



**BETTER WORLDS
START WITH
GREAT
FAMILIES**

AND GREAT FAMILIES START WITH US



House Committee on
Early Childhood and Human Services

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Nurse-Family Partnership® is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time moms and their children affected by social and economic inequality.





"There is a magic window during pregnancy...it's a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, PhD
Founder of Nurse-Family Partnership

Professor of Pediatrics at University of Colorado

Our Vision

A future where all children are healthy, families thrive, communities prosper, and the cycle of poverty is broken.





376,400+

NFP FAMILIES SERVED

Since replication began in 1996

40

STATES

plus Washington, D.C.,
the U.S. Virgin Islands and
some Tribal Communities

5x

\$ RETURN

Every \$1 invested in NFP saves
\$5.70 in future costs for the
highest-risk families served*

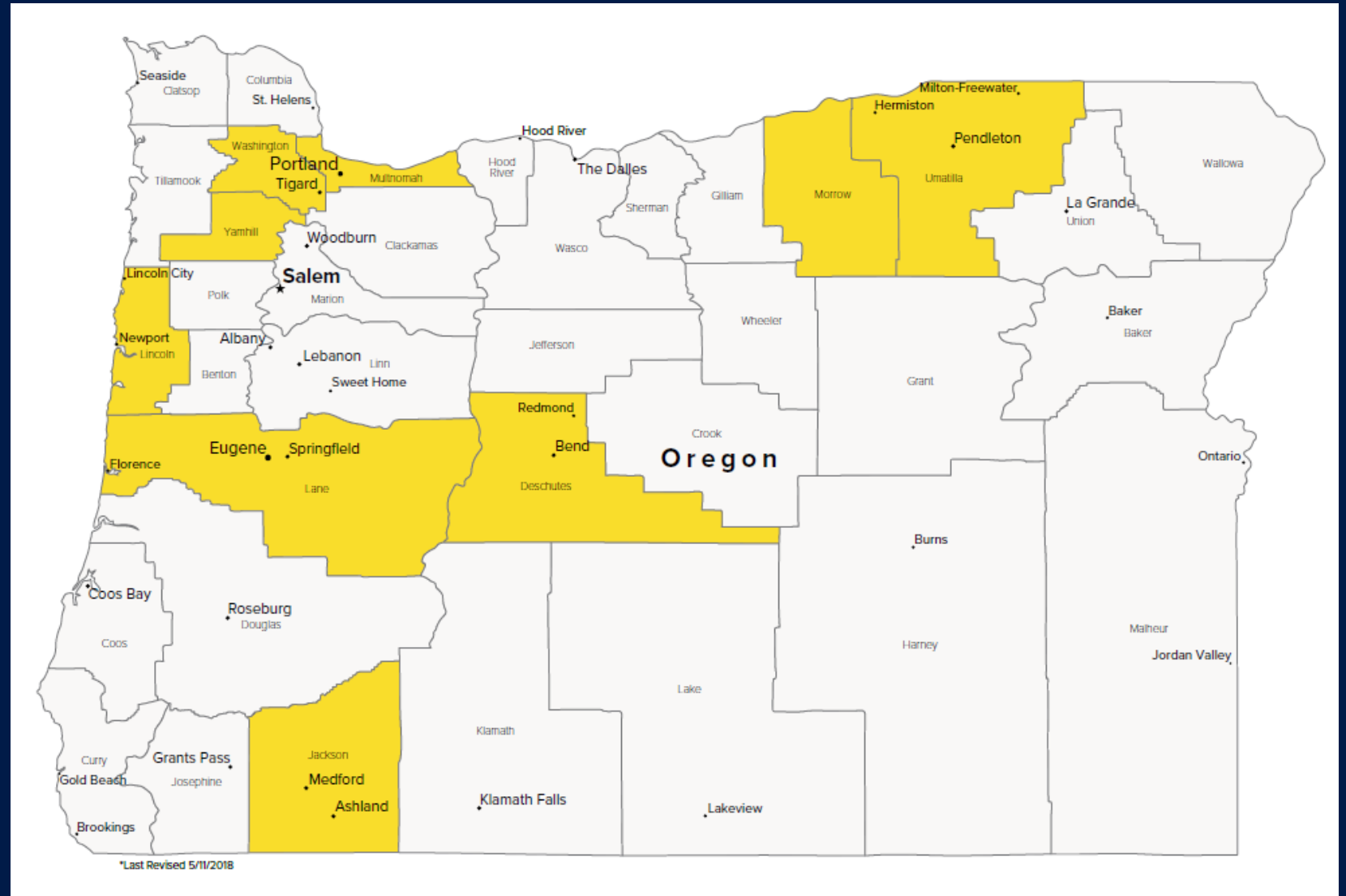
Nurse-Family Partnership in Oregon

Established:
1999

Families Served:
7067 (cumulative)

Active sites:
8

Counties
currently served:
9





Key Goals

- Improve Pregnancy Outcomes
- Improve Child Health and Development
- Improve Economic Self-Sufficiency of the Family



How?

EXPERT:

Specially-trained nurses

VOLUNTARY:

Parents achieve their own hearts' desires

PROVEN:

Extensive and compelling evidence

INTENSIVE:

Pregnancy through age 2

TIMELY:

First 1000 days

The First 1,000 Days

- Early experiences influence the developing brain
- Toxic affects of chronic stress
- Adversity can lead to lifelong problems
- Early intervention can prevent consequences
- Stable, caring relationships essential for development



Gold Standard Research



1977
Elmira, NY
400
Low-income whites
Semi-rural area



1990
Memphis, TN
1,138
Low-income blacks
Urban area



1994
Denver, CO
735
Large proportion of Hispanics
Nurses and paraprofessionals

Nurse-Family Partnership

Projected Outcomes in Oregon

Based on a review and analysis of more than 40 NFP evaluation studies and replication data, Dr. Ted Miller of the Pacific Institute for Research and Evaluation predicts the following outcomes from offering NFP at scale in OR:



- Smoking in pregnancy ↓23%
- Pregnancy-induced hypertension ↓30%
- Closely spaced births (15 months postpartum) ↓34%



- First pre-term births ↓14%
- Infant mortality ↓43%
- Moms who attempt breastfeeding ↑11%



- Emergency department use for childhood injuries ↓31%
- Full immunization ↑12%
- Language delay ↓37%



- TANF payments ↓7% (13 years post-partum)
- Person-months on Medicaid ↓7% (15 years post-partum)
- Costs if on Medicaid ↓13% (through age 18)

Return on Investment


When broader cost savings to society are taken into account, like savings on medical care, child welfare, special education, and criminal justice, the predicted Oregon benefit-cost ratio grows to be **\$6.10 to \$1** for every dollar invested in Nurse-Family Partnership.





Funding for NFP in OR

- Federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Federal funding through Medicaid reimbursement
- County funding through paying the non-federal match required by Medicaid (~60% fed, 40% local)



Nurse-Family Partnership programs in Oregon rely on Medicaid to pay for their services to families, but Medicaid requires non-federal match funding that is currently being paid by the county health departments. Counties that cannot pay the match funding are unable to implement an NFP program. This creates inequitable access to the beneficial outcomes of this program.

The use of state funds for this Medicaid match would allow more Oregon families to receive the proven benefits of NFP services.

2023 Legislative Ask

Open pathways to NFP serving more families across Oregon by appropriating state dollars to provide the non-federal match funding required by Medicaid.

\$8 million (over biennium) if all possible areas across state were to begin offering NFP.





Questions?

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