



MATERNAL & EARLY CHILD HEALTH INITIATIVES

SUMMARY

St. Luke's University Health Network is intensely committed to the goal of improving the health and well-being of women, infants, children and families. These goals are accomplished through the Maternal Child Health (MCH) Initiatives, which consist of collaborative community partnership, SLUHN's Baby Friendly initiatives, and three programs implemented through the Visiting Nurse Association of St. Luke's: the Nurse-Family Partnership (NFP), Parent Advocate in the Home (PATH) and the Visiting Nurse Advocate for the County (VNAC). Each of these programs has a slightly different focus with the goal being to create positive environments in which children can grow in safe, healthy, and nurturing homes. Together, the MCH programs address priority areas such as: pregnancy outcomes including low birth weight and preterm birth, improving breastfeeding rates, the prevention of child abuse, connecting children to medical homes and improving immunization rates, and keeping children on track physically and developmentally.

The Maternal Child Health Initiatives continue to demonstrate positive outcomes. Through our three home visitation programs we have served 642 unduplicated families for FY2014-15. The NFP, PATH, and VNAC programs serve only Lehigh and Northampton counties. However, because NFP is a national program with sites across Pennsylvania, the Miners campus has formed a partnership with the Schuylkill County NFP, while Warren campus is served by the New Jersey program in Sussex, Warren, and Hunterdon Counties. With the new St. Luke's Monroe campus almost completed, we will have families in Monroe linked with the NFP of Monroe and Pike Counties. As a network, we continue to examine our Maternal Child Health programs and our partnerships with other community agencies to ensure we are addressing our population's needs and align with the ever-changing face of health care.

HIGHLIGHTS

Nurse-Family Partnership (NFP) is an evidence-based RN lead home visitation program for first-time low income mothers less than 28 weeks gestation. During fiscal year 2014-15, VNA of St. Luke's NFP program served 355 total clients with a graduation rate of 54.25% (PA. 50.6%, Nat. 39.7%). Our nurses conducted over 4,641 visits this year to support families to meet the NFP's three program goal:s: improve pregnancy outcomes, improve childhood health and development, and improve the economic self-sufficiency of the family

Parent Advocate in the Home (PATH) -is a St. Luke's developed evidence-leaning community health home visitation program focused on children ages 0-3, which works with at-risk low income families in need of parenting education and support. During fiscal year 2014-15 the PATH program served 162 families with two LPN's and conducted over 1,146 visits this year.

Visiting Nurse Advocate for the County (VNAC) is an intensive intervention program that works with our County Children and Youth agencies to prevent future instances of abuse and to work with families to improve parenting skills, strengthen family bonds, and promote a safe and healthy environment for the child. Our VNAC nurses served 126 unduplicated clients this year between Lehigh and Northampton County.

- The VNA of St. Luke's VNAC program works extensively with each family to achieve the desired goals specified in the Northampton and Lehigh County Children and Youth referral, and to ensure that 4 standard goals are worked on with each family: parent will provide a safe environment for the child/children, parent and child /children will have safe and positive interactions, parent(s) will increase parenting knowledge and increase skills, and parent(s) will meet the child's health and medical needs

Breastfeeding Coalition: the mission of the Lehigh Valley Breastfeeding Coalition is to facilitate community efforts to promote, protect, and support breastfeeding as a cultural norm across Lehigh, Northampton, and Carbon Counties. It is the Lehigh Valley Breastfeeding Coalition's vision is to create a breastfeeding friendly culture and environment among hospitals, healthcare providers, businesses, community members, and local leaders that will lead to sustainable change in policies focused on promoting breastfeeding support, education, and the absence of formula-based product promotion.

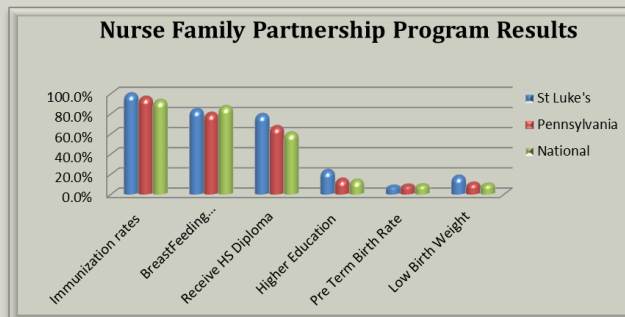
St. Luke's Maternal Child Health staff members serve on the coalition and help support and implement the goals of the coalition. This year the coalition has had numerous events over the course of 14-15 aimed at increasing awareness, providing resources, and soliciting the community's support for nursing mothers.

