

OVERVIEW

GENERAL INFORMATION

Nurse-Family Partnership® is an evidence-based, community 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.

“ ”

CHILDREN'S PROGRAMS ARE SUCCESSFUL WHEN THEY LEVERAGE THE MOST DIFFICULT JOB IN THE WORLD: PARENTING

NICHOLAS KRISTOF,
NEW YORK TIMES COLUMNIST



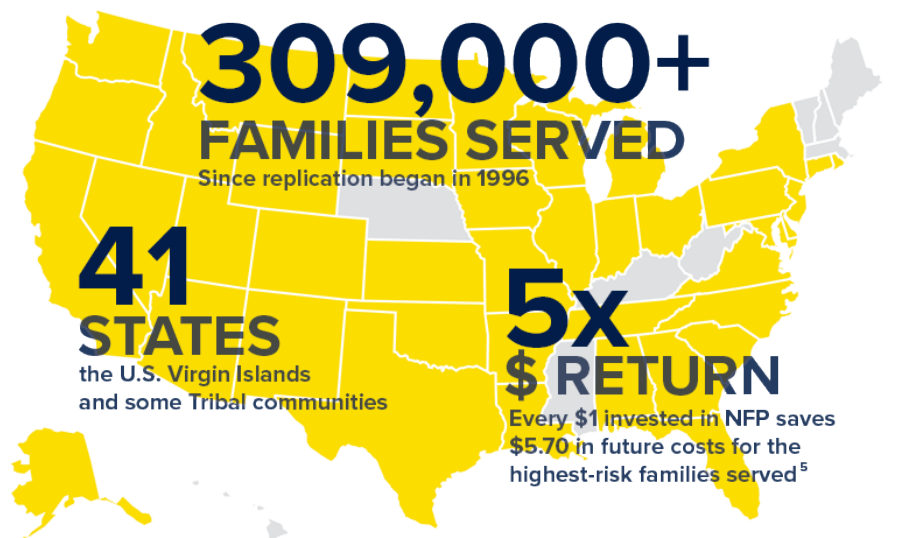
Better Worlds Start with Great Mothers

Nurse-Family Partnership empowers vulnerable first-time moms to transform their lives and create better futures for themselves and their babies.

Research consistently proves that Nurse-Family Partnership succeeds at its most important goals: keeping children healthy and safe and improving the lives of moms and babies.

Nurse-Family Partnership works by having specially trained nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy, continuing through the child's second birthday.

The expectant moms benefit by getting the care and support they need in order to have a healthy pregnancy. At the same time, new moms develop a close relationship with a nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for their new family. Throughout the partnership, the nurse provides new moms with the confidence and the tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both mom and child.



Great Nurses Strengthen Families

Our highly-trained nurses give expectant women valuable knowledge and support, enabling positive outcomes. Each Nurse-Family Partnership nurse is specially trained to deliver our unique program—the original model, developed by David Olds, Ph.D., remains at the core of the program today. The partnership between a nurse, a mom or family and the child is a winning combination, and this relationship of trust makes a measurable difference for the whole family across generations.

OVERVIEW

We Are The Gold Standard

More than 40 years of scientific studies have consistently proven that we succeed at our most important goals of keeping children healthy and safe, and improving the lives of moms and babies.

48% REDUCTION IN CHILD ABUSE AND NEGLECT¹

67% LESS BEHAVIORAL AND INTELLECTUAL PROBLEMS IN CHILDREN AT AGE 6²

72% FEWER CONVICTIONS OF MOTHERS (MEASURED WHEN CHILD IS 15)¹

82% INCREASE IN MONTHS EMPLOYED³

35% FEWER HYPERTENSIVE DISORDERS OF PREGNANCY⁴

Nurse-Family Partnership Goals

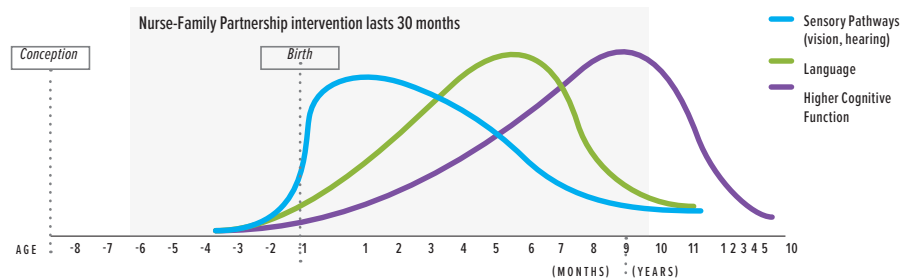
1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing their use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Proven Results

The Nurse-Family Partnership program has been independently reviewed and evaluated, and is ranked as the Gold Standard of home visiting programs. A report from the Center on the Developing Child at Harvard University shows the extent to which very early childhood experiences influence later learning, behavior and health.

Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., In *Neurons to Neighborhoods* (2000).

This Harvard report shows, during the first 30 months of a child's life, basic brain functions related to vision, hearing and language development. It is during this window of opportunity that the early and intensive support by a Nurse-Family Partnership nurse can have a huge impact on the future of both mother and child.

“ ”

THERE IS A MAGIC WINDOW DURING PREGNANCY... A TIME WHEN THE DESIRE TO BE A GOOD MOTHER AND RAISE A HEALTHY, HAPPY CHILD CREATES MOTIVATION TO OVERCOME INCREDIBLE OBSTACLES INCLUDING POVERTY WITH THE HELP OF A WELL-TRAINED NURSE.

DAVID OLDS, PHD, FOUNDER OF NURSE-FAMILY PARTNERSHIP, PROFESSOR OF PEDIATRICS AT UNIVERSITY OF COLORADO



1900 Grant Street, 4th Floor
Denver, Colorado 80203
NurseFamilyPartnership.org
866.864.5226

1. Olds, D.L., et al. (1997). 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

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

3. Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. *American Journal of Public Health* 1988

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. *Journal of the American Medical Association* 1997

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

PROGRAM GOAL

ACTIVITIES

SHORT-TERM OUTCOMES

INTERMEDIATE OUTCOMES

LONG-TERM OUTCOMES

IMPROVE
pregnancy outcomes
by helping women
improve prenatal
health

Home visits weekly the first month following program enrollment, then every other week until birth of infant. Nurses address:

- Effects of smoking, alcohol and illicit drugs on fetal growth, and assist women in identifying goals and plans for reducing cigarette smoking, etc.;
- Nutritional and exercise requirements during pregnancy and monitor and promote adequate weight gain;
- Other risk factors for pre-term delivery/low birth weight (e.g., genitourinary tract infections, pre-eclampsia);
- Preparation for labor and delivery/childbirth education;
- Basics of newborn care and newborn states;
- Family planning/birth control following delivery of infant;
- Adequate use of office-based prenatal care; and
- Referrals to other health and human services as needed.

Pregnant women display improved health behaviors.
↓ cigarette smoking
↓ pregnancy-induced hypertension
↑ use of community resources

Newborns are ≥37 weeks gestation & weigh 2500 grams or more.
↓ pre-term delivery among smokers
↑ birth weight among young teens (<17 years)
↓ neurodevelopmental impairment



Nurse-Family Partnership Theory of Change Logic Model

IMPROVE
child health and
development
by helping parents
provide sensitive and
competent caregiving

Home visits weekly postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years. Nurses:

- Educate parent on infant/toddler nutrition, health, growth, development and environmental safety;
- Role model PIPE activities to promote sensitive parent-child interactions facilitative of developmental progress;
- Assess parent-child interaction, using NCAST feeding and teaching scales and provide guidance as needed;
- Assess infant/toddler's developmental progress at selected intervals using Ages and Stages Questionnaire or DDSII, and provide guidance as needed;
- Promote adequate use of well-child care;
- Guidance to new parents in building and fostering social support networks;
- Guidance assessing safety of potential/actual child care arrangements; and
- Referrals to other health and human services as needed.

Parents demonstrate sensitive and competent caregiving for infants and toddlers.
↓ childrearing beliefs associated with child maltreatment (Bavolek AAPI)
↓ verified cases of child abuse & neglect
↓ incidents of child injuries or ingestions
↑ stimulating home environments, i.e., increase in appropriate play materials (HOME Inventory)

Child displays age and gender appropriate development.
↓ language & cognitive/mental delays
↑ more responsive in interactions with mothers (NCAST)/less distress to fear stimuli

Early Childhood (4-6 yrs):
↓ safety hazards in home
↑ stimulating home environment - HOME score
↓ incidents of injuries & ingestions noted in medical records
↑ Preschool Language Scale scores
↑ Executive Functioning Composite scores
↓ problems in clinical range on Achenbach CBCL

Adolescence (15 yrs):
↓ state-verified reports of child abuse and neglect from 0-15 years
↓ arrests and adjudication for incorrigible behavior (e.g. truancy, destroying property)

IMPROVE
parental life-course
by helping parents
develop a vision for their
future, plan subsequent
pregnancies, continue
their education and
find work

Home visits weekly during postpartum period, every 2 weeks until toddler is 21 months, monthly until child is 2 years. Nurses:

- Facilitate decision-making regarding planning of future children and selection of birth control to achieve goals;
- Assist parents to set realistic goals for education and work, and identify strategies for attaining goals;
- Coaching parents in building and fostering relationships with other community services;
- Parents' family planning, education and work goals; and
- Referrals to other health and human services as needed.

