



Responding to ACES in Nurse-Family Partnership: An Equity-Oriented Approach

Susan Jack RN PhD

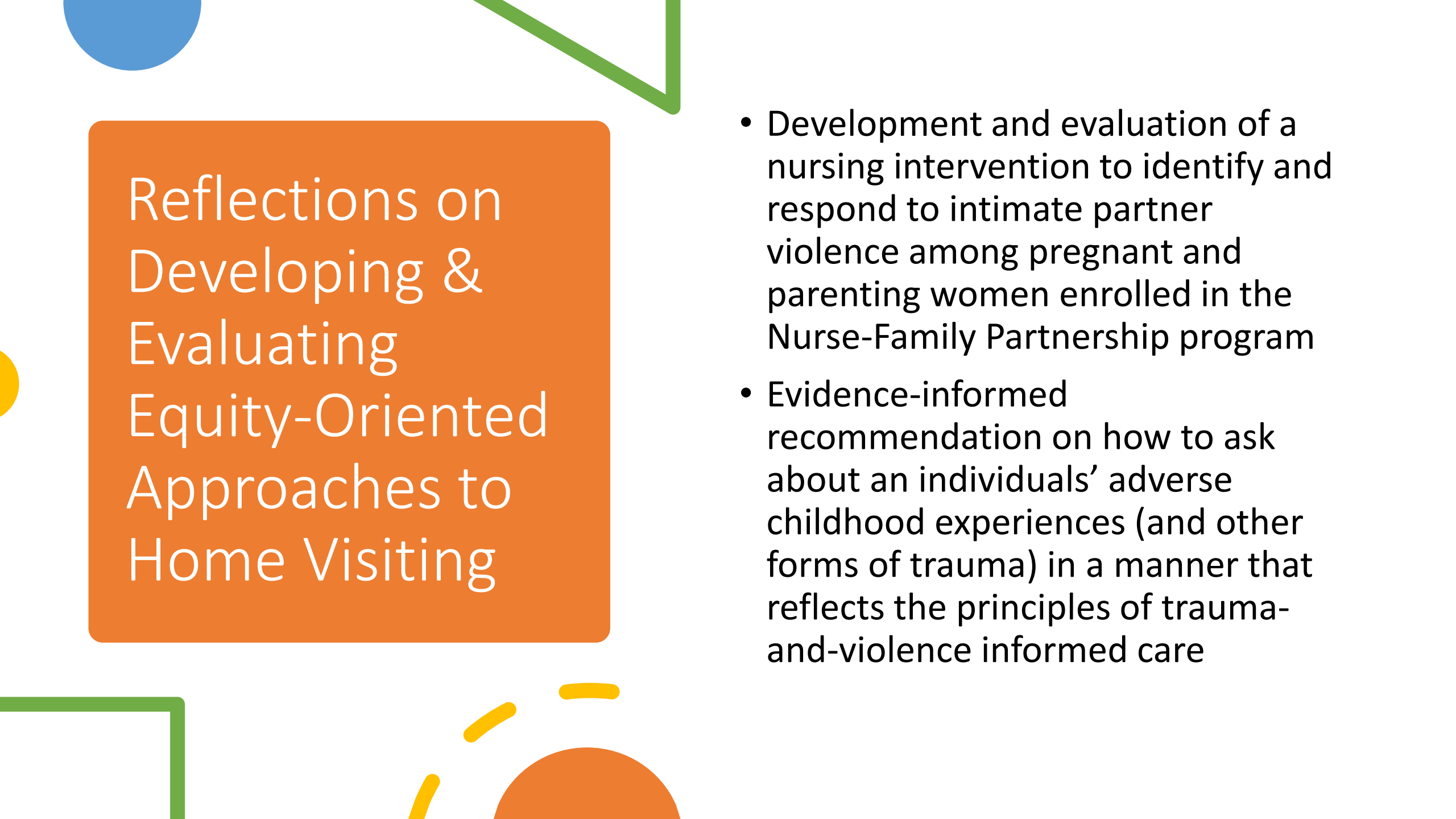
Professor, School of Nursing, McMaster University

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ACCORDS Health Equity Seminar Series

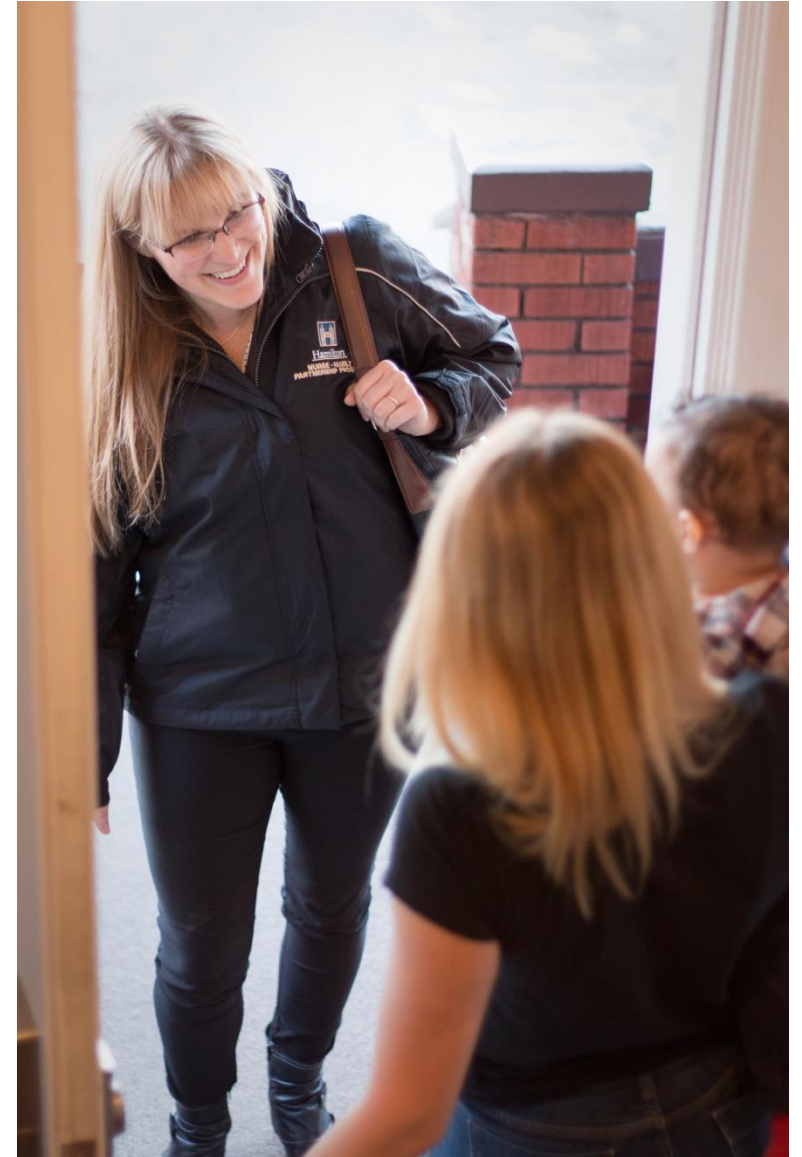


Ottawa



Reflections on Developing & Evaluating Equity-Oriented Approaches to Home Visiting

