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Subcommittee on Work and Welfare

*Early Support, Lifelong Impact: Revisiting the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, June 25, 2025*

Good afternoon, Chairman LaHood, Ranking Member Davis, and members of the Subcommittee. Thank you for the opportunity to testify about my experience with Nurse-Family Partnership®, an evidence-based home visiting model funded in part through the Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV.

My name is Shemya Wilson. I am a licensed social worker, community advocate, and proud mother from Columbus, Ohio. In just a few weeks, I will marry my fiancé, Christian, and together we are raising our three-year-old son, Christian III, whom we call TR3S for short or when he's in super-hero mode, Spidey TR3S!

I am here today because MIECHV did more than help me deliver a healthy baby—it changed the trajectory of my life. Through Nurse-Family Partnership, I received the support, guidance, and encouragement I needed to become the mother, professional, and community leader I am today.

### **The Reality I Swam Against**

Before I share my experience with MIECHV and Nurse-Family Partnership, you need to understand the generational cycle I was trying to break.

I am the oldest of 17 children. Growing up, my family experienced homelessness, a devastating house fire, and life in unsafe neighborhoods. My mother became a parent at 14 and was absent by the time I turned 13. My father did his best to raise me, but he was incarcerated during my senior year of high school. When he went to prison, my younger brothers were left to fight hunger and abandonment, and I stepped into a caregiving role.

In my neighborhood, poverty and trauma trapped families in cycles of instability, forcing children to take on adult responsibilities while many adults worked endlessly to survive or turned to drugs and alcohol to cope. I watched members of my family struggle with poverty, violence, and instability. My sister became a teen mother with little support. One brother survived a gunshot wound while our cousin died beside him, and another brother was later murdered.

These experiences shaped me, but they also strengthened my determination to build a different future. I became the first person in my generation to graduate from college, earning my bachelor's



degree from Youngstown State University in 2018. But when I became pregnant in 2022, the trauma I had spent years outrunning caught up with me.

### **Overcoming the Internal Smoke**

I entered Nurse-Family Partnership during my first trimester, overwhelmed by fear and anxiety. After a previous miscarriage and years of hearing that I was never meant to be a mother, I was convinced something would go wrong.

I experienced frequent panic attacks and questioned whether I could become the mother I wanted to be. I was so anxious during my pregnancy that I would lie on the floor of my office struggling to breathe, convinced something would go wrong until the day I delivered my son.

Dr. David Olds, the founder of Nurse-Family Partnership, once described pregnancy as a "magic window" - a time when the desire to be a good parent creates motivation to overcome extraordinary obstacles with the support of a well-trained nurse.

Everything changed when my nurse walked through my door.

That magic window opened when my Nurse-Family Partnership nurse walked through my door, beginning a relationship that would change the course of my life.

### **MIECHV Home Visiting Models Improve Maternal, Infant, and Early Childhood Outcomes**

As a participant in Nurse-Family Partnership, I experienced firsthand the impact that evidence-based home visiting can have on a family. My experience is part of a broader national effort supported by MIECHV to help children and families achieve better health, developmental, and economic outcomes.

#### *Changent: Supporting High-Quality Implementation*

Nurse-Family Partnership and Child First partner with Changent, a national nonprofit organization that supports the implementation of both MIECHV-approved evidence-based models. Through a national network of 275 implementing partner organizations, Changent-supported programs serve families across 39 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Tribal communities. In 2025 alone, Changent-supported programs served nearly 60,000 families and delivered more than 757,000 home visits, helping ensure that children and families have access to high-quality, evidence-based support during some of the most critical periods of their lives.<sup>1</sup>

Changent's role extends beyond administrative support. It helps ensure that these programs are implemented with fidelity to the evidence-based models that demonstrated positive outcomes in

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<sup>1</sup> Changent. *2025 Year in Review*. Denver, CO: Changent; 2026. Available at: <https://changent.org/2025-year-in-review/>.



rigorous randomized controlled trials. This includes training and supporting frontline staff, providing clinical and implementation guidance, monitoring quality, collecting and analyzing data, and helping local sites continuously improve performance.

