A Program Evaluation of the Nurse-Family Partnership: How Healthcare Practice Influences BIPOC Maternal and Child Health Outcomes

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Social Work

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May 2024
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Acknowledgements

This is dedicated to the two women who raised me. I would not be the person I am today without your love and constant support. I am forever grateful that you have been on this journey with me and continue to support my goals and dreams. Thank you for always loving me and believing in me, your gorda will continue to make you proud. I love you mom and grandma.
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Abstract

A Program Evaluation of the Nurse-Family Partnership: How Healthcare Practice Influences BIPOC Maternal and Child Health Outcomes

By

Josie Pina

Master of Social Work

The Nurse Family Partnership program serves to empower first time mothers in improving the health, relationships, and economic well-being of themselves and their babies. The program encourages mothers to engage in good health practices such as prenatal/postnatal care. This graduate project conducted a program evaluation using a logic model to explore how the Nurse Family Partnerships’ in-home nurse visitation impacts BIPOC maternal and child health outcomes. Using public data from the NFP programs’ website, program reports, testimonials and published research literature, the project explored the NFP program goals that aim to improve (1) prenatal and maternal health outcomes, (2) child health development (3) economic self-sufficiency and (4) maternal life course development. Further, available services provided by NFP include education, support, and assisting women and their families in attaining their targeted goals, were gathered to provide a comprehensive description of the program. The findings from this project will reveal if participation in the Nurse Family Partnership improves outcomes in BIPOC mothers and children in domains such as life course development, relationship building, and overall personal health.

Keywords: Nurse Family Partnership, Logic Model, Program Evaluation, BIPOC
Introduction

The United States is facing a crisis that endangers the livelihood of our birthing mothers. When compared to other countries with developed economies, the United States ranks amongst the lowest in maternal and child health (Peet et al., 2022; United Nations 2014). Despite being defined as a high-income country, the U.S frequently falls short of meeting the needs of their birthing mothers. When we examine maternal and infant mortality, maternal healthcare, workforce composition, and access to postpartum support and social protection, the disparities are evident (FitzGerald et al., 2020). In 2021, the Center for Disease Control (CDC) reported the maternal mortality rate to be 32.9 deaths per 100,000 live births (Hoyert, 2023). According to the Maternal Mortality Review Committee, 80% of the pregnancy related deaths were preventable (CDC, 2022). Further analysis has revealed that the infant and maternal mortality rate disproportionately affect BIPOC mothers and pregnant individuals. For instance, in 2021 the mortality rate for Black women was 69.9 deaths per 100,000 live births, 2.6 times the rate for white women (CDC, 2021). American Indian/Alaska Native women experience pregnancy-related mortality rates that are 2 times higher in comparison to White women (CDC, 2022).

We must note, that in addition to the maternal mortality rate, BIPOC birthing mothers report teen birth rates that are two times higher than non-Hispanic white teens (CDC, 2019). Pregnant teens are more likely to be impoverished, of a racial or ethnic background, and have less education compared to their older peers. Besides medical complications, pregnant teen girls also suffer from guilt, financial constraints, inability to continue education, and shame from society (Maheshwari et al., n.d.). Infants born to teen moms face an elevated risk of adverse health outcomes. Studies indicate a correlation between teen pregnancy and preterm births and low birthweight infants (Gardener et al., 2023). Many of these pregnant teens are entering
motherhood for the first time. During this transitional period, adequate social support is essential for the well-being of moms and their infants. Many of these pregnant teens are entering motherhood for the first time. During this transitional period, adequate social support is essential for the well-being of moms and their infants. Research suggests that the integration of in-home visitation serves as an effective intervention and prevention plan for negative outcomes (Blythe et al., 2022). Specifically, the Nurse Family Partnership is an in-home nurse visitation program designed to bridge the gap between low-income first-time moms and healthier birth outcomes and pregnancies (Nurse Family Partnership, 2020). Statistic highlights from participants in the program include 35% reduction in pregnancy-induced hypertension, 18% fewer preterm births, 45.4% decrease in infant deaths, and a 39.1% reduction in child language delay (Nurse Family Partnership, 2022; Miller, 2015). NFP empowers mothers through education, support, and assisting participants and their families in attaining their targeted goals.

