

Improving the Life-Chances and Economic Self-Sufficiency of Families in Poverty with the Nurse-Family Partnership

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Pregnancy and the early years of the child's life create an opportune time to prevent a host of adverse maternal and child outcomes associated with living in poverty. This talk summarizes a four-decade program of research and community replication that has attempted to improve the health and development of mothers and children with prenatal and infancy home visiting by nurses. The program, known as the Nurse-Family Partnership (NFP), is designed for low income mothers who have had no previous live births. The NFP focuses on women living in poverty because the concentration of adversity associated with poverty increases risk for compromised maternal and child health, development, and economic self-sufficiency. Women experiencing their first pregnancies undergo significant changes in their roles and neurobiology that create unique opportunities to support their developing drives to protect themselves and their children.

NFP home visiting nurses have three major goals: 1) to improve the outcomes of pregnancy by helping women improve their prenatal health; 2) to improve the child's subsequent health and development by helping parents provide more sensitive and competent care of the child; 3) and to improve parental life course and health by helping parents plan future pregnancies, complete their educations, and find work. The NFP has been tested in a series of randomized controlled trials, the gold standard method of evaluating interventions. It has been found to consistently improve women's prenatal health; reduce children's injuries; reduce children's behavioral problems in early elementary school, and depression, anxiety, and use of substances in early adolescence; reduce maternal impairment due to their use of substances; and reduce short inter-birth intervals and families' use of welfare and food stamps. Economic evaluations of the program show substantial cost-savings to government and society, including reductions in use of welfare.

Over the past 20 years, significant effort has been devoted to carefully replicating the program throughout the United States in a way that preserves its essential elements. Today, the NFP serves over 31,000 families in 43 states in over 350 localities.

While the NFP is considered a leading exemplar of what effective early preventive interventions can produce, the program is a work in progress. We are conducting on-going research to strengthen its impact while preserving its evidentiary foundations. This research includes efforts to create efficiencies in the program through the advanced use of IT and even more precise adjustments of dosage and content that align with mothers' needs and aspirations. We hope that the NFP experience will help shape the discourse about the intersection of science and policy.