- Development and evaluation of a nursing intervention to identify and respond to intimate partner violence among pregnant and parenting women enrolled in the Nurse-Family Partnership program
- Evidence-informed recommendation on how to ask about an individual's adverse childhood experiences (and other forms of trauma) in a manner that reflects the principles of trauma- and violence informed care



 Nurse-Family
Partnership
Helping First-Time Parents Succeed®



Reflection 1

It is essential for researchers to build genuine collaborations with clinical and policy partners

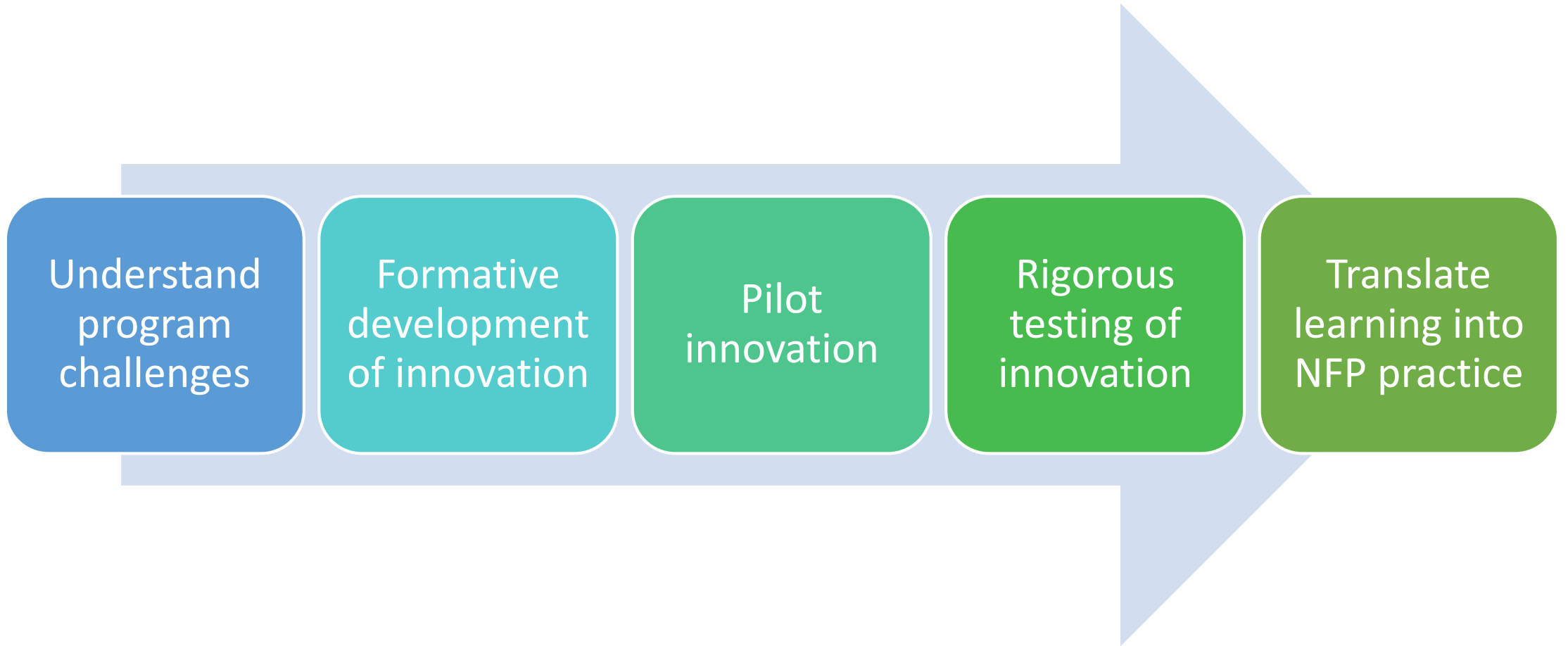


NFP IPV Research Team Toronto, ON 2007

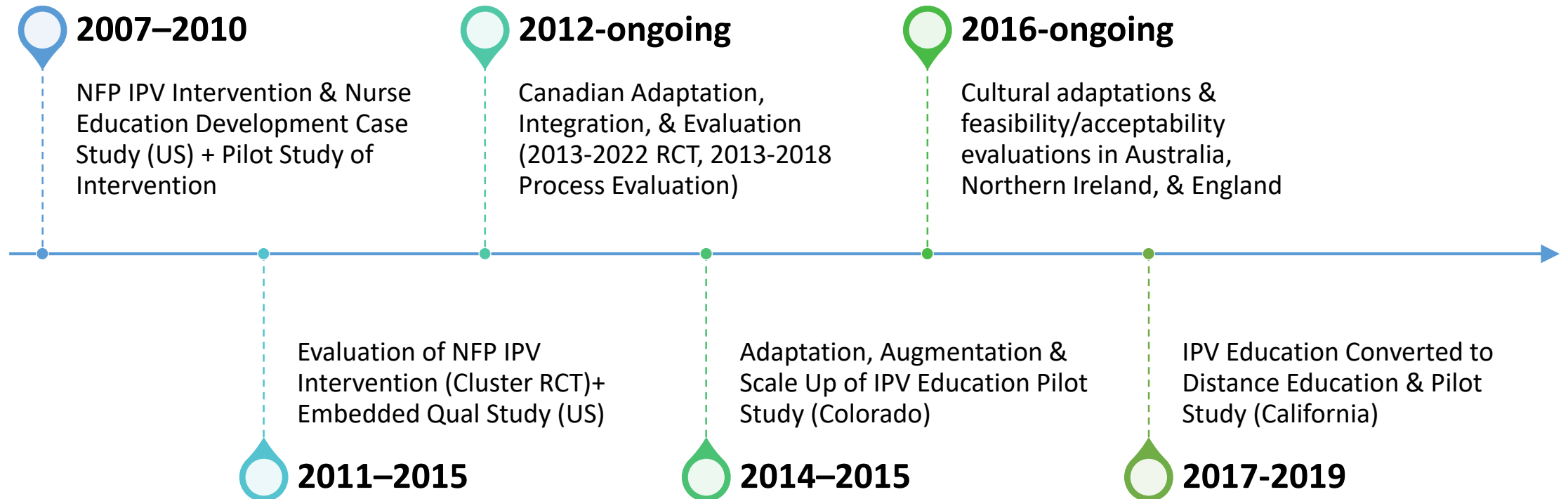


NFP IPV Education Team,
Colorado Scale-Up Pilot Study
Breckenridge, CO 2015

