

North Carolina Nurse-Family Partnership: Evidence-Based Nurse Home Visitation Program and Health Care Reform

PHILANTHROPY
PROFILE

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For the last several years, there has been discussion in Congress about how to fund evidence-based home visitation programs that focus on proven results and improve quality and access for mothers and babies. Home visitation programs have been developed and implemented over the years, but as the new health care reform legislation was debated, one program, called Nurse-Family Partnership (NFP), was used as the benchmark to guide the design and expectations for programs.

NFP is a nationally recognized, evidence-based, nurse home visitation program that was developed by David Olds, PhD, a pediatrician and professor of pediatrics, psychiatry, and preventive medicine at the University of Colorado Denver. The program targets low-income, first-time mothers and pairs them with registered nurses who work with the mothers until their child's second birthday. Randomized controlled trials of the program were conducted with three diverse populations in Elmira, New York in 1977; Memphis, Tennessee in 1988; and Denver, Colorado in 1994, and they confirmed the efficacy of the approach.

The success of this model program led to a provision in the Patient Protection and Affordable Care Act (H.R. 3590) that provides \$1.5 billion over five years in funds that can be used to expand evidence-based home visitation programs. This funding, provided as grants, will be distributed to selected states in October 2010 with the purpose of reaching set outcomes, including improved maternal and child health,

development, education, and economic self-sufficiency.

The inclusion of this appropriation in the federal legislation was the result of strong advocacy by a broad coalition of groups who support funding for evidence-based home visitation programs. The strength of NFP has allowed both sides of the political spectrum to agree on the positive impact the program has on participants and on the economic self-sufficiency for families and communities.

States are eager to understand how this funding for home visitation programs will be distributed. The more than 30 states that have NFP in place, including North Carolina, are well-positioned to receive a portion of this grant funding.

North Carolina and the NFP Program

In 2007, The Duke Endowment, Kate B. Reynolds Charitable Trust, Prevent Child Abuse North Carolina, North Carolina Partnership for Children, Inc., and the North Carolina Department of Health and Human Services joined, with support from the NFP National Service Office, to create a public-private partnership dedicated to expanding NFP to communities throughout North Carolina.

The first NFP site was introduced to the state during 2000 in Guilford County and will celebrate its 10-year anniversary this year. North Carolina NFP recognized the program as a model that could be successfully implemented. By 2008, the partnership announced the expansion of NFP in North Carolina to five new sites that serve a total of

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seven counties: Cleveland, McDowell, Mecklenburg, Polk, Robeson, Rutherford, and Wake.

Following the successful launch of these five new sites, the partnership was joined in early 2009 by a new funding partner, the Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation. The BCBSNC Foundation provided funding support for a seventh NFP site, located in Pitt County. The eighth NFP site was announced by the partnership in Buncombe County in September 2009. With the addition of the Buncombe County site, NFP now serves families in 10 of North Carolina's 100 counties.

North Carolina learned in early 2010 that it had been selected as one of four states to partner with the Pew Center on the States in its national campaign to promote investments in high quality home-based programs for new and expectant families. Our state was selected because of the commitment and support for NFP by the partner organizations involved, including Prevent Child Abuse North Carolina, which was chosen by the Pew to be the lead agency in bringing together a strong, collaborative proposal and in administering the grant.

North Carolina sites launched since 2008 have enrolled more than 500 mothers, welcomed more than 300 babies, and conducted more than 1,000 site visits. While still in their early stages, these sites are reporting outcomes on par with the positive results seen in the controlled trials.

There is solid support for NFP in North Carolina and strong leadership in place to lead the state forward. Efforts continue on behalf of all the partners to sustain NFP in the current eight sites and to identify opportunities to expand the program into additional North Carolina counties. Through this work at the North Carolina NFP sites, the state is poised to receive a share of this \$1.5 billion in federal funding.

The Beginning

Dr. David Olds created Nurse-Family Partnership in 1977 after seeing first-hand the risks and challenges low-income children face during their day-to-day lives. Olds worked during the 1970s in an inner-city daycare center in Baltimore and used this experience to guide him as he formed NFP.

While working with these low-income children, Olds began to understand and formulate what would become the foundation of NFP. He recognized that the children he was interacting with would benefit if there was more support in the home much earlier in their lives, even before birth. This concern for earlier intervention and support led Olds to create NFP.

Olds worked to develop and build the program. He proceeded to test the program in randomized controlled trials. Results from the trials showed that the program improved pregnancy outcomes, improved the health and development of children, and helped parents create a positive life course for themselves, including becoming economically self-sufficient.¹

Following the successful results of the three randomized controlled trials, Olds felt the program was ready to be introduced to local communities for implementation. After starting the program in several communities across the country, NFP thrived and expanded. Today there are NFP sites located in more than 30 states.

Today, Dr. Olds continues his work at the University of Colorado at Denver by studying the positive impacts of NFP and designing ways to strengthen the program.

