



Final Report

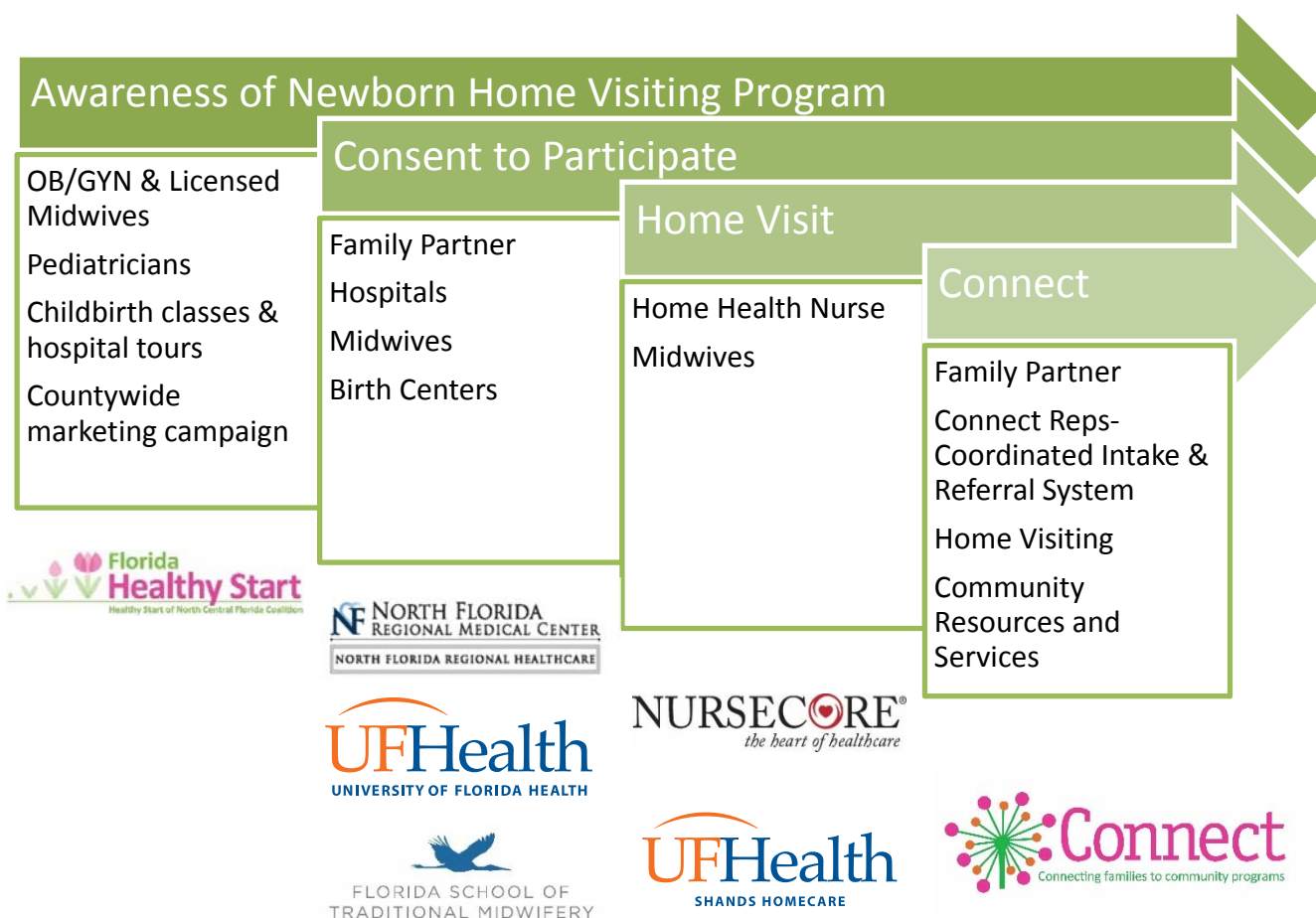
February 2018 – September 2019

Resources/Organizational Capacity

One full-time and one part-time Family Partner were located at each of the two hospitals and were responsible for meeting with each mother who was an Alachua County resident to introduce the NewboRN Home Visiting Program and obtain their consent for participation. The Family Partner also worked with the RN's and licensed midwives to provide short-term case management to all families that needed additional supports or services after the home visit was completed.

