown University Center for Child and Human Development
<http://gucchd.georgetown.edu/nccc/index.html>

Association of University Centers on Disabilities <http://aucd.org>

Child Welfare League of America
<http://cwla.org/programs/culturalcompetence>

Culturally and Linguistically Appropriate Services, Early Childhood Research Institute
<http://clas.uiuc.edu>

Elementary and Middle School Technical Assistance Center, Resources for Culturally, Linguistically and Ability Diverse Children, Youth and Families
http://www.emstac.org/resources/clad_resources.htm

National Multicultural Institute, Leading with Diversity, <http://www.nmci.org>

PCA America News

HFA State Systems Update:

Lisa Schreiber was one of 15 people selected as a “Leader for the 21st Century” Fellow with Zero to Three. For the next 18 months, Lisa will craft a project related to her current role with PCA America and receive mentoring support and leadership development from experts at Zero to Three. For her project, Lisa will assess how HFA and home visiting programs across the country have grappled with “the big three” (substance abuse, mental health and domestic violence) and use this knowledge to identify potential funding strategies to support further development of programming around “the big three.” If you would like to provide input to this project, it is more than welcome. You can contact Lisa at lschreiber@preventchildabuse.org, or 212-265-0460.

The HFA State Leaders Directory has been updated and contains the contact information for all state leaders across the country. For a copy of the directory, please contact Phyllis Medrano a pmedrano@preventchildabuse.org. The information is only as good as what you tell us so please send any changes to Phyllis.

HFA has been actively collaborating with five other national home visitation programs via the Home Visit Form; HIPPIY USA, Parents as Teachers, Parent Child Home Program, Early Head Start and the Nurse Family Partnership Program. The collaboration has centered around three main areas: training, research and public policy. See the following website for more information about the individual programs and a joint statement on home visiting:
http://www.healthyfamiliesamerica.org/network_resources/is_collaborating.shtml

HFA Training Update:

In February, 2005 a Train the Trainers Institute was held on the "Great Beginnings Start Before Birth" prenatal training module. This was the first training on the prenatal materials offered to groups outside of the PCA America networks. There were 11 Parents as Teachers trainers and five trainers from an agency in New Jersey in attendance. Kate Whitaker, Kathleen Strader and Pauline Haas-Vaughn of the Regional Resource Centers served as faculty along with Helen Reif, Director of HFA Training.

An Advanced Supervisors Training module was piloted with 18 HFA trainers March 14-16, 2005. This training was conducted by Susie Thompson of Indiana who also developed the module. Susie has trained over 400 supervisors using these materials. Focus for this training was primarily around clinical supervision and how best to implement this in supervision with HFA staff. Participants agreed that they gained valuable insights and strategies to take back to their state training teams.

HFA Credentialing Update:

We currently have 433 affiliated HFA programs and 286 or 66% of those programs are credentialed. At our last Credentialing Panel Meeting held March 20-22, 2005 four new programs were credentialed and eight programs were re-credentialed. We currently have 98 programs in process for credentialing.

We will be having Peer Reviewer Training in Phoenix, Arizona on April 21-23rd, 2005. The next Panel Meeting will be held July 14 and 15th, 2005.

Many of you are probably aware that we sent out a flyer with the 2005 affiliation fees announcing the new Credentialing Manuals. As a point of clarification, although the announcement related to the new manuals was included with the annual fee invoice, the \$200 affiliation fee is not to pay for the manuals. The affiliation fee is an annual membership fee to the HFA network and was instituted in 2001. One copy of the Credentialing Manual is complimentary to all affiliated programs. We have a limited number of manuals available in hard copy. Our intention is to provide sites with limited computer services the opportunity to receive a hard copy. All other programs will receive the manual on CD-Rom and can either print it out to hard copy or view it from the CD. Many programs were concerned because they had not yet received their manuals. We will be sending out a mass mailing of the manuals within the next few weeks and have been waiting for responses from the majority of programs. We appreciate your patience with this and know many of you are excited to see the new manuals. We also want to clarify that the manual does not have any “new” information for programs, other than more clarification and supportive information and the physical appearance being more attractive. Nor is there a “new” Self Assessment Tool, the current document was refined in 2003. Additional copies of the Credentialing Manual (either CD-ROM or hard copy) may be purchased for \$25.00.

