





On the cover: Nely, 15, lives in Pennsylvania and is in her third trimester. On the back: studying a book about birthing with her nurse, Holly Poole.

A vulnerable young woman becomes pregnant before she's ready to take care of a child. What happens to her—and to her child? Will they thrive? Or will their future be one of low wages and welfare, drug abuse and crime, violence and hopelessness? Nurse-Family Partnership steps into this uncertain picture with a proven, effective intervention. A nurse forges a relationship with the expectant mother. She provides pre- and post-natal care, information, and support up to the child's second birthday. The life trajectory of this low-income, first-time family shifts as the nurse helps the young woman find opportunities she may never have thought of. Change begins before the birth of her child. It begins with a conversation. It begins with trust.



Dear Friends:

For Nurse-Family Partnership, 2007 was a phenomenal year—bringing us closer to our goals while at the same time reminding us how much more work there is to do in serving vulnerable mothers delivering their first child. In the past 12 months, we enrolled 13,500 mothers and their children into this targeted, focused intervention in 310 counties in 23 states across the nation. The objective of our 10-year growth strategy is to increase the number of mothers enrolled in the program to 100,000.

To help us achieve this objective, several major foundations from across the county have joined forces in an unprecedented philanthropic initiative. Over the past year, we raised \$50 million in growth capital, which by 2017 will make our operations self sustaining, advance

our 10-year growth strategy, and ensure that the infrastructure is in place to support the needs of our existing implementing agencies.

More, however, needs to be done. In order for us to achieve our goal, public investment from government agencies is still needed at the federal, state, and local levels to make funding available to specific communities.

The momentum of 2007 tells me that, as a nation, we are finally realizing that we cannot continue to play catch-up. Waiting until a child gets into the welfare or juvenile justice system to address the risks is simply too late. Many of us at Nurse-Family Partnership have experience with other social advocacy programs, and we have seen many well-intentioned ideas come and go. But this idea—to intervene before a child is born and stay on the scene through his or her second birthday—has staying power because it effects

change for multiple generations. It is preventive care, and it works.

And we know why the program is so successful—it is the heart and passion of the nurse home visitors who deliver the program, bringing hope and encouragement to vulnerable families. These people are my heroes. I see them as the nation's healthcare equivalent of the Peace Corps. This year I ask you to join our nurse home visitors in delivering this hope. I need you to be an advocate for us in your community and with your local and federal elected officials. With your help and generosity, our 2017 goal of reaching 100,000 mothers and their families will be well within reach.

I visit many cities on behalf of our organization, and whenever I am in a cab and the subject of what I do comes up, the driver invariably responds, "Nurse-Family Partnership.

How come I've never heard of you?" So I have developed my own personal benchmark for success: the day I finally hear the response, "Nurse-Family Partnership! That is one terrific program."

It is an honor for me to be in a leadership role, advocating on behalf of this brilliant, passionate group of people who are out there doing this important work every day. Nurse-Family Partnership truly is a national treasure, and I believe the stories on the pages that follow will convince you, too.

Thomas R. Jenkins Jr.
President and CEO



Friends:

The Nurse-Family Partnership serves first-time, low-income mothers at a time when they are most vulnerable. By providing skilled nursing, advice, and emotional support at this pivotal time in their lives, our nurses forge a relationship of trust that anchors and sustains the mother, her child, and the generations that follow.

It is always tempting in a social service program to take people who are close to the imaginary boundary of success, push them over the top, and call it a triumph. One of the things that is most distinctive about the Nurse-Family Partnership is that we have no desire to cherry-pick the easy cases. We want to work with the mothers who are most at risk because we want to make the greatest possible difference. And that is where we have the most impact—by achieving healthy

births, reducing child abuse and welfare usage, and delivering the numerous other documented positive outcomes—thereby bringing the most powerful benefits and generating the largest cost savings to society.

The year 2007 was a watershed for the Nurse-Family Partnership in so many ways as we made aggressive strides in our efforts to serve more first-time, low-income mothers. As we move forward from the numerous successes of 2007, we will continue to pursue our legislative agenda in Washington and state capitals across the country, championed by our very able staff, the dedicated members of our public policy committee, and our numerous friends on both sides of the political aisle. And we will continue our work at the grassroots level to expand the communities served—while maintaining fidelity to the proven model that Dr. David Olds created.

