Texas Nurse-Family Partnership
Statewide Grant Program
Evaluation Report

As Required by
S.B. 156, 80th Legislature, Regular Session, 2007
(Now codified as §531.651 – 531.660, Government Code)

Health and Human Services Commission
December 2012
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EXECUTIVE SUMMARY

Senate Bill 156, 80th Legislature, Regular Session, 2007, (now codified as §531.651 – 531.660, Government Code), established the Texas Nurse-Family Partnership (TNFP) state-funded competitive grant program, through which the Health and Human Services Commission (HHSC) awards grants to public and private entities to implement or expand TNFP programs and operate those programs for at least two years. Section 531.659 requires HHSC to prepare and submit an annual report regarding the performance of each grant recipient with respect to providing TNFP program services. Pursuant to §531.659, HHSC is submitting the Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report for fiscal year 2012, which provides the findings of the process evaluation of the TNFP program for the period of September 1, 2008 through June 30, 2012.

The TNFP program is a voluntary, evidence-based home visitation program shown to improve the health and well-being of low-income first-time mothers and their children. Specially trained registered nurses regularly visit the homes of participating mothers to provide services designed to:

- Improve pregnancy outcomes.
- Improve child health and development.
- Improve family economic self-sufficiency and stability.
- Reduce the incidence of child abuse and neglect.

Nurse-Family Partnership (NFP) programs are located in 42 states. Organizations implementing NFP programs receive professional guidance from the Nurse-Family Partnership National Service Office (NFPNSO), the nonprofit organization which has oversight of the implementation of the NFP model. NFP programs are required to provide NFPNSO with extensive data, which is used to monitor fidelity to the NFP model, improve service delivery and outcomes, and expand the research on the model.

As a result of HHSC’s initial Request for Proposals (RFP) in 2008, grants were awarded for the expansion of one existing TNFP site and the development of ten new sites. A subsequent RFP in 2009 resulted in grant awards for the development of one additional TNFP site and the funding of a TNFP site formerly funded by the Department of Family and Protective Services (DFPS). In 2011, another site was added in Laredo. The 13 TNFP sites are located in the cities of Austin, Dallas, El Paso, Fort Worth, Houston, Laredo, Lubbock, Port Arthur, and San Antonio. These sites serve 23 counties: Bexar, Chambers, Crosby, Dallas, El Paso, Floyd, Fort Bend, Galveston, Garza, Hale, Hardin, Harris, Hockley, Jefferson, Lamb, Lubbock, Lynn, Orange, Tarrant, Terry, Travis, Webb, and Williamson. As of June 30, 2012, these 13 TNFP sites together were maintaining a total caseload of approximately 1,530 clients.

The initial grant period was September 2008 through August 2009, and grant contracts could be extended for an additional six years, contingent upon the availability of funds. The grants supply 90 percent of the total cost of the program. HHSC requires local communities to secure funding for approximately 10 percent of the program cost and to provide administrative staff time, physical space, and utilities. All grantees have direct contracts with HHSC.
The primary goal of the process evaluation is to assess whether the TNFP sites implemented the program in accordance with the NFPNSO program objectives, and whether each TNFP site adhered to 18 performance indicators, or NFPNSO model standards, that address the seven areas of implementation. Evaluation findings are based primarily on standardized NFPNSO reports and supplemental data provided by TNFP program staff.

Key findings of the process evaluation are as follows:

- As a funding condition, TNFP grantees were required to adhere to the NFP program model standards developed by NFPNSO. With the exception of the Laredo site, all of the TNFP sites successfully adhered to the 18 model standards. Because the Laredo site was not fully implemented in its first year, it did not meet Standards 13, 14, and 17. TNFP enrolled 4,294 low-income first-time mothers in the first 46 months of providing services, from September 1, 2008, to June 30, 2012. Data on timeliness of enrollment was known for 4,190 clients. Of these clients, 99 percent began receiving program services before the end of their 28th week of pregnancy.

- The median age of TNFP clients at intake was 18 years. At intake, 12 percent of TNFP clients were married, 33 percent of the 4,096 clients whose employment status was known were working either full- or part-time, and TNFP clients had a median annual household income of $16,000.

- Upon enrollment in the TNFP program, 68 percent of TNFP clients were enrolled in Medicaid, 67 percent were receiving Women Infants and Children (WIC) benefits, 28 percent were receiving Supplemental Nutrition Assistance Program (SNAP) subsidies, and 4 percent were receiving Temporary Assistance for Needy Families (TANF) assistance.

- Information about the establishment of paternity was provided to 100 percent of clients, resulting in paternity being established for 404 clients. Evaluators were not able to determine definitively the number of mothers who established paternity as a result of TNFP services. Only those clients who established paternity prior to the birth of their babies are included.

- Since September 2008, 601 women have graduated from the program.
INTRODUCTION

Senate Bill 156, 80th Legislature, Regular Session, 2007, (now codified as §531.651 – 531.660, Government Code), established the Texas Nurse-Family Partnership (TNFP) state-funded competitive grant program, through which the Health and Human Services Commission (HHSC) awards grants to public and private entities to implement or expand TNFP programs and operate those programs for at least two years. Section 531.659 requires HHSC, with the assistance of the Nurse-Family Partnership National Service Office (NFPNSO), to prepare and submit an annual report regarding the performance of each grant recipient with respect to providing TNFP program services. Pursuant to §531.659, HHSC is submitting the Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report for fiscal year 2012, which provides the findings of the process evaluation of the TNFP program for the period of September 1, 2008 through June 30, 2012.

Background

The Nurse-Family Partnership (NFP) program is a voluntary, evidence-based home visitation program shown to improve the health and well-being of low-income first-time mothers and their children.1,2 Specially trained registered nurses regularly visit the homes of participating mothers to provide NFP services. TNFP follows the three-goal national NFP model, and includes a fourth goal. As such, TNFP works with participants to achieve the following four goals:

- Improve pregnancy outcomes.
- Improve child health and development.
- Improve family economic self-sufficiency and stability.
- Reduce the incidence of child abuse and neglect.

The first NFP pilot program was implemented 15 years ago. Since then, NFP programs have expanded to 42 states and have served approximately 150,000 women nationally. Organizations implementing NFP programs receive professional guidance from the Nurse-Family Partnership National Service Office (NFPNSO). NFP programs are required to provide extensive data to NFPNSO, which is used to monitor fidelity to the NFP model, improve service delivery and outcomes, and expand the research on the model.

Longitudinal studies on NFP programs around the country have shown long-term benefits of the program that include decreased rates of premature birth, increased relationship stability, improved academic adjustment to elementary school, and reduction of childhood mortality from preventable causes. A minimum amount of participation needed to benefit from the program has not been established; however research indicates that the beneficial impact increases as the amount of participation increases.3

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2 The first randomized, controlled NFP trial was in Elmira, New York in 1978. NFP mothers from Elmira and their children have been followed since 1978.
National NFP research findings over the course of the program demonstrate a:

- 79 percent reduction in preterm delivery.\(^4\)
- 23 percent reduction in subsequent pregnancies.\(^5\)
- 20 percent reduction in the use of public programs.\(^6\)
- 48 percent reduction in cases of child abuse and neglect.\(^2,3,5\)
- 39 percent reduction in injuries among children of low-income mothers.\(^7\)
- 56 percent reduction in emergency room visits for accidents and poisonings.\(^8\)

In addition, a RAND Corporation independent analysis found that the return for each dollar invested in a NFP program was more than five dollars for higher-risk populations served and almost three dollars for all individuals served.\(^9\) Four types of governmental savings were identified, including:

- Increased tax revenues.
- Decreased need for public assistance.
- Decreased state expenditures for education, health, and other services.
- Decreased involvement in the criminal justice system.

### NFP Standards

Before becoming an NFP implementing agency, the candidate agency must affirm its intention to adhere to the validated NFP model when delivering the program to clients. Such fidelity requires the observance of all NFP model standards (also known as model “elements”). These standards are based on research, expert opinion, field lessons, and/or theoretical rationales. The NFPNSO research suggests that if a program is implemented in accordance with these model standards, the implementing agencies can have reasonably high levels of confidence that results will be comparable to those found in the clinical trials. Conversely, it suggests that if implementation does not meet model standards, results could differ from research results.

NFPNSO requires every NFP program to follow 18 model standards. These standards cover seven areas of implementation. A detailed description of each of the standards is included in the process evaluation (see page 15).


\(^{7}\) Reanalysis of Kitzman et al. (1997). *Journal of the American Medical Association, 278*(8), 644-652. This particular outcome reflects a reanalysis of data from the Elmira trial using an updated analytic method conducted in 2006.


TNFP Grant Awards

The TNFP program began in Texas in 2006 when the YWCA of Metropolitan Dallas utilized Texas Department of Family and Protective Services (DFPS) Prevention and Early Intervention funds to implement the first NFP program. A year later, the 80th Legislature passed S.B. 156, which directed HHSC to use a competitive grant process to expand the NFP program to sites throughout Texas.

HHSC issued a Request for Proposals (RFP) in February 2008 and received 12 proposals. In September 2008, HHSC issued grants to nine organizations. YWCA of Metropolitan Dallas was awarded a grant to expand its existing NFP program to include an additional 200 clients, and eight other grants were awarded for the development of the ten new TNFP sites.¹⁰

HHSC had to consider several factors in determining which applicants to fund, including:
• The need for the program in the community in which the proposed program would operate.
• The applicant’s ability to comply with requirements to adhere to the NFP model (including meeting data collection standards).

Program implementation for the new TNFP sites began on September 1, 2008 by hiring staff and ensuring that staff completed NFPNSO mandatory training. The first home visit occurred on September 29, 2008, and all sites were serving clients by the end of January 2009. The first years of implementation focused on building caseloads and ensuring adherence to the model.

In December 2009, HHSC issued an RFP to expand the TNFP program to include an additional 200 clients, increasing the total potential number of clients served to 2,000. HHSC received four proposals. Awards were made to YWCA of Metropolitan Dallas and University Medical Center (UMC) of El Paso. With the additional TNFP funding provided to YWCA of Metropolitan Dallas, TNFP began funding an additional 100 YWCA of Metropolitan Dallas clients, including all of the clients previously funded by DFPS. UMC of El Paso was awarded funds to provide NFP services to 100 clients in the El Paso area. The addition of the two new sites brought the total number of TNFP sites to 12, with a maximum ongoing caseload of 2,025 clients. In 2011, the Parkland Health and Hospital System site was reduced to 100 clients, and a site in Laredo was added with the capacity to serve 100 clients, bringing the total current sites to 13 but maintaining the maximum caseload of 2,025 (see Figure 1).

