

THE  
**PEW**  
CHARITABLE TRUSTS

## Universal Webinar

September 23, 2015

# Welcome Baby Program

1<sup>st</sup>  LA  
**first 5 la**  
Giving kids the best start



# First 5 LA

- Funded by Proposition 10 in 1998
- Leading early childhood advocate working collaboratively across L.A. County
- Invested more than \$1.2 billion in efforts aimed at providing the best start for children from prenatal to age 5 and their families



# First 5 LA

## ***Target Outcomes:***

- Communities
- Early Care and Education Systems
- Health-Related Systems
- Families
  - Working with parents and caregivers so that they have the skills, knowledge, and resources they need to support their child's development

# Welcome Baby Vision

## If families are strong . . .

- Foundational investment in strengthening families at the earliest stages of their child's development

## And communities are healthy . . .

- Ensure families are embedded in communities, social networks, systems and service environments that will continue to promote their strengths

**then children will have better long-term outcomes.**

# Welcome Baby Program

- Locally designed and based on best practices
- Hospital and home-based engagement points
- Key role of hospitals
- Family and home as key environments impacting development

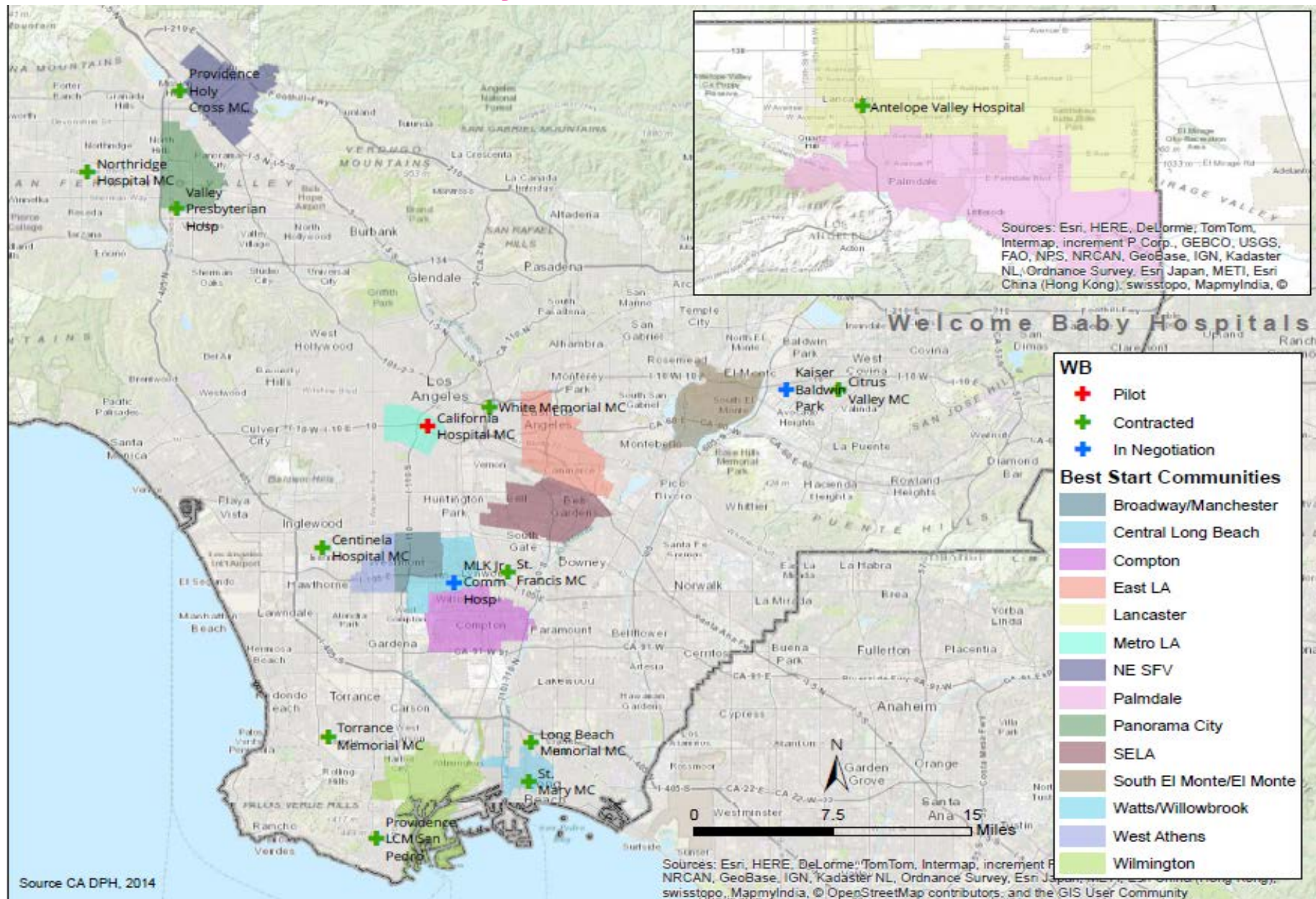


# Welcome Baby Program

- Voluntary and universal program
- Client-centered, strength-based approach
- 2009: Pilot Site Implementation
- 2012: Welcome Baby Expansion
  - 14 Participating Sites
- 2017: Estimated Participation At 80% Take-up Rate
  - 34,300 Families (25% of County births)



# Welcome Baby Overview



Source CA DPH, 2014

Sources: Esri, HERE, DeLorme, TomTom, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community



# Welcome Baby Overview

- Up to 9 Engagement Points
  - Key Content Areas:
    - Labor and Delivery
    - Maternal Depression screen
    - Breastfeeding
    - Child Development
    - Parent Bonding/Attachment
    - Well-Baby and Mom Visits
    - Safe Sleeping
    - Home Safety
    - Early Literacy Activities
    - Developmental screen

## Welcome Baby Timeline of Program Visits

 **FIRST OR SECOND TRIMESTER  
OF PREGNANCY**  
Visit in the home

 **PHONE CALL CHECK-IN**

 **THIRD TRIMESTER OF PREGNANCY**  
Visit in the home

