

CONSORTIUM CONNECTIONS

In this issue

Come with us to a lively gathering of private citizens and public officials, a family reunion of parent advocates and policy makers, researchers and community leaders, teenagers and grandparents. In this issue we bring you a slice of Family Re-Union 7: Families and Health, the latest in a series of national meetings co-sponsored by the Children, Youth & Family Consortium. Held June 22 and 23, the conference was a place to share family stories, research findings, program descriptions, policy discussions, and searching questions. The articles in this issue highlight just a

few of the many Minnesota programs that embody a family-centered approach to health. All the contributors were conference presenters, participants or planners, and they represent the many Minnesotans who make up the Consortium. Please join us in continuing to work toward healthy families and communities. Visit our Family Re-Union web site (www.familyreunion.org) or the Consortium's Electronic Clearinghouse (www.cyfc.tc.umn.edu). Add your name to our listserv or contact the Consortium office with your ideas and comments (612/626-1212).

Families at the Center of Health and Well-being

Martha Farrell Erickson, Ph.D., Director, Children, Youth & Family Consortium

When a 6-year-old gets the chicken pox or a grandpa has a heart attack, it is the family that provides the motivation, support, and ongoing care on the road to wellness. When a 14-year-old makes critical health-affecting decisions about sexual behavior or substance use, family is key. In our communities, strong families are the building blocks that support safety and wellness for all. And in the world of professional health care, it is families themselves that can best teach providers about how to build on the power of families to promote and maintain the health of their members.

That is why families were at the center of the discussion on June 22 and 23 when over a 1,000 people gathered in Nashville, Tennessee for Family Re-Union 7: Families and Health. The seventh of an ongoing series of annual family policy conferences moderated by Vice President Al Gore, it was sponsored once again by the University of Minnesota's Children, Youth & Family Consortium and Vanderbilt University's Child and Family Policy Center. Minnesota was well represented by the 44 people who traveled to Nashville and many others who participated at local satellite down link sites or through cybercast on the web.

Broad questions framed the Family Re-Union 7 conversation and the ongoing action and planning that followed: What is the family's role in staying well? What do families need to know to support physical and mental health? How can we make health policy work for families? How will we measure success? These questions touch all of our lives in deeply personal ways, whether we are a social worker in Bemidji, a truck driver in St. Paul, or the Vice President of the United States.

As I prepared for Family Re-Union 7, I thought often of people in my own circle of family and friends for whom the Family Re-Union conversation has special and immediate importance. I thought of Randy, recently diagnosed with cancer, whose young sons are struggling to understand why daddy is too tired to read them their bedtime story. I thought of Ellen, who races home from work each day to care for her father, who suffers from Alzheimer's. I thought of Yvonne, who lives in a neighborhood where violence is the greatest threat to her young son's survival. I thought of 2-year-old Jessica who has made far too many visits to the ER because of asthma attacks, and whose survival and health hinge on whether her family gets the information they need to manage her chronic illness. And I thought of David, chief financial officer of a large health care system, who understands that his company's bottom line also depends on Jessica's family getting the information it needs.

With a topic so large and far-reaching, Family Re-Union 7 is just one step in an ongoing effort to ensure that families are recognized as central to health and wellbeing. The CYF Consortium is committed to keeping that conversation alive and working for family-centered policies and practices, and we invite you to join us in that effort.

Mission Statement

The Children, Youth & Family Consortium was established in fall 1991 in an effort to bring together the varied competencies of the University of Minnesota and the vital resources of Minnesota's communities to enhance the ability of individuals and organizations to address critical health, education, and social policy concerns in ways that improve the well-being of Minnesota children, youth, and families.

A SMART Plan for Healthy Families

While heralding many local efforts to involve families more fully in their health care decisions, Vice President Gore also challenged the participants of Family Re-Union 7 to expand and improve upon family centered care. He described five steps to help the nation meet that challenge and dubbed it the SMART plan for family-centered health:



Billy Kingsley

"Let's put the family at the center of the solar system so that all of the care-givers orbit around the family...families will then have an easier time making sense of their relationship to the various sources of care that they need."

