

Calhoun County

Nurse-Family Partnership®



Helping First-Time Parents Succeed®

October 1, 2012 - September 30, 2014



The Nurse-Family Partnership® (NFP®) staff wishes to thank Calhoun County, community partners, and our funders for their continued support of this essential program. This report is presented to share NFP® data and stories over the past two years.

The NFP® is a national, evidence-based program providing nurse home visits to low-income, first-time mothers for the purpose of healthy pregnancies, normal growth and development for the children, and family economic stability. The program is designed to improve pregnancy outcomes, improving child health, and improving the family economic self sufficient.

In 2014, the NFP® contracted with the Health Data Research, Analysis, and Mapping (HDReAM) Center at Western Michigan University to conduct an extensive evaluation of the Calhoun County NFP® program. Through this evaluation, it was noted that 2013-2014:

- NFP participants experienced better infant birth outcomes, based on lower percentage of low birth weight infants and preterm births, than those by the total population of Medicaid-eligible first time mothers in Calhoun County in the previous year, 2012.
- Reducing infant mortality and morbidity is a NFP goal. During 2008 - 2012, Calhoun County infant mortality rate (infant deaths/1000 live births) was 9.2., exceeding the state rate (7.1) for the same five-year period. In 2012, however, for Calhoun County's infant mortality rate dropped to 5.9, below the state average of 6.9 for the same year. Although sufficient data is not available to attribute this decline in infant mortality in 2012 to the NFP® (established in Calhoun County in 2011) program, the NFP's® goals and activities support community public health efforts to continue reducing the Calhoun County infant mortality rate.

The support provided to the NFP® by foundations and organizations, listed below, allows the NFP® to improve the lives of low-income families and make a difference in their lives and lives of their children.

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|---|--|
| Battle Creek Community Foundation | Grace Health (Formerly Family Health Center of Battle Creek) |
| Binda Foundation | Maternal and Infant Health Commission |
| Bronson Battle Creek Hospital | Oaklawn Hospital |
| Calhoun County Public Health Department | United Way of the Greater Battle Creek and Kalamazoo Regions |
| Calhoun County School Wellness Program | W. K. Kellogg Foundation |
| Calhoun County WIC | |

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Calhoun County

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THROUGH THE EYES OF T

The job of the Program Manager is to act as a liaison between the NFP National Service Office, the Michigan Nurse Consultant, and the NFP staff. She creates an atmosphere of support and a system which the staff can do their job of supporting clients.

Another part of the Manager's job is to assess data to ensure that the model is followed with fidelity and that outcomes are achieved. NFP staff collect data every six months on multiple data sets: Demographics, Maternal or Infant Health, Use of Community Services, Health Habits, and Relationships. This data allows us to track outcomes over time.

The data used for this Annual Report was obtained from the NFP Outcomes Report. The NFP Outcomes Report is a report comparing results from the year ending with the most recent quarter to results achieved during the preceding year. The report also compares performance on each outcome with the performance of the 75th percentile agency (that is, if all agencies were ranked from best performing with respect to an outcome to poorest performing, the 75th percentile agency is the one that performed better than 74.9% of all agencies). Therefore the 75th percentile can be used as a high standard towards which to aim.

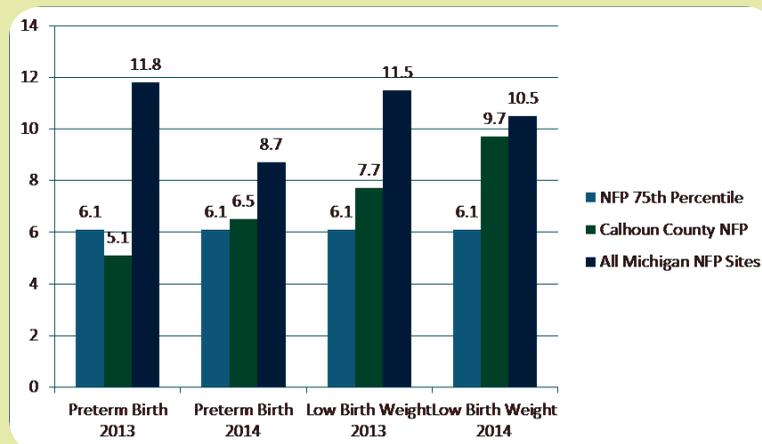
Birth Outcomes

Preterm/Low Birth Weight

Gestational age and weight at birth are measures of infant health, with birth before 37 weeks gestation considered preterm. Reduction of preterm births is considered the best way to reduce infant illness, disability, and death. Low birth weight is defined as less than 5.5 pounds. The NFP objective is a preterm birth rate of 11.4% or less.

