



Family Connects:

Supporting Birthing People and Newborns

September 27th, 2023



For All Families



Para todas las familias



为所有家庭



لجميع العائلات



Today's topics:

- Model Overview
- The Chicago Journey
- 2022 Data Overview

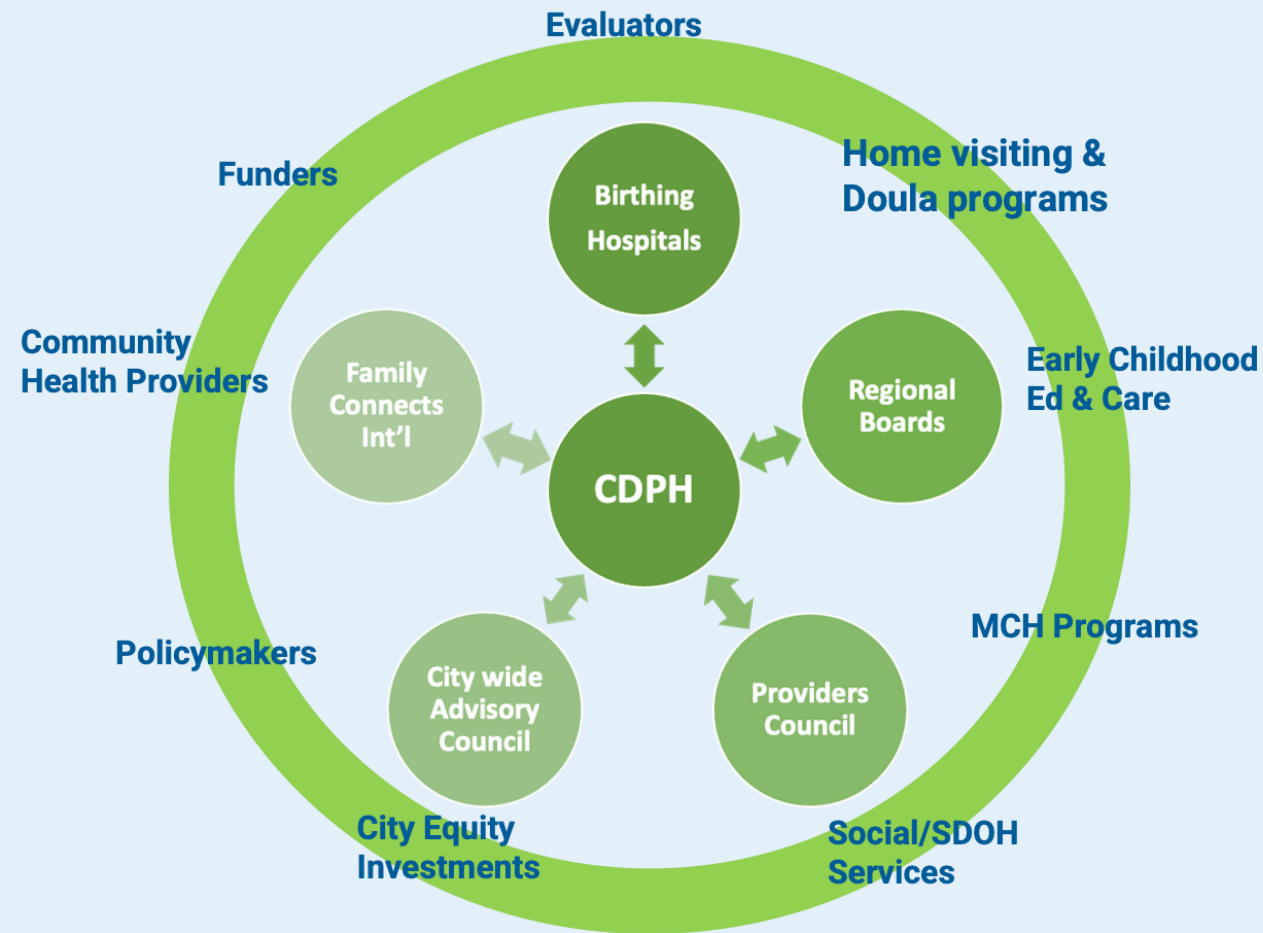


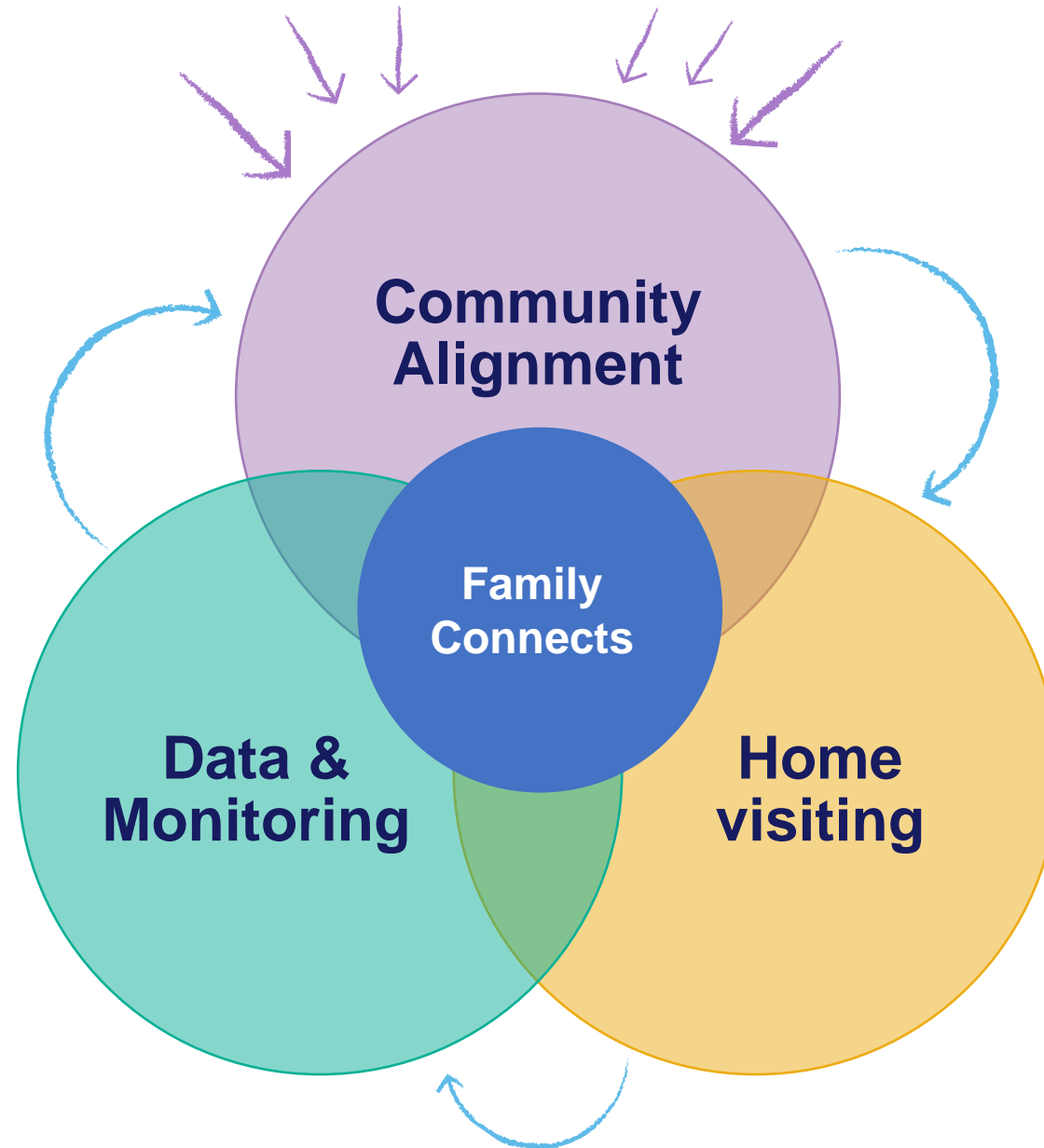


Introduction and Overview of the Model



What role does CDPH play?





