



Project Nurture highlight with Kea Parker, M.D.

“If we can emphasize health of the whole family, we can see good outcomes.”

By Amber Hollingsworth | January 2022

OHSU Family Medicine [was recently awarded a \\$3 million grant \(https://news.ohsu.edu/2021/12/16/ohsu-receives-more-than-3-million-to-study-effects-of-project-nurture-rural-expansion\)](https://news.ohsu.edu/2021/12/16/ohsu-receives-more-than-3-million-to-study-effects-of-project-nurture-rural-expansion) to study the expansion of Project Nurture into rural and underserved communities in Oregon. We spoke to Kea Parker, who has been doing the clinical work of Project Nurture at our Richmond Clinic since 2017.

“At our clinic, we take care of moms, babies, mental health, and substance abuse needs. Project Nurture came from a lack of access to care for all of those things in one place – pregnant people with substance use disorder were not receiving the quality or amount of care they needed. We figured hey, we’re doing all of this as family docs all the time; let’s use our expertise and make a difference.” The Project Nurture model was implemented in 2015.

At OHSU, clinicians like Dr. Parker bring maternity and pediatric care to methadone clinics – “We’re removing that physical barrier.”

The program offers multidimensional support, with a doula, a mental health provider, Department of Human Services liaisons, a nurse from CODA (addiction treatment center), a nurse from Richmond... “It’s a dedicated team that discusses not just blood pressure but housing, mood stability, custody issues, treatment, and how these all impact the physical, social, and emotional health of our patients.”

There’s been some great documented success out of this program: Participants, compared to those without access to Project Nurture, are more likely to parent. This means they are less likely to have their children taken from them because of substance use disorder. “For us to be able to keep these families together is so important not only to the health of the child, but the parents as well. They’re less likely to relapse, they continue their care with the medical system, and they stick with their treatment.

“We see moms who are hard to find, who are houseless, and we get them engaged in care. Then we’re able to see these families get jobs and homes, and see them raising healthy children.

“Seeing those successes is what makes being a family medicine doctor so wonderful. This is 100% why I went into family medicine: Our skillset is perfect for making an impact in the community.”