# FAMILY FIRST

"TOUCHING LIVES &

CHANGING GENERATIONS"

#### WHO IS FAMILY FIRST?

- In 1995, Christian Faith Center of Creedmoor Inc. (CFC) received funding from the North Carolina Department of Health and Human Services to implement the first minority infant mortality reduction program.
- In 1995, CFC established the Family First Program of Granville County to address selected health indicators that would help predict healthy pregnancies and healthy babies born to pregnant minority women in our community.
- We are a Faith Based Program under the Women's Health Branch Healthy Beginnings Program.
- The specific community and population we serve are minority African American women of childbearing age who reside in Granville, Vance and Franklin County.

# Family First Program Goals

- To improve the infant mortality rate and low birth rate among minority women that reside in Franklin, Granville and Vance Counties.
- To improve overall health in minority women in Franklin, Granville and Vance Counties.
- To educate families in Franklin, Granville and Vance Counties through evidence based research that promotes healthy living, effective parenting, self-sufficiency and self-empowerment to produce a healthy pregnancy and family environment.
- To work collaboratively with community businesses and partners, public health organizations, and Faith Based Organizations to promote awareness of strengthening families and communities in Franklin, Granville and Vance Counties.

#### Program Scope of Work and Deliverables



Enrollment



- Care Coordination
- Group Empowerment Sessions
  - Community Involvement

### Enrollment



- Family First has a minimum of 40 unduplicated minority African American participants.
- Participants must be pregnant women of childbearing age or 60-days postpartum, 17-40 years of age. The majority of program participants must be pregnant at enrollment and no more than 20% of program participants will be enrolled during the 60-day postpartum period.
- Participants must reside in Granville, Vance and Franklin Counties.
- Upon enrollment, a Healthy Beginnings Enrollment Assessment Form is given to all pregnant women and 60 days postpartum participants.



- ☐ One of the goals of Family First is to provide care coordination services that will educate and support participants so that they can develop healthy family strategies and build positive parent-child relationships.
- □ Our care coordination services are conducted through monthly contacts and home visits that provide participants with support, information, handouts, and specific trainings on various topics during the Prenatal Period and Interconception Period.

#### **Monthly Contacts and One-On-One Sessions**

We provide monthly contacts by phone or in-person (office, clinic, or other location) to all program participants.

#### **Prenatal Period**

- Monthly Prenatal Appointment
- > EPDS Depression Screening
- ➤ Folic Acid/Multivitamin Consumption
- ➤ Breastfeeding Support/Plan
- > Birth Plan
- ➤ SIDS/ Safe Sleep
- Smoking Cessation
- Reproductive Life Planning
- ➤ Health and Wellness

#### Postpartum/ Interconception Period

- Monthly Contact
- Postpartum Check Up
- > EPDS Depression Screening
- Reproductive Life Planning
- Child Wellness Visit
- Folic Acid/Multivitamin Consumption
- > Breastfeeding Support
- ➤ SIDS/ Safe Sleep
- Smoking Cessation
- > Health and Wellness

### Home Visits

- ❖ A minimum of six (6) home visits is provided per year for each participant.
- ❖ Home Visits are conducted by a Family First staff member lasting 35-45 minutes.
- ❖ Family First utilize the Partners for a Healthy Baby Curriculum to conduct home visits with participants. All staff members have been trained in the Partners for a Healthy Baby Curriculum.
- ❖ All Participants receive a "Newborn Visit" with-in one week of the baby's arrival.
- ❖ All Home Visits are documented, and as staff determines client needs, referrals will be provided through a pool of resources. Every referral is documented and followed up by Family First staff.

#### Home Visits

#### Assessment of Participant

Family First staff conducts an assessment of the program participant.



- ➤ During this time we give participants time to discuss personal, social and environmental factors that may be hindering progress for some families, such as unemployment, stress, depression, substance abuse, unhealthy relationships, health and fitness.
- ➤ We update client information including any doctor's appointments, well-child visits and upcoming appointments the participant may have.

#### Partners for a Healthy Baby Curriculum.



- ➤ This part of the home visit is dedicated to working with participants one-on-one.
- ➤ We incorporate education topics such as pre-and-post-natal care, family planning, breastfeeding, smoking cessation, personal and family goals. The curriculum provides detailed information, handouts, and assignments that are given to participants.



### **Group Empowerment Sessions**

- We provide seven (7) training sessions covering a variety of topics including parenting skills, reducing family stress, continuing education, life skills, goal setting, and personal development.
- With the assistance from our Community Advisory Board, guest speakers are bought in to provide workshops in their area of expertise. These areas may include breastfeeding, SIDS, and Birthing Class workshops, nutrition and physical activity.
- Empowerment sessions have been one of the most successful components of the Family First Program. These sessions remain one of the highlights and favorite parts of the program.
- Empowerment sessions are a very effective way to reach and educate program participants on various topics.
- Coming together allows the program staff and participants to build strong relationships among each other.

#### Clothing Closet

Emergency
Transportation

Additional Services

### Book\Video Library

Emergency Assistance

#### Healthy Beginnings Data Base & Program Deliverables

#### Data Base

• The Family First Staff is responsible for collecting information about participants using the Healthy Beginnings Service Logs and Participant Assessment forms. Participant data is entered once a month in the HBD.

#### Program Deliverables and Outcomes

- At least 80% of pregnant program participants shall begin receiving prenatal care in the first trimester.
- At least 90% of program participants enrolled prenatally shall receive a home visit within one week, or as soon as possible thereafter, of baby's birth.
- At least 35% of interconception program participants shall initiate breastfeeding and maintain for at least six months.
- At least 90% of interconception program participants shall receive their postpartum checkup.
- At least 95% of program participants shall receive depression screening within 30 days of enrollment.
- At least 90% of interconception program participants shall experience an interpregnancy interval greater than 18 months.
- At least 40% of all program participants will attend each group educational session.
- At least 80% of all program participants shall report increased knowledge of maternal and child health topics.

# Community Outreach & Support



## Program Barriers

Program Barriers for Participants



Program Barriers for Outreach Workers



• Questions



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