

Using RCT's to Test and Refine the Nurse-Family Partnership

David Olds, PhD

Professor of Pediatrics, Psychiatry, Nursing, and Preventive Medicine

University of Colorado Health Sciences Center

National Institutes of Health



Baltimore, 1970

NURSE FAMILY PARTNERSHIP

- Program with power
 - Nurses visit families from pregnancy through child age two
 - Makes sense to parents
 - Solid empirical & theoretical underpinnings
 - Focuses on parental behavior and context
 - Rigorously tested





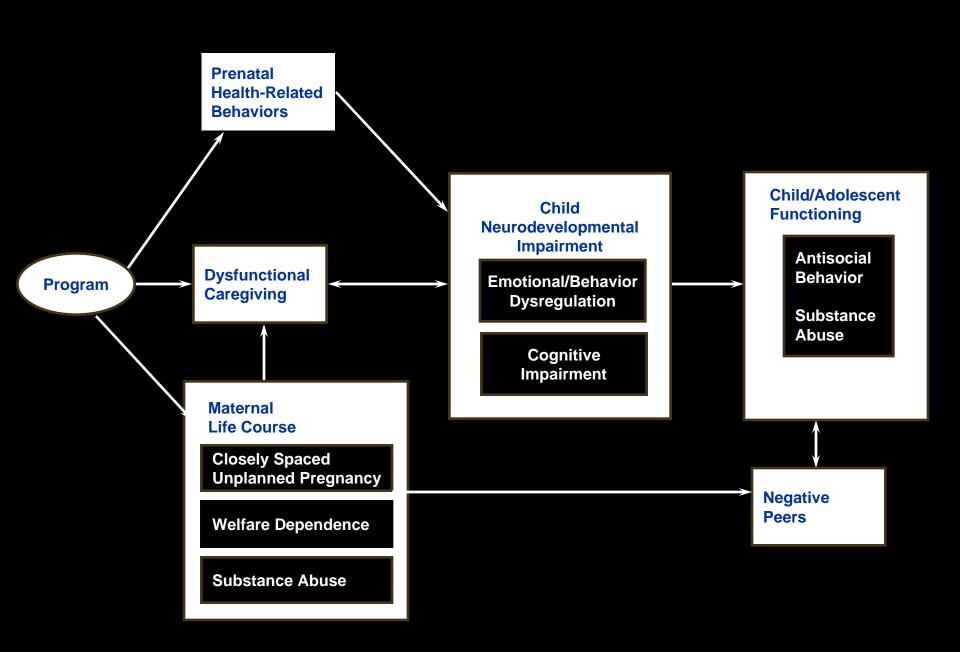
FAMILIES SERVED

- Low income pregnant women
 - Usually teens
 - Usually unmarried
- First-time parents



NURSE FAMILY PARTNERSHIP'S THREE GOALS

- 1. Improve pregnancy outcomes
- 2. Improve child health and development
- 3. Improve parents' economic selfsufficiency



TRIALS OF PROGRAM





N = 400

- Low-income whites
- Semi-rural





N = 1,138

- Low-income blacks
- Urban

Denver, CO 1994



N = 735

- Large portion of Hispanics
- Nurse versus paraprofessional visitors

CONSISTENT RESULTS ACROSS TRIALS

- Improvements in women's prenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in employment
- Reductions in welfare and food stamps
- Improvements in school readiness (low resource mothers)
- Effects greatest for most susceptible