**Aims and Objectives**

The purpose of this graduate project was to evaluate the Nurse Family Partnership’s impact on BIPOC maternal and child health outcomes. We examined the outcomes in categories such as life course development, relationship building, and overall personal health using public data. The research question we posed was: Does the integration of in-home visitation in the Nurse Family Partnership program impact BIPOC maternal and child health outcomes? Using the logic model, we hypothesized that components from the NFP’s program improve maternal and child health outcomes.
Literature Review

The literature review discusses five areas connected to how in-home nurse visitation impacts BIPOC maternal and child health outcomes. The first section of the literature review looks at the services the Nurse-Family Partnership Program provides to first-time mothers. The second section addresses adolescence pregnancy and the risk factors among this population. The third section focuses on the mothers’ experiences in the Nurse Family Partnership and their views on nurse home visits. The fourth discusses the in-home nurse visitations and how it impacts the health of mothers and their children. And the last section focuses on the importance of prenatal and infancy support during pregnancy.

Nurse Family Partnership and First-Time Mothers

The Nurse-Family Partnership Program empowers first-time mothers to change their lives and create better futures for themselves and their babies. Research frequently shows that the relationship between a nurse and the mom is a successful combination that makes a measurable, long-term difference for the whole family (Nurse Family Partnership, n.d.). NFP provides nurse home visits to young and low-income first-time mothers during pregnancy and the first two years of the child’s life (Landy et al., 2012).

The program has three goals, the first is to improve pregnancy outcomes by partnering with moms to engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing any use of habit-forming substances (Nurse Family Partnership, n.d.). The second goal is to improve child health and development by assisting families to provide responsible and competent care. The third goal is to improve the economic self-sufficiency of the family by supporting parents to develop a vision for their own future which includes planning more pregnancies, continuing their education, and
finding work (Nurse Family Partnership, n.d.). The NFP also is grounded in theories of human ecology, self-efficacy, and human attachment. The theories emphasize the importance of families’ social context and individuals’ beliefs, motivations, emotions, and internal representations of their experience in explaining development (Olds, 2012).

Adolescent Pregnancy and Risk Factors for this Population

Adolescent pregnancy is defined as pregnancy among 10–19-year-old girls. Most of these pregnancies are unplanned that can lead to numerous maternal and neonatal adverse effects (Maheshwari et al., n.d.). According to the World Health Organization (WHO), about 21 million girls of age 15-19 get pregnant annually (Maheshwari et al., n.d.). Some risk factors for adolescent pregnancy include early marriage, substance abuse, sexual violence, lack of availability of contraceptives, relatives with a history of adolescent birth, early sexual activity, lack of health services, limited maternal education, poverty, lack of parental support (Maheshwari et al., n.d.). The lack of sex education and a lack of ability to put that knowledge into effect is also a risk of adolescent pregnancy (Maheshwari et al., n.d.).

Compared to mature women, pregnant adolescents have higher risks of certain potentially serious medical conditions related to pregnancy. Some of the serious conditions include preeclampsia, preterm premature rupture of the membrane (PPROM), increased incidence of pregnancy-induced hypertension, anemia, sexually transmitted diseases, operative vaginal deliveries (forceps/vacuum), postpartum depression, and maternal deaths (Maheshwari et al., n.d.). These complications may be an effect of young maternal age per se or of the social and economic circumstances associated with teenage childbearing (Scholl et al., 1994). Adverse neonatal outcomes include low birth weight, prematurity, stillbirths, early neonatal demise, small for gestational age, and various congenital anomalies, are expected among adolescent pregnant
women (Maheshwari et al., n.d.). Pregnancies in adolescence result in no biological, mental, or social maturation process and adversely affect maternal and fetal outcomes due to biological immaturity, insufficient antenatal care, malnutrition, bad habits, stress, and depression and anxiety (Maheshwari et al., n.d.).

**Mother Experiences of NFP and Views on Nurse Home Visits**

Research studies have looked at the mother’s experiences in the Nurse Family Partnership and their perspectives of the nurse home visits (Landy et al., 2012). Young first-time mothers usually need guidance, support, and information about pregnancy and parenting, so they are offered the NFP program (Landy et al., 2012). In an analysis of 63 essays written by mothers about their experiences receiving nurse home visits, the essays showed that the mothers emphasized the importance of nurse qualities, obtaining knowledge about pregnancy and child development and “feeling respected and not feeling the nurse was telling them what to do” (Landy et al., 2012).

