



BETTER WORLDS START WITH GREAT MOTHERS.

ANNUAL REPORT 2017

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00. INTRODUCTION: MESSAGE FROM CEO/ BOARD CHAIR



FRANK DAIDONE, PRESIDENT & CEO



BRETT HANSELMAN, BOARD CHAIR

Dear Friends:

Forty years ago this past April, a new pathway out of poverty opened. It began in Elmira, New York, with the first clinical trial of what is now known as the Nurse-Family Partnership model.

The approach being tested by Dr. David Olds grew from his belief that better worlds start with great mothers. He also understood that many young women face obstacles—such as poverty, abuse and isolation—that prevent them from reaching their full potential as mothers without a network of support.

Dr. Olds theorized that a long-term relationship with a trusted health-care professional—a nurse—could help first-time mothers awaken the caretaker within. He knew that special windows exist during the transition to becoming a first-time parent and the first 1,000 days of pregnancy and motherhood. During those months, babies' brain functions are developing, and moms experience an instinctual urge to nurture their children. If nurse home visitors partnered with moms in those critical months, he asked, would children experience better outcomes?

The answer was a resounding yes.

Four decades later, we're inspired daily by great mothers and nurses and what evidence shows they're achieving together. Working together through Nurse-Family Partnership, they're breaking the cycle of poverty and creating better tomorrows for children and families.

We're also proud that the nurse-mom partnership has inspired a national movement. Powered by supporters like you in communities across the country, this movement has brought our proven, easy-to-replicate model to more than 270,000 families thus far—and we're just getting started.

Our desire to reach even more families is fueling our growth and evolution, with a goal of doubling the number of families we serve annually by the end of 2023. The need is urgent, and our journey toward reaching this ambitious but achievable goal has already begun.

Through leadership, learning, innovation, partnership and community, we help mothers build stronger, more resilient families and communities. This annual report shares their stories—and the story of our unfolding movement strengthened by supporters like you.

Sincerely,

Frank Daidone, President & CEO

Brett Hanselman, Board Chair

00. INTRODUCTION: MILESTONES

1994

Third trial began in Denver, CO with over 175 moms participating

1995

Children of the first Nurse-Family Partnership (NFP) participants began to graduate high school

2010

NSO championed the effort to create dedicated federal funding for evidence-based home visiting

2011

National network launched to mobilize advocacy; to date, has over 7,200 participants

2017

NSO launched ambitious plan to double its reach and impact nationally, propelled by a sense of urgency to create change for vulnerable families

1977

Dr. David Olds began first randomized control trial in Elmira, NY with over 400 moms participating

1990

Second randomized control trial began in Memphis, TN with over 650 moms participating

2003

National Service Office (NSO) is established and widespread implementation of Nurse-Family Partnership begins

2005

RAND Corporation found that “every dollar invested in Nurse-Family Partnership returns \$5.70, providing an estimated net benefit to society of more than \$56,000 for each high-risk family served in current dollars”

2014

Nurse-Family Partnership featured in “**A Path Appears**”, a book by Sheryl WuDunn and Nick Kristof of The New York Times

2016

Nurse-Family Partnership launched the first Pay for Success project—an innovative financing mechanism for proven programs—focused on maternal and child health in the world

01. SUCCESSFUL KIDS: CHANGING THE FUTURE TODAY



OVERVIEW

Jayden's story is just one example of how early intervention helps uplift generations.

With the clinical guidance and encouragement of a personal nurse, moms are empowered to care for their babies and achieve their goals. By the time their babies reach age two, moms have set their children on the path to healthy, successful lives and begun moving their families out of poverty.

Four decades of research show that prenatal and early childhood intervention can literally change the future for children and families.

At 13 years old, Jayden DeLeón has big dreams. She's planning to be a chiropractor, and she's reading about how to relieve neck and back pain. She's excelling in school, playing on the basketball team and learning guitar. She's both uniquely herself and like any other girl her age, just like any mom would want.

Jayden knows, however, that her journey to becoming a happy, confident teenager was special. It started back when her teenage mother became pregnant and enrolled in Nurse-Family Partnership. From that day on, Jayden and her family had a new ally in creating a brighter future for all of them.

That ally was a highly-skilled personal nurse who supported Jayden's mom through pregnancy and the first two years of Jayden's life. At each stage of the journey, the nurse offered expert guidance, knowledge and tools to ensure the best possible outcomes for mom and baby. Thanks to that trusting relationship, her mom carried Jayden to full term, made reading to her a priority and set her on the road to success.

Jayden's dad participated in some of the home visits too and learned how to bond with his new baby girl. Today, he remains a big part of Jayden's life, giving her the support and encouragement of both parents.

Jayden is proud of her mom, who went on to college to achieve her dreams. She's also proud of being part of the Nurse-Family Partnership program.

"Jayden has met my nurse, and she's interested in Nurse-Family Partnership," her mom says. "She told me just this morning that she wants to write a paper about it for school."

BREAKING THE CYCLE OF POVERTY

One of the most powerful forces against poverty may be the trusting relationship that forms between first-time moms and their personal nurses. During regular home visits, nurses offer clinical expertise, tools and counsel to support moms in meeting the needs of their growing babies. Moms learn to identify health issues, adopt best safety practices and manage the stresses of parenting. Put simply, moms are empowered to be the best they can be as they create nurturing environments for their children.

What moms learn during the first two years of their babies' lives makes all the difference. The fact is that children's brain functions develop early. When children are reared by confident moms who read to them, encourage them and care for their physical, social, emotional and nutritional needs, they fare better over the long term. They enter school prepared to succeed and experience better health throughout their lives.

When compared to peers without early intervention, the children born with the benefit of Nurse-Family Partnership are:

48% LESS LIKELY TO SUFFER
CHILD ABUSE AND NEGLECT ¹

67% LESS LIKELY TO EXPERIENCE BEHAVIORAL
AND INTELLECTUAL PROBLEMS AT AGE 6 ²

72% LESS LIKELY TO BE ARRESTED
BY AGE 15 ¹

These outcomes correlate with higher earnings over a lifetime, allowing children to break free from generational poverty.



PREVENTING CHILDHOOD OBESITY

As an early intervention, Nurse-Family Partnership also promotes better long-term health. Take childhood obesity—one of the most serious public health crises facing the nation—as an example.

Children from low-income families are more likely to be obese than the general U.S. population. Early obesity puts kids at risk of significant health problems, such as diabetes, high blood pressure and high cholesterol. Obese children frequently suffer from depression and poor self-esteem as well.

