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Nurse Home-Visiting – supporting Aboriginal and Torres Strait Islander mothers and their children in the critical early years



*An outline of the Health@Home Plus
initiative*

19 September 2007



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Summary

- Why early childhood?
- Health status of Aboriginal and Torres Strait Islander children.
- *Health@Home Plus.*



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Why focus on Early Childhood?

- High priority for the Australian Government.
- Prevention and early intervention early in life is critical for healthy adults.
- Returns from investment in early childhood ~17:1.



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Health status of Aboriginal and Torres Strait Islander children

- Major improvements in recent years:
 - 60% decrease in Sudden Infant Death Syndrome from 1997-99 to 2000-03.
 - 44% decline in Indigenous infant mortality rate between 1997 and 2003 (WA, SA and NT).
 - 55% reduction in perinatal mortality rate between 1997 and 2003.



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Health status of Aboriginal and Torres Strait Islander children

- Despite these improvements, areas of concern remain:
 - Low birth weight;
 - Infant mortality rate;
 - Maternal smoking; and
 - Ear disease and hearing problems.



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Overview

- Provides \$37.4 million over four years.
- Targeted remote and outer regional areas.
- Health professionals will provide home visiting services to women pregnant with an Aboriginal and Torres Strait Islander child, continuing until the child is two years old.
- Child and family support will be provided to high need children aged two-eight years.
- 40 new Puggy Hunter Memorial Scholarships



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Aims and Objectives

- Improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander children and their families including:
 - Improve child health and development;
 - Provide help with parenting skills;
 - Assist families and children to access other relevant support services;
 - Support children aged 2-8 most in need to help them make a successful transition to early learning and school; and
 - Support development of the Aboriginal and Torres Strait Islander child health workforce.
- New direction for OATSIH.



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Nurse-Family Partnership

- *Health@Home Plus* will be based on the Nurse Family Partnership (NFP) model developed by Dr David Olds in the United States.
- Nurses visit families from pregnancy through child aged two.
- Solid empirical and theoretical underpinnings.
- Focuses on parental behaviour and context.
- Rigorously tested.



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Nurse-Family Partnership Evidence and Outcomes

- Randomised Controlled Trials in:
 - Elmira, New York, 1977;
 - Memphis, Tennessee, 1987; and
 - Denver, Colorado, 1994
- Longitudinal studies.



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Nurse-Family Partnership Evidence and Outcomes

- **Antenatal**
 - Reduced smoking rates
 - Reduced hypertension in pregnancy
- **Birth**
 - Reduced prematurity rates
 - Reduced low birth weight
 - Increased breastfeeding rates



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Nurse-Family Partnership Evidence and Outcomes

- **Childhood & Adolescence**

- Reduced problems related to drugs
- Reduced rates running away from home
- Reduced delinquency and arrests
- Reduced substance use

- **Mothers**

- Better spacing between pregnancies
- Reduced substance use
- Reduced welfare dependency
- Greater workforce participation

- Source: Olds DL et al, *Long term effects of home visitation on maternal life course and child abuse and neglect: Fifteen year follow-up of a Randomised Trial*, JAMA, 1997, 278:637-643



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Why Nurses?

- Formal training in women's and children's health.
- Competence in managing complex clinical situations.
- Nurses will be trained extensively in:
 - Motivational Interviewing;
 - Behavioural change; and
 - Professional judgment.
- 3 volumes of program guidelines, not a cookbook:
 - Adapted to families' needs and concerns; and
 - Mother/family engagement essential.



