



Exploring Prevention Audio Library  
Series 2, Episode 15

# How Connection And Support For First Time Families Can Help Shape Healthy Outcomes With Nurse-Family Partnership

Total time: 34min, 43sec

*This episode features Julie Plagenhoef from the Oregon Health Authority and Matthew Richardson from Nurse-Family Partnership speaking with Eli Cox from SATF*

**Eli:** Thank you for listening to this short recording. I'm Eli Cox, and I serve as the abuse prevention coordinator at the Oregon Sexual Assault Task Force, or SATF for short. In this series of SATF's Exploring Prevention Audio Library, we connect with people across Oregon to learn more about creative violence and abuse prevention work, ideas, and the collaboration that is taking place. Today, I am grateful to be joined by folks from Nurse-Family Partnership (NFP), a nonprofit organization that works to comprehensively support and come alongside first-time parents, both during pregnancy and in the years following their baby's arrival. Julie Plagenhoef is a State Nurse Consultant at the Oregon Health Authority and supports Nurse-Family Partnership programs across the state. And Matthew Richardson is a Nurse Family Partnership government Affairs Manager for the north region of the United States, which includes Oregon. Julie and Matthew, thanks so much for being here.

**Julie:** Thanks for having us.

**Matthew:** Thank you, Eli. Glad to be part of this.

**Eli:** We are really excited to talk with you today about all the cool things that Nurse-Family Partnership does, but to start, can you tell us a little bit more about your roles? And then after that, a little bit more about Nurse-Family Partnership, who the program serves, and what it does?

**Matthew:** Sure I can lead off on that, so again I am Matthew Richardson and as you said, Eli, I am the government affairs manager and I work for the National Service Office that supports Nurse-Family Partnership programs across the country. It's called the National Service Office for Nurse-Family Partnership and Child First, which is a second evidence based home visiting model we also support. And as a government affairs manager, I work with policymakers on the local, County, State, and even some of the Federal level to try to advance our ability to help more families with home visiting. And so I will work with legislators, for example, here in Oregon. Or I'll work with State agency staff and officials that are overseeing home visiting programs and I also try to connect with a lot of the partners that are also in the ecosystem of early childhood or maternal child health to try to better position Nurse-Family Partnership among peer programs and try to plug us in as a tool and build recognition, and also pull on



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the same way with other like-minded programs that are trying to make better outcomes for families in Oregon.

**Julie:** And I am Julie Plagenhoef, I am a public health nurse. I work for Oregon Health Authority, and I mainly work with the nurse supervisors throughout the State who implement the Nurse-Family Partnership program in the 9 counties that we serve in Oregon. And so really what I do is I provide technical assistance and support for helping to make sure that the program is implemented to fidelity. It's really a relationship based program, we'll probably talk more about that in a little bit. But I see my role in a similar way to support the Nurse supervisors, to be responsive to any challenges that they're having, or might have, and to help them identify solutions to implementing the program and really use that relationship to help kind of navigate as well all the things that Matthew mentioned with funders and government officials and administration, all the pieces that have to go into making the program function, and so I help support that.

**Eli:** Thank you both for a little more information there, and I'm always amazed by all the hats that you can wear in spaces, you know, simultaneously that you're in for supporting especially nurses, and then the people in the communities that you end up serving. And Julie, you had mentioned the 9 counties that Nurse-Family Partnership is in, and so for my understanding on the website, I'm seeing that's kind of stretched across Oregon, there is just some really rural counties that you're all part of as well as some more urban spaces too, so that is amazing this is available across the State.

**Julie:** That is true. We'd love for it to be available in every county in Oregon, but right now it is those 9 counties, and we have urban, rural and frontier counties.

**Matthew:** And I can even rattle off what those counties are. We are serving in Washington, Multnomah, Yamhill, Lincoln, Lane, Linn, Jackson, and then there's one program that serves both Umatilla and Morrow counties together. We have 8 programs serving 9 counties, and these are all offered in Oregon through County Public Health Departments. Nurse-Family Partnership doesn't have to be through the County Health Department, but that's the way we have been set up in the State, and we've been in the State now for over 20 years. The first programs began in Multnomah County in 1999, and since that time we've been able to serve over 7,000 families. And so it's a great legacy of home visiting with Nurse Family Partnership here in the State.

**Eli:** Oh, yeah, thinking for 7,000 families and then how many ripple effects that has in terms of youth growing up, and parents being supported, that's really amazing to think about how that all interrelates. As Nurse-Family Partnership was created, what were some of the needs and the reasons why this program came to be?

