

**Testimony of Makeda London**

**Committee on Education and Labor  
Hearing on “H.R. 2343, Education Begins at Home Act”**

**June 11, 2008**

Good morning Mr. Chairman and distinguished members of the committee. Thank you for inviting me to provide testimony of my experience with home visitation services in Chicago, Illinois.

My name is Makeda London, and I am the Healthy Families Program Manager & Family Support Services Coordinator for Near North Health Service Corporation (NNHSC). I have served in the position as Healthy Families Program Manager for 14 years. When I started in this position in May 1994, I was responsible for implementing this intensive home visitation program at our community based health care facility – Winfield-Moody Health Center, located on the Near North side in Chicago. I am now responsible for overseeing the supervision of the home visiting staff and assuring that the program meets its goals, of which the overall goal is the prevention of child abuse and neglect.

My undergraduate work in social science and graduate work in education administration uniquely prepared me for this role. Prior to coming to NNHSC, for 12 years I was the Director of an alternative high school, Lumumba-Jackson Community Learning Center. This was a private, nonprofit alternative school that was a member of the Alternative Schools Network. The school was located in the same community area as our present Healthy Families program. Over these 14 years, many of the Healthy Families participants have been relatives and friends of former students of the high school. Little did I know that my work in the school was planting a seed in the community that would germinate in the Healthy Families program today.

Today I share with you the benefits of my experience about the characteristics of a successful home visitation program and the benefit of a federal investment in such services for families and young children.

**HOME VISITATION OVERVIEW**

Home visitation provides guidance to parents and increases their knowledge of their child’s growth and development from birth through kindergarten entry. Services are delivered to the participants by well-trained, respected home visitors who are responsive to the presenting and changing needs of parents.

The Healthy Families program at Winfield-Moody Health Center presently serves 41 families in the Near North Community Area 08. Our intensive home visitation services are offered to new parents. Since the inception of the program 14 years ago, this community has drastically changed. The high rise buildings and row houses that made up the Cabrini-Green public housing development for many years, are daily being demolished, literally being torn down as I speak. Families are being moved around and relocated to other

communities and this relocation often makes it difficult to locate those most in need of our services.

This infamous community better known for its crime, gangs, and blight has been the back drop of the home visitation services of the Healthy Families program. It has been among this 'unsafe' environment, that often has been more like a 'battlefield,' that assessment workers and home visitors have reported for duty for the past 14 years armed only with their prenatal and parenting curriculums, developmental screenings, safety materials, smiles, love for the community and passion for their work. This kind of commitment to work has forged trusting relationships with participants that often lasts well beyond the child's graduation from our program at age three.

In these 14 years, these community soldiers have delivered more than 14,000 home visits. These visits are made to participants who are screened and assessed on a number of factors, including substance abuse, DCFS involvement, lack of parenting skills, domestic violence, and no social support; no lifelines. What this indicates to home visitors, is that a parent assessed with these risks, when he/she becomes overwhelmed or stressed, has the potential to become abusive or neglectful to their child. So, at our program, we seek to develop relationships with the mother while she is pregnant.

While I represent the Healthy Families America program, nationally, there are a number of effective, evidence-based home visitation programs that would benefit from the Education Begins at Home Act, including Home Instruction for Parents of Preschool Youngsters (HIPPI USA), the Nurse-Family Partnership, The Parent-Child Home Program, and Parents as Teachers. While the goals and target populations of these programs vary, they all offer similar core services. All programs offer home visits which are voluntary and at no cost to participants. All provide parent education, especially emphasizing early childhood development. Many home visitation programs work with families on language, literacy and reading skills, while others focus on baby care and health services.

### **ENSURING QUALITY AND EFFECTIVENESS**

I have been asked today to share with you what my fourteen years with the Healthy Families program have taught me about what makes a home visitation program successful. While there are number of components for successfully implementing a home visitation program, I will highlight three specific characteristics that have tremendous impact on program quality and effectiveness:

- Training and Supervision;
- Community Collaboration; and
- Evaluation linked to program goals.

### **Training and Supervision:**

Staff development and training is one of the 12 research-based Critical Elements (or Best Practices) that guide the Healthy Families program. In order to insure the quality of the home visit, the home visitor must receive intensive

formal training (i.e. initial core training for their specific job function and ongoing wraparound training). The training increases their knowledge, develops skills to meet the challenges faced by program participants and assists home visitors in achieving outcomes with families. Program supervisors and managers also receive training, support and professional development opportunities. In my community, the training and professional development is provided by the Ounce of Prevention Training Institute.

