



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





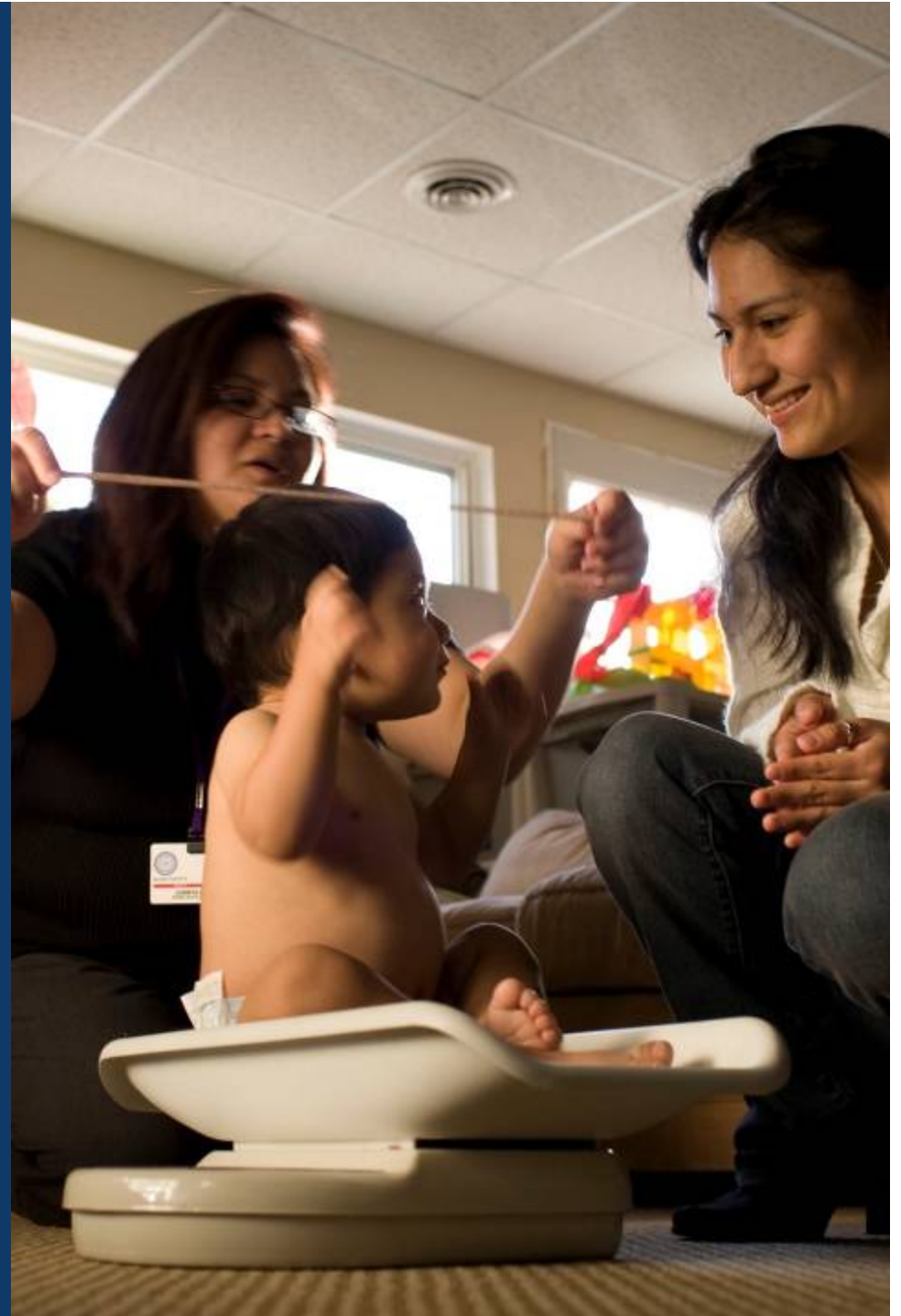
Nurse-Family Partnership is...

- 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."

