

# Healthy Women Healthy Babies

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Denver, CO  
April 22, 2008

# Three Goals

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- Improve Pregnancy Outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

# Key Program Components:

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- Serves low-income, first-time parents and their children
- Nurse Home Visitors are highly educated registered nurses
- Visits begin early in pregnancy and continue through the first two years of the child's life
- Nurses follow developmentally appropriate guidelines
- Clinical Information System (CIS) monitors program implementation
- Powerful relationship fosters client strengths, oriented around client's goals
- Caseload of 25 families per nurse



# Major Problems Targeted for Prevention

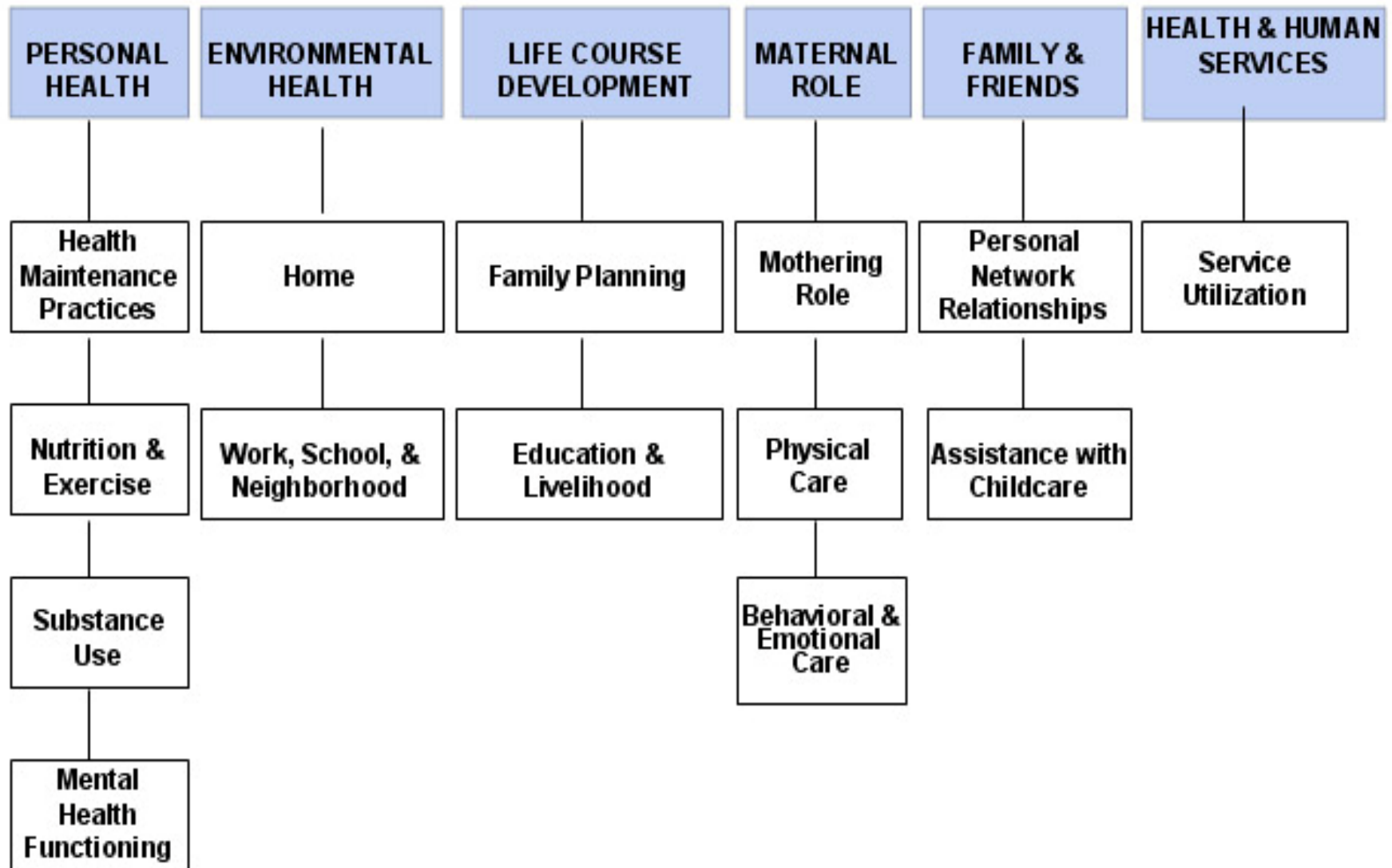
- Preterm Delivery and Low Birth Weight
- Child Abuse and Neglect
- Childhood Injuries
- Rapid Successive Unintended Pregnancies
- Reduced Participation in Work Force
- Conduct Disorder
- Crime and Delinquency

# Why Nurses?

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- Knowledge, judgment and skills
- High level of trust on nurses, little stigma
- Credibility and perceived authority in addressing parents' health and developmental concerns during pregnancy and infancy
- Program model, training and materials presume nursing preparation.

