FAMILY CONNECTS TEXAS OF AUSTIN/TRAVIS COUNTY

2022 ANNUAL REPORT

FAMILY CONNECTS TEXAS Austin/Travis County

United Way for Greater Austin

Austin Public Health
PREVENT. PROMOTE. PROTECT.

Family Connects of Austin/Travis County is a partnership program of United Way for Greater Austin and Austin Public Health. Austin Public Health provides program support staff, nursing staff, and clinical expertise to support families with newborns through postpartum nurse visits, education, and referrals to resources. United Way for Greater Austin facilitates connections to community resources through ongoing strategic work, such as the ConnectATX referral platform and convening of community coalitions like Success By 6.

Family Connects History and Program Overview

The Family Connects program follows an evidence-based approach originated by Family Connects International (FCI) at Duke University in 2008. The process is designed to support the program's vision of equitable outcomes for every newborn. The steps include scheduling and managing postpartum nurse visits for families with newborns, completing visits with follow up as needed, providing education and resources, and connecting families with additional community programs through referrals. The last step is a Post Visit Connection (PVC) call to follow up on visits, referral outcomes, and gather feedback about the caregiver's experience with Family Connects. A realistic example of this process by week for a family is shown in Figure 1.

Figure 1

Family Connects process example by week

During visits, nurses assess these twelve areas of potential risk to caregivers, infants, and families:

- Maternal Health
- Infant Health
- Management of Infant Crying & Stress
- Household Safety & Basic Needs
- Parent Mental Health
- Family & Community Safety
- Health Care Plans
- Child Care Plans
- Parent Emotional & Social Support
- History of Parenting Difficulties
- Parent-Child Relationship
- Substance Abuse

Caregivers are also screened for postpartum depression, intimate partner violence, and substance abuse. Screening questions are rated based on caregiver input and a systematic score interpretation helps the nurse determine potential risk levels in those areas.

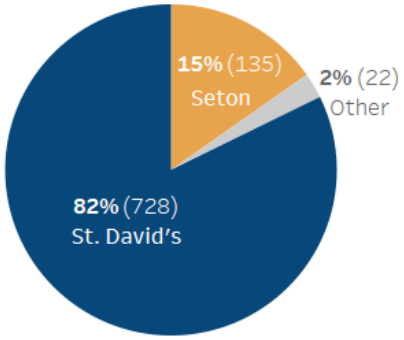
As needed, families receive resources (e.g., diapers, basic needs gift cards) and education (e.g., safe sleep guidelines), often during the visit. Nurses facilitate the connection of families with necessary services through referrals using either existing or new channels. For instance, they may record concerns that can be resolved by a current connection, such as a mother's established OB/GYN or an infant's pediatrician. Alternatively, they may establish a new connection between families and community resources, like lactation coaching and support.

Family Connects Texas of Austin/Travis County launched in late 2018 with a pilot program at St. David's South Austin Medical Center. Since then, all residents of Austin/Travis County who deliver newborns at St. David's hospitals have been eligible for a postpartum Family Connects nurse visit.

In October 2022, a pilot program began in partnership with Ascension Seton Medical Center Austin with an evaluation for some families who deliver newborns at Seton hospitals. The Seton expansion is expected to double the program's overall reach once fully implemented later in 2023. In 2022, Family Connects of Austin/Travis County served 885 families, bringing the total served since the initial pilot to 3,383 families. Most families in 2022 (82%) were served through St. David's hospital system and 15% were served through Seton (Figure 2). To better serve the community, we offer visits to clients through refugee services and Women, Infants, and Children or WIC regardless of where they deliver. These clients represented 2% of families served.

Figure 2

Family Connects caregivers served by hospital system 2022 (n=885)



Data Presented in this Annual Report

This report aims to summarize program performance and data collected by nurses during visits and supportive calls in 2022. This includes scheduling and completion rates, demographics of caregivers served, risks and needs identified, screening completions, referrals that caregivers received, and PVC call feedback. During PVC calls, nurses also check whether caregivers attended their regular postpartum visit and if caregivers have taken newborns to their first well baby checkup. This report concludes with a description of successes in 2022 and a look ahead into 2023 strategic operations of the program to increase community impact and positive outcomes for newborns.