How Nurse-Family Partnership Works

NFP is a voluntary program that pairs mothers early in pregnancy with a registered nurse, and together the mother and nurse begin home visits that last through the child's second birthday. Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits resume to weekly for the next six weeks after the baby is born, to help the mother transition into her new role, and then decrease to every other week until the child is 21 months old. The last three visits are monthly until the child is two years old.

Through this process, the nurses and agencies implementing the program work with the enrolled mothers to achieve three goals:

- Improving pregnancy outcomes by helping women engage in good preventive health practices, including receiving prenatal care from their health care providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances.
- Improving child health and development by helping parents provide responsible and competent care.
- Improving the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.²

The emphasis of this program focuses on the relationship between the nurse and mother. This relationship forms the backbone of NFP and is the key component for the program's success. Nurses work closely with the mothers to build trusting relationships, something many of these mothers do not have in their lives. A relationship built on trust between the nurses and mothers helps empower mothers to create a better life for their children and families.

The program is also designed to incorporate the father and other members of the family. Nurses work with both mothers and fathers to teach parenting skills that will help them raise healthy babies. The proven outcomes of NFP emphasize the importance of the interaction between the nurse and mother, the involvement of the father and other members of the family, as well as the lessons learned during the home visitations sessions, as well as the lessons learned during the home visitation sessions.

Positive Results

Three randomized controlled trials were conducted to study the effects of the NFP model on maternal and child health and development by comparing the short- and long-term outcomes of mothers and children enrolled in the NFP program to those of mothers and children not participating in the program (the control group).³

Positive outcomes generated through this research include:

- Reductions in cigarette smoking during pregnancy.
- Increased employment in the workforce by NFP mothers.
- Increases in the number of high school graduates for those that enter the program with no degree or GED.
- Reductions in children's health care encounters for injuries.
- Increases in children's school readiness.

More specific outcomes generated through the trials include:³

Improved Pregnancy Outcomes

- Improvement in women's prenatal health: 79% reduction in preterm delivery for women who smoke and reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births.

Improved Child Health and Development

- Reduction in criminal activity: 59% reduction in child arrests at age 15.
- Reduction in injuries: 39% fewer injuries among children; 56% reduction in emergency room visits for accidents and poisonings; 48% reduction in child abuse and neglect.
- Increase in children's school readiness: 50% reduction in language delays of children age 21 months; 67% reduction in behavioral/intellectual problems at age six.

Increased Economic Self-Sufficiency

- Fewer unintended subsequent pregnancies: 32% fewer subsequent pregnancies.
- Increase in labor force participation by the mother: 83% increase by the child's fourth birthday.
- Reduction in welfare use: 20% reduction in months on public assistance.
- Increase in father involvement: 46% increase in father's presence in household.
- Reduction in criminal activity: 60% fewer arrests of the mother; 72% fewer convictions of the mother.

Cost Benefit

In addition to the randomized controlled trials, several cost benefit analyses have shown positive results from NFP.

A 2005 RAND Corporation analysis found a net benefit to society of \$34,148 (in 2003 dollars) per family served, with the bulk of the savings accruing to government. This equates to a \$5.70 return for every dollar invested in NFP. The analysis also found that for the higher-risk families participating in the first trial in Elmira, New York, the community recovered the costs of the program by the time the child reached age four, with additional savings accruing throughout the lives of both mother and child.⁴

In a 2004 study by the Washington State Institute for Public Policy, NFP ranked highest in terms of cost return among pre-kindergarten, child welfare, youth development, mentoring, youth substance prevention, and teen pregnancy prevention programs at \$2.88 benefit per dollar of cost.⁴

What Does Health Care Reform Legislation Mean for Nurse-Family Partnership?

As a result of the new legislation and the mandatory funding to support home visitation programs, services will be expanded to help meet the maternal child care needs of vulnerable families across the country.

It is anticipated that the Health Resources and Services Administration (HRSA) will be the designated lead federal agency for the new Home Visiting Program and will collaborate with the Administration for Children and Families. States will be given the opportunity to apply for grants through the legislation to help implement evidence-based home visitation models that improve maternal and child health, development, education, and economic self-sufficiency, among other outcomes.⁵

The application process for these grants will set outcomes or benchmarks that must be met, including measurable improvements in health, educational, and economic disparities that are often factors that hinder vulnerable parents and their children from succeeding. States like North Carolina that have existing NFP programs are naturally well-positioned to secure federal grant funding to sustain and expand their programs.

The availability of the new federal funds would strengthen current NFP sites in North Carolina and provide the opportunity to expand the program to other communities across the state.

Moving Forward

NFP is a proven, tested program. The partnership supporting NFP in North Carolina recognizes this and continues to work on building the program and positioning it as a strong, viable home visitation program in North Carolina. The support provided by the partnership and the existing work happening at each of the state's NFP sites helps prepare the state as the federal grant money becomes available for home visitation programs.

The leadership and vision is in place, the program is proven, and the need exists throughout the state for the benefits a program like NFP can provide. **NCMJ**

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