



Memorandum

Date: March 23, 2015

To: Southern Nevada District Board of Health

From: **Bonnie Sorenson**, *Director of Clinic and Nursing Services*
Joseph P. Iser, MD, DrPH, MSc, *Chief Health Officer*

RE: Nursing Division Monthly Report

DIVISION OF NURSING DIRECTOR REPORT

I. Immunization Program

1. Immunization Clinic Activities

- A. 103 Hope World Wide reminder calls were made to parents of children between the ages of 19-35 months.
- B. February 17-20, 2015 was Shots 4 Tots week sponsored by United Way of Southern Nevada. Administration fee(s) was waived for all eligible children age 0-3 years of age during the week. The event took place at all of the Public Health Centers Immunization clinics. A total of 207 children received 661 vaccinations.
- C. Immunization clinic staff is offering Tdap, HPV (Gardasil) and flu vaccines at The LGBTQ Center every Monday and Thursday as of February 19, 2015 for the next 24 weeks. A total of 26 clients received 56 vaccinations.
- D. Immunization clinic staff administered MMR vaccine at the Emeril's Restaurant on February 27, 2015 to 39 employees who were contacts of a Measle case.

2. Immunization Outreach Activities

- A. Staff conducted an Immunization clinic for Tdap/Flu for adults and children at the Las Vegas Junior Academy Health Fair on February 18, 2015 with 64 vaccinations given to 39 clients.
- B. Staff conducted an Immunization clinic at the Center for Behavioral Health on February 17, 2015 with 5 vaccinations given to 2 adults.
- C. Staff conducted a Immunization training for six child care works on February 21, 2015.
- D. In partnership with Immunize Nevada, staff participated in the launch of Nevada HPV Free on February 5, 2015. This campaign focuses on statewide efforts to increase awareness of the Human Papilloma virus (HPV) and the HPV vaccine.
- E. In partnership with Immunize Nevada, staff participated in the event screening of the film "Someone You Love: The HPV Epidemic" on February 9, 2015. This film illustrates the impact of HPV on individuals with Cervical cancer and their families.
- F. Staff conducted a presentation on adult vaccines to the State Health Insurance Assistance Program on February 17, 2015.

- G. In partnership with Immunize Nevada, staff participated in a radio show on February 19, 2015 including the discussion about vaccines and parental attitudes.
- H. Staff discussed vaccines and parental attitudes with reporter Jackie Valley from the Las Vegas Sun on February 10, 2015.
- I. Throughout the month staff conducted HIV and Syphilis screening and education through the Substance Abuse Treatment and Prevention Program (SAPTA) grant at the following locations:
 - a. Vitality Restoration Counseling
 - b. Bridge Counseling Center
 - c. Community Counseling Center
 - d. Las Vegas Indian Center
- H. Staff gave Tdap/Flu vaccines to 41 child care workers during site visits at the following locations:
 - a. Bright Horizons
 - b. Happy Days Montessori
 - c. Southern Highlands Prep
 - d. Watch Me Grow
 - e. Shenker Academy
 - f. Lone Mountain Creative Kids
 - g. Coronado Prep
 - h. Lighthouse Academy
 - i. Sunset Montessori

II. Community Health Nursing Program

1. Child Care Health Consultation (CCHC)

- A. Three classes were provided at two different facilities by the Child Care Health Consultants (CCHC) in February 2015.
- B. There was no new lead cases in February 2015.

2. Nurse Family Partnership (NFP)

The Southern Nevada Health District's Nurse-Family Partnership (NFP) has enrolled 595 low income, first time mothers since its inception in 2008. At present, the six Nurse Home Visitors are serving 140 clients. 57 are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program made available through the Nevada Division of Public and Behavioral Health under the Affordable Care Act (ACA).

