

A Low-Cost RCT of a Universal Postnatal Nurse Home Visiting Program: Durham Connects

Project Summary:

The aim of this low-cost randomized control trial (RCT) is to utilize administrative records to evaluate the population-level impact of a novel program to improve mother and child health and well-being. Durham Connects is an innovative, community-based, universal, postpartum nurse home visiting program in Durham County, North Carolina that has been developed, implemented, and evaluated by a collaboration of university scholars, public health officials, and community leaders. Although the goals are consistent with more intensive, targeted, nurse home-visiting programs, Durham Connects reaches universally to all families at birth to assess individual family needs, intervene briefly between 3-12 weeks of infant age, and direct appropriate community resources to families based on self-identified risks and needs. Durham Connects is a relatively inexpensive program, at \$700 per family.

A previous RCT of Durham Connects found very promising impacts on multiple domains of family and child well-being, including significant reductions in infant emergency medical care through child age 12-months (Dodge et al., 2013; Dodge et al., 2014).

Funding for the program comes from a private foundation and a public health trust, but recent budget constraints have resulted in the program's only being able to serve half of all eligible births. Rather than offer the program to half of all families using an unsystematic approach that serves families on a "first come, first serve" basis, the Durham Connects program is utilizing this naturally occurring opportunity to conduct a second RCT of the program with a representative sample of approximately 1,100 Durham County families.

This approach will provide an important opportunity to determine whether the positive initial RCT findings can be replicated in a new sample of families, and to measure the program's impacts over a longer time period. The researchers have limited funds available from an NIH research grant to conduct a brief evaluation interview with all 1,100 families when infants are age 4-months, but not to evaluate long-term program impacts on mother and child health and well-being. The current project will address this limitation by utilizing hospital administrative records to conduct a low-cost evaluation of population-level program impacts on mother and child emergency department utilization through child age 24-months for intervention and control group families during the second Durham Connects RCT period.

Research Team:

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Study Cost: \$183,000

This includes \$96,000 from our grant award, and \$87,000 in funding from an NIH grant for the 4-month interview as described above.