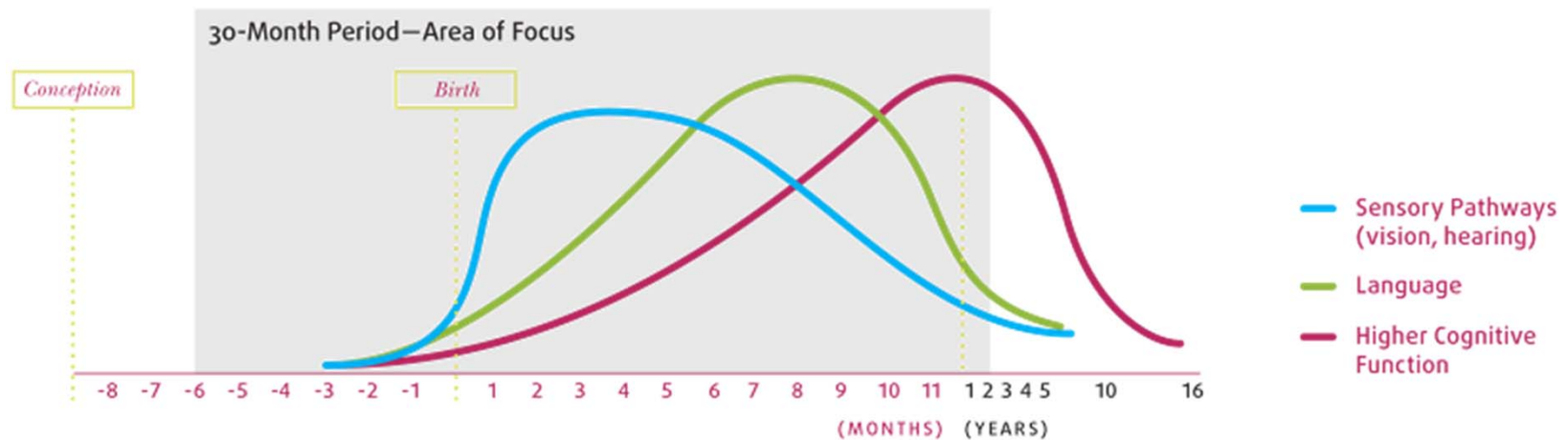
Andrea, Mom from Pennsylvania





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

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

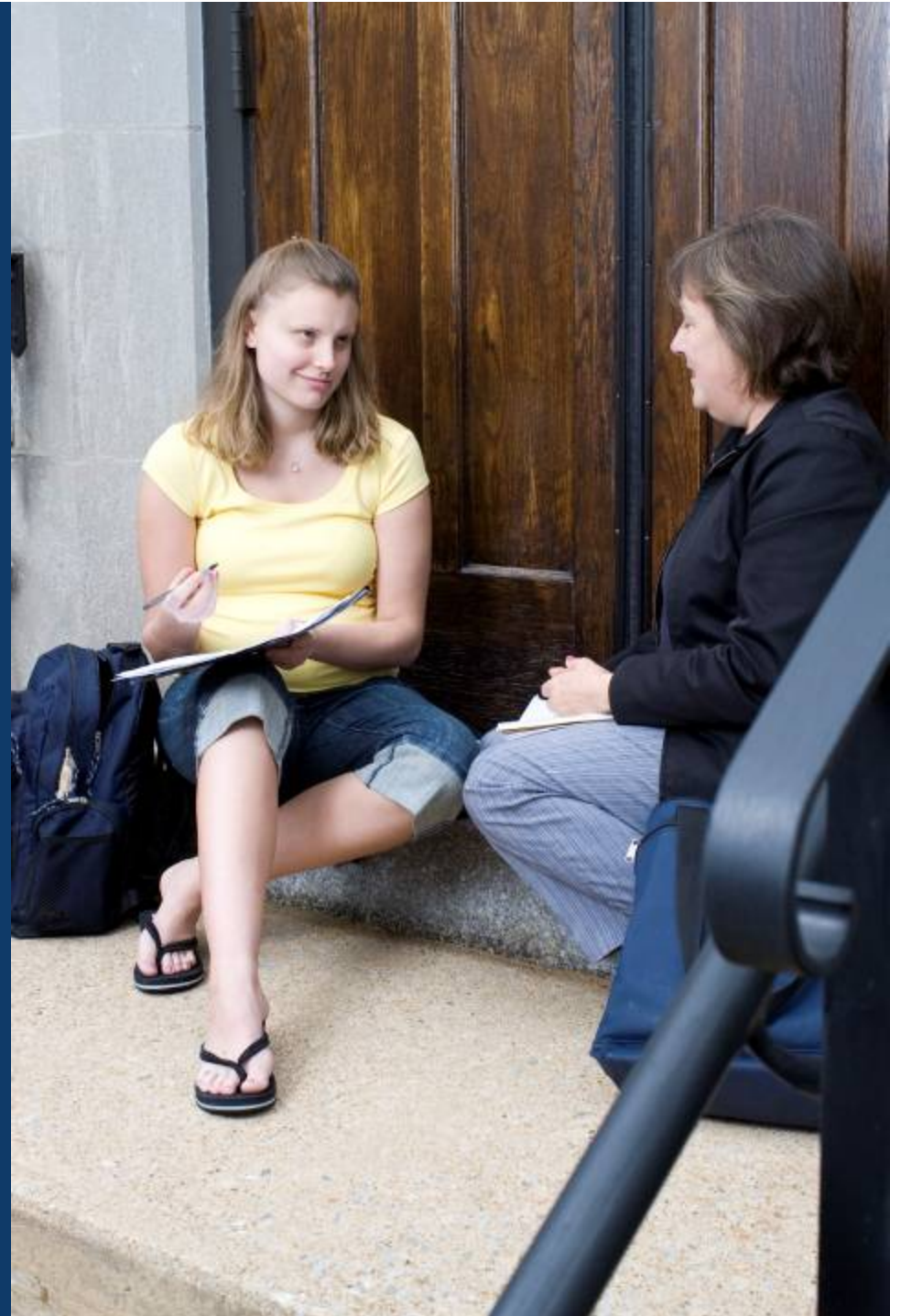
Participants: **735**

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."

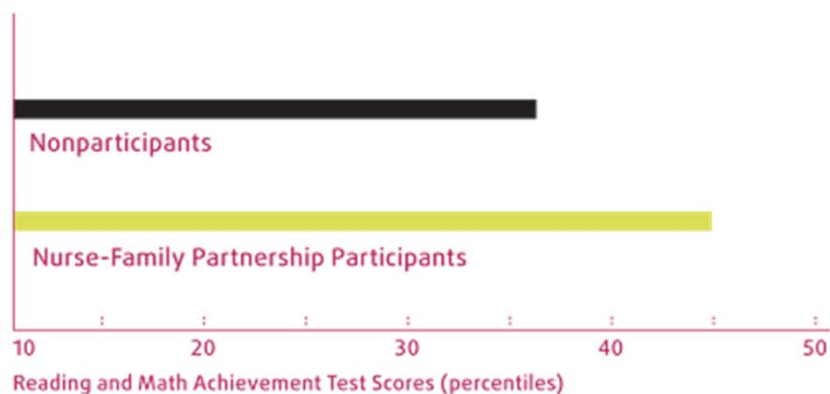
