MODEL PROFILE

Nurse-Family Partnership

NFP seeks to improve participants' lives in three key areas: pregnancy outcomes (by helping women improve prenatal health), child health and development (by helping parents provide sensitive and competent caregiving), and parents' life trajectories (by helping them develop a vision for their future, plan subsequent pregnancies, continue their education, and find work). See www.nursefamilypartnership.org for details.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need and a child's age. Services are provided until the child's second birthday. NFP requires families to initiate services prenatally by the 28th week of pregnancy.

NFP's target population includes the following:

- Expectant mothers
- Low-income or low-resource families
- First-time mothers

Who is implementing the model?

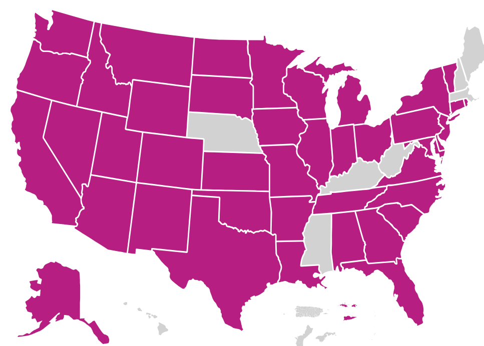
Home Visitors

NFP employed 1,859 home visitors in 2016. The model requires a bachelor's degree in nursing for home visitors. The minimum caseload requirement for home visitors is 25 families.

Supervisors

NFP employed 319 supervisors in 2016. The model requires a bachelor's degree in nursing for supervisors; a master's degree in nursing is recommended.

Where is the model implemented?



NFP operated in 266 local agencies across 42 states and the Virgin Islands in 2016.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the *Data Supplement to the 2017 Home Visiting Yearbook*.

National Home Visiting
Resource Center
www.nhvrc.org

MODEL PROFILE — NURSE-FAMILY PARTNERSHIP

Families Served Through Evidence-Based Home Visiting in 2016

1,085,347
home visits provided

49,692
families served

41,605
children served

Of the 49,692 families receiving NFP home visiting services in 2016, 18,068 families served through MIECHV funding are presented in the demographics below.

Race

Race	Percent
American Indian/ Alaska Native	4%
Asian	3%
Black	37%
Native Hawaiian/ Pacific Islander	<1%
White	49%
Multiple	7%

Caregiver age

Caregiver age	Percent
≤ 21 years	57%
22-29 years	34%
30-44 years	9%
≥ 45 years	<1%

Ethnicity

Ethnicity	Percent
Hispanic or Latino	34%

Caregiver education

Caregiver education	Percent
No HS diploma	39%
HS diploma or GED	59%
Some college or training	1%
Bachelor's degree or higher	<1%

Child age

Child age	Percent
< 1 year	45%
1-2 years	32%
3-5 years	23%

Child insurance status

Child insurance status	Percent
Public	77%
Private	4%
None	19%

Primary language

Primary language	Percent
English	84%
Spanish	12%
Other	4%

Notes • Percentages may not add up to 100 due to rounding. • Primary caregivers and children with missing data have been excluded from the calculations. • The number of home visits, families served, and children served include MIECHV and non-MIECHV participants. All other data reflect participants receiving NFP services through MIECHV funding only.

MODEL PROFILE

Maternal Early Childhood Sustained Home-Visiting

MECSH aims to improve the health, development, and social well-being of families with new babies in need of additional sustained support. The model supports positive transitions to parenting, positive parenting skills, future-oriented and aspirational thinking, problem solving skills, the ability to mobilize resources, and healthy relationships. See www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh for details.

What is the model's approach to providing home visiting services?

Home visits take place based on the child's age. Families may receive three prenatal visits. After the child's birth, families receive weekly visits until the child is 6 weeks old, visits every 2 weeks until the child is 12 weeks old, visits every 3 weeks until the child is 6 months old, visits every 6 weeks until the child is 12 months old, and visits every 2 months until the child is 2 years old. MECSH recommends families initiate services prenatally, but allows for families to enroll until the child is 2 months old.

MECSH's target population includes the following:

- Expectant mothers
- Low-income families
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Families with history of substance abuse or in need of treatment
- Families with history of child abuse or neglect/involvement with child welfare system
- Families with mental health issues, including maternal depression and anxiety

Who is implementing the model?

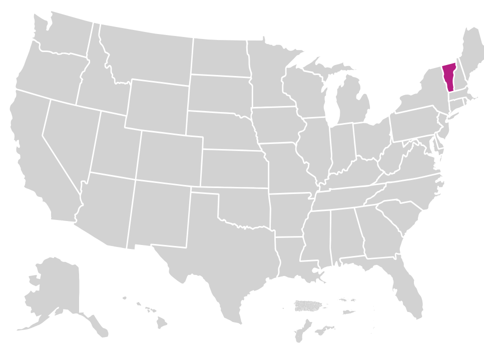
Home Visitors

MECSH employed three full-time home visitors in 2016. The model requires a bachelor's degree in nursing for home visitors. Home visitors are required to maintain a caseload of 20 to 30 families.

