



**BETTER WORLDS
START WITH
GREAT
FAMILIES**

AND GREAT FAMILIES START WITH US



Oregon Senate Committee on
Early Childhood and Behavioral Health

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Nurse-Family Partnership® is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time parents and their children affected by social and economic inequality.



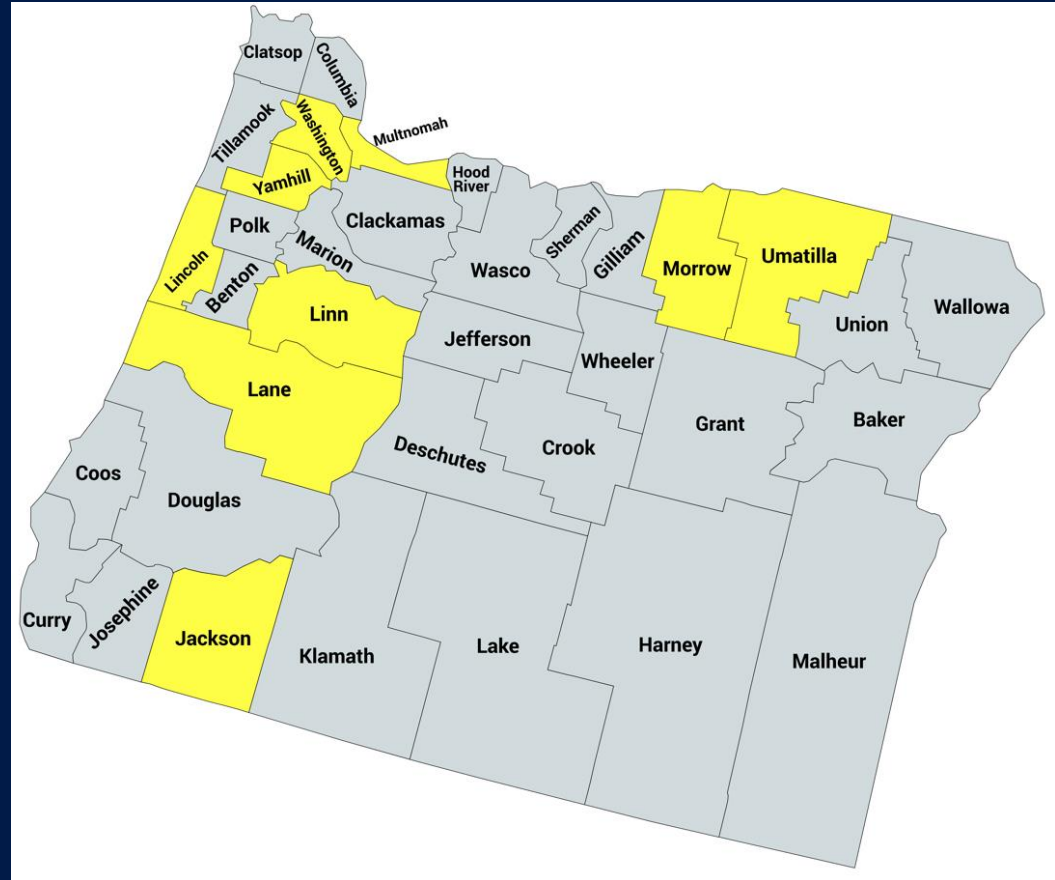
Nurse-Family Partnership in Oregon

Established:
1999

Families Served:
7931 (cumulative)

Active programs:
7

Counties currently
served:
9



Who We Work With



OREGON NFP PARENTS

24

Median age at intake

74%

Unmarried at intake

85%

Clients enrolled in Medicaid
at intake

\$9,000-\$12,000

Annual median household income
at intake

*Aggregate data
provided by NSO.
Includes state data
from 01/01/2019
to 12/31/2021.

Oregon families served by NFP are ethnically and racially diverse, with over 50% BIPOC families served from 2019-2021.

Race

- 70% White
- 11% Black or African American
- 2% Asian
- 2% American Indian or Alaska Native
- 1% Native Hawaiian or Pacific Islander
- 7% Multi-racial
- 6% Declined

Ethnicity

- 35% Hispanic
- 63% Non-Hispanic
- 1% Declined





KEY GOALS

- Improve Pregnancy Outcomes
- Improve Child Health and Development
- Improve Economic Self-Sufficiency of the Family



How?

EXPERT:

Specially-trained nurses

VOLUNTARY:

Parents achieve their own hearts' desires

PROVEN:

Extensive and compelling evidence

INTENSIVE:

Pregnancy through age 2

TIMELY:

First 1000 days

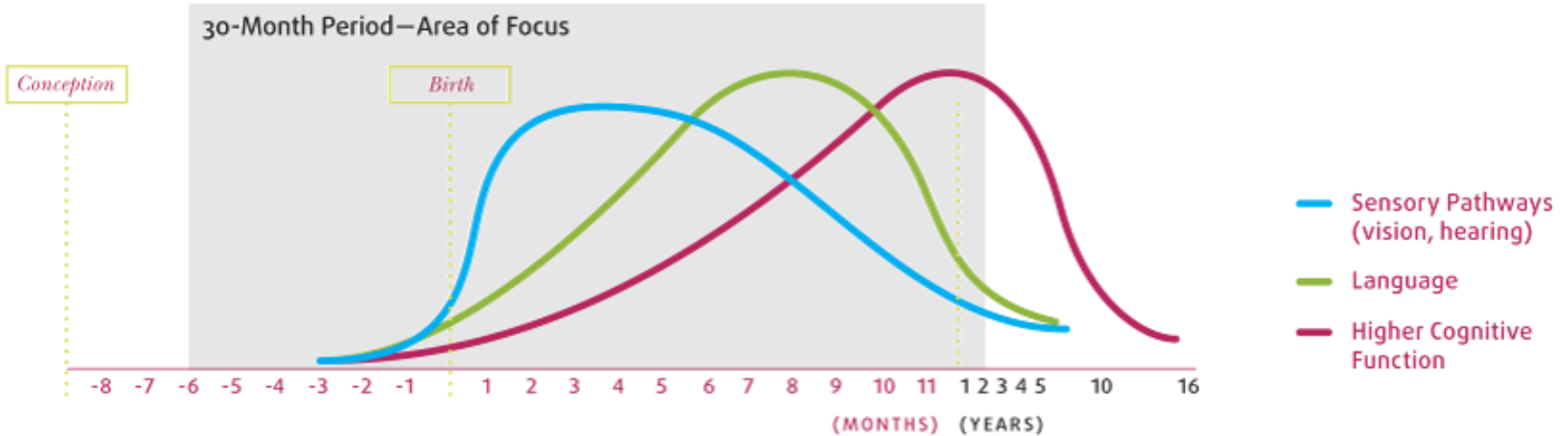
THE FIRST 1,000 DAYS

- Early experiences influence the developing brain
- Toxic affects of chronic stress
- Adversity can lead to lifelong problems
- Early intervention can prevent consequences
- Stable, caring relationships essential for development



BRAIN DEVELOPMENT

Synapse formation dependent on early experiences



Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000).
Shonkoff, J. & Phillips, D. (Eds.)

GOLD STANDARD RESEARCH



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



1990
Memphis, TN
1,138
Low-income blacks
Urban area



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

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.



TRIAL OUTCOMES

- 48%** reduction in child abuse and neglect¹
- 56%** reduction in ER visits for accidents and poisonings²
- 50%** reduction in language delays of child age 21 months³
- 67%** less behavioral/intellectual problems at age 6⁴
- 32%** fewer subsequent pregnancies⁵
- 82%** increase in months employed⁶
- 61%** fewer arrests of the mother¹
- 59%** reduction in child arrests at age 15⁷

1. Reanalysis Olds et al. 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

2. Olds DL, et al. Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics*. 1986

3. Olds D.L., Robinson J., O'Brien, R. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics*. 2002

4. Olds DL, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics*. 2004

5. Olds, D.L., Eckenrode, J., et al. Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect Fifteen-Year Follow-up of a Randomized Trial. *JAMA*. 1997

6. Olds D.L., Henderson C.R. Jr., Tatelbaum R., Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a

Nurse-Family Partnership

Projected Outcomes in Oregon

Based on a review and analysis of more than 40 NFP evaluation studies and replication data, Dr. Ted Miller of the Pacific Institute for Research and Evaluation predicts the following outcomes from offering NFP at scale in OR:



- Smoking in pregnancy ↓23%
- Pregnancy-induced hypertension ↓30%
- Closely spaced births (15 months postpartum) ↓34%



- First pre-term births ↓14%
- Infant mortality ↓43%
- Moms who attempt breastfeeding ↑11%



- Emergency department use for childhood injuries ↓31%
- Full immunization ↑12%
- Language delay ↓37%



- TANF payments ↓7% (13 years post-partum)
- Person-months on Medicaid ↓7% (15 years post-partum)
- Costs if on Medicaid ↓13% (through age 18)

Return on Investment

When broader cost savings to society are taken into account, like savings on medical care, child welfare, special education, and criminal justice, the predicted Oregon benefit-cost ratio grows to be **\$6.10 to \$1** for every dollar invested in Nurse-Family Partnership.





Funding for NFP in OR

- Federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Federal funding through Medicaid reimbursement
- County funding through paying the non-federal match required by Medicaid (~60% fed, 40% local)



What is the problem we are trying to solve?

- Requiring counties to pay the non-federal Medicaid match limits where NFP services can be offered. 27 Oregon counties don't have access to an NFP program. This arrangement also makes current programs dependent on the resources and political will of county leaders.
- Having counties pay the non-federal Medicaid match puts NFP out of alignment with how nearly all Medicaid services in Oregon are supported by a state match. It also is a deviation from how other evidence-based home visiting programs are supported with state dollars without a county match, such as Healthy Families Oregon or Family Connects.
- Without consistent match funding provided by the state, Oregon will lose out on federal funds.

2025 Legislative Ask – SB 1033

In 2024, the legislature made a one-time \$3.16 million appropriation for FY25 to pay the non-federal Medicaid match for NFP, which saved services from ending in parts of the state. This funding was part of critical behavioral health investments needed to support Oregonian.



In 2025, we are asking the legislature to preserve and expand NFP services to families across Oregon by **making permanent the approach of having the state pay the non-federal Medicaid match**. Continuing the same amount of funding appropriated last session would **cost \$6.32 million over the biennium**.



QUESTIONS?