Births less than 39 weeks gestation by mother's ethnicity

Calhoun County NFP continues to be successful in reaching our goals for infants to be born at full term and at a healthy weight. For preterm birth, the NFP 75th percentile is 6.1%. In 2013 Calhoun County rate was less than that standard. In 2014 the Calhoun County rate was slightly higher than that rate. For both years we were lower than the rate for the average of all Michigan NFP sites. We did not reach the goal for infants born at a low birth rate but we were lower than the Michigan average in both years.

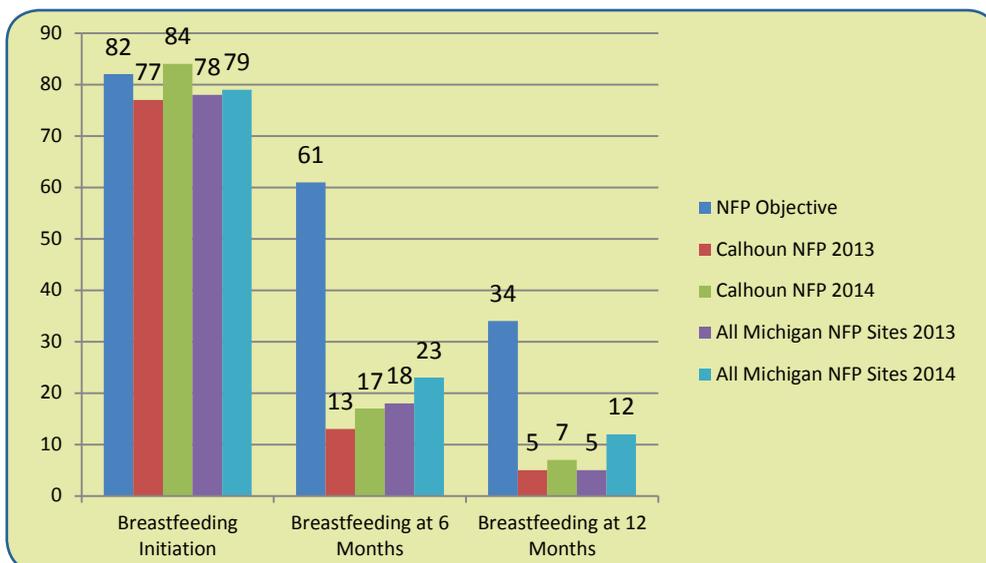


Child Health and Development Outcomes

Breastfeeding

Breast milk is considered the ideal form of infant nutrition, with the practice of breastfeeding demonstrating wide-ranging benefits for infants' general health, immune systems, and development. NFP's® objectives are that 81.9% or more infants have ever received breast milk, 60.6% or more infants are receiving breast milk at 6 months, and 34.1% or more infants are receiving breast milk at 12 months.

Initiation and continuing of breastfeeding was one of our intensive focuses during 2014. For initiation, Calhoun County did not reach the NFP objective. We did see an increase in our initiation rate from 2013 to 2014. We were near or higher than the average of the other Michigan sites. While our initiation rate was high, our rates of breastfeeding at 6 months and 12 months were much lower than the NFP aims and the average of the other Michigan sites. We did see an increase in breastfeeding continuation at both 6 months and 12 months. All Michigan NFP sites are also lower than the goals set by NFP. This is reason for our decision to participate in the Home Visiting CoIIN focused on breastfeeding. See Projects section on page 15.



Improving Child Health

The NFP model involves the use multiple measures to assess the child's development and the parent's competence in caring for the child.

