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

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  • 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**

*The Pew Charitable Trusts September 26, 2018 Report: Philadelphia’s Poor: Experiences Below the Poverty Line*
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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

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

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

- **Smoking rates**
  - Smoking rates during pregnancy reduced by 15%

- **87%**
  - 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
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
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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
Thank you!