Two home health agencies contracted were contracted with for the registered nurses (RN) to conduct the home visits. Babies born at UF Health Shands were visited by nurses through UF Health Shands HomeCare, and babies born at North Florida Regional Medical Center were visited by nurse through NurseCore. In addition, the licensed midwives conducting home births also provided the NewboRN home visits to their patients.

There were many team and partner meetings throughout the duration of the project to ensure processes were in place to effectively implement the program with fidelity across all sites and with all staff. These meetings also addressed challenges within the program and developed procedures and processes to overcome these barriers.



Program Approach

Prenatal care providers in the county were educated on the NewboRN program and provided materials to share with their patients. They were asked to explain the program to their patients and encourage them to consent to participate when they met the Family Partner in the hospital after delivery. A countywide marketing plan was also conducted to make the community aware of the program.

Before each newborn was discharged from the hospital after delivery, the Family Partner met with and talked to the family. They provided detailed information about the program and obtained their consent to have a nurse to conduct the home visit. They also connected families to services and resources for immediate needs, such as car seats or postpartum depression. One of the challenges that impacted acceptance rates was the fact that the family partners were not able to enter the patients' room at UF Health Shands until the nurse first obtained consent from the family. Fortunately, we were able to work with hospital leadership and legal to remove this requirement.

To develop rapport, the Family Partner provided each mother with information about the benefits of the program, estimated length of the home visit, educational information that will be provided, assessments that will be conducted, incentives to participate, and the overall value of the visit to the mother, other caregivers and the newborn. The Family Partner also provided a bio on the nurses that included their picture and contact information. This way the mother would know who would be visiting her home.

After the Family Partner obtained consent, the intake forms and physician orders were sent over to the home health agency. Initially, we were unable to get orders for the NICU babies at UF Health Shands, but able to work with hospital leadership to implement the use of an expedited paper referral form. This has improved the process and increased the number of referrals for NICU babies.

Visits were scheduled within one week of discharge from the hospital. With births at a birthing center or home, the home visits were scheduled within one week of the baby's birth. For those babies that were in the NICU, the Family Partner met with the family in the hospital within 3 days after the baby's birth and schedule a telephone call with the RN within 3-5 days after that meeting with the family. The RN then scheduled the home visit within 7 days after the newborn was discharged from the NICU.

During the visit, the RN or licensed midwife completed a post-partum and newborn assessment, including an evaluation of the mother's and baby's physical, mental and social health, history and service needs. Education and referrals regarding post-partum and infant care were provided as indicated including understanding and knowledge of self-care, infant health, immunizations, infant sleep position, infant dietary intake, home safety, and the importance of follow-up appointments with health care providers. If additional medical care

was needed for either the mother or the newborn the RN assisted the mother with making those arrangements with her physician or the newborn's pediatrician.

The licensed midwives provide a post-partum home visit to their patients, so they included additional assessments during the postpartum visit for both the mother and newborn and provided additional educational information.

If the RN or midwife identified that the family needed additional services or resources including: parent education, ongoing breastfeeding education and support, nutritional support and information, child development education, or assistance with basic needs, diapers or formula they followed up with the Family Partner and she made the referrals needed. Short-term case management was provided until the family was enrolled in the needed programs or received the requested items. Families were also referred into Connect for ongoing home visiting services from programs such as Healthy Start, Healthy Families, and MIECHV-Parents as Teachers.

Marketing and Outreach/Community Education

Explained the Newborn Home Visiting program, encouraged patients to sign the consent to participate form for the home visit.

- Brochure with Nurses Bio insert that included their photos
- Consent form with program logo and identification of funder

Promoted the program at area hospitals, birth centers, prenatal care provider practices, and in childbirth education classes at the hospitals.

- Brochures
- Wall Posters
- Table Top Posters
- TV ad at Comprehensive Women's Health and the Birth Center



Educating the public about the program to encourage participation.