# NFP Domains & Visit Overview



# TRIALS OF PROGRAM

## Elmira, NY – 1977



**N = 400**

- **Low-income whites**
- **Semi-rural**

## Memphis, TN -1987



**N = 1,138**

- **Low-income blacks**
- **Urban**

## Denver, CO – 1996



**N = 735**

- **Large portion of Hispanics**
- **Nurse versus paraprofessional visitors**

# Consistent Outcomes Across Multiple Trials:

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- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved school readiness



# ELMIRA LONG-TERM RESULTS:

## Benefits to Mothers

(15 year follow-up)

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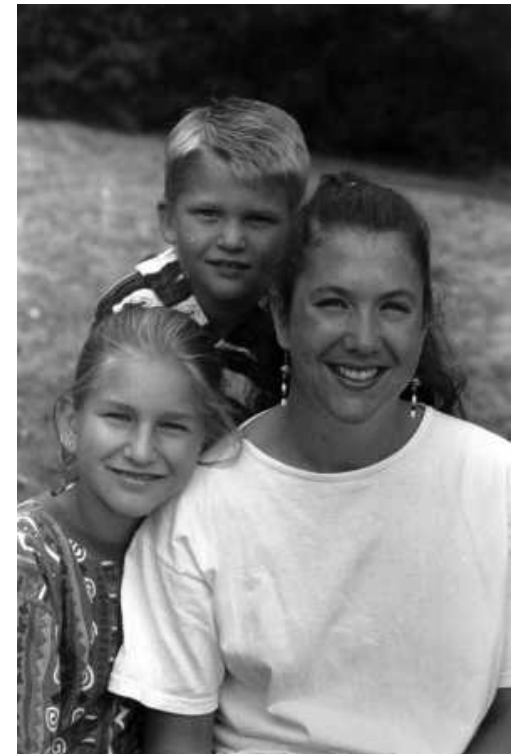
**Fewer convictions**      ↓      **72%**

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**Fewer days in jail\***      ↓      **98%**

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**Fewer Arrests**      ↓      **61%**



# ELMIRA LONG-TERM RESULTS:

## Benefits to Children (15 year follow-up)

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**Abuse & Neglect**

↓ **48%**

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**Arrests**

↓ **59%**

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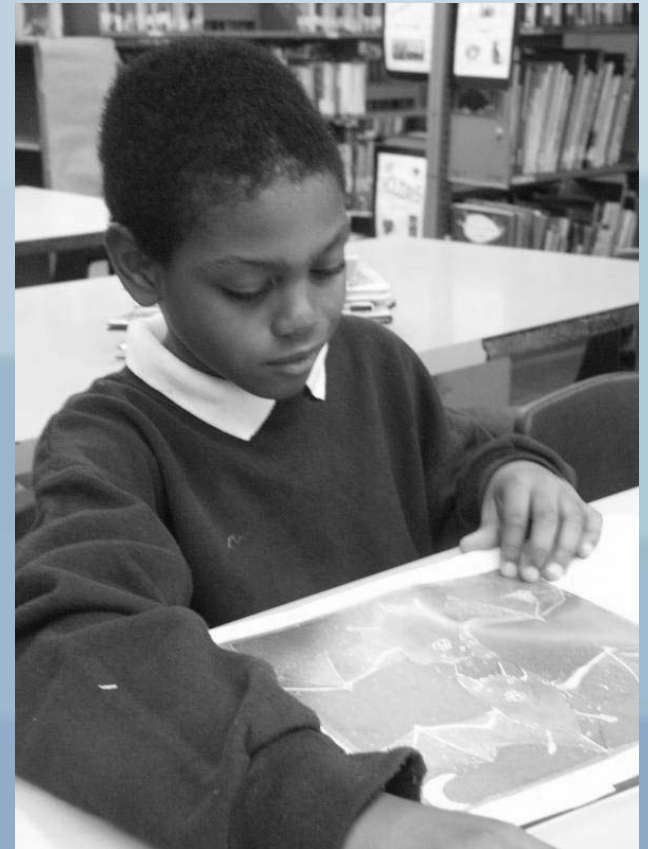
**Adjudications as PINS**  
**(person in need of supervision)**  
**for incorrigible behavior**