The Southern Nevada Health District's Nurse-Family Partnership is one of the evidence-based home visiting program sites participating in the national Maternal and Infant Home Visiting Program Evaluation (MIHOPE) - Strong Start, a study designed to assess the effects of home visiting services on maternal and infant health. The Centers for Medicare and Medicaid Services (CMS) may use the results of the evaluation to formulate Medicaid reimbursement policies. 77 clients are now enrolled in the Strong Start study. The District's Nurse-Family Partnership program is committed to enrolling 150 study participants through September 2015.

III. Office of HIV/AIDS/STD- Prevention, Care, Surveillance

1. Prevention Services/Community Activities

- High Impact Screening Sites that SNHD conducted activities at during the month were:
- A. Richard Steele Health and Wellness Center

B. Gay & Lesbian Center

C. Hawk's Gym

D. Flex Bar

E. Charlie's Bar

F. National Black HIV/AIDS Awareness Day. SNHD offered free rapid HIV testing at The Gay and Lesbian Center and First CME Williamson Temple Church. According to CDC, African-Americans accounted for approximately 44% of new HIV infections in 2010.

G. A "Back to Care Clinic" was held on February 21, 2015. The event targeted people who are living with HIV and currently not in care.

2. Sexual Health Clinic (HIV and STD Care Services)

The month of February in the Sexual Health Clinic was a flurry of teaching as the staff have been hosting 8 nursing/pharmacy students and facilitating their educational experiences. Students are exposed to the many facets of the clinical care team's activities such as Early Intervention Services, Eligibility, Investigations, Laboratory and Clinical Exams. Three more nursing students are slated to begin rounding; bringing the total to 11 students that will have this unique learning opportunity. Two new administrative staff members came on board to replace vacated positions. On-going training continues for select nursing staff to provide Early Intervention Services. It takes approximately two months of intensive training to allow a nurse to better understand and respond to the needs of this clientele and provide the comprehensive HIV care that they need.

3. Surveillance

The surveillance team worked with Informatics staff (Lei Zhang) on exporting partner services XML data export to the Evaluation Web database. We also have successfully submitted RSR (Ryan White Services Report) client level data for the 2014 calendar year to the project officer. We also have modified TriSano Reports/forms based on inputs from users and to meet additional data requirements. We continue to monitor data quality through automated reports. This will enable the quality assurance be done consistently and in a timely manner. This is still a work in progress we expect to complete in the coming months.

We are also evaluating our outbreak response plan to determine if outbreaks can be detected at an even quicker time frame than present. We will be coordinating our efforts with other programs (SNHD Office of Epidemiology and the Nevada Division of Public and Behavioral Health). The surveillance team continues to work on monitoring labs reported from laboratories and providers. The Data Disease Collection Specialists are also tasked to follow-up closure of OOJ (Out of Jurisdiction) cases.

4. Staff Facilitated/Attended Educational Presentations/Trainings

A. HIV 101 on February 4, 2015 and February 20, 2015

B. Client Centered Counseling (HIV Pre and Post Test Counseling for DIIS) on February 10-11, 2015

C. TB and HIV presentation at The Ethiopian Community Center on February 24, 2015.

IV. Tuberculosis Clinic

1. TB Clinic/Surveillance Activities

A. Contact Investigation on-site occurred at a local high school for a case diagnosed in December 2014.

B. Outreach Activity: Ongoing outreach events conducted at numerous Clark County Medical

centers and hospitals.

2. There were 3 new active cases reported in February 2015.
 - A. 3 new Adult cases all Foreign Born males in February 2015.
 - B. No new pediatric cases reported in February 2015.

V. Teen Pregnancy Prevention (TPP)

1. Special Projects, Reports/Events

- A. On February 21, 2015, TPP staff participated in a workshop hosted by the local chapter of the Delta Sigma Theta sorority at the Dr. William U. Pearson Community Center. Workshop participants included 16 youth and 5 adults.
- B. During the month of February, the TPP staff scheduled 23 birth control appointments for teens. 13 appointments were completed.
- C. During the month of February, TPP staff held an outreach at the following seven high schools (Canyon Springs, Western, Rancho, Valley, Chaparral, Las Vegas and El Dorado), reaching a total 494 youth.
- E. During the month of February, the TPP program's social media campaign reached a total of 3,247 unique new visitors on the condomsenv.com website and 213 new likes on the TPP's Facebook, Twitter and Instagram pages.

