

# BENEFITS AND COSTS

A RIGOROUSLY TESTED PROGRAM WITH MEASURABLE RESULTS

**Nurse-Family Partnership® is an evidence-based health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.**

**5x \$ RETURN**  
**EVERY \$1 INVESTED IN NFP SAVES \$5.70 IN FUTURE COSTS FOR THE HIGHEST-RISK FAMILIES SERVED<sup>2</sup>**

Nurse-Family Partnership’s foundational research is from randomized, controlled trials conducted in three diverse settings. This research shows that first-time mothers working with a Nurse-Family Partnership nurse home visitor can transform their lives and the lives of their children. Nobel laureate James Heckman has studied Nurse-Family Partnership and found that the following improved: maternal mental health and home environments, birth weights in boys, children’s cognitive development and boys’ educational achievement.<sup>1</sup>

The cost of the Nurse-Family Partnership program varies depending on the location. For example the cost of the program in South Carolina is estimated to cost \$6,000 per family and \$9,600 per family in New York City. Nurses’ salaries are the primary driver of the variability in cost, with highest costs typically found in urban centers on either coast and in hospital-based programs.

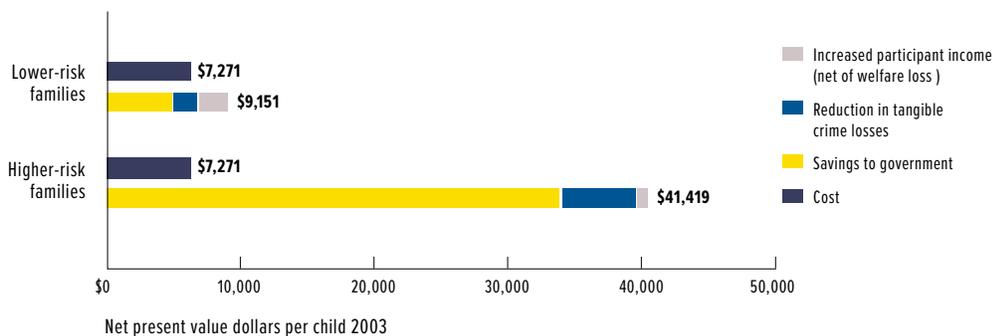
Communities choose to invest in Nurse-Family Partnership because investments can yield substantial, quantifiable benefits in the long term — to parents, their children and the communities in which they live.

## COST-BENEFIT STUDIES

A 2005 RAND Corporation analysis found a net benefit to society of \$34,148 (in 2003 dollars) per higher-risk family served, with the bulk of the savings accruing to government, equating to a \$5.70 return for every dollar invested in Nurse-Family Partnership (see graph). The analysis also found that for the higher-risk families participating in the first trial in Elmira, NY, the community recovered the costs of the program by the time the child reached age four, with additional savings accruing throughout the lives of both mom and child.<sup>2</sup>



## Monetary Benefits to Society



Source: 2005 RAND Corporation Study

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When Medicaid pays for Nurse-Family Partnership services, the federal government saves more than it spends on the program costs, according to a 2015 study by Ted Miller from the Pacific Institute for Research and Evaluation.<sup>3</sup>

Using data from the Nurse-Family Partnership randomized controlled trials and other published studies, Miller's analysis noted that Nurse-Family Partnership nurse-visited families gained academic and employment skills to become economically self-sufficient. According to the Miller analysis, Nurse-Family Partnership services resulted in lower enrollment in Medicaid and SNAP, with a 8.5% reduction in Medicaid costs from birth to age 18 and a 9.6% reduction in SNAP costs in the 12 years following the birth of the child. Federal savings were estimated at \$3 billion savings to TANF, SNAP and Medicaid.<sup>3</sup>

## LASTING IMPACT

Data from the 15-year follow-up study to the Nurse-Family Partnership trial in Elmira, NY, showed positive effects for nurse-visited families more than 12 years after the visits ended. In addition, the following outcomes have been observed among participants in at least one of the three randomized, controlled trials:

- **48% reduction in child abuse and neglect<sup>4</sup>**
- **59% reduction in arrests among children<sup>5</sup>**
- **72% fewer convictions of mothers<sup>4</sup>**
- **56% reduction in emergency room visits for accidents and poisonings<sup>6</sup>**
- **67% reduction in behavioral and intellectual problems among children at age 6<sup>7</sup>**

## NATIONAL SUPPORT

Nurse-Family Partnership is serving moms in 40 states, the U.S. Virgin Islands and some Tribal Communities. The national headquarters in Denver, CO, works with participating agencies to ensure that they adhere to the tested and proven approach. Local network agencies are required to input data regarding family characteristics and needs and the services provided during each nurse home visit into a web-based performance management system. Reports are provided back to the agencies, tracking fidelity to the proven model, and ensuring communities realize comparable outcomes to those documented over the past 40 years.

Well-designed randomized, controlled trials are an accepted research practice in the field of medicine. Randomized, controlled trials are essential in producing valid, actionable evidence about what does and does not work, and are designed to provide conclusive evidence of effectiveness. Medical breakthroughs that are the result of randomized, controlled trials include vaccines for polio, measles and hepatitis B, as well as cancer treatments that have dramatically improved survival rates for patients with leukemia, Hodgkin's disease and breast cancer. However, for public health programs, evidence from clinical trials often is not required. This is changing as policymakers, public health officials and the communities they serve increasingly demand proven approaches for addressing public health. Nurse-Family Partnership is one such proven program. With results from three randomized, controlled trials over three decades in Elmira, NY, Memphis, TN and Denver, CO, Nurse-Family Partnership is the epitome of an evidence-based public health program.



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NURSE FAMILY PARTNERSHIP IS EVIDENCE-BASED AND HAS ALREADY SHOWN REAL RESULTS BOTH IN THE HEALTH OF THE MOTHERS AND THE BABIES, BUT ALSO IN OTHER ASPECTS OF THE MOTHER'S LIFE SUCH AS GRADUATION RATES FOR TEEN MOMS AND UNEMPLOYMENT RATES.

— U.S. SEN. TIM SCOTT OF SOUTH CAROLINA

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2. Karoly, L., Kilburn, M. R., Cannon, J. Proven results, future promise. RAND Corporation 2005.

3. Miller, T. Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996–2013, USA. Prevention Science. 2015

4. Reanalysis Olds et al. (1998) Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. Journal of the American Medical Association 1997

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