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
## Overview

### 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)

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

Net present value dollars per child 2003

- Lower-risk families:
  - Cost: $7,271
  - Savings: $9,151
  - Increased participant income (net of welfare loss): $7,271
  - Savings to government: $41,419

- Higher-risk families:
  - Cost: $7,271
  - Savings: $41,419

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### Home Visit Overview

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<th>Personal Health</th>
<th>Maternal Role</th>
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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** $15.8 million for 2,792 clients
• **Medicaid** accounts for roughly 10%

• **MIECHV: Maternal Infant Early Childhood Home Visitation** through the Affordable Care Act $3.4 for 700 clients
Colorado Nurse-Family Partnership Sites FY 15-16

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CO NFP Outcomes

- **20,649** families served in Colorado since the program began
- **91%** 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
- **91%** of children received all recommended immunizations by 24 months
- **21%** reduction in smoking during pregnancy
- **30%** reduction in alcohol use during pregnancy
For More Information

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