



**Written Testimony of Emily Frankel, Government Affairs Manager  
Nurse-Family Partnership**

**Submitted for the New York State Joint Legislative Budget Hearing on Health  
2022-2023 Executive Budget**

**February 8<sup>th</sup>, 2022**

Thank you, Chairs Gottfried, Krueger, Rivera, and Weinstein, and the members of the New York State Senate and Assembly Finance and Health Committees, for the opportunity to submit written testimony as part of the Joint Legislative Budget Hearing on Health.

My name is Emily Frankel, and I am the Government Affairs Manager for Nurse-Family Partnership (NFP). NFP is a voluntary, evidence-based community health program that pairs low-income, first-time pregnant women with a registered nurse from early in pregnancy through the child's second birthday. Through regular nurse home visits, first-time mothers receive the care, support, tools, and resources they need to have a healthy pregnancy, safely care for their baby, and improve their child's health and development. This is accomplished through the provision of health education and guidance, care coordination and preventive services.

I come before you today on behalf of the 162 NFP nurses and the nearly 4,000 New York families they serve to urge you to maintain the Governor's Executive Budget appropriation of \$3 million for Nurse-Family Partnership. We respectfully ask the State Legislature to secure an additional \$1.5 million in funding to support sustainability at existing NFP sites across the state. We also request a separate appropriation of \$391,000 from the State Legislature to support site specific expansion at two NFP programs that provide services to families in Erie, Nassau, and Niagara Counties. This would provide NFP with a total of \$4,891,000 in state funding in FY 2022-2023.

Supporting Nurse-Family Partnership is good economic policy for New York State. Several independent studies have found that NFP is cost-effective and yields economic benefits to taxpayers. An analysis from the Pacific Institute for Research and Evaluation (PIRE) demonstrated that for every New York family that NFP serves, New York State will save an average of \$17,960 by the child's 18th birthday.<sup>1</sup> For New York State, there is an \$8.20 return for every dollar invested in Nurse-Family Partnership.<sup>2</sup>

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<sup>1</sup> Miller, Ted R. Cost Savings of Nurse-Family Partnership in New York. PIRE 2019.

<sup>2</sup> Miller, Ted R. Projected Outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777. This data relies on a state-specific return on investment calculator derived by Dr. Miller from published national estimates to project state-specific outcomes and associated returns on investment. The calculator is revised periodically to reflect major research updates (latest revision: 2/21/2019).

## **NFP Budget Requests**

### **Request 1: \$1.5 Million for New York State NFP**

We are extremely grateful to the State Legislature for restoring the Executive's 20 percent cut to NFP's line-item and for securing the program a \$1 million legislative appropriation in FY 2022. We thank you for this funding and your continued support for the program. For FY 2023, NFP requests a \$1.5 million in funding from the State Legislature to help maintain sustainability at existing sites throughout the state.

NFP network partners utilize the funding it receives from the State Legislature to support nurse home visitor positions, nursing education and training, and educational resources and supplies for the low-income families served, such as car seats, cribs, pack and plays, strollers, diapers, and formula. NFP nurses support the very populations that have been hit hardest by the pandemic. In many cases, NFP nurses have been the only access or connection that families have had to primary care and other safety net resources throughout the pandemic. The need for financial assistance with obtaining essential supplies has also increased considerably during this time. Therefore, NFP respectfully requests a \$1.5 million legislative appropriation, which is a \$500,000 increase in funding from last year.

### **Request 2: \$391,000 for NFP Site Specific Expansion**

NFP requests a separate appropriation of \$391,000 from the State Legislature to support site expansion at Nurse-Family Partnership at Catholic Health (Catholic Health NFP), which is based in Buffalo, and provides services to Erie and Niagara Counties, and at the Visiting Nurse Service of New York's Nurse-Family Partnership Program (VNSNY Nassau NFP) in Nassau County. This separate investment of \$391,000 will allow the two NFP programs to serve an additional 75 to 90 low-income New Yorkers.

Catholic Health NFP is funded to serve 125 families in Erie and Niagara Counties, and VNSNY Nassau NFP is funded to serve 100 families in Nassau County. Over the past year, the demand and need for NFP services in these counties have increased significantly. For the past six months, both Catholic Health NFP and VNSNY Nassau NFP have been operating above their expected capacity. Each NFP nurse carries a caseload of 25 to 30 clients. This means that once their nurses hit a maximum caseload of 30 clients, the program has to refer first-time mothers elsewhere for services. As of February 3<sup>rd</sup>, 2022, VNSNY Nassau NFP has a waiting list of 18 pregnant women. To ensure continued access to this vital program for low-income mothers and babies in Erie and Niagara Counties and in Nassau County, NFP requests:

- **\$225,000 for Catholic Health NFP** to add two Nurse Home Visitor positions to support an additional 50 to 60 families in Erie and Niagara Counties.
- **\$166,000 for VNSNY NFP Nassau** to add one Nurse Home Visitor position to support an additional 25 to 30 families in Nassau County, and to increase the Business Operations Coordinator from 0.6 FTE to 0.8 FTE. This 0.2 FTE increase is needed to support outreach, referrals, and data tracking and reporting that is associated with adding a nurse position and serving an additional 25 to 30 clients.