VI. Family Planning Summary

Recruitment efforts continue now into the eighth month for a second APRN or Physician's Assistant in Family Planning. SNHD Leadership has approved the increase in APRN salary range to allow the position to be competitive in the local market. As Family Planning desires to be contracted with Health Insurance providers for program sustainability and expansion, the APRN or PA will be providing the bulk of the billable services.

Plans continue for the initiation of male services program at ELV. We are on track for a start date in May 2015. FP nurses will begin training with the Sexual Health Clinic (SHC) nurses and onsite Physician in SHC related to male exams.

Representatives of Administration visited the ELV location in February to do a basic assessment of the impact that the opening of the Southwest Medical Associates (SWM) clinical services right next door to ELV clinic is having. Having immediate impact is parking in the proximity of the ELV clinic. Except for surge times, such as back to school, parking was typically not an issue in this large strip mall setting. Parking availability in close proximity to the clinic for our clients is now hindered due to the volume of clients being seen by the SWM clinics.

VII. Nursing Administration

1. Student Interns

- A. Nevada State College and UNLV students continue their clinic rotations in February.

2. CPR Training

- A. Staff is current on CPR training through February 2015.

3. CEU Educational Opportunities

- A. Nursing will continue to retain Nevada Nursing Board approval to provide Continuing Education credits for SNHD nursing staff.

Nursing Division Monthly Report
Page 5

BS: ms

Attachment: February 2015 Statistical Report

NY Times Article: "Visiting Nurses, Helping Mothers on the Margins"

Zip Code map

NURSING DIVISION MONTHLY REPORT
February 2015

NURSING Client Encounters by Locations






Location	Valley View PHC	ELV PHC	HEND PHC	NLV PHC	Mesquite PHC	400 Shadow PHC	TB Clinic	Laughlin	Targeted Populations ¹	TOTAL
Immunizations	2,301	1,055	577	closed	75	76	8		200	4,292
Healthy Kid's Exams	13	0								13
Kid's Clinic Exams	37	54	28							119
Family Planning		596	94							690
Newborn Metabolic Screening	5	1	1	closed						7
Sexual Health Clinic (HIV & STD)						1,496				1,496
TB Treatment/Control							2,512			2,512
MCH Services									53	53
Administrative Services ²	518	222	72	closed						812
Other Professional Services (BP, Travel Consult, Test Results, etc.)	11	2	8							21
TOTAL	2,885	1,930	780	0	75	1,572	2,520	0	253	10,015

¹Health Fairs, Adolescent Clinics, Childcare Clinics, Adult Imm, Shots 4 Tots, Refugee, Immunizations, Safenest, Early Head Start, etc.

²Copies, Medical Records, Shot Records, etc.

= not applicable

Approved by:

 Bonnie Sorenson
 Karen Atkins
 Richard Cichy
 Margarita DeSantos
 Marlo Tonge

NURSING Client Encounters by Program

Program	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Immunizations	3,957	4,292	↑	44,584	38,657	↓
Healthy Kid's Exams*	92	13	↓	809	578	↓
Kid's Clinic Exams	0	119	↑	653	946	↑
Family Planning	1,171	690	↓	8,617	5,760	↓
Newborn Met. Screening	12	7	↓	228	54	↓
Sexual Health Clinic-HIV & STD	1,412	1,496	↑	11,838	10,714	↓
TB Treatment & Control	3,805	2,512	↓	32,603	25,193	↓
MCH Services	41	53	↑	386	436	↑
Administrative Services	615	812	↑	3,171	7,106	↑
Other Professional Services	14	21	↑	132	124	↓
TOTAL	11,119	10,015	↓	103,021	89,568	↓

Note: Not all services are available at all locations

*Healthy Kids exams include exams by Field Nurses

NURSING Immunization Program

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Immunizations						
Flu Vaccine Given	1,339	1,304	↓	12,853	10,306	↓
Gratis	281	398	↑	4,383	3,005	↓
Exemption Class Attendees	6	6	→	80	62	↓

