

New York State  
Joint Legislative Conference Budget Hearing on the  
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Testimony on Behalf of the Nurse-Family Partnership Program  
presented by:

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Thank you for the opportunity to submit written testimony on behalf of Nurse-Family Partnership. My name is Renée Nogales, and I am with the Nurse-Family Partnership National Service Office and support NFP programs in New York State. I ask for your continued support of this evidence-based public health program—a program that truly makes a difference at breaking the cycles of intergenerational poverty and underachievement for families, and New York communities.

As you make very difficult decisions about the budget, I ask that you support our request for **\$2.5 million in the state budget to help sustain New York’s Nurse-Family Partnership programs**. These funds currently support programs serving New York City, Monroe County and Onondaga County, and account for about 12% of funding statewide. These dollars are especially critical now to maintain programs at current levels at a time of growing need. I also ask that you **maintain funding for the Community Optional Preventive Services (COPS) program** administered by the Office of Children and Family Services (OCFS)—an important funding source for Nurse-Family Partnership; and maintain \$23.3 million for Healthy Families New York in the OCFS budget and add \$3.5 million.

Nurse-Family Partnership is a program that continues to garner national and local praise and attention as a prevention program that works. Just last week, two separate articles appeared in the *New York Times* by columnists David Brooks and Nicholas Kristoff. During the same period, Dr. Chavi Eve Karkowsky—an assistant professor of obstetrics & gynecology and women’s health from Albert Einstein College of Medicine and attending physician, Division of Fetal Medicine, Montefiore Medical Center—wrote an entry for Albert Einstein’s blog called “The Doctor’s Tablet” (From Pregnancy to Parenting: Nurses Provide Lasting Support,” published 1/23/14.) She described two scenarios:

*A 16-year-old comes to see you for prenatal care. She lives with her mom, and has some support, but her mom works and doesn’t come to all her visits. Your patient seems pretty together for someone her age, but there are times when her teenage coping skills show: she went to the wrong office for an ultrasound, because she didn’t think to look at the appointment letter. She keeps losing her WIC letter and having to get another one from your office. And, although she’s had a baby shower, which provided essentials for the baby, she doesn’t have a transportation plan to get to the hospital when she goes into labor.*

*A 26-year-old comes in to the labor floor while you’re on call; it’s her first baby. She ends up needing an emergency cesarean section, and has a difficult recovery. She’s finding it hard to bond with her baby while she tries to negotiate the pain of her postoperative course. You go in to see her on postoperative day three, and watch her struggle to initiate breastfeeding. The lactation consultant is working with her, but the plan is for her and her baby to go home tomorrow.*

In each case, Dr. Karkowsky reflects, “You need so much more help than I can give you here. I wish there were a way to help you at home.” She then goes on to explain that there *is* someone who can do all of those things. Dr. Karkowsky was talking about a Nurse-Family Partnership nurse home visitor.

NFP focuses on improving the health and well-being of vulnerable families, and empowers families to change their life course trajectory and self-sufficiency. It is an excellent example of cost-effective prevention as reported in several independent analyses, including a RAND Corporation study that showed a return of \$5.70 for every \$1 in public funds invested in Nurse-Family Partnership.<sup>1</sup> These documented government savings are largely in decreased healthcare, criminal justice, and social program costs. NFP's proven track record and demonstrated cost savings prompted the Medicaid Redesign Team to recommend expansion of NFP in the State.

Many of you are already familiar with Nurse-Family Partnership. It is a voluntary, evidence-based community health program that helps transform the lives of vulnerable mothers who are pregnant with their first child. Each mother is partnered with a registered nurse early in pregnancy and receives frequent home visits until the child's second birthday. NFP Nurse Home Visitors help mothers have healthy pregnancies, improve their child's health and development, and become economically self-sufficient. Home visits focus on encouraging positive life choices that yield economic benefits to taxpayers, as families succeed with life course goals of employment, education, and stronger child health and development. The program now operates in Cayuga County, Monroe County, Nassau County, Onondaga County and all five boroughs of New York City. Nurse-Family Partnership has served about 12,160 families in New York State since 2003 and currently has funded capacity of about 2,800 families. The \$2.5 million budget request is needed to maintain this capacity.