—Vice President Al Gore

"We can, and we must, do a better job of creating environments that allow us to work with families in maintaining health and restoring health...We need to fund a more balanced research agenda. We've very strong in biomedical science research but not as strong in behavioral research or prevention or community-based research, and the message [from Family Re-Union 7] is that we've got to do a better job with that, and we're listening."

—Dr. David Satcher, Surgeon General

"We need to invest in things that we know work for families—home visiting, immunizations, dependency court reform, child abuse prevention. There is data to show that those programs work, that they are cost effective, and by moving dollars out of bureaucracy and into a more family-responsive system, we are investing in outcomes that are going to be better for the community."

—Dr. Rob Ross, Director, Health and Human Service, San Diego County, California

S — Support. 21 million Americans provide health care to members of their own families, a threefold increase over the last ten years. We know that families are more than willing to give care to family members, but they are often exhausted by it — they need support systems, adult day care, and respite.

M — Measure. We have to measure the performance of our health care programs and report it in a language that families can understand. The newly formed Health Care Quality Forum will design a plan to insure the widespread availability of comparative information on health care providers.

A — Ask. Ask families for their knowledge and their participation. Ask the medical community to help design new ways to involve the family. Ask and then listen to the answers that families provide.

R — Respect. We must make sure each health care professional respects the power of families and offers families the information, guidance, assistance, and encouragement they need to keep their members healthy.

T — Train. Doctors and other health care professionals must be trained to be more knowledgeable about the needs and roles of families. Families must be trained in how to use new technologies to make sound decisions about health care. A new Internet site (www.medicare.gov) is designed to help families gain access to the specific health plan options available in their own communities.

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Family Connections: Protecting Adolescents from Harm

Robert Blum, M.D., M.P.H., Director,
Division of General Pediatrics and Adolescent Health, University of Minnesota

In the United States, as elsewhere around the world, the majority of all deaths in the second decade of life occur because of unintentional injury, suicide and homicide. Risky behaviors such as drinking and driving, access to guns, and failure to use seatbelts are significant contributors to the juvenile death rates. So, too, are broader social issues such as poverty and the lack of economic opportunity for certain segments of youth, educational failure, and economic policies that result in fewer and fewer hours available for parents to be with children.

A familiar myth tells us that as young people move into the adolescent years, their peers become more important and the influence of parents diminish. A new study suggests otherwise. Recently, 18 federal agencies led by the National Institute of Child Health and Human Development supported the largest study of adolescent health ever undertaken in the United States. It involved in-home interviews of over 12,000 teenagers and their parents, most often their mothers. Here are some early findings:

- Connectedness with parents is associated with less smoking, drinking, and drug use. It is associated with less interpersonal violence and less emotional distress. Young people who report feeling close to parents have a later age of sexual debut than do peers who report feeling disconnected.
- Teenagers who don't have access to guns in the home report that they are less likely to have suicidal thoughts or to have attempted suicide and they are also less likely to report interpersonal violence. Likewise, young people who don't have access to cigarettes in the home report being less likely to smoke, and those without alcohol are less likely to drink than their peers.
- Teenagers who tell us that their parents have high expectations for school completion and school performance are less likely to participate in all risk behaviors than are their peers.
- While parent involvement in the lives of their adolescent children is critical, there is no magical time of day. Specifically, being home after school does not appear to be any more protective than being home for dinner or in the evening.

In addition, we find that young people who hear clear messages from their parents about not being sexually active are less likely than others to report

having had intercourse. Over 90% of parents believe their adolescent children should postpone being sexually active. Yet, some parents feel they do not have the communication skills or the necessary connections with their children for those messages to be heard. There is no doubt that parents want the best for their children — and that doesn't change when their children are teenagers. Nor, does the importance of parents diminish during the teenage years. The role of a health care system must go beyond standing at the bottom of the cliff with an ambulance to pick up young people who become injured or die. Rather, a fully functioning health care system should:

- Link health, education and employment. We need to integrate service provision to a far greater extent than we currently do.
- Look in unusual places for interventions that really work. We will not make significant strides in improving the health of young people if we focus solely on the health care sector and ignore root causes, such as the lack of safe communities.
- Educate parents about what diminishes risk during the teenage years. Every parental approach does not work equally well. While we put emphasis on anticipatory guidance for parents of young children, we assume that parents of school age children know what to do.

