

Los Alamos National Laboratory Foundation
First Born® Program
Model Replication Initiative for Northern New Mexico

Introduction

The *First Born® Program* (FBP) is committed to enhancing the quality of life in New Mexico. **The mission is to improve the health and wellness status for all first-time families by building family strengths and competencies to meet life's inevitable challenges.**

The FBP is a unique hospital-based, home visitation program that utilizes highly trained degreed and non-degreed professionals to educate and help guide parents through the first three years of their child's development. There are essential core elements that must be in place before a FBP can be implemented in a county: hospital/clinic affiliation, community needs assessment, staff trained in FBP protocols, community Memoranda of Agreement, and assurances that the counties will demonstrate fidelity to the model.

After exploring regional and national programs that build family strengths and competencies through community collaboration and home visitation, the Los Alamos National Laboratory (LANL) Foundation, in partnership with the Collaborative for Early Childhood Learning - an alliance of early childhood development organizations and government agencies - selected the FBP of Silver City as a model that could be replicated in Northern New Mexico. The Silver City model was selected because it is cost effective, was developed to meet the unique needs of New Mexican families, is **evidence based**, can reach many populations, requires community collaboration, uses a staff that combines both professionals and para-professionals, and **home visits occur weekly**, which facilitates effective relationships between families and their communities. FBP services are provided to **ALL first-time pregnant and parenting families**. No family must be labeled, diagnosed or stigmatized in order to receive services.

During 2005, the LANL Foundation worked with the Collaborative for Early Childhood Learning to design the framework for model replication. From March to December 2005, the Collaborative planned and designed the Northern New Mexico program, developed funding strategies and established community partnerships with hospitals, clinics and schools in Los Alamos, Rio Arriba, Santa Fe and Taos counties.

The FBP is **funded through public and private sources**. In February 2006, the New Mexico Legislature appropriated \$1 million in non-recurring funds to support the FBP Model Replication Initiative. The LANL Foundation established the FBP Funders' Collaborative to match the state funds and to help seed the initial phase of program development. The founding members of the Collaborative include:

Azalea Foundation
Brindle Foundation
Domanica Foundation
Los Alamos National Laboratory Foundation
Los Alamos Technical Associates
McCune Charitable Foundation

Northern New Mexico Health Grants
Oppenheimer Brothers Foundation

Additionally, the LANL Foundation has set aside \$500,000 over five years to support this initiative and is seeking additional funds in order to expand the program to other northern New Mexico counties and to conduct a ten-year longitudinal study.

Building comprehensive systems for young children requires new ways of doing business at the local, regional and state levels. In a recent policy paper, the New Mexico Early Childhood Action Network states, “There are few economic development strategies that yield higher returns on investment than early childhood development programs. This is because the most formative and crucial years in the development of a human being are from the womb to the kindergarten classroom. It has been shown that disparities in a young child’s access to positive and nurturing experiences in their families and communities by age six accounts for a significant educational gap at age 18. Federal Reserve Bank of Minneapolis researchers¹ have identified that investing in early childhood programs produces an annual rate of return of 16% of which 80% accrues to the general public. New Mexico’s investment choices show up in our national rankings. New Mexico has fallen in ranking from 46th in the nation to 48th in indicators of child well-being².

Program Description

The foundation of the FBP is the belief that a resilient family, beginning with a healthy, low-risk pregnancy, is the most effective and efficient unit for building a healthy and competent society. Weekly home visitation services may begin any time during pregnancy or right after the birth of the baby and continue until the child is three years of age. The FBP model is adaptable and can address identified and unique community priorities.

Promoting maternal health through good prenatal care can reduce the chances of preterm births, low birth weight, and fetal exposure to alcohol, tobacco and illicit drugs, all of which can contribute to the risk factors that predict increased likelihood of substance abuse, delinquency, health risks, and violence later in life. The Silver City FBP has demonstrated that promoting positive, loving, secure parenting can reduce child and abuse rates, subsequent unintended pregnancies, school failure, substance abuse, and other adverse childhood events.

The FBP is a family resiliency model that suggests the more you reduce risk factors and increase protective factors, the more likely you are to succeed in creating healthy families and children. Counties that implement the FBP can expect the following:

1. An increase in the number of resilient pregnant woman who do not use drugs during their pregnancy and receive consistent prenatal care;
2. An increase in the number of resilient infants who are immunized, receiving well baby checks with a medical provider; live in a safe and nurturing environment; are achieving normal infant growth and development or are referred for assessment; and are bonded with their parents and caregivers;

¹ Rob Grunewald and Arthur J. Rolnick. (2003) *Early Childhood Development: Economic Development with a High Public Return*. Federal Reserve Bank of Minneapolis

² Kids Count: New Mexico. 2006. Annie E Casey Foundation: Baltimore, MD

3. An increase in the number of resilient parents who are creating safe and nurturing environments for their infant; are increasing their knowledge, skills and insights into the parenting process; are continuing their education and know what community resources are available and how to access those services;
4. A resilient community that is active in the community health improvement process; participates in collaborative efforts and forms broad-based community coalitions and alliances that support collaboration.