 **BABY IS BORN**  
Postpartum hospital visit

 **NURSE HOME VISIT WITHIN ONE WEEK  
OF MOM AND BABY COMING HOME**

 **BABY'S 2-4 WEEKS**  
Visit in the home

 **BABY'S 2 MONTHS**  
Visit in the home

 **BABY'S 3-4 MONTHS**  
Visit in the home

 **BABY'S 9 MONTHS**  
Final visit in the home

All appointments are held with a personal parent coach or nurse who offers women support and education every step of the way.

# Welcome Baby Overview

## Hospital Visit

- Bedside visit following delivery
- Visit provides support and information on:
  - Breastfeeding
  - Positive parent-infant interaction
  - Postpartum and newborn follow-up care
- Universal Risk Screen aims to identify families at greatest risk and need and link families to supportive services



# Welcome Baby Overview

## Staff

- Home Visitors
  - Parent Coach - prenatal and postpartum home visits
  - Hospital Liaison – hospital visit
  - Registered Nurse – 72 hour discharge postpartum home visit
- All staff are Certified Lactation Educators
- Multi-disciplinary team and approach

# Oversight Entity

- Led by Los Angeles Best Babies Network in partnership with Maternal Child Health Access and PAC/LAC
  - Welcome Baby Training
  - Technical Assistance
  - Monitor for Adherence to Program Fidelity
  - Database Technical Assistance and Training
  - Provision of Program Materials



# Welcome Baby Fidelity Framework

- Staff Qualifications
- Staff Training
- Supervisorial Requirements
- Home Visitor Caseloads
- Recruitment and Enrollment
- Service Dosage
- Family Centered Approach
- Content of Home Visits
- Provider Responsiveness



# Welcome Baby Demographics

## \*Snapshot of Client Characteristics:

- Latino (79%), African-American (10%), White (5%), and Asian (2%)
- Between 20-24 years old (87%)
- Married or living with partner (67%) or Single (32%)
- Insured by Medi-Cal (84%)
- Speak English (59%) or Spanish (39%)
- High School Education (65%), some College (26%), or College Degree (8%)

*\*Based on 3,480 Hospital Visits between Jan-May 2015*

# Welcome Baby Evaluation Findings



# Pilot Outcomes Evaluation

- Part of larger mixed-methods evaluation
- Quasi-experimental
  - Welcome Baby sample
  - Comparison sample
- Longitudinal
  - 12-, 24-, and 36-months postpartum





