



Good morning, Chairwoman Carruthers, Ranking Member Liston, and members of the Finance Subcommittee on Health and Human Services. My name is Jeanne Wickliffe and I am the Program Manager For the Maternal Infant Home Visiting Program with The Center For Family Safety and Healing Nationwide Children's Hospital. I appreciate the opportunity to be here today to testify in support of House Bill 33 and Governor DeWine's proposed Executive Budget which will positively impact the continued implementation of Evidenced Based Maternal Infant Home Visiting Programs, specifically Nurse Family Partnership.

Tiffany did a great job providing information about NFP; its history with Ohio, its purpose, and outcomes, its focus of first time moms with physical, mental and social risk factors that may impact the mother's delivery of a typically developed infant.

I would like to share information about our NFP program, anchored in the city of Columbus, serving Franklin County, four Southeast Counties -Athens, Guernsey, Morgan and Muskingum, and three Northwest Counties- Delaware, Marion and Union Counties. The Center for Family Safety and Healing NFP program is implemented by twenty-five registered nurses who are spread amongst five NFP teams with each team being led by a NFP nurse supervisor. Many of the nurses present with expertise in at least one or a combination of two of the following areas of nursing; women's health, labor and delivery, postpartum, public health and or pediatrics. Hiring nurses who have experience in one or more of the forementioned areas supports the implementation of NFP to fidelity- nurses guiding and coaching clients effectively through NFP to program completion accomplishing a level of self-efficacy beyond what they presented at the point of enrollment.

January 1- December 31, 2022, there were five hundred -ninety-eight families enrolled in The Center for Family Safety and Healing Nurse Family Partnership and four thousand five hundred-sixty visits were conducted in person or via telehealth.

Every pregnant woman enrolled in TCFSH NFP may present with one of the following risk factors: teen pregnancy, mental health diagnosis, immigrant, poverty, and homeless or living in an unsafe home.

Nurses apply the nursing process to support the client through goal setting and goal completion which leads the client to self-efficacy. The meaning of self-efficacy for women enrolled in NFP program varies based on each woman's individual story. For one self-efficacy may mean completing a GED program, for another securing safe and secure housing, and for yet another obtaining reliable and dependable employment. It's not the nurse's role to identify what barriers are deterring a client from reaching self-efficacy, but it is the nurse's role to support the client in identifying for themselves what their self-efficacy looks for her and her family and what barriers are preventing or interfering with her reaching self-efficacy. This support is possible through relationship building and engagement between the nurse and client.

During a home visit nurses complete health assessments- assessing for urgent maternal warning signs, which collectively or singularly can be life threatening to mother and baby.

Mothers enrolled in NFP are more likely to provide breast milk to their babies, keep their postpartum appointment, receive ongoing assessment for prenatal and postpartum depression screenings and be referred to mental health provider if depression screening result dictate a referral is necessary.

When I share about NFP I like to end with a "good story;"

During the onset of the pandemic all the home visits were completed via telehealth keeping clients engaged in the program was challenging. An experienced nurse had an immigrant client who expressed loneliness after the delivery of her baby, she missed being home where she would naturally receive support from the women in her family and village, she missed being a part of the traditions of her country and village that were relevant to pregnant and postpartum women. Her nurse was very empathetic, started problem solving with her supervisor and created a virtual "mommy's group" and invited all women enrolled in NFP who were from the same country as her client. Five women showed for the first meeting, the women shared stories and traditions unique to their home country. The clients participating in the group stayed engaged in NFP and most importantly her client's mental health needs were met. She no longer complained of being lonely and she was introduced to women who shared her culture and understood her longing for home, they supported one another mimicking the community of their home village.

Supporting House Bill 33 and Governor DeWine's proposed Executive Budget supports our programs efforts to serve first time pregnant women who present with one or more of the forementioned risk factors that negatively impact the delivery of a full-term infant.