

The Dutch NFP: VoorZorg and beyond

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Disclosure speakers interests

- No (potential) conflicts of interest.
- No relevant relationships with companies.
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Introduction

- Youth Health Care Physician at the GGD Amsterdam since 2005, specialist Public Health Care
- Projectleader VoorZorg and VoorZorg-Verder since 2006
- PhD in Pediatrics in 2003, bone density during puberty

VoorZorg introduction

- Context research and fieldwork
- Youth health care in the Netherlands
- VoorZorg programme
- RCT VoorZorg results
- And beyond/ future

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Academic Collaborative Center Child Public Health (since 2006)



VoorZorg

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Youth Health Care

Purpose:

To enhance, protect and secure the health and physical and mental wellbeing of young people 0-18 years of age, on an individual level as well as on a population level.

Finance and organisation YHC

Law on Public Health (responsibility with municipalities).

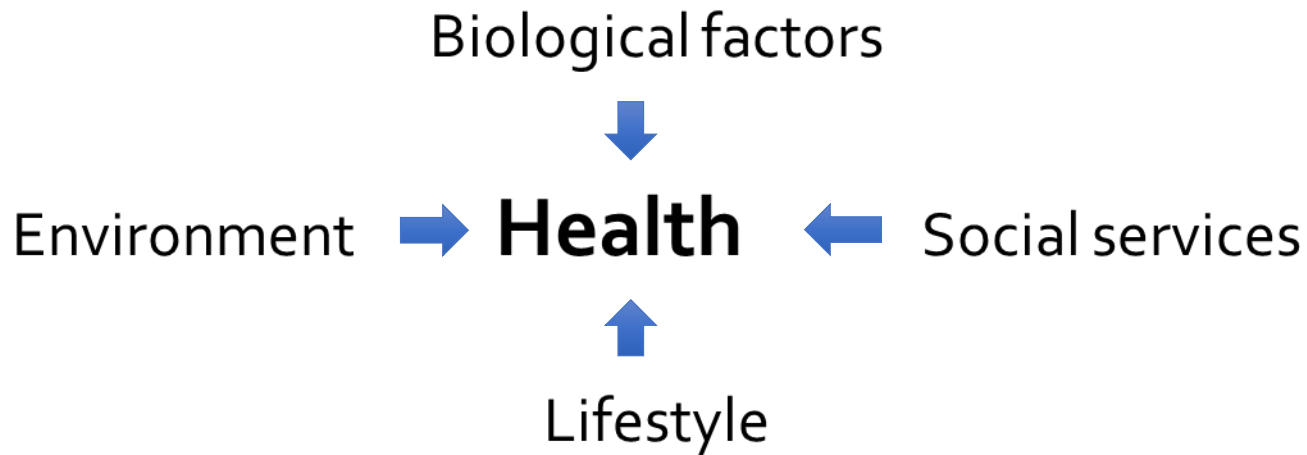
Dutch Youth Act (prevention, support, youth care).

0-12 months: 10 visits

1-4 years: 4 visits

5-18 years: 4 contacts

Lalonde model



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David, Elly and Frank



VoorZorg pilot

- Netherlands as the first country outside the US to start NFP
- Pilot studie 2003/2004 in 2 municipalities
 - Translation towards cultural adaptation
 - VHT, video home training + V-MIS, minimal intervention strategy for cessation of smoking

Video: the VoorZorg programme

https://www.youtube.com/watch?v=Gr7mcDlQVXE&feature=emb_logo

VoorZorg

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- RCT VoorZorg results: Jamila Mejdoubi
- And beyond/ future

Introduction

- Finished my PhD in 2014 at Amsterdam UMC
- Researcher at Atria, Institute on gender equality and women's history
Projectleader Act4Respect: preventing Genderbased violence among youngsters and young adults

RCT VoorZorg

- 10 youth health care organizations
- Trained nurses
- Financed by the municipalities
- Research by the VU-MC in Amsterdam

Two-stage selection procedure

Stage 1: (General Practitioners, midwives e.g.) using 5 criteria:

- 1.< 26 years
- 2.low educational level
- 3.pregnant with her first child
- 4.maximum 28 weeks of gestation
- 5.understanding the Dutch language at a minimum level

Two-stage selection procedure

Stage 2:

Interview by VoorZorgnurse using a checklist → risk vs protective factors
(cumulation of risk factors is the biggest indicator for failing parenting and child abuse)

Independent Expertgroup

RCT VoorZorg

- 460 eligible high risk women
- Randomisation: region and ethnicity
 - ❖ Intervention group (I; n=237): VoorZorg + care as usual
 - ❖ Control group (C; n=223): care as usual

During pregnancy until the child's second birthday.

