

It's about changing lives





## A life-changing program that combines compassion with science.

For a vulnerable young woman who's not prepared to care for a child, a new baby can mean the onset—or continuation—of poverty, conflict, and despair.

Nurse-Family Partnership's breakthrough solution: Provide low-income, first-time expectant mothers with a relationship they can count on. A committed and compassionate nurse makes regular home visits from before birth until the baby is age two.

More than 30 years of randomized, controlled trials show that mothers who participate in the Nurse-Family Partnership model fare better—and so do their children. Less child abuse and neglect, more employment for the moms, and better performance in school by the kids, for starters. A program that seems so intuitively right is also scientifically sound.

As a nurse-led, home visiting program, Nurse-Family Partnership receives endorsements from many political quarters and is poised to expand its reach. You can help bring this successful, cost-effective model to more communities than ever before. Your support can help strengthen families and babies, communities—and the future.

Our name says it all: Partnership. Between nurses and moms. Research and operational programs. Private donors and public investment.

It's about changing lives—for generations. Please join us.



A NURSE'S STORY

**"I've been a part of this program since 2001.** I know it works. I love this job. I wouldn't want to do anything else."

Christina Baker was a social worker for 10 years and a nurse in a pediatric hospital for two years before becoming a Nurse-Family Partnership Nurse Home Visitor. It is a hard job, she acknowledges, but one in which she can make a difference well beyond a hospital stay. "We don't take lightly the fact that we're working directly with people's lives. We know we have a hand in the future."

Nurse-Family Partnership helps vulnerable, first-time mothers through their pregnancy and until their baby is two years old. "We not only help young women, we are helping their children," Christina says. "I run into moms whose babies are now in kindergarten and they tell me, 'Oh, he's reading the books you brought me!' Then I know that because they enjoy reading, they'll enjoy school - and that means they'll go further in life."

**Why low-income, first-time mothers?**

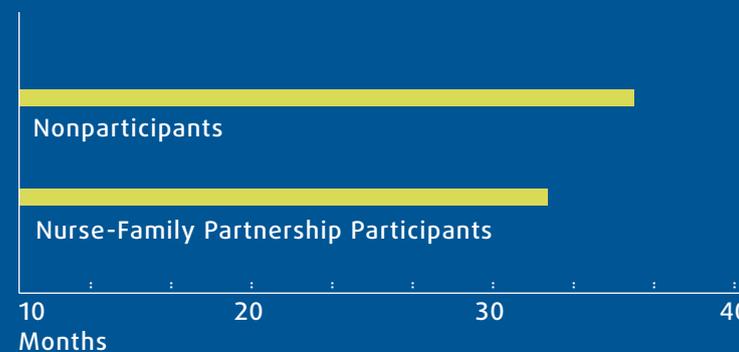
When a young woman becomes pregnant before she's ready to take care of a child, the risk factors for the entire family escalate. She may have a family background of low wages, welfare, or worse—a pattern that, without intervention, she may be fated to repeat. Research shows first-time mothers are most receptive to this intervention;