Training is an integral part of the fabric of NNHSC; embedded in our Mission. Each month, our facilities are closed for a half day for staff training and development. Some of the training topics each year are: Age-Specific Competencies; Cultural Diversity; and Child Abuse Recognition. The Healthy Families program adds to that with regular in-service trainings for staff.

Effective supervision is an integral part also of the Critical Elements of the Healthy Families program. Program supervision occurs weekly with home visitors. During supervision, participant cases are discussed, home visit content and frequency reviewed. Through reflective supervision, home visitors are able to discuss challenges they face and together with the supervisor decide on solutions. They are able to discuss their own professional development. In my role as program manager, I supervise the project supervisor who in turn supervises the home visitors. Together, we evaluate the performance of home visitors through observation/shadowing and data and file reviews. Feedback is provided to improve performance, and ensure the critical elements and standards are followed and goals are achieved.

Benefits of high quality supervision include:

- Promoting both staff and program accountability;
- Encouraging home visitor's personal and professional development;
- Reducing staff burnout and turnover by providing home visitors with much needed support; and most importantly,
- Enhancing the quality of services families receive.

The Education Begins at Home Act recognizes the importance of training and supervision by setting aside 10 percent of a state's grant for training and technical assistance, and by requiring that states only fund programs that "employ well-trained and competent staff" and "maintain high quality supervision to establish home visitor competencies."

**Community Collaboration:**

Home visitation is not an island in the sea of early childhood development programs. Families require an array of services to provide a safe, abuse-free home environment that produces a healthy child.

The Healthy Families program in Near North Chicago is uniquely housed in a community health center that offers primary health care services and a wide range of social support services. A majority of the Healthy Families participants are patients of the health center. As such, their medical providers (OB/Gyne doctors and pediatricians) are within walking distance from their homes and

easily accessible to them. The program participants, medical providers and home visitors have forged together as an effective team in the positive growth and development of the child. Some of the other services accessible to program participants are, case management, domestic violence services, mental health services (individual and group counseling by licensed clinical social workers), intensive outpatient substance abuse treatment, perinatal depression screening and treatment, nutrition counseling, WIC (Women, Infants and Children) services, dental services, ophthalmology, parenting classes, consumer support groups, and client group education.

Our home visitors are trained to link program participants to available services through a range of state, city and community partners. The Health Center's community partnerships and affiliations include the Chicago Department of Public Health, Illinois Department of Human Services, Children's Memorial Hospital, Northwestern Memorial Hospital, John Stroger Cook County Hospital and United Way.

In fiscal year 2007, home visitors were instrumental in facilitating the 14,306 clinical visits made by patients to Winfield-Moody Health Center and the 10,636 non-clinical (social support service) visits to all five community health centers of the corporation.

The Education Begins at Home Act supports the role that home visitation programs play in linking participants to additional services in two primary ways:

**1. State-level Early Childhood Coordinating Body.** EBAH requires that states ensure collaboration among a broad range of child-serving programs by creating or utilizing an existing state-level early childhood coordinating body. This coordinating body would meet regularly to address policy and implementation issues that will improve the coordination of a range of services for children and families, especially those receiving home visitation services. The coordinating body would include representatives from early childhood home visitation programs, early care and education programs, child abuse prevention and treatment programs, health care programs, nutrition programs, and workforce development programs, to name just a few.

**2. Information and Referral.** The legislation requires that home visitation programs funded by EBAH provide referrals for eligible families to additional resources available in the community, such as child care, family literacy programs, employment agencies, and other social services.

### **Quality Assurance & Evaluation**

We could not state that ours is a successful home visitation program had we not built in effective quality assurance measures. As program manager, I sit on our agency's multidisciplinary Quality Improvement Committee that monthly reviews clinical, program and support parameters. Our Healthy Families program also has its own Quality Assurance Committee that quarterly reviews

program service delivery parameters and other critical element standards. Home visitors are among the reporters on this committee.

Additionally, there are external audits and reviews of program data inputted by home visitors into the state's human services monitoring and tracking system called Cornerstone. Also, our program proudly displays our Credentialing Plaque, just outside my office at Winfield-Moody. The program was credentialed in June 2007 after a very thorough, intensive, external review of records, systems, policy, procedures and service delivery by our national accrediting body, Healthy Families America.

In fiscal year 2007, 1149 home visits were conducted by home visitors of our Healthy Families program with a successful completion rate of 86%. This among program participants with some of the highest and most numerous challenges for risk of abuse.

