



Working Together to Ensure Healthier Families

Nurse-Family Partnership Overview

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 selfsufficiency

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

Studied: Urban area

1994

Denver, CO

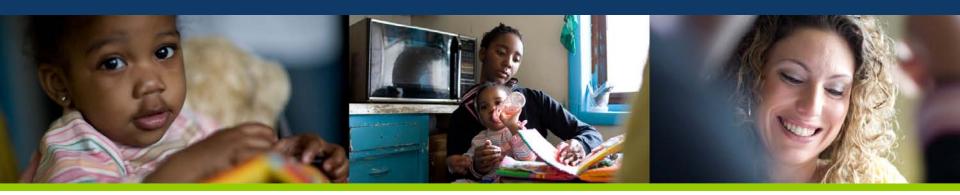
Participants: 735

Population: Low-income blacks Population: Large portion of Hispanics

Studied: Nurse and paraprofessionals

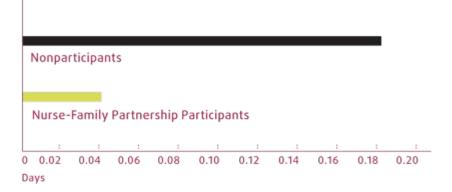


Research 7



Days Hospitalized for Injuries

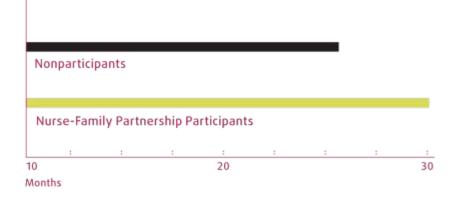
Birth to age 2—Memphis



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

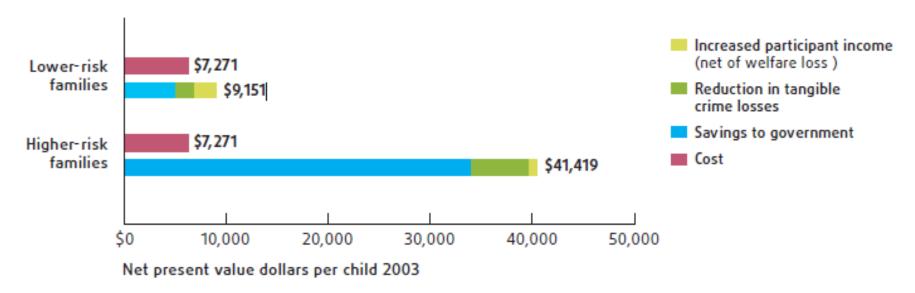


Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.





Monetary Savings



Source: 2005 RAND Corporation Study





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)

^{**} Savings related to low birth weight, child injuries and immunizations not included



^{*} RAND Corporation 1998, 2005; return for highest risk families

How It Works



The National Service Office

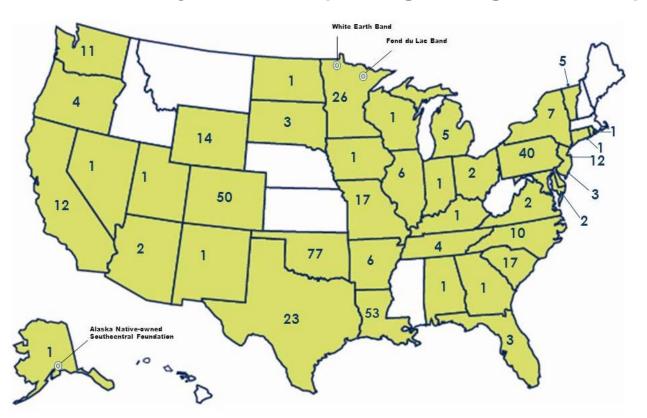
- Prepares communities and agencies to implement Nurse-Family Partnership model with fidelity
- Educates nurse home visitors and nurse supervisors
- Provides ongoing clinical support
- Provides ongoing agency management and operations support
- Advocates for local political support and long-term resources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



Where we work



Nurse-Family Partnership is a growing, national program



States that NFP serves

Number of counties NFP is serving

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

World Health **Organization**















Office of Juvenile Justice & Delinquency **Prevention**



Partnership for America's ECONOMIC SUCCESS



National Institute on Early Education Research



NURSE FAMILY PARTNERSHIP October 25, 2012

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

Profile Items	Southern Nevada Health District	National Average
% under 19 years of age	59.3 %	56.6%
Median Age	19	19
High school diploma or GED	35%	50.6%
Married	14.3%	16.1%
Primary Language		
English	57.3%	85.6%
Spanish	42.4%	12.1%
Other	0.3%	2.3%

Goals and Objectives

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



