



King County

**VETERANS AND HUMAN SERVICES LEVY
2008 STRATEGY AREA ANNUAL REPORTS**

**Strategy 4.1
Expand the Nurse Family Partnership Program**

OBJECTIVE

The Levy's fourth strategy helps families at risk with a set of programs designed to strengthen the bonds between parents and children and to help parents become self-sufficient. Many families have a difficult time getting off to the right start: teen parents, immigrants, and parents who have been homeless or incarcerated or have experienced domestic violence often need help learning to care for their children and build a stable life. This kind of help – in the early months and years after a child is born – can prevent child abuse and neglect, while giving children and their families a healthy start on life. The goal of Strategy 4.1 is to support maternal-child attachment and maternal health by expanding the Nurse Family Partnership and adding linkages to employment opportunities.

POPULATION FOCUS

The Nurse Family Partnership serves young, low-income first time mothers in King County. Women under 23 years of age, who are on Medicaid and are having their first babies meet the eligibility requirements; priority is given to those under 20 because research has shown they are likely to get the most benefit from the program. Birth data show the largest area of unmet need for this population is in South King County, but young women meeting the eligibility criteria will be offered the program regardless of where in the county they live.

PROGRAM DESCRIPTION

The Nurse Family Partnership (NFP) is a program designed by and based on the research of Dr. David Olds. The NFP is an evidence-based nurse home visitation program that has been shown to have positive effects on the lives of first time mothers and their children.

Research has shown the NFP to be most effective and have the strongest outcomes with younger, low-income first time mothers. As a result, program staff have focused on recruiting and retaining young women who are 19 or younger and are at or below 185 percent of the federal poverty level (the cutoff for eligibility for Washington State First Steps/Maternity Support Services Program and a surrogate marker for low-income). Interested and eligible young women over the age of 19 are considered for services. However, if referrals exceed available slots, younger, lower income clients will receive priority for services.

Clients are enrolled in NFP services as early in pregnancy as possible, but no later than 26-28 weeks gestation. This adheres to NFP protocol, and allows adequate time for the public health nurse and the client to establish a relationship before the birth of the baby. Once enrolled, clients will receive a home visit on average every two weeks from the time of enrollment until the first child's second birthday. Clients receive weekly visits during the first four weeks of the program and during the first six weeks following the birth of the baby. For the remainder of the program, clients receive visits every other week until the last two months of the program, when visits taper to every month to begin the transition to program graduation.

Nurse Family Partnership protocol will be followed with allowance for individualization based on client needs. Program guidelines define visit-by-visit content as well as program materials and

client handouts. A parenting curriculum entitled “Partners in Parenting Education” (PIPE), is introduced during pregnancy and continues throughout the program. The NFP services are organized into five domains:

- Personal health
- Environmental health
- Life-course development
- Maternal role
- Friends and family.

Visit content by domain is determined by phase (pregnancy, infancy, and toddler) and by the client’s goals and needs. Program principles identify the client as the expert on her own life, and support the nurse home visitor to “follow the client’s heart’s desire.” In this way, client-centered services are provided in the context of overall NFP program structure and protocols.

PROGRESS DURING 2008

Public Health–Seattle & King County began implementation of the expanded Nurse Family Partnership in October 2007. Four Public Health nurses, a half-time supervisor, and a half-time administrative staff person were hired between October 2007 and January 2008. The Public Health nurses completed required training with the NFP in late 2007 and early 2008, and then began enrolling clients.

SERVICES PROVIDED

Number Served. Data below show the number of clients served through 2008 in NFP services countywide, including those enrolled with VHS Levy funding.

Total Served	East	North	Seattle	South
876	28	34	294	492

Public Health–Seattle & King County began enrolling clients into services under the Levy expansion in October of 2007. By the end of 2008, 93 clients had been enrolled under the Levy expansion. The project expects to meet full capacity (100 clients) for the expansion very early in 2009. As described above, clients are enrolled in NFP services as early in pregnancy as possible, but no later than 26-28 weeks gestation.

NFP services work towards three program goals:

- Improved pregnancy outcomes
- Improved child health and development
- Improved economic self-sufficiency of families served.

Living Situation. Just over 20 percent of the NFP participants (189 mothers) were homeless, a fact that has significant implications for the well-being of their children.

Living Situation		
Homeless	189	21.6percent
Not Homeless	687	78.4percent

Age Group. Per the NFP guidelines that focus on young mothers, those served ranged in age from 14 to 34, along with their babies.

Age Group		
0 to 5	343	39.2 %
6 to 10		
11 to 13		
14 to 17	173	19.7 %
18 to 34	355	40.5 %
35 to 59		
60 to 74		
75 to 84		
85 and over		
Unknown	5	0.6 %

Gender. Those served by NFP were primarily young women and their babies.

