



**Testimony of Emily Frankel, Government Affairs Manager
Nurse-Family Partnership**

**Before the New York State Joint Legislative Hearing on Health
2021-2022 Executive Budget**

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Thank you, Chair Weinstein, Chair Krueger, Chair Rivera, Chair Gottfried, and the members of the New York State Senate and Assembly Finance and Health Committees, for the opportunity to present testimony as a part of today's Joint Legislative Hearing on Health.

My name is Emily Frankel, and I am the Government Affairs Manager for Nurse-Family Partnership (NFP). NFP is a voluntary, evidence-based community health program that pairs low-income, first-time pregnant women with a registered nurse from early in pregnancy through the child's second birthday. Through regular, ongoing home visits, NFP nurses help first-time mothers achieve healthier pregnancies and births, improve their child's health and development, and help NFP moms develop a vision and plan for their own lives and a more stable and secure future for their new family. This is accomplished through the provision of health education and guidance, care coordination and preventive services.

I come before you today on behalf of the 162 NFP nurses and the nearly 4,000 New York families they serve to urge you to reject the Governor's proposed 20 percent cut to Nurse-Family Partnership in the Executive Budget. This cut would reduce NFP's funding from \$3 million to \$2.4 million and would result in less families being served at a time when they need NFP the most. We respectfully ask the State Legislature to secure an additional \$1 million appropriation to restore the Executive Budget's cut to NFP and to support sustainability at existing sites. This would provide Nurse-Family Partnership with a total of \$3.4 million in funding.

The impact of the Executive Budget's cuts on Nurse-Family Partnership are much deeper than the obvious and very visible 20 percent reduction to NFP's line-item. For example, the Governor's proposed 20 percent (\$4 million) reduction in funding for the Community Optional Preventive Services Program (COPS), which supports community-based programs that prevent at-risk children and youth from entering the child welfare and juvenile justice systems, significantly impacts Nurse-Family Partnership. Many home visiting programs, including NFP programs in New York City and Monroe County, receive COPS funding. The Governor's proposed cuts to NFP's line-item and to COPS funding, would lead to workforce reductions of at least 6 nurse home visitors for New York City Department of Health and Mental Hygiene (NYC DOHMH) NFP, which is the largest urban implementation of NFP in the country. As a result of this workforce reduction, at least 150 low-income families in New York City would no longer be

served annually by the program. Additionally, the Governor's proposed cut to New York City's Article VI reimbursement from 20 percent to 10 percent, would lead to further workforce and service reductions for NYC DOHMH NFP.

Supporting funding for Nurse-Family Partnership is good economic policy for New York State. Several independent studies have found that NFP is cost-effective and yields economic benefits to taxpayers. An analysis from the Pacific Institute for Research and Evaluation (PIRE) demonstrated that for every New York family that Nurse-Family Partnership serves, New York State will save an average of \$17,960 by the child's 18th birthday.¹ For New York State, there is an \$8.20 return for every dollar invested in Nurse-Family Partnership.²

The NFP Model & Outcomes

The NFP model, along with the trusted relationship between a nurse and mother, creates protective factors for mom and baby against the societal challenges that contribute to toxic stress, systemic racism, and adverse pregnancy outcomes. NFP nurses serve a specific population of first-time mothers who face inequities across this spectrum. NFP is solely focused on serving the highest risk families. Many of our mothers are young, living in poverty, and navigating several challenges, including social isolation, abuse, and mental illness. Many NFP mothers lack stable housing, family support and experience food insecurity. Our nurses are uniquely situated to reach underserved women and trained to help mothers at one of the most transformative parts of their lives -- the birth of a first child.

NFP nurses use their clinical expertise and assessment skills to understand the strengths and risks that mothers have experienced in their lifetime that may impact their health and their child's health. With a two generational approach, nurses identify early warning signs of health problems during pregnancy, post-partum, infancy, and early childhood that can lead to adverse outcomes—even death. For example, nurses can identify early signs of preeclampsia, high blood pressure and other cardiovascular risks, and educate the mom about the warning signs she needs to closely watch for and when she needs to seek emergency medical care. In addition to monitoring for risk factors, NFP nurses ensure that women and children experiencing signs of possible health complications are seen by the appropriate health care provider and that follow-up care is completed. They also connect moms with community resources and partners to provide ongoing support and care.

