Public-Private Partnerships for Greater Impact on Maternal and Child Health Outcomes

Nurse-Family Partnership and “the Blues” in the Carolinas
Today’s Presenters

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Why Learn About Nurse-Family Partnership?

• Program results
• Cost effectiveness
• Accountability
• Support with implementation
“There is a magic window during pregnancy...it’s a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse.”

David Olds, PhD, Founder, Nurse-Family Partnership
# Program Goals
- Improve pregnancy outcomes
- Improve child health and development
- Improve parents’ economic self-sufficiency

# Key Program Components
- First-time, at-risk mothers
- Registered nurses
- Intensive services pre-natal to 2
- Limited caseload
- Flexible structure and guidelines
- Focus on behavior
- Program fidelity/QI

# Why Nurses?
- Knowledge, judgment and skills
- High level of trust, low stigma
- Credibility and perceived authority
- Holistic nursing theory and practice at core of model
Randomized Controlled Trials of the Program

Dr. Olds’ research & development of NFP continues today…

1977
Elmira, NY
Participants: 400
Population: Low-income whites
Studied: Semi-rural area

1988
Memphis, TN
Participants: 1,139
Population: Low-income blacks
Studied: Urban area

1994
Denver, CO
Participants: 735
Population: Large portion of Hispanics
Studied: Nurse versus paraprofessional visitors
Consistent Results Across Trials

- Improvements in women’s prenatal health
- Reductions in children’s injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers’ involvement
- Increases in employment
- Reductions in welfare and food stamps
- Improvements in child development/school readiness
Nurse-Family Partnership is Cost-Effective

• Returns $18,000 over and above program costs for each family enrolled (Washington State Institute of Public Policy 2008)

• Up to $5.70 saved per dollar invested, with savings from decreased government spending in health, child welfare, public assistance, crime (RAND Corporation, 2005)

• Savings to Medicaid alone returns 80% of program cost over 5 yrs (Pacific Institute for Research and Evaluation, 2009)
NFP in South Carolina

6 sites serving 9 counties in S.C.
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6 sites serving 9 counties in S.C.
Program Implementation Quality in South Carolina

• 760 families ever enrolled as of June 30, 2010
  • Median age 19
  • 49% had completed a GED or High School when enrolled
  • 85% Medicaid recipients
  • 93% unmarried
  • 53% African-American, 36% non-Hispanic White, 7% Hispanic

• 98.3% enrolled by 28th week of pregnancy
• Nurses are addressing appropriate content during visits
• Higher percentage of completed visits than national average
Preliminary Outcomes in South Carolina

• Outcomes to date
  – 9.4% pre-term birth rate (15.5% for state general population)
  – 10.9% low birth weight rate (10.2% for state general population)
  – 65.9% mothers initiate breastfeeding

• Examples of other outcomes we will be assessing:
  - Immunizations
  - Developmental delay
  - ER visits and hospitalizations for injury and ingestion
  - Subsequent pregnancies
  - Work force participation
Program Implementation Quality in North Carolina

• 1137 women ever enrolled as of June 30, 2010
  • Median age: 19
  • 44.8% completed High School or a GED
  • 91% unmarried
  • 68% Medicaid recipients
  • 51% African-American/Black; 26% Non-Hispanic White; 14% Hispanic; 6% Native American

• 98.3% enrolled by 28th week of pregnancy
• Nurses addressing appropriate content during visits
• High percentage of completed visits
Early Program Outcomes in North Carolina

- 9.7% preterm birth rate among NFP participants (13.5% for overall population in NC)
- 10.4% low birthweight rate (9.2% for overall population in NC)
- 70% of clients initiated breastfeeding with 24% still breastfeeding at 6 months

Examples of other outcomes we will be assessing:
- Developmental delay
- ER visits and hospitalizations for injury and ingestion
- Subsequent pregnancies
- Work force participation
NFP is a growing, national program

32 states
385 counties
21,494 families currently enrolled
The Nurse-Family Partnership National Service Office

• State and community planning
• Nurse education in the model – home visitors and supervisors
• Ongoing coaching for practice improvement
• Quality monitoring and improvement
• Marketing, communications, and advocacy support
Sources of Nurse-Family Partnership Local Funding

- Medicaid
- TANF/Public Welfare
- Title V/Maternal and Child Health Initiatives
- Child Abuse Prevention
- Juvenile Justice/Delinquency Prevention
- Substance Abuse and Mental Health
- Host agency contributions
- Early Childhood/School Readiness
- Tobacco Settlement
- State, City and County General Funds
- Managed Care
- Private Philanthropy
Home Visiting Grant Program to States

– Mandatory funding ($1.5B over five years) from HHS (HRSA/ACF)

– Formula-based grants to States and Territories for home visits to higher risk young families, with expanded funding partially competitive

– Designed to support the establishment and expansion of evidence-based home visitation programs in States

– Requires grantees to implement models with fidelity to their design

– Research and evaluation component focused on health outcomes
Emerging Interests and Trends

• Partnerships with hospitals and health plans serving high-risk communities and populations

• Studies to assess additional cost savings to health care (e.g., NICU visits)

• NFP data supports documentation for selected measures related to NCQA standards

• Working on enhanced Medicaid billing options
Harvey Galloway, Executive Director
Jennifer DuMont, Sr. Research Consultant and Grants Manager

• Initial interest
• Commitment to fund Nurse-Family Partnership
• Participation in statewide planning and advocacy to foster program growth and sustainability
How We Got Involved: Katie Eyes, Program Manager

• Engaged by The Duke Endowment in partnership with larger funder and stakeholder collaboration

• Alignment with BCBSNC Foundation’s mission-- health gains for maternal and child population

• Outcomes focus-- evidence-based program with decades of proven results

• Strong program design for replication
NFP National Initiatives & Strategic Engagement
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