HFA Regional Offices Update: E-Learning Summit Held

At the quarterly meeting in Chicago, the members of the regional office team held a mini-summit on distance learning. Representatives from sites developing e-learning programs from Healthy Families Arizona, Kansas Children's Service League, and Indiana University presented information on their programs and content. The content includes core training, wrap around, and an orientation to home visiting.

Additionally, the Chief Operating Officer from ISOPH, an e-learning firm provided a wonderful presentation on the range of distance learning formats. It was both exciting and energizing to see the realm of possibilities and the work already being done. We also realize that there are many others out there that are interested in web-based learning, or are already employing such strategies. We would like to form a lead team on distance learning. If you are interested in joining this team, contact Meri Pohutsky at Americalls@aol.com.

Highlights from HFA Regional Resource Center Satisfaction/Utilization Survey

We recently completed survey to determine the level of satisfaction and utilization of services provided by the Regional Resource Centers. We took the opportunity to test out a web-based survey tool called SurveyMonkey. While research suggests that response rates range from 7 to

44% for web surveys, we set a response rate goal of 40-50% and were quite pleased with our response rate which exceeded 50%!

Overall, feedback from the surveys proved overwhelmingly positive. For those individuals who have utilized the centers, they are quite pleased with the services being provided. Some key findings from the survey are presented below:

- Utilization of the centers is mainly attributed to the fact that center staff is knowledgeable, very responsive, able to address needs and that most of the services are free or competitively priced.
- While users were very satisfied with the range of services provided by the centers, they were particularly pleased with the support they received around credentialing/quality assurance, training, policies/procedures and affiliation.
- Over 90% of folks who had utilized services would describe them as good or excellent. Over 80% of users reported that the centers were always or more often than not able to meet the needs of the requestors.
- Respondents agree that the value of the centers lies in their ability to facilitate access to new and varied information and resources, provide access to training and technical assistance, share information on innovative approaches and best practices and foster a greater sense of connection with the HFA network.
- A quarter of respondents reported that they hadn't utilized the centers because they can get all their needs met by utilizing existing state resources. This is encouraging and speaks to the tremendous accomplishments of the different state systems.
- Respondents also reported that overall their access to training and technical assistance and other resources as well as the quality of these supports has improved – regardless of whether that support was provided through a state system, a regional center or the national office.
- Respondents provided a wealth of valuable suggestions for how to enhance the centers. These included providing more information about the actual services available through the centers as well as how best to access these services. Other suggestions included identifying strategies to enhance information and resource sharing – particularly around forms, logs, IFSPs, and developing some sort of training schedule to facilitate planning. Suggestions were also made around potential training topics such as cultural competency, family assessments and conducting program evaluations.

For more information on the Regional Resource Centers, feel free to contact Kate Whitaker, Director of the Western Regional Resource Center at hfazkate@earthlink.net or (520) 326-5154 or visit their website at: <http://www.hfa-wrrc.org>. Kathleen Strader, Director of the Midwest Regional Resource Center can be reached at straderk@trinity-health.org or (248) 988-8990. Visit that website at: <http://www.hfamidwest.org/home/index.php>

Lori Friedman is working on a report synthesizing the results of the survey. If you would like a copy, please contact her at lfriedman@preventchildabuse.org. In addition, if you are interested in learning more about SurveyMonkey – the web-based survey tool – she would be happy to tell you more about her experiences utilizing it.

Third Regional Resource Center (RRC) on Hold

The third RRC is currently on hold. Several discussions about RRC work led to the mutual agreement between PCA America and the applicant for a third center for the withdrawal of their application. We are continuing to seek organizations interested in assuming work on regional efforts. Please contact Barbara Rawn (brawn@preventchildabuse.org) or Meri Pohutsky (Americalls@aol.com) if you are interested in discussing the possibility of serving as a regional resource center.

PCA America Advocacy Update

We are very pleased to inform you that Jane Ascroft has been named Director of Public Policy. She has done an admirable job of working in this arena and we look forward to her continued advocacy leadership in the years ahead. Jane will be housed in the Programs/Chapters Department, but will be working closely with the President/CEO. She will also staff the Advocacy Committee.