All of us in health, social services, and education must work to increase communications and connections between adolescents and their parents. It is what parents want and children need. When a recent national poll asked teens who they admired most, the majority answered ...their parents.

Friday, September 25, marks the 20th anniversary of the Adolescent Health Program and the Konopka Lectureship at the University of Minnesota. In honor of the occasion, a workshop and public lecture celebrating "Best Practices for Improving Adolescent Health" will be held at the Minnesota Club, St. Paul. Featured speakers include Dr. Henry W. Foster, Jr., consultant to the Department of Health and Human Services and the Center for Disease Control and Prevention, and Lisbeth Schorr, author of *Common Purpose: Strengthening Families and Neighborhood to Rebuild America*. For more information call 612/626-2820.

"Before my father died in 1993, he went to see a new doctor who had taken over the practice of his long-time physician. When he got into the waiting room, there was no receptionist. He had to push a button and an automatic voice came on and asked him who he was. My father said, 'None of your business. I'm leaving!' ... We don't want to be treated like numbers, and we especially don't want our children and our parents and our loved ones treated like numbers. How do we take the benefits of a changing health care system and put them to work on behalf of all of us?"

— Hillary Rodham Clinton

"Families have an awful lot to offer the research model. Over a ten-year period, institutions doing research in autism were only able to garner a small handful of families to study genetically. But, in just a nine month period, our family-to-family organization, Cure Autism Now, was able to get 550 multiplex families into the data bank and have this material out there for all researchers to use."

—Dr. Ricki Robinson,
mother of an autistic child
and co-director of the Descanso Medical
Center for Development and Learning

"We have moms in our program who don't go to prenatal care appointments because they can't miss work. We can't afford to lose a mom or her baby because she couldn't get to her appointments or didn't sign up for insurance because she didn't know how to apply or had to apply during her working hours or had two other kids at home."

—Milagros Batista, Program Manager,
Best Beginnings

"Medical centers aren't the sun...families are the sun that medical centers, doctors, teachers, social workers, and other care givers should rotate around."

—Maggie Hoffman,
one of three parents who
founded Project DOCC,
Manhasset NY

“Children need a certain kind of medical care, what we call a ‘medical home,’ where there is comprehensive, continuous health care that is family friendly and accessible to parents...If children don’t have access to medical homes, whether they are in a welfare hotel in New York City or in an isolated, rural area of West Virginia, the consequences are dire. They’re inadequately immunized and susceptible to chronic illnesses like asthma that emanate from the simple fact of the lack of access.”

—Dr. Irwin Redlener, President,
Children’s Health Fund

Listening to the Heart, as well as the Heartbeat

For two days in June, people gathered from all over the nation to re-define the meaning of family-centered health care. While the summer sun turned the Vanderbilt University campus into a steam bath, inside the auditorium and classrooms participants in Family Re-Union 7 were grappling with ways to put families at the center of health care and public policy. Parents and policy makers, hospital administrators and young people, medical practitioners and researchers, directors of grass roots community projects and our highest national leaders, all had a chance to be heard. Here are some of the things they had to say:

“Our system of medical care, while scientifically ingenious, has not made proper use of the crucial healing power of the family. It has too often left family members confused and abandoned in the waiting room.”

— Vice President Al Gore

“When my mother was diagnosed with breast cancer back in 1991, there was nothing out there for kids whose parents have cancer..it’s still extremely hard for most kids to talk to the doctor about a parent’s illness...I really needed friendship, education, understanding and support, and that’s what I couldn’t find, so I started Kids Connected.”

—Jon Wagner-Holtz, founded Kids Connected in 1993
when he was 11 years old.

“When you hospitalize a child, you’re hospitalizing the entire family...Daniel has had at least 47 doctors in his seven years of life. Forty-seven doctors come in and come out of his hospital room. But, we—his father and I, and his sister and brother—are the constant in his life. We are the ones who can help promote and facilitate his health care.”

— Julie Moretz, Family Advisory Council, Medical College of Georgia
Children’s Medical Center.

Many more quotes from Family Re-Union 7 participants are printed in the margins of this newsletter.