**"We offer support for girls who are in scary situations. We help them have a healthy pregnancy and a healthy baby."**

**Months Receiving Welfare Assistance (AFDC)**

Birth through age 5  
Memphis



Source: JAMA, 2000, Vol. 283, 1987  
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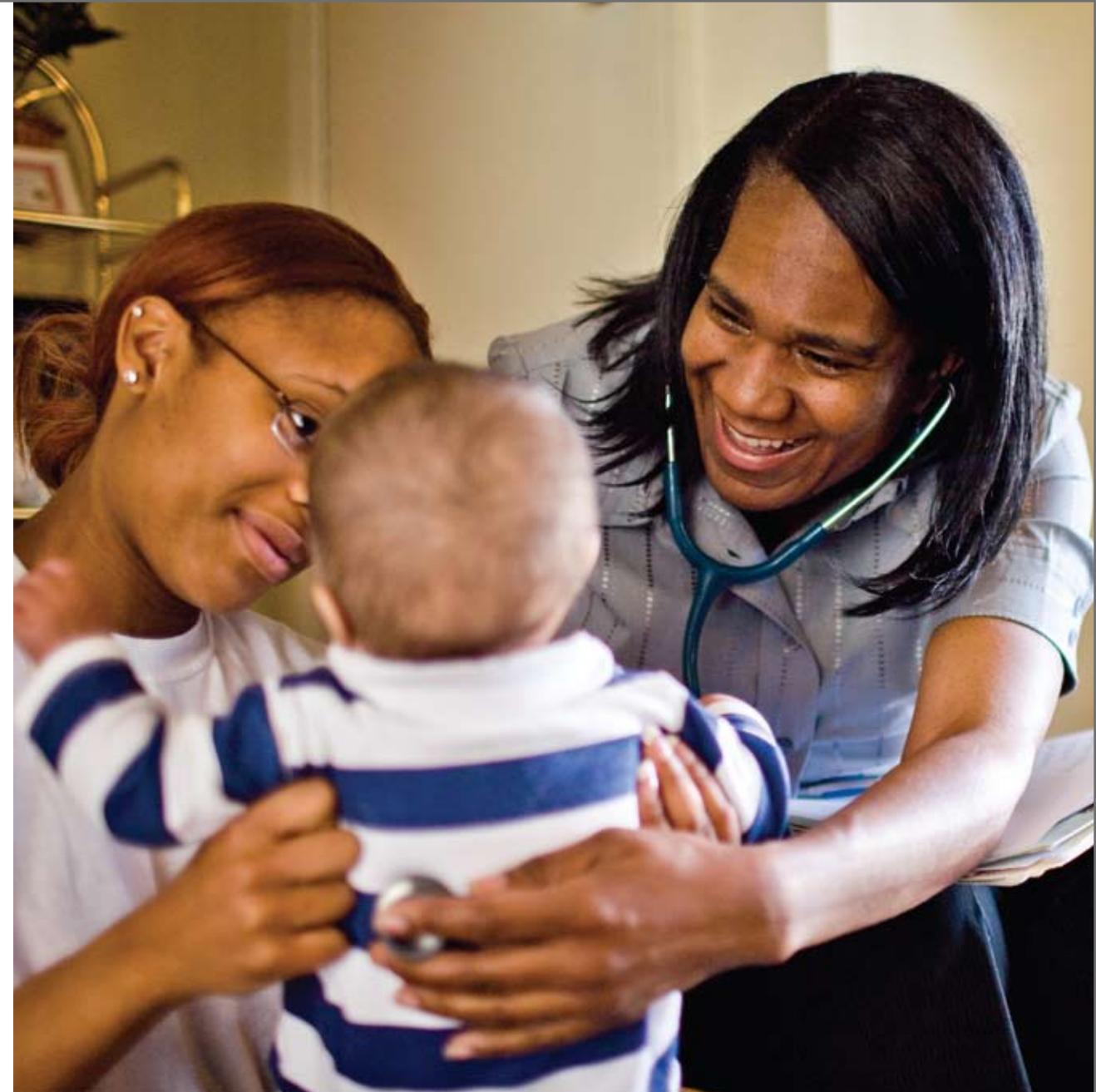


the skills they acquire set a pattern for future parenting. “What we do is very simple but very powerful,” says Christina. “We provide sound healthcare advice, like quitting smoking when you’re pregnant, or talking to your baby, which enhances language development. And we visit families regularly for more than two years, so we can really make an impact on their lives.”

**Why nurses?**

Nurses can reach a vulnerable family in ways that others can’t. For a low-income young woman at risk, a nurse is a trusted, respected, and accessible figure. A nurse brings specialized healthcare knowledge and can spend time with her clients in a setting that isn’t intimidating. She approaches them without value judgments or a personal agenda.

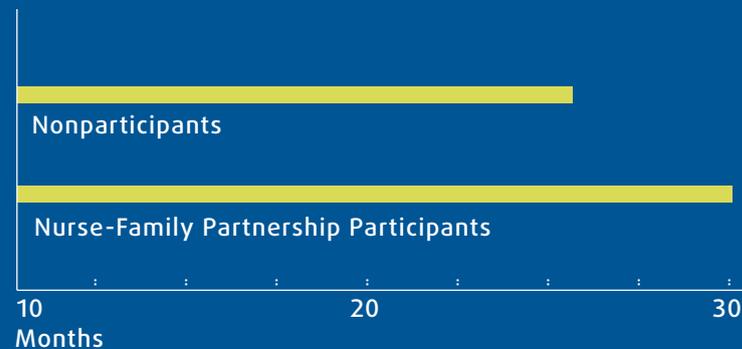
“Having a baby is nerve-wracking no matter what your age,” says Christina, “but our clients have so much more to deal with. That’s why I don’t lecture. I listen. So my client feels like someone is in her corner.” And as the randomized, controlled trials show, this relationship of trust makes a measurable difference for the whole family.