We all want to do good, hope to do good, wish to do good. Nurse-Family Partnership is a program we know does good. Please read about the nurses, moms, agencies, partners, and donors who are part of the extended family that makes up the Nurse-Family Partnership. Examine our statistics and sense our passion. You'll see why you can trust this program to deliver extraordinary outcomes now and in the future.

Robert Hill
Chair of the Board



MARIA, 20, AND FERNANDO, 20 MONTHS, LIVE IN THE WESTERN SUBURBS OF CHICAGO AND ENJOY VISITS WITH THEIR NURSE, JUANITA BROWN.

Maria was 16 when she left home. She was carrying a dark secret about sexual abuse, so she was glad for the chance to start a new life in the home of her older brother and sister-in-law. But after a couple years, she met a man who told her how beautiful she was, and Maria didn't know he already had a wife and family. When her brother learned that she'd become pregnant, he was furious. Maria ran out of the house, and when she returned the next morning, her brother wouldn't let her back in.

6

It begins with trust





Maria was a junior in high school. She should have been studying trigonometry and the American Constitution. Instead she was worrying about where she was going to live, what childbirth would be like, and how she could possibly care for a baby on her own.

“I had no family to help me through,” she says. “But Nurse-Family Partnership was there for me.” Over the next two years Maria endured many stressors and upheavals, and Nurse-Family Partnership was a stabilizing presence through it all. When Maria was concerned about the drugs and smoking in her living environment, her nurse learned about a group home where she

could live. When she dropped out of school after Fernando was born, her nurse helped her figure out practical options like daycare and transportation so she could reenroll and finish high school, a huge accomplishment.

But perhaps most important for Maria—and for Fernando—has been a personal connection she could trust. “Juanita has been a big part of Fernando’s life,” Maria says. “She’s been there at so many different stages, asking how he’s doing, what’s going on with him, what I need. It means a lot to have someone ask.”

Today Maria has a high school diploma, a stable home environment, and a job she rides her bike to.

After more than a year of being estranged, she has reunited with her brother. “He can’t believe how much I’ve matured,” she says. “And he’s right. I feel very fortunate that this program is available where I live.”

There will certainly be challenges in the years ahead, but Maria will carry with her the strengths she developed, thanks to the guidance and support of Nurse-Family Partnership. “I’ve become a mother,” she says, “a true mother.”

DAVID OLDS, Ph.D.
PROFESSOR OF PEDIATRICS, PSYCHIATRY, NURSING AND PREVENTIVE MEDICINE
PREVENTION RESEARCH CENTER FOR FAMILY AND CHILD HEALTH
UNIVERSITY OF COLORADO DENVER



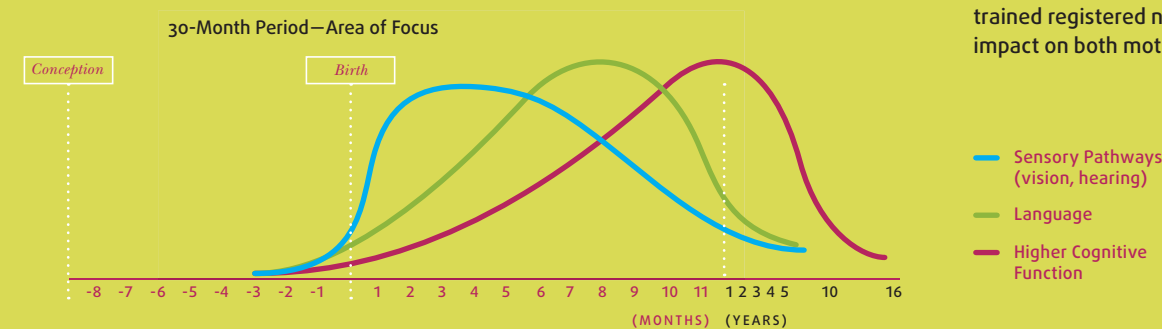
10 **It begins with research** Nurse-Family Partnership is founded on the pioneering work of Professor David Olds. After college, Olds was working in an inner-city daycare center when he was struck by the endemic risks in the lives of some low-income children. He realized the children needed an earlier intervention—at home, with their mothers, when they were infants, and even before they were born.

