



## MILLER STUDY PROJECTS SIGNIFICANT LONG-TERM EFFECTS AND GOVERNMENT COST SAVINGS FOR FAMILIES ENROLLED IN NURSE-FAMILY PARTNERSHIP

Nurse-Family Partnership® (NFP) is an evidence-based health program with over 38 years of evidence showing significant improvements in the health and life course for first-time moms and their children living in poverty. A study published in the [August 2015 issue of Prevention Science](#) shows the projected, long-term effects of NFP on improving birth outcomes, child health and development and preventing crime. The study also shows that NFP provides a significant cost-savings on Medicaid, Temporary Assistance for Needy Families (TANF) and food stamps – making NFP a smart investment for policymakers in saving taxpayers’ dollars.

Nurse-Family Partnership enrolls low-income women who are pregnant with their first child. Each expectant mom is paired with a registered nurse who provides her with home visits throughout her pregnancy until her child’s second birthday.

This is the first time NFP has been studied to project the expected outcomes for families while enrolled in NFP (through child at age 2) and after program completion using formal meta-analysis tools across six randomized, controlled trials conducted in Denver, Colorado; Elmira, New York; the state of Louisiana; Memphis, Tennessee; the Netherlands; and Orange County, California.

The study was conducted by Ted R. Miller, Ph.D., a principal research scientist with the Pacific Institute for Research and Evaluation. Miller reviewed evaluation findings on select outcomes across randomized, controlled trials and evaluations of operational NFP programs to determine estimates of program impact (the percent of increase or decrease in each of these program outcomes). Applying these impact estimates to the measured outcomes of 177,517 NFP clients – low-income, pregnant women who were enrolled from 1996 to 2013, Miller estimated the changes in incidence (lives saved, etc.) as well as the corresponding costs saved by the participation of these individuals in the program.

### NURSE-FAMILY PARTNERSHIP PROJECTED OUTCOMES

Based on 177,517 pregnant women enrolled in NFP from 1996-2013, Miller projects that by 2031, NFP will prevent an estimated:

<b>500 infant deaths;</b>
<b>10,000 preterm (first and subsequent) births;</b>
<b>13,000 dangerous closely-spaced second births;</b>
<b>42,000 child maltreatment incidents;</b>
<b>36,000 intimate partner violence incidents;</b>
<b>90,000 violent crimes by youth;</b>
<b>594,000 property and public order crimes (e.g., vandalism, loitering) by youth;</b>
<b>36,000 youth arrests; and</b>
<b>41,000 cases of youth substance abuse.</b>



## IN ADDITION, MILLER CONCLUDES THAT NFP WILL:

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| reduce smoking during pregnancy;              |
| decrease pregnancy complications;             |
| reduce childhood injuries;                    |
| decrease use of subsidized child care;        |
| improve language development;                 |
| increase breastfeeding; and                   |
| raise compliance with immunization schedules. |

## KEY NEW FINDINGS ON NFP

By pooling data across trials, this study greatly increased the power to detect statistically significant effects on less frequently occurring outcomes.

- **Reduction in Preterm Births** – The study provides the first, strong evidence that participants in the NFP randomized, controlled trials showed reductions in preterm births similar to those observed in the operational NFP programs.
- **Decrease in Intimate Partner Violence** – This study finds that women participating in NFP had a 16% reduction in intimate partner violence during pregnancy until their first-born child reached age 5. This combined look across NFP randomized, controlled trials provides the first U.S. evidence that participants in NFP show a statistically significant reduction in intimate partner violence.
- **Reduction in Abortions** – The study finds that NFP led to a 30.7% reduction in abortions due to reductions in closely-spaced, high-risk pregnancies between first and second births for NFP moms until their first child reached age 3.

Fewer closely-spaced second pregnancies means less miscarriages, less abortions, less premature births and less total closely-spaced second births.

NFP nurses work with each mom enrolled in NFP to set her own goals for the future. As each mom starts to plan for her future – whether it’s going back to school or pursuing her career choice – she has more control of her decisions about her family. NFP improves decision-making about when and with whom to get pregnant.

- **Increased Immunizations** – The study estimates that in operational NFP programs children covered by Medicaid who participated in NFP were at least 13% more likely to have complete immunizations at age 2 than other first-born children covered by Medicaid – making it the first study to find a significant impact on NFP on immunizations.
- **Medicaid Saving** – This study projects that NFP will reduce Medicaid spending per child by 8.5% from birth to age 18, leading to \$1.4 billion in total savings [for the 177,517 children served by operational programs from 1996-2013] and will reduce estimated spending on TANF and food stamps by \$3 billion (present value in 2010 dollars). This is the first study of NFP to estimate the Medicaid cost reductions. By comparison NFP costs \$1.6 billion to serve those children and their families.

The study was partially funded by a National Institute of Drug Abuse grant (1-R01 DA021624).



“...Our findings affirm that home visiting using the NFP program model makes major differences in the lives of low income families.

It reduces intimate partner violence, child maltreatment, and youth crime and substance abuse, increases independence, and saves both money and lives. Expanding MIECHV [the federal home visiting program] and other public funding for NFP thus seems a wise investment...”

– Ted R. Miller