

NURSE-LED INTEGRATION OF TWO EVIDENCE-BASED HOME VISITING MODELS: PHILADELPHIA STYLE

Implications for Public Health Nurse
Recruitment, Retention, Work Satisfaction
And Positive Client/Family Outcomes



Presenters

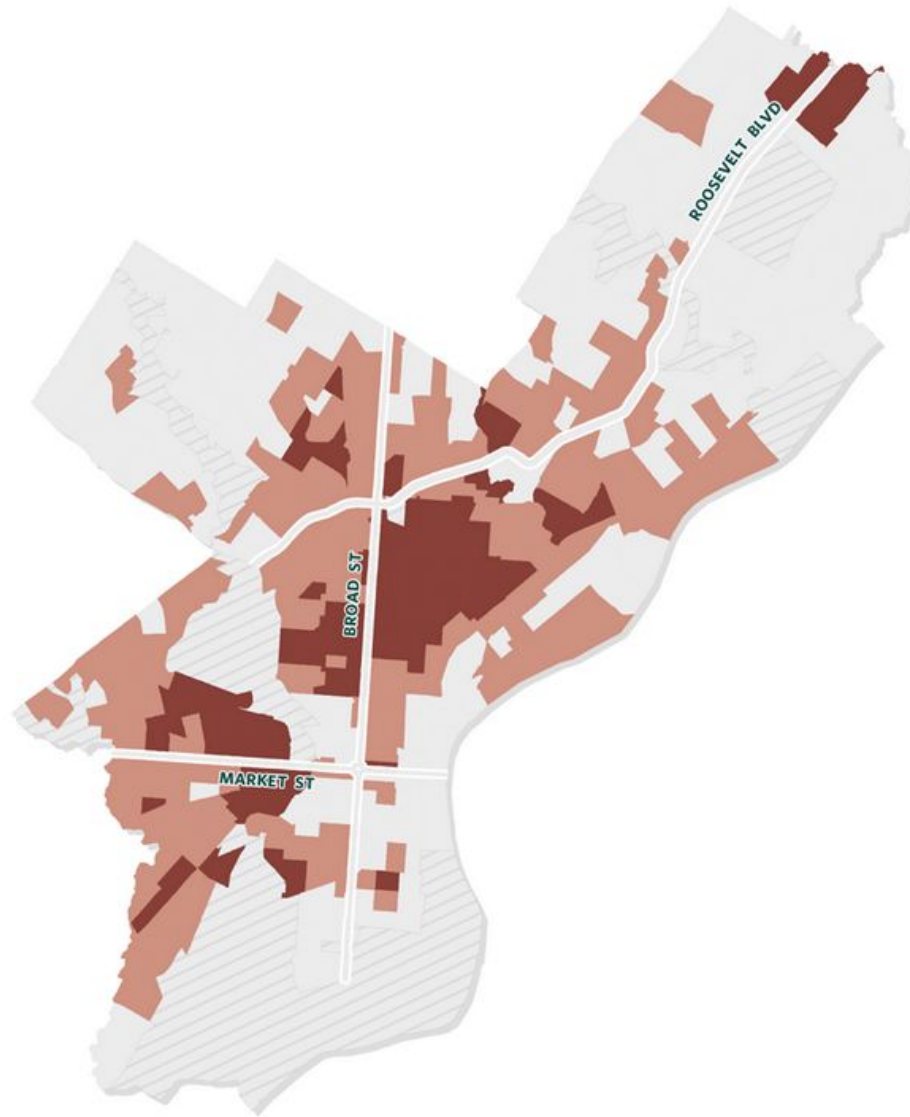
- Katherine Kinsey, PhD, RN, FAAN
 - Nurse Administrator and PI
- Erin Graham, BSN, RN, Public Health Nurse Supervisor
 - Nurse-Family Partnership Team II
- Lizz Tooher, MPH, RN, Public Health Nurse Supervisor
 - Mabel Morris Family Home Visit Program: Parents As Teachers (PAT)



