

January 10, 2022

To: Commissioner John Daley, Chair
Cc: Cook County Finance Committee Members
From: Jordan Wildermuth, Senior Government Affairs Manager
Re: File# 22-0637, Cook County American Rescue Plan Act Initiatives and Allocations

Chairman Daley and Members of the Finance Committee,

Thank you for so much for your commitment to utilizing funds from the American Rescue Plan for programs and services that will strengthen our communities. Nurse-Family Partnership (NFP) respectfully requests **\$2 million** in ARPA funds to grow NFP in Cook County.

What is NFP?

Nurse-Family Partnership (NFP) is an evidence-based community health program for first-time at-risk mothers that improves pregnancy and birth outcomes, child health and development, and family economic self-sufficiency. By assessing and addressing their social risk factors, NFP sets families on a path toward a better future. Each mother is partnered with a registered nurse early in her pregnancy and has ongoing health visits with that nurse through her child's second birthday.

How does it work?

The NFP program provides a comprehensive package of health care services and social supports that are tailored to each family's needs – including health assessments and screenings using evidence-based validated tools, case management and referrals to providers and programs, and counseling and health education. NFP nurses work collaboratively with other health care providers, such as obstetricians and pediatricians, to address barriers to full utilization of health care services and to provide supplementary services to at-risk families.

Why ARPA

The Final Rule for ARPA State and Local Fiscal Recovery Funds Program was published on January 6, 2022. The Department of Treasury identified programs and services that promote healthy childhood environments as an eligible use, specifically programs to provide home visits by health professionals. The rule states:

Pregnant and recently pregnant individuals are at an increased risk for serious illness from COVID-19. Furthermore, pregnant individuals with COVID-19 are more likely to experience preterm birth (delivering the baby earlier than 37 weeks). In addition to heightened health risks from COVID-19, pregnant individuals may have experienced significant changes to their prenatal care during the pandemic or may also have experienced increased mental health challenges, including high levels of depression, anxiety, loneliness, and post-traumatic stress during the pandemic.

Home visiting services provided to families, particularly new mothers, and newborns, feature regular home visits from trained nurses, social workers, and/or counselors who provide health care, mental health resources, positive parenting support, support in making personal health decisions, and awareness of other potentially helpful services. These functions have become even more essential at mitigating negative factors associated with the pandemic. Home visits give professionals a chance to flag potential domestic violence, which has risen worldwide over the course of the pandemic. Racial health disparities can also be driven down by

home visits. For example, Black women are more likely to avoid hospitals during the pandemic, and home visitors can help either assuage concerns around hospitals or give effective advice for alternative methods of childbirth. Given the disproportionate effect of the pandemic on people of color, home visits are an essential equity tool that tackle major negative effects of the pandemic.

The Need

In Illinois, NFP serves less than 5% of the eligible population with programs in 11 counties. The program serving southwest suburban Cook County is only funded to serve 100 families and is tied specifically to that portion of Cook County.

Shared Goals

NFP can assist the County in the principles of utilizing ARPA funding to:

- support County policy priorities
- center decision-making on core values of equity, engagement, and excellence
- Build on foundation of existing County and regional efforts
- leverage existing efforts and infrastructure
- Use one-time funds for one-time uses or have a path to sustainability.

Cook County Policy Roadmap

NFP shares the Healthy Communities goal of improving the physical, mental, and social wellbeing of Cook County residents and communities and can participate as an added benefit of the continuum of health-related services to address the key performance indicators of infant and maternal mortality and the rate of opioid related deaths.

Infant and Maternal Mortality

NFP is on the front lines of prevention efforts aimed at reducing maternal and child mortality and promoting healthier pregnancies and birth outcomes. NFP nurses conduct comprehensive nursing assessments and identify moms' concerns that could lead to poor maternal health outcomes. Once moms and nurses identify concerns, nurses educate each mother about medical conditions and CDC-identified contributing factors to maternal mortality and morbidity. NFP nurses can then refer the mom to needed health care providers for further treatment. NFP nurses also assess the social determinants of health to connect the mom to community resources to mitigate unstable or unsafe housing, food insecurity, social isolation, and other risks.

The NFP National Service Office seeks to promote health equity and eliminate racial disparities to improve outcomes for the moms and babies we serve now and beyond. We formed the Maternal Mortality and Morbidity Task Force in June 2019 to:

- improve NFP data collection on maternal mortality and morbidity.
- Use data and research on maternal mortality and morbidity to inform program improvements

The Opioid Epidemic

Substance use—particularly the misuse and addiction to opioid pain relievers—is a public health crisis in the United States, and increasingly impacts some of the most vulnerable members of society: pregnant women and their babies. Built on more than four decades of research, NFP is founded on principles that help moms and families use their strengths to address challenges in their lives, including substance use and mental health disorders. For policymakers seeking to break the cycle of substance use in their communities, the NFP model and our nurses help moms make positive changes in their own health and the health of their babies.

For NFP moms with addiction or dependency in pregnancy, nurses serve as a lifeline, connecting moms with substance abuse counseling, encouraging them in recovery and ensuring their babies are screened and treated for any opioid-related health problems.

The education, licensure, and skillset of registered nurses makes them uniquely suited to help care for women and children affected by substance use. NFP nurses:

- Assess physical and mental health
- Assess for signs and symptoms of withdrawal in the mom and in the infant
- Connect moms with resources in the community
- Educate moms about medications and medical treatment
- Coordinate care with other disciplines, including substance abuse counselors, obstetricians, pediatricians, and social workers.

Some NFP teams also include mental health specialists as part of the care team.

NFP nurses also receive extensive education in delivery of the NFP model, which includes behavioral change theory and motivational interviewing, two key tools in caring for moms with substance use disorder. The National Service Office has also made extensive updates to our nursing curriculum to ensure our nurses are prepared to confront the challenges of families affected by opioid abuse.

Proven Outcomes

The evidentiary foundations of the Nurse-Family Partnership model are among the strongest available for preventive interventions offered for public investment. NFP's emphasis on randomized, controlled trials is consistent with the approach promoted by a growing chorus of evidence-based policy groups including the Coalition for Evidence Based Policy, Blueprints for Violence Prevention, the RAND Corporation, and the Brookings Institution, which seek to provide policymakers with clear, actionable information on programs that work — and are demonstrated in scientifically valid studies.

Trial outcomes show that NFP makes a measurable impact on the lives of children, families, and the communities in which they live. Specific outcomes include:

All-Cause Mortality

- Mothers who did not receive nurse home visits were nearly 3 times more likely to die from all causes of death than nurse visited mothers
- Mothers that did not receive nurse home visits were 8 times more likely to die from external causes — including unintentional injuries, suicide, drug overdose and homicide — than nurse visited mothers

Maternal Health Outcomes

- 35% fewer cases of pregnancy-induced hypertension
- 18% fewer preterm births
- 79% reduction in preterm delivery among women who smoke cigarettes
- 31% reduction in very closely spaced (<6 months) subsequent pregnancies

Child Health Outcomes

- 48% reduction in child abuse and neglect
- 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
- 67% less behavioral and intellectual problems in children at age 6
- 56% fewer emergency room visits for accidents and poisonings through age 2

Recommendation

Allocate \$2 million to support the start-up of a NFP program to serve 100 families annually. ARPA provides an opportunity through its structure as one-time, non-recurring to assist with start-up costs associated with

implementing a new program. The non-recurring dollars also offer the opportunity to braid with more sustainable funding streams such as Medicaid, state general revenue, and private philanthropy.