Dr. Thomas R. Frieden, former New York City Health Commissioner (now Director, CDC, and Administrator, Agency for Toxic Substances and Disease Registry)





Academic Achievement

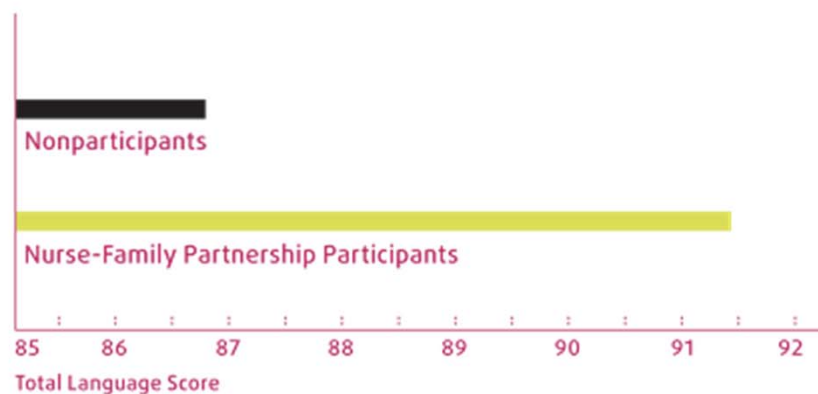
Grades 1–3, Age 9—Memphis
(Born to low-resource mothers)



Source: Reproduced with permission from *Pediatrics*, Vol. 120, e838, Copyright © 2007 by the AAP.