- Press releases and articles to Alachua County media announcing the program
- Interviews with local TV and radio shows (CBS4, WUFT, County Services)
- Webpage about the program on the Healthy Start on North Central Florida website
- Description of program on the WellFlorida website
- Healthy Start of North Central Florida and WellFlorida's social media to promote the program
- Blog post about the program on the WellFlorida website and an announcement in the WellFlorida E-Newsletter and the Healthy Start of North Central Florida E-Newsletter
- Posters about the program to be in places pregnant women and families visit
- Radio ads on popular Alachua County radio stations (WUFT, Magic 101.3, Joy FM)
- Ads in local magazine and newspaper (Giggle Magazine, Oh Baby! and Gainesville Sun)

- Buttons for partners and funders to wear that state “Ask Me About NewboRN Home Visiting”
- Interior bus graphics that promote the program for bus lines en route to area hospitals
- Participation in many community outreach events and health fairs



Collaboration and Partnerships

The collaboration and partnerships is what has made this program successful. The following is a list of partner agencies:

- UF Health Shands
- North Florida Regional Medical Center
- UF Health Shands HomeCare
- Nurse Core
- Healthy Start
- Healthy Families
- Maternal, Infant and Early Childhood Home Visiting/Parents as Teachers
- Connect
- Early Steps of North Central Florida
- Early Learning Coalition of Alachua County
- WIC
- Department of Health-Alachua County
- Children's Home Society
- Meridian Behavioral Healthcare
- Child Advocacy Center
- United Way of North Central Florida
- Partnership for Strong Families
- Department of Children and Families
- Better Beginnings

During the period of the project we had over 20 meetings with our partners and collaborators.

Impact on Health and Well-being of Alachua County Children and Families

Number of Births

Throughout the duration of the project (May 2018 – September 2019) there were 3,474 Alachua County resident births. Of these, 3,394 were at the hospital (1,658 births at UF Health Shands; 1,946 at North Florida Regional Medical Center) and 80 were at a birth center or a home birth.

Goal 1: 95% of new mothers that reside and deliver in Alachua County will be offered the NHVP.

- Outcome: the goal was to invite all women who are Alachua County residents, and deliver their baby in Alachua, to participate in this program. Taking into consideration external factors that would impact the ability to offer the program to all Alachua County residents who delivered in Alachua County, the goal was set at 95%.

In total, 2,288 women were invited to participate in the program. During the first few months of implementation the family partners were going through background checks and the credentialing process at the hospitals. They were unable to meet with the patients until this process was complete. The offer rate for the first month (May 2018) was 12.9%. July/August 2018 is when the full-time, weekday family partners started in the hospitals and the offer rate increased to 72.9%. After working with the hospital team to identify barriers and improve procedures the rates increased to 85%. However, the lack of weekend coverage was impacting offer rates. When the part-time, weekend family partners started in the hospitals the rate increased to 95.3%. In fact, the offer rate in September 2019 for UF Health Shands was 96.2% and North Florida Regional Medical Center was 95.4%.

Goal 2: 70% of new mothers that reside and deliver in Alachua County will agree to participate in the NHVP.

- Outcome: While there were months where the goal was reached, the average consent rate for the duration of the project was 57.9%. In total, 1,324 women consented to participate.

Goal 3: 60% of new mothers that reside and deliver in Alachua County will have a completed Newborn Home Visit.

- Outcome: The average rate for the duration of the project was 57.8%, for a total of 765 home visits completed. In the final month (September 2019) the rate surpassed the goal at 67.2%.

Hospitals	Births	Intakes Received	% Intakes Received	Consented	% Consented	Declined RN	Client Cancelled	Unable to Locate	Completed Assessment	% Completed
May	209	27	12.9%	23	85.2%	NA	NA	NA	16	69.6%
June	203	31	15.3%	28	90.3%	NA	NA	NA	16	57.1%
July	244	75	30.7%	53	70.7%	NA	NA	NA	42	79.2%
August	240	139	57.9%	96	69.1%	NA	NA	NA	60	62.5%
Sept	203	148	72.9%	74	50.0%	20	4	11	34	45.9%
October	195	170	87.2%	98	57.6%	17	3	15	57	58.2%
November	218	180	82.6%	86	47.8%	13	1	14	52	60.5%
December	217	175	80.6%	97	55.4%	19	0	21	48	49.5%
January	216	164	75.9%	86	52.4%	9	1	20	53	61.6%
February	195	166	85.1%	90	54.2%	10	2	15	56	62.2%
March	207	166	80.2%	91	54.8%	13	2	27	49	53.8%
April	232	182	78.4%	103	56.6%	14	4	21	61	59.2%
May	196	170	86.7%	101	59.4%	17	1	13	64	63.4%
June	200	149	74.5%	87	58.4%	13	2	20	50	57.5%
July	200	178	89.0%	95	53.4%	7	7	34	42	44.2%
August	219	168	76.7%	116	69.0%	12	10	16	65	56.0%
Sept	211	201	95.3%	116	57.7%	15	7	5	78	67.2%
Total	3,394	2,288	67.4%	1,324	57.9%	164	37	227	765	57.8%

