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# Collaboration in Home Visiting

## *Case Study: Urban Public Health Department, Southeastern United States*

## Background

The goal of our research was to understand factors that lead to high-functioning cross-sector collaboration (defined as relational coordination and structural integration) among highly collaborative Nurse-Family Partnership (NFP) implementing agencies across the United States. NFP is an evidence-based, voluntary, nurse home visitation program designed to improve the health and development of first-time mothers and their children experiencing economic, health and/or social adversities. In a series of randomized-controlled trials, the NFP program showed consistent effects in improving prenatal health, child health and development, and maternal life-course, as well as decreasing childhood injuries and the incidence of child abuse and neglect. NFP was designed to be implemented with community commitment and collaboration; however, there is variation in the extent to which community leaders and services support program implementation across the country.

For the purpose of this case study, we define collaboration to occur across multiple sectors of public health, healthcare, and social services. Collaboration is a function of relational coordination (shared goals, shared knowledge, mutual respect, and high quality communications) and structural integration (shared policies or agreements, physical space, data or information systems, and financial alignment).

## Methods

This case study focused on a team of NFP nurses who reported high levels of relational coordination with supplemental nutrition for Women, Infants, and Children (WIC) and with child welfare, and structural integration with women's care providers in the NFP Collaboration Survey administered by the University of Colorado Prevention Research Center for Family and Child Health in 2020. This NFP team was also selected because of their urban geography (located in Southeastern United States), and implementation of the program through a local health department (LHD). The case study was informed by 13 qualitative interviews: 7 with the local NFP team, 3 with current NFP clients, and 3 with community partners working in public health and social services in the summer and fall of 2021, as well as site documentation.

## Context

The NFP program at this site has been implemented since 2012 by the LHD under the Maternal Child Health Division, alongside four other home visiting programs, a family counseling service, and WIC. The NFP team is composed of the nurse supervisor, an administrator, six nurse home visitors (NHV), and a records technician and supported by a contracted mental health counselor who conducts joint visits for in-home counseling. The team is funded by  a non-profit children's council funding agency (a legislative-required property tax funded organization focused on child maltreatment prevention and early childhood development) to serve 120 clients. The LHD has six health centers that offer pregnancy confirmation services, with one center that offers obstetric care services for pregnant people. Outside of the LHD, there are two major birthing hospitals and local federally qualified health centers (FQHC) where NFP clients and their children receive medical care.

## Community and Population Served

This site serves the most densely populated county in the state with urban and suburban areas. The county has the highest incidence of child maltreatment in the state. The NFP team visits clients who are White, Black, or Hispanic/Latin-X. Other client characteristics include being undocumented, adolescents, having previous adverse childhood experiences, having high mental health needs, substance use and misuse (cigarette use and legal medical marijuana use), lack of housing, lack of social support, intimate partner violence, and physical health risks.

## Integration and Coordination with Women's Care

The LHD has a shared electronic medical record (EMR) system that allows all providers within the department (including NFP, health centers, and WIC) to see if a visit was made. Visit notes must be requested from the provider, and clients sign a release of information at enrollment for NHVs to request these records. NHVs also have badge access to the health centers. NHVs and women's care providers share goals to care for pregnant people, deliver healthy babies, and connect families to needed resources.

In addition to integration, we found that NHVs in this site had strong coordination with women's care providers. Many NHVs had personal relationships with the local women's care providers which facilitated program referrals and care coordination. The LHD health center that offers obstetrics services will reach out to the NFP nurse supervisor directly if a client is interested in enrolling. Because the NFP supervisor previously worked at the health center, NHVs will ask her for support to connect with providers for communications, typically to set clients up with Medicaid or communicate about patients who consistently miss appointments. One of the NHVs also has personal relationships with health center staff and a long history with the LHD; she is often asked by women's care providers to help reach patients, schedule appointments, and refer to housing resources. She communicates primarily with the women's care providers via encrypted emails rather than through the EMR system. If she marks an email as "urgent", she typically receives a quick response.

## Coordination with Child Welfare

While our survey results indicated strong NFP coordination with child welfare, interviews indicated more limited coordination than expected; interview participants identified coordination to fall into two major areas: shared mission and data integration. Child welfare is privatized in this community, where child protective investigations are conducted by the local sheriff office. Both NFP and child welfare value safe pregnancies, child health and safety (i.e. appropriate home environment), and for families to succeed. LDH leadership felt that NFP and child welfare share the common goals of primary (preventing families from entering the system) and tertiary prevention (if a family is in the system, to connect them with wraparound services). The NFP records technician has access to the child welfare database where she is able to run reports and see if a report was opened or closed and see information on the investigation. NFP clients are asked to provide consent at enrollment for NFP to be able to look at their previous engagement with child welfare if applicable.

