

Nurse-Family Partnership: Current Evidence and Future Prospects for Preventing Violence across the Life Course

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Title: Nurse-Family Partnership:
Current Evidence and Future
Prospects for Preventing
Violence across the Life Course
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Faculty Disclosure Information:

**I have no relevant financial
relationship to disclose**

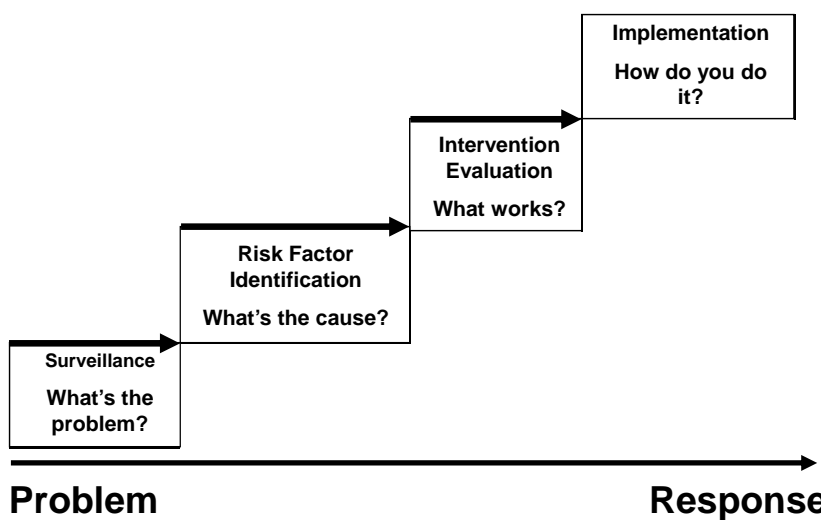
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Objectives

- To review determinants and consequences of child maltreatment
- To address a life course approach in family violence prevention as illustrated with the Nurse Family Partnership (NFP)
- To provide an approach to developing evidence-based intervention programs, with the NFP as an example

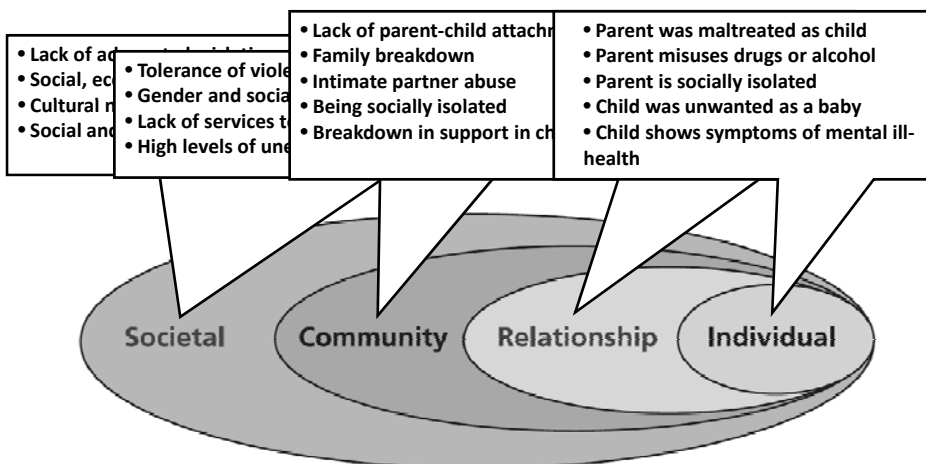
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Public Health Approach



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Risk factors for child maltreatment



Source: *World report on violence and health* edited by Krug, E. et al. Geneva, World Health Organization, 2002.

Impairment across lifespan



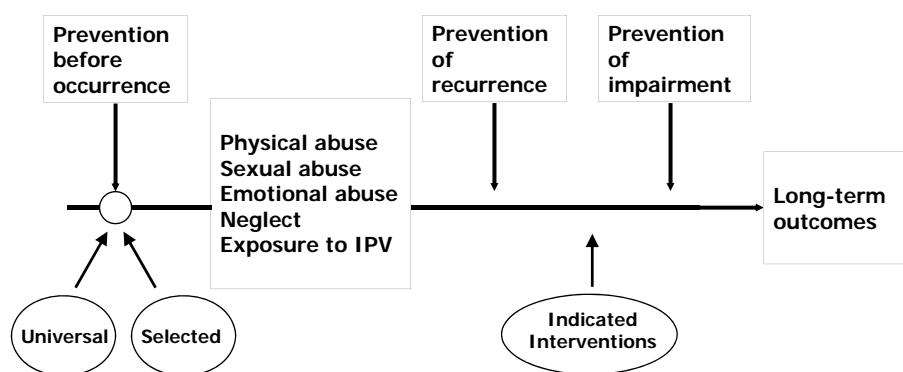
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Child maltreatment as a risk factor for other types of violence

