



## Healthy Families New York

Starting in 1995, the Center for Human Services Research (CHSR) worked with the New York State [Office of Children and Family Services](#) (OCFS) to conduct a variety of studies of [Healthy Families New York \(HFNY\)](#), a multi-site program designed to prevent child abuse and neglect, increase parental self-sufficiency, and enhance child health and development.

HFNY was based on Healthy Families America, a national model of home visiting services delivered in over 400 communities across the United States.

## EVALUATION & RESEARCH

**Randomized Controlled Trial:** CHSR and OCFS conducted a randomized controlled trial that began in 2000. Over 1,000 women were interviewed annually for 3 years. In 2006, additional funding was secured from the National Institute of Justice and the Doris Duke Foundation to re-interview families at 7 years to test the long-term effects of the program. In the study, expectant and new parents were assigned to either a treatment group (offered home visiting services) or a control group (received referral information only). The study compared these women and their children over time to assess program outcomes. In addition to survey data, an observational study was conducted that involved videotaping mothers and children to assess the program effects on parent-child interaction and child development. Noldus, a video-coding software program, was utilized to analyze the observational data.

**Fatherhood Initiative Study:** Recent research findings emphasized the importance of fathers in improving the outcomes of children. In response, HFNY increased efforts to involve fathers and empirically evaluate the outcomes to add to the dearth of information on empirically proven methods to foster father involvement and documentation of the outcomes of fatherhood initiatives. In addition to analyzing data from the Management Information System (MIS; described below), CHSR interviewed fatherhood advocates about their work with families and participated in a variety of HFNY initiatives to promote responsible fatherhood.

**Early Enrollment Pilot Study:** Based upon the positive outcomes of HFNY for women who enrolled prenatally, the HFNY Central Administrative Team, including CHSR, embarked on a pilot study to promote early enrollment. Five sites were selected to implement a new screening form, analyze their enrollment processes, and communicate with community agencies about the benefits of early enrollment. The study demonstrated varying degrees of success in implementation and outcomes for all the pilot sites. All sites increased the number of screenings compared to the number at baseline, and most shortened the length of time from screening to enrollment. The new simple screening form was well-received and was a factor for success. Additionally, individual feedback based on site-specific data on the enrollment process was key to motivating frontline workers and



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program leaders in improving practice. Building on the success of the early enrollment pilot, CHSR continued to work with additional HFNY sites to study their prenatal enrollment processes.

## PROGRAM DEVELOPMENT

**Central Administrative Team:** CHSR is actively participated in an interdisciplinary team of HFNY program administrators, trainers, and evaluators. CHSR researchers and MIS staff regularly participated in statewide HFNY leadership team meetings. These quarterly meetings provided valuable opportunities to report research findings and discuss ways to integrate them into program practices.

## SYSTEMS & SOFTWARE DEVELOPMENT

**Management Information System:** CHSR designed and maintained an MIS installed at 39 HFNY sites. Information was gathered on the mother (or other primary caregiver), child, father, other household members, and workers. Data were collected on family demographics, medical events, pregnancy outcomes, home visits, referrals, developmental screenings, parental stress, training, educational attainment, and employment. Performance measures monitored attainment toward program goals. In addition to providing evaluation data, the system included capabilities for producing on-site statistical reports to assist in program monitoring, administration, and management of cases. CHSR offered on-site training, telephone and email support, special report requests, and regular statewide training sessions. CHSR also designed and maintained the statewide HFNY website.