↓ **90%**



# Effects on Child Development: Memphis 6-Year

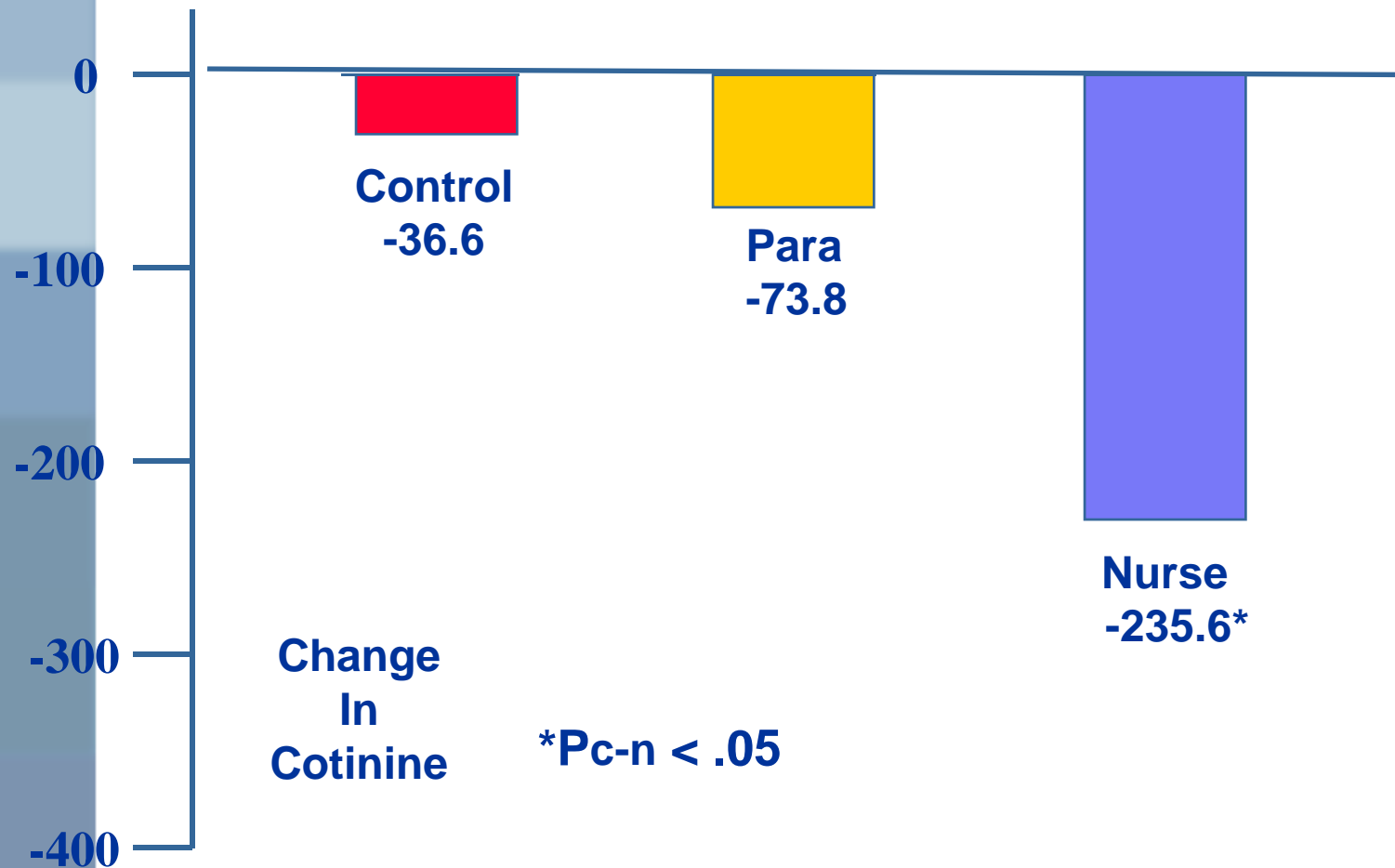
- Higher IQ's
- Better language development
- Better emotion integration & regulation
- Fewer dysregulated & incoherent narrations
- More reliance on adults
- Fewer mental health problems