Midwives	Births	Intakes Received	% Intakes Received	Consented	% Consented	Completed Assessment	% Completed
May	15	0	0.0%	0	-	-	-
June	5	0	0.0%	0	-	-	-
July	5	2	40.0%	2	100.0%	2	100.0%
August	3	0	0.0%	0	-	-	-
Sept	6	3	50.0%	3	100.0%	3	100.0%
October	4	1	25.0%	1	100.0%	0	0.0%
November	5	1	20.0%	1	100.0%	2	200.0%
December	3	2	66.7%	2	100.0%	0	0.0%
January	2	0	0.0%	0	-	-	-
February	2	0	0.0%	0	-	-	-
March	6	0	0.0%	0	-	-	-
April	5	1	20.0%	1	100.0%	1	100.0%
May	3	2	66.7%	2	100.0%	0	0.0%
June	5	0	0.0%	0	-	-	-
July	5	2	40.0%	2	100.0%	0	0.0%
August	3	0	0.0%	0	-	-	-
Sept	3	1	33.3%	1	100.0%	0	0.0%
Total	80	15	18.8%	15	57.9%	8	53.3%

UF Health Shands	Births	Intakes Received	% Intakes Received	Consented	% Consented	Declined RN	Client Cancelled	Unable to Locate	Completed Assessment	% Completed
May	113	9	8.0%	9	100.0%	NA	NA	NA	7	77.8%
June	93	23	24.7%	22	95.7%	NA	NA	NA	13	59.1%
July	123	28	22.8%	28	100.0%	NA	NA	NA	22	78.6%
August	119	56	47.1%	40	71.4%	NA	NA	NA	33	82.5%
Sept	95	58	61.1%	31	53.4%	6	2	2	18	58.1%
October	88	77	87.5%	41	53.2%	5	0	4	26	63.4%
November	115	101	87.8%	49	48.5%	8	0	4	31	63.3%
December	104	91	87.5%	50	54.9%	5	0	13	23	46.0%
January	99	77	77.8%	41	53.2%	2	0	6	32	78.0%
February	81	59	72.8%	34	57.6%	1	0	4	29	85.3%
March	99	83	83.8%	49	59.0%	5	1	14	29	59.2%
April	102	81	79.4%	46	56.8%	5	0	5	35	76.1%
May	91	77	84.6%	47	61.0%	4	0	4	38	80.9%
June	87	73	83.9%	42	57.5%	7	0	8	25	59.5%
July	81	78	96.3%	44	56.4%	3	5	18	15	34.1%
August	89	85	95.5%	53	62.4%	8	10	7	25	47.2%
Sept	79	76	96.2%	52	68.4%	4	3	0	37	71.2%
Total	1,658	1,132	68.3%	678	59.9%	63	21	89	438	64.6%

NFRMC	Births	Intakes Received	% Intakes Received	Consented	% Consented	Declined RN	Client Cancelled	Unable to Locate	Completed Assessment	% Completed
May	96	18	18.8%	14	77.8%	NA	NA	NA	9	64.3%
June	110	8	7.3%	6	75.0%	NA	NA	NA	3	50.0%
July	121	47	38.8%	25	53.2%	NA	NA	NA	20	80.0%
August	121	83	68.6%	56	67.5%	NA	NA	NA	27	48.2%
Sept	108	90	83.3%	43	47.8%	14	2	9	16	37.2%
October	107	93	86.9%	57	61.3%	12	3	11	31	54.4%
November	103	79	76.7%	37	46.8%	5	1	10	21	56.8%
December	113	84	74.3%	47	56.0%	14	0	8	25	53.2%
January	117	87	74.4%	45	51.7%	7	1	14	21	46.7%
February	114	107	93.9%	56	52.3%	9	2	11	27	48.2%
March	108	83	76.9%	42	50.6%	8	1	13	20	47.6%
April	130	101	77.7%	57	56.4%	9	4	16	26	45.6%
May	105	93	88.6%	54	58.1%	13	1	9	26	48.1%
June	113	76	67.3%	45	59.2%	6	2	12	25	55.6%
July	119	100	84.0%	51	51.0%	4	2	16	27	52.9%
August	130	83	63.8%	63	75.9%	4	0	9	40	63.5%
Sept	131	125	95.4%	64	51.2%	11	4	5	41	64.1%
Total	1,946	1,357	69.7%	762	56.2%	116	23	143	405	53.1%

Goal 4: 75% of NHVP participants identified as wanting home visiting services will be enrolled in a home visiting program if eligible for these services.

