

# Scaling the Nurse-Family Partnership

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# NURSE FAMILY PARTNERSHIP

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- **Prenatal and infancy home visiting by nurses**
- **Focused on low-income mothers with no previous live births**
- **Activates and supports parents' instincts to protect their children**
- **Clarity in goals, objectives, and methods**





# **NURSE FAMILY PARTNERSHIP'S THREE GOALS**

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- 1. Improve pregnancy outcomes**
- 2. Improve child health and development**
- 3. Improve parents' health and economic self-sufficiency**

# TRIALS OF PROGRAM

Elmira, NY  
1977



N = 400

- Low-income whites
- Semi-rural

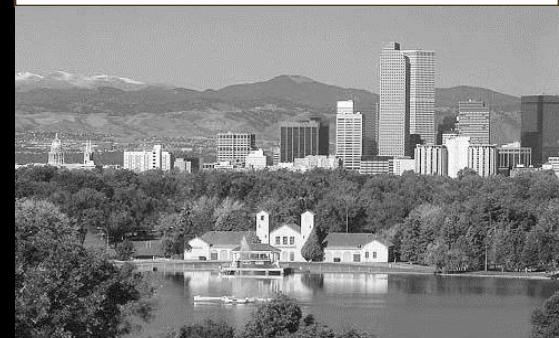
Memphis, TN  
1987



N = 1,138 and N=743

- Low-income blacks
- Urban

Denver, CO  
1994



N = 735

- Large portion of Latino families
- Nurse versus paraprofessional visitors

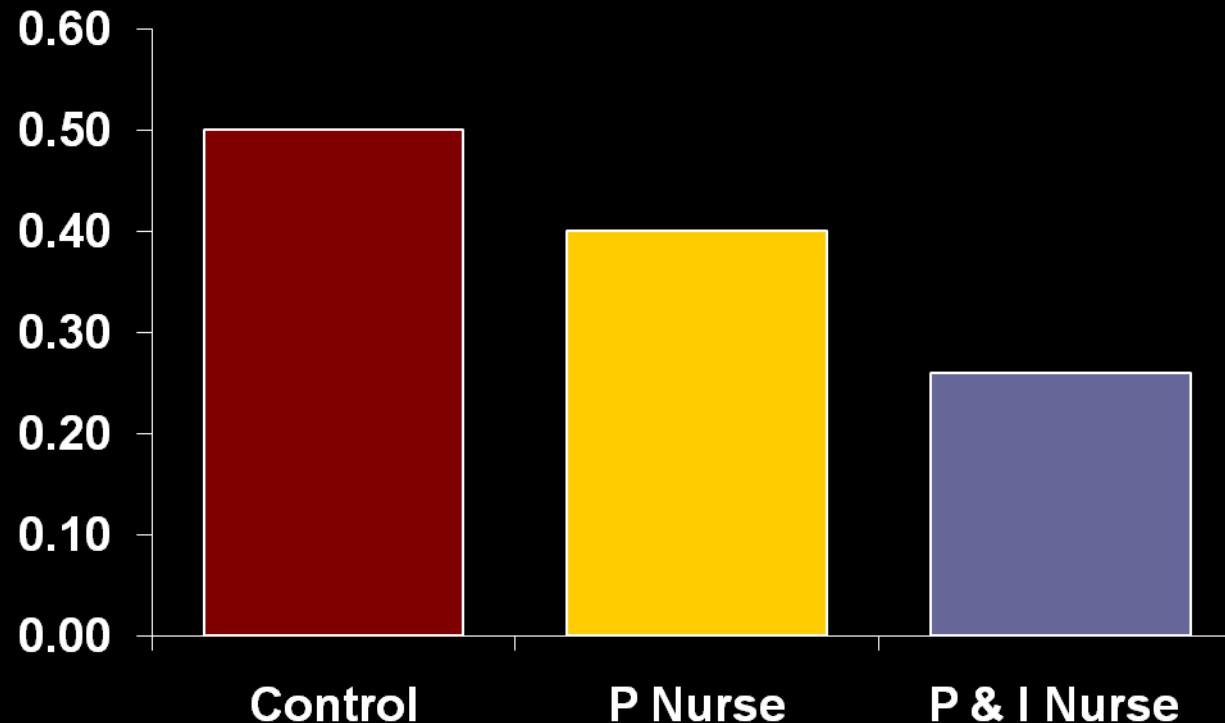
# CONSISTENT RESULTS ACROSS TRIALS

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- **Improvements in prenatal health**
- **Reductions in children's injuries**
- **Improvements in children's language development and school readiness (those born to low resource mothers)**
- **Reductions in children's behavioral problems**
- **Reductions in children's depression**
- **Reductions in children's substance use**
- **Reductions in maternal behavioral impairment due to substance use**
- **Increased inter-birth intervals**
- **Increased maternal employment**
- **Reductions in welfare & food stamp use**