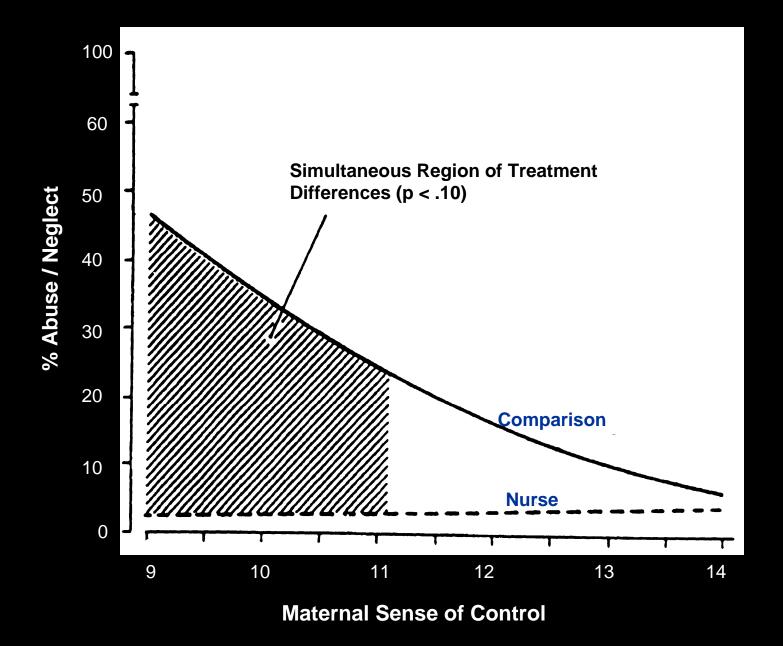


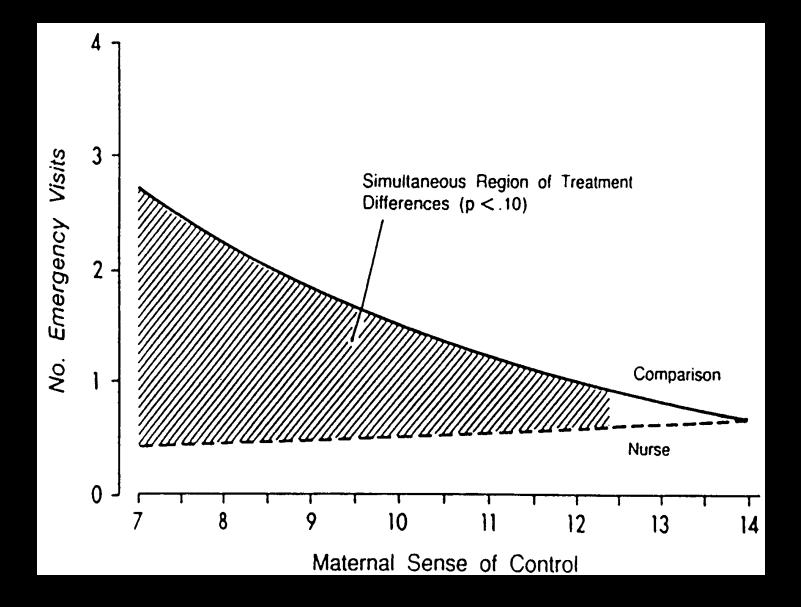


Elmira Maltreatment & Injuries (0 - 2 Years)

- 80% Reduction in Child Maltreatment (Poor, Unmarried Teens) – p=.07
- 56% Reduction in Emergency Room Visits (12-24 Months)







ELMIRA SUSTAINABLE RESULTS: Benefits to Mothers

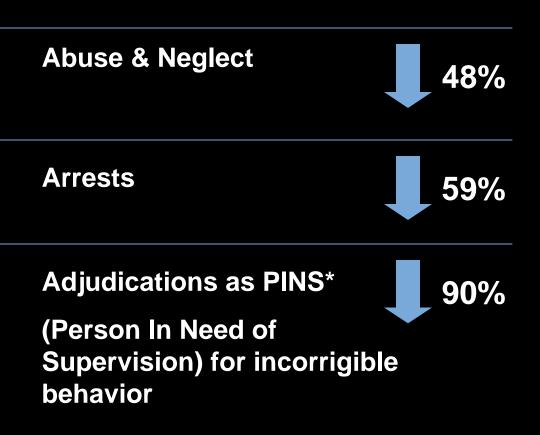


* Impact on days in jail is highly significant, but the number cases that involved jail-time is small, so the magnitude of program effect is difficult to estimate with precision