Primary outcome measures

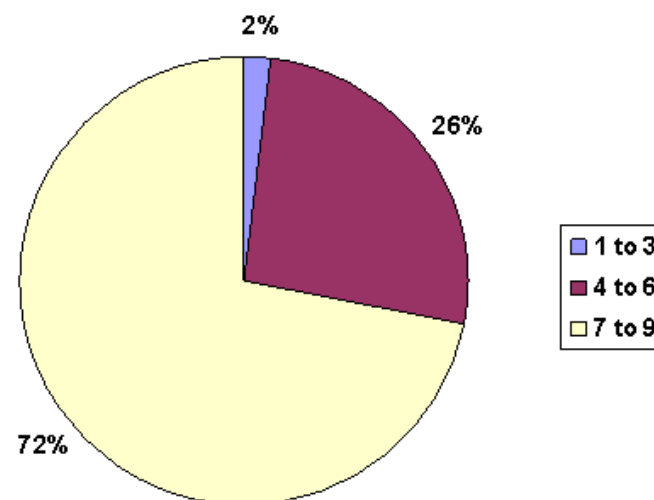
- Smoking cessation
- Birth outcome
- Intimate Partner Violence
- Child development
- Child abuse

1st result: we reach the right target population

Risk factors:

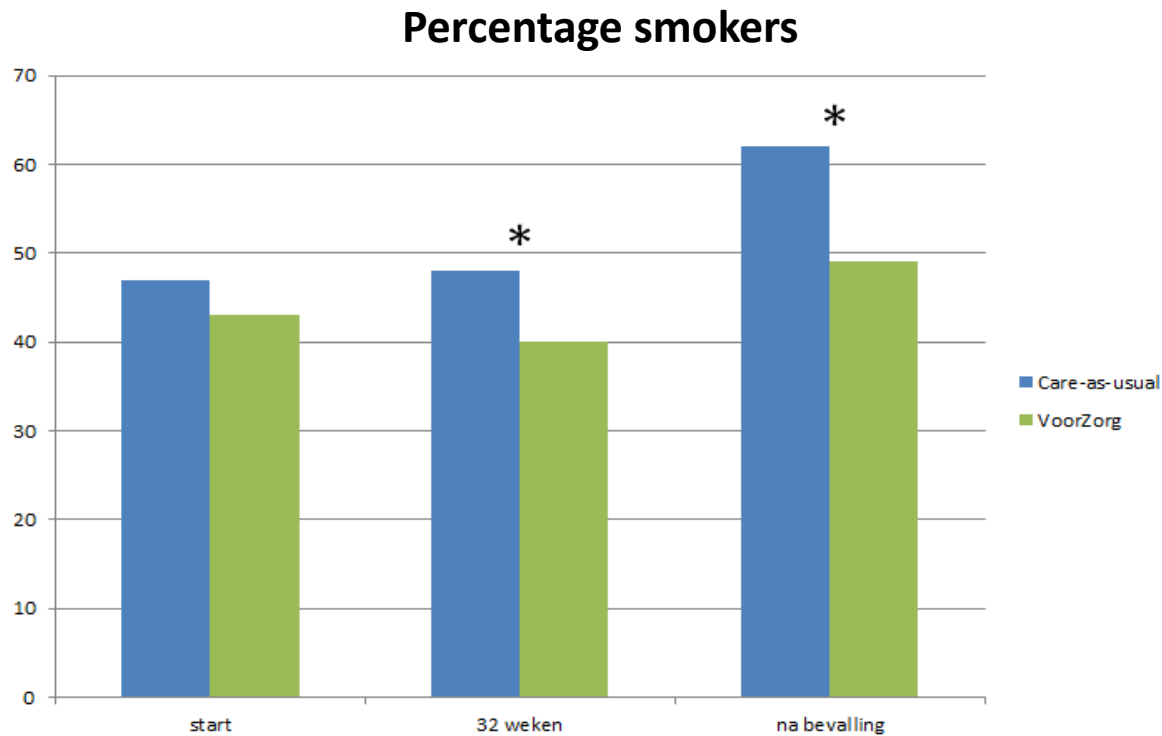
1. No spouse
2. Alcohol and/or drug use
3. Actual domestic violence
4. History of violation
5. Psychosocial problems
6. Negative expectations pregnancy
7. Housing problems
8. Short finance
9. No education and/or job

