

Episode 59: Jennifer Gould

[00:00:00] **Rafael Otto:** Hello everyone. This is the Early Link Podcast. I'm Rafael Otto. Thanks for tuning in. As always, appreciate your ears on our segments. You can catch us on 99.1 FM in the Portland Metro on Sundays at 4:30 PM or tune in at your convenience wherever you find your podcasts. That includes Spotify, Amazon Music, Apple Podcasts, and as always, you can listen on our website at childinst.org.

I'm talking today with Jennifer Gould, who currently works as a nurse home visitor for the Nurse Family Partnership Program with the Multnomah County Health Department here in Oregon. She has been in this role for more than 15 years and is trained as a registered nurse and also an international board certified lactation consultant.

That program, the Nurse Family Partnership is community based public health program with more than 45 years of research. Showing evidence of significant improvements in the health and lives of first time moms and their children affected by social and economic inequality. Jennifer, it's great to have you on the podcast today. Thanks for joining me.

[00:01:11] **Jennifer Gould:** Great. Thank you, Rafael. It's nice to be here.

[00:01:13] **Rafael Otto:** I wanted to just start, if you could tell me a little bit about the program Nurse Family Partnership, and then what drew you to the work? How did you become a home visitor?

[00:01:26] **Jennifer Gould:** Yeah, thank you. You know, the program was originally called The Olds Model. Based on the, the. NAN researcher that actually developed the program, who was Dr. David Olds, who is still involved. And the story I always kind of have heard from him and that I tell is when he finished his first kind of round of studies, I believe he's a, you know, sociologist, psychologist, that kind of realm of world, was working in a daycare center kind of similar to like a head start. And he said, you know what I realized is that at age three or four, some of these families were doing great. These families all had to qualify by income to come in. Some of them were doing great and their kids are thriving, and other families by age three or four really needed some support for a couple of years before their kids showed up at our center.

And so he really started to look at what programs already existed that potentially supporting families before they hit school age. And how he could really not just replicate, but also really... I mean, what to me was fascinating about him is that he was one of the first people to really kind of started to say, how can we...? We need to actually do some kind of studies and do some research to really see is it just the information or is it the program?

And so he and his teams and teams of people at this point have done a few really long term trials, and they can really quantify a little bit the positive outcomes that we see by this kind of a relationship, this based program. The basic idea is that a especially trained home visiting nurse is matched with a family during pregnancy. We do prioritize first time parents and we prioritize

families before the last trimester of pregnancy. He really found that it was a true window of opportunity where people were really open for support and really thinking about change.

[00:03:21] **Rafael Otto**: Yeah, I can imagine It's a very vulnerable time for a family, for a mother. I mean, those are, those can be very challenging months as well.

[00:03:28] **Jennifer Gould**: Yeah. And it's really a time when people are often really wanting to reflect, wanting to explore, open to exploring. What was my childhood like? What do I want my child's childhood to be like? What are the things that I, you know, gosh, in two years, what do I hope my life looks like in five years and 10 years?

So what I really appreciated about part of the model of the program that's been the kernel from the very beginning is really that relationship, that parallel relationship between nurse and family that also translates to family and child. That attachment, that feeling of support and the idea that really the core of the program is really following that client's heart's desire, being that one to say, what do you dream? Right? What do you dream for yourself? What do you dream for your child? So it's just been fascinating to kind of, um, see a program that's so interpersonal and individual be developed into a program that is in almost every state in the United States.

[00:04:33] **Rafael Otto**: Right. Right. And interesting, because you're talking about a lot of complex things when you talk about creating opportunities for new parents to think about how they wanna raise their children. It's more than just an approach to public health or ensuring that a baby is delivered and has all 10 fingers and 10 toes and all of that. It's a much more complex way of looking at that and considering the, like you said, the relationship and really creating an opportunity for people to think about what that looks like in their lives.

[00:05:03] **Jennifer Gould**: Right. Yeah. It's pretty fascinating. So the basic goals is that we have better health outcomes for mom, you know, or pregnant parent. Better outcomes for baby, health outcomes and developmental outcomes for the baby. And that also that the family is able to move towards meeting some goals.