Visits Scheduled and Caregivers Served Based on Births in 2022

Eligible deliveries include births at partner hospitals for Austin/Travis County residents, plus the small number of families we serve outside these systems. Out of 1,452 eligible deliveries in 2022, 84% were scheduled for a Family Connects visit which well exceeds the FCI program goal of a 75% scheduling rate (Figure 3). Out of those 1,216 visits scheduled, a total of 865 visits were completed for a 71% completion rate. The total population reach comes to 60% for the year when considering completed visits over the total number of eligible deliveries, meeting the FCI goal of 60% (Figure 4).

Please note figures in this section are based on babies delivered in 2022; subsequent figures in this report focus on caregivers who had completed visits in 2022, regardless of delivery date (i.e., a caregiver may have been served in January 2022 for their baby born in December 2021).

Figure 3

Family Connects scheduling and completion rates based on eligible deliveries in 2022

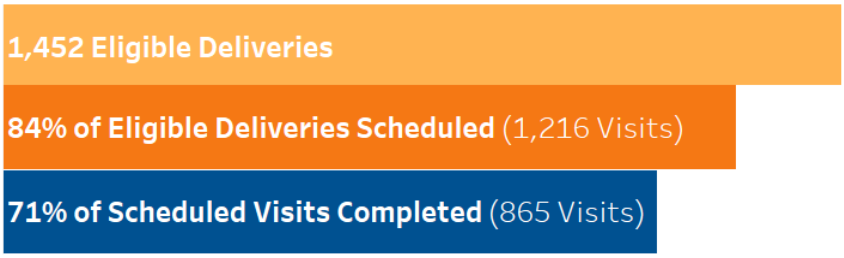


Figure 4

Family Connects population reach based on eligible deliveries in 2022

Family Connects Returned to In Home Visits in 2022

Due to the ongoing COVID-19 pandemic, caregivers received visits in a virtual format through the end of March 2022, either as a virtual visit or supportive call. In home visits (IHV) were reintroduced in April 2022 following guidance from Austin Public Health. IHVs immediately gained ground upon their reintroduction and have remained the overwhelming visit choice for caregivers through the end of 2022. Virtual visits and supportive calls are still being offered as alternatives to IHVs for families with COVID-19 related or other concerns such as time constraints. Virtual visits provide all support a caregiver would receive during an IHV except hands on services (e.g., taking caregiver vitals, recording infant weight). Supportive calls are a more concise alternative and systematically focus on areas of most importance. In all visit types, nurses assess families' strengths and risks while connecting families to resources.

Caregivers Served in 2022

A total of 885 caregivers were served in 2022. Families served include those who received an IHV, virtual visit, or supportive call. Most families opted for IHVs once they resumed in April (Figure 5). About a quarter of families had a virtual visit and the smallest percentage chose to receive supportive calls (6%). The number of families served ranged from 48 to 106 per month and averaged 74 per month (Figure 6).

Figure 5

Family Connects caregivers served by visit type 2022 (n=885)

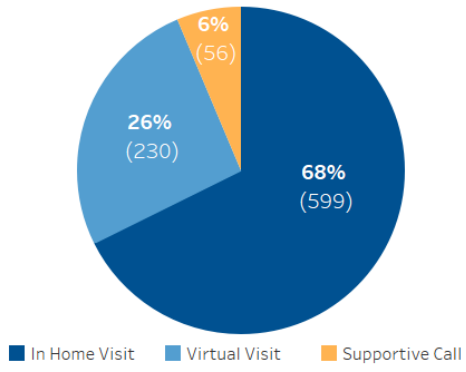
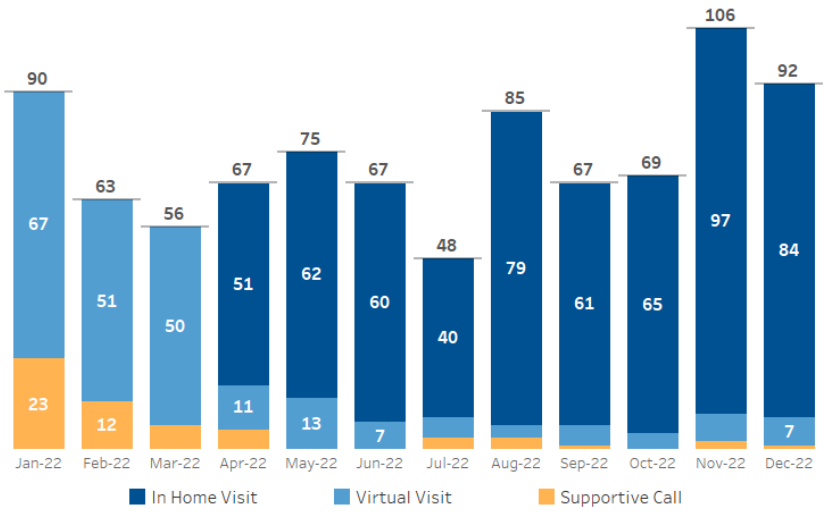


