Working Together to Ensure Healthier Families

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

- An evidence-based, community health program
- Transforming 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

Every dollar invested in Nurse-Family Partnership can yield up to five dollars in return.
"They always say babies don’t come with instruction manuals, but if there was one, the Nurse-Family Partnership would be it."

Andrea, Mom from Pennsylvania
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
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
**Trials of the Program**

Dr. Olds’ research & development of NFP continues today...

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

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

1994
Denver, CO
Participants: **735**
Population: **Large portion of Hispanics**
Studied: **Nurse and paraprofessionals**
Days Hospitalized for Injuries
Birth to age 2—Memphis

<table>
<thead>
<tr>
<th></th>
<th>Nonparticipants</th>
<th>Nurse-Family Partnership Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>0.02 0.04 0.06 0.08 0.10 0.12 0.14 0.16 0.18 0.20</td>
<td></td>
</tr>
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</table>

Source: JAMA, 1997, Vol. 278, 650, Copyright © 1997, American Medical Association. All rights reserved.

Months Between Births
Between first and second child (by first child’s fifth birthday)—Memphis

<table>
<thead>
<tr>
<th></th>
<th>Nonparticipants</th>
<th>Nurse-Family Partnership Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months</td>
<td>10 20 30</td>
<td></td>
</tr>
</tbody>
</table>

Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.
Monetary Benefits to Society

Monetary Savings

- **Lower-risk families**: $7,271
- **Higher-risk families**: $7,271

Net present value dollars per child 2003

- **Increased participant income** (net of welfare loss): $9,151
- **Reduction in tangible crime losses**
- **Savings to government**
- **Cost**: $41,419

Source: 2005 RAND Corporation Study

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Nurse-Family Partnership is Cost-Effective

• The RAND Corporation estimates Nurse-Family Partnership can return up to $5.70 for each $1 spent on the program.*

  Savings accrue to government from **decreased spending** on:
  - health care
  - criminal justice
  - child protection
  - mental health
  - education
  - public assistance
  And **increased taxes** paid by employed parents

• Nurse-Family Partnership returns more than $18,000 over and above program costs for each family enrolled.** (Washington State Institute for Public Policy 2008)

* RAND Corporation 1998, 2005; return for highest risk families
** Savings related to low birth weight, child injuries and immunizations not included
The National Service Office

- Prepares communities and agencies to implement Nurse-Family Partnership model with fidelity
- Educates nurse home visitors and nurse supervisors
- Provides ongoing clinical support
- Provides ongoing agency management and operations support
- Advocates for local political support and long-term resources
- Provides resources/training for marketing and community outreach
- Collects and evaluates data to ensure quality services and to guide quality improvement
Nurse-Family Partnership is a growing, national program

States that NFP serves: 40

Number of counties NFP is serving: 433

Tribal agencies are denoted by Band
Nurse-Family Partnership is Endorsed as a Model Program by

Coalition for Evidence-Based Policy
A Project Sponsored by

Washington State Institute for Public Policy

RAND Corporation

World Health Organization

National Governors Association

Promising Practices Network on Children, Families and Communities

The Brookings Institution

P ERPARTNERSHIP FOR AMERICA’S ECONOMIC SUCCESS

Office of Juvenile Justice & Delinquency Prevention

National Institute on Early Education Research

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The Southern Nevada Health District Nurse Family Partnership Program, the first nurse family partnership unit in the state of Nevada, opened its door to clients in September 2008. Research by the National Service Office of Nurse Family Partnership and our contract with the National Office requires us to limit each nurse’s caseload to twenty-five active clients. We currently have 104 actively enrolled clients. We have had a total of 200 children born into the program and we have served 375 clients. 57 clients have graduated from our program.

Clients must reside in specific target zip codes at enrollment: 89030, 89101, 89102, 89103, 89104, 89106, 89109, 89110, 89115, 89121, and 89169.
## Client Profile

<table>
<thead>
<tr>
<th>Profile Items</th>
<th>Southern Nevada Health District</th>
<th>National Average</th>
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</thead>
<tbody>
<tr>
<td>% under 19 years of age</td>
<td>59.3%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Median Age</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>35%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Married</td>
<td>14.3%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Primary Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>57.3%</td>
<td>85.6%</td>
</tr>
<tr>
<td>Spanish</td>
<td>42.4%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.3%</td>
<td>2.3%</td>
</tr>
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## Goals and Objectives

<table>
<thead>
<tr>
<th>Goals and Objectives</th>
<th>SNHD NFP</th>
<th>National NFP</th>
<th>NFP Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled by 16 weeks gestation</td>
<td>65.3%</td>
<td>45%</td>
<td>60 % or more</td>
</tr>
<tr>
<td>Enrolled by 28 weeks gestation</td>
<td>99.7%</td>
<td>93.9%</td>
<td>100%</td>
</tr>
<tr>
<td>Subsequent pregnancies (24 mos.)</td>
<td>32%</td>
<td>29.1%</td>
<td>25% ( or less)</td>
</tr>
<tr>
<td>Premature Birth</td>
<td>8.1%</td>
<td>9.7%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Low birth weight Baby</td>
<td>4.3%</td>
<td>9.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Initiated Breastfeeding</td>
<td>94.1%</td>
<td>78.9%</td>
<td>78%</td>
</tr>
<tr>
<td>Breastfeeding @ 6 months</td>
<td>27.1%</td>
<td>28.1%</td>
<td>50%</td>
</tr>
<tr>
<td>Infants Immunizations current @ 6 mos</td>
<td>94.1%</td>
<td>87.2%</td>
<td>90%</td>
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<tr>
<td>Immunizations current @ 12 Months</td>
<td>93.4%</td>
<td>86.1%</td>
<td>90%</td>
</tr>
<tr>
<td>Immunizations current @ 24 mos.</td>
<td>96%</td>
<td>91.2%</td>
<td>90%</td>
</tr>
</tbody>
</table>