

Benefits of Home Visiting Programs

Too many babies are growing up in families under great economic stress without the resources to provide ingredients necessary for healthy development. LPHAs offer home visiting programs to these babies at high risk. Clinical staff and other trained professionals provide a range of services to young families to ensure the healthy development of infants and toddlers. Services include home visits for high risk, low income women and children; newborn home visits; and case management. "High Risk" relates to a variety of unhealthy issues or risks such as physical health problems, developmental delays, abuse/neglect, low income, first time parents/single parents, etc.

The Evidence:	In Missouri:
<ul style="list-style-type: none">• Health Resources and Services Administration (HRSA) and Administration For Children and Families recognize home visiting as one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health and development that relies on the best available research to inform and guide practice. <p>Key findings of a recent RAND study¹ include:</p> <ul style="list-style-type: none">• Early childhood intervention programs have been shown to yield benefits in academic achievement, behavior, educational progression and attainment, delinquency and crime, and labor market success, among other domains.• Interventions with better-trained caregivers and smaller child-to-staff ratios appear to offer more favorable results.• Well-designed early childhood interventions have been found to generate a return to society ranging from \$1.80 to \$17.07 for each dollar spent on the program. <p>¹ Early Childhood Interventions: Proven Results, Future Promise, RAND. 2005.</p>	<ul style="list-style-type: none">• Building Blocks of Missouri program is a prenatal and early childhood nurse home visitation program. The program has broad holistic objectives to support healthy and safe parenting and home environment. Trained and experienced registered nurses provide home visits which begin prior to the 28th week of pregnancy and continue for two years after the child is born. The nurses focus simultaneously on the mother's personal health, environmental health, life course development, the maternal role, family and friends, and quality of care giving.• LaToya is a 37 year old African American female, first-time mother. She enrolled in Nurse-Family Partnership with the Kansas City Health Department in April 2012. At enrollment in the program, LaToya had not completed high school and was unemployed. LaToya struggled with making healthy life style choices and maintaining positive relationships. She had chronic hypertension prior to pregnancy. During a home visit, her nurse, LaTeak discovered that her blood pressure was dangerously elevated. LaTeak, RN notified her physician and he admitted LaToya to the hospital. LaToya, as a single parent, successfully made it through her pregnancy with the birth of a healthy baby boy at 36 weeks gestation. LaToya later stated "If it had not been for my nurse, LaTeak, I would have had a nervous breakdown." She is now enrolled in school working towards obtaining her high school diploma.

Other stories:

Kansas City: Linda, an African American female was enrolled in the Nurse Family partnership (NFP) Program by "Nurse Wanda" of the Kansas City Health Department. She was 20 years old and 20 weeks pregnant with her first child and excited about joining the NFP program. Linda shared an apartment with her child's father in Independence, Mo. She had recently lost her job, however her child's father worked a full time job to support the family. On the initial visit, September 7, 2011, she was enthused to learn all about her pregnancy and maternal role, and requested that Nurse Wanda visit when her child's father returned home from work so that he could engage and participate in the NFP activities. Linda later explained on several occasions how happy it made her feel that the nurse was there for her.

After she delivered her baby, many times Linda was subjected to verbal abuse and arguments with her child's father. Four to five months after her child was born, the father left Linda to live in St. Louis, Missouri with his family. Linda was devastated. Linda called Nurse Wanda on the phone expressing how she had no job to pay the bills and did not know how she was going to survive, and take care of her child by herself. Over the phone, Linda conveyed the negative scenarios and foreseeable interactions she experienced with her child's father. After speaking with her over the phone, the nurse scheduled an earlier appointment with her so that we could discuss what her needs and how she was going to set and accomplish the goals she was going to make. The nurse concentrated on the skills and techniques of motivational interviewing for Linda to direct her efforts and energy on surviving and establishing a decent living for herself and child. Linda is now in a BSN program at American University. Also, she works a full time job. She moved into an apartment two or three blocks away from her mother's home so that her mother can provide care for Linda's child while she attends school and work. Linda says of the Nurse Family Partnership, "Nurse Wanda and the organization have helped me tremendously. Anytime I worried about not having Pampers or clothes for my baby, nurse Wanda was there to help. I don't think I would be as good of a mother today, if it wasn't for the help of Nurse Wanda".

Columbia-Boone: "Staff went to visit preemie twins in the home for the first home visit after the babies were released from the hospital. The babies were on oxygen and had alarms for low oxygen as well. One of them had a feeding tube. When they arrived at the home, the babies were at home with their 7 and 9 year old brothers "babysitting" for them. Mom was not home. The boys let our staff into the house and they were eventually able to reach the mother. She was taking a nap at her mother's house and thought it would be okay because the 9 year old knew "how to shut off the alarm". Our staff called Children's Division (CD) and Mom came home. The mom worked with CD and was able to avoid having the children removed from the home. She actually ended up thanking our staff for intervening. She admitted she was so sleep deprived and having some postpartum depression and unable to think straight. Staff got her into the doctor the next day to get on some medication and spoke with Grandma about the help she needed. She starting taking medication and getting some more help with the babies. The children were safe and things quickly improved in the home."

Columbia-Boone: A home visit revealed a horrible environment with used diabetic needles throughout the home and cockroach infestation. A mother and children were homeless and

doubling up with their "friends" and her baby was due in less than a month. Columbia-Boone County Department of Public Health and Human Services staff told the mother they would have to call the hotline and they couldn't stay in the home. They moved to a much safer home later that day. Children's Division visited the home that night and gave their approval. Eventually, staff was able to help the mother get into Section 8 housing. She is married now and the children are attending school regularly. The baby is on target for all his immunizations, well child checks and developmental milestones.

