

Recommendations for the Rural & Underserved Communities Health Task Force

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that helps transform the lives of babies born to at-risk, first-time mothers. Every year, 380,000 children are born to first-time mothers living below the federal poverty level in the United States. The majority of moms enrolled in NFP are younger, suffering from substance abuse or mental health issues and/or without a high school education. These families face significant challenges to leading healthy lives and breaking the cycle of intergenerational poverty. NFP addresses these challenges by partnering mothers with a registered nurse at a pivotal moment — beginning early in pregnancy with a first child – and providing ongoing nurse home visits that continue through the child’s second birthday.

NFP is committed to helping women be the best mothers they can be, knowing that strong mothers raise strong children. We believe that with the right help, families can break the cycle of poverty. We are grateful for the Task Force’s work to address access health care in rural and underserved communities. We appreciate the opportunity to present the Task Force with proposed policies that would benefit families and children living in rural and underserved communities.

Increase the Maternal Infant and Early Childhood Home Visiting Program

While a strategy to address maternal mortality and morbidity must be multifaceted, we also know that the majority are preventable, and the need is urgent. We must invest today in programs that are working to address health inequities that perpetuate maternal mortality and morbidity. Access challenges in rural and underserved communities can result in a number of negative maternal health outcomes including premature birth, low-birth weight, maternal mortality, severe maternal morbidity, and increased risk of postpartum depression.

The *Home Visiting to Reduce Maternal Mortality and Morbidity Act* (H.R. 4768) stands to greatly improve health outcomes for moms and babies that need it most. The bill expands funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, specifically targeting high needs communities and increases the set aside for tribal communities. Evidence-based home visiting targets the social determinants of health affecting families, such as social support, parental stress, access to health care, income and poverty status, and environmental conditions.

We recognize there is a limited availability of post-acute care and long-term services across the nation; NFP enrolls mothers in the program prior to their 28th week of pregnancy and home visits continue until the child’s second birthday. This roughly two-and-a-half-year period allows mom and nurse to build trust and establish long-term health and economic goals for the family. Among Nurse-Family Partnership participants, research has shown:

- 35% fewer cases of pregnancy-induced hypertension
- 17% fewer preterm births
- 31% reduction in closely spaced pregnancies

MIECHV has been funded at \$400 million since FY13 and is already making a difference in the lives and well-being of women by providing them with NFP nurses and other types of qualified home visitors. In 2015, MIECHV-funded home visiting programs were only able to reach 22 percent of U.S. counties. By doubling MIECHV, evidence-based home visiting programs can serve more families across the country. In addition, including MIECHV in the budgetary baseline would make it a more sustainable funding source for home visiting programs.

Comprehensive Payment Structure

NFP provides preventive health care services to mothers who are at high-risk and babies at a critical point in their lives in both rural and urban areas. As both a health care and social service program, NFP promotes coordination with the health care system to ensure mothers and babies get the best care possible. In addition, NFP delivers services through a home visiting model, making it easier for families who may struggle with transportation. Comprehensive payment from Medicaid and other health care payers, promotes coordinated referral processes from state agencies, managed care organizations, and other providers to deliver NFP to the most vulnerable moms and babies wherever they live.

Chronic and destabilizing conditions can persist in rural and underserved areas. A recent 18-year follow-up of participants from NFP's randomized control trial in Memphis, TN found that Nurse-Family Partnership significantly improved the cognitive functioning and academic performance of 18-year old youth born to high-risk mothers with limited psychological resources to cope with poverty. The outcomes for youth at age 18 included: improved math achievement scores, receptive language abilities, working memory, and ability to accurately read others' emotions. In addition, the nurse-visited youth were three times as likely to graduate from high school with honors compared to the control group. Also, at age 18, the proportion of nurse-visited youth receiving supplemental security income (SSI) for disability was 64.2% lower than that of the control group.

Effective interventions require significant investment in communities, but these results demonstrate Nurse-Family Partnership is successful in reducing welfare use, improving maternal life course, improving children's cognitive development and academic achievement, reducing juvenile crime, and improving birth outcomes.

We thank the Task Force for their commitment to helping families across the country and the opportunity to present recommendations. NFP will continue to advocate on behalf of moms and babies and remains committed to helping families break the cycle of poverty. Members of Congress and staff interested in seeing a program working to address intergenerational poverty are welcome to visit a local network partner to hear from constituents about what is working in their communities and learn more about NFP. For more information or to schedule a site visit, please contact Teri Weathers, Director of Federal Government Affairs at teri.weathers@nursefamilypartnership.org.