FAMILY CONNECTS TEXAS OF AUSTIN/TRAVIS COUNTY

2023 ANNUAL REPORT

FAMILY CONNECTS TEXAS Austin/Travis County

United Way for Greater Austin

Austin Public Health
PREVENT. PROMOTE. PROTECT.

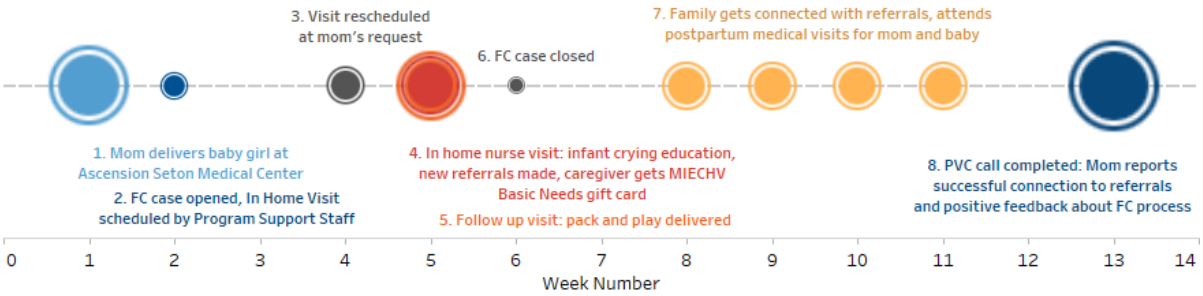
Family Connects of Austin/Travis County is a partnership of United Way for Greater Austin and Austin Public Health to support families with newborns through postpartum nurse visits, education, and referrals to resources. Austin Public Health provides program support staff, nursing staff, and clinical expertise. 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

Family Connects follows an evidence-based approach created by Family Connects International (FCI) at Duke University in 2008. The process is designed to support the universal program's vision of equitable outcomes for every newborn. Steps include scheduling and managing postpartum nurse home visits for families with newborns, completing visits with follow up as needed, providing education and material resources, and connecting families with additional community programs through referrals. The final step is a Post Visit Connection (PVC) call where nurses follow up with caregivers on visits, referral outcomes, and caregiver feedback about their experience with Family Connects. A realistic example of this process 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
- 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 Use

Based on the risks identified in each of the twelve areas, families may receive material resources during the visit such as diapers and basic needs gift cards. Families are educated during visits on topics including infant safe sleep practices and management of infant crying. Sometimes, items like portable cribs are provided during follow-up visits. Nurses also facilitate caregiver connection with additional community resources by placing referrals.

Family Connects Texas of Austin/Travis County launched in late 2018 with a pilot program at St. David's South Austin Medical Center and has continuously served those caregivers. In October 2022, a pilot program began with Ascension Seton Medical Center Austin. The full rollout at Seton launched in April 2023. Currently, all residents of Austin/Travis County who deliver newborns at participating St. David's or Seton hospitals are eligible for a postpartum Family Connects nurse visit. The program has served a total of 4,527 families through the end of 2023.

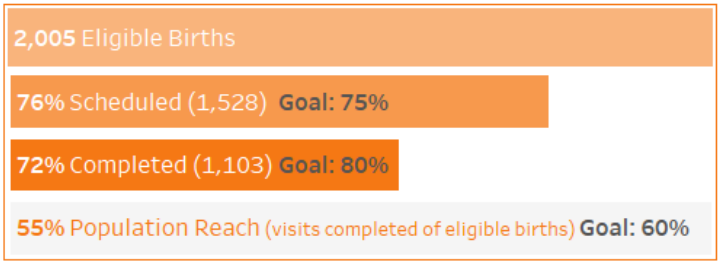
Data Presented in this Annual Report

This report aims to summarize program performance and data collected during visits in 2023. This includes visit completion, demographics, risks identified, and referrals placed for caregivers. This report will also summarize data collected from caregivers during PVC calls like helpfulness of the program, postpartum medical visit attendance, and connection to referral resources. The report includes an overview of the ConnectATX partnership and referral feedback from that platform, including outcomes for lactation support referrals. It will conclude with a recap of 2023 key events along with strategic initiatives anticipated for 2024.

Visits Scheduled and Completed Based on Births in 2023 (Figure 2)

Eligible births include babies delivered at partner hospitals for Austin/Travis County residents where families have consented to learn about Family Connects. Out of 2,005 eligible births in 2023, 76% were scheduled for a Family Connects visit which meets the FCI program goal of a 75% scheduling rate. Out of the 1,528 visits scheduled, 1,103 visits were completed for a 72% completion rate. The population reach goal is 60%, which is a combination of scheduling and completion rates (visits completed of eligible births). Population reach in 2023 came to 55%, compared to 60% in 2022. Visit cancellations contributed to a lower population reach in 2023. In 2024, nurses will document detailed cancellation reasons from caregivers to identify trends and opportunities to reduce visit cancellations.