So we get to stay with families starting when they're really before that 28 week of pregnancy. And then we stay with those families until their children are two. So we really do kind of get to see a long term trajectory with them. And sometimes at the end of two years, things that people have said as goals are all accomplished and you can feel like, oh, I can check this all off. And sometimes that's not the case.

[00:05:47] **Rafael Otto**: It's so satisfying to check off that box though, right?

[00:05:51] **Jennifer Gould**: Yeah, but often it's just the process of being present for the, the goals that have been met that people didn't think were goals. The small successes along the way, the reorientation of what they thought they wanted their life to look like. I've really appreciated that and I actually appreciate the fact that it ends at two years.

Um, and this kind of social service-ish case management type of a realm, it's really easy to just hang onto the same family forever and like, oh, they had another baby. So . So there are other programs where you can do that. You know, another baby comes along and they can just still be, and that's another wonderful support.

And I feel like for my family sometimes, this is the first thing that they have graduated from. This is sometimes one of the first long term relationships that has started and ended in a healthy way.

[00:06:44] **Rafael Otto**: Yeah.

[00:06:44] **Jennifer Gould**: Where we haven't just, we haven't broken up, we haven't gotten angry with each other. They haven't gotten kicked out and-

[00:06:51] **Rafael Otto**: And the time has come.

[00:06:52] **Jennifer Gould**: The time has come and I, you know, will still be, I'm not changing my job. I'm not moving away. I'm still someone they can reach out to. But they don't need a specialized nurse when they have a second or third baby.

[00:07:06] **Rafael Otto**: Sure, sure. How do families connect with you or how do you connect with families? What does that look like?

[00:07:11] **Jennifer Gould**: Yeah, yeah. We have a variety of, of ways that people get connected. I would say a large percentage of our referrals probably come from prenatal care providers, school social workers, teen parent programs. We also get a lot of referrals from WIC, which is Women's Infant and Children Program. And then we get quite a few referrals that are self-referrals or referred by former clients.

So, at least a couple of times a year I'll get a voicemail from someone who's actually a client who has been talking to a friend who says, oh, you're pregnant. You need a nurse. Let me give you Jennifer's number.

[00:07:50] **Rafael Otto**: Right.

[00:07:51] **Jennifer Gould**: And so then they pop up in my phone and I, um, and then I had to figure out who it is.

[00:07:56] **Rafael Otto**: That's the best way to get a referral, right?

[00:07:58] **Jennifer Gould**: Sometimes those are people who've been referred already through other sources and have said no. Or who have been offered the services and have said, oh, I don't think I need that. But when their neighbor, friend, aunt, sister says, oh, you should call my

nurse. That personal relationship kind of trumps the fear of having a stranger intrude on your space.

[00:08:25] **Rafael Otto**: So tell me about your process a little bit. And you know, I know it's a program and there are some goals that you've talked about. But it's also, you have to take an individualized approach when you're working with a new parent for the first time. So how do you do that?

[00:08:39] **Jennifer Gould**: Yeah, certainly. Well, it's been interesting. The last few years we've been in a global pandemic. So, as has for many people...

[00:08:47] **Rafael Otto**: I've heard a little about it.

[00:08:49] **Jennifer Gould**: Yeah, these unprecedented times. Um, so it used to be that I was really strict that, you know, in general my visits needed to be in person and ideally they should be at your house unless there's a real safety issue. You know, I, I've always found that like, the folks that I couldn't get into their house right away, the likelihood that they were gonna stick with the program long term was highly diminished. So then it was interesting because all of the sudden with the pandemic, we went to completely to telehealth.

So we were developing these deeper trusting relationships by phone and video instead of in person.

[00:09:27] **Rafael Otto**: Did that change things? I mean, how has the telehealth approach worked?

[00:09:32] **Jennifer Gould**: You know, it was more successful than I expected. I was very dubious. I will say I feel like we were very well supported by Multnomah County Health Department in terms of technology. Now clients didn't always have appropriate technology. So some of the people that I had a harder time connecting with virtually, I would go meet them on their porch and see them there.

