

**STATEMENT OF  
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PRESIDENT AND CEO  
GOODWILL INDUSTRIES OF MICHIANA, INC.**

**BEFORE THE  
HOUSE COMMITTEE ON WAYS & MEANS  
SUBCOMMITTEE ON WORKER & FAMILY SUPPORT**

**MARCH 16, 2022**

Good morning, Chairman Davis, Ranking Member Walorski, and members of the Subcommittee. Thank you for the opportunity to testify about improving family outcomes through evidence-based home visiting.

My name is Debie Coble, and I am the President and CEO of Goodwill Industries of Michiana, Inc, headquartered in South Bend, Indiana. We are a member of Goodwill Industries International, which provides support for each autonomous local Goodwill organization. In 2020, local Goodwills collectively served more than 1 million individuals worldwide and helped more than 126,000 people train for careers in industries such as banking, IT and health care, and to get the supportive services they needed to be successful, such as English language training, additional education, and access to transportation and child care.

Local Goodwill organizations have an assigned territory, and we focus services within our geographic area in response to our communities' needs. Goodwill Industries of Michiana's services promote independence and access to the community, help people become successfully employed, support goals of wellness and recovery, education, and training. Each year, we help more than 11,000 individuals, more than 1,000 earned jobs and advanced their careers by providing specialized services to meet their needs. Our service territory includes individuals and families across an area that encompasses 20 counties in northern Indiana and southwestern Michigan.

In 2017, Goodwill Industries of Michiana was invited to work with the Goodwill of Central and Southern Indiana to bring Nurse-Family Partnership to Lake County, Indiana. This was a new avenue for our Goodwill, but one that I knew would serve a large, unmet need in our community. While there were already programs available that worked with pregnant moms, there were none that had the results like Nurse-Family Partnership.

Nurse-Family Partnership® is an evidence-based, voluntary home visiting program that provides first-time moms with trusted support from registered nurses to build the lives they want for themselves and their children. Nurses partner with expectant moms early in pregnancy, providing regular visits through the child's second birthday. There are three primary goals:

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

Goodwill Industries of Michiana's mission is "to strengthen communities by empowering individuals and families through education, training and job placement." The focus of Nurse-Family Partnership on addressing social determinants of health and supporting greater economic mobility was a perfect match for Goodwill and many of the services we already offered. We knew when we brought Nurse-Family Partnership to Goodwill, we could expect great things to happen.

Currently, we offer Nurse-Family Partnership services in four counties, and we served 516 families in 2021. Three of our four sites are funded through the Maternal, Infant, Early Childhood and Home Visiting (MIECHV) program. We have 16 registered nurses providing visits to families in urban and rural areas. Today we are at funded capacity and could benefit from additional funding to serve more families in our community.

Goodwill has added doulas to provide support to our moms who want it, which has been an important complement to the services the nurse home visitors provide. Being able to provide the moms we serve with this additional support and guidance to prepare for labor helps to facilitate a better birthing experience.

We also have opened a diaper bank in South Bend to serve three counties and we plan to open a second one in Lake County. There is no other service like it in north central, northwest Indiana. This resource not only serves the moms in Nurse-Family Partnership, but they also serve other organizations serving moms and infants.

During the pandemic, Nurse-Family Partnership nurses did not miss a beat. Our number of enrollments continued to grow, and the families found it a great resource to be able to connect with the nurses even through technology and telehealth visits. In some cases, our nurses had more contact with the moms we serve. We were able to secure additional grants which provided mental health services to the moms we serve. This was an invaluable service. As those grants are coming to a close, we are looking for additional resources to ensure we are able to continue to meet the mental health needs of the families we serve.

Another service the Goodwill Industries of Michiana and Goodwill of Central and Southern Indiana provide are our Excel Centers. These unique, tuition-free adult charter high schools award industry-recognized certifications and high school diplomas, not GEDs, to adult learners in our service area. The Excel Centers support the whole student and are designed to meet students where they are. We often refer students in our Excel Centers to Nurse-Family Partnership and moms in Nurse-Family Partnership to our Excel Centers, and we've seen great results.

The funding from MIECHV serves as the hub of the services that we have been able to provide first-time moms. Our services and supports provide our moms, babies and their families a greater opportunity to grow and develop so that they are able to live their dreams and live their lives in prosperity. What has developed is a great example of public and private dollars coming together to increase the capacity and success for our families who face major barriers to accessing resources and supports they need.

### **The Case for Nurse-Family Partnership**

Nurse-Family Partnership has 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 and other risk factors. Nurse-Family Partnership serves families in 40 states, Washington, D.C., the U.S. Virgin Islands and many Tribal Communities. Nurse-Family Partnership is delivered through a national network of diverse implementing partners, which provide the services as part of a continuum of care in communities.

Nurse-Family Partnership nurses use a client-centered approach, which means the nurse is constantly adapting to the needs of the family, ensuring that each visit is relevant and valued by the parent(s). These client-centered principles create positive, lasting change for the family that sustains long after the time with their nurse home visitor has ended.

