

GROWTH & EXPANSION Orange County NFP Celebrates 10 Years

On November 10, 2008, the Orange County, California Nurse-Family Partnership commemorated 10 years of service in their community with a celebratory program and luncheon entitled “Making a Difference.” The highlight of the program came when eight Nurse-Family Partnership mothers at various stages of the pregnancy, infancy and toddlerhood phases of the program, as well as NFP program graduates shared their experiences and answered questions.

The Orange County Board of Supervisors presented a Resolution to the Orange County Nurse-Family Partnership in honor of the 10th Anniversary.

Among the V.I.P. guests was were Dr. Mark Horton, Director of Public Health and Public Health Officer for California.



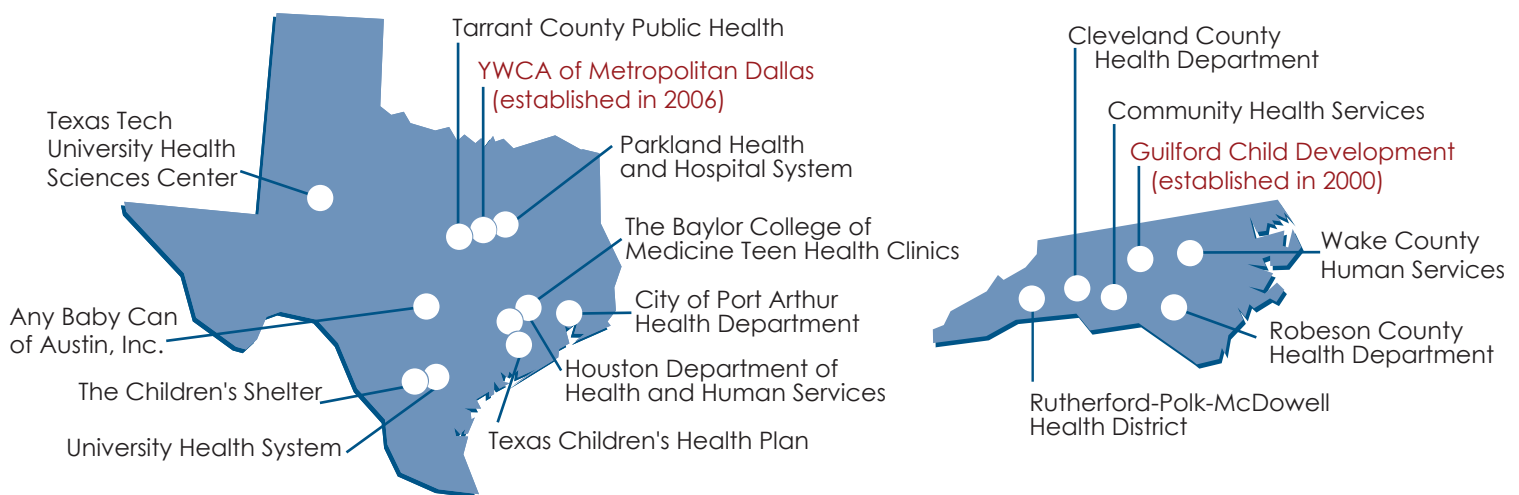
Back row (left to right) are Thomas R. Jenkins, Jr. President & CEO, NFP; Nurse Home Visitors: Heather Bell, Nichelle Flores, Katie Kromminga, Kelly Thue, LeeAnn Bailey, Tina Morell, Linda Oronoz and Dr. David Olds, NFP Program Founder. Front row (left to right) are Nurse Home Visitors: Vinh Nguyen, Nenita Hernandez, April Anderson and Marcia Solomon, Supervisor for the Orange County NFP.

Texas and North Carolina are Up and Running

In the last issue of Newslink, we announced two unprecedented new multi-state, multi-agency initiatives unfolding in Texas and North Carolina. Since September, the Nurse-Family Partnership National Service Office has been working with local agencies in these communities to begin the implementation process which includes hiring and educating new staff, setting up a referral base, and general community outreach.

Texas Health and Human Services Executive Commissioner Albert Hawkins, Lt. Governor David Dewhurst, State Senator Florence Shapiro, State Representative Jerry Madden, TexProtects, led by Madeline McClure, as well as countless community and civic leaders led the effort for the Texas expansion.

The North Carolina initiative is supported by a unique collaboration of funders including the Duke Endowment, the Kate B. Reynolds Charitable Trust, the N.C. Department of Health and Human Services, the Division of Public Health, the North Carolina Partnership for Children, Inc., and Prevent Child Abuse North Carolina.



