

Nursing Support for Every Infant Born in High Point's Neediest Neighborhoods

Family Connects Guilford – Guilford County Health Department

Summary

Since 2016, the Foundation for a Healthy High Point has provided funding to the Guilford County Health Department's Family Connects Guilford (FCG) newborn nurse home visitation program for priority areas in High Point, Jamestown, Archdale, and Trinity. A Registered Nurse contacts mothers after the birth of every baby in these areas to offer home visits focusing on newborn wellness, screening for maternal health, and early identification and referral for family support. The program's goal is to improve child and family health and well-being at the population level.

Highlights

- Since 2016, Family Connects nurses have completed visits with 1,765 families living in needy areas of Greater High Point.
- Nurses completed nearly 1,500 referrals to community partners and health professionals to meet a diverse array of family needs.
- The program pivoted to telehealth appointments during the COVID-19 pandemic. These appointments were well-received by families and allowed nurses to provide additional support by phone, text and video calls.

Funding

The Foundation for a Healthy High Point provided \$456,961 to the Guilford County Department of Health to support one full-time Family Connects Guilford Registered Nurse to serve High Point area families from July of 2016 through December of 2021. Additional support for the program is provided by Smart Start, the Duke Endowment, local appropriations, and, reimbursement from Medicaid. The Division of Public Health contributes in-kind staff support and office space.



The Foundation for a Healthy High Point encourages, supports, influences, and invests in efforts that improve the long-term health and wellness throughout Greater High Point. We accomplish this by examining health issues and identifying and investing in evidence-based practices.

Background

The Guilford County Department of Health and Human Services, Division of Public Health is a key partner in the Ready for School, Ready for Life - Get Ready Guilford Initiative, a systems-change effort to ensure Guilford County children enter school ready to learn. The Health Department's Family Connects Guilford program is one of three evidence-based programs serving infants and their parents in priority areas of the county.



The Health Department adopted the national, evidence-based Family Connects International model in 2015 after providing County-wide nurse home visiting services since the 1990s. Since 2016, additional funding from the Foundation for a Healthy High Point has allowed the program to target families in High Point's 27260 and 27262 zip codes, areas of the county with some of the most significant disparities in health and educational outcomes.

Need

The 2019 Guilford County Community Health Assessment identified persistent racial disparities in the county's birth outcomes. African American mothers have high rates of preterm birth and low birth weight babies, compared to white mothers, leading to short and long-term health conditions for infants and children. Additionally, children living in poverty experience a higher incidence of neglect, emotional/physical abuse, and mental health issues impacting their future educational and occupational attainment.

The 2019 Community Health Assessment notes that residents in High Point's predominantly African-American and Hispanic-Latino neighborhoods often lack transportation, low-cost childcare options, and encounter language barriers, all factors that can contribute to child neglect and health issues. The COVID19 pandemic exacerbated these issues. Families have reported experiencing increased stress due to the demands of remote education, along with higher levels of: food scarcity, illness, and the lack of usual support services provided through pre-pandemic school and community organizational supports. Home visitation nurses have been shown to reduce the incidence of child abuse and neglect and lessen many stressors brought on by the pandemic. FCG nurses can help families understand their child's development and connect them with needed community resources that can help families thrive.

Project Description

Family Connects Guilford replicates the evidence-based nurse home-visitation program developed by the Duke Center for Child and Family Policy (Family Connects International). Registered Nurses provide in-home assessments, education, home observations, and demonstration of prevention strategies. Families of newborns are identified by Family Connects nurses who conduct hospital rounds at High Point Medical Center, Cone Health Women's and Childrens Center and through

referrals made by medical providers. GFC nurses reach out to mothers to introduce the program and encourage them to schedule a home or telehealth visit in the first weeks after birth. Every family in Guilford County is eligible to receive a Family Connects Guilford nurse visit post-delivery, regardless of income or economic status.

The nurse visit consists of a physical exam of mother and baby, assessments of the family and home environment, which include screenings for depression, substance abuse, relationship violence, along with any needed referrals and follow-up for identified needs. Visits last approximately 1 ½ to 2 hours. As needed, nurses will follow-up a week later to ensure follow-through with referrals to community resources and to assess any additional support needs.

The Family Connects program is part of a larger systems-change effort in the county to improve health and educational outcomes for Guilford County children. Family Connects coordinates home visits with Nurse-Family Partnership (also a FHHP Healthy Beginnings grant recipient) and HealthySteps to prevent overlaps in services. Family Connects staff also serve on five Get Ready Guilford Initiative committees. The program also collaborates with numerous local agencies including Women, Infant and Children (WIC), Care Management for At Risk Children (CMARC), Care Management for High-Risk Pregnancy (CMHRP), the Local Interagency Coordinating Council, NICU Discharge Planning, Infant Mortality Coalition, United Way of High Point's Children Initiative, and other community agencies.

