

RESEARCH TRIALS AND OUTCOMES

A CORNERSTONE OF NURSE-FAMILY PARTNERSHIP

Nurse-Family Partnership is an evidence-based community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first children. Built upon the pioneering work of Professor David Olds, Nurse-Family Partnership's model is based on more than 30 years of evidence from randomized, controlled trials that prove it works.




Beginning in the early 1970s, Dr. Olds initiated the development of a nurse home visitation 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 in Elmira, N.Y., Memphis, Tenn., and Denver, Colo. (see below). The trials were designed to study the effects of the Nurse-Family Partnership model on maternal and child health, and child development, by comparing the short- and long-term outcomes of mothers and children enrolled in the Nurse-Family Partnership program to those of a control group of mothers and children not participating in the program.

“This is what we can really stand behind: the program reduces injuries to children. It helps families plan future pregnancies and create better spacing between the birth of the first and second children. It helps women find employment. It helps improve prenatal health.”

DAVID OLDS, PhD

Founder, Nurse-Family Partnership

Trials of the Program

		
YEAR 1977	YEAR 1988	YEAR 1994
LOCATION Elmira, NY	LOCATION Memphis, TN	LOCATION Denver, CO
PARTICIPANTS 400	PARTICIPANTS 1,139	PARTICIPANTS 735
POPULATION Low-income whites	POPULATION Low-income blacks	POPULATION Large proportion of Hispanics
STUDIED Semi-rural area	STUDIED Urban area	STUDIED Nurses and paraprofessionals

A LASTING IMPACT

Today, Olds and his team at The Prevention Research Center for Family and Child Health at the University of Colorado continue to study the model's long-term effects and lead research to continuously improve the Nurse-Family Partnership program model. Since 1979, more than 14 follow-up studies have been completed across the three trials, tracking program participants' outcomes. The implementation of longitudinal studies enables Nurse-Family Partnership to measure the short- and long-term outcomes of the program. Although the Nurse-Family Partnership National Service Office maintains a close association with the Prevention Research Center, the two remain professionally independent.

“It is not just empirical evidence [that Nurse-Family Partnership has] that’s important; it’s a certain type of empirical evidence, namely evidence from random assignment experiments. Because that’s the gold standard of research and we have learned over and over again that any other kind of study is likely to produce an incorrect answer. So not only is there good evidence from the study, but the evidence is from the very best kind of research.”

RON HASKINS,
Senior Fellow, Economic Studies
Co-Director, Center on Children and
Families Brookings Institution

TRIAL OUTCOMES

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency—making a measurable impact on the lives of children, families and the communities in which they live.

For example, the following outcomes have been observed among participants in at least one of the trials of the program:

Improved Pregnancy Outcomes:

- **Improvement in women’s prenatal health**
79% reduction in preterm delivery for women who smoke, and reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births

Improved Child Health and Development:

- **Reduction in criminal activity**
59% reduction in child arrests at age 15
- **Reduction in injuries**
39% fewer injuries among children
56% reduction in emergency room visits for accidents and poisonings
48% reduction in child abuse and neglect
- **Increase in children’s school readiness**
50% reduction in language delays of child age 21 months; 67% reduction in behavioral/intellectual problems at age six

Increased Economic Self-Sufficiency:

- **Fewer unintended subsequent pregnancies**
32% fewer subsequent pregnancies
- **Increase in labor force participation by the mother**
83% increase by the child’s fourth birthday
- **Reduction in welfare use**
20% reduction in months on welfare
- **Increase in father involvement**
46% increase in father’s presence in household
- **Reduction in criminal activity**
60% fewer arrests of the mother; 72% fewer convictions of the mother

ADHERENCE TO THE NURSE-FAMILY PARTNERSHIP MODEL

Today, Nurse-Family Partnership maintains fidelity to its model by managing a Clinical Information System designed specifically to collect and report Nurse-Family Partnership family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by NFP Nurse Home Visitors. This process is fundamental to ensuring successful program implementation and beneficial outcomes that are comparable to those from the randomized, controlled trials.



A BASIS FOR EVIDENTIARY STANDARDS

The evidentiary foundations for the Nurse-Family Partnership model are among the strongest available for preventive interventions offered for public investment. Given that the original trials were relatively large, resulted in outcomes of public health importance, and were conducted with nearly entire populations of at-risk families in local community health settings, these findings are relevant to communities throughout the United States.

Nurse-Family Partnership’s emphasis on randomized, controlled trials is consistent with the approach promoted by a growing chorus of evidence-based policy groups including the Coalition for Evidence-Based Policy, Blueprints for Violence Prevention, The RAND Corporation, and the Brookings Institution, which seek to provide policymakers and practitioners with clear, actionable information on programs that work—and are demonstrated in scientifically-valid studies.