

Nurse-Family Partnership®

Location: Nation-wide
Date Submitted: 2008
Category: **Best Practice**

BACKGROUND

Many of the most pervasive, intractable, and costly problems faced by young children and parents in our society today are a consequence of adverse maternal health-related behaviors (such as cigarette smoking, drinking, and drug use) during pregnancy, dysfunctional infant care giving, and stressful environmental conditions that interfere with parental and family functioning. These problems often result in high infant mortality, preterm delivery and low birthweight, child abuse and neglect, childhood injuries, youth violence, closely spaced pregnancy, and thwarted economic self-sufficiency on the part of parents.

Nurse-Family Partnership (NFP)® is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research proves that communities benefit from this relationship – every dollar invested in NFP can yield more than five dollars in return.

A defining characteristic of the Nurse-Family Partnership is its focus on fidelity to the original model developed by Dr. David Olds and tested in the research trials.

PROGRAM OBJECTIVES

There are three specific goals of the program, which include:

- Improving Pregnancy Outcomes
- Improving Child Health and Development
- Improving parents' economic self-sufficiency

TITLE VMCH BLOCK GRANT MEASURES ADDRESSED

- #1:** Percent of women with a past year preventive visit.
- #5:** Percent of infants placed to sleep on their backs.
- #6:** Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool.
- #7:** Rate of injury-related hospital admissions per population ages 0 through 19 years.
- #14:** A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes.
- #15:** Percent of children 0 through 17 years who are adequately insured.

TARGET POPULATION SERVED

NFP is a national program that serves low-income, first time parents and their children. These women are often teens and usually unmarried. The client is encouraged to enroll as early in her pregnancy as possible, ideally by the 16th week, but no later than the 28th week.

NFP currently operates in 27 states. The program has served a total of 90,834 families since replication began in 1996. The program's business plan projects to increase enrollment to 100,000 per day by 2017.

PROGRAM ACTIVITIES

Built on a strong theoretical foundation, Nurse-Family Partnership is strengths-based, comprehensive and cost effective (Isaacs, 2007). Nurse-Family Partnership evolved out of three randomized, controlled trials led by Dr. David Olds. As the third trial was ending, there were requests to replicate the research model in the "real world."

Implementing agencies must adhere to a set of 18 standard Nurse-Family Partnership Model Elements that include:

- Enrolling first-time, low income mothers early in pregnancy
- Employing registered nurses who deliver home visits over 2.5 years
- Each full-time nurse home visitor carries a caseload of no more than 25 families
- Each full-time nursing supervisor provides reflective supervision to no more than 8 nurse home visitors
- Assuring that every nurse home visitor and supervisor are trained by and follow the home visit guidelines supplied by the Nurse-Family Partnership National Service Office; and participate in the ongoing consultation and quality improvement activities sponsored by the National Service Office

PROGRAM OUTCOMES/EVALUATION DATA

Randomized, controlled trials were conducted with three diverse populations beginning in Elmira, New York, 1977; in Memphis, Tennessee, 1988; and Denver, Colorado, 1994. All three trials demonstrated that this program improves pregnancy outcomes and improves the health and development of children, including reducing risks for early antisocial behavior and preventing problems associated with youth crime and delinquency, such as child abuse, maternal substance abuse and maternal criminal involvement. All studies have been published in well-known, peer-reviewed journals.

For low-income women and their children, the program has been successful in:

- Improving women's prenatal health-related behaviors (especially reducing cigarette smoking and improving diet)
- Reducing pregnancy complications, such as hypertensive disorders and kidney infections
- Reducing harm to children, as reflected in fewer cases of child abuse and neglect and injuries to children revealed in their medical records
- Improving women's own personal development, indicated by reductions in the rates of subsequent pregnancy, an increase in spacing between first and second born children, a reduction in welfare dependence, and reductions in behavioral problems due to substance abuse and in criminal behavior on the part of mothers who were unmarried and from low-income households at registration during pregnancy

PROGRAM COST

Nurse-Family Partnership typically costs \$4,500 per family per year with a range throughout the country of \$2,914 - \$6,463 per family per year. The cost of the program is determined largely by the local standard for community health nurses' salaries. A cost estimate for NFP implementation that can serve as a guide to local communities in procuring funds for NFP implementation is:

\$1,430,357, which represents the three year minimum cost to establish the program for 4 nurses with the capacity to serve 100 families.

ASSETS & CHALLENGES

Assets

- Increase focus on evidence base programs among policy makers
- Leadership at the local level and the support of child health advocates

Challenges

- Funding – consistently finding a way to sustain an evidence-based program over a period of years with leadership changes, funding stream variation
- Inability to document long-term outcomes locally in a short period of time can create challenges to sustainability

LESSONS LEARNED

- Broad-based community support and ongoing public relations efforts are a necessary and stabilizing investment that actually translates into better outcomes for families
- Providing adequate support to nurses serving the target population is essential

FUTURE STEPS

The Nurse-Family Partnership National Service Office has received funding from several major foundations to enable us to maintain the quality of local program implementations as we expand to serve more and more families nationwide.

COLLABORATIONS

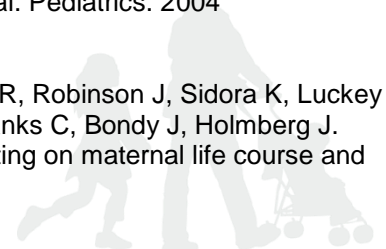
The Nurse-Family Partnership National Service Office contracts with agencies to provide program services at the community, city, county or state level. Implementing agencies are a range of public and nonprofit entities including state and county departments of public health, community-based health centers, visiting nurse associations, other non-profit health and human service agencies, and hospitals.

PEER REVIEW & REPLICATION

NFP peer has been in many peer reviewed journals including:

Olds DL, Robinson J, Pettitt L, Luckey DW, Holmberg J, Ng RK, Isacks K, Sheff K, Henderson CR Jr. Effects of home visits by paraprofessionals and by nurses: age 4 follow-up results of a randomized trial. *Pediatrics*. 2004 Dec;114(6):1560-8.

Olds DL, Kitzman H, Cole R, Robinson J, Sidora K, Luckey DW, Henderson CR Jr, Hanks C, Bondy J, Holmberg J. Effects of nurse home-visiting on maternal life course and



child development: age 6 follow-up results of a randomized trial. Pediatrics. 2004 Dec;114(6):1550-9

The program continues to be replicated in approximately 350 counties in 27 states. The population served remains first-time, low-income mothers and their children

RESOURCES PROVIDED

For more information, visit

<http://www.nursefamilypartnership.org/>.

Key words: Home Visiting, Infant Mortality, Low Birthweight, Smoking Cessation, Maternal Health, Peer Reviewed, Evaluation

*****For more information about programs included in AMCHP's Innovation Station database, contact bp@amchp.org. Please be sure to include the title of the program in the subject heading of your email*****

