

# RESEARCH TRIALS AND OUTCOMES

THE GOLD STANDARD OF EVIDENCE

Nurse-Family Partnership® is an evidence-based health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty.

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IT IS NOT JUST EMPIRICAL EVIDENCE [THAT NURSE-FAMILY PARTNERSHIP HAS] THAT'S IMPORTANT; IT'S A CERTAIN TYPE OF EMPIRICAL EVIDENCE, NAMELY EVIDENCE FROM RANDOM ASSIGNMENT EXPERIMENTS. BECAUSE THAT'S THE GOLD STANDARD OF RESEARCH AND WE HAVE LEARNED OVER AND OVER AGAIN THAT ANY OTHER KIND OF STUDY IS LIKELY TO PRODUCE AN INCORRECT ANSWER. SO NOT ONLY IS THERE GOOD EVIDENCE FROM THE STUDY, BUT THE EVIDENCE IS FROM THE VERY BEST KIND OF RESEARCH.

RON HASKINS,

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## TRIAL OUTCOMES

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency — making a measurable impact on the lives of children, families and the communities in which they live.

For example, the following outcomes have been observed among participants in at least one of the trials of the program

- 48% reduction in child abuse and neglect<sup>1</sup>
- 56% reduction in ER visits for accidents and poisonings<sup>2</sup>
- 50% reduction in language delays of child age 21 months<sup>3</sup>
- 67% less behavioral/intellectual problems at age 6<sup>4</sup>
- 79% reduction in preterm delivery for women who smoke<sup>5</sup>
- 32% fewer subsequent pregnancies<sup>6</sup>
- 82% increase in months employed<sup>7</sup>
- 61% fewer arrests of the mother<sup>1</sup>
- 59% reduction in child arrests at age 15<sup>8</sup>

## A Cornerstone of Nurse-Family Partnership

Nurse-Family Partnership is an evidence-based community health program that helps transform the lives of vulnerable, low-income mothers pregnant with their first child. Built upon the pioneering work of David Olds, Ph.D., Nurse-Family Partnership's model is based on more than 40 years of evidence from randomized, controlled trials that show it works.

Beginning in the early 1970s, Olds initiated the development of a nurse home visitation program for first-time mothers and their children. Over the next three decades, he and his colleagues continued to test the program in three separate, randomized, controlled trials with three different populations in Elmira, NY, Memphis, TN and Denver, CO. The trials were designed to study the effects of the Nurse-Family Partnership model on maternal and child health and child development, by

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1977  
Elmira, NY  
400  
Low-income whites  
Semi-rural area



1987  
Memphis, TN  
742  
Low-income blacks  
Urban area



1994  
Denver, CO  
735  
Large proportion of Hispanics  
Nurses and paraprofessionals

comparing the short- and long-term outcomes of mothers and children enrolled in the Nurse-Family Partnership program to those of a control group of mothers and children not participating in the program.

## A Lasting Impact

Today, Olds and his team at the Prevention Research Center for Family and Child Health at the University of Colorado continue to study the model's long-term effects and lead research to continuously improve the Nurse-Family Partnership program model. Since 1979, 14 follow-up studies tracking program participants' outcomes across the three trials have been (and continue to be) conducted. The implementation of longitudinal studies enables Nurse-Family Partnership to measure the short- and long-term outcomes of the program. Although the Nurse-Family Partnership National Service Office maintains a close association with the Prevention Research Center, the two remain professionally independent.

## Adherence to the Nurse-Family Partnership Model

Today, Nurse-Family Partnership maintains fidelity to its model by using a web-based performance management system designed specifically to collect and report Nurse-Family Partnership family characteristics, needs, services provided and progress toward accomplishing program goals as recorded by Nurse-Family Partnership nurses. This process is fundamental to ensuring successful program implementation and beneficial outcomes that are comparable to those from the randomized, controlled trials.

## A Basis for Evidentiary Standards

The evidentiary foundations of the Nurse-Family Partnership model are among the strongest available for preventive interventions offered for public investment. Given that the original trials were relatively large, resulted in outcomes of public health importance, and were conducted with nearly entire populations of at-risk families in local community health settings, these findings are relevant to communities throughout the United States.

Nurse-Family Partnership's emphasis on randomized, controlled trials is consistent with the approach promoted by a growing chorus of evidence-based policy groups including the Coalition for Evidence-Based Policy, Blueprints for Violence Prevention, the RAND Corporation and the Brookings Institution, which seek to provide policymakers and practitioners with clear, actionable information on programs that work — and are demonstrated in scientifically valid studies.

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3. Olds D.L., Robinson J., O'Brien, R. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics*. 2002
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5. Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., & Chamberlin, R. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics*. 1986
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7. Olds D.L., Henderson C.R. Jr., Tatelbaum R., Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. 1988
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