# Memphis: Enduring Effects on Maternal Life-Course

- 23% Fewer Subsequent Pregnancies
- 31% Fewer Closely Spaced (<6 months) Subsequent Pregnancies
- 3.64 Fewer Months of Welfare Use
- 46% Increase in Father Presence in Household

# Change in Cotinine From Intake to End of Pregnancy



# Is NFP Cost-Effective?

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- NFP returns more than \$17,000 in benefits *over and above* program costs for each family enrolled  
(Washington State Institute of Public Policy 2004)
- Savings accrue to government from decreased spending on health care, child protection, education, criminal justice, mental health, public assistance, and increased taxes paid by employed parents - \$5.70 per dollar invested  
(RAND 1998, 2005)

# NFP Partner Agencies in Colorado



Colorado Department  
of Public Health  
and Environment



University of Colorado  
Health Sciences Center  
Denver, Colorado



# Colorado Coordination Team



## Fiscal Agent

Annual state tobacco appropriation, annual grant application and funding selection process, contracts including funding conditions, please contact Esperanza Ybarra, NHVP Director, at 303-692-2943 or [esperanza.ybarra@state.co.us](mailto:esperanza.ybarra@state.co.us)

Finances/budgets including Invoicing/Medicaid estimates, please contact Julie Clayton, NHVP Fiscal Officer, at 303-692-2357 or [julie\\_clayton@state.co.us](mailto:julie_clayton@state.co.us)

Colorado Department of Health  
Care Policy and Financing

General NHVP Medicaid questions,  
please contact Ginger Sutton, MCFP,  
at 303-692-2943 or  
[gsutton@state.co.us](mailto:gsutton@state.co.us).

For NHVP Medicaid billing questions,  
please contact Diana Masarik, ACO,  
at 303-692-0506 x 8748 or visit the  
website [www.factforcolorado.org](http://www.factforcolorado.org) and  
click the Provider Services button.

[www.cdrhc.state.co.us](http://www.cdrhc.state.co.us)



## Nurse Consultation, Site Development & Program Advocacy

Updates to site contact information and other misc. administrative items, please contact Jessica Spencer, Administrative Assistant at 303-839-1808 x 100 or [jspencer@ilk.org](mailto:jspencer@ilk.org)

Community awareness and involvement, advocacy and lobbying, development and/or expansion of sites, please contact Lisa Martino, Deputy Director, at 303-839-1808 x 103 or [lmartino@ilk.org](mailto:lmartino@ilk.org)

Implementing the NFP curriculum, interpretation and use of the data, resources for nurses and clients, please contact Courtney Thomas, Nurse Consultant, at 303-839-1808 x 105 or [calthomas@ilk.org](mailto:calthomas@ilk.org) or Michelle Neal, Nurse Consultant, at 303-839-1808 x 101 or [mneal@ilk.org](mailto:mneal@ilk.org)

[www.ilk.org](http://www.ilk.org)

## Nurse Training & Evaluation



Scheduling participants for NFP education sessions and ordering NFP curriculum materials, please contact Georgette McMichael, Event Planner, at 303-327-4258 or [gmcmichse@nursefamilypartnership.org](mailto:gmcmichse@nursefamilypartnership.org)

For all inquiries of the National Service Office, please contact Heidi McCaslin, Program Manager, at 303-327-4245 or [heidmccaslin@nursefamilypartnership.org](mailto:heidmccaslin@nursefamilypartnership.org)

Ely Yost, Director of Professional Development, at 303-327-4266 or [ely.yost@nursefamilypartnership.org](mailto:ely.yost@nursefamilypartnership.org)

Staci Morley-Young, Reporting Specialist, at 303-327-4262 or [staci.morley-young@nursefamilypartnership.org](mailto:staci.morley-young@nursefamilypartnership.org)

