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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. My name is Renée Nogales, and I serve as a Regional 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 public health 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 restore $2.5 million in funding **in the state 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 global waiver is approved by the Centers for Medicare and Medicaid Services (CMS) and Nurse-Family Partnership can be more robustly covered under Medicaid.

Nurse-Family Partnership (NFP) is an excellent example of cost-effective prevention, as reported in several independent analyses including a RAND Corporation study that showed a return of $5.70 for every $1 in public funds invested in Nurse-Family Partnership to serve high-risk families.[1] These documented government savings are largely in decreased healthcare, criminal justice, and social program costs. NFP's proven track record and demonstrated cost savings prompted the Medicaid Redesign Team (MRT) 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, it is unclear when the waiver amendment will be approved by CMS and Medicaid Redesign and become fully operationalized. Without the $2.5 million, NFP capacity would likely need to be reduced, placing hundreds of New York infants born in to poverty at even greater risk.

> **"[NFP] could be among the best money the government spends."**
> **-- David Bornstein, Opinionator column,**
> ***The New York Times*, May 16, 2012**

I appreciate that many of you are already familiar with Nurse-Family Partnership. It is a 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, as families succeed with life course goals of employment, education, and stronger child health and development. The program now operates in Monroe and Onondaga Counties, in all five boroughs of New York City, and nationally in 42 states and one U.S. territory. Nurse-Family Partnership has served about 10,700 families in New York State since 2003 and currently serves about 2,200 families. NFP is one of the evidence-based home visiting programs operating in New York State; others include Healthy Families New York and the Parent-Child Home Program.

"[Nurse-Family Partnership] is one of my favorite programs fighting poverty…the results are stunning."
-- Nicolas Kristof, Pulitzer Prize winning columnist for *The New York Times,* October 20, 2012

Over 35 years of unsurpassed rigorous research—that began in Elmira, New York, with the first of three randomized controlled trials—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, the program 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[2] and is cited as a top tier "social program that works" by the Coalition for Evidence-Based Policy.[3]

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, 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 and local governments save an average of $10,841 by the child's twelfth birthday ($13,199 when considering local savings for NYC). 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.[4] PIRE determined that Medicaid savings alone fully offset Nurse-Family Partnership program costs by child age five statewide and in NYC before the child's sixth birthday.[5]

Attached to my testimony is a document titled, *Evidentiary Foundations of Nurse-Family Partnership,* which I ask be included in the record. 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[6]
- 48 percent reduction in state-verified reports of child abuse and neglect by a child's 15th birthday[7]
- 31 percent reduction in very closely-spaced (<6 months) subsequent pregnancies[8]
- 35 percent fewer cases of pregnancy-induced hypertension[9]
- 79 percent reduction in preterm delivery among women who smoke cigarettes[10]
- 50 percent reduction in language delays by child age 21 months[11]
- 67 percent reduction in behavior and emotional problems by child age 6[12]
- 67 percent reduction in 12-year-old children's use of cigarettes, alcohol or marijuana, as well as a 28 percent reduction in mental health problems (depression and anxiety)[13]

Positive outcomes specifically from New York Nurse-Family Partnership implementing agencies include:[14]

- 94 percent of infants are up-to-date with immunizations at 24 months (compared to 75 percent of children on WIC statewide)[15]
- 85 percent of mothers receive their first prenatal visit during the first trimester (compared to 75 percent statewide)[16]
- 89 percent of mothers initiate breastfeeding (14 percentage points higher than Healthy People 2020 standards), and 34 percent of mothers continue to breastfeed at child age six months
- 84 percent of households are tested for lead exposure by child age two
- 82 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)[17]
- 83 percent of infants are assessed for developmental milestones by age four months[18]
- 67 percent of mothers are in the workforce at program completion, up from 34 percent at intake (among those clients 18 and older at intake)

As a result of the state's wise investment to date, vulnerable children of New York get a positive start in life that can 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, successful 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, and rates of anxiety and depression among children, the potential effects on New York communities and families are tremendous. Because of wise public investment in Nurse-Family Partnership, many lives are changed for the better. With your continued support through restoring $2.5 million in the FY2013 budget, the future can be bright for many more vulnerable young families.

Thank you for the opportunity to present this testimony, and for your commitment to Nurse-Family Partnership and evidence-based home visiting.

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

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

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[6] 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.
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[14] NFP data: National Service Office's Efforts-to-Outcomes™ national database as of 12/31/12.
[15] Comparison data: CDC National Immunization Survey, 2008: [Among NYC women on WIC].
[16] Comparison data: Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program: Statewide Needs Assessment. New York State Department of Health, September 2010.
[17] Comparison data: CDC Pediatric and Nutrition Surveillance System, 2008.
[18] Nurse-Family Partnership begins utilizing Ages and Stages at four months (and Ages and Stages-SE at six months), which is a first-level screening tool to assist in identifying developmental delays/disorders in infants and young children.