Nurse -Family Partnership (NFP): The Pursuit of Self-Sustainability

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Abstract

One in every seven children in the United States is born into poverty. These babies are at a higher risk of physical defects which can inevitably plunge them into the cycle of poverty. Nurse -Family partnership is a program that follows a theory- driven model that creates an avenue through which low-income, first time mothers are assisted by a home visiting nurse. Among NFP participants there is a reduction in infant mortality, abuse, neglect and crime; and an increase in the empowerment of young women. As of 2017, the program is challenged by funding issues due to heavy reliance on federal and philanthropic funding. This case explores the program's options for self-sustainability in the long term.

Key Words: Innovation, Evidence-Based, Marketing, Poverty, Sustainability

1. Introducing the Nurse-Family Partnership

The Nurse-Family Partnership was established by the ground-breaking work of David Olds, a professor at the University of Colorado, Denver. In the early 1970s while working in a day care center, Olds realized the widespread risks and difficulties in the lives of low-income children. He recognized that these infants were in need of greater help at an earlier stage such as before birth; especially at home. He developed a nurse home visitation program to address these issues (nursefamilypartnership.org, 2011).

Olds' determination in bettering the lives of infants and their families has led the program to be tested for over thirty five (35) years in randomized controlled trials. The program was disseminated to local communities in 1996 after Dr. Olds felt a sense of satisfaction with the NFP. During that year NFP's replication was initiated in cities such as Dayton (OH), Wyoming and Los Angeles (CA). The program has grown tremendously due to collaboration with public/private ventures. A statewide initiative of the program was adopted by Pennsylvania and Colorado. (nursefamilypartnership, 2011).

Recognizing that a university research setting was not well suited for a community based program which is to be expanded across the country. Olds started the National Service Office (NSO) for the Nurse Family Partnership in Denver Colorado in 2003. This office facilitates the replication of the Nurse-Family Partnership program wherever it is requested. The NSO provides ongoing support and guidance, not financing, to implementing agencies in the form of nursing education and practice, program quality assurance and more. For the sake of clarity, it must be mentioned that this paper will not be assessing the organizational structure; rather the program offered. At present, the long term effects of the model adapted by NFP as well as strategies to improve the NFP are being studied by Olds and his team at the Prevention Research Center for Family and Child Health at the University of Colorado in Denver. Today, Nurse-Family Partnership has been adopted by health agencies that serve low-income, first-time moms and their babies in 42 states, the U.S. Virgin Islands and six tribal communities (nursefamilypartnership.org, 2011).

The Mission, Vision and Values of Nurse-Family Partnership program are presented:

Mission

"Transforming the lives of vulnerable babies, mothers and families" (Nurse-Family Partnership, 2011).

Vision

"A future where all children are healthy, families thrive, communities prosper, and the cycle of poverty is broken" (Nurse-Family Partnership, 2013).

Values

With an intentional and intense sense of urgency the NFP has:

1. "*Passion and excellence*: in nursing practise and professional services
2. *Listening*: actively and persistently to our families and implementation networks
3. *Leadership*: in the field of evidence based and home visitation programs
4. *Solution finding and innovation*
5. *Service*: using scientific methods to help vulnerable babies and families
6. *Inclusivity*: respect and honour; difference in race; ethnicity; religion; sex; national origin; disability; age; sexual orientation; gender identity and veteran status

7. *Be respectful, collaborative and tenacious*: in all of our interactions with each other and on behalf of our families and implementation networks; and
8. *Frugality*: "Do more with less"

1.1. Innovative Principles

The development of the Nurse Family Partnership supports the concept of a paradigm shift in regards to the manner in which the program was able to transform the perception of maternal health to young impoverished mothers.

Problems such as preterm delivery, infant mortality and neurodevelopmental impairments are being encountered by young children in America. These adverse problems have been associated with hostile dysfunctional maternal health- related behaviors during pregnancy, and stressful environmental conditions that interfere with parental and family functioning (Olds, 2006).

Accordingly, the Nurse Family Partnership (NFP) was designed to cater to the needs of first time, low-income mothers. What makes this program unique to other intervention programs such as mental health or substance abuse, is its focus on improving "neuro-development, cognitive, and behavioral functioning of the child" (Olds, 2007, p.206). These stated improvements have been fostered through " improving prenatal health, reducing child abuse and neglect, enhancing family functioning and efficacy and economic self-sufficiency in the first two years of the child's life" (Olds, 2007, p.206).

