



BENEFITS AND COSTS

A PROGRAM WITH PROVEN AND MEASURABLE RESULTS

Nurse-Family Partnership is a public health program that is based on evidence from randomized, controlled trials that proves it works. The evidence shows that first-time mothers working with a Nurse-Family Partnership (NFP) nurse home visitor can transform their lives and the lives of their children. Moreover, independent research proves that for every public health dollar invested in a local Nurse-Family Partnership program, communities can realize more than 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.

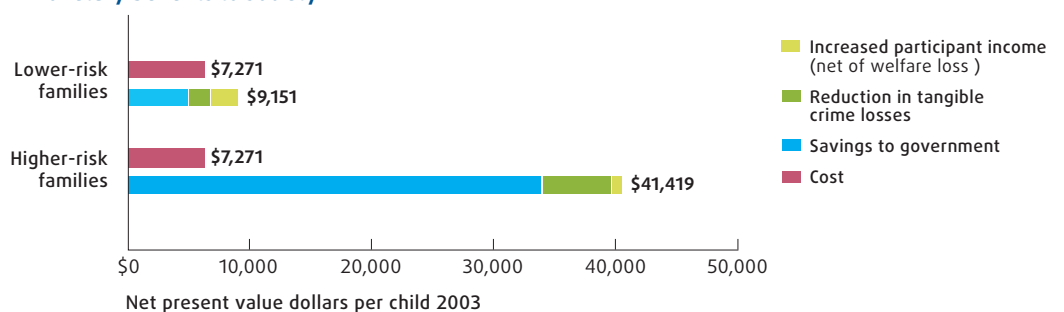
INDEPENDENT COST-BENEFIT STUDIES

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, 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. According to the 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 will be 154% of costs, yielding a net 54% return on the Federal investment.

A **RAND Corporation** 2005 analysis found a net benefit to society of \$34,148 (in 2003 dollars) per 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

Monetary Benefits to Society



“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
Commissioner, New York City
Department of Health & Mental
Hygiene February 8, 2007

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.

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.



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 NFP controlled program trials:

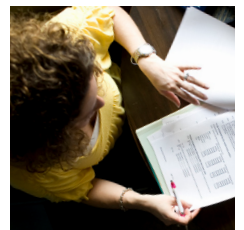
- 48% reduction in child abuse and neglect
- 59% reduction in arrests among children
- 72% fewer convictions of mothers
- 56% reduction in emergency room visits for accidents and poisonings
- 67% reduction in behavioral and intellectual problems among children

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 from 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 defines evidence-based public health programs.

NATIONAL SUPPORT

Nurse-Family Partnership is currently serving clients in 28 states across the country. As the program expands, 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 the national NFP database. 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.



1900 Grant Street, Suite 400
Denver, Colorado 80203-4304
www.nursefamilypartnership.org
866.864.5226