NFP Model for Innovation Development



Development & Evaluation of the Nurse-Family Partnership IPV Intervention



NFP IPV Intervention



Intimate Partner Violence Intervention

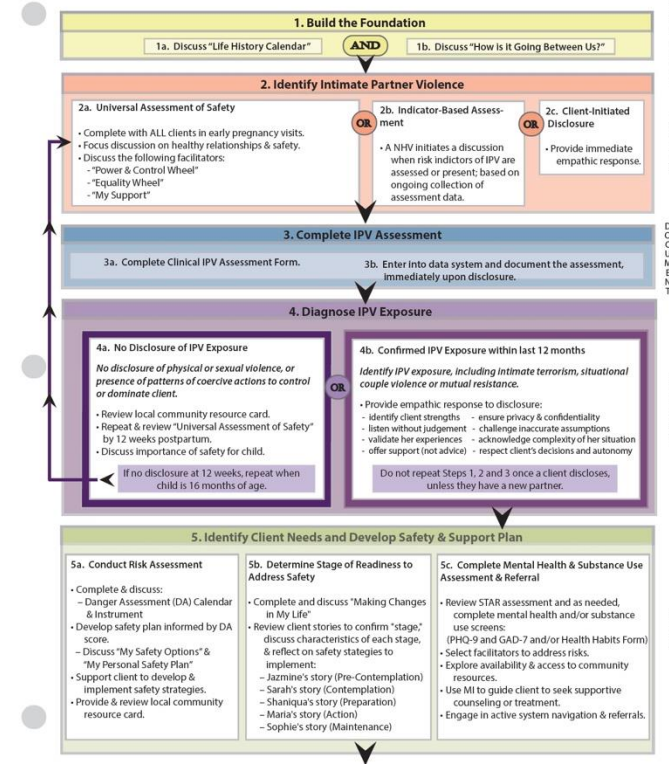
Nurse Supervisor Workbook



NS Wkbk pg 1

NFP Intimate Partner Violence Clinical Pathway

Nurse-Family Partnership - January 2019



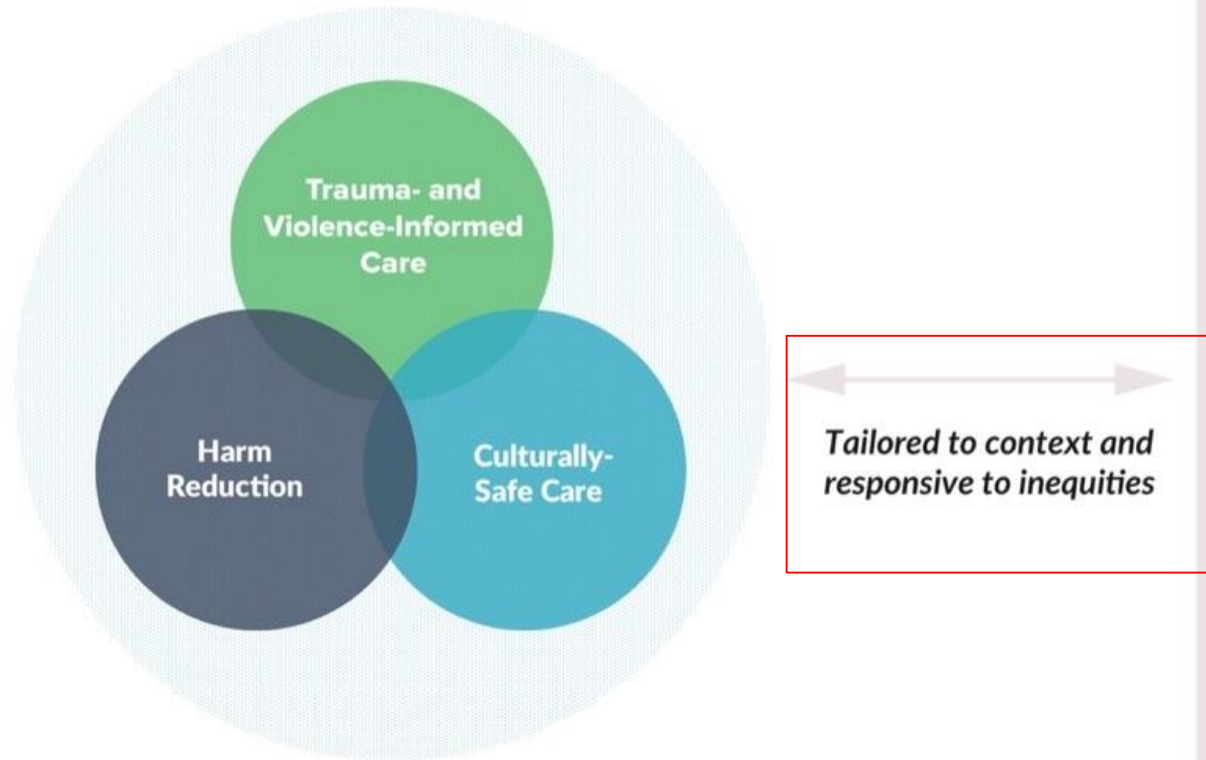
Reflection 2

Use of qualitative methods to formatively develop novel program augmentations ensures that new interventions reflect the needs and experiences of clients/patients as well as build on established strengths of the program and service providers

Dimensions of Equity-Oriented Care



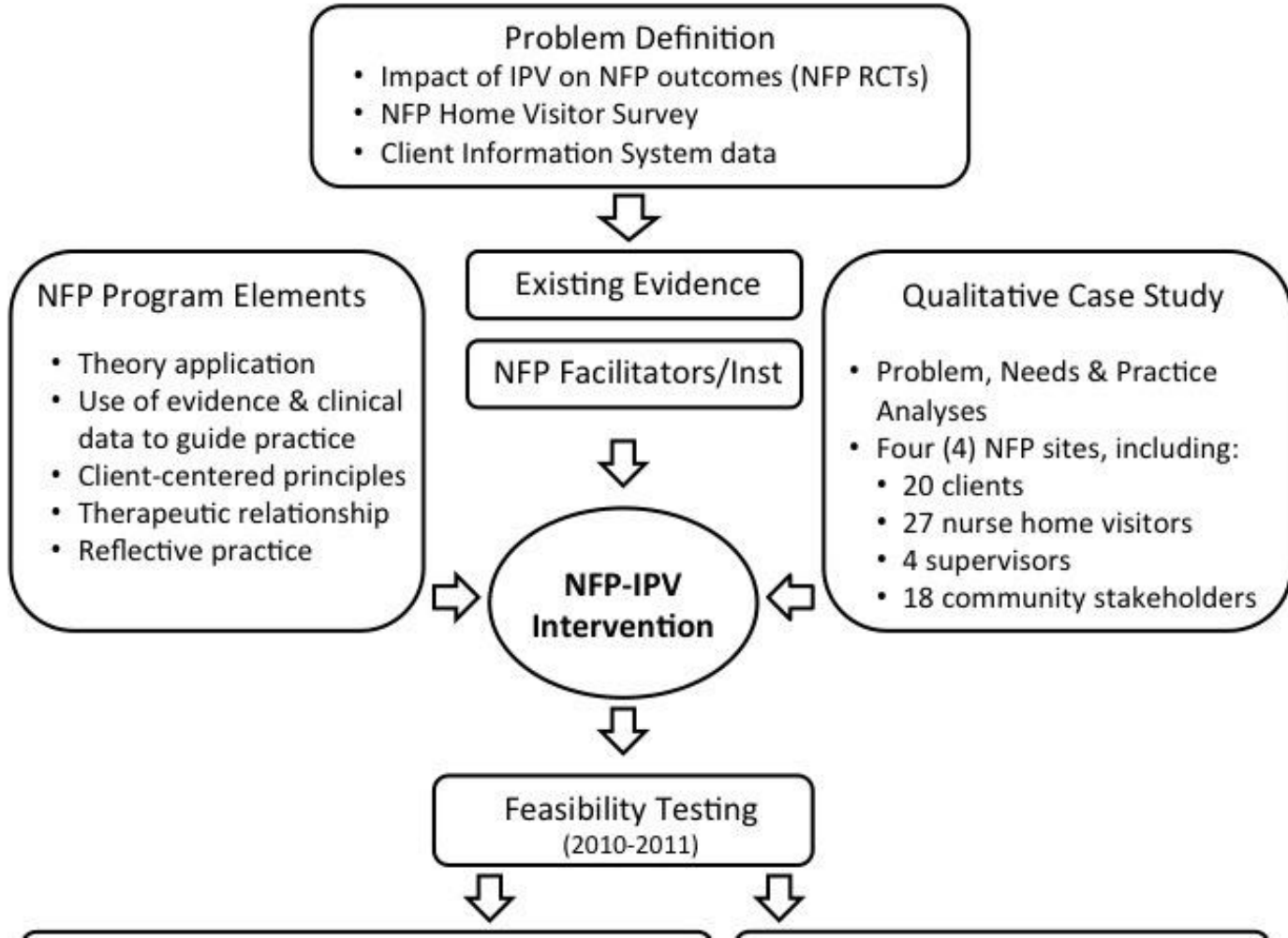
Key Dimensions of Equity-Oriented Health Care