Most preventive intervention programs have focused mainly on school aged children (pre-adolescent/ adolescent); however, Nurse Family Partnership was innovative in shifting the paradigm to the neurological development of the unborn child, up to two years of age. This new plotted direction will thus lead children away from psycho-pathology, substance use disorders and risky sexual behaviors (Olds, 2007). Additionally, most adolescents are not motivated to participate in prevention intervention programs since they have no sense of vulnerability. On the other hand, women (unmarried, pregnant adolescents) who belong to the low income bracket of the American population and are bearing their first babies have an increased sense of vulnerability which motivates them to participate in the Nurse Family Partnership program (Olds, 2007). The NFP fuels this motivation by offering a number of home visitation services during birth and up to two years after the birth of the child.

1.2. Services

The service provided are guided by three goals. The goals are: "1.To improve pregnancy outcomes; 2. To improve children's subsequent health and development; and 3. To increase mother's personal development, especially their self-efficiency" (O' Bien, Moritz, Luckey, McClatchey, Ingoldsby & Olds, 2012, P. 220). Carefully constructed guidelines are followed by nurses during the visits to these impoverished expecting mothers. Adaptive parental behavior is fostered in this program and as such leads to the accomplishment of program's goals. The goals of the program seem to align with the parents' desire for their children and themselves. Therefore, the content of the program is adapted to needs of the family by the nurse assigned to each family. Nurses meet the needs of each family by following activities that are sequenced within visits. These activities address the needs of each family as well as foster a nurse client shared agenda setting for each visit (O'Bien et al, 2012).

In the Nurse Family Partnership program a visit schedule is recommended for all participants. The schedule is divided into:

> "four (4) weekly visits after registration during pregnancy; visits every other week until birth, weekly visits for six (6) weeks following the child's birth; visits every other week until the child is twenty one (21) months of age, and then monthly visits until the child's second birthday" (O'Bien et al, 2012, P. 220).

There should be a total of sixty one (61) scheduled visits. These visits include: thirteen (13) visits during pregnancy; twenty nine (29) visits in the first year of life; and nineteen (19) visits during the second year of life (O'Bien et al, 2012).

The program content offered reflects detailed visit by visit guidelines that are structured to combat the challenges parents are likely to face during the different stages of pregnancy and into two years of age. Some of the activities that nurses will administer during pregnancy are: planning and completing twenty four (24) hour diet histories regularly; and diagramming the weight gained at every visit as well the assessment of the women's use and abuse of drugs such as cigarettes. However, particular attention is paid to high risk pregnancies such as urinary tract infections, sexually transmitted diseases and hypertensive disorder cases during pregnancy (Olds, 2006).

After mothers give birth to their babies the nurses help mothers as well as other family members to cater for the physical and emotional well- being of the baby. This is done by educating mothers in areas such as monitoring their baby for any sign of illness; and teaching parents how to take temperatures. The content offered

through the Nurse Family Partnership builds a parent-child interaction through understanding of infant's communicative signals; and enhancing parent's interest in the need to play with their infants as a means of facilitating emotional and cognitive growth (Olds, 2006).

The innovation of the program has been built upon three important elements. They are: 1. Theory – driven; 2. Epidemiologic foundation; and 3. Evidence based.

1.3. Theory Driven

The NFP is grounded in the theories of: 1. Human ecology; 2. Self-efficacy; and 3. Human attachment. The human ecology theory emphasizes the idea that the development of children is influenced by the manner in which parents care for them. This care is also determined by the community the child belongs to. Nurses in the NFP program draws from this theory by involving other family members such as fathers in the home visits as a means of enhancing the material and social environment of the family (Olds, 2007).

The self-efficacy theory stresses that individuals will tend to invest in a behavior that will lead to a given outcome; and that can be carried out by themselves. Therefore, with the application of this theory the NFP program fosters the understanding of how women make decisions about their health related behaviors during pregnancy, about what it will take for them to properly care for their children and their own personal development. Accordingly, the nurses will establish realistic goals and achievable objectives that parents can be successful at. With this reservoir of success parents' confidence is increased, which leads them to incrementally attempt more challenging goals and objectives (Olds, 2007).

The attachment theory posits that infants are predisposed biologically to having a close relationship with certain caregivers in times of stress, illness or fatigue as a survival strategy. Basically, the theory postulates that children's later display of empathy and responsiveness to their own children is heavily influenced by the degree to which they formed an attachment with a caring, responsive and sensitive adult while growing up. Therefore, the nurses in the program facilitate a caring, responsive and sensitive relationship with parents and other family members so that the same can be promoted with the children entrusted in the parents care (Olds, 2007).