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Vaccines for Children (VFC)						
Number of VFC Compliance Visits	6	7	↑	77	47	↓
Number of AFIX Visits	9	0	↓	68	26	↓
Number of Follow-Up Contacts	112	97	↓	647	920	↑
Number of State Requested Visits	18	20	↑	121	150	↑

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Perinatal Hepatitis B						
# of Expectant Women ¹	16	30	↑	21	24	↑
# of Infants ¹	100	74	↓	85	76	↓
Total # of Moms with Infants ¹	91	74	↓	80	75	↓
New Cases	6	14	↑	39	77	↑
Closed Cases	3	21	↑	45	57	↑

¹Average # of cases/month

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Childcare Program						
Childcare Audits ¹	23	15	↓	206	162	↓
Baseline Immunization Rate	78%	85%	↑	74%	79%	↑
# of Re-Audits	17	17	→	91	113	↑
Re-Audit Immunization Rate ¹	93%	95%	↑	93%	95%	↑
# of Nurse Visits	34	32	↓	245	281	↑
# of Records Reviewed	3,546	2,888	↓	19,373	22,113	↑

Inadequate # to calculate rate¹

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Volunteers Program						
Hope Worldwide Nevada # of volunteers	1	1	→	6	6	→
# of Calls Made	303	103	↓	1,196	989	↓

NURSING Community Health Program

Nursing Field Services	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
MCH Team Home Visits	135	110	↓	1,126	892	↓
# Children referred to Growth/Developmental Specialist	0	1	↑	7	2	↓

Healthy Kid's Team*	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Total Exams	97	13	↓	824	596	↓
Fluoride Varnish	17	25	↑	58	176	↑
Hemocue	25	31	↑	266	221	↓
Lead	10	29	↑	114	105	↓
Ages & Stages	51	19	↓	384	275	↓

*Stats include exams by Field and Kids Clinic Nurses. There is now only .25 FTE Nurse in CHN's HK program.

NFP	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Referrals	27	19	↓	227	149	↓
Enrolled	9	6	↓	73	31	↓
Active*	162	140	↓	n/a	n/a	→

MCH	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
# of Referrals Rec'd	58	15	↓	588	333	↓
# from NICU	45	6	↓	445	197	↓
# from CPS	6	7	↑	51	38	↓
# of Lead Referrals	1	0	↓	5	9	↑
# of Total Admissions*	21	11	↓	159	189	↑

*Tightened referral criteria and decreased staffing contributed to decrease in admissions vs previous months.

Refugee Health Program	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Clients Seen	41	53	↑	361	430	↑
Clients Requiring Follow-up for Communicable Disease	8	13	↑	87	154	↑
Referrals for TB Issues	4	3	↓	49	53	↑
Referrals for Possible Chronic Hep B	1	2	↑	10	10	→
Referrals for OVA & Parasites	4	9	↑	28	86	↑
Referrals for STD	0	1	↑	8	18	↑

NURSING Tuberculosis Program

Tuberculosis	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Number of Active Cases - Adult	0	3	↑	28	32	↑
Number of Active Cases - Pediatric	1	0	↓	11	9	↓
Number of Contact Investigations	0	2	↑	17	23	↑
Number of Latent Tuberculosis Infection (LTBI) cases (identified via contact investigations) initiating treatment	16	5	↓	93	34	↓
Number of Clients receiving Case Management Services	47	82	↑	715	504	↓
Number of Monthly Pulmonary Specialist Clinic Clients Seen	61	65	↑	484	504	↑
Number of Electronic Disease Notifications	35	27	↓	265	251	↓
Number of Monthly Electronic Disease Notifications Clinic Clients Seen ¹		26	↑		232	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	1	2	↑	16	15	↓
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	895	735	↓	9,901	7,091	↓