10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs, and services to local contexts
- Actively counter racism and discrimination
- Promote meaningful community + patient engagement
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space

NFP IPV Intervention Development



IPV Identification & Assessment



Problem Analysis

What challenges do NFP nurses experience in identifying clients exposed to IPV?

What influences a client's decision to disclose her IPV exposure to an NFP nurse home visitor?



Practice Analysis

How & when do NFP nurses identify clients exposed to IPV?

Under what circumstances do NFP clients disclose IPV exposure to their NFP nurses?



Needs Analysis

What clinical strategies and tools do NFP nurses need to identify clients exposed to IPV?

What do clients need to feel safe to discuss their experiences of violence?

What do they "need" from their NHV?

IPV Identification & Assessment



Problems

False negatives

Many clients perceive violence to be a “normal” part of relationships

Nurse not comfortable to “screen” or ask Relationship Assessment questions on first/second visit

In completing “screen” – among clients experiencing abuse –50% did not fully disclose



Practice

Required to complete “Relationship Assessment” at Intake, 36 wks, 12 mo

Disclosures occurred once trust had been established & through conversations about parenting, relationships & family OR during time of transition/escalating violence

NHVs skilled in empathic responses



Needs

Clients wanted to focus on: safety, improving their relationships with their partners, & how to stop repeating cycle of violence with their children

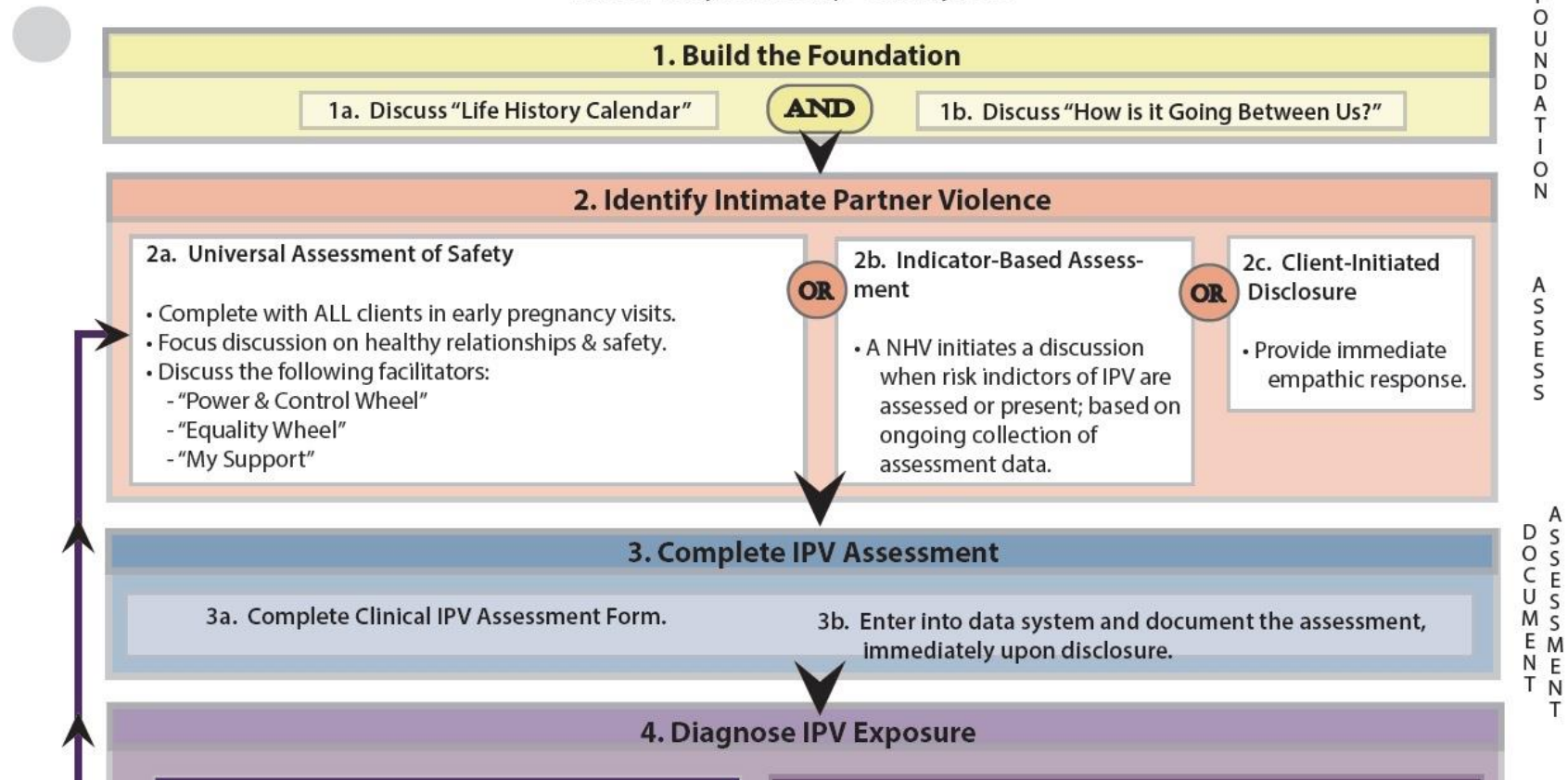
Nurses needed to know what to do when they had a “gut instinct” that a client was experiencing IPV

Nurses needed to further develop skills related to safety planning, risk assessment, & how to tailor their response to client’s state of readiness to change