15-YEAR FOLLOW-UP

ELMIRA SUSTAINABLE RESULTS: Benefits to Children

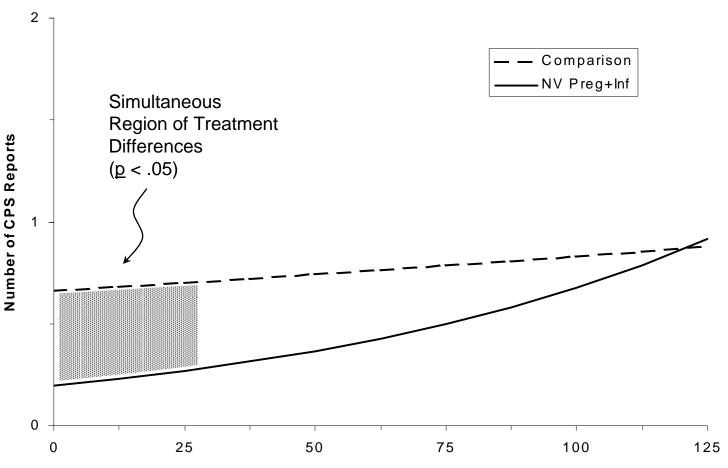


* Based upon family-court records of 116 children who remained in study-community for 13-year period following end of program.



15-YEAR FOLLOW-UP

Maltreatment Reports Involving the Study Child by Treatment Status and Domestic Violence



Domestic Violence

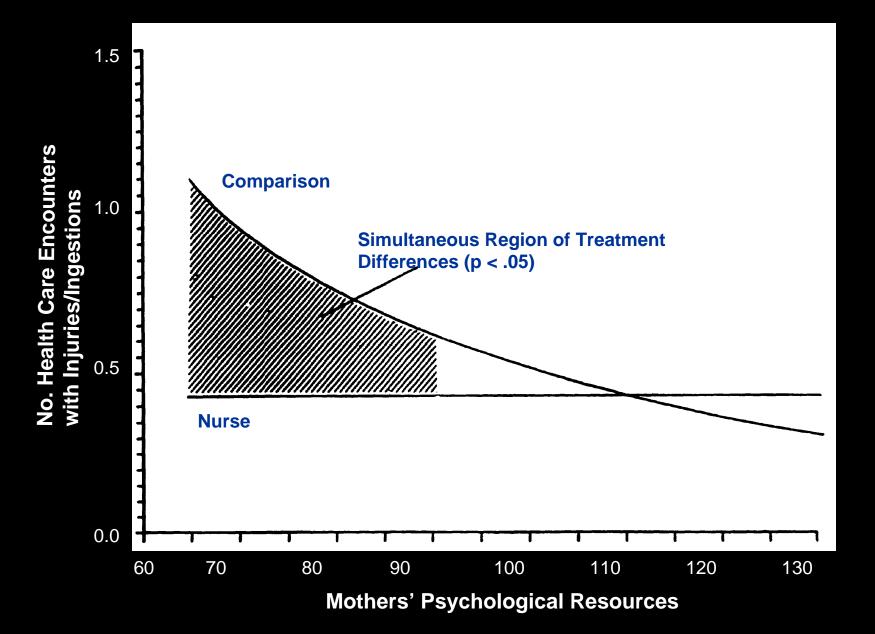
Memphis Design

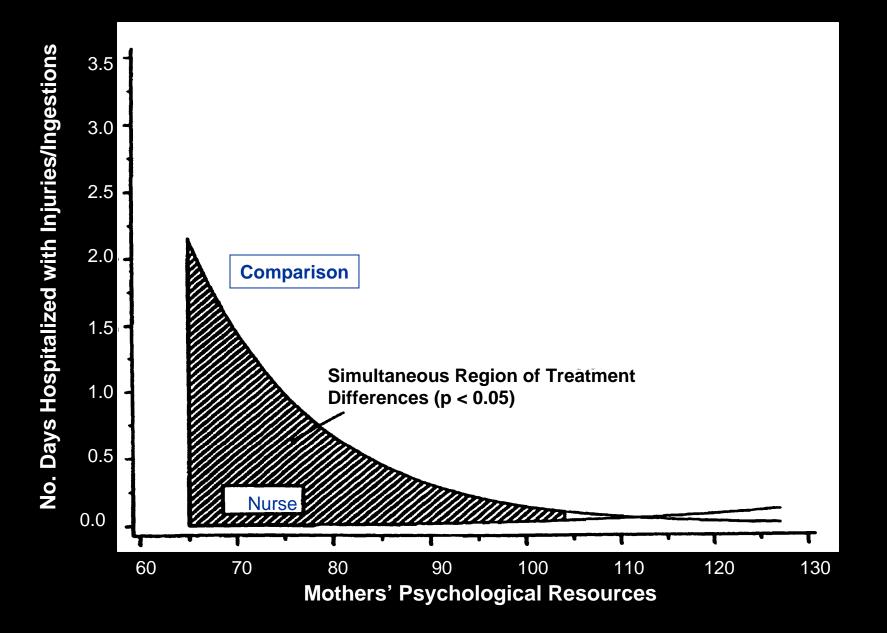
- Urban Setting
- Sample (N = 1138 for prenatal and N = 743 for postnatal)
 - 92% African American
 - 98% Unmarried
 - 85% < Federal Poverty Index</p>
 - 64% < 19 years at intake</p>
 - Neighborhood Disorganization 3.2 SD above national mean