¹⁰ The grant to the Houston TNFP Consortium, administered by the Healthy Families Initiatives as the lead agency, included three sites: Baylor, Houston DHHS, and the Texas Children’s Health Plan.
TNFP Program Funding

S.B. 156 required the TNFP program to serve approximately 1,800 clients. The 80th Legislature appropriated $7.9 million to the TNFP program for fiscal year 2009, enabling TNFP to serve 1,800 clients. The 81st Texas Legislature appropriated $17.8 million to the TNFP program for the 2010-11 biennium, enabling TNFP to serve an additional 200 clients, for a total of 2,000 clients. The 82nd Texas Legislature appropriated $17.4 million to the TNFP program for the 2012-13 biennium, with a maximum caseload now at 2,025. In fiscal year 2012, $8,700,034 in grant funds were awarded to 13 TNFP sites including the newest service area of Laredo, which received a pro-rated amount for the remainder of fiscal year 2012 (see Table 1).

The fiscal year 2012 grant amounts shown in Table 1 account for 90 percent of the total cost of the program. In order to operate within the appropriations received and ensure substantial local commitment, HHSC required local communities to fund 10 percent of the program cost. In fiscal year 2010, HHSC began allowing a portion of overhead or administration costs to be included in the grant request as part of the 10 percent funded by the local community. In addition, grantees are required to provide administrative staff time, physical space, and utilities, most of which is still provided as in-kind.
The initial grant period was September 1, 2008, through August 31, 2009, with the understanding that the grant contracts could be extended for an additional six years, contingent upon the availability of funds. With the exception of the contract with the Healthy Families Initiative in Houston, all of the 2008 contracts were extended through August 31, 2010.\textsuperscript{11} Based on a two-year contract cycle and contingent on the availability of funding, all contracts were further extended through August 31, 2012, and subsequently extended through August 31, 2014.

\textsuperscript{11} In 2010, HHSC entered into contracts with the three separate agencies implementing NFP in the Houston TNFP consortium (Baylor, Houston DHHS, and Texas Children’s Health Plan) and terminated the contract with Healthy Family Initiatives as the lead agency for the Houston TNFP consortium.
Table 1. Locations of TNFP Programs

<table>
<thead>
<tr>
<th>Location</th>
<th>Organization</th>
<th>Program Capacity*</th>
<th>Counties Served</th>
<th>FY 2012 Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>Any Baby Can, Inc.</td>
<td>200</td>
<td>Travis</td>
<td>$750,558</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Williamson</td>
<td></td>
</tr>
<tr>
<td>Dallas</td>
<td>Parkland Health and Hospital System</td>
<td>100</td>
<td>Dallas</td>
<td>$453,432</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tarrant</td>
<td></td>
</tr>
<tr>
<td>Dallas</td>
<td>YWCA of Metropolitan Dallas</td>
<td>300</td>
<td>Dallas</td>
<td>$1,236,906</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tarrant</td>
<td></td>
</tr>
<tr>
<td>El Paso</td>
<td>University Medical Center of El Paso</td>
<td>100</td>
<td>El Paso</td>
<td>$517,196</td>
</tr>
<tr>
<td>Fort Worth</td>
<td>Tarrant County Health Department</td>
<td>200</td>
<td>Dallas</td>
<td>$822,553</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tarrant</td>
<td></td>
</tr>
<tr>
<td>Houston</td>
<td>Baylor College of Medicine Teen Health Clinics</td>
<td>100</td>
<td>Ft. Bend</td>
<td>$546,330</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Harris</td>
<td></td>
</tr>
<tr>
<td>Houston</td>
<td>City of Houston Department of Health and Human Services</td>
<td>100</td>
<td>Ft. Bend</td>
<td>$584,140</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Harris</td>
<td></td>
</tr>
<tr>
<td>Houston</td>
<td>Texas Children’s Health Plan</td>
<td>100</td>
<td>Galveston</td>
<td>$584,140</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ft. Bend</td>
<td></td>
</tr>
<tr>
<td>Laredo</td>
<td>City of Laredo Health Department</td>
<td>100</td>
<td>Webb</td>
<td>$344,708</td>
</tr>
<tr>
<td>Lubbock</td>
<td>Texas Tech University Health Sciences Center School of Nursing</td>
<td>200</td>
<td>Lubbock</td>
<td>$743,776</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Crosby</td>
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<td>Floyd</td>
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<td>Garza</td>
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<td>Hale</td>
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<td>Hockley</td>
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<td>Lamb</td>
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<td>Lynn</td>
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<td></td>
<td></td>
<td></td>
<td>Terry</td>
<td></td>
</tr>
<tr>
<td>Port Arthur</td>
<td>City of Port Arthur Health Department</td>
<td>125</td>
<td>Chambers</td>
<td>$541,516</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hardin</td>
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<td></td>
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<td></td>
<td>Jefferson</td>
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<td></td>
<td></td>
<td></td>
<td>Orange</td>
<td></td>
</tr>
<tr>
<td>San Antonio</td>
<td>The Children’s Shelter</td>
<td>200</td>
<td>Bexar</td>
<td>$777,623</td>
</tr>
<tr>
<td>San Antonio</td>
<td>University Health System</td>
<td>200</td>
<td>Bexar</td>
<td>$797,156</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>2,025</strong></td>
<td></td>
<td><strong>$8,700,034</strong></td>
</tr>
</tbody>
</table>

*Number of clients the program can serve.
TNFP Program Staff Descriptions

HHSC administers the TNFP competitive grants. The HHSC TNFP team consists of:

- A state nurse consultant who provides statewide clinical support, consultation, program policy development, and technical assistance to the TNFP program sites.
- A project manager who provides statewide management and oversight of day-to-day operations, monitoring, program policy development/consultation, and technical assistance to the TNFP program sites.\(^{12}\)
- A contract manager who oversees contracts, invoices, vouchers, deliverable receipts, and payments.

Each TNFP program site has three types of staff - nursing supervisors, nurse home visitors, and data entry specialists. The nursing supervisor manages program operations, including the supervision and evaluation of data entry specialists and up to eight nurse home visitors.

The nurse home visitor provides comprehensive nursing services to TNFP clients and their families while striving to maintain the highest standards in clinical nursing practice and adherence to the NFP model. Each nurse home visitor maintains a maximum caseload of 25 clients. A shortage of nurse home visitors (e.g., due to medical and maternity leave or severed employment) may require a redistribution of clients that may cause a temporary caseload over 25 clients per nurse home visitor in order to continue to provide services to actively enrolled clients.

The data entry specialist provides administrative support to the nursing supervisor and nurse home visitors. Other responsibilities include data entry, office organization, client reminder calls, submitting purchase request for NFP supplies, general clerical duties, and the organization of recruitment and outreach materials.

TNFP currently has positions for 81 nurse home visitors, 14 nurse supervisors and 14 administrative assistants. All staff are full-time except for three administrative assistants, two of which work three-quarters time and one who works half time. As of June 30, 2012, there were two nurse home visitor vacancies.

Program Eligibility

Women eligible to enroll in the TNFP program must meet all of the following requirements:

- Have no previous live births.
- Have an income at or below 185 percent of the federal poverty level.\(^{13}\)
- Be a Texas resident.
- Be enrolled before the end of the 28\(^{th}\) week of pregnancy.

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\(^{12}\) A position for a project manager was allocated in fiscal year 2012 however the position was vacant for the majority of the year. The previous project manager left in December 2011 and the new project manager was employed for only three months before leaving the program.

\(^{13}\) Based on the U.S. Department of Health and Human Services published poverty guidelines, available at http://aspe.hhs.gov/poverty/12fedreg.shtml, 185 percent of the federal poverty guideline in 2012 for an individual is $20,665.
Visitation Process/Schedule

TNFP clients are typically enrolled early in their pregnancy with home visits beginning between the 16th and 28th week of pregnancy. Ideally, visits begin early in the second trimester, between the 14th and 16th week of gestation. Nurse home visitors meet with clients regularly from pregnancy through the child’s second birthday, providing a maximum of 65 visits throughout this period. Scheduled visits for each nurse home visitor include:

- Weekly for the first four weeks of program participation.
- Biweekly starting in week five until delivery.
- Weekly from delivery until six weeks postpartum.
- Biweekly starting in week 7 until the baby is 21 months old.
- Monthly for the last three months of program participation.

Nurse home visitors provide ongoing assessments, a therapeutic relationship, extensive education, health literacy support, and assistance in accessing resources and health-care coverage, such as Medicaid, during pregnancy and early childhood.

Prior to conducting home visits, NFPNSO requires nurse home visitors to complete extensive training on program administration, implementation issues, and the utilization of standardized data collection materials and client visit protocols. This standardization facilitates fidelity to the NFP program model.

PROCESS EVALUATION

The TNFP evaluation detailed in this report spans most of the first four years of grant funding from September 1, 2008, through June 30, 2012. The TNFP program began implementation on September 1, 2008, with the first home visit on September 29, 2008. All of the initial program sites were serving clients by the end of January 2009, two additional program sites began serving clients in September 2010, and the Laredo site began serving clients in March 2012.

Methodology

Evaluators used four types of information for this report:

- NFPNSO information about NFP programs across the nation.
- Information HHSC TNFP staff obtained from standard monthly narrative reports and staff requirements data reports.
- Information reported by the TNFP sites to NFPNSO.
- Client satisfaction surveys.

NFPNSO and HHSC provide several resources to help local programs implement the NFP model with fidelity. Evaluators obtained information about expectations for program implementation from the NFPNSO website, newsletters, and other program documents. Evaluators also used NFP research reports from other states to obtain an additional perspective on program implementation and expectations.
Evaluators obtained data from the NFPNSO quarterly report, which includes information on enrollment and attrition, demographics, and home visit frequency and content.