IPV Assessment: Clinical Pathway

NFP Intimate Partner Violence Clinical Pathway

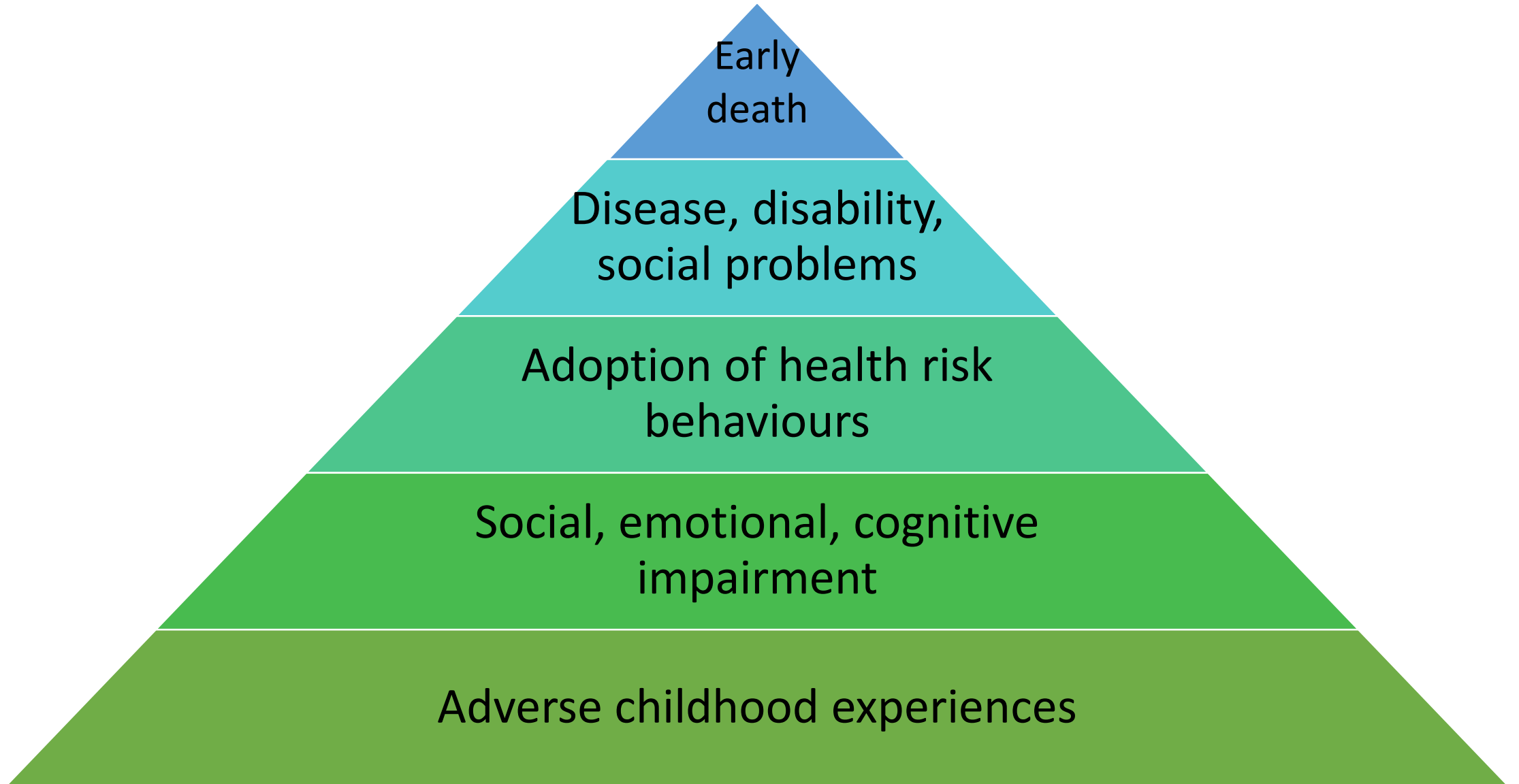
Nurse-Family Partnership - January 2019



Reflection 3

Within the process of developing new innovations for programs – it is important to recognize that the implementation of a stream of “new” innovations places burden on busy clinicians – so is it possible to build on existing strengths instead?

ACES Influence Health Across the Lifespan





- Parent education programs (conducted outside of the home)
- Dual treatment programs for substance use
 - Substance use treatment + parenting program
- **Home visitation programs**

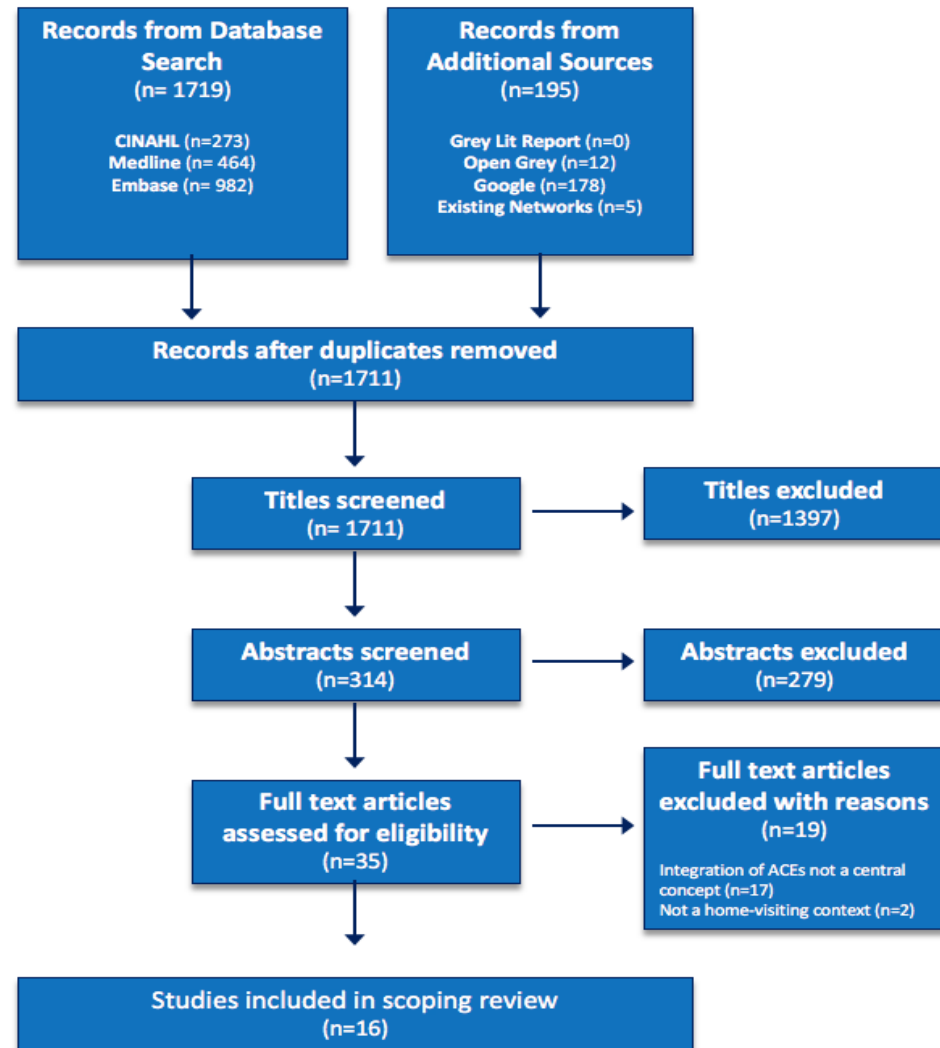
Prevention of ACES



How Can Nurse-Family
Partnership Respond to “ACES?”