- Risk factor for involvement in youth violence
- Risk factor for intimate partner and sexual violence as victim and perpetrator
- Risk factor for committing child maltreatment as a parent

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Prevention points



(MacMillan et al., 2009)

Nurse Family Partnership

- First-time disadvantaged mothers received home visits by nurses
- Began prenatally and extended until child's 2nd birthday
- Nurses promoted 3 aspects of maternal functioning:
 - health-related behaviors
 - maternal life course development
 - Parental care of children

(Olds et al., 2007)

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Elements of the program

- ~ 52 visits until child is two years old
- Program must be delivered with fidelity (18 elements)
- Goal-driven
- Comprehensive training and client teaching resources
- Theory-based: self-efficacy, attachment, human ecology
- Evidenced-based assessment & intervention tools
- Balanced content in each visit across 6 domain:
 - personal health, environmental health, friends and family, the maternal role, use of health care and human services, & maternal life course development

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Randomized controlled trials

Elmira, NY 1977	Memphis, TN 1987	Denver, CO 1994
N = 400	N = 1,138	N = 735
<ul style="list-style-type: none">• Low-income whites• Semi-rural	<ul style="list-style-type: none">• Low-income blacks• Urban	<ul style="list-style-type: none">• Large portion of Hispanics• Nurse versus paraprofessional visitors

Courtesy of David Olds, PhD 11

Consistent & enduring results

- 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

NFP Evaluation findings

- 2 RCTs show benefit in one or more of child maltreatment, associated outcomes such as health care contact for injuries/ingestions (Elmira and Memphis RCTs)
- 3rd (Denver) RCT shows nurses produce a larger and broader range of beneficial effects (e.g. infant caregiving, language development) vs paraprofessionals

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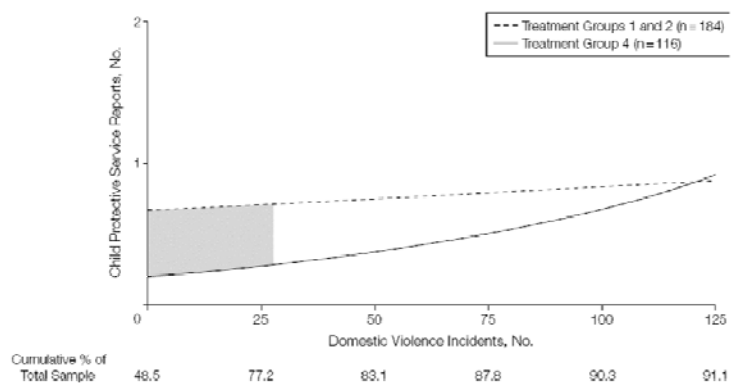
NFP and child maltreatment

- 48% reduction in state-verified reports of child abuse and neglect
- Among mothers who were young, poor and unmarried, an *80%* reduction in child maltreatment (Olds et al., 2007)
- Reductions in child maltreatment *not* seen in families where there is IPV (Eckenrode et al., 2000)

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Positive outcomes attenuated with IPV exposure

Figure. Adjusted Number of Maltreatment Reports Involving Study Children by Treatment Group and Level of Domestic Violence



Eckenrode J, Ganzel B, Henderson CR Jr, Smith E, Olds DL, Powers J, Cole R, Kitzman H, Sidor K. Preventing child abuse and neglect with a program of nurse home visitation: the limiting effects of domestic violence. JAMA 2000;284:1385-91.

Intervention development

NFP-IPV Intervention objectives

- To reduce NFP clients' rates of exposure to IPV
- To improve NFP clients' quality of life
- To increase the number of safety strategies adopted by NFP clients exposed to IPV
- To reduce child exposure to IPV

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Intervention research cycle

- Identify problem & review data to determine extent of problem
- Identify risk & protective factors
- Design, conduct and analyze pilot studies & confirmatory & replication trials of the intervention
- Design, conduct & analyze large-scale RCT of the intervention
- Facilitate large-scale implementation & ongoing program evaluation

Mrazek & Haggerty, 1994

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Interventions for IPV

(health and community-based settings)

- Lack of evidence for specific interventions for abused women, especially interventions provided in health care settings, or those to which health care providers could refer women
- Some evidence that advocacy-based interventions and/or coordinated services can assist women already seeking help (especially in shelters) BUT success varies by type and intensity of intervention