MIECHV does not merely fund home visiting broadly. Rather, it specifically invests in programs that have met a rigorous evidence standard reviewed by the U.S. Department of Health and Human Services' Home Visiting Evidence of Effectiveness (HomVEE). By maintaining high standards for implementation, Changent helps protect the public investment in MIECHV and maximize outcomes for children and families. In 2025, Changent worked alongside partner organizations – many of them small community agencies navigating complex state and federal funding system – to secure more than \$427 million in public funding for Child First and Nurse-Family Partnership services nationwide.<sup>1</sup>

### *The Models: Nurse-Family Partnership and Child First*

Nurse-Family Partnership (NFP) is a rigorously evaluated evidence-based home visiting program. It serves families, with an emphasis on first-time mothers beginning during pregnancy and continuing until their child reaches age two. The program is delivered by registered nurses who provide guidance, education, support, and coaching to help families build healthy foundations for the future.

Child First is a two-generation, evidence-based home visiting model designed for families with young children experiencing significant stress, adversity, or trauma. Child First pairs each family with a licensed mental health clinician and care coordinator who work together to strengthen parent-child relationships, address mental health needs, connect families to community resources, and promote healthy child development. Services can begin during pregnancy and continue through age six, helping families heal from trauma, reduce chronic stress, and build resilience. Child First has demonstrated strong outcomes, including reduced involvement with child protective services, improvements in parental mental health and parenting stress, and reductions in children's externalizing behaviors, such as aggression and defiance. These outcomes were demonstrated in a randomized controlled trial of the model.<sup>2</sup>

Together, these models demonstrate how evidence-based home visiting can address a broad range of family needs, from maternal and child health to infant and early childhood mental health and family stability.

### *Why Nurse-Family Partnership Works*

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<sup>2</sup> Lowell DI, Carter AS, Godoy L, Paulicin B, Briggs-Gowan MJ. *A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research Into Early Childhood Practice*. *Child Development*. 2011;82(1):193–208.



Nurse-Family Partnership combines the science of nursing with the power of trusted relationships, helping families navigate challenges, strengthen protective factors, and create healthier futures for both mothers and children.

The model is rooted in dignity, respect, and empowerment. It recognizes that every client is the expert on her own life and that the most effective programs do not impose solutions on families—they partner with them. Nurses honor each client's goals and aspirations, build on existing strengths, and focus on practical solutions that move families forward. By working alongside families rather than directing them, NFP creates lasting change that is both meaningful and sustainable.

My experience with NFP demonstrated that transformative outcomes do not always require dramatic interventions. Often, small, consistent steps can unlock significant progress for children, parents, and entire families.

Nursing practice is the foundation of the model. Specially trained registered nurses use clinical assessment, therapeutic communication, motivational interviewing, and individualized care planning to tailor services to each family's unique strengths and needs. Families receive regular home visits throughout pregnancy and the first two years of a child's life, allowing nurses to build trust, monitor progress, coordinate care, adjust goals, and provide consistent support during some of the most important stages of child development.

Every visit, assessment, and intervention is carefully documented, creating a clear record of progress and ensuring coordinated, high-quality care. This disciplined approach allows nurses to track outcomes, respond to emerging needs, and help families achieve lasting improvements in health, stability, and opportunity.

### **Goals & Outcomes**

NFP's goals are straightforward. First, healthier pregnancies through reduced preterm birth, low birth weight, and pregnancy complications; second, healthier children through better safety, language development, cognitive development, and emotional regulation; and third, stronger family self-sufficiency through educational achievement, employment, family planning, and improved long-term maternal health.

The goals of Changent's home visiting models align directly with the benchmarks established by the Health Resources and Services Administration (HRSA) through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.



