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## Nurse-Family Partnership: Organizing for National Expansion



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*Build a better mousetrap and the world will beat a path to your door. This long-accepted tenet of corporate America also plays out in the social sector. In a country starved for solutions to intractable social problems, proven programs tend to attract a great deal of attention.*

*The ensuing pressure to grow – and grow quickly – can be intense. Requests to replicate your program pour in, often so many that it feels as if you’re being pulled in several directions at once. And it’s not only the outside world that wants you to expand; you and your staff do, too. You know you’re making a difference, and it feels like a disservice to society not to make your program more widely available. Pressures like these are powerful prompts to growth; but will the path you choose lead your organization towards its long-term goals?*

*Dr. David Olds, founder of Nurse-Family Partnership (NFP), was in the happy situation of having one of these in-demand programs when he and his management team joined forces with the Bridgespan Group in 2003. They had developed a scientifically-proven model for improving the lives of low-income, first-time mothers and their children. Satisfying requests from agencies interested in implementing the program had taken NFP to 22 states, with a scattering of nearly 150 sites serving over 12,000 mothers. But their goal was to make the program available to all low-income mothers in America. They set out to take a more purposeful approach to growth and to build an organization focused on developing a national presence.*

## Nurse-Family Partnership at a Glance

Soon after learning she was pregnant, sixteen-year-old Ana dropped out of school. Now, with her first child, she is unemployed, her confidence is low, and she has little knowledge about how to take care of her baby or herself. Ana faces significant threats to her health, personal development, and economic well-being. So does her daughter, for whom the odds of poor long-term outcomes, such as arrests and multiple sexual partners, are dishearteningly high.

Each year, over 600,000 low-income women in the United States become mothers for the first time. For an increasing number, Nurse-Family Partnership (NFP) provides the foundation for a better future – not just for them but also for their children. NFP pairs at-risk, first-time mothers with specially trained registered nurses who meet with them, in their homes, from pregnancy through their child's second birthday. The nurses provide a full range of health-assessment, educational, counseling, and case-management services, including pre- and post-natal care and parenting skills. They also help the new moms access social services from other agencies.

Cited in 2003 by the President's New Freedom Commission on Mental Health as "one of the few proven methods of preventing our children from tumbling into the juvenile justice system," NFP began in 1977 as a research project conducted by Dr. David Olds in Elmira, New York. Slowly but surely, Dr. Olds and his research team proved the model's efficacy in different geographies and nailed down the elements required to deliver long-term results. (See Exhibit 1 for the outcomes from these early trials in Elmira; Memphis, TN; and Denver, CO.)

Kudos from a number of prestigious publications, including the Journal of the American Medical Association, generated strong interest among agencies eager to implement the program. A further boost came in 1999, when the Robert Wood Johnson Foundation, which had been funding NFP research for 20 years, made a \$10-million grant to the University of Colorado Health Sciences Center. The grant paved the way for the creation of the National Center for Children, Families, and Communities (NCCFC) to support NFP's replication. By 2003, NFP was serving

more than 12,200 mothers in 22 states on a network-wide annual budget of \$60 million.

**Exhibit 1: Outcomes from trials in Elmira, NY; Memphis, TN; and Denver, CO**

Mothers	Children by age 6	Children by age 15
<ul style="list-style-type: none"> <li>• 79 percent reduction in child abuse and neglect</li> <li>• 25 percent reduction in cigarette smoking during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer behavioral problems</li> <li>• Stronger language development</li> </ul>	<ul style="list-style-type: none"> <li>• 56 percent fewer arrests</li> <li>• 81 percent fewer convictions</li> <li>• 63 percent fewer sexual partners</li> </ul>

Dr. Olds had an even more ambitious vision in mind, however: making NFP’s proven model available to every low-income, first-time mother in the country. To achieve that goal, he and his management team realized that they would need to approach growth more strategically and to strengthen the organization. Early in 2003, with funding from the Edna McConnell Clark Foundation, they teamed up with the Bridgespan Group to develop a strategy that would put NFP on course to achieving its ambitious goals.