Shortly thereafter, at Cornell University, Olds began to develop a nurse home visiting program that targeted first-time mothers and their children. Over the next three decades, he and his colleagues continued to test the program in three separate, randomized, controlled trials with three different populations: Elmira, N.Y., in 1977; Memphis, Tenn., in 1988; and Denver, Colo., in 1994.

Today Olds and his team continue to study the model's long-term effects and lead research to improve the Nurse-Family Partnership program model.

Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000).
Shonkoff, J. & Phillips, D. (Eds.)

As this chart shows, during the first 30 months of a child's life, basic functions related to vision, hearing, and language develop, and it is during this period that trained registered nurses can have a huge impact on both mother and child.



CHRISTINA BAKER HAS A BA IN PSYCHOLOGY FROM RUTGERS UNIVERSITY AND A BSN IN NURSING FROM NEUMANN COLLEGE. BORN AND RAISED IN PHILADELPHIA, CHRISTINA WORKED AS A SOCIAL WORKER FOR 10 YEARS AND AS A NURSE IN A PEDIATRIC HOSPITAL FOR TWO YEARS BEFORE COMING TO WORK FOR NURSE-FAMILY PARTNERSHIP IN 2001.

When I started as an NFP nurse and saw the scientific results in the training materials, I thought, Okay, it looks good; I'll believe it when I see it.

Now that I've been part of the program for six years, I know it works. I love this job. I wouldn't ever want to do anything else.

Yes, it's a hard job. But we love it because we know it's a valuable one. We don't take lightly the fact that we're working directly with people's lives. We know we have a hand in the future.

One of my moms, Sharque (right, with mother and baby Cameron), went into preterm labor while her boyfriend was in juvenile detention. But she's doing well now. She graduated high school, she's working and thinking about college.

But other situations are much tougher. I had one client I visited for two years, and I'll tell you, I had to physically and mentally prepare myself every time I went into her home. I just never knew what I was going to see. This young woman had fundamental physical and mental health issues, she didn't work, her husband worked at a donut shop, her parents were both dead. She had no health insurance, she was smoking, the fridge was always empty, the house was a mess, toys everywhere—she was spending all her money on toys for the baby.

But as bad as it was, I truly believe if I weren't visiting her, it would've been worse. I got her to quit smoking, I got her on a food stamp program and hooked up with a living skills specialist. Then, at around 18 months, the baby wasn't talking the way he should've been, and I couldn't get her to see that he needed medical attention. She didn't want the label, the stigma, of a diagnosis. But I finally convinced her that if we could address the problem early, it would be better for him down the road.

A lot of the girls I see come from homes that are really rough. Some have no positive male role models, so the first guy who comes along and shows them any attention, they think it's love, and the next thing you know, they're pregnant. They don't have anyone to talk to, and people are telling them "you ruined your life." I'm someone she can talk to.

She knows I'm not judgmental, I just listen to what she has to say and try not to tell her what I would do. Of course it can be frustrating—some girls, no matter how much I try to educate them, they do what they want to do. But I've learned not to let my personal feelings get in the way. They need to come to decisions on their own, and we back them up, whatever they decide.

You know, we not only help young girls, we're also helping their children. I run into my moms whose babies are now in kindergarten, and they tell me, "Oh, he's reading the books you brought me!" Then I know that, because they enjoy reading, they'll enjoy school—and that means they'll go further in life.