Learning Goal: Share Practical Lessons

- Regarding public health nurse recruitment, staffing/retention, nurse/work satisfaction and client outcomes within two evidence-based home visit models and
 - In the context of the Philadelphia City/County reality*
 - **Poorest** of the top 10 largest cities in nation (26% population poor)
 - **400,000** residents live below the poverty line (\$19,000/one adult/two children)
 - **61%** of working-age poor are unemployed
 - **70%** of poor families send their children to school district public schools
 - **Social mobility** defined by zip code, neighborhoods
 - **Life expectancy** in poorest parts of city 20+ years shorter than wealthier parts of the city
 - **Multi-generational poverty with 32% of infants and toddlers still living in poverty**

Poverty and High-Poverty Areas in Philadelphia



- High-poverty areas with 40% or more residents below the poverty line
- Poverty areas with 20% or more residents below the poverty line
- ▨ Non-residential tracts

Learning Objectives

Learners will:

- Discuss **benefits** of multi-program integration in nurse-led public health setting
- Describe **challenges** associated with staffing public health programs with baccalaureate-prepared nurses in evidence based home visit models
- Identify two or more **program requirements** for implementing and evaluating evidence-based home visitation models
- Participate in **case study** celebrating family successes/journey from pregnancy until youngest child is school-ready (age five)



What can we do better?

Learning through engagement, communication, care, evidence-based curriculums, client feedback, inquiry and data

- Philadelphia Nurse-Family Partnership: July 1, 2001

www.nursefamilypartnership.org

- Mabel Morris Family Home Visit Program: Parents As Teachers (PAT): July 1, 2012

www.parentsasteachers.org



Doing better meant committing to



- All Public Health Home Visiting Nursing Staff regardless of evidence-based model will deliver model specific curriculum in partnership with client in home and community settings over time.



- Nurse-Family Partnership: Pregnancy to age two years of child
- Parents As Teachers: Pregnancy until youngest child enters school (age five)

Long-Term Program Outcomes

- Improve parent/child/family well-being
- Reduce child abuse/neglect
- Improve personal, family, community resources
 - Increase parent/child educational accomplishments
 - Increase family economic self-sufficiency
 - Foster productive community involvement
- Increase parent involvement in children's care and education
 - Advocacy, Policy Work, Informed school choice, Legal Interventions
- Enhance early childhood learning and school readiness

And



- Highlight the work of Public Health Nurses (PHNs)
- Recruit and retain highly qualified and committed PHNs
- Educate the future nursing workforce about career options
- Implement and evaluate innovative care services that improve family and community well-being
- Advocate for positive change for vulnerable families through policy work, testimonies, white papers, letters to the editor and others
- Be open to unique opportunities and resources (Seize the moment)

What can we do better? Part I

1. Implementing Nurse-Family Partnership (2001 on)
2. Listening to the clients/partners/family members – recommendations about needs and wants post end of NFP
3. Instituting periodic program feedback form for clients to indicate future needs, wants, and recommendations
4. Using data for grant proposal to implement complimentary evidence-based home visitation model



What can we do better? Part 2



5. Obtaining funding for Parents As Teachers (PAT) with all nurse staffing model (atypical)
6. Naming our model! Mabel Morris Family Home Visit Program
7. Evaluating the Mabel Morris PAT model outcomes
*Approximately 40% of Mabel Morris clients are graduates of the Philadelphia NFP program
8. Integrating complimentary and meaningful NFP and MM client/family outcomes
9. Advocating on behalf of vulnerable families and seeking new opportunities including the Nursing-Legal Partnership

Program Feedback Form Responses

Clients with children turning 24 months

- “You have someone in your corner routing for your success”
- “The program helped me through my pregnancy and anything I didn’t understand”
- “My nurse took time to be there emotionally for me, and gave me patience”

Over 98% of graduates rated the programs as the best they could be

Over 95% would suggest the programs to other first time moms & families

56% of graduates thought the programs exceeded their expectations

26% of the NFP graduates wanted the program to continue until age five

Meet Mabel Morris

- Born to a teen mother herself, Mabel grew up to pursue a career in public health nursing
- Worked to strengthen & improve conditions for countless families throughout Philadelphia
- Mabel is known as one of the first public health nurse leaders in Philadelphia



The Philadelphia NFP/MM Collaborative



Collaboration Overview

Philadelphia Nurse-Family Partnership (NFP) and Mabel Morris Family Home Visit Program (MM) are evidence-based parenting education programs that have served over 4,820 women and children in Philadelphia to date. Fiscal year 2018 over 10,000 home visits.



