



In a small office in Pennsylvania's Chester County Health Department, four nurses and an assistant are readying themselves for their day, drinking coffee and shuffling papers into binders. Space is tight, but the nurses just laugh, unfazed, when they roll back from their desks and bump into each other.

Their true work place, they know, is a much wider world—in the homes and lives of the young mothers they visit every week. Pat Yoder knows these homes and lives better than just about anyone else in the room—as well as why it's important to be a part of them.

In 1986, as a nursing grad student at the University of Virginia, Yoder came across an article in *Pediatrics* about a unique home visitation pilot program in Elmira, N.Y., initiated by Dr. David Olds. Yoder immediately saw that this randomized, controlled trial had shown significant results and benefits to the mothers in the program.

As a community nurse, Yoder believed in her heart that the work she was doing—providing preventive healthcare to young mothers in the community—was a powerful way to reach a population in need. But she was also trained in the sciences, and thus appreciated the empirical evidence showing that these home visits could make a real difference. The home visiting model presented in this article lodged in Yoder's mind, and as she continued her career as a nurse, she kept tabs on Olds' work.

Fifteen years later, now a field nurse in Chester County, Pat learned at a conference that Olds' program was to be replicated in her state. She went to her supervisor Betsy Walls. "I've been following this program since I was in grad school," she said. "We need to bring it here."

"You write the grant," said Betsy, "and if we get the funding, you can run the program."

Yoder had never written a grant before, but she aced this one. The department received the funding, and the Chester County Nurse-Family Partnership was born in 2001.

Since then, the agency has served over 530 families. Even more impressive are the outcomes of the women they serve: a 25 percent reduction in smoking during pregnancy, a low birth-weight rate and a low preterm delivery rate among adolescent mothers, and breastfeeding rates among the highest in the state. And no clients have been admitted to Child Protective Services for issues of child abuse or neglect. "A lot of public health programs do elements of what we do—educate, assess, promote healthy lifestyles," says Pat. "But what makes NFP different is, we build relationships. That nurse is with that mom every step of the way for over two years. It's an intensive, long-term program. It's a chance to be a positive voice in a young woman's life when she needs it most. We're committed. And it makes a difference."



*"On Friday mornings we meet in the cafeteria, and we go around the circle and share our highs and lows for the week. Sometimes the stories are frustrating or heavy, but mostly it's rewarding, and it helps us emotionally refuel. We've found a job that feels like us."*

—Pat Yoder, NFP Supervisor