**Limitations**

HHSC’s program evaluation met the TNFP reporting requirements in §531.659, Government Code, with one exception - the evaluators were not able to determine with certainty the number of mothers who established the paternity of an alleged father as a result of TNFP services. Although this report provides data about the establishment of paternity, only those clients who established paternity prior to the birth of their babies with their nurse home visitor are included. It is unknown how many clients completed Acknowledgment of Paternity (AOP) documentation during their hospitalization following the birth of their babies or at a later time point. While establishment of paternity was not part of the standard NFPNSO data collection, the number of AOPs completed in the preceding month and in the current program year was submitted to HHSC for each program site.

The following issues limited the scope of the evaluation, but did not affect the degree to which the evaluation addressed the requirements in §531.659, Government Code:

- Because of the extensive NFPNSO reporting requirements, the evaluation utilized data that each TNFP site provided to NFPNSO.
- After a review of the quarterly summary table data, evaluation staff reported some discrepancies in the data. Although the discrepancies appear to be small, due to the small sample size and low occurrence of reported measures any discrepancy may impact the interpretation of the results.
- The outcome data presented comes directly from NFPNSO quarterly summary tables. HHSC is not confident in the accuracy and completeness of the outcome data provided by NFPNSO for inclusion in this report. Therefore, the outcome data is presented with no analysis (see Appendix A). See the program outcomes section for additional information on the data limitations.
- To allow time for data entry and the reconciliation of data issues, evaluators excluded data for July 2012 and August 2012 from the report.

**TNFP Client Demographics**

Ultimately, the active caseload size for the 13 grantees is expected to reach a total of 2,025 first-time mothers and their children. As of June 30, 2012 the current active caseload was 1,529 clients. The maximum capacity was not reached for a number of reasons, including staff turnover\(^{14}\), staff medical issues, the Laredo site had not reached capacity, and two sites under performing (Tarrant County Health Department and Baylor College of Medicine Teen Health Clinics). From September 1, 2008 through June 30, 2012, the TNFP program has enrolled 4,294 low-income first-time mothers. Since September 2008, 601 women have graduated from the program.

**Age**

\(^{14}\) Seven sites had nurse home visitor staff vacancies for four months or greater due to an inability to locate qualified candidates with baccalaureate degrees in nursing.
The median age of TNFP clients at enrollment was 18 years, which is slightly lower than the NFP national median age of 19 years. Thirty-seven percent of TNFP clients were under age 18. This percentage is higher than the national average of 30 percent. The percentage of very young teens (less than 15 years) enrolled in TNFP is four percent, which is higher than the national total of three percent.

**Gestational Age**

Gestational age at enrollment was known for 4,190 of the 4,294 TNFP clients (98 percent). Among these TNFP clients, the median gestational age at enrollment was 18.5 weeks. Nationally, gestational age at enrollment was known for 136,052 clients out of 146,359 (93 percent). The median gestational age of enrollment for NFP clients nationally was 18 weeks.

**Ethnicity and Race**

On November 1, 2010, Effort to Outcome data collection forms were modified to conform to the federal classification standards for maintaining, collecting, and presenting data on race and ethnicity.15 The federal classification standards include:

- Two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino."
- Five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Fifty-three percent of TNFP clients were Hispanic or Latina and 41 percent were not Hispanic or Latina (see Table 2). The percentage of TNFP clients who were Hispanic or Latina was more than twice as high as the percentage of Hispanic or Latina NFP clients nationally.

**Table 2. Ethnicity of TNFP Clients**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>TNFP (n=4,294)</th>
<th>National NFP (n=146,359)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hispanic or Latina</td>
<td>40.9%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Hispanic or Latina</td>
<td>53.1%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Declined to Self-Identify</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>5.5%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

Time period: September 1, 2008 - June 30, 2012

Of TNFP clients, 42 percent were White and 27 percent were Black or African American (see Table 3). The percent of Black or African American clients is slightly higher in Texas as compared to NFP clients nationally and the percent of American Indian or Alaska Native and Multiracial clients is slightly lower in Texas. The rest of the percentages are similar to the percentages for the NFP clients nationally. Due to the changes in data collection practices, the

race was unknown for 928 clients (22 percent) in Texas and 32,053 (22 percent) nationally. The race of clients who had been classified as belonging to the old “Hispanic or Latina” racial category is unknown and accounts for a large percentage of the missing data. Therefore, because many of these clients would identify as White, the data presented on race may under report the percentage of White TNFP clients.16

Table 3. Race of TNFP Clients

<table>
<thead>
<tr>
<th></th>
<th>TNFP (n=4,294)</th>
<th>National NFP (n=146,359)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.8%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>1%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>27.4%</td>
<td>22.6%</td>
</tr>
<tr>
<td>White</td>
<td>41.5%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>1.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Decline to Self-Identify</td>
<td>6.1%</td>
<td>3%</td>
</tr>
<tr>
<td>No Response/Unknown</td>
<td>21.6%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

Time period: September 1, 2008- June 30, 2012

Primary Language Spoken

Primary language spoken was known for 4,095 (95 percent) of the TNFP clients and 76,226 (52 percent) of the NFP clients nationally. Of those TNFP clients with language data, English was the primary language for 86 percent, and Spanish was the primary language for 14 percent. These numbers were comparable to the primary language percentages of NFP clients for whom primary language is known across the nation, although the percent of Spanish speakers is slightly higher among TNFP clients and “Other” is slightly higher among national NFP clients. In addition to bilingual nurses at most sites, an interpreter/translator or a nurse home visitor capable of speaking the client’s native language was available to clients whose first language was not English or Spanish.17

Marital Status

Marital status was known for 4,082 (95 percent) of the TNFP clients and 136,696 (93 percent) of the NFP clients nationally. Out of clients with a known marital status, the proportion of TNFP clients at intake who were married was less than the number of married NFP clients nationally, with 12 percent and 16 percent respectively.

Education

16 According to the 2010 United States Census for Population and Housing, 67 percent of Hispanic Texans classify their race as “White Alone.” (http://factfinder2.census.gov; Table DP-1: Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data)

17 NFPNSO client materials are only available in English and Spanish.
The highest level of education at intake was known for 4,082 (95 percent) of TNFP clients and 136,167 (93 percent) of NFP clients nationally. Of clients with known educational status, the percentage of TNFP clients who reported having completed high school at intake was less than the percentage of NFP clients nationally, 44 percent and 48 percent respectively. The lower percentage of TNFP clients having completed high school at intake may partially be a result of the higher percentage of Texas clients under the age of 18.

**Income**

For TNFP clients who reported their income, the median household income was $16,000 and ranged between $3,000 and $45,000. NFP clients nationally had the same income range, but the median income was only $9,000.

**Employment**

Employment status at intake was known for 4,096 (95 percent) of TNFP clients and 137,249 (94 percent) NFP clients nationally. Of clients with known employment status at intake, 33 percent of TNFP clients reported they were working either part- or full-time while 40 percent of NFP clients nationally were working.

**Public Assistance Use**

Upon enrollment in the TNFP program:
- The percent of TNFP clients accessing SNAP services was greater than the percent of NFP clients across the nation accessing the same services.
- The percent of TNFP clients receiving Medicaid benefits was slightly higher than the NFP national percentage.
- Fewer TNFP clients were accessing Temporary Assistance for Needy Families (TANF) benefits compared to the percentage of NFP nationally.
- The percentage of TNFP clients accessing Women Infants and Children (WIC) services was similar to the national percentage of NFP clients accessing WIC (see Table 4).
Table 4. Use of Public Assistance at Enrollment

<table>
<thead>
<tr>
<th>Number Enrolled</th>
<th>SNAP</th>
<th>Medicaid</th>
<th>TANF</th>
<th>WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNFP</td>
<td>4,294</td>
<td>28.0%</td>
<td>68.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td>National NFP</td>
<td>146,359</td>
<td>19.0%</td>
<td>64.1%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

Time period: September 1, 2008 - June 30, 2012

Attrition

Fourteen percent of TNFP clients left the program before the end of their pregnancy (see Table 5) which is slightly lower than NFP clients nationally but still higher than the NFP objective of 10 percent.\textsuperscript{18} Thirty-seven percent of TNFP clients left the program prior to the end of infancy. This level of attrition was higher than NFP clients nationally and much higher than the NFP objective of 20 percent during infancy. During toddlerhood only 14 percent of clients left the program in Texas while 17 percent nationally left during this phase.

Primary reasons for attrition include:
- The inability to locate the client.
- The client moved from the service area.
- There was a miscarriage or fetal death.
- The client indicated she received what she needed from the program.
- The client missed an excessive number of visits.

Table 5. Program Attrition

<table>
<thead>
<tr>
<th></th>
<th>Pregnancy</th>
<th>Infancy</th>
<th>Toddlerhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Potential Completers</td>
<td>Percent Attrition</td>
<td>Number of Potential Completers</td>
</tr>
<tr>
<td>TNFP</td>
<td>3,624</td>
<td>14.0%</td>
<td>2,876</td>
</tr>
<tr>
<td>National NFP*</td>
<td>132,747</td>
<td>15.3%</td>
<td>117,908</td>
</tr>
</tbody>
</table>

Time period: September 1, 2008 - June 30, 2012

* NFP Objective is 10% or less during pregnancy and 20% or less during infancy.

\textsuperscript{18} The National NFP Program Objectives are drawn from the programs research trials, early dissemination experiences and currently national health statistics (e.g., National Center for Health Statistics, Centers for Disease Control and Prevention; Healthy People 2020). The objectives are long term targets for implementing agencies to achieve over time, but are not markers of whether sites met the standards.
Adherence to the NFP Model Standards

HHSC adopted the NFPNSO performance indicators designed to measure each grantee’s performance in terms of the NFP model standards. These performance indicators were implemented as 18 NFP model “standards” that cover seven areas of implementation. By following the model standards, results of the intervention are expected to be similar to the results of the randomized control trials conducted by NFPNSO. Some minor deviations from the standards are approved by NFPNSO after consultation with the NFPNSO nurse consultant. These deviations are not considered by NFPNSO to result in a lack of compliance by the program site with the standard. NFPNSO has also created National NFP Program Objectives for many of the standards. The objectives are long term targets but sites do not need to achieve these outcomes to meet the standards. This report assesses adherence to NFP program model standards from September 1, 2008 through June 30, 2012.19 The new site in Laredo was not fully implemented in its first year and therefore did not meet several standards.

Clients

**Standard 1. Client participation must be voluntary.** NFP services are designed to build self-efficacy. Voluntary enrollment empowers the client and promotes a trusting relationship between the client and the nurse home visitor.