How the Model Works



Model basics

Visit offered/scheduled prior to discharge at birthing hospitals

Visit scheduled ideally at 2 weeks postpartum up to 12 weeks postpartum, but may engage later if special needs are present

Available to all families with newborns residing within a defined service area, which could be a region, county, city or birthing hospital

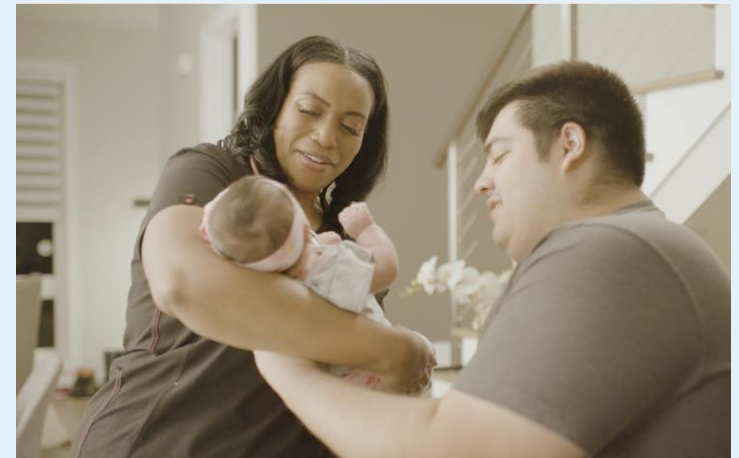
Six to eight new cases per nurse per work week (~44 work weeks per year – 264-352 new cases per nurse per year)

Follow-up contact with families four weeks post visit to confirm families' successful linkages with community resources

Nurse is an RN but is not required to be a BSN

What happens during the Home Visit?

- Newborn health assessment
- Postpartum assessment for the mother
- Supportive guidance about normal newborn and maternal health needs
- Specific education in response to mothers' questions and concerns or those that arise from observation during the visit





Family Connects Support Matrix Domains

Support for Health Care

- Maternal health
- Infant health
- Health care plans

Support for infant care

- Child care plans
- Parent-child relationship
- Management of infant crying

Support for a Safe Home

- Household safety/material
- Family and community safety
- History with parenting

Support for parents

- Parent well-being
- Substance abuse in household
- Parent emotional support



Examples of Common Community Referrals

Support for Health Care

- OB/ Primary Care Provider
- Pediatrician/ Family Practice
- Case Management
- Shelter
- Lactation Support

Support for Caring for Infant

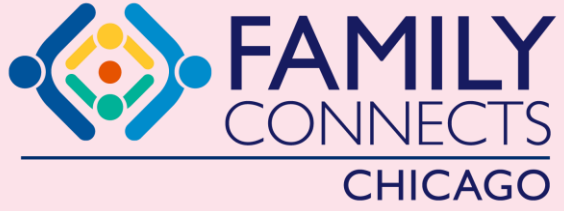
- Child care services
- Healthy Families
- Early Head Start
- Case Management