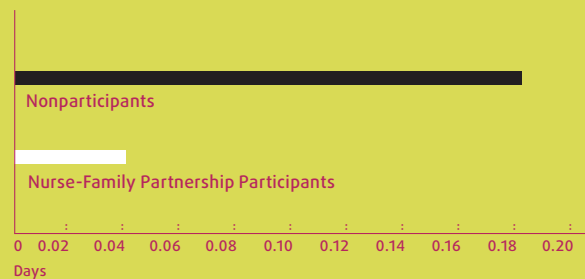
16 It begins with research

Improved Children's Health and Development

In the trial conducted in Memphis, nurse-visited children had fewer healthcare encounters for injuries and ingestions, including fewer days hospitalized for injuries, in the first two years of life; nurse-visited children born to mothers with few psychological resources had better academic achievement during the first three years of elementary school compared to their counterparts who were not in the program. In the Denver trial, nurse-visited children born to mothers with low psychological resources exhibited better language development at age 4.

Days Hospitalized for Injuries

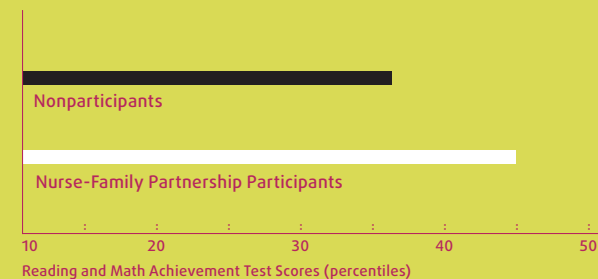
Birth to age 2—Memphis



Source: *JAMA*, 1997, Vol. 278, 650, Copyright © 1997, American Medical Association. All rights reserved.

Academic Achievement

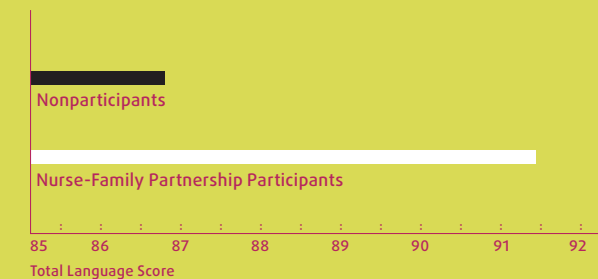
Grades 1–3, Age 9—Memphis
(Born to low-resource mothers)



Source: Reproduced with permission from *Pediatrics*, Vol. 120, e838, Copyright © 2007 by the AAP.

Preschool Language Scale

Age 4—Denver
(Born to low-resource mothers)



Source: Reproduced with permission from *Pediatrics*, Vol. 114, 1565, Copyright © 2004 by the AAP.

CHRISTINA BAKER (LEFT) AND NICOLE HOFFMAN ARE TWO OF THE FOUR NURSES WHO HAVE WORKED AT CHESTER COUNTY NURSE-FAMILY PARTNERSHIP SINCE ITS INCEPTION IN 2002.

In a small office in Pennsylvania's Chester County Health Department, four nurses and an assistant are drinking coffee, shuffling papers into binders, readying themselves for their day. Space is tight, but the nurses just laugh, unfazed, when they roll back from their desks and bump into each other. Their true workplace, they know, is a much wider world—in the homes and lives of the young mothers they visit every week.

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It begins with commitment





How did this agency get its start? In 1986 a nursing grad student named Pat Yoder (left) was poring over the medical literature in the University of Virginia library. As a community nurse, she believed in her heart that the work she was doing—providing preventive healthcare to young mothers in the community—was a powerful way to reach a population in need.

But Pat was trained in the sciences. She wanted empirical evidence that these home visits could actually make a difference. There in the university library she discovered an article in *Pediatrics* about David Olds' Elmira study, an examination of a unique home visiting program that showed real results. The idea lodged in her mind, and over the years, as Pat continued her career as a nurse, she kept tabs on Olds' work.

Fifteen years later, now a field nurse in Chester County, Pennsylvania, Pat learned at a conference that Olds' program was to be replicated in her state. She went to her supervisor Betsy Walls. "I've been following this program since I was in grad school," she said. "We need to bring it here."

"You write the grant," said Betsy, "and if we get the funding, you can run the program."

Pat had never written a grant before, but she aced this one. The department received the funding, and the Chester County Nurse-Family Partnership was born.