## Key Questions

Dr. Olds' research trials already had established, in great detail, the program elements required to deliver outstanding results. As a result, the project team, which consisted of members of NFP's management team and six Bridgespan consultants, was able to focus solely on questions of how to grow:

- What unit of growth should NFP pursue – independent, geographically-dispersed sites or state-based clusters?
- How should NFP configure its network to support growth? Which responsibilities should remain centralized and which should NFP distribute throughout the network?
- How should NFP organize itself to support growth? What organization structure and capabilities would be required to implement the strategy?

## Structuring Growth

Historically, NFP had grown by fielding requests from agencies across the country, including state departments of public health, county health agencies, community-based health centers, and public hospitals. Some had been interested in contracting with NFP to start a single NFP site, while others had wanted to develop a network of sites in a specific state. The result was a dual structure, in which both sites and states served as the units of growth. As of 2003, NFP had 84 contracts in place, with operations in 146 locations. Roughly two-thirds of these locations were associated with state-based initiatives in Colorado, Oklahoma, and Pennsylvania while the remaining one-third were spread across 19 states.

Developing a more deliberate strategy would allow NFP to use the approach that had worked better as the blueprint for future growth. But which was the better option – independent sites or state-based initiatives? To choose, the NFP/Bridgespan team started by clarifying the objectives the approach would have to advance. Financial sustainability and ease of replication were obvious choices,

while the third – improving NFP's chances of securing federal funding – grew directly from NFP's long-term goal of reaching all low-income, first-time mothers in the United States. In a series of working sessions, the project team examined NFP's past experience through the lens of these three criteria.

## **FINANCIAL STABILITY**

NFP's management team knew that state-level funding increased the financial sustainability of NFP sites. State support tended to institutionalize the program, making sites less vulnerable to the ebb and flow of social services spending. NFP's Colorado, Oklahoma, and Pennsylvania initiatives, where NFP teamed with an in-state partner organization to build support for the program, had been significantly more successful at securing funding from state government sources than its independent sites had. Colorado's state government, for example, had pledged \$75 million over 10 years.

Broad-based community support was another important contributor to financial sustainability. Community-based organizations and local officials had served as a powerful lobbying force the few times a state had threatened to cut funding. Historically NFP's state-based initiatives had engendered greater community support than their independent site counterparts, in large part because the agencies that organized the state initiatives had more capacity to cultivate community interest than any single site could have. In Colorado, for instance, NFP had established strong grassroots backing throughout the state, with staff from Invest in Kids (the nonprofit at the helm of NFP's Colorado initiative) going from community to community to enlist support. This grassroots support had helped preserve NFP's funding in 2003, when the Colorado state legislature threatened cuts.

With better odds for securing state-level funding and building grassroots support, the state-based approach was the clear winner on the financial-sustainability dimension.

## EASE OF REPLICATION

Determining whether independent sites or state-based initiatives would be easier to replicate was less clear cut. In the short-term, there was no question that independent sites made replication easier. Because the program's impressive outcomes attracted eager prospective partners willing to fund independent sites, getting them off the ground was typically short work. This timing compared favorably to the roughly two years it took to start a state-based initiative, which involved extensive planning and the development of a partnership with an in-state organization.

When the project team took a somewhat longer-term view, however, they realized that state-based initiatives trumped independent sites on this dimension too. For one, despite being slower to get going, once state-based initiatives had secured support, opening numerous sites within the state took minimal incremental effort. In Pennsylvania, for instance, three sites sprang up in 2000, NFP's first year of operation in the state, and 20 more came online in 2001.

Even more important, state-based initiatives opened the door to having an in-state partner assist the national office (National) with replication activities, as did Public/Private Ventures in Pennsylvania and Invest in Kids in Colorado. In-state partners allowed NFP to decentralize some site start-up and management responsibilities. Decentralization not only lessened the load on National, but it also improved the quality of the support sites received because the in-state partners were physically closer.

For example, quality improvement at the site level was one role that National devolved to its state-level partners. Given NFP's prior research, which had demonstrated definitively the model's success, helping sites to implement the model with fidelity was a critically important way for NFP to ensure quality at every site. And while the quality of all the existing NFP sites (independent and state-based alike) was high, the management team worried that the strain of working with all the independent sites would become too great as NFP expanded.