In a study published this year in *The American Journal of Maternal/Child Nursing*³, researchers analyzed the obesity rates of more than 14,000 children served by Nurse-Family Partnership. Although the children experienced higher obesity rates than the general U.S. population, they had lower rates than low-income children overall.

In addition, researchers identified several prevalent risk factors that nurses address with participating moms to reduce the likelihood that their children will suffer from [childhood obesity](#). Moms are encouraged to:

- Begin pregnancy at a normal weight
- Limit weight gain during pregnancy to 28 pounds or less
- Breastfeed for more than 20 weeks³

These changes have the potential to free children from a lifetime of health problems and costly medical expenses.

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NURSE-FAMILY PARTNERSHIP IS EXHIBIT A IN THE CASE FOR EARLY INTERVENTIONS TO CREATE OPPORTUNITY.

NICK KRISTOF AND SHERYL WUDUNN,
“A PATH APPEARS”

UPLIFTING GENERATIONS

Four decades of research demonstrate that early intervention benefits first-time moms and their families. Do the benefits of Nurse-Family Partnership extend to the next generation as well? What differences or similarities can be measured between the outcomes of the second and third generations?

Those questions are currently being studied by researchers at Stanford University, Boston University and the University of Colorado Prevention Research Center for Family and Child Health. Stay tuned for the results!

- 1 Olds, D.L., Eckenrode, J., Henderson, C.R. Jr, Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L.M., & Luckey, D. (1997). Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect. Fifteen-Year Follow-up of a Randomized Trial. *JAMA*, 278(8), 637-43.
- 2 Olds, D., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D., Henderson, C., Hanks, C., Bondy, J., & Holmberg, J. (2004). Effects of nurse home visiting on maternal life course and child development: age-six follow-up of a randomized trial. *Pediatrics*, 114, 1550-1559.
- 3 Thorland, W., Currie, D., and Colangelo, C. Status of high body weight among Nurse-Family Partnership children. *The American Journal of Maternal/Child Nursing* 2017. 42(6): 352-257.



02. GREAT MOTHERS: FINDING HER HEART'S DESIRE



She was a high-school sophomore planning her future when she got the news. “I couldn’t believe it,” Stephanie Carino recalls. “I was really scared.”

Becoming pregnant at 16 wasn’t part of her plan, and she felt immediately judged by some adults. One teacher told her she’d ruined her life. Others questioned whether she’d be a good mom.

Fortunately, the school nurse suggested she enroll in Nurse-Family Partnership. Stephanie worried a nurse might judge her, too, but she decided to take the risk.

That decision changed everything.

Stephanie felt instantly comfortable with her nurse, whom she describes as “really down to earth.” As they connected during that first home visit, Stephanie realized her nurse was there to educate her, support her and help her be the best mom she could be.

Over the coming months, her nurse guided her through pregnancy and childbirth. She helped her breastfeed successfully, answered questions and offered clinical expertise and advice as she cared for her new baby girl. She also helped Stephanie balance motherhood with school, enabling her to realize her dream of staying involved and graduating on time.

Stephanie became president of her class, served on the student council and played on the volleyball team. She also decided to become a nurse and enrolled in college after graduating from high school.

Today, Stephanie works as a Nurse-Family Partnership nurse home visitor and serves on the National Service Office’s [Board of Directors](#). She has an especially soft spot for teenage moms in the program, she says, because she remembers being in their shoes.

“It’s crazy to think about how far I’ve come,” she says. “Nurse-Family Partnership opened up so many opportunities for me and my family.”

OVERVIEW

Stephanie’s story shows how early intervention can produce brighter futures for children and mothers. In addition to gaining new skills as they care for their babies, moms partner with their nurses to achieve other life goals and create greater economic security for their families. We have seen time and again what mothers can achieve, in their families and within their communities, by listening to their hearts’ desires.

CHANGING LIFE OUTCOMES

Often young and unmarried, these first-time mothers participating in Nurse-Family Partnership face many kinds of adversity, including the burden of poverty. Some are homeless. Others have been abused. Nearly all wonder if they can adequately parent their babies and meet the challenges ahead.

For these moms, a nurse home visitor is more than a confidante and partner. Their personal nurse is also an expert professional guide who helps them become the moms they want to be. For many mothers, the relationship offers the consistent support they need to change their life course.

Participating moms see [benefits](#) that extend long after they have graduated from the program. When compared to their peers, Nurse-Family Partnership moms experience:

68% INCREASE IN FATHER PRESENCE IN HOUSEHOLD ¹

82% INCREASE IN MONTHS EMPLOYED ²

61% FEWER ARRESTS ³

Equally important, their children benefit in ways that can potentially transform their lives.



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THERE IS SOMETHING PROFOUNDLY HUMAN AND GOOD THAT CAN BE SUPPORTED THROUGH NURSE-FAMILY PARTNERSHIP AT THIS STAGE IN HUMAN DEVELOPMENT. IT PROVIDES REALISTIC HOPE FOR THE FUTURE.

DR. DAVID OLDS

REALIZING DREAMS AND DESIRES

The trusting nurse-mom bond helps open the door to a larger conversation about long-term success. In partnership with her nurse, each mom envisions the future she wants through a process called **“finding your heart’s desire.”** The objective is to help each mom identify specific steps to reach critical life goals.

Moms identify their dreams and challenges across a range of areas, such as family and friends, personal health and education and job training. After charting a course to reach each goal, moms and nurses revisit the conversation to celebrate progress or make course adjustments. Nurses also serve as a resource, connecting moms with other needed programs or services, such as affordable housing or child care. While assisting vulnerable mothers in becoming caretakers and realizing their future goals, the Nurse-Family Partnership program actively decreases the length of time low-income mothers are on welfare by 30 months.⁴

Through this process, moms take important steps toward achieving economic self-sufficiency. Moms finish school, enter the workforce and create greater health and stability for their families.

ENGAGING MOMS IN EXPANDING OUR IMPACT

For many moms, finding work to financially sustain their families is a heart’s desire. Several have fulfilled this dream by joining the Nurse-Family Partnership National Service Office as outreach workers, parent ambassadors, alumni managers and client representatives.

Working in partnership with local agencies, outreach workers are based in targeted communities across the country. Their goal is to help double the impact of Nurse-Family Partnership over the next seven years by intensifying outreach in states where the needs and opportunities for addressing poverty are greatest.

Moms bring a valuable blend of community knowledge, passion and personal experience to their work. They are also savvy about the technologies other young moms use.

By communicating through text messaging and social media, moms facilitate conversations that might not otherwise occur.