- Outcome: This goal was met at 75.0%. Through Connect, 124 families were enrolled in ongoing home visiting services.

Goal 5: 80% of all new mothers participating in the NHVP will voice understanding and knowledge of self-care, dietary intake referral sources and follow up appointment with primary care provider and newborn's pediatrician.

- Outcome: The nurses reported that 100% of the participants voiced understanding of the information that was provided during the home visit.

Goal 6: 80% of all parents/caregivers participating in the NHVP will voice understanding and knowledge of infant physical and nutritional needs, options immunization, safe sleeping practices and infant sleep position value of tummy time, choking prevention, illness prevention, infant abduction, SIDS, home safety, water/pool safety, auto safety, fire safety, birth spacing and family planning.

- Outcome: The nurses reported that 100% of the participants voiced understanding of the information that was provided during the home visit.

Goal 7: Provide a pack n play and safe sleep education when nurse or midwife has identified that baby does not have a safe sleep environment.

- Outcome: 57 pack n plays have been given to families that had a home visit and the nurse identified that the baby needed a safe place to sleep. Education on safe sleep was provided to 100% of the families that had a home visit.

Goal 8: Families that need additional information or ongoing support will be referred and linked to other community supports and services.

- Outcome: Parents/caregivers who agreed to receive ongoing home visiting services are part of the "continuum of care" that is currently offered through Connect - Coordinated Intake and Referral Program being implemented through the Healthy Start of North Central Florida in collaboration with more than 15 community partners.

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Goal 8: Families that participate in the program and have a home visit will receive a "Welcome Baby" bag that contains incentives for participating and educational information.

- Outcome: 100% of the families that received a home visit from the RN was provided a Welcome Baby bag.
 - o Welcome Baby Bags contained the following information:
 - NewboRN Folder
 - Healthy Start Tip Sheets: Safe Sleep, Home Safety Checklist, Postpartum Depression, Coping with Crying
 - Birth Spacing cards
 - Immunization schedule
 - Baby Bib

- Gel packs for breastfeeding mom
- Growth charts
- Safety plug outlet covers
- Community Resources handouts: WIC,
- Book that is appropriate for children up to 2 years of age

Goal 9: Develop and conduct participant satisfaction surveys to evaluate how well the program was implemented and the impact of program on participants.

- Outcome: Satisfaction surveys are conducted immediately following the home visit. The response rate was 36% with 272 surveys were complete.
 - 99% of families state that the NewboRN Home Visiting Program (NHVP) was helpful.
 - 99% of families stated that they would recommend the NHVP to a friend.
 - Comments:
 - This visit was so helpful! It should be mandatory for every new mom and baby.
 - I think it will be good to have a follow-up visit and for the program to be sustained as long as possible.
 - Heidi was very helpful, friendly & made sure all my questions were answered. So grateful Alachua county offers this program
 - The visit helped me diagnosed pre-eclampsia which I needed immediate admission to hospital. Special thanks to Ms. Megan she was awesome.
 - Even with 4 children, I still found this to be helpful and learned several things to keep my baby safe
 - I wish this had been around when my first son was born in April 2017! Valeria was wonderful to work with ☺
 - You're amazing. You take your time with my questions.
 - It's great for a young mom like myself (under 18).
 - It was amazing! She was helpful and kind.
 - Great Job –very comprehensive information
 - The Newborn Home Visiting Program is Great!
 - Heidi was super nice and very informative.
 - Megan was wonderful! Tons of information! This program is wonderful! Very helpful, especially for first time parents and families that need additional support. Thank you for all you do! This an awesome resource for the community
 - This is an excellent program. Very Grateful for the visit and we hope this program continues!
 - Overall, great experience, I think this is an awesome program to help families w/no resources to what Ms. Megan provided from mother and child care & safety to financial help. Thanks for the plugs.
 - I loved getting to ask a wide variety of questions to Heidi for all my needs

