

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**

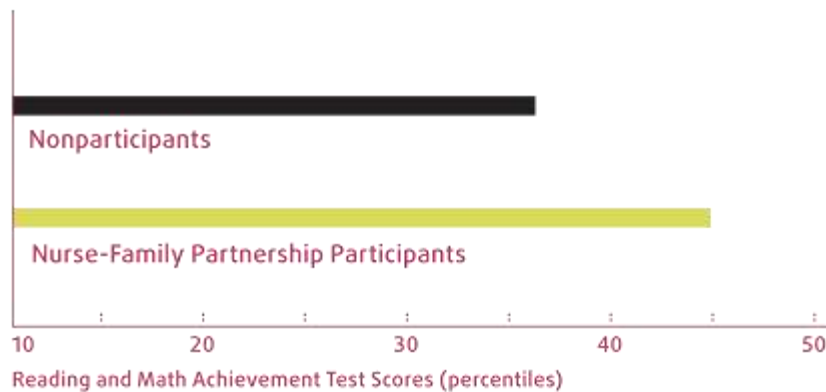
Context: **Urban**

Compares: **Nurse & paraprofessionals**



Academic Achievement

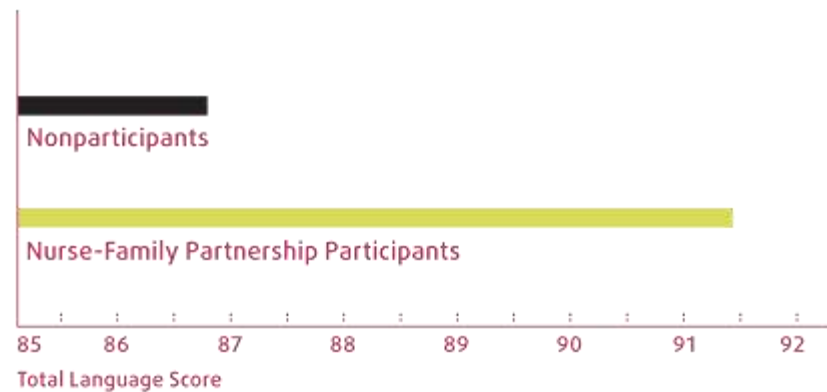
Grades 1–3, Age 9—Memphis
(Born to low-resource mothers)



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)



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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