Support for Health Care

- DSS Social Worker
- Local Housing Authority
- Domestic Violence

Support for Health Care

- Mental Health Services
- Substance Abuse Treatment
- Mother Support Groups



Chicago Journey

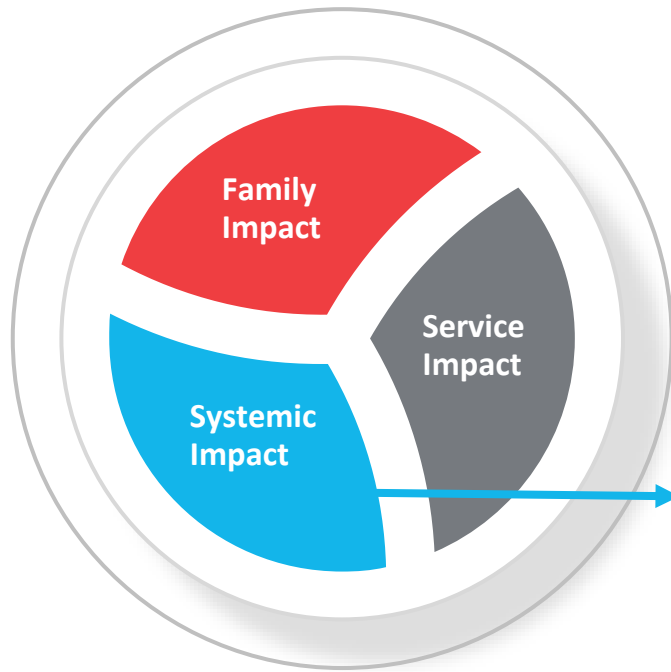


Community Alignment Board (CAB) Purpose

1. **Align resources** relevant to families
2. **Find solutions** to address community needs
3. **Listen to feedback** and updates from community stakeholders
4. **Disseminate information** from Family Connects to community stakeholders

“Alone we can do so little; together we can do so much”
- Helen Keller

Identifying priorities through our structures



Today's work is to leverage insights gathered throughout the FCC structure towards a set of priorities to guide the future

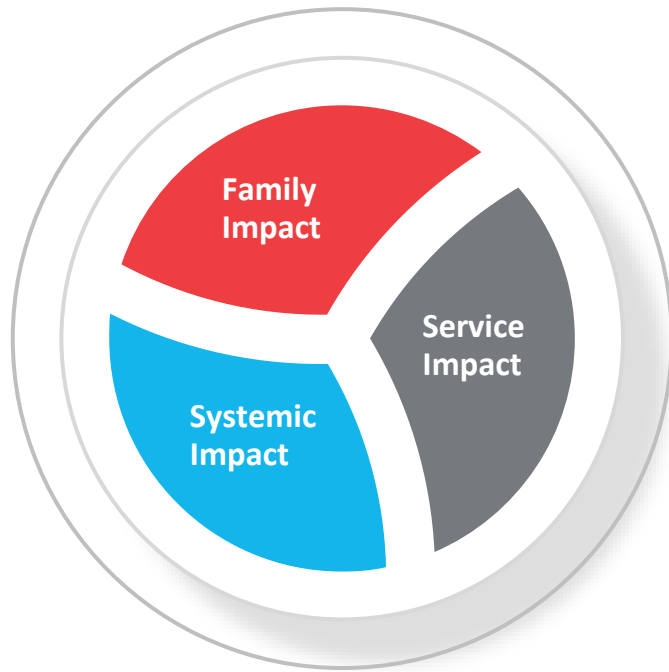
Agenda Setting: based on data, experience, and collaborative solutioning - what priorities might result in the most change for families?

Citywide Board, Provider's Council: patterns and trends in support services across regions or citywide

Regional Boards: common gaps across neighborhoods/ communities

Case conferences: gaps in support for individual families

Case Example: Diaper Equity



Diaper Equity efforts within Family Connects Chicago demonstrate how our 'triple purpose' can leverage clinical and community alignment assets to create change for families, the supports they access, and at the policy level for systemic change.

