

## ABSTRACT OF FINAL REPORT

Project Title: Love & Learn  
Project Number: H17MC11293  
Project Director: Patricia Mennenga  
Grantee Organization: Visiting Nurse Association  
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Project Period: 3/1/2009 through 2/28/2014  
Total amount awarded: \$249,905.00

1. **PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS:** Love and Learn was created as a home visitation project to serve pregnant and parenting teens living in the Omaha metropolitan area, focusing on the area of highest need in northeast and southeast Omaha. It was the intention of this project to provide comprehensive care to at-risk pregnant and parenting teens using in interdisciplinary model of public health nurse and family support services to improve family outcomes in the domains of health, parenting skills and self-sufficiency.
2. **GOALS AND OBJECTIVES:** The goals and objectives identified in the original VNA proposal for the Love and Learn Teen Parent program were based on a needs assessment that identified disparities between the status of pregnant or parenting teens in the Omaha metropolitan area and Health People 2010. Based on this accumulated data, the program developed the following goals:
  - a. Improve birth outcomes for teen pregnancies through education on healthy lifestyle choices during pregnancy;
  - b. Promote optimal health and development of the infant by increasing access to preventative health care and nutrition;

- c. Promote optimal development of the infant by increasing teen's knowledge of infant development and achieving personal educational goals.

An increased focus was placed on developing self-sufficiency skills as the project progressed.

3. **METHODOLOGY:** The VNA Love & Learn Teen and Young Parent (Love and Learn) program is a unique model of services, through which each participant is assigned to both a public health nurse and a parent coach. Twice monthly visits are made by a public health nurse and a parent coach in alternating weeks for at least one year. A strength-based family service plan is completed with client driven goals, and the Growing Great Kids™ is utilized by both public health nurses and parent coaches. In addition to these home visits a client can receive home visits by a certified lactation consultant for breastfeeding education and support and enroll in child birth classes. Monthly socialization events enhance the educational components of the program and decrease social isolation for young parents. Each home visitor meets weekly with a supervisor for reflective supervision. A community initiative, Early Childhood Services (ECS) facilitates a collaboration of agencies to provide comprehensive services to pregnant and parenting teens, including mental health therapy, parent support groups and services to help them achieve a high school diploma or further education. The VNA participates in this collaboration which is also a major funder of the Love and Learn program.
4. **EVALUATION:** ECS participates in a formal evaluation conducted by the University of Nebraska Medical Center. An array of assessments focused on child development and parent-child interaction are completed each fall and spring for all participating teen parents. In addition, VNA regularly completes screenings for child development, maternal depression,

domestic violence and risk of substance abuse. The results of this battery of assessments are used in developing or updating the family service plan. Additional outcomes previously described in this document are reported and measured each quarter, reported to funders, and used in program development and staff training.

5. **RESULTS/OUTCOMES:** From March 1, 2009 to February 28, 2014 1,143 teen parents and children have been served. This includes 565 non-Hispanic, 551 Hispanic, and 27 individuals for whom ethnicity is not reported. The race of these participants are 733 White, 317 Black, 41 Asian, 23 Native American, 5 Native Hawaiian/ Pacific Islander and 14 for whom race is not reported. This is a population that resides in very high poverty areas of metropolitan Omaha. Most of the project outcomes have been met or exceeded. Indicators of improving birth outcomes have exceeded the 2009 goals in compliance with recommended prenatal care, tobacco abstinence or reduction, and utilization of needed community resources, including establishing a medical home. Outcomes related to measuring use of alcohol or non-prescribed drugs were discontinued because of the apparent inaccuracy of teen client's self-reporting. Assessment of appropriate weight gain was also eliminated because late prenatal entry into the program made it difficult to impact that indicator. Original project outcomes for compliance with well-child exams and initiation of breastfeeding have also been exceeded. Because of the challenges of receiving accurate immunization data from health care providers we did not achieve the outcomes for this indicator of infant health. Participating infants have achieved developmental milestones at a higher percentage than the original established goal and parental knowledge of development is also greater, based on the highly reliable and standardized assessments. Although not an original objective, our teen parents do well in graduation rates. This indicator is influenced by the family's cultural

traditions and familiarity with American education. Many of our recent refugee immigrant families do not hold the same value for education, and so teen mothers in these families are significantly less likely to complete their education, and may even be married at an early age.