Above all, however, graduates can relate to the challenges other first-time pregnant moms face and speak authentically about how Nurse-Family Partnership benefited them.

“There’s a trust that comes from being part of the community and sharing common experiences,” noted Benilda Samuels, interim chief operating officer and chief marketing and communications officer. “It’s powerful.”

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MY NURSE IS VERY SUPPORTIVE IN MY PARENTING DECISIONS AND GOALS; SHE’S GREAT AT REASSURING ME WHEN I HAVE DOUBTS.

NURSE-FAMILY PARTNERSHIP MOM

1 Kitzman, H., Olds, D.L., Sidora, K., Henderson, C.R. Jr, Hanks, C., Cole, R., Luckey, D.W., Bondy, J., Cole, K., & Glazner, J. (2000). Enduring Effects of Nurse Home Visitation on Maternal Life Course: a 3-Year Follow-up of a Randomized Trial. *JAMA*, 283(15), 1983-9.

2 Olds, D. L., Henderson, C. R., Tatelbaum, R., & Chamberlin, R. (1988). Improving the life-course development of socially disadvantaged mothers: A randomized trial of nurse home visitation. *American Journal of Public Health*, 78(11), 1436-1445. doi:10.2105/ajph.78.11.1436

3 Reanalysis§ of Olds, D.L., Eckenrode, J., Henderson, C.R. Jr, Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L.M., & Luckey, D. (1997). Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect. Fifteen-Year Follow-up of a Randomized Trial. *JAMA*, 278(8), 637-43.

§This particular outcome reflects a reanalysis of data from the Elmira trial using an updated analytic method conducted in 2006.

4 Olds, D.L., Eckenrode, J., Henderson, C.R. Jr, Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L.M., & Luckey, D. (1997). Long Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect. Fifteen-Year Follow up of a Randomized Trial. *JAMA*, 278(8), 637-43.

03. NURSES: FINDING AND SHARING OUR STRENGTH



Everything in Geni Sheikh's life prepared her to work with Nurse-Family Partnership.

The former Somali refugee was attending college in Kenya when war broke out at home. Unable to return, she found shelter in a refugee camp, where she met her husband. The couple eventually resettled in Seattle, where Geni learned she was pregnant with her first child.

"I was happy to be pregnant, but I didn't know what to do," she remembers. "I didn't speak English and had no relatives to guide me. The cultural shock was extreme."

As her son grew, Geni learned English while watching "Barney" and "Sesame Street." The staff at [Downtown Public Health—Seattle & King County, and Downtown Public Health Center](#), where she was receiving support services, noticed and asked her to serve as an interpreter with Somali patients.

Geni agreed and began working alongside nurse home visitors from Public Health—Seattle & King County. Their care for other Somali women inspired Geni, and she decided to become a nurse home visitor.

Over the next six years, Geni earned her bachelor's in nursing, interned at the University of Washington Medical Center and welcomed three more children into her family. In 2016, she became an NFP nurse home visitor where she had begun her journey, joining the team that once served her.

Today, Geni works primarily with first-time Somali moms. Like her, they often arrive without any knowledge of English, family, money or jobs.

For Geni, serving other Somali moms by drawing on their common language, cultural heritage and refugee experience has special meaning. Refugee moms face daunting challenges, but, because of Nurse-Family Partnership nurses like Geni, they also have reason to hope.

"I look at their strength, and I know they can do the job," she says. "Seeing them and knowing there is a program like Nurse-Family Partnership to help, that fuels my hope for the future."

OVERVIEW

Geni's story shows why year after year, Americans rate nursing as the most trusted profession in [Gallup's annual poll](#). Her expert, compassionate service to first-time moms illustrates the trusting bond at the heart of Nurse-Family Partnership. With the skilled guidance of a personal nurse, moms gain confidence and discover their inner strength, enabling them to build resilient families that can meet whatever challenges life brings.

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SEEING THEM AND KNOWING THERE
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MY HOPE FOR THE FUTURE.

GENI SHEIKH, NURSE

FORGING TRUSTING BONDS

Each nurse brings a wealth of clinical training and knowledge to her job. Nurses have spotted potentially life-threatening pregnancy complications, such as pre-eclampsia, helped moms through pregnancy-related depression and guided them through the early stages of breastfeeding. Simply put, nurses are experts who identify physical and mental health needs and assist moms and babies through any challenges that arise.

Nurses also help moms develop positive parenting skills and know what to expect at each stage of a growing child's development. Nurses listen without judgment and encourage moms to set healthy goals for themselves and their families. Meeting as equals on the mom's home turf, nurses and moms develop a trusting bond and become partners in creating better outcomes for future generations.





RIISING AFTER STORMS

Every new parent experiences challenges, but 2017 brought especially tough tests for families nationwide. Fortunately, families enrolled with Nurse-Family Partnership found help from their nurses and a national network of supporters.

As opioid addictions reached epidemic proportions across the U.S., Nurse-Family Partnership helped affected moms and their children. Nurses served as a lifeline for first-time moms, connecting them with substance abuse counseling, encouraging them in recovery and ensuring their babies were screened and treated for any opioid-related health problems. In many instances, nurses offered a singular voice of hope to struggling moms and families. “Nobody in my life believed in me, but my nurse did,” one mom remembers.

Nurse-Family Partnership families also were affected by the storms that ripped across the Atlantic. As [Hurricanes Harvey](#) and Irma raged toward the U.S., those in the storms’ paths prepared for the worst. The U.S. Virgin Islands were hit by both hurricanes, which wiped out island infrastructure and left the 38 families enrolled in Nurse-Family Partnership without power or stable housing. In the aftermath, their nurses worked tirelessly to find them. Almost all the families have been located, and their nurses continue to support them through the recovery efforts.

Nurse-Family Partnership also reached out to its donors for support. Thousands of dollars were contributed and given directly to communities in the U.S. Virgin Islands, Florida and Texas to meet emergency needs—diapers, clothing, toys and food. Because of this generosity, enrolled families are rising after the storms.

INNOVATING TO SERVE

As the professionals working most closely with first-time moms, nurses have a unique perspective on the impact and opportunity of Nurse-Family Partnership. More than 100 nurses are sharing their insights by participating on the [Innovations Advisory Committee](#), a group of NSO staff and nurses that brainstorm innovative solutions for nurses in the field. This group meets monthly to identify ways for Nurse-Family Partnership to evolve, innovate and become even more relevant in light of emerging needs.

