

07-13

STATEMENT OF POLICY

Support For Evidence-Based Nurse Home Visitation Programs

Policy

The National Association of County and City Health Officials (NACCHO) supports the implementation of evidence-based nurse home visitation programs (HVPs) in local health departments targeting pregnant and parenting mothers and children. NACCHO supports and encourages state, local, and federal policies that contribute to the development and maintenance of evidence-based nurse HVPs, including the Maternal, Infant, and Early Childhood Home Visiting Program created by the Patient Protection and Affordable Care Act. NACCHO urges state and federal legislators to support policies that give states the capacity to establish nurse HVPs and to provide reimbursement for services delivered through these programs. NACCHO asks more specifically that Medicaid reimbursement be provided to practitioners delivering services through the Maternal, Infant, and Early Childhood Home Visiting Program.

Justification

Nurse HVPs promote the well-being of mothers and their children. Trained registered nurses visit pregnant women and children from early in the mother's pregnancy through the child's second birthday. The Nurse-Family Partnership (NFP) model is an example of a nurse HVP where low-income, first-time mothers receive a variety of services and counseling from a nurse. Rigorous scientific evaluation concludes that NFP services improve prenatal health and school readiness, increase birth spacing and maternal employment, and lead to fewer childhood injuries and subsequent pregnancies.¹ Not all HVPs have the resources to undertake randomized control trials; some HVPs have undergone quasi-experimental evaluations while "promising practices" await the opportunity for evaluation. Regardless of evaluation, all HVPs strive to promote positive outcomes in the health and well-being of program's participants.

Nurse home visitation services specifically address risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairment, including substance abuse and nutrition.² Research has shown that these services reduce preterm delivery for women who smoke; reduce high-risk pregnancies through birth-spacing; and impact children's cognitive, social, and behavioral skills and development.^{3,4} Nurse home visits also encourage better long-term health outcomes for children. Research demonstrates girls whose mothers receive nurse home visits were less likely to be involved in the criminal justice system, and girls born to unmarried, low-income mothers reported fewer births and less Medicaid usage relative to the comparison group.⁵

Furthermore, nurse HVPs have demonstrated improvement in the overall well-being of the family. These improvements include increased maternal employment and the family's economic self-sufficiency; increased



presence of the father in the household; reduced child abuse and neglect; reduced maternal and child arrests; and reduced behavioral and intellectual problems among children at age six.^{6,7}

Evidence-based nurse HVPs have also been recognized as one of four areas of investment that merit expanded federal funding even in periods of fiscal restraint.⁸ Investments in the program have demonstrated societal cost-savings due to reduced criminal activity, greater employment, higher tax revenues, and reduced costs for welfare payments and child welfare programs.^{9, 10}

Record of Action

Approved by NACCHO Board of Directors, Nov. 4, 2007

Updated July 2010

1. Nurse-Family Partnership. Proven Results. Retrieved May 28, 2010, from <http://www.nursefamilypartnership.org/proven-results>
2. Olds, D. The Prenatal and Early Childhood Nurse Home Visitation Program. Strengthening Americas Families: Effective Family Programs for the Prevention of Delinquency. Retrieved on June 11, 2007, from http://www.strengtheningfamilies.org/html/programs_1999/12_pecnhvp.html.
3. Nurse-Family Partnership. Research Evidence. Retrieved on June 13, 2007 from, <http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showcontent&contentid=4&navid=4>.
4. United States. Senate. 110th Congress, 1st Session. *S. 1052, Healthy Children and Families Act of 2007* [introduced in the U.S. Senate; 29 March 2007]. 110th Congress. Congressional Bills, GPO Access. Retrieved June 11, 2007, from http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?ipaddress=162.140.64.21&filename=s1052is.pdf&directory=/diskb/wais/d_ata/110_cong_bills.
5. Eckenrode, J. (2010). "Long Term Effects of Prenatal and Infancy Nurse Home Visitation on the Life Course of Youths". *Archives of Pediatric and Adolescent Medicine* 164(1): 9- 15.
6. Nurse-Family Partnership Research Evidence. (2007).
7. United States Senate, S. 1052.
8. Isaacs, JB. Cost Effective Investments in Children. The Brookings Institution. Retrieved June 11, 2007, from <http://www3.brookings.edu/views/papers/200701isaacs.pdf>.
9. Ibid.
10. Washington State Institute for Public Policy. Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates. Retrieved June 11, 2007, from <http://www.wsipp.wa.gov/rptfiles/06-10-1201.pdf>.