6. **PUBLICATIONS/PRODUCTS:** Eleven publications and products have been developed for promotion of the project or to enhance the performance of home visitors. These include brochures and fact sheets for participants and referral sources, a PowerPoint presentation used in a variety of settings, customized documentation forms for public health visits in the electronic home health care record, and a poster presentation used at two national conferences.
7. **DISSEMINATION/UTILIZATION OF RESULTS:** There have been many opportunities to share the experiences of the Love and Learn program in the five years to community leaders, college students from the University of Nebraska-Lincoln, international visitors, and through a poster presentation at two national conferences. The VNA was invited to participate in the 2013 Healthy Tomorrows webinar series, sharing our philosophy of utilizing outcomes data for supporting and nurturing funder relationships. Lessons learned from the interdisciplinary model of Love and Learn have influenced our implementation of an evidence-based home visitation project as an affiliate of Healthy Families America in 2014.
8. **FUTURE PLANS/SUSTAINABILITY:** The Love and Learn Teen Parent project will continue with the strong support of ECS and other family and corporate foundations. We anticipate that the continued training resources made available by Early Childhood Services and the VNA leadership team will continue to improve the project. We are encouraged by a trend toward increased early prenatal referrals, which we believe will impact birth and life-long health and social outcomes for the families served in this program.

## FINAL REPORT

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### **1. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL**

**AND CHILD (MCH) PROGRAMS:** The Love and Learn Teen and Young Parent program (Love and Learn) was created as a home visitation project to serve pregnant and parenting teens living in the Omaha metropolitan area, focusing on the area of highest need in northeast and southeast Omaha. The American Academy of Pediatrics Clinical Report of 2005 on Adolescent Pregnancy describes multiple risks, both medical and psychosocial to the pregnant adolescent and their infant. These include low birth weight, neonatal death, pregnancy induced hypertension, STD's, school interruption, limited vocational opportunities, persistent poverty and repeat pregnancy.

The home visitation model has been shown through numerous research and field studies to be an effective strategy for improving maternal child outcomes. Home-based visitation programs make a significant impact on struggling and vulnerable families, while also saving time and money for the justice and human service systems. In 2009 the American Academy of Pediatrics issued the following position statement about the role of preschool home visitation in the prevention of child abuse and neglect: "Sufficient evidence exists to endorse home visiting services by nurses to prevent child abuse and neglect for at-risk families. Programs that are comprehensive in scope, are intensive in the visit schedule, involve

positive interactions with parents, target high-risk families, and are performed by professionally trained home visitors, are known to be successful.” Babies who are healthy and have received adequate nutrition will be more likely to engage with those in their environment and as a result develop secure attachments. Research findings have also consistently found that the educational level of the mother is a predictor of children’s educational achievement. Thus, promoting the mother’s educational attainment is a key to the child’s eventual educational achievement. Parents, whose basic needs are met, will be more likely to focus time on positively interacting with their children as well as on their own educational success. It was the intention of this home visitation project to provide comprehensive care to pregnant and parenting teens using an interdisciplinary model of public health nurse and family support services to improve family outcomes in the domains of health, parenting skills and self-sufficiency.

The VNA has a long established relationship with the Nebraska State Title V MCH program, as a past member of the Douglas County Child Health Clinics Collaborative; past recipient of funding through Title V for projects including a nutrition program for prevention of childhood obesity, and asthma education; and participating in a Douglas County Health Department initiative for developing a plan for preconceptual health education. VNA staff have participated in Statewide Title V priority planning in 2007 and 2012. The current clinical manager has been a member of the Nebraska Pregnancy Assessment Monitoring System (PRAMS) steering committee for 4 years, and participated in the development of a 2013 Issue Brief on Tobacco Use during Pregnancy. VNA staffs have participated in the Douglas County fetal infant mortality review board since its inception, which also partners closely with the Title V funded Nebraska Child Death Review Board. The VNA also was a

recent recipient of Nebraska State MCH funding for home visitation to implement an evidence based home visitation program targeted to low income women who are pregnant or have recently delivered an infant and who reside in Douglas County, especially the underserved areas of South and Central Omaha, in partnership with OneWorld Community Health Centers, a federally qualified community health center. The VNA has long had the support of area pediatricians including Dr. Tom Tonniges, Director of Community Pediatrics, American Academy of Pediatrics 1995 – 2004. Dr. Tom Tonniges and other AAP member pediatricians have been participants in our Maternal Child Advisory Board.