The TNFP program has implemented several protocols to ensure adherence to Standard 1.

- All clients were required to sign a consent form before participation. The TNFP program does not consider a client enrolled until she has a signed consent form.
- The consent form included in the enrollment packet includes explicit language indicating that participation is voluntary.
- If a potential client was a minor, the nurse was required to spend time explaining the program to both the potential client and her guardian. The minor must express interest in the program and her desire to participate. Although Texas law states that minors can consent for their own treatment during pregnancy, TNFP required both the client and guardian to sign the consent to participate.
- When recruiting potential partner agencies, TNFP staff is required to ensure that the partner agency understands that client involvement must be voluntary. For example, if a TNFP site would like to partner with a local probation office, it is required to explain to probation staff that participation in the TNFP program cannot be a condition of parole.

If the TNFP sites had enrollment issues or concerns, NFPNSO and HHSC staff was available to provide guidance and possible solutions.

**Standard 2. Client is a first-time mother.** The intention of the NFP program is to help women when they are vulnerable and more open to receiving additional support. NFPNSO research suggests that first-time mothers may benefit from the NFP program more than those with additional children, possibly because inexperience increases receptiveness to offers of help. The NFPNSO data indicate that limiting enrollment to first-time mothers maximizes the opportunity to improve outcomes for families.

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19 Data included in this report ended on June 30, 2012, due to a lag in the availability of program data.
In order to ensure adherence to Standard 2, each TNFP program site asked all potential clients to provide a pregnancy history and report that they had no prior live births. Only those who met this criterion were enrolled in the program. HHSC TNFP staff indicated that since the implementation of the 13 program sites, less than one percent of mothers have been enrolled who were not first time mothers. Inaccurate information provided by the clients about their pregnancy history, and enrollment of one client with a history of early first infant death in the first year of the program accounted for enrolling clients who were not first-time mothers.

**Standard 3. Client meets low-income criteria at intake.** At the time of enrollment, each NFP client is required to have an income at or below 185 percent of the federal poverty level. The NFPNSO randomized control trials found that, while all clients benefited from the assistance provided by the NFP program, clients with higher incomes had additional resources available to them outside of the program and did not benefit from the program to the same degree as low-income clients.

Each TNFP program site determined eligibility by identifying whether potential clients were receiving Medicaid, WIC funds, or SNAP benefits and through income self reports. A potential client was considered eligible for enrollment if she was receiving public benefits that have an income requirement at or below 185 percent of the federal poverty level, including Medicaid, WIC, and SNAP, or if the client’s self-reported income was below this level.20

**Standard 4. Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.** Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child. NFPNSO research indicates that early enrollment provides the nurse home visitor the opportunity to address prenatal health behaviors that affect birth outcomes and the child’s neurodevelopment.

Gestational age at enrollment data was known for 4,190 of the 4,294 TNFP clients (98 percent) and 136,052 of the 146,359 NFP clients nationally (93 percent). Ninety-nine percent of TNFP clients with gestational age at enrollment were enrolled before the end of the 28th week of gestation.21 This percentage is greater than the NFP program national average of 94 percent of clients with gestational age at enrollment data.

**Intervention Context**

**Standard 5. Client is visited one-to-one, one nurse home visitor to one first-time mother.** The therapeutic relationship between the nurse home visitor and the client must be focused on the individual client’s circumstances. By engaging in a one-to-one setting, the nurse home visitor can better strengthen the client’s abilities and support behavior changes to achieve the goals of the program.

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20 When determining eligibility for the NFP program, NFPNSO indicated that most implementing agencies across the nation use the income eligibility thresholds for WIC, Medicaid, or other public programs for low-income families.

21 At enrollment, each client estimated how long she had been pregnant. After enrollment, sonograms indicated some clients exceeded the 28-week requirement. These clients typically remained enrolled in the program. Also, early in program implementation some sites mistakenly believed that a gestation period of less than 29 weeks met the 28-week requirement. Through further discussion with NFPNSO, HHSC clarified that the gestational period must be no greater than 28 weeks and six days.
The TNFP program closely followed the NFPNSO guidelines pertaining to home visits. Specifically, each nurse home visitor scheduled individual visits with each client. In addition, each TNFP program site is required to ensure an adequate nurse-home-visitor-to-client ratio. On average, each TNFP nurse home visitor had a 22-client caseload.

**Standard 6.** The program is delivered in the client’s home, which is defined as the place where she is currently residing. Home visitation is an essential part of the program. When a client is visited in her home, the nurse home visitor has an opportunity to observe, assess, understand, and monitor the client’s status. Specifically, the nurse can assess the client’s safety, social dynamics, ability to provide basic needs, and the mother-child interaction. NFPNSO defines a “home setting” as a location where the client lives for the majority of time (i.e., she sleeps there at least four nights a week). This may include a shelter, a friend’s home, a detention center, or another location. When the client’s living situation or her work/school schedule makes it difficult to see the client at home, the visit is conducted in another setting.

According to HHSC TNFP staff, all TNFP program sites met the requirements of this standard. The location of TNFP client home visits was similar to the national data on the location of NFP home visits.

**Standard 7.** Client is visited throughout her pregnancy and the first two years of her child’s life in accordance with the current NFPNSO Guidelines. The frequency of home visits may influence the effectiveness of NFP programs. Even if clients do not use the nurse home visitor to the maximum level recommended, the visits made can be a powerful tool for change. Research indicates that the earlier a client enters the program, the greater the program’s effectiveness. The high frequency of home visits early in the pregnancy and throughout the first two years of the child’s life may have the greatest impact on maternal behavior and thereby the highest probability of improving outcomes. For example, substance abuse, smoking, and nutrition greatly influence fetal development. By addressing these issues early with the client, the risks for adverse outcomes for mother and baby can be reduced.

TNFP sites completed 75 percent of the expected home visits during pregnancy based on the NFPNSO guidelines. This completion rate is slightly higher than the NFP national average of 73 percent. The NFPNSO objective is an 80 percent completion rate during the pregnancy phase. TNFP sites completed 66 percent of expected home visits during infancy and 68 percent during toddlerhood. This completion rate was higher than the NFPNSO objective of at least 65 percent completion rate during infancy and more than the 60 percent completion rate objective in toddlerhood and higher than the national rates as well.

**Expectations of Nurses and Supervisors**

**Standard 8.** Nurse home visitors and nursing supervisors are registered professional nurses with a minimum of a baccalaureate degree in nursing. The NFPNSO research indicates that the public perceives registered nurses as having high standards of ethical practice and honesty. This may give NFP nurses credibility with families, helping make them acceptable providers of the NFPNSO curriculum and increasing the likelihood they will be welcomed into clients’ homes. The nurse home visitors are also required to have a valid nursing license.

As of June 30, 2012, all of the 79 nurse home visitors seeing clients had a Bachelor of Science in Nursing (BSN) degree except for one. Between July 1, 2011 and June 30, 2012, three sites
submitted a *Variance to Model Standard 8 Request* to NFPNSO for three nurses who did not have a BSN. Two of these nurse home visitors were employed for less than six months before leaving the program. Only one nurse home visitor is currently employed without a BSN and she has an Associate Degree in Nursing and is currently enrolled in a BSN program. NFPNSO approved this variance. Sixteen nurse home visitors have a master’s degree in one or more of the following fields: nursing, education, social work, business, and microbiology. In addition, five hold certifications as lactation consultants, one as a licensed counselor, and one nurse home visitor is a Women’s Health Nurse Practitioner. All 13 nursing supervisors had a BSN. In addition, four of the nursing supervisors had master’s degrees in nursing, public health, or business administration.

**Standard 9.** Nurse home visitors and nursing supervisors complete core educational sessions required by NFPNSO and deliver the intervention with fidelity to the NFP Model. The NFP program is a highly specialized program that requires extensive training on the NFP model, theories, and structure to deliver the program. The NFPNSO policy is that all nursing staff must complete all NFP education sessions. While NFPNSO does not have a specific timeframe for the completion of all the training sessions, nurse home visitors are required to complete the first two of four NFPNSO training sessions prior to visiting clients.

According to HHSC TNFP staff, as of June 30, 2012, all TNFP nurse home visitors had completed the first two NFPNSO training sessions and are in compliance with this standard. In addition, the nurse home visitors are expected to complete other training sessions relevant to the NFP program including the following:

- Instruction on motivational interviewing.
- Partners in Parenting Education (PIPE).
- Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire, Social-Emotional Screening (ASQ-SE).
- Assessment of child health and development.
- Positive parenting and care giving.
- Infant cues and behaviors (Keys to Care Giving).
- Texas Health Steps modules.
- The Office of the Attorney General Paternity Opportunity Program.
- Identification of complications during pregnancy.

HHSC TNFP staff also reported that almost all TNFP nurse home visitors had completed all required additional training sessions. The remaining nurses were in the appropriate phases of their training based on hire dates. In addition, HHSC and local TNFP sites provided other training opportunities to staff to complement and enhance training received from NFPNSO. Training needs are identified through ongoing needs assessments conducted by the TNFP State Nurse Consultant and Nurse Supervisors.

**Application of the Intervention**

**Standard 10.** Nurse home visitors, using professional knowledge, judgment and skill, apply NFPNSO Visitation Guidelines focusing the topic of each visit to the strengths and challenges of each family and apportioning time across defined program domains. NFPNSO visitation guidelines are tools that guide nurse home visitors in the delivery of program content. These
guidelines suggest that each visit include information about each of the following six life domains.

• **Personal Health** - Health maintenance practices, nutrition and exercise, substance use, and mental health.
• **Environmental Health** - Home, work, school, and neighborhood.
• **Life Course Development** - Family planning, education, and livelihood.
• **Maternal Role** - Mothering role, physical, behavioral, and emotional care of a child.
• **Friends and Family** - Personal network relationships and assistance with childcare.
• **Health and Human Services** - Linking families with needed referrals and services.

NFPNSO provides objectives for the overall proportion of time at each home visit devoted to the first five of the six life domains. In accordance with NFPNSO policies, the TNFP nurse home visitors individualize visit content to meet the client’s needs rather than adhering to a predetermined schedule.

• **Pregnancy Phase:** During the client’s pregnancy, TNFP nurse home visitors met or exceeded the NFPNSO objectives for the proportion of home visit time devoted to four of the five domains. The exception was the Maternal Role domain, which was only 0.3 percent lower than the objective.