% of Child Abuse Risk Factors



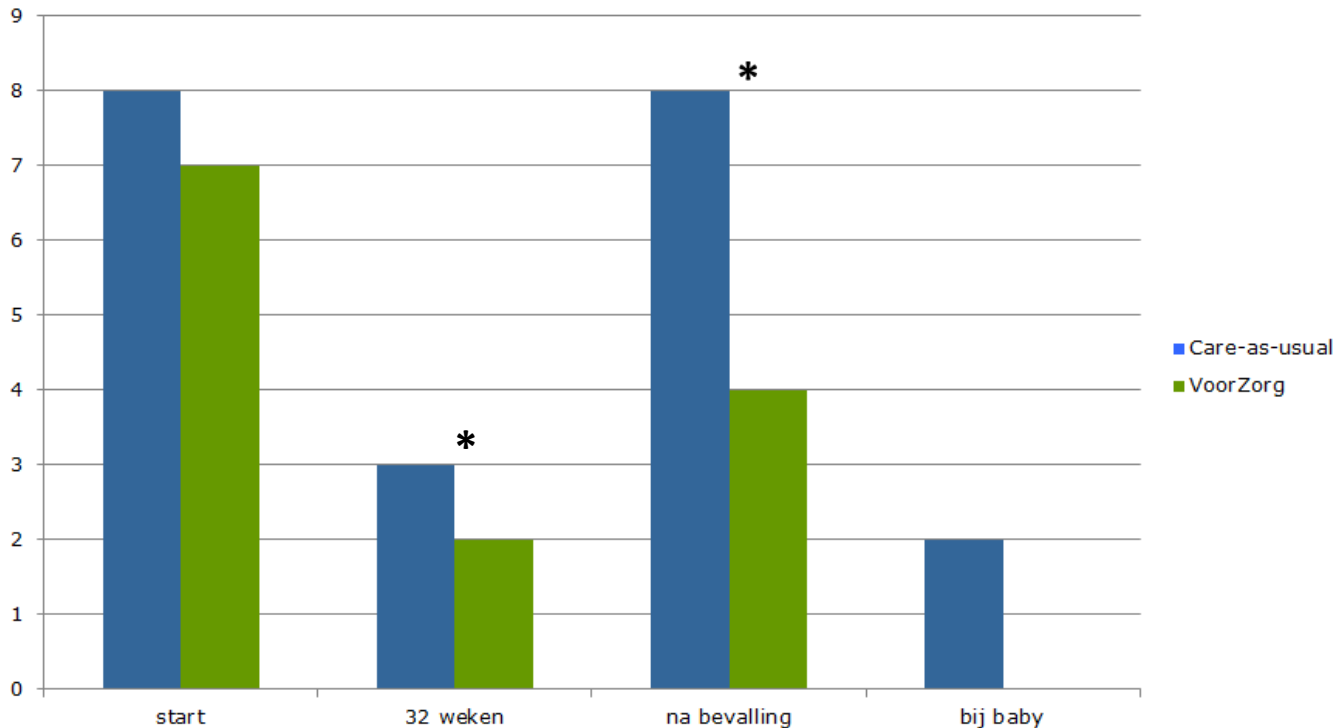
98% has ≥ 4 risk factors

2nd result: % smokers decreased



Number of smokers declined + no smoking near the baby

Number of cigarettes per day



3th result: % breastfeeding increased

	C	I	OR (95% CI)
Started breastfeeding	78%	82%	1.3 (0.7-2.4)
Ended <1 week	40(2)	39(2)	0.6(0.2-2.0)
Ended >1 week	11%	12%	1.7 (0.5-5.8)
Currently breastfeeding	6%	9%	2.6(1.0-6.8)*

