



Working Together to Ensure Healthier Families

Nurse-Family Partnership Overview

"There is a magic window during pregnancy...it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, PhD, Founder,
Nurse-Family Partnership





Nurse-Family Partnership is...

- An evidence-based, community health program
- Transforming lives of vulnerable first-time mothers living in poverty
- Improving prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse

Every dollar invested in Nurse-Family Partnership can yield
up to five dollars in return.

"They always say babies don't come with instruction manuals, but if there was one, the Nurse-Family Partnership would be it."

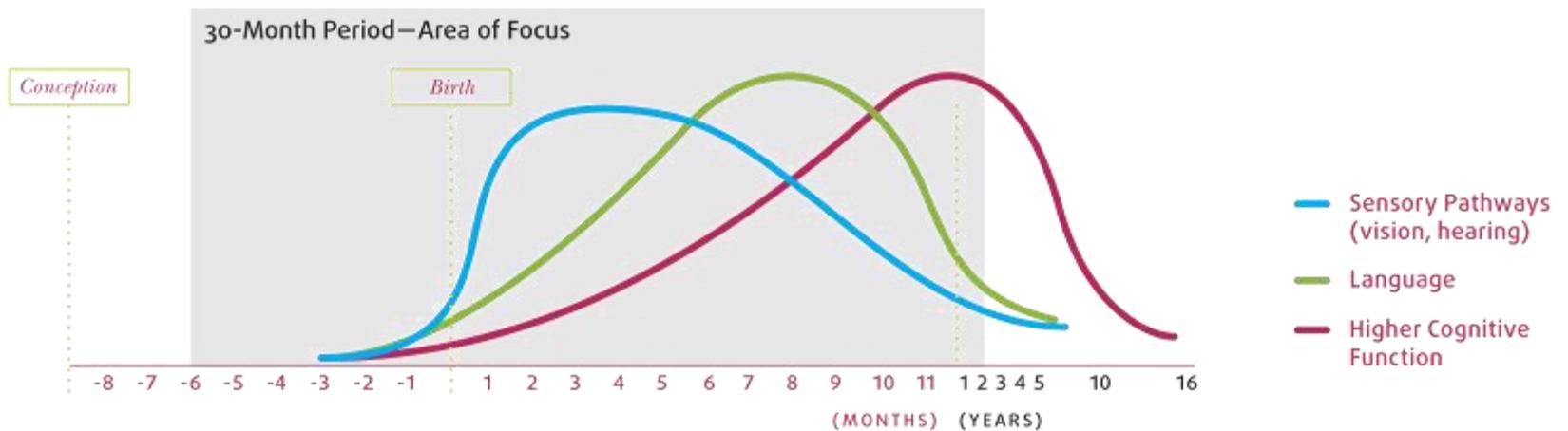
Andrea, Mom from Pennsylvania





Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000).
Shonkoff, J. & Phillips, D. (Eds.)



Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

Key Program Components

- First-time, at-risk mothers
- Registered nurses
- Intensive services (intensity, duration)
- Focus on behavior
- Program fidelity (performance management system)

Why Nurses?

- Knowledge, judgment and skills
- High level of trust, low stigma
- Credibility and perceived authority
- Nursing theory and practice at core of original model

Home Visit Overview

Personal Health

Health Maintenance Practices
Nutrition and Exercise
Substance Use
Mental Health Functioning

Environmental Health

Home
Work, School, and
Neighborhood

Life Course Development

Family Planning
Education and Livelihood

Maternal Role

Mothering Role
Physical Care
Behavioral and Emotional
Care

Family and Friends

Personal network
Relationships
Assistance with Childcare

Health and Human Services

Service Utilization

Evidence-Based Policy

The Coalition for Evidence-Based Policy has cited Nurse-Family Partnership -

“as one of only two interventions meeting the Top Tier, and if implemented more broadly, could help spark rapid progress against major national problems.”

Coalition for Evidence-Based Policy

A Project Sponsored by



Trials of the Program

Dr. Olds' research & development of NFP continues today...



1977

Elmira, NY

Participants: **400**

Population: **Low-income whites**

Studied: **Semi-rural area**



1988

Memphis, TN

Participants: **1,139**

Population: **Low-income blacks**

Studied: **Urban area**



1994

Denver, CO

Participants: **735**

Population: **Large portion of Hispanics**

Studied: **Nurse and paraprofessionals**

"The great thing about Nurse-Family Partnership is that it works. To put it simply...it decreases about everything you want to decrease and increases about everything you'd want it to increase."

Dr. Thomas R. Frieden, former New York City Health Commissioner (now Director, CDC, and Administrator, Agency for Toxic Substances and Disease Registry)



"If communities are truly interested in making sound investments that will yield high public and private gains in both the long and short run, they would fare far better by investing in evidence-based, early child development initiatives like Nurse-Family Partnership than in professional sports stadiums or office towers."

Rob Grunewald,
Associate Economist, Federal
Reserve Bank of Minneapolis





Nurse-Family Partnership is Cost-Effective

- The RAND Corporation estimates Nurse-Family Partnership can return up to \$5.70 for each \$1 spent on the program.*

Savings accrue to government from **decreased spending** on:

health care

child protection

education

criminal justice

mental health

public assistance

And **increased taxes** paid by employed parents

- Nurse-Family Partnership ranked among the highest programs reviewed in terms of net benefit to society among pre-K, child welfare, youth development, mentoring, youth substance prevention and teen pregnancy prevention programs. A 2012 cost-benefit update by WSIPP estimated long-term benefits of almost \$23,000 per participant.** (*Washington State Institute for Public Policy 2012*)

* RAND Corporation 1998, 2005; return for highest risk families

** Savings related to low birth weight, child injuries and immunizations not included

"This program saves money. It raises healthy babies and creates better parents. It reduced childhood injuries and unintended pregnancies, increased father involvement and women's employment, reduced use of welfare and food stamps, and increased children's school readiness."