Billy Kingsley

“Individuals with strong social networks—and the family is at the core of those networks—are much less likely to develop tuberculosis, arthritis, depression, as they grow older, and in general they lead healthier and longer lives than those without social support.”

—Dr. John Rowe, President,
Mount Sinai Medical Center,
author of *Successful Aging*

“Four million children live in households headed by grandparents, and yet grandparents often feel abandoned by the health care system. We’re going to be taking the initiative this year to work with our AARP members on behalf of low-income children. We want to help get the word out about enrolling children in the new child health insurance program because we think that grandparents can be a very constructive voice.”

—John Rother, Director of Public Policy,
American Association of Retired Persons

At Home With Families

*Amy Susman-Stillman, Ph.D., Program Coordinator,
Harris Center for Infant and Toddler Development*

Health starts at home. Ask anyone who has taken part in a home visiting program for families of infants. Home visits by nurses and other care providers are a tried and true way to support families at times of great stress, improve the health of children, and increase the economic independence and self-reliance of parents. At Family Re-Union 7, Dr. Ruby Hearn of the Robert Wood Johnson Foundation was asked to list the important health care successes over the past 25 years. She began the list with home visits. “Home visits,” Dr. Hearn argued, “yield important results not only for the infant, but also for the mother and the mother’s future.”

Promoting family health is at the heart of the one year old Irving B. Harris Training Center for Infant and Toddler Development housed within the University of Minnesota’s Institute of Child Development. This spring, the Harris Center’s Visiting Scholar program featured Dr. David Olds, a nationally recognized expert on home visiting from the Prevention Research Center at the University of Colorado, Denver. Dr. Olds participated in University and community-based forums and discussions with faculty, students, practitioners and policymakers that focused on research findings, practices and policies. One of Dr. Olds’ research studies, referenced at Family Re-Union 7, found a significant reduction in smoking occurred in those mothers who had received home visits by nurses. A reduction in smoking has important consequences for the future health of both mother and infant.

In its second year of operation, the Harris Center will launch a collaborative research project with Allina Health Systems, United Hospital, and the Face-to-Face Clinic in St. Paul to test a model that includes home visiting as a strategy for building strong, positive relationships between health care providers and parents. Parents will be able to learn about child development and parenting from a familiar, caring professional in the security of their own home.

By educating trainers, supervisors, front-line workers, policymakers and parents, the Harris Center is working to disseminate quality, timely information about infant and toddler mental health. For more information, please contact the Harris Center at 612/624-4510 or whale010@tc.umn.edu.

Parents as Teachers: Families Welcome Pediatric Residents

Harriet Kohen, Program Coordinator,
Center for Children with Chronic Illness and Disability

Most pediatricians only see young people in clinical settings when they are acutely ill or hospitalized, and this is especially true for young people with chronic conditions or disabilities. Doctors rarely have the opportunity to learn first hand how families manage their day to day lives or what special skills and expertise parents develop in managing the often complicated care for their child.

Parents as Teachers (PAT) is a model training program in the University of Minnesota's Department of Pediatrics that asks doctors to step beyond the examining room. In the four week mandatory Developmental Disabilities rotation, all pediatric residents visit the homes of families who are raising children with chronic and disabling conditions. Residents learn how families negotiate their child's daily health and medical, educational and human service needs, and in the bargain both families and physicians learn to communicate with each other.

Envisioned in the fall of 1989 by a group of parents from PACER Center, a parent training and advocacy organization in Minneapolis, this innovative program developed as part of the Center for Children with Chronic Illness and Disability. The program assumes that parents are experts in family-centered care. Parents are paid for teaching and are serious about the commitment to improving education for physicians. One parent proudly observes, "It empowered me...the experience helps to personalize and see what the family of a chronically disabled child goes through."

At the beginning of the rotation cycle, each pediatric resident is paired with a family that has children with special health care needs. Through home visits, the family shares its expertise as the child's main caregiver which often includes elaborate home medication regimens. But it's not all work and no play. The residents are also invited to visit the child's school, to join a family outing such as bowling, or to go out for dinner. At the end of the rotation a facilitated session with the family allows residents to discuss their experiences, ask questions and hear feedback from the family. Finally, residents write a letter to the family reflecting on what they have learned. One resident revealed, "I have cared for disabled children hospitalized with acute disease processes and then have discharged them after the immediate problem was resolved. I did not give enough thought to their daily living needs and of the impact that caring for these children had on their families."

