

Testimony to
Oregon State Senate Health Committee

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My name is Kimberly Friedman and I am the Director of Strategy and Partnership Development for Family Connects International based in Durham, NC.

Thank you Madam Chair Monnes Anderson and Members of the Committee for the opportunity to speak with you today. I am here today to share information about the Family Connects model, a model of universal newborn nurse home visiting.

On November 28, 2018, Governor Brown released her policy and fiscal agenda for the next 2 years. This plan includes a range of initiatives aimed at supporting families. Included within the policy priority of Supporting Healthy Children and Families is a statewide rollout of voluntary universal newborn home visiting to complement existing home visiting services by helping families enter into their community system of care.

A large body of research tells us that every family is vulnerable after the birth of a child, but the reason for risk varies across families. Alcohol and drug abuse, maternal depression, and domestic violence are factors for some parents. Lack of knowledge about child development or parenting may be another. Financial stress makes the challenges worse for other families. Some parents may be socially isolated without a support network. For some parents, the stress of a crying baby in the middle of the night can be overwhelming.

On the positive side, we know that social connectedness -- to family, friends, neighbors, the faith-based community, community supports and professionals -- can serve as a powerful protective factor.

With such a range of factors creating vulnerability, there is no single intervention that will help all families. Rather, this diversity of needs requires a system level approach--- a system that reaches every family at a universal touchpoint--the birth of a new baby-- and quickly triages and provides resources specifically tailored to the needs and preferences of each family. This is a system of engineering to understand what a family needs and to connect that family with the right community resources at the right time. The Family Connects model was developed to solve this problem.

To impact population health, you must work with the population.

Thus, this model is offered to every family in the community at the time of birth. This normalizes the service as how we take care of families with new babies within the community. Additionally, we have seen the benefits of offering this program universally in terms of high rates of program acceptance and visit completion *Overall 85% of families accepted the offer of a visit in our randomized controlled trial of the model. This high uptake persists in dissemination. Further, we saw in our research trials that over 94% of families had one or more needs for nursing support or a community referral identified by a nurse during the home visit.

This model uses registered nurses- Since 2002, Gallup's annual survey has shown that Americans rank nurses as the most trusted of all professionals with the highest ethical standards. When a nurse knocks on the door, families are comfortable welcoming them into their homes — they understand that nurses provide non-judgmental care to everyone. Newborns and birth mothers in the immediate postpartum period are vulnerable to a range of health complications, some of which can be fatal if left undetected. Registered nurses are trained to carefully assess both newborns and birth mothers, to determine the appropriate level of care required and to educate families on emergency warning signs so that they know when to seek urgent medical care after the nurse has left the home.

Before a family leaves the birth hospital (or midwifery center or wherever they are giving birth in their community), they are visited by a Family Connects staff member and invited to schedule a home visit from a nurse. This is a voluntary program, and families are entirely free to choose whether or not they would like to have a home visit. A trained nurse then makes the visit 3 weeks postpartum to assess a family's needs, including screening for maternal depression, domestic violence, and substance abuse. She does a head to toe health assessment of the baby including weight, measurement and head circumference. She provides education in baby feeding, sleep, and crying; parent self-care and parenting; and child care for families that will be returning to the

workforce. She also does a health assessment of mom, which will include checking blood pressure, overall health status and checking the healing of the C section wound as applicable. She insures the postpartum visit with the OB and well-baby visits have been scheduled, identifies individualized ongoing concerns and, as appropriate, connects parents with community resources such as professional mental health intervention, parenting groups, and breast-feeding consultation and other health and social needs.

The nurse may make up to two more visits based on her professional judgment. The Family Connects model uses a feedback loop with a call from a staff member 4 weeks after the home visit to assess their satisfaction with the program (95% satisfaction rate overall at our programs), confirm the stickiness of referrals and help if there are additional referrals needed or other identified questions/needs/concerns.

In order to make these community resource connections, the model also includes an alignment of community resources. The nurse has a comprehensive, detailed and continuously updated electronic resource directory at her disposal when she visits a family.

The model also includes an integrated computer data system so that we can be efficient in our work, monitor staff performance, and be accountable for implementation and impact. Where families consent, we also bidirectionally share information with mother and baby's health providers to insure the family receives the most patient-centered care possible.

Family Connects has been evaluated through two randomized controlled trials and a third field quasi-experiment with published evaluations in peer reviewed journals. Through an ongoing, randomized controlled trial of Family Connects, the model is shown to have positive affects for families in several key areas- here are just a few:

- Infants had 50% fewer emergency room visits and hospital overnight stays at 12 infant months of age from aggregate hospital records.

Looking only at ER visits and hospital overnights in our RCT, we estimate that for each \$1 spent on program costs, the Family Connects model can yield more than \$3 in savings for emergency health care costs.

Additional outcomes of note:

- a 39% reduction in maltreatment investigations in ages 0-5
- Mothers were 28% less likely to report possible clinical anxiety.
- Mothers report significantly more positive parenting behaviors, like hugging, comforting and reading to their infants.
- Home environments are improved — safety is improved, and the number of learning materials increased.
- Families use higher quality (rating scale) child care.

Finally, this is a model with a lot of flexibility. With each new community, we continue to learn how to adapt the program to circumstances or state/community priorities and how to improve impact. Were Oregon to implement this program statewide, we would work with each community to tailor the program to best meet its individual needs and resources. There is no "one size fits all" model for Family Connects.

Family Connects is a growing national movement as part of system transformation in communities across the country and here are just a few of the places we are now serving families—we are part of a well-integrated community wide initiative in Tulsa, Oklahoma, we are serving families through the Genesys health system in Iowa, and we are part of a staged rollout in Texas where we are serving families in the urban centers of Austin and San Antonio as well as rural Bastrop and Victoria counties. Family Connects is part of the continuum of services in rural Peoria, IL, Racine WI and the city of Baltimore, and we have embarked on a planning contract with the City of Chicago Mayor's office to roll the program out through the City of Chicago. We also have one program currently serving families here in Lincoln County, Oregon.

I'll end with a quote from one of the recent dads, a University Professor, who received a visit from Family Connects—this quote is an excellent example of how every parent, regardless of socioeconomic status, can use some help at this point in a family's life:

“She (the nurse) addressed a concern that our pediatrician had missed (a floppy larynx), caught a problem with how I was bathing my daughter, and gave me a refresher on PURPLE crying (I had forgotten -- my last baby is 9 years old now). The kicker was that she offered to help us find a Speech Language Pathologist for our four-year-old foster son -- we're adopting him, and we need to find new providers for some of the services he's been getting through DSS.”

Thank you and I am now happy to answer any questions that you might have.