**2. GOALS AND OBJECTIVES:** The goals and objectives identified in the original VNA proposal for the Love and Learn program were based on a needs assessment that identified disparities between the status of pregnant or parenting teens in the Omaha metropolitan area and Health People 2010 Objectives for prenatal care, birth outcomes and subsequent pregnancies; and also on the results of a focus group of Omaha Public School teen parents and the needs they identified. These needs included concerns with caring for premature babies, balancing parenting with demands of completing education and other responsibilities, lack of resources, lack of support systems and legal concerns. Based on this accumulated data, the program developed the following goals and associated objectives:

- a. Improve birth outcomes through regular prenatal care and reducing unhealthy lifestyle choices during a teen’s pregnancy by:
  - i. Increased regular prenatal care by pregnant teens;
  - ii. Reduced use of tobacco and alcohol;
  - iii. Achievement of appropriate weight gain during pregnancy;
  - iv. Increased use of community resources by the pregnant and parenting teen.

- b. Promote optimal health and development of the infant by increasing access to preventative health care and nutrition by:
  - i. Increased infant participation in early preventative medical care;
  - ii. Increased compliance of infants with recommended immunization schedule;
  - iii. Increased breastfeeding rates for infants of teens.
- c. Promote optimal development of the infant by increasing the teen's knowledge of infant development and achieving education or employment goals by:
  - i. Achieving optimum infant development by increasing teen parent knowledge;
  - ii. Supporting teen parents in achieving education or employment goals.

These goals continue to be the primary measurement of quality and success for the Love and Learn program. In the years of this program, those enrolled in the program have been identified to have increasing risks for personal safety, with a shortage of support systems and resources. As a result, an additional emphasis has been placed on identifying the teens existing life skills and focusing service plan goals on increasing self-sufficiency. This has not been identified as an additional goal in the Healthy Tomorrows project, but an additional area of focus the delivery of services.

**3. METHODOLOGY:** The VNA Love & Learn inter-disciplinary home visitation program provides services for pregnant and parenting teens and young adults, residing in Douglas or Sarpy Counties of Nebraska up to 22 years of age, regardless of income, with services of high intensity and frequency. This is a unique model of services, through which each participant is assigned to both a public health nurse and a parent coach, providing them with a comprehensive array of services. While this is a more costly method of service delivery, our experiences in partnering with other agencies to enhance services has demonstrated that

coordination of services and interdisciplinary communication is improved when both disciplines come from the same agency. These visits are provided at no charge to the family through contracts, grants and family foundation donations. In the Love and Learn model, pregnant teens will ideally begin services by the 16th week of pregnancy and will be visited until the infant is at least 1 year old.

In 2010, the VNA joined a collaboration of five agencies within the Omaha area, to develop the Building Bright Futures Early Childhood Services Teen and Young Parent Program (ECS). Within this collaboration, women under the age of 22 who are pregnant or parenting are identified in the Omaha Public Schools system, as well as other community systems. Through this collaboration, teens and young adults are referred for a variety of services provided by each of the agencies based on the needs assessment completed by the ECS intake coordinator. This is a major source of referrals to VNA's Love and Learn program. This collaboration was not in existence at the time of the original partnership with the Healthy Tomorrows Partnership for Children. As VNA is the only member of this collaboration with nursing services, we receive prenatal referrals for our inter-disciplinary model, and some referrals specifically for the lactation consultant services or childbirth education classes. Other common sources of referral for the Love and Learn program have included physician offices, other VNA maternal child services, caseworkers within the Nebraska child protection system, probation officers, hospital social workers, and federally qualified health centers.

When a referral is made to the VNA Love and Learn program, the teen is contacted by telephone by the VNA intake coordinator, to explain the program and schedule an initial intake visit. During the first home visit, the intake coordinator will conduct an initial

psychosocial assessment and the VNA maternal child nurse coordinator will assess the health needs of the teen parent and/or her child if she has already given birth. The teen or her parent (if under 19) completes the consent for participation and releases of information as appropriate for the referral source and other agencies who are involved with the teen, and agencies within the ECS collaboration to whom we will be referring the teen for additional services. Following the completion of the psychosocial and health assessment the appropriate services for this client are determined, and the case is assigned to a public health nurse and parent coach best suited for the family's needs.

In the Love & Learn program all services offered/provided are individualized to the needs of the parent based on client driven goals and action steps. In all cases, reasonable accommodations are employed in order to "meet clients where they are". This includes making services available at times convenient for parents, including evenings and weekends. Regular, ongoing meetings of public health nurses and parent coaches with their supervisors ensures integrity to the model, monitoring of client progress towards service goals, and ensuring coordination with other providers when needed.

