

Proposals to Implement President-elect Obama's Initiatives to Strengthen Families and Reduce Poverty through Expansion of Nurse-Family Partnership December 2008

Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that is proven to improve the lives of vulnerable children and families living in poverty. This multi-generational, public health prevention program is recommended for national expansion in President-elect Barack Obama's Strengthening Families and Anti-Poverty Initiatives, and is one of only two "Top Tier" early childhood programs identified by the Coalition for Evidence-Based Policy as meeting the highest standards of scientific evidence. Findings from three well-designed, randomized controlled trials over the past three decades demonstrate that NFP helps low-income, high-risk first-time mothers and their children overcome health and educational disparities; child abuse, neglect, and injuries; and poverty and juvenile delinquency. Building on 30 years of evidence, new national replication capacity resulting from an unprecedented, joint philanthropic investment in Nurse-Family Partnership's infrastructure by the Robert Wood Johnson, Edna McConnell Clark, Bill & Melinda Gates, Picower, W.K. Kellogg and Kresge Foundations, bipartisan Congressional support, and national leadership calling for "building a smarter government that focuses on what works," Nurse-Family Partnership is poised for major expansion at this defining moment.

Nurse-Family Partnership now serves over 16,000 families in 28 States, a small percentage of the estimated 570,000 families eligible each year. National expansion of this program will dramatically improve the lives of at-risk mothers and children. For every 100,000 families served by NFP, research demonstrates significant immediate and lasting benefits: 14,000 fewer children will be hospitalized for injuries in their first two years of life; 300 fewer infants will die in their first year of life; and 11,000 fewer children will develop language delays by age two. In the longer-term, 23,000 fewer children will suffer child abuse and neglect in their first 15 years of life; and 22,000 fewer children will be arrested and enter the criminal justice system through their first 15 years of life, among other outcomes. This investment in low-income, first-time mothers will also significantly reduce government expenditures. The RAND Corporation found a net benefit to society of \$34,148 (in 2003 dollars) per highest-risk family served, which equals a \$5.70 return per dollar invested in Nurse-Family Partnership, with most savings accruing to government in reduced health care, educational, social services and criminal justice expenditures. In support of President-elect Obama's proposals to expand Nurse-Family Partnership to serve 570,000 first-time, low-income mothers and their children annually, we offer the following expansion strategies and look forward to serving as a resource to President-elect Obama and Congress in considering these and other options.

Short-Term Strategies: First 100 Days

➤ **Healthy Children and Families Act (S. 1052/H.R. 3024):** Introduced in 2007, the Healthy Children & Families Act is bipartisan, bicameral health reform legislation that creates a new option for States under Medicaid and the State Children's Health Insurance Program (SCHIP). As currently introduced, the Act recategorizes services currently reimbursable under Medicaid into a new category of evidence-based nurse home visitation services to remove technical barriers States encounter when offering these services, and establishes a new option for States to offer these services under SCHIP. To further incentivize States to provide these services, we recommend amending this legislation to provide an increase in the Federal Medical



Assistance Percentage (FMAP) for these services. In this deepening economic downturn, States need simplified procedures and additional resources to effectively strengthen families. Preliminary cost estimates for S.1052 indicate \$530 million/year in federal funds on full implementation, with \$55 million/year in federal funds in the first few years as States build capacity to deliver NFP. We will supply more refined, final estimates by the end of 2008. The following proposals offer two alternative opportunities for this Administration to use S. 1052 to expand NFP in the first 100 days of the 111th Congress:

- **Include S.1052/H.R.3024 in Economic Recovery & Growth Initiatives:** With an estimated additional 10 million children and families entering poverty in this economic recession, and with millions more sinking further into extreme poverty, a significant public investment in Nurse-Family Partnership makes sense. We encourage inclusion of S.1052 as part of a "smart" stimulus package that recognizes that the dividends of early investments in children and their families can be measured in both healthier lives and more productive families who contribute to their communities and our economy. Providing States with an improved option to provide NFP services as part of their Medicaid programs will both stimulate the economy in the short-term and produce lasting benefits. See <http://www.partnershipforsuccess.org> for data on the stimulative effects of investments in proven, early childhood programs like NFP.

Enactment of S. 1052 as part of an economic recovery will allow the 12 States currently receiving Medicaid reimbursement for NFP services to receive additional federal support to maintain services for high-risk children and families and will incentivize additional States to use Medicaid funding to implement NFP. Because S. 1052 is an option and not a mandate, it will not impose any new costs on States that elect not to provide nurse home visitation services. States' investments in human capital through S. 1052 will lead to healthier children and families, empowered with skills to overcome poor health, educational and employment disparities and poverty.