**Matthew:** I can tell a little of the story from our founder of this model, Nurse-Family Partnership, Dr. David Olds. He is a pediatrician and a researcher, and he was working in an inner city daycare kind of setting with these 4 and 5 year olds, who he wanted to serve and help and help their families reach better outcomes. But found really that in so many ways, that the dye was already cast, some outcomes



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were already taking place, and so he thought, “Well, let's do something about it. Let's move earlier. Let's move earlier” and then ended up structuring the program as it is now, to where we begin serving families during pregnancy. Our services begin before the end of the twenty eighth week, during pregnancy, and continue until the child turns 2 years old. Because this preventive approach really makes such an impact for families, and it also capitalizes on what we call the magic window. There's a quote from Dr. David Olds says, “There is a magic window during pregnancy...it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability, or abuse with the help of a well-trained nurse.” And so this concept is what we really try to focus on. The parent is so motivated to try and set the best life course possible for their child, and they have obstacles in life. Social economic barriers. And it's the supporting role of the nurse, not to come in and say, here's everything you need to change, but to help them help say, what's your heart's desire? What do you want to set as your goals, and to bring education, support, resources, connection to other services in the community. Whatever it may be to help family reach their own goals, that they set for themselves, and because of this two generation, and this preventive approach, we're able to have such a strong impact for both parents and children, you know, for decades and generations.

**Eli:** And you mentioned too, especially in prenatal and the importance of that time period, right? Often we talk about the importance of the connection between parent and caregiver and child, but how important that is for parents and caregivers to be connected. You mentioned earlier Julie about the relationships side of it all, and how important the relationship building, the bonding and that is key for someone actually being plugged in connected to their community and being able to access resources.

**Julie:** Exactly. Yeah, this is a relationship based program at its core. And the relationship between a parent and a child begins in pregnancy, and that bonding and attachment begins in that window, that kind of golden time that those first 1,000 days it happens right at conception. And so if we want to affect birth outcomes and post-natal outcomes and child development, we really have to start in pregnancy. So that's one of the things that I really love about this program is that it starts in pregnancy, and it begins with a relationship between a client and a nurse. And really the nurse is there, like Matthew said, to follow the client's heart desire, that's a tenant of NFP. And we're not there to just fix problems for them, we're there to work in partnership. And to say to the client what do you want in your life? And for your child? And then we're there to help support those goals and those steps that they take for their health, their child's health and development, and safety. And their connection to their baby as well as the economic stability that we try to help parents achieve if that's one of their goals. So it's a wholehearted, I love Brene Brown's word that she used. It really is a wholehearted program that looks at all of the aspects of somebody's life and their community and helps them, you know, be the best parents that they wanna be.

**Eli:** I really appreciate that that intention, that power of someone being in the driver's seat in their life, right? And so like as a nurse, and the partnership and connection is coming in, it is to be that co-pilot, that support, that person can be alongside for the journey and really get to recognize and honor an individual strengths, their knowledge and lens, and make it fit for what is best for them. Versus telling someone what they are going to do, and having it not connect. I was thinking about one thing, and that



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was how would a family or a first time Mom hear about Nurse-Family Partnership, and who may be eligible to be in that program?

**Julie:** Yeah, there's a lot of ways that they might hear about it. And so we get referrals from all different kinds of partners like, whether it's primary care providers or perinatal health providers, you know your OBGYN, or even WIC is another big referral source. But even self referrals. So anybody can self refer to a home visiting program in Oregon. The NFP does have some specific criteria. We have one county in Oregon that allows folks that have had more than one child to participate. But in general, in most Oregon counties right now you have to be a first time birthing parent, and less than 28 weeks pregnant, you know, that's where we get those outcomes right for birth that we really want to focus on and start that relationship early so it's before 28 weeks. And there are some other criteria that we use to make sure that we're kind of serving the folks that would benefit the most from our program. So in general, one would need to be on Medicaid to receive the service.

**Matthew:** To elaborate a little more on that, we found, as Julie was saying, their greatest outcomes from the years and years, decades of research they had on this come to those when they have the greatest number of barriers. We don't typically set in the program a percentage of FPL, Federal poverty level or anything like that, but let the community, each community in each program operating Nurse-Family Partnership, decide what is that line they wanna set for income eligibility based on the needs in the community. But recognizing that they'll get the most return from those who are facing the greatest number of challenges and barriers in their lives. And in a situation where we have limited resources to work with as well, in terms of dollars to support programs like these, we wanna make sure we're putting our efforts in where we can get the biggest impact.

**Eli:** Really appreciate that focus on area of most need, and making sure that those who are needing that, especially this considerations for connection and where that's going to be most helpful for those long-term outcomes and that's getting to be centered in Nurse-Family Partnerships work.