One recent innovation is a telehealth option to supplement in-home visits. The nurse sets up time to Skype, call or FaceTime with her clients, which allows her to be readily available for expectant or first-time mothers with questions or concerns. These technology-enabled meetings give working and rural moms greater flexibility, so they can stay connected to their nurses no matter what the weather or their schedules throw their way.



04. NFP MOVEMENT:
**GREAT
MOTHERS
START
WITH US**



04.1. LEADERSHIP



BOB HILL WITH CHILD IN THE NFP PROGRAM

WELCOMING NEW LEADERS

As 2018 opened, Brett Hanselman became chair of the Nurse-Family Partnership Board of Directors, and Frank Daidone officially became president and CEO. Formerly the chief operating officer of Nurse-Family Partnership, Daidone had been serving as acting president and CEO since September 2017.

“Frank’s leadership has strengthened Nurse-Family Partnership for unprecedented growth to change outcomes for vulnerable babies and their mothers,” Hanselman said. “His dedication to families in poverty will be seen in lives changed and in the impact made in communities across the country.”

Before joining Nurse-Family Partnership, Daidone served as vice president of operations at Natural Grocers by Vitamin Cottage, where he coordinated a 2,700-person workforce across 105 stores. Prior to that, he was the chief information officer for the City and County of Denver, where he led the Technology Services Agency and improved the performance and customer experience of various technology services.

As the new chairwoman of the board, Hanselman is assuming a role held by founding member Robert F. Hill since 2003. She is joined by Christian Soura as the new chair-elect.

Hanselman joined the Nurse-Family Partnership Board of Directors in 2010. Based in Denver, Colorado, she serves as a partner with national accounting firm KPMG, LLP.

Christian Soura joined the board in 2017 and serves as vice president of policy and finance at the South Carolina Hospital Association. He is a former director of South Carolina’s Department of Health and Human Services and also led the state Medicaid program.

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BRETT HANSELMAN, CHAIR OF THE
NURSE-FAMILY PARTNERSHIP BOARD
OF DIRECTORS

IMPROVING MEDICAID AND HEALTH-CARE

Nurse-Family Partnership seeks to lead the way in improving health outcomes and serve more vulnerable families by integrating with health providers and systems.

In the United States today, approximately 50 percent of births are eligible for Medicaid coverage. Medicaid spending comprises 30 percent of state budgets, and 70 percent of Nurse-Family Partnership participants are eligible for Medicaid over the course of the program. As those numbers illustrate, Medicaid is an essential partner in funding home visiting services for vulnerable moms and babies.

Medicaid also benefits from funding those services. Studies show that Nurse-Family Partnership can offer significant cost savings to government funders by helping low-income women and children achieve better health and economic outcomes. The Pacific Institute for Research and Evaluation predicts that Medicaid will recoup 62 percent of the overall government cost savings per family served by Nurse-Family Partnership.²

Given those benefits, several states have been thinking innovatively about improving Medicaid coverage for Nurse-Family Partnership and other evidence-based home visiting programs. Since 2016, four states have passed waivers that would allow Medicaid to cover Nurse-Family Partnership services. In addition, four other states have enacted Medicaid legislation to increase access to services and improve the efficiency of reimbursements.

States are also changing their Medicaid models and health systems to focus more on achieving better value and health outcomes for low-income populations. As states shift away from traditional fee-for-service approaches, Nurse-Family Partnership is continuing to pursue partnerships with managed care plans or other integrated care models.

One example is the work Nurse-Family Partnership is doing with federally qualified health centers, which are the primary health-care providers for Medicaid-eligible women and children in many communities. Nurse-Family Partnership is currently exploring ways to integrate seamlessly with these centers to improve care coordination, increase referrals into the program and potentially become direct service providers of Nurse-Family Partnership in their communities.

ADVOCATING AND MOBILIZING FOR EFFECTIVE PUBLIC POLICIES

Drawing from its decades of evidence-based learning, Nurse-Family Partnership is a leader in policy discussions that benefit vulnerable women and families. The conversations occur at every level of government to advance policies that support better outcomes for at-risk families and communities.

In addition to leading partner coalitions, Nurse-Family Partnership mobilizes thousands of grassroots advocates to inform policy decisions. This national network celebrated a major legislative victory in early 2018, as Congress reauthorized funding for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Thanks to this bipartisan action, MIECHV will provide \$400 million annually to states over five years to support Nurse-Family Partnership and other evidence-based home visiting programs.



“ ”

CONGRESS HAS COMMITTED TO WHAT THEY KNOW WORKS TO CHANGE OUTCOMES FOR VULNERABLE CHILDREN BORN INTO POVERTY

ROBIN BRITT, FORMER NC CONGRESSMAN
AND BOARD MEMBER EMERITUS

“Not only does MIECHV make a measurable, long-lasting difference in the lives of children and families, but government saves money, and communities are healthier and stronger for many generations,” said Frank Daidone, president and CEO of Nurse-Family Partnership

“Voters helped achieve this bipartisan win by sharing the impact of home visiting programs in their communities,” said Sarah McGee, chief of policy & government affairs at Nurse-Family Partnership.

These local advocates mobilized through an online network called the Nurse-Family Partnership Voter Voice system. After registering, supporters and stakeholders receive action alerts, background information and timely updates that equip them to advocate for beneficial policies at the state and national levels. (To sign up, visit www.supportnfpfamilies.org) In addition, supporters grow the network by following and sharing content from Nurse-Family Partnership on [Facebook](#) and on [Twitter](#).

2 Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777.

04.2. PARTNERSHIP



WORKING HAND IN HAND TO SERVE VULNERABLE FAMILIES

Together with the National Service Office, [more than 270 local partners](#) bring Nurse-Family Partnership to families living in poverty in their communities. Each plays a vital role in delivering the program with fidelity to achieve the best possible results.

The National Service Office collaborates with local partners to [recruit moms](#) and nurses for the program. At the national level, the organization develops recruitment materials and campaigns, conducts outreach and builds relationships with national referral partners. The National Service Office also educates nurses on the Nurse-Family Partnership program model and offers ongoing coaching and support.

For their part, local agencies conduct grassroots outreach, enroll moms in the program and build teams on the ground to serve vulnerable women and families. As the face of the program in their communities, nurse home visitors work directly with first-time moms, offering clinical guidance and support as they care for their growing babies.

To support local partners in their work, the National Service Office is investing in data management systems and technologies that will help streamline tasks and allow more time to be spent serving moms and babies. These investments include a more user-friendly and versatile data collection system. Among other benefits, the system will offer more flexible reporting options, so local partners can easily customize their reports to meet varying state and federal requirements.