The evidence supporting Nurse-Family Partnership spans five decades and includes multiple randomized controlled trials, long-term follow-up studies, replication research, and cost-benefit analyses.<sup>3</sup>

In addition to improving outcomes for children and families, Nurse-Family Partnership has demonstrated a strong return on investment. Independent cost-benefit analyses have found that every dollar invested in the program can generate up to \$5.70 in savings and benefits through reduced healthcare costs, lower rates of child maltreatment, improved educational and employment outcomes, and decreased reliance on public assistance.<sup>4</sup> These findings underscore that investing in families early is not only the right thing to do—it is also a fiscally responsible use of taxpayer dollars.

NFP has demonstrated measurable improvements across multiple HRSA benchmark areas and is recognized by the U.S. Department of Health and Human Services' Home Visiting Evidence of Effectiveness (HomVEE) review as an evidence-based model with favorable impacts in numerous outcome domains.

HRSA evaluates home visiting programs based on six benchmark areas: maternal and newborn health; child injuries, abuse, and neglect; school readiness and achievement; reduction in domestic violence; family economic self-sufficiency; and coordination and referrals for community resources and supports.<sup>5</sup> Programs funded through MIECHV must report on a comprehensive set of performance measures and demonstrate improvement across multiple benchmark areas.

## **1. Maternal and Infant Health Outcomes**

Research has demonstrated that NFP drives significant improvements in maternal and newborn health outcomes among participating families. Multiple randomized controlled trials have found improvements in prenatal health behaviors, reductions in smoking during pregnancy, increased utilization of prenatal care services, and reductions in pregnancy-related complications among high-risk mothers. For example, trials found a 35 percent reduction in pregnancy-induced hypertension among nurse-visited mothers<sup>6</sup> and a 79 percent reduction in preterm delivery among pregnant smokers receiving nurse home visitation services.<sup>7</sup> These outcomes directly support HRSA's maternal and newborn health benchmarks by improving conditions associated with healthier births and healthier mothers.

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<sup>3</sup> Olds DL. Prenatal and infancy home visiting by nurses: From randomized trials to community replication. *Prevention Science*. 2002.

<sup>4</sup> Karoly, Lynn A., M. Rebecca Kilburn, and Jill S. Cannon, *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica, CA: RAND Corporation, 2005.

<sup>5</sup> HRSA MIECHV Performance Measurement Framework.

<sup>6</sup> Kitzman H, Olds DL, Henderson CR Jr, Hanks C, Cole R, Tatelbaum R, McConnochie KM, Sidora K, Luckey DW, Shaver D, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *Journal of the American Medical Association* 1997 Aug 27;278(8):644-52.

<sup>7</sup> Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics* 1986 Jan;77(1):16-28.



## 2. Child Safety Outcomes

NFP has also demonstrated strong performance in child health and safety measures. The program tracks child injuries, emergency department utilization, child maltreatment, and safe parenting practices. Longitudinal studies have shown that children whose families participated in NFP experienced lower rates of maltreatment and fewer interactions with child welfare systems compared with similar children who did not receive services. For example, one study found a 48 percent reduction in substantiated reports of child abuse and neglect by age fifteen among participating families.<sup>8</sup> Research further documented reductions in childhood injuries<sup>9</sup>, emergency department visits<sup>10</sup>, and preventable accidents during early childhood.<sup>11</sup>

## 3. School Readiness and Child Development Outcomes

In the benchmark area of school readiness and child development, NFP measures developmental screening, early learning activities, parent-child interactions, and social-emotional development. Evaluations have demonstrated significant improvements in children's language, cognitive, and behavioral development, including a 50 percent reduction in language delays by age 21 months.<sup>12</sup> Participating families also report greater engagement in reading, talking, and other learning activities that support healthy early development.

