SUMMARY OF MILLER REPORT

HOME VISITATION: OUTCOMES, COSTS AND RETURN ON INVESTMENT

• An updated report on the Nurse-Family Partnership®, issued in April 2013, found that Nurse-Family Partnership (NFP) offers significant benefits to the families it serves and significant cost savings to society and government funders.

• Commissioned by the PEW Center on the States as part of PEW’s Home Visiting Campaign, the report was prepared by Dr. Ted. R. Miller, an economist and principal researcher with the Pacific Institute for Research and Evaluation.

• The report can be found on the PEW Home Visiting Campaign website at: http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Costs_and_ROI_executive_summary.pdf. and can be used as a tool to examine the benefits and economics of investing in the NFP program.

• Miller’s report is the most comprehensive analysis of NFP outcomes and return on investment to date and incorporates the costs and benefits of NFP in large-scale replication as well as randomized controlled trials.

• As with other independent studies, the Miller report shows significant benefits to families that participate in the NFP program and documents the strong benefit-cost ratio of the NFP model.

• What differentiates Miller’s economic model from earlier studies is that it:
  ◦ summarizes credible and consistent evidence from a systematic review of 30 NFP evaluation studies, including all the randomized controlled trials (even those not conducted by Dr. Olds) as well as studies based on large scale replication data to assess expected outcomes from NFP;
  ◦ monetizes more savings than previous analyses (based on published unit cost estimates for outcomes);
  ◦ and uses current program costs reflective of operational programs rather than costs from more expensive randomized controlled trials.

• Miller’s study also provides new and more detailed information on government savings—breaking out projected savings (by age of child) to state and federal governments as well as to Medicaid.

• Miller’s analysis predicts that NFP, when brought to scale, can achieve the following outcomes:
  ◦ 24% reduction in smoking during pregnancy;
  ◦ 27% reduction in pregnancy-induced hypertension;
  ◦ 28% reduction in first preterm births (<37 weeks gestation);
  ◦ 60% reduction in infant deaths (3.4 fewer deaths per 1,000 families served);
  ◦ 31% reduction in closely spaced second births (within 2 years postpartum);
  ◦ 24% reduction in very closely spaced second births (within 15 months postpartum);
  ◦ 31% reduction in second teen births (within 2 years postpartum and lifetime);

Pie chart title and numbers: Government cost savings per family served by NFP total $23,485 ($19,054, present value at a 3% discount rate)
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• 37.5 fewer subsequent preterm births per 1,000 families served;
• 14% increase in mothers who attempt to breastfeed;
• 38% reduction in childhood injuries treated in emergency departments up to age 2;
• 31% reduction in child maltreatment through age 15;
• 38% reduction in language delay;
• 46% reduction in crimes and arrests, ages 11-17;
• 53% reduction in alcohol, tobacco & marijuana use, ages 12-15;
• 23% increase in full immunization at age 2;
• 7% reduction in TANF payments through year 9 postpartum;
• 9% reduction in Food Stamp payments through year 10 postpartum;
• 7% reduction in person-months of Medicaid coverage through year 15 postpartum;
• 8% reduction in Medicaid costs through age 18;

• Miller’s model predicts that on average, enrolling 1,000 low-income families in NFP will prevent:
  • 78 preterm births,
  • 73 second births to young mothers,
  • 240 maltreatment incidents,
  • 2,650 crimes by youth,
  • 180 youth arrests,
  • 230 person years of youth substance abuse, and
  • 3.4 infant deaths.

• Miller’s analysis projects that:
  • By a child’s 18th birthday, state and federal government cost savings due to NFP’s outcomes will average $23,485 per family served or 2.2 times the present value of NFP program costs.
  • The largest savings accrue to Medicaid—making up 55% of all government cost savings per family served.
  • Medicaid cost savings are due to: reductions in pregnancy complications, pre-term births, closely spaced subsequent births, early childhood injuries, child maltreatment, youth violence and substance abuse; and increases in immunizations, and increased Medicaid graduation (fewer mothers and children on Medicaid).
  • When Medicaid fully funds NFP, cost offsets to Medicaid per family served exceed NFP program costs when the child is age 5, allowing both state and federal governments to each fully recoup their expenditures for NFP services.
  • Significant savings also are attributed to Child Protective Services (8%), Food Stamps (15%), Special Education (4%), Police, Adjudication and Sanctioning (7%) and TANF (9%).
  • Taking less tangible savings (like potential gains in wage work, household work and quality of life) into consideration along with resource cost savings (payments for services by government, insurers and families) attributed to NFP, benefits to society average $53,090 per family served or a benefit-cost ratio of $6.20 per dollar invested.

• Miller’s report concludes that public funding of NFP is a wise investment, and that NFP’s cost savings benefits are secondary to its life-changing effects on families.