Reviewer: Taylor Vogt
Program: Nurse Family Partnership
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Abstract: NFP is a community collaborative evidence based practice that aims at improving the chances of healthy pregnancy outcomes, preventing child abuse and neglect, school readiness and develops a future life goals for the young mothers. NFP specifically caters to young, low income, single, first time mothers and enrolls them into a nurse visitation program. The nurse is assigned to the mother and child up to the child’s second birthday. The nurse is not only there for medical assistance, she acts as a teacher, life coach and a support system. The evidence of effectiveness for NFP is overwhelming and significant. There are numerous studies showing the positive effectives of family-nurse visitation programs. NFP has spread like wildfire since its birth in the 70’s. Within NYS, there are 7 NFP locations, one specifically for Monroe County, located in Rochester, NY.

1. Describe the Program or Strategy.

Nurse Family Partnership (NFP) is an evidence based community health care program that assists young, low income, first time mothers in becoming strong, confident providers. They provide prenatal care as well as home visits before and after you give birth. On top of prenatal care they also look to decrease injury and neglect and to improve school readiness. NFP has three goals:

1. Improve pregnancy outcomes through good preventive health practices and prenatal care. Improving diets, reducing cigarettes, alcohol and other illegal substance abuse.

2. Improve the child’s health and development

3. Improve the economic self-sufficiency of the family. Assisting the parents in creating a “vision” for their own future such as; planning for future pregnancies, education and work.

NFP has been part of randomized control studies for the last thirty years and has shown statistically significant results that are effective. In NY alone, the NFP chapter has helped 93% of the children receive all immunizations by 24 months of age and 76% of mothers did not have a subsequent pregnancy at program completion.
NFP is a free, voluntary program. First time moms are partnered up with nurse home visitors who visit throughout your pregnancy up until the baby reaches 2-years old. The nurse will offer insight and support about your questions and concerns when it comes to pregnancy, childbirth and child rearing. Specific questions arise about breastfeeding, babies health, bathing a baby, changing diapers, planning goals, and child development. Fathers are also encouraged to be a part of the home nurse visits as much as possible. According to research, children with absent fathers are five more times likely to be poor. However, the University of Maryland School of Medicine found that low income/high risk children who have fathers learn better, and have higher self-esteem and fewer signs of depression.

2. **What type of crime is it intended to prevent or reduce?**

NFP is striving to directly prevent and reduce child neglect and injury, by hopefully assisting and teaching the first time moms the proper ways to care for an infant. NFP indirectly reduces the chances that the parents and children participate in other crimes by showing them a lifestyle and how to make decisions that are not related to crime. NFP also is trying to improve the intellectual capacity of children, and help more single mothers gain employment.

3. **Is the program or something similar reviewed on Blueprints for Violence Prevention (http://www.colorado.edu/cspv/blueprints/) or Crime Solutions (www.crimesolutions.gov)? Provide Citations.**

Crime Solutions has reviewed NFP and has rated it effective. They used three studies to come to that conclusion (http://crimesolutions.gov/ProgramDetails.aspx?ID=187). Blueprints has reviewed NFP and included a study done by Washington State Institute for Public Policy (http://www.colorado.edu/cspv/blueprints/modelprograms/NFP.html).
4. Is there a clear theoretical foundation?

Dr. David Olds is the founder of NFP back in the 70’s. In the beginning stages of his program, his model was centered on the human ecology theory. As it has grown dramatically over the decades, theories of self-efficacy and human attachment have taken precedence. Dr. Olds believes that the evidence shows that a significant portion of child related injuries, crimes and deaths are a result of parental behavior. Specifically, the health related behaviors during pregnancy of the mother and the quality of care to given to the children after, and their future life development choices. Low-income mothers can care for their children in a healthy manner and there children can be successful but often times, outside social factors get in the way. Some social constraints can be families, neighborhoods, social networks, community cultures, etc.

The beginning stages of this model were grounded in the theory of human ecology, which emphasizes the importance of how social contexts can influence human behavior and development. The human ecology theory takes into account the person, the process and the context and how it all affects the child development.

NFP model developed into including the self-efficacy and attachment theory. Self-efficacy theory shows how differences in maternal behavior and cognitive processes play a role in child development. The attachment theory, takes into account how the mother was reared as a child and how that can influence the well being of the current child. All three theories play a role in the crucial decisions made my parents regarding the health and welfare of a child. NFP looks at strengthening the parent’s confidence and knowledge in making these important and lasting decisions.

(http://www.colorado.edu/cspv/blueprints/modelprograms/NFP.html)

5. Is there a direct, indirect or no clear theoretical link to crime reduction?

There is an indirect theoretical link to crime reduction. Through visitation, the mothers are not only learning to care for their children but they are learning how to care for themselves so they can provide for their children. The data shows that
children of low income, unemployed parents are more likely to be involved in criminal behavior. NFP tries to decrease these risks by providing support to at risk mothers.

6. Describe the logic model. Diagram it. How is it intended to reduce crime?

[Diagram of Nurse Family Partnership: A nurse, a mom, and a baby are depicted with the message: BETTER OUTCOMES LIVES CHANGED FOREVER.]