Figure 2
Scheduling and completion based on eligible births in 2023



Please note, this section is based on babies delivered in 2023; subsequent data in this report focuses on caregivers who had completed visits in 2023, regardless of delivery date.

Caregivers Served in 2023

A total of 1,088 caregivers were served in 2023 including those who received an in-home or virtual visit during the year. Just over half of caregivers (53%) were served through St. David's hospital system and 47% were served through Seton hospitals (Figure 3). The number of families served ranged from 68 to 109 per month and averaged 91 per month (Figure 4).

Figure 3
Caregivers served by hospital system 2023 (n=1,088)

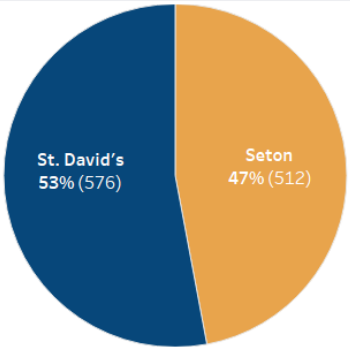
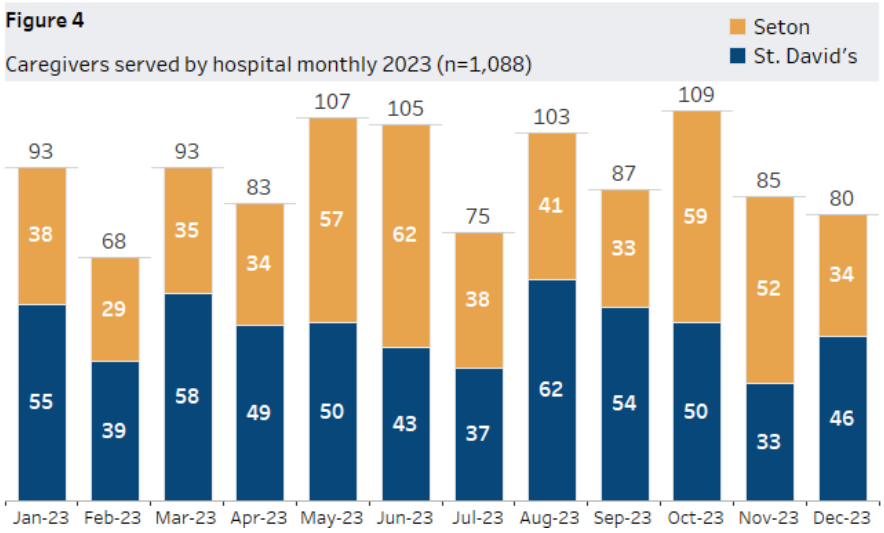


Figure 4
Caregivers served by hospital monthly 2023 (n=1,088)

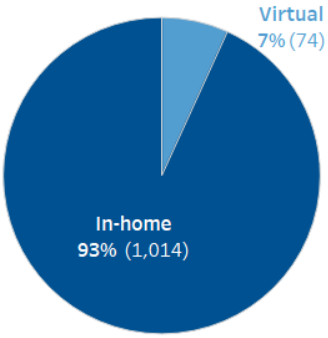


Visit Format: In-home vs. Virtual (Figure 5)

Families are encouraged to schedule an in-home visit with a nurse whenever possible. Virtual visits are offered to families as an alternative for a variety of reasons (e.g., caregiver availability, concerns around sickness such as flu, inclement weather). Both visit types include the same level of service, except hands-on assessment of mother and infant vitals during virtual visits. Most of the 1,088 families served in 2023 (93%) received in-home visits and 7% received virtual visits. This is considerably lower than the 2022 virtual visit rate of 32% primarily because COVID-19 concerns continued to decrease over time.

Figure 5

Caregivers served by visit format 2023 (n=1,088)



Demographics of Caregivers Served (Figure 6)

Nurses collect a variety of demographic information from caregivers during visits. The analysis of this data is essential to promote and ensure equitable access for all demographic categories within the population served. Our program continues to monitor missing data to highlight consistent data collection and aims to keep unknown values under 5%. Most caregivers provided data on maternal age, race/ethnicity, language, marital status, and primary payment for delivery. Demographics of caregivers served were comparable to 2022, except where noted in language categories.