1.4. Epidemiologic Foundation/ Evidence Based

The Nurse Family Partnership has been developed specifically to tackle the problems of poor birth outcomes, child abuse and neglect and diminished parental economic self-sufficiency. With a focus on the low income, unmarried and teen parents the program has been able to observe an improvement in prenatal health as well as care for the first born with the targeted groups mentioned previously. In light of the Nurse Family Partnership being evidence based a number of research studies have been conducted in Denver, Memphis and Elmira. This research has highlighted that the program is more successful when families are at greater risk. Families from higher socioeconomic standing as well as married couples can manage the care of their children without serious problems. Conversely, unmarried, low income parents were unable to meet the needs of their children and were able to gain sufficient support from the Nurse Family Partnership program in meeting those needs (Olds, 2007). These innovations have been facilitated by the following elements.

1.5. Implementation

Their investment in marketing and communications have led to an increase in public awareness, generated media coverage, and increased visibility of the program at the local and national levels. To promote an awareness of the program, the National Service Office of the Nurse-Family Partnership, works with communities interested in implementing the Nurse-Family Partnership model. This is done as a means of ensuring that the program is right for each community's needs and that broad-based community support can be established and sustained. When a community demonstrates a concrete combination of community need and commitment, the Nurse-Family Partnership will be ready to be launched through an implementing agency (www.nursefamilypartnership.org, 2017).

Implementing agencies that are interested in Nurse Family Partnership will contract with the National Service Office to provide services at a community level. These agencies can be non-profit and for-profit entities. For example, state and county health departments, community-based health centres, nursing associations and hospitals that offer maternal and child health services. The size and location of implementing agencies vary (www.nursefamilypartnership.org, 2017).

In becoming a Nurse Family Partnership implementing agency, the first step is to contact the National Service Office business development manager in one's area. This manager determines the feasibility of the NFP program by working closely with the implementing agency and the community in which the implementing agency is located. This assessment of feasibility is based on eight specific factors such as: the need for service and the proven ability to recruit and retain qualified, registered nurses (www.nursefamilypartnership.org, 2017).

After systematically assessing the eight (8) factors, which are considered to establish the feasibility is established, then the process will be completed with a formal implementation plan. Therefore, an avenue for dialogue between the Maternal and Child Health Services Agency and the National Service Office is open to

discuss the requirements of the program. The requirements of the program for the implementing agencies are guided by the Nurse-Family Partnership Implementation Logic Model and the Theory of Change Logic Model (See appendix).

1.6. Nurse- Family Partnership National Service Office

This office ensures that the organization is fundamentally service oriented, and is able to expand nationally. They are responsible for the preservation of quality and the maintenance of high performance. They engage in political advocacy and fund raising (Innovations Exchange Team, 2014).

The Departments

According to NurseFamilyPartnership.org (2016) the departments at the National Service Office are as follows:

Business Development:	This department assists local communities through assessment and planning. The office helps in building community support and plans for program sustainability. This team includes program developers from different backgrounds including nursing, social work policy and health care administration.
Nursing practice:	In this department the nurses and their supervisors are trained to deliver the program.
Program Quality Support:	This department gathers and evaluates the data collected by the nurses through their visits. This team monitors and reports this data to ensure that the program is well implemented. They also provide recommendations for quality improvement.
Marketing and Communication:	This department seeks to sensitize the public about the program on national levels. They generate media coverage. The team also prepares materials that would be used to increase referrals.
Public Policy and Governmental Affairs:	This team develops new and sustained federal and state funding and governmental support.