• **Infancy Phase:** As with the pregnancy phase, during the infancy phase TNFP nurse home visitors met or exceeded the NFPNSO objectives for the proportion of home visits devoted to four of the five domains. TNFP nurse home visitors spent less time on the Maternal Role, when compared to the national NFPNSO guidelines.

• **Toddlerhood Phase:** During the toddlerhood phase, TNFP nurse home visitors met or exceeded the NFPNSO objectives for the proportion of home visit time devoted to three of the five domains. The exceptions were the Maternal Role and the Life Course Development domains.

It is important to keep in mind that these are proportions across all home visits for all nurse home visitors. In addition, the proportions need to add up to 100 percent. For example, if a nurse home visitor spent a higher proportion of the allocated visit time on Personal Health, the proportion of home visit time spent on the other domains would decrease even if the nurse home visitor did an excellent job of presenting all of the information for all of the other domains.

**Standard 11.** Nurse home visitors apply the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology and attachment theories, through current clinical methods. These theories serve as the foundation for NFP programs and are reflected in the visit guidelines and training sessions. Nurse home visitors are expected to utilize these guidelines and methods in each home visit.

TNFP nursing supervisors, nurse home visitors, NFPNSO, and HHSC work together to ensure that each TNFP program site closely follows the NFP model. Questions or concerns about model fidelity are addressed through an open dialogue between the TNFP sites, HHSC, and NFPNSO. In addition, each TNFP nursing supervisor evaluates the nurse home visitors to ensure fidelity to the NFP model.

**Standard 12.** A full time nurse home visitor carries a caseload of no more than 25 active clients. A caseload greater than 25 clients would negatively impact the nurse home visitor’s ability to develop and establish an adequate therapeutic relationship with each client.
On average, each TNFP nurse home visitor has a 22-client caseload.\textsuperscript{22} Causes for the decreased caseload include clients graduating the programs and sites having delays in re-establishing referral networks to enroll new clients. In addition, several sites had nurse home visitors who experienced significant personal or family medical problems which required them to have reduced caseloads for an extended period of time. While the average caseload was lower than the maximum caseload, 20 nurse home visitors from a few sites had caseloads exceeding the maximum at times. Reasons for exceeding the maximum caseload size include:

- The client’s regular nurse home visitor was on leave.
- Nursing staff vacancies.
- Newly hired nurses that had not assumed a full caseload.
- Adding new clients as the number of visits required per month decreases for graduating clients (to ensure as many clients as staffing would allow could be seen).

Reflection and Clinical Supervision

\textbf{Standard 13. A full-time nursing supervisor provides supervision to no more than eight individual nurse home visitors.} Because of the expectation of one-to-one supervision, a full-time nursing supervisor should manage no more than eight nurse home visitors. Nursing supervisors are also responsible for referral management, program development, and administrative tasks that include the management of administrative, clerical, and interpreter staff.

According to HHSC TNFP staff, sites have complied with this standard except for the City of Laredo due to a delay in hiring a nurse supervisor during the first year of program implementation.

\textbf{Standard 14. Nursing supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.} To ensure that nurse home visitors are clinically competent and supported to implement the NFP program, nursing supervisors provide clinical reflection through specific supervisory activities. These activities include one-to-one supervision, case conferences and team meetings, and field supervision.

- **One-to-one supervision.** Nursing supervisors are required to have a weekly one-to-one meeting with each nurse home visitor to reflect on the nurse’s work, including the management of her caseload and quality assurance. According to HHSC TNFP staff, all sites satisfactorily complied with this component of the standard except for the City of Laredo.

- **Case conferences and team meetings.** Nursing supervisors are required to schedule weekly case conferences or team meetings dedicated to joint case review for the purpose of problem solving and professional growth. Team meetings also include discussions of program implementation issues and team building exercises. According to HHSC TNFP staff, all sites met or exceeded the 85 percent minimum threshold for conducting case conferences and team meetings recommended by NFPNSO except for the City of Laredo.

\textsuperscript{22} Calculations of average nurse caseload were based on nurse home visitors who had been employed with NFP for greater than 11 months to allow them time to build a full caseload. NFPNSO recommends 9-12 months as the average period of time required for nurse home visitors to build full caseloads.
• **Field supervision.** Nursing supervisors are required to conduct a joint home visit with each nurse every four months. According to HHSC TNFP staff, all sites complied with this component of the standard except for the City of Laredo.

**Program Monitoring and Use of Data**

*Standard 15.* Nurse home visitor and nursing supervisors collect data as specified by the NFPNSO and use NFP Reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.

Each TNFP program site collected data and used the NFP reports to monitor and improve its operations. NFPNSO sent each site quarterly summary reports providing statistical information on each site’s performance in relation to the NFP national totals. TNFP nurse supervisors reviewed the reports to determine if the sites were meeting the goals of the NFP program and if they were adhering to the model elements. During the review of reports, problems with the reported data were also identified, and corrected data was transmitted to NFPNSO along with the reason for the error (e.g., data entry, data collection, or other error). If needed, the TNFP program sites made appropriate corrections in the database or adjustments in protocol, in consultation with NFPNSO or HHSC. TNFP nursing supervisors also used the data reports to establish a basis for the development of quality improvement processes.

**Agency**

*Standard 16.* An NFP implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families. The implementing agency should provide visible leadership and support the NFP program with all tools necessary to ensure program fidelity.

The TNFP program sites are described below. Each site met the Standard 16 criteria.

• **Any Baby Can, Inc.** has a 30-year history of providing preventive home-based programs for expectant, first-time parents with multiple risk factors including poverty, lack of health insurance or access to health care, limited education or job skills, parental disability, mental health concerns, history of family violence, and a history of substance abuse. The primary goals of Any Baby Can include improved birth outcomes, improved parenting behaviors, the reduction of childhood injuries, and increased immunization rates.

• **Parkland Health and Hospital System (HHS)** is an established local government organization with a reputation for being a successful provider of services to low-income families in Dallas County. Parkland HHS has several programs designed to help low-income families obtain health care, including Dallas Healthy Start.

• **YWCA of Metropolitan Dallas** has been active in the Dallas community since 1908 and has a history of developing and sustaining programs to meet the needs of low-income families. The YWCA offers a continuum of services that help improve women’s lives and remove barriers to self-sufficiency. Annually, the YWCA serves more than 6,000 low-to-moderate income families through subsidized childcare centers, financial education development, and parental education and support.

• **Tarrant County Health Department** has a strong foundation in the community and provides a broad array of public health services to prevent disease and injury and to promote
health. Through collaborations with community, church, and governmental agencies, Tarrant County has worked to address many local health issues affecting low-income families.

- **Baylor College of Medicine Teen Health Clinics** has been providing medical, counseling, and education services for 35 years in some of Houston’s poorest neighborhoods. Through seven comprehensive teen health clinics, the Baylor College of Medicine provides community-oriented primary and reproductive care to low-income women under 21 years of age. The primary goals of the teen health clinics are to reduce infant mortality, prevent subsequent teen pregnancies, and reduce the incidence of sexually transmitted diseases.

- **City of Houston Department of Health and Human Services** (DHHS) has a long history of assisting at-risk families in the Houston Metropolitan Area. Houston DHHS has historically administered two programs focused on assisting low-income pregnant women: the Targeted Case Management for Children and Pregnant Women program and the Healthy Families Healthy Futures home visitation program.

- **Texas Children’s Health Plan** is the largest combined STAR/Children’s Health Insurance Program (CHIP) managed care organization in Harris County. The Texas Children’s Health Plan has a maternity management-newborn program, Star Babies, for pregnant Medicaid clients in the Texas Children’s Health Plan population. This program provides education and resource assistance to a monthly average of 2,500 pregnant women and their babies. The program includes a home visitation program for high-risk mothers, community outreach, car seat installation services, and other social services.

- **Texas Tech University Health Science Center** was established in 1998 in a medically underserved area of Lubbock to provide primary care services to at-risk families. Texas Tech has several programs designed to provide services to low-income families, including Texas Health Steps, primary care clinics, counseling services, and women’s health services.

- **City of Port Arthur Health Department** has over 100 years of experience providing health, parent, and family support services to low-income families in their community. Port Arthur has past experience in providing home-based services through a maternal and child health grant.

- **City of Laredo Health Department** has over 50 years of experience providing a full range of public health services to the residents of Webb County with limited services to Duval, Jim Hogg, Zapata, and Starr counties. Thirty-seven percent of the population of Webb County is uninsured, 25 percent are enrolled in Medicaid, 9 percent are enrolled in Medicare, and 8 percent are enrolled in CHIP.

- **The Children’s Shelter** has been providing for the health and safety of children in crisis in the San Antonio community since 1901. The Children’s Shelter offers medical and dental services, foster care and adoption services, mental health services, outreach programs, and services for pregnant and parenting teens. Through the Mothers and Schools program, the Children’s Shelter has collaborated with the San Antonio Independent School District to reduce pregnancy, poverty, high school dropout, and child abuse rates.

- **University Health System** is a publicly-supported, academic medical center and safety net provider serving San Antonio and the South Texas region. Historically, University Health System has been the major service provider for low-income families providing maternal and child health care in Bexar County. University Health System has worked for more than 50 years to improve the outcomes for low-income women and children.

- **University Medical Center of El Paso** has almost 100 years of experience providing health care services to the residents of El Paso and surrounding areas. The University Medical Center of El Paso is the city’s only not-for-profit community hospital and provides a variety of inpatient and outpatient services. Each year the hospital provides over $180 million in
indigent care services to the uninsured and working poor population in the El Paso community.

**Standard 17.** An NFP implementing agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system to the program and to promote program quality and sustainability. It is important for an implementing agency to have a community advisory board where implementation issues can be vetted and problems addressed. A community advisory board:

- Provides a support network for NFP staff and clients.
- Facilitates awareness of NFP in the community.
- Provides assistance in developing relationships with referral sources and service providers.
- Helps assess and respond to challenges in program implementation.
- Identifies gaps in client resources and services.
- Consults with the NFP staff regarding quality improvement.
- Works with other local, state, and federal entities to generate the support needed to sustain the NFP program.