# Select Pilot Evaluation Outcomes

- Breastfeeding
- Positive parenting behaviors
- Stimulating home environments



# Select Pilot Evaluation Outcomes

## Breastfeeding

- Higher rates of ever attempted and exclusive breastfeeding at 4 months postpartum among Welcome Baby participants
- Participation in more home visits was associated with an increase in the number of months of breastfeeding

## Positive parenting behaviors

## Stimulating home environments

# Select Pilot Evaluation Outcomes

Breastfeeding

## Positive parenting behaviors

- Mothers who participated in Welcome Baby were observed to be:
  - More responsive
  - More encouraging
  - More affectionate

Stimulating home environments

# Select Pilot Evaluation Outcomes

Breastfeeding

Positive parenting behaviors

## Stimulating home environments

- More home learning activities among Welcome Baby participants
- Quality of the home environment was higher among families who participated in Welcome Baby

# Sustainability Efforts



# Future Evaluation Plans

- Promising foundation of results
- Future focus on multiple Welcome Baby sites
- Future evaluation plans include:
  - Implementation and Outcomes Evaluation
  - Psychometric Study of Universal Screening Tool
  - Impact Evaluation



# Policy & Advocacy Efforts

## Home Visiting

- Educate policymakers about Home Visiting
- Build coalitions (local, state, federal)
- Partner with other programs and advocates
  - LA County HV Consortium
  - State Coalition
  - Federal Coalition

## Welcome Baby

- Identify specific opportunities in Medicaid/Medi-Cal policy
- Identify opportunities to leverage F5LA investments, like HFA
- Pursue alternative financing, private support/partnerships

## Questions/Inquiries:

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FIRST BORN®



Home visitation  
for women pregnant for the first time  
and first-time parents



[www.firstbornprogram.org](http://www.firstbornprogram.org)

Victoria Johnson

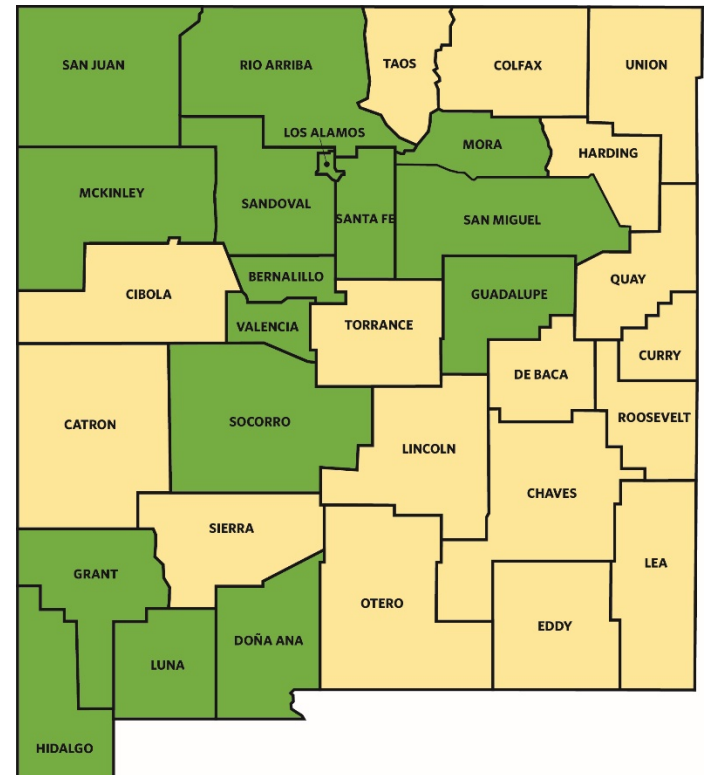
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# First Born<sup>®</sup> Program guiding principles

