

Transcript of Kami Peterson Interview

Interviewer

Tell me your name and your title here.

Kami Peterson

Kami Peterson. I'm the Public Health Nursing Bureau Manager for Salt Lake County Health Department.

Interviewer

And you spell your name?

Kami Peterson

K-a-m-i, P-e-t-e-r-s-o-n.

Interviewer

Okay. What is your role, Kami, in the Nurse Family Partnership program? And you'll want to repeat my question.

Kami Peterson

My role in the Nurse Family Partnership is the program manager or administrator of the program. So I do all the policy development, budgets, that type of thing.

Describe the Nurse Family Partnership program.

Kami Peterson

The Nurse Family Partnership is an evidence-based home visitation program that pairs a low-income first-time mom with a registered nurse early in pregnancy and then the nurse follows the family until the baby's two. Evidence-based means that it's gone through a clinical trial similar to what you would see if there was a drug trial where you have a control group and a research group, which is really rare for a social service program to have that kind of evidence behind it.

Interviewer

At two years old what happens?

Kami Peterson

At two years old, they transition them sometimes into another program in the community such as Parents As Teachers or Early Head Start. Or sometimes the parents have felt competent enough or self-sufficient and have mastered the things that the program has taught them and they just go out on their own and are successful that way, so.

Interviewer

What is your relationship with Parents as Teachers?

Kami Peterson

We refer to Parents as Teachers often in our program and collaborate with them. Sometimes when we get a mother that's not a first-time mother that needs services, we'll refer to Parents as Teachers for services and then when our children graduate sometimes if they need additional assistance we'll refer to Parents as Teachers also. Parents as Teachers is more a school readiness program where ours has more of a medical model even though we do work a lot on development in the nurse family partnership.

Interviewer

But you're a partner because they work (inaudible)

Kami Peterson

They do things that we don't do and we do things that they don't do.

Interviewer

I'm featuring Parents as Teachers. The Salt Lake School District.

Kami Peterson

We work most with the Children's Aid Society.

Interviewer

Do they use the same model?

Kami Peterson

They use the Parents as Teachers model. And we use a curriculum that's based more on Partners in Parents. Ours is more an emotional attachment model kind of with the parenting to development a strong emotional attachment to the baby. And theirs is more of a school readiness kind of emphasis than ours.

Interviewer

You said it's evidence-based. How did it become so successful nationwide?

Kami Peterson

Nurse Family Partnership is a national program. It started over 30 years ago by David Olds. When he was working in a daycare center and he was doing some intervention with children, four, and five, and he realized by the time that children get to that age, there's more limitations on how you can change the parents' parenting styles or the things that have happened to them prior to that. So he had the idea that you needed to start early, really early in pregnancy, and help the parents learn to be parents. Because you know, parenting doesn't come with a rule book or what to do. And parents often don't get lot of education to teach them early in pregnancy and have them have a better outcome in the future. So about 30 years ago he did these studies to see what kind of model would be effective in helping that happen. And he found out -- he's done three large

studies, but continues to do studies on different aspects of the model. But he found that nurses do -- when the clients have intervention by a nurse, they have a better outcome than a lay person who doesn't have a medical background, at least in his model. So that's why nurses are used in this model.

Interviewer

It is about development from the moment the baby is born. And prenatal care. Explain those pieces.

Kami Peterson

So the goals of the Nurse Family Partnership are, the number one goal is to have a healthy pregnancy. So that means early and adequate prenatal care, healthy diet during pregnancy and eliminating or reducing the use of tobacco, alcohol, or illicit drugs during pregnancy. The second goal is to help the parents be competent parents. So we teach them all about how to build a strong relationship with their child, how to read their child's cues, how to read and do those things that help support them to become a competent child their selves. And then the third goal is self-sufficiency. So in this goal we work for them to really get a vision of their future. What do they want in their future? Do they want to be successful? And planning out their family, we encourage them to plan their family. Go back and get their education. Gain employment. Those types of things are the things that we encourage with the self-sufficiency. So those are the three basic goals of the program. The program is based on the client is an expert on their own life and on the client's heart's desire. So what the client wants to do. And the nurse helps to mold goals around that to move them in that direction and help encourage them to get to the point where they feel like they've accomplished that goal.

Interviewer

Those are the three basic goals of the program.

Kami Peterson

Those are the three basic goals of the program.