The “**Education Begins at Home Act**” (S. 503) was reintroduced to Congress on March 3, 2005 by Senator Kit Bond (R-MO), Senator Jim Talent (R-MO) and Senator Mike DeWine (R-OH). The bill has been referred to the Senate HELP committee. You can view the text by going to <http://thomas.loc.gov/> and put in information for S. 503. As you recall, this legislation (with some slight differences) was introduced last year before the election and was also entitled “The Education Begins at Home Act” (S. 2412). We hope to engage your support as this legislation moves forward and will provide you with specific instructions in the upcoming weeks. We will be targeting members of the Senate HELP committee first. We are also working closely with the national offices of the Parent as Teachers and HIPPIY USA programs as well on this legislation. Do not hesitate to contact Jane Ascroft jascroft@preventchildabuse.org or Lisa Schreiber lschreiber@preventchildabuse.org with questions or for a set of talking points on the legislation.

The **Temporary Assistance for Needy Families (TANF) program**, due to expire March 31st, has been extended for a 9th time to allow Congress an additional three months to complete its reauthorization along with the Child Care and Development Block Grant. The Senate Finance Committee marked up its welfare reform bill on March 9th, increasing child care funding by \$6 billion over five years and adding \$1 billion in funds for the Social Services Block Grant. The Senate bill requires TANF recipients to work 34 hours per week, up from 30 hours under current law. A bill marked up March 15th by the House Ways and Means Subcommittee on Human Resources (H.R. 240) requires recipients to work 40 hours per week and increases child care funds by \$1 billion over five years. Both bills authorize funding for the promotion of healthy marriages and responsible fatherhood. In April, the full Ways and Means Committee of the House is expected to mark up H.R. 240; the bill may be considered by the full House shortly thereafter. It is not clear when the Senate bill will be brought to the floor.

PCA America Conferences- NEW Prevention Seminar to be Offered Regionally

PCA America is pleased to present *The Happiest Baby on the Block: The New Way to Calm Crying and Help Babies Sleep Longer* with nationally renowned author and pediatrician, Dr. Harvey Karp. This one-day seminar is geared towards professionals who work with parents and will feature Dr. Karp’s innovative strategies for triggering the calming reflex in infants -- the virtual off-switch for a baby’s crying.

Half of all new babies cry and fuss more than two hours a day. Their prolonged wails often cause exhaustion, breastfeeding failure, marital stress, maternal depression and even child abuse! In his best-selling book, award-winning video and now in this special PCA America-sponsored seminar, Dr. Karp answers the question, “How can parents soothe their baby’s screams in minutes ... or less?” Never again will parents have to stand by helpless and frazzled while their poor baby cries and cries. Dr. Karp, child development specialist for 25 years, will share techniques known only to the most gifted baby soothers throughout history, and will explain exactly how they work. The Happiest Baby is more than a parenting course...it is a valuable life skill that will lessen frustration and help build new parents’ loving bonds with their babies.

Harvey Karp, M.D., has appeared numerous times on Good Morning America, The Dr. Phil Show, The View, ABC News *World News Tonight*, CNN, and many national radio programs. He has lectured extensively, nationally and internationally, to conferences of health care professionals. In addition, his work has been featured in Associated Press, People Magazine, NY Times, LA Times, and scores of newspapers across the country as well as Time, Newsweek, and many other national magazines.

Dr. Karp is an assistant professor of pediatrics at UCLA School of Medicine, with a private practice in Santa Monica, California. Dr. Karp is also a nationally renowned expert on children's health and the environment, and an authority on breastfeeding. He is also the author of the national best selling book and DVD, *The Happiest Toddler on the Block*: The new way to stop the daily battles of wills and raise a secure and well-behaved one- to four-year-old. This book revolutionizes the way parents communicate with their toddlers and helps them soothe temper tantrums quickly and lovingly. Since its release in March 2003, it has been the most sought after toddler parenting book in America.

The seminar will be offered in various locations around the country this year. The registration fee of \$99 includes seminar, lunch and course materials – Dr. Karp’s book and DVD titled *The Happiest Baby on the Block* and *Soothing Sounds* CD (a \$53 value!) Confirmed to date are:

Thursday, May 5 – Tempe, Arizona

Monday, June 27 – Des Moines, Iowa

Additional seminars are in the works for additional locations later this year, including Montgomery, Alabama, in early October and Sacramento, California, in early November. Please visit our website to download registration forms for the seminars and check back periodically for updates and new locations – www.preventchildabuse.org. For more information please contact Ann Johnson ajohnson@preventchildabuse.org or Rebecca Loden rloden@preventchildabuse.org.