Memphis Program Effects on Childhood Injuries (0 - 2 Years)

- 23% Reduction in Health-Care Encounters for Injuries & Ingestions
- 80% Reduction in Days Hospitalized for Injuries & Ingestions







Diagnosis for Hospitalization in which Injuries and Ingestions Were Detected Nurse-Visited (n=204)

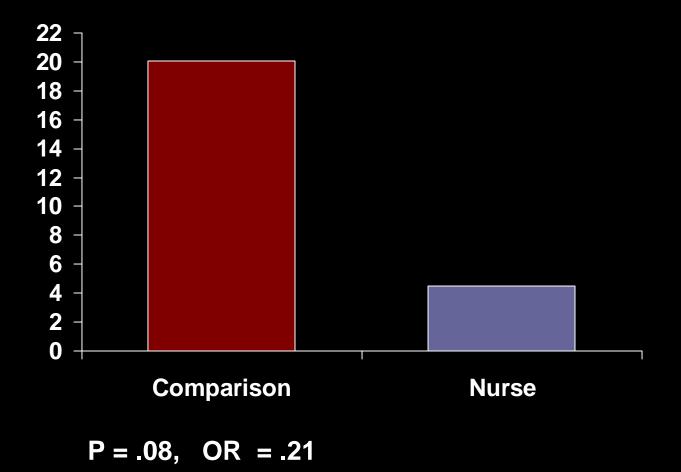
(in	Age months)	Length of Stay
Burns (1 ⁰ & 2 ⁰ to face)	12.0	2
Coin Ingestion	12.1	1
Ingestion of Iron Medication	on 20.4	4

Kitzman, H., Olds, D.L., Henderson, Jr., C.R., et al. JAMA 1997; 278: 644-652.

Diagnosis for Hospitalization in which Injuries and Ingestions Were Detected - Comparison (n=453)

	Age	Length
	(in months)	of Stay
Head Trauma	2.4	1
Fractured Fibula/Congenital Syphilis	2.4	12
Strangulated Hemia with Delay in Seeking		
Care/ Burns (1 ^o to lips)	3.5	15
Bilateral Subdural Hematoma	4.9	19
Fractured Skull	5.2	5
Bilateral Subdural Hematoma (Unresolved)/		
Aseptic Meningitis - 2nd hospitalization	5.3	4
Fractured Skull	7.8	3
Coin Ingestion	10.9	2
Child Abuse Neglect Suspected	14.6	2
Fractured Tibia	14.8	2
Burns (2º face/neck)	15.1	5
Burns (2 ^o & 3 ^o bilateral leg)	19.6	4
Gastroenteritis/Head Trauma	20.0	3
Burns (splinting/grafting) - 2nd hospitalizati	on 20.1	6
Finger Injury/Osteomyelitis	23.0	6

Childhood Mortality (per thousand live births) Birth to Age Nine - Memphis



Causes of Child Death 0-9 Years - Memphis

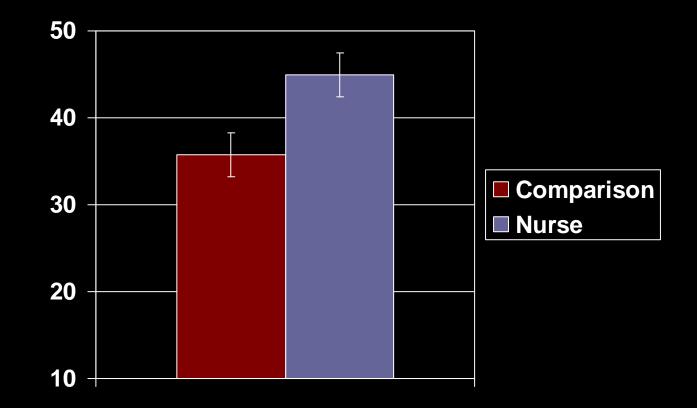
Comparison (N=498)