Last year, Dr. Ted Miller, a principal research scientist with the Pacific Institute for Research and Evaluation (PIRE), completed an analysis of NFP outcomes, costs and return on investment (ROI). His work generated the most comprehensive analysis of NFP outcomes and ROI to date and incorporates the costs and benefits of NFP in large-scale replication as well as those from randomized, controlled trials. Dr. Miller's methodology predicts that programs can achieve outcomes such as the following in New York State when implemented with fidelity:<sup>2</sup>

- 16% reduction in first preterm births below 37 weeks gestation
- 28% reduction in pregnancy-induced hypertension
- 32% reduction in closely-spaced second births within 2 years postpartum
- 24% reduction in very closely-spaced second births within 15 months postpartum
- 38% reduction in subsequent preterm births
- 13% increase in mothers who attempt to breastfeed
- 39% reduction in childhood injuries treated in emergency departments, ages 0-2
- 23% increase in full immunization status, ages 0-2
- 40% reduction in language delays by child age 21 months
- 55% reduction in alcohol, tobacco, & marijuana use, child ages 12-15
- 32% reduction in child maltreatment through age 15
- 7% reduction in TANF payments through 9 years postpartum, and 9% reduction in food stamp payments through at least 10 years postpartum
- 16% reduction in costs if on Medicaid through age 18
- 47% reduction in crimes and arrests, child ages 11-17

Supporting funding for Nurse-Family Partnership is good economic policy for New York State. Several independent studies have found that Nurse-Family Partnership is cost-effective and yields economic benefits to taxpayers. Dr. Miller's analysis predicts that by the child's 18<sup>th</sup>

birthday, state and local government savings total \$15,312, and federal savings are large too: \$12,199. Medicaid savings alone are predicted to be \$17,491 per family served. If Medicaid fully funded NFP, New York State would reap Medicaid savings that exceed its share of NFP costs before the child reached age 6. Taking less tangible savings (like potential gains in work, wages and quality of life) into account along with resource cost savings (cost offsets to government, insurers, and out-of-pocket payments by families), the societal benefits of NFP are estimated to be \$85,648, which equals a societal benefit cost ratio of 9.6.<sup>3</sup>

For your information and the record, I have attached a summary fact sheet of Dr. Miller's analysis as it applies to New York State.

Examples of positive outcomes already experienced by New York families enrolled in Nurse-Family Partnership include (but are not limited to):<sup>4</sup>

- 93.7% of infants are up-to-date with immunizations at 24 months (compared to 75% of children on WIC statewide)<sup>5</sup>
- 85% of mothers receive their first prenatal visit during the first trimester (compared to 75% statewide)<sup>6</sup>
- 89.1% of mothers initiate breastfeeding (14 percentage points higher than Healthy People 2020 standards), and 34.4% of mothers continue to breastfeed at child age six months
- 82.6% of households are tested for lead exposure by child age 2
- 82.7% of mothers have no subsequent pregnancies at child 18 months (compared to 73% of low-income U.S. women who participate in federally-funded public health programs)<sup>7</sup>
- Between 84.0 and 86.2% of infants and toddlers are assessed for developmental milestones at ages 4, 6, 10, 12, 14, 18, 20 and 24 months<sup>8</sup>

Nurse-Family Partnership is a proven prevention program that empowers fragile families to learn how to become healthy, successful families. When you combine healthier pregnancies and healthier children, the improvements in school readiness and family self-sufficiency as well as the reductions in child abuse, emergency room utilization, drug and substance abuse, and rates of anxiety and depression among children, the potential effects on New York communities and families are tremendous. Due to wise public investment in NFP, many lives are changed for the better. With your continued support for our \$2.5 million request in the FY2014 budget, the future can be bright for many more vulnerable young families.

Thank you for the opportunity to present this testimony, and for your commitment to Nurse-Family Partnership and evidence-based home visiting.

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<sup>1</sup> Karoly, L. A.; Kilburn, M. R.; Cannon, J. S. *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND; 2005.

<sup>2</sup> Ted Miller, Ph.D., Pacific Institute for Research and Evaluation, *Nurse-Family Partnership Home Visitation: Costs, Outcomes, and Return on Investment in New York State*, 4/30/13 and associated Return on Investment Calculator dated 9/23/13.

<sup>3</sup> Ibid.