¹Shaded Blanks indicate data not collected until 2014

NURSING Teenage Pregnancy Prevention Program

Teen Pregnancy Prevention Activities	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Exhibits	9	8	↓	15	35	↑
Health Fairs	0	0	→	1	3	↑
Classes Conducted	8	12	↑	43	54	↑
Teen Class Participants	4	108	↑	329	485	↑
Parent Class Participants	0	15	↑	160	15	↓
Youth Outreach Participants	445	494	↑	2,158	2,647	↑
Community Presentations	1	1	→	13	4	↓
Teens Scheduled for FP Appointment	13	20	↑	98	113	↑
Social Media ¹	1,273	3,247	↑	8,863	20,566	↑

NURSING HIV/AIDS/STD & Sexual Health Clinic Program

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Morbidity Surveillance						
Chlamydia	864	632	↓	5,523	6,508	↑
Gonorrhea	210	178	↓	1,412	1,971	↑
Primary Syphilis	10	0	↓	41	47	↑
Secondary Syphilis	18	2	↓	91	93	↑
Early Latent Syphilis	33	11	↓	139	202	↑
Late Latent Syphilis	14	1	↓	41	61	↑
New HIV Diagnosis	17	30	↑	174	200	↑
New HIV/AIDS Diagnosis	4	6	↑	74	56	↓
New AIDS Diagnosis	8	5	↓	65	54	↓
New to NV Seeking Care, HIV and AIDS	6	35	↑	156	307	↑
Perinatally Exposed to HIV	2	0	↓	9	14	↑
Congenital Syphilis (presumptive)	1	0	↓	1	2	↑

Pregnant/Peds Surveillance Count represents	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
# cases being followed ¹						
HIV/AIDS Pregnant Cases	2	4	↑		15	↑
Syphilis Pregnant Cases	2	3	↑	24	31	↑
Pediatric- Perinatal Exposures ^{2,4}	2	0	↓	8	13	↑

¹Pregnant females followed by Surveillance (Perpetual count)

²Count equals # kids currently being followed.

³Cannot report FY13-14 as HIV data was not collected this way in 2013.

⁴This number was reported incorrectly in the January 2015 BOH Report

Shaded area represents data not collected until 2014

Monthly DIIS Investigations - Most Recent

Month ¹	Partners ²	Clusters ³	Reactors ⁴	OOJ/FUP ⁵
Chlamydia	85	2	69	1
Gonorrhea	40	0	29	1
Syphilis	74	0	47	4
HIV/AIDS (New to Care/Returning to Care)	41	1	43	174
TOTAL	240	3	188	180

¹HIV/AIDS # includes "Out of Care" run for January

²Partners= Investigations initiated on named partners

³Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

⁴Reactors= Investigations initiated from positive labs

⁵OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters;Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

DIIS Partner Services	# Interviews	# Partners/ Clusters Notified/ Examined	# Partners/ Clusters
Chlamydia	128	33	33
Gonorrhea	62	11	17
Syphilis	104	28	24
HIV/AIDS (New to Care/Returning to Care)	80	2	7
TOTAL	374	74	81

Note: Middle column (Number of Partners/Clusters) was removed but is represented in table above

**Parenthesis value has been removed and is now represented in the third column

NURSING HIV/AIDS/STD & Sexual Health Clinic Program

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	765	351	↓	5,953	5,056	↓
Clinic Screening (SHC/FPC/TB) ¹	609	294	↓	5,748	4,554	↓
Outreach Screening (Jails, SAPTA) ¹	235	143	↓	1,704	1,510	↓
TOTAL	1,609	788	↓	13,405	11,120	↓
Outreach/Targeted Testing POSITIVE				96(13)	61(3)	↓
Clinic Screening (SHC/FPC/TB) POSITIVE ¹				43(2)	60(5)	↑
Outreach Screening (Jails, SAPTA) POSITIVE ¹				4	8	↑
TOTAL POSITIVES				143(15)	129(8)	↓

¹ Parenthesis values represent numbers that were self-reported previous positive (screening for self-reported previous positives began in 2009)

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Care - Case Management Client Contacts (EIS and Intensive)						
Adults HIV/AIDS	441	358	↓	3,125	3,448	↑
Women & Children HIV/AIDS	266	282	↑	2,160	2,023	↓
TOTAL	707	640	↓	5,285	5,471	↑

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Care - Early Intervention Clinical Services (EIS)						
RW Eligibility Contacts ¹	94	94	→	851	924	↑
Social Worker Contacts	95	38	↓	484	414	↓
TOTAL	189	132	↓	1,335	1,338	↑

¹ No longer tracking the EIS RN contacts separately.