Maternal Age

Most caregivers were in the 30-34 years age group at delivery (30.7%). Age group 35-39 (23.9%) and 25-29 years (18.0%) followed. An additional 12.9% were 20-24 years old at delivery and few were 40 years or older (6.3%) or 15-19 years (3.7%).

Race/Ethnicity

In 2023, the most common racial/ethnic background was Hispanic or Latino, represented by 39.7% of caregivers served. An additional 31.8% of caregivers were non-Hispanic White, while 8.0% of caregivers were Asian and 6.6% were Black. Caregivers of some other race or ethnicity, including individuals who identified as multiethnic/multiracial, represented 12.5% of the population served.

Primary Language

Nurses asked caregivers about their primary language spoken at home. Most were English speaking at 64.9%, down from 70.6% in 2022. Spanish speakers followed at 29.6%, an increase from 20.3% in 2022. This change reflects a larger Spanish-speaking population served at Seton hospitals with nearly half of Seton caregivers reporting Spanish as their primary language spoken at home. A small group of caretakers reported another primary language (5%) which included 22 other languages. The most spoken languages in this category were Hindi and Arabic, each with 0.6% of all caregivers served.

Hispanic/Latino Primary Language

More than half of Hispanic/Latino caregivers spoke Spanish as their primary language (61.8%), up from 45.9% in 2022. This subset continues to increase over time, highlighting efforts to reach a historically underserved population and a change in caregiver demographics as the program expands.

Interpreter Needs

Caregivers with a primary language other than English expressed no need for interpreter services 84.3% of the time. This was either because their nurse spoke their primary language (59.7%), or they felt fluent enough to communicate without an interpreter (24.6%). About 16% of caregivers with a primary language other than English expressed a need for interpreter services for their interactions with Family Connects.

Marital Status

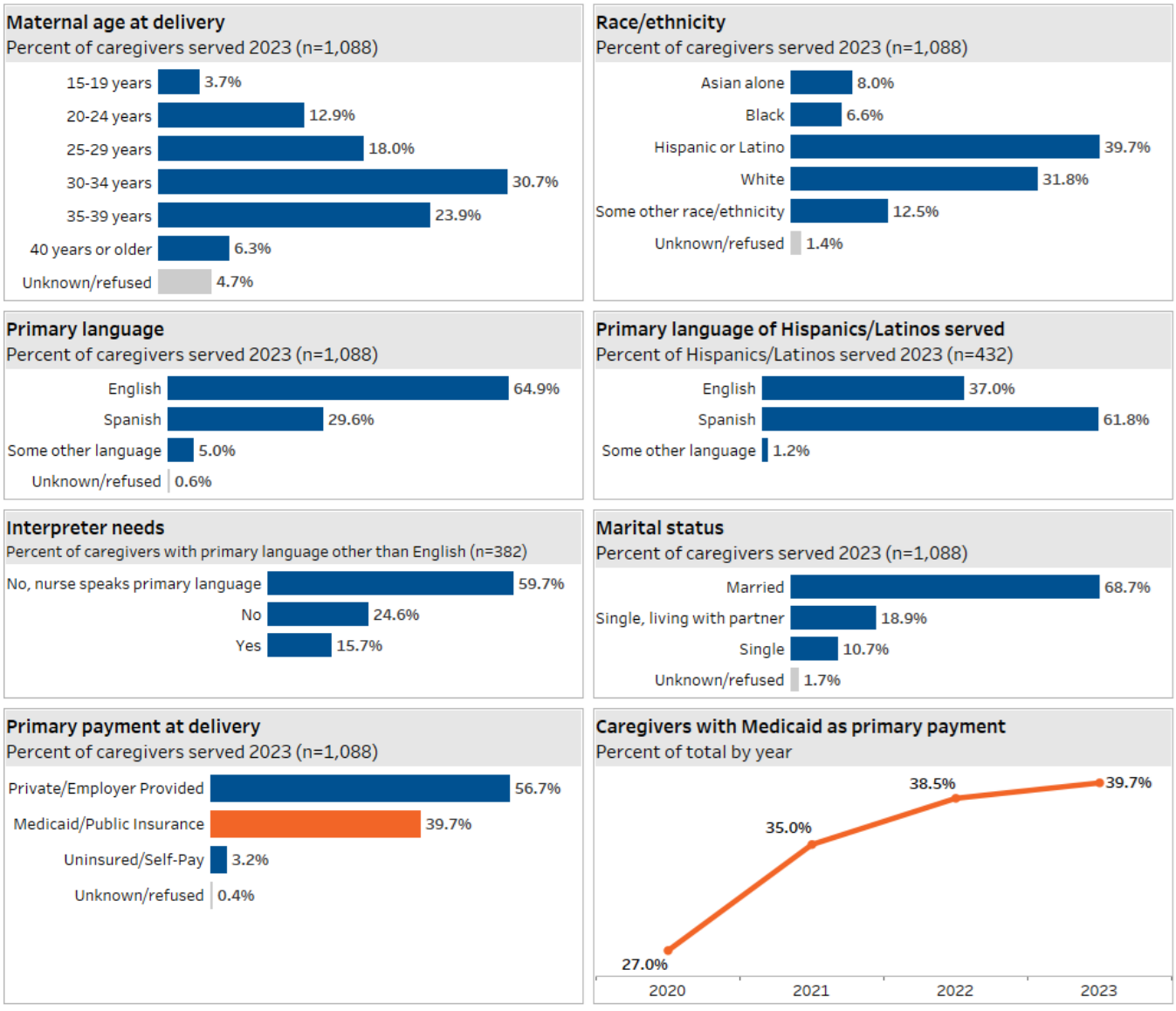
Most caregivers reported being married (68.7%) followed by those who were single/living with partner (18.9%). Others were single (10.7%) at the time of the visit.