**Evaluation:**

Home visitation as a field has a history of being committed to evaluation and program improvements. The Healthy Families America program alone has been subject to 34 studies in 25 states involving over 230 HFA programs.<sup>1</sup> Healthy Families Illinois – of which my program is a part – recently underwent a large scale, longitudinal evaluation that examined the program's impact on parent and child outcomes. The evaluation, conducted by Northern Illinois University, identified the following key findings:<sup>2</sup>

At six months:

- Parent-child interactions improved significantly across time in families receiving HFI services. No such improvements were noted in families receiving all other usual services.
- Parents involved in HFI services demonstrated significantly greater improvements in their growth fostering skills during their infant's first six months of life relative to comparison parents, who received all other usual services.

At one year:

- Parents receiving HFI services, relative to parents receiving all other usual services, displayed higher levels of acceptance of challenging behaviors.

At two years:

- Families receiving HFI services, compared to those receiving all other usual services, offered their children a wider array of materials to stimulate their cognitive development.

---

<sup>1</sup> Study designs include 8 randomized control trials and 8 comparison group studies. More information on the studies can be found in the Healthy Families America Table of Evaluations at [www.healthyfamiliesamerica.org/research/index.shtml](http://www.healthyfamiliesamerica.org/research/index.shtml).

<sup>2</sup> Illinois Department of Health and Human Services. "Healthy Families Illinois: Evaluation Findings Executive Summary." September 2006.

- Parents with highest risk for problems in parenting showed the greatest improvements, including lower levels of distress, fewer rigid beliefs, fewer problems with others and greater ego.

The Education Begins at Home Act places a strong emphasis on evaluation. On an annual basis, states must report on outcomes consistent with program goals, including parent knowledge of early learning and development; child development indicators; child maltreatment indicators; school readiness indicators; and links to community services. At the federal level, EBAH requires an independent evaluation at the end of the second year of implementation to assess outcomes consistent with program goals.

### **CONCLUSION**

Everyday, I see the tremendous impact that quality early childhood home visitation has on the families in my community. Parents who lacked positive parenting skills have graduated from parenting classes. Parents who had little knowledge of their child's developmental stages anticipate visits from home visitors so they can complete their child's age appropriate Ages & State developmental screening.

Parent-child interaction has changed from television watching with your child to interactive play of between parents and children at the Children's Museum. Parents who were among many others who believed the only time you took your child to the doctor was when that child was sick now see the benefit of prevention and regularly bring their children to the doctor for well child visits and immunizations. Most importantly, when I review the child abuse statistics in my community that indicate there were 52 indicated victims of child abuse – NONE OF THEM WERE PARTICIPANT CHILDREN OF THE HEALTHY FAMILIES PROGRAM!

I've said enough, though. Two of our Healthy Families participants, whose success stories are featured in our agency's 2007 Annual Report, tell the success of home visitation better than I could ever tell it. The first, Lakisha, was enrolled in our program for five years. She started the program as a young pregnant woman and today has two beautiful daughters, both of whom she breastfed, which is a program outcome. Not only did she breastfeed her daughters, but she became a Breastfeeding Peer Counselor. Her home visitor referred her to a Chicago breastfeeding training program, which she attended and completed. She was employed for a period of time as a Breastfeeding Peer Counselor at a local hospital. Today, Lakisha has completed another training program (massage therapy), and is now an entrepreneur.

The second young woman, Pam, a single mother of seven children enrolled in the Healthy Families program when she was pregnant two years ago. Pam experienced some complications during her pregnancy and was placed on bed rest. She gave birth to a beautiful daughter in June 2006. (Incidentally, one of our home visitors also makes hospital visits to patients and program participants who deliver to give support to the mother after delivery and welcome the newborn). One of the IFSP (Individual Family Support Goals) that Pam works together with her home visitor on is suitable housing.

Pam lives in the Cabrini-Green housing development. Housing relocation for Pam is very challenging. Not only because of Pam's large family, but because Pam lives with and is taking care of her mother who is ill and visually impaired. Pam has faced this and other challenges and came out smiling. Today she has a son who graduated from elementary school and a daughter who is a freshman at a local college. Pam's self esteem has improved since enrollment in the program and she is now the Chairperson of our Healthy Families Advisory Committee.

In a time of limited resources, the federal government has the responsibility to make wise investments in services that have been tested and found to be effective. The Education Begins at Home Act honors this responsibility by supporting the highest-quality home visitation services. I urge every member of this committee to support the Education Begins at Home Act and to move this important legislation towards enactment this year.

Thank you, Mr. Chairman and distinguished members of the committee, for allowing me the opportunity to share this testimony with you today. And thank you Congressman Davis for your leadership on the Education Begins at Home Act. The Healthy Families participants in the Near North neighborhood of Chicago are fortunate to be represented by such an ardent champion for children.