RESEARCHING AND EVOLVING THE PROGRAM

From the beginning, Nurse-Family Partnership has been guided by [rigorous research and evaluation](#). It is one of the defining traits of the organization. Work focused on estimating the impact of Nurse-Family Partnership and improving its implementation continues today. Those efforts are being conducted alongside founder Dr. David Olds and the Prevention Research Center for Child and Family Health at the University of Colorado.

Under Dr. Olds' direction, longitudinal studies are being done of the three original trials in Elmira, New York, Memphis, Tennessee, and Denver, Colorado, with the potential to examine the long-term effects of Nurse-Family Partnership on three generations of family members. In addition to evaluating

whether gains in economic self-sufficiency, academic achievement and behavioral changes extend to the grandchildren of trial participants.

Other researchers are supporting the development and testing of innovations in the program model, to ensure the program produces the best possible results. Among the subjects being addressed through rigorous research are ways to help nurses attend to intimate partner violence, mothers' mental health needs and parent interactions with children. In addition, researchers have developed—and are now evaluating—tools for comprehensively assessing a family's strengths and risks.



INCENTIVIZING PROGRAM GROWTH

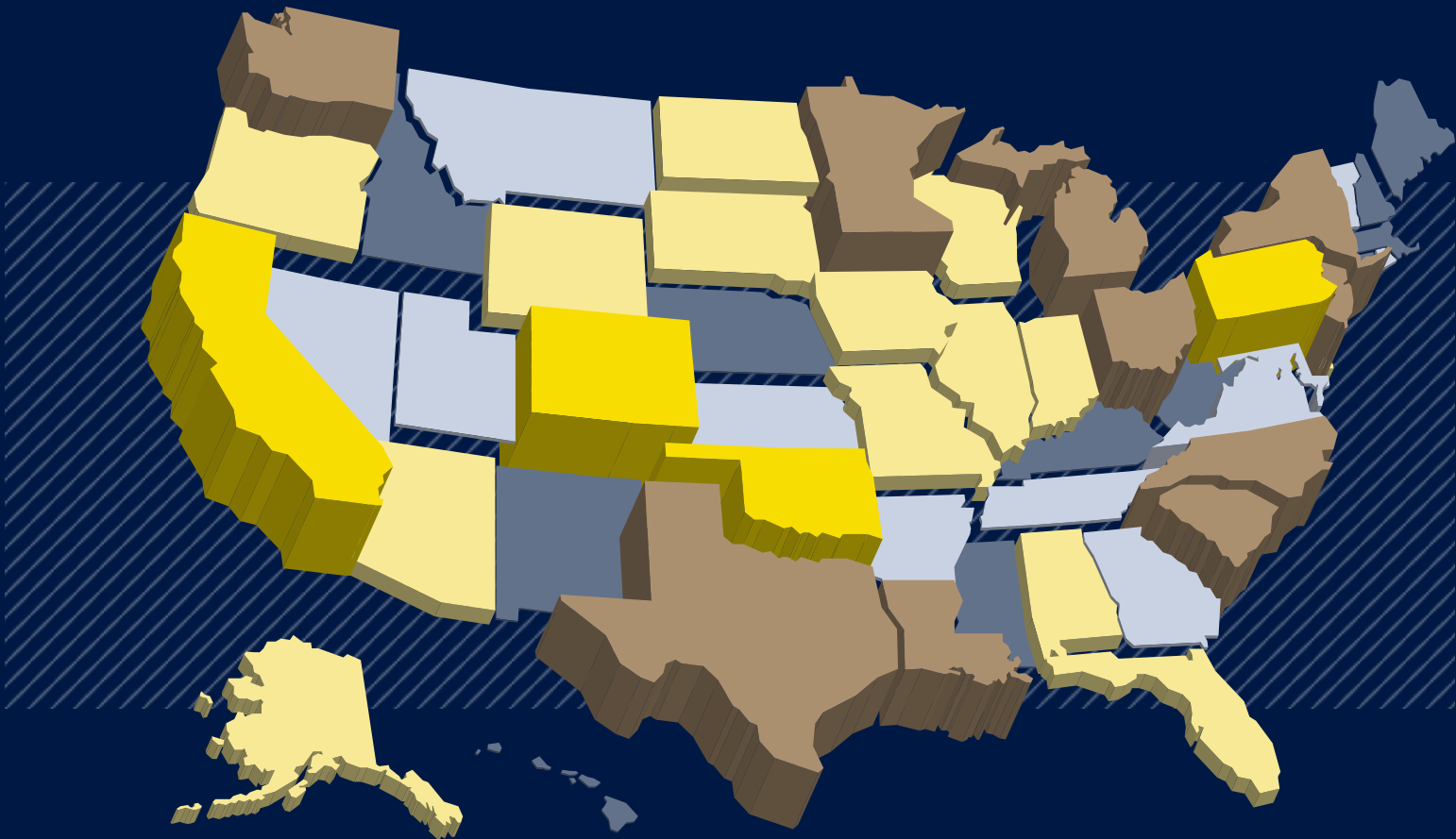
To enable program growth, the National Service Office is mitigating barriers to help expand Nurse-Family Partnership in high-need communities.

One example is [Pay for Success](#), which presents a powerful opportunity to serve more families and help break the cycle of intergenerational poverty. In Pay for Success projects, which are also known as social impact bonds, funders provide up-front capital to expand needed services, and government pays for all or part of a program only if it measurably improves participants' lives.

In 2016, Nurse-Family Partnership launched the nation's first Pay for Success project to improve maternal and child health in South Carolina by extending services statewide to 3,200 Medicaid-eligible moms and children over six years. Championed by the South Carolina Department of Health and Human Services, the project uses Medicaid dollars and private funds to support initial program growth. If the program succeeds in meeting predetermined goals, the funders will reinvest their returns into Nurse-Family Partnership services in the state. The National Service Office is also considering other Pay for Success opportunities across several states.

Another new initiative is the Incentive Fund, which the National Service Office launched in 2017 to match resources to needs. Through Incentive Fund grants, local partners receive start-up dollars to expand or launch Nurse-Family Partnership in their communities. The Incentive Fund partners with agencies seeking to improve access and quality of care for the most vulnerable families, and expands the impact of public and private dollars to optimize this effort.

Nurse-Family Partnership also partners with Social Finance, a group that works with governments, nonprofits, and financial institutions to develop Pay for Success programs.



TOTAL CLIENTS SERVED

Nurse-Family Partnership is proud to currently serve families in 42 states, the U.S. Virgin Islands, and several Tribal Communities. Please note this map indicates all clients served since the program's inception. To learn more about the areas of the country that are part of the Nurse-Family Partnership program, visit www.nursefamilypartnership.org/locations.