## FUTURE ACCESS TO FEDERAL FUNDING

Finally, the team considered which approach would lend itself better to securing federal funding – a linchpin to achieving national scale in the minds of NFP’s management team members. The project team reasoned that a deliberate, state-by-state process of building awareness of the program’s successes and mobilizing the support of prominent legislators would heighten NFP’s appeal to the federal government. Moreover, establishing a track record of success in several influential states would help NFP make a stronger case for federal support. This realization sealed the decision to emphasize state-based growth.

## Configuring the Network

Having agreed on the best way to grow, the NFP/Bridgespan team turned its attention to aligning the network configuration with NFP’s strategy. Roles and responsibilities across the organization were currently geared to support a \$60-million network of both independent sites and state-based initiatives. This structure would have to evolve to support a larger network composed primarily of state-based initiatives.

Since 1999, NFP had employed a three-tiered network structure, comprising National in Denver; in-state partners in Colorado, Oklahoma, and Pennsylvania; and program sites. Their roles were as follows:

- **National** developed independent sites; identified and supported in-state partners; supported sites with training and other clinical and technical services; collected and evaluated site-level data, reported site-level results, and monitored and improved the program model.
- **In-state partners** monitored site compliance and maintained state-level community and legislative support for the program.
- **Sites** employed registered nurses to deliver the NFP program and collected program-implementation and outcomes data.



Even at NFP's current size, however, National was showing signs of strain. National staff members were months behind in producing evaluation reports and recommending quality-improvement measures, and the sheer volume and geographic dispersion of sites were making regular visits impossible. Rebalancing the roles and responsibilities throughout the network was a critical next step given NFP's desire to expand the number of state-based initiatives while maintaining fidelity to the program model.

The team began dividing up responsibilities, beginning with those National needed to control tightly to ensure successful replication. Here, a key decision was keeping training and evaluation centralized, based in large part on the management team's strong commitment to evidence and fidelity to the model. Support for this decision came from NFP's Oklahoma experience. Delegating training and evaluation to its in-state partner, the Oklahoma State Health Department (OSHD), had allowed for rapid growth. However, OSHD used a different data-tracking system than National, and this variation complicated the process of assessing the outcomes of Oklahoma sites relative to NFP's other sites.

Conversely, geographic proximity put in-state partners in a better position to handle higher-touch responsibilities, such as working hand-in-hand with site staff to implement quality-improvement initiatives set down by National. Still more aspects of the responsibility-split fell out of the state-based growth strategy. The role of prioritizing states for expansion, for instance, clearly had to reside at National, but activities related to expanding throughout a state could take place at the state level. To enhance the national visibility of NFP, National would have to get more involved in coordinating state level advocacy efforts and marketing the program; however, in-state partners familiar with the state's political landscape would continue to play a strong support role, helping to identify key leaders and organizations willing to support and promote the program.

After extensive debate, the team developed the structure depicted in Exhibit 2.

**Exhibit 2: Responsibilities of National and the in-state partners**

	National	In-state partners
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>• Coordinate national and state level advocacy efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Support National's efforts</li> </ul>
<b>Marketing and communications</b>	<ul style="list-style-type: none"> <li>• Market program at national level</li> <li>• Provide marketing tools and materials</li> </ul>	<ul style="list-style-type: none"> <li>• Support National's efforts</li> </ul>
<b>State development</b>	<ul style="list-style-type: none"> <li>• Identify target states</li> <li>• Identify / establish state entities</li> <li>• Monitor funding opportunities</li> <li>• Support state entities and capture/share best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Manage state development efforts</li> <li>• Advocate at state level</li> <li>• Market program at state level</li> <li>• Build community support</li> <li>• Secure and sustain state funding</li> </ul>
<b>Site support</b>	<ul style="list-style-type: none"> <li>• Training:               <ul style="list-style-type: none"> <li>- Develop training curriculum</li> <li>- Deliver national and regional training</li> </ul> </li> <li>• Research and evaluation:               <ul style="list-style-type: none"> <li>- Collect/analyze site data to refine implementation</li> <li>- Manage clinical trials</li> </ul> </li> <li>• Reporting:               <ul style="list-style-type: none"> <li>- Create annual evaluation and monthly implementation reports for sites and states</li> </ul> </li> <li>• Quality improvement (QI):               <ul style="list-style-type: none"> <li>- Set and refine QI standards</li> <li>- Manage national QI initiatives</li> <li>- Capture and share best practices</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Training:               <ul style="list-style-type: none"> <li>- Provide ongoing clinical consultation to sites</li> </ul> </li> <li>• Research and evaluation:               <ul style="list-style-type: none"> <li>- Help National get access to critical state level statistics</li> </ul> </li> <li>• Reporting:               <ul style="list-style-type: none"> <li>- Help sites interpret report data</li> </ul> </li> <li>• Quality improvement (QI):               <ul style="list-style-type: none"> <li>- Coordinate statewide QI initiatives</li> <li>- Help sites with site level QI initiatives</li> </ul> </li> </ul>