Each program site has a community advisory board that met quarterly except for the City of Laredo. Due to delays in staffing, the Laredo site was not able to develop or convene a community advisory board as of June 30, 2012. However, the Laredo site began development of their community advisory board in August 2012 and is scheduled to convene for the first time in October 2012. The two TNFP sites in Dallas share an advisory board, as do the two TNFP sites in San Antonio.

**Standard 18.** Adequate support and structure shall be in place to support nurse home visitors and nursing supervisors to implement the program and to ensure that data are accurately entered into the data base in a timely manner. Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets, and other equipment to carry out the program. It also includes employing a person primarily responsible for key administrative support tasks for NFP staff, such as entering data and maintaining report accuracy. Each implementing agency must have the equivalent of a half-time general administrative staff member for every 100 clients to support the nurse home visitors and nursing supervisors.

All 13 TNFP sites have established an adequate support structure to ensure effective implementation and accurate data entry. Each TNFP program site has dedicated support staff. Eleven sites have one full-time person providing data entry and other administrative assistance, two sites have administrative assistants working three-quarters time and one site has an administrative assistant working half time.

In addition, each implementing agency has dedicated space, desks, computers, and other equipment to its TNFP program. The majority of each site’s overhead is paid by the implementing agency.

**Establishment of Paternity**
Section 531.653, Government Code, requires TNFP program sites to assist clients in establishing paternity of their babies. Information on paternity establishment was provided to 100 percent of TNFP clients between July 1, 2009 and June 30, 2012. During this time period, 404 of the 4,294 TNFP clients completed Acknowledgment of Paternity (AOP) documentation with their nurse home visitor prior to delivery. It is unknown how many clients completed AOP documentation during their hospital stay following the birth of their baby or at a later time point.

**PROGRAM OUTCOMES**

The aim of the TNFP program is to improve the health and self-sufficiency of low-income, first-time parents and their children by improving pregnancy outcomes, improving child health and development, improving family economic self-sufficiency and stability, and reducing child abuse and neglect. TNFP sites gather program outcome data associated with these program goals:

- **Improve pregnancy outcomes.** TNFP sites collect data on preterm delivery and low birth rates, NICU use, and incidence of pregnancy complications.
- **Improve child health and development.** TNFP sites collect data on the frequency of ER visits, hospitalizations, and well-child check-ups.
- **Improve family economic self-sufficiency and stability.** TNFP sites collect data on the intervals between the first and second child, work force participation, and the use of public assistance.
- **Reduce child abuse and neglect.** TNFP sites collect data on the frequency of hospitalizations (including visits to the emergency room) for injury and ingestion.\(^{23}\)

The outcome data presented come directly from NFPNSO quarterly summary tables. Due to the method in which NFPNSO collects and aggregates the data, the number of clients with data for each outcome is known, but the number of clients with missing data is not known in many instances. For this reason, it is not possible to tell how much of the population is represented in the data for each outcome and the percentages for TNFP clients and NFP clients nationally may be over or understated and cannot be directly compared. Due to contracting issues with NFPNSO, HHSC is unable to rectify these issues and is therefore unable to analyze any of the outcome data provided by NFPNSO. Tables summarizing some of the outcome data provided by NFPNSO are included in Appendix A. However, caution should be taken when viewing this data. It is hoped that the data issues will be resolved in the near future.

No data are presented on the reduction of child abuse and neglect due to limited data. During this reporting period, NFPNSO assessed rates of child abuse and neglect only by the number of children admitted to the hospital or seen in the emergency room because of an injury or ingestion. As of October 2011, new data collection forms have been implemented and these include direct questioning of referrals for child abuse and neglect.

\(^{23}\) Ingestion is used as a surrogate measure for child abuse and neglect.
Purpose

In order to gather information on the experiences of the clients participating in the TNFP program, clients were given the opportunity to complete a brief survey. In total, 1,078 current or graduating clients completed the survey.

Methodology

Population

Every client enrolled in the TNFP program that had a visit with their Nurse Home Visitor between May 1, and July 31, 2012 was provided an opportunity to complete the survey. Between May 1, and July 31, 2012, nurse home visitors made home visits to 1,666 unique clients.

Questionnaire

The Evaluation Unit worked in collaboration with HHSC Office of Program Coordination for Children and Youth to create a one page English/Spanish survey assessing client satisfaction with the program, the program’s usefulness, public service program use, and whether the client would recommend the program to others. The surveys are included in Appendix B. Surveys were distributed with a postage paid envelope.

Survey Distribution

The satisfaction surveys were distributed by TNFP nurse home visitors to clients who were seen between May 1, and July 31, 2012. TNFP nurse home visitors were instructed to distribute only one survey per client and to allow the client some privacy in order to complete the survey and seal the survey in the envelope provided. The nurse home visitors then mailed the surveys for the clients. The survey had two versions: one for current clients and one for clients who would graduate from the TNFP program in May, June, July, or August of 2012.

Response Rate

In total, 1,079 clients completed either the current client or graduated client survey. Based on the number of clients visited between May 1, and July 31, 2012, 68.4 percent of clients during that time period completed the survey. Table 6 shows the distribution of client surveys by program site.
Table 6. Surveys by Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Clients Served*</th>
<th>Surveys Completed</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Baby Can</td>
<td>185</td>
<td>127</td>
<td>68.6%</td>
</tr>
<tr>
<td>The Children's Shelter</td>
<td>192</td>
<td>141</td>
<td>73.4%</td>
</tr>
<tr>
<td>University Health System</td>
<td>182</td>
<td>131</td>
<td>72.0%</td>
</tr>
<tr>
<td>UMC-El Paso</td>
<td>90</td>
<td>74</td>
<td>82.2%</td>
</tr>
<tr>
<td>Texas Tech - Lubbock</td>
<td>179</td>
<td>91</td>
<td>50.8%</td>
</tr>
<tr>
<td>YWCA - Dallas</td>
<td>237</td>
<td>125</td>
<td>52.7%</td>
</tr>
<tr>
<td>Parkland Hospital</td>
<td>83</td>
<td>44</td>
<td>53.0%</td>
</tr>
<tr>
<td>Tarrant County</td>
<td>181</td>
<td>108</td>
<td>59.7%</td>
</tr>
<tr>
<td>Baylor College of Medicine</td>
<td>71</td>
<td>39</td>
<td>54.9%</td>
</tr>
<tr>
<td>City of Port Arthur</td>
<td>96</td>
<td>80</td>
<td>83.3%</td>
</tr>
<tr>
<td>City of Houston</td>
<td>81</td>
<td>59</td>
<td>72.8%</td>
</tr>
<tr>
<td>Texas Children's Health Plan</td>
<td>89</td>
<td>60</td>
<td>67.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,666</strong></td>
<td><strong>1,079</strong></td>
<td><strong>64.8%</strong></td>
</tr>
</tbody>
</table>

*Clients served is the total number of unique clients who were seen from each site between May 1 and July 31, 2012.

Limitations

Surveys were distributed for three months to gather input from clients. Therefore, they represent the perceptions of only a sample of the total number of clients who have participated in the TNFP program since 2009.

Survey Results

Current Client Survey

The current client survey generated a total of 985. The respondents were classified according to the phase of the program they were in: pregnancy, infancy, or toddlerhood.
Overall Satisfaction

Current clients were asked four questions related to satisfaction with the program.
- How satisfied are you with the Nurse-Family Partnership Program?
- Does the nurse home visitor talk to you about things that are important to you?
- How helpful has the Nurse-Family Partnership program been to you?
- Would you recommend the Nurse-Family Partnership program to your friends or family?

Overall there were very high levels of client satisfaction among current clients.

Satisfaction with Program. When asked how satisfied they were with the Nurse-Family Partnership program, 983 of the 985 respondents across all phases of the program were somewhat or very satisfied. Only two clients reported any level of dissatisfaction.

Nurse Home Visitor Communications. Of the 985 respondents, 982 felt that the nurse home visitor talked about things that were important to the client. Only two clients answered that the nurse home visitor did not talk about things that were important to them, and one client declined to answer the question.

Helpfulness of the Program. Clients were asked how helpful the NFP program has been to them. Of the 985 respondents, 984 responded that the program has been somewhat or very helpful. One client did not answer this question.

Recommend TNFP to Others. Finally, clients were asked if they would recommend the TNFP program to their family or friends. All but two of the 985 current clients answered that they would recommend the program while the remaining two clients did not answer the question.
Services

Respondents were asked whether the nurse home visitor helped them access services they weren’t already receiving. Eighty-four percent of respondents indicated the nurse home visitor had helped them access new services. Not all of the services are available in all areas serviced by the NFP program. WIC, Medicaid, and SNAP were the most common services accessed by women in the program. Table 7 shows the top ten services women accessed with the help of program staff. Other services which were accessed by less than 5 percent of the women include: TANF, Social Security, Social Security Disability, Unemployment Benefits, Intimate Partner Violence, Substance Abuse Services, Children’s Health Insurance Program (CHIP), Children with Special Health Care Needs, and Early Childhood Intervention.

Table 7. Top 10 Services Accessed with Help from the Nurse Home Visitor

<table>
<thead>
<tr>
<th>Services</th>
<th>Percent of Clients Accessing Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>39.9%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>32.6%</td>
</tr>
<tr>
<td>SNAP</td>
<td>22.6%</td>
</tr>
<tr>
<td>Women’s Health Program</td>
<td>16.8%</td>
</tr>
<tr>
<td>Educational Programs</td>
<td>15.9%</td>
</tr>
<tr>
<td>Child Care Assistance</td>
<td>14.2%</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>9.9%</td>
</tr>
<tr>
<td>Paternity and Child Support Assistance</td>
<td>8.1%</td>
</tr>
<tr>
<td>Job Training and Employment</td>
<td>7.3%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Graduated Client Survey

Clients who were about to graduate from the program were given a different satisfaction survey to complete. There were 94 responses to the graduated client survey.

Overall Satisfaction

Graduated clients were asked three of the four questions asked of current clients related to satisfaction with the program.

- How satisfied are you with the Nurse-Family Partnership Program?
- Would you recommend the Nurse-Family Partnership program to your friends or family?
- How helpful has the Nurse-Family Partnership program been to you?
Overall there were very high levels of client satisfaction among graduated clients.

**Satisfaction with Program.** When asked how satisfied they were with the nurse partnership program, 100 percent of responding graduated clients was somewhat or very satisfied.

