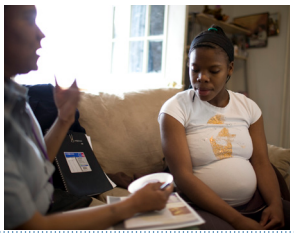
Nurse-Family Partnership

Helping First-Time Parents Succeed®



BENEFITS AND COSTS

A RIGOROUSLY TESTED PROGRAM WITH MEASURABLE RESULTS

Nurse-Family Partnership® (NFP) is a public health program that is based on over 30 years of research from randomized, controlled trials conducted in three diverse settings. This research shows that first-time mothers working with a Nurse-Family Partnership nurse home visitor can transform their lives and the lives of their children. Moreover, independent research estimates that for every public health dollar invested in high risk NFP families, communities can realize up to five dollars in return.

The Nurse-Family Partnership program costs approximately $4,500 per family per year to fund, and can range from $2,914 to $6,463 per family per year. Nurses' salaries are the primary driver that affects variability of cost, with highest costs typically found in urban centers on either coast and in hospital-based programs.

Communities choose to invest in Nurse-Family Partnership because it is a wise investment that can yield substantial, quantifiable benefits in the long term — to parents, their children and the communities in which they live.

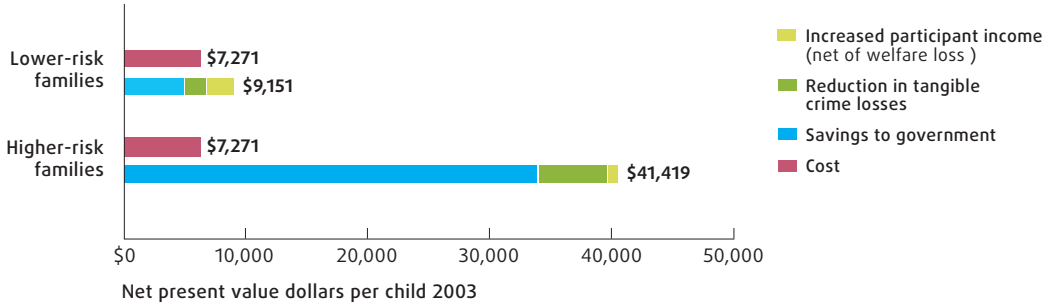
COST-BENEFIT STUDIES

When Medicaid pays for Nurse-Family Partnership services, the federal government saves more than it spends on the program costs, according to a 2009 analysis conducted by the **Pacific Institute for Research and Evaluation** (PIRE).

Using data from the 1990 NFP Memphis trial, a PIRE analysis noted that NFP nurse-visited families gained academic and employment skills to become economically self-sufficient. According to the PIRE analysis, NFP services resulted in lower enrollment in Medicaid and Food Stamps, with a 9% reduction in Medicaid costs and an 11% reduction in Food Stamps costs in the 10 years following the birth of the child. Federal savings were estimated at 154% of costs, yielding a net 54% return on the federal investment.

A 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,

Monetary Benefits to Society



Source: 2005 RAND Corporation Study

"The great thing about Nurse-Family Partnership is that it works. To put it simply…it decreases about everything you want to decrease and increases about everything you'd want it to increase."

-THOMAS FRIEDEN
Former Commissioner, New York City Department of Health & Mental Hygiene (now Director, CDC, and Administrator, Agency for Toxic Substances and Disease Registry)
February 8, 2007

with additional savings accruing throughout the lives of both mother and child.

In a 2011 study by the **Washington State Institute for Public Policy**, Nurse-Family Partnership ranked among the highest programs reviewed in terms of net benefit to society among pre-K, child welfare, youth development, mentoring, youth substance prevention and teen pregnancy prevention programs, with an estimated long-term return of more than $20,000 per participant, after accounting for program costs.

LASTING IMPACTS

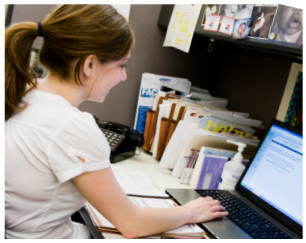
Data from the 15-year follow-up study to the Nurse-Family Partnership trial in Elmira, New York, shows positive effects for nurse-visited families more than 12 years after the visits ended. In addition, the following outcomes have been observed among participants in at least one of the three randomized, controlled trials:

- 48% reduction in child abuse and neglect
- 59% reduction in arrests among children
- 72% fewer convictions of mothers
- 56% reduction in emergency room visits for accidents and poisonings
- 67% reduction in behavioral and intellectual problems among children

Well-designed randomized, controlled trials are an accepted research practice in the field of medicine. Randomized, controlled trials are essential in producing valid, actionable evidence about what does and does not work, and are designed to provide conclusive evidence of effectiveness. Medical breakthroughs that are the result of randomized, controlled trials include vaccines for polio, measles, and hepatitis B, as well as cancer treatments that have dramatically improved survival rates for patients with leukemia, Hodgkin's disease and breast cancer.

However, for public health programs, evidence from clinical trials often is not required. This is changing as policymakers, public health officials and the communities they serve increasingly demand proven approaches for addressing public health. Nurse-Family Partnership is one such program that can deliver against this objective. With results from three randomized, controlled trials over three decades in Elmira, NY, Memphis, TN, and Denver, CO, Nurse-Family Partnership is the epitome of an evidence-based public health program.

NATIONAL SUPPORT



As of November 2011, Nurse-Family Partnership is serving clients in 34 states across the country. The NFP national headquarters in Denver, Colorado, works with participating agencies to ensure that they adhere to the tested and proven approach. Agencies are required to input data regarding family characteristics and needs and the services provided during each nurse home visit into a web-based performance management system. Reports are provided back to the agencies, tracking fidelity to the proven model, and ensuring communities realize comparable outcomes to those documented over the past 30 years.

Nurse-Family Partnership
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