In these essays, mothers who participated in the NFP program spoke highly about their experiences in the program. Three overarching themes were found when describing the women’s experiences and perceptions of the NFP nurses and program: 1. Being eligible for the NFP program 2. NFP nurse is an expert but also like a friend providing support, 3. Participating in the NFP program made them a better parent (Landy et al., 2012). When the mothers spoke about their experiences in the NFP program, they focused on their experience working with the NFP nurses. Many of the mothers formed positive relationships with the nurses that reflected on multiple dimensions of the nurse’s personality, including the nurse’s support, respect, and trust, empowerment and advocacy, honesty, expertise, and easy access for help (Landy et al., 2012). The nurses’ positive personality attributes made it easy for mothers to work and form
relationships with them. Many of the mothers viewed the nurses as friends because they listened and provided support like a friend would. The nurses built a trusting relationship with the mothers which allowed them to build rapport during home visits. The mothers also stated how the nurses trusting them allowed them to trust the nurses in return. Mothers highlighted how important and empowering it was to have a trusting relationship with the nurses (Landy et al., 2012).

In-Home Nurse Visitation Impacts on the Health of Mothers

The NFP program follows guidelines and starts the home visits at the start of the 29th week of pregnancy and ends on the second birthday of the child (Landy et al., 2012). The NFP nurses visit biweekly but in the first month of the intervention and the first postpartum month they make weekly home visits (Landy et al., 2012). The home visiting nurses have three major goals: to improve the outcomes of pregnancy by helping women improve their prenatal health; to improve the child’s health and development by helping parents provide more sensitive and competent care of the child; and to improve parental life-course by helping parents plan future pregnancies, complete their educations, and find work (Olds, 2012). The nurses focus on six domains: personal health, environmental health, friends and family, the maternal role, use of health care, and human services, and maternal life course development (Landy et al., 2012).

During pregnancy the focus is on fetal growth, attachment, changes in mothers’ body and life, changes in relationships with her partner, family, and friends, and questions about her labor and delivery and how to integrate motherhood into responsibilities with school and work (Landy et al., 2012). A huge finding is that NFP mothers have fewer preterm births, they decreased by 18% in preterm births (Nurse Family Partnership, n.d.). After the birth the focus broadens to encompass infant growth and development, educational play, bonding and communicating with
her child and the mother’s life course planning, the mother’s participation in the program is voluntary (Landy et al., 2012). Nurse-Family Partnership moms are significantly more likely to have ever breastfed and to have continued to breastfeed their babies at 6-months old. NFP moms improved by 21% in terms of infants that were breastfed (Nurse Family Partnership, n.d.). The children are 48% less likely to suffer child abuse and neglect, 56% reduction in ER visits for accidents and poisoning, and they are 67% less likely to experience behavioral and intellectual problems at the age of 6 (Nurse Family Partnership, n.d.).

**Prenatal and Infancy Support During Pregnancy**

Several of studies have demonstrated that sufficient prenatal care is associated with improved pregnancy outcomes for teenagers (Scholl et al., 1994). Adolescents tend to register late for prenatal care and make fewer visits before delivery than mature women. By the end of the first trimester less than 50% of white or black U.S. teenagers had enrolled for prenatal care compared with 70% (white) and 56% (black) of mature women (ages 20-24 years) (Scholl et al., 1994). A total of 11% of white and 15% of black teenagers entered care late (during the third trimester) or received no prenatal care during their pregnancy (Scholl et al., 1994). Pregnancy and the early years of the child’s life are crucial to prevent many adverse maternal and child outcomes (Olds, 2012). The NFP program is designed to help women understand what is known about the influence of their behaviors on their health and on the health and development of their babies (Olds, 2012). NFP focuses on improving neuro-developmental, cognitive, and behavioral functioning of the child by improving pre-natal health, reducing child abuse and neglect and neuro-developmental and behavioral dysregulation; (Olds, 2012). Prenatal care probably does exert some of its beneficial effect on outcome through prevention or early detection and treatment of maternal complications which arise during pregnancy. Prenatal care thus may
improve both the health status of the mother and the outcome of her pregnancy (Olds, 2012). NFP nurses evaluate babies and mothers to identify early warning signs of health issues during pregnancy, post-partum, infancy, and early childhood that can lead to adverse outcomes (Nurse Family Partnership, n.d.). NFP nurses make certain that women and children experiencing signs of possible health complications visit the appropriate health care provider and that appropriate follow-up care is completed (Nurse Family Partnership, n.d.).

