



## RESEARCH TRIALS AND OUTCOMES

### A CORNERSTONE OF NURSE-FAMILY PARTNERSHIP




Nurse-Family Partnership® (NFP) 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 David Olds, Ph.D., Nurse-Family Partnership’s model is based on more than 35 years of evidence from randomized, controlled trials that show it works.

Beginning in the early 1970s, Dr. Olds initiated the development of a nurse home visitation program for 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 child. It helps women find employment. It helps improve prenatal health.”*

DAVID OLDS, Ph.D.  
Program Founder, Nurse-Family Partnership

#### Trials of the Program

		
<b>YEAR</b> 1977	<b>YEAR</b> 1988	<b>YEAR</b> 1994
<b>LOCATION</b> Elmira, NY	<b>LOCATION</b> Memphis, TN	<b>LOCATION</b> Denver, CO
<b>PARTICIPANTS</b> 400	<b>PARTICIPANTS</b> 1,139	<b>PARTICIPANTS</b> 735
<b>POPULATION</b> Low-income whites	<b>POPULATION</b> Low-income blacks	<b>POPULATION</b> Large proportion of Hispanics
<b>STUDIED</b> Semi-rural area	<b>STUDIED</b> Urban area	<b>STUDIED</b> 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 Denver continue to study the model’s long-term effects and lead research to continuously improve the Nurse-Family Partnership program model. Since 1979, 14 follow-up studies tracking program participants’ outcomes across the three trials have been (and continue to be) conducted. The implementation of longitudinal studies enables Nurse-Family Partnership to measure the short-term 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 maternal employment**  
82% increase in months employed
- **Reduction in welfare use**  
20% reduction in months on welfare
- **Increase in father involvement**  
68% increase in father’s presence in household
- **Reduction in criminal activity**  
61% 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 using a web-based performance management 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 of 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.



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