In addition, we welcome the following new Implementing Agencies to the national network:

- NEW STATE** Gift of Life Foundation: Montgomery, Alabama - serving Montgomery County
- Greenville Hospital System: Greenville, South Carolina - serving Greenville County
- Saint Paul-Ramsey County: St. Paul, Minnesota - serving Ramsey County
- Capitol Area Human Services: Baton Rouge, Louisiana - serving Health Region 2

PUBLIC POLICY **Optimism Comes with New Administration**

The National Service Office has been communicating with President Obama’s Administration about possible ways to achieve the President’s plans to expand Nurse-Family Partnership to reach 570,000 eligible first time, vulnerable mothers and their children. The Administration’s call for federal investment in Nurse-Family Partnership can be viewed on the White House website at www.whitehouse.gov under the Family, Poverty and Urban Policy agenda sections. With a new Administration and Congress, the policy and funding situation is fluid. We will keep you updated as decisions are made in Washington, D.C. that affect funding for Nurse-Family Partnership programs.

GET TO KNOW THE NSO **New Feature**

What exactly is the Nurse-Family Partnership National Service Office (NSO) and what do the people there do? That’s a question that often comes up at initial nurse education sessions – and the breadth of the answer sometimes surprises people.

Yes, there is a Nursing Practice department at the NSO that delivers nurse education, visit guidelines and ongoing clinical guidance. There are also NSO departments that provide support to agencies in the areas of program quality, marketing, and policy and government affairs. The NSO Program Development staff helps communities and agencies implement the Nurse-Family Partnership program, and the IT department keeps all of us plugged in and online. And then there’s Finance, Fund Development, Planning and Administration, and the Office of the CEO.

It’s a lean but complete team whose purpose is to support NFP Implementing Agencies in delivering the Nurse-Family Partnership program with fidelity and quality, and to expand the number of agencies to serve more eligible families. In upcoming issues of Newslink, look for detailed profiles of these departments and teams to help you get to know the NSO.



The National Service Office welcomes several new staff members:

Kim Williams, Southeast Regional Program Developer, brings experience in early childhood and elementary education, child welfare financing, Federal Health and Human Services budgeting and program performance, child and family-focused disaster recovery, and social marketing in maternal and child health.

Trinh Hartney, California Program Developer, comes to NFP from our partner Public/Private Ventures. She brings nine+ years experience in state level policies working with decision makers at local and regional levels, and nine+ years experience providing consultation services to local governments.

Amy Marrero, Nursing Consultant, also comes to NFP from our partner Public/Private Ventures and will provide Nurse Consulting services to California, Nevada, Utah and Arizona. She is a Certified NCAST Instructor with a background in Public Health with high risk infants, communicable diseases, maternal child and adolescent health and cancer early detection education.

Kirsten Black, Program Evaluator, brings a wealth of experience working in public health and health education including program planning, evaluation, curriculum development, training, and research project management. She has a Masters of Public Health and her PhD in Health and Behavioral Science.

Lenora Smith, IT Technical Support Analyst, brings over 10 years of technology and computer support and customer service to NFP.

Susan Smith, Office Assistant, worked as an Emergency Medical Technician while going to school to receive her BS in Psychology. Once completed, she worked as a Death Investigator for Adams and Denver Counties in Colorado.

Dave Bellucci, IT Technical Support Analyst, comes to NFP from the Colorado Department of Labor where he specialized in the installation and management of the network server infrastructure, supporting over 1200 users, as well as taking the lead on several IT projects.

NEWS FROM NATIONAL

Keeping the Promise

As new agencies are born and existing agencies mature, a promise exists between the agency and its community to provide an evidence-based, high-quality and cost effective intervention. The National Service Office is committed to providing the support necessary to ensure that the program is implemented in accordance with the Nurse-Family Partnership Model Elements, which in turn ensures that both agencies and clients can reasonably have a high level of confidence that results will be comparable to those measured in the research. Conversely, if implementation does not incorporate these Model Elements, results may be different from research results.

As part of a series in Newslink, we are taking a closer look at each of the 18 Model Elements. In this issue, we focus on the elements that center around the context of the intervention. All of the Model Elements are posted on the NFP website. Go to [NFP Sites > Fidelity to the NFP Model](#).

Element 5

Client is visited one-to-one, one Nurse Home Visitor to one first-time, mother/family.

DEFINITION: Clients are visited one Nurse Home Visitor to one first-time mother. The mother may choose to have other supporting family members/ significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate.

RATIONALE: Nurse Home Visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. The one-on-one relationship allows a relationship to be established that can become a model for attachment. This is a foundation for developing capacity for healthy attachment between the client and her baby.

