

RESEARCH TRIALS AND OUTCOMES

THE GOLD STANDARD OF EVIDENCE

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.

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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,
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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.

- 48%** reduction in child abuse and neglect¹
- 56%** reduction in ER visits for accidents and poisonings²
- 50%** reduction in language delays of child age 21 months³
- 67%** less behavioral/intellectual problems at age 6⁴
- 32%** fewer subsequent pregnancies⁵
- 82%** increase in months employed⁶
- 61%** fewer arrests of the mother¹
- 59%** reduction in child arrests at age 15⁷

A Cornerstone of Nurse-Family Partnership Model

Nurse-Family Partnership is an evidence-based community health program that serves first-time mothers who face major barriers to accessing resources and supports needed to achieve the greatest health and wellness outcomes. Built upon the pioneering work of David Olds, Ph.D., Nurse-Family Partnership's model is based on 45 years of evidence from randomized controlled trials (RCTs).

Beginning in the early 1970s, 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 RCTs (see details on next page.) The RCTs 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.



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Year Launched: 1977
Location: Elmira, NY
Number of Participants: 400
Target Population: Low-income whites
Target Location: Semi-rural area



Year Launched: 1987
Location: Memphis, TN
Number of Participants: 742
Target Population: Low-income Blacks
Target Location: Urban area



Year Launched: 1994
Location: Denver, CO
Number of Participants: 735
Target Population: Low-income Hispanics
Target: Program Service Providers

A Lasting Impact

Today, Olds and his team at the Prevention Research Center for Family and Child Health at the University of Colorado 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. Longitudinal studies measure the short- 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.

Supporting 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 Nurse-Family Partnership nurses. This process is fundamental to ensuring successful program implementation and beneficial outcomes that are comparable to those from the RCTs.

A Basis for Evidentiary Standards

The evidentiary foundations of the Nurse-Family Partnership model are among the strongest available for preventive programs offered with public investment. Given that the original trials were relatively large, resulted in outcomes of public health importance and were conducted in local community health settings with nearly entire populations of families living in neighborhoods where adversity was most pronounced, these findings are relevant to comparable communities throughout the U.S.

Nurse-Family Partnership's evidence began with RCTs, which is consistent with the approach promoted by evidence-based policy groups including the Urban Institute, America Forward, Results for America, Blueprints for Violence Prevention, the RAND Corporation, the Brookings Institution among others which seek to provide policymakers and practitioners with clear, actionable information on programs that work — and are demonstrated in scientifically valid studies. While RCTs remain the gold-standard in research, and particularly so when determining the efficacy of program models, rigorous quasi-experimental design studies (QEDs) are also well-regarded when evaluating the effectiveness of implementations of such previously established models in large-scale program replication or population health applications. To that end, several QEDs published in peer-reviewed journals have also found contemporary beneficial effects of Nurse-Family Partnership.

1. Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*. 1997
2. Olds DL, et al. Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics*. 1986
3. Olds D.L., Robinson J., O'Brien, R. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics*. 2002
4. Olds DL, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics*. 2004
5. Olds, D.L., Eckenrode, J., et al. Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect Fifteen-Year Follow-up of a Randomized Trial. *JAMA*. 1997
6. Olds D.L., Henderson C.R. Jr., Tatelbaum R., Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. 1988
7. Reanalysis Olds et al. Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*. 1998



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