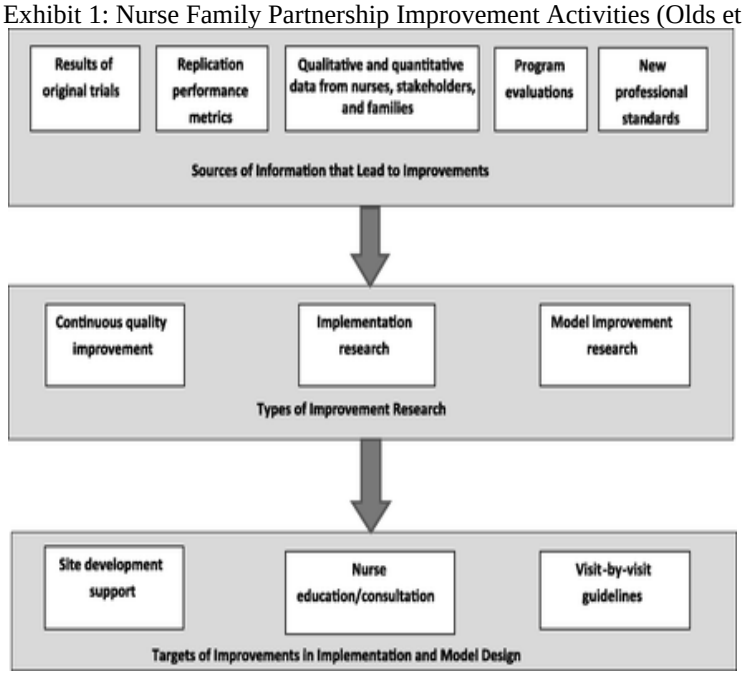
1.7. Competitors

Two of the greatest competitors are: 1. Parents as Teachers; and 2, Healthy Families America. These two competitors also operate as non-profit organizations. However, Nurse Family Partnership has an edge over these competitors because they have forty (40) years of longitudinal studies; is evidence based; as well as theory driven. Private and public hospitals, clinics and abortion centers that target the same population as the NFP can also be considered competitors *(See Appendix for SWOT Analysis).*

1.8. Growth Improvement Strategy

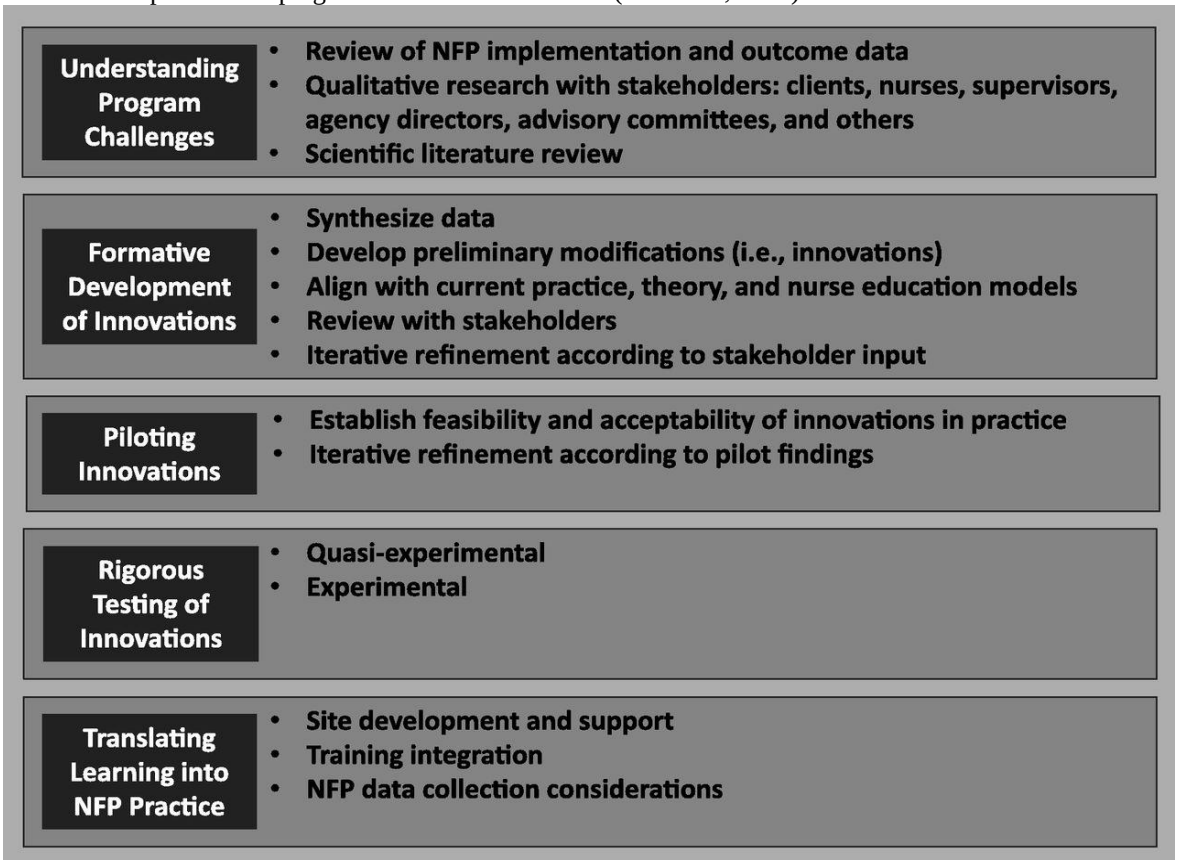
The activities geared towards the program's improvement are outlined in the figure below.

