



## NURSE-FAMILY PARTNERSHIP: A STRATEGY TO IMPROVE THE LIVES OF AT-RISK FAMILIES, SAVE MONEY FOR TAXPAYERS

Minnesota's costliest social problems — including school failure, poverty, unemployment, crime, health disparities and child abuse and neglect — can be mitigated or prevented with early intervention. Voluntary, evidence-based nurse home visiting prevents and reduces costly problems before they begin, creating considerable cost savings for taxpayers.

### NURSE-FAMILY PARTNERSHIP BENEFITS

Nurse-Family Partnership® (NFP) is a voluntary, evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits until the child turns two years old. Both the state and federal government continue to recognize the Nurse-Family Partnership as a proven strategy for improving the lives of children and families. Over 37 years of research shows remarkable results in long-term, controlled studies of the Nurse-Family Partnership. Demonstrated outcomes include:

#### Improvements in:

- Maternal and child health
- Child development and school readiness
- Positive parenting practices
- Family economic self-sufficiency

#### Reductions in:

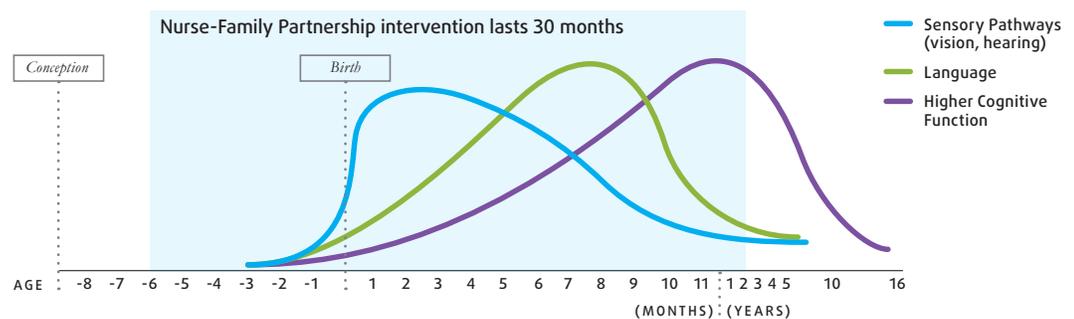
- Child maltreatment/abuse and neglect
- Childhood injuries and emergency department visits
- Juvenile delinquency, family violence and crime

### EARLY INTERVENTION IS CRITICAL

Prenatal to age two is the most important time period in brain development, with 80% of brain growth occurring prior to age three. Nurse-Family Partnership targets first-time, low income women early in pregnancy to allow for critical behavioral changes needed to improve the health and welfare of both mother and child. A report from the Center on the Developing Child at Harvard University shows the extent to which very early childhood experiences influence later learning, behavior and health. (See graph below.)

#### Human Brain Development

Synapse formation dependent on early experiences



As the chart above shows, during the first 30 months of a child's life, basic brain functions related to vision, hearing and language develop. It is during this window of opportunity that experienced registered nurses can have a huge impact on the future of both mother and child.

### OUR PROPOSAL

Source: Nelson, C.A., In *Neurons to Neighborhoods* (2000). Shankoff, J. & Phillips, D. (Eds.)

- Increase Medicaid Fee for Service rate to \$140/visit for Public Health Nurse Home Visiting for evidence-based home visiting targeted to mothers and their children for prenatal visits to age 3 of the child.
- \$1 million (one-time) for planning and start-up grants for currently unserved Community Health Boards, Tribal Nations and regions to implement the Nurse-Family Partnership program—prioritizing rural partnerships to maximize resources.
- \$2 million per year (on-going) for expansion and implementation grants for Nurse-Family Partnership programs to better meet community needs.