In its six years, the agency has served 417 families. Even more impressive are the outcomes of their work: a 25 percent reduction in smoking during pregnancy; a low birth-weight rate and a preterm delivery rate among adolescents that are even lower than the Healthy

People 2010 goals; breastfeeding rates among the highest in the state. And no clients have been admitted to Child Protective Services for issues of child abuse or neglect.

"A lot of public health programs do what we do—educate, do assessments, promote healthy lifestyles," says Pat. "But what makes NFP different is, we build relationships. That nurse is with that mom every step of the way for over two years. It's an intensive, long-term program. It's a chance to be a positive voice in a young woman's life when she needs it most. We're committed. And it makes a difference."

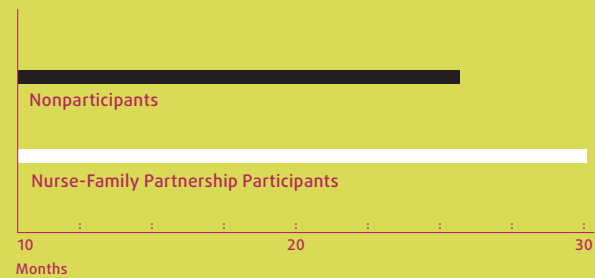
22 It begins with research

Improved Economic Self-sufficiency of Mother

Nurse-visited mothers in the Memphis trial had greater intervals between the births of first and second children, and spent fewer months using welfare and food stamps.

Months Between Births

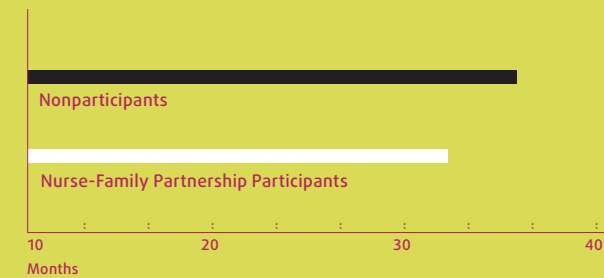
Between first and second child
(by first child's fifth birthday)—Memphis



Source: *JAMA*, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.

Months Receiving Welfare Assistance (AFDC)

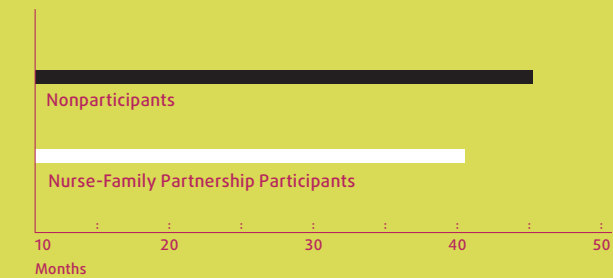
Birth through age 5—Memphis



Source: *JAMA*, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.

Months Receiving Food Stamps

Birth through age 5—Memphis



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DARCY BRADBURY IS DIRECTOR OF EXTERNAL AFFAIRS AT A GLOBAL ASSET MANAGEMENT FIRM. SHE AND HER HUSBAND ERIC SEILER HAVE THREE CHILDREN.

Darcy Bradbury knows a lot about the world. She was deputy comptroller for the City of New York and also served as assistant secretary of financial markets at the U.S. Department of the Treasury.

And she's a donor and board member for Nurse-Family Partnership. Of her many philanthropic choices, and with her vast understanding of finance and of government, why does she choose this organization to support?

"NFP is at an inflection point," she says. "We're poised for a big launch. We want to bring this program to mothers and babies coast to coast."

But Darcy supports Nurse-Family Partnership for personal reasons, too. "It's a privilege to work with NFP," she says. "I have so much respect for the nurses. I remember talking with a group of them a few years ago at a test site in New York City. One nurse said, 'I might be the first person who ever really paid attention to this young woman.' I was so struck by the respect the nurses have for the mothers they work with. They dedicate themselves to helping families thrive."

Donors like Darcy Bradbury are savvy and visionary because they perceive the organization's two great strengths: It empowers women to change their families' lives. And it's proven to work. "It's a sound investment, and you can believe in it," says Darcy. "That's why I support Nurse-Family Partnership."