[00:09:56] **Rafael Otto**: Okay.

[00:09:57] **Jennifer Gould**: But you know, I, I found that for some people, it worked great and they really thrived in that you know, especially when there's not an active toddler in the picture or a fussy newborn. Having a conversation by phone or video, sometimes you can actually be a little more focused than when you walk into someone's home and you've got two dogs and you know, a grandma and a boyfriend and a-

[00:10:21] **Rafael Otto**: All, the other things happening.

[00:10:23] **Jennifer Gould**: Yeah, the other thing too though with telehealth is you don't know who else is in the room. So I would have people who would text me ahead of time and say, listen, I can't talk about X, Y, or Z because my boyfriend's home and he's gonna be, he'll hear it.

[00:10:39] **Rafael Otto**: Sure.

[00:10:40] **Jennifer Gould**: So it was fascinating and I'm glad we could do it and I have been really happy to be back with people in person. And we do see, I see the vast majority of my clients in person at this point, um, we have to mask for visits but it's... it was as I came back to doing visits in person that I realized how much I was missing in the virtual world.

[00:11:04] **Rafael Otto**: You miss so much. It's just not the same.

[00:11:06] **Jennifer Gould**: Yeah. Well, and on the phone it's a lot easier, like with a newborn who's not breastfeeding well, to just say, oh, everything's fine. Oh, it doesn't really hurt that much. And then when you're in the home and you're with someone and you watch their body language and you watch, you see the look on their face when their baby wants to nurse again and you can tell that they're terrified because it's hurting so much.

[00:11:31] **Rafael Otto**: Right, right.

[00:11:32] **Jennifer Gould**: But they push through 30 hours of labor and they're gonna push through however long it takes of painful breastfeeding to get this to work too. And I think that when you're there in person, people can be more vulnerable and I think also people's perceptions of like, oh, this is a specialized nurse walking into my house.

[00:11:53] **Rafael Otto**: Right.

[00:11:53] **Jennifer Gould**: Not just a case manager checking in on me or a counselor. But she's got some skills.

[00:12:00] **Rafael Otto**: Right.

[00:12:01] **Jennifer Gould**: But with first time clients, you know, I usually... we actually have people that call to schedule them for their first visit. We used to make that outreach ourselves, but now we have a staff who does that. And then my first process is I always send them as soon as they get on my calendar, I send them a little text because I find that people don't read emails anymore or voicemails. So I send a little text saying it looks like we're on for next week at two. You know, we can do phone, video or in person and please let me know if your schedule changes. Looking forward to meeting you. And then I send a really up to date selfie of myself right after that, to them.

[00:12:38] **Rafael Otto**: That everyone will be able to see, right? That's the same shot, the photo you sent me as a headshot. Everyone will be able to see that.

[00:12:44] **Jennifer Gould**: That's one of the common ones. Yeah, I realize I need to do a winter one, because I look so sunny and like it was like back in October when it was still nice. To me that was a really trauma-informed way to be vulnerable from the get-go. To humanize myself for

people, to not have a, a headshot, which I don't know that Multnomah County, their bureaucracy moves so slow, like... we have people who do that, but I don't wanna wait around for it.

[00:13:10] **Rafael Otto:** Could take a little while. Yeah.

[00:13:12] **Jennifer Gould:** it could take a little while and I think for people, especially as I'm moving to, like coming up to their doorstep, to have some image of who I am can reduce their anxiety.

[00:13:22] **Rafael Otto:** Sure, that makes sense.

[00:13:24] **Jennifer Gould:** And about a third to half of the time, I immediately get back a selfie from the new client-

[00:13:30] **Rafael Otto:** Oh, that's great!

[00:13:31] **Jennifer Gould:** Saying, oh, this is me. And then, oh, this is my boyfriend, and then this is my dog. You know, I mean, that's just kind of my goal at the beginning is just to really give some clear expectations to who I am and what I do. But also really be present as a human and accept them as a full human who is at this exciting stage of their life, who clearly wants to... wants to thrive.