**Matthew:** I think I'd be remiss as well if I didn't speak to how Nurse Family Partnership is part of a portfolio of different home visiting programs in Oregon. There are a number of great programs. There's Healthy Families Oregon that's in almost every county in the State. Family Connects, that is also working to roll out cohort by cohort over time to reach statewide, which is a universal home visiting program to serve all families. There's Relief Nurseries, Parents As Teachers, Babies First, and Cocoon, and with all of these different programs together, we have a continuum or a portfolio of different home visiting interventions, and not everyone is focused like we are on first time families who are facing kind of the biggest risks and barriers you have on the other end of the spectrum like the universal. So between all of these we can have, we can get the closest, I think possible to having targeted Universalism, having not the same service for every family, but finding the service that best meets the needs of each family and addresses their circumstances in their lives, and so Nurse Family Partnership comes in on the end of having more intensive services for a longer time with a higher credentialed home visitor as well, where we use a registered nurse with a bachelor's degree, and our approach to how we serve families and what we do is backed up by and also informed by forty five years of research that's



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been done on the program, including numerous randomized controlled trials. And these trials have been done in different settings. Different demographic groups, in different rural and urban areas to be rigorous in how we provide the model and also test what is the best way to deliver Nurse Family Partnership using one randomized control trial that had nurses and also specially trained parent professionals and then measuring the outcomes over time as a result, which leads us to how we have our model structured today. And we continue to try to learn, continue to try to use our replication data from services being provided ongoing randomized control trial work like Julie mentioned, we have studies on serving not just first time parents, but other parents with multiple children as well, cultural consciousness clinical pathway we're developing to better inform how we can represent and connect with families based on their cultures and their experiences. All kinds of ways to continue to try to refine and enhance the model going forward.

**Eli:** I really appreciate how big a component evaluation plays in all of your efforts, and that continual learning to make sure that what you're doing is as effective as possible. And in really that modeling, too, for so many of us in our prevention work, our community health work, that there is always something we can gain and figure out in terms of best supporting the people we serve. And too as you're describing earlier how it is a continuum of care across families and communities, and really something SATF will talk about a lot, is how everyone plays a role in prevention and community health. And so it is really neat to hear how that, you know, web of support, so to speak there's so many spaces where it's making sure that no one's falling through the gaps, and that people are finding a spot that best fits their needs in their places as part of that full continuum, and that really important piece of collaboration among the different efforts in Oregon that is really cool. You know one thing that you had talked about, and I'd love to hear a little bit more. Was on some of that evaluation and some of the findings, and something that I was reading about a little bit was on the decrease in the chances of preterm deliveries too, and how that has been. Could you speak to that a little bit too, in terms of at such a critical time. If you're talking about that prenatal. But just some of the ways, and maybe, Julie, you could answer this or Matthew too, but just some of the ways that nurses and partnering with moms are able to come alongside and how that support helps to decrease preterm deliveries.

**Julie:** Yeah, thanks for that. I was kinda looking at our data we have, you know, since the start of the program, as Matthew said, kind of overall, 89% of our NFP babies were born full term, which I think is a really great number and that along with that is you know, high rates of breastfeeding, initiation and immunization are some of the big kind of outcomes that we see and as far as the preterm birth, you know, because we do such a lot of work with the birthing folks during pregnancy, we do that holistic approach. So we do the nursing piece where we go in, and we do assessments, physical assessments. We take their blood pressure, we connect with their primary care physician, to look at are they getting all of their prenatal care done, and making sure that they get connected to services. Try to reduce stress as much as possible. Talk about supports in their community to help them with that stress reduction and involve their partners. There's all pieces of it right that come into how can we help people have the most healthy pregnancy that they can. You know, nutrition would be a big one. And how do you help somebody who is on a limited budget for food, eat the way that they wanna eat to help support their baby. Or if there is any kind of you know, there's lots of other things that go into that related to mental health or substance use. That we also work on to help reduce the risks associated with the preterm



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births. So NFP it's a full service program where we get to do all of those things and that's why I think we get such great outcomes.