**Months Between Births**

Between first and second child (by first child’s fifth birthday)

Memphis



Source: JAMA, 2000, Vol. 283, 1987  
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“We don’t take lightly the fact that we’re working directly with people’s lives. We know we have a hand in the future.”



Photos by J. Pollock Photography

A MOTHER'S STORY

Seventeen-year-old Shanice would be the first to tell you, "I didn't have much of a childhood." Her father died many years ago, and her mother was a long-time drug addict. When she discovered she was pregnant, she was living with her aunt, who refused to share food and wanted her out of the house once the baby came. She had few clothes and no income, and the baby's father, who had just gone to prison, would not admit the child was his.

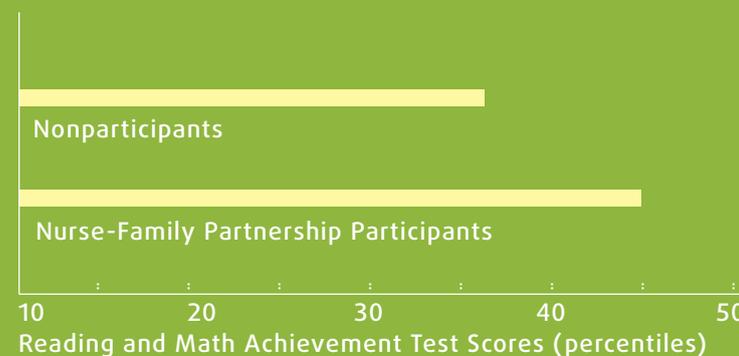
This difficult history may be why Shanice wanted something more for her baby—and why, when a doctor told her about Nurse-Family Partnership, she decided to give it a try.

"When I was pregnant I felt I didn't have anybody to lean on," Shanice says. "I was so lucky to have a nurse like Lauren." The first time the two women met, it was a frigid day, and Shanice sat at the kitchen table in her aunt's house wearing her big puffy jacket. She told Lauren her story—one where food, money, and emotional support were always in short supply.

Lauren wasted no time in getting to work. She taught Shanice relaxation and breathing exercises to lessen her



"Lauren became not only a nurse but someone I was able to talk to. She showed me all the ropes in life."



**Academic Achievement**  
 Grades 1-3, age 9  
 Memphis  
 (Born to low-resource mothers)

Source: Reproduced with permission from *Pediatrics*, Vol. 120, e838. Copyright © 2007 by the AAP.



anxiety. They talked about the benefits of self-care and how stress can negatively affect the baby.

Lauren then turned her attention to Shanice’s other immediate needs—helping her get food stamps, then connecting her with a program that provided money for rent and bus tickets as well as clothes and children’s books.

Over the next two and a half years, Lauren was a continuing presence for Shanice. When the baby came, Lauren taught Shanice to recognize cues when she was hungry, tired, or needed a diaper change. She coached Shanice on breastfeeding and the importance of talking to the baby and playing games with her. Throughout it all, Lauren spoke with Shanice about her life goals, asking her questions no one had ever asked her before.

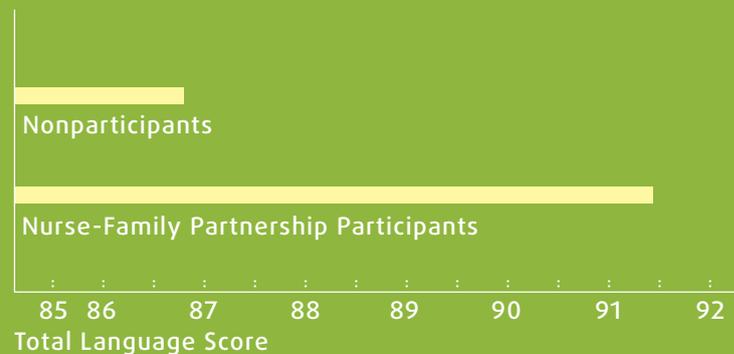
Today, Shanice is a high school graduate. She has a job at a day-care center, where she has never been late or taken a sick day. And she has her own one-bedroom apartment—the realization of one of her biggest goals. “When I met Lauren, I didn’t have anything,” she says. “Now I’ve got everything.”