**Recommend TNFP to Others.** When asked if they would recommend the TNFP program to their family or friends, 100 percent of responding graduated clients indicated they would recommend the program.

**Helpfulness of the Program.** Graduated clients were asked how helpful the NFP program has been to them. All 94 of the graduated client respondents answered that the program was very helpful.

**Additional Program Benefits**

Graduated clients were also asked a series of questions about how the program helped them in a number of specific ways. All graduated clients felt the program had prepared them to care for their children, with 100 percent agreeing or strongly agreeing. All of the graduated clients felt the program provided them with the resources needed to become self-sufficient. When asked if the program helped them improve their physical health, 97 percent agreed or strongly agreed. Two of the 94 graduated clients (2 percent) disagreed, and one client did not answer the question. All responding graduated clients reported that the program helped them reach their goals. Finally, graduated clients were asked if the program helped them access programs and services, to which 100 percent agreed or strongly agreed.

**Comments**

Survey respondents were given the opportunity to enter comments about their experiences in the program. Out of the current clients, over half (509 clients) gave comments. Ninety-nine percent of the comments were positive while three of the comments gave recommendations to improve the program or contained a mixed review. Sixty-three graduated clients (67 percent of respondents) included comments in their survey responses, all of which were positive. The open-ended responses are available on request.

**Client Satisfaction Survey Summary**

Overall, both current clients and graduated clients who were surveyed were very satisfied with the program. The surveys also support the programmatic data indicating the program has helped connect these first-time mothers with relevant public services.
SUMMARY

The NFP program successfully implemented 13 TNFP sites across Texas, enrolling 4,294 low-income first-time mothers and has a current TNFP caseload of 1,529 low-income first time mothers. The median age of TNFP clients at intake was 18 years. At intake, twelve percent of TNFP clients were married, 33 percent of clients whose employment status (4,096) was known were working either full- or part-time, and TNFP clients had a median annual household income of $16,000.

As a condition of their funding, TNFP grantees were required to adhere to the TNFP program model standards developed by NFPNSO. With the exception of the site in Laredo, all of the TNFP sites successfully adhered to the 18 model standards covering 7 areas of implementation.

• Clients (Standards 1-4) - Each client participated in the program voluntarily, was a first-time mother, and met the low-income criteria. Ninety-nine percent began receiving program services before the beginning of their 29th week of pregnancy.

• Intervention Context (Standards 5-7) - Each nurse home visitor visited clients in accordance with NFPNSO guidelines.

• Expectations of the Nurses and Supervisors (Standards 8-9) - Each grantee followed the NFPNSO guidelines regarding staff training and experience.

• Application of the Intervention (Standards 10-12) - Each nurse home visitor followed the NFPNSO visitation guidelines during client visits, used current clinical methods to apply the NFP theoretical framework. However, a quarter of nurse home visitors had a caseload greater than 25 clients for short periods of time.

• Reflection and Clinical Supervision (Standards 13-14) – With the exception of the Laredo site, each nursing supervisor provided supervision to no more than eight nurses and provided clinical supervision and feedback in accordance with NFPNSO guidelines. Overall, each nursing supervisor provided sufficient one-to-one supervision.

• Program Monitoring and Use of Data (Standard 15) - Each grantee collected data in accordance with NFPNSO guidelines.

• Agency (Standards 16-18) - Each grantee was located in an organization known for providing prevention services and had the organizational structure to support the implementation and operation of an NFP program. All sites except for the new site in Laredo met regularly with a community advisory board to discuss implementation issues.

POTENTIAL EVALUATION GOALS

Prior to June 30, 2011, program sites were not required to gather Medicaid ID for TNFP clients because program services were not funded through Medicaid dollars. Strategic Decision Support is actively working with HHSC program staff and NFPNSO to gather the Medicaid IDs for TNFP clients enrolled in Medicaid. If Strategic Decision Support can confidently match TNFP clients to their Medicaid IDs, HHSC intends to analyze TNFP enrollment and claims data to examine service utilization and potential cost savings.
CONCLUSION

The focus of the TNFP evaluation is the examination of the fidelity of TNFP grantees to the NFPNSO model. With the exception of the newest site in Laredo, the remaining 12 TNFP grantees met all of the 18 NFP model standards. It is expected that the Laredo site will meet all standards by October 2012.
APPENDIX A: PROGRAM OUTCOMES

Improve Pregnancy Outcomes

Data were collected on the births of 2,718 babies born to TNFP clients between September 1, 2008 and June 30, 2012. Although other data indicate there were additional births, the precise number is not known. Of these 2,718 babies, 10 percent were born before 37 weeks gestation, 9 percent were born at a low birth weight (less than 2,500 grams or 5 lbs. 8 oz) and 1 percent were born at a very low birth weight (less than 1,500 grams or 3 lbs 5 oz.) (see Table A-1).

Table A-1. Goal 1 – Improve Pregnancy Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Number of Births*</th>
<th>Preterm Birth (born before 37 weeks)</th>
<th>Low Birth Weight (&lt; 2500g)</th>
<th>Very Low Birth Weight (&lt; 1500g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNFP</td>
<td>2,718</td>
<td>10.3%</td>
<td>8.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>National NFP</td>
<td>99,531</td>
<td>9.7%</td>
<td>9.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td></td>
<td>11.4%</td>
<td>7.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Objective**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Time Period: September 1, 2008 - June 30, 2012

*Number of births is the number of births for which data were collected and does not represent all births during the time period.

**The NFP objectives are the same as the Healthy People 2020 objectives.

Improve Child Health and Development

Breastfeeding

Of the TNFP clients with data on breastfeeding, 87 percent initiated breastfeeding, 20 percent were breastfeeding at 6 months, and 11 percent were breastfeeding at 12 months (see Table A-2).
Table A-2. Goal 2 – Improve Child Health and Development
Frequency of Breastfeeding

<table>
<thead>
<tr>
<th></th>
<th>Number of Clients Reporting*</th>
<th>Initiated Breastfeeding Percent</th>
<th>Number of Clients Reporting*</th>
<th>Breastfeeding at 6-Months Percent</th>
<th>Number of Clients Reporting*</th>
<th>Breastfeeding at 12-Months Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNFP</td>
<td>3,045</td>
<td>87.1%</td>
<td>1,612</td>
<td>20.4%</td>
<td>1,192</td>
<td>11.4%</td>
</tr>
<tr>
<td>National NFP</td>
<td>76,503</td>
<td>79.0%</td>
<td>40,072</td>
<td>28.1%</td>
<td>28,689</td>
<td>16.7%</td>
</tr>
<tr>
<td>Healthy People 2020 Objective**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>81.9%</td>
<td></td>
<td>60.6%</td>
<td></td>
<td>34.1%</td>
</tr>
</tbody>
</table>

Time Period: September 1, 2008 - June 30, 2012
*Number of Clients Reporting includes clients who provided information about breastfeeding on the Infant Birth Form, the Infant Health Form at 6 months, or reported at 12 months.
**The NFP objectives are the same as the Healthy People 2020 objectives.

Immunizations

Between September 1, 2008 and June 30, 2012, of the babies with a completed Infant Health Care Form at each time interval, 86 percent of 6-month old TNFP babies had received all of their scheduled immunizations, and 84 percent of 12-month old babies had received all of their scheduled immunizations (see Table A-3).

Table A-3. Goal 2 – Improve Child Health and Development
Percent of TNFP Children Who Received Scheduled Immunizations

<table>
<thead>
<tr>
<th></th>
<th>Total Number of Children with Immunization Data*</th>
<th>Percent with Up-to-Date Immunizations at 6-Months</th>
<th>Total Number of Children with Immunization Data*</th>
<th>Percent with Up-to-Date Immunizations at 12-Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNFP</td>
<td>1,231</td>
<td>86.4%</td>
<td>770</td>
<td>84.3%</td>
</tr>
<tr>
<td>National NFP</td>
<td>25,151</td>
<td>86.2%</td>
<td>20,480</td>
<td>85.1%</td>
</tr>
</tbody>
</table>

Time Period: September 1, 2008- June 30, 2012
*The total number of children with immunization data includes all children with a completed Infant Health Care Form at each time interval.

Developmental Delays

In order to screen TNFP babies for developmental and social delays, nurse home visitors administer the Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire: Social-Emotional (ASQ:SE). These screening instruments are designed to test infants and young children at standardized intervals for developmental delays and social-emotional delays. Only data from the first two screenings (4-months and 10-months for the ASQ-3 screenings and 6-months and 12-months for the ASQ:SE) are reported.
There were 1,405 babies screened with the ASQ at four months of age with five percent requiring additional developmental assessment. At ten months of age, 85 percent of infants were screened, and 9 percent required additional screening (see Table A-4).

### Table A-4. Goal 2 – Improve Child Health and Development
Developmental Delays: Ages and Stages Questionnaire (ASQ) Results*

<table>
<thead>
<tr>
<th></th>
<th>Number of Infants**</th>
<th>Percent Assessed at 4- Months</th>
<th>Required Additional Assessment</th>
<th>Number of Infants**</th>
<th>Percent Assessed at 10- Months</th>
<th>Required Additional Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNFP</td>
<td>1,645</td>
<td>85.4%</td>
<td>5.1%</td>
<td>1,193</td>
<td>84.8%</td>
<td>8.5%</td>
</tr>
<tr>
<td>National NFP</td>
<td>35,881</td>
<td>83.4%</td>
<td>6.1%</td>
<td>27,833</td>
<td>82%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

*ASQ is also assessed at 14- and 20-months
**Number of Infants includes those eligible for an ASQ assessment.

There were 1,453 infants screened at six months of age with the ASQ:SE. Of these, four percent required further evaluation (see Table A-5). At 12 months, 1,101 children were screened, and three percent required further evaluation.