7. Does this program or strategy exist in this community? If yes, what agency is it run through? How long has it been in existence here? How is it funded?

There is a NFP located right in Rochester, NY and the majority of funding comes from United Way of Rochester. Nurse Family Partnerships has been in existence since the 1970’s and for the next thirty years it has tested the model in three locations (Elmira, Denver and Memphis). In 1996, it expanded for replication in local communities across the country.

8. Does it exist in other communities? If yes, where?

Within New York State alone, NFP resides in all 5 NYC boroughs including Monroe and Onondaga counties. NFP is located in 42 states, with multiple local agencies within each state. NFP serves 25,000 babies and mothers a year and helps them strive for brighter futures.


Research does exist on the effectiveness of NFP and is readily accessible. All of the research shows that NFP is a very successful and effective evidence based program. It produces statistically significant results and has been replicated successfully throughout hundreds of communities. It also is a cost effective evidence based practice. For example, a study by Kitzman and colleagues (2010) found that
the in the 30 days preceding the 12-year interview, NFP children were significantly less likely to have used the following; cigarettes, alcohol and marijuana. These NFP children reported fewer internalizing problems. Eckenrode and colleagues (2000) found that at the 15-year following up, there were significant fewer maltreatment reports.

10. **Provide a review of the research**

*NYC Evaluation*

This evaluation was done with the goals of showing the affects of home nurse visitation on rates of maternal welfare dependency, criminality, substance abuse, and child abuse/neglect. The setting for the evaluation was in a semirural community in New York State.

**a. What was the research design**

The research design for this study was a 15-year follow up of a randomized trial. Interviews were conducted with the parents and children involved. The participants involved were 315 adolescent children that were chosen 15 years ago to be enrolled into the NFP program.

**b. Describe the data**

The data was collected in the form of interviews regarding specific outcome measures: self reports of running away, arrests, convictions, being sentenced to youth corrections, initiation of sexual intercourse, number of sex partners, use of illegal substances, school records for suspensions, use of alcohol and other drugs. The merit of such data is always questionable.

**c. Summarize the findings**

Adolescent children whose mothers received prenatal and postnatal nursing care, reported few instances of running away, fewer arrest, fewer convictions, and violations of probation, fewer lifetime sex partners, and fewer cigarettes smoked per day, as well as, fewer days of consumed alcohol. Specific data information is found at the following link

Memphis Evaluation

This evaluation was aimed at understanding if home-visitation services served as a way of improving the maternal and child outcomes. This study grew out of the NYC study. The location for this evaluation was Memphis, Tennessee and a total of 1,139; mostly African American women were involved.

a. What was the research design
   The research design for this study was a randomized control trial as well.

b. Describe the data
   The data was constructed in a similar way as NYC. There were interviews on top of information taken from social service and medical records by the staff. The main outcome measures were; pregnancy-induced hypertension, preterm delivery, low birth weight, children injuries, ingestions, immunizations, mother reports of children behavioral problems, tests of children’s mental development, mothers reports of subsequent pregnancy, educational achievement, and labor-force participation.

c. Summarize the findings
   The main results were that women who were visited by nurses during pregnancy had children who had fewer healthcare encounters for children with in which injuries or ingestions were detected, fewer days that children were hospitalized and fewer pregnancies. Overall, this program can reduce pregnancy induced hypertension, childhood injuries, and subsequent pregnancies among high-risk mothers.

(www.reprintsdesk.com/landing/hf.aspx?h=513739&hr=686377036&a=1&u=0&r=576252319).

11. How would you rate this program or strategy?
   a. Generally recognized as effective
   b. Good likelihood that it is effective
   c. Inconclusive
   d. Probably not effective
   e. Generally recognized as not effective
   f. Harmful or likely to be harmful
12. Explain your Rating

I chose a rating of “Generally recognized as effective” for a number of reasons. First, the longevity of the NFP program is a real test of its reliability and validity. NFP has spread to 42 states and hundreds of counties. It is defined as an evidence based practice program and it has numerous successful scientifically significant evaluations to back it up. Second, NFP has been rated effective by more than one study on crime solutions, which is a trustworthy source. Thirdly, it has been proven to reduce the chances and risks of child neglect, abuse and injury. Children enrolled in NFP have shown to have fewer “run ins with the law” and fewer hospital visits as well. It has shown to decrease subsequent pregnancies and improve the life course of young mothers. More mothers are confident and knowledgeable when it comes to decisions regarding children.

13. One paragraph summary of the program, the findings and your recommendation.

NFP is a community collaborative evidence based practice that aims at improving the chances of healthy pregnancy outcomes, preventing child abuse and neglect, school readiness and develop a future life goals for the young mothers. NFP specifically caters to young, low income, single, first time, high risk for anti-social behavior mothers and enrolls them into a nurse visitation program. The nurse is with the mother and child up to the child’s second birthday. The nurse is not only there for medical assistance, she acts as a teacher, life coach and a support system. The evidence of effectiveness for NFP is overwhelming and significant. There are numerous studies showing the positive effectives of family-nurse visitation programs. NFP has spread like wildfire since its birth in the 70’s. Within NYS, there are 7 NFP locations, one specifically for Monroe County, located in Rochester, NY.