Photos by J. Pollack Photography

### Preschool Language Scale

Age 4  
Denver  
(Born to low-resource mothers)



“When I was pregnant I felt I didn’t have anybody to lean on. I was so lucky to have a nurse like her.”



PRIVATE DONORS AND PUBLIC INVESTMENT MAKE IT HAPPEN

**Visionary donors invest in Nurse-Family Partnership because of its two great strengths:**

It empowers women to change their families' lives. And it's proven to work. In fact, the evidence that supports the Nurse-Family Partnership model is among the strongest available for preventive interventions offered for public investment.

Across the nation, cities and states are bringing Nurse-Family Partnership to their communities because they know the money invested now in this public health program for first-time mothers and their children will be returned in the future. Private donors ensure the Nurse-Family Partnership non-profit national office is there to help communities start and operate this quality program that yields substantial, quantifiable benefits in the long term—to parents, their children, and the communities in which they live.

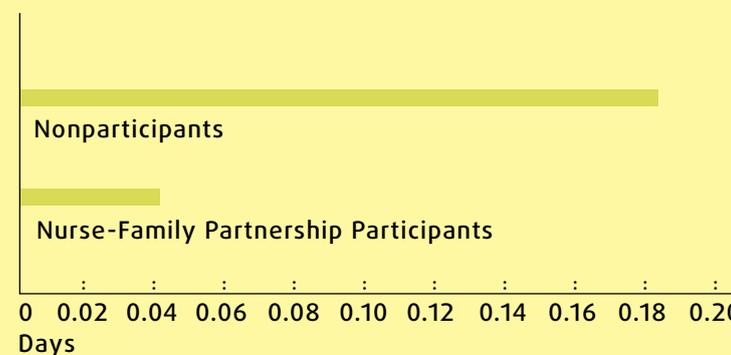
Private donors and public investment work together to ensure the unparalleled, proven success of Nurse-Family Partnership.



**“It’s a hard job, but we love it because we know it’s a valuable one.”**

**Days Hospitalized for Injuries**

Birth to age 2  
Memphis



Source: JAMA, 1997, Vol. 278, 650  
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**Leaders from across all sectors are recognizing the tremendous value of Nurse-Family Partnership. From Congress to city halls, think tanks to universities, healthcare institutions to businesses—our advocates come from all quarters and fields.**



“The strong evidence of effectiveness of the Nurse-Family Partnership...makes it a leading candidate for a prudent investment in children and the country.”

**The Brookings Institution**  
2007

“Nurse-Family Partnership has a successful track record of helping low-income, first-time mothers and their children improve their long-term health, well-being, and life prospects. The Edna McConnell Clark Foundation is a proud supporter of NFP’s efforts to dramatically scale its proven program to achieve ever greater national impact.”

**Nancy Roob**  
President and CEO, Edna McConnell Clark Foundation, 2009

“Nurse-Family Partnerships, you should know, are a proven success.”

**Mayor Michael Bloomberg**  
New York City, 2006

“I am proud of the investment we made in the Nurse-Family Partnership program—an exceptional evidence-based program that helped more than 10,000 at-risk families and saved taxpayers an estimated \$119 million over five years. That kind of public investment makes sense.”

**Former Governor Tom Ridge (R-PA)**  
2009

“The proven outcomes for families in this program are impressive. It is a special kind of nursing that cares for families who are most in need.”