PCA America Research Center

Healthy Families America 2003 Annual Site Profile Released

Results from the 2003 HFA Annual Site Profile include the following key highlights:

- **Families Served** — 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 majority of HFA families are first-time parents (62%), single (69%), and

TANF eligible (72%). 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 66% of families for at least six months, 45% 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 plus 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.

For more information or questions about the HFA Site Survey, please contact Javier Diaz at jdiaz@preventchildabuse.org or 312.334.6808. The full report is available on the HFA website, www.healthyfamiliesamerica.org.

PCA America Chapters Department

During our National Board Chapters/Programs committee meeting on March 15, 2005, PCA America Chapter Services Division added a few new states! These states have been working hard and we would like to welcome Nevada and Arizona as our two newest chartered chapters. In addition, we would like to welcome Washington, Alabama and Maryland into our network as our newest provisional chapters. PCA America Chapters now stand at 39 chartered chapters and 3 provisional chapters. We are all very excited and join together in welcoming our newest members to the national network! The following is their contact information:

Marian Loftin, Executive Director
Alabama Child Abuse Prevention Fund
P.O. Box 4251
Montgomery, AL 36103
Phone: (334) 242-5710
Fax: (334) 242-5711
E-mail: mloftin@ctf.state.al.us
Web Page: www.ctf.state.al.us

Pat Cronin, Executive Director
The Family Tree
2108 North Charles Street
Baltimore, Maryland 21218
Phone: (410) 889-2300
Fax: (410) 637-8385
Email: pcronin@familytreemd.org

Joan Sharp, Executive Director
WA Council for Prevention of CAN
318 First Avenue S., Suite 310
Seattle, WA 98104
Phone: (206) 464-5493
Fax: (206) 464-6642
Email: sharpjd@dshs.wa.gov
www.wpcan.wa.gov

Rebecca Ruffner, Executive Director
Prevent Child Abuse Arizona
PO Box 432
Prescott, Arizona 86302
Phone: (928) 445-5038
Fax: (928) 778-5300
Website: www.pcaaz.org

website: www.familytreemd.org

Debbie Barter, Child Abuse Prevention Program Mgr.
Southern Nevada AHEC/ Prevent Child Abuse Nevada
1094 E. Sahara Ave.
Las Vegas, NV 89104
Phone: (702) 318-8452
Email: dbarter@unr.edu
www.snahec.org/pcanv.html

Research from the Field

1. New State Studies on HFA Programs Released

Newly-released evaluation findings on state HFA programs are available on the HFA website. See <http://www.healthyfamiliesamerica.org/research/index.shtml#results> for more information on the newest research from states like Arizona, Florida and Virginia!

2. Research Brief Focuses on the Birth, Pregnancy, Contraceptive and Relationship Behaviors of Hispanic Adolescents

Hispanic Teen Pregnancy and Birth Rates: Looking Behind the Numbers combines findings from recently collected data with new analyses of data from the 1990s to draw a picture of the reproductive and relationship behaviors and outcomes of Hispanic adolescents. The research brief provides information on pregnancies, births, sex, relationships, and contraception. A summary and a discussion are included.

The brief is available at http://www.childtrends.org/pressrelease_page.cfm?LID=B175D530-76DA-4EFD-8112DCD1615E564A

3. State Data Provide Key Information on Risk Factors for Infant Maltreatment

Children under the age of 1 year account for the largest percentage of maltreatment victims in this country. In a recent study, researchers investigated perinatal and socio-demographic risk factors associated with infant maltreatment. The study involved nearly 4,500 infants in Florida with a verified report of maltreatment prior to the age of 1 year. Of the 15 risk factors included in the analysis, 11 were associated with infant maltreatment. The five most significant risk factors were:

- Smoking during pregnancy
- More than two siblings
- Medicaid beneficiary
- Unmarried marital status
- Low birth weight

Results showed that mothers and infants with at least four of the top five risk factors had maltreatment rates seven times higher than the population average. Moreover, mothers with at least three of these five risk factors accounted for more than one-half of all infant maltreatment cases. This article, "Risk factors for Infant Maltreatment: A Population-Based Study," is available in the December 2004 issue of *Child Abuse and Neglect*. Copies can be purchased from the publisher at <http://authors.elsevier.com/JournalDetail.html?PubID=586&Precis=DESC>.