In conclusion, young mothers have higher risks of certain potentially serious medical conditions related to pregnancy. Evidence reveals how young mothers may lack health services and emotional support. Existing research shows the importance of prenatal and infancy support during and after pregnancy for mothers. The findings from this literature review reveal the importance of young mothers having access to programs like NFP. Thus, due to little research on the Nurse Family Partnership program’s impact on the health of BIPOC mothers and their children, this graduate project used the logic model to explore how the Nurse Family Partnerships’ in-home nurse visitation impacts BIPOC maternal and child health outcomes.
Method

This project evaluated the Nurse-Family Partnership Program using a program evaluation and the logic model. The logic model was appropriate for this study to evaluate how the program influences the mothers enrolled in the program and the health and outcomes of their children. This graduate project examined the hypothesis that components from the NFP’s program improve maternal and child health outcomes.

Background

The Nurse-Family Partnership is an evidence-based community health program. The program consists of 45 years of research that show significant improvements in health and lives of first-time mothers and their children affected by social and economic inequality. The program provides mothers with the proper care and support to have a healthy pregnancy. The program also allows mothers to build a relationship with nurses who become trusted resources they can rely on for support and they are taught how to safely care for their child.

The Logic Model

A logic model is a graphical and textual representation of how a program is designed to work and connects outcomes with processes and theoretical assumptions of the program (Hayes et al., 2011). A logic model presents the connections between resources, activities and services, and outcomes across the entire length of the program. Logic models illustrate what the program will do and what it hopes to accomplish. It is a series of “if then” relationships that, if implemented as intended then it will lead to desired outcomes (Hayes et al., 2011). The logic model also helps clear any underlying assumptions and address any external factors that can interact with or interrupt the program plans.
**Situation**

Improve NFP data collection on maternal mortality and morbidity. Across the nation about 700 women die each year from a pregnancy or delivery complication, and many more suffer from severe morbidities associated with childbirth (Nurse Family Partnership, n.d.). Furthermore, there are notable racial disparities that exist, Black women are three times more likely than white women to die from a pregnancy-related condition (Nurse Family Partnership, n.d.). Moreover, in 2020 infants of non-Hispanic Black mothers had the highest neonatal mortality rate when compared to infants of other race or Hispanic origin groups (National Center for Health Statistics, 2022).

**Priority**

The Nurse Family Partnership National Public Policy Priorities (2023) states the priorities for the NFP program is to serve more families and children with a holistic approach focused on the communities with the highest needs by provisioning evidence-based services. The public policy priorities state that these services will improve the families and children's physical and mental health. Another priority is to reduce child welfare participation, increase educational success, and family self-sufficiency. The priorities were retrieved from the public policy priorities published on the NFP website (Nurse Family Partnership, n.d).

**Assumptions**

Assumptions are identified elements that you assume are in place and necessary to carrying out the strategies of the program (Hayes et al., 2011). Assumptions are beliefs about the program and what the program should achieve. The NFP program assumptions arose from the idea that mothers need a program that provides social, emotional, educational, and economic support.
External Factors

External factors are factors outside the program that could influence the success or failure of the program. Some of these factors include the financial status of the mother since NFP is created for first-time low-income mothers. The cost of the NFP program varies depending on location, for example the cost of the program in South Carolina is estimated to run $6,000 per family and $9,600 per family in New York City (Nurse Family Partnership, n.d).

Inputs

In the logic model, the inputs include a list of identified resources that are invested into the program (Hayes et al., 2011). The inputs include the program's budget, staff, technology, and any supplies that are needed for the program. The Nurse Family Partnership 2021 Budget Guidance provided the inputs of the program.

Outputs: What is Provided to Who

The outputs are the actual deliverables or the act of service specific to the NFP program (Hayes et al., 2011). The outputs focus on two sections called activities and participants. NFP has activities that span from education courses, training, prenatal care, and home visits. The participants are the nurses, mothers, children, and families. The outputs of the program were found on the Nurse-Family Partnership website and on the website’s, fact sheets (Nurse Family Partnership, n.d.).