Parents have developed plans for economic self-sufficiency.
↓ subsequent pregnancies
↑ interval between 1st and 2nd child
↑ number of months women employed during child's 2nd year
↓ months on welfare
↑ father involvement in child care and support

Early parental life course (3-4 yrs following program completion):
↓ additional pregnancies and live births
↓ months on AFDC and Food Stamps
↑ rates of living with father of child
↑ rates of marriage

Later parental life course (13 yrs following program completion):
↓ additional pregnancies and live births
↑ spacing between 1st and 2nd child
↓ months on AFDC and Food Stamps
↓ arrests and convictions
↓ days in jail



What is a logic model?

A logic model provides a visual depiction of a program's "theory of change" - the way in which a set of services to a particular population are linked to expected outcomes of the program. The articulation of a program's theory of change can help program staff and families stay focused on the outcome goals rather than just focusing on program activities and services. A logic model is also a tool to assist program stakeholders in gathering data to facilitate effective program implementation and evaluation.

This model flows from left to right, as depicted by arrows, and shows how program goals are translated into home visit activities with families, which in turn, facilitate families to create change needed to attain program outcomes. The theory behind a logic model is a series of "If...then" statements. For example, If women who are smokers at entry into the program quit smoking, then they are more likely to have a full-term infant weighing greater than 2500 Grams.

What are the major elements of the Nurse-Family Partnership logic model?

The major elements of the logic model include the program's goals, activities, and outcomes.

Program Goals are broad statements of expected outcomes for the problem(s) that the program is attempting to prevent or reduce. The program goals are color coded to illustrate how they correspond to program activities and outcomes.

Activities are interventions designed to facilitate change in families' attitude, knowledge and skills in order to help them attain the intended program results.

Short-term Outcomes are changes that occur by completion of the program. The specific outcomes delineated are those observed in the three randomized, controlled trials in Elmira, New York (1977), Memphis, Tennessee (1988) and Denver, Colorado (1994).

Intermediate Outcomes are changes that result over time from short-term outcomes and are measurable at a later timeframe, usually within 2-6 years following completion of the program. The specific outcomes delineated are those observed in the 4-year and 6-year follow-ups of families from the randomized, controlled trials in Elmira, Memphis and Denver.

Long-term Outcomes refer to changes that have a greater community impact and require a greater time to measure, often 10 or more years following program completion. The specific outcomes delineated are those observed in the 15-year follow-up of families who participated in the trial conducted in Elmira.

Who does Nurse-Family Partnership serve?

Nurse-Family Partnership serves low-income, first-time mothers and their children, by providing nurse home visitation services beginning early in pregnancy and continuing through the first two years of the child's life. Women voluntarily enroll as early as possible in pregnancy, but no later than the 28th week of gestation.

The majority of participants are unmarried women with less than a high school education. The focus on women who have had no previous live births stems from the belief that individuals undergoing a major role change are more likely to seek information and support from others than are women who have already given birth. Moreover, the skills first-time mothers learn through the program, will help them provide better care for subsequent children, generating even broader salutary effects.

Other family members are invited and encouraged to participate if the mother wants them to be present.

How does Nurse-Family Partnership work?

Central to the successful implementation of Nurse-Family Partnership is the establishment of a trusting relationship with the family. Registered Nurse Home Visitors work together with their clients, engaging them in activities associated with the three Nurse-Family Partnership goals during each home visit. These goals are:

- **Improve pregnancy outcomes;**
- **Improve child health and development; and**
- **Improve the economic self-sufficiency of the family.**

These goals are achieved by helping women engage in good preventive health practices, including obtaining thorough prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol and illegal substances. Child health and development is improved by helping parents provide responsible and competent care for their children. The economic self-sufficiency of the family is improved by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Nurse Home Visitors utilize a strength-based approach directed toward optimizing the family's sense of efficacy. They are guided in their work through detailed visit-by-visit guidelines that reflect the challenges parents are likely to confront during pregnancy and the first two years of the child's life. Within this framework, however, nurses use their professional judgment to address those areas where needs are greatest.

Guided by the above principals, and implemented with fidelity to the program model which has undergone extensive research over the past three decades, Nurse-Family Partnership is transforming lives through the power of relationships. For more information, please visit the Nurse-Family Partnership national website at: www.nursefamilypartnership.org

Nurse-Family Partnership's Theory of Change Logic Model was developed by Ruth O'Brien, Ph.D, RN, through a grant from the Harvard University Family Research Project - Home Visit Forum.