Since its inception, 36 families have taught over 200 residents. By all accounts PAT is a success. Future pediatricians are learning to pay attention to the depth of parents' medical knowledge about their child's illness or disability, and parents are learning how to enhance the necessary partnership between families and physicians. One pediatrician summed up the program's impact this way, "It helped me understand what a family with a disabled child has to go through—both at home (the extra help needed) and at school. And also what the system has to offer or has taken away."

The impact of PAT goes beyond the specific issues of families living with chronic illness and disability. It has important lessons to teach about all families seeking health care. As one pediatrician marveled, "One of the best lessons they taught me was how important it is for us as health care providers to communicate clearly and how important it is to listen." And they learned this lesson at home.

For more information, please contact Ceci Shapland at PACER Center, 4826 Chicago Ave. S, Minneapolis, MN 55417, or Harriet Kohen at the Center for Children with Chronic Illness and Disability, Box 721 UMHC, 420 Delaware St. SE, Minneapolis, MN 55455.



Treatment for Health and Disability

"It's not likely we're going to see durable improvement in outcomes for disadvantaged children until we spend some time, some thought, and some money trying to find ways to insure that these children have strong, resilient, functioning families. That statement, which should be just common sense, I have found is almost radical within large portions of the foundation community."

—Ralph Smith, Vice President,
Annie E. Casey Foundation

"When parents are part of the health care team, enormous healing occurs."

—Juliette Schlucter, parent,
Philadelphia

"We must listen not just to the heartbeat, but to the heart."

—Pat Sodomka, Executive Director,
Medical College of
Georgia Hospital and Clinics

Parents as Teachers provides physician trainees with a realistic view of daily life and issues facing families:

1. The range of family responsibilities assigned to a child or adolescent with a disabling condition ;
2. The ways families normalize the environment for the disabled child as well as for the rest of the family;
3. The depth of knowledge about a

child's medical condition that families are required to learn;

4. The role that culture plays in when and how families make use of health care services;
5. The necessity of working as a team with physicians and other professionals; and
6. The role of community support.

Consortium Calendar

September

September 14

"Assets for the Poor: Claiming the American Dream." Earle Brown Continuing Education Center, University of Minnesota, St. Paul. The daylong conference will explore strategies that help build financial assets in low income families and communities, specifically Individual Development Accounts. Sponsored by Family Social Science Department and the College of Human Ecology, University of Minnesota. Call 612/625-1900 or visit <http://outreach.che.umn.edu/cfep>.

September 25

"Best Practices for Improving Adolescent Health" Conference and the Gisela Konopka Adolescent Health Lectureship. Featured speakers include Lisbeth Schorr on "Building Effective Programs for Youth" and Henry Foster, Jr. on "Taming the Tempest of Teen Pregnancy." The Minnesota Club, 317 Washington Street, St. Paul. Call 612/626-2820.

September 28

"Protecting Children in Substance-Abusing Families." This day-long forum is presented by the Center for Advanced Studies in Child Welfare, School of Social Work, U of M. Seating is limited and pre-registration is required; call 612/626-8202 for more information.

October

October 1, 2, 8, 22 & 29

"Live & Learn" Workshops are being offered in seven locations around the state during the month of October. A project of the University of Minnesota Extension Service, these 3-hour workshops address ways that parents and teachers can help children become successful learners. Contact Sheila Krejci, 612/898-3222 or Diane Nagler, 612/432-9038.

October 5-8

"Navigating Our Future," University of Minnesota Extension Service Annual Conference, Duluth Entertainment and Conference Center. Sessions emphasize changes and emerging trends in agriculture, education, and technology. Call 612/625-2787 or visit <http://www.extension.umn.edu/~am conf>.

