



Nurse Home Visitor Program (NHVP)

Cause for Concern

The first few years of life are a particularly sensitive period in the process of development, laying a foundation for cognitive functioning; behavioral, social, and self-regulatory capacities; and physical health in childhood and beyond. During these early years, a variety of factors are critical to healthy development. They include the nature of early relationships with caregivers, the extent of cognitive stimulation, and access to adequate nutrition and health care. Risks of developmental delay accrue from living in poverty, having a single parent, and having a mother with less than a high school education, among other factors.

Scope

The target population for services from the Nurse Home Visitor Program is first-time, defined as no previous live births, pregnant women whose incomes are less than 200 percent of the Federal Poverty Level. Services are provided from enrollment either during pregnancy, or within one month postpartum, until age 2 of the child. Enrollment in the program is encouraged as early in pregnancy as possible. The number of women in the target population is estimated to be between 13,164 and 14,543. This estimate is based on data provided by the Colorado Prenatal Risk Assessment Monitoring System (PRAMS), a survey that has been conducted by the Colorado Department of Public Health and Environment's Center for Health and Environmental Information and Statistics annually since 1997. The PRAMS data found that approximately 20 percent of all of the births in the state from 2000 through 2004 were to women who were under 200 percent of the poverty level and for whom this was the first live birth.

Economic Benefit

The economic benefits of early childhood interventions are likely to be greater for programs that effectively serve targeted, disadvantaged children than for programs that serve lower-risk children. There is some evidence that the economic returns from investing in early intervention programs are larger when programs are effectively targeted. In the Nurse-Family Partnership, which is the home visitation model funded with Nurse Home Visitor Program dollars, the effects were larger for a higher-risk sample of mothers (see table below). Consequently, the return for each dollar invested was \$5.70 for the higher-risk population served and \$1.26 for the lower-risk population.

Program	Type	Age at Last Follow-Up	Program Costs per Child (\$)	Total Benefits to Society per Child (\$)	Net Benefits to Society per Child (\$)	Benefit-Cost Ratio
Follow-Up During Secondary School Years						
NFP—higher-risk sample	HV/PE	15	7,271	41,419	34,148	5.70
NFP—lower-risk sample	HV/PE	15	7,271	9,151	1,880	1.26
NFP—full sample	HV/PE	15	9,118	26,298	17,180	2.88
HV for at-risk mothers and children (meta-analysis)	HV/PE	Varies	4,892	10,969	6,077	2.24

SOURCE: Karoly, Kilburn, & Cannon. (2005).



Program Description

The Nurse Home Visitor Program funds services for nurse home visitors who work with low-income, first-time pregnant women from early in their pregnancy through the child's second birthday. The women receive educational and health services designed to promote healthier pregnancies and birth outcomes, improve the child's health and development and enhance the self-sufficiency of young families through home visits that occur weekly or bi-weekly. Topics addressed in the home visits are the mother's personal and prenatal health care, reduction of smoking and substance abuse; care giving for newborns; child health and development; and home safety. In addition, information regarding access to needed health, social, educational and employment resources is provided. Through the relationships that are established, the nurse home visitors help young mothers develop knowledge, skills and confidence in providing for their children's needs and achieving their personal goals.

Primary Strategies

The Nurse Family Partnership is a home visitation, case-management program funded with Nurse Home Visitor Program dollars. Nurses follow specific visit-by-visit guidelines that focus on six domains: personal, health, life course development, maternal role, family and friends, and health and human services. Research has substantiated that short-term and long-term improvements in the health and the lives of the mothers and their children have resulted when specially trained nurses provide home visitation services for low-income, first-time mothers. Positive outcomes include reduced tobacco and alcohol use during pregnancy, reduced rates of subsequent pregnancies, fewer incidences of child abuse and neglect, reduced arrests of mothers, reduced arrests among the children when reaching adolescence, reduced cigarette and alcohol consumption among the children when reaching adolescence, reduced reliance on public assistance and increased workforce participation by the mothers.

Statewide Partnerships

The Nurse-Family Partnership, led by Dr. David Olds and associates of the National Center for Children, Families and Communities (NCCFC) at the University of Colorado Health Sciences Center, is the current nurse home visitor model that is funded with NHVP dollars. The Nurse-Family Partnership National Service Office is responsible for monitoring and evaluating the effectiveness of local program implementation and provides the training for the nurse home visitors, nurse supervisors and clerical data staff of the local programs as well as prepares the annual Colorado evaluation report. Invest In Kids, Inc. is responsible for site development, nurse consultation and program advocacy.

Local Partnerships

In Fiscal Year 2008-2009, nineteen sites were awarded grants under the Nurse Home Visitor Program. These grantees cover 52 counties and are funded to serve 2,640 families.

State Plan (URL link)

Additional information, including annual reports, guidelines, and agreements, can be seen at www.cdphe.state.co.us/ps/nursehome/index.html.

SOURCES/CITATIONS

- Karoly, Lynn A., Kilburn, M. Rebecca, & Cannon, Jill S. (2005). *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND Corporation.

