



Advancing  
the Maternal &  
Child Health VISION  
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Strengths in and Barriers to  
Outreach Processes and  
Productivity in Louisiana's  
Maternal, Infant and Early  
Childhood Home Visiting Program

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Louisiana Office of Public Health  
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Disclosures

No relationships to disclose



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Objectives

- Identify realistic and useful methods for inquiry to guide quality improvement in public health programs
- List recommendations following assessment of strengths and challenges within an evidence-based public health nursing program



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### Nurse-Family Partnership (NFP)

- Intensive, voluntary nurse home visitation program, visits are weekly to biweekly to monthly
- Serves first time mothers from early pregnancy until first child is 2 yrs of age
- 3 main goals are to improve:
  - Pregnancy outcomes
  - Child growth and development
  - Family self-sufficiency



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### Why Use NFP?

#### \$5.70 Return on Investment

- ▶ **Decreased**
  - child abuse/ neglect
  - child arrests
  - behavioral problems
- ▶ **Improved**
  - child cognition
  - birth intervals
  - workforce participation

**For Child & Future**

- ▶ **Decreased**
  - smoking
  - preterm delivery
  - hypertension in pregnancy
  - maternal arrests

**For Mom**



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### Origins of Louisiana NFP (1999)

- Realization that psychosocial issues needed to be addressed
- Public health maternity clinic services decreased due to increased Medicaid coverage
- Appealing due to:
  - clinical information system
  - process evaluation
  - explicit guidelines
  - emphasis on fidelity to model, relationships, strong guidance, and reflective practice



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### NFP in Louisiana

- Funding had grown from \$1 to \$12.3 million over ten years
- Number of sites had grown from 2 to 16, serving 52 of 64 parishes, though penetration was only 15% of eligible population
- Current FTE HV with vacancies, was able to serve 11.7%; however, only 9.7% of the eligible population was being served



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### Why is Productivity a Concern?

- Effects of program on clients
- Impact of program in communities
- Visibility of program
- Potentially, funders willingness to invest or sustain efforts into NFP



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### Louisiana's NFP Quality Improvement Challenge

- Maintain NHV caseload of 23-25 clients to accomplish at least 37 HVs per month to maximize availability and efficiency
- Assess and improve outreach efforts to increase # caseloads and HVs to reach programmatic outcomes



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### Literature Review

- Efficiency as element of health care quality
- Outreach as public health intervention
- Existing formal outreach in maternal and early childhood programs



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### Questions

- Are we (MIECHV Leadership) correct in the assumption that increased caseload increases visit count?
- What is current productivity of teams, particularly in terms of program expectations?
- How does productivity of teams compare according to characteristics of teams?



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### Questions

- Are there differences in perceptions of enrollment experiences based on characteristics of clients?
- What are the NFP staff's perceptions of strengths and challenges of outreach processes?



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### Methods

- Written Survey
  - Current and "drop-out" clients about NFP enrollment
- Telephone Survey
  - Declined Participation
- Focus Groups
  - NFP personnel regarding outreach processes
- Tabulations
  - Average team caseload and visit counts, July 2007 to December 2009



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### Analyses

- Correlation between caseload and visit count
- Comparison of average completed visit counts to program expectations
  - Meets or exceeds expectations: MEE = 90% or greater
  - Less than expectations: LE < 90%
- Comparison of Productivity
  - Rural vs. urban; north vs. south
  - Mean age of nurse home visitors
  - Mean years of NFP and public health nursing experience
  - Enrollment data



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### Analyses

- Descriptive Statistics
  - Clients completing outreach survey
  - Decliners of NFP & reason for decline
  - Characteristics of focus group participants
- Client outreach survey Likert mean scores compared based on
  - Respondents' age
  - Respondents' race
  - Respondents' length of time in NFP
- Frequency of client referral source from client outreach survey



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### Analyses

- Qualitative responses to client outreach survey categorized into themes
- Focus group responses categorized into themes for comparison to data derived from other inquiries



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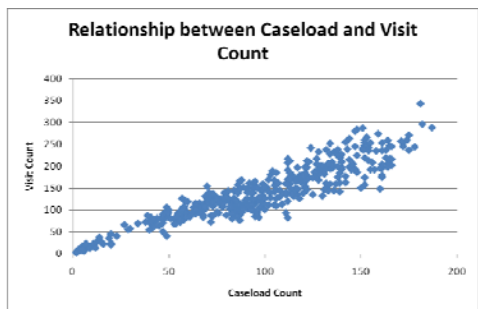
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### Findings