Due to the COVID-19 pandemic, home visiting services were suspended between March and June of 2020 and the program pivoted to telehealth visits. These visits, conducted by phone or video calls, were similar in length to in-person visits, with the nurse following-up to provide resources and other information by email or text messages.

Shelley Mason, the Family Connects nurse serving High Point, shared that many clients preferred the telehealth visits to in-person visits during the pandemic for safety and convenience. Many new mothers were isolated in their homes and welcomed being able to talk with Shelley without the stress of preparing for a home visit. As many of the mothers are young, they are tech savvy and comfortable with video calls. While Shelley was not able to weigh the babies or do other hands-on exams, she felt that telehealth visits provided important ways to engage and connect with new mothers during this challenging time.



Results

According to Family Connects reports, between August 2016 through September 2021, the Family Connects Guilford program visited 1,765 families living in Greater High Point. About three-quarters of the families (1,315 families) had Medicaid as their primary form of insurance. Additionally, Family Connects nurses made nearly 1,500 referrals to local area community partners, medical, and mental health professionals based on assessments and client needs.

Data from a nationally conducted randomized controlled trial found that Family Connects reduces the number of emergency room visits and hospital overnight stays by 50% in the first year of life. Mothers and families who received an IHV were 30% less likely to experience postpartum depression or anxiety and had 44% lower rates of Child Protective Service investigations for abuse or neglect, and home environments were safer and had more learning materials to support infant development.

The following success story was shared by Shelley Mason, the Family Connects Nurse serving High Point:

Shelley contacted her client to schedule an in-home visit. While on the call she asked the client if there were any concerns that needed to be addressed before the visit. The client was an English as a Second Language client but spoke enough English that an interpreter was not needed. She stated that WIC didn't give her any formula and that she wasn't making enough breastmilk to meet the baby's demands. The client also stated she had completed a WIC appointment since delivery, and that she asked WIC for a partial breastfeeding package but did not receive any formula.

Shelley emailed a nutritionist at WIC who stated that mom didn't complete her telephone appointment due to staff not being able to reach her. The WIC nutritionist stated she would contact the High Point WIC office and have someone call the mom that same day. The nutritionist emailed Shelley later to state that staff had tried contacting client and weren't able to reach her. Shelley texted the client to let her know that WIC staff were trying to reach her. The nutritionist confirmed that after the text, the client called WIC and followed through with an appointment to be recertified. The client was given the formula she needed. The client later told Shelley at the home visit appointment that she was very appreciative of the assistance she received.

“I found [the nurse] to be helpful. At the time my baby was colicky and had a rash and Shelley was able to troubleshoot with me. She also followed up with me and made she I got the medical help I needed. She helped me a whole lot. I felt like she went above and beyond for me. She stayed on my doctor until I got a call back.”

Lessons Learned

In reports submitted to the Foundation and interviews for this report, FCG staff shared that:

- **Family Connects provides a support system for new mothers who may have few other sources of connection and support.** As program staff shared, many mothers do not have their own mothers or grandmothers to provide them with advice about caring for an infant. Nurses are there to meet that initial need, often giving simple tips and tricks for newborn care that can make a big difference and prevent calls or visits to healthcare providers. Based on follow-up calls conducted by the program, families are grateful for this timely and helpful assistance.
- **The Covid-19 pandemic presented both challenges and opportunities.** Pandemic restrictions temporarily ended in-home visits by Family Connects nurses; however, nurse contact rates remained unchanged despite moving to an all-virtual format. Additionally, the nurse found that working from home provided a highly productive environment. More contacts were able to be conducted, reaching families during a time of great need. The program plans to continue offering telehealth support post-pandemic with hopes to return to partial or complete in-home visits in the future.
- **Nurse continuity allows for a deep understanding of the community's needs.** Shelley Mason has served the High Point community for five years and deeply understands the challenges facing many of the areas' families. She is an expert in identifying needs and connecting families with appropriate resources. Program staff have also built relationships with other organizations focused on achieving the same community goals, further advancing systems-change efforts.
- **As the program is housed within the Department of Health and Human Services, it's easy to connect families with other social service programs.** Nurses know who to contact at the various programs to help families navigate the systems and receive the information and resources they need. For example, the nurses have an internal follow-up process with WIC and were able to help families navigate changes to the Medicaid system during the summer of 2021. There's also a dedicated FCG full-time Spanish-language interpreter within the Health Department who nurses can easily access. Nurses also have access to the Health Department contracted Language Line for additional languages.
- **Systems-change needs to be more than referrals to resources, but fundamental changes to broad systems such as safe housing, quality education, and accessible transportation.** Program staff shared one of the hardest challenges is that families aren't short one specific resource, but instead, are overwhelmed with numerous needs and don't have the capacity to follow-through to get all that they need. They provided the example of a single mother of a low-birth-weight child who needs a housing resource referral, needs a car seat, needs to make doctors' appointments, and can't get on the wait list for childcare until she has a job. Staff encourage the Foundation to advocate for larger-scale policy changes that would have broad and deep impact on children and families.