Phelps-Maries: The Healthy Families Phelps/Maries County Program works with pregnant and postpartum women that have social and medical risks related to their pregnancies. They can visit with them prenatally until their child is 2 years of age. Families who do not qualify for our program are referred to other community agencies and programs. The goal of the program is to empower families to strengthen the parent-child relationship by improving parenting skills, reducing family stress and meeting the needs of the parent and child.

Two recent families show how the program works to reduce family stress and help families to become self sufficient.

- "Mary", 22 years of age, started the program early in her pregnancy and now has a child that recently turned one year. She was living with a boyfriend who was emotionally abusive and did not want to help with the pregnancy. Through the Family Support Worker helping her find alternate housing, helping find funds for deposits and encouraging her to not stay in an unhealthy situation she was able to move out on her own after the child was born. Since then she has been working full time and is going to college part time. Her child is thriving and meeting all developmental milestones. She has tried to allow visitation with the father but he has followed through. She was recently a speaker at the Young Parents program luncheon and graduated their program. She keeps her home visits with the Family Support Worker and is planning on using her money from taxes to pay ahead on her rent and car payments through budgeting with the Family Support Worker. She acknowledges that she would not have been able to succeed with her baby without support from the Healthy Families and Young Parents programs.
- "Jessica", 18 years of age, was pregnant with twins when she was enrolled in Healthy Families. She was living with her grandfather because her mother was deceased and her father was not in the picture. She had some friends who were trying to help her but no stable support person. The Family Support Worker followed her through the pregnancy. When she found out one of the twins was likely to die because of heart and brain anomalies the Family Support Worker provided a person to listen to her concerns and help her understand what the doctors were telling her. During this time she continued to go to High School and received her GED and Diploma through the Options program. She also was able to get a one bedroom apartment. In December she delivered the twins by C-section and one of the twins died 3 hours after delivery. She was able to stay at Ronald McDonald House for the next month until the other twin was ready to leave. Even though he was born at 33 weeks he has done very well and she was able to breast feed or pump breast milk while he was there. The Family Support Worker will continue to follow up with her and help her with local resources. She is currently also working with Parents as Teachers and the Young Parents program.

Between the three agencies she will have support systems to help her to become self sufficient.

Springfield-Greene:

The referral from a hospital NICU (Neonatal Intensive Care) social worker requested maternal-child public health nursing visits for supervision of a late preterm, breastfeeding infant discharged to home on the fourth day of life. Parent education was also requested and the social worker noted this was the first baby of unmarried, teen parents. She also noted the father had a “smart mouth” and had made “inappropriate comments” when speaking to the baby.

One of the maternal-child public health nurses was dispatched to the home the following day. She discovered the teen parents and their newborn living in one bedroom of the maternal grandparents’ home. The parents slept in a single bed, without bedding, and the baby sleeping in a twenty-year old “family heirloom” broken bassinet. The parents were permitted bathroom and kitchen privileges, but they were not permitted to use the living room. Breastfeeding was off to a fairly good start for this preterm infant and his mother; the nurse provided assistance and scheduled frequent visits to monitor breastfeeding and infant weights.

By the third visit the nurse realized the father’s “smart mouth” appeared to be his reaction to stress and loss of control. As he became more comfortable talking with the nurse, he shared his frustrations. He dropped out of high school one semester short of graduation and was unable to find work. He hated living with his “in-laws” but was unable to provide for his girlfriend and child. His parents divorced while he was in high school and he remained estranged from his father and rarely saw his mother. He did not feel the baby’s grandparents approved of the relationship or enjoyed the baby. The nurse suggested he consider taking the GED exam to improve his employability, but he expressed confidence he would find a job.

Over the next two months, this mother achieved her stated breastfeeding goal-exclusive breastfeeding – and the baby gained weight appropriately. The nurse provided education, support, and much supervision to make this goal a reality. Meanwhile, the father slowly realized he would not achieve his goal – employment – without a high school diploma or a GED. The nurse offered assistance once again, and this time the father accepted. She explored options in the community and provided the father an enrollment packet for the Missouri Career Center’s *Workforce Youth* program. She provided the help he requested to complete the application and make his orientation appointment. With only his bicycle for transportation, the father left early in the morning to cover the six miles from his home to the Career Center. When he received a letter of acceptance into the *Workforce Youth* program, the nurse was the person he called first! When he expressed concern that his bike might be stolen from the rack while he attended class, the nurse purchased a sturdy bike lock. He is scheduled for the GED exam next month, he is halfway through a paid internship, and the employer is already talking with him about full-time employment at the conclusion of his internship. The father explained to the nurse, “I don’t care that I’m cleaning and fixing things. Yes, I am a glorified janitor, but I have a job, and I’m on the list for housing assistance, and I am going to be able to take care of my family!”

While the father has been focused on GED classes and work, the mother has dealt with another set of challenges. Her special-needs sister, who also lived in the home, died unexpectedly just before the holidays and grief nearly overwhelmed their household. Her own

little baby, after failing repeated hearing screens, was diagnosed as “severely deaf.” Not knowing what to do or where to turn, the parents called their public health nurse with the news. She explored community and state services and was able to locate multiple resources for the family through First Steps, MOHear, and Families First. The baby has hearing aids and the parents are learning sign language and beginning to cope with the diagnosis. The health care provider arranged for the baby’s hearing aids and an initial consultation with First Steps, but no parent education or supports. Their public health nurse pursued those resources to ensure the entire family could grow and thrive together.

Public Health makes a difference. For this family, the physical needs of the baby were the impetus for the social worker’s referral. The nurse addressed those issues, but also took on the family’s other challenges, thus empowering them to do more than simply survive. They can thrive as they work toward becoming independent, self-sufficient, contributing members of our community.