# Indicated Cases of Child Abuse and Neglect 0 to 15 Years - Elmira

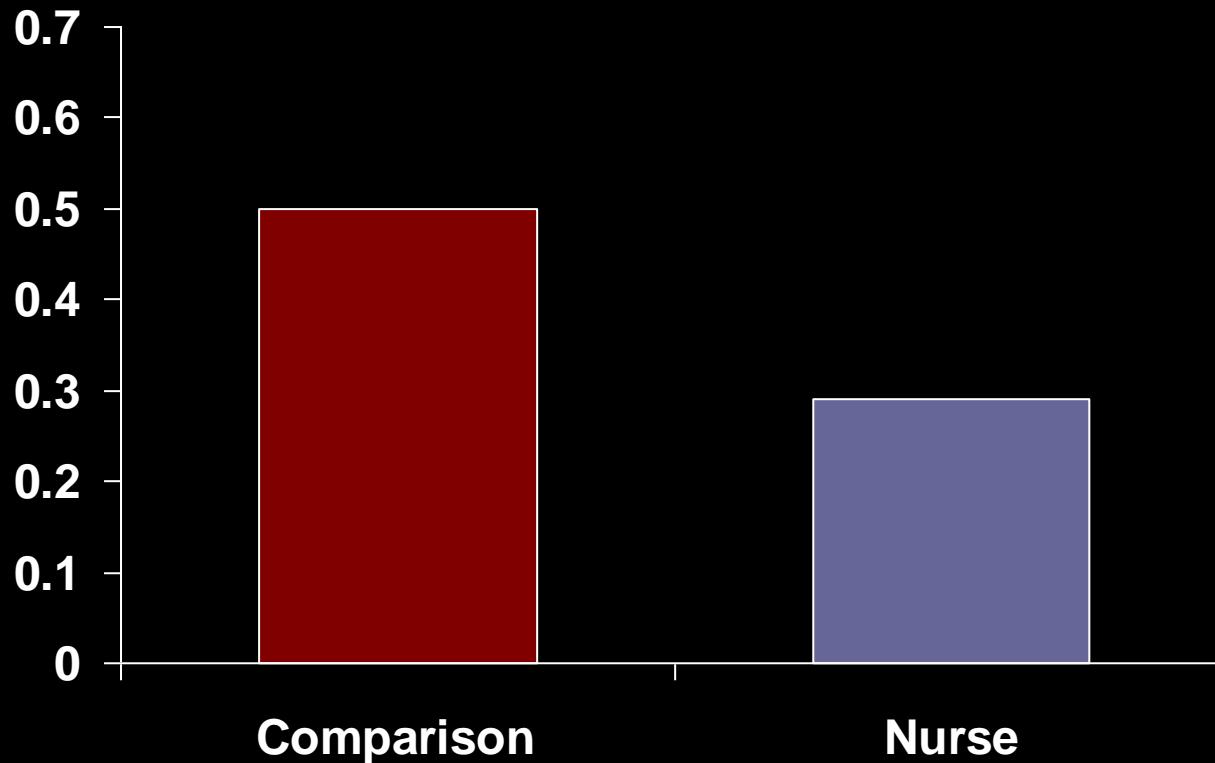


\*P= .03

*JAMA*, 1997;278:637-643

# Number of Life-Time Arrests

## Elmira Youth - Age 19

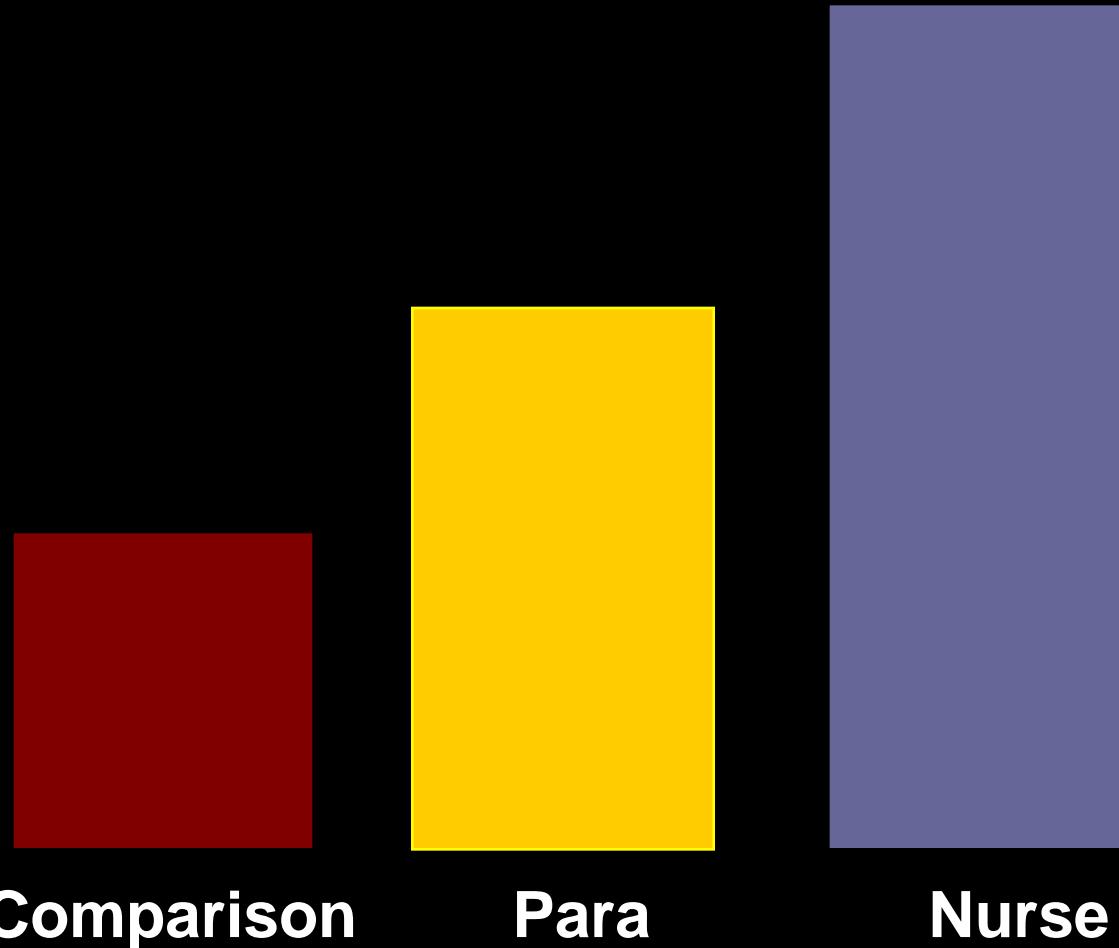


P=.02, IR = 0.49

*Arch Pediatr Adolesc Med* 164(1) 9-15

# Pattern of Denver Program Effects

Maternal  
and  
Child  
Functioning



# Washington State Institute for Public Policy Economic Analysis

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**Nurse Family Partnership produced  
large return on investment:**

– Implementation costs	\$9,600
– Benefits	\$22,781
– Return on investment	\$13,181

# Coalition for Evidence-Based Policy

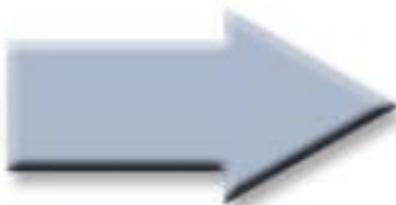
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- Committed to reducing waste by identifying interventions that meet high evidentiary standards
- NFP only early childhood program that meets “Top Tier” status
- “Top Tier” interventions
  - Well designed and conducted randomized controlled trials
  - Replicated findings
  - Community settings
  - Sizable and sustained effects
  - Outcomes of clear public health, educational or social significance

# Evolution of Nurse-Family Partnership



National Growth



Transition



Initial Replication



Research



1977

1996

2003

2007

Today...



Nurse-Family  
Partnership

*Helping First-Time Parents Succeed*

## FROM SCIENCE TO PRACTICE

- **Nurturing Community, Organizational, and State Development**
- **Education and Consultation**
- **Program Guidelines**
- **Information System**
- **Assessing Program Performance**
- **Continuous Improvement**
- **These supports are crucial for successful implementation**



# Sources of Funding

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- State and local dollars (TANF, Medicaid, Tobacco Settlement, General Funds)
- MIECHV – Affordable Care Act - 2009
  - \$8.6B in Administration's Budget Blueprint – 10 years
  - Designed to serve all Medicaid population after 10 years
  - Congress allocated \$1.5B over 5 years - runs out at end of 2014
  - Changed evidentiary standards to include more programs
  - Many additional reporting requirements
  - Additional trials (MIHOPE and Strong Start) - MDRC
  - Evidence is used by government to inform policy and practice, but links are tenuous
  - Current proposal - \$15B over 10 years – tobacco tax
- Social Impact Bonds – NYS and SC