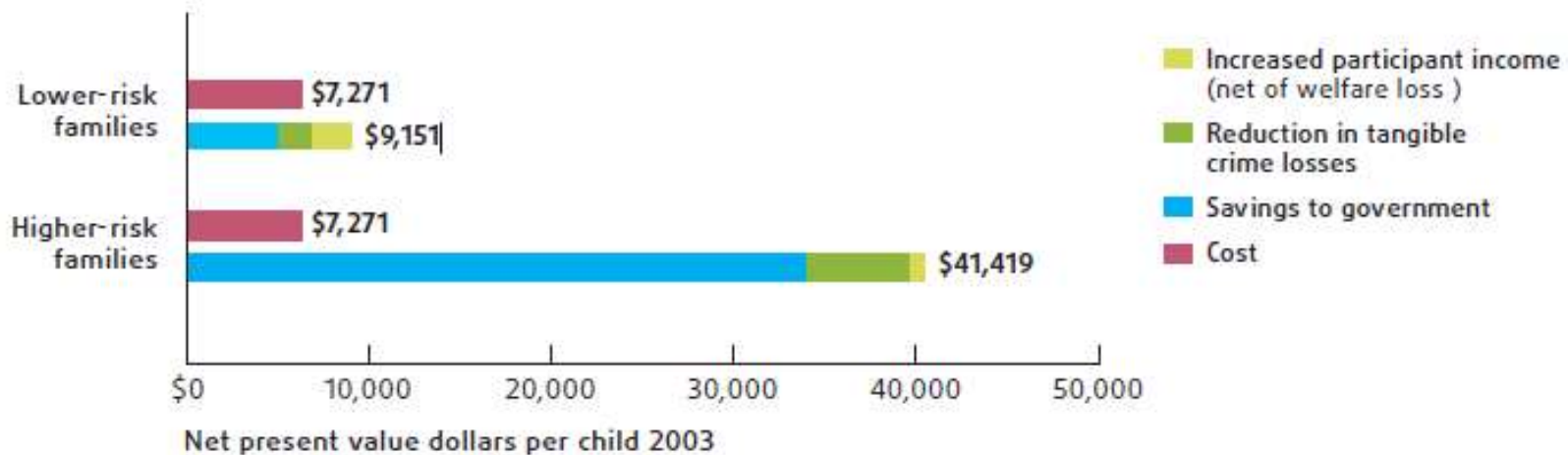
Population: Low-income African-American

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



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



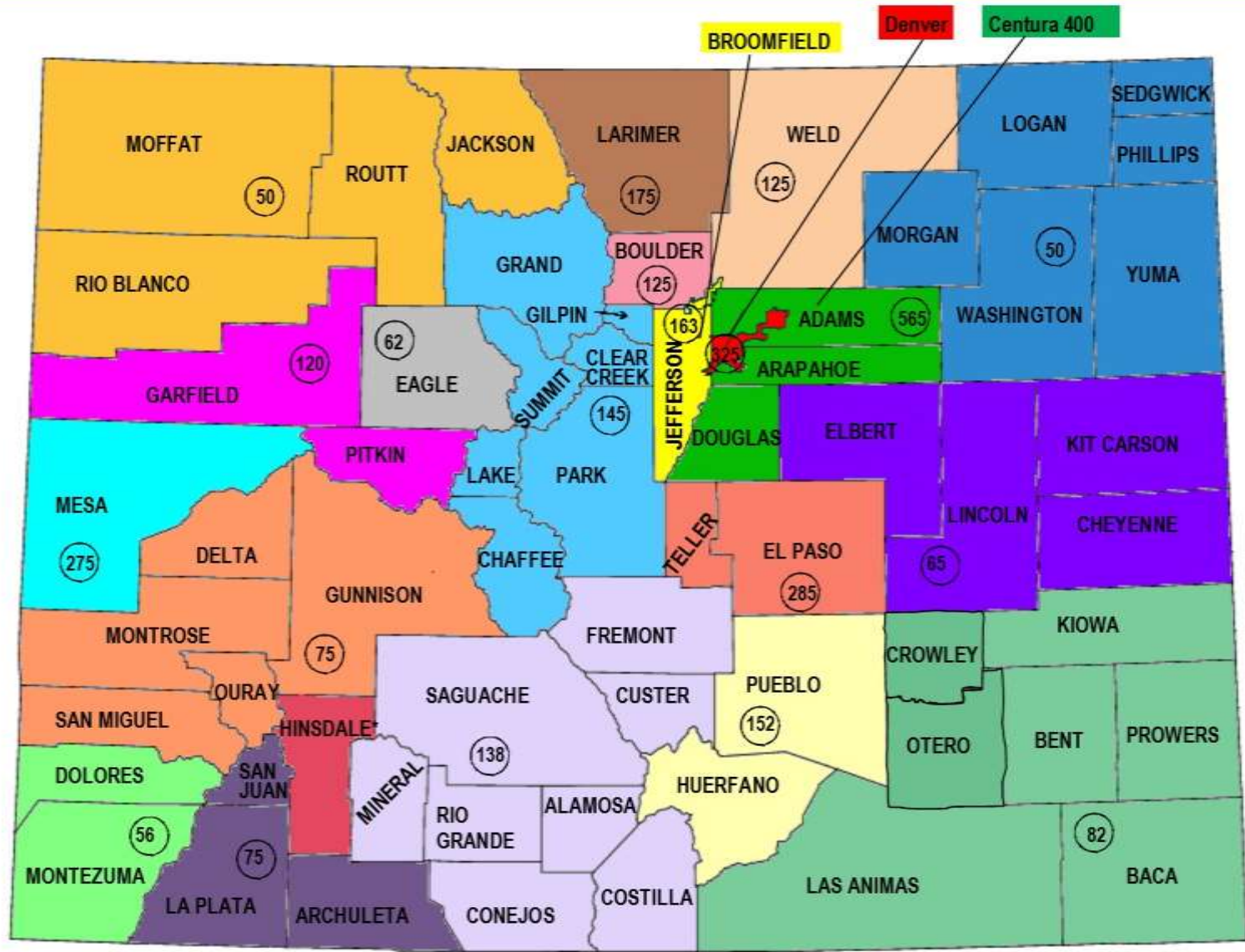


Funding

- **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

Colorado Nurse-Family Partnership Sites FY 17-18



○ Numbers of NFP families served at each site

3,508 Total Capacity

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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