**Matthew:** And, Julie as you raise those statistics and those figures, especially on preterm births, it's important to note that we can't even compare these kinds of numbers to the US Population in general, because Nurse-Family Partnership is working to be with those parents who have the highest risk factors involved. For those who have maybe a history of abuse or neglect, or maternal depression or substance use disorders. Things like that. And so that's great to see positive outcomes considering the risk factors that many of the parents we work with have in their lives. And as NFP is able to help identify and mitigate risk factors that we know can lead to maternal mortality or morbidity, we're able to impact medical conditions that contribute to maternal death and improve the health of families, this is especially important as you look at how there's a disparate impact on maternal mortality and morbidity across different ethnic, racial, and cultural groups. So we're able to play a really key role there. And from our work in the randomized controlled trials and the research and everything that's gone on there, we are able to see outcomes around pregnancy and health of the parent and the child. Also, then outcomes in the development of the child, and especially given the work of your organization Eli, and there's one that stands out to me where there's been shown to have a 48% reduction in child abuse and neglect from services of Nurse-Family Partnership, and it's a great tool to have in the toolbox for communities when they're wanting to tackle and take on some of these pervasive and persistent problems that go on for families.

**Eli:** As you both are, you know, describing those, all those pieces that interlay in terms of, especially the stress reduction. Looking at the disparities that exist in our society as it is, and thinking about how the work that NFP is doing is creating off ramps, so to speak, in terms of cycles of violence, and really shifting and getting us to a space where we can start to see more outcomes that are centered around healthy communities and more people experiencing that health, safety, and wellness. And again, how cool that is starting from the earliest years and building into a life across the lifespan, increases in health, safety, and wellness.

**Matthew:** Yeah I get really jazzed up about it because I was actually having a conversation with a legislator here in Oregon and she said, "well, tell me about the impact that Nurse-Family Partnership has on graduation?" and I thought she was referring to the graduation of the parents that we're serving. And so we talked about how we support setting goals, getting your G.E.D., graduating from high school, or moving onto other education and things like that. And she said, "No, no, I'm talking about for the children. What are the impacts on graduation for the children?" And I was able to dig into that and find some statistics from an 18 year follow up that we have from a randomized control trial that happened in Tennessee. And from this 18 year follow up, it's been shown that the children and nurse visited children were 3 times as likely to graduate from high school with honors compared to the control group, and they were just little ones. They were being carried by the parent, and then an infant, and the impact of this program, this partnership on the life course of the whole family is such that you know, 18 years later, they're 3 times more likely to graduate with honors. Better math achievements scores, and better receptive language abilities, and better working memory and all kinds of outcomes. So it's really a decades long generational impact. And like you said, it's the closest I think we can come to, being able to





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put a wedge into our often intergenerational cycles for families. And that's what motivates me to be involved in this work personally. I feel like if we want to have an impact on all of society or on communities, we start with the biggest scale being society, and smaller scale being communities, and the smaller scale of the family, and then the smaller scale that interaction between the parent and the child. Start there with the parent and the child, and then the ripple effects grow and grow until we're able to make a societal difference.

**Eli:** Really appreciate that especially across from that wide range that is society and especially thinking like of the Socio Ecological Model that may be the first time I've ever said that word correct and especially recorded! Probably edit that out... (Nope, that imperfection is a keeper!) but anyways but like across from society, all the way through, the different levels, down to that individual. But really that foundation that gets built and again, that is so cool to hear about those graduation rates when it is those first couple years right? But that allows for that solid foundational footing that then gets to help support so much of the success that comes afterwards. And what a cool thing to be able to really focus that attention into there and see those outcomes. I was wondering in terms of some general feedback, what are some of the things that clients and families that work with NFP have said to you all, what are some things that you've heard in terms of their experiences of having a nurse alongside them?

**Julie:** Yeah and that's really the most inspiring part about it, because so many have just wonderful things to say. We actually get some of our counties are participating in getting feedback from clients while they're in the program and then, after the program as well and so I have kind of live data on that which many of them will say, "it was great, all the information that my nurse gave me was exactly what I needed", "I love my nurse!" They write comments like that. So it's really heartwarming to see that. And then we've had some opportunities to have alumni speak, and the NSO has a program, and maybe Matthew can speak more about this. That, I think it's just fantastic. But if you graduate from the program you can become part of this kind of alumni group, and they provide support and services to each other. And then also, there's leadership opportunities. And we've had one person in Oregon who was able to be part of this group that for our twentieth anniversary we went to the legislators, they came and you know, spoke to them, and was able to say, "this is what the program did for me, and it changed my life and I'm giving back." That's the thing that I find the most amazing is that every year at our symposium or this alumni group, what they give back, you know, they say "NFP gave me so much, and now I want to share that", and they come, and they talk to the nurses at National Conferences and they come and they talk to the legislators to say you should give money for this. And so I think that that's a really amazing part. It really helps to know that you've made a difference in somebody's life, and it's really inspiring. So I think that's what keeps the nurses coming back.