[00:14:01] **Rafael Otto:** Is there a story that you can tell about a family that you worked with for short or long time, doesn't really matter. But where you, that connection really kind of took hold and you saw something wonderful happen.

[00:14:15] **Jennifer Gould:** Man, there's so many of 'em that that's the hard part. It's-

[00:14:19] **Rafael Otto:** Okay, great! Lots to choose from.

[00:14:21] **Jennifer Gould:** Like how do you do that? When do you start? Um, I just... I really have appreciated the way that families are able to really see the strength in their children and the strength in their relationships. I had one gal just recently who was talking about her kiddo still under one and is just starting to really gain some independence in his body. Just really starting to explore, starting to put things that maybe shouldn't be in his mouth in his mouth. And she, instead of saying that he was being naughty or turning into a troublemaker or whatnot, she saw it as a strength. She said, "I'm just so proud of him. I'm so proud of him for knowing what it was that he wanted and for being upset with me when I took it away."

It's those, to me, those simple moments of being able to say, wow, you just said that and what an honor that is to your child. That that's how you're experiencing this developmental shift. That's gotta feel a little off-putting for you, and you're embracing it. You're seeing it as a strength. You're seeing it as a new adventure with you and your child. Those moments with people where we can like kind of pull out these little angel moments and present them back.

[00:15:38] **Rafael Otto**: Yeah. Yeah.

[00:15:40] **Jennifer Gould**: And so those to me, you know, are sometimes just as exciting as the moments where people finally get their own apartment or get their child into childcare or , end up in, recovery. After kind of going back and forth for a year about whether or not they needed that support. And I think that it's really being able to see all of it that is, is what I love.

[00:16:03] **Rafael Otto**: How often do you find yourself in a situation where, maybe you are working with family on housing or their child needs some support from early intervention, do you find yourself as a liaison to other programs and services and helping families navigate everything that's out there?

[00:16:22] **Jennifer Gould**: Yeah, some of them are easier to connect with than others. Early intervention, that's a pretty... you know we do a lot of programs. We do pretty frequent developmental screenings as well as just conversations around development all the time. So it's rare that I get to a screening and, and I'm surprised by the results.

Often if we do a screening and they're scoring low on something, we've been talking about the fact that myself and the family have usually been like, gosh, I'm wondering, let's see how this goes. So is it rarely due to the screening that the family learns for the first time that their kiddo is not quite where we would expect for a certain skillset.

[00:17:03] **Rafael Otto**: Makes sense.

[00:17:04] **Jennifer Gould**: Yeah. And often the family will voice their concerns before I will. Which I appreciate listening to their concerns as well. So early intervention's pretty, I mean the referral process is easy. The program is free. They come to people's houses and sometimes I have to provide some extra support for families who have a hard time really connecting with the services and really following through. So I'll sometimes be... like if early intervention is having a hard time connecting with the family, I always love it when they call me back because then I can say, oh yes, that phone number you called with this voicemail, that's that mom's mom.

[00:17:45] **Rafael Otto**: Right.

[00:17:46] **Jennifer Gould**: Because they're like, that's not the name I know. And I'm like, no, no, that's good. That's... that's like, you can leave a message there.

[00:17:51] **Rafael Otto**: You can serve as a connector, you know, making sure everything-

[00:17:54] **Jennifer Gould**: Yeah.

[00:17:55] **Rafael Otto**: You know, gels.

[00:17:56] **Jennifer Gould**: Yeah. And sometimes too, providing some context. I was with a visit once where I was doing a joint visit with an early intervention physical therapist. And, you know,

we were primarily had linked with early intervention because we were concerned about motor skills. And this family also was dealing with a lot of interpersonal violence and generational disruption in terms of relationships in the household. So both grandma and mom had had some pretty traumatic experiences with partners. And so they were really on high alert to keep their daughter, the newest girl, safe all the time, right.

[00:18:34] **Rafael Otto:** Understandable.