FAMILIES SERVED

TOTAL FAMILIES SERVED (ANNUALLY)
104% CHANGE



04.3. LEARNING AND INNOVATION

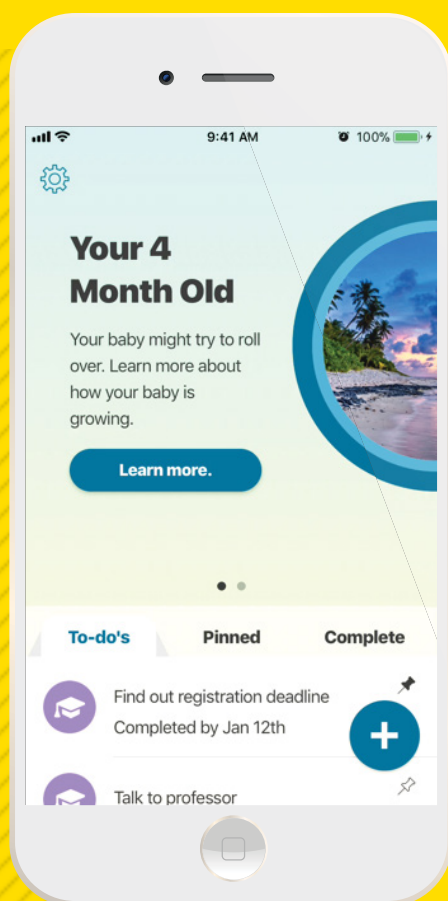


DEEP LISTENING SPARKS INNOVATION

Opportunity literally called into the offices of Nurse-Family Partnership in 2016.

Margaret Laws, president and CEO of **Hopelab**, was on the phone. An operating foundation of The Omidyar Group, Hopelab is a social innovation lab that designs science-based technologies to improve the health and well-being of teens and young adults. Laws wanted to explore how innovation could help enhance an evidence-based early childhood program, such as Nurse-Family Partnership.

"It's a landmark program that has really scaled," she says.



“ ”
OUR GOAL WAS TO
SEE IF TECHNOLOGY
COULD HELP
AMPLIFY THE MAGIC
THAT HAPPENS
BETWEEN MOMS
AND THEIR NURSES.

MARGARET LAWS, PRESIDENT & CEO
OF HOPELAB

Working with moms and nurses in the field, Hopelab conducted one-on-one interviews, focus groups and shadowing experiences. The team also drew from online surveys and qualitative interviews completed by the National Service Office and University of Colorado [Prevention Research Center](#) for Family and Child Health.

After synthesizing the information, the team brainstormed ideas with Nurse-Family Partnership's Innovations Advisory Committee. The group identified mom retention in the program as the greatest need that technology could help address. The solution was a mobile app to support moms' goal setting and tracking.

Hopelab engaged moms and nurses in co-designing the app. They found willing partners with strong opinions about how to assist moms and nurses in the field.

After weeks of work by Hopelab and Ayogo, the software development partner, the app was ready to be deployed into the field for an initial usability study. In addition to gathering insight into how well the app helped moms in daily life, the study included training for nurses and an assessment of how the app could be used to make their work easier, rather than add more tasks to their day.

In addition, the team is measuring how well the app complements participation in the Nurse-Family Partnership program by driving program engagement, retention and satisfaction. This evaluation, which involves 300 moms at seven sites around the country, will be completed in 2018.

OVERVIEW

The Hopelab story shows why everything we do is in service to the nurse-mom partnership. The trusting relationship built between home-visiting nurses and first-time pregnant moms changes lives. We have been inspired by thousands of their stories and by the futures they create for children. And, yet, we know there is still so much more to be done. That is why we are expanding our national network to serve even more vulnerable families through leadership, partnership, learning and innovation, and community.



LISTENING FOR GOOD

Nurse-Family Partnership is committed to continuous learning and improvement. In 2016, the National Service Office received a two-year grant from the [Fund for Shared Insight](#) to launch a [Listen for Good](#) initiative.

Through this initiative, Nurse-Family Partnership has sent multiple English and Spanish-language surveys to ask moms about the program and how it could improve. Listen for Good provides a core set of questions, so participating nonprofits can benchmark their results against similar agencies. Grantees can also add questions of their own to dig deeper into specific topics over multiple rounds of feedback.

More than 3,700 moms responded to the survey, contributing their feedback and ideas. Of the 13 Listen for Good grantees with a health designation,

Nurse-Family Partnership scored higher than the average Net Promoter Score (NPS) of 80. Measuring the willingness of customers to recommend a company's products or services to others, Nurse-Family Partnership scored an 87—an NPS higher than many name-brand, for-profit companies.



BUILDING YOUNG BRAINS

Nurse-Family Partnership also pilots outside innovations and incorporates new research findings into its model to promote healthy brain development.

One example is [Vroom](#), an initiative of the Bezos Family Foundation, which Nurse-Family Partnership is piloting at several sites. Based on the latest scientific insights about brain development in kids from birth to five, the Vroom program empowers parents and caregivers to build young brains through daily interactions. These simple activities can promote language development, fire neural connections and lay the foundation for lifelong learning.

Nurse-Family Partnership also helps moms understand how they can support their baby's learning through nurturing and consistently responsive parenting. If the family has experienced trauma, nurses explain how it can affect fetal and infant brains and offer tips for encouraging healthy development. Nurses also offer guidance on play, media exposure and "serve and return"—a powerful technique for responding to baby cues in a timely, engaging way that supports learning.

CREATING A FEEDBACK CULTURE

Inspired by [Listen for Good](#), Nurse-Family Partnership has created a Feedback Program to develop ongoing channels for gathering and responding to feedback, even after the grant has ended.

"The purpose is to create a culture of listening and closing the loop about how we've acted upon what we've heard," says Alexa Cares, Feedback Manager at Nurse-Family Partnership. "We want to do that in a systematic way with all of our stakeholders."

In addition to moms, Nurse-Family Partnership is engaging a range of other constituents—such as local partners, nurses, donors and staff. Feedback topics will be revisited as new ideas are implemented to assess how well needs are being addressed over time. This deliberate new effort reflects the organization's commitment to tie listening and learning to action in service of the mission.

04.4. COMMUNITY



EXPANDING NATIONALLY AND IN TARGETED STATES

Knowing more moms could benefit from the program, Nurse-Family Partnership aims to more than double its impact over the next seven years. In addition to coast-to-coast growth, Nurse-Family Partnership is working intensively in four states—Florida, North Carolina, South Carolina and Texas—that are ripe for expansion.

