



STATE PROFILE 2012



NURSE-FAMILY PARTNERSHIP IN ILLINOIS

Nurse-Family Partnership (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research proves that communities benefit from this relationship — every dollar invested in Nurse-Family Partnership can yield up to five dollars in return.

NURSE-FAMILY PARTNERSHIP GOALS

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve 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.

Positive Outcomes for Clients Served by Illinois' Nurse-Family Partnership

92% of babies were born full term and 93% were born at a healthy weight - at or above 2500 g (5.5 lbs)

68% reduction in domestic violence during pregnancy

80% of mothers initiated breastfeeding

94% of children received all recommended immunizations by 24 months

CLIENT DEMOGRAPHICS

At intake

Median age: 17

91% Unmarried

82% Medicaid recipients

Cumulative data as of Sept. 30, 2011

Race

55% White

29% Declined to self-identify/No response

13% Black or African American

1% Multi-racial

1% American Indian/Alaska Native

1% Asian

Ethnicity

47% Hispanic/Latina

36% Non-Hispanic/Latina

17% Declined to self-identify/No response

Data Oct. 1, 2010 - Sept. 30, 2011.

All data is client self-identified.



In Illinois, Nurse-Family Partnership serves clients in DuPage, Jefferson, Kane, Lake and Marion counties and in South Chicago.

IMPLEMENTING AGENCY CONTEXT

In 2000 Illinois began exploring evidence-based programs for nurse home visitation. The result of this was the implementation of Nurse-Family Partnership programs in upstate and downstate Illinois.

FUNDING CONTEXT

The Kane Kares Nurse-Family Partnership is funded locally by the Kane County Board via the Riverboat Fund. Since 2000, the Kane County Board has provided strong and sustained support. Additionally, Kane Kares has been supported by funds from the Illinois Department of Human Services and the Illinois State Board of Education for the past five years.

The Best Beginnings/Nurse-Family Partnership Program is funded by the Ounce of Prevention Fund through a variety of funding streams. The Ounce of Prevention Fund utilizes funds from state and federal sources, the Illinois State Board of Education, Illinois Department of Human Services, foundations, philanthropists, and other organizations. This NFP program also benefits from donations to the United Methodist Children's Home from individuals, churches, organizations and fund raising activities.

PUBLIC HEALTH PROGRAM WITH POSITIVE, MEASURABLE OUTCOMES

Nurse-Family Partnership is a rare community health program that has been documented to achieve lasting significant effects through multiple, well-designed randomized, controlled trials. Positive outcomes from over 30 years of

longitudinal studies suggest that if our clients – low-income, first-time mothers – follow the program and work with their nurse they can transform their lives and the lives of their children.

NATIONAL RECOGNITION

- The Washington State Institute for Public Policy and The RAND Corporation estimate that investments in Nurse-Family Partnership can lead to significant returns to society and government. Every dollar invested in the program can yield a return of \$3.23, and up to five dollars in return for the highest risk families served.
- In a August 2011 report, the non-profit, non-partisan Coalition for Evidence-Based Policy rated the eight models available to states through the new Maternal, Infant, and Early Childhood Home Visiting Program grant. Nurse-Family Partnership was the only model ranked as having a “strong” level of confidence that it will produce meaningful improvements for society.



- According to a 2009 analysis conducted by the Pacific Institute for Research and Evaluation (PIRE), when Medicaid pays for Nurse-Family Partnership services, the federal government saves more than it spends on the program costs. Using data from the 1990 NFP Memphis trial, PIRE noted that Nurse-Family Partnership services resulted in a decrease in the number of women and children enrolled in Medicaid and Food Stamps programs as the nurse-visited families gained academic and employment skills to become economically self-sufficient. Federal savings were estimated at 154% of costs, yielding a net 54% return on the federal investment.

ESTABLISHED: 2000
FAMILIES SERVED: 1,110



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