Nurse-Visited (N=222)

Cause of Death	Age at Death-days
Extreme Prematurity	3
Sudden Infant Death Syn	drome 20
Sudden Infant Death Syn	drome 35
III Defined Intestinal Infec	ctions 36
Sudden Infant Death Syn	drome 49
Multiple Congenital Anor	nalies 152
Chronic Respiratory Dise Arising in Perinatal P	
Homicide Assault by Fire	earm 1569
Motor Vehicle Accident	2100
Accident Caused by Fire	arm 2114

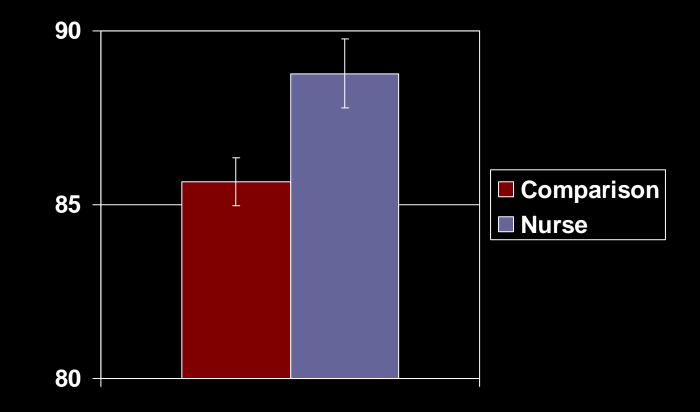
_	Cause of Death	Age at Death-days
	Chromosomal Abnormalit	y 24

Group Achievement Test Scores Reading & Math, Grade 1-3 Born to Low-Resource Mothers



p=.002, Effect Size = 0.33

PIAT Scores Reading & Math, Age 12 Born to Low-Resource Mothers

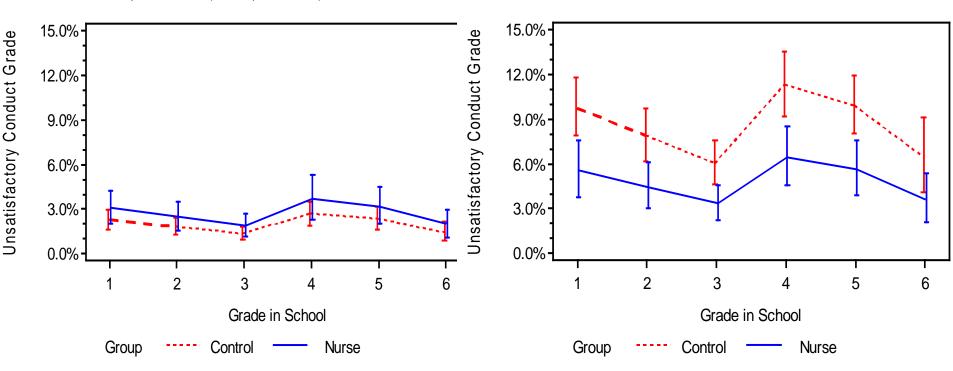


p=.009, Effect Size = 0.29

% Unsatisfactory Conduct Grades Memphis Grades 1-6

Least Square Means (from T|S G model) Females

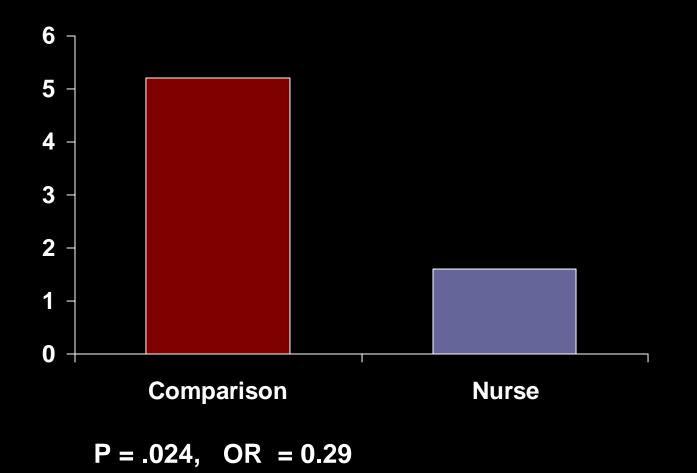
Least Square Means (from T|S G model) Males