Figure 6

Family Connects caregivers served by visit type and month 2022 (n=885)



Demographics of Caregivers Served

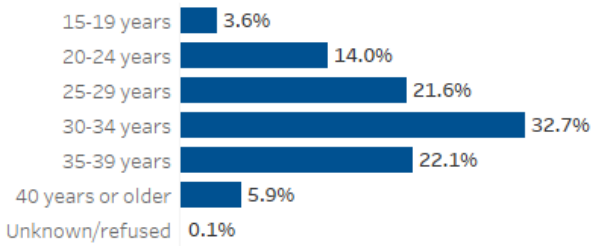
Nurses collect a variety of demographic information from caregivers during visits and supportive calls. The analysis of this data is essential to promote and ensure equitable access for all demographic categories within the population we serve. Our program continues to monitor missing data monthly to highlight consistent demographic collection and minimize unknown data. Missing data rates improved in every category from 2021 to 2022 except for caregiver education level, which had insufficient data to ensure reliable reporting. This is likely due to nurses prioritizing needs over demographic collection and focusing on connecting families to resources.

Most caregivers provided data on maternal age, race/ethnicity, primary payment for delivery, marital status, primary language, and interpreter needs. Demographics of caregivers served were comparable to 2021, except where noted in each category.

Maternal Age (Figure 7)

Most caregivers were in the 30-34 years age group at delivery (33%). Age groups of 35-39 and 25-29 years followed at 22% each. An additional 14% were 20-24 years old at delivery and few were 40 years or older (6%) or 15-19 years old (4%).

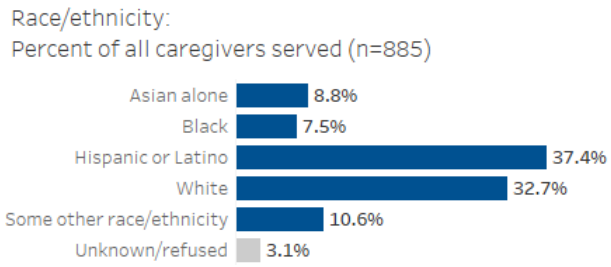
Figure 7



Race/Ethnicity (Figure 8)

In 2022, the most common racial/ethnic background was Hispanic or Latino, represented by 37% of caregivers served. An additional 33% of caregivers were non-Hispanic White, while 9% of caregivers were Asian and 8% were Black. Caregivers of some other race or ethnicity, including individuals who identified as multiethnic/multiracial, represented 11% of all individuals served, which is an increase from 3% identified in 2021.

Figure 8



Primary Payment for Delivery (Figure 9)

Most caregivers served had private/employer provided insurance (58%), and only 1% were uninsured/self-pay at the time of delivery. The program has deliberately increased the number of caregivers served with Medicaid to ensure equitable population reach. The share of caregivers with Medicaid rose to 39% up from a low of about 25% in previous years (Figure 10).

Figure 9

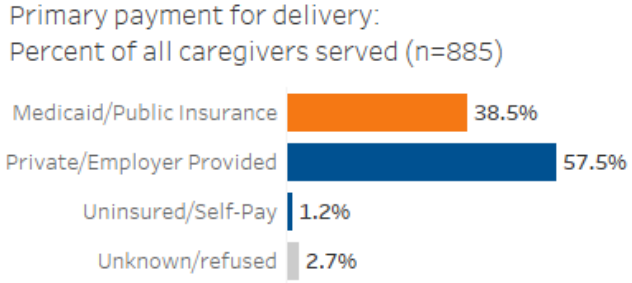
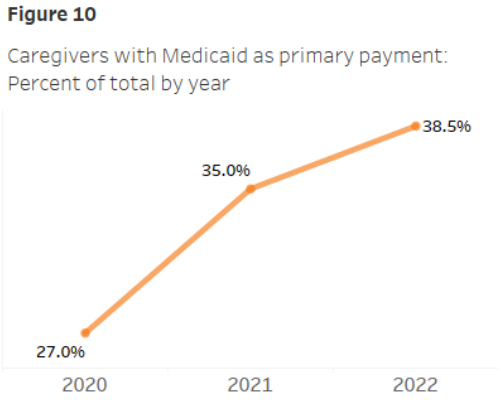