Primary Payment for Delivery

Most caregivers served had private/employer provided insurance (56.7%), and 3.2% were uninsured/self-pay at the time of delivery. The program has continued to focus on caregivers with Medicaid to ensure equitable population reach. The share of caregivers with Medicaid in 2023 was 39.7%, continuing a trend upward since 2020.

Figure 6

Caregiver demographics



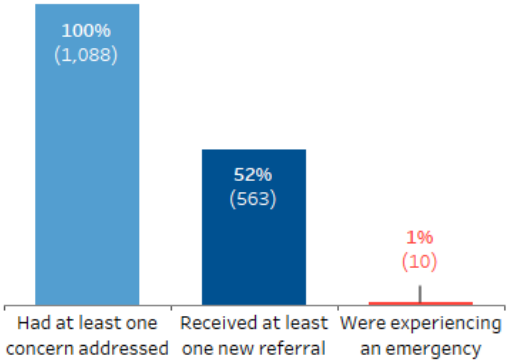
Concerns and Needs for Caregivers

During visits, nurses assess twelve categories of potential risk (refer to page 1 and Figure 8). Nurses rate each area using a matrix scale from 1: no concerns to 4: an emergency requiring immediate assistance. All 1,088 caregivers had concerns addressed with a matrix rating of 2, 3, or 4 in at least one category (Figure 7).

Just over half of families (52%) were identified as having at least one risk that required a new referral to community resources (matrix rating of 3 or 4). Ten caregivers (1%) were experiencing emergencies in at least one area. Many of those were related to maternal health concerns, such as high blood pressure or persistent pain. Two caregivers had emergencies flagged in more than one risk category. In all situations, nurses immediately intervened by directing caregivers to emergency services or by securing immediate appointments.

Figure 7

Percent of caregivers served with concerns, referrals, and emergencies 2023 (n=1,088)



Caregiver Assessments by Category (Figure 8)

Out of all caregivers, 93% received education during visits around infant crying and coping strategies, such as PURPLE crying periods, and no referrals were required. Almost all families (97%) had a concern or risk addressed in the areas of maternal and/or infant health. These include nurse assessment of vitals, nutrition and lactation, and other health concerns for mom or baby (e.g., healing of infant umbilical cord, mom's recovery from a C-section delivery). Household safety and basic needs remained the top area requiring referral for the fourth consecutive year at 30.5% of caregivers. In many cases, these families were given material resources like diapers or basic needs gift cards during their visit. Almost half of families (46.7%) were provided with support or education for parent mental health concerns, and 6.7% necessitated a referral. Family and community safety concerns were down to pre-pandemic levels, as many concerns regarding safety in the home and neighborhood were previously documented around COVID-19 in this category and were mitigated as expected in 2023.

Figure 8 Percent of Caregivers with Concerns, Referrals, and Emergencies by Matrix Factor (n=1,088)

