Nurse Family Partnership

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Nurse Family Partnership (NFP) is a voluntary evidenced-based community health program that provides ongoing home visits (from pregnancy through age 2 of the child) from a registered nurse to low-income, first time mothers to provide the care and support they need to have a healthy pregnancy, be a responsible and caring parent, and to become more economically self-sufficient. A nurse visits the women approximately weekly and bi-monthly during their pregnancy and after birth, and then monthly visits during the first two years of their children's lives. The program is a two-generation intervention and improves outcomes for both the mother and the child. NFP produces very strong outcomes for very high risk, low-income populations.

Economic analyses performed by the Washington State Institute for Public Policy, the Brookings Institute and the Rand Corporation determined that NFP provides a return on investment for taxpayers of $2.37 to $5.70 (high-risk population) per $1 invested in the program.

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Proven Outcomes

National outcomes associated with NFP, verified through independently evaluated randomized controlled trials, include long term family improvements in health, child welfare, education and self-sufficiency. When brought to scale, NFP can achieve:

- 23% reduction in smoking during pregnancy
- 26% reduction in pregnancy-induced hypertension
- 18% reduction in first pre-term births
- 58% reduction in infant deaths
- 30% reduction in second teen births
- 37% reduction in childhood injuries treated in emergency departments up to age 2
- 30% reduction in child maltreatment
- 38% reduction in language delay of the child by age 2
- 45% reduction in crimes and arrests, ages 11-17
- 51% reduction in alcohol, tobacco and marijuana use, ages 12-15
- 15% reduction in TANF and Food Stamp payments
- 9% reduction in Medicaid costs through age 1

Locally, Salt Lake County has a small NFP program. In 2012, 10.68% of the comparable Medicaid clients had a preterm delivery, compared to 7.5% of NFP clients, a reduction in incidence of 30%. Preterm babies require expensive medical services and a 30% reduction in incidence results in significant cost savings to Medicaid. In addition, the following outcomes for the mother have been documented in Salt Lake County:

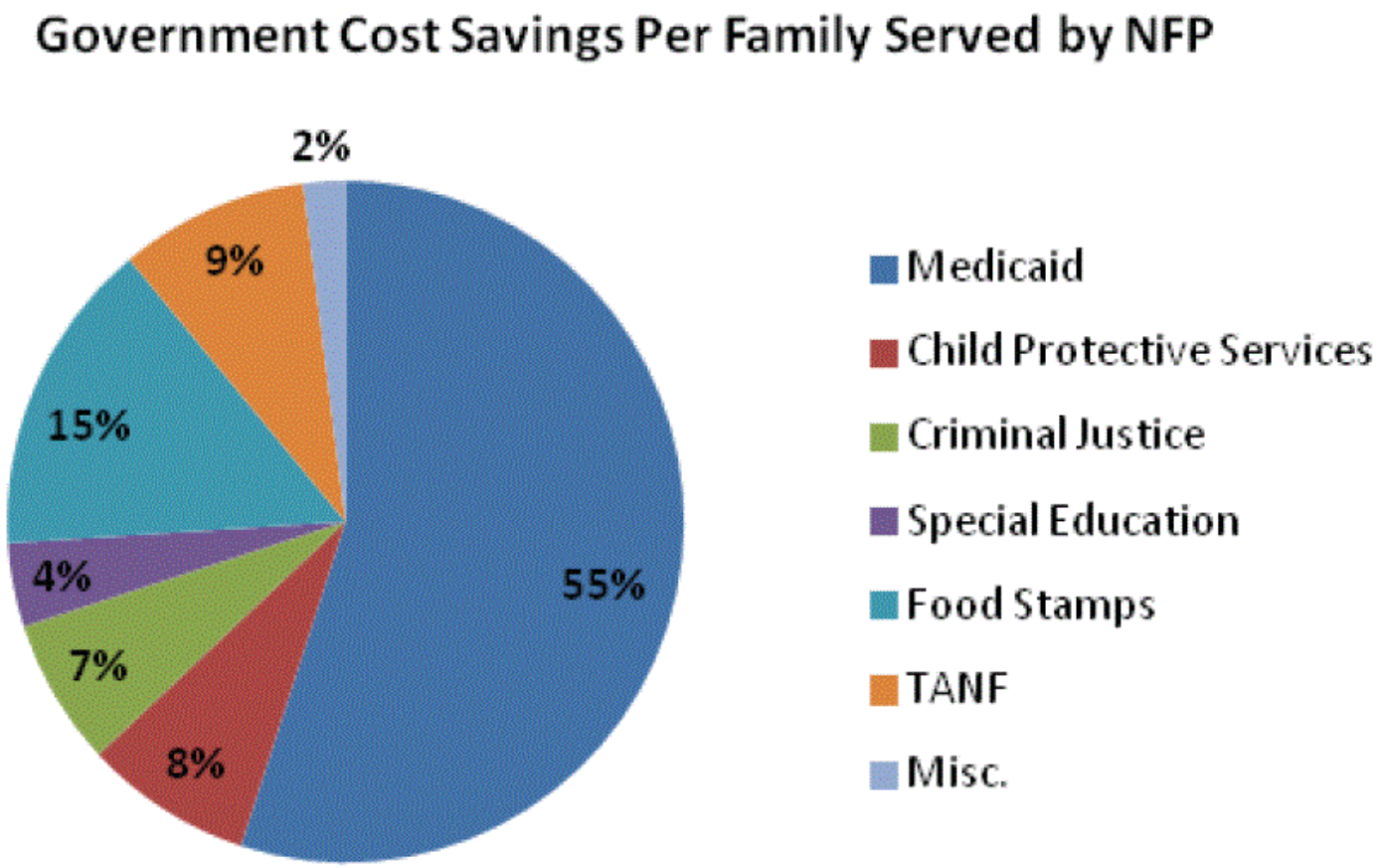
- 52.5% increase in employment of clients younger than 18 after starting the program
- 18.9% increase in employment of clients 18 and older after starting the program
- 40% decrease in maternal smoking
- 50% reduction in reported incidence of domestic violence during pregnancy

Government Cost Savings and Avoidance

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The outcomes listed above produce significant cost savings in Medicaid, Criminal Justice, Child Welfare, Food Stamps and TANF. Based on national data, Medicaid is the largest recipient of cost savings per family served (55% of cost savings accrue to Medicaid).



Nurse Family Partnership in Utah

The Office of Home Visiting in the Utah Department of Health received $1,097,713 in federal funding through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program for Fiscal Year 2013. Of that, $300,000 was allocated to Nurse Family Partnership to serve 75 families in Salt Lake County (the remaining $700,000 was allocated to Parents as Teachers (PAT) - a home-visiting school readiness program). The average cost per family per year for NFP is $4,000. In 2012 (the most

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recent data available), 4,867 mothers were eligible for NFP statewide. Based on this, an investment of $19,468,000 would be necessary to serve all eligible families.

Recommendation

Voices for Utah Children recommends an ongoing state appropriation of $2,000,000 per year for Nurse Family Partnership, to serve 500 high risk, low-income first time mother statewide. To date, 21 states have appropriated state funds for NFP and/or home visitation.

More Information

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