Supervisors

MECSH employed 0.4 full-time supervisors in 2016. The model requires a bachelor's degree in nursing for supervisors.

Where is the model implemented?



MECSH operated in nine local agencies in one state in 2016. MECSH also operated outside the United States and its territories in Australia.

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National Home Visiting
Resource Center
www.nhvrc.org

MODEL PROFILE — MATERNAL EARLY CHILDHOOD SUSTAINED HOME-VISITING

Families Served Through Evidence-Based Home Visiting in 2016

371
home visits provided

27
families served

19
children served

Mission

MECSH operates as a salutogenic, or health-creating, and child-focused prevention model that supports families with young children in adapting and self-managing their parenting journey and connects them to resources to help them parent effectively despite challenges they may face in their day-to-day lives.

History

MECSH, originally known as the Miller Early Childhood Sustained Home-Visiting Program, was developed in 2002 in the Miller/Green Valley areas of Sydney, Australia. It was developed by a University of New South Wales Australia team of academics and practitioners with expertise in early years nursing, communication development, pediatrics, social work, developmental psychology, maternal mental health, and midwifery. The Australian Research Council, Sydney South West Area Health Service, and New South Wales Departments of Community Services and Health collaborated to fund a randomized control trial to test its effectiveness. After the evaluation, the model was renamed to reflect its expansion beyond Miller/Green Valley. MECSH is currently housed in the Translational Research and Social Innovation group at Western Sydney University.

Nurse-Family Partnership *in* Vermont

Nurse-Family Partnership® (NFP) is an evidenced-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse to receive home visits from prenatal through the baby's second birthday. Mothers, babies, families and communities all benefit.

NURSE-FAMILY PARTNERSHIP GOALS

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving diet and nutrition as well as reducing the use of cigarettes, alcohol and illegal substances.
2. Improve child health and development by helping parents provide responsible and competent care.
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

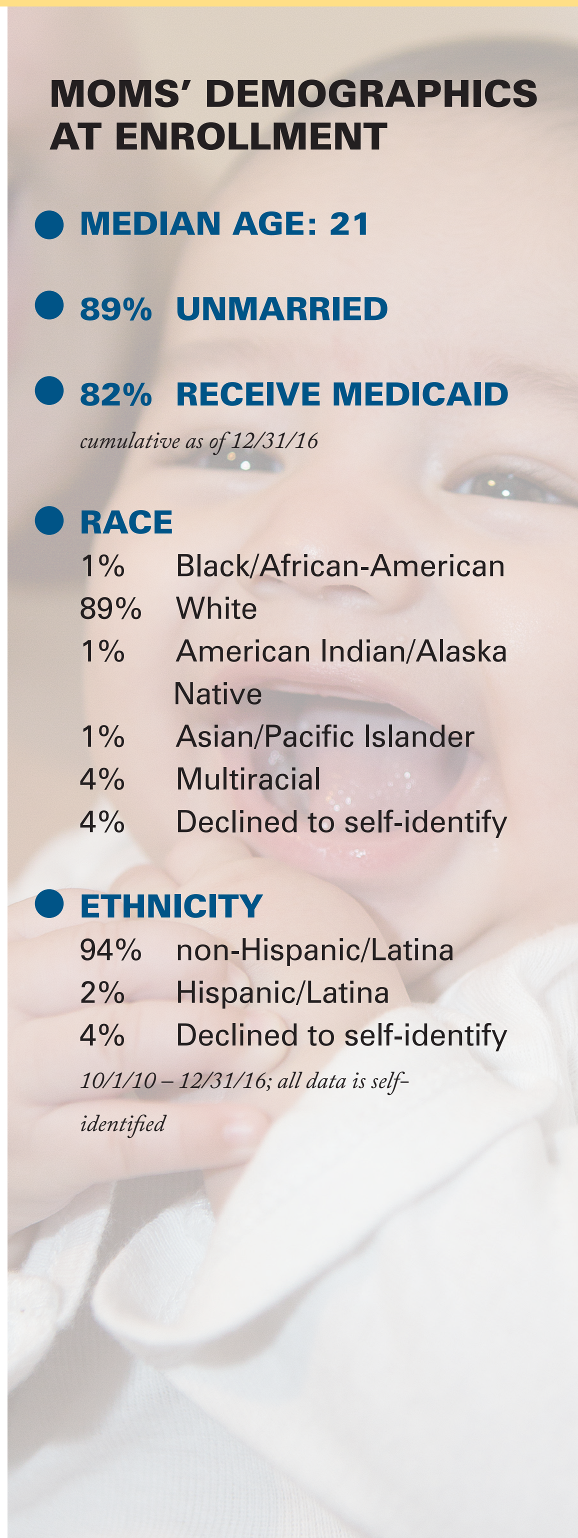
92% babies born full term

97% babies received all immunizations by 24 months

88% mothers initiated breastfeeding

POSITIVE OUTCOMES FOR Vermont

Cumulative data as of 12/31/16, clients served by Vermont's Nurse-Family Partnership.