Preschool Language Scale

Age 4—Denver
(Born to low-resource mothers)

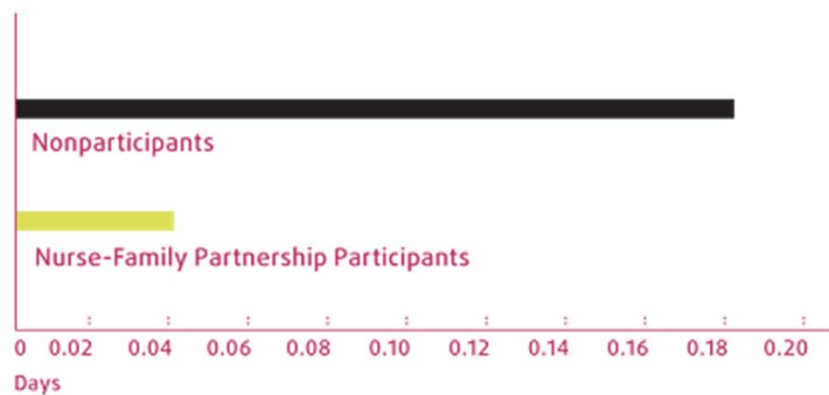


Source: Reproduced with permission from *Pediatrics*, Vol. 114, 1565, Copyright © 2004 by the AAP.



Days Hospitalized for Injuries

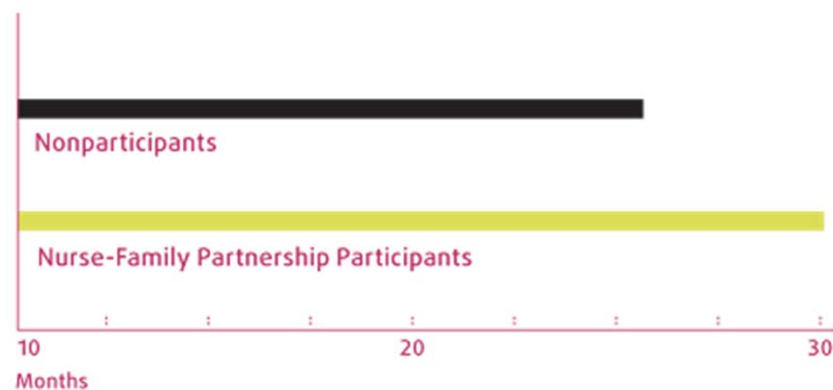
Birth to age 2—Memphis



Source: *JAMA*, 1997, Vol. 278, 650, Copyright © 1997, American Medical Association. All rights reserved.

Months Between Births

Between first and second child
(by first child's fifth birthday)—Memphis

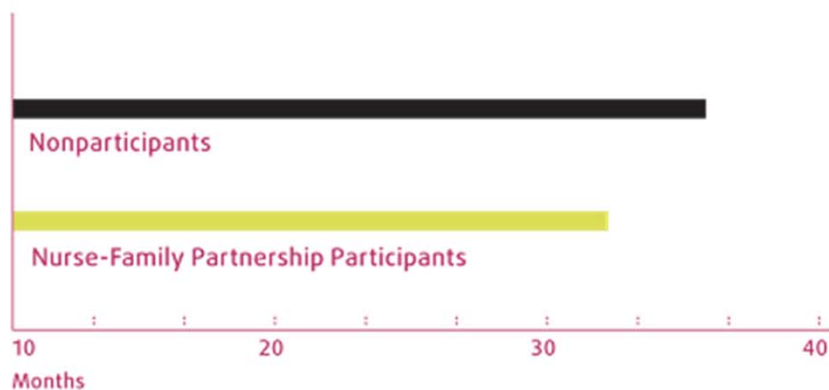


Source: *JAMA*, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.



Months Receiving Welfare Assistance (AFDC)

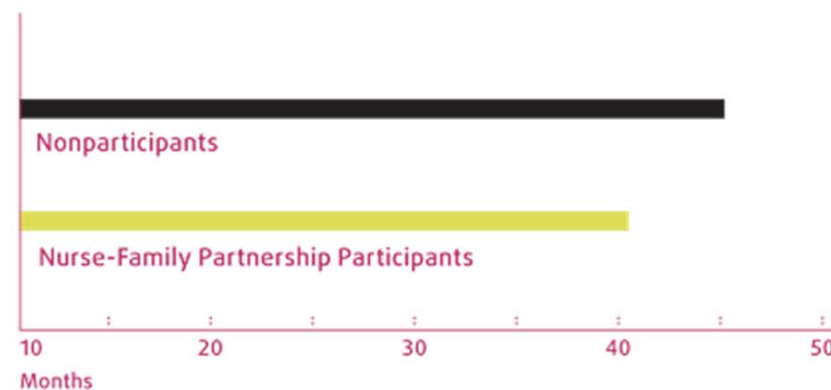
Birth through age 5—Memphis



Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.

