Nurse-Family Partnership
Helping First-Time Parents Succeed®



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Nurse-Family Partnership® (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable babies born to at-risk, first-time mothers. Every year, 380,000 children are born to first-time mothers living below the federal poverty level in the United States[i]. Many of these mothers are young, single, socially isolated and without a high school education. Their children face significant challenges to leading healthy lives and breaking the cycle of poverty for two generations (parent and child). NFP addresses these challenges by partnering mothers with a registered nurse at a pivotal moment — beginning early in pregnancy with a first child – and providing ongoing nurse home visits that continue through her child's second birthday.

NFP is among the most proven and widely replicated programs during this critical period that has dramatic and lasting impacts on the health and well-being of vulnerable families. Independent research proves that communities also benefit from this relationship — every dollar invested in Nurse-Family Partnership can yield more than five dollars in return.

Across the nation, governments at all levels increasingly recognize the value of investing limited taxpayer dollars in evidence-based programs that reliably improve outcomes for families, and NFP is an example of evidence-based practice and policy in action. NFP has had three randomized controlled trials over four decades, and subsequent third-party evaluations, documenting that it works to improve pregnancy outcomes, child health and development, school readiness and achievement, and parental employment and family stability, while also reducing the number of families receiving government assistance, particularly Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits. Given the program's rigorous evaluations demonstrating sizeable and sustained positive impacts, the Coalition for Evidence-Based Policy (CEBP), the operations of which were integrated into the Laura and John Arnold Foundation, identifies NFP as the only early childhood intervention that meets its "Top Tier" evidence standard[ii]. Further, the PEW-MacArthur Results First Initiative gives NFP the highest rating in six of the eight clearinghouses reviewed in the child welfare category, with NFP not evaluated in the remaining two categories (CEBP is included as one of these clearinghouses)[iii].

Supported with private and public funds at the local, state and federal levels, NFP has expanded to serve over 32,500 families at any point in time (45,000 over the course of a year) across 42 states, six tribal organizations, and one territory, with more than 250,000 families served cumulatively to date. We work in a bipartisan manner to improve the health and well-being of at-risk populations and advance solutions that promote economic mobility.

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program

The MIECHV Program is an innovative approach to providing formula and competitive grants to states for evidence-based home visiting services. While states realized the potential of these programs early on, and were the initial investors along with philanthropy, MIECHV was enacted at the federal level in 2010 to help states expand and establish statewide systems of home visiting targeted to serve the highest risk communities.

MIECHV is one of a small number of federal programs that designate at least 75% of funding for approved evidence-based models, with annual funding dependent on meeting continuous evaluation and accountability metrics, and long-term funding subject to positive outcomes from a large-scale randomized controlled trial evaluation.

In 2015, as part of the Sustainable Growth Rate legislation, the program was reauthorized for two years at $400 million annually. At current funding levels, the Department of Health and Human Services estimates that only 3% of the eligible population is currently receiving MIECHV services. This points to a missed opportunity to improve the life course development of children born into low-income households, while also reducing preventable government spending, improving the workforce by increasing the number of high school graduates with post-secondary credentials, increasing personal income, and reducing public support needed by families currently living in poverty.

In order to move closer to realizing the potential that this program has to strengthen families, we propose a doubling of MIECHV funding over the course of a 5-year reauthorization of the program when it expires in September 2017.

Medicaid and Health Care Integration

Medicaid revenue is an important source of funding to sustain and grow existing NFP programs. As such, we seek to strengthen a focus on evidence-based spending within Medicaid to help states achieve better outcomes, better care, and lower costs. Today, NFP implementing agencies in 25 of 42 states are able to access some form of Medicaid reimbursement. Since there is no "preventive home visiting service" coverage category in Medicaid, most coverage does not reimburse for the full scope of NFP services. Some states have tried to overcome this challenge by using multiple coverage categories in tandem to maximize Medicaid revenue for NFP home visiting services.

A more efficient approach would be to create a home visiting coverage category. Based on health economist Dr. Ted Miller's analysis of NFP's outcomes and cost savings, particularly in Medicaid, Medicaid coverage for evidence-based home visiting could produce net savings for the federal government over a 10-year period[iv]. This approach has support from groups across the political spectrum, given its ability to not only save the government money, but also to invest in what works for at-risk families.

Better integration of NFP within the health care system is another avenue for improving Medicaid coverage. NFP's strong evidence of effectiveness and predictable return on investment position us well to partner with managed care plans, federally qualified health centers, and other integrated care models.

Pay for Success

Pay for Success (PFS) financing allows states to access the resources they need now to scale effective programs that they want to grow in their state, like NFP, and get improved social outcomes. In a Pay for Success initiative, private funders provide upfront capital to expand effective services and the government makes "success payments" back to the funders if an independent evaluator determines that predetermined outcome metrics have been met. Success payments may reflect the cost of the program plus tangible and intangible benefits to individuals, society and taxpayers.

In 2016, South Carolina announced the first PFS project in the United States to focus on maternal and child health outcomes, which expands access to NFP statewide. This public/private partnership will serve 3,200 first-time moms on Medicaid and their children over a six-year period. A 1915(b) Medicaid Waiver awarded to South Carolina by the Centers for Medicare and Medicaid Services will provide critical funding to support service delivery costs.

In addition, PFS initiatives have also sparked the interest of federal policy makers. Legislation has been introduced in previous Congresses to incentivize PFS at the federal level and direct scarce taxpayer resources towards programs that work. By offering federal financial support for federal savings achieved through state PFS projects, these bills provide critical federal incentives to support smart state policies. We support these efforts and continue to advocate for passage.

Sustainability Solutions

The NFP National Service Office provides education, consultation and programmatic support to assist communities in implementing the NFP model with fidelity to ensure consistent results nationwide. We are actively working to identify federal grant opportunities for the NSO to increase the support available to implementing agencies. At the same time, the NSO works diligently to identify public and private funding opportunities to assist communities in sustaining, expanding, or establishing NFP programs. NFP proactively monitors and tracks successful strategies for supporting NFP through initiatives addressing intergenerational poverty, birth outcomes, health care integration, child protection, foster care, welfare reform, early childhood learning and crime prevention. The NSO has developed an inventory of strong examples of state legislation, state budget requests, public/private partnerships, and other locally-driven strategies for supporting NFP.

NFP also prioritizes building grassroots and grasstops support through our National Board, Statewide Leadership or Advisory Boards and local Community Advisory Boards. These national and community leaders are essential to our success and offer valuable guidance, advocacy, and expertise to NFP.

For questions or more information about Nurse-Family Partnership or these policy priorities, please contact Teri Weathers, Director of Federal Policy and Government Affairs, at teri.weathers@nursefamilypartnership.org or Sarah McGee, National Director of Advocacy, at sarah.mcgee@nursefamilypartnership.org.

[i] US Census Bureau, American Community Survey (2014). Kids Count Data Center Website: http://datacenter.kidscount.org.

[ii] Coalition for Evidence-Based Policy, Top Tier Evidence Initiative (2014). Website: http://toptierevidence.org/programs-reviewed/interventions-for-children-age-0-6/nurse-family-partnership. Update this footnote to current location at Laura and John Arnold Foundation, same information updated should be there.

[iii] Pew Charitable Trusts, Results First Clearinghouse Database (2015). Website: http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/results-first-clearinghouse-database.

[iv] Miller, T. (2015). Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996-2013, USA. Society for Prevention Research.