The FBP is grounded in the following three theories that suggest behavioral change is a function of a family's community context as well as an individual's beliefs, motivations, and emotions:

- 1) ***Self-Efficacy & Empowerment Theory*** provides a framework for understanding how women make decisions about their health-related behavior during pregnancy, the ways they care for their children and how they approach their own personal development. This theory implies that a woman's self image can influence the choices she will make and how much effort she will put into overcoming any obstacles. The FBP curricula help women understand the influence of particular behaviors on their health and development of their babies (e.g. drug use during pregnancy, exposing the fetus and the baby to environmental tobacco smoke, etc). In addition, the curricula place emphasis on developing mothers' realistic goals and achievable objectives. Over the course of the program, such activities increase a woman's confidence in taking on ever-larger challenges (resiliency).
- 2) ***Family Ecology Theory*** emphasizes that a child's development is influenced by the type of care the parents provide and that, in turn, is influenced by characteristics of the family, its social networks, its neighborhood and community, and by the interrelations among them. Integrating families into the protective web of our community's resources is a driving force of the FBP.
- 3) ***Attachment/Bonding Theory*** stresses the importance of a child's attachment to a few specific caregivers and the role of that attachment in developing a child's trust in the world and a capacity for empathy and responsiveness. The FBP curriculum emphasizes sensitive, responsive and engaged parenting in the early years of a child's life.

The FBP has developed three comprehensive core curricula: the *Prenatal Core Curriculum*, the *First Years of Life*, and the *Toddler Years*. The curricula are designed to actively engage families in the process of parenting using the latest science on brain development, windows of opportunities for learning, and effective ways to manage child behaviors. The family's home visitor helps parents understand the complexity of a child's development within the realm of their own child's cognitive, physical, and emotional development. Parents receive guidance regarding breast-feeding, sleep patterns, immunization rates, language development, toys that teach, and other issues surrounding the birth of a baby and the beginning of a family. Families are also educated about signs and symptoms of postpartum depression and other mental health issues. Through quarterly assessments, developmental delays and warning signs can be identified. Research has shown that early identification of delays and referrals for supportive therapies can significantly enhance the future development potential of a child.

FBP Home Visitors utilize a number of internally developed screening, assessment, and monitoring forms (maternal health, demographics, health habits, relationships, Infant Health and Care, Activity Status, etc.) which are utilized repeatedly over the course of the three years of the family-home visitor relationship. These are used for the purposes of monitoring implementation and outcomes, but also as a source for determining referral needs, i.e. developmental delays, etc. In addition to these forms, home visitors also track the interaction, topics covered, needs identified, etc. for each visit on a Home Visit form.

Program Evaluation

A strong evaluation component is critical to the successful implementation of the FBP Model Replication Initiative. To this end, the Santa Fe Institute, which has pioneered early research on childhood brain development, is taking a leadership role in bringing to the table the best and the brightest in the field of early childhood development research to form the FBP Evaluation Steering Committee - a voluntary group comprised of experts in the area of public health research, maternal and child services and community leaders (see attached list of members).

The Evaluation Steering Committee is currently designing a comprehensive, longitudinal evaluation protocol and has selected Rebecca Kilburn, Senior Economist and Director of Child Policy at the RAND Corporation to coordinate the evaluation. The Committee meets monthly to ensure consistency between program theory, objectives and measurement, and analysis of data. Through their voluntary efforts, the FBP Model Replication Initiative will be an evidence based program using evaluation as a feedback mechanism to affirm and improve program implementation.

FBP/Rio Arriba County

The FBP Model Replication Initiative will begin in January 2007 in Rio Arriba County which is rich in cultural diversity and values its uniqueness. The populations served by the FBP are women pregnant for the first time and first-time families (e.g., adoptive parents, grandparents, etc.) who live in Rio Arriba County.

There are approximately 278 births to families parenting for the first time in Rio Arriba County each year. Many of these families live in isolated rural areas with poor availability of prenatal and parenting services. The population density for this region is about 4.2 persons per square mile. Young, rural families often lack adequate support systems and find themselves alone during pregnancy and as they prepare for parenting. Additionally, the target population is diverse in age, education, marital status, ethnicity, knowledge, skills, life styles, economic status, neighborhoods and support systems.

Rio Arriba statistics, when compared with New Mexico averages, are worse for many risk factors that have shown a positive correlation with poor birth outcomes and parenting difficulties. Rio Arriba's high rates of illegal drug use, overall poverty, unemployment, and isolation are associated with poor birth outcomes and parenting challenges. Prenatal risk factors include: one in five babies born in Rio Arriba County is born to a teen (Challenge 2005: Reducing Teen Pregnancy in New Mexico); 70% of the mothers are single compared to the state level of 40% and the national rate of 30% (Office of Vital Records and Health Statistics); fewer

than half of the pregnant woman began their prenatal care during the first trimester as compared to a rate of 66% statewide. (New Mexico Department of Health).

A key partner for the Rio Arriba initiative is the Española Hospital, a fully accredited, 80-bed general and acute care hospital. The partnership among the Española Hospital and rural clinics serving Rio Arriba County and the FBP will promote healthier families and children by increased communication among all healthcare service providers through referral agreements, service coordination, identification and removal of barriers to care, and by participation in shared training opportunities.

The FBP provides universal access to services for all first time families without regard to economic, cultural, or medical status; there is no comparable program in northern New Mexico. FBP staff will provide effective services to people of all cultures, races, ethnic backgrounds and religions in a manner that respects the worth of the individual and protects the dignity of each individual regardless of the circumstances under which services are sought. The program integrates and demonstrates methods for incorporating cultural competency into planning, policy, administration, training, research, service delivery and quality improvement. The FBP will employ multicultural and multilingual staff as indicated by the population being served. This cultural sensitivity is accomplished through education, dialogues, community interaction, social events and personal contact between persons of different cultural groups.

Because the FBP model is culturally competent and offers culturally appropriate interventions, it is welcomed and embraced by families as meaningful and relevant to their lives. Culturally competent programming is also reflected in the FBP's ability to recruit participants with ease across cultures, thus impacting on the health indicators of families from the diverse communities of Rio Arriba County.

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