- Ages and Stages Questionnaire - NFP uses the Ages and Stages Questionnaire (ASQ - 3) and the Ages and Stages Questionnaire: Social Emotional (ASQ - SE) to assess development. The ASQ is a Parent - Completed, Child - Monitoring System to screen development from 1 ½ months to 5 years of age. The NFP NHV completes the ASQ with the parent when the child is 4, 10, 14, and 20 months of age. This screener covers six developmental areas: Communication, Gross Motor, Fine Motor, Problem Solving, Personal - Social and Overall growth. The ASQ - SE screens for key social and behavior concerns at 6, 12, 18 and 24 months. When milestones are not reached on time, instruction is provided to parents and often the child shows improvement by the next visit. Parents benefit from developmentally appropriate toys that are given, from pointing out opportunities for developmental progression and by acknowledgment that they are their child's first teacher. Several children showed areas of concern upon screening and were referred to their Primary Care Provider and/or Early On. For 2013 - 2014, 100% of children were screened for the ASQ - Social Emotional at the recommended time frames. Children with scores indicating a concern are referred to Infant Mental Health Home Visiting.



Assessment of Child Development and Parenting Skills

- **The Partners in Parenting Education (PIPE)** curriculum is designed to strengthen relationships by increasing the emotional availability of parents. The activities are experiential and child focused. For example in Crib side Communication parents learn to read a baby's state of awareness. Each Child is Different includes a discussion of temperament. In Learning The Do's parents learn to reframe behavior as "do's" rather than "don'ts".





- **The Home Observation for Measurement of the Environment (HOME) Inventory** (Caldwell, & Bradley, 1984, 2003) is designed to measure the quality and quantity of stimulation and support available to a child in the home environment. The focus is on the child in the environment, child as a recipient of inputs from objects, events, and transactions occurring in connection with the family surroundings. The Infant/Toddler (IT) HOME Inventory is designed for use during infancy (birth to age three). It is composed of 45 items clustered into six subscales: 1) Parental Responsivity, 2) Acceptance of Child, 3) Organization of the Environment, 4) Learning Materials, 5) Parental Involvement, and 6) Variety in Experience. For example, the nurse home visitor will ask the mother to tell her about some of the toys that the child likes to play with. This will provide the opportunity to broaden the mother's scope to include muscle activity toys, a push or pull toy, role-playing toys, eye-hand coordination toys and toys for literature and music.

- **The Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE)**

helps NHVs to organize their observations and their thinking about caregiver-child interactions in ways that help them identify both strengths within the caregiver-child relationship as well as areas for growth for the clients' caregiving behaviors. The DANCE STEPS (Strategies To Enhance Parenting Skills) then utilize findings from DANCE observations to provide parenting pathways that guide interventions in the maternal role domain of the NFP program. They help NHVs identify the most appropriate NFP program materials to reinforce areas of strength and support areas for growth for client's caregiving behaviors. The NFP DANCE STEPS serve to build caregiver's reflective capacity, knowledge, and skill around caregiving interactions.



THROUGH THE EYES OF THE NURSE HOME VISITOR

A Day in the Life

The notes below are provided from a NHV's day log. The notes demonstrate the complexity and intensity of the nurse's work. Names have been changed to protect client privacy.

- 8:00 to 9:30 Gather materials based on topics chosen by clients, call 2-1-1 for local food resources in Albion, consult with team and supervisor on domestic violence situation at Jayne's house.
- 10:00 Visited with Mary and baby Mark. Mark is still not gaining weight. Discussed feeding suggestions for 14 month olds. Has WIC but problems with transportation to store. Mary does not know how to cook meals. Finds it easier to let baby eat finger foods while playing than meals in a high chair. "He's too messy"
- 11:45 Home Visit with Sue and father of the baby. Enrollment Visit. 16 year old couple. Both in 10th grade. Interested in participation in NFP. "We want to be good parents"
- 1:30 Home Visit with Anne. She is 36 weeks gestation. Reviewed labor and delivery/breastfeeding information. Is she ready for her baby? Has supplies, car seat, very afraid of labor, no one has committed to being her labor coach.
- 3:30 Meet Courtney and her mom at the high school to discuss plan to graduate on time with school counselor. Courtney motivated to finish school this year. Baby is 6 months old. Mom wants to help but doesn't always know how to navigate the system or support her daughter. Meeting went well-plan to graduate on time seems doable.