Our intent to grow and expand in these states, as well as increasing our reach in the other states, territories and communities we serve speaks to our commitment to dramatically improve population health outcomes in the United States. Population health focuses on approaches to improve the health of an entire population. Nurse-Family Partnership's work has been highlighted on national platforms, most recently as a finalist for the [2018 Hearst Health Prize for Excellence in Population Health](#). As one of three finalists nationwide, our unique program was featured at the Population Health Colloquium in Philadelphia, Pennsylvania, in March 2018. We continue to share our work in an effort to further best practices and reach more vulnerable families, in target states and beyond.

GRASSROOTS ADVOCATES FUEL LOCAL PROGRAM GROWTH

Across the country, state and local advocates are powering the expansion and success of the Nurse-Family Partnership program.

Each local partner is supported by a Community Advisory Board, which helps advocate for the program and identify local referral and funding sources. These volunteer-led groups offer a grassroots knowledge of the community and a commitment to helping local families.

Some states have formed Statewide Advisory Boards as well to provide statewide perspective and support. Through their advocacy, community engagement and philanthropic efforts on behalf of Nurse-Family Partnership, these board members are having a powerful impact.

In addition, volunteers are raising awareness by speaking to local groups, contacting their elected officials and sharing information about Nurse-Family Partnership with family and friends. These local advocates are a strong voice for vulnerable women, babies and families across the country.

“ ”

WE STRONGLY BELIEVE
IN NURSE-FAMILY
PARTNERSHIP'S
CONSISTENTLY PROVEN
RESULTS, WHICH ALIGN
WITH OUR COMMITMENT
TO EARLY CHILDHOOD
DEVELOPMENT AND
ENDING THE CYCLE OF
POVERTY FOR FAMILIES
IN THE CAROLINAS AND
ACROSS THE COUNTRY

LIZ WINER, A STATE ADVISORY BOARD
MEMBER IN NORTH CAROLINA



04.5. HOPE FOR THE FUTURE: A CONVERSATION WITH OUR FOUNDER

From the beginning, Dr. David Olds has been the guiding force behind Nurse-Family Partnership. He continues to help improve it through ongoing research at the University of Colorado's Prevention Research Center for Family and Child Health. Nurse-Family Partnership sat down with Dr. Olds recently to discuss the lessons learned from the past 40 years and what the future could hold.

Nurse-Family Partnership (NFP): What was your hope when you first developed and began evaluating the Nurse-Family Partnership model?

Dr. David Olds: I wanted to know whether the model could help improve pregnancy outcomes, reduce child health and developmental problems and support early indicators of mothers achieving greater economic self-sufficiency. It was simply that, which was in itself a tall order.



NFP: What are some examples of improvements that have been made?

Dr. Olds: We supported the development and testing of a method that helps nurses evaluate and address the presence of intimate partner violence in families. We're also evaluating new ways to address anxiety and depression within the context of home visits. In addition, we're developing a more thoroughgoing method for nurses to use in evaluating families' strengths and needs so they can tailor the program systematically to each family.

NFP: As you look back on the past 40 years, what has been most gratifying?

Dr. Olds: The fact that we've developed a network of nurses, families and policymakers who have a commitment to making the world a better place. They share a certain hard-headed determination to be accountable to do this work well and to constantly ask how we can improve. That mindset has taken root in communities across the world, and to see this ever-growing group of passionate, smart, committed people is enormously gratifying.

NFP: What is your greatest hope for the program over the next 40 years?

Dr. Olds: I would say to more precisely characterize and reach the families who are most at risk. Our primary goal is to reach more families who are also the most vulnerable. There is something profoundly human and good that can be supported through Nurse-Family Partnership at this stage in human development. It provides realistic hope for the future.



DR. GREGORY DORN, KATE SIEGRIST, NFP CHIEF NURSING OFFICER, DR. DAVID OLDS AND DR. DAVID NASH AT THE 2018 POPULATION HEALTH COLLOQUIUM

NFP: What has surprised you about the results from the NFP program?

Dr. Olds: I'm surprised by how enduring the effects have been for mothers and children. We've been fortunate to be able to leverage this instinctual drive that mothers and other caregivers have to protect and promote the health of their children.

It's also been reassuring to observe consistent patterns of beneficial effects, across populations and contexts. We've also learned that the most vulnerable mothers and children benefit most.

NFP: Has the model changed significantly over time?

Dr. Olds: The basic program design and goals have remained remarkably consistent over the past 40 years. The difference today is that we have much more rigorous training for nurses to guide them in interacting with mothers and children. At the same time, this program and its implementation will always be a work in progress, as we adapt to major shifts in health-care, to how people receive and consume information and to new challenges faced by women, children and families living in poverty. We are committed to continuously improving the program to help those who are most vulnerable.

05. FINANCIALS

Every day, your contributions help positively transform the lives of people in poverty, and we are committed to providing financial transparency about how your dollars are spent.

Decades of evidence-backed research prove that Nurse-Family Partnership uplifts generations by helping vulnerable moms and families to break the cycle of intergenerational poverty. An independent RAND Corp. assessment showed that every dollar invested in Nurse-Family Partnership returns \$5.70 to society, providing a net benefit of \$34,148 per family served.¹ [The Center for High Impact Philanthropy](#) also recommends Nurse-Family Partnership as an exemplary program that delivers results.

Recognizing the benefits of Nurse-Family Partnership, funders contributed generously in 2017 to help lay the foundation for more than doubling our impact over the next seven years. We will be sharing more about this ambitious but achievable goal —and how you can become engaged—in the coming months.

Thank you for your support.

¹ Karoly LA, Kilburn MR, Cannon JS. Early childhood interventions: Proven results, future promise. RAND Corporation 2005.