Barack Obama, U.S. Senator
(now President)





Sources of Nurse-Family Partnership Funding

- Medicaid
- TANF/Public Welfare
- Title V/Maternal and Child Health Initiatives
- Child Abuse Prevention
- Juvenile Justice/Delinquency Prevention
- Substance Abuse and Mental Health
- Tobacco Settlement
- United Way
- State, City and County General Funds
- Private Philanthropy
- School Readiness
- Maternal, Infant and Early Childhood Home Visiting Program (federal)

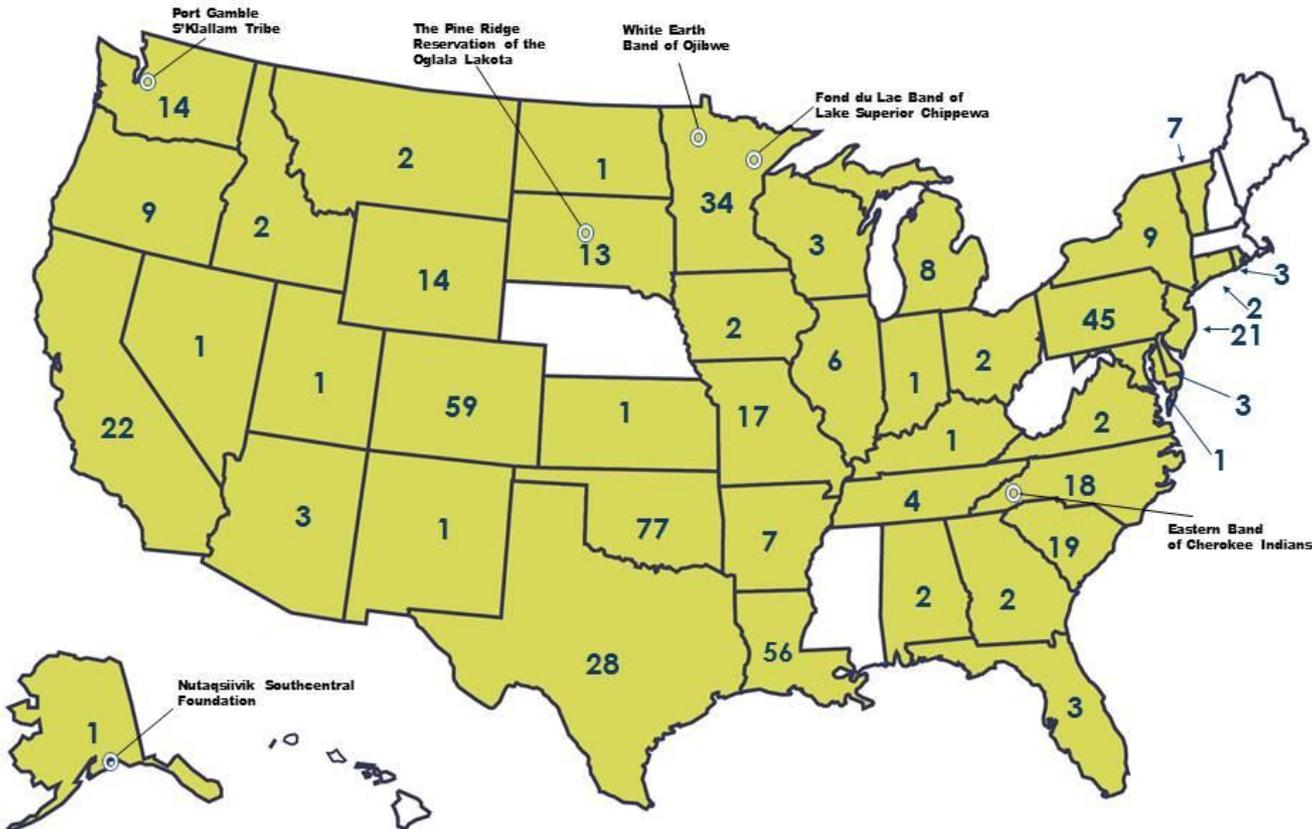


The National Service Office

- Prepares communities and agencies to implement Nurse-Family Partnership model with fidelity
- Educates nurse home visitors and nurse supervisors
- Provides ongoing clinical support
- Provides ongoing agency management and operations support
- Advocates for local political support and long-term resources
- Provides resources/training for marketing and community outreach
- Collects and evaluates data to ensure quality services and to guide quality improvement



Nurse-Family Partnership is a growing, national program



43 States that NFP serves

536 Number of counties NFP is serving

Tribal agencies are denoted by Band

Map does not include program in U.S. Virgin Islands





Snapshot of General Tribal Characteristics

• Total Cumulative Served by Tribal Partners:	251
• Median Age:	20
• Completed High School at Intake:	51.9%
• Median Income at Intake:	\$9,000
• Medicaid at Intake:	84.4%
• Median Gestational Age at Intake:	20 weeks
• Premature Birth	7.3%
• Initiated Breastfeeding:	88.3%

Source: Cumulative Report. NFP Quarterly Report Q3 to September 30, 2013



California NFP Client Demographics

- Total Cumulative Served in CA: 17,473
- Median Age: 19
- Completed High School at Intake: 47.8%
- Median Income at Intake: \$9,000
- Medicaid at Intake: 71.8%
- Median Gestational Age at Intake: 19 weeks
- Premature Birth 8.2%
- Initiated Breastfeeding: 92.1%



Source: Cumulative Report. NFP Quarterly Report Q1 to March 31, 2014



For More Information

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