WHY INVEST PUBLIC RESOURCES?

A growing chorus of academic, business, social service, health policy and government leaders are calling for investment in the most proven programs, understanding that policies that promote healthy development throughout the early years create a foundation for school achievement, economic productivity, responsible citizenship and successful parenting.

Nurse-Family Partnership® (NFP) is an evidence-based, public health program that helps transform the lives of low-income mothers pregnant with their first child. Each mother served by this national program is partnered with a registered nurse early in her pregnancy and receives ongoing support and guidance through her child’s second birthday. This partnership can help break the cycle of poverty by empowering mothers to become confident, skilled parents able to prepare their children for successful futures.

More than 37 years of research from randomized, controlled trials conducted in three diverse settings demonstrate that when first-time mothers receive the guidance and support they need, mother and child benefit, as do communities. Examples of specific outcomes from one or more of the trials include:

- 48% reduction in child abuse and neglect;
- 56% reduction in emergency room visits for accidents and poisonings;
- 32% reduction in subsequent pregnancies;
- 67% reduction in behavioral and intellectual problems at child age six;
- 59% reduction in child arrests at age 15; and
- 82% increase in months employed by mothers.

MULTIPLE PUBLIC FUNDING SOURCES SUPPORT NURSE-FAMILY PARTNERSHIP

Federal, state and local funds support the NFP program in communities nationwide. Funding sources include the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Medicaid, the Maternal and Child Health Services Block Grant (Title IV), Temporary Assistance for Needy Families (TANF), Child Care Development Block Grant, Healthy Start, juvenile justice prevention funds, child abuse prevention funds through the Administration for Children & Families, tobacco settlement funds and state and local general revenue funds.

Private support serves to extend the reach of publicly supported programs. Private funding also helps establish pilot sites, which can be useful in generating the public support needed for broader statewide implementation. Several of the nation’s leading foundations — Edna McConnell Clark, Robert Wood Johnson, Bill & Melinda Gates, W.K. Kellogg, Kresge and Robertson — have made an unprecedented private investment in NFP’s national infrastructure, allowing public funds to directly support local services for children and families.
EFFECTIVE STATE FUNDING STRATEGIES

In 2014, Delaware Governor Jack Markell (D) proposed to double the number of first-time moms served by Nurse-Family Partnership, which would make Delaware the top state serving the highest percentage of eligible moms. The Delaware legislature approved his proposed $1.3 million for Nurse-Family Partnership creating an opportunity to serve 200 new families.

With leadership from former Mayor Michael Bloomberg and Thomas Frieden, then-Commissioner of the NYC Department of Health and Mental Hygiene, New York City spearheaded the program’s launch in 2003 that would later evolve into the most ambitious NFP expansion in an urban center to date. Funding sources have included federal Healthy Start, Medicaid Targeted Case Management, state child abuse prevention and health dollars, city tax levy dollars and other targeted NYC funds, state public health funding, TANF, several private foundations and more recently the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program.

FEDERAL STRATEGIES TO SERVE GREATER NEEDS

In 2010, the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program was created and provides the first significant dedicated federal funding for evidence-based early childhood home visitation services. Funds provided to states, territories and Tribal organizations are supporting evidence-based home visiting programs that improve maternal and child health, development, school readiness and economic self-sufficiency. This grant program is part of a broader array of prevention programs that seek to transform the healthcare delivery system so that it provides more effective, efficient care for children and families at risk for poor health outcomes.

The MIECHV program builds upon federal support initiated in 2008 under the Bush administration as part of the Administration for Children and Families’ Evidence-Based Home Visiting Grant Program.

WISE LONG-TERM PUBLIC INVESTMENTS FOR SOCIETY

Not only will a public investment in Nurse-Family Partnership profoundly impact families served, but independent research shows that communities also benefit economically. A 2005 RAND Corporation study found that every dollar invested in NFP for higher-risk families can yield a social return of more than five dollars.

And what about the longer-term economic impacts relative to improving job growth and fiscal health? The Partnership for America’s Economic Success says investments in early childhood programs, such as NFP, are stronger investments than state business subsidies when viewed from a long-term, national perspective.

Research highlights the need for early childhood initiatives that are science-based. A report issued by Harvard University’s Center on the Developing Child says scientists can guide policymakers in choosing the right investment in science-based early childhood policies and programs, such as NFP.

The report notes: “Early experiences determine whether a child’s developing brain architecture provides a strong or weak foundation for all future learning, behavior and health.”

Legislators have a tremendous opportunity to make wise investments in prevention programs like NFP that can have a profound long-term impact on both outcomes for children and families and state budgets.