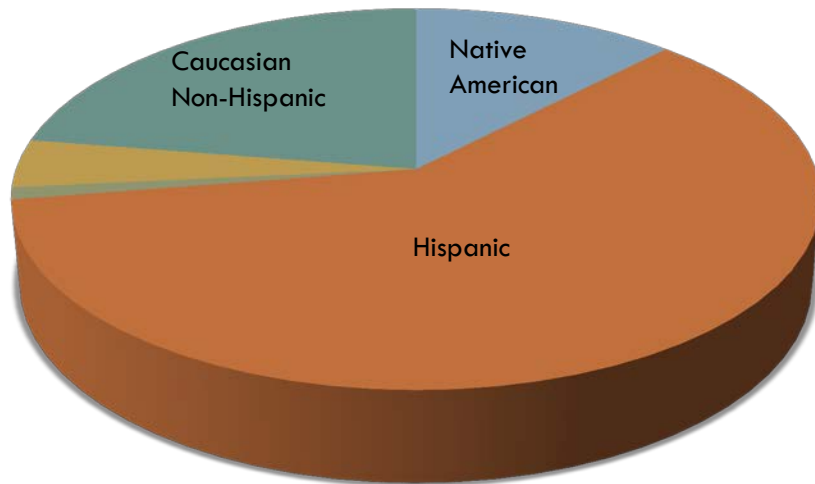
- **Primary** prevention program that is voluntary and free
- **Universal** – no “at risk” labeling
- **Targeted** – participants are first-time parents
- **Services** begin any time during pregnancy, at the birth of the baby and continue for 36 months
- **Staffing** – combination of healthcare workers and parent educators, including a nurse
- Every family receives a prenatal and postpartum visit with the **First Born Nurse**
- Comprehensive, science-informed **First Born Curricula** available in English and Spanish
- **Funding** is braided from a variety of sources – public, private, business and foundations

# First Born has scaled up in New Mexico

- 12 program sites – from urban to rural  
to pueblo to Navajo Nation
- 21,545 face-to-face home visits were completed in 2014
- 1,360 families received First Born home visitation services
- There are more than 100 home visitors delivering services across NM
- The average cost per family per year across all 12 sites is \$3,400



# First Born Program successfully recruits and retains diverse families



Hispanic	59%
Caucasian - Non Hispanic	22%
Native American	12%
Black - non-Hispanic	4%
Asian or Pacific Islander	1%
Other	2%

- ❑ 61% enroll during the prenatal period
- ❑ 31% are teen parents
- ❑ 85% receive Medicaid

# Benchmarks and site monitoring assure improved family outcomes

- Prevention of child maltreatment and ACEs
- Child development and school readiness
- Maternal health
- Positive parenting practices
- Child health
- Reductions in juvenile delinquency, family violence, and crime
- Linkages, referrals, collaboration, coordination

# Program success depends on these aspects of home visitor qualities

- ❑ Reflect community culture and demographics
- ❑ Attain comprehensive training competencies
- ❑ Achieve the minimum requirements of 40 face-to-face home visits in the first year
- ❑ Maintain program caseload standards
- ❑ Receive consistent and scheduled supervision
- ❑ Maintain First Born fidelity standards
- ❑ Implement defined content and activities for home visits

# Effective family engagement leads to successful recruitment and retention

- Home visits include early family assessment, goal setting based on family input, and establishing a culturally respectful relationship
- Home visitors engage families in the family's preferred language
- Programming is culturally modified as needed
- Program extras: referral specialist, high school tutoring, fatherhood program, home-based mental health services

# Several evaluations show promising results

- de la Rosa, et al. (2005) showed an improvement in family resilience for families receiving services
- de la Rosa, et al. (2009) showed that higher scores on resilience measures were significantly correlated with increased number of home visits
- de la Rosa, et. al. (2015) reviewed outcome data and showed that First Born's ability to adapt to the unique needs of each family correlates to the program's effectiveness in increasing family resilience
- RAND evaluation includes two studies:
  - Kilburn and Cannon (2015) shows that First Born can be successfully scaled up
  - Forthcoming impact evaluation from RCT reports reductions in emergency room visits and improvements in other outcomes in baby's first year



# First Born looks ahead to these next steps

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- Submitting evaluation results to HomVEE
- Exploring development of a central program office
- Implementing First Born Programs beyond New Mexico



[www.firstbornprogram.org](http://www.firstbornprogram.org)

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Center for  
Child &  
Family Health

Duke Center  
for Child and  
Family Policy

Durham  
County Health  
Department



**FAMILY**  
**CONNECTS**  
NURSE HOME VISITS

**AN EVIDENCE BASED MODEL FOR UNIVERSAL  
POSTPARTUM HOME VISITING**

Funders: The Duke Endowment, Durham County Commissioners, Pew Charitable Trusts, National Institute of Child Health & Human Development, The Laura and John Arnold Foundation