	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Sexual Health Clinic - HIV & STD Services						
STD treatment/screening/exam	1,249	1,366	↑	10,868	10,955	↑
HIV Clinic	124	85	↓	793	818	↑
HIV Rapid Tests	39	45	↑	177	392	↑
TOTAL	1,412	1,496	↑	11,838	12,165	↑

² Started administering Gardasil in October 2013

³ Vaccinations started on September 2014

The New York Times <http://nyti.ms/1CRJp72>

HEALTH

Visiting Nurses, Helping Mothers on the Margins

By SABRINA TAVERNISE MARCH 8, 2015

MEMPHIS — When it came time to have the baby, Shirita Corley was alone. Her mother was at the casino, her sister was not answering her cellphone, her boyfriend had disappeared months earlier, and her father she had not seen in years.

So she got in her green Chevy TrailBlazer and drove herself to the hospital.

“I feel so down,” she texted from her hospital bed. “I’m sick of these deadbeats. I’m sick of having to be so strong.”

The message went not to a friend or family member, but to a nurse, Beth Pletz. Ms. Pletz has counseled Ms. Corley at her home through the Nurse-Family Partnership, which helps poor, first-time mothers learn to be parents.

Such home visiting programs, paid for through the Affordable Care Act, are at the heart of a sweeping federal effort aimed at one of the nation’s most entrenched social problems: the persistently high rates of infant mortality. The programs have spread to some 800 cities and towns in recent years, and are testing whether successful small-scale efforts to improve children’s health by educating mothers can work on a broad national canvas.

Home visiting is an attempt to counter the damaging effects of poverty by changing habits and behaviors that have developed over generations. It gained popularity in the United States in the late 1800s when nurses like S. Josephine Baker and Lillian Wald helped poor mothers and their babies on the teeming, impoverished Lower East Side of Manhattan. At its best, the program gives poor women the confidence to take charge of their lives, a tall order that Ms. Pletz says can be achieved only if the visits are sustained. In her program, operated here by Le Bonheur Children’s Hospital, the visits continue for two years.

It is Ms. Pletz’s knack for listening and talking to women — about misbehaving men, broken cars, unreliable families — that forms the bones of her bond with them.

She zips around Memphis in her aging Toyota S.U.V. with a stethoscope dangling from the rearview mirror. Her cracked iPhone perpetually pings with texts from her 25 clients. Most of them are young, black, poor and single. Few had fathers in their lives as children, and their children are often repeating the same broken pattern.

“I was lost, going from house to house,” recalled Onie Hayslett, 22, who was homeless and pregnant when she first met Ms. Pletz two years ago. Her only shoes were slippers. “She brought me food. That’s not her job description, but she did it anyway. She really cares about what’s going on. I don’t have many people in my life like that.”

Infant mortality rates in the United States are about the same as those in Europe in the first month of life, a recent study found, but then become higher in the months after babies come home from the hospital — a period when abuse and neglect can set in. (The study adjusted for premature births, which are also higher in the United States partly because of poverty. They were kept out of the study, researchers said, because the policies to reduce them are different.)

In Memphis, where close to half of children live in poverty, according to census data, the infant mortality rate has long been among the country’s highest. Sleep deaths — in which babies suffocate because of too much soft bedding or because an adult rolls over onto them — accounted for a fifth of infant deaths in the state, according to a 2013 analysis of death certificates by the Tennessee Department of Health.