Outcomes

The outcome is the impact and accomplishments connected with each output and is broken down into short-term (1–3 years), medium term (3–5 years) and long-term (5–10 years) (Hayes et al., 2011). The outcomes can be observed and measured toward meeting the programs mission (Hayes et al., 2011). Anticipated outcomes of the NFP program are stated in the mission
statement and the NFP website. Data was collected from the NFP website, NFP proven results, and the programs published fact sheets on the website. Outcomes were also found in existing research on NFP and testimonials of mothers who participated in the program.
Results

For a visual representation of the NFP’s program components, please refer to the logic model in Figure #1 below (p. 13). The logic model employs an overview of the program with a focus on BIPOC maternal and child health outcomes. This logic model of the NFP offers both a detailed description of the program (priorities/situation, inputs, outputs, outcomes, assumptions, external factors) while specifically highlighting how the program’s activities and participants are connected to the program outcomes such as number of participants, degree of satisfaction of participants about the setting and the delivery of services, changes in knowledge, skills and attitudes of participants, participant ability to apply what was learned, changes in health status due to participant or population behavior (Davis et al., 2004). In this program evaluation of the NFP the following outcomes were determined to be most important and included six of the program activities and services offered to the program participants: Nurse Curriculum, In-Home Visitation, Maternal Health Outcomes, Child Health Outcomes, Self-Sufficiency, Maternal Mortality and Morbidity Taskforce.

Figure 1. The Nurse Family Partnership Program Model

<table>
<thead>
<tr>
<th>Situation</th>
<th>Maternal mortality and morbidity. Significant racial disparities that exist – Black women are three times more likely than white women to die from a pregnancy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priorities</td>
<td>NFP program goals that aim to improve (1) prenatal and maternal health outcomes, (2) child health development (3) economic self-sufficiency and maternal life course development</td>
</tr>
<tr>
<td>Inputs</td>
<td>Budget: National Service Office provides an annual budget of $15.1 million</td>
</tr>
<tr>
<td>Activities</td>
<td>1. Nurse-Family Partnership education courses</td>
</tr>
<tr>
<td>Participation</td>
<td>1. Nurse Home Visitors (NHV) and Nurse Supervisor (NS)</td>
</tr>
<tr>
<td>Outputs</td>
<td>1. Nurse-Family Partnership initial required education, advanced</td>
</tr>
<tr>
<td>Outcomes - Impact</td>
<td>1. NHV and NS integrate the materials and skills they learned with families</td>
</tr>
<tr>
<td>Inputs</td>
<td>1. NHV and NS assess strengths and gaps in current NFP nursing</td>
</tr>
</tbody>
</table>
Staff: 4 full-time equivalent (FTE) Nurse Home Visitors and a Nurse Supervisor, other professionals in their communities

Supplies: office expenses (rent, utilities, maintenance), office supplies, client support materials (special events cards, photos, blankets, layettes, children’s books),

Site outreach materials: (NFP tablecloths, NFP banners, NFP canopies, foldable tables and chairs, and outreach T-shirts with NFP logo for nurses),

Copies of forms/facilitators (copying/printing program materials and handouts, postage

Computer network fees (internet service and mobile routers), cellular usage fees

Medical supplies (Stethoscopes, blood pressure cuffs, Thermometer, Bag to carry equipment), program supplies (Portable baby scales/batteries/disposable pads for scales, Disinfectant surface wipes/alcohol wipes, Disposable Exam Gloves, Pediatric pad or board for measuring length, toys),

<table>
<thead>
<tr>
<th>2. In-Home Visitation</th>
<th>2. Nurse Home Visitors (NHV), Mothers, Children</th>
<th>2. Nurses conduct one-one home visits at the client’s home early in the pregnancy until the child’s second birthday.</th>
<th>2. Nurse home visitors provide the NFP intervention through the nursing process, clinical assessment, and individualized goal setting with the client</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Self-Sufficiency</td>
<td>5. Nurse Home Visitors (NHV), Mothers and children</td>
<td>5. Mothers confidence, knowledge, and skillset in nurturing and supporting their child’s growth and</td>
<td>5. Mothers/Families will develop goals that enable economic self-sufficiency i.e., finding ways to stay in school, employment,</td>
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</tr>
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</table>

**Assumptions**

1. Nurses will achieve the three NFP goals which are: Improve pregnancy outcomes by partnering with moms to engage in good preventive health practices, improve child health and development by assisting families to provide responsible and competent care, Improve the economic self-sufficiency of the family by supporting parents to develop a vision for their own future.
2. Reduction in child abuse and neglect
3. A lesser chance of involvement in the child welfare system

**External Factors**

1. NFP is created for first-time low-income mothers.
2. NFP is serving families in 732 counties and 40 plus states including tribal communities.
3. The National Service Office (NSO) for Nurse-Family Partnership and Child First is committed to serving high needs families.
4. The cost of the Nurse-Family Partnership program varies depending on the location. For example, the cost of the program in South Carolina is estimated to run $6,000 per family and $9,600 per family in New York City.