Exhibit 1: Nurse Family Partnership Improvement Activities (Olds et al, 2013)



The Nurse Family Partnership program is currently conducting model improvement research. The team is using data provided through interviews and surveys with stakeholders as well as data provided through scientific research. Innovations must be compatible with their practice and theory. This ensures that nurses can accommodate the innovations and that their fidelity to the program is maintained. When new innovative components replace old ones they are integrated into practice after nurses are consulted and educated regarding the changes (Olds et al, 2013). Adjustments are also made to their data base and changes are made to their quality improvement benchmarks. This process is outlined in the figure below.

Exhibit 2: Steps in developing innovations for the model (Olds et al, 2013)



According to Olds et al (2013), studies have been undertaken in the following areas geared towards improvement of the Nurse Family Partnership Model:

- Increasing participant and completed home units
- Improving nurses' observation of caretaker- child interaction
- Improving Nurses' resources in addressing intimate partner violence
- Improving nurses' resources in improving pregnancy planning
- Development of a system for classifying families risks and strengths
- Improving nurses' resources in addressing maternal depression and anxiety
- Adapting the Nurse- Family Partnership to indigenous cultures and serving multiparous women

1.9. Social Impact

As with any vicious cycle, one must bravely put a stop to it in order to reset the balance and propagate a more positive path forward. The vicious cycle of children being born into poverty and more importantly, continuing on that cycle is heartbreaking. The vicious cycle of poverty and lack of access to healthcare leading to poor health outcomes and financial burdens is no exception. Children whom are innocent and passive participants in this environment are already at a disadvantage concerning their resources in life. Imagine being able to put a stop to that vicious cycle by providing access to healthcare, insightful and crucial knowledge, as well as a supporting environment to a mother going through what should be one of the greatest experiences of her and her child's life.

The idea here, is that by providing not only just access to resources but also crucial and important guidelines about proper and safe pregnancy development to pregnant mothers in poverty stricken locations who might not have those facets, may in fact break that cycle of life and death in poverty and everything in between.

The nurse family partnership strives to do this as it is clearly evident in their mission statement. Not only is the organization providing a service to others and the nation, they are noting a return on investment up to 5 times the amount invested, demonstrating that this is also a huge benefit to the government financially (Nurse- Family Partnership, 2014). They are striving to set an example in one specific avenue of medicine illustrating that a solution is possible.

It is always difficult in a situation like this to be able to adequately measure the impact that one intervention is having at that time. Impact is not a quantifiable number but rather a qualitative description. In a situation like this, there are multiple levels on which one could measure the impact garnered. One could look at how much money is saved in a poverty stricken location with the nurse partnership intervention as compared with a poverty stricken location without, obviously correcting for population size and number of urgent cares or free clinics. One could measure impact by inquiring about the quality of life changes that occurred with the intervention, and does without. Another measure of its impact may be looking at its implementation in non-poverty stricken locations and amongst women who do have the resources and choose to either use them, or those who do not.

One must also not forget those whom are actually reaping the benefits of the nurse partnership intervention, the babies, the new life created. Are those babies that are born with the intervention of the nurse family partnership healthier than those from mothers in poverty stricken locations that did not have the intervention? And what comes of those children, do they enter the same cycle, or do they implement an intervention the same as with their mother? To adequately measure the impact that the nurse family partnership is having, one must look at exactly what the problem is that they are trying to solve. The issue here is that women in poverty who are pregnant lack resource, care, or direction. This in turn leads to a suboptimal birth, and a subsequent life in poverty for that child, which ultimately leads to a similar situation of pregnancy in poverty, another birth in poverty, and a continuation of the vicious cycle. Nurse family partnership aims to break that cycle where it matters most, providing that direction and care to the pregnant mother.

2. Financial Background & Analysis of Nurse Family Partnership

At present there are seven major investors in the program who provide NFP growth capital in order to expand the program nationally these are “Edna McConnell Clark, Robert Wood Johnson, Bill and Melinda Gates, Kellogg, JPB, Kresge, and Robertson” (Olds et al, 2013 p.1).

In addition to these investors, the program receives public funding. By 1996 there was sufficient evidence of the program’s effectiveness. This was justification for public funding. To meet the demands from health departments and other foundations that required a solution for their problems, the team applied for and received funding from multiyear grants from the following:

- The MIECHV Program
- Medicaid
- The Maternal Child Health Services Block Grant
- Temporary Assistance For Needy Families
- Child Care Development Block Grant
- Healthy Start
- Early Health Start

The program intends to be self-sustaining in the future. The main funding stream is the fees (5% of a local operating budget) that local agencies pay for education, evaluation and consultation services. Revenue is collected through the provision of services to these sites. The contractual agreements ensure that the program is conducted in adherence to the 18 model elements. The University of Colorado is the owner of the program’s intellectual property. Therefore the University must approve any changes that would be made to the model. The University provides Nurse Family Partnership with the royalty free license to replicate the model.