"Yes, it's a hard job. But we love it because we know it's a valuable one. We don't take lightly the fact that we're working directly with people's lives. We know we have a hand in the future." Nurse Home Visitor



Projects Over Time

In May - June 2013, using a grant from the Child Abuse Prevention Endowment, the NFP team implemented a unique outreach plan to increase referrals, enrollment, and retention of clients in the Albion area.

- First meeting: Met with students in Kids at Hope program on at Albion High School. Students were told about the NFP program and developed a list of “non-traditional,” i.e., non-medical, potential referral sources.
- Second meeting: Trained students on recruitment procedures. Students were given more details about NFP services. They practiced introducing the NFP nurse to businesses and agencies in their community.
- Third meeting: Recruitment intervention. The students accompanied the NFP nurses as they distributed materials and information to 15 sites in Albion.
- It was a positive collaboration. The students were empowered by their role as ambassadors for their community. The nurses were encouraged by the students and the positive responses of the businesses/agencies. Grant funds were used for marketing materials and payment for the student's time working with NFP staff.

In June 2013, the NFP team participated in a three day training in the Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) model. This assessment helps nurse home visitors to organize their observations of caregivers and children during home visits. They can identify strengths and areas for growth in parenting skills and identify the most appropriate NFP materials to reinforce strengths and support areas for growth in parenting behaviors. The team completed six months of integrated review activities. We continue to integrate this assessment into our routine practice.

In January 2014, the NFP program initiated a new position funded by the Bronson Battle Creek Community Partners. The Breastfeeding Support Nurse carries half a caseload of NFP clients (12-13 clients). In addition she acts as the NFP community liaison by serving on the Calhoun County Breastfeeding Coalition, assisting with our involvement with the federally funded Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) and coordinating a support group for teens interested in breastfeeding.

In February 2014, four nurses completed a five day training, passed an examination and became Certified Lactation Specialists. With this certification they can provide prenatal breastfeeding education, postpartum support and assistance with lactation difficulties.

During 2014 we were involved in a Continuous Quality Improvement project with other home visiting implementing agencies throughout the state. Our aim was to decrease the use of the Emergency Room for both mothers and children. Our first strategy was to offer anticipatory guidance on how to handle urgent medical concerns and gather data on when and why our families used the Emergency Room. This data helped us understand that our families did not know or understand how to use the after hours phone line for their obstetric or primary care provider. Our next strategy was to contact our most used providers and collect their after hour's procedure. We then created cards with this information and gave it to our clients, along with a refrigerator magnet. We predicted that if the families had easy access to the correct procedure that they would use the Emergency Room less often. We did not have baseline data for Calhoun County NFP but the use of the Emergency Room was decreased for the collaborative as a whole.

THROUGH THE EYES

Sara

Sara was almost 18 years old and a high school senior when she responded to a phone call from a NFP nurse. She felt that her mother had provided a good role model for her but was looking for support as her only family in Battle Creek was one sister. She helped raise a younger sibling but realized that it was different to be fully in charge of her own child. Her family had struggled financially while she was growing up and she was determined to make a good life for her baby.

Her nurse describes Sara as “organized, motivated, and responsible beyond her years.” Sara sees education as an essential part of creating a good life. She completed high school on time and has started college. She reads to her baby every day, participates in Early Childhood Connections visits to promote school readiness and is teaching her daughter to speak English and Spanish. She understands the importance of saving for the future and has a specific plan in place to save a portion of her earnings. Her most recent accomplishment was to get an apartment for herself, the baby and the baby’s father.

Another of Sara’s strengths is how she learned to communicate with medical providers. She experienced several medical issues during her pregnancy and worked along with her NFP nurse to resolve them. The nurse was able to answer questions that Sara had about her medical conditions and concerns. Initially the nurse called her OB provider to relay Sara’s concerns. Later, the nurse coached Sara on how to call the provider, what details to provide and the process for after-hours care. Sara is now confident in her ability to collaborate with the medical home for both herself and her child. Sara has struggled with depression starting in late pregnancy. She has been proactive in seeking counseling to both for herself and with the father of the baby. Her depression has improved; she has learned more effective communication skills and strategies to handle her stress in positive ways.