In the VNA Love & Learn home visitation program, public health nurses are the primary case manager for each family. These public health nurses are trained in the area of maternal child nursing, early childhood and adolescent development, and knowledgeable of community maternal child and education resources. In keeping with the advantages of the inter-disciplinary model, parent coaches (mostly Bachelor level social workers) complete the care team for each family. Bilingual nurses and parent coaches are assigned to work with Spanish-speaking families whenever possible, and interpreters are provided for other non-English speaking parents.

Public Health Nurse Home Visitation: Registered nurses use screening, physical assessment, direct observation and parent interviews to identify and intervene in the health care needs of the child and caregivers. Public Health Nurses focus on the following activities to achieve the previously mentioned goals:

- a. Improving birth outcomes by:
  - i. Ensuring that all pregnant and parenting teens have access to a medical home;
  - ii. Providing prenatal teaching including the importance of early/adequate prenatal care, pregnancy warning signs, and referral for childbirth education;
  - iii. Educating pregnant and parenting teens about the importance of healthy lifestyles, including abstinence from tobacco, alcohol, and drugs, and using brief intervention strategies to motivate for change;
  - iv. Providing intra-conceptual health care teaching to parents, including birth spacing, and management of chronic illness;
  - v. Ensuring that all pregnant and parenting teens have access to mental health services.
  
- b. Promoting optimal health and development of the infant through:
  - i. Ensuring that all children have access to a medical home;
  - ii. Educating parents about vaccine preventable diseases and routine well-child care, and facilitating compliance with recommended scheduled care;
  - iii. Educating pregnant and parenting teens about the benefits of breastfeeding to both infant and mother, and supporting those parents through referral to lactation consultant home visits as needed;
  - iv. Educating parents about age-appropriate nutrition and feeding behaviors;

- v. Monitoring infant growth patterns and referring as needed;
- vi. Teaching parents to identify the symptoms of common childhood illness and provide the appropriate interventions, from safely self-treating at home to emergency room use;
- vii. Enhancing parental ability to stimulate brain development and promote social, emotional, and physical development;
- viii. Monitoring child development, using standardized instruments such as the Ages and Stages Questionnaire;
- ix. Educating parents about the importance of oral health care for children and adults, including the relationship of oral health to a healthy pregnancy.

Family Support Services: Home-based education and support services focused on parenting and life skills are provided by parent coaches. The parent coaches have contact with the clients at least two times per month, with visits one to two hours in duration. Parent coaches focus on the following activities to achieve the previously mentioned goals:

- a. Promoting optimal development of the infant by increasing teen parent's knowledge of infant development and achieving personal educational goals:
  - i. Increasing parents' ability to cope with the stresses of infant and child care;
  - ii. Educating teen and young adult parents on the nature of healthy relationships and the impact of violence in the home;
  - iii. Teaching parents attunement skills and how to appropriately respond to a child's emotional needs;
  - iv. Increasing self-sufficiency and financial resources to parents by providing education and support related to educational and/or vocational involvement,

- v. Enhancing and making use of each family's informal support team;
- vi. Linking parents with community resources and developing self-advocacy skills for life-long independent access to community services.

Mental Health Services: At-risk parents may struggle with unaddressed mental health needs; histories of abuse and neglect from their own caregivers, or poorly developed coping mechanisms for managing the additional stressors of parenting. These conditions are known to put children at risk of adverse childhood experiences which can impair their own lifelong health, learning capacity and relationship development. Public health nurses complete depression screening each quarter or emergently as needed. Parent coaches also provide domestic violence screening each quarter. Pregnant or parenting teens identified as needing mental health services are referred to ECS collaborating agencies for mental health therapy.

Group Modalities: Through VNA or ECS collaborating agencies, pregnant or parenting teens and young adults are provided with numerous group education and support services:

- a. Socialization events: held each month, these events provide an outlet from social isolation experienced by young adults with small children. Either a parent-child interaction activity or educational activity is included in these events. Families are provided with transportation to these events if needed. Examples of some of the most recent socialization events include:
  - i. Zumba dancing
  - ii. Zoo trips
  - iii. Omaha Children's Museum trips
  - iv. Cooking classes
  - v. Culture and heritage celebration

