

**WRITTEN STATEMENT OF
KRISTIN SALVI
GOVERNMENT RELATIONS MANAGER, NORTHEAST REGION
NURSE-FAMILY PARTNERSHIP NATIONAL SERVICE OFFICE**

**SUBMITTED TO THE
JOINT LEGISLATIVE PUBLIC HEARING ON HEALTH AND MEDICAID**

FEBRUARY 12, 2018

Our ask: We respectfully ask the legislature to support the Executive appropriation for the Nurse-Family Partnership (NFP) program and to increase that investment by \$1 million to support the sustainability of NFP at existing sites and to enable growth in new communities. This program is a proven approach to promoting the health and well-being of our state’s most vulnerable families.

A future where all children are healthy, families thrive, communities prosper, and the cycle of poverty is broken.

That is the vision statement of Nurse-Family Partnership, a rigorously researched community health intervention developed over 40 years ago in the United States that offers a comprehensive and holistic prevention model for first-time mothers living in poverty. Through ongoing home visits conducted by registered nurses from pregnancy until the child’s second birthday, nurse home visitors form a much-needed, trusting relationship with pregnant women, instilling confidence and empowering them to achieve a better life for their children and themselves. Once that relationship is formed, our nurses are in a unique position to deliver services that can **impact important outcomes for multiple generations, all the while saving taxpayers money**. One independent analysis found that state and federal cost savings would average \$39,153 per family served by the time the child reaches age 18, or nearly four times the cost per family. Societal benefits represent an \$11.80 return on investment for every dollar invested.ⁱ

The map at the end of this testimony (Figure A) illustrates where Nurse-Family Partnership sites currently operate. Since the first replication site was launched in Queens in 2003, the model has served nearly 16,400 families and currently has a funded capacity to serve 3,040 families.

We are excited to learn that the New York State Department of Health (NYSDOH) “First 1,000 Days of Medicaid” Work group has identified that home visiting programs can improve outcomes and provide opportunities for young children and their families. The work group has recommended that New York State develop a framework model for providers serving families with children ages zero to three on how best to organize well-child visits which will include standards for the use of care coordination and early childhood screening tools. Additionally, the work group recommended that New York State enhance home visiting services in three high-risk communities using a targeted approach to match families to a home visiting program that best fits their needs and eligibility. Nurse-Family Partnership is excited about the opportunities here to partner with the State.

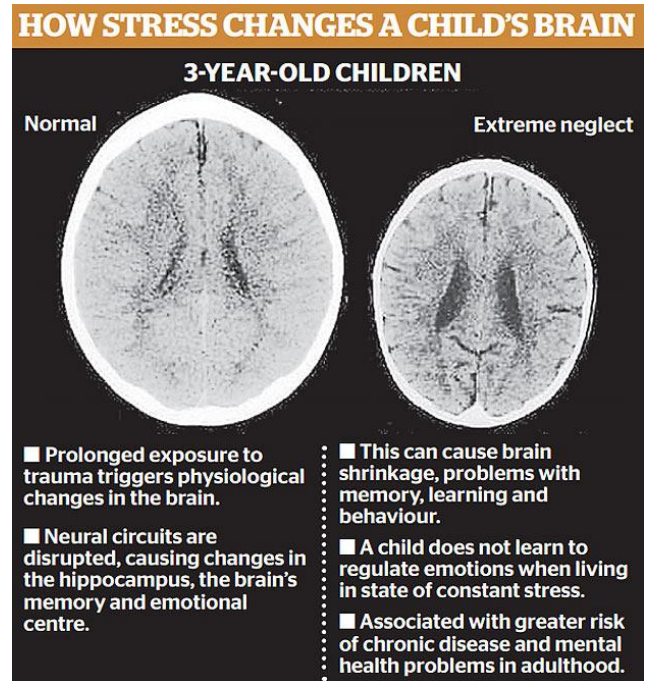
It has not escaped our attention, however, that the program has enjoyed overwhelming support from the Legislature for the last seven budget cycles. Without that support, Nurse-Family Partnership simply would not be where it is today.

This year, we respectfully ask the Legislature to continue its support of Nurse-Family Partnership and to invest \$1 million to support the sustainability of NFP at existing sites and to enable growth in new communities. This program is a proven approach to promoting the health and well-being of our state’s most vulnerable families.

Figure B

Why is Nurse-Family Partnership so important?

Babies who are born into, and experience the effect of, challenging environments in their early years – especially during the first 1,000 days – are much more likely to fall victim to *toxic stress* (see Figure B). The **toxic stress response** can occur “when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years” (Center on the Developing Child at Harvard University).