Collaboration Overview

How we've helped:

The data regarding progression through the programs and maternal-child outcomes at program completion are indicative of the notable and positive health, educational, social and family achievements, represented by the following statistics:

91%

91%
breastfeeding
initiation rate



Over 94% of infants
and children are
current with
immunization
requirements



Smoking rates
during
pregnancy
reduced by 15%



87% of mothers
were working toward
or completed their
GEDs or high
school

100%

100% of children
were MA or CHIP
insured and all had
health and dental
health providers

What can we do better....

- The Nursing-Legal Partnership (NLP) is an innovative program that unites lawyers and nurses to address the health, legal, and social needs of clients in both NFP and MM. Public interest lawyers work closely with nurses in the collaborative to improve the health and wellness of low-income mothers, children, and families by providing legal services to:
 - 1) increase the identification of unmet legal and social needs
 - 2) provide direct legal, healthcare, and educational services to clients in their homes
 - 3) strengthen the advocacy capacity of nurse home visitors to address social determinants of health
 - 4) improve community-wide outcomes through systemic advocacy and policy change.

I-HELP: Categorizes Unmet Legal Needs

- Income: Access to benefits, health insurance
- Housing: Landlord issues, housing conditions
- Education: Discrimination based on learning ability
- Legal Status: Immigration status
- Personal and Family Stability: Safety of family

Philadelphia Nurse Family Partnership/Mabel Morris and HELP Nursing-Legal Partnership

I-HELP Assessment

☐ Intake ☐ 6 mo ☐ 12 mo ☐ 18 mo ☐ 24mo ☐ MM ☐ PRN

Client Label Here

Client ID

Client Address

DOB

Nurse

Employment Case/Child's Name

Date Completed: _____

Client Initials: _____ Client phone #: _____

Client Address: _____

Any special considerations for contact? _____

Pregnant? ☐ Y ☐ N #children: _____

I - Income Supports

- 1) ☐ Y ☐ N Do you need help getting any public benefits or services for your family? (i.e. WIC, SSI, Cash Assistance, Food Stamps)
- 2) ☐ Y ☐ N Do you and your family have enough food?
- 3) ☐ Y ☐ N Do you and your child(ren) have health insurance or Medical Assistance?
- 4) ☐ Y ☐ N Do you receive a childcare subsidy (i.e., CCIS)?
- 5) ☐ Y ☐ N Do you or your child(ren) have a mental or physical disability or illness?
- 6) ☐ Y ☐ N Do you have any problems with debt (i.e., credit card, car, student loan, medical utility, other)?
- 7) ☐ Y ☐ N Do you have any problems with your employer related to your or your family's health?

H - Housing and Utilities

Housing type (check): ☐ Shelter ☐ Section 8 ☐ Group Home ☐ Owner ☐ Rent ☐ Other

Number of moves in the last 12 months? _____

- 8) ☐ Y ☐ N Do you have safe housing for you and your family?
- 9) ☐ Y ☐ N Are there any problems in your house/apartment (i.e., lead, peeling paint, electrical or structural hazards)?
- 10) ☐ Y ☐ N Is it hard to keep rodents, insects (i.e., bed bugs, cockroaches, etc.) or mold away?
- 11) ☐ Y ☐ N Is your housing threatened or at risk (i.e., eviction notice, late rent, warnings)?
- 12) ☐ Y ☐ N Have you gotten behind on any rent or utility bills?
- 13) ☐ Y ☐ N Do you have difficulty paying for heat in the winter?
- 14) ☐ Y ☐ N Do you have working smoke detector(s)?

E - Education

- 15) ☐ Y ☐ N Do you or your child(ren) have any issues with learning?
- 16) ☐ Y ☐ N Do you have any concerns about your or your child(ren)'s education?

L - Legal Immigration Status

- 17) ☐ Y ☐ N Do you have any concerns about your legal status?
- 18) ☐ Y ☐ N Have you been discouraged from applying for public benefits because of your legal status?
- 19) ☐ Y ☐ N Are you concerned about your family's health and stability for any immigrant-related reason?

P - Personal and Family Stability

- 20) ☐ Y ☐ N Is DHS involved with you at all?
- 21) ☐ Y ☐ N Do you have children not in your care who you want more contact with?
- 22) ☐ Y ☐ N Do you have concerns about your safety or the safety of your family?
- 23) ☐ Y ☐ N Do you have any other legal problems/concerns not listed in this screening?