*“If communities are truly interested in making sound investments that will yield high public and private gains in both the long and short run, they would fare far better by investing in evidence-based, early child development initiatives like Nurse-Family Partnership than in professional sports stadiums or office towers.”*

- ROB GRUNEWALD  
Associate Economist, Federal Reserve Bank of Minneapolis

## MONETARY BENEFITS TO SOCIETY

The proven, positive outcomes of Nurse-Family Partnership create measurable savings for the state. The Rand Corporation estimates a **Return-on-Investment (ROI) of up to \$5.70 for every dollar invested.**<sup>i</sup>

A new report<sup>ii</sup> by Dr. Ted R. Miller of the Pacific Institute for Research and Evaluation found that NFP offers significant benefits to the families it serves and significant cost savings to society and government funders. This report is the most comprehensive analysis to date of NFP’s costs, outcomes and return on investment.

### Minnesota Cost Benefit Return on Investment

NFP Total Cost per Family*	\$9,240
Savings to State and Local Government at age 18	\$9,371
Total Government Savings at age 18	\$17,445
Cumulative Savings to Medicaid at age 23 months	\$4,093
Cumulative Savings to Medicaid at age 18	\$11,491
Total Societal Savings**	\$50,444

\*Average cost per year per family in MN ranges from \$5,000-\$6,000, with a national average for participation of 1.4 years.

\*\*NFP’s benefits to society are estimated to be \$50,444, taking less tangible savings (like potential gains in work, wages and quality of life) into account along with resource cost savings (cost offsets to government, insurers, and out of pocket payments by families).

## OUTCOMES

Nurse-Family Partnership is outcomes-driven — data tracking and on-going evaluation are built into programmatic funding and directly inform continuous quality improvement efforts. Based on a review of evidence from 30 NFP evaluation studies, including randomized controlled trials, quasi-experimental studies and large-scale replication data, Miller’s analysis predicts that when brought to scale, NFP can achieve the following outcomes in Minnesota:

- 24% reduction in smoking during pregnancy
- 27% reduction in pregnancy-induced hypertension
- 18% reduction in first preterm births (<37 weeks)
- 58% reduction in infant mortality (3.3 fewer infant deaths per 1,000 families served)
- 30% reduction in closely-spaced second births (within 2 years postpartum)
- 37% reduction in emergency department use related to childhood injuries (ages 0-2)
- 30% reduction in child maltreatment (through age 15)
- 38% reduction in language delay & 45% reduction in youth crimes and arrests (ages 11-17)
- 52% reduction in alcohol, tobacco & marijuana use (ages 12-15)
- 22% increase in full immunization status (ages 0-2)
- 7% reduction in TANF payments (through 9 years postpartum)
- 9% reduction in Food Stamp Payments (through 10 years postpartum)
- 7% reduction in person-months of Medicaid coverage (through 15 years post-partum)

## HOW CAN MINNESOTA BROADEN OUR IMPACT?

The demand for high quality, evidence-based nurse home visiting services continues to grow across the state. Nurse-Family Partnership currently serves less than 4% of the families eligible for these services.<sup>iii</sup> By supporting the expansion of the Nurse-Family Partnership at new and existing program sites in the communities of greatest need, the state can leverage federal investments to expand this proven program to serve more vulnerable Minnesotan children and their families.



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<sup>i</sup> \$5.70 return on investment found for the Nurse-Family Partnership program. See: Kilburn, M.R., & Karoly, L.A. (2008). The economics of early childhood policy. What the dismal science has to say about investing in children. RAND Corporation Study, 1-48

<sup>ii</sup> Ted Miller, Ph.D., Pacific Institute for Research and Evaluation, Nurse-Family Partnership Home Visitation: Costs, Outcome, and Return on Investment, April 30, 2013 and associated Return on Investment Calculator dated 5/5/2014. The national report is accompanied by a state-specific return on investment calculator that modifies national estimates to project state-specific outcomes and associated return on investment. The calculator is updated periodically to reflect major research updates.

<sup>iii</sup> 2012 Medicaid birth population. County Data Tables, Center for Health Statistics, Minnesota Department of Health, 2012.