Client names have been changed to protect client privacy.

Karmen

Many NFP clients do not have strong support from family but Karmen was especially alone. All of her family lives in Mexico and were unable to be with her for her pregnancy or the baby’s birth. This was one of the reasons she decided to enroll in the Nurse Family Partnership program. The baby’s father (John) and his family allowed her to live with them and were her main supports. Karmen and John decided that Karmen would finish school while John worked to support the family. When Karmen completes school then John will return to his education. She has finished high school and two semesters at Kellogg Community College studying Computer Science.

Karmen’s nurse says “Being a good mom was a priority for her. She kept scheduled visits and paid attention to what was taught. She was able to apply what we talked about to her own situation.” Karmen often mentioned how things were done in Mexico such as newborns staying inside for a month, no one can handle the baby except for the parents and which foods are a baby’s first foods. The nurse shared current recommendations and allowed Karmen to accept or adapt these recommendations to fit with her cultural beliefs.

Karmen was also successful in reaching her goal to breastfeed her baby. Her NFP nurse provided education about breastfeeding during pregnancy. Her nurse was trained as a Lactation Specialist and was able to help her work through initial problems getting the baby to latch. She continued to give the baby pumped breast milk once she returned to school. The baby received breast milk for four and a half months.

Karmen completed the entire NFP program starting in pregnancy until her baby’s second birthday. She had 12 home visits in pregnancy, 25 visits in infancy, 14 visits in toddlerhood for a total of 51 visits over the course of the program. At that time she transitioned to Early Childhood Connections where she can get home visits and attend play groups that will assure that the baby is well prepared for school.

Client names have been changed to protect client privacy.



Alicia

Alicia was 16 years old at her first appointment with the NFP nurse at 24 weeks into her pregnancy. She was late to prenatal care, her first visit was not until 20 weeks gestation. During her first few NFP visits she was guarded but expressed a willingness to try new ideas. Soon Alicia was asking questions about scheduled tests and setting goals that would improve her health and the health of her baby. She kept all of her visits with the nurse in addition to continuing high school and working part time. A pregnancy at this young age is a turning point that enrollment in NFP has helped lead in a positive direction for Alicia.

At 40 weeks gestation, she delivered a full term, healthy weight baby girl named Anna. Alicia and her nurse lost track of each other during the first few weeks after the baby was born. Once clients are enrolled in NFP prior to 28 weeks gestation of pregnancy, they are encouraged to stay with the program until the child turns two. They are not dismissed from involvement for missed or canceled visits. The nurse continued contact with Alicia and was able to restart visits when the baby was 5 weeks old. She returned quickly to work and school but maintained NFP visits as a priority in her busy schedule. She said “I really wanted to stay in the program. My nurse and I worked out times to meet that worked with my schedule. Nothing is more important than being a good mom.”

Anna recently celebrated her first birthday. Her nurse encouraged Alicia and the baby’s father to celebrate the good job they have done in parenting during their daughter’s first year. Anna has had regular well child visits, is up to date on her immunizations and on track for development. Alicia has learned practical parenting skills such as using “Do” instead of “Don’t” to encourage correct behavior in Anna and how to use floor time play to expand Anna’s learning experience. During this year, Alicia has completed both 11th and 12 grade and graduated from high school. She works part to full time hours and has started college courses. It has been a stressful year but she gets support from the baby’s father and her nurse. Alicia’s nurse says of her “I couldn’t be more proud of her ability to set goals and follow through. She is a great example to other young moms of how to ask for the help you need and succeed in spite of a challenging situation.”

Client names have been changed to protect client privacy.