[00:18:35] **Jennifer Gould:** And there was a point where we were there with the physical therapist and I think that the little baby was, you know, a little, almost one, maybe, I don't remember the exact date. It was a while ago. And she was playing around on the floor and she kind of pushed herself forward as kiddos do and got into a tummy down position, which I looked at the physical therapist and both of us were like, oh, check it out. Good job. And I looked at the mom and grandma and they were both terrified that she was gonna get hurt.

[00:19:05] **Rafael Otto:** Oh.

[00:19:07] **Jennifer Gould:** And so to kind of be able to stop that moment and say, I'm wondering what you guys saw. Because I'm looking at your faces and your body and your words, and I'm thinking that what you just experienced with that is really different than what we were experiencing.

[00:19:21] **Rafael Otto:** Yeah.

[00:19:22] **Jennifer Gould:** So tell me a little bit about what was that like for you when you saw her do that new thing not super gracefully.

[00:19:28] **Rafael Otto:** Right.

[00:19:28] **Jennifer Gould:** You know.

[00:19:29] **Rafael Otto:** As it happens, sometimes...

[00:19:29] **Jennifer Gould:** Yeah, and so it was just this... it was this wonderful conversation that partially I could facilitate because I had the context.

[00:19:38] **Rafael Otto:** Makes sense.

[00:19:39] **Jennifer Gould:** As well and the trust of this mom and grandma and the language skills, because they also both spoke Spanish, which I speak Spanish as well. And it wasn't that the physical therapist would've necessarily missed that, and I didn't need to tell her all the backstory, but it was like, there's some feelings here that are going on, I wonder what they are. Yeah, so I really appreciated...

[00:19:59] Rafael Otto: Yeah.

[00:19:59] Jennifer Gould: Those are the little moments where it's just like, oh, housing is... housing's hard. I always tell people I have no housing magic wand.

[00:20:07] Rafael Otto: Yeah.

[00:20:07] Jennifer Gould: A bunch of wait lists just opened today for section eight with Home Forward. So the next two weeks, the wait lists are open for 33 different apartments.

[00:20:15] Rafael Otto: Great.

[00:20:16] Jennifer Gould: So everybody go apply, have your clients go apply, but I don't have a magic wand. I have sometimes, I'll know of something, but our program is not directly linked with any housing services. So by someone being involved with me, they get no preference on any transitional housing or low income housing system, which I is a little bit of a bummer because I... that's always been something that I feel like was a little bit missing. But the last maybe five years we've actually been able to get through the county itself. We have access to some emergency housing funds that we can distribute when we get them just directly to families. So instead of having to send somebody to the Salvation Army or to 211 to help them pay for rent this month, I can be that person where we just fill out that application at home. They give me their pay stubs, I contact their landlord, and then I send it to my office staff and they get that rent paid. And so that's been, to me, just incredibly trauma- informed to be able to play that role in house rather than have people have to... and we don't always have the money, but when we have it, it's amazing.

[00:21:29] Rafael Otto: Yeah. Yeah.

[00:21:31] Jennifer Gould: Yeah.

[00:21:32] Rafael Otto: You've shared a few examples of what your work looks like when you're working with a family and what that relationship looks like. If we zoom out a little bit, how would you describe the impact of what you do of nurse home visiting services more broadly?

[00:21:49] Jennifer Gould: Yeah, I think, I mean, my hope more broadly is that it really gives families a greater sense of self-efficacy. A greater sense of being able to honor and live the life they wanna live and that they have some control in that. And a greater sense of really trusting themselves as being the expert in their kiddos, and so that as their kiddos move forward in the world those families can be advocates for them. And then as the kiddos grow up, they can be advocates for themselves and learn how to talk to their teacher and say, I think I need this because this is the way I learn. So my hope is that it... and the research has shown that it is a multi-generation intervention where it doesn't just affect the babies, but it also does affect the parents as well.

And research has also kind of shown that it certainly, in the long term, reduces the amount of involvement in DHS and CPS. So in the criminal justice system, we see higher school outcomes in the kiddos. My hope is that that there's some of that, what we don't do enough of, because it isn't... our intervention is really on the personal level. We are not directly involved in changing the systems, changing the housing system, changing the educational system, changing the penal justices system. Changing, you know, universal childcare, paid family leave.