- vi. Water plan and picnic
  - vii. Scrapbooking
- b. Childbirth Education Classes: Childbirth classes promote maternal and paternal bonding and can prevent/decrease premature deliveries. Classes include information about fetal growth and development; normal physiological changes during pregnancy; identification of problems during pregnancy; nutrition; the importance of folic acid and prenatal vitamins; information on the effects of drugs and smoking; and smoking cessation. The classes are taught by Lamaze Certified Childbirth Educators from VNA. The classes are provided once each quarter of the calendar year. The classes meet at the VNA office in central Omaha and transportation is provided if needed
- c. Omaha Public High School Parenting Classes: In addition to providing referral to a variety of parenting classes available through the ECS collaboration, VNA public health nurses and parent coaches visit the parenting class of each high school in the Omaha Public Schools district twice monthly. They utilize the materials from the AAP Bright Futures and Growing Great Kids to provide fun and interactive presentations directed to the project objectives. The classes provide a combination of support and education, with topics including child development, parent-child engagement, the physical and emotional needs of infants and toddlers, positive behavior management techniques, effective communication skills, contraception, healthy relationships, shaken baby syndrome, financial decision making, traditions and culture, and substance abuse.

All home visitors are trained in and utilize the Growing Great Kids™ (GGK) parenting and child development curriculum (Great Kids, Inc., 2004), a researched based curriculum

approved for use in at least one federally approved evidence-based home visitation model. GGK provides structure and consistent content for participating families. This interactive curriculum emphasizes empathic parent-child interactions and the facilitation of child development by recognizing and building on the strengths and competencies of parents. Six modules of content are covered for every 3 months including basic care, cues and communication, play and stimulation, social and emotional development, brain development and special parent needs. Home visitors use the modules in congruence with the family service plan and regularly follow up with parents regarding their use of the skills they learn in everyday interactions with their children.

**4. EVALUATION:** The ECS evaluation team has established an array of standardized and research based assessments to measure child development and parenting skills for all parents enrolled in the collaboration. These assessments are completed each spring and fall that a family is in the program, and the results are provided to each agency on a yearly basis. These include:

- a. Keys to Interactive Parenting (KIPS)
- b. Devereux Early Childhood Assessment (DECA)
- c. Preschool Language Scale
- d. FRIENDS Protective Factors Survey
- e. Parenting Stress Index
- f. Casey Life Skills
- g. Infant Toddler Literacy Assessment

In addition the VNA performs these screenings at least once every 3 months with all families:

- a. Ages and Stages Questionnaire (ASQ)
- b. Depression screening, using the Edinburgh Perinatal Depression Screen, the PHQ-2 or the PHQ-9
- c. Safety/Environmental Checklist – Home Safety Checklist for Families with Babies 6 Months and Older (Growing Great Kids Birth to 12 Months: pp193-199.)
- d. Domestic violence screening

At the VNA, the results of all these assessments are used in creating the family service plan, goal setting for the families and interventions provided by the home visitors to strengthen the family functioning, coping strategies, child development and parental life skills. The VNA also collects outcomes data quarterly through a questionnaire created in the agency data base. These outcomes are reported quarterly and as requested to program funders, the Maternal Child Advisory Board and the VNA Board of Directors, and as part of the ongoing quality improvement program.

- 5. RESULTS / OUTCOMES:** In the five year grant cycle from March 1, 2009 until February 28, 2014, 1,143 individuals were served. This included pregnant or parenting females up to age 22, and their children, fathers up to age 22 who were actively participated in home visits on a regular basis, and some parents of the pregnant or parenting teens who were also actively engaged in home visits with their child and grand-child. The ethnicities of these individuals were as follows: 551 (48%) Hispanic, 565 (50% non-Hispanic) and 27 (2%) not reported. The races of these individuals were as follows: 23 (2%) Native American, 41(4%) Asian, 317 (28%) Black, 5 (<1%) Native Hawaiian or Pacific Islander, 733 (64%) White, and 14 (1%) unreported.

It should also be noted that 69% of participants over the five years resided in Omaha's ten zip codes with the highest percentage of families living below the poverty line (range from 8.36% to 27.8%), and also the zip codes with the highest percentage of births occurring to females 15 to 19 years of age (the 5-year average ranges from 10.8% to 15.4% of all births in the zip code).

It is clear that the participants in the Love and Learn program are those most at-risk of the greatest disparities in health and social outcomes. We feel that our interdisciplinary model, active engagement with the public schools and collaborating agencies, and the strength of our supervision for home visitors has contributed to many outcomes, both to improve the health and well-being of our clients, and to improve systems within the VNA home visitation programs for young and vulnerable families.

Three primary goals and 18 objectives were identified in the original proposal for the Love and Learn program. No changes have been made to the goals for this program. Twelve of these objectives have been met or exceeded during this five-year program. Three have not been quite achieved, and three objectives were eliminated from the program model.