<sup>4</sup> NFP data: National Service Office's Efforts-to-Outcomes™ national database as of 12/31/13.

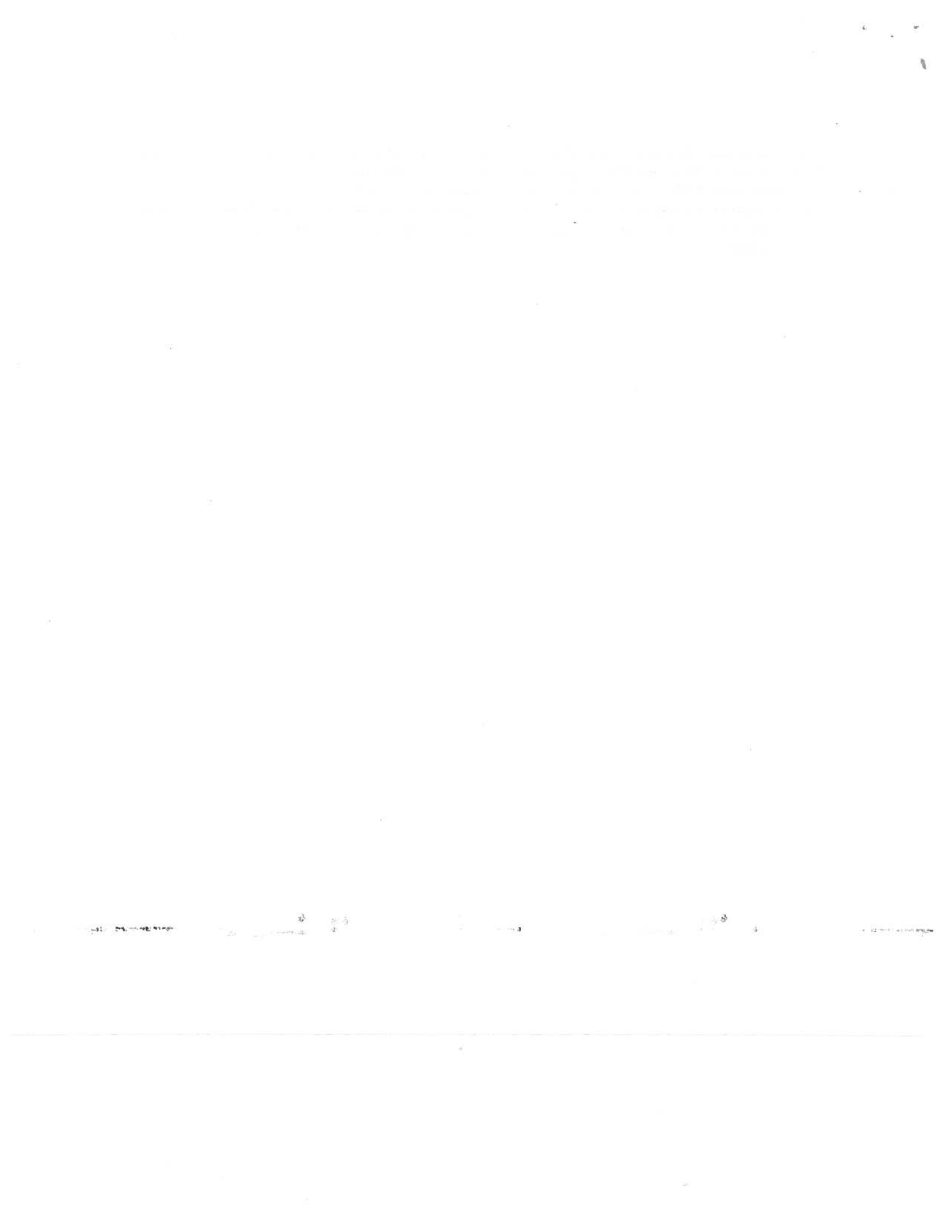
<sup>5</sup> Comparison data: CDC National Immunization Survey, 2008: [Among NYC women on WIC].

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<sup>6</sup> Comparison data: Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program: Statewide Needs Assessment. New York State Department of Health, September 2010.

<sup>7</sup> Comparison data: CDC Pediatric and Nutrition Surveillance System, 2008.

