



Port Arthur Health Department

Serving Chambers, Hardin, Jefferson and Orange

NURSE-FAMILY PARTNERSHIP IN OUR COMMUNITY

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 more than 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 NFP Clients in our Community

Serving 125 Families

- 88%** of babies were born full term
- 77.3** of mothers initiated breastfeeding
- 88%** of babies were born at a healthy weight — at or above 2500 g (5.5lbs)
- 86.8** of children who were current with immunizations at six months

CLIENT DEMOGRAPHICS At Intake

- Median Age: 19
- 89.9% Unmarried
- 66.7% Medicaid recipients
- .8% TANF recipients
- 24.2% Hispanic
- 40.6% African-American
- 31.3% Non-Hispanic White
- 2.3 Multiracial/other
- .8% Asian
- .8% Native-American

Data Current as of September, 2010

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COST-BENEFIT STUDIES

A new study by the Pacific Institute for Research and Evaluation shows estimated benefits of implementing NFP. The study estimates that when NFP serves a family in Texas, state and local governments in Texas save an average of \$3,270 by the child's fifth birthday.

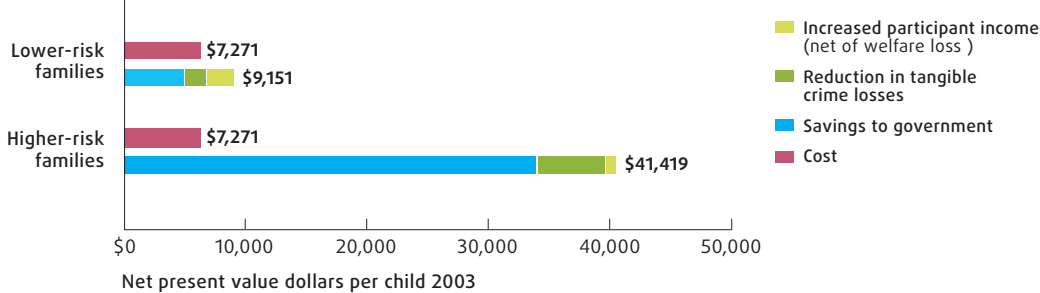
While the preceding analysis shows a positive return on investment to the state of Texas by child age 5, the

following RAND Corporation analysis illustrates that the larger benefits accrue over the life of the child. The 2005 **RAND Corporation** analysis found a net benefit to society of \$34,148 (in 2003 dollars) per higher-risk family served, with the bulk of the savings accruing to government, equating to a \$5.70 return for every dollar invested in Nurse-Family Partnership (see graph). 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.

Category of Savings/ Age of Child	Prenatal	0-11 Mos	12-23 Mos	24-35 Mos	36-47 Mos	48-59 Mos	Total
Increased Tax Revenue	\$17	\$60	\$65	\$82	\$74	\$102	\$400
Reduced TANF Payments		20	43	31	80	30	\$204
Increased Medicaid Graduation		218	120	101	145	123	\$707
Lower costs if on Medicaid		396	254	128	128	128	\$1,034
Fewer 2nd Babies on Medicaid			420	100	100	100	\$720
Less Child Care, 2nd Births			10	10	10	10	\$40
Less Child Abuse		33	33	33	33	33	\$165
Total Savings	\$17	\$727	\$945	\$485	\$570	\$526	\$3,270

Source: 2011 Ted R. Miller, Pacific Institute for Research and Evaluation

Monetary Benefits to Society



Source: 2005 RAND Corporation Study

The RAND study **excluded** these outcomes: increase in father presence in household and fewer closely spaced subsequent pregnancies

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

Nurse Family Partnership for Low Income Women — Summary of Estimated Benefits and Costs —								
Benefits By Area	Primary Program Recipient				Secondary Program Recipient (or child abuse and neglect for primary program recipient)			
	Program Participants	Benefits and Costs From Different Perspectives		Total	Program Participants	Benefits and Costs From Different Perspectives		Total
		Non-Program Participants As:				Non-Program Participants	Non-Taxpayers	
		Taxpayers	Non-Taxpayers		Taxpayers	Non-Taxpayers		
Crime	\$0	\$6,881	\$7,816	\$14,476	\$0	\$906	\$1,981	
High School Graduation	\$0	\$0	\$0	\$0	\$1,127	\$282	\$352	
Test Scores	\$0	\$0	\$0	\$0	\$2,101	\$525	\$656	
Education (years)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
K-12 Special Education	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
K-12 Grade Repetition	\$0	\$0	\$0	\$0	\$0	\$42	\$42	
Public Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Child Abuse and Neglect	\$0	\$0	\$0	\$0	\$0	\$800	\$4,886	
Teen Births (under age 18)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Tobacco (prob of initiation)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Alcohol (prob of initiation)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Illicit Drugs (prob of initiation)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Tobacco (regular use)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Alcohol (disordered use)	\$0	\$0	\$0	\$0	\$379	\$152	\$10	
Illicit Drugs (disordered use)	\$0	\$0	\$0	\$0	\$195	\$113	\$1	
Total Benefits (this sheet)*	\$0	\$6,881	\$7,816	\$14,476	\$2,674	\$2,688	\$6,459	
Total Benefits (second sheet)*	\$2,674	\$2,688	\$6,459	\$11,822	\$2,674	\$2,688	\$6,459	
Total Benefits (both sheets)*	\$2,674	\$9,548	\$14,075	\$26,298	\$2,674	\$2,688	\$6,459	
Program Costs	\$0	-\$9,118	\$0	-\$9,118				
Net Benefit (NPV)	\$2,674	\$430	\$14,075	\$17,180				
Total Benefit-to-Cost Ratio				\$2.88				

* Note: total benefits may not equal the sum of the individual items because only one of the three human capital variables (high school graduation, test scores, education years) is counted.
Addendum: Non-participant benefits divided by taxpayer costs \$2.59

Source: 2004 Washington State Institute for Public Policy

The WSIPP study **excluded** these outcomes: increases in father presence in household; fewer closely spaced subsequent pregnancies; reductions in emergency room visits; and increases in labor force participation.