4. Journal Examines Racial and Ethnic Differences in School Readiness

The Spring 2005 issue of the *Future of Children*, titled *School Readiness: Closing Racial and Ethnic Gaps*, focuses on children's lives before they begin school in an effort to understand how to close racial and ethnic gaps in educational outcomes. The journal articles discuss the following eight topics as they relate to school readiness: (1) testing of children at school entry, (2) family socioeconomic resources, (3) genetics, (4) neuroscience perspectives, (5) low birthweight, (6) health disparities, (7) parenting, and (8) early childhood care and education. The executive summary and full text are available at http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=255946 or http://www.futureofchildren.org/usr_doc/Volume_15_No_1.pdf.

5. American Academy of Pediatrics Revises Policy Statement on Breastfeeding

Breast Milk and the Use of Human Milk cites substantial new research on the importance of breastfeeding and sets forth principles to guide pediatricians and other health professionals in assisting women and children in the initiation and maintenance of breastfeeding. The policy statement, published in the February 2005 issue of *Pediatrics*, replaces the American Academy of Pediatrics' 1997 policy statement on breastfeeding. The revised statement includes information on child, maternal, and community health benefits of breastfeeding; contraindications to breastfeeding; recommendations on breastfeeding for healthy term infants and high-risk infants; and the role of pediatricians and other health professionals in protecting, promoting, and supporting breastfeeding. The policy statement emphasizes the central role of the pediatrician in coordinating breastfeeding management and providing a medical home for the child.

American Academy of Pediatrics, Section on Breastfeeding. 2005. Breastfeeding and the Use of Human Milk. Policy Statement. *Pediatrics* 115(2):496-506. Abstract available at <http://pediatrics.aappublications.org/cgi/content/abstract/115/2/496>.

6. Article Analyzes Parents' Attitudes and Behaviors Related to Childhood Immunization

Parental attitudes about vaccination safety have often been viewed as dichotomous; that is, parents are either fully supportive of immunizations or are against them altogether. Recent studies, however, have touched on the broader nature of parental immunization safety concerns. The primary purpose of this study was to determine whether multiple distinct segments of parents exist based upon a variety of information including but not limited to (1) belief in immunizations and immunization safety, (2) interest and involvement in health issues, (3) influence of family and friends on immunization decisions, and (4) dependence on doctor's advice.

The authors found that:

- * Five clusters were identified: (1) immunization advocate (2) go along to get along (3) health advocate (4) fence sitter and (5) worried.
- * Overall, the immunization advocate cluster (the cluster most supportive of immunizations) had a higher education level than did other clusters.
- * The worried cluster had the largest percentage of parents ages 40 or older.
- * A percentage of all clusters expressed concern about immunizations.
- * Clusters used a variety of sources to obtain information about their child's health care, but the child's care health provider was overwhelmingly reported as the most important source.

The authors conclude that "health care providers can improve the doctor patient relationship and use their influence to the fullest by understanding that parents do not fall into dichotomous categories regarding immunization and health attitudes, beliefs, and behaviors; rather, there is a spectrum of parent groups."

Gust D, Brown C, Sheedy K. 2005. Immunization attitudes and beliefs among parents: Beyond a dichotomous perspective. *American Journal of Health Behavior* 29(1):81-92. Abstract available at <http://www.ajhb.org/2005/1/JanFeb0705Gust.pdf>.

7. Surgeon General Releases Advisory on Alcohol Use in Pregnancy

The U.S. Surgeon General has released an advisory on alcohol use in pregnancy to urge women who are pregnant or who may become pregnant to abstain from using alcohol. The advisory is part of The Year of the Healthy Child agenda, a commitment to help improve the holistic health of children through adolescence. The advisory includes background information; research findings on fetal alcohol syndrome, prenatal alcohol exposure, and alcohol-related birth defects; and the Surgeon General's recommendations for women and health professionals. The advisory also includes information on additional resources. The press release and advisory are available at <http://www.hhs.gov/surgeongeneral/pressreleases/sg02222005.html>. More information about The Year of the Healthy Child is available at <http://www.hhs.gov/surgeongeneral/healthychild>.