Gender		
Male	181	20.7 %
Female	695	79.3 %

Outcomes: In 2008, Public Health–Seattle & King County enrolled 448 young, first-time mothers in NFP services. The reportable outcome for Levy funded services is to support positive birth outcomes for the first time, low-income women receiving NFP services.

Nurse Family Partnership in King County continues to be successful in supporting positive birth outcomes for clients served by the program. King County NFP exceeded the target of 85 percent of clients delivering an infant at term and at a weight greater than 2,500 grams: 92 percent of NFP clients achieved this outcome in 2008. This meets both the state and national NFP objectives that no more than 8 percent of NFP clients deliver a low birth weight infant. In addition, NFP was successful in offering appropriate interventions to 100 percent of families who were identified as exhibiting parental stress.

The NFP conducts an annual client satisfaction survey with program participants. In the 2008 Client Satisfaction Survey, 96 percent of clients responding found the NFP nurse to be supportive and encouraging, and 100 percent reported that the nurse discussed their baby’s development, talked with them about parenting and their baby’s health, and talked about their goals for the future. A full 96 percent of clients who responded reported that they were very satisfied (85 percent) or satisfied (11 percent) with the program, and 98 percent reported that they would definitely (85 percent) or probably (13 percent) recommend the program to friends or family.

SUCCESS STORY

Ubah came to the United States from Somalia when she was 17 and pregnant to join her mother in Seattle. When the Nurse Family Partnership nurse first met Ubah, she was living with her mother, sister, and brother in a small apartment. Ubah wondered how life was going to be as a teen mother, or if she would even “have a life” as she put it.

Dealing with early contractions and fear about preterm labor, Ubah sometimes cried at the early nurse visits and felt daunted by this very significant and difficult change in her life. It was hard to imagine a life for her child that was so different from her own. She had grown up in a war-torn country, moved a lot, and lived with aunts or her grandmother more than with her own mother and father.

Dutifully taking notes, Ubah seemed to hang on to every word the nurse said and sought all the information she could get about pregnancy and parenting. She engaged in discussions of her

past, which were sometimes quite difficult, but did so to be more hopeful for a new future with her baby. Ubah developed a positive attitude near the end of her pregnancy, even while on bed-rest. When the nurse would ask how she was, she would say "I'm GREAT!"

Her daughter Idman is now 13 months old and is a very bright, curious, and affectionate child. She understands both English and Somali. Ubah is very playful and joyful with Idman and they have a strong relationship.

Throughout her pregnancy, Ubah had to work very hard at school, especially with English as a second language. There were times she did not think she could continue with school, so the nurse would work with her to focus on her strengths and progress. Now, Ubah plans to graduate from high school and has decided to go to college to pursue a career in the health care field.

Excerpt from a letter from a Nurse Family Partnership client

I am writing you this letter to inform you of how awesome your employee K is. She is one of the most inspirational, positive role models that I'm thankful for having in my life. She has helped me to succeed in all my goals. She and I first met at the downtown WIC office after I had found out I was pregnant.

She then asked if I would be interested in the Public Health nurse program. I think we had an immediate bond. After a week or two I had motivation to come in to her office and we sat there for like three hours applying for every imaginable low-income housing in Washington State. Then we applied for every transitional housing that would take pregnant women. It was so hard but K kept telling me over and over stay positive, think of only the positive things that may come out of this. She then made me a promise. I wasn't too sure of this at the time, but she promised we would find housing. One month went by and a transitional housing for first time parents in the north end of Seattle had called K and said they had an opening, and we met up the next day and went out and it was such a relief. I finally got housing, a roof over my head. That's all I needed at the time.

K was there for me every step of the way. She even convinced me to go to the doctors. At that time, I hated doctor visits. Dr. P referred me to get an ultrasound, and then that's when I found out I was having TWINS. Twin girls to be exact. The same day I got the keys to my new home. It was more like an apartment than anything. It was six young teen moms whether they were pregnant or already parenting one child.

After the girls were born at 30 weeks, I swear I lived at the hospital for like three months. It was crazy and very depressing, but I had K there to help me get through it. The babies finally came home about a week before Easter. K came within the first week we were home. K helped me find transitional and permanent housing. She helped me figure out how to get a credit report and how to fix my credit. She helped me get enrolled at high school and I graduated from High School in June 2007. Each visit she would bring worksheets that relate to how old the girls were and what I should look for and what they should be doing and what behaviors they should be doing too. She was very well organized every time she came to a house visit. She pushed me to better myself and enroll in some kind of college program. I wanted to enroll in school in the criminal justice program, but DSHS would not cover expenses, so we checked out a vocational school and I got enrolled. K helped me enroll.

K, you have been such an inspiration to me. I thank you for all you have done for not only me but for my daughters.

FOR MORE INFORMATION

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