

## **I. EXECUTIVE SUMMARY**

### **Background / Need**

The residents of the City of Milwaukee suffer from unacceptable and disproportionately high rates of teen pregnancy and poor birth outcomes, including preterm births, low birth weight, fetal and infant deaths, and injuries to children in the first two years of life.

The City of Milwaukee Health Department (MHD) and the Wisconsin Partnership Fund for a Healthy Future (Partnership Fund) have a unique opportunity to leverage and add to a substantial private investment by a local Milwaukee hospital system dedicated to implementation of the Nurse-Family Partnership, an evidence-based, proven intervention to improve birth outcomes.

### **Summary of Intervention**

The Nurse-Family Partnership (NFP) program provides first-time, low-income mothers of any age with 2½ years of structured home visitation services from public health nurses. NFP nurses will work intensively with these mothers to improve maternal health, prenatal care, and early childhood health and well-being. This highly effective intervention is also highly intensive; a RAND meta-analysis revealed costs per child in the \$7000-\$9000 range, but a cost-benefit ratio as high as 5.7 (i.e., \$5.70 in benefits or savings to society for every \$1.00 invested).

### **Primary Goal, Intended Outcome, and Expected Impact in Target Population**

The NFP intervention has been shown in published, peer-reviewed trials to achieve both improved birth outcomes and improved long-term health in children of at-risk mothers. Measurable outcomes during a 3-year Partnership Fund funded intervention are expected to include decreased rates of smoking, alcohol and other drug use, and other risk behaviors during pregnancy; decreased rates of preterm and low birth weight deliveries, increased intervals to subsequent births, and decreased rates of infant death and injury. Longer-term outcomes shown in published studies for children whose mothers participated in NFP interventions include decreased smoking and alcohol use, fewer arrests, and decreased number of sexual partners.

### **Amount of Request and Timeframe**

In addition to in-kind support from the UW Faculty Partner, MHD is requesting a \$449,376 cash investment by the Partnership Fund, to be utilized over 3 years. MHD will invest \$69,684 in in-kind services and support. These funds will be leveraged to augment an existing 3-year, \$992,940 commitment from a local hospital system. The Partnership Fund investment will allow this important, effective NFP intervention to be extended to two at-risk zip codes neither covered by the existing hospital system's funds nor reachable with MHD's existing resources.

### **Ability to Generalize to Other Wisconsin Communities**

Wisconsin is not among the 22 US states with existing NFP interventions. Successful implementation of the NFP model in Milwaukee will pave the way for additional sites to be developed in other Wisconsin communities that struggle with poor birth outcomes and racial, ethnic, or socioeconomic disparities in infant, child and adolescent health.

### **Consistency with State Health Plan and Wisconsin Partnership Fund Principles**

With its focus on eliminating health disparities and promoting health for all, this community-academic partnership addresses nearly all of the State's health priorities. The Milwaukee NFP Program will, in an area of greatest need, replicate a transformational, evidence-based intervention with great potential to help Wisconsin toward becoming the nation's healthiest state.