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It begins with respect

“The success of the Nurse-Family Partnership is undeniable; this program should be expanded to every community in this country, not just a select few.”

U.S. Senator Ken Salazar (D-Colo.)

“The question, of course, is what can governments do about any of this? The answer is that there are programs that do work to help young and stressed mothers establish healthier attachments.... The Nurse-Family Partnership program, founded by David Olds, has produced rigorously examined, impressive results. Children who have been in this program had 59 percent fewer arrests at age 15.”

David Brooks, Op-Ed Columnist
The New York Times

“Of all the programs we have seen, the Nurse-Family Partnership has the history to show it makes the greatest possible difference in reducing family violence, reducing child abuse, improving school performances, and reducing criminal activities of both mother and child. This program will change Texas for the better and this legislation may be looked back on by future generations as the best work in many years of the Texas Legislature.”

Texas State Representative
Jerry Madden (R-67)

“The great thing about Nurse-Family Partnership is that it works. It decreases about everything you want to decrease and increases about everything you’d want it to increase. It decreases child abuse, it decreases sexual risk-taking, it decreases drug use, it decreases tobacco use, it decreases injuries, it decreases preterm births, it decreases low birthweight births, and it decreases crime. It increases birth spacing, increases father participation, and increases school readiness. What’s not to like about it?”

Thomas Frieden, Commissioner
New York City Department of
Health and Mental Hygiene

“I’m very proud that Milwaukee was chosen to be a Nurse-Family Partnership site because this is a proven cost-effective investment in the well-being of children and families.”

Milwaukee Mayor
Tom Barrett

“The Nurse-Family Partnership empowers first-time mothers with the resources and knowledge to provide an environment in which children can reach their full potential.”

U.S. Senator Arlen Specter (R-PA)

THE NURSE-FAMILY PARTNERSHIP NATIONAL SERVICE OFFICE IS A DENVER-BASED NONPROFIT ORGANIZATION THAT PROVIDES SERVICE TO COMMUNITIES ACROSS THE COUNTRY IN IMPLEMENTING THE NURSE-FAMILY PARTNERSHIP MODEL AND IN ENSURING FIDELITY TO THE PROGRAM MODEL DEVELOPED IN RANDOMIZED, CONTROLLED TRIALS. ALONG WITH STRATEGIC PARTNERS — PUBLIC/PRIVATE VENTURES AND INVEST IN KIDS — THE ORGANIZATION IS POISED TO REACH ITS GOAL OF 100,000 LOW-INCOME, FIRST-TIME MOTHERS ENROLLED BY 2017.



28 The following departments at the National Service Office ensure success for implementing agencies:

Program Development

Program developers help local, regional, and state community leaders, through assessment and planning, to build community support, prepare for implementation, and plan for sustainability of the local program.

Nursing Practice

Nurse educators prepare registered nurses to deliver the program, using a competency model of instruction and building on their professional education and experience. In addition, state nurse consultants in each state provide ongoing clinical consultation on everyday nursing practice issues as they relate to the NFP model.

Marketing and Communications

This team is devoted to increasing public awareness, generating media coverage, and increasing visibility at both local and national levels. They also provide an array of resources through the organization's intranet site.

Program Quality Support

Program managers provide ongoing consultation to implementing agencies on logistical, human resource, funding, case management, and model fidelity issues. Reporting specialists improve the effectiveness of local programs using data collected by nurse home visitors on each visit. This team also provides a process for quality improvements.

Federal Policy and Government Affairs

This team helps to develop new and sustained federal and state funding while securing powerful broad-based, bipartisan, and bicameral government support for both local implementing agencies and the national replication effort.

Knowledge Development

This office coordinates research activities throughout NFP's network and spearheads projects that advance the organization's brand promise and protection. The office collects and synthesizes best evidence from a broad field, making it available for all departments and implementing agencies.

Planning and Administration

This team leads the long-term planning process for NFP, manages grants that support the organization's mission, and reports to grant makers. They also handle all legal affairs, including contracts and intellectual property.

Information Technology

The team provides the technological infrastructure that the National Service Office and its implementing agencies use to communicate, share information, track client information, and monitor and explore trends. The IT team is the virtual backbone to the national replication of the NFP model.