October 13

Children, Youth & Family Consortium's Public Policy Forum, "Safe Havens for Children: Balancing Family Preservation with Child Protection." Earle Brown Continuing Education Center, University of Minnesota, St. Paul. (See Consortium Update for details)

Best Practices in Adolescent Health

Judith Kahn, Director, Konopka Institute on Best Practices in Adolescent Health, University of Minnesota

Things have changed since we were kids. For us, good health meant being immunized or treated for infections. Today, social ills are the major killers of young people, accounting for nearly 80 percent of all deaths during the teenage years. Of these, tobacco, alcohol, violence, and teen pregnancy are the most serious threats to our children's future. And, they represent major social and economic costs to our state.

The Konopka Institute on Best Practices in Adolescent Health, a collaborative effort of the Schools of Medicine, Nursing, and Public Health, was created to focus on the health and capacity of young people. Grounded in theories of healthy youth development, the Institute was named after Gisela Konopka, Professor Emerita, School of Social Work, whose landmark research on adolescents and principles of working with youth and communities continue to inform the field.

Established less than a year ago, the Konopka Institute promotes educational exchanges between the University of Minnesota and service providers, policymakers, parents and community leaders who work with high risk youth. The Institute works to identify and disseminate best practices for reducing risk-taking behaviors among youth; to evaluate existing community youth-focused intervention efforts; and to strengthen a community's ability to design prevention interventions.

Despite disturbing trends in adolescent health and well being, we are not without solutions. Within Minnesota and across the country, interventions have been developed that are effective or hold promise; these "best practices" need to be disseminated and adapted to new settings.

For more information about Konopka Institute services and activities, contact Konopka Institute director, Judith Kahn, at (612) 625-8417.

Safe Families and Communities

Jan Malcolm, Vice President of Public Affairs, Allina Health System

Why should a health care organization be involved in crime prevention? Because hospital emergency rooms are the first place that victims of violence are seen, and health systems have a unique opportunity to intervene and help prevent violence. Violence represents an enormous drain on our health care resources and siphons resources away from other worthy efforts such as prevention and community well being. For a hospital or health system the bottom line is clear: violence is a health care issue.

Minnesota HEALS (Health, Education, Law & Safety) is a statewide partnership dedicated to bringing about a healthier and safer community. The Allina Health System and Honeywell, Inc. took the leadership in forming HEALS in 1997 following a dramatic spike in the homicide rates in Minneapolis. Strong business interests also motivated these corporations that have hospitals and offices in the hardest hit neighborhoods. The goal of HEALS is to support public-private initiatives that restore hope to troubled neighborhoods and create a forum for sharing ideas and coordinating efforts. These community efforts can be as simple as Abbott-Northwestern Hospital's free tattoo removal program for former gang members, or as

technically complicated as the Day One Project, which links information from metro area shelters in such a way that a domestic abuse victim can find a shelter in just one phone call.

The Phillips Partnership, an outgrowth of Minnesota HEALS, takes on two core issues of community health—job training and affordable housing. The Train to Work employment program, which began in September 1997, helps low-income residents find and keep jobs right in the neighborhood, many at Allina's Abbott Northwestern Hospital. Thirty-five of the 41 graduates are now employed, and the goal of the program is to place 150 neighborhood residents in jobs paying livable wages. The 8 square block area adjacent to Abbott Northwestern Hospital is also getting a face-lift. Allina and Honeywell, Inc. have joined forces to develop new housing and rehabilitate the old in an effort to make the neighborhood safer and more stable.

Preventing violence and helping families gain respectable employment and housing are community investments that health care systems are ready to make. Allina Health System, for one, is leading the way. For more information about Allina programs, please visit www.allina.com

CONSORTIUM UPDATE

Forum on Issues in Contemporary Child Welfare

On Tuesday, October 13, from 3:00-5:00 PM, the Consortium will host a public policy forum entitled "Safe Havens for Children: Balancing Family Preservation with Child Protection." The forum will address one of the fundamental issues facing contemporary child welfare, striking a balance between preserving the unity of the family, on the one hand, and protecting children from abusive family environments, on the other. What values and research underlie policy regarding out-of-home placement, kinship care, risk assessment, and the goal of a permanent placement for every child? The featured speaker is Esther Wattenberg, Professor, School of Social Work, and Director of the Center for Advanced Studies in Child Welfare, University of Minnesota, Minneapolis. Drawing upon her many years of research and public policy experience, Professor Wattenberg will provide a philosophical and legal framework for the discussion of the enormous changes reshaping the child welfare system and the fundamental task of keeping the well being of children at the center of public policy. A panel of respondents will start off the discussion.