These early gains translate into stronger academic outcomes as children grow. Studies have found a 9-percentile increase in math and reading achievement scores in grades 1 through 3 among children born to mothers with low psychological resources<sup>13</sup>, as well as a 6-percentile increase in reading and math achievement scores through grades 1 through 6.<sup>14</sup> Researchers have also documented improvements in behavioral outcomes, including a 67 percent reduction in children's use of cigarettes, alcohol, or marijuana by age 12.<sup>15</sup>

The benefits of NFP extend well beyond childhood. An 18-year follow-up study found improved cognitive functioning and academic performance among youth born to mothers with limited psychological resources to cope with poverty. Outcomes included higher math achievement

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<sup>8</sup> Reanalysis Olds et al. *Journal of the American Medical Association* 1997 Aug 27;278(8):637-43.

<sup>9</sup> 39% fewer healthcare encounters for injuries or ingestions in the first two years of life among children born to mothers with low psychological resources. (Reanalysis of Kitzman et al. *Journal of the American Medical Association* 1997 Aug 27;278(8):644-52.)

<sup>10</sup> 56% reduction in emergency room visits for accidents and poisonings in the second year of the child's life (Olds DL, Henderson CR Jr, Chamberlin R, Tatelbaum R. Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics* 1986 Jul;78(1):65-78.)

<sup>11</sup> Olds DL, Robinson J, Pettitt L, Luckey DW, Holmberg J, Ng RK, Isacks K, Sheff K. Effects of home visits by paraprofessionals and by nurses: age-four follow-up of a randomized trial. *Pediatrics* 2004;114:1560-8.

<sup>12</sup> Olds DL, Robinson J, O'Brien R, Luckey DW, Pettitt LM, Henderson CR Jr, Ng RK, Sheff KL, Korfmacher J, Hiatt S, et al. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics* 2002 Sep;110(3):486-96.

<sup>13</sup> Olds DL, Kitzman H, Hanks C, Cole RE, Anson EA, Sidora-Arcoleo KJ, Luckey DW, Henderson CRJ, Holmberg J, Tutt RA, et al. Effects of nurse home visiting on maternal and child functioning: age-nine follow-up of a randomized trial. *Pediatrics* 2007;120(4).

<sup>14</sup> Kitzman HJ, Olds DL, Cole RE, Hanks CA, Anson EA, Arcoleo-Sidora KJ, Luckey DW, Knudtson MD, Henderson CR Jr., Holmberg JR. Enduring effects of prenatal and infancy home visiting by nurses on children: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics and Adolescent Medicine* May 2010, 164(5):412-418.

<sup>15</sup> Kitzman HJ, Olds DL, Cole RE, Hanks CA, Anson EA, Arcoleo-Sidora KJ, Luckey DW, Knudtson MD, Henderson CR Jr., Holmberg JR. Enduring effects of prenatal and infancy home visiting by nurses on children: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics and Adolescent Medicine* May 2010, 164(5):412-418.



scores, stronger receptive language abilities, improved working memory, and a greater ability to accurately interpret others' emotions. Notably, nurse-visited youth were three times more likely to graduate from high school with honors than their peers in the control group.<sup>16</sup>

#### **4. Reduction in Domestic Violence Outcomes**

NFP also addresses family well-being through screening and referral for intimate partner violence and other family stressors. Nurses work with families to identify risks, connect them to appropriate services, and develop plans that support family safety and stability. These activities directly support HRSA's benchmark related to reducing domestic violence and improving family functioning.

#### **5. Family Economic Self-Sufficiency**

One of the most significant areas of impact for NFP is family economic self-sufficiency. The program measures maternal educational attainment, employment, family planning, and health insurance continuity. Research has found that mothers participating in NFP are more likely to remain engaged in education and enter or stay in the workforce, creating greater opportunities for long-term economic stability. For example, a randomized control trial found a 7-month (or 82%) increase in labor force participation 4 years after delivery of first child among low-income unmarried mothers.<sup>17</sup> Studies have also shown reductions in reliance on public assistance<sup>18</sup> and improved life-course outcomes for participating mothers.

