

August 31, 2012

To: Government Performance & Finance Committee  
From: Peter Harris, Central Staff  
Re: Performance of the Nurse-Family Partnership

## **Introduction**

Councilmember Burgess asked me to outline how the Nurse-Family Partnership (NFP) corresponds to the performance measurement and program evaluation standards established in Resolution 31404. NFP is a public health program implemented in many places throughout the nation in which nurses visit first-time low-income mothers from early pregnancy until the child is two years old. In Seattle it is funded in the Human Services Department's Public Health Services Budget Control Level. In 2012 the Council increased funding for this program to slightly over \$1 million.

The NFP website, <http://www.nursefamilypartnership.org>, provides much information about the program, and the Committee will be briefed on the program on September 5. Here I will briefly describe its major goals and how its success and costs and benefits have been measured. Then I will discuss goal setting for the City.

## **NFP goals**

The NFP website describes many goals for the young mothers, their children, and the communities of which they are part. The direct goals are these:

“Improve pregnancy outcomes by helping women engage in good preventive health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances.

“Improve child health and development by helping parents provide responsible and competent care.

“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.”

By achieving these goals, the program helps these families break the cycle of poverty and makes the communities of which they are part stronger and safer.

These are more than generalities. For example, one reason the City increased its support for NFP about a decade ago, and the County more recently,<sup>1</sup> was because the program reduces the criminal involvement of the young mothers, and of their children up to age 15, sufficiently to reduce criminal

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<sup>1</sup> “County leaders unite around Executive’s proposal for gang violence intervention and prevention,” August 2011, <http://www.kingcounty.gov/exec/news/release/2011/August/30CJReserve.aspx>

justice system costs by an amount greater than the cost of the program.<sup>2</sup> This does not include the direct benefits to the mothers and children themselves, or other public and private savings resulting from the improved health and greater self-sufficiency of the young families.

## **Evaluation and replication**

The evaluations of NFP have met the highest scientific standards. Over the last three decades, the originators of NFP have conducted a series of randomized controlled trials with three diverse populations in New York, Tennessee and Colorado, and are continuing this research in order to gain more information about the long term effects of the program.

In addition to crime reduction benefits, these evaluations have shown that the program consistently improves the young mothers' prenatal health, leads to fewer subsequent pregnancies and to increased intervals between births, increases mothers' employment, reduces children's injuries, and improves children's school readiness.

The quality of these evaluations and the indirect benefits they show for crime prevention has been recognized by the Washington State Institute for Public Policy (WSIPP) and the Blueprints Center for Crime Prevention, both of which insist on the highest evaluation standards, and have earned the top rating for crime solutions from the U.S. Office of Justice Programs.<sup>3</sup>

Local implementations of the program, such as the one in Seattle and King County, are rigorously controlled to ensure that the program is delivered with the same quality and consistency as in the tested model. When new nurses are hired, they must be trained at NFP headquarters. The local program must maintain the same structure as the model, including the span of nurse supervision, and must use the same protocols, beginning at the same early point in pregnancy and continuing with the same frequency until the child is two years old. The local program also must periodically send data on the health and status of the mothers and children in the local program to NFP headquarters so that their progress can be compared to the interim results of those who have achieved long term success, in order to validate local success or make local corrections.

## **Costs and benefits**

Many of the reviews and reports on NFP in addition to those by WSIPP have compared its costs and benefits.<sup>4</sup> One comprehensive review of NFP along with other early childhood programs was conducted by the RAND Corporation in 2008. It found that NFP returned \$2.88 in total public and private benefits for every \$1.00 spent. For the highest risk families, typically those with the youngest mothers, the benefits were \$5.70 for every \$1.00 spent, and the government savings alone for these families were \$4.46 for every \$1.00. For lower-risk families, the total benefits were \$1.26 for every \$1.00.<sup>5</sup>

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<sup>2</sup> See Drake, Aos & Miller, "Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State," *Victims & Offenders* 4:170–196, 2009.

<sup>3</sup> See Drake, Aos & Miller, op. cit.; Blueprints for Violence Prevention Model Programs, Center for the Study and Prevention of Violence, University of Colorado, <http://www.colorado.edu/cspv/blueprints/modelprograms.html>; Office of Justice Programs, <http://www.crimesolutions.gov/>.

<sup>4</sup> See <http://www.nursefamilypartnership.org/about/news/journals-and-reports> for a list.

<sup>5</sup> Kilburn & Karoly, "The Economics of Early Childhood Policy," RAND Occasional Paper, 2008, available at [http://www.rand.org/pubs/occasional\\_papers/OP227.html](http://www.rand.org/pubs/occasional_papers/OP227.html).

## **Goal setting for the City**

Resolution 31404 asks that programs have measurable goals. The core goals for NFP are goals for the young first-time low-income mothers and their children, and the evaluations have shown that NFP consistently achieves these goals.

With its current funding, the City's NFP program is serving a large share of all the young families who would benefit from it. A long term or even medium term goal for the City might be to provide NFP to all young families whose health, development and self-sufficiency would be significantly improved by it.

The term "significantly" is key. The 2008 RAND report showed that the public and private benefits of NFP, including the benefits for the young mothers and children themselves, the government and the rest of society, are substantially greater for higher risk families than for lower risk. This likely reflects the good news that NFP is effective for the families who would be in the most trouble without it, rather than only making a difference for those who already have a decent chance of succeeding. It also is true partly by definition, because there is on average less trouble to prevent in lower risk families and thus less possible difference to be made.

One implication is that if we want to take NFP to scale, we may want to define, at least roughly, the minimum ratio of benefits to cost that the City will support in this program, and then determine the population of families for which the program would achieve at least these benefits, and fund and target the program accordingly. The high quality data and evaluations of NFP should make this feasible.

## **Conclusion**

NFP is an excellent model for the implementation of evidence-based programs. It clearly defines the outcomes it wants for young families, rigorously and repeatedly tests its achievement of these outcomes, and provides strong procedures for implementing the program with fidelity in new locations.

If you have any questions, please let me know.