Love and Learn Teen and Young Parent Goals and Objectives		
Goal: Improve birth outcomes through regular prenatal care and reducing unhealthy lifestyle choices	2009 Goal	2014 Percent Achieved
Objective: Increase enrollment of pregnant teens to program by 25%	28 enrolled during pregnancy	86% increase: 52 enrolled during pregnancy and 10 served during a subsequent pregnancy
Objective: Pregnant teens will receive adequate prenatal care	85% will complete 3 OB appointments in 2 <sup>nd</sup> trimester	96% achieved (24 of 25)
	85% will complete 6 OB appointments in the 3 <sup>rd</sup> trimester	89.6% achieved (26 of 29)

Objective: Pregnant teens will abstain from or reduce tobacco use during pregnancy	90% will abstain from tobacco use	91% (51 of 56)
	10% will reduce tobacco use	60% (3 of 5)
Objective: Pregnant or parenting teens will make appropriate use of community resources	90% will met service plan goals for enrollment in services	99% (159 of 160)
	85% of teens will have a medical home	93% (142 of 153)
	95% of children will have a medical home	100% (168 if 168)
	65% will complete childbirth education before delivery	88% (44 of 50)
	80% of teen parents will access family planning services	80% (111/138)
Goal: Promote optimal health and development of the infant by increasing access to preventative health care and nutrition	2009 Goal	2014 Percent Achieved
Objective: Infants of teen parents will complete well child exams	90% of infants will complete well child exams	89% (150 of 168)
Objective: Infants of teen parents will be current on childhood immunizations	90 % of infants will be current on immunizations by written report from provider	68% (111 of 163) Results influenced by failure of provider to respond to record request
Objective: Teen mothers will initiate breastfeeding	50% of teen mothers will provide breast milk for at least 1 month after birth	58% (69 of 118)
Goal: Promote optimal development of the infant by increasing the teen's knowledge of infant development and achieving personal educational goals	2009 Goal	2014 Percent Achieved
Objective: Infants enrolled in program will meet age-appropriate developmental milestones	85% of infants will score in normal range on ASQ at least every 4 months	92% (136 of 148 screened)
Objective: Parenting teens will demonstrate understanding of normal infant growth and development	85% will improve score on Adult-Adolescent Parenting Inventory	66% (29 o4 44) have scored above average for support of child development on Keys to Interactive Parenting assessment (screening tool changed)

Objective: Parenting teens will be working toward educational or employment goals	75% of teens will be working toward service plan goals for educational achievement	76.5% (124 of 162) have received diploma or GED, working on it or are in college or vocational training.
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Objectives were eliminated from the program plan related to assessing of alcohol and non-prescribed drugs use during pregnancy. While education continued on these topics, client self-reporting did not seem to be accurate, and measurement was discontinued. Another objective that presented challenges was related to appropriate weight gain by the pregnant teen. It was observed that often teens came into the program late in the pregnancy, and the public health nurse had little opportunity to intervene in this area. Also the accuracy of weights reported from the prenatal visits or from scales brought into the home was uncertain. Again, public health nurses focused on good nutrition during pregnancy, but the indicator was not measured or reported after grant year 2. Particular outcomes of the project to be highlighted are listed as follows:

- a. Teen breastfeeding: VNA Certified Lactation Consultants have provided breastfeeding education to the school nurses of the Omaha Public High Schools. In the OPS system, a newly delivered teen must return to school after 2 weeks or lose credits, or they must transfer to an independent study program. As we strongly believe it is to the advantage of these teen moms to both stay in school and continue breastfeeding, our lactation consultants have served as an advocate to see they had adequate supplies, storage and a clean and discreet place to use a breast pump in the school. Through the last 5 years, most schools have grown to consider the benefits to both the teen mom and baby, and made the necessary accommodations for them. Another initiative which demonstrates improved awareness of the importance of

- breastfeeding has been the trend toward increased ECS referrals for prenatal visits to teen and young adult women to educate them about breastfeeding and managing this with early returns to work or school.
- b. Increased prenatal referrals: Early Childhood Services, which is the primary source of referrals to Love and Learn recognizes the value of nursing home visits to pregnant teens. The VNA is the only member of this collaboration that provides home visits by nurses, and as a result, we have seen an increase in the number of prenatal referrals between Grant Year 1 (28) to Grant Year 5 (52). During pregnancy and immediately after giving birth women are the most motivated to learn about their pregnancy, fetal development and the impact of the lifestyle choices they make on the life-long health of their child. For our clients it is also a time of extreme stressors, and our public health nurses and parent coaches carefully monitor the needs of the young women for mental health therapy or other interventions to keep them safe.
  - c. Increased program emphasis on self-sufficiency achievements
    - i. With the development of the ECS collaboration a system to support teen parents in achieving high school graduation was developed. This system included credit recovery programs, navigators who worked 1:1 with individual students at risk for not graduating, to maintain frequent contact with the student. For 2 years the VNA parent coaches participated in this program as navigators for the teens in their caseload that qualified for this program. In most recent years, that educational support program has gone through some systems changes, but VNA parent coaches are still able to refer clients to this program.