<sup>8</sup> Nurse-Family Partnership begins utilizing Ages and Stages at four months (and Ages and Stages-Social Emotional at six months), which is a first-level screening tool to assist in identifying developmental delays/disorders in infants and young children.



A new report<sup>1</sup> on the Nurse-Family Partnership® (NFP) found that NFP offers significant benefits to the families it serves and significant cost savings to society and government funders. Prepared by Dr. Ted Miller of the Pacific Institute of Evaluation and Research, the report is the most comprehensive analysis to date of NFP's costs, outcomes and return on investment.

## NFP's Cost Savings and Return on Investment



NFP Cost per Family Served	\$ 8,959
Savings to State Government at age 18	\$ 15,312
Savings to Fed Government at age 18	\$ 12,199
Total Government Savings at age 18	\$ 27,511
Cumulative Savings to Medicaid at age 6	\$ 9,260
Cumulative Savings to Medicaid at age 18	\$ 17,491
Societal Cost Savings*	\$ 85,648

\*NFP's benefits to society are estimated to be \$85,648, taking less tangible savings (like potential gains in work, wages and quality of life) into account along with resource cost savings (cost offsets to government, insurers, and out of pocket payments by families).

**At an average cost per family of \$8,959 in New York, Miller's model predicts that by a child's 18<sup>th</sup> birthday:**

- State and federal cost savings due to NFP will average \$27,511 per family served or 3.1 times the cost of the program.
- State savings alone are estimated to be \$15,312 and federal savings, \$12,199, per family served.
- Cumulative cost savings to Medicaid are estimated to be \$17,491.
- If Medicaid were to fully fund the program, cost savings to Medicaid would fully cover the costs of the program before the child reaches six years of age.

Taking less tangible savings (like potential gains in work, wages and quality of life) into account along with resource cost savings (cost offsets to government, insurers, and out-of-pocket payments by families), the societal benefits as a result of NFP are estimated to be \$85,648, which equals a **benefit cost ratio of 9.6**.

## Benefit/Cost Ratio Highlights:

- \$1.71 for every dollar invested by the state of New York
- \$1.36 for every dollar invested by the federal government
- \$1.95 for every dollar invested by Medicaid

**Estimated \$9.56 return on investment to society for every dollar invested in Nurse-Family Partnership.**

## OUTCOMES

**Based on a review of evidence from 30 NFP evaluation studies, including randomized controlled trials, quasi-experimental studies and large-scale replication data, Miller's analysis predicts that when NFP is brought to scale, it can achieve the following outcomes in New York:**

- 25% reduction in smoking during pregnancy
- 28% reduction in pregnancy-induced hypertension
- 16% reduction in preterm births (<37 weeks)
- 61% reduction in infant mortality (4.1 fewer infant deaths per 1,000 families served)
- 32% reduction in closely-spaced second births (within 2 years postpartum)
- 24% reduction in very closely-spaced second births (within 15 months postpartum)
- 38% fewer subsequent preterm births per 1,000 families served
- 13% increase in moms who attempt to breastfeed
- 39% reduction in emergency department use related to childhood injuries (ages 0-2)
- 32% reduction in child maltreatment (through age 15)
- 40% reduction in language delays
- 47% reduction in crimes and arrests (ages 11-17)
- 55% reduction in alcohol, tobacco & marijuana use (ages 12-15)
- 23% increase in full immunization status (ages 0-2)
- 7% reduction in TANF payments (through 9 years postpartum)
- 9% reduction in Food Stamp Payments (through 10 years postpartum)
- 7% reduction in person-months of Medicaid coverage (through 15 years post-partum)
- 16% reduction in costs if on Medicaid through age 18
- Subsidized child care caseload reduced by 3.7 children per 1,000 families served

**Dr. Miller's model predicts that on average, enrolling 1,000 low income families in NFP will prevent:**

- 21 first preterm births and 28 subsequent preterm births to young mothers
- 62 cases of preeclampsia
- 3.5 infant deaths
- 118 cases of child maltreatment
- 140 child injuries treated in emergency departments
- 216 instances of youth substance abuse
- 311 youth arrests

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<sup>1</sup> Ted Miller, Ph.D, Pacific Institute for Research and Evaluation, *Nurse-Family Partnership Home Visitation: Costs, Outcome, and Return on Investment*, April 30, 2013 and associated Return on Investment Calculator dated 9/23/13.