Long-term follow-up studies have also demonstrated meaningful economic benefits for families and taxpayers. One analysis found that participation in Nurse-Family Partnership was associated with \$17,310 less in public benefit expenditures per family, including reductions in Medicaid, Supplemental Nutrition Assistance Program (SNAP), and cash assistance costs. Given program costs of approximately \$12,578 per family, this represented a net savings of \$4,732 per family. Researchers found that these savings were driven in part by improved family planning, increased economic self-sufficiency, and stronger family stability among participating mothers.<sup>19</sup>

#### **6. Coordination and Referrals to Community Resources and Supports**

Finally, NFP performs strongly in connecting families to community resources and services. Nurses regularly assess family needs and facilitate referrals for health care, behavioral health services, housing assistance, nutrition programs, educational opportunities, and other supports. Follow-up

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<sup>16</sup> Conti G, Heckman JJ, Pinto R, Pungello E, Verropoulou G. *The Health Effects of Two-Generation Human Capital Investment*. *Journal of Pediatrics*. 2019;214:163-170.e3.

<sup>17</sup> Olds DL, Henderson CRJ, Tatelbaum R, Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. *American Journal of Public Health* 1988 Nov;78(11):1436-45.

<sup>18</sup> 30-month reduction in use of AFDC-TANF among mothers who were poor and unmarried at registration (Olds DL, Eckenrode J, Henderson CR Jr, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettitt LM, Luckey D. 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 Aug 27;278(8):637-43.)

<sup>19</sup> Conti G, Heckman JJ, Pinto R, Verropoulou G. The Economic Effects of Nurse Home Visiting on Public Spending. *Journal of Health Economics*. 2021. (Referenced in: University of Colorado Anschutz Medical Campus, "Researchers Find Long-Term Benefits of Nurse Home Visits for New Mothers and Infants," November 22, 2019.)



on completed referrals helps ensure families successfully access the resources necessary to support healthy child development and family stability.

The significance of these findings is that NFP's demonstrated outcomes correspond directly to the measures HRSA uses to assess the effectiveness of home visiting programs nationwide. These results have been documented through decades of rigorous evaluation, including randomized controlled trials and long-term follow-up studies.

### **The Trusted Nurse-Family Relationships That Changed My Life**

I had three phenomenal nurses during the two and a half years I was enrolled in NFP. While transitions in the healthcare workforce sometimes meant saying goodbye to one nurse and welcoming another, each brought the same commitment, professionalism, and support that helped me navigate some of the most difficult moments of my life. They became trusted partners with whom I could share my deepest fears on our regular walks and during healthy cooking classes.

I was paralyzed by fear of sudden infant death syndrome (SIDS). I was terrified to leave my baby alone on his back in a crib, convinced that if he wasn't right next to me, he would die. I also believed I wouldn't be able to breastfeed. But my nurse looked at me and said, *"If you want to nurse your baby, you will nurse your baby."*

She didn't just encourage, coach, and cheer me on; she taught me tangible self-advocacy skills. My nurse prepared me for the hospital staff, explaining they might try to give my newborn formula if his weight dropped. She taught me to actively demand a syringe to feed him, which allowed me to protect my breastfeeding journey – which is also a key benchmark for infant health.

After my miscarriage, fear and pain sent me to the emergency room more than once. My nurse taught me how to work with my OB-GYN before a situation became a crisis, helping me access more coordinated care while avoiding unnecessary emergency room visits. She didn't just help me save money—she taught me how to navigate the healthcare system and advocate for my own health.

### **Lifelong Support, Grief, and Economic Mobility**

My nurses' support continued as Christian grew. When he showed signs of a speech delay, my nurse immediately connected us to early intervention services. Because his needs were identified and addressed early, he received support during a critical window of development, avoiding longer delays and more intensive interventions later. Today, he is a thriving three-year-old excelling in pre-K. His story is a reminder that early intervention is not only more effective for children and families—it is also a smarter and more cost-effective investment of taxpayer resources.

He is incredibly observant, full of curiosity, and learns so quickly. To see him so confidently vocal is the greatest joy of my life.