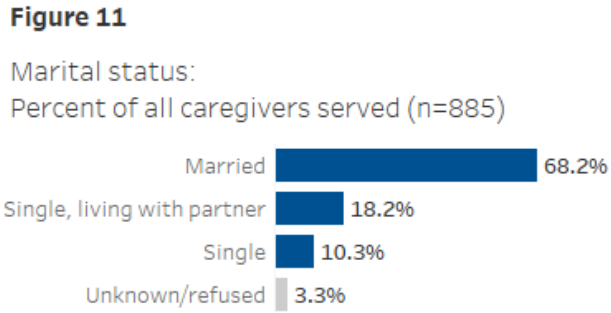
Figure 10



Marital Status (Figure 11)

The majority of caregivers reported being married (68%) followed by those who were single/living with partner (18%). Others were single (10%) at the time of the visit.

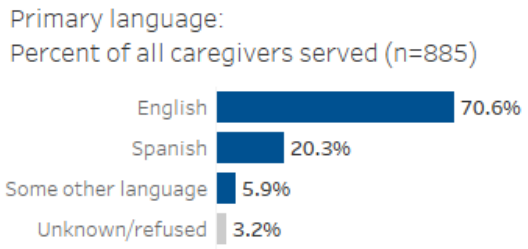
Figure 11



Primary Language (Figure 12)

Nurses asked caregivers about their primary language spoken at home. Most were English speaking (71%) followed by Spanish (20%). A small group of caretakers reported another primary language (6%) which included 14 other languages. The most spoken primary language in this category was Pashto (2.3% of all caregivers served) which reflects the program's reach to Afghan refugee families.

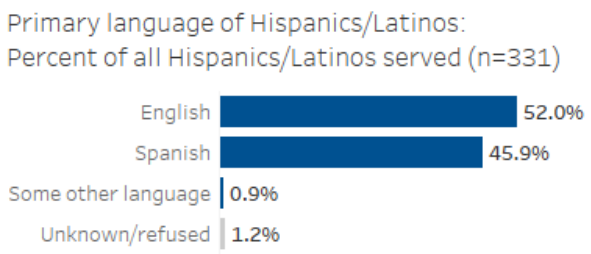
Figure 12



Hispanic/Latino Primary Language (Figure 13)

Close to half of Hispanic/Latino caregivers spoke Spanish as their primary language (46%). This subset has also increased over time, highlighting continued efforts to reach a historically underserved population.

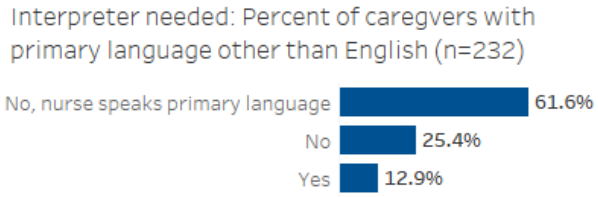
Figure 13



Interpreter Needs (Figure 14)

Over 85% of caregivers with a primary language other than English expressed no need for interpreter services either because their nurse spoke their primary language, or they felt fluent enough to communicate without an interpreter. About 13% of caregivers with a primary language other than English expressed a need for interpreter services.

Figure 14



Population Reach Based on Eligible Births in Austin/Travis County

We compared demographics of Family Connects clients served to all caregivers who delivered at St. David's for the Austin Public Health fiscal year October 2021-September 2022. The comparison focused on St. David's only since the Seton evaluation had not started yet. We anticipate being able to compare Family Connects data to both hospital systems in the future. Family Connects clients served in 2022 were representative of the eligible birth population at St. David's in terms of their age at delivery, marital status, and race/ethnicity.

The only significant difference between the eligible population and caregivers served was that Family Connects served a lower share of privately insured clients relative to the general population and Medicaid clients were borderline overrepresented relative to the general population. This reflects efforts over the last two years to reach more caregivers using Medicaid for their primary payment at delivery.