8. Report Examines State Breastfeeding and Maternity Leave Legislation

State Legislation that Protects, Promotes, and Supports Breastfeeding: An Inventory and Analysis of State Breastfeeding and Maternity Leave Legislation highlights the integral role of state legislation in breastfeeding. The report, released for public review by the United States Breastfeeding Committee, presents an analysis of state breastfeeding laws in 10 categories to include legislative updates to May 25, 2004. The report is available at <http://www.usbreastfeeding.org/Issue-Papers/State-Legislation-2004.pdf>.

9. Effects of home visits by paraprofessionals and by nurses: Age 4 follow-up results of a randomized trial. *Pediatrics*, 114(6), 1560-1568. Olds, D.L., Robinson, J., Pettitt, L., Luckey, D.W., Holmberg, J., Ng, R.K., Isacks, K., Sheff, K., & Henderson, C.R. Jr. (2004). The purpose of this study was to determine home visitors' (i.e., paraprofessional and nurses) influences on maternal and child health when both types of visitors follow a program model found to be effective when delivered by nurses in 2 earlier trials. The most important question addressed in this study was whether the "sporadic weak effects" found for paraprofessional home visitors could be improved if these home visitors were provided with "well-developed" program guidelines and "thorough training and supervision" in a program model grounded in epidemiology and theory. Consistent with previous trials, the authors hypothesized that nurse visitors would produce *beneficial results* and that paraprofessionals would produce *weak results*. Findings showed that paraprofessional-visited women, compared with control participants, began to experience benefits from the program 2 years after the program ended. For example, they worked more, reported a greater sense of mastery, mental health, and mother-child interaction, had fewer subsequent miscarriages, and were less likely to have low birth weight newborns. However, some of the results appeared to be grounded in clinical significance rather than statistical significance. For example, while paraprofessionals produced no statistically significant

effects on child outcomes, their effects on the language, executive functioning, and behavioral adaptation of children born to low-resource mothers were clinically important. Taken together, paraprofessional effects on maternal outcomes at child age 4 years increase the possibility that more effects on child outcomes may emerge later. Two important findings for nurse-visited women included longer intervals between the births of their first and second children, and those who were married or cohabiting experienced less domestic violence. With regard to the latter finding, the authors note the importance of replicating for endurance in subsequent phases of follow-up monitoring. Despite nurse effects on the spacing of subsequent births, there was no effect on women's use of welfare. In sum, this study revealed the presence of greater effects for paraprofessional-visited women than for nurse-visited women and greater effects for children in nurse-visited families than in paraprofessional-visited families, which raises questions about why paraprofessionals and nurses have different patterns of effects. The authors offer suggested explanations, point out limitations of the findings, and offer implications for policy and practice. In particular, while the authors acknowledge that the paraprofessional program produced larger and promising effects on a wider range of outcomes in this follow-up study than it did in previous trials, they caution against taking the program to scale without further randomized trial replications.

10. Effects of nurse home-visiting on maternal life course and child development: Age 6 follow-up results of a randomized trial. *Pediatrics*, 114(6), 1550-1559. Olds, D.L., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D.W., Henderson, C.R. Jr., Hanks, C., Bondy, J., & Holmberg, J. (2004). Looking back, excitement for launching Healthy Families America (HFA) can be traced to evidence that supports home visitation as a child abuse and neglect prevention strategy. That evidence was based, in part, on the work of David Olds, who was one of the first researchers to show that home visitation, as conducted by nurses, could improve the health of mothers and their children. Building on his previous randomized controlled trials, in the current study, Dr. Olds and colleagues tested, with an urban, primarily black sample, the effects of prenatal and infancy home visits by nurses on mothers' fertility and economic self-sufficiency and the academic and behavioral adjustment of their children as the children finished kindergarten, near their sixth birthday. While there were no statistically significant program effects on women's education, duration of employment, rates of marriage, being in a partnered relationship, living with the father of the child, domestic violence, current partner's educational level, and behavioral problems attributable to the use of alcohol or drugs, the findings of the current study showed that nurse-visited women had fewer subsequent pregnancies and births, less use of welfare, longer relationships with their partners, and greater enrollment of their children in some form of preschool or licensed day care. Moreover, nurse-visited children demonstrated higher IQs and language scores and fewer behavioral problems in the borderline or clinical range; and for children born to mothers with low psychologic resources, there was less dysregulated aggression and story incoherence in their narrative responses to story stems. These findings are particularly important because they suggest that the nurse-home visitation program can improve maternal life course and aspects of children's functioning that may increase their academic and behavioral adjustment to elementary school. In sum, the authors conclude that the the nurse home-visitation program continued to improve the lives of urban black women and their children at age 6 years, 4 years after the program ended. The authors offer suggested explanations for the findings and point out limitations of the study.