## OUTCOME DATA FOR EXPANSION SITES

NFP Network Partner	Year of Outcome Data	% of Babies Born Full Term	% of Mothers Initiated Breastfeeding	% of Babies Received All Immunizations by 24 Months	NFP Moms 18+ Employed at 24 Months
<b>VNSNY Nassau NFP</b>	<b>2021</b>	95.3%	96.9%	100%	76.5%
	<b>2020</b>	84.1%	93.7%	100%	56.5%
	<b>2019</b>	83.7%	93.0%	100%	70.0%
<b>Catholic Health NFP</b>	<b>2021</b>	89.3%	80.4%	94.6%	63.9%
	<b>2020</b>	89.0%	81.0%	N/A	N/A
	<b>2019</b>	92.3%	80.0%	N/A	N/A

\*Outcome data is not available for Catholic Health for two measures because the program began in 2019.

### The NFP Model

The NFP model, along with the trusted relationship between a nurse and mother, creates protective factors for mom and baby against the societal challenges that contribute to toxic stress, systemic racism, and adverse pregnancy outcomes. NFP nurses serve a specific population of first-time mothers who face inequities across this spectrum. NFP is solely focused on serving the highest risk families. Many of our mothers are young, living in poverty, and navigating several challenges, including social isolation, abuse, and mental illness. Many NFP mothers lack stable housing, family support and experience food insecurity. Our nurses are uniquely situated to reach underserved women and trained to help mothers at one of the most transformative parts of their lives -- the birth of a first child.

NFP nurses use their clinical expertise and assessment skills to understand the strengths and risks mothers have experienced in their lifetime that may impact their health and their child's health. With a two generational approach, nurses identify early warning signs of health problems during pregnancy, post-partum, infancy, and early childhood that can lead to adverse outcomes—even death. For example, nurses can identify early signs of preeclampsia, high blood pressure and other cardiovascular risks, and educate the mom about the warning signs she needs to closely watch for and when she needs to seek emergency medical care. In addition to monitoring for risk factors, NFP nurses ensure that women and children experiencing signs of possible health complications are seen by the appropriate health care provider and that follow-up care is completed. They also connect moms with community resources and partners to provide ongoing support and care.

A 20-year follow-up study of the program shows that NFP is effective at reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings. This study found that mothers who did not receive nurse home-

visits were nearly 3 times more likely to die from all causes of death than nurse-visited moms (3.7% versus 1.3%).<sup>3</sup>

NFP is a rigorously researched evidence-based model with 45 years of randomized controlled trial research and longitudinal follow-up studies. This research has found that families served by NFP experience the following improvements in maternal and child health:

- 35% fewer cases of pregnancy-induced hypertension<sup>4</sup>
- 79% reduction in preterm delivery among women who smoke cigarettes<sup>5</sup>
- 48% reduction in child abuse and neglect.<sup>6</sup>
- 67% less behavioral and intellectual problems in children at age 6.<sup>7</sup>

### **New York State NFP**

In New York State, the National Service Office of Nurse-Family Partnership works with a variety of community-based organizations and health care agencies to deliver the program. Since 2003, NFP has served over 21,721 families from across the state through its 15 network partners. NFP is funded to serve over 3,800 families annually and a portion of this funding comes from the state. We cannot thank you enough for your incredible, longstanding support for the program.

For 2021, NFP outcomes for New York State included:

- 90.1% of babies were born full-term.
- 91% of mothers-initiated breastfeeding.
- 89.9% of babies received all immunizations by 24 months.
- 54.4% of clients 18 and older were employed at 24 months.<sup>8</sup>

NFP nurses have been a lifeline for the pregnant and first-time mothers they serve during the COVID pandemic. At the height of the pandemic, many of our moms were unable to receive routine prenatal and postpartum care due to the closure of medical practices and clinics. NFP nurses played a critical role in filling these gaps in care. Through regular telehealth visits, NFP nurses were able to conduct clinical screenings and assessment, identify and monitor medical issues and complications, and help their clients get the health care that they needed. NFP nurses also assisted families in applying for unemployment benefits and nutrition assistance like WIC, and secured formula, diapers, car seats, blood pressure cuffs and other essential supplies.

The State Legislature's help in maintaining the Executive's \$3 million appropriation for NFP and in securing additional funding in the amount of \$1,891,000 is vital for the continued growth and sustainability of Nurse-Family Partnership in New York State. The Legislature's ongoing support is deeply appreciated by the nearly 4,000 low-income families we serve and the 162 nurses who deliver NFP services to them. Thank you again for the opportunity to submit testimony today.

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<sup>3</sup> Olds, D., Kitzman, H., et al. Impact of Home Visiting by Nurses on Maternal and Child Mortality: Results of a Two-Decade Follow-Up of a Randomized, Clinical Trial. *JAMA Pediatrics*. 2014.

<sup>4</sup> Kitzman H, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *JAMA*. 199.

<sup>5</sup> Olds DL, Henderson CRJ, et al. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics*. 1986.

<sup>6</sup> 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. *JAMA*. 1997.

<sup>7</sup> Olds DL, Kitzman H, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics* 2004.

<sup>8</sup> Aggregate data provided by NSO, includes data for the state from December 2006 through December 2020.