# PRESENTATION AGENDA

- WHAT IS FAMILY CONNECTS?
- WHY AND HOW IS FAMILY CONNECTS DELIVERED UNIVERSALLY?
- BRIEF PROGRAM DESCRIPTION





# THE FAMILY CONNECTS THEORY OF CHANGE

- **Connect** with every mother (and father) at birth (2-3 weeks)
  - Share the joy of the birth!
  - Assess child and mother physical health status.
  - Assess unique family risks (and needs)--- not every family has the same strengths, risks, and needs.
  - Respond to immediate family needs, such as feeding, weight gain, sleep, parenting stress, and so forth.
- **Connect** family with *matched* local community services and resources based on individually identified risk and need
- So that new parents **connect** better with their infant, improving both parent and infant health, development, and long term adjustment.



## UNIVERSAL DELIVERY IS A PARADIGMATIC SHIFT

- Every family is vulnerable at the birth of a child.
  - Across areas of demographic risk, 94% of families in Durham had 1+ needs for education and/or community resources.
- Universal is the only route to community-level change.
- Universal efforts should not replace more intensive targeted programs, but they represent a trajectory for (first) identifying what families actually need.
  - When families get what they need, no more and no less, the community avoids additional costs.
- Programs like the 3 presented here provide an individualized and non-stigmatizing entry into a community system of care.

