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PEDIATRICS REPORTS NURSE-FAMILY PARTNERSHIP IMPROVES YOUTH COGNITION AND ACADEMIC PERFORMANCE

18-year evaluation of Nurse-Family Partnership showed significant outcomes for youth at age 18 and over \$17,000 in government cost savings per family

DENVER, CO (November 20, 2019) — Pediatrics – a leading, peer-reviewed journal of the American Academy of Pediatrics – published an 18-year follow-up of participants in a randomized, clinical trial of [Nurse-Family Partnership](#)® (NFP). This [study](#) found that Nurse-Family Partnership significantly improved the cognitive functioning and academic performance of 18-year old youth born to high-risk mothers with limited psychological resources to cope with poverty. An additional [Pediatrics study](#), over the same 18-year period, found that Nurse-Family Partnership saved government \$17,310 per family in public benefit costs, resulting in a net savings of \$4,732 in government costs (in 2009 dollars).

These studies are the largest and longest follow-ups of Nurse-Family Partnership – a national, early intervention program serving first-time mothers and their children living in poverty – to measure youth cognitive development and academic performance and cost savings per family to government.

“It’s rare for studies of early invention programs to examine early-intervention effects over an 18-year period,” said David Olds, PhD, professor of pediatrics at University of Colorado and one of the lead investigators of the studies. “This early intervention, Nurse-Family Partnership, produced long-term improvements in the

cognitive functioning of 18-year-old youth born to mothers who had limited personal resources to cope with the adversities of living in deep poverty. This new evidence shows promise that Nurse-Family Partnership's effects may carry over into adulthood."

"We know that mothers participating in Nurse-Family Partnership truly changed the life course for themselves and their children," said Frank Daidone, president and CEO of Nurse-Family Partnership. "These nurse home visits during pregnancy and the mother's first two years of parenting had a profound effect in laying the foundation for moms to reduce the impact of poverty and build stronger families. There's no better public investment – than investing in building stronger families. Not only does the government save money, but youth and families prosper and communities thrive."

Improved Outcomes for Youth:

The [youth study](#) found that youth – whose mothers had participated in nurse home visits during pregnancy and until their second birthday – had improved cognitive outcomes compared to youth in the control group. These benefits were observed for children born to high-risk mothers with limited psychological resources to cope with poverty, that is, those with lower intellectual functioning, mental health and sense of mastery (meaning confidence in their ability to manage challenges in their lives).

The outcomes for youth at age 18 included: improved math achievement scores, receptive language abilities, working memory, and ability to accurately read others' emotions. In addition, the nurse-visited youth were three times as likely to graduate from high school with honors compared to the control group. Also, at age

18, the proportion of nurse-visited youth receiving supplemental security income (SSI) for disability was 64.2% lower than that of the control group.

Moreover, nurse-visited female children born to all mothers participating in Nurse-Family Partnership, as a trend, had fewer convictions at age 18 than female children in the control group (an effect also observed for 19-year-old females in a previous randomized, clinical trial of the program in Elmira, N.Y). There were no other beneficial effects of the program on youth's behavioral health.

Improved Outcomes for Family's Economic Self-Sufficiency:

The additional [18-year study of high-risk mothers](#) – who had participated in nurse home visits during pregnancy until their first child's second birthday – showed that when their first child was 18 years old, they had saved the government \$17,310 (2009 dollars) in public benefits compared to women in the control group. These savings came from reduced costs for Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and welfare cash assistance. Considering the \$12,578 cost per family of program participation, this represents a net savings of \$4,732 (2009 dollars) in government costs. The reduction in public benefit costs was explained in part by nurse-visited mothers better planning subsequent pregnancies.

This study demonstrates how Nurse-Family Partnership when serving high-risk mothers improved the mother's life course – improving her economic self-sufficiency – and strengthened families. Nurse-visited mothers, when compared to the control group, were more likely to get married over the 18-year follow-up period and had higher rates of co-habitation. These mothers also had greater sense of mastery, that is, confidence in their ability to manage challenges in their lives. At the 18-year assessment, nurse-visited mothers had spouses who were

employed 14 months more than those in the control group. There were no other program effects on maternal self-reported behavioral health.

Study Design

Beginning in 1990, this study enrolled primarily African-American women with high-risk characteristics: 85% were living in households below the federal poverty level and in highly-disadvantaged neighborhoods in Memphis, TN.

Both studies had high retention rates, which contribute to the validity of the findings. The mother study completed assessments on 85% of those mothers that were still alive at their first child's eighteenth birthday; while the youth study completed assessments on 90% of the children still alive at age 18. These high rates of retention are rare in longitudinal studies.

These follow-up studies are the most recent reports from a series of randomized, clinical trials of Nurse-Family Partnership over the past four decades. Families in these trials are being followed over their life course to estimate NFP's long-term effects – far beyond when the program ends at the first child's second birthday. These studies have found that Nurse-Family Partnership is successful in reducing welfare use, improving maternal life course, improving children's cognitive development and academic achievement, reducing juvenile crime, and improving birth outcomes.

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About Nurse-Family Partnership

[Nurse-Family Partnership](#)® changes the future for the most vulnerable babies born into poverty by giving a first-time mom trusted support from her own

personal nurse throughout the first 1,000 days, from pregnancy until her child's second birthday. The program is backed by over 40 years of scientifically-proven outcomes for both mom and baby, and currently serves over 38,000 moms in 41 states, the U.S. Virgin Islands and many Tribal communities. Nurse-Family Partnership is headquartered in Denver, Colorado. Follow NFP on Twitter [@NFP_nursefamily](https://twitter.com/NFP_nursefamily), Facebook at facebook.com/nursefamilypartnership and Instagram at www.instagram.com/nursefamilypartnership/.