Scoping Review

- What are the current approaches to integrating content related to ACEs into nurse home visitation programs' education, practice and supervision?
- What existing strategies are available to provide guidance on how to implement, assess, and address ACES within home visiting programs with pregnant women and/or mothers with infants experiencing social and economic disadvantage?



Scoping Review: Two Critical Findings

Essential to situate principles of trauma-and-violence informed care/ trauma-informed care care into program



Assessment/screening

Assessment of ACEs or “knowing” and responding to one’s ACE score dominates the grey literature

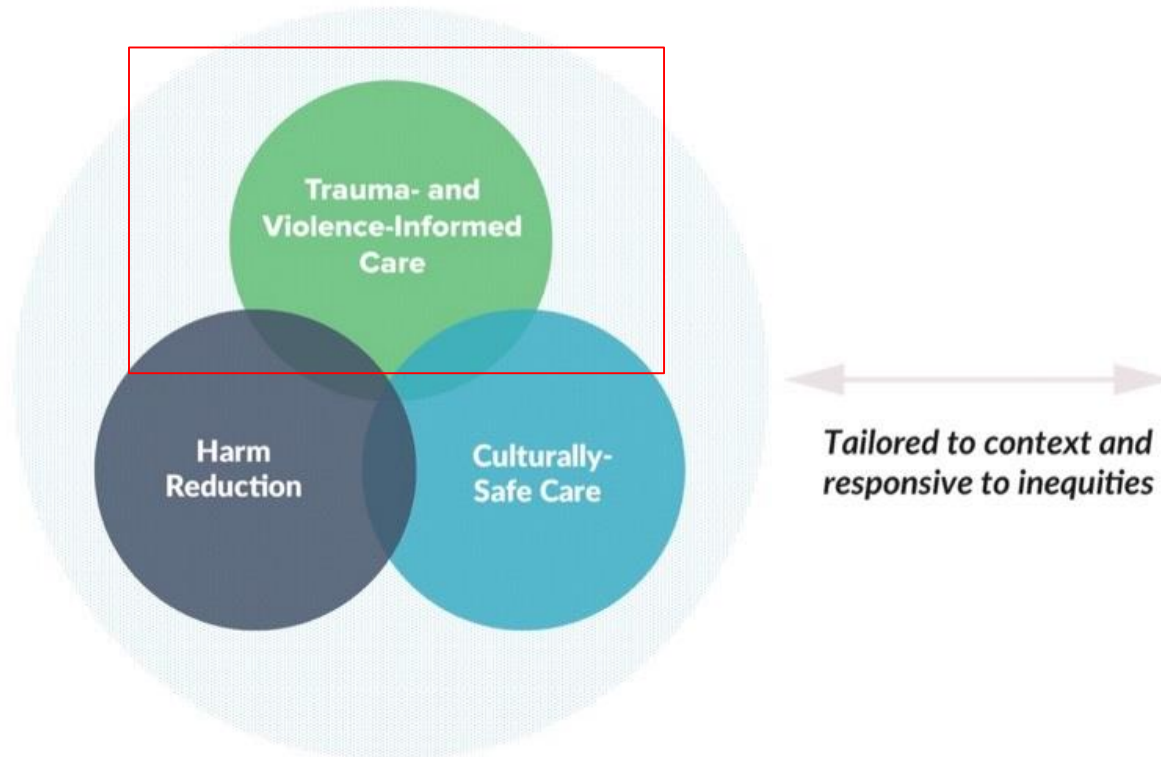
Screening for ACEs is also emerging within the health policy and preventative health literature – value debated

Gathering accurate data on trauma exposure and ACES is complex and requires clinically informed thinking and skills

Dimensions of Equity-Oriented Care



Key Dimensions of Equity-Oriented Health Care



10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

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Reflection 4

Equity oriented approaches to care requires disruption to existing clinical practices and requires us to deeply explore “HOW” we structure our organizations and “HOW” direct care is delivered

Trauma & Violence Informed Care

Organizational policies and professional practices that focus on preventing harm by creating safe environment for people who have experienced (and may still be experiencing) violence and trauma.



Trauma & Violence Informed Care Principles



- Be trauma and violence aware (prevalence and effects)
- Create safe environments
- Foster client choice, collaboration, connection
- Adopt strengths-based and capacity-orient approaches (for clients and staff)

Assessment of ACES

Gathering accurate and comprehensive data on a woman's past experiences of trauma (including ACES) as well as current experiences of trauma and violence is complex.



Life History Calendar

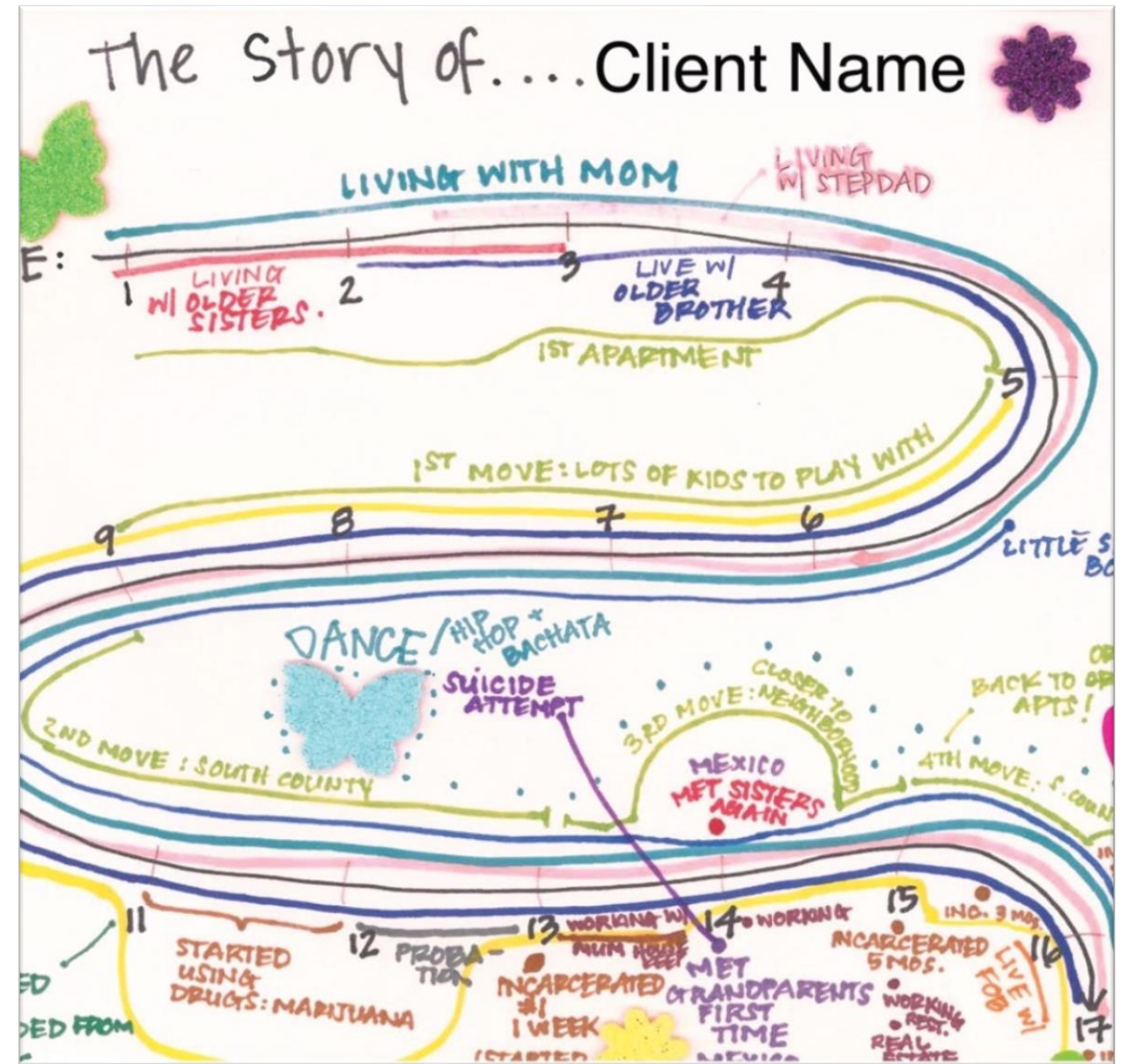
Birth date:

Age:	1	2	3	4	5	6	7	8	9	10	11	12
Living with mother												
Living with father or step-father												
Living with grandparents												
Living with siblings												
Other living arrangements (e.g. friends, foster parents)												
1.												
2.												
3.												
Living with spouse or partner												
Housing (indicate any moves)												
School												
Working												

Life History
Calendar

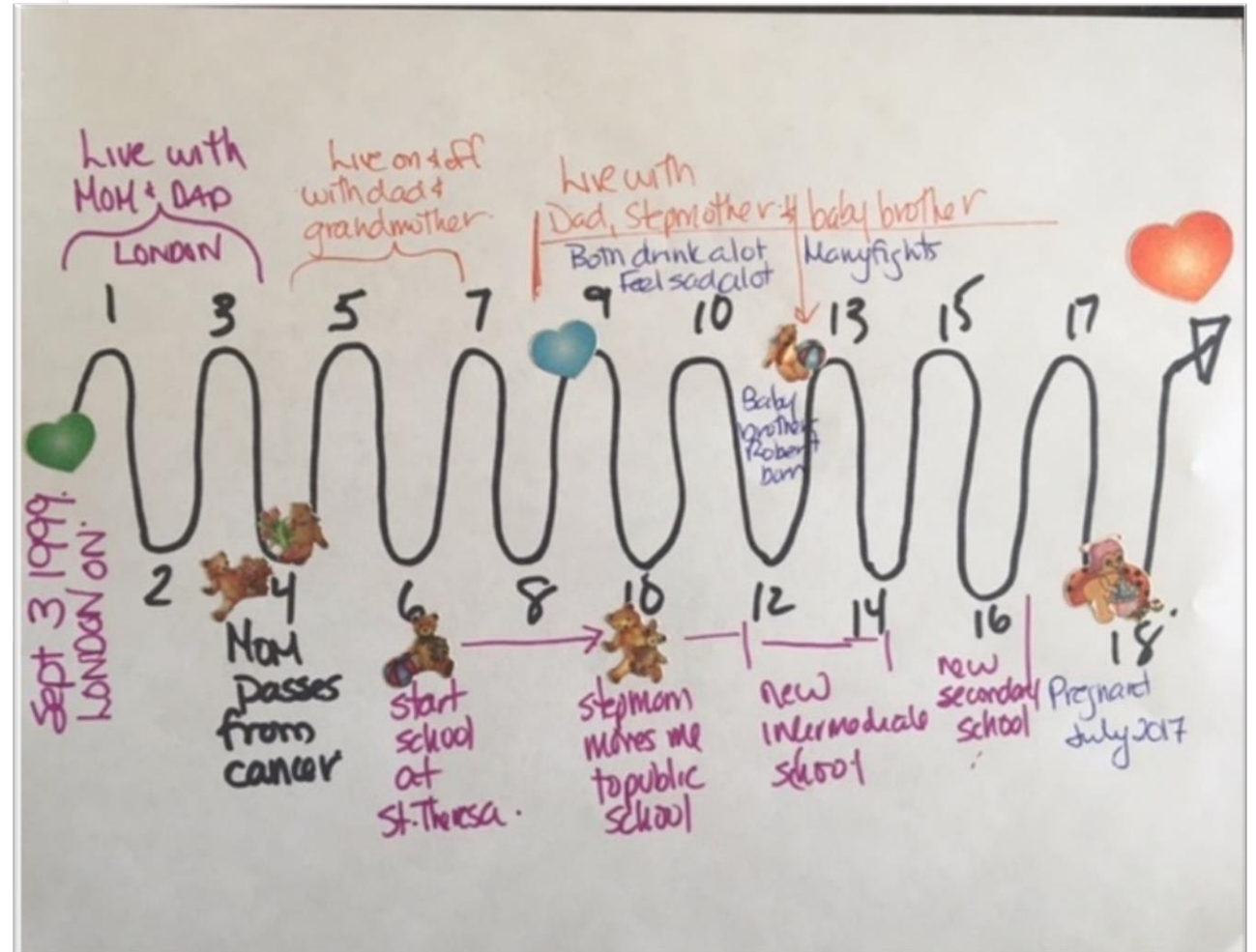
Life History Timeline

- Develop understanding of
 - The woman & the life events she has experienced & how these shape her current reality
 - The context and relationships in which these experiences occurred
- Guides discussion and reflection on how these events shape her vision & goals for her own life and for preparing to parent



Please describe 3 defining life events...

- What happened? Tell me about the periods before and after...
- Describe where you were you living? What were you doing at the time?
- Who were the critical people in your life at that point in time? What were your relationships like? What influence did they have on your life and critical decisions?
- How does this experience influence your goals for the future?



Feedback from nurse home visitors...