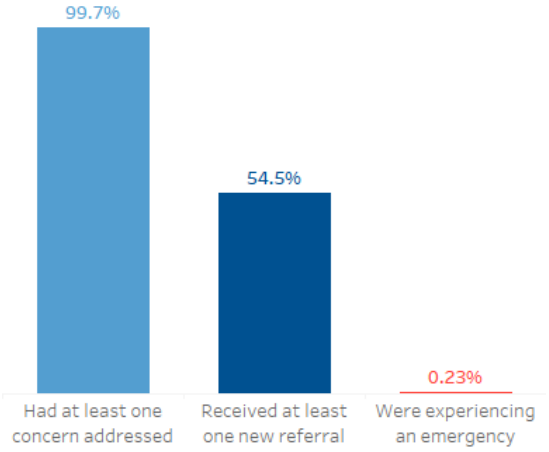
Concerns and Needs for Caregivers

During visits, nurses assess twelve categories of potential risk (refer to page 1 and Figure 16) and rate caregiver responses and observations on a scale from 1 (no concerns) to 4 (an emergency requiring immediate assistance). In all categories, data was available for at least 882 out of 885 caregivers. In fact, almost every caregiver (99.7%) had at least one concern addressed with a matrix rating of 2, 3, or 4 (Figure 15) in at least one category. This is an increase from 90% in 2021, suggesting that virtual visits and supportive calls necessitated by the pandemic were more concise and concentrated on the most significant areas of concern.

Just over half of families (55%) had at least one area of risk during their visit that required a new referral to community resources (matrix rating of 3 or 4). Only two families (0.23%) were experiencing emergencies at the time of their visit. One of those was in the category of maternal health and the other was for parent mental health; in both situations, nurses immediately intervened (Figures 15 and 16).

Figure 15

Percent of caregivers with concerns, referrals, and emergencies addressed in 2022 (n=885)

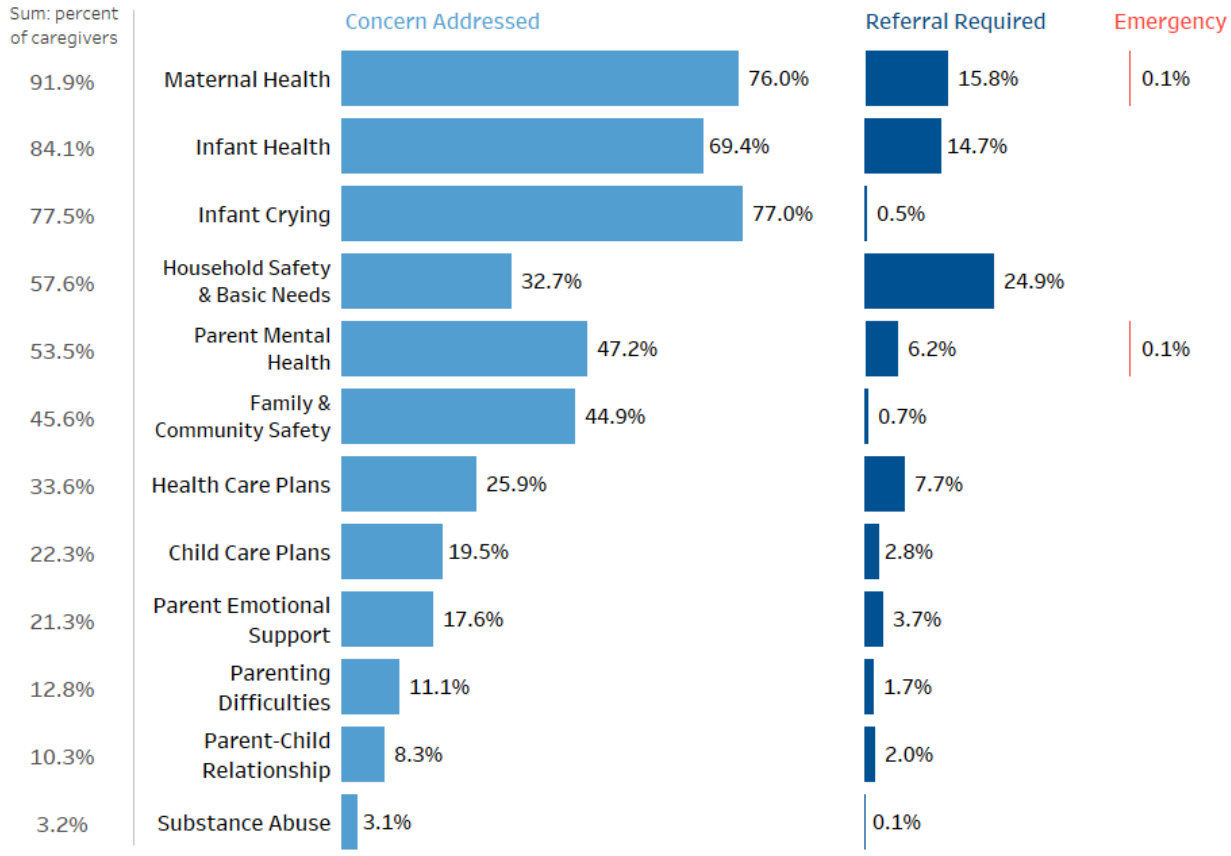


Caregiver Assessments by Category (Figure 16)

