NURSE – FAMILY PARTNERSHIP PROGRAM

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Disclosure Statement

We both are employees for organizations that deliver the Nurse Family Partnership model but do not receive any financial compensation from Nurse Family Partnership.
Working Together to Ensure Healthier Families

Nurse-Family Partnership Overview
“There is a magic window during pregnancy...it’s a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse.”

David Olds, PhD, Founder, Nurse-Family Partnership
Nurse-Family Partnership is...

- An evidence-based, community health program
- Transforming lives of vulnerable first-time mothers living in poverty
- Improving prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse

Every dollar invested in Nurse-Family Partnership can yield up to five dollars in return.
Human Brain Development

Synapse formation dependent on early experiences

Shonkoff, J. & Phillips, D. (Eds.)
Trials of the Program

Dr. Olds’ research & development of NFP continues today...

1977
Elmira, NY
Participants: 400
Population: Low-income whites
Studied: Semi-rural area

1988
Memphis, TN
Participants: 1,139
Population: Low-income blacks
Studied: Urban area

1994
Denver, CO
Participants: 735
Population: Large portion of Hispanics
Studied: Nurse and paraprofessionals
Academic Achievement

Grades 1–3, Age 9—Memphis
(Born to low-resource mothers)

Preschool Language Scale

Age 4—Denver
(Born to low-resource mothers)

Reading and Math Achievement Test Scores (percentiles)

Nonparticipants

Nurse-Family Partnership Participants

85  86  87  88  89  90  91  92
Total Language Score

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Days Hospitalized for Injuries
Birth to age 2—Memphis

Months Between Births
Between first and second child
(by first child’s fifth birthday)—Memphis

Source: JAMA, 1997, Vol. 278, 650, Copyright © 1997, American Medical Association. All rights reserved.

Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.
Months Receiving Welfare Assistance (AFDC)
Birth through age 5—Memphis

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Months Receiving Food Stamps
Birth through age 5—Memphis

Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.
"They always say babies don’t come with instruction manuals, but if there was one, the Nurse-Family Partnership would be it."

Andrea, Mom from Pennsylvania
Overview

Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents’ economic self-sufficiency

Key Program Components

- First-time, at-risk mothers
- Registered nurses
- Intensive services (intensity, duration)
- Focus on behavior
- Program fidelity (performance management system)

Why Nurses?

- Knowledge, judgment and skills
- High level of trust, low stigma
- Credibility and perceived authority
- Nursing theory and practice at core of original model
Home Visit Overview

**Personal Health**
- Health Maintenance Practices
- Nutrition and Exercise
- Substance Use
- Mental Health Functioning

**Maternal Role**
- Mothering Role
- Physical Care
- Behavioral and Emotional Care

**Environmental Health**
- Home
- Work, School, and Neighborhood

**Family and Friends**
- Personal network
- Relationships
- Assistance with Childcare

**Life Course Development**
- Family Planning
- Education and Livelihood

**Health and Human Services**
- Service Utilization
Providence Nurse Family Partnership

- Enrolled first client January 2013
- Enrolled 120 clients
- 93 Active Clients
- 27 have been discharged or transferred to other NFP sites
  - Moved out of service area
  - Felt like they received what they wanted from the program
  - Unable to contact
- Have received 216 referrals since inception
  - 62% from Health care providers
  - 9% community Pregnancy Center
  - 8% from schools
  - 12% Self referrals
  - 1% Client referral
  - 8% WIC/Medicaid
  - 51% received prior to 16 weeks gestation

As of September 8, 2014
Some Early Data from Providence NFP

• Age ranges from 15-44 years old
• 90% of the mothers breastfed at the infant’s birth
• Breastfeeding continuation rate at 6 months of age is 45.5%. Which is an increase of 25% since the first data in December
• As of August 21, 2014
More Early Data from Providence NFP

Of 46 infants born (2 sets of twins)
• 10% low birth weight infants
• 2% preterm

• At 6 months of age 100% have completed the expected number of well child visits and are up to date on their immunizations. (N=16)

* As of April 22, 2014
Nutaqsiivik Home Visiting

• Alaska Native Medical Center started mother/baby home visiting by nurses in 1993.
  - It grew out of a health care improvement effort to reduce infant mortality among our population.

• Nutaqsiivik has looked different over time, but always focused on helping families with high "social risk."
Grant Award Results

• SCF won the largest of the tribal grants
• Federal funding required changes to the existing program
• Nurse Family Partnership (NFP) adopted
  - Evidenced based model that mirrored current program in many ways
• Implementation and integration of NFP began June 2012
Population served

- NFP’s normal approach is low income first time mothers before 28 weeks gestation.
- SCF negotiated a variance for this
  - We honor the traditional approach
  - But we also accept low income multiparous women less than 28 weeks that meet criteria that we consider social risk.
  - Currently we are serving
    - 162 active families
    - There have been over 200 families enrolled
    - Discharges are for a variety of reasons
    - Over 980 total referrals
      - 50% not eligible
      - 46% multips
      - 54% primips
      - Others declined services or no contact was made
Expected Outcomes

• Improved pregnancy outcomes
  – Decrease preterm birth
  – Decrease low birth weight babies
  – Decrease smoking
• Improved child health and school readiness
• Improved family self sufficiency
• 39 Benchmarks to be measured which fall into 6 constructs which include the above outcomes as well as the following constructs
  – Childhood injuries
  – Domestic violence
  – Coordination and referrals
• We do not have data to share on this yet
  – Our first report will be complete the end of this fiscal year
  – We are trying to work with Providence and other Tribal entities to be able to do some cross site comparisons
Nutaqsiivik NFP

- NFP was identified as being a good fit for SCF – except for their enrollment criteria.
- Dr. Olds and the NFP National Service Office were interested in working with tribal populations, we collaboratively opted to:
  - Modify Nutaqsiivik NFP enrollment criteria to include multiparous mothers
  - Adapt facilitator (hand-out) content and images to better reflect our tribal community
  - Require all home visitors undergo New Hire Orientation, including cultural teaching
Adapting & Enhancing Materials

• The SCF tribal MIECHV program staff undertook a rigorous process to review and enhance all NFP materials:
  - To be culturally relevant to the AN/AI people served by SCF
  - To meet the organizational context of SCF
  - To extend to first time (primiparous) mothers and mothers who already have children
Adapting & Enhancing Materials

- Adaptation of NFP facilitators included:
  - Illustrative, design and language alignment
  - Content and methods alignment
  - Informational alignment (including gaps) in existing and adapted facilitators for multiparous women (in process).
How will we know what worked?

- Research and Evaluation!
  - Aim 1: Perform formative evaluation examining the adapted NFP program model to be (a) culturally relevant and meet the needs of Alaska Native people and (b) extend the model to primiparous and multiparous Alaska Native women and their families. (AAIRB protocol# 2011-12-045).
  - Aim 2: Determine the impact of a modified NFP program on primiparous and multiparous Alaska Native women and their families (AAIRB protocol# 2012-08-033).
QUESTIONS?

For more information:

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