- ii. VNA has developed specific outcomes to measure progress toward self-sufficiency, which include being able to establish personal goals, increase the individual's informal support system, identify personal strengths and build upon these, and demonstrate the ability to find and complete a self-referral to at least 2 community resources. An assessment that has become available to aid in this process is the Ansell-Casey Life Skills, which is now administered every spring and fall to all ECS participants. Using those results, the parent coaches can help teen and young adult parents make and work toward self-sufficiency goals.
- d. Improvement in the tools available for evaluation and client service goal planning:
  - i. In the original proposal, the Adult-Adolescent Parenting Inventory (AAPI) was to be the measure for parent knowledge of normal child development, inappropriate parenting beliefs and risk of child abuse. The use of this tool became a growing concern as the scores did not seem to correspond with observations of the families participating in the assessments. At about the same time, a department of the University of Nebraska Medical Center, Munroe Meyer Institute (MMI) was named to be the evaluator for the ECS program. As a result, high quality assessment tools were made available to the VNA and other collaborating agencies, with reporting provided by MMI which assisted in interpreting the results. VNA supervisors of nurses and parent coaches use these results in program planning, staff training and developing meaningful client goals.
- e. Implementation of agency-wide electronic health record

- i. In March of 2013, the VNA made a transition to a new electronic health record, which included implementation for the community health services of the VNA. Prior to that, community home visit programs, including Love and Learn, had not had access to electronic charting, outcomes reporting or more detailed demographics reports. As a result of these changes, communication between disciplines is improved by the ability of both nurses and parent coaches to share the same record, review documentation from the other discipline, and complete documentation in real time, which promotes greater detail and accuracy in documentation. Standardized forms were created within this record for nurse and parent coach documentation.
- f. VNA Maternal Child Advisory Board: The VNA has maintained an advisory board for Maternal Child programming since the beginning of our first Healthy Tomorrows Partnership grant in 2005. Many of the same members have been on the board for ten years. This board has included local pediatricians, Nebraska Department of Health and Human Services staff, social workers from the area birthing departments, the Douglas County WIC clinic manager, a faculty member from an Omaha accredited college of nursing, and leaders from other Omaha child welfare organizations In 2010 a teen parent and her boyfriend who participated in the Love and Learn program joined the advisory board. Six board members participated in our 2010 Healthy Tomorrows Technical Assistance Site Visit. This board has met regularly in this five-year grant period, and has offered assistance where challenges have been identified in the delivery of services to teen and young parents. Some of the areas where board members have been helpful have been in identifying mental health therapy resources,

working with cognitively impaired parents, engaging parents in services in the long-term and as mentors after completion of the program. This advisory board will continue as a resource to the VNA Healthy Families America program as it is implemented in 2014.

**6. PUBLICATIONS/PRODUCTS:** The following publications or products have been created during this 5-year grant:

<b>Publication</b>	<b>Audience</b>
1. Love and Learn Program Description	1. New enrollees and families
2. Prenatal Health Diary	2. Prenatal clients
3. Family Services Program Brochure	3. Professional referral sources, health fairs participants, community members
4. Love and Learn Program and Outcomes PowerPoint	4. Healthy Tomorrows TA visit participants, VNA Maternal Child Advisory Board, University of Nebraska-Lincoln Child, Youth and Family Studies students, Building Bright Futures Collaborative partners
5. Love and Learn Program Sustainability Plan PowerPoint	5. Healthy Tomorrows TA Visit Participants
6. Nebraska Chapter AAP newsletter article	6. Nebraska Chapter AAP members
7. Omaha Public Schools classroom presentations (14 topics)	7. Omaha Public High Schools students in Parenting Classes
8. OPS Classroom presentation evaluation form	8. Omaha Public High Schools Parenting Classes students and teachers
9. Love and Learn Poster Presentation “Love and Learn Interdisciplinary Home Visitation: A Comprehensive Model of Care for Pregnant and Parenting Teens”	9. Healthy Tomorrows and AAP Conference attendees July 28, 2011 and Visiting Nurse Association of America Conference, June 3, 2012
10. Love and Learn Facebook page	10. Love and Learn participants and staff
11. VNA HealthWyse PHN Nursing Assessment	11. VNA Family Services nursing staff

