STATEMENT OF
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BEFORE THE
HOUSE COMMITTEE ON EDUCATION AND LABOR

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MORNING SESSION

Good morning Mr. Chairman and thank you for the opportunity to testify on behalf of the Nurse-Family Partnership (NFP) program regarding the Education Begins at Home Act.

I am Jeanne Smart, Director of the Nurse-Family Partnership program serving high-risk young mothers who give birth within Los Angeles (L.A.) County. My testimony is that of a technical consultant for the NFP, and I am here to support this Bill that will promote evidence-based programs for at risk mothers. Every year, approximately 650,000 first time low income mothers become pregnant with their first child, and in L.A. County there are over 7,000 births each year that fit the intake requirement for NFP, that is: 1) young girl/woman; 2) pregnant for the first time; and, 3) living in poverty. L.A. County began this evidence-based program in 1995-96 as a pilot project that was partially funded by Juvenile Justice because of its proven record of excellent results in reducing crime by both the mother and the child when he/she reaches the age of 15 years old. NFP was expanded countywide in 1997 primarily due to the achievement of excellent short-term outcomes seen in the Pilot and the growing number of headlines about the dismal outcomes for children born to at risk families who were unprepared, unable or unwilling to care for them. NFP-LA has now served over 2064 women since December 31, 2007; the median age is 17 years old, 89% are unmarried, 86% unemployed and 75% were Medicaid recipients. Nationwide, the NFP program model has served over 14,000 first-time mothers and their children on any given day and reaches over 22,000 families annually in 315 counties across 25 states.

NFP is a voluntary program that provides nurse home visitation services to low-income, first-time mothers by highly trained, registered nurses beginning early in pregnancy and continuing through the child's second year of life. NFP nurses and their clients make a 2 ½ year commitment to one another, and develop a strong relationship over the course of 64 planned visits that focus on the strengths of the young mother and on her personal health, quality of care giving, and life course development. NFP nurses undergo more than 60 hours of training prior to receiving their caseload of no more than 25 families. Their partnership with families is designed to help them achieve three major goals: 1) improved pregnancy outcomes; 2) improved child health and development; and 3) improved parents' economic self-sufficiency. By achieving these program objectives, many of the major risks for poor health and social outcomes can be significantly reduced.

NFP is an evidence-based program with multi-generational outcomes that have been demonstrated in three randomized controlled trials that were conducted in urban and rural locations with diverse populations. A randomized controlled trial is the most rigorous research method for measuring the effectiveness of an intervention because it uses a "control group" of individuals with whom to compare outcomes to the group who received a specified intervention. NFP has been tested this way for over 30 years through a series of rigorous research, development, and evaluation activities conducted by Dr. David L. Olds, program

founder and Director of the Prevention Research Center for Family and Child Health (PRC) at the University of Colorado in Denver.

Dr. Olds has conducted three randomized, controlled trials with three diverse populations in Elmira, NY (1977), Memphis, TN (1987), and Denver, CO (1993). Evidence from one or more of these trials demonstrate powerful outcomes, including the following:

- 48% reduction in child abuse and neglect (Elmira, 15 year follow-up)
- 59% reduction in child arrests (Elmira, 15 year follow-up)
- 61% fewer arrests for the mother (Elmira, 15 year follow-up)
- 72% fewer convictions for the mother (Elmira, 15 year follow-up)
- 46% increase in father presence in the household (Memphis, year 5)

NFP has shown a reduction in high-risk pregnancies by:

- 32% (Elmira, 15 year follow-up)
- 23% (Memphis, year 2)
- fewer subsequent pregnancies, and 31% fewer closely spaced (<6 months) subsequent pregnancies (Memphis, year 5)

Improvement in elementary school readiness as demonstrated by a:

- 50% reduction in language delays at child age 21 months (Denver)
- 67% reduction in behavioral/intellectual problems at child age 6 (Memphis)
- Improvements in cognitive development at child age 6 (Memphis)
- Improvements in language development at child age 4 and 6 (Memphis)
- Improvements in child executive functioning at age 4 (Denver)

As the NFP program model has moved from science to practice, great emphasis has been placed on building the necessary infrastructure to ensure quality and fidelity to the research model during the replication process nationwide. In addition to intensive education and planned activities for nurses to conduct in the home, NFP has a unique data collection and program management system called the Clinical Information System (CIS) that helps NFP monitor program implementation and outcomes achieved. It also provides continuous quality improvement data that can help guide local practices and monitor staff performance. CIS was designed specifically to record family characteristics, needs, services provided, and progress towards accomplishing NFP program goals.

In addition to California, NFP has statewide implementations in Colorado, Louisiana, Pennsylvania, Oklahoma, and Washington; and many other states are seeking to expand local NFP programs into statewide initiatives. NFP's replication plan reflects a proactive, state-based growth strategy that maximizes fidelity to the program model and ensures consistent program outcomes. NFP urges Congress to direct policy toward home visit models that maintain the

highest level of evidentiary standards in order to ensure the largest possible economic return on investment.

The success and cost-effectiveness of NFP has been proven through several independent evaluations (Washington State Institute for Public Policy, 2004 & 2008; 3 RAND Corporation studies 1998, 2005, 2008; Blueprints for Violence Prevention, Office of Juvenile Justice and Delinquency Prevention). Blueprints identified NFP as 1 of 11 prevention and intervention programs out of 650 evaluated nationwide that met the highest standard of program effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse. The RAND and Washington State reports weighed the costs and benefits of NFP and concluded that the program produces significant benefits for children and their parents, and demonstrated a savings to government in lower costs for health care, child protection, education, criminal justice, mental health, government assistance and higher taxes paid by employed parents. More recent analyses indicate that the costs of NFP compared to other home visitation programs fluctuates by region, and even though the NFP model is more intensive than other programs, it is not always more expensive.

The Nurse-Family Partnership supports the Education Begins at Home Act as introduced by the House of Representatives. This Act proposes intelligent solutions to core problems facing new families nationwide. We encourage the Committee to target these scarce resources provided to States through this legislation to those communities that are most at-risk and struggling with the challenges of poverty. This bill provides consolidated funding to support the important work of home visitation programs including NFP.

I'd like to thank Congressman McKeon for inviting me to testify on behalf of Nurse-Family Partnership and also I am grateful to Congressmen Davis and Platts for their leadership on behalf of this legislation. Thank you again, Chairman Miller, Congressman McKeon, and Members of the Committee, for the opportunity to testify before you today.