New Resources

Public Policy Resources

Surgeon General's Summit on Child Maltreatment Available via Live Stream on the Web

Making prevention of child maltreatment a national priority - implementing innovations of a public health approach is available on the web. See here: <http://videocast.nih.gov/default.asp>

Report Highlights Recommendations for Governors to Promote 'Ready States' and 'Ready Children'

The National Governors Association (NGA) released *Building the Foundation for Bright Futures: A Governor's Guide*, to assist governors and other state policymakers in implementing intervention policies and strategies that will support early childhood programs in their states. <http://www.nga.org/cda/files/0501GOVGUIDEREADINESS.pdf>

HHS Concludes Marriage Education Helps Couples: Marriage and relationship programs increase couple satisfaction and strengthen marriage, says a new review of program evaluations by Health & Human Services Department's Administration for Children and Families. The review, *Systematic Review of the Impact of Marriage and Relationship Programs*, indicates programs focusing on improving communication skills and relationship satisfaction produce statistically significant improvements in both areas. Info: www.acf.hhs.gov/programs

Funding Resources

Ludwick Family Foundation

The Ludwick Family Foundation assists a broad array of groups working to make a positive difference in the world. Grants are provided for tangible items which help a program or project rather than funding the program itself. Funded items include new vehicles or equipment, equipment replacement and modernization, improvements to facilities and educational materials. The foundation accepts proposals from nonprofit organizations throughout the United States. Grants range from \$5,000 to \$50,000. Info: www.ludwick.org/guide.html or 626/852-0092

Weyerhaeuser Family Foundation

The Weyerhaeuser Family Foundation Children's Initiative provides funding for local programs which strengthen the social, physical, intellectual and emotional functioning of young children in significant ways. The initiative will fund programs servicing children under the age of 6, provide services to children in non-traditional settings, and involve parents or guardians in the planning, delivery or evaluation of the program. Nonprofit organizations throughout the U.S. are eligible. The average grant award is \$15,000. Info: www.wfamilyfoundation.org/ or 651.228.0935

Maternal, Infant, and Reproductive Health: National and State Coalition Capacity Building, Department of Health and Human Services, Centers for Disease Control and Prevention

Letter of Intent Deadline (LOI): April 22, 2005 Application Deadline: May 23, 2005
Amount: \$3,000,000

The purpose of this program is to improve reproductive health through the application of science-based approaches by supporting State and major urban public health agencies, national organizations and State coalitions to improve reproductive and infant health through the application of science-based approaches.

Reproductive and infant health needs to be addressed include the prevention of adverse maternal and infant health outcomes, unintended and teen pregnancy, HIV and STDs. For detailed information go to:

<http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/05-5685.htm>

Healthy Start, Department of Health and Human Services, Health Resources and Services Administration

Healthy Start, authorized under section 330H of the Public Health Service Act, strengthens communities to effectively address the causes of infant mortality, low birth weight and other poor perinatal outcomes for women and infants. The Health Resources and Services Administration (HRSA) will give funding preference during the FY 2005 competition to current and former Healthy Start grantees, including those whose Healthy Start grant application was approved but not funded in FY 2004. For detailed information go to:

<http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/05-5378.htm>

Program Resources

Explore Web Based HFA “Innovative Strategies” from your colleagues!

How often do you and your colleagues find yourself asking, "How do other HFA programs address this problem? How have they solved this issue?" We have a forum for sharing innovative ideas and strategies. We encourage everyone who is involved with HFA to both share and utilize techniques that help improve the services that families receive. See the forum here:

http://www.healthyfamiliesamerica.org/network_resources/innovative_strategies.shtml. Topics include advocacy, collaboration with domestic violence and other home visiting programs, developing relationships with foundations, engaging fathers, family retention, marketing, quality assurance, staff retention, salaries and supervision and MORE.