The forum will be held in Room 135C, Earle Brown Continuing Education Center, University of Minnesota, St. Paul Campus. For more information, call the Consortium office at 612/626-1212.

Welcome to Connie Blasing, the Consortium's new Executive Secretary. Bringing a varied background in business administration, accounting, and marketing, Connie will assist with guiding and maintaining the many systems that keep the Consortium running smoothly. One of Connie's most fascinating former positions was as a statistical analyst and information specialist for the U.S. Army Corps of Engineers. Active in civic organizations and youth work, Connie is excited to be joining the Consortium because it's a way to use her business skills to help children and communities.

CONNECTION CORNER

Children Reflect on Families and Health

"Families and Health: A Child's Voice," a 20 minute video commissioned for the Family Re-Union 7 Conference, is now available for purchase. The video consists of interviews with young children who express their opinions, fears, and hopes regarding their own illness or the illness of family members. In introducing the film at Family Re-Union 7, Tipper Gore reflected, "We hear each year from experts about successful programs, but it's also really important that we hear the

voices of children. Their honesty, their depth of feeling, and the way they express themselves cut straight to the heart of the matter." Parents, teachers, medical staff, therapists, young people and all those who care for them will find this video an important resource for discussion and reflection. To order call 617/353-3483 or send \$75 to: Michael Stevenson, Boston University, College of Communications, Department of Film and TV, 640 Commonwealth Ave, Boston, MA, 02215.

Symposium on Gender and Child Development

What role does gender play at each stage of a child's life? What messages about race and gender do young children receive? How can we help raise boys and girls into emotionally healthy and successful men and women? Explore these and other questions at "Gender Journeys: Embracing the Unique Qualities of Gender," a symposium for parents, teachers, health care providers, and all those who work with and care for children. Speakers include Don Elium,

Peggy Orenstein, Michael Gurian, and Vivian Jenkins Nelsen. Symposium sponsors are St. David's Child Development and Family Services, Hennepin County Medical Center, and the Children, Youth & Family Consortium. Held Friday, November 13, 8:00 AM - 4:45 PM, at the Hyatt Regency, Minneapolis. For more information, please call 612/939-0396, ext. 500. Feel free to copy & distribute the registration form found below.

October 15-17

"The Effects of Early Adversity on Neurobehavioral Development," 31st Minnesota Symposium on Child Psychology. Frederick Weisman Art Museum, University of Minnesota, Minneapolis. All lectures are free and open to the public. CE credits available from the Minnesota Board of Psychology. Supported by Institute of Child Development and Center for Early Neurobehavioral Adversity. Call 612/624-0526.

October 22-24

"Closing the Gap" Conference, an international conference featuring microcomputer technology in special education and rehabilitation. Parents, teachers, care givers, service providers, medical staff, and policy makers are encouraged to attend. Hotel Sofitel and the Radisson South Hotel, Bloomington, MN. Call 507/248-3294 or visit www.closingthe.gap.com.

November

November 5-7

The Search Institute's Second Annual "Healthy Communities, Healthy Youth" Conference is for individuals and teams, both youth and adults, involved in positive youth development. The conference offers more than 80 sessions, as well as keynote speakers, small group discussions and a poster session. Radisson Hotel, St. Paul, Minnesota. Call 800/958-8875 or visit www.search-institute.org.

November 13

"Gender Journeys: Embracing the Unique Qualities of Gender," Hyatt Regency, Minneapolis. (See Consortium Corner for details)

December

December 4

"The Family as a Moral Community," annual conference of the Minnesota Council on Family Relations, will be held at the Sheraton Minneapolis Metrodome. Keynote speaker is Dr. William Doherty, Family Social Science, University of Minnesota-Twin Cities. Call MCFR to register 612/639-6028.

December 10

"Celebrating 50 Years of the Universal Declaration of Human Rights: Bringing Human Rights Home to Minnesota." For more information contact the Minnesota Advocates for Human Rights 612/341-3302.