Almost all families (96%) had a concern addressed in the areas of maternal health and/or infant health. This increased from 90% in 2021 but fewer families in both categories required referrals. Among families assessed, 77% had concerns regarding management of infant crying and stress. These matters were almost always addressed during the visit with education around crying and coping strategies. Household safety and basic needs remained the top area requiring referral for the third consecutive year at 25% of caregivers. In many cases, these families were given material resources during their visit or at a follow up visit shortly after. Parent mental health concerns were still a major category of need in 2022, though less prevalent than in 2021. Approximately half of assessed families (47%, down from 67% in 2021) were provided with support or education, and only 6% (down from 13% in 2021) necessitated a referral.

Figure 16

Percent of caregivers assessed with concerns, referrals, and emergencies by 12 categories of risk

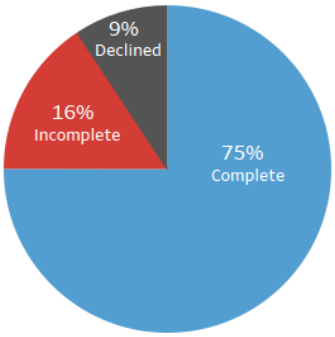


Caregiver Screening Rates (Figure 17)

Screener questionnaires in the areas of postpartum depression, intimate partner violence, and substance abuse are offered during visits as a more comprehensive way to assess risks and needs in these areas. Screeners are optional for caregivers and nurses prioritize the postpartum depression (PPD) screener in support of maternal mental health. In 2022, 75% of PPD screeners were completed with all questions answered. Some caregivers (16%) submitted incomplete screeners by skipping one or more questions and 9% of caregivers declined to be screened. Screening completion rates are reviewed monthly to highlight the need for consistent completion and to prompt discussions around possible process changes that may improve completion rates.

Figure 17

Caregiver screening rates: Postpartum depression
Percent of all caregivers served (n=885)



Referrals to Community Resources

Nurses made a total of 1,238 new referrals to connect families to services in 2022. Most referrals went to external agencies (66%) and the remaining 34% went to internal programs (Figure 18). Internal referrals are categorized as such because they are almost always completed during or shortly after the visit by distribution of materials for infant and household basic needs. Materials given to caregivers included diapers through APH Diaper Distribution at 41% and basic needs gift cards at 30% (Figure 19). Other Family Connects referrals (29%) included distribution of pack and plays and personal protective equipment (PPE).

Internal Referrals
Materials delivered to caregivers during or shortly after the visit: diapers, pack and plays, basic needs gift cards, etc.

External Referrals
Require follow up by agency and/or caregiver for successful connection and check-in on referral status during PVC calls

Figure 18

Percent of new referrals made to internal or external agencies in 2022 (n=1,238)

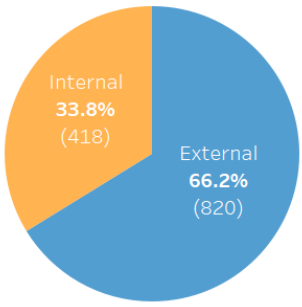


Figure 19

Internal programs targeted by new referrals
Percent of all internal referrals 2022 (n=418)