1

Case conferences identify pressing diaper-related needs across multiple families supported by nurses

2

Delegates develop regional plans to address diaper needs among families living in their geography

3

Based on Regional Board feedback and data in NOWPOW, CDPH finds that diaper referrals far outpace every other referral type

4

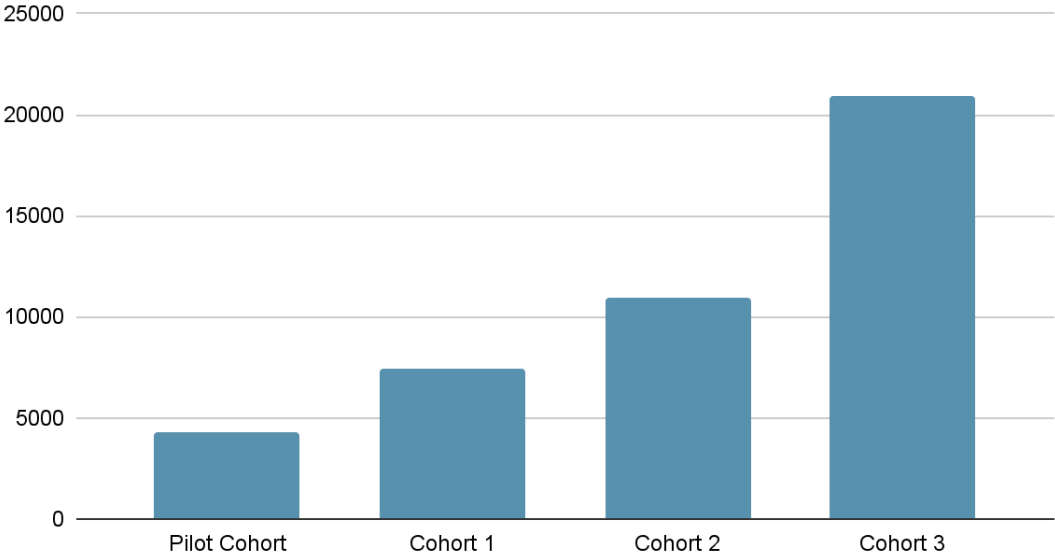
In reviewing data, Citywide board members meet to ID pathways to meeting diaper needs across regions. A study involving a monthly stipend for 100 families is created and launched winter 2023. Simultaneously, a policy agenda for diaper equity work is developed in order to create sustainable change for families citywide.

Data and Progress Monitoring



Path to universality

Projected progress towards universality / FCC implementation in all city birthing hospitals



Public awareness campaign

Through 2023 and 2024, FCC will continue expanding in an effort to reach 28,000 families - representing all city births to city residents

- Pilot cohort: 4 hospitals, already fully implementing
- Cohort 1: 4 more hospitals, 3 of 4 implementing; 1 finishing contract
- Cohort 2: 3 more hospitals, finalizing contract execution
- Cohort 3: 4 more hospitals, 3 contract reviews, 1 exploring options



