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About Us

Voluntary Early Prevention

Nurse-Family Partnership (NFP) is a national nonprofit organization committed to producing enduring improvements in the health and well-being of low-income, first-time parents and their children. The NFP National Office located in Denver, Colorado, helps communities replicate and sustain an evidence-based program of home visiting by registered nurses. Specifically, the program achieves three important goals:

- ▶ **Pregnancy outcomes are improved by helping women practice sound health-related behaviors, including obtaining good prenatal care from their healthcare provider, improving diet, and reducing the use of cigarettes, alcohol and substance abuse.**
- ▶ **Children's health and development are improved by helping parents provide responsible and competent care for their children.**
- ▶ **Families' economic self-sufficiency is improved by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find jobs.**

Research

Proven Success

Nurse-Family Partnership is the most rigorously tested program of its kind. Dr. David Olds, program founder, conducted randomized controlled trials in **Elmira, New York** (1977); **Memphis, Tennessee** (1987); and **Denver, Colorado** (1994). Research concluded that NFP mothers are *less likely* to abuse or neglect their children, have subsequent unintended pregnancies, or misuse alcohol or drugs; and they are *more likely* to transition off welfare and successfully maintain stable employment.

Compared to control group-counterparts, families who participated in the Elmira trial exhibited the following successes 13 years after the program ended:

- **56% Fewer emergency room visits where injuries were detected**
- **79% Reduction in child maltreatment among at-risk families**
- **32% Reduction in subsequent pregnancy**
- **83% Increase in labor force participation by child's 4th birthday**
- **30-Month reduction in welfare use**
- **44% Reduction in maternal behavioral problems due to substance use**
- **69% Fewer arrests among low-income, unmarried mothers 15 years following the birth of their first child**
- **56% Fewer arrests & 81% fewer convictions among adolescents of low-income, unmarried mothers**
- **63% Fewer sexual partners among the 15-year-old children of low-income, unmarried mothers**
- **2-year or greater interval between birth of first and second child**

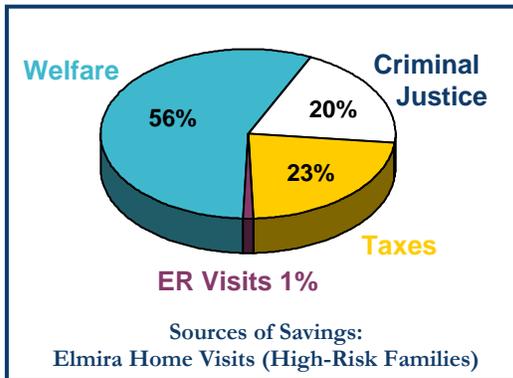
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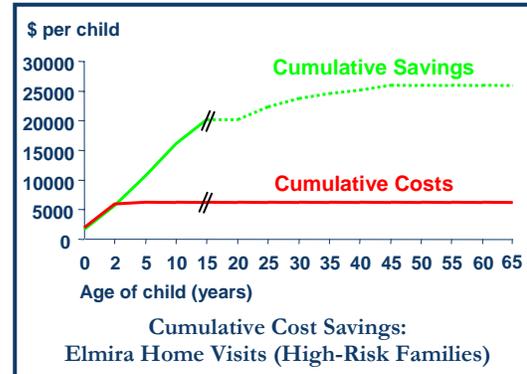
A Prevention Program That Works!

Benefits

Nurse-Family Partnership more than pays for itself, given the multitude of outcomes the program effects. Net reductions in public costs begin to accrue by the time the children are four years old. Further, the *Rand Corporation** has independently estimated that the cost-savings to society and government over the child's life-time were at least four times greater, among high-risk participants, than the cost of the program itself and these savings began to accumulate sooner than they did in other early childhood programs.



While the cost savings are still significant, these percentages may be reduced due to welfare reform that has limited the lifetime eligibility for TANF.



*Karoly, L.A., Greenwood, P.W., Everingham, S.S., Hoube, J., et al (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions*. MR-898 Santa Monica, CA: The RAND Corporation.

Elements

- ▶ Home visitors are highly educated registered nurses.
- ▶ Nurse home visitors follow *NFP Visit Guidelines* that focus on the mother's personal health, quality of care-giving and life-course development.
- ▶ Nurse home visitors begin making visits during pregnancy, (no later than 28 weeks of gestation) and continue through the first two years of the child's life.
- ▶ Nurse home visitors involve the mother's support system including family members, fathers and friends, and they help families use other health and human services they may need.
- ▶ NFP utilizes a *Clinical Information System*, designed specifically to record family characteristics, needs, services provided and progress toward accomplishing program goals.

Future

Goals of the NFP National Office

NFP currently supports a vibrant network of sites expanding across 20 states, serving more than 20,000 families annually. The goal is to make the program available to **all** low-income, first-time families across the United States, with the continued support of the following partners and charitable organizations:

The National Center for Children, Families and Communities (NCCFC), located at the University of Colorado at Denver and Health Sciences Center, collaborates with NFP on program evaluation. Data collected by home visitors at local sites is reported to NCCFC through NFP's web-based Clinical Information System (CIS). www.nccfc.org

The Prevention Research Center (PRC), directed by Dr. David Olds, leads the effort to improve the NFP model by reducing participant attrition and addressing issues such as mental illness and intimate partner violence.

Invest in Kids in Colorado (IIC), is responsible for site development work in Colorado and works alongside the NFP National Office to ensure successful statewide implementation of the program. www.iik.org

Public/Private Ventures Inc. (P/PV), an action-based research, public policy and program organization in Philadelphia that assists the NFP National Office with site development and overall strategies for the replication process. www.ppv.org

Major Supporters of NFP Program Replication

Edna McConnell Clark Foundation • Doris Duke Charitable Foundation • Mabel Hughes Charitable Trust
Robert Wood Johnson Foundation • The Picower Foundation