Nurse-Family Partnership relies on a broad range of federal, state, local and private funding sources.

In this section each of the six activities and services that are being evaluated will be described and assessed for their efficacy amongst NFP participants. Specifically, we are seeking to emphasis program outcomes related to BIPOC mothers and infants.

**NFP’s Nurse Curriculum**

We initiated our evaluation by reviewing the required curriculum and training for the program’s nurses. The core education of the program was designed to equip nurses with the skills needed to lead to a successful therapeutic relationship (Nurse Family Partnership, n.d.). Our objective was to identify ADEI (Accessibility, Diversity, and Inclusion) or a cultural humility training that may have been integrated into the course curriculum. Currently, there is
limited data on the demographics of the program's participants. However, in 2010 Orange County, California, reported that 86% of their program’s participants identified as Hispanic (OC Health Care Agency, 2010). Over a 6-month span, nurses’ complete modules regarding foundational theories, client-centered principles, therapeutic relationships, cultural awareness and responsiveness, maternal mental health, and engaging and assessing participants (Nurse Family Partnership, 2018). The anticipated outcome is for NFP nurses to apply the skills they’ve acquired through their course curriculum to their work with mothers and their infants.

**In-Home Visitation**

The second activity we examined is identified as a crucial component of the Nurse Family Partnership’s model: in-home visitation. These visits begin around the 29th week of pregnancy and continue through a 2½ year period. The success of this model is based on the therapeutic nurse-client relationship. Through both in-person and distance learning opportunities, NFP nurses’ model and teach the skills to establish successful therapeutic relationships with clients (Nurse Family Partnership, n.d.). During this time nurses review content that is based on client requests/goals, nursing assessments, and program topics. For instance, mothers will learn about the range of typical child behaviors and adopt positive, nonviolent techniques for managing inevitable behavior changes (Nurse Family Partnership, n.d.).

Many of the enrolled mothers are wary of having an unfamiliar person in their home. A NFP graduate, Ashunti shared “I didn’t want someone coming into our house, but I wanted to make sure I had all the information I could possibly get before I had the baby” (Nurse Family Partnership, n.d.). In response to such concerns, nurses remain adaptable and employ a client centered approach that ensures home visits remain relevant and beneficial to each family (Nurse Family Partnership, 2020). Ashanti later shared in her testimonial “NFP made sure that I had a
safe and healthy pregnancy. Without it, I probably would not have made it as far as I did,” she said. Having someone come into your home and see what goes on and encourage you versus a 30-minute doctor’s appointment creates accountability” (Nurse Family Partnership, n.d.).

**Maternal Health Outcomes**

Improving outcomes in maternal health is an activity of high priority in the Nurse Family Partnership. Factors such as prenatal care, preventive practices, and education all promote healthier birth and pregnancy outcomes. There are notable differences in pregnancy and birth outcomes depending on factors such as race, ethnicity, age, income, and health insurance status (Troiano et al., 2018). The NFP works hard to combat those disparities by empowering mothers through education. As preventive and prenatal care, NFP nurses review topics such as nutrition and ways to decrease use of illegal substances, opioids, and cigarettes. In addition, the nurses teach mothers about the birthing process, breastfeeding, and postpartum depression (Nurse Family Partnership, 2020). La’Quana, a NFP participant, shared in a testimonial “We talked about home births, hospitals, contractions and when to ask for an epidural. I had all the information I needed so that I knew what was going on with my body and, later, with my child. It was amazing to me.” (Nurse Family Partnership, n.d.). The expertise and experience of the nurses provides reassurance to the new and expecting mothers. This dynamic allows nurses the opportunity to detect potential indicators of health complications at an early stage during pregnancy, postpartum, infancy and early childhood. The program reports 35% fewer cases of pregnancy induced hypertension and 79% decrease in preterm delivery among mothers who smoke cigarettes (Nurse Family Partnership, 2020). In addition to education, NFP nurses support mothers in advocating for themselves and their children within the healthcare system, ensuring their needs are met and voices are heard (Nurse Family Partnership, 2020). Jessica, another
program participant, recounts a near-death experience in her testimonial. Following her survival of severe hemorrhaging, she shares, "Learning to advocate for myself has empowered me to be even stronger and more determined for my son. It has truly transformed me into a better mother" (Nurse Family Partnership, n.d.). Moreover, nurses offer emotional, social, and physical support as participants navigate challenges associated with the transition into motherhood.

