

**New York State  
Office of  
Children & Family  
Services**

[www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)

April 1, 2009

The Honorable Charles E. Schumer  
Senate Hart Office Building Rm 313  
Washington, DC 20510

The Honorable Kirsten E. Gillibrand  
Dirksen Senate Office Building Rm 531  
Washington, DC 20510

Dear Senators Schumer and Gillibrand:

**David A. Paterson**  
*Governor*

**Gladys Carrión, Esq.**  
*Commissioner*

It is with great pleasure that I learn of President Obama's inclusion of home visitation as a priority in his Federal Fiscal Year 2010 budget. As Commissioner of the New York State Office of Children and Family Services (OCFS), which has successfully used the Healthy Families New York (HFNY) home visitation program to provide child abuse prevention services to low-income families for many years, I wholeheartedly agree with President Obama's decision to make home visitation an important part of his investment strategy for preventive services. I can certainly understand why the Nurse-Family Partnership (NFP) model is a focal point of the President's home visiting initiative, given NFP's distinction as the only home visiting model to meet the "Top-Tier Evidence" standard established by the Coalition for Evidence-Based Policy. However, I have serious reservations about the plan to devote federal funding to NFP alone to the exclusion of other effective evidence-based home visiting programs, such as Healthy Families America (the model on which HFNY is based), Parents as Teachers, Home Instruction for Parents of Preschool Youngsters, and the Parent-Child Home Program.

**As eligibility for NFP is restricted to low-income, first-time mothers who seek or are referred to services before their 28<sup>th</sup> week of pregnancy, many families in need of support would be left unserved by a home visiting initiative that focuses exclusively on NFP.** About 60% of the Medicaid-financed births nationwide and in New York State are to women who already have at least one other child. In New York State alone, there were 63,100 Medicaid-financed births in 2007 to women who were not first-time mothers. A sizable number of first-time mothers may also be deemed ineligible for NFP because they do not seek assistance or come to the attention of prenatal care providers until late in their pregnancy. For example, the 12,000 or so pregnant women in New York State who receive no or late prenatal care each year would not qualify for NFP despite their high level of need for home visiting services.

**Due to the severe nursing shortage in the United States, there are not nearly enough qualified nurses to serve all families that are eligible for NFP.** NFP's program model specifies that home visitors must be registered nurses



with a minimum of a baccalaureate in child, maternal or community nursing. Registered nursing is one of the highest ranked occupations for projected job growth over the next five years. It is estimated that 30% more nurses (or 30,000) need to be graduated annually to meet the growing demand for nurse jobs, but in 2008, the increase in nursing graduates was only 2.2%. Given a caseload of 25 families for each home visitor in the NFP program, 22,800 registered nurses with a baccalaureate will be needed to serve the 570,000 families targeted for NFP nationwide. We project that 1,200 additional nurses would be required to staff NFP in New York State. With the job growth rate for registered nurses in NYS expected to increase by 2,400 annually for each of the next six years, NFP will encounter stiff competition in its effort to hire qualified home visitors.

The nursing shortage is most acute in depressed rural and inner-city areas and among minority groups that make up the lion's share of low-income families. Minorities are underrepresented among nurses graduating with a baccalaureate. In New York State, for example, although Hispanics accounted for 37% of Medicaid-financed births to first-time mothers in 2007, only 8% of graduates of nursing baccalaureate programs in 2006 were Hispanic. Currently, 16% of participants in the HFNY home visiting program have very limited English ability. While 39% of HFNY's home visitors are prepared to deliver services in a language other than English, it is unlikely that New York State's workforce of registered nurses could address this need.

**Without federal funding, the survival of other evidence-based home visiting models will be jeopardized.** The economic downturn has forced many states to reduce substantially their investment in home visitation and other prevention programs in order to preserve dwindling resources for mandated child welfare services. The availability of significant federal funding for NFP will likely incentivize states to abandon their support for other home visiting programs that are dependent on state funding. This would cause the thousands of home visitors employed by these programs to lose their jobs, exacerbating the already high unemployment rates in the low-income communities where many of them reside. Families that are terminated from home visitation programs due to funding cuts would not be eligible to receive NFP because they have already given birth to their children, and many emerging families in need would not be served while NFP builds its capacity. In 2003, Healthy Families America (HFA) programs alone assessed 71,000 families and provided home visiting services to 47,500 families across the country.