Gender Journeys

Embracing the Unique Qualities of Gender

Costs: \$95, \$65 Student (ID required)

\$80.75 Group (five or more)

_____ Total paid

Payment: Check (payable to St. David's)

Visa/Mastercard

Card number _____ exp. date _____

Name on card _____

Signature _____

Name _____

Organization _____

Address _____

City/State/Zip _____

Phone (W) _____

Email _____

Mail Registration and payment to:

St. David's Child Development & Family Services

Attn: Symposium

3395 Plymouth Road, Minnetonka, MN 55305

For more information, call 612/939-0396

Registration Deadline: November 1, 1998

ON LINE

Michael J. Brott, *Community Partnership and Information Coordinator*
Melinda Voss, *Research Assistant*

You can't watch television or pick up a magazine without seeing funny looking letters and words strung together indicating a world wide web site on the Internet. The Consortium has long used the Internet as a vehicle to disseminate quality information about child and family related issues. We are pleased to continue to assist our *Consortium Connections* readers with this new regular feature on Internet resources.

Family Centered Care on the Web

Family-centered care was one of the main themes from Family Re-Union 7: Families and Health. The web provides several key sites that help practitioners and family members understand the concepts and principles of family-centered care as it relates to their own health and well being.



Institute for Family-Centered Care

<http://www.familycenteredcare.org/> — A non-profit organization, the Institute for Family-Centered Care, is dedicated to advancing the understanding and practice of family-centered care. The institute serves as a resource for both members and health care practitioners. This site shares information, facilitates problem solving and promotes dialogue among individuals and organizations working toward family-centered care.

The Nathan Cummings Foundation

http://www.ncf.org/ncf/publications/reports/famcare/report_famcare.html — The foundation held a forum June 5, 1996 exploring questions around family-centered care. This site offers a synthesis of the issues, concerns and ideas that emerged from that meeting.

Health Care Reengineering for the Military Health Systems

<http://www.ha.osd.mil/hcr/pfcc.html> — This site offers a list of questions to help your facility become more patient-centered and family-centered.

Association for the Care of Children's Health

<http://www.ACCH.org/ACCH/> — This is a multidisciplinary organization of healthcare providers, family members, facility designers, teachers, child life specialists, chaplains, therapists, librarians, researchers, hospitals and others.

Kaiser Permanente

<http://www.php.com/kaiserb.htm> — This site offers information on how to create a model for family-centered, community-based, culturally competent managed care plans through a collaborative relationship between a parent-directed family resource center and Kaiser Permanente.

And, of course, don't forget the Consortium's own web site resources:

Consortium's Electronic Clearinghouse www.cyfc.umn.edu

Family Re-Union www.familyreunion.org

Who's the Consortium?

Joän Patterson is Chair of Maternal and Child Health and Director of Research for the University of Minnesota's Institute for Health & Disability. A family therapist, educator, and researcher, Joän serves on the Consortium's Advisory Council and attended the Family Re-Union 7 Conference.

Ceci Shapland, Project Coordinator, PACER Center, was part of the Minnesota delegation to Family Re-Union 7, speaking out for parents as teachers and experts on family health issues. Ceci's work reflects her strong belief that children and families with chronic illness or disability share the same strengths, needs and hopes as other children and families.

Pat Tommet, Director of Family Centered Care at Minneapolis Children's Hospital, is a new member of the CYFC Advisory Council and attended Family Re-Union 7. The programs that Pat leads at Children's Hospital are often held up as models of innovative family-centered care in Minnesota.

Jan Malcolm, Vice President of Public Affairs for Allina Health System, participated in Family Re-Union 7 as a roundtable panelist. Jan has served on the Governor's Commission on Health Care in Minnesota and is currently President-Elect of the Minnesota Council of Health Plans.

And the Consortium is YOU!

Consortium Listserv

Do you have email? Would you like to be kept informed on what is happening at the Consortium and its related activities? The Consortium has established a new email listserv that will send you periodic notices about conferences, trainings, research and other child and family related information. To sign up, email your name and email address to cyfc@tc.umn.edu.

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