## Nurse-Family Partnership is a growing, national program



43

States that NFP serves

529

Number of counties NFP is serving

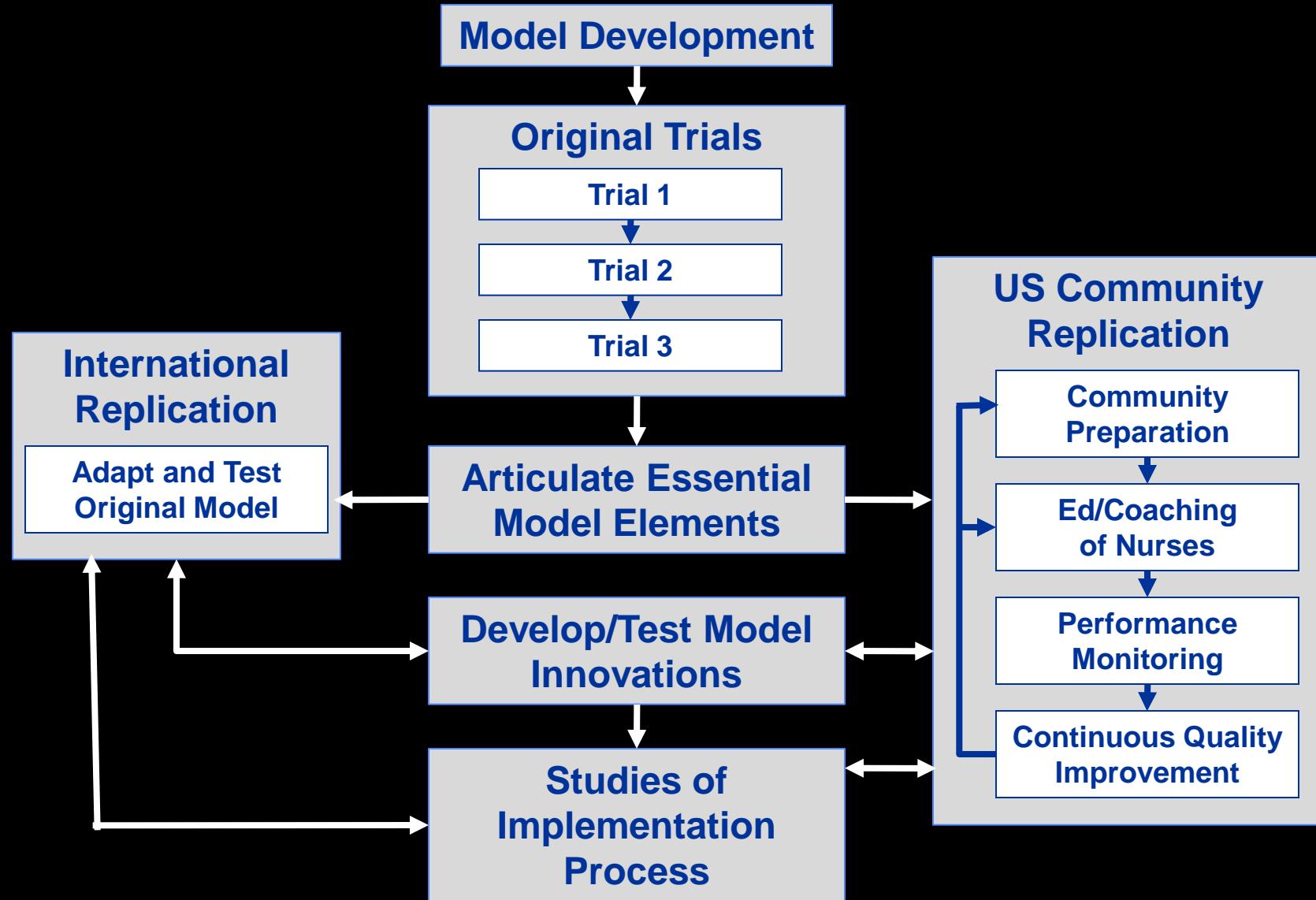
Tribal agencies are denoted by Band

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

# International Replication

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- No presumptions
- Adaptation
- Pre-test and small-scale trial
- Larger trial
- Faithful replication of adapted program
- International work:
  - UK – England, Scotland, Northern Ireland
  - Australia – aboriginal families
  - Netherlands
  - Canada – ON and BC
  - American Indians & Alaskan Natives



# Research Focused on Improving Program Model and Implementation

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- Participant retention and completed home visits
- Intimate partner violence
- New method to observe & promote caregiver-child interaction
- Maternal depression and anxiety
- Development of STAR (Strength and Risk) framework to guide program implementation