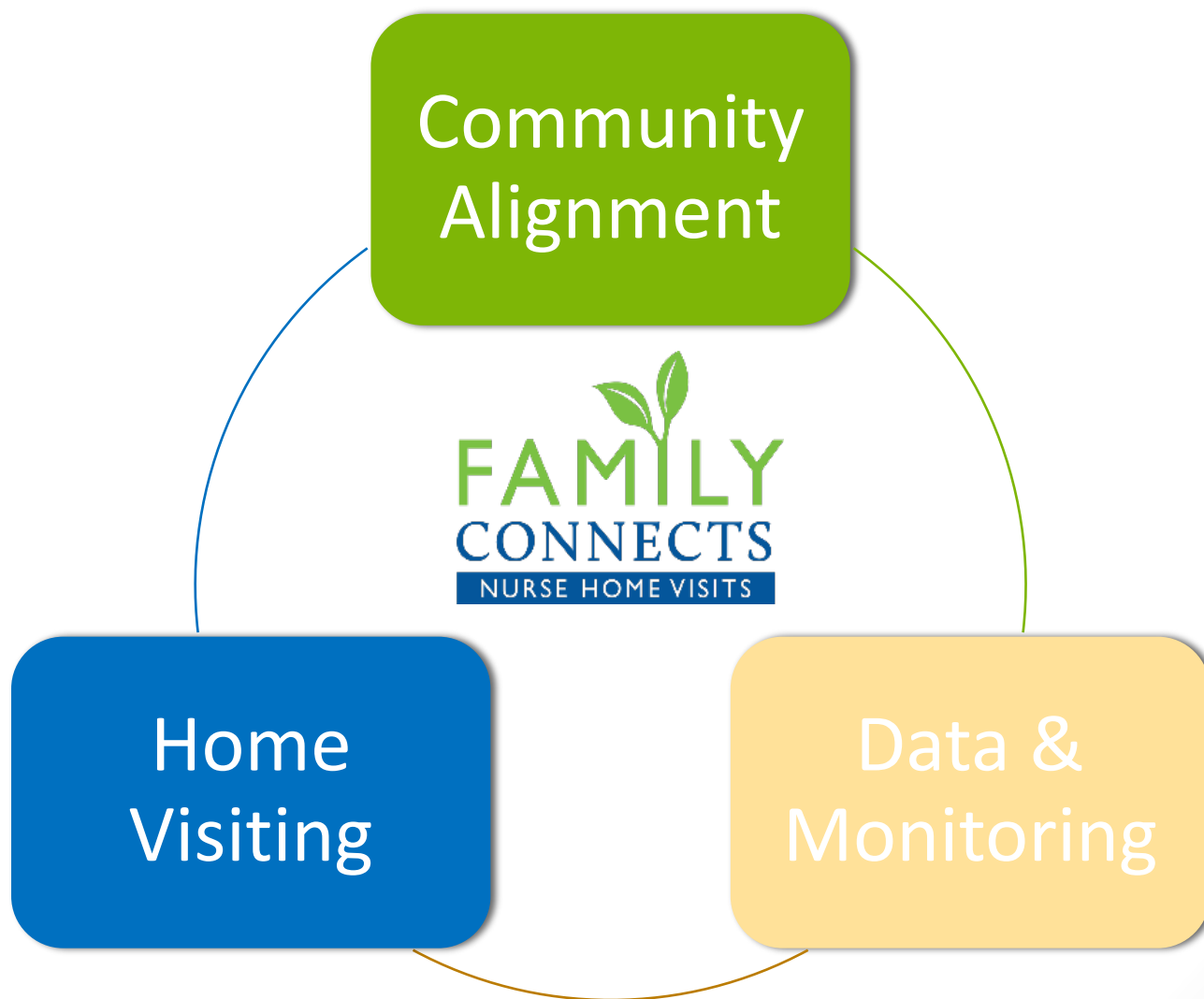


## HOW DOES A UNIVERSAL PROGRAM HAPPEN?

- Every family in the identified “community” with a newborn is eligible.
  - City, county, neighborhood, health system
- Family Connects is voluntary.
- Family Connects works to align community resources with input from families about the care and support they need.
- The model also leads to Identification of gaps in the local system of care.



# CORE FAMILY CONNECTS PROGRAM COMPONENTS







# 1. COMMUNITY ALIGNMENT



# THE COMMUNITY SYSTEM OF CARE: THE CONTEXT FOR FAMILY CONNECTS

## Community Alignment Framework

- Identify existing services supporting child and family needs, ranging from housing, to mental health services, to early intervention.
- Establish an Agency Finder for Family Connects program implementation and documentation.
- Identify service delivery gaps for feedback to community and key stakeholders.
- Identify key stakeholders to provide community context and support expanded program reach.



## COMMUNITY SYSTEM OF CARE: COMMUNITY ADVISORY BOARD

### **Establish a community advisory board (CAB) for ongoing communication among agencies relevant to Family Connects**

- The CAB allows for assessment of community readiness prior to program installation, as well as ongoing monitoring of community alignment during program implementation.
- The CAB provides a major source for formative evaluation.
- Also fosters community buy-in and ownership of the program.



## 2. NURSING INTERVENTIONS



## NURSING INTERVENTIONS

- Engagement & scheduling the home visit(s)  
Ideally face to face in hospital post-delivery
- The integrated home visit (IHV; ~2 Hours) at 2-3 weeks
- Follow-up visits (0-2 Total) and telephone calls as needed for further assessment, facilitating linkage to community services, and family support.
- Post-visit call (PVC)
  - For customer satisfaction, quality assurance, and confirmation of connections to community resources



## THE CORE OF FAMILY CONNECTS: THE INTEGRATED HOME VISIT

- Initial integrated home visit (IHV)
  - Use of *Family Support Matrix*: an assessment tool with 12 factors representing family status and needs
  - Physical assessments: Postpartum and newborn
  - Responses to immediate parents questions and concerns
  - Supportive and anticipatory guidance
  - Discussion of and linkages to community resources, as needed and desired by family
- The assessments follow a detailed protocol presented in a friendly and informal manner by home visiting nurse using a high inference methodology.



# DOMAINS AND FACTORS OF INTEREST

## THE FAMILY SUPPORT MATRIX

### Support for Health Care

1. Maternal Health
2. Infant Health
3. Health Care Plans

### Support for a Safe Home

1. Household Safety / Material Supports
2. Family and Community Safety
3. History with Parenting Difficulties

### Support for Caring for Infant

1. Child Care Plans
2. Parent-Child Relationship
3. Management of Infant Crying

### Support for Parent(s)

1. Parent Well-Being
2. Substance Abuse
3. Parent Emotional Support

Each factor is rated as:

- 1 = No needs
- 2 = Needs addressed during visit
- 3 = Community resources needed
- 4 = Emergency intervention needed

