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Testimony on Behalf of the Nurse-Family Partnership Program

presented by:

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Thank you for the opportunity to testify on behalf of Nurse-Family Partnership and for your support of this important program. My name is Renée Nogales, and I serve as a Program Developer with the Nurse-Family Partnership National Service Office, a national not-for-profit organization charged with supporting high-quality replication and implementation of this model at implementing agencies across the country. I ask for your continued support of this evidence-based home visiting program that truly strengthens New York families and communities in a cost-effective way. As you make very difficult decisions about the budget, I ask that you establish **a dedicated line item of $5 million in the New York State Department of Health's budget to help sustain Nurse-Family Partnership**. This is especially critical now to offset any additional reduction in capacity and maintain programs at current levels until the program can be more robustly covered under Medicaid.

Nurse-Family Partnership is an excellent example of cost-effective prevention that started as a research pilot in Elmira, New York over 30 years ago. Its proven track record and demonstrated cost savings prompted the Medicaid Redesign Team's (MRT) Basic Benefits Work Group to recommend that Nurse-Family Partnership be covered as a preventive service under Medicaid, which would result in more comprehensive coverage than the program currently receives under Targeted Case Management.

However, while expansion of NFP received overwhelming support during the MRT process and a request is expected to be submitted to the Centers for Medicare & Medicaid Services (CMS) for NFP to become a covered preventive service, budget cuts in a variety of areas have reduced this critical program's current funding for FY 2012-2013. Without the $5 million, capacity will likely need to be reduced, thus placing hundreds of New York's most vulnerable infants at even greater risk.

I appreciate that many of you are already familiar with Nurse-Family Partnership. It is voluntary, evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother is partnered with a registered nurse early in pregnancy and receives frequent, individualized home visits that continue through her child's second birthday. Nurse-Family Partnership nurses help mothers have healthy pregnancies, improve their child's health and development, and become economically self-sufficient. Home visits focus on encouraging positive life choices that yield economic benefits to taxpayers. The program now operates in Monroe County, Onondaga County, in all five boroughs of New York City, and nationally in 34 states. Nurse-Family Partnership has served over 9,200 families in New York State since 2003 and currently serves about 2,300 families.

Thirty-five years of rigorous research have proven that Nurse-Family Partnership can break the cycle of child abuse and neglect, crime, poor health outcomes and government dependence. At the same time, it helps mothers have healthier pregnancies, encourages nurturing parenting practices, increases labor force participation; improves school readiness; saves substantial government resources; and benefits mothers, fathers, children and future generations. It has been identified as one of the most cost-effective programs of its kind by the Washington State Institute for Public Policy[1] and is cited as a top tier "social program that works" by the Coalition for Evidence-Based Policy.[2]

Supporting funding for Nurse-Family Partnership is good economic policy for New York State. Several independent studies have found that Nurse-Family Partnership is cost-effective and

yields economic benefits to taxpayers. For example, a recent analysis from the Pacific Institute for Research and Evaluation demonstrated that for every New York family that Nurse-Family Partnership serves, by the child's twelfth birthday, New York State and local governments save an average of $10,841 for each family served. Offsets continue to accrue thereafter from reduced spending on Medicaid, TANF, food stamps and the costs associated with child abuse. An estimated $1,308 in additional offsets per family later result because NFP continues to reduce youth offending and associated criminal justice costs through age 17.[3] PIRE determined that Nurse-Family Partnership is budget-neutral to Medicaid by child age 5 or 6 in New York City, and *Medicaid savings alone* fully offset program costs in NYC before the child's sixth birthday.[4]

Attached to my testimony is a document, which I ask be included in the record, titled, *Evidentiary Foundations of Nurse-Family Partnership.* Some illustrative program outcomes from the replicated research trials include:

- 56 percent reduction in emergency room visits for accidents and poisonings in the second year of the child's life[5]
- 48 percent reduction in state-verified reports of child abuse and neglect by a child's 15th birthday[6]
- 31 percent reduction in very closely-spaced (<6 months) subsequent pregnancies[7]
- 35 percent fewer cases of pregnancy-induced hypertension[8]
- 79 percent reduction in preterm delivery among women who smoke cigarettes[9]
- 50 percent reduction in language delays by child age 21 months[10]
- 67 percent reduction in behavior and emotional problems by child age 6[11]