The contract provides the sites with access to “ public policy support, marketing and communication services, nurse education and consultation, Nurse Family Partnership Program visit to visit guidelines, and intranet service that links sites and nurses, web based information system and support for quality improvement”. The revenue collected is used to research how to improve the model and better implementation (Olds et al, 2013 p. 2).

The financial stability of a not -for –profit organization is important to its employees, donors and suppliers. This is no different with the NFP, seeking to achieve its goals and objective and ensuring that there is continuity in its existence. To evaluate the financial soundness of the NFP there are several tools that can be used to determine its financial stability (See Appendix).

The following ratios are used to analyze the financial position of the organization.

2.1. Current ratio

Any non-profit organization needs to be aware about whether they have enough money to pay anticipated debts when they fall due. One way of determining this is to calculate the current ratio by taking the current assets

and dividing that number by the projected liabilities. A current ratio of less than 1 indicates that there are insufficient current assets to cover short term debt (due within 1 year). This can result in issues of cash flow. An organization with a ratio that is greater than one will be able to pay its immediate expenses from current assets.

Current Ratio = Current Assets / Current Liabilities

Even though an organization may have more assets overall, because property or equipment cannot be made liquid easily, these cannot be counted upon to pay bills, this logic also applies to long term debt. This ratio is important to ensure that the organization is not exposing itself to any unnecessary risk.

	2016	**2015**	**2014**	**2013**	**2012**
Current Ratio	1.76	2.20	2.34	3.27	4.93

Ideally, a higher current ratio is the objective of any organization, preferably the ratio should be 2:1. On the basis of the calculation above it can be seen that the ratio in 2012 was 4.93 as compared to 1.76 in 2016. Liquidity in the short term will become an issue since in 2012, 4.93 worth of current assets backed up each dollar of current liability. And in 2016, this has been reduced drastically resulting in a possible issue to service debts in the future.

2.2. Debt Ratio

When an organization is faced with a decision about whether to take a loan or not to finance its business operations, the question arises: Can the organization handle this debt? One way to assist in answering this question is the calculation of the debt ratio. This ratio is calculated by taking any long-term debts and dividing it by the total assets of the organization. The lower the ratio, the less risk of financial difficulties for the organization or its creditors. If the ratio is high, there is an indication of the organization not being able to service its debts. As a rule of thumb this ratio should not be more than .50.

Debt Ratio = Debt Liabilities / Total Assets

	2016	**2015**	**2014**	**2013**	**2012**
Debt Ratio	0.46	0.34	0.35	0.23	0.16

It can be seen from the above that in 2012 the organization was less risk to its creditors. In 2016, the risk of been able to meet is obligation is high. Since ideally this ratio should not exceed .50, caution has to be taken to ensure sustainability.

2.3. Revenue to Date Ratio

Gives an indication as to whether the organization is doing better than last year, hopefully that is the case. The ratio is calculated by taking the revenue for a given period, and dividing it by the revenue for the same period last year. Usually this number should be 1.0 or greater. Once it is lower it raises a red flag and there will be the need to ask why? This can be the result of a decline in donations, the economy or some other obvious circumstance. This needs to be examined and remedial action taken to ensure that revenue does not become an issue.

Revenue to Date Ratio = Revenue to date / revenue to date for the previous period

	2,016	**2,015**	**2,014**	**2,013**	**2,012**
Revenue to Date Ratio	1.11	1.57	0.85	1.16	-

This ratio measures the performance of the organization as compared to the previous year. Based on this it can be seen that the organization in 2013 had a 1.16 ratio as compared to a .85 in 2014. This can mean that there was a down turn in the economy or one of the major donors did not contribute in 2014. Again there is improvement in 2015 and a slight under performance in 2016. It is important to examine the reason for the down turn and the impact of this on the organization operations.

In reviewing the above statement, it is key to observe that in all the years with the exception of 2016 the partnership expenses exceeded its income (see below). This raises a red flag and there is the need to seek to generate revenue or curtail expenditure. A situation where there is continuous depletion of the reserves of the organization can result in the need to seek deficit financing.

Clearly, it can be seen that there has been growth in site revenues which is an indication that the practice is attracting new clients (See Appendix). In addition, there is the need to ensure that there is sustainability and efficiency in the operations. The partnership should look at options to control expenditure.