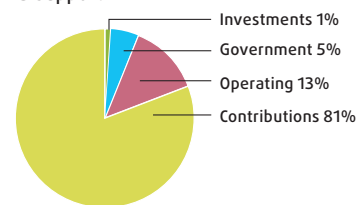
Fund Development

The team pursues a broad range of private funding partners, including foundations, corporations, and individuals, in an effort to obtain sustainable funding for the National Service Office, which ensures that local agencies succeed.

Finance

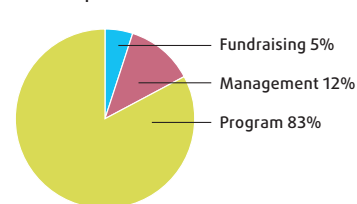
This team handles all financial matters including budgeting, investing, and accounting and serves many groups including donors, state grantor authorities, internal management, and various taxing authorities. In addition, they handle all functions for human resources, purchasing, and facilities.

FY07 Revenue & Support



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FY07 Expenses



	2007	2006
Revenue and Support		
Contributions	\$ 10,335	\$ 220
Government	661	647
Operating	1,724	1,320
Investments	77	64
Total Revenue and Support	<u>12,797</u>	<u>2,251</u>
Expenses and Changes in Net Assets		
Program	5,633	4,383
Fundraising	367	231
Management	840	981
Total Expenses	<u>6,840</u>	<u>5,595</u>
Change in Net Assets for Fiscal Year	5,957	(3,344)
Net Assets Beginning of Fiscal Year	495	3,839
Net Assets End of Fiscal Year	<u>\$ 6,452</u>	<u>\$ 495</u>

Audited financial statements are available for viewing on our Web site: www.nursefamilypartnership.org.

In April 2007 Nurse-Family Partnership National Service Office launched a campaign to raise \$50 million to advance our 10-year growth strategy and to make operations self-sustainable.

We are honored to announce that in the past year we have received commitments from private foundations and individual donors meeting our campaign goal of \$50 million. The funding will support organizational infrastructure. Programmatic support will still be needed from government agencies at federal,

state, and local levels to make services available to specific communities and states.

The commitments, made primarily in the form of grants, are multi-year and are tied to annual performance goals integral to the 10-year strategic growth plan. Additional funding has been committed by Nurse-Family Partnership's board of directors.

The Edna McConnell Clark Foundation served as lead investor, ensuring a high-quality business plan for Nurse-Family Partnership, developing fund

raising approaches that aggregated capital, and providing post-investment assurances of performance reporting.

The Robert Wood Johnson Foundation has been a primary funder for Nurse-Family Partnership since 1979.

The Edna McConnell Clark Foundation
Bill & Melinda Gates Foundation
Robert Wood Johnson Foundation
W. K. Kellogg Foundation
The Kresge Foundation
The Picower Foundation
NFP Board of Directors

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 Alexis Susman
 Sharon K. Dunlap in memory
 of Jessica Sue Donley
 Nelson Joyner in honor of Tom
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Many of our Growth Capital
 Campaign commitments were
 received after the close of our
 fiscal year, so not all of our
 Growth Capital Campaign
 donors are listed on this page.
 We are immensely grateful to
 the foundations and to our
 donors for their commitments.

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The following organizations are instrumental in our effort to bring Nurse-Family Partnership, with its proven outcomes, to all low-income, first-time parents and their children in communities across the country.

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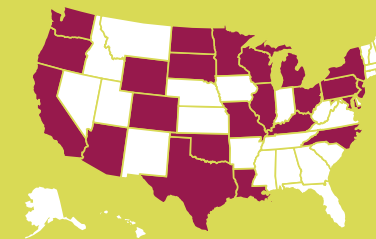
National Center for Children,
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Invest in Kids, based in Colorado
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Nurse-Family Partnership
serves clients in approximately
310 counties across 23 states.



■ States served by
Nurse-Family Partnership

To find out how you or your organization
can help strengthen families, please
contact us at 866.864.5226 or visit us at
www.nursefamilypartnership.org.



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