But sometimes just even talking to families about, gosh, you know, there are all these things that are out of your control and out of our control that, that make this really hard. So yeah, so that's, that's my hope. And then of course, you know, we hope, and I do believe that it's true, that we do likely see less adverse childhood events in our population. So then we also will hopefully see less long term chronic health and mental health problems as they grow older because we, you know, there's a direct correlation. And I actually do talk to parents about adverse childhood events. I don't need to know all the details of what their ACEs score is or what everything that happened. Some of them know, have already heard about it, and they can tell me, oh, I have an easy score of eight, and some of them have never, the concept is new. But I do feel like the process of parenting and the process of parenting with intentionality can help parents heal from their own adverse childhood events. So... because that's what we don't have. We have a lot of prevention in that realm, but then we've got all these adults, who already had the stuff happen.

[00:24:27] **Rafael Otto**: Yeah, who need a different kind of attention.

[00:24:29] **Jennifer Gould**: Right. So I think that parenting with intentionality and support so that they don't... I think the hard part is parenting with intentionality without any support. Then you feel like you fail all the time because to be a good parent, you're gonna be like, not in tune with your kid at least half the time.

[00:24:48] **Rafael Otto**: Yeah.

[00:24:49] **Jennifer Gould**: And they say, you know, to have appropriate attachment, about 30% of attunement is appropriate. So that means 70% of the time you don't feel like you're, you're not hitting the nail on its head.

[00:25:01] **Rafael Otto**: I have to say, it's reassuring just talking to you as a father.

[00:25:05] **Jennifer Gould**: Yeah. Yeah. So it's all about that, like repair and self-compassion and it's really hard to do that in a vacuum. Especially for our families that have experienced their own trauma. There's a lot of feeling of I have to do this differently. Without the kind of feedback and support, they can end up feeling like they're failing as their kids are moving and changing.

[00:25:28] **Rafael Otto**: Makes sense.

[00:25:29] **Jennifer Gould**: And then, you either hit the nail harder or you give up.

[00:25:34] **Rafael Otto**: Yeah, that makes sense.

[00:25:35] **Jennifer Gould**: Yeah.

[00:25:37] **Rafael Otto**: I have one more question for you.

[00:25:38] **Jennifer Gould**: Okay.

[00:25:39] **Rafael Otto**: What else do you want people to know about your work and your profession?

[00:25:44] **Jennifer Gould**: Hmm. Well, I do wish that it was more universal. I wish that we could serve more people and that more people, I mean, we really only serve first- time parents, which I am okay with that. That's... that's a window, who are low income, who have Oregon Health Plan, and I think that we could potentially be serving a broader population.

[00:26:09] **Rafael Otto**: Mm-hmm.

[00:26:09] **Jennifer Gould**: And also have more... where I work, there's a lot of us who have worked in these jobs for over 15 years. Because if you love it and you're passionate about it and you're willing to continue to learn and grow, it's often a lifetime job. And we don't have... we used to have much larger teams and much larger programs.

And over my 15 years, it has been pretty hard as a newer nurse to get these kind of jobs. We used to work with a lot of student doulas and I would connect up my clients with a student doula, especially before the hospital systems had a little bit more of that available. And I had many student doulas reach out to me, a couple years later saying, "Well, I'm in nursing school now and I really wanna do what you do." And I love that idea. But, you know, um, especially in the metro area, those jobs don't come up that often because our funding does keep on getting reduced. And so if somebody retires, often then that position is eliminated.

[00:27:13] **Rafael Otto**: Right.

[00:27:14] **Jennifer Gould**: I would hate to see it go away to nothing.

[00:27:17] **Rafael Otto**: It's gotta go the other direction.

[00:27:19] **Jennifer Gould**: Yeah. Yeah. And I think, you know, the bigger it gets the more people know of it, so yeah.

[00:27:25] **Rafael Otto**: Hopefully we can raise a little bit of awareness today and through this interview. And I really appreciate you taking some time to talk with me and sharing your stories about the work that you do.

[00:27:36] Jennifer Gould: Thank you very much.