The most profound impact my nurse had on me, however, occurred when my brother was tragically murdered in front of his children while I was enrolled in NFP. The trauma was overwhelming. I completely broke down and wanted to drop out of my master's program. At the time, my grief from the trauma made me feel it was pointless to continue to struggle for an education and build a better, different life, if our life was so violently unpredictable—if we were just going to die anyway.

But my nurse met me where I was. As part of the NFP home visiting model, She came to my home, sat in a pitch-dark room with me as I wept, and just stayed present. She didn't ask for anything. She gently reminded me that if I woke up tomorrow and chose to stop my education, I would lose any chance of helping my son navigate life's challenges. She showed me that it wasn't about preventing trauma but learning how to sit in the discomfort of heavy emotions and cope. Through her profound and continuous emotional coaching during our home visits, I stayed in school and earned my Master of Social Work.

Then, in 2025, I faced a new challenge. I was working as an intake social worker, but my undiagnosed ADHD made the role mentally exhausting and a poor fit. I successfully interviewed for a therapist position at a private practice, but it meant taking a temporary pay cut while I built up my clientele. My son was a toddler, and I couldn't afford rent during the transition.

My nurse stepped up and helped me navigate a short-term crisis fund, specifically designed to help low-income families overcome immediate barriers to retaining a job and achieving self-sufficiency. NFP helped me utilize those funds to cover my rent for that critical month. Because of that rapid intervention, I avoided financial ruin and made the professional leap toward my professional goals. Today, I maintain a full, successful caseload of clients in that position I longed to attain.

### **MIECHV - The Power of Early Investment**

Today, I work full-time as a therapist, helping others navigate trauma and adversity, while raising a thriving son who is curious, joyful, and excelling in preschool. I also lead mentorship programs in my community because every woman deserves the kind of support that helped change my life.

The lessons my NFP nurses taught me continue to shape how I parent, serve others, and advocate for myself. They taught me resilience, self-advocacy, and the beauty of being mindful of joy in the chaos.

We do not simply leave pain behind. We grow through it, learning to hold multiple emotions at once and using difficult experiences to guide our decisions rather than define us. It is a vulnerable and honest way to live.

I bring that same vulnerability to you today. My story is one of resilience, but it is also a reminder that resilience alone is not enough. Families possess incredible strength, determination, and love for their children. What they need is a stable foundation that allows those strengths to flourish.



MIECHV and everyone who supported this life-changing program gave me the resources to turn myself from an anxious, traumatized pregnant woman into a licensed professional, a community advocate, and a thriving mother. The investment made in me, my son, my family, and my community will continue to pay dividends.

Investing in MIECHV is both fiscally responsible and deeply human. By helping parents access healthcare, strengthen parenting skills, pursue education and employment, and connect to community resources, home visiting programs address challenges before they become crises. The result is healthier children, stronger families, and reduced costs associated with poor health outcomes, child welfare involvement, and long-term economic instability.

My experience also highlights the importance of investing in the workforce that makes home visiting possible. Families cannot benefit from evidence-based programs without the nurses, mental health clinicians, care coordinators, and other professionals who deliver them. Strengthening recruitment, retention, and professional support for these providers helps ensure that families can continue accessing high-quality care when they need it most.

For policymakers, the significance of MIECHV is not simply that it provides home visits. Its value lies in its ability to intervene early, before challenges become crises. By supporting healthy pregnancies, strengthening parenting skills, promoting child development, and helping families achieve greater economic stability, MIECHV advances the very outcomes Congress has identified as essential to improving the health and well-being of children and families.

The evidence demonstrates that investments made during the earliest years of life produce meaningful benefits for children, parents, communities, and taxpayers alike. MIECHV's rigorous evaluation standards and accountability measures ensure that public dollars are invested in programs with proven results.

I urge Congress to continue robustly funding home visiting and to reauthorize MIECHV well before its expiration. By investing in parents during one of the most important periods of their lives, you are investing in healthier children, stronger communities, and brighter futures.

I am living proof that this investment works.

Thank you for the opportunity to share my story.