

**SUPPLEMENTAL TESTIMONY OF
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**BEFORE THE HOUSE WAYS AND MEANS COMMITTEE
SUBCOMMITTEE ON INCOME SECURITY AND FAMILY SUPPORT**

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In addition to my written testimony, I would like to address several aspects of the Nurse-Family Partnership program model that were areas of interest in today's hearing.

The Nurse-Family Partnership (NFP) serves first-time, low-income mothers and their families, a population facing the highest risk of suffering health care, educational and employment disparities that have lifelong negative consequences. The median age of the mothers we serve is 19 with an average annual household income of \$13,500. NFP has over 30 years of research that show multi-generational outcomes – the program has demonstrated outcomes that improve the health and well-being of first-time mothers, their children and families.

Our program is not limited to the mothers and their first child but extends to the entire family involved in caring for the child. NFP encourages the involvement of the child's father or father figure within the household. Additional family members are encouraged to participate in the home visits and learn about caring for the new baby as a family. NFP nurses work to improve families' economic self-sufficiency by helping parents to envision their own future, plan future pregnancies, continue their education, and secure long-term employment.

An important component of the NFP program model is the qualifications and training of NFP nurses. All nurses are specially trained, registered nurses, many of whom have experience in the public health sector and enjoy being able to work within the community. Many NFP nurses left the nursing field after becoming "burned out" and have returned because NFP offers an opportunity that resonates with why they became nurses in the first place. NFP nurses undergo a rigorous 60-hour training by the NFP National Service Office's professional development team. Currently, over 1,000 registered nurses are administering the NFP program model nationwide.

NFP recognizes the registered nurse shortage in many areas of the country, and supports the development of solutions to overcome this challenge. NFP anticipates working closely with Congress, nursing leaders, health care advocates and community organizations, colleges and universities to address the nursing shortage and, in particular, to increase the percentage of racially diverse nurses in the workforce. Nonetheless, NFP anticipates an adequate supply of registered nurses to expand NFP nationally over the next ten years.

Most of the local NFP implementing agencies are city or county health departments. The NFP National Service Office has a contract with each local implementing agency that delineates each party's obligations, and specifies what the local agencies must do to meet NFP quality and reporting standards. Subject to regional salary variations, it costs approximately \$500,000/year/100 families to deliver the NFP model, with some efficiencies of scale achieved for programs with over 200 families.

Our research has shown that targeting our model of home visiting services to the most vulnerable, low-income pregnant women, children, and families has the greatest impact on outcomes and cost savings to society. Low-income families have significantly fewer

resources to advocate for their needs and often live in communities with fragile health care delivery systems and scarce social services. NFP can help break the cycle of poverty – empowered, confident mothers become skillful parents who are able to prepare their children for successful futures, and their children grow into healthy, productive citizens. Evidence from the randomized controlled trials of NFP indicate that children and families living in poverty have more than their share of challenges, which compromise the health and well being of parents and their children. The trials also indicate that first-time families living in poverty gain the most from NFP in terms of their health, life course development, and the associated reduction in government costs.