Scaling the Nurse-Family Partnership

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NURSE FAMILY PARTNERSHIP

• Prenatal and infancy home visiting by nurses

• Focused on low-income mothers with no previous live births

• Activates and supports parents’ instincts to protect their children

• Clarity in goals, objectives, and methods
NURSE FAMILY PARTNERSHIP’S THREE GOALS

1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve parents’ health and economic self-sufficiency
TRIALS OF PROGRAM

Elmira, NY
1977

- Low-income whites
- Semi-rural

N = 400

Memphis, TN
1987

- Low-income blacks
- Urban

N = 1,138 and N=743

Denver, CO
1994

- Large portion of Latino families
- Nurse versus paraprofessional visitors

N = 735
CONSISTENT RESULTS ACROSS TRIALS

- Improvements in prenatal health
- Reductions in children’s injuries
- Improvements in children’s language development and school readiness (those born to low resource mothers)
- Reductions in children’s behavioral problems
- Reductions in children’s depression
- Reductions in children’s substance use
- Reductions in maternal behavioral impairment due to substance use
- Increased inter-birth intervals
- Increased maternal employment
- Reductions in welfare & food stamp use
Indicated Cases of Child Abuse and Neglect 0 to 15 Years - Elmira

*P= .03

JAMA, 1997;278:637-643
Number of Life-Time Arrests
Elmira Youth - Age 19

Comparison
Nurse

P = .02, IR = 0.49

Arch Pediatr Adolesc Med 164(1) 9-15
Pattern of Denver Program Effects

Maternal and Child Functioning

Comparison  Para  Nurse
Nurse Family Partnership produced large return on investment:

- Implementation costs  $9,600
- Benefits  $22,781
- Return on investment  $13,181
Coalition for Evidence-Based Policy

- Committed to reducing waste by identifying interventions that meet high evidentiary standards

- NFP only early childhood program that meets “Top Tier” status

- “Top Tier” interventions
  - Well designed and conducted randomized controlled trials
  - Replicated findings
  - Community settings
  - Sizable and sustained effects
  - Outcomes of clear public health, educational or social significance
Nurturing Community, Organizational, and State Development

Education and Consultation

Program Guidelines

Information System

Assessing Program Performance

Continuous Improvement

These supports are crucial for successful implementation
Sources of Funding

- State and local dollars (TANF, Medicaid, Tobacco Settlement, General Funds)
- MIECHV – Affordable Care Act - 2009
  - $8.6B in Administration’s Budget Blueprint – 10 years
  - Designed to serve all Medicaid population after 10 years
  - Congress allocated $1.5B over 5 years - runs out at end of 2014
  - Changed evidentiary standards to include more programs
  - Many additional reporting requirements
  - Additional trials (MIHOPE and Strong Start) - MDRC
  - Evidence is used by government to inform policy and practice, but links are tenuous
  - Current proposal - $15B over 10 years – tobacco tax
- Social Impact Bonds – NYS and SC
Nurse-Family Partnership is a growing, national program

- 43 States that NFP serves
- 529 Number of counties NFP is serving

Tribal agencies are denoted by Band

Map does not include program in U.S. Virgin Islands
International Replication

- No presumptions
- Adaptation
- Pre-test and small-scale trial
- Larger trial
- Faithful replication of adapted program
- International work:
  - UK – England, Scotland, Northern Ireland
  - Australia – aboriginal families
  - Netherlands
  - Canada – ON and BC
  - American Indians & Alaskan Natives
Model Development

Original Trials
- Trial 1
- Trial 2
- Trial 3

Articulate Essential Model Elements

Develop/Test Model Innovations

Studies of Implementation Process

International Replication
- Adapt and Test Original Model

US Community Replication
- Community Preparation
- Ed/Coaching of Nurses
- Performance Monitoring
- Continuous Quality Improvement
Research Focused on Improving Program Model and Implementation

• Participant retention and completed home visits

• Intimate partner violence

• New method to observe & promote caregiver-child interaction

• Maternal depression and anxiety

• Development of STAR (Strength and Risk) framework to guide program implementation