

## PUBLIC HEALTH PROGRAM SURVEY- Maternal and Child Health

### Contact Information

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**Short Title:** Nurse-Family Partnership: an evidence-based community health program serving first-time, low-income mothers.

**Program Location:** Nurse-Family Partnership is currently in 28 U.S. states.

### Objectives and Goals:

The goals of the Nurse-Family Partnership program are three-fold:

1. **Improve Pregnancy Outcomes** by helping women engage in good preventive health practices, including obtaining thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances.
2. **Improve Child Health and Development** by helping parents provide responsible and competent care for their children.
3. **Improve the Economic Self-Sufficiency of the Family** by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

### Methods:

The Nurse-Family Partnership program includes a targeted, program-specific curriculum for nurse home visitors that is created specifically to affect outcomes aligned with the program's goals. Every public health nurse that delivers the Nurse-Family Partnership program completes this education. In addition, data from every home visit is collected by the nurse and inputted in to a national database from which the national Nurse-Family Partnership office provides quality assurance and performance reports to agencies that deliver the program.

### Program Length:

The women who voluntarily enroll in the Nurse-Family Partnership program begin working with a nurse home visitor before their third trimester of pregnancy. Home visits continue on a regular basis through the child's second birthday.

**Number of target population reached by effort:**

Nurse-Family Partnership currently serves 19,000 families in the U.S. It is estimated that each year there are approximately 570,000 eligible first-time, low-income mothers that are eligible and could benefit from this program.

**Demographic Info:**

Nurse-Family Partnership serves only first-time, low-income mothers. Low-income is most often defined by Medicaid eligibility.

The population served as of the end of 2008 was approximately 41% Hispanic; 32% Caucasian (non-Hispanic); 20% African-American; 2% Asian-American; 1% Native American, and 4% multi-racial.

**Overall Cost:**

The service is free to mothers and families enrolled in Nurse-Family Partnership program. Cost to communities that implement this public health program varies by local nurse salary standards, as nursing personnel is the major cost in providing Nurse-Family Partnership. Costs range from an estimated \$2,900 to 6,400 per family served.

**Funding Sources:**

25% Federal  
67% State/Local  
8% Other, please explain: Private or philanthropic donations  
percentages ARE estimates

**Outcomes:**

Nurse-Family Partnership program has been rigorously evaluated in randomized, controlled trials over three decades. This unsurpassed research has proven the program's effectiveness with data showing the following health outcomes:

- 79% reduction in pre-term delivery
- 48% reduction in child abuse and neglect
- 56% reduction in emergency room visits for accidents and poisoning
- 39% fewer injuries among children
- 32% reduction in subsequent pregnancies

In addition, the following outcomes are among those affecting the health of the family in a broader, but no less important, sense:

- 83% increase in mother's labor force participation by child age 4
- 61% fewer arrests of mothers
- 59% fewer arrests among 15 year olds
- 46% increase in the father's presence in household

**Did you make any estimates regarding costs deferred, outbreaks averted or deaths prevented?**

For every 100,000 families served by NFP, the research noted above demonstrates significant immediate and lasting benefits: 14,000 fewer children will be

hospitalized for injuries in their first two years of life; 300 fewer infants will die in their first year of life; and 11,000 fewer children will develop language delays by age two. In the longer-term, 23,000 fewer children will suffer child abuse and neglect in their first 15 years of life; and 22,000 fewer children will be arrested and enter the criminal justice system through their first 15 years of life, among other outcomes.

Investment in Nurse-Family Partnership to aid low-income, first-time mothers will also significantly reduce government expenditures. The RAND Corporation found a net benefit to society of \$34,148 (in 2003 dollars) per highest-risk family served, which equals a \$5.70 return per dollar invested in Nurse-Family Partnership, with most savings accruing to government in reduced health care, educational, social services and criminal justice expenditures.

### **Additional Information:**

Nurse-Family Partnership helps change the lives of vulnerable first-time moms and their babies through ongoing home visits from registered nurses. The evidence-based community health program has proven results including long-term family improvements in health, education and economic self-sufficiency. While helping low-income families, an investment in Nurse-Family Partnership saves communities more than it costs by reducing welfare, healthcare and juvenile justice expenditures.

As a public health and social program, Nurse-Family Partnership is unsurpassed in the depth and quality of its research that has proven its substantial outcomes. It is estimated that there are approximately than 570,000 first-time, low-income mothers each year in the US that could benefit from the Nurse-Family Partnership program.

### **Future Plans:**

The Nurse-Family Partnership program is currently publicly funded through a variety of venues such as Medicaid and child welfare, early childhood, school readiness, juvenile justice, child welfare, tobacco settlement, and state and local funds.

President Obama has proposed in his FY2010 budget a Home Visitation Program that, if approved by Congress, would provide the first dedicated federal funding stream to States for community implementation of Nurse-Family Partnership and similar evidence-based home visitation programs.

The national Nurse-Family Partnership office, which helps communities implement and sustain the program with quality and fidelity to the model, receives no public funds. The national office is a 501 (c) (3) non-profit, and is engaged in ongoing private fundraising for its operations.