Operation Overview: Healthy Families Program of Prevent Child Abuse America

"We believe that all children deserve great childhoods, because our children are our future," a popular slogan at Prevent Child Abuse America. It is an indisputable fact that child maltreatment and high adverse childhood experiences are associated with short-term and long-term mobility, morality, and social functioning issues (Anda 2010), such as experiencing posttraumatic stress disorder, an increase in violent behavior, lower socioeconomic status, and an increased risk of chronic diseases (Fang 2012). Child maltreatment not only impacts the victim on a physical and emotional level, but it also affects taxpayers. In 2012, it was estimated that the cost per victim of nonfatal child maltreatment was $210,012, whose total made up of costs from childhood health care costs, adult medial costs, productivity losses, child welfare costs, criminal justice costs, and special education costs. Another $1,272,900 was estimated per fatality of child maltreatment, with figures coming from costs of medical expenses and productivity losses (Fang 2012). The Child Maltreatment Report of 2011 released in its annual fiscal end report that over 82 percent of children who died from child abuse were under the age of four years old in the United States (Protect Our Kids Act 2012). "Child abuse and neglect affects over one million children every year and costs our nation $220 million every day," (Federal Public Policy Agenda 2016). However, with the implementation of public policy and programs, like Healthy Families America program, taxpayers could potentially be saving $80 billion a year (Federal Public Policy Agenda 2016).

Healthy Families America (HFA) is a program of Prevent Child Abuse America, launched in 1992. "HFA is a nationally recognized, evidence-based home visiting model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. In February 2011, the United States Department of Health and

Human Services designated HFA as a proven home visiting model," (Healthy Families America 2016). Operating in 20 states, HFA programs has proven successful outcomes from control trails, such as child safety, child health, parent-child interaction, school readiness, family self-sufficiency, and coordination of services and referrals (Healthy Families America 2016).

In looking at the HFA model, the program deals with providing support with three key words: affordability, access, and quality. With affordable and quality access to heath care, childcare, nutritional programs, and treatment services (Promoting Child Development), HFA helps bring basic needs to families who need the resources. By sharing information and providing support, families who are at-risk are becoming informed and aware.

HFA has a rigorous checklist in order to become eligible for services. Most of the clients under HFA are first-time, single moms under the age of 19, with unstable housing. Home visiting begins prematurely, is frequent, and ends when the child is five-years-old. A challenge HFA sites have are keeping up with expansion on a financial level. It is one success to take on 200 families in the first year and continue to see the families on a long-term basis; it is another milestone to continue taking in 200 families each year while still seeing the previous families through the program (Leventhal 2001).

Making changes on this big of a scale is expensive. HFA is federally funded and relies on grant money to complete research, data collection, training, and recruitment. Currently, state grants allocate less than $26 million dollars nationally towards funding for prevention programs. Some states receive less than $100,000 of this total (Federal Public Policy Agenda 2016). This total compares to the $460 million allocated federally to the Child Protective Service agency (Leventhal 2001).

Another challenge faced by the Healthy Families program is there is no national strategy and policy framework. Without a standardized assessment for determining child maltreatment, each community will go on to create their own prevention methods, and there will be no universal collaboration for combating this issue (Federal Public Policy Agenda 2016). This is especially pertinent when surveying a needs assessment in a community, especially in finding the high-risk communities. One community may seem to be more at-risk than another, but this might just be because people are not speaking out in this community or the measurement of child maltreatment is different between communities.

Resources

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