Element 6

Client is visited in her home.

DEFINITION: The program is delivered in the client's home, which is defined as the place where she is currently residing. Her home can be a shelter or a situation in which she is temporarily living with family or friends for the majority of the time (i.e., she sleeps there at least four nights a week). It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in their home and the visit needs to take place in other settings.

RATIONALE: Seeing a client in her home environment is an essential part of the program. When a client is visited in her home, the Nurse Home Visitor will have a better opportunity to observe, assess, understand, and monitor the client's context and challenges. Those areas include but are not limited to safety, social dynamics, ability to provide basic needs, and the mother/child interaction. Assess the client's current status with respect to the critical domains of maternal role, environment, family and friends – all can be assessed better in the home.

Element 7

Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.

DEFINITION: Prenatal or pregnancy visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum or infancy visits occur weekly for the first six weeks and then every other week until the baby is 21 months, then monthly for the last three months.

RATIONALE: During pregnancy, the Nurse Home Visitor has the opportunity to impact maternal behavior, which impacts fetal development. Some of the influences on fetal development include substance use, smoking, and nutrition. By addressing these issues with the client, risks for adverse outcomes for mother and baby can be reduced. During infancy, early experiences can program a child's reactions to their environment and later life experiences. Nurse Home Visitors help parents learn to understand this process and develop competent parenting skills. During toddlerhood, children have a vast growing capacity in terms of language development and motor skills. Children also begin to become more independent at this age. It is important for parents to recognize these aspects of their child's development and be supportive as their child grows.

BOARD NEWS

New Board Member Joins NFP



In November, Patrick M. Libbey joined the Nurse-Family Partnership National Board of Directors. Libbey recently retired from his position as the Executive Director for the National Association of County and City Health Officials (NACCHO). He has been a leader in public health for more than three decades and is widely recognized for his work in the development of performance standards for public health practice. Under his leadership, NACCHO worked to support efforts that protect and improve the health of all people and communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

Prior to joining NACCHO in September 2002, Libbey served as Director of Public Health and Social Services at the Thurston County (WA) Human Services Department; Director of Social Services of Thurston County; and Program Development Director of the Mason-Thurston Community Action Council. For more than 20 years, he was responsible for a mixed urban, suburban and rural population of 210,000 with 115 employees and a budget in excess of \$30 million.

Libbey is the recipient of the Association of State and Territorial Health Officials' (ASTHO) 2008 Presidential Meritorious Service Award in recognition of his exemplary and meritorious service to ASTHO and the public health community. In 1993, he received NACCHO's Award for Excellence in Environmental Health and was a co-recipient of the First Annual Jim Parker Memorial Award for Washington State's systematic incorporation of core functions in its public health system. In 2002, he again was a co-recipient of the Jim Parker Memorial Award for work in developing Washington State's public health performance measurements. Libbey was also a Public Health Leadership Institute Scholar in 1994.

NEWS ABOUT OUR FRIENDS

New Feature

Excellence in Public Health Award

The Association of State and Territorial Health Officials (ASTHO) presented the 2008 National Excellence in Public Health Award to Dr. James Marks, senior vice president of The Robert Wood Johnson Foundation (RWJF), to recognize his service on behalf of the public health community. The award is presented for outstanding leadership in promoting health and preventing disease as an alternative to more costly payments for sickness and illness. Dr. Marks and RWJF have been strong supporters of Nurse-Family Partnership.

This award recognizes outstanding service on behalf of the public health community and is presented for outstanding national leadership in promoting health and preventing disease. Dr. Marks' oversight of the RWJF Health Group's activities in childhood obesity, public health and vulnerable populations and his many years of stellar service as the director of the CDC's National Center for Chronic Disease Prevention and Health Promotion make him most deserving of this award.

PHILANTHROPY NEWS

GiveWell Recommends Nurse-Family Partnership

With a motto of "This year, don't give more. Give better," GiveWell is an independent nonprofit charity evaluator that performs in-depth research on charities to help people accomplish as much good as possible with their donations. The Nurse-Family Partnership National Service Office recently earned the coveted "highly recommended" stamp of approval, with an extensive evaluation listed on the website at www.givewell.net.



While public funding supports the delivery of NFP's nurse home visitation services to eligible mothers in communities across the country, private donations support the work of the National Service Office (NSO). The NSO assists communities in implementing and sustaining Nurse-Family Partnership with: program implementation support; education of nurse home visitors and nurse supervisors and ongoing clinical support; agency management and operations support; evaluation, reporting and quality improvement systems and support designed to ensure quality services and progress toward program goals; federal policy and program financing support; and marketing and community outreach support and resources.