Months Receiving Food Stamps

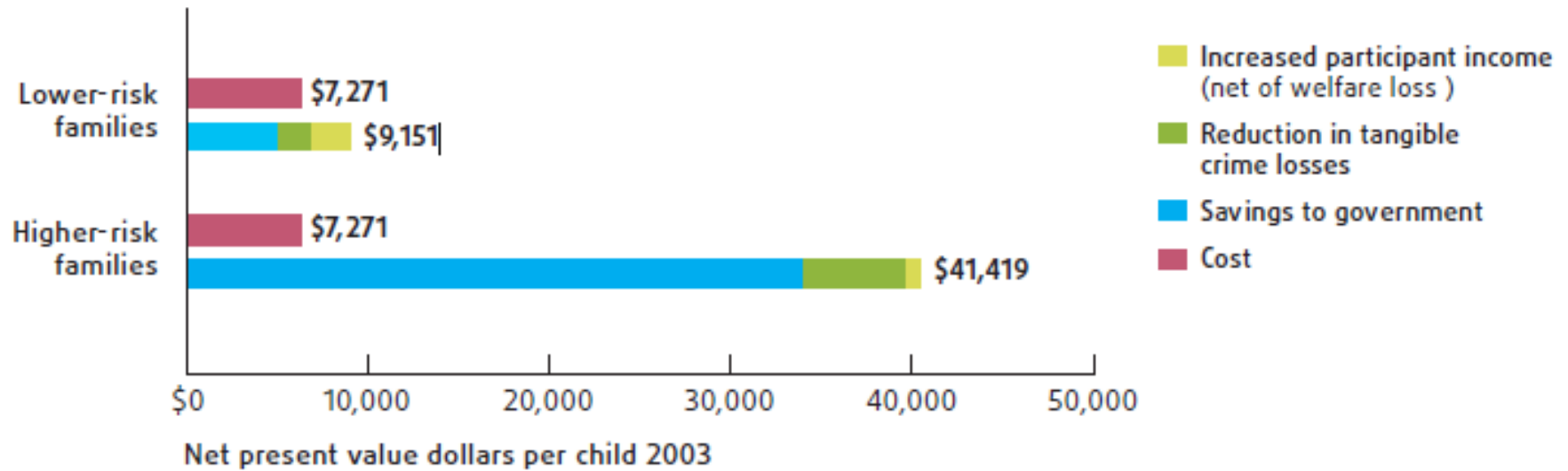
Birth through age 5—Memphis



Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.



Monetary Savings



Source: 2005 RAND Corporation Study



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

criminal justice

child protection

mental health

education

public assistance

And **increased taxes** paid by employed parents

- Nurse-Family Partnership returns more than \$18,000 over and above program costs for each family enrolled.** (*Washington State Institute for Public Policy 2008*)