Based on the statements and the information presented it is realized that program services is the key source of expenditure. This also can indicate that the practice has the offerings of volunteers or the services by

service providers is at a reduced cost as compared to the regular cost. It is therefore recommended that alternative sources of revenue generation should be explored since the traditional sources are becoming less respondent to request.

3. The Sustainability of NFP

3.1. Sustainability of Social Enterprises

As philanthropic dollars have become harder to acquire, most non-profits ventures are shifting towards the pursuit of earned income in order to ensure their sustainability (Kickul and Lyons, 2012). According to (Burkett, 2016) the word sustainability in the social enterprise context relates to an organization's ability to exist or endure over time. For a social enterprise, sustainability can be thought of in two manners. In one manner, sustainability considers the organizations ability to survive and endure financially overtime. Secondly, sustainability considers the organization's social purpose to endure as well as deepen its impact (Burkett, 2016).

The aim of most social enterprises is to benefit an underprivileged group of people; hence making this group's life better by altering a prevailing socioeconomic equilibrium (Osberg & Martin, 2015). Although this is the case most social enterprises are faced with a number of challenges. These challenges can be seen as: 1. Limited access to finances; 2. Less emphasis on business skills and more on social impact; 3. Less attention paid on the scalability of the social venture; and 4. There is a lack regulations being uniformed (EY, 2014). These challenges have caused many social enterprises to exist for a short period of time. As it relates to a social enterprise that is non-profit a major challenge faced by such an organization is its heavy dependence on the generosity of donors; budgets from grants and government agencies (Shaughnessy, 2012).

As a means of lessening non-profit organizations' dependence on financial support from external sources there is a need for these organizations to have income generating activities (IGA). These income generating activities will guarantee an enhancement in the organization's financial sustainability (Shaughnessy, 2012). It can be said that any organization that is absent of income generating activities are vulnerable to financial collapse.

In an effort to be financially stable, nonprofit organizations are encouraged to demonstrate to donors that the goals they set out to achieve can be done so effectively and efficiently. Other means of increasing the chances of non-profit organizations becoming or achieving sustainability are: 1. Changing the economic actors involved which means move beyond the usual stakeholders or target audience by seeking others so that sustainability can be achieved; and 2. enabling technology applied can relate to the development or repurposing of technology that will generate increased finance for the business venture (Osberg & Martin, 2015). With the inclusion of these strategies to increase the sustainability of the non-profit organization there is a guarantee that these organizations will be long-lasting and will not ebb away sooner or later.

3.2. Funding (Increasing Income Generating Activities)

Any company, no matter how large or small, will encounter its funding as an obstacle. The truth of the matter is that the ones with the ideas are rarely the ones with the money to make it happen. The question then becomes how to engage those with the money to give freely with a philanthropic heart, not only to be able to repay, but also make a profit. That profit in calculated extrapolation can then become a re-investment back into the company and allow for sustainability on one's own. The common denominator here in terms of some of the problems that the NFP has is its expansion of its brand and services. Only once when the company details a specific plan for this and nurtures it until its full implementation, growth, and potential will it be able to sustain itself whether dominating the national market of healthcare or having its footprint at the international level.

Funding for this company, while some of it may come from the government, is not much. To be able to turn a $1 investment into a profit 5 times as return on investment is extraordinary (Nurse- Family Partnership, 2014). Funding is crucial for this company so that they may be able to do further research in not only the health aspect of helping pregnant women, but also the philanthropy behind this company's vision. In addition, NFP struggles to find a way to propel their program onto the national and international platform so that it may be applied to not just women in poverty stricken locations, but women all over the world. This is a long-term goal, however definitely reachable through the use of technology.

4. Recommended Solution

The recommendation is hereby made for the use of an app to assist NFP in mitigating the financial issues. This recommended app will be used to supplement the existing program; but in no way will replace the program's current model. The app is proposed because it can directly and indirectly increase the financial standing of NFP and ultimately influence the programs sustainability. This can be explained through the following benefits.

4.1. Increased Brand Traction Leads to Increased Funding

It has been seen before, an app is stated that makes it viral. Subsequently, that company then booms and each person in the world wishes that they had a piece of the pie. This is exactly what may befall the NFP with their app; very early on with the development of an app they can gain market space and market share, and increase their brand recognition. This in turn will lead to increased brand traction and potentially increased funding for the NFP.

4.2. Easier Means of Data Collection

The NFP has the ability to make waves in the medical and healthcare world; and an app would absolutely serve as a solid foundation for that purpose. A plethora of information would be able to be gleaned; information on efficiency, implementation, accuracy, etc., would all serve the NFP well to become a better company. Additionally, being able to garner information on just how well the company, nurses, and the app is actually functioning through feedback by consumers and producers together, would serve as a stable ground off which to grow the company in positive and expandable directions.