TVIC PRINCIPLES

Be trauma-and-violence aware

- Learn about experiences of “typical” ACES, plus many more types of “trauma” including adverse community experiences e.g. poverty, homelessness; deeper understanding of “what has happened” to her
- Opportunities to reflect on intersections of violence, mental health and substance use in family of origin

Create emotionally safe environment

- Get to know their client’s – where they have lived, who they lived with, what & who has been important to them in their life.
- A discussion that helps to establish trust and a connection

Foster client choice, collaboration, connection

- Client controls the narrative, including what she shares, chronology & how she shares it

Adopts a strengths based and solution focused approach to care

- Explore and build on resiliency factors, see what makes her “strong”
- Identify what client wants “to do differently” as a parent – and establish parenting goals

Reflection 5

To disrupt care, practice & clinician traditional work by implementing equity-oriented approaches to care – including full adoption of TVIC principles, we need a foundation of evidence that it “makes a difference”

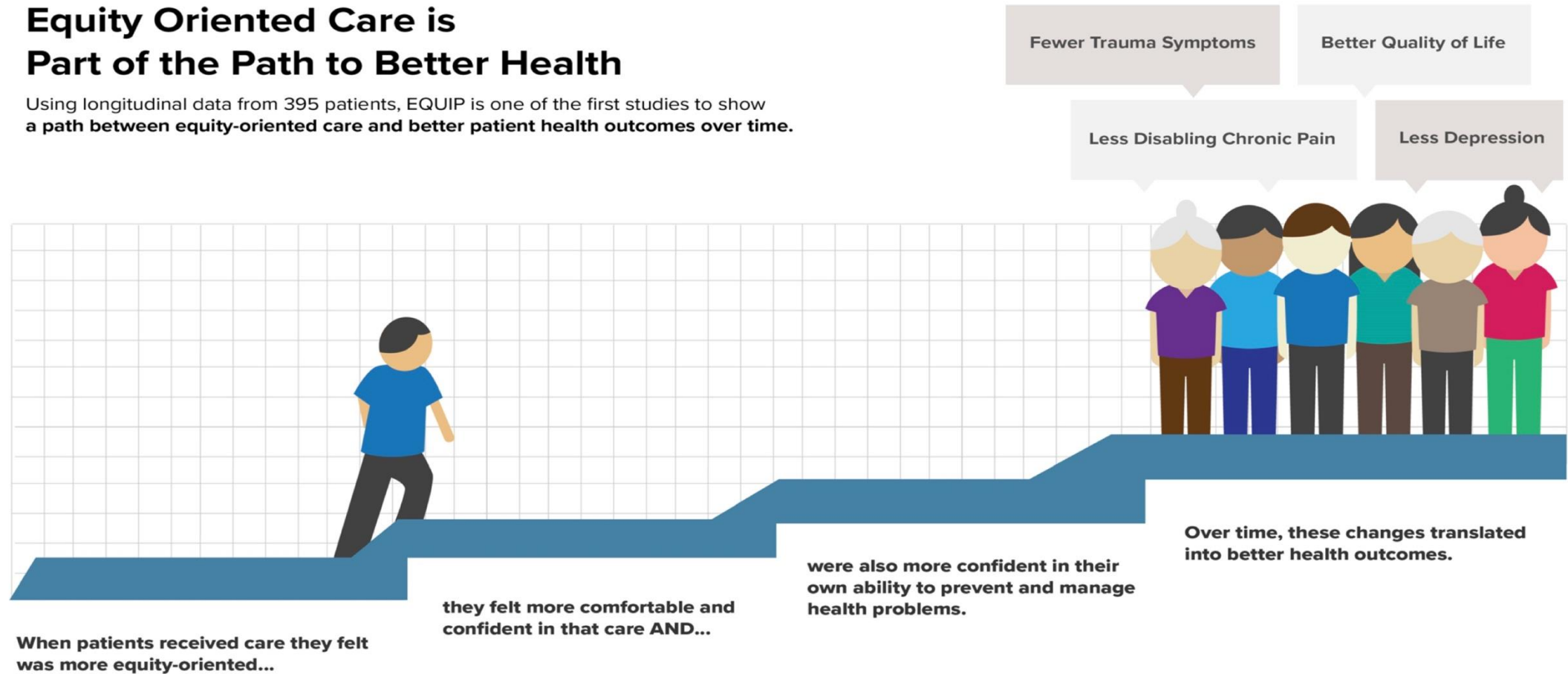
Evaluating Equity Oriented Approaches to Primary Care

- Development and evaluation of a complex, multi-component interventions to enhance equity-oriented health care
- Equity-oriented care framework implemented at four primary care clinics in Canada
- Mixed methods study
 - Survey & interviews with 567 patients, 86 clinic staff and administrators
- Measures
 - Equity-oriented health care scale (patient experiences and perceptions)
 - Recent Every-day Racial/Ethnic Discrimination Module Field Test
 - Comfort and confidence in care scale
 - Confidence in preventing and managing health problems
 - Health outcomes: QoL, Chronic Pain, PTSD, depressive symptoms

1 Equity-oriented care is associated with positive patient outcomes

Equity Oriented Care is Part of the Path to Better Health

Using longitudinal data from 395 patients, EQUIP is one of the first studies to show a path between equity-oriented care and better patient health outcomes over time.



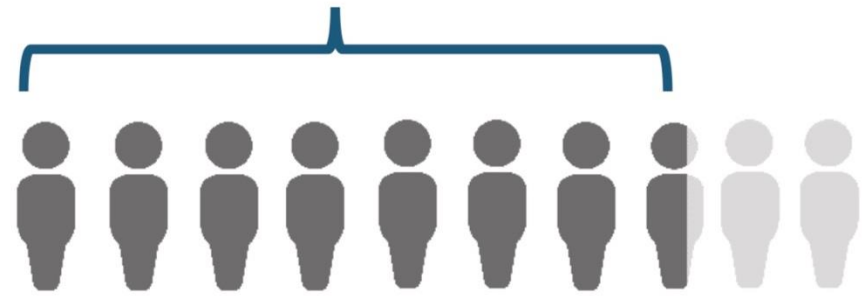
2 The EQUIP intervention impacted staff

Through surveys and in-depth interviews with staff and administrators, we learned about different ways that the EQUIP intervention had impacted staff members with respect to providing equity-oriented care. Some examples include:



To what extent has your confidence related to providing equity-oriented care changed over the past two years?

77% SAID THEY WERE "MUCH MORE CONFIDENT" FOLLOWING THE INTERVENTION



3 The EQUIP intervention impacted organizations

Staff members told us how the EQUIP intervention impacted their organizations and their approaches to working together. Some examples include:

It shifted whose voices (e.g., MOAs, non-medical, Indigenous) and what approaches (socio-historical vs only medical) were featured in team meetings and communications

“Lining up outside our clinic or dismissing patients over the phone: those are examples of structural violence!”

It helped the clinics to solidify expectations and unite staff under a common philosophy/identity

It helped the clinics to identify and change clinic procedures or policies to make patients feel more welcome

“I mean we spend hours doing this stuff, we share things that we never would have spoken about... had we not been involved in this project.”

It prompted conversations within teams and collective reflection among staff members

Final Reflection

- To provide equity-oriented care – we need to disrupt existing systems and transform organizational and direct care practices – so that all individuals experience the care (and workplaces) as safe - where they are respected and not judged.
- We need to focus equally on “what we need to do” (e.g. identify ACES) as well as “HOW we do it.”
- Understanding what changes are needed (or what strengths can be enhanced) requires collaboration and partnerships between “clients”, providers, senior decision makers and researchers
- Need to build foundation of evidence that demonstrates that health equity approaches to care – will improve “patient outcomes.”