As a result of the redefined division of responsibilities, the in-state partner would play a broader, more critical role in helping to implement NFP's state-based approach. It would represent the NFP's interests of NFP in the state, lead implementation efforts, and serve as a liaison between National and the sites. The partner also would act as the "eyes and ears" of NFP, monitoring the local landscape for opportunities.

## Designing the Organization

With the state-based approach and network configuration now solidified, the NFP/Bridgespan team turned to determining how best to organize NFP to support national growth. Since its inception, NFP had operated out of the National Center for Children, Families, and Communities (NCCFC) in the University of Colorado Health Sciences Center. As part of the University, NFP had been able to remain close to its roots in clinical research and evaluation, both enhancing its credibility and enabling ongoing clinical improvements to the program.

With NFP poised to shift its focus from refining the program model to developing a national presence, however, its leadership was concerned that the University environment would become constraining. Although NFP had access to University fundraising staff and resources, a University-based NFP would be legally limited in its ability to approach large donors and advocate with the federal government for funds – a problematic situation given the importance of securing federal funding for national expansion. Additionally, NFP leadership realized that to support its growing network of sites, the organization needed to move from an academic- and research-based culture to one that was more entrepreneurial and customer-service oriented – a shift that would be hard to effect from inside the University.

After discussing these considerations with University of Colorado leadership, NFP and the University of Colorado jointly decided that NFP would spin off into a new nonprofit organization. The two entities would remain connected via NFP's research and development activities, with the NCCFC continuing to conduct clinical research for the program.

To guide the stand-alone organization, NFP needed to expand its management ranks. NFP would create a team of three senior leaders to manage the organization. A chief of programs would oversee training, evaluation, and quality improvement, functions critical to implementing the program with fidelity. A chief of external affairs would be responsible for building NFP's visibility nationally and in states and would be supported by a marketing manager and a new state development team. A chief of finance and administration, with support from a

financial manager and office administrator, would help National maintain strong financial and administrative controls.

NFP's new organizational status also demanded the creation of a governance board. In line with the national expansion strategy, NFP leadership would seek board members who could, collectively, provide strategic expertise, program knowledge, connections to constituents, and geographic and demographic diversity. For example, a board member with experience in a rapidly growing corporation or franchise could provide expertise in national replication. One with experience in federal or state policy and advocacy could help NFP focus on attracting federal funding. Board members from different parts of the country could help NFP maintain a national perspective and support its image as a nationally-focused organization.

To allow sufficient time and resources to develop these organizational capabilities, NFP's management team planned to use 2004 to pause and build the organization. After a year of laying the organizational groundwork for growth, the focus would shift to replication. Only then would they accelerate growth.

## Moving Forward

As of mid-2005, NFP had made strong progress. NFP received its 501(c)(3) status in December 2003 and by November 2004 had established itself in its new off-campus offices. NFP leadership had also established the governance board and was building national visibility. But reaching this point had taken time – more time than originally anticipated – and NFP had faced a number of challenges along the way.

The plan had called for NFP's existing president to lead the new organization, but she decided to leave NFP to pursue other opportunities. NFP found itself in the position of not only having to build a board but also to find a new leader for the organization. After an extensive national search, in February 2005 NFP hired a president with the right skills and experience to lead the organization. The new president, Clay Yeager, had state-level advocacy experience related to early

childhood care and juvenile justice reform as well as over 30 years experience crafting public policy, creating model guidelines and implementing science-based prevention programs in communities across the country.