24) I believe that my legal issue is increasing the general level of stress I experience daily.

☐ Disagree ☐ Somewhat Disagree ☐ Neither Agree or Disagree ☐ Somewhat Agree ☐ Agree ☐ I Don't Know

25) I think that getting legal advice or services about my legal issue would decrease the level of stress I experience daily.

☐ Disagree ☐ Somewhat Disagree ☐ Neither Agree or Disagree ☐ Somewhat Agree ☐ Agree ☐ I Don't Know

NHV ONLY:

(check one)

- ☐ No unmet legal need or NOT referring to NLP—drop completed IHELP in RED bin
- ☐ Nurse-Lawyer consultation—drop completed IHELP & consult form in YELLOW bin
- ☐ Client-Lawyer open case—drop completed IHELP & consult form in GREEN bin

White = NLP Lawyers

Yellow = Apricot

Edited 03/2017
Pink = Home Visitor

Multi-Program Integration Benefits

Nurse Feedback

- Continuity of care and support for some of our most vulnerable clients (**who would otherwise lose case management services**)
- Increased opportunities for professional development
- Clients receive benefits from both program's events
- Utilize concepts and ideas for activities with clients



Multi-Program Integration Benefits

Nurse Feedback

- “Combine voices to advocate and support our clients and ourselves”
- “Culture that supports & develops mental flexibility & openness”
- “A smooth transition from one model to the next”
- “Opportunities for expert information sharing between models”



Multi-Program Integration Benefits

Nurse Feedback

- “Both programs have strengths which can be shared between models like reflective practice (NFP) and early education planning (MM)”
- “Learning another model than one’s own allows identifying best practices & improved work practices”
- “Witnessing the growing accomplishments of families and their children from birth to age five”
- “Advocacy and policy work”



Nurse Testimonies

“As an NFP nurse, I find having MM to refer my clients to invaluable. I trust MM because I know the nurses and understand what they do. I can convey this same feeling of trust and understanding to my clients.”

-NFP Nurse Home Visitor



“Mabel Morris’ focus on school-readiness has inspired me to weave that focus into my home visits.”

-NFP Nurse Home Visitor

Nurse Testimonies

“I think it is imperative to have two home visiting models including NFP & Mabel Morris in the home setting to continue to provide education, advocacy, and individual support for clients in order to help them achieve their heart’s desire.”

-NFP Nurse Home Visitor



“Power in numbers- we are a force to be reckoned with.”

-MM Nurse Home Visitor

Nurse Recruitment and Satisfaction: Challenges

- Recruitment Challenges
 - Recruitment for Public Health Nurses to work with vulnerable populations: Career information + Interest + Maternal/Child /Family Commitment
 - Urban environment
 - Cost of Living/Salary/Benefits



Nurse Recruitment and Satisfaction: Opportunities

- Recruitment Strategies

- Workforce Committee/Academic Engagement
- Networking, Word of Mouth Recommendations
- Work environment: Staff and site/Organizational Culture

- Retention Strategies

- Work environment
- Clinical learning/development
- Complimentary programs to meet client and nurse needs
- Creative and innovative nursing models/motivational interviewing etc.
- Collective Voice: Client Focused, Community Commitment

Case Study: Shared Narrative

Presenters

Erin Graham, BSN, RN, Supervisor NFP Team II

Elizabeth Tooher, MPH, RN, Supervisor: MM/PAT Team

Celebrating family successes/journey from pregnancy until child is enrolled in kindergarten

Collaborative Referral Process

Referring Between Programs:

- 18 month transition planning
- Strength based collaborative referral process

Benefits to making it happen

- Family satisfaction
- Nurse Satisfaction
- Improved Outcomes

Sample Domains:

- Family Strengths
- Environmental Health
- Goals, Past or Present
- Life Course Development
- Developmental Concerns
- Status of Resource Connections
- Parent/Child Medical Information

“Strong commitment to protecting and promoting child’s learning, growth and development. Strong advocate for self and loved ones. Client is curious, engaged and resourceful.”

–Sample nurse note from “Parent Strength” domain



Client Success Story



Thank you!

