Improving Child Well-Being in the Durham Community

**Early Learning Challenge Transformation Zone**

NorthEast Connects Exploration

April 17, 2012
Underlying Theory of Strategy

- Connect with each family.
- Connect each family to local community resources (as needed and as available – when not available, we must grow them or align them or work with community leaders to make them available – this is key).
- Provide parental support: Help parents connect with their baby, for healthy baby outcomes and family well-being.
- Program is a catalyst intended to alter developmental trajectory.
- Building capacity within families and community
Essential Elements or “Non-negotiables”

• Universality, Reaching every birth, at birth.

• Optimal visit time, 3 weeks postpartum.

• Using DC protocol: Standardized assessment of family strengths and needs accomplished in a non directive, supportive, and conversational (high inference) manner.

• Nurses provide the intervention.

• In-home visits.

• Aligning with community resources.

• Training and ongoing supervision of staff, and high fidelity of protocol delivery.

• Documentation that allows for program monitoring.

• Program as a means of identifying service needs and gaps in community and strategies to address them.

• Support and education in family selected areas.
Verifying fidelity and high-quality?

- Training by DC staff
- Ongoing supervision by DC staff
- Independent “checks” about 10% of the time by a second visitor who accompanies the nurse
- Review of data records for patterns
- Nurse self report of fidelity checklist
- Post-visit calls to families
Training: What and by Whom?

- Recruiter training for best participation rates
- Nurse training on protocol and psychosocial interview
  - motivational interviewing,
  - screeners,
  - teaching and
  - referral making.
- Nurse education in key areas, such as physical assessment, child maltreatment, breast feeding etc
- Close familiarity with community formal and informal resources and training resources.
- Training can be provided by existing DC staff.
- Ongoing consultation about implementation, barriers, and specific cases.
- Local assessment on broader barriers, e.g., Agency or system level. (focus groups and local leadership advisory council)
Coaching for High-Quality?

- Observation
- Use of tapes
- Data fidelity checks
- Monthly and quarterly data reports
- Weekly team meetings with peers
- Individual meeting with supervisor
- Learning communities within transformation zone
Nurse and Staff Selection?

- Prefer BS level RN
- Must be public health oriented
- Must have positive demeanor for supportive, non judgmental interactions of universal parents.
- Must have energy and be very organized and a good time manager.
- Selection team should include DC leaders that have already hired DC home visiting nurses and observed successful hires and unsuccessful hires.
- Selection team should also include local representative familiar with local environment.
- Nurse recruitment may require direct outreach (mailing to bilingual nurses registered in selected counties).
- Highly flexible in meeting parents’ needs
- Match community and staffing needs (Spanish speaking etc)
Outcome Data?

- Total number of recruited/eligible
- Total # visits/eligible
- Number of referrals and connection rates
- Screener outcomes (DV, sub. abuse, depression).
- MUST add outcomes for parenting and infant healthy development, including DSS records, hospitalization records, and random sub-sample
- spot check telephone interviews at age 6 months (limited number).
Organizational/County Policies Needed?

- Access to new parents at hospitals.
- Endorsements by local primary health providers.
- Need to work with county case management/prevention programs to avoid duplication (CC4C, PCM, Partnerships).
- Support of local health department.
- Development of local advisory boards (agencies and leaders).
- IT capacity.

98% of parents asked would recommend DC to a friend.
Intersection with other Orgs/Agencies?

• Collaboration is key with:
  • primary providers
  • human service agencies
  • health depts., non profits
  • local leaders.

• Understand overlaps, boundaries.

• Establish community leadership team/advisory board.

• Arrange focus groups with stakeholders in advance of launch.

• Goals are to learn how to interact with local groups in a supportive way.

• Increase connection to other services, provide referrals
• Gateway to young child/preventive soc
• Community advisory group to provide feedback.
• Increase pediatric compliance
• Extension of hospital care

• Look at non-traditional resources (ie. churches, civic groups)
Questions and Discussion

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