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

## Site Selection, Evaluation, and Monitoring

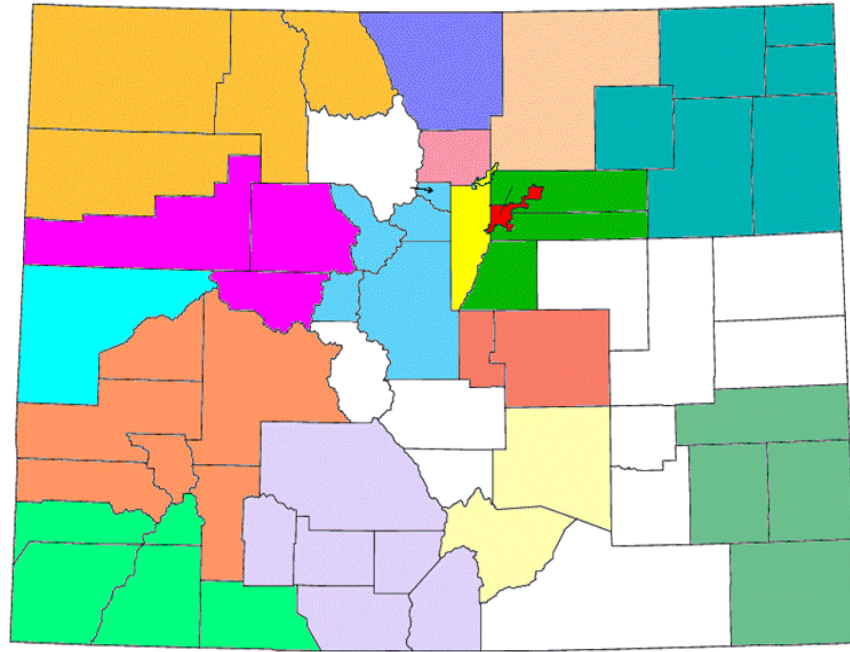


The Nurse Home Visitor Act required the University of Colorado at Denver Health Sciences Center to designate an entity to assist the State Board of Health in selecting, evaluating, and monitoring sites. NCCFC is this entity and subcontracts these responsibilities to the NFP National Service Office and Invest In Kids.

[www.nccfc.org](http://www.nccfc.org)

# Colorado NFP Locations

As of November 2007, there are 18 implementing agencies in Colorado funded to serve nearly 2,400 women in 53 of 64 counties.



# Colorado NFP Client Demographics

(as of June 2007)

- A total of 7,861 women have been enrolled in the program since inception
- Median age 19 years
- 46% completed high school/GED; Median education 10 years for non-school graduates
- 81% of clients were unmarried at program entry
- 64% of clients were unemployed at program entry



# Colorado NFP Outcomes

(as of June 2007)

## Program Accomplishments for Mothers

- 20% reduction in cigarette smoking among NFP moms during pregnancy
- Of those mothers who entered NFP without a high school diploma or GED, 41% earned one by the time their babies were 2 years old, 13% were working toward a diploma and several were enrolled beyond high school
- Workforce participation by NFP women of all ages increased between the time they enrolled in the program and the time their infants reached 2 years of age



# Colorado NFP Outcomes

(as of June 2007)



## Program Accomplishments for Infants

- An overall premature birth rate consistently lower than the Colorado 2005 rate (9.1 % vs. 10.2% in 2005)
- An overall low birth weight rate consistently comparable to the overall Colorado rate (9.0% vs. 9.3% in 2005) Note: the NFP enrolls women at significantly higher risk for adverse birth outcomes – young, low-income, unmarried, less than a high school education, smokers - than is true in the general population.
- Completed immunization rates of over 95% at 24 months of age for all vaccines; this compares with the most recent Colorado state immunization rate for all vaccines of 77.1% among 19-35 month old children
- Breast feeding rates of 85% at birth; 35% continue to breast feed at 6 months of age. Note: breast feeding provides many health benefits for infants: a study of Colorado WIC infants demonstrated that breast-feeding by WIC-enrolled mothers reduced Medicaid medical and pharmacy expenditures.
- High rates of success in achieving developmental and language milestones based on screening tests and other assessments

# Nurse-Family Partnership is endorsed as model program by:



Promising Practices  
Network on Children,  
Families & Communities



Blueprints  
for Violence  
Prevention



National Institute on  
Early Education  
Research



World Health  
Organization



**PRESIDENT'S NEW FREEDOM  
COMMISSION ON MENTAL HEALTH**

[www.MentalHealthCommission.gov](http://www.MentalHealthCommission.gov)

Office of Juvenile  
Justice & Delinquency  
Prevention



# For more information contact:

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[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)  
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[www.cdphe.state.co.us](http://www.cdphe.state.co.us)