SearchForm MainForm CaseContactForm CaseContactAddForm

██████████ Delivery Date : 3/16/2015

ContactDate

INITIAL HOME VISIT	NURSE FOLLOW UP ACTIVITY	OTHER COMMUNICATION	OTHER ACTIVITY
<input type="button" value="Completed"/>	<input type="button" value="Nurse Follow Up Family Visit In Person"/>	<input type="button" value="Unsuccessful Attempt to Reach Client or Referral by Phone"/>	<input type="button" value="No Consent for Closure Letters"/>
<input type="button" value="Incomplete"/>	<input type="button" value="Nurse Follow up Phone Call with Family"/>	<input type="button" value="Briefly spoke with Client/Family"/>	<input type="button" value="Addendum Contact or Action"/>
<input type="button" value="Client not home"/>	<input type="button" value="Nurse Contacted Referral"/>	<input type="button" value="Sent a Letter To Client"/>	<input type="button" value="Lactation Visit Completed"/>
<input type="button" value="Client Refused"/>		<input type="button" value="Emailed or Texted Client"/>	
		<input type="button" value="Message Received FROM Client"/>	
		<input type="button" value="Had Contact with an Agency"/>	

Mother Present?  Baby Present?  
 Father / Partner Present?  Other Person Present?

ContactNotes

Navigation Pane

### 3. DATA AND MONITORING





## PROGRAM DATA

- DOCUMENTATION of clinical encounters
  - Electronic medical record and billing
- MONITORING program components for quality assurance
  - Population reach (scheduling & IHV completion)
  - Program implementation quality (fidelity & reliability)
  - Referral rates and outcomes
  - Family-consumer satisfaction
- IDENTIFYING community-level rates of risk and community capacity to support family needs (local system of care)



## FAMILY CONNECTS TIMELINE – DURHAM, NC

- Program developed over a 3 year period of piloting and iterative program improvement.
- First RCT: July, 2009 – December, 2010
  - 69% of eligible families completed the program
- Second RCT: January, 2014 – June 2014
  - 64% of eligible families completed the program
- 9,550 families participated in program to date.



# EXAMPLES OF COMMON COMMUNITY REFERRALS

## Support for Health Care

- OB / Primary Care Provider
- Pediatrician
- CC4C (Nurse Case Management)
- Lactation Support

## Support for Caring for Infant

- CCSA (Child Care Services)
- Healthy Families Durham
- Early Head Start

## Support for a Safe Home

- DSS Social Worker
- Local Housing Authority
- Domestic Violence Shelter

## Support for Parent(s)

- Mental Health Services
- Substance Abuse Treatment Program
- Mother Support Groups



# BRIEF SUMMARY: RCT IMPACT EVALUATION

- 1<sup>st</sup> 18-month randomized controlled trial (even vs. odd births; n = 4,777)
  - 69% of all eligible families completed the program (penetration)
  - Parent satisfaction surveys - 99% positive
- Independent impact evaluation study
  - Results at infant age 6 months:
    - More community service connections
    - More positive parenting behaviors
    - Higher quality and safer home environments
    - Higher quality child care usage
    - Less clinical anxiety for mother
  - Results at age 12 months:
    - 85% fewer hospital overnights
    - 50% less total infant emergency medical care
    - For every \$1 spent, \$3.02 saved by community through reduced infant emergency medical care



## PUBLISHED RESULTS TO DATE

- Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting [Special Issue]. [\*American Journal of Public Health, 104, S136-S143.\*](#)
- Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J., & Guptill, S. (2013). Randomized controlled trial evaluation of universal postnatal nurse home visiting: Impacts on child emergency medical care at age 12-months [Special Issue]. [\*Pediatrics, 132, S140-S146.\*](#)
- Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J. (2013). Toward population impact from home visiting. [\*Zero to Three, 33, 17-23.\*](#)
- Alonso-Marsden, S., Dodge, K.A., O'Donnell, K.J., Murphy, R.A., Sato, J.M., & Christopoulos, C. (2013). Family risk as a predictor of initial engagement and follow-through in a universal nurse home visiting program to prevent child maltreatment. [\*Child Abuse & Neglect, 37, 555-565.\*](#)





[Family Connects Video](#)

# INTRODUCTION TO FAMILY CONNECTS



## CONTACT US

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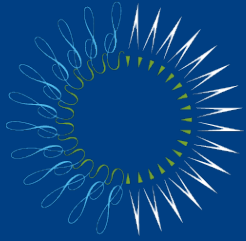
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# Questions and Answers