
Best Practice Fact Sheet – Strengthening Families

NURSE FAMILY PARTNERSHIPS (NFP) - Nationwide

Program

Description: Nurse-Family Partnership (NFP) is an evidence-based community healthcare program that empowers low-income, first-time mothers to become confident parents and strong women by partnering them with trained nurse home visitors. Enrollment and home visits begins no later than the 28th week of pregnancy and continues until the child turns two years old. The program was developed by David Olds and colleagues in Elmira, New York over 30 years ago. There are 10 NFP sites in Washington State.

Target Population: Low-income, first-time mothers

Goals:

- Improve preventive health and prenatal practices.
- Improve diet and reduce use of cigarettes, alcohol and illegal substances.
- Improve child health and development.
- Improve economic self-sufficiency by helping parents develop a plan for their own future

Caseload Data: NFP served 20,000 families nationwide in 2006. There are currently over 100 sites in 26 states. They plan to scale up services nationwide to serve 100,000 families by 2017.

Cost: According to Congressional Service Research study, cost nationwide is \$2,914-\$6,463 per family on average. The Department of Health estimates it costs \$ 5,000 per family per year in Washington. Funding for all Washington sites vary. General sources include:

- Medicaid-NFP can bill for First Steps service for qualified recipients
- State general-the Council for Children and Families grant process for evidence-based home visiting programs
- Other federal, state and local grants
- Private and non-profit foundations

Evidence: NFP has been tested through multiple randomized controlled trials. It is the best known home-visiting program nationwide.

Assessment: Nurse home visitors use specific assessment tools to monitor child-parent interactions and infant/toddler development at selected intervals and provide follow-up guidance to parents as needed.

Operating in Washington:

There are 10 sites in Washington including Clark and Klickitat, Jefferson and Mason, King (Kent and White Center), Pierce, Skagit, Snohomish, Spokane, Thurston, and Yakima. These sites are run by the local health jurisdictions.

In Thurston County, Maternal & Child Health (MCH) Public Health Nurses offer preventative health services through First Steps Maternity Support and Infant Case Management using NFP program guidelines.

Services overview:

- An NFP agency must be located in the community and have a long-term community advisory board that meets at least quarterly.
- Nurse home visitors and nurse supervisors must complete core educational sessions required by the NFP National Service Office and deliver the intervention with fidelity to the NFP model. They receive over 60 hours of instruction within 12 to 16 months.
- There is one nurse to each first-time mother. A nurse has no more than 25 active clients at a time.
- Nurse supervisors provide supervision and work with no more than 8 nurse home visitors at a time.
- There are 64 planned home visits over a two-and-a-half year period (throughout the mother's pregnancy and the first 2 years of her child's life).
- Prior to the child's birth, nurse home visitors try to improve the baby's health outcome by addressing the parent's issues such as smoking and substance abuse, best practices in nutrition and exercise, preparation for childbirth, basics of newborn care, and referrals to other services as needed.
- After the child's birth, nurse home visitors work to improve the child's health and development by: (1) conducting parent education on infant/toddler nutrition, health, growth and development, and environmental safety; (2) modeling activities to promote sensitive parent-child interactions; (3) using specific assessment tools to monitor child-parent interactions and infant/toddler development and provide follow-up guidance to parents as needed; (4) providing guidance in cultivating social support networks and assessing safety of potential/actual child care arrangements; (5) promoting adequate use of preventative/well-child care; (6) working with parents on realistic goal-setting exercises to facilitate decision-making about the future, including strategies to achieve education and work goals and (7) continuing to provide referrals to other services as needed.
- Nurse home visitors and nurse supervisors collect data as specified by the NFP National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.

Eligibility: The client must: (1) be a first-time mother; (2) low-income (most sites in Washington require Medicaid eligible or below 185% FPL); (3) within the first 28 weeks of pregnancy at time of enrollment; and (4) voluntarily participate in a local NFP.

Nurse home visitors must be registered nurses with a minimum of a baccalaureate degree in nursing.

Findings:

- According to researchers Kimberly Howard, and Jeanne Brooks-Gunn, NFP is the most well developed home-visiting program in the United States.
 - This model of partnering nurses and first-time moms has more than 30 years of research from randomized, controlled trials that prove it works.
 - NFP improves pregnancy outcomes, child health and development, education and family economic self-sufficiency, while reducing child maltreatment and injuries, juvenile delinquency, crime and welfare dependency
- In WA State, as of September 2009:
 - 91% of babies were born full-term;
 - 93% were born at a healthy weight - at or above 2500g (5.5 lbs);
 - 24% reduction in smoking during pregnancy;
 - 39% of mothers who completed the program and who did not have a diploma/GED at intake earned their diploma/GED;
 - 22% continue to work toward a diploma/GED; and

- 94% of mothers initiated breastfeeding

Implications for Policymakers and Program Developers to Consider:

- Fidelity to the model elements is the key to local success. According to Kimberly Howard and Jeanne Brooks-Gunn in their article on home visits in “The Future of Children” November 5, 2009, if home-visiting programs are to have maximum impact, service providers must carefully follow the guidelines mandated by the respective programs, use professional staff whose credentials are consistent with program goals, intervene prenatally with at-risk populations, and carry out the programs with fidelity to their theoretical models.
- Cost-benefit analysis. Although few analyses have been conducted on home-visiting programs, some interesting findings have emerged.
 - NFP site in Elmira has been evaluated on two separate occasions, originally by Lynn Karoly and colleagues at RAND and again by Steve Aos at the Washington State Institute for Public Policy.
 - In both analyses, benefits tended to outweigh costs. Savings were primarily in four areas: increased tax revenues associated with maternal employment, lower use of public welfare assistance, reduced spending for health and other services, and decreased criminal justice system involvement.
 - The RAND study shows for the higher-risk group in Elmira, each dollar invested yielded \$5.70 in savings. For the lower-risk group, the saving was \$1.26 per dollar invested.
 - The Aos evaluation also assessed the costs and benefits as reported in a meta-analysis of home-visiting programs and found an average of \$2.24 saved for each dollar invested in home-visiting programs.

Resources:

- www.nursefamilypartnership.org
- Washington Department of Health Home Visit Needs Assessment, <http://www.doh.wa.gov/cfh/hvna/needassessdraft/default.htm>

Sources on Home Visits:

- Child Trends, “What Works for Home Visiting Programs,” 7/27/2010 www.childtrends.org;
- California Evidence-Based Clearinghouse for Child Welfare, www.cebc4cw.org/search/topical-area/18;
- Literature reviews and meta-analyses by Sweet, M.A. and Applebaum, M.I. (*Home Visiting Best Practices: A Review of the Literature, May 2007* - www.birth-beyond.com/ and Deanna Gomby (*Home Visitation in 2005: Outcomes for Children and Parents* – www.ced.org/projects/kids.shtml/#new)
- Kimberly S. Howard and Jeanne Brooks-Gunn in “The Future of Children” latest issue; (Journal Issue: Preventing Child Maltreatment Volume 19 Number 2 Fall 2009) <http://futureofchildren.org/futureofchildren/publications/journals/article/index.xml?journalid=71&articleid=514>
- Congressional Research Service report Home Visitation for Families with Young Children by Karen E. Lynch & Emilie Stoltzfus, 10/23/2009 www.preventchildabusesb.org/CRSHomeVisitReportOct2009.pdf