Considering the large number and diversity of low-income families in need of assistance and the limitations of the nursing workforce, I urge you to encourage President Obama to broaden his home visiting initiative to encompass a range of evidence-based home visitation programs. Using multiple home visitation programs that complement one another can maximize the delivery of effective, culturally responsive services to meet the complex needs of a broader population

of low-income families. I recommend that federal funding be provided to support home visiting programs that have been found, using rigorous evaluation designs, to be effective in improving birth outcomes, reducing child abuse and neglect, promoting nurturing parenting, and enhancing child health and development.

**New York State's nationally acclaimed HFNY program provides a strong example of how home visiting programs other than NFP can also effectively serve low-income, first-time mothers, as well as other new parents.** Based on the **Healthy Families America** home visitation model, HFNY targets expectant parents and parents with an infant less than three months of age who have characteristics that place them at high risk for child abuse or neglect and live in vulnerable communities marked by high rates of poverty, infant mortality, and teen pregnancy. Specially trained paraprofessionals, who typically live in the same communities as participating families and share their language and cultural background, deliver home visitation services until the child reaches five or is enrolled in Head Start or kindergarten. HFNY's home visitors provide families with support, education, and linkages to community services designed to address the following goals: 1) to prevent child abuse and neglect; 2) to enhance parenting skills and parent-child interactions; 3) to ensure optimal prenatal care and child health and development; and 4) to increase parents' self-sufficiency. Since its inception in 1995, HFNY has provided more than 600,000 home visits to over 20,000 families.

HFNY has been rigorously evaluated using a randomized controlled trial. The evaluation has reported positive program effects in terms of childbirth outcomes, child abuse and neglect, parenting practices, and access to health care. A study published in the January 2009 issue of the *American Journal of Preventive Medicine* showed that mothers who are enrolled in HFNY before their 31<sup>st</sup> week of pregnancy were only half as likely to have low birth weight babies as mothers in a control group. HFNY was particularly effective in reducing low birth weight among African-American and Hispanic mothers, groups that persistently experience high levels of poor birth outcomes. For example, 3.1 percent of the African-American mothers in the HFNY group delivered low birth weight babies, compared to 10.2 percent of the African-American mothers assigned to the control group.

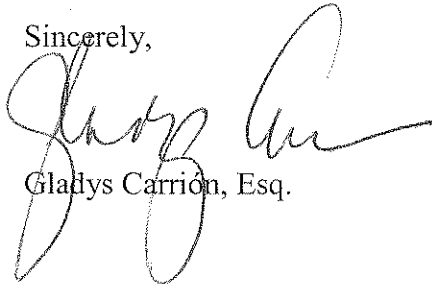
In addition to the impacts on low birth weight, HFNY has been shown to increase access to health care, particularly among African-American and Hispanic women. A study published in the March 2008 issue of the journal *Child Abuse and Neglect* indicated that HFNY decreased the incidence of child abuse and neglect during the first two years of life, and reduced the use of aggressive and harsh parenting practices, particularly among first-time mothers under age 19 who were offered HFNY early in pregnancy. Finally, HFNY has been found to promote the use of positive parenting skills that support and

encourage children's cognitive and social development (*Published Report/Working Paper, 2008, available at [www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)*).

Based on the evaluation's rigorous random assignment design and the program's significant and positive effects on a range of outcomes, HFNY was designated as a "proven program" by RAND's Promising Practice Network and an effective program by both Child Trends and the Office of Juvenile Justice and Delinquency Prevention. In addition, the evaluation received grants from both the National Institute of Justice and the Doris Duke Charitable Trust Foundation to support the extension of the randomized trial into its seventh year.

HFA and other evidence-based home visiting programs that rely on paraprofessionals and other professionals to deliver home visitation services can help address the serious shortage of nurses in low-income communities and the underrepresentation of minorities in the nursing field. I invite you and/or your staff to further discuss HFNY and its evaluation. You can reach program staff by calling Bernadette Johnson at 518-402-6770 or evaluation staff by calling Susan Mitchell-Herzfeld at 518-474-9486.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gladys Carrion', written in a cursive style.

Gladys Carrion, Esq.