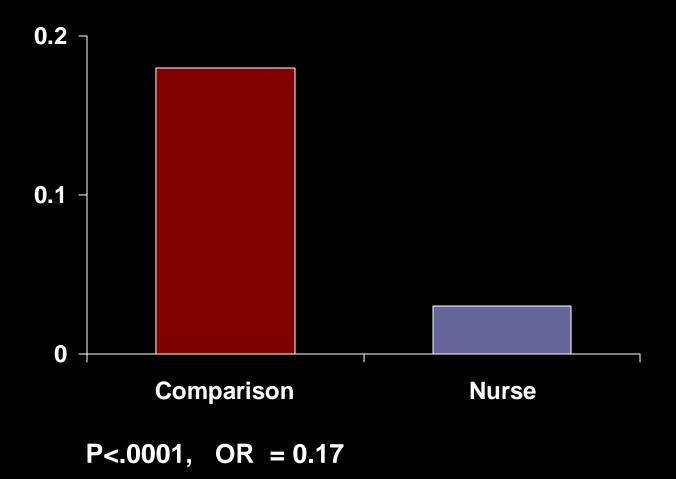
OR females = 1.47, p=.399

OR males = 0.55, p = .054

% Used Tobacco, Alcohol, or Marijuana Memphis – Child Age 12

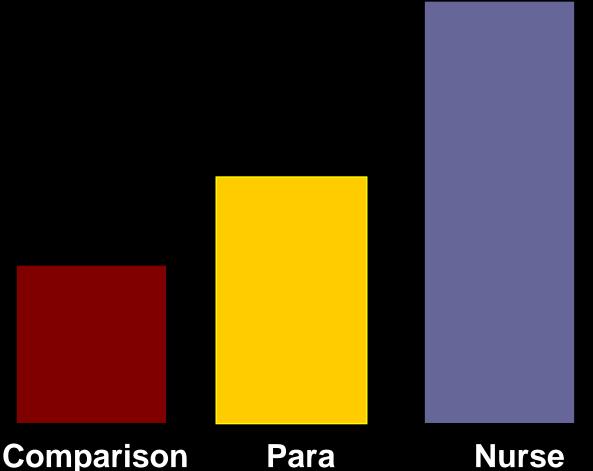


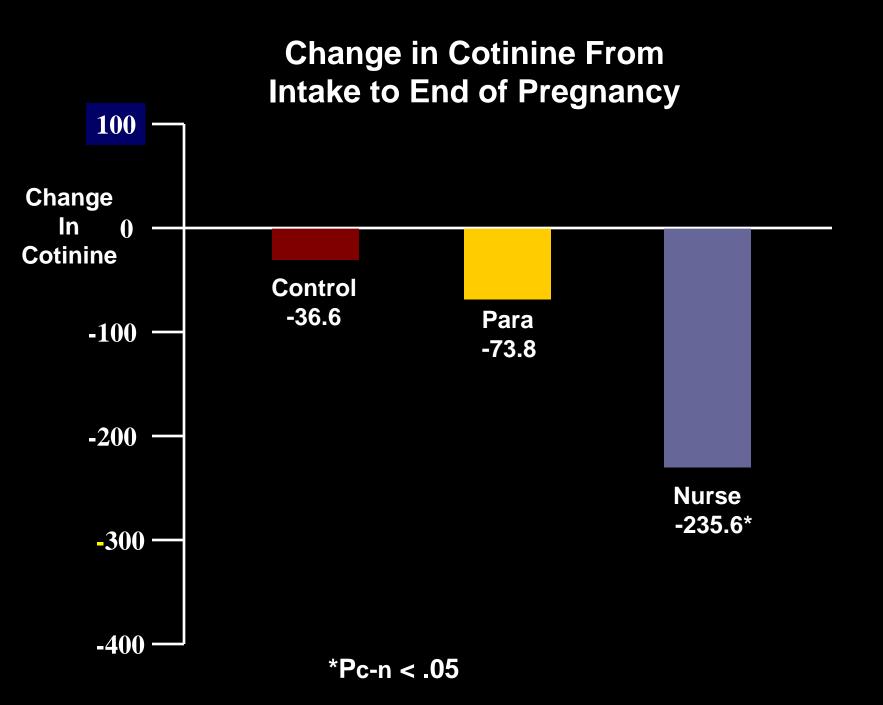
Number of Days Used Tobacco, Alcohol, or Marijuana (Last 30 Days) Memphis – Child Age 12