The NFP program at this site has additional relationships with a related but separate entity focused on child maltreatment prevention. This agency provides funding for NFP to be implemented, supports NFP implementation and consultation, and champions the program in the community.

## Coordination with WIC

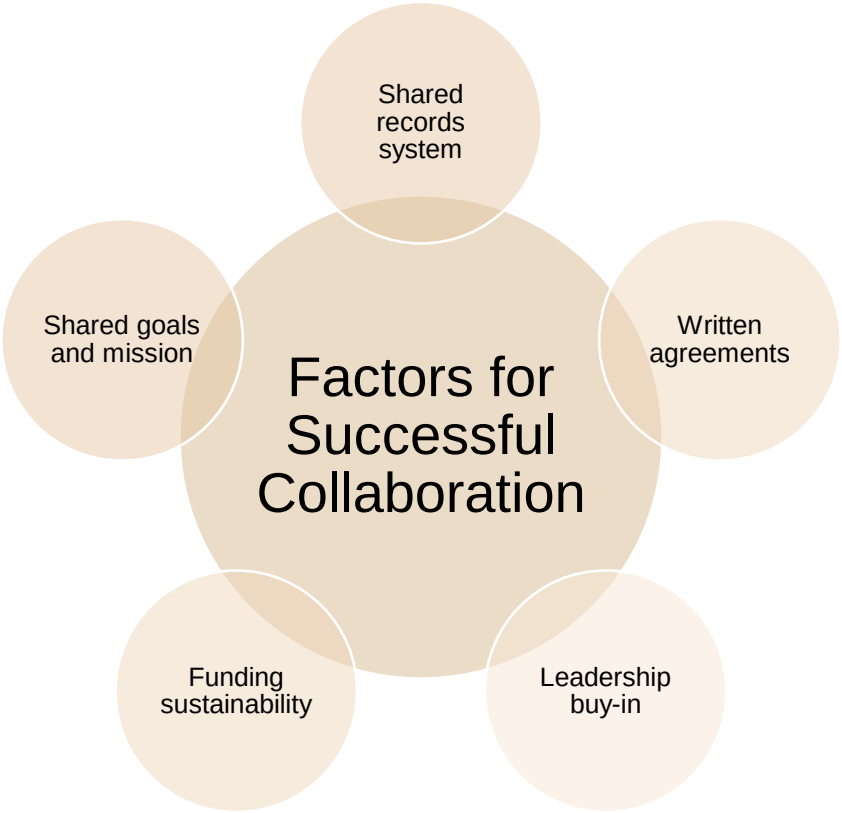
In this site, NHVs primarily coordinate with WIC through referrals. All NHVs provide clients with a pamphlet on WIC services and phone numbers to contact WIC through the general hub phone line. Clients then enroll on their own as they are empowered to advocate for themselves and WIC has a streamlined enrollment process. NHVs respect WIC providers for their expertise in breastfeeding and nutrition and have shared goals to support healthy mothers and babies. Despite co-location and close proximity, there is little coordination of care beyond referrals to WIC.

## Best Practices

Effective cross-sector collaboration in this NFP site is facilitated by several factors. Notably, the program has long-term sustainable funding and support from a well-respected community council. This council serves as the major champion for NFP implementation. Investment from this respected community group in the social service and public health sectors, is coupled with leadership support at the LHD to implement the program. The right leadership and funding source that is vested in the model is necessary. There is also shared goals and missions between many community programs and NFP to prioritize child abuse and neglect prevention and early childhood development; support healthy moms and babies, good nutrition, and breastfeeding; and to ensure access to care and community resources for families in need.

This NFP site utilizes a shared records system within the LHD (though limited in some instances), and has agreements that allow for the NFP records technician to access other data systems like child welfare and breastfeeding metrics. Integration in this sense enables NHVs to be aware of their client's engagement and involvement in other systems of care. Personal relationships, due to prior work experience, are largely cultivated and maintained by the NFP nurse supervisor and a longtime NHV who works in the northern part of the county. These relationships support program referrals to NFP, efficient communication of client needs, and working collaboratively to ensure that clients are enrolled in Medicaid and/or attend their healthcare appointments. Although NHVs aim to empower their clients to self-advocate with their healthcare providers, it is sometimes necessary for them to step in and make the connections. Finally, proximity with programs within the LHD in this site did not lead to regular or reliable communication between NHVs and other maternal child health staff. However, MCH

leadership support collaboration of programs and direct service delivery staff identified opportunities to further their collaboration across programs moving forward.

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