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### Findings MEE vs. LE teams

Descriptor	Productivity		Chi-Square, t-test or Satterthwaite	p value
	MEE (N = 46)	LE (N = 64)		
<b>Area</b>			7.31	.007
Rural	36 (78.26)	34 (53.13)		
Urban	10 (21.74)	30 (46.88)		
<b>Locality</b>			.21	.647
North	16 (34.78)	25 (39.06)		
South	30 (65.22)	39 (60.94)		
<b>Age of Nurses</b>	39.8 (8.3)	43.4 (9.4)	2.07	.041
<b>Years in NFP</b>	2.9 (2.0)	4.4 (3.7)	2.81	.006
<b>Years in PH</b>	4.0 (4.8)	8.0 (9.2)	2.95	.004
<b>Enrollment</b>	21.61 (1063/4919)	18.44 (1541/8357)	19.74	<.001

\*mean ±SD or n (%) or % (rate)



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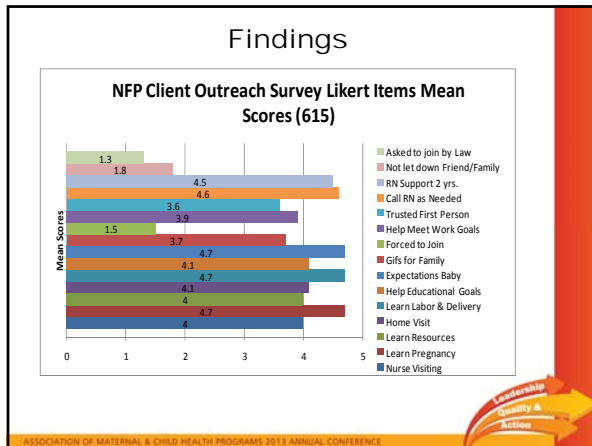
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### Findings

➤ Age Differences in Perceived Importance

- Nurse visiting more important for 20-24 year olds than for 18-19 year olds
- Learning of resources more important for 20-24 year olds than for 15-17 year olds
- Being home visited more important for 25-29 year olds than for 15-17 year olds

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### Findings

➤ Racial Differences in Perceived Importance

- White clients valued the home visit more than the Black clients
- Black clients identified meeting educational and work goals as more important than White clients
- Black and "other" clients more likely to state that "not letting someone important to me down" was an important consideration for enrollment

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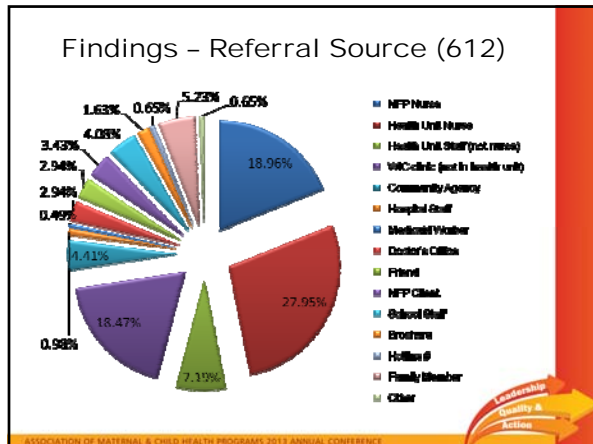
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### Findings

#### Enrollment Process

Likes	Dislikes
<ul style="list-style-type: none"> <li>•Face-to-face contact via NFP nurse</li> <li>•Personal characteristics of NFP nurse</li> <li>•Trust for first person offering program</li> <li>•“No pressure” and voluntary</li> <li>•Detailed info about program and the uniqueness of the program (i.e. for first time mothers only)</li> </ul>	<ul style="list-style-type: none"> <li>•Lack of Information</li> <li>•Timing</li> <li>•No choice of nurse</li> <li>•Criteria for enrollment</li> <li>•Logistics for enrollment</li> </ul>

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- ### Findings
- “Why would new mom NOT be interested in enrolling in NFP?”
    - Long commitment
    - Concern regarding reporting to OCS
    - Fear, insecurity, denial, “thinking they know it all”
    - Enough resources
    - “Bad” influences of friend and family
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### Findings

➤ “What should staff do to help new moms decide to join NFP?”