Hiring campaign

Performance Metrics 2022

4,328
births

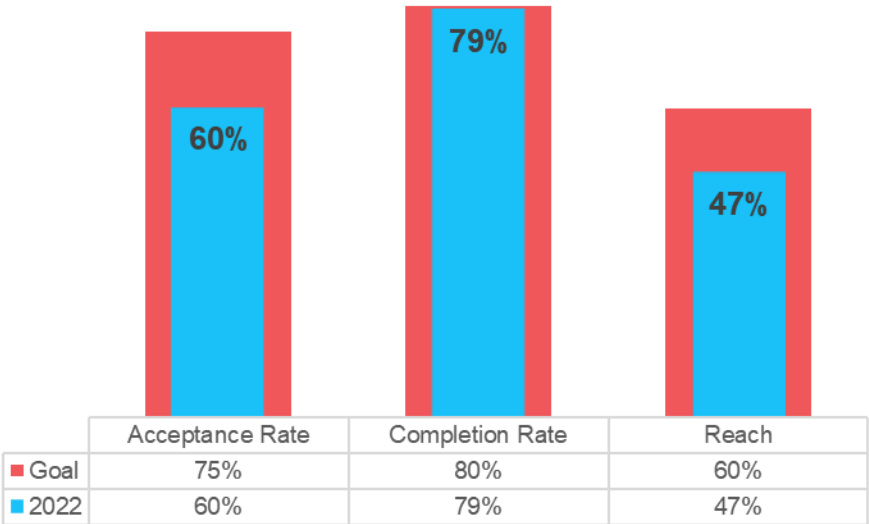
2,055
nurse visits

17,782
referrals

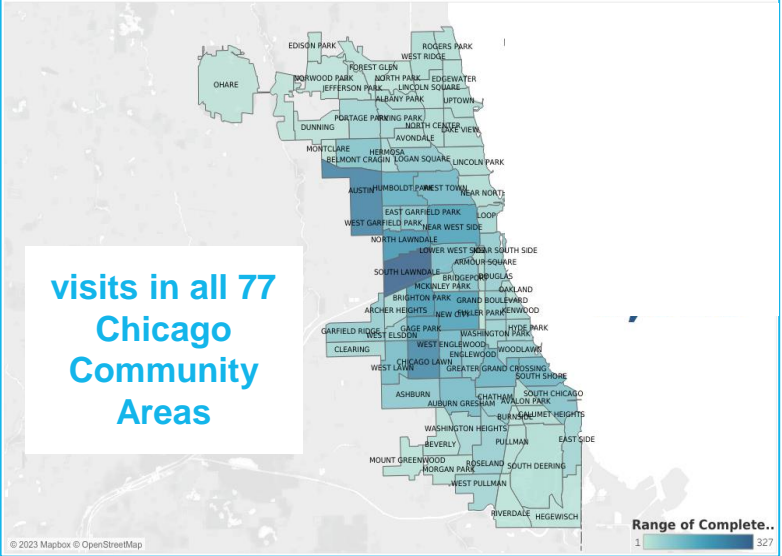
26% of referrals = connection
80% of these resulted in a service

92% think FCC
service is helpful

Of eligible Chicago births



Completed Family Connects Visits by Community Area



Progress monitoring

Intensity

Of families receiving initial visits, **10%** required a follow-up visit or call related to elevated need or risk

Equity

Program reach has been more successful with **Latinx** and **Non-Latinx-Black** families than it has been for Non-Latinx-White, Asian, and Other populations.

Referral Needs

44% of families needed referrals for community support...

- the highest referral percentages were for Non-Latinx-Black families (47%)
- Of almost 18K referrals, around a quarter were contacted by families
- Once a contact was made, **80%** of families received services
- Virtually all who received services reported satisfaction

Connections to Health Care

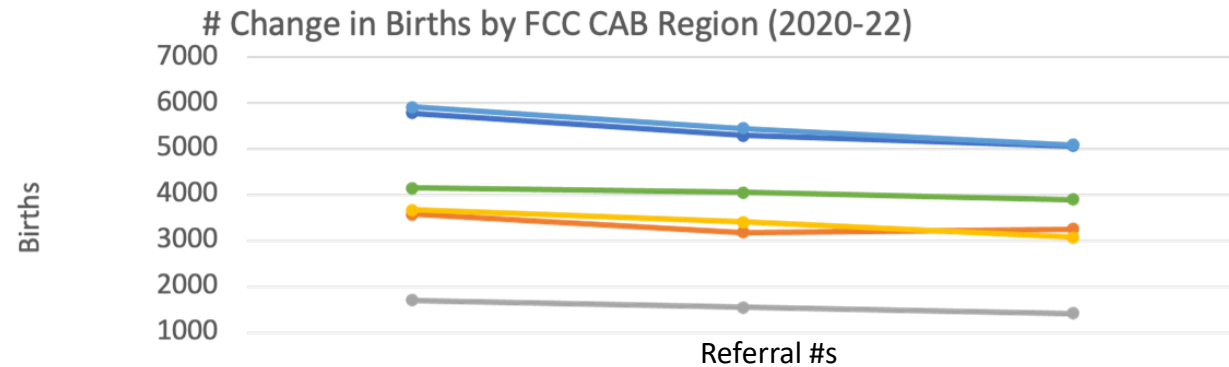
Of families responding to follow-up calls at the 30-day mark...