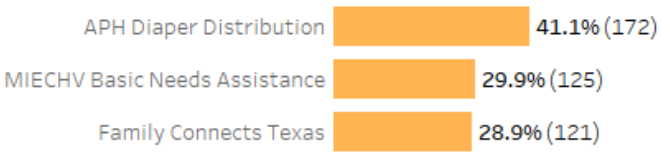
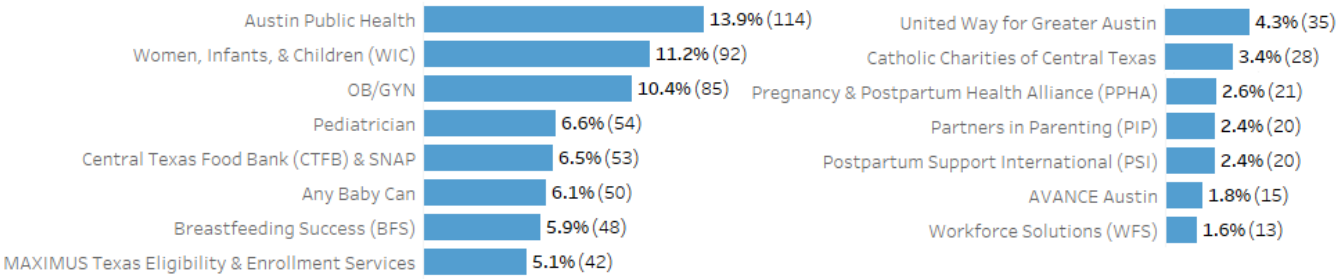


Figure 20

Top 15 external agencies targeted by new referrals
Percent of all external referrals 2022 (n=820)



External referrals are those that typically require follow up by the referral agency and/or caregiver after the visit. During Post Visit Connection (PVC) calls with caregivers, nurses ascertain if each referral was successful or if there is a need for further connection with agencies; additional referrals can be made at that time. New external referrals (Figure 20) were centered around lactation education, medical care, supplemental nutrition, and postpartum support. The largest share of these referrals went to Austin Public Health (14%) and included services primarily for lactation support through Mom's Place and safe sleep practices through the Safe Sleep Program. Women, Infants and Children (WIC) referrals for supplemental nutrition assistance came to 11% of new external referrals plus an additional 7% for SNAP benefits. Many caregivers (17%) also received referrals to establish medical care with an OB/GYN or pediatrician. Most referrals to United Way for Greater Austin (4%) were placed through ConnectATX.

Caregiver Feedback from Post Visit Connection Calls

About 6-8 weeks after the visit, nurses attempt to reach every family for a PVC phone call. These calls are designed to gather feedback about the visit, check on postpartum visit attendance, and learn caregivers' experiences with referrals.

Out of all caregivers with PVCs completed, 95% reported that their experience with Family Connects was helpful (Figure 21). In 2022, nurses connected with 62% of the 885 families served to complete the PVC call. These caregivers represented 54% of clients who received at least one new referral (Figure 22). Among caregivers who gave PVC feedback, the referral connection success rate was 72%, well exceeding the FCI goal of 50% and underscoring the importance of the program's alignment with community resources (Figure 23). The referral connection rate focuses specifically on services received for new referrals related to risk, meaning that the referral aimed to address a serious concern (matrix rating of 3 or 4). Nurses discovered that 28% of new referrals led to caregivers failing to connect with services. When this occurs, nurses gather feedback on why caregivers didn't connect, and work to ensure a connection if the caregiver is still interested.

For 28% of referrals with missed connections, caregivers said that they were no longer interested, often because they felt the situation had improved without intervention (Figure 24). An additional 19% of clients said they had not yet followed up after the

Figure 21

Feedback on program helpfulness
Percentage of completed PVCs (n=545)

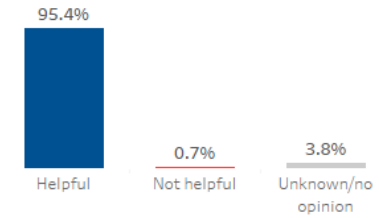


Figure 22

PVCs completed and new referrals for caregivers served

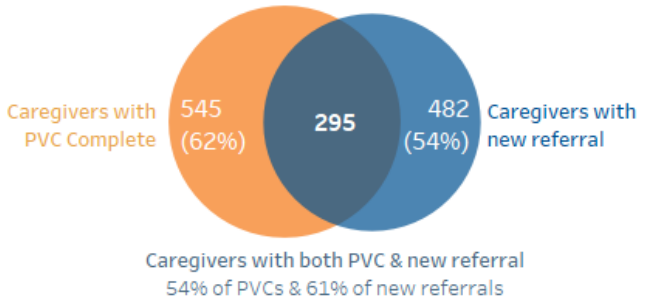


Figure 23

Referral connection rate
New referrals related to risk (n=469)