**Child Health Outcomes**

The Nurse Family Partnership promotes positive child health outcomes by providing education and support to mothers. The integration of registered nurses ensures that mothers receive accurate and reliable information regarding their child's health and development. This activity allows mothers to learn about different facets of their child's health. Mothers learn about appropriate nutrition, vaccines, developmental milestones, and early warning signs of health issues. NFP is empowering mothers to feel more confident in their parenting abilities and better equipped to provide a nourishing and supportive environment for their child.

Research strongly links the enrollment of NFP as an effective intervention and prevention for child abuse and neglect (Nurse Family Partnership, n.d.). As previously stated in the literature review, there has been a 48% reduction in child abuse and neglect. Furthermore, there have been 56% fewer emergency room visits for accidents and poisonings and 45.4% decrease in infant deaths (Nurse Family Partnership, 2022; Miller, 2015). There have been 39% fewer health care encounters for injuries or ingestions in the first 2 years of life among children born to mothers with low psychological resources. In comparison to similar populations, NFP babies are more likely to be up to date with immunizations at 6 months, 18 months, and 24 months of age (Nurse Family Partnership, 2017). Research has also found that the NFP program positively impacts children's cognitive and language development, reducing child language delay.
by 39.1% (Nurse Family Partnership, 2022; Miller, 2015). The program ensures school readiness for children born into families at risk and prevents early education challenges that could lead to lifelong academic barriers (Nurse Family Partnership, n. d.).

**Self- Sufficiency**

Based on eligibility requirements, NFP participants tend to be low-income pregnant teenagers and women experiencing their first pregnancy. In accordance with the program’s goals, nurses support mothers in their journey toward economic self-sufficiency. Nurses engage with mothers in goal setting, planning future pregnancies, and school or workplace participation. In 2020, a longitudinal study discovered a 10% increase amongst mothers obtaining their high school diploma/GED after one year of enrolling in the program. Additionally, mothers who were unemployed at the time of enrollment showed an 8% increase in gained employment in the first year (Flowers et al., 2020).

The program utilizes a strengths-based, client centered approach which allows mothers to build on their existing skills and resources (Nurse Family Partnership, 2020; Caiels, 2023). The nurses refer to this process as “finding your heart's desire” (Nurse Family Partnership, n.d.). Tinnekea, a NFP participant, reflects on her nurse's reminders to never give up, set goals, and get to where she needs to be. She stated, “Updating her on my goals and what I’ve achieved was exciting for me, and her smile made me proud” (Nurse Family Partnership, n.d.). Similarly, another participant, Keelah, was working a temporary housekeeper position before enrolling in the program. With guidance and support from her NFP nurse, Keelah shifted her focus and was encouraged to pursue her dreams. Keelah decided to start her own cleaning business. NFP jumpstarted that process by providing her with some funding and resources (Nurse Family Partnership, n.d).
Maternal Mortality and Morbidity Taskforce

The final activity we considered in our evaluation was the development of NFP’s Maternal Mortality and Morbidity Taskforce. In 2019 the Nurse Family Partnership established a taskforce dedicated to eliminating racial disparities and promoting health equity to enhance outcomes for their current and future families. This taskforce is dedicated to improving NFP data collection, utilizing data and research to inform program development, assessing strengths and gaps in current NFP nursing curriculum and practice to address contributing factors, prioritize national policy and advocacy, and explore collaboration with community partners, health care providers to decrease maternal mortality and morbidity rates (Nurse Family Partnership, n.d.). The NFP’s recently established Culturally Responsiveness Innovation Advisory Committee collaborates with this taskforce to strengthen the delivery of culturally informed care. These two committees have recommended a new clinical pathway and curriculum for nurses and facilitators, focusing on risk factors for maternal and mortality and morbidity (Nurse Family Partnership, n.d.). In addition, NFP has established a Cultural Responsiveness Innovations Advisory Committee; these forces often collaborate. The two committees have advised the development of a new clinical nurse pathway, alongside facilitator and nurse curriculum regarding risk factors for maternal mortality and morbidity. Informed by recommendations from Black/African American clients, experiences shared within the NFP Tribal Community of Practice, and analyses from program implementation, NFP is driving change in nursing practices. Furthermore, NFP is developing a Cultural Consciousness Pathway that includes education, self and team assessment, integration activities, and evaluation of impact. Additionally, NFP has created a Maternal Mortality Case Review Workgroup to review all maternal deaths that occur in the program. Lastly, as a member of the Equitable Maternal Health Coalition and recipient of
Alliance for Innovation for Maternal Health funding, NFP continues to collaborate with local, state, and national leaders to advocate for policy and practice change that will address health care disparities and breakdown barriers to access (Nurse Family Partnership, n.d.).
Discussion