- **Include S.1052/H.R.3024 in SCHIP Reauthorization and Health Reform:** Alternatively, with the approaching deadline for the reauthorization of the State Children's Health Insurance Program in March 2009, we recommend including this legislation as an important, evidence-based, prevention component in the SCHIP reauthorization. Providing States with the option of providing NFP services in Medicaid and SCHIP will give States flexibility to expand enrollment of infants in SCHIP, better coordinate critical health and social services for infants and families, and effectively improve the early health of infants and families. NFP also recommends including this legislation in Medicaid reform proposals that clarify and streamline Medicaid rules and regulations to improve the coordination and delivery of services. This legislation both supports national expansion of NFP and advances current health reform goals set forth by the Senate Finance Committee to promote evidence-based prevention models and the coordinated delivery of health care services through a medical home. It is a smart, easily achievable first step toward health reform by improving services in Medicaid and SCHIP, while reducing poverty, juvenile delinquency and unnecessary health care expenditures.
- **Early Head Start Rulemaking to Improve Outcomes and Increase Community Options:** NFP fulfills the goals and objectives of Early Head Start to promote the cognitive, social, emotional, and physical development of children and foster the relationship between the health and well-being of pregnant women and prenatal and early child development. The Brookings Institution has recommended the integration of NFP and Early Head Start as a means to strengthen the quality standards in Early Head Start. In 2007, Congress reauthorized the Head Start program with the goal of improving its quality standards. The legislation specifically requires the Secretary of the Department of Health and Human Services to promulgate rules that improve home visit standards.



Current Head Start regulations require home visitors to make weekly visits to families and maintain a caseload of no more than 12 families. The NFP model requires nurses to make primarily bi-weekly home visits to families over a two and one-half year period and to maintain a caseload of no more than 25 families, which conflicts with existing Head Start regulations. The discrepancies in the visit and caseload requirements have prevented NFP from offering and funding home visitation services under Head Start. Because NFP would improve home visitation standards in Early Head Start, Nurse-Family Partnership is seeking rulemaking changes that would allow Early Head Start providers the option of implementing evidence-based home visitation such as the NFP model within their programs, irrespective of the visit and caseload requirements, as long as the proposed program was proven effective in advancing the goals and objectives of Head Start in at least two randomized, controlled trials that achieved sizeable, sustained impacts. These rulemaking changes would not only strengthen Early Head Start, but would also fuel the incremental expansion of NFP by allowing Head Start providers to offer and fund NFP programs.

Year 1 Strategies to Support Proposals Implemented in First 100 Days

- **Public/Private Partnership to Address Sustainability Issues and Scaling with Quality:** NFP is committed to expanding nationally to serve every eligible child and family with dedication to its hallmark principles of quality, scientific rigor and accountability. To achieve these goals, we propose a public-private partnership to support the effective implementation and expansion of NFP that goes beyond providing sustainable funding for program operations through legislative proposals such as S.1052, referenced above. This partnership will address both the infrastructure that will be needed to ensure growth with quality and the ongoing research that is needed to continue improving the program model and its replication. Specific cost estimates will be provided shortly.
 - **Growth with Quality:** Nurse-Family Partnership is a non-profit dedicated to quality implementation of this evidence-based program. To achieve the desired outcomes, NFP has worked successfully with agencies implementing the program in 28 states to ensure that the program is delivered according to high standards and to monitor implementation and ensure accountability. Public policies that implement NFP need to incorporate the continuation of these procedures so that the results of this powerful scientific research are translated effectively into local programming. To support rapid expansion with quality, we propose an allocation to NFP to provide these functions, which include training and technical assistance to nurses who deliver the program, local staffing to support implementation with quality, and continuous quality improvement initiatives, with appropriate public oversight of this private quality assurance function.
 - **Improvements to Program Model and Replication:** The ongoing success of NFP also depends in the long run on a continuous investment in improvements to the NFP model and the replication process. Researchers at the Prevention Research Center for Family and Child Health in the Department of Pediatrics at the University of Colorado have developed and tested the NFP program, and today the NFP has been identified as meeting the highest standards of evidence. We suggest that a dedicated allocation be budgeted within the Centers for Disease Control and Prevention for the development of a research center and corresponding research grants focused on improving the model and its replication.
- **National Service:** We support the incoming Administration's plans to expand national and community service that includes a "Health Corps to improve public health outreach," and propose using strategies including tuition support and loan-forgiveness policies to attract new and experienced nurses to bring NFP to communities of highest need.



Other Strategies

- **Education Begins At Home Act:** NFP is a member of the National Home Visiting Coalition and supports the Education Begins At Home Act (S.667/H.R. 2343), legislation that will provide funding for an array of programs to support a continuum of prenatal and early childhood home visitation services.
- **Evidence-Based Home Visitation Grant Program through the Administration for Children & Families:** In FY 2008, Congress appropriated \$10.2 million for the creation of an evidence-based home visitation grant program to fund competitive grants to States to encourage investment of existing funding streams into home visitation programs that have been proven effective through well-designed, randomized controlled trials. This initiative is a small but strategic shift towards proven programs that could complement a comprehensive national strategy to expand NFP.