Interviewer

This two-generational approach with poverty is very big right now. Why does this work? Why are you doing this?

Kami Peterson

Well, the idea is that we, through the Nurse Family Partnership, we'll be able to like break a cycle of poverty or if the parents have been mistreated, break that cycle of child abuse or child maltreatment, that we'll teach them a better way or help them to think about it. We do a lot with education. So for instance, if they're a teenage mom we encourage them to go back to school to get their high school degree, to think about their future in college. Because we know that if you have a child when you're a teenager, the likelihood that you'll have another child while

you're a teenager is greater than 50 percent. And that you'll never actually finish your education. You'll fall in that cycle of poverty. So we really stress education and finishing their education or being actively employed. And what that means, to build the kind of future you want for your family and your child and what dreams you have for your child. And how can we get there, and what things we need to do to help you get to that point in your life.

Interviewer

So your nurses are trained in social work aspect?

Kami Peterson

They do motivational interviewing which is commonly used in drug and alcohol treatment. Basically to talk about what do you desire, what keeps you from getting to that point where you can reach that goal. What are the barriers? There's a lot of self-reflection. That's a huge thing and thinking through it yourself. It's kind of a different role for most nurses. You just don't go in there and tell them what they need to do, like you need to stop smoking or stop drinking. They try to get them to think about the consequences of what they're doing, what are the barriers for that change, and how can we help you or what things can you do to make that better or do less harm or help your baby and kind of think about the impact versus just telling them this is wrong. Because I think most people know that it's wrong. It doesn't really help. [Laugh] We see in health care, it doesn't really help to tell people necessarily what to do. Most people know what they should be doing and what's the best thing to do, but it's sometimes hard to get to that, so.

Interviewer

How is the program funded?

Kami Peterson

Currently -- the Nurse Family Partnership at the Salt Lake County Health Department currently is funded several ways. Partially by Salt Lake County tax dollar monies that come through the Health Department's fund. And partially by a federal grant for early infant maternal child home visitation that comes through the state Health Department to us currently. And we keep looking for different methods to increase it and fund it so that we can expand the program. Expanding the program, we now serve probably about 10 percent of eligible women in Salt Lake County, and of course we'd like to be able to offer this program to everybody because it has great benefit to everybody that would be eligible for it in the county. So that would probably be maybe three more teams of nurses to reach that goal.

Interviewer

You only serve 10 percent of those who are eligible or who are seeking this program?

Kami Peterson

We only serve 10 percent of them that are eligible in the county. So.

Interviewer

Is there a waiting list?

Kami Peterson

Sometimes, yeah, we have a waiting list.

Interviewer

What could be happening with this program if you could expand? If we had the money...

Kami Peterson

Well, we'd love to expand the Nurse Family Partnership because it's such an effective evidence-based program. So we know that if you invest in this program that you're going to get money in return down the road. Estimates are anywhere from, you know, for low-risk families, \$2.70 per dollar invested up to as much as almost \$7 per dollar invested in high-risk families. So having that opportunity to expand our services so we could see more clientele in Salt Lake County would have benefits down the road in preventative services. So we'd have decreased use of governmental or societal services, less kids that probably need special education, less involvement in criminal justice, less social service child abuse investigators, less use of Medicaid or welfare services. So we know those are the effective things that happen with this program. But beyond that, it gives you such a value to interact with your child that a lot of our nurses have had a hard time staying, working because they go through the program and they think, man, we should be doing this with my child, not here [Laugh] doing it with somebody else's child. So there's this strong bonding that you can get with a parent and a child that just kind of can help them overcome everything they may face in their lives. So I think that's the value of it. Not so much that it does save society money, it does, and tax-payer's money. But it also builds really strong, competent human beings that can maybe, with their kids, build another generation of strong, competent human beings and we can just keep going so that we can have just this society where people can be free of abuse or injury or poverty or that type of thing, so.

Interviewer

Sounds like an amazing program. Explain how it's funded. Have you heard of Pay For Success or Social Impact Financing?

Kami Peterson

So currently with the Nurse Family Partnership we're looking for different sources to continue the services or sustain the services. Some of those being social impact bonds where we would be paid for -- pay it forward -- paid for the service

in the cost that would be recouped from different uses of societal services down the road.

Interviewer

I'm confused. So explain that. Private businesses invest in this program and our state government promises to pay them back with interest. Is that how it works?