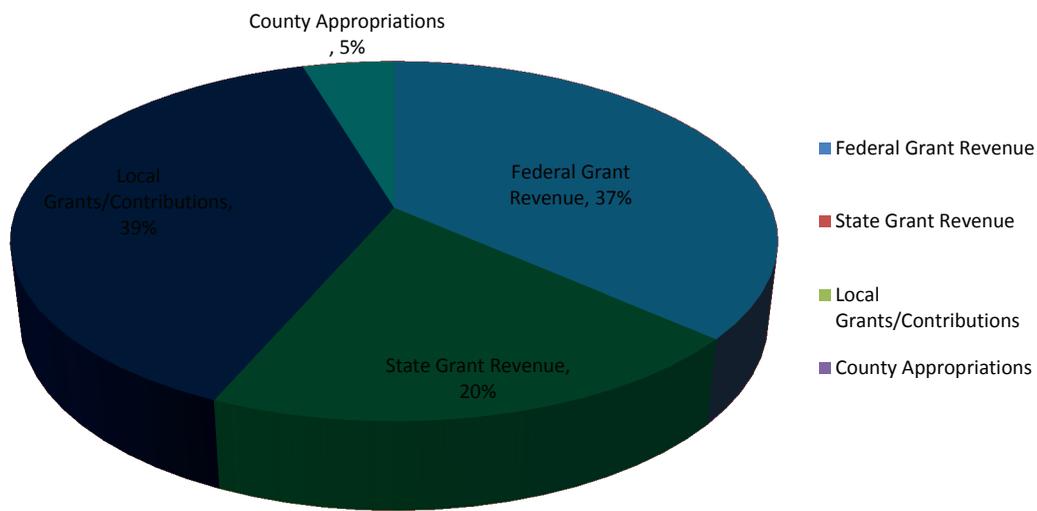
ADVISORY BOARD

Members of the Advisory Board include a wide range of agencies and programs in the community.

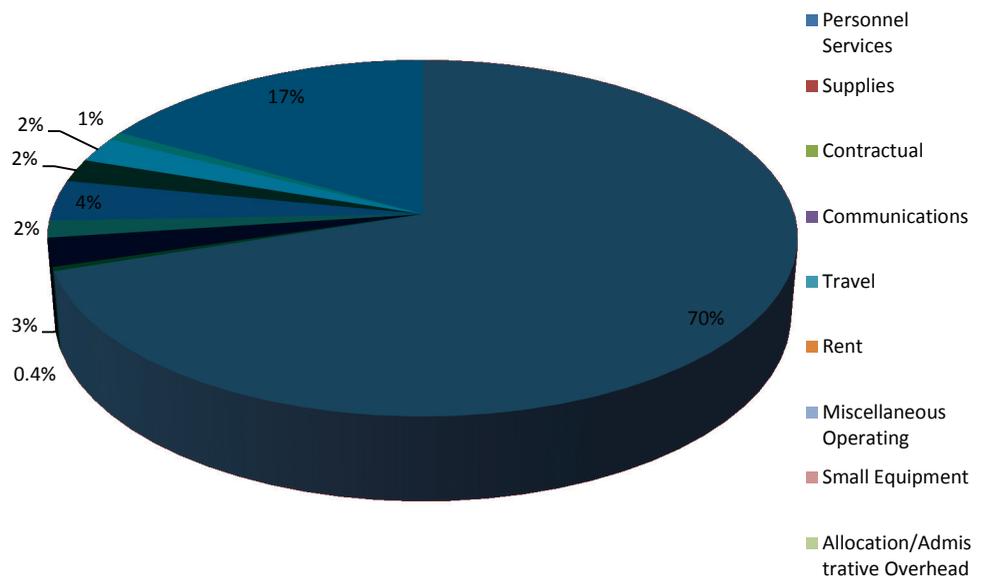
- Battle Creek Community Foundation/Regional Health Alliance
- BC Pulse
- Bronson Battle Creek Hospital OB/GYN
- Calhoun County Public Health Department
- Community Action Head Start
- Connect Health Services Maternal Infant Health Program
- Coordinating Council
- Early Childhood Connections
- Family and Children's Services
- Family Health Center of Battle Creek
- Fetal Infant Mortality Review
- Healthy Equity Alliance
- Lutheran Social Services of Michigan
- Oaklawn Hospital
- Summit Pointe
- WIC Program

FINANCIALS

Revenue



Expenses





Nurse-Family Partnership®
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- Battle Creek Community Foundation
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