4th result: birth weight and pregnancy duration

	C	I	β /OR (95% CI)
Birth weight (g)	3147 (519)	3144 (577)	-3.1 (-111.9-105.7)
Gest. Age (wks)	40(2)	39(2)	-0.3 (-0.7-0.1)
Low birth weight (<2500g)	11%	12%	1.1 (0.6-2.1)
Preterm gest. (<37 wks)	7%	9%	1.3 (0.6-2.9)
Dysmature	18%	16%	0.9 (0.5-1.5)

5th result: reduction of IPV (intimate partner violence)

-IPV decreased during pregnancy

Victim of IPV - during pregnancy

Scale	Control (n=110)	Intervention (n=156)
Psychological aggression		
Level 1	88% (95)	92% (139)
Level 2	61% (66)	49% (72)
Physical assault		
Level 1	67% (71)	54% (81)
Level 2	34% (36)	28% (43)
Sexual coercion		
Level 1	6% (7)	7% (11)
Level 2	3% (3)	1% (2)
Injury		
Level 1	28% (30)	17% (26)
Level 2	8% (9)	10% (15)

Perpetrator of IPV- during pregnancy

Scale	Control (n=110)	Intervention (n=156)
Psychological aggression		
Level 1	100% (110)	100% (156)
Level 2	57% (61)	42% (61)
Physical assault		
Level 1	60% (64)	41% (62)
Level 2	32% (34)	21% (31)
Sexual coercion		
Level 1	17% (18)	8% (12)
Level 2	7% (7)	7% (11)
Injury		
Level 1	26% (28)	17% (25)
Level 2	5% (5)	5% (8)