- Outcome: Phone interviews were conducted on families that consented to be contacted by the program again in the future. 118 participants were successfully contacted and interviewed.
 - Do you feel that participation in the NHVP has given you more confidence as a parent? Yes = 91%
 - Do you feel that participation in the NHVP has eased your stress about parenting a newborn? Yes = 88%
 - Did you complete your postpartum check-up? Yes = 91%; Visit is Schedules = 6%; No = 3%
 - Did your infant complete his/her 1st well-check appointment? Yes = 100%
 - Did your infant receive his/her immunizations? Yes = 95%
 - Do you have a plan/schedule in place for future immunizations and additional well-check? Yes = 95%
 - Did the NHVP identify a medical problem during the nursing assessment?
 - She found a heart murmur in my baby
 - Baby had symptoms of jaundice and referred to pediatrician
 - Mental health crisis; nurse identified my need and made a referral to the case managers who coordinated counseling for me. That was very helpful because had she not come to my house things could have lingered for a while.
 - The nurse saved my life. I had really high blood pressure (postpartum preeclampsia) and she sent me straight to the ER. I was admitted to UF for 7 days for uncontrolled blood BP.
 - This program literally saved my life! I had high blood pressure and didn't even know it. My nurse reported my blood pressure to my doctor and I ended up being seen in the ER for really high blood pressure.
 - What did you learn from participating in the NHVP?
 - Taking care of my needs when the opportunity presents itself with different programs designed to assist moms in need.
 - The visit helped ease my stress level so that I could be a better parent.
 - I have twins and I'm a new mom. I soaked up all that information.
 - Umbilical cord care, I thought I was supposed to use alcohol swabs on it and the nurse told me to let it dry on its own.
 - Close the toilet lid, I never thought of that before.
 - She gave me lots of useful information on safety and bonding that I used since I'm a first time mom
 - Parenting style; more skin to skin contact and bonding
 - Baby sleeps on back instead of stomach
 - My baby sleeps on his back now instead of his side
 - I learned stress and time management when incorporating newborn into family
 - I had such a hard time with breastfeeding my baby and I almost gave up but the nurse helped me with techniques and I am so grateful for that

- Are there any changes to the program you would like to suggest?
 - No, I'm glad she gave me a pack n play. My baby was sleeping in the bed with me and she made it so easy for me to help myself out with safety.
 - I would like the program to have a local social media page and maybe a forum that can help moms trouble shoot with nurses.
 - The nurse was really great but it would be nice if we could have a follow up visit or way to contact her once she leaves in case we have additional questions or concerns
 - More time teaching breastfeeding.
 - Make the visit more about the mom and baby and not so much the home environment.
 - I recommend additional visits; probably when the child is 8-16 weeks.
 - I would recommend additional conversations about stress management/ adjustment period and how to deal with more than one child at a time.
 - I wouldn't change a thing. The program was very resourceful for all of my needs.
 - Expand the program to other counties.

Additional Community Impact

Substance Exposed Newborns (SEN)/Neonatal Abstinence Syndrome (NAS) Awareness Training: NAS is a group of conditions that is caused when a baby withdraws from certain drugs they are exposed to in the womb. The NAS Awareness Training addressed this issue and the growing opioid crisis. It also provided strategies for home visitors, warning signs and things to watch for in the home. Training was provided to NewboRN nurses and other visitors from partner programs. There were 31 attendees in total.

Infant Safety and Infant CPR Community Classes: Throughout the course of the program there were six classes provided to families that participated in the NewboRN program. These classes were also made available to participants of our partners programs.

In addition to the impact the program has had on the community, the community has also impacted the program. The NewboRN Home Visiting Program had the honor of being selected as the recipient of part of the proceeds from the Voices Rising Concert in October 2018. The dollars were used to purchase pack n plays for families that didn't have a safe place for their babies to sleep.

Desired Impact Achieved

- ✓ Parents/caregivers will be introduced to the “system of care” that exists in Alachua County for families with young children
- ✓ All parents/caregivers will be offered this universal Newborn Home Visiting Program
- ✓ Those parents/caregivers who agree to receive ongoing home visiting services will be part of the “continuum of care” that is currently offered through the Coordinated Intake and Referral Program being implemented through the Healthy Start of North Central Florida in collaboration with more than 15 community partners
- ✓ Reduced hospitalizations and use of emergency care
- ✓ Provides the sense that the community (Alachua County residents) cares for their families
- ✓ Friends in other communities or states do not have this program so this shows how much the community cares about families with young children
- ✓ Saves babies and mothers’ lives
- ✓ Gives more confidence to parents and can ease their stress
- ✓ Provides answers to parents, because every child is different
- ✓ Everyone in the community supports “making sure that every baby is a healthy baby”

