Working Together to Ensure Healthier Families

Nurse-Family Partnership Overview
Nurse-Family Partnership is...

- An evidence-based, community health program
- Impacts 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
### 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
Trials of the Program
Dr. Olds’ research & development of NFP continues today...

1977
Elmira, NY
Participants: 400
Population: Low-income whites
Context: Semi-rural area

1988
Memphis, TN
Participants: 1,139
Population: Low-income blacks
Context: Urban area

1994
Denver, CO
Participants: 735
Population: Large portion of Hispanics
Context: Urban
Compares: Nurse & paraprofessionals
Academic Achievement
Grades 1–3, Age 9—Memphis
(Born to low-resource mothers)

Nonparticipants

Nurse-Family Partnership Participants

Reading and Math Achievement Test Scores (percentiles)

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

Nonparticipants

Nurse-Family Partnership Participants

Total Language Score

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Memphis Trial Outcomes: Reductions in Maternal and Child Mortality

In July of 2014, JAMA Pediatrics published a study that found for participants in Nurse-Family Partnership there were lower rates of preventable causes of death among children and all causes of death among mothers.

**Trial Began:** 1990  
**Mortality Study Follow-up:** 1990-2011  
**Population:** Low-income African-American  
**Environment:** Disadvantaged, Urban Area

This is the first study of NFP to show significant findings of reductions in maternal and child mortality based upon a randomized, clinical trial with over two decades of follow-up.
Monetary Savings

- Lower-risk families: $7,271
- Higher-risk families: $7,271
- Increased participant income (net of welfare loss)
- Reduction in tangible crime losses
- Savings to government
- Cost

Net present value dollars per child 2003

Source: 2005 RAND Corporation Study
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
Colorado Implementation: Public/Private Partnership

- **Colorado Department of Human Services, Office of Early Childhood**: Fiscal Agent
- **Invest in Kids**
- **NFP National Service Office**
- **University of Colorado Health Sciences Center**: Contract Manager

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Funding

• **Master Tobacco Settlement** $18.5 million for 2933 clients
• **Medicaid** accounts for <5%

• **MIECHV: Maternal Infant Early Childhood Home Visitation** through the Affordable Care Act $3.3 for 575 clients
CO NFP Outcomes

- **23,000+** families served in Colorado since the program began in 2000

- **90%** of babies were born full term and **90%** were born at a healthy weight - at or above (5.5 lbs.)

- **92%** breast feeding rate at birth

- **92%** of children received all recommended immunizations by 24 months

- **21%** reduction in smoking during pregnancy

- **28%** reduction in alcohol use during pregnancy
For More Information

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