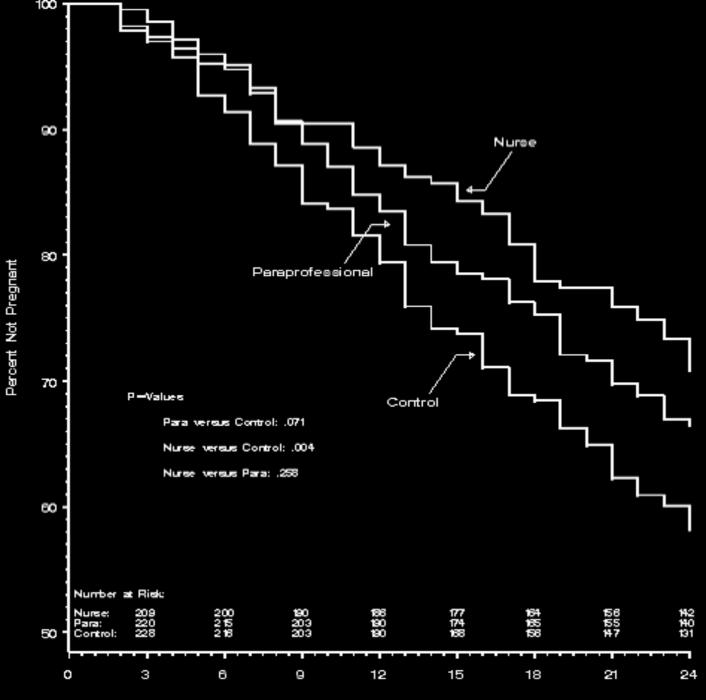


Pattern of Denver Program Effects

Maternal and Child Functioning

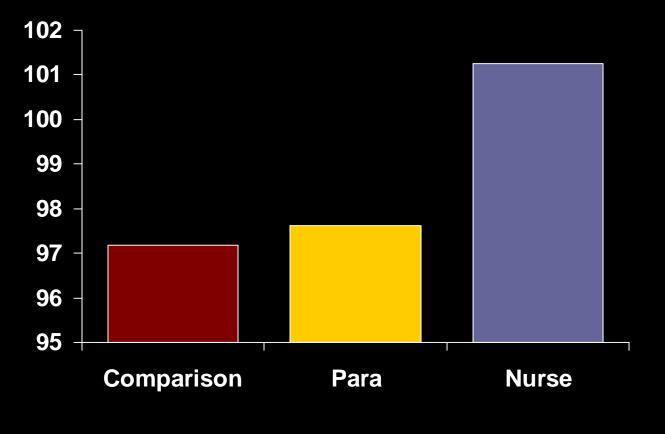






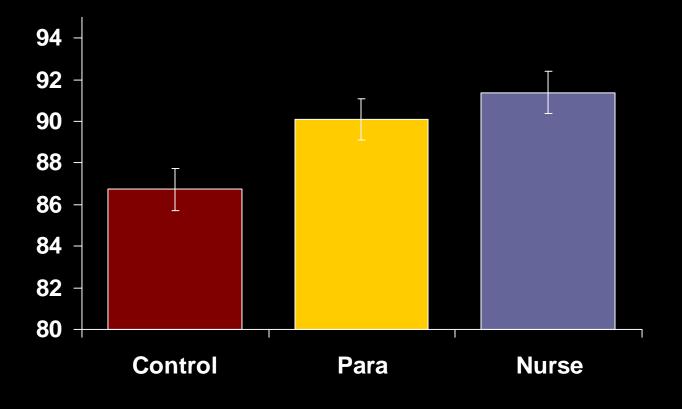
Monthe Since First Birth

Preschool Language Scale 21 months (Born to Low-Resource Mothers)