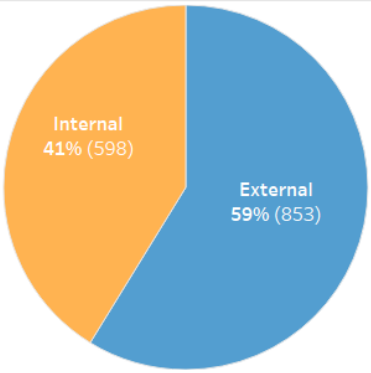
Sum: percent of caregivers	Matrix Factor	Concern Addressed	Referral Required	Emergency
93.0%	Management of Infant Crying	93.0% (1,012)		
90.7%	Maternal Health	79.3% (863)	10.8% (118)	0.6% (6)
86.9%	Infant Health	76.5% (832)	10.3% (112)	0.2% (2)
58.5%	Household Safety & Basic Needs	27.9% (304)	30.5% (332)	0.1% (1)
53.5%	Parent Mental Health	46.7% (508)	6.7% (73)	0.1% (1)
25.1%	Health Care Plans	16.5% (180)	8.5% (92)	0.1% (1)
16.6%	Child Care Plans	15.8% (172)	0.8% (9)	
14.5%	Parent Emotional Support	11.6% (126)	2.9% (32)	
10.5%	Family & Community Safety	9.9% (108)	0.6% (6)	
9.4%	History of Parenting Difficulties	9.0% (98)	0.3% (3)	0.1% (1)
7.3%	Parent-Child Relationship	6.3% (68)	1.0% (11)	
2.6%	Substance Use	2.5% (27)	0.1% (1)	

Referrals to Community Resources

Nurses made a total of 1,620 referrals to connect families to services in 2023, which are categorized in several ways. New referrals are related to concerns that require establishing new connections between caregivers and resources, such as lactation support. Existing referrals can be resolved by a current connection, such as an established OB/GYN. Referrals can also be risk-related (matrix rating of 3 or 4) or recommendation only, such as a caregiver's interest in ESL classes.

Figure 9

Percent of new, risk-related referrals made to internal or external agencies 2023 (n=1,451)



When monitoring caregiver connection to services, focus is centered on new referrals related to risk, which accounted for 90% of total referrals in 2023 (Figure 9). These referrals are significant because they intend to connect families with services they did not previously have in areas that were assessed as a risk (matrix rating of 3 or 4). Most new, risk-related referrals went to external agencies (59%) and the remaining 41% went to internal programs. 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 at 18% of new referrals and basic needs gift cards at 16%. Other Family Connects referrals (5%) included distribution of items like breast pumps and 3% of new referrals went to delivery of portable cribs through Austin Public Health (APH) Safe Sleep Program (Figure 10).

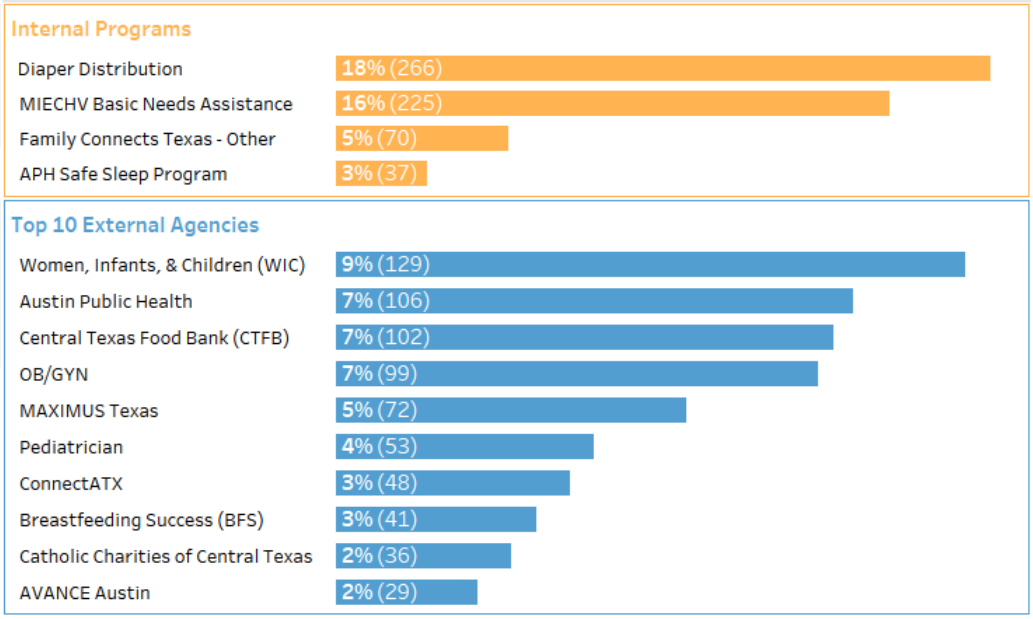
External referrals typically require follow-up by the referral agency and/or caregiver after the visit. New external referrals were centered around supplemental nutrition, lactation support, establishing medical care, securing health coverage, and housing/financial assistance (Figure 10). The largest share of these referrals went to Women, Infants and Children (WIC) for supplemental nutrition assistance at 9% of new referrals plus an additional 7% for SNAP benefits through Central Texas Food Bank. Most referrals to Austin Public Health were for breastfeeding support through Mom's Place. Many caregivers also received referrals to establish medical care with an OB/GYN or pediatrician (11% of new referrals).