Nurse-Family Partnership intervenes at this most opportune time – when those pregnant, first-time mothers face challenges such as poverty, social isolation, abuse and other stressors. Our nurses enable women who are born into the most difficult circumstances to give their babies the care necessary for them to thrive during the critical early stages of development and beyond. Nurse-Family Partnership is helping to **build healthy brains as early as possible**.

Nearly 40 years of research, replication and innovation show that Nurse-Family Partnership impacts health and social outcomes for multiple generations. Outcomes include long-term improvements in health, child welfare, school readiness, crime and self-sufficiency. The program’s strong evidence of effectiveness **predicts that New York agencies can achieve outcomes** such as the following when implemented with fidelity.ⁱⁱ

The effects of poverty on children’s health are so pernicious that some doctors have called for classifying childhood poverty as a disease.

– The Urban Institute
Washington, D.C.

Nurse-Family Partnership ***promotes healthier pregnancies and birth outcomes:***

- 25% reduction in tobacco smoked
- 33% reduction in pregnancy-induced hypertension

- 15% reduction in births below 37 weeks gestation
- 37% reduction in closely spaced, high-risk pregnancies within 15 months postpartum during four years after the first birth
- 25% reduction in second births within 15 months postpartum
- 41.9 fewer subsequent preterm births per 1,000 families served

Nurse-Family Partnership ***has a significant impact on healthy child and adolescent development:***

- 12% increase in mothers who attempt to breastfeed
- 48% reduction in risk of infant death (3.0 fewer deaths per 1,000 families served)
- 34% reduction in injuries treated in emergency departments, ages 0-2
- 14% increase in full immunization, ages 0-2
- Reductions in child mortality. 1.6% of children not receiving NFP died from preventable causes, including sudden infant death syndrome, unintentional injuries and homicide, while none of the NFP children died from these causes, through child age 20.ⁱⁱⁱ
- 56% reduction in alcohol, tobacco, & marijuana use, ages 12-15
- 33% reduction in child maltreatment through age 15
- 25% reduction in crimes and arrests, ages 11-17

Nurse-Family Partnership ***improves school readiness:***

- 41% reduction in language delay
- 67% reduction in behavioral and intellectual problems at child age six^{iv}

Nurse-Family Partnership ***improves maternal self-sufficiency and wellbeing:***

- 17% reduction in assaults through intimate partner violence, prenatal to child age five
- 7% reduction in TANF payments through year 13 post-partum
- 10% reduction in Food Stamp payments through at least year 15 post-partum
- 8% reduction in months of Medicaid coverage needed through at least year 15 post-partum
- Subsidized child care cases reduced by 3.7 children per 1,000 families served
- Significant reductions in maternal mortality. Mothers who were not in Nurse-Family Partnership were eight times more likely to die from external causes, including unintentional injuries, suicide, drug overdose and homicide (through child age 20)^v

Having my nurse to discuss all of my concerns has made all the difference in my world... [She has] been there for my son, my family and I on more occasions than I can count... I am not sure what I would have done without her but I will continue to remember the many lessons that I've learned. I am working full time, enrolled in school full time and I am raising a smart, busy little boy.