A 20-year follow-up study of the program shows that NFP is effective at reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings. This study found that mothers who did not receive nurse home-visits were nearly 3 times more likely to die from all causes of death than nurse-visited moms (3.7% versus 1.3%).³

NFP is a rigorously researched evidence-based model with over 40 years of randomized controlled trial research and longitudinal follow-up studies. This research has found that families served by NFP experience the following improvements in maternal and child health:

¹ Miller, Ted R. Cost Savings of Nurse-Family Partnership in New York. PIRE 2019.

² Miller, Ted R. Projected Outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777. This data relies on a state-specific return on investment calculator derived by Dr. Miller from published national estimates to project state-specific outcomes and associated returns on investment. The calculator is revised periodically to reflect major research updates (latest revision: 2/21/2019).

³ Olds, D., Kitzman, H., et al. Impact of Home Visiting by Nurses on Maternal and Child Mortality: Results of a Two-Decade Follow-Up of a Randomized, Clinical Trial. *JAMA Pediatrics*. 2014.

- 35% fewer cases of pregnancy-induced hypertension⁴
- 79% reduction in preterm delivery among women who smoke cigarettes⁵
- 48% reduction in child abuse and neglect.⁶
- 67% less behavioral and intellectual problems in children at age 6.⁷

For the 14-year period between December 31st, 2006 to December 31st, 2020, NFP outcomes for New York State included:

- 89% of babies were born full-term.
- 90% of mothers initiated breastfeeding.
- 94.6% of babies received all immunizations by 24 months.
- 57.8% of clients 18 and older were employed at 24 months.⁸

New York State NFP

In New York State, the National Service Office of Nurse-Family Partnership works with a variety of community-based organizations and health care agencies to deliver the program. Since 2003, NFP has served over 21,721 families from across the state through its 15 network partners. NFP is funded to serve over 3,800 families annually and a portion of this funding comes from the state. We cannot thank you enough for your incredible, longstanding support for the program.

This time last year, no one could have imagined the public health crises we are faced with today. NFP nurses have been a lifeline for the pregnant and first-time mothers they serve. At the height of the pandemic, many of our moms were unable to receive routine prenatal and postpartum care due to the closure of medical practices and clinics. NFP nurses played a critical role in filling these gaps in care. Through regular telehealth visits, NFP nurses were able to conduct clinical screenings and assessment, identify and monitor medical issues and complications, and help their clients get the health care that they needed. NFP nurses also assisted families in applying for unemployment benefits and nutrition assistance like WIC, and secured formula, diapers, car seats, blood pressure cuffs and other essential supplies.

The 20 percent withhold on state government contracts has significantly impacted Nurse-Family Partnership's capacity. To absorb this reduction in funding, many NFP programs instituted hiring freezes in 2020 for nurse positions, which means fewer low-income families were being served at a time when they could benefit from NFP the most. NFP network partners are unable to sustain any additional cuts without taking more drastic measures, such as reducing additional nurse positions.

NFP nurses support the very populations that have been hit hardest by the pandemic. In many cases, NFP nurses have been the only access or connection that families have had to primary care and other safety net resources throughout the pandemic. The Executive Budget's 20 percent cuts to Nurse-Family Partnership's line-item and COPS funding, as well as the Governor's proposed reduction to Article VI reimbursement for New York City, will undermine the essential services and support that NFP nurses provide to low-income, first-time mothers and their children.

⁴ Kitzman H, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. JAMA. 199.

⁵ Olds DL, Henderson CRJ, et al. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. Pediatrics. 1986.

⁶ Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. JAMA. 1997.

⁷ Olds DL, Kitzman H, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. Pediatrics 2004.

⁸ Aggregate data provided by NSO, includes data for the state from December 2006 through December 2020.

I ask that you stand up for NFP, our nurses, and the low-income, mothers and children we serve, and restore Nurse-Family Partnership's funding in the state budget. Thank you again for the opportunity to present testimony today.