Figure 10

Percent of new, risk-related referrals by internal programs and top external agencies 2023 (n=1,451)

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; status checked during PVC calls with caregivers and with agencies through ConnectATX platform



Partnership with ConnectATX

In fall of 2023, Family Connects began a warm referral partnership with ConnectATX through United Way for Greater Austin. ConnectATX is a referral platform powered by FindHelp where experienced navigators assist individuals and families with assessment and case-by-case referrals including follow-up to ensure needs are met. This partnership began because some Family Connects caregivers require additional referrals (typically beyond maternal and infant health needs), have higher risks in multiple categories, and would benefit from longer term case management. Nurses are now able to join caregivers directly with a ConnectATX navigator during the visit or make an appointment for follow up at the caregiver's convenience. This partnership aims to ensure that caregivers referred to ConnectATX will receive ongoing referral assistance and support beyond the Family Connects visit. In 2023, 48 caregivers were referred to ConnectATX (Figure 10). This partnership and resulting referrals will be monitored to identify areas of success and improvement in linking families to resources.

Caregiver Feedback from Post Visit Connection Calls

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

Program Helpfulness and PVC Completion Rates

Of caregivers with PVCs completed, 97.8% reported that their experience with Family Connects was helpful (Figure 11). In 2023, nurses connected with 67% of the 1,088 families served to complete PVC calls. PVC completion increased from 62% in 2022 due to changes in workflow intended to reach more caregivers based on nurse capacity. Caregivers with completed PVCs represented 52% of families that received at least one new referral (Figure 12).

Figure 11

Feedback on program helpfulness
Percentage of completed PVCs (n=724)

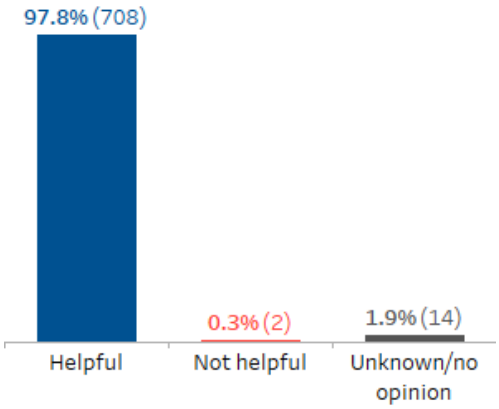
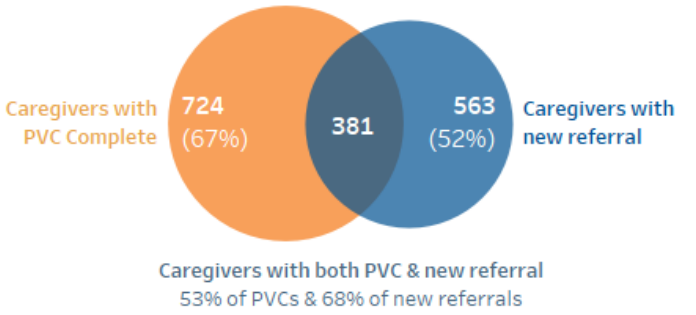


Figure 12

PVCs completed and new referrals for caregivers served



Referral Connection and Reasons for Missed Connections

The referral connection success rate was 56% (Figure 13) for new, risk-related referrals. Nurses discovered that 15% of these referrals did not result in a caregiver connecting to services. When this occurs, nurses gather feedback on why caregivers did not connect (Figure 14) and work to ensure a connection if the caregiver is still interested. About a third (29%) of referrals do not have feedback, primarily because PVC calls could not be completed with those caregivers.

For referrals with missed connections, caregivers said they were no longer interested 30% of the time, often because they felt the situation had improved without intervention (Figure 14). For an additional 18% of referrals not connected with services, caregivers said they had not yet followed up after the agency contacted them. Some caregivers reported they did not hear back from an agency (16% of referrals not connected) and some reported lack of time to follow up (11% of referrals not connected). Others reported they got help elsewhere or that services were pending. Few referrals did not connect because caregivers were not eligible, had difficulty with the application process, were placed on a waitlist, or the services were no longer offered. During PVC calls, nurses guide caregivers to alternative programs when they identify a missed connection.