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

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

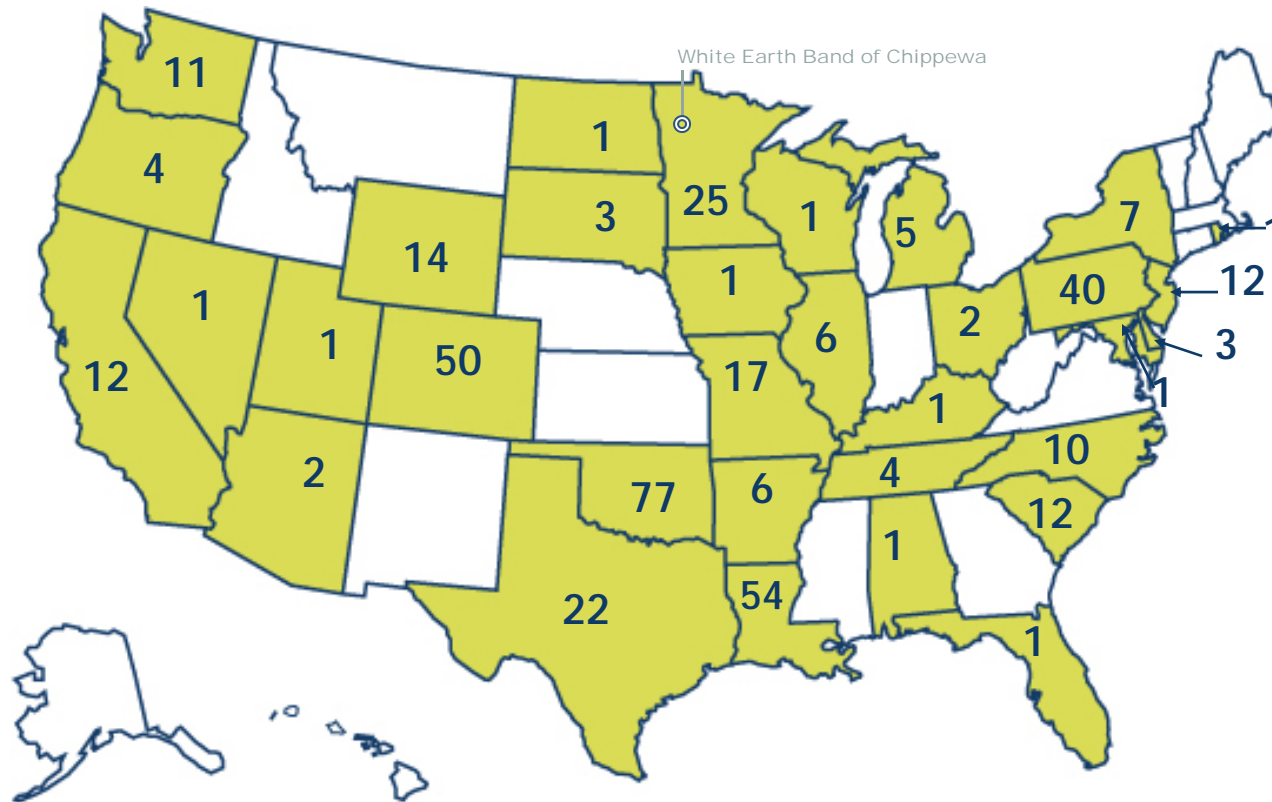
"This program saves money. It raises healthy babies and creates better parents. It reduced childhood injuries and unintended pregnancies, increased father involvement and women's employment, reduced use of welfare and food stamps, and increased children's school readiness."

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





Nurse-Family Partnership is a growing, national program



40

States that NFP serves

433

Number of counties NFP is serving

Where we work



NFP Outcomes from research studies

48% reduction in child abuse and neglect

56% reduction in emergency room visits for accidents and poisonings

59% reduction in arrests at child age 15

67% reduction in behavioral and intellectual problems at child age six

72% fewer convictions of mothers at child age





San Diego County NFP Outcomes: as of June 30, 2012

27% Reduction in maternal smoking during pregnancy between intake and at 36 weeks

96% of mothers initiated breastfeeding

40% of mothers still breastfeeding at 6 months
(NFP State: 36%; NFP National 28%)

93% of babies born at a healthy weight – at or above 2500g (5.5lbs)

96% of children were up-to-date with immunizations at 24 months of age

32% increase in workforce participation among clients 18 years and older between intake and at closure (child 24 months of age)



"If there is any hope that Congress' new health care bill will put some restraints around the growth in medical costs, it rests in the part of the proposal that calls for rewarding programs that reshape how medicine gets practiced...the Administration has the chance to invest in one such program – the Nurse-Family Partnership – when it starts giving out \$1.5 billion in home health care grants..." 5.25.10



" We're all better off if we make the investment upfront. I would rather see us be involved early and have it be an educational situation, as opposed to no involvement and then become part of the criminal justice system."

Patrick Perez, sheriff of Kane County, IL and member of Fight Crime: Invest in Kids 4.14.10

TIME

"If you want to invest societal resources where they will have the biggest benefit for all of us, clearly the evidence is there now that protecting children from the worst kinds of deprivation in their youngest years will result in more functional, capable, prosocial citizens."

Martha Farah, director of the Center for Cognitive Neuroscience at the University of PA 3.2.09

THE NEW YORKER

"Infant development strategies, like other forms of social capital, are perversely distributed in America - fetishized in places where babies are fundamentally secure and likely to prosper, undervalued in places where babies are not. The NFP aims, in a fashion, at equalization."

Katherine Boo 2.6.06

Full coverage: www.nursefamilypartnership.org > About > News

Nurse-Family Partnership is Endorsed as a Model Program by



World Health
Organization



Office of Juvenile
Justice & Delinquency
Prevention



PARTNERSHIP FOR AMERICA'S
ECONOMIC SUCCESS



National Institute on
Early Education
Research



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