IPV two years after birth

IPV reduced among women receiving VoorZorg

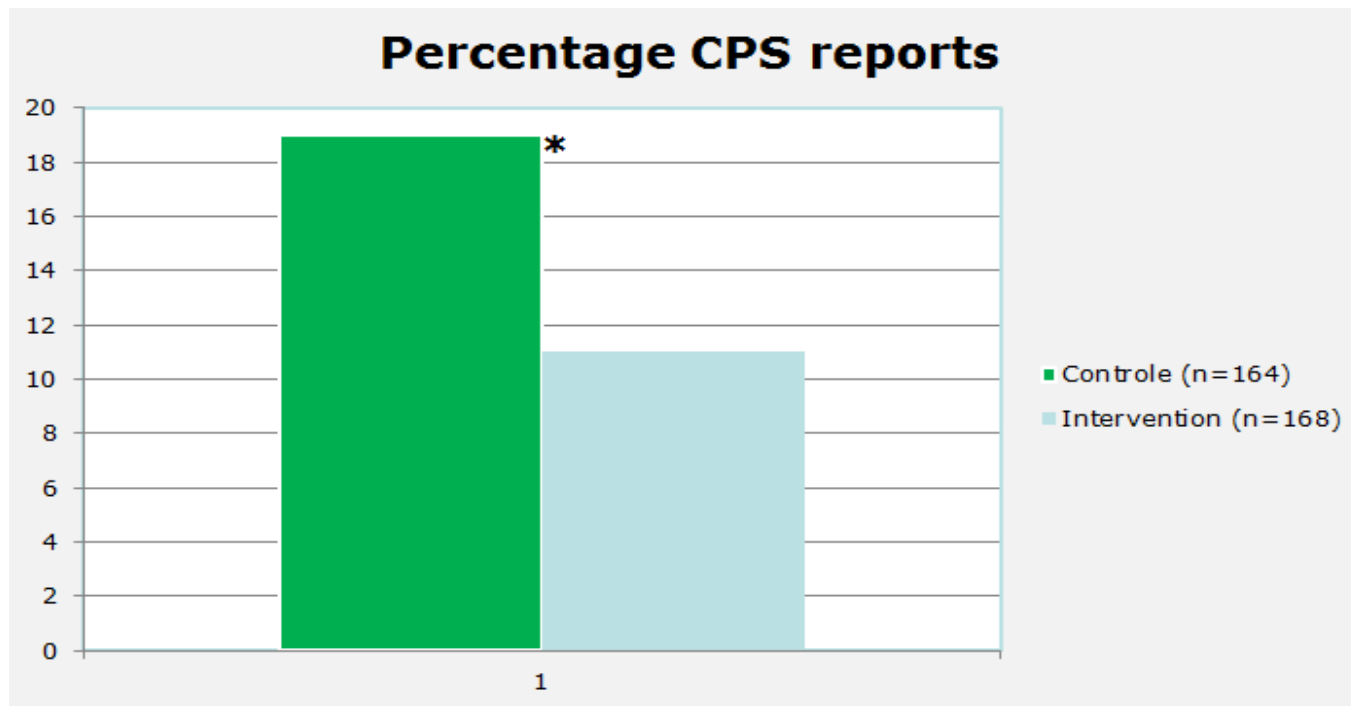
→ As victim and as perpetrator



6th result: Home environment and Childbehaviour improved

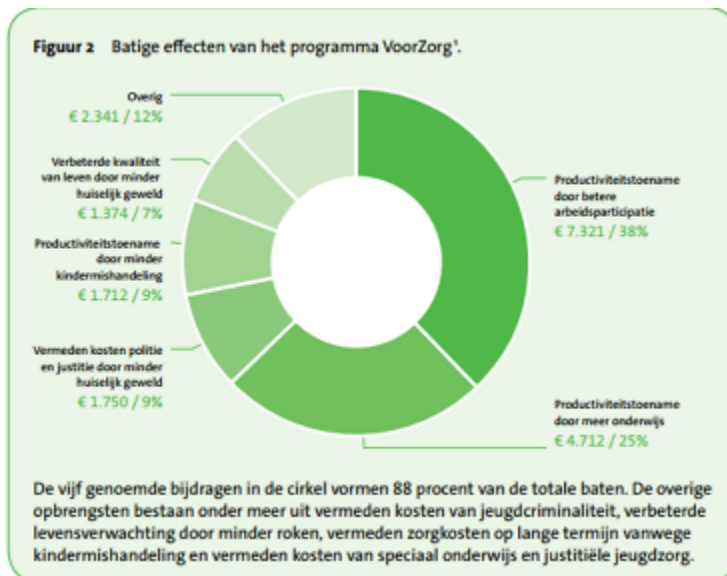
		MEAN (SD)/N(%)		RR/MD (95% CI)
		C	I	
6 MONTHS	IT-HOME	33.0(6.0)	33.4(6.9)	0.40(-2.75 to 2.04)
18 MONTHS	IT-HOME	36.8(6.1)	36.0(6.0)	0.80 (-1.30 to 2.91)
24 MONTHS	IT-HOME	36.4(5.9)	38.3(4.8)	1.98 (0.16 to 3.80)*
	Internalizing	69(31%)	40(17%)	0.56 (0.24 to 0.94)*
	Externalizing	78(35%)	59(25%)	0.71(0.34 to 1.09)*

7th result: decrease child abuse



Finances

Research in the Netherlands shows:
cost benefit efficacy is at least 20% after 3 years.



VERNIEUWEN, VERBINDEN, VERSTERKEN



www.voorzorg.info

- Information about VoorZorg: www.voorzorg.info
- Also take a look at VoorZorg [infographic](#) and [factsheet \(pdf\)](#)

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VoorZorg and beyond

- VoorZorg-Verder (2016-2019): 8 home visits for 2 – 6 years of age; two papers about development and evaluation to be submitted
- VoorZorg in the social domain (2017-2019)
- VoorZorg 2nd child: start May 2020
- VoorZorg Late start (>28wks – 6 wks postpartum) : grant proposal in progress
- Big data projects: long-term effects

Questions?