CHARITY RATING

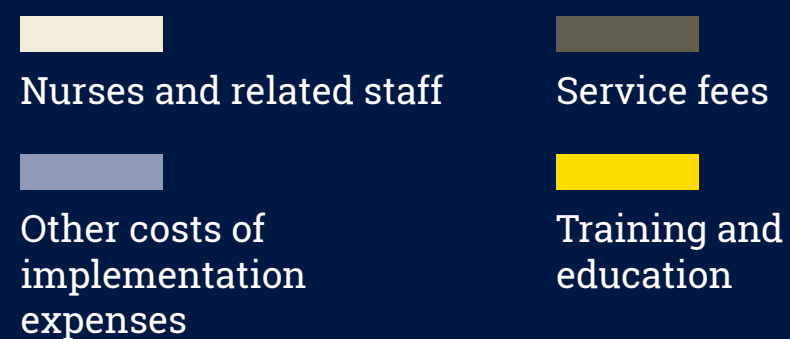
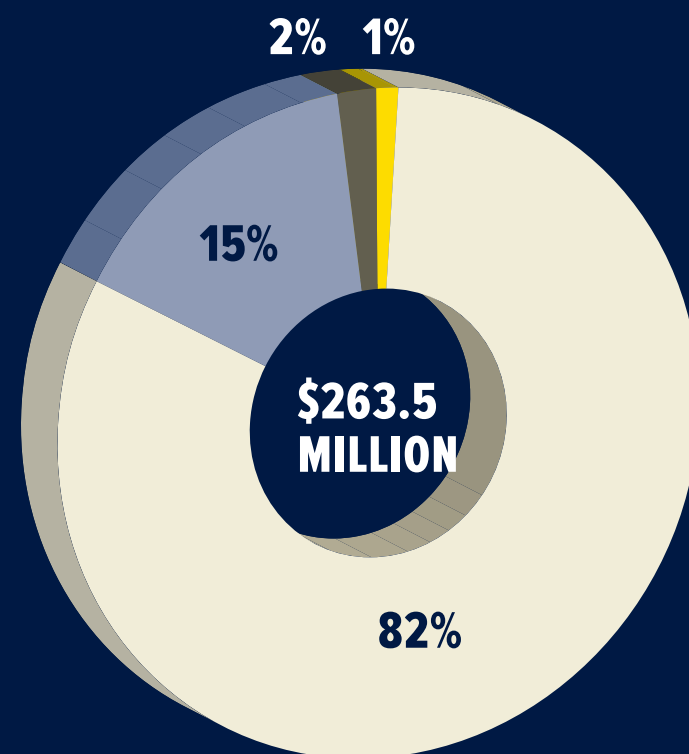
[GuideStar](#), the world's largest source of information about nonprofit organizations, awarded Nurse-Family Partnership with its highest Platinum Rating.

FINANCIAL OVERVIEW

For the year ended September 30, 2017

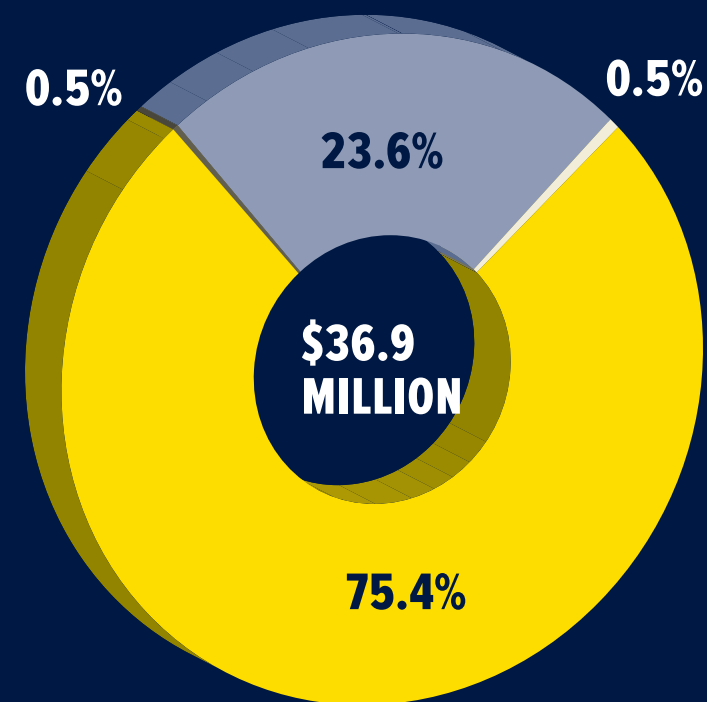
TOTAL IMPLEMENTATION NETWORK

The Nurse-Family Partnership Program is implemented by over 270 local independent organizations in partnership with the National Service Office (NSO). Total expenses for the implementation network were an estimated \$263.5 million.



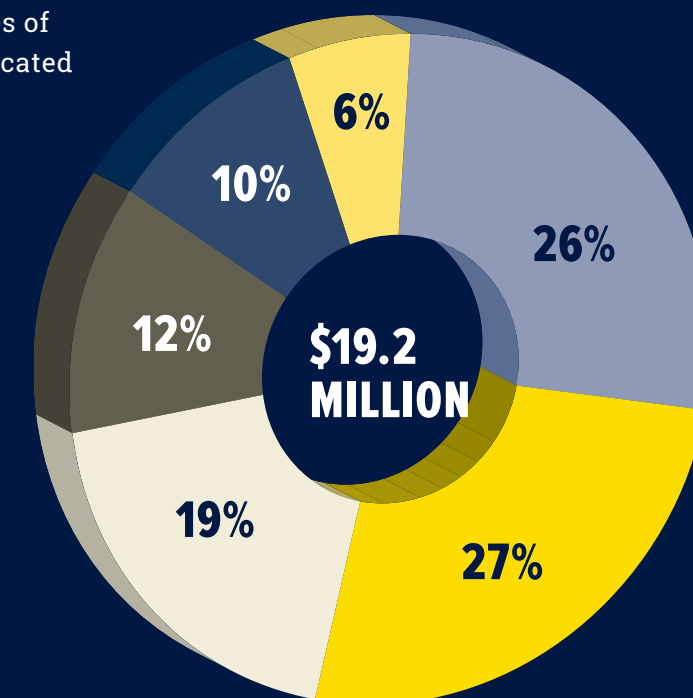
NATIONAL SERVICE OFFICE REVENUES

The National Service Office relies on philanthropy and fees for services to the implementation network. Total revenues were \$36.9 million. (A significant multi-year investment was received and recorded in 2017.)



NATIONAL SERVICE OFFICE EXPENSES (BY PRIMARY SERVICE AREA)

Operating expenses were \$19.2 million compared to \$36.9 million in revenues. The net of \$17.8 million will be utilized in future years. (General and management expenses of approximately 12% are included and have been allocated to each service area.)





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**BE A
FORCE
FOR
GOOD:**

DONATE

Your gift helps us serve more families.

ADVOCATE

Stay informed and up-to-date on our state and federal efforts through Voter Voice.

LEARN

We're adding stories about the moms, babies and families we reach on our website all the time.

SHARE

Let first-time mothers in need know about Nurse-Family Partnership with the information provided above.

WWW.NURSEFAMILYPARTNERSHIP.ORG