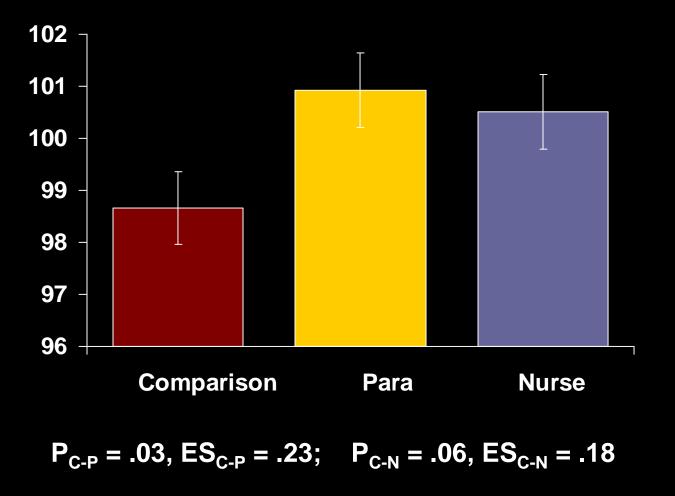
 $P_{C-N} = .04, ES = .40$

Total Preschool Language Scale 4 Years (Born to Low-Resource Mothers)

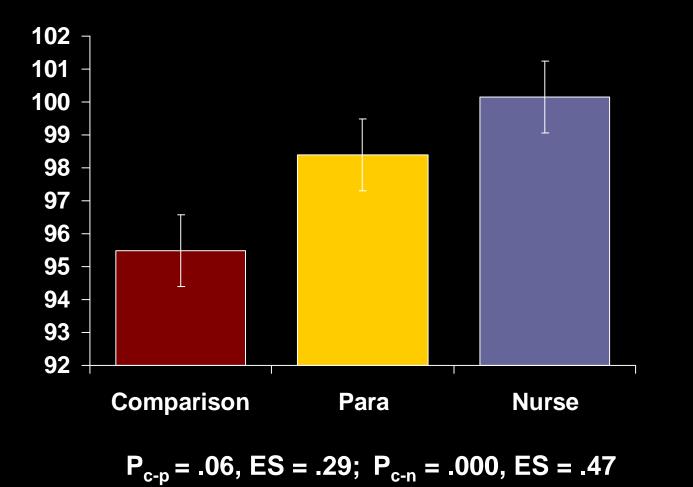


 $P_{C-P} = .13, ES = .23; P_{C-N} = .04, ES = .31$

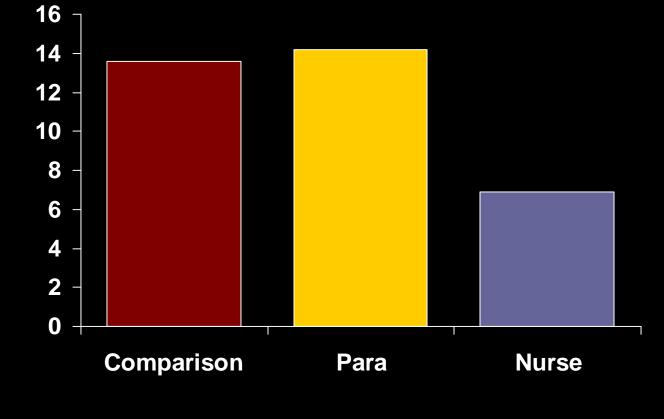
Sensitive/Responsive Interaction 4 Years (Low-Resource Mothers)



Executive Functioning Index - 4-Years (Born to Low-Resource Mothers)



% Domestic Violence – 4 Years



 P_{C-P} =.88, OR_{C-P} = 1.05; P_{C-N} = .05, OR_{C-N} = .47

Benefits Minus Costs of Child Welfare & Home Visiting Programs

Nurse Family Partnership Home Visiting for at-risk mothers/children Parent-child interaction therapy System of care/wrap around programs Family Preservation Services Programs Healthy Families America Comprehensive Child Development Program Infant Health and Development Program

\$17,180 \$6,197 \$3,427 -\$1,914 -\$2,531 -\$4,569 -\$37,397 -\$49,021

Summary Report:

http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf



FROM SCIENCE TO PRACTICE

- Nurturing Community, Organizational, and State Development
- Training and Technical Assistance
- Program Guidelines
- Clinical Information System
- Assessing Program Performance
- Continuous Improvement