Baby-Friendly Hospital Initiative: the Maternal Child Health staff are working within our network to assist our efforts to obtain baby friendly designation. St. Luke's was one of only 100 hospitals chosen to participate in the "EMPower" Breastfeeding Initiative, which gives hospitals support and guidance along the journey toward a 'Baby Friendly' designation. The MCH program has representation on the Empower team, along with leadership on the Keystone 10 team (A PA DOH led initiative to implement evidence based practices, improve breastfeeding initiation and duration, and improve the health of mothers and babies), and the internal Baby Friendly Committee.

OUTCOMES & SUCCESSES

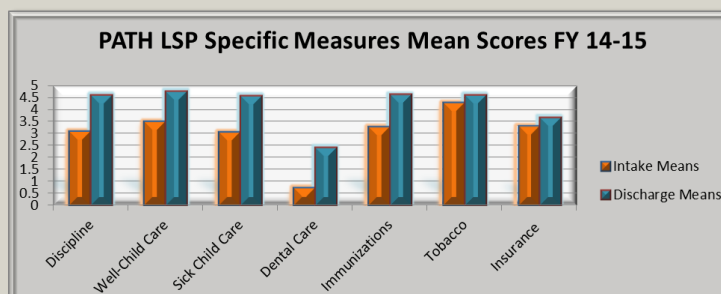
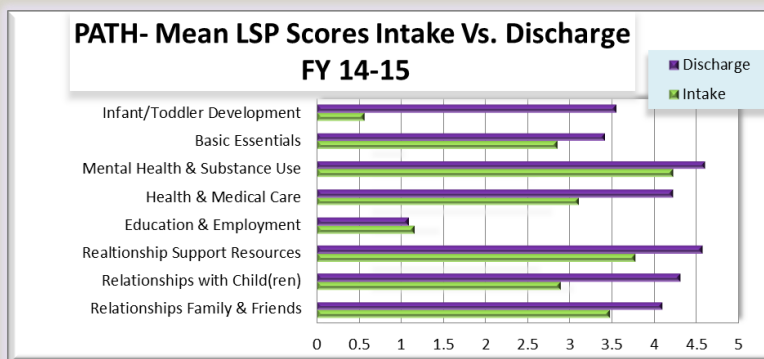
NURSE FAMILY PARTNERSHIP — NFP

- NFP Immunization Rate at 24 months (graduation) FY 14-15 Rate is 100% (PA. 96.6%, Nat. 93.5%)
- NFP Breastfeeding Initiation Rate FY 14-15 84.4% (PA. 80.7%, Nat. 87.4%) This is a 4.4% increase from the previous fiscal year.
- Cumulatively, of all those NFP clients who entered the program WITHOUT a GED or HS diploma, at 24 months, 79.5% have obtained a HS diploma or GED during their time in the NFP Program. (PA 67.5%, Nat. 61.2%)
 - 23.9% of those clients are enrolled in higher education (college or technical school), (PA. 15.3%, Nat. 14.3%)
- NFP Preterm Birth rate FY14-15 is 16.5% (PA. 9.6%, Nat. 9.8%) Healthy People (HP) 2020 Target 11.4%.
 - While we expect to see high rates due to the higher acuity of our clientele based on many living in poverty, we have seen an increase in PTB in our clients as a result of more women having chronic pre-existing health conditions prior to pregnancy and increased untreated mental health diagnoses. In looking at cumulative program statistics, the VNA NFP rate is 8.2% (PA. 9.3%, Nat. 9.6%) .
- NFP Low Birth Weight Rate FY14-15 is 18.3% (PA. 11.3%, Nat. 10.3%). The HP2020 target for Low Birth Weight is 7.8%. Cumulative VNA NFP Birth Weight Rates are 10.2% respectively (PA. 10.3%, Nat. 9.9%).