When Ms. Pletz recently visited Darrisha Onry, 21, she saw Ms. Onry’s week-old child, Cedveon, lying beside her on a dark blue couch. The room was warm, small and crowded with a large living room set, a glass table, porcelain statues of dogs and an oversize cage holding two tiny, napping puppies.

“Where is he sleeping?” Ms. Pletz asked.

Cedveon started to cry, and Ms. Onry walked out of the room to make his bottle.

“The safest place for him is alone by himself on his back in his crib,” Ms. Pletz said, scooping up Cedveon, who had launched into a full-throated squall.

A little later, Ms. Pletz said, “You know never to shake the baby, right?”

Ms. Onry nodded.

Ms. Pletz continued: “Nerves get shot and sometimes people lose their cool. If that happens, just put him on his back on a bed and close the door, and take a little rest away from him.”

The program is unusual because it is based on a series of clinical trials much like those used to test drugs. In the 1970s, a child development expert, Dr. David Olds, began sending nurses into the homes of poor mothers in Elmira, N.Y., and later into Memphis and Denver. The nurses taught mothers not to fall asleep on the couch with their infants, not to give them Coca-Cola, to pick them up when they cried and to praise them when they behaved. The outcomes were compared with those from a similar group of women who did not get the help.

The results were startling. Death rates in the visited families dropped not just for children, but for mothers, too, when compared with families who did not get the services. Child abuse and neglect declined by half. Mothers stayed in the work force longer, and their use of welfare, food stamps and Medicaid declined. Children of the most vulnerable mothers had higher grade-point averages and were less likely to be arrested than their counterparts.

The program caught the attention of President Obama, who cited it in his first presidential campaign. His administration funded the program on a national scale in 2010. So far, the home visits have reached more than 115,000 mothers and children. States apply for grants and are required to collect data on how the families fare on measures of health, education and economic self-sufficiency. Early results are expected this year.

“The big question is, can the principle of evidence be implemented in a large federal program?” said Jon Baron, president of the Coalition for Evidence-Based Policy, a nonprofit group in Washington whose aim is to increase government effectiveness in areas including education, poverty reduction and crime prevention. “And if so, will it actually improve health?”

Experts say federal standards are too loose and have allowed some groups with weak home visiting programs to participate, even if they show effects on only trivial outcomes that have no practical importance for a child’s life. Congress should fix the problem, Mr. Baron said, warning that the program in its current state is “a leaky bucket.”

“If left unchanged, essentially anyone will figure out how to qualify,” he said.

Its future is not assured. Funding for the home visiting initiative runs out as early as September for some states, and if Congress does not reauthorize it this month, programs may stop enrolling families and the \$500 million the Obama administration has requested for 2016 will not be granted. Last week, its supporters urged Congress to extend it.

In Tennessee, where home visiting programs have bipartisan support, infant mortality is down by 14 percent since 2010, and sleep deaths dipped by 10 percent from 2012 to 2013. State officials credit a multitude of policies, including the home visits.

Ms. Pletz worries that she has helped only a handful of her clients truly improve their lives. But Ms. Corley, 28, the mother who drove herself to the hospital, said Ms. Pletz, who has been visiting her for two years, had made a difference. She “has been my counselor, my girlfriend, my nurse,” Ms. Corley said. Ms. Pletz helped her cope with the disappearances of her children’s fathers, taught her to recognize whooping cough and pushed her to set career goals, she said.

“She knows more about me than my own family does,” Ms. Corley said. “I feel like I’ve grown more wise. I feel stronger for sure.”

The morning after Ms. Corley gave birth, Ms. Pletz brought her breakfast: eggs, flapjacks and bacon. The new baby, Daniel, lay in a clear plastic crib next to Ms. Corley’s hospital bed, and the two women talked over his head like old friends.

“Can I pick him up?” Ms. Pletz asked.

Ms. Corley replied: “I think he’s waiting on it.”

A version of this article appears in print on March 9, 2015, on page A1 of the New York edition with the headline: Visiting Nurses, Helping Moms on the Margins.