- Great moms already in program
- Use current NFP moms to help sell program
- Use all media more widely
- Learn how to be a “salesman”



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### Findings – Other Suggestions

➤ M.D.’s should emphasize program more

➤ Program should be longer

➤ Enlist clients to pass out literature, brochures to friends

➤ Open NFP to all incomes



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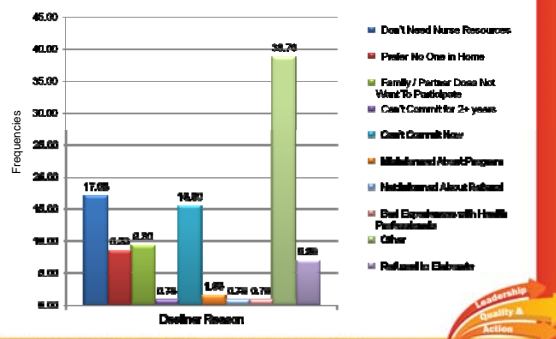
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### Findings – Reason for Declining Participation in NFP (129)



Declining Reason	Frequency
Don't Need Nurse Resources	17.00
Prefer No One in Home	11.25
Family / Partner Does Not Want To Participate	11.50
Can't Commit for 2+ years	14.50
Can't Commit Now	0.75
Misinformed About Program	1.00
Misinformed About Refund	0.75
Bad Experience with Health Professionals	0.75
Other	38.75
Refused to Enroll	11.50



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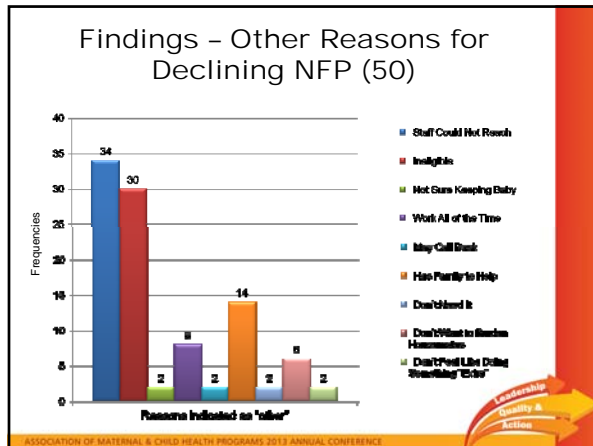
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- ### Findings - Focus Groups (15)
- Confirmed client response regarding prime referral sources and "champion"
  - Identified need for improved internal enrollment and tracking system
  - Language of enrollment standard across teams
  - Challenge to balance prime role of home visiting and reflective supervision with outreach activities
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- ### Findings - Focus Groups (15)
- Incorporation of outreach activities into daily operations of teams
  - Training in a standard "spiel"
  - More and better generalized marketing of program
- \*Outreach / marketer / community relations position
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### Recommendations

- Continue use of productivity template
- Use client outreach, decliner survey and focus group results to inform both MEE and LE teams to continue best practices or explore helpful changes
- Focus resources on prime referral sources



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### Recommendations

- Pilot a community relations/outreach specialist position
  - Supported by review of literature, client outreach survey results, focus group results
  - Concentrate in LE team area
  - Explore grant funding for position
  - Perform process and outcome evaluation of position, particularly cost-benefit



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### Lessons Learned

- Quantitative and qualitative data informed each other
- Focus group inquiry resulted in knowledge of contextual nature of challenges and solutions
- Direct staff felt “listened to” and leadership team gained valuable insight
- Recipients are ready and willing to share their perceptions



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### Actions Thus Far

- Clear communication of productivity expectations
- Support and guidance regarding outreach as a public health nursing role
- Individual and/or team action plans
- Dissemination of results to teams
- 0.5 outreach specialist for one team
  - Plans for 0.5 outreach specialist for other areas pending evaluation



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### Preliminary Results

- Inquiry Period:
  - Calendar Year 2009: MEE teams 38%
  - Calendar Year 2011: MEE teams 81%
- Cost per family SFY 09 to SFY 2011:
  - 10% decrease
- Cost per visit SFY 09 to SFY 2011:
  - 13% decrease



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### Questions/Discussion

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