Not surprisingly, in the absence of a president, progress on filling key positions and building the management team had been slow going. While NFP had succeeded in bringing in a new chief program officer, additional positions, including a chief of external affairs, a marketing and communications manager, and a director of state and site development remained unfilled.

Transitioning out of the University also had taken longer than expected. Resolving issues related to University policy, financial management, and legal requirements required a series of discussions aimed at balancing the interests of the various parties involved without hampering NFP's potential for success. Ultimately, the two entities solidified a Memorandum of Understanding describing their ongoing relationship. With the new organization taking shape, NFP returned its focus to growth and the critical questions of where and how fast to grow.

## **PRIORITIZING STATES**

A careful prioritization of states would drive the success of the state-based growth strategy. By developing the program successfully in a handful of key states, NFP would be able to generate visibility for the program at the federal level and, ultimately, federal support and funding for the program. From past experience, NFP leadership knew that two factors were absolutely critical to a successful state-wide effort:

- **Climate of support:** States with leaders and organizations that were supportive of NFP would be more likely to maintain fidelity to the model and sustain the program over time.
- **Operational platform:** States with a healthy fiscal situation, adequate nursing workforce, a population that could be served by NFP, and experience with evidence-based programs were also more likely to implement the program successfully.

Based on these factors, they developed a two-step prioritization process and identified the specific criteria that would be used to assess states. (See Exhibit 6)

**Exhibit 6: Process for prioritizing states**

Step 1: Assess climate of support	Step 2: Determine likelihood of operational success
<ul style="list-style-type: none"> <li>• Presence of existing NFP sites</li> <li>• Supportive environment for NFP (e.g., people and organizations of influence recognize the value of the program)</li> </ul>	<ul style="list-style-type: none"> <li>• State’s fiscal health and political landscape</li> <li>• Adequate nursing workforce</li> <li>• Ability to serve the needs of the state’s population</li> <li>• History of implementing evidenced-based programs statewide</li> </ul>

The prioritization would guide not only where NFP would look first to expand, but also the level of investment National would make to develop each state. States high on the prioritized list would warrant a greater investment from NFP. During an annual review process, NFP would assign all states to one of five categories and tailor its investment accordingly. (See Exhibit 7.)

**Exhibit 7: State development categories and investment levels**

State development category	Investment level
1. <u>Sustain</u> an existing state-based initiative	Medium/High
2. <u>Grow</u> efforts in a state	High
3. Actively <u>explore</u> opportunities	Medium
4. <u>Cultivate</u> interest while looking for new opportunities	Medium/Low
5. <u>Monitor</u> for emerging opportunities	Low

Although states would be the primary unit of growth, NFP knew from past experience that they would continue to face an ongoing flow of unsolicited requests to start independent sites. Hence, they decided to leave open the possibility of starting a limited number of independent sites, but only if the sites were strategically important (for instance, located in a high-priority state NFP had yet to develop) and if resources to fund site development were readily available. Importantly, the leadership team stressed that state-based initiatives always would take precedence over independent sites if a trade-off were required.

## **SETTING GROWTH TARGETS**

Eager to grow, NFP leadership wanted to set the pace at the fastest level that the organization's capabilities and financial resources responsibly would allow. The planned number of sites and clients was determined through a series of workshops between the NFP/Bridgespan team and National staff responsible for state and site development, training, evaluation, and quality improvement. They drew upon their deep knowledge of the organization's economic model and operating paradigm.

The staff members estimated reasonable annual workloads (e.g., a state developer could help develop three states) and realistic growth in staff, which the project team then used to project NFP's annual expenses and year-by-year growth targets for the fiscal years 2004 through 2009. These targets were refined based on NFP's revenue projections, ensuring that the goals remained ambitious yet realistic. By fiscal year 2010, NFP planned to be serving over 35,000 moms. (See Exhibit 8.)

With the new organization taking form and the growth targets identified, NFP is pursuing its growth agenda in earnest. NFP's goals for 2006 include growing the program in the highest priority states and continuing to increase the national visibility of the program. NFP is also completing its organization-building activities, developing its board, hiring for the positions that remain unfilled, and designing the operational processes to help build and support its network. With strategy in hand and organization in place, NFP is poised for national expansion.

**Exhibit 8: Revised client, state and site projections**