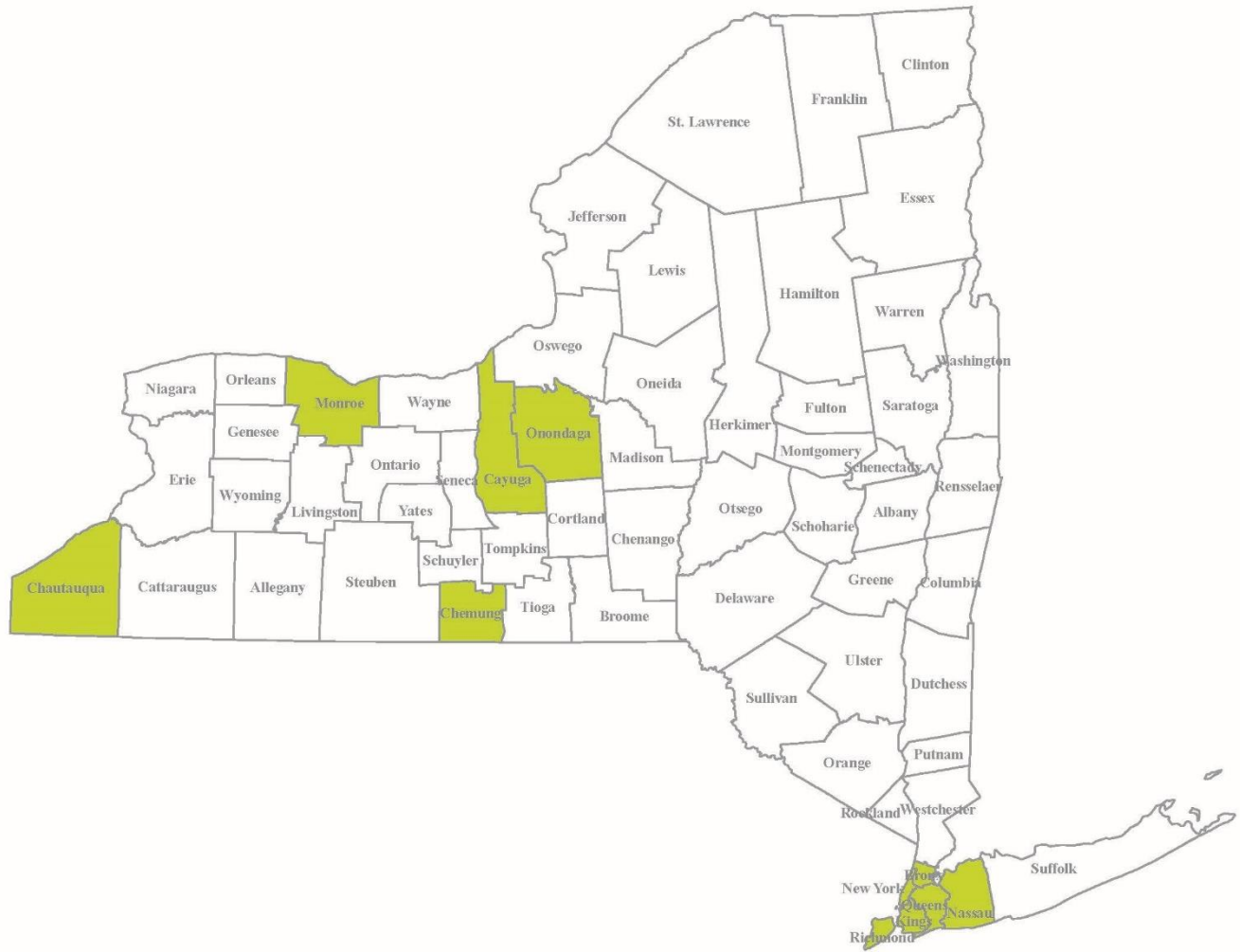
– Tanisha Alleyne, NFP Graduate
Queens, NY



The Need for Nurse-Family Partnership in New York. For nearly four decades, Nurse-Family Partnership has successfully provided first-time mothers with the knowledge, support and tools to take control of their lives and to come away from their Nurse-Family Partnership journey as strong, capable parents and with plans for a healthy, stable and bright future. As noted earlier, it currently operates in New York State with a funded capacity to serve 3,040 first-time families. When compared with the more than 45,500 annual first-time Medicaid births, it is clear that the program is barely scratching the surface and could make significant strides if provided with the means to expand its reach and to serve more families.

For more information, please contact Kristin Salvi at Kristin.Salvi@nursefamilypartnership.org or at 518-331-1881.

Figure A



ⁱ Ted R Miller, PhD, Societal Return on Investment in Nurse-Family Partnership Services in New York, 11/08/2016. Ted Miller of the Pacific Institute for Research and Development developed this fact sheet and the cost model underpinning it. His contact information is Pacific Institute for Research & Evaluation, 814 Bromley St., Silver Spring, MD 20902; e-mail miller@pire.org. This calculator was funded in part by NIDA grant 1-R01 DA021624. Calculator Date: 11/5/2016, Fact Sheet Date: 11/8/2016 22:18.

ⁱⁱ Unless otherwise cited, these data points are New York State-specific. Ibid Ted Miller. National statistics are presented in “Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996-2013, USA.” *Prevention Science*. Published online 6/16/15.

ⁱⁱⁱ Olds DL, Kitzman H, Knutson M, Anson E, Smith JA, Cole R. Effect of home visiting by nurses on maternal and child mortality. *JAMA Pediatrics*; July 2014; doi: 10.1001/jamapediatrics.2014.472.

^{iv} Olds DL, Kitzman H, Cole R, Robinson J, Sidora K, Luckey D, Henderson C, Hanks C, Bondy J, Holmberg J. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics* 2004;114:1550-9.

^v Olds DL, Kitzman H, Knutson M, Anson E, Smith JA, Cole R. Effect of home visiting by nurses on maternal and child mortality. *JAMA Pediatrics*; July 2014; doi: 10.1001/jamapediatrics.2014.472.