The effectiveness of Nurse-Family Partnership in achieving outcomes has been demonstrated in three randomized, controlled trials that were conducted in urban and rural locations with Caucasian, African American and Hispanic families. A randomized, controlled trial is the most rigorous research method for measuring the effectiveness of an intervention because it uses a control group of individuals with whom to compare outcomes to the group who received a specified intervention. The Nurse-Family Partnership

model has been tested for 45 years through ongoing research, development, and evaluation activities conducted by Dr. David L. Olds, founder of the Nurse-Family Partnership model and Director of the Prevention Research Center for Family and Child Health (PRC) at the University of Colorado in Denver. Results of these studies have shown outcomes including:

#### **Improved pregnancy outcomes**

- Reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births,
- 31% fewer closely spaced (<6 months) subsequent pregnancies,
- 23% reduction in subsequent pregnancies by child age two, and
- 32% reduction in subsequent pregnancies for the mother at child age 15 (among low-income, unmarried group)
- 75% reduction in preterm delivery among women who smoked
- 35% fewer hypertensive disorders during pregnancy

#### **Improved child health and development**

- 39% fewer injuries among children (among low-resource group)
- 56% reduction in emergency room visits for accidents and poisonings
- 48% reduction in child abuse and neglect
- 50% reduction in language delays of child age 21 months
- 67% reduction in behavioral and intellectual problems at child age 6
- 26% improvement in math and reading achievement test scores for grades 1-3
- 59% reduction in arrests at child age 15
- 90% reduction in adjudication as PINS (person in need of supervision) for incorrigible behavior

#### **Increased family self-sufficiency**

- 61% fewer arrests of mothers at child age 15
- 72% fewer convictions of mothers at child age 15
- 20% reduction in welfare use
- 46% increase in father presence in household
- 83% increase in labor force participation of mothers at child age 4

As the Nurse-Family Partnership model has moved from science to practice, great emphasis has been placed on building the necessary infrastructure to ensure quality and fidelity to the research model during the replication process nationwide

#### **Return on Investment**

Nurse-Family Partnership not only offers significant benefits to the families it serves, but it also provides significant cost savings to society and government funders. Based on a review and analysis of more than 40 Nurse-Family Partnership evaluation studies, including randomized controlled trials, quasi-experimental studies and large-scale replication data, Dr. Ted Miller of the Pacific Institute for Research and Evaluation found significant government savings from the Nurse-Family Partnership model. The study projects that Nurse-Family Partnership will reduce Medicaid spending per child by 8.5% from birth to age 18, leading to \$2.2 billion in total savings for the 177,517 children served by operational programs from 1996-2013. The study also projects that NFP will reduce estimated spending on Temporary Assistance by Needy Families (TANF) by \$250 million and on SNAP benefits by \$540 million (present value in 2010 dollars), resulting in \$3.0 billion in total governmental savings.

### **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Funds**

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.

The program aims to:

- **Improve:** maternal and child health
- **Prevent:** child abuse and neglect
- **Reduce:** crime and domestic violence
- **Increase:** family education level and earning potential
- **Promote:** children's development and readiness to participate in school
- **Connect:** families to needed community resources and supports

### **Nurse-Family Partnership in Indiana**

In Indiana, Governor Eric Holcomb made a promise to address infant mortality. This promise was to be the best in the Midwest by 2024. The utilization of the Nurse-Family Partnership provides a great ally to the State of Indiana to improve infant outcomes, especially when you pair it with organizations such as Goodwill.

The services of Nurse-Family Partnership have been well received. We operate at near-capacity and have exceeded our capacity upon occasion. Indiana State Senator Linda Rogers visited our office and was so impressed with the services that she inquired about the feasibility of adding Nurse-Family Partnership to more of our rural communities.

We are currently working with a young mom, Daisy, who is receiving Nurse Family Partnership services. Her Nurse-Family Partnership nurse encouraged her to enroll at the Excel Center to obtain her high school diploma and reach her education goal. Daisy was the first in her family to graduate from high school, and her son, Xavier, is a happy and healthy ten-month-old. One of the critical supports Daisy received while attending the Excel Center was child care. While she was in class, Xavier was in Kids Excel where he received high-quality early care and education. Upon graduation from high school, Daisy applied for and began a position at the Kids Excel Center and is working towards her HighScope certification. We are so proud of Daisy and the work and dedication she put in to attaining her diploma, full-time employment, and being a great mom to her son.

### **Conclusion**

While a privilege, serving moms-to-be and their infants is an opportunity and a challenge. While many of the challenges are similar for urban and rural areas facing economic inequities, the solutions can be significantly different. Autonomous local Goodwill organizations have found success when we identify community assets, evaluate community needs and customize solutions accordingly. Skilled team members with partner coalitions including local, state and community-based organizations and agencies use these community asset mapping and needs assessments to focus on essential actions that can foster economic mobility. And, in order to successfully do that, we need more people, funding and flexibility to innovate in order to build upon the evidence-based success of the Nurse-Family Partnership program and provide holistic supports to participants, meeting them where they are in their journey.

As Congress works to reauthorize MIECHV, I respectfully urge a timely five-year reauthorization that provides additional funding to grow this proven, evidence-based program. Additional resources would allow us to serve even more families and would also support Nurse-Family Partnership in expanding to more communities, including those in rural areas.

Thank you for the opportunity to share our experiences. We appreciate the Subcommittee's interest in hearing from the field and are happy to serve as a resource as we commit together to providing services that put mothers and their families on a path to self-sufficiency. We are grateful for the support of the entire subcommittee and look forward to a successful reauthorization.