Outcomes and Effect Sizes: Nurses and Paraprofessionals

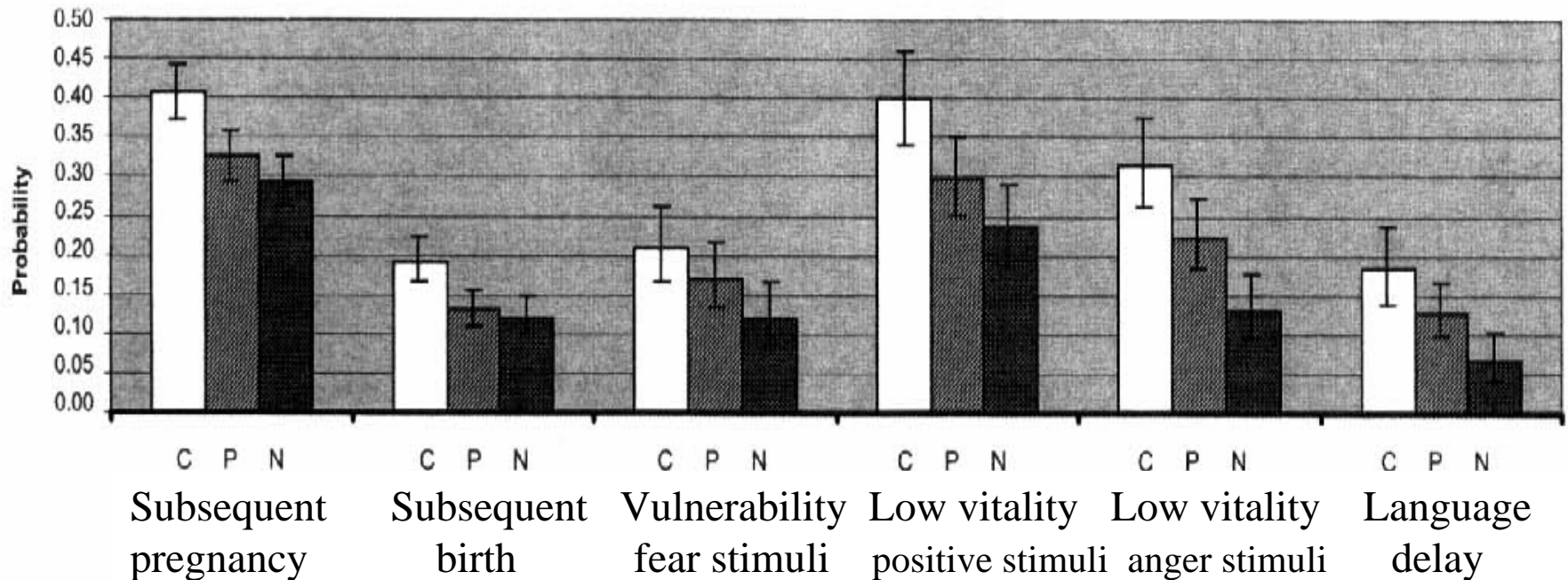


Fig 3. Probabilities \pm standard errors that correspond to estimates for dichotomous outcomes presented in Tables 3 and 4 where there were significant effects or trends for any treatment contrast. Child outcomes are shown for children born to women with low psychological resources. C indicates control; P, paraprofessional; and N, nurse.



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Nurse activities

- Improved Pregnancy Outcomes:
 - Support clients obtain prenatal care from their health professional.
 - Support clients reduce their use of cigarettes, alcohol and illegal drugs.
 - Teach clients about healthy nutrition during pregnancy.
- Improved Child Health and Development:
 - Teach parents how to care for their children and provide them with a positive home environment.
 - Support parents create a safe home environment.
- Improved Maternal Life Course Development:
 - Support mothers continue their education and reach their educational goals.
 - Encourage mothers find adequate employment.



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Program Design

- Home-visiting teams.
- Professional Support Teams.
- Child and family support will be provided to high need children aged two-eight years.
- Strong training component for Home-Visiting and Professional Support Teams.



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Adaptation of the NFP to the Australian Context

- Adaptation to incorporate:
 - Geographical diversity;
 - Aboriginal and Torres Strait Islander mothers and children;
 - Aboriginal and Torres Strait Islander health services; and
 - The Australian health care system, particularly the primary health care system.



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Implementation

- Site selection
- Governance
 - *Health@Home Plus* Program Reference Group.
- Evaluation
 - *Health@Home Plus* Evaluation Reference Group