PARENT ADVOCATE IN THE HOME — PATH

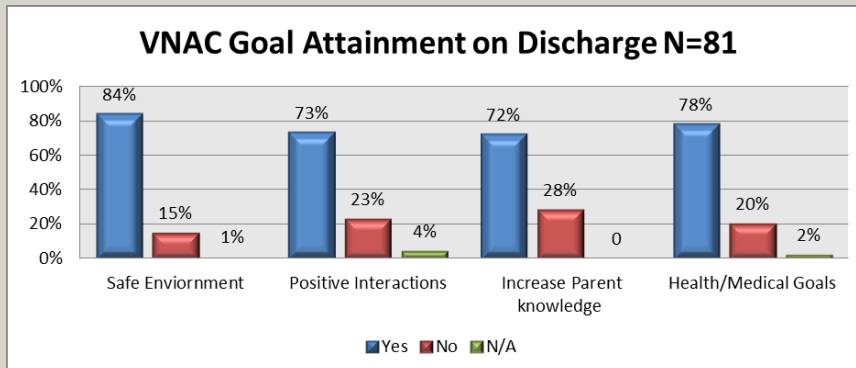
- Utilizing the Evidence Based Life skills Progression Tool (LSP) the PATH program was able to show a significant increase in mean scores at discharge in the following areas: Relationships with families and Friends, Relationship with Child(ren), Relationship Support resources, Health and Medical Care, Mental Health and Substance Use, Basic Essentials, and Infant/Toddler Development. The LSP tool is one measure to look at progress made amongst families. The LSP tool is a 43 item instrument that measures parent's life skills.
 - Relationships
 - Education & employment
 - Health care use for parent and child
 - Substance abuse and mental health concerns
 - The ability to provide for basic needs.
- We pulled out an additional 7 specific measures from the LSP questionnaire to examine pre-post means to observe any changes. We found that we had some significant changes in the domains of health care on discharge as illustrated in the graph to the right.



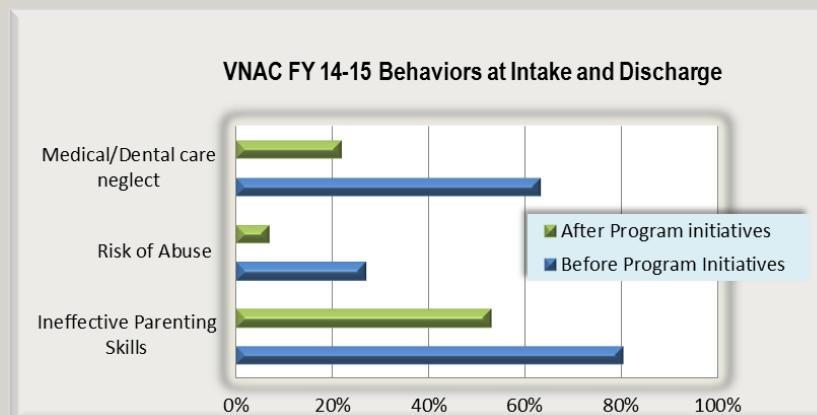
OUTCOMES & SUCCESSES

VISITING NURSE ADVOCATE FOR THE COUNTY — VNAC

- You can see from the graph to the right that the percentage of VNAC client's that were able to meet goals upon discharge. It is important to note that for some families their goals cannot be achieved due to involuntary or voluntary termination of parental rights.
- The LSP tool is also used by VNAC to assess changes in parenting, life skills, and health care behaviors. The child scales look at: infant/toddler development. Below you can see the mean scores and standard deviations for the VNA VNAC clients for the FY14-15.
- VNAC clients are also assessed for levels of risk on intake and discharge, the third graph below illustrates the changes seen in levels of risk FY14-15.
- On intake, 80% of clients were identified as having ineffective parenting skills, on discharge 53% had remaining risks associated with ineffective parenting and of the client's with remaining risks, 28% were not able to maintain the family unit and the child was placed in kinship or foster care.
- On intake, 27% of children had identified abuse or neglect, on discharge, only 7% of families had remaining risk of potential abuse or neglect of these families.
- On intake, 63% of children experienced some level of medical/ dental neglect. On discharge, 22 % had some level of remaining risk for medical/dental neglect.



Life Skills Progression	N	Mn	StD	N	Mn	StD
Relationships	121	3.05	0.62	74	3.15	0.70
Education & Employment	120	1.81	0.76	74	1.70	0.77
Health & Medical Care	120	3.11	1.00	73	3.41	1.06
Mental Health & Substance Use	120	3.15	0.90	74	3.34	0.87
Basic Essentials	120	2.86	0.72	73	3.02	0.76
Child Scales	117	1.85	1.68	72	2.44	1.80



CHALLENGES & NEXT STEPS

As we look to the next fiscal year, our goal is for all of the Maternal Child Health Programs to better align with the Healthy People 2020 goals, the outcomes of our SLUHN Community Needs Assessment, and with health care coordination strategies. Healthcare reform requires us to do a better job serving high risk populations who are more vulnerable to lapses in care and provide access to preventative interventions. Funding opportunities are extremely competitive and with the increasing incidence of chronic disease and obesity it becomes even more of a challenge to ensure that babies are being born healthy and on time. The face of healthcare is changing and we want to adapt to these changes. Through the use of evidenced-based screening tools; helping families get connected to medical homes, preventative medical and dental care; and educating them on parenting and positive discipline, we hope to improve the overall health and development of the children we serve.