Figure 13

Referral connection for new, risk-related referrals
2023 (n=1,451)

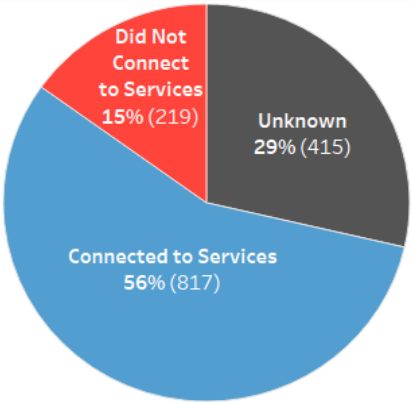
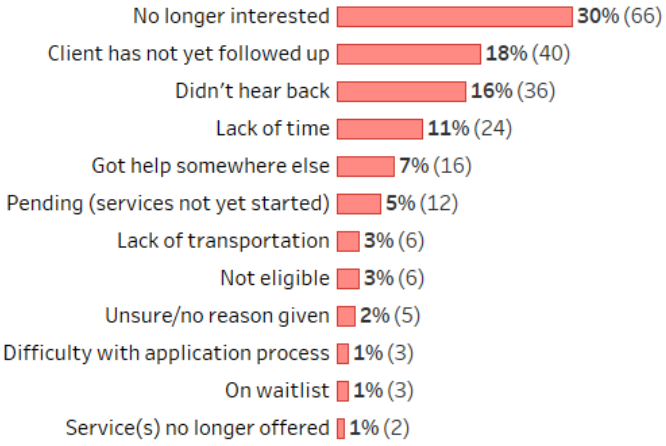


Figure 14

Reasons services were not received
Percent of all referrals not connected (n=219)



Postpartum and Infant Well Visit Completion

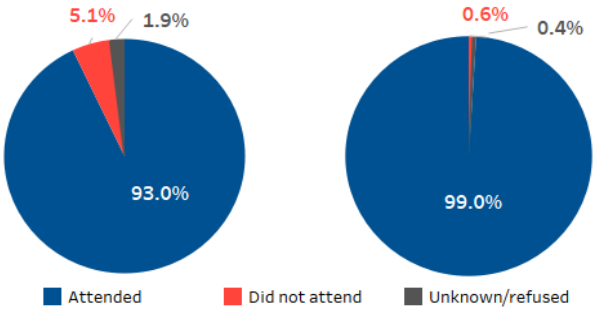
During PVC calls, nurses ask caregivers to confirm if they have attended their first postpartum medical visit and if they have taken their newborn to their most recent infant medical checkup. If the answer is no in either case, nurses work to schedule or reschedule those visits and reiterate the importance. For postpartum visits (Figure 15), 93% of caregivers had attended those appointments, while 5.1% had not attended at the time of the PVC call. For infant well visits (Figure 16), 99% of caregivers reported that newborns attended their most recent visit (typically at 1-2 months old), while less than 1% had not attended. Missing data rates for both outcomes have been monitored and continually improved since 2021.

Figure 15

Postpartum visit completion
First visit completed prior to PVC (n=724)

Figure 16

Well baby visit completion
Attended most recent visit (n=724)

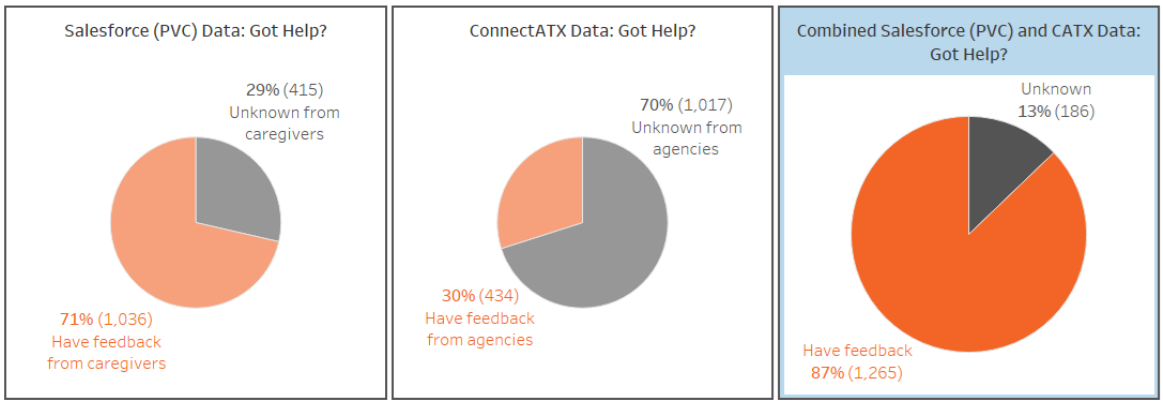


Combined Referral Feedback through PVCs and ConnectATX

Through an ongoing integration between the Family Connects database, Salesforce, and ConnectATX, nurses use FindHelp to place referrals, which are represented in both systems. The integration is beneficial as it ensures the most up to date information on programs/services available (maintained by ConnectATX) and allows an additional source of referral feedback. In Salesforce, nurses update referral feedback from caregivers during PVC calls. In ConnectATX, referral status is often updated by the agencies who provide services. In 2023, referral feedback data from both platforms was combined to inform referral success and community alignment more comprehensively. Feedback rates went from 71% for PVCs and 30% for ConnectATX alone, to 87% combined (Figure 17).

Figure 17

Referral feedback rates for new, risk-related referrals (n = 1,451)



Breastfeeding Referrals and Outcomes

Many caregivers indicate the need for breastfeeding support. During visits in 2023, 88% of caregivers reported that their baby was receiving some breast milk (Figure 18). Most caregivers (63%) reported their baby was still receiving some breast milk at the time of the PVC (Figure 19), though missing data rates are high and marked for improvement. In 2023, 147 referrals were made for lactation support (10.1% of new referrals). These primarily go to Austin Public Health Mom's Place Lactation Support Center and Breastfeeding Success (BFS). These programs facilitate caregiver connection with certified lactation consultants, including four Family Connects nurses that are International Board Certified Lactation Consultants (IBCLC). Nurses provided breast pumps to 16 families during visits. Combined feedback from Salesforce and ConnectATX shows a 63% success rate for lactation support referrals (Figure 20).

Figure 18

Infant nutrition at time of visit (n=1,088)

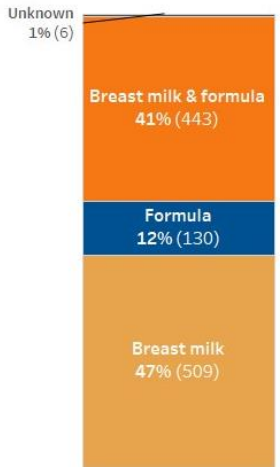


Figure 19

Infant nutrition at time of PVC (n=724)

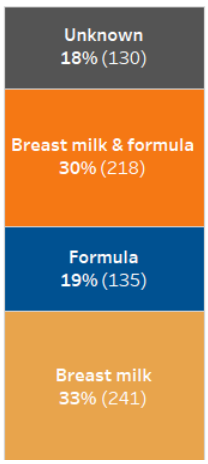
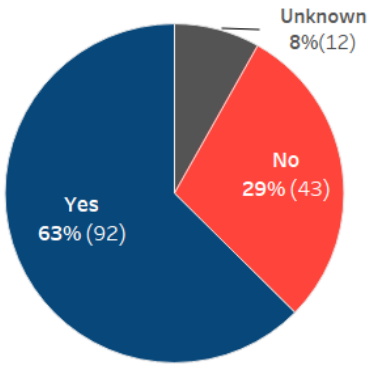


Figure 20

Breastfeeding referral combined feedback: Got Help?
Percentage of lactation support referrals (n=147)



Celebrating Success in 2023 and Looking Ahead to 2024

Major successes in the past year included full launch into Ascension Seton Medical Center Austin at the beginning of April 2023 and continued evaluation of families that participated in the pilot. The evaluation, led by researchers at the University of Texas at Austin, should conclude in 2024. The program continued to reach historically underserved populations such as those with Medicaid and Spanish speakers. A referral partnership with ConnectATX began in fall 2023 to better support caregivers with higher needs. A pilot program to distribute and install car seats also began around this time. This program supports ensuring a timely discharge from the hospital for families without car seats.

In early 2024, caregivers will be recruited prenatally for Family Connects visits in addition to hospitals through Ascension Medical Group, CommUnity Care, People's Community Clinic, and potentially others. Moms attending regular prenatal visits at these clinics will be able to enroll for a Family Connects home visit prior to delivery. This additional recruiting process should encourage stronger awareness of the program and higher visit completion rates for families delivering newborns at either hospital system.

In late February 2024, the previous Salesforce program provided by FCI was migrated to Salesforce Health Cloud to simplify database fields, streamline data collection efforts for nurses, and better support program goals. Health Cloud will allow future customization and more flexibility both at the nationwide level and individual program needs specific to Austin/Travis County.

In April 2024, Family Connects of Austin/Travis County will begin a recertification process through FCI. Recertification will include a review of key measures such as population reach and adherence to other program requirements. Certification status recognizes the successful implementation of this research-based model in our community.

More Information on Family Connects Texas of Austin/Travis County

Additional reports on 2023 data will include comparison of caregiver demographics to the birth population as well as demographic comparison of Medicaid clients versus those with private insurance. 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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