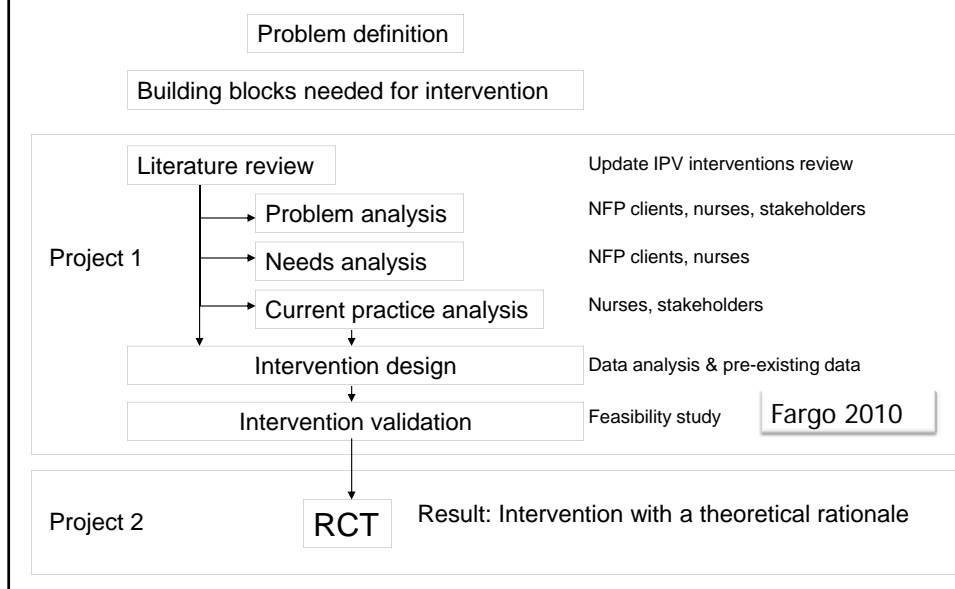
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Methods

- Sequential, mixed methods design
- Project 1: qualitative interviews with nurses, clients and other stakeholders to design the intervention; qualitative interviews and quantitative measures with nurses and clients to determine feasibility and acceptability
- Project 2: cluster RCT in 15 NFP sites

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Model for development & testing



Qualitative methods

Design: Multiple case study

Sites: 4 NFP programs

Sample:

- NFP nurse home visitors (n=27)
- NFP clients exposed to IPV (n=20)
- Community stakeholders (n=22)

- Data collection:

- Focus groups with nurses
- In-depth semi-structured interviews

- Data analysis

- Directed content analysis

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NFP-IPV Intervention

The foundation of this intervention is informed by:

1. Current, best-available evidence for addressing IPV
2. Integration of the NFP competencies
3. Qualitative data to develop an intervention specific to the home visitation context

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Response to IPV disclosure

- Empathic response including validation
- Risk assessment
- Review of safety strategies
- Connection to local community resources

Feasibility study objectives

- To determine feasibility of implementing the NFP-IPV intervention into the current NFP curriculum
- To determine the acceptability of the NFP-IPV intervention to NFP Nurse Home Visitors, Nurse Supervisor and NFP clients
- To refine and adapt the NFP-IPV Training component for the intervention

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Cluster randomized controlled trial

- 17 sites agreed to participate and were randomly assigned to control (standard NFP) or intervention (NFP IPV)
- 15 sites participating; 2 dropped out – multi-site ethics board submissions a major challenge
- Clients eligible if 16 years of age or older; enrolled in NFP within last month and can communicate in English
- Clients and nurses provide informed consent to participate in trial

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RCT outcomes

- Primary outcome: quality of life
- Secondary outcomes
 - recurrence of IPV
 - self-efficacy
 - access to and use of community resources
 - use of protective strategies

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Significance for the life course

- Potential to improve the quality of life for young mothers
- May have wider applicability beyond the home visitation program
 - e.g., after the perinatal period
 - e.g., other populations of women
- Potential to launch young families on a violence-free path and break the intergenerational cycle of violence

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Project Team

West Virginia University	McMaster University	University of Colorado
Data collection Project coordination Data interpretation & dissemination	Project management Data analysis Data interpretation & dissemination	NFP site recruitment/retention Nurse training & supervision Data analysis, interpretation & dissemination
Coben: Co-PI, administration & IPV expertise 1 Research coordinator 4 Research assistants Stevens (Ohio), Co-I, MI expertise Scribano (Ohio), Consultant, IPV community liaison	MacMillan: PI, administration, IPV & child abuse expertise Jack: Co-I, director of project 1 Jamieson: Co-I, data management Boyle: Co-I, data analysis Ford-Gilboe (UWO): Co-I, IPV expertise Wathen: Co-I, IPV expertise	Olds: Co-PI, administration, NFP & RCT expertise Baca: Director, NFP Program Development McClatchey: Co-I, data analysis Pinto: NFP Replication Project Manager O'Brien: Collaborator, NFP expertise

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NFP IPV research team

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- David Olds
- Phil Scribano
- Jack Stevens
- Nadine Wathen

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