- **92%** had attended well-baby appointments
- **88%** had attended postpartum maternal appointments

Learning Metrics

Declining Birth Rates

- Births to Chicago residents in Chicago hospitals decreased by 11% since FCC launch - from 24,757 in 2020 to 21,967 in 2022
- Births declined in every region, but by greater volume in A & E, and greater percent in C & D



Referral Types

- Highest 'need' referral areas included household safety/materials support, parent well-being, and childcare plans
- Top ten referral types are listed at right, with high concentration in diapers & WIC app assistance

Diapers	2187
WIC application assistance	1198
Child care	882
Parenting support program	749
Breastfeeding support	730
Income-based housing	636
Food pantry	598
Car seat safety checks	571
Early learning program	537
Utility payment assistance	526

Referral Success

- Referral connection rates are lower than average for childcare & support related to parent-child relationship, infant crying, & parent well-being
- Even after connection to services, receipt of services* is less likely for safety, substance abuse, and parent emotional support



Source: CY22 FCC Referrals from NOWPOW Database Searches on May 24, 2023 (CDPH only-does not include Rush)

Testimonials



Impactful Home Visit Discovery: Nurse Stories



- “I had a home visit with a mom that seemed perfectly healthy. It was her second child, and after providing lactation help, I started our routine vital checks. Her blood pressure was dangerously high — a sign of pre-eclampsia, which can cause seizure, stroke and organ failure in women...After alerting her obstetrician, **the mother was hospitalized for three days to lower her blood pressure.**”

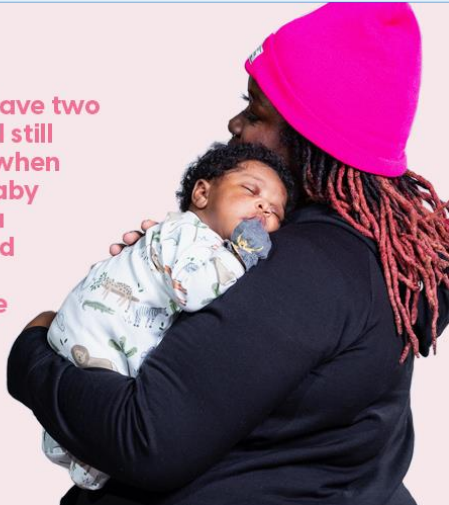
- “Following an extremely traumatic domestic violence and sexual assault incident just 10 days before I saw her, I helped a mom of a newborn and five children. She had numerous financial worries as she waited for a spot in domestic violence program. She was on unpaid maternity leave, which disqualified her from receiving financial support ...She had kids to prepare for returning to school and doctor appointments that included on-site parking fees, which add up. **I was able to connect her with a social worker, who provided free parking for her post-natal visits and found an organization that provides school supplies for children...** *followed up to confirm she got the help she needed when I connected her directly with mental health resources...*”

A little extra care and attention can make a big difference

Whether you have questions about your baby's health, need help scheduling doctor's appointments, or just want someone to talk to, Family Connects is here for you.

“ Even though I have two other children, I still had questions when I brought my baby home. Having a nurse who could answer those questions made my life easier.

Tameka
Tameka H, mother of three



“ Family Connects told me this is normal, there are all of these resources, they made me feel like I'm not alone.

That made a huge difference, it was comforting, and it made me feel like someone understood me.

Esmeralda
Esmeralda R, mother of two



“ Everything is new when you bring a baby home.

Feeding, sleeping, changing. Having a nurse at your house to help you learn about these things was great for both of us.”

Travion
Travion C, new dad





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