MOMS' DEMOGRAPHICS AT ENROLLMENT

- **MEDIAN AGE: 21**
- **89% UNMARRIED**
- **82% RECEIVE MEDICAID**

cumulative as of 12/31/16

- **RACE**

1%	Black/African-American
89%	White
1%	American Indian/Alaska Native
1%	Asian/Pacific Islander
4%	Multiracial
4%	Declined to self-identify

- **ETHNICITY**

94%	non-Hispanic/Latina
2%	Hispanic/Latina
4%	Declined to self-identify

10/1/10 – 12/31/16; all data is self-identified

Established In 2012
691 Families Served
12 Counties Served
5 Agencies

Based on a review of 41 NFP evaluation studies, Dr. Ted Miller of the Pacific Institute for Research and Evaluation predicts that nationwide every dollar invested in NFP will yield a return on investment to government of $4.50 and to society of $6.50.

NFP IN VERMONT

The state of Vermont established the Children's Integrated Services (CIS), which is a framework for providing early childhood services and supports for pregnant or postpartum women and families with children from 0 to 6 years old. These services include nursing and family support that primarily focus on health promotion, prevention, physical health and development; specialized child care; early intervention; and early childhood and family mental health, with a primary focus on social-emotional development. The system utilizes a "no wrong door" philosophy and a coordinated team approach to facilitate service delivery for families that is seamless, holistic and family-centered.

As part of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Vermont chose to integrate evidence-based nurse home visiting into the menu of CIS services available to families. Nurse-Family Partnership is embedded in the statewide network of community-based home health agencies. The home health agencies that currently implement NFP include the Caledonia Home Health Care and Hospice, the Franklin County Home Health Agency, the Rutland Area Visiting Nurse Association & Hospice, the Central Vermont Home Health and Hospice and the Visiting Nurse Association and Hospice of Vermont & New Hampshire. All five agencies have a long history of providing myriad health-related community supports and services, such as maternal child health and medically-focused nursing, rehabilitation, community wellness and prevention, psychiatric nursing and medical social work, among others.

The Vermont Department of Health functions as the lead agency for the MIECHV program and, in collaboration with the Vermont Department for Children and Families, designated Nurse-Family Partnership as its evidence-based home visiting model for this federal initiative. The state initially used formula funding to launch three NFP programs in Caledonia, Essex and Orleans Counties (known locally as "The Northeast Kingdom"), Franklin and Lamoille Counties, and Bennington and Rutland Counties.

In September 2012, Vermont was awarded a competitive MIECHV program grant that supported expansion to Orange, Washington, Windham and Windsor Counties—bringing service coverage to 12 of 14 counties. The state is actively seeking funding to bring the program to the two remaining counties. While NFP services are fully funded through the MIECHV program, state officials are exploring Medicaid and other funding options to support long-term sustainability.

NATIONAL RECOGNITION

"Programs such as the Nurse-Family Partnership — in which nurses visit first-time, low-income mothers to provide information on nutrition and parenting — may be a more focused (and cost-effective) way to increase the school readiness of at-risk kids."

Michael Gerson, "Discipline, With Love," The Washington Post, Oct. 2, 2014

"...the Nurse-Family Partnership, one of my favorite groups fighting poverty in America. It sends nurses on regular visits to at-risk first-time moms. The nurses warn about alcohol or drug abuse and encourage habits of attentive parenting, like reading to the child."

Nicholas Kristof, "Cuddle Your Kid!" The New York Times, Oct. 20, 2012

"Another example is the Department of Health and Human Services' Home Visiting Program. It funds evidence-based approaches to home visiting, such as the Nurse Family Partnership, to help first-time, low-income mothers ensure their children are healthy and ready to learn. As a result, more disadvantaged mothers are receiving quality help at a critical period in their children's lives."
– American Enterprise Institute, February 2017

Nurse-Family Partnership
Helping First-Time Parents Succeed®

National Service Office:
1900 Grant Street, Suite 400 • Denver, CO 80203-4304 • nursefamilypartnership.org

Interested in learning more about NFP in VT?
Please contact us at:
businessdevelopment@nursefamilypartnership.org