"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

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

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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.”
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
  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

States that NFP serves: 43

Number of counties NFP is serving: 536

Tribal agencies are denoted by Band

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

Where we work

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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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