4.3. Third Party Transactions

Of course, a company still needs to make money. For this purpose, the NFP may be able to incorporate into their app certain facets where there may be third party transactions, and the NFP may garner a small profit. Strollers, car seats, diapers, formula, etc., there is no shortage to what the NFP may allow to be sold on their app. The NFP may even form alliances with certain corporations or companies and put their "NFP" stamp of approval, legitimizing the third party purchase.

4.4. Reduction in the number of Nurses Visits

One of the largest struggles for companies is finding the solution to the age old question of determining efficiency in order to save costs. One of the largest costs of the program are nurse related costs. An app that may divert many questions and issues away from physical persons who need to address them, and towards the app where one person may answer multiple questions, allows there to be a drastic cut in number of nurses visits, and rather a benefit to the singular person or persons behind the app.

4.5. Advertising

The benefit of having a phone app that is all yours is that you may be able to do whatever advertising you please. Having the ability to endorse certain products or companies that would integrate well with the NFP or complement it would only serve as a nidus for both the NFP and those other products/companies to reap the benefits. Additionally, it will allow the partnerships between the NFP and those other companies grow fruitful and strong, allowing there to be a sense of loyalty between two corporations, ideally allowing the public to view that the NFP's true goal is to benefit the public's health.

5. Conclusion

The future of the nurse family partnership is bright and ever-glowing. The company is already doing well in terms of turning profits and minimizing costs where they may. Additionally and most importantly, they are setting out to do exactly what they said they would, demonstrating to their clients that they are trustworthy. The company need only to stay steady and true on their mission, vision, values, and goals, and in no time they will reach heights and capacities that they once never knew were possible. Another bright spot for the company is going to be in the form of the many connections that they will develop with other agencies across the nation. Being able to establish these connections allows for a greater network of care, and thus a higher propensity to help those who need it most.

The only thing needed for evil to exist is for good men to do nothing. Although not as dramatic, the same concept applies here. The vicious cycle of life and death in poverty will continue to exist if a stop is never put to it. Taking a stand and doing something about it is exactly what this organization aims to do, has done, and will continue to do. By doing so they have changed and saved countless lives, and avoided spending an invaluable amount of money. The nurse family partnership will continue to exist as long as those who believe in its cause and those who require its help continue to search for each other in society, allowing for a beautiful and positive outcome that touches multiple lives. The application of an app can increase the NFP'S self-sustainability by generating income that can curtail a number of unnecessary expenses. It is up to the decision makers of the company to now decide on the way forward as they continue to change lives- one mom, one baby, one family at a time.

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7. Appendix

Exhibit A: SWOT Analysis of Nurse-Family Partnership

Strengths	Weaknesses	Opportunities	Threats
Theory Driven The NFP is grounded in theories of human ecology, self-efficacy and human attachment	"The nurses face number of practical challenges in implementing the program such as gaining access to the clients, delivering all of the program elements, environmental limitations and cultural complexities" (Zeanah, Larrieu & Boris, 2006, P. 44)	Nurses have the opportunity to form strong relationships with clients	There is a threat of nurses becoming overwhelmed and burned out
Evidence/ Researched Based "The NFP is one few model programs shown in serial trials to prevent the onset of mental health problems in children" (Zeanah et al, 2006, P. 50). The program also impacts later social development	Nurses face mental health issues with clients that they were not trained for. Those who had mental health training is an important resource.	There is the opportunity to explore with nurses how their personal life history can impact their satisfaction and effectiveness of the program	A sense of struggle with the emotional impact of the work can arise
Has Epidemiologic foundation	Maintaining objectivity with families	An opportunity to conduct longitudinal studies that will assess nurses' satisfaction and stressors with the work.	The program can be affected when nurses cross personal and professional boundaries. Also transference and countertransference can occur.
Nurses gain personal and professional satisfaction from relationship developed with the families they serve	Mental health issues can lead to falling behind in the attainment of interventions or affect progress towards client's goals	An opportunity arises to use a similar model with mental health issues such as addictions	Nurse attrition in the program. For example the recruitment and retainment of qualified registered nurses
		An opportunity exists to have nurses seek out vulnerable teens, and unmarried women before pregnancy occurs. As such education in family planning and sexual health will be useful	Attrition of clients due to the loss of nurses
		Opportunity exist to provide this program in countries worldwide through NFP guidance	The sustainability of the Nurse Family Partnership business venture

Exhibit B: Nurse Family Partnership Implementation Logic Model

