MCH Nurse Home Visitation:
Durham Connects and the Family Connects Model

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Presenter disclosures

Elizabeth Stevens, MPH, RN

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

no relationships to disclose.

Nurse home visiting history

- Bellevue Hospital in NY (1731/1732) – founded SON in 1873
- Expansion of urban settlement houses (1900-1920s)
- Nursing moves toward hospitals and clinics following WWI
- 1935 – Title V Maternal and Child Health program funded as part of Social Security Act
- Resurgence of home visiting as part of War on Poverty (1960s)
- 1977 – First Nurse Family Partnership study launched in Elmira, NY
- 1992 – Healthy Families America model established
- 1995 – Early Head Start established from the Head Start model
- 2010 – Affordable Care Act designates funding specifically for home visiting, establishing Maternal, Infant, and Early Childhood Home Visiting program (MIECHV)

http://homevisiting.org/history

Successes of targeted home visiting

- Intensive intervention for higher-risk families
- Long-term services show improved maternal and child outcomes
- Examples: Nurse Family Partnership, Parents as Teachers, Healthy families America, Early Head Start

- Considerations:
  - More expensive per family
  - Demographics factors do not always predict risk

The case for universal home visiting

- Every family is vulnerable at the birth of a child
- Universal is the route to community-level change
- Complementary to more intensive targeted programs, as a cost-effective way of triaging and referring families
- Non-stigmatizing entry into the community's system of care
- Gaps in the system of care can be identified

The Family Connects Model

- *Connect* with all families after birth
- Home visit scheduled for 2-3 weeks postpartum
- Individualized assessment of family risk and needs
- Education and supportive guidance by home visiting nurse
- *Connection* to appropriate community resources
- Parents *connect* more easily with their newborn

Family Connects in Durham County, NC

- Program based out of non-profit Center for Child & Family Health
- 2 main birthing hospitals
  - Target population = all Durham County births
- 8 home visiting nurses + 1 nursing supervisor
- Community characteristics (2014):
  - Urban community with population ~300,000
  - 53% White, 39% Black, 13% Hispanic
  - 19% living below poverty level 2009-2013
- Funding from local endowment, county, Medicaid, small grants

US Census QuickFacts, Durham County, NC

Results from evaluation in Durham

- 1st RCT July 2009-Dec 2010
  - 4,777 families, even day births received intervention (69% penetration rate)
  - Independent impact evaluation using intent-to-treat design
  - At age 6 months:
    - More mother-reported positive parenting behaviors
    - Higher quality blinded observer-rated mother parenting
    - Higher quality mother-rated father-infant relationship
    - Higher quality child care center quality (when in care)
    - Higher quality blinded observer-rated home environments
    - Less mother clinical anxiety
  - At age 12 months:
    - 85% fewer hospital overnights
    - 50% less total infant emergency medical care
    - For every $1 spent, $3.02 saved by community in reduced infant emergency medical care

Results from evaluation in Durham (cont.)

- 2nd RCT Jan 2014-June 2014
  - 937 families, odd day births received intervention (64% penetration rate)
  - Independent impact evaluation using intent-to-treat design
  - Results forthcoming from family interviews and administrative records
- Economic Evaluation
  - Looking at return on investment of program into childhood
  - Interviewing families and gathering administrative records from first RCT
  - Results forthcoming in 2016

Scaling up: Dissemination & implementation

- Step 1: Readiness Assessment
- Step 2: Program Installation
- Step 3: Initial Implementation
- Step 4: On-site Assessment and Certification
- Step 5: Full Operation
- Step 6: On-site Review
- Continuing Yearly Audits

Family Connects in Eastern NC

- 4 rural counties: Chowan, Bertie, Hyde, and Beaufort
- Several area birthing hospitals, recruit families using vital records and referrals from pediatricians/OBs
  - Target population = all births in above 4 counties
- 4 home visiting nurses + 1 nursing supervisor
- Community characteristics (2014):
  - Rural counties with 1 micropolitan area, total population 87,939
  - 62% White, 35% Black, 6% Hispanic
  - 23% living below poverty level 2009-2013
- Funding from state Race to the Top Early Learning Challenge grant, Medicaid

US Census QuickFacts, Chowan, Bertie, Hyde and Beaufort Counties, NC

Family Connects in Guilford County, NC

- Program based out of local health department
- 2 main birthing hospitals
  - Target population = all Guilford County births
- 15 home visiting nurses + 2 nursing supervisors
- Community characteristics (2014):
  - Rural county with 2 urban areas, population 512,119
  - 58% White, 34% Black, 8% Hispanic
  - 18% living below poverty level 2009-2013
- Funding from ***Smart Start*** grant, county, Medicaid

US Census QuickFacts, Guilford County, NC

Family Connects in Quad Cities, IA

- Program based out of health system's VNA
- Recruiting from 1 birthing hospital
  - Target population = all Scott County births + health system's births from Clinton, Jackson, and Rock Island Counties
- 3 home visiting nurses + 1 nursing supervisor
- Community characteristics (2014):
  - 1,166 births annually
  - 74% White, 13% Black, 4% Hispanic
- Funding from county foundation, health system philanthropy fund

Family Connects in Minnesota – Early stages

- Program will be based out of local health departments – Cook, McLeod, Sibley, and Meeker Counties
- Several area birthing hospitals, varying by county
- Teams vary by county
- Target community being determined, all counties are rural
- Funding currently being explored

Future directions

- Recent certification by US DHHS as an evidence-based home visiting program (Home Visiting Evidence of Effectiveness)
- Additional implementation sites in negotiation for several communities nationwide
- Establishment of a Family Connects "hub" in Durham, NC
- Continued efforts for sustained funding

Questions to consider

- What is the best "home" for a universal home visiting program (i.e. health system, local health department, visiting nurse association, etc.)?
- How can funding be sustained?
- How can the case be made to appeal to the local business community (improving the health of future employment pool)?
- How can a framework such as collective impact be used to entrench universal home visiting into the expected trajectory of care?

http://www.collaborationforimpact.com/collective-impact/

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