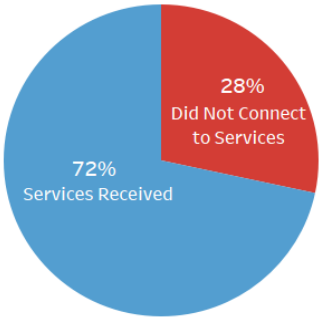
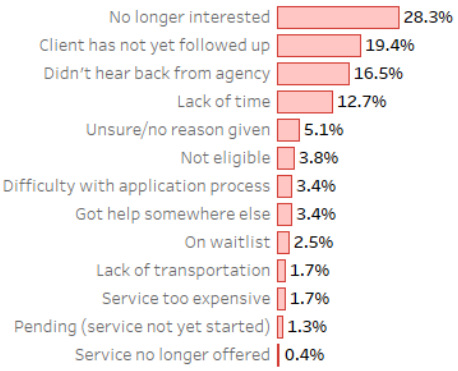


Figure 24

Reasons services were not received
Percent of all referrals not connected (n=237)



agency contacted them. Some caregivers (13%) reported a lack of time to follow up with services. Some caregivers report they didn't hear back from an agency (17%) or had difficulty applying (3%). Relatively few caregivers didn't connect because they got help elsewhere (3%), were ineligible for services (4%), were placed on waitlists (3%), or had lack of transportation (2%).

Postpartum and Infant Well Visit Completion

During PVC calls, nurses ask caregivers to confirm if they have attended their first postpartum medical visit and if they have taken their newborn to the first infant medical checkup. If the answer is no in either case, nurses work to schedule or reschedule those visits and reiterate the significance. For postpartum visits (Figure 25), 89% of caregivers had attended those appointments, while 8% had not attended at the time of the PVC call. For infant well visits (Figure 26), 89% of caregivers reported that newborns attended on time (typically at 1 month old), while 2% had not yet attended. Data collection regarding on-time completion of infant well visits improved from 26% missing data in 2021 down to just 9% in 2022. These figures are monitored monthly to highlight consistent data collection.

Figure 25

Postpartum visits
First visit completed prior to PVC (n=545)

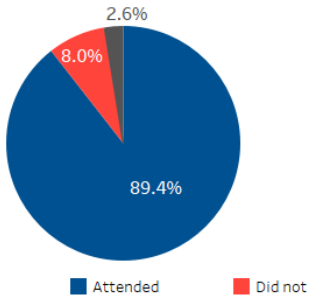
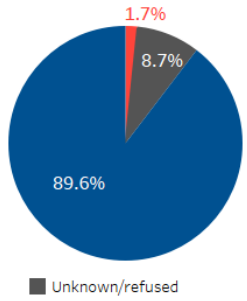
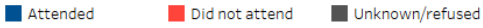


Figure 26

Well baby visits
First vist completed on time (n=545)





Celebrating Success in 2022 and Looking Ahead to 2023

Major successes in the past year included a safe return to in home visits, continued reach to previously underserved populations including the Medicaid population, and continued attainment of FCI goals such as visit scheduling, population reach, and referral connection rates.

Program Support Specialists (PSS) held ongoing training for perinatal hospital nurses throughout 2022 including huddles, postings in break rooms and staff Facebook groups, and onboarding handouts. These efforts helped remind nurses of Family Connects benefits, answer questions about how to sign up, and strengthen rapport between staff in the hospitals we serve.

Due to increased volume, the program's staffing has expanded in the last year. This includes an additional PSS to facilitate scheduling and Family Connects awareness, two more nurses to help complete visits and PVC calls, and one added nurse supervisor in support of Seton operations.

The Ascension Seton evaluation is led by researchers at University of Texas at Austin and coincides with the limited introduction of Family Connects services in Seton hospitals. In 2023 and beyond, this evaluation will give us information about long term health outcomes for local caregivers served. In April, we will expand services to all eligible families delivering newborns at Seton hospitals. We anticipate that in 2023 we will double the number of families served, enabling the program to positively impact outcomes for more Austin/Travis County newborns.

More Information on Family Connects Texas of Austin/Travis County

Additional reports on 2022 data include comparison of client demographics to the eligible birth population for the fiscal year as well as demographic comparison of Medicaid clients versus those with private insurance. Future analyses will be completed for the calendar year 2022 and into 2023. Contact us to learn more about how supporters, agencies, and medical providers can collaborate with Family Connects of Austin/Travis County: FamilyConnects@uwatx.org.

THANK YOU TO OUR PARTNERS!

BlueCross BlueShield of Texas

BUENA VISTA FOUNDATION

CITY OF AUSTIN FOUNDED 1839

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