**7. DISSEMINATION / UTILIZATION OF RESULTS:** The Love and Learn interdisciplinary model of home visitation was developed in 2005, in response to a request for proposals by the Nebraska Department of Health and Human Services for home visitation

projects specific to pregnant and parenting teens. We later learned that this interdisciplinary model of care was indeed unique in the home visitation field when we began exploring federally approved evidence based models of home visitation, in preparation for another proposal for home visitation in 2013. While none of these evidence based models use an interdisciplinary approach, the positive experiences of this model are being incorporated, to some degree into a new home visitation project at VNA, in which the evidence-based model Healthy Families America (HFA) has been selected. While the HFA model does require only one home visitor for each family, in the VNA program 2 of the home visitors will be public health nurses and 2 will be family support workers. This will give us the opportunity to assign to each family a home visitor from the discipline most suited to the family's greatest need. Through case conferencing and regular and extensive supervision, public health nurses and family support workers will benefit from and utilize the expertise of the complimentary discipline, to provide more comprehensive care.

The VNA has had some interesting opportunities to disseminate the components of the Love and Learn interdisciplinary model during these five years. Dr. Helen Raikes, Professor of Child, Youth and Family Studies at the University of Nebraska, Lincoln has brought students to the VNA to learn about the Love and Learn home visitation project, and also requested shared home visits for a University of Nebraska at Lincoln Child and Family Studies visiting professor, Yin Jianquin, Director of Jiangsu Institute of Educational Science, Nanjing, China on August 30, 2010. Home visitation by public health nurses was a very new concept to Dr. Jianquin, and she enjoyed her day with us. We also had the opportunity to present a poster focused on our interdisciplinary model at the 2011 joint conference of the Healthy Tomorrows Partnership for Children and the American Academy of Pediatrics, and

at the Visiting Nurse Association of America conference in 2012. This VNAA is an association of Visiting Nurse Associations and Hospice programs through out the United States. For many of these participants, usually executives of home health care organizations, community home visitation to a select population such as ours, with our system for care delivery was an unfamiliar but interesting topic.

On May 30, 2013, VNA Community Relations and Grants Coordinator, Caryn Hohnholt and Clinical Manager Pat Mennenga participated in the first webinar of the Healthy Tomorrows webinar series “More than Money: The Keys to Achieving Long-term Sustainability”, This webinar, entitled “How to Package, Promote and Repurpose Outcomes as Results” gave VNA the opportunity to discuss how we use our outcomes to support our relationships with funders by demonstrating community impact and program quality.

**8. FUTURE PLANS / SUSTAINABILITY:** The Love and Learn Teen and Young Parent home visitation project has evolved significantly since the first year of our Healthy Tomorrows Grant. The collaboration with other agencies to improve the outcomes for teen and young parents and their children through Early Childhood Services continues to provide opportunities for sophisticated evaluation, enhanced services for participants and training opportunities for staff. The Healthy Tomorrows Partnership for Children Grant has supported the salary for one public health nurse. Early Childhood Services is committed to providing that additional funding to the VNA in the future in addition to the current funding. The VNA Love and Learn program brings much to this collaboration which contributes to our continued funding; the public health nurse expertise in maternal child health; the Certified Lactation Consultant support to breastfeeding teen parents; and the skill of the parent coaches

in developing relationships to aid them in improving their life course and the long term outcomes the teens and their children.

ANNOTATION: The VNA Love & Learn Teen Home Visitation program is an interdisciplinary program to address the numerous needs of pregnant and parenting teen parents and their children. Home visits are made by nurses and parent coaches. The purpose of this program is to: 1) Improve birth outcomes; 2) Promote optimal health and development of the infant; and 3) Maximize the teen's parenting knowledge and ability to complete educational goals. Working within a collaboration of like-minded child welfare agencies, teen parent have opportunities for a wide array of services to learn child development and nurturing behaviors, health maintenance and life skills necessary for positive outcomes for both infant and parents.

KEY WORDS: Access to health care, Adolescent pregnancy, Breastfeeding, Home Visiting for At Risk Families, Immunization, Injury prevention, Low birth weight infants, Multidisciplinary teams, Parent education, Public health nurses.