Major Findings

Our major findings reveal that the Nurse Family Partnership is working diligently to enhance their services to address the disparities that negatively impact BIPOC maternal and infant health outcomes. Notably their utilization of in-home visitation demonstrates efficacy across domains such as overall maternal and infant health, life course development, and relationship building among participants.

Outcomes from reports published by the Nurse Family Partnership show strong evidence that the mothers who participate in the program activities showed positive outcomes in the overall health of mothers and their children, child school readiness, and economic self-sufficiency (Nurse Family Partnership, n.d.). NFP mothers are increasing their knowledge, tools, and resources related to prenatal health, allowing them to meet their needs as a pregnant woman. Program outcomes are two generational as their babies have shown a decrease in adverse infant and early childhood outcomes (Nurse Family Partnership, n.d.) Amongst NFP enrolled children we saw a positive impact on children's cognitive and language development, reducing child language delay by 39.1% (Nurse Family Partnership, 2022; Miller, 2015). Furthermore, we saw a reduction in pregnancy induced hypertension and a 79% reduction in preterm delivery among mothers who smoke cigarettes (Olds et al., 1986; Nurse Family Partnership, 2020). However, the absence of demographic data presents a challenge in definitively attributing NFP for improvements in health outcomes for BIPOC mothers and infants. The NFP has acknowledged this gap and wants to improve their data collection on maternal health, mortality, and morbidity to inform program improvements (Nurse Family Partnership, n.d)
Implications for MPA (micro mezzo macro)

This study has significant implications for social work practice, specifically in working with the Nurse Family Partnership program. By partnering with the program, social workers can also play a huge role in supporting first time mothers and their children. This may be seen in the attention that social workers offer due to having a broader awareness of resources needed by first time mothers at the micro level, social workers could provide therapy and counseling to mothers who are dealing with postpartum depression and huge transitions in their lives. At the mezzo level, social workers could help advertise the NPF program in more communities that meet the requirements. This program has historically been shared by healthcare providers, but this may mean that those women with the most need for this type of support, may not know about it or be offered a chance to attend. Lastly, at the macro level social workers could advocate for policy changes and raising awareness on maternal and infant mortality.

Strengths of the study

A strength of this study is that it offered insight on how the in-home nurse visits influence the mothers and children enrolled in this program. This study thoroughly outlines program activities that have proven to be effective in improving prenatal and maternal health, child health development, and economic self-sufficiency and maternal life course development. By examining program components such as the Maternal Mortality and Morbidity Taskforce we learned of the program’s commitment to BIPOC families. In addition, the implementation of testimonials from current and graduated BIPOC participants offered context to the data.

Limitations

Findings from our program evaluation should be considered with an understanding of the limitations of the evaluation. First, the evidence used was all gathered from existing public data
and prior research, therefore it may not represent the full picture of the current needs of the program, participants, or the practitioners. This research did not directly partner with the NFP program to gather evidence and information that would address our research question. Additionally, we did not have the opportunity to meet with NFP nurses or participants. As a result, our findings are based solely on recent public data, limiting our insights. The existing data that was utilized does not shed light on whether NFP nurses are representative of the community they serve. Another limitation in the evaluation is that it did not consider the gaps in the referral process of the program, which operates on a voluntary basis. Consequently, many women are not aware of the program unless they are given a referral.

**Future Studies**

Future studies should consider examining the effects of integrating a client’s cultural background into the application of NFP. Oftentimes culture plays a fundamental role in molding the ideologies, behaviors, and health practices of a person. Cultural competence and humility are essential in developing effective and equitable services, specifically for BIPOC folks who are vulnerable to systemic barriers and challenges. In addition, the integration of culture can offer participants affirmation in their identity, pride in cultural background, and a sense of belonging. These factors can enhance self-esteem, empowerment, and community relations, all beneficial for one’s overall wellness.
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