Background Information, Key Messages, & Talking Points

NFP National Site Visit Week
August 20-24, 2018

Thank you again for your participation in Nurse-Family Partnership National Site Visit Week! Your sites are playing a vital role to engage and educate Members of Congress and other policymakers on the value and importance of NFP programs serving their constituents. Elected officials and policymakers rely on site visits to understand and learn about the needs of communities – what's working, what's challenging, and how they can help. We hope that the information provided helps make your event(s) a success.

MIECHV- Success and New Opportunities

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) is the only dedicated federal funding stream for home visiting. The program was initially enacted into law as part of the Affordable Care Act (ACA) in 2009.

Thanks to all your tireless advocacy efforts, MIECHV was reauthorized in February as part of the Bipartisan Budget Act of 2018. The legislation extended MIECHV for five years at $400 million annually, and included several policy changes to the program, including an updated needs assessment, data improvements, and allowing Pay for Success projects to be partially funded with MIECHV dollars. We are so grateful for all that you did to achieve this outcome.

While the delay in reauthorization was challenging, it provided an opportunity to expand our Congressional champions. Even though nearly all Members of Congress have a MIECHV-funded program in their districts, many heard for the first time about MIECHV and critical services being provided to their constituents with the funding. We hope to build on the education and momentum that the reauthorization provided us as we work to maintain strong bipartisan support for the program.

NFP National Site Visit Week's primary objective is to raise awareness and educate more policymakers about local NFP programs and the impact on communities. However, we encourage all sites, whether you are funded by

MIECHV or not, to THANK members for their commitment to MIECHV and illustrate its role in delivering NFP to more moms and babies.

The talking points below also include suggestions on how to accurately describe how your site is funded—including Medicaid, state funding, private funds, among others. We have also attached our updated Public Policy Agenda, which provides an overview of our policy priorities at the national level.

Key Messages:

- **We chose to implement Nurse-Family Partnership because simply put: "It Works."**: *Discuss the vital role that NFP plays in empowering first time, at-risk moms to improve their lives and the lives of their children. Discuss the cost-effectiveness of NFP and other evidence-based home visiting models, focusing on how this continuum of care achieves better results with fewer resources.*

- **THANK YOU for reauthorizing MIECHV program brings evidence-based interventions to families that need it most**: As our nation struggles with numerous public health and educational challenges, including the opioid crisis, it is of utmost importance that we invest in prevention. The MIECHV program is one of the cornerstones of evidence-based policy, and it is having a real impact in the daily lives of our most at-risk populations. *Discuss how your agency, if applicable, fits into your state's MIECHV implementation. Members want to know how what they do in Congress affects our work and funding.*

- **States need secure funding to sustain and/or expand NFP and other evidence-based home visiting programs**: *Discuss the need that states have for secure funding to sustain/expand programs. Discuss the challenge in serving families when funding is uncertain. Also, discuss the demand for NFP and other evidence-based home visiting programs in your state and what health disparities or other outcomes your community struggles with and is looking to address.*

- **Evidence-based home visiting originated in states as a proven, cost-effective strategy to deliver preventative health and educational benefits to moms and babies who need it**: Evidence-based home visiting originated in states led by both Republican and Democratic governors and legislatures. *Discuss support at the state and local levels. Be sure to mention the support of county officials, state legislators, community stakeholders/community advisory board members, and other local advocates to implement and expand NFP and other evidence-based home visiting programs in your state.*

Suggested Talking Points:

- NFP is an evidence-based, nurse home visiting model with over 34,000 families enrolled in 42 states. In *[State]*, NFP currently has *[#]* programs serving *[list communities/counties served]* and has served over *[#]* families to date. *[Insert state specific outcomes here]*

- NFP provides nurse home visiting services to first time, vulnerable mothers by registered nurses beginning early in pregnancy and continuing through the child's second year. Nurses visit weekly, biweekly or monthly over this time period. NFP's primary program goals are to improve birth outcomes, child health and development, and parental economic self-sufficiency.

- In *[local community or State], [local NFP administering agency]* has implemented the NFP model using *[# of nurses]* to serve *[# of families]* since *[starting year]. [Describe how the NFP program model became established at your agency and how the model has impacted your community – tell your stories/experience]*

  - NFP is cost-effective. Independent evaluations by the Washington State Institute for Public Policy, the RAND Corporation and the Brookings Institution have found that investments in NFP lead to significant returns to society and government. For the higher-risk families now served by the program, a 2005 RAND study found a net benefit of $34,148 per family served, which yields up to a $5.70 return on investment for the highest-risk families.
  - A recent analysis by Dr. Ted R. Miller of the Pacific Institute for Research and Evaluation projects that state and federal government cost savings due to NFP's outcomes will average $26,898 per family served by the child's 18th birthday, with 62% of all government cost savings per family served accruing to Medicaid. *[Insert State-specific cost-benefit/return-on-investment data such as the Miller report if available]*

- The NFP program was developed by Dr. David Olds and over the past 40 years, rigorously evaluated in randomized controlled trials in Elmira, New York (1977); Memphis, Tennessee (1988); and Denver, Colorado (1994). Clients who participated in the NFP program have shown: *Improvements* in prenatal health; birth outcomes (including greater intervals between births); child development, school readiness, and academic

achievement; and maternal employment; and *Reductions* in child abuse and neglect; early childhood injuries; mental health problems, and crime.

- After each home visit, NFP nurses prepare data reports to the Nurse-Family Partnership National Service Office. Our site receives quarterly reports from the National Office which monitors our progress to ensure continued positive outcomes for families who are enrolled.

- Our NFP program needs sustainable public funding to continue to serve low-income expectant mothers and children In addition, public funding is needed to expand our services to more pregnant women, children, and families in need.

- Funding to support NFP sites comes from a variety of sources – our agency utilizes *[list funding sources]* to fund the NFP program.

- *[Share with your legislator the local goals/plans of your implementing agency to expand the NFP program or any challenges your local agency is facing]*.