### Table A-5. Goal 2 – Improve Child Health and Development
Developmental Delays: Ages and Stages Questionnaire: Social Emotional (ASQ:SE) Results*

<table>
<thead>
<tr>
<th></th>
<th>Number of Infants**</th>
<th>Percent Assessed at 6- Months</th>
<th>Required Additional Assessment</th>
<th>Number of Infants**</th>
<th>Percent Assessed at 12- Month</th>
<th>Required Additional Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNFP</td>
<td>1,646</td>
<td>88.3%</td>
<td>4.3%</td>
<td>1,194</td>
<td>92.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>National NFP</td>
<td>35,870</td>
<td>74.0%</td>
<td>3.7%</td>
<td>27,823</td>
<td>74.4%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

*ASQ:SE is also assessed at 18- and 24-months
**Total Number of Infants includes those eligible for an ASQ:SE assessment

### Improve Family Economic Self-Sufficiency and Stability

#### Employment

As reported in the client demographics section of the main report, at intake, 31 percent of TNFP clients whose employment status was known (4,096 out of 4,294 clients) reported they were working either part- or full-time (see Table A-6). Data on employment during the program shows that, of those with employment data at each time period, 32 percent were working at 6 months, 40 percent were working at 12 months, and 49 percent were working at 18 months.
Table A-6. Client Employment Status at Intake at 6-Months, 12-Months, and 18-Months Postpartum*

<table>
<thead>
<tr>
<th></th>
<th>Intake</th>
<th>6 Months Postpartum</th>
<th>12 Months Postpartum</th>
<th>18 Months Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number with Data</td>
<td>Percent Working</td>
<td>Number with Data</td>
<td>Percent Working</td>
</tr>
<tr>
<td>TNFP</td>
<td>4,096</td>
<td>32.6%</td>
<td>1,662</td>
<td>32.3%</td>
</tr>
<tr>
<td>National NFP</td>
<td>137,249</td>
<td>40.3%</td>
<td>60,531</td>
<td>36.3%</td>
</tr>
</tbody>
</table>

*Includes all participants who completed demographic forms for time period and answered the question about working status.

Subsequent Pregnancy

Between September 1, 2008 and June 30, 2012, of the TNFP clients with data on subsequent pregnancies, 4 percent were pregnant 6 months after giving birth, and 11 percent were pregnant 12 months after giving birth (see Table A-7).

Table A-7. Goal 3 – Improve Family Economic Self-Sufficiency and Stability Subsequent Pregnancy

<table>
<thead>
<tr>
<th></th>
<th>6 Months Postpartum</th>
<th>12 Months Postpartum</th>
<th>18 Months Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clients whose Pregnancy Status is Known</td>
<td>Percent of Clients Pregnant</td>
<td>Clients whose Pregnancy Status is Known</td>
</tr>
<tr>
<td>TNFP</td>
<td>1,662</td>
<td>3.7%</td>
<td>1,200</td>
</tr>
<tr>
<td>National NFP</td>
<td>60,531</td>
<td>3.7%</td>
<td>46,209</td>
</tr>
</tbody>
</table>

Time Period: September 1, 2008 - June 30, 2012
Current Nurse-Family Partnership Client Questions

Preguntas Para el Cliente que está Participando en el Programa de la Asociación Enfermera-Familiar

We would like to know what you think about the Nurse-Family Partnership Program. Please answer the following questions, then seal your questionnaire in the attached envelope and give it to your nurse home visitor. She will drop it in the mail for you. We will not know who answered this questionnaire. Your participation is voluntary, and you do not need to answer any question you don’t want to answer.

Queremos saber lo que usted piensa el programa de la Asociación Enfermera-Familiar. Sirvase responder las siguientes preguntas, luego selle su cuestionario en el sobre adjunto y darle a su la enfermera que los visita. Ella lo enviara por correo por usted. Nosotros no lamos a saber quien contesto el cuestionario. No se require que usted complete el cuestionario y no necesita responder a ninguna pregunta que no quiera responder.

1. I completed the survey / Yo terminé la encuesta:
   □ on my own / por mi cuenta.
   □ with assistance from someone else / con la ayuda de alguien.

2. What is your zip code / Cuál es su código postal: __________

3. What is your baby’s birthdate (or due date) / Cual es la fecha de nacimiento de su bebe (o en que fecha espera tenerlo)? __________

4. What phase of the Nurse-Family Partnership program are you in? / ¿En qué fase del programa de la Asociación Enfermera-Familiar está usted?
   □ Pregnancy / Embarazo
   □ Infancy / Infancia
   □ Toddlerhood / Niños de edades 2-4 años

5. How satisfied are you with the Nurse-Family Partnership program? / ¿Qué tan satisfecho está usted con el programa de la Asociación Enfermera-Familiar?
   □ Very satisfied / Muy satisfecho
   □ Somewhat satisfied / Algo de Satisfecho
   □ Somewhat dissatisfied / Algo de Insatisfecho
   □ Very dissatisfied / Muy Insatisfecho

6. Does the nurse home visitor talk to you about things that are important to you? / ¿La enfermera que la visita a su hogar platica con usted sobre las cosas que son importantes para usted?
   □ Yes / Sí
   □ No / No

7. How helpful has the Nurse-Family Partnership program been to you? / ¿Qué útil ha sido el programa de la Asociación Enfermera-Familiar para usted?
   □ Very helpful / Muy útil
   □ Somewhat helpful / Algo útil
   □ A little helpful / Un poco útil
   □ Not at all helpful / No es nada útil

OVER
8. Has your nurse home visitor helped you access services you weren’t already receiving? / ¿Le ha ayudado la enfermera que los visita en casa conseguir los servicios que no esteba recibiendo antes?
- □ Yes / Sí
- □ No / No

9. If yes, which services? Please note that not all services listed below are available in all areas serviced by the Nurse-Family Partnership program. (check all that apply)
¿Si le ha ayudado, ¿cuáles son estos servicios? Tom en cuenta que no todos los servicios en esta lista están disponibles en todas las áreas del programa de la Asociación Enfermera-Familiar. (marque todos lo que aplique)

- □ Medicaid
- □ Food Stamps / Cupones de alimentos
- □ TANF
- □ WIC
- □ Job Training and Employment/ Empleo y capacitación laboral
- □ Women’s Health Program / Programa de salud de la mujer
- □ Social Security / Seguro Social
- □ Social Security Disability / Seguro Social Discapacidad
- □ Unemployment Benefits / Beneficios por desempleo
- □ Child Care Assistance / Asistencia de cuidado infantil
- □ Intimate Partner Violence / Violencia entre la pareja
- □ Mental Health Services / Servicios de salud mental
- □ Substance Abuse Services / Servicios de abuso de drogas
- □ State Children’s Health Insurance Program (SCHIP) / Programa del Estado de seguros Medicos Infantil (SCHIP)
- □ Housing Assistance / Asistencia de vivienda
- □ Paternity and Child Support Assistance / Asistencia para establecimiento de paternidad y manutención de niños
- □ Children with Special Health Care Needs / Niños con cuidados especiales de salud
- □ Early Childhood Intervention / Intervención temprana
- □ Educational Programs / Programas educativos

10. Would you recommend the Nurse-Family Partnership program to your friends or family?
¿Recomendaría el programa de la Asociación Enfermera-Familiar a sus amigos o la familia?

- □ Yes / Sí
- □ No / No

11. Do you have any additional comments about your experiences with the Nurse-Family Partnership Program? ¿Tiene usted algún comentario adicional sobre sus experiencias con el programa de la Asociación Enfermera-Familiar?
Graduated Nurse-Family Partnership Client Questions

Preguntas Para el Cliente Graduado del Programa de la Asociación Enfermera-Familiar

We would like to know what you think about the Nurse-Family Partnership Program. Please answer the following questions, then seal your questionnaire in the attached envelope and give it to your nurse home visitor. She will drop it in the mail for you. We will not know who answered this questionnaire. Your participation is voluntary, and you do not need to answer any question you don’t want to answer.

Queremos saber lo que usted piensa el programa de la Asociación Enfermera-Familiar. Sírvase responder las siguientes preguntas, luego selle su cuestionario en el sobre adjunto y délo a la enfermera que los visita. Ella lo enviará por correo por usted. Nosotros no lamos a saber quien contestó el cuestionario. No se requiere que usted complete el cuestionario y no necesita responder a ninguna pregunta que no quiera responder.

1. I completed the survey / Yo terminé la encuesta:
   □ on my own / por mi cuenta.
   □ with assistance from someone else / con la ayuda de alguien.

2. What is your zip code / Cuál es su código postal: __________

3. What is your baby’s birthdate / Cual es la fecha de nacimiento de su bebé? __________

4. When do you graduate from the Nurse-Family Partnership program? / ¿Cuando se graduó usted del programa de la Asociación Enfermera-Familiar?
   Please provide the month and year / Proporcione el mes y año: ________/__________

5. How strongly do you agree with the following statements: / ¿Cuánto fuertemente estás de acuerdo con las siguientes declaraciones:

<table>
<thead>
<tr>
<th>The Nurse-Family Partnership program has / El programa de la Asociación Enfermera-Familiar me:</th>
<th>Strongly agree / Estoy totalmente de acuerdo</th>
<th>Agree / De acuerdo</th>
<th>Disagree / En desacuerdo</th>
<th>Strongly disagree / Totalmente en desacuerdo</th>
<th>I don’t know / No sé</th>
</tr>
</thead>
<tbody>
<tr>
<td>prepared me to care for my child / preparó para cuidar a mi hijo.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>provided me with the resources needed to become self-sufficient / proporciono los recursos necesarios para ser auto-suficiente.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>helped me improve my physical health / ayudó a mejorar mi salud física.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>helped me reach my goals / ayudó a alcanzar mis metas.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>helped me access programs and services / ayudó a conseguir programas y servicios.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

OVER

B-3
6. How satisfied were you with the Nurse-Family Partnership program? / ¿Qué satisfecho eran usted con el programa de la Asociación Enfermera-Familia?
   □ Very satisfied / Muy satisfecho
   □ Somewhat satisfied / Algo de Satisfecho
   □ Somewhat dissatisfied / Algo de Insatisfecho
   □ Very dissatisfied / Muy Insatisfecho

7. How helpful has the Nurse-Family Partnership program been to you? / ¿Qué tan útil se le hizo el programa de la Asociación Enfermera-Familiar para usted?
   □ Very helpful / Muy útil
   □ Somewhat helpful / Algo útil
   □ A little helpful / Un poco útil
   □ Not at all helpful / No es nada útil

8. Would you recommend the Nurse Family Partnership program to your friends or family?
   ¿Recomendaría el programa de la Asociación Enfermera-Familiar a sus amigos o la familia?
   □ Yes / Sí
   □ No / No

9. Do you have any additional comments about your experiences with the Nurse-Family Partnership Program? / ¿Tiene usted algún comentario adicional sobre sus experiencias con el programa de la Asociación Enfermera-Familiar?