

Nurse-Family Partnership

The Nurse-Family Partnership (NFP) initiative expands the capacity of the existing NFP program, a national home visitation model that seeks to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children through regular home visits.

<i>Agency</i>	<i>Start Date</i>	<i>Number Served per year</i>	<i>CEO Budget (City FY 08)</i>	<i>Total Budget (City FY 08)</i>
The Department of Health and Mental Hygiene	July 2003	901 (as of October 2007) 3,420 (2009)	\$0	\$9,283,213

Problem Statement

Children born into poverty are more likely to have had late or inadequate prenatal care, and face a higher risk of low birth-weight and infant mortality. Such risk factors, strongly correlated with poverty, make children susceptible to a host of problems that if not addressed early on will have negative consequences for cognitive, social, and adaptive functioning in later years.¹

Research and Evidence

The Nurse-Family Partnership is a national model that began in the early 1970s. Since its inception, it has undergone three separate clinical trials (randomized, controlled experiment studies) that have established the program's efficacy in terms of improving pregnancy outcomes, improving the health and development of children, and reducing incidences of child abuse. It currently serves clients in 23 states.²

The Nurse-Family Partnership National Service Office imposes stringent requirements on all NFP providers.³ Registered nurses (RNs) follow visit guidelines that focus on the mother's personal health, quality of care-giving, and life-course development of the child. Women voluntarily enroll as early in their pregnancy as possible, with nurse home visits beginning no later than the twenty-eighth week of pregnancy, and continuing through the first two years of the child's life.⁴ Implementing agencies are encouraged to strive toward the NFP objective of having 60% of clients enrolled by the sixteenth week of pregnancy and the remainder enrolled by the twenty-eighth week of pregnancy. Nurse home visitors involve the mother's support system including family members and friends, and they assist in assessing the need for other health and human services.

The effectiveness of the Nurse-Family Partnership model has been demonstrated in three clinical trials.⁵ The trials were conducted with populations in Elmira, New York (1978), Memphis, Tennessee (1990), and Denver, Colorado (1994). All three trials targeted first-time, low-income mothers. Follow-up research continues today, studying the long-term outcomes for mothers and children in the three trials.⁶ In an

independent evaluation, the RAND Corporation estimated the return on each dollar invested in NFP to be \$5.70 for the higher-risk population and \$2.88 for the entire population.⁷ These savings result from reductions in medical costs, education costs (related to developmental delays and learning disorders), social service spending (for public assistance, child abuse and neglect, and foster care), and criminal justice costs. Savings are also attributable to an increase in tax revenues due to increased employment and earnings of program participants.⁸ The total savings are likely significantly higher, as this estimate does not include savings attributable to reductions in subsequent pregnancies or preterm births.⁹

Program Description

In 2003, the Nurse-Family Partnership program began to serve 100 first-time mothers in New York City. As of October 2007, the program is serving 901 families. Registered nurses make an average of two visits per month during the pregnancy, and following the birth until the infant's second birthday. Each nurse carries a caseload of no more than 25 women at a time, and nurses working with higher risk populations, such as teens in foster care, women in homeless shelters, or jails, handle approximately 15 cases each.¹⁰ Nurse home visitors follow visit guidelines established by the NFP National Service Office, focusing on the mother's personal health, quality of care-giving, and life-course development of the child.

NFP also uses a data collection system designed specifically to record and report family characteristics, needs, services provided, and progress toward accomplishing program goals.

Target Population

The NFP program serves low-income first time mothers anytime up until their twenty-eighth week of pregnancy. The program is currently located in 5 sites throughout New York City; 9 additional sites are in the process of being established.

Expected Outcomes

Short-Term:

- Improve incidence of pregnancy-induced hypertension and pre-term delivery
- Decrease maternal smoking
- Reduce number of emergency department visits for children
- Decrease child neurological impairments and language delays
- Decrease subsequent pregnancies and increase time between births of first and second child
- Increase labor force participation among mothers and reduce welfare use

Long-Term:

- Reduce cases of child abuse and neglect
- Improve school-readiness for children
- Reduce the court-involvement of children and mothers

¹ CEO Report, 37.

² See the Nurse-Family Partnership, History and Recent growth, available at <http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=8&navID=8>.

³ See Nurse-Family Partnership, Overview, available at http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/NFPOverview.pdf

⁴ See Nurse-Family Partnership, FAQ, available at <http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=124&navID=105>.

⁵ See Coalition for Evidence-Based Policy, "Nurse-Family Partnership," available at <http://www.evidencebasedprograms.org/Default.aspx?tabid=35> (last visited July 31, 2007).

⁶ See Nurse-Family Partnership, Research Evidence, available at: <http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=4&navID=4>.

⁷ Karoly, Lynn A., M. Rebecca Kilburn, Jill S. Cannon. *Early Childhood Interventions: Proven Results, Future Promise*. Washington, D.C.: Rand Corporation, 2005.

⁸ *Ibid.*, Table. 4.3.

⁹ Nurse-Family Partnership, Overview, see note 4.