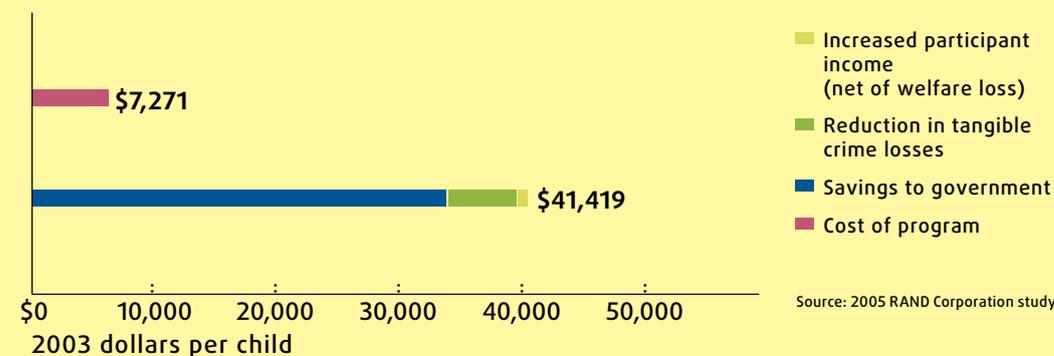
**Dr. Beverly Malone**  
CEO, National League for Nursing  
Board of Directors, Nurse-Family Partnership, 2009

“A study of Nurse-Family Partnership found that the program saved \$18,000 for every family who received the nurse visits through reduced crime, welfare, and other costs. It’s rare that we can find such potential for taxpayer savings, but when you consider the cost of locking up criminals, it becomes clear that an ounce of prevention is worth a pound of cure.”

**Faron W. Segotta**  
New Mexico State Police Chief  
Op-Ed, *The Santa Fe New Mexican*, 2009



In 2005, a RAND Corporation analysis found a net benefit to society of \$34,148 per family served, equating to a \$5.70 return per dollar invested in Nurse-Family Partnership.



**Monetary Benefits to Society**

Higher-risk families

- Increased participant income (net of welfare loss)
- Reduction in tangible crime losses
- Savings to government
- Cost of program

Source: 2005 RAND Corporation study



## FROM RESEARCH TO REPLICATION

**Nurse-Family Partnership is founded on the pioneering work of David Olds, professor of pediatrics, psychiatry, and preventive medicine.**

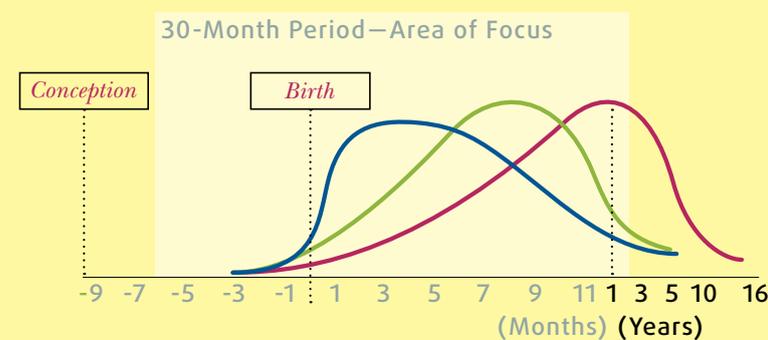
While working in an inner-city day-care center after graduating from Johns Hopkins University, Olds was struck by the endemic risks and difficulties in the lives of low-income children. He realized that the children needed help much earlier—at home, with their mothers, when they were infants and even before they were born.

Olds began to develop a nurse home-visiting program that targeted first-time mothers and their children. Over the next three decades, he continued to test the program with a series of randomized, controlled trials.

In 1996, the program was implemented in a community for the first time. And in 2003, the Nurse-Family Partnership national non-profit was established to facilitate quality replication of the Nurse-Family Partnership program and provide ongoing support in nursing education and practice, program quality assurance, marketing, public policy, and more.

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 improve the Nurse-Family Partnership program model.

During the first 30 months of a child's life, basic functions related to vision, hearing, and language develop, and it is during this period that trained registered nurses can have a huge impact on both mother and child.



## Human Brain Development

Synapse formation dependent on early experiences

Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000). Shonkoff, J., & Phillips, D. (Eds.)

## A MESSAGE FROM THE CEO

By now, you've seen how Nurse-Family Partnership has the ability to address one of our country's most significant social inequities – generational poverty. Every year, more than 500,000 low-income women become mothers for the first time in the U.S. Many face mountainous hurdles to successful lives for themselves and their babies.