We also encourage you to utilize the HFA listserv. This listserv is intended to provide a forum for discussion, sharing of resources and exchanging ideas about the Healthy Families America program. Please utilize this tool for questions around programming, research, training, credentialing, state system/site development and funding. Join the list serv by visiting:

<http://mail.preventchildabuse.org/cgi-bin/mailman/listinfo/hfa-net>

The Spanish Version of a Popular, Free Resource is Now Available

ZERO TO THREE is pleased to announce an expansion of one of their most popular parenting resources. *Healthy Minds: Nurturing Children's Development From 0 to 36 Months*, a series of seven reproducible handouts, is now available in Spanish. These parent handouts address brain and child development over the first 36 months of life. The handouts were developed jointly with the American Academy of Pediatrics and they are based on the National Academy of Sciences' report, "From Neurons to Neighborhoods: The Science of Early Childhood Development."

Funding for the initiative was provided by the Gerber Foundation. The Spanish and English versions can be downloaded for free at www.zerotothree.org/healthyminds. ZERO TO THREE encourages you to duplicate and distribute these handouts to the families you serve--as long as it is done for nonprofit or educational purposes. Reproduction for other uses (including commercial or for-profit uses of the handouts) requires express permission of ZERO TO THREE.

Anger Management: For Better Parenting

This reader-friendly booklet (illustrated throughout with compelling photographs of parents and their children) provides practical advice that parents can use to deal with angry feelings in ways that support a healthy parent-child relationship and reduce the risk of child maltreatment. Click on:

<http://dmo.channingbete.com/r.emt?h=go.channing%2Dbete.com/wa/promotion?p=4%26code=B001W&t=cbrPBg&e=ILF6Pm0SGPo> to see this booklet and to enjoy easy, secure online ordering or call 1-800-835-2671.

New Edition of Prenatal Care Knowledge Path Released

In recognition of National Birth Defects Prevention Month, the MCH Library has released a new edition of the knowledge path, Prenatal Care. The knowledge path is an electronic resource guide on recent, high-quality resources that analyze perinatal health statistics, describe effective prenatal care programs, and report on research aimed at improving access to and the quality of prenatal care and improving perinatal health outcomes. The knowledge path includes general pregnancy resources as well as information about pregnancy complications. The knowledge path is available at http://www.mchlibrary.info/KnowledgePaths/kp_prenatalcare.html.

Workshop on Evaluating After School Programs Available

A PowerPoint presentation from a recent workshop on evaluating after school programs is on the website of the Harvard Family Research Project (HFRP). The workshop is entitled "Learning What Works: An Evaluation Overview" The presentation reveals how after school programs are collecting meaningful data and what they are finding. It also includes an overview of the "shoestring approach" to evaluation for those who are short on time, money, and other resources. To link to the presentation, please see:

<http://www.gse.harvard.edu/hfrp/projects/afterschool/conference/index.html>

Healthy Families and Circle of Parents listed in FRIENDS Report

In a recent edition of the FRIENDS Report, Healthy Families America, Healthy Families Arizona and Circle of Parents were highlighted as innovative programming for preventing child abuse and neglect. To read the full text of the FRIENDS Report, go to <http://nccanch.acf.hhs.gov>

Free Spirit Publishing has had the same mission for over 20 years: to provide children and teens, and the adults who care for and about them, with the tools they need to succeed in life and to make a positive difference in the world. We meet all kids where they are (not where we wish they were), and support them to develop their talents, build resiliency, and foster a positive outlook on life so they can reach their goals. Visit www.freespirit.com today. Free Spirit has also partnered with Prevent Child Abuse America to provide a percentage of profits up to

\$10,000 to PCA America on every purchase placed at Free Spirit's web site for the remainder of 2005. Visit PCA America's web site for more details at www.preventchildabuse.org

Conferences

May 2005- Finding Better Ways 2005, "Addressing the Mental Health Needs of Children, Youth and Families" (Child Welfare League of America; May 2 through May 4, New Orleans, LA; www.cwla.org/conferences/2005fbwrfp.htm)

2006 PCA America National Conference May 21-24, 2006
Town and Country Resort, San Diego, California

Thanks for reading SCOOP! We'll see you again in August 2005!

Lisa Schreiber
HFA State Systems Support

Jessica Palmer
HFA Credentialing