**Matthew:** I also really am fed and refueled by those kinds of experiences we hear from the families we've served as you were saying Julie. And I got to be with a parent last week I was talking to a bunch of legislators, and she came with her child who is 4, and she said, just like you described Julie, she said, "hey, you guys were there for me for years, I can be here for you." And it's a tough space to be outside of your comfort zone, you know marbles and pillars and titles, and she and her daughter were the all-stars of these engagements. But she talked about how she wanted to do things differently than she'd seen it done in her life. And talked about struggles she had seen her mom have on not knowing and not



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knowing where to go and how to handle it. As she and her and her siblings, and her and her mother and her young newborn sibling were living in their car and just struggling on how do we make it work until the next WIC is available for food. And how do we manage breastfeeding? Or how do I manage discipline in my child? She said, "I wanted to do it as best I could" and her nurse was there to provide her the information on that. She also stressed that a lot, her nurse didn't come and say, "here's how you do it" when it came to breastfeeding, for example, she said, "here's the information. Here's the research, here are the approaches that people do, and what do you want to do?" So it was a great example of letting the parent go with her hearts desires, but having the support and resources and the information with the partnership of the nurse. And she and her daughter were the walking proof was better than anything I could say in those legislative conversations of the benefits of the program.

**Eli:** That is really cool. And then I imagine how powerful, especially for legislators to be hearing that and taking that in, and especially those ways like again having control of choices and here is the information, I get to make this decision for what's best for me, for my child, and then also to the way to engage and be involved in such a full circle moment for that program also like going through and going through it, and then coming out being the person that's letting others know and like Julie you mentioned too about the alumni piece and aspect. What a cool way for that community, that connection to continue on and keep building again further on to it, and then they can support other folks years later as they're going through it. That is really cool. One final question I was thinking about here was, are there any ways that you all hope to enhance the program or any opportunities or goals that you would like to potentially see realized.

**Julie:** My goal is that every person who needs NFP, or wants NFP, and all of Oregon is able to get it. And right now we're like I said, we're in 9 counties, and I think there's some real opportunities for cross-county collaboration. We have had some examples of that already. We have two counties, Umatilla and Morrow, working together to bring in NFP. And then we have another group, a couple of counties that are moving into that realm. And I'm really excited for them, because I think that's how we're to bring this when you have places that have kind of disparate resources, to help in the maternal and child health realm in their communities. I think, combining forces and working together to combine resources, could be really powerful, and I would love every county to get NFP, that's my vision for Oregon!

**Matthew:** Yeah. Similarly, I've got a similar vision for wanting to lower the barriers to help more communities and counties that would benefit from Nurse-Family Partnership to get it and actually work in partnership with great advocates in Oregon around this. We have a legislative push we're making to kinda change how funding is structured to support Nurse-Family Partnership in Oregon. Currently in order to leverage Federal Medicaid dollars that we're able to bill for, it requires that the counties to put up non-federal matching dollars, where for other home visiting programs in Oregon or other Medicaid services, it's the State that puts up that non-federal match in order to bring down the federal dollars. So we're excited about the potential to see a change to have the State pay this amount match for Oregon Nurse-Family Partnership programs. And that would lower the burden required for communities in counties in order to start up their own program where they are there's so many more places where there's interest, and there's drive and desire and great possibilities to serve if it weren't for this barrier.





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And so I'm optimistic that we'll be able to see a lot more growth, and across the State in the years ahead if we're able to achieve this legislative aim we're working on.

**Eli:** I really got both my fingers crossed at that vision and visions get to come to reality in terms of just knowing the people they get to have access and get connected to a program like yours. And thinking again how big of a role that can play in our community health, violence prevention, and just better outcomes for everyone. So thank you so much for both for your time here today. If anyone would like to learn more, what would be a good way for them to contact you all?

**Julie:** Well for me. Anybody is welcome to email me anytime, you have my email address, you can put it up there. And I'm happy to talk to anybody about home visiting anytime.

[Julie.a.plagenhoef@dhsosha.state.or.us](mailto:Julie.a.plagenhoef@dhsosha.state.or.us)

**Matthew:** There's a lot more information on this program in general at [nursefamilypartnership.org](http://nursefamilypartnership.org) as well, and you can go through there to see more about Nurse-Family Partnership in Oregon as well through that site. And then, as Julie said, I am so happy to talk with anyone.

[Matthew.Richardson@nursefamilypartnership.org](mailto:Matthew.Richardson@nursefamilypartnership.org). We can dive in and make better futures for families together, and we'd like to connect.

**Eli:** So much appreciation for you both, and thank you again for the work that you're all doing.

**Julie:** Thank you for giving us the opportunity.

**Matthew:** And thank you, Eli. Thank you for the work of the sexual abuse prevention task force, we are glad to be able to partner with great people like you.