Fortunately, there are nurses delivering care through the Nurse-Family Partnership program. Through this nurse-led, evidence-based intervention, vulnerable women become empowered to change their lives.

The level of evidence proving the effectiveness of Nurse-Family Partnership is unsurpassed. That is one reason why so many—from scholars to policymakers, law enforcement officials to business leaders—endorse Nurse-Family Partnership.

Nurses and families are at the heart of the partnership. Yet they are not alone: Private donors make essential gifts that supplement the public money allocated to this life-changing program. Research teams study the long-term effectiveness and help to improve the model while Nurse-Family Partnership professionals work with communities to implement and sustain the program with quality.

Nurse-Family Partnership is a model that works—making families stronger and healing deep-rooted community pains. It is a partnership, on so many levels, that empowers families to make their lives better.

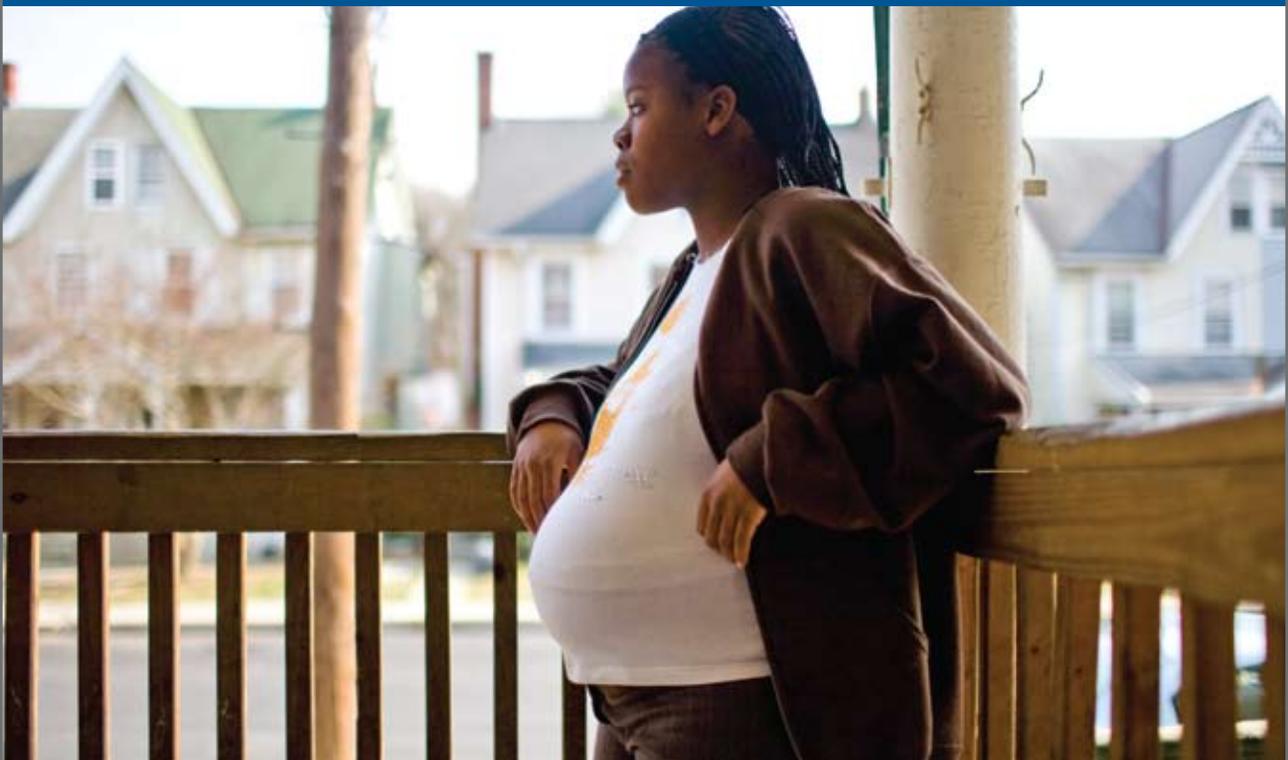
Partner with us. Help us make a difference in addressing some of our most deep-seated societal issues, one mom, one baby, one family at a time.

It's about changing lives.



Thomas R. Jenkins Jr.  
President and Chief Executive Officer  
Nurse-Family Partnership





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