



**WRITTEN STATEMENT OF
AMANDA LICK
GOVERNMENT AFFAIRS MANAGER, GREAT LAKES REGION
NURSE-FAMILY PARTNERSHIP NATIONAL SERVICE OFFICE**

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Good afternoon! Thank you, committee members, for the opportunity to present to you today. My name is Amanda Lick, government affairs manager at Nurse-Family Partnership, National Service Office. I am here today to speak on the importance of further investment into evidence-based home visiting and the significant impacts those investments have for Ohioans who need it most. While there are many models under the umbrella of Ohio's Help Me Grow Program that help efforts of giving families the best start in Ohio, the focus of my testimony will be to highlight the impact the Nurse-Family Partnership model and the local network partners contribute to the home visiting continuum in this great state.

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

This is the vision statement of Nurse-Family Partnership.

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Nurse-Family Partnership is an evidence based and proven program with over 40 years of research of prenatal home visiting for low-income, first-time mothers and their families with the emphasis on the mother and baby. The nurses begin visiting their clients as early in pregnancy as possible through the child's second birthday (a total of 2.5 years), helping the mother-to-be.... make informed choices for herself and her baby.

Nurse-Family Partnership (NFP) has over 40 years of research with positive outcomes in pregnancy, child abuse and neglect prevention, school readiness, economic self-sufficiency and more.

NFP nurses work to impact the social determinants of health of mothers and babies in many ways through their trusted relationship as professionals and through the ongoing relationship developed between the nurse and mother. Nurses help mothers determine and set goals that often involve education, child welfare and development, employment, health & access, transportation, diet and housing. Nurses assess for health-related behaviors that compromise fetal development (smoking, alcohol, opioids, etc.) Additionally, nurses use their assessment and clinical expertise to identify health related issues and encourage women to seek office-based care before conditions become worse. By the time moms graduate from the NFP program they have the tools to set goals, take action and seek resources when needed, to continue on a path to a better future for themselves and their children.

Contact Amanda Lick, government affairs manager,
amanda.lick@nursefamilypartnership.org or 517-230-7878

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Nurse-Family Partnership has three goals:

1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve economic self-sufficiency of the family

As an organization, we strive to enroll the highest-risk clients, defined by age, race, educational level, marital status and household income. In addition, high-risk clients of NFP may exhibit at least one of the following: serious mental health issues; substance use disorder; intimate partner violence; developmental or intellectual disability; pregnancy complications or chronic illness; under 19 years old and not in school; excessive economic hardship; homelessness or housing instability; and over 19 years old and less than 12th grade education.

Tierra, an Ohio mom said it best, “When people hear [the word] nurse, they think, “Oh, I’ve got the doctors. I’ll see a nurse.” No, not that type of nurse. It’s not just medical. She is there for everything, any and everything, personal advice, medical advice, all of it. Valerie also helped me with looking for different schools to go to, which [one] was best for me. She helped with studying skills, how to study and parent at the same time. Now, I have my associate’s degree in health information management. And I’m studying now to take my RHIT [Registered Health Information Technician credential], so I can be a registered technician. And I’m at UC [University of Cincinnati] online for my bachelor’s degree.”

In partnership with the Ohio Department of Health and with the support of philanthropic partners, Medicaid and others, NFP local network partners across 5 sites have served almost 5,000 families since 1996. In 2017, more

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than half of Ohio babies born were financed by Medicaid. **NFP partners in the following 6 counties (Butler, Cuyahoga, Franklin, Mahoning, Montgomery and Summit currently serve approximately 894 families today. In 2016, it is estimated 28,326 babies were born to first-time moms in Ohio. With current funding, our estimates indicate that NFP only serves about 3% of the total moms across the state that are eligible for the program. Many home visiting programs received increase funding from Medicaid last year allowing our local partners to expand from serving 2-3% of the eligible population, but still so many families are not being served.**

With your continued support of increase funding, NFP nurses in Ohio can help reach even more families and help the state face its most difficult challenges such as:

- **Breaking the Cycle of Poverty**
 - In Ohio, more than half the children live in poverty. By working to meet the needs of vulnerable mothers and their children together, NFP produces a number of outcomes that help families break the cycles of intergenerational poverty. With the focus on the mom, baby and other family members as interested, NFP has been deemed a multigenerational approach to ending poverty by the Aspen Institute. **NFP outcome that shows effectiveness:** In at least one randomized control trial, 82% of mothers reported an increase in number of months employed.

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- **Education - improving education begins in the First 1000 days after conception**
 - The model was designed to enroll moms early in pregnancy (by the 28th week) to impact the development pathways in the brain. In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Protective factors, such as nurturing relationships help mitigate these risks. **This is where NFP comes in. Children enrolled in NFP 50% reduction in language delays and 67% reduction in behavioral and emotional problems at child age 6.**

- **Substance Use**
 - **I would like to point out how NFP is committed to serving moms struggling with substance use disorder.** Nationally, every 25 minutes a baby is born suffering from opioid withdrawal. In Ohio, rates of Neonatal abstinence syndrome are increasing. After a study showed that there had been a significant increase in the number of moms using opioids in pregnancy, NFP decided that more had to be done. NFP developed a new education curriculum for nurses specifically

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focused on substance use in pregnancy and neonatal abstinence syndrome (NAS) that will be available in April 2019.

NFP is known for their evaluation and research. Here are a few of our most proud outcomes:

- 18% decrease in pre-term birth (pre term birth is a significant factor that predicts infant mortality)
- 82% increase in maternal employment
- 68% increase in father involvement
- 39% fewer injuries amongst children
- 48% reduction in child abuse and neglect
- 59% reduction in child arrests at age 15

Funding & Cost

Investing in NFP is making a multigenerational investment in families and communities across the state and will help transform the trajectory of the most vulnerable families helping children and families thrive.

NFP sites receives some state GF, Medicaid and philanthropic funding, but most are reimbursed with federal funds approximately, \$4000 per family.

According to economist Ted Miller, state and federal cost savings in Ohio over the course of a child's life and up to their 18th birthday can yield up to 6 to 1 cost to benefit ratio for every dollar invested in NFP. Similar analyses

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have been done such as in 2005, the RAND Corporation released a summary on the return on investment of early childhood investments. **It was noted in this study specific to NFP, that \$5.70 ROI can be achieved when NFP serves high-risk first-time moms.**

How is this ROI achieved?

- A trusted relationship with a BSN nurse that works within their nursing practice to address and identify issues early with mothers and babies.
- A proven evidence-based model with 3 RCT's to test effectiveness and ongoing research for continuous quality improvement.
- Focus of the model is to reach moms early in pregnancy – the earlier the better and that is why NFP focuses on first-time moms before the 28th week in pregnancy.
- Consistent visits (visit schedule allows for 65 visits over 2.5 years)

As an evidence based, and proven program with more than 40 years of research, the Nurse-Family Partnership model implemented by exceptional home visiting agencies and partners with dedicated nurses serving high need families is one of the best investments a state can make in making a difference for children and families in Ohio.

Thank you for your time today and for the opportunity to share the story of

Ohio's most tenacious mothers, babies and nurses.

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