Some positive outcomes from New York Nurse-Family Partnership implementing agencies include:[12]

- 93 percent of infants are up-to-date with immunizations at 24 months (compared to 75 percent of children on WIC statewide)[13]
- 85 percent of mothers receive their first prenatal visit during the first trimester (compared to 75 percent statewide)[14]
- 89 percent of mothers initiate breastfeeding (14 percentage points higher than Healthy People 2020 standards), and 33 percent of mothers continue to breastfeed at child age six months
- 84 percent of households are tested for lead exposure by child age two
- 83 percent of mothers have no subsequent pregnancies at child 18 months (compared to 73 percent of low-income U.S. women who participate in federally-funded public health programs)[15]

As a result of the state's wise investment today, vulnerable children of New York can have a positive start in life that will translate into lasting social and economic benefits for generations to come.

The Nurse-Family Partnership is a proven prevention program that empowers fragile families to learn how to become healthy families. When you combine healthier pregnancies and healthier children, the improvements in school readiness and family self-sufficiency as well as the reductions in child abuse, emergency room utilization, drug and substance abuse as well as the

rates of anxiety and depression among children, the potential effects on New York communities and families are tremendous. Numerous lives are changed for the better.

Thank you very much for the opportunity to present this testimony, and for your commitment to evidence-based home visiting programs like Nurse-Family Family Partnership, as well as others like Healthy Families New York and the Parent-Child Home Program.

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[1] Aos, S.; et al. A. Return on investment: evidence-based options to improve statewide outcomes. Olympia, WA: Washington State Institute for Public Policy; 2011.

[2] Social Programs that Work [homepage on the Internet]. Coalition for Evidence-Based Policy. [cited 2007 Feb 1]. Available from: http://www.evidencebasedprograms.org/.

[3] Miller, Ted. *Cost Offsets of Nurse-Family Partnership in New York State.* Pacific Institute for Research and Evaluation, February 2011.

[4] Miller, Ted. *Cost Offsets of Nurse-Family Partnership in New York City.* Pacific Institute for Research and Evaluation, July 2011.

[5] Olds DL, Henderson CR Jr, Chamberlin R, Tatelbaum R. Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics* 1986 Jul;78(1):65-78.

[6] Reanalysis Olds et al. *Journal of the American Medical Association* 1997 Aug 27;278(8):637-43.

[7] Kitzman H, Olds DL, Sidora K, Henderson CR Jr, Hanks C, Cole R, Luckey DW, Bondy J, Cole K, Glazner J. Enduring effects of nurse home visitation on maternal life course: a 3-year follow-up of a randomized trial. *Journal of the American Medical Association* 2000 Apr 19;283(15):1983-9.

[8] Kitzman H, Olds DL, Henderson CR Jr, Hanks C, Cole R, Tatelbaum R, McConnochie KM, Sidora K, Luckey DW, Shaver D, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *Journal of the American Medical Association* 1997 Aug 27;278(8):644-52.

[9] Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics* 1986 Jan;77(1):16-28.

[10] Olds DL, Robinson J, O'Brien R, Luckey DW, Pettitt LM, Henderson CR Jr, Ng RK, Sheff KL, Korfmacher J, Hiatt S, et al. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics* 2002 Sep;110(3):486-96.

[11] Olds DL, Kitzman H, Cole R, Robinson J, Sidora K, Luckey D, Henderson C, Hanks C, Bondy J, Holmberg J. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trail. *Pediatrics* 2004; 114:1500-9.

[12] Data from the Nurse-Family Partnership Efforts-to-Outcomes™ national database as of 12/31/11.

[13] Comparison data: CDC National Immunization Survey, 2008: [Among NYC women on WIC].

[14] Comparison data: Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program: Statewide Needs Assessment. New York State Department of Health, September 2010.

[15] Comparison data: CDC Pediatric and Nutrition Surveillance System, 2008.