Kami Peterson

I think. I'm not -- I think that's how it works.

Interviewer

Let me read this... The Pay for Success, Pay for Performance Act that Bennett and Hatch just passed. The government specifies the outcomes and the promises to pay the external organizations a pre-agreed amount if it is able to achieve the outcomes.

Kami Peterson

So we are always looking at ways that we can sustain the Nurse Family Partnership. And one of those, the new avenues we're exploring are social impact bonds where we have an outside investor, a business or charity who values what we do and they will give us money to serve women based on the outcomes that we get. So they'll give us a set amount. And if we reach those outcomes, we'll pay them back that amount that they've given us to invest.

Interviewer

You want the program not only to sustain, but to grow. One more time what could this program become if you could expand it.

Kami Peterson

So the Nurse Family Partnership is a powerful program that changes women's life and helps them get on a trajectory that will sustain them and their child and through their lives in a positive way and helps break societal poverty chains and maltreatment. And in Utah I think we don't feel like we have the need for a program like this, but there are a lot of women -- every woman in Salt Lake County could benefit from having this kind of interaction with a nurse and to learn these principles of how to build a strong relationship and to learn principles that help them with self-sufficiency like budgeting or schooling or that type of thing to have a better outcome in the future for our children in Utah. And think sometimes we think that we live in a society where we kind of don't need to focus on children as much as we need to focus on children. That those things don't happen to children in our society. But there's a lot of pain and a lot of poverty and problems in Utah that could be helped with this program if we could get it to the moms and their children.

Interviewer

So your dream is to expand it to --?

Kami Peterson

So my dream is that we could expand it county-wide, and offer it -- and it would be nice if we could eventually offer it not just to low-income women, but every mom in Utah who wanted to participate in the program. I think it probably needs to be -- I think that over the years, right now, with health care reform, nurse home visitation is becoming kind of a topic that we know is effective and we know that we need to -- with primary prevention we need to get early results. We've seen stuff where the ACEs studies where long-term consequences happen from children that have stressful or traumatic young life experiences. Those things are like cancer and diabetes and heart disease -- can all be linked back. And a lot of mental illness. So if we could prevent that at the very root of where it starts and take a different approach, it could have a huge impact on our community and our lives and the length of our lives and the quality of our lives. Not just for that infant that's receiving that service, but way down the road when that infant is an adult and doesn't have to maybe deal with those certain diseases because they had an upbringing that was free from trauma or free from abuse or free from things that injured them. So.

Interviewer

Some in our community do not think it's appropriate to correlate poverty to toxic stress, poverty with child abuse. But there is a strong correlation. Is there not?

Kami Peterson

Yes. Well, I mean I can give you my -- so we know in society if we talk about Maslow's hierarchy of needs, that before you can get to the higher needs like self-actualization that you need to have the basic needs met. So when we have parents that can't feed their kids, they can't house their kids, they don't know -- they don't have employment, they don't have any of these things, it's hard for them to focus on having a positive interaction with that child. It's hard to be a mom when you can hardly take care of yourself. If they can't take care of themselves, how are they going to take care of their child? So helping people in a situation of poverty where they don't have the resources they need, and helping them to think about their future and get those resources is very beneficial to their child. I'm not saying that everybody who lives in poverty may abuse their child, but certainly they have stresses that maybe the rest of us don't have. I mean I can't imagine not knowing where I was going to sleep or being out in the cold. That would really impact how you would relate to an adult person, let alone a baby that needs lots of attention and need. So yeah, I think there is a huge correlation there. Just because -- just because of the stress of life, I mean.

Interviewer

Absolutely. Anything else you want to talk about?

Kami Peterson

I don't know. It's just a really good program. I know I was having a meeting with

some of my other nurses today, and one of them works with an OB clinic, the U of U OB Clinic, and she was saying you can really tell the difference between the moms that are coming into the clinic that have had the program and haven't had the program. That their like confidence and their ability to relate and their interaction with their children, she says you can really visibly see the difference that the program is making. So you know, like I said, it would be fabulous if every mom could have this. I remember when I was young and had my baby. And I know quite a bit because I'm a nurse and I still had questions about, you know, is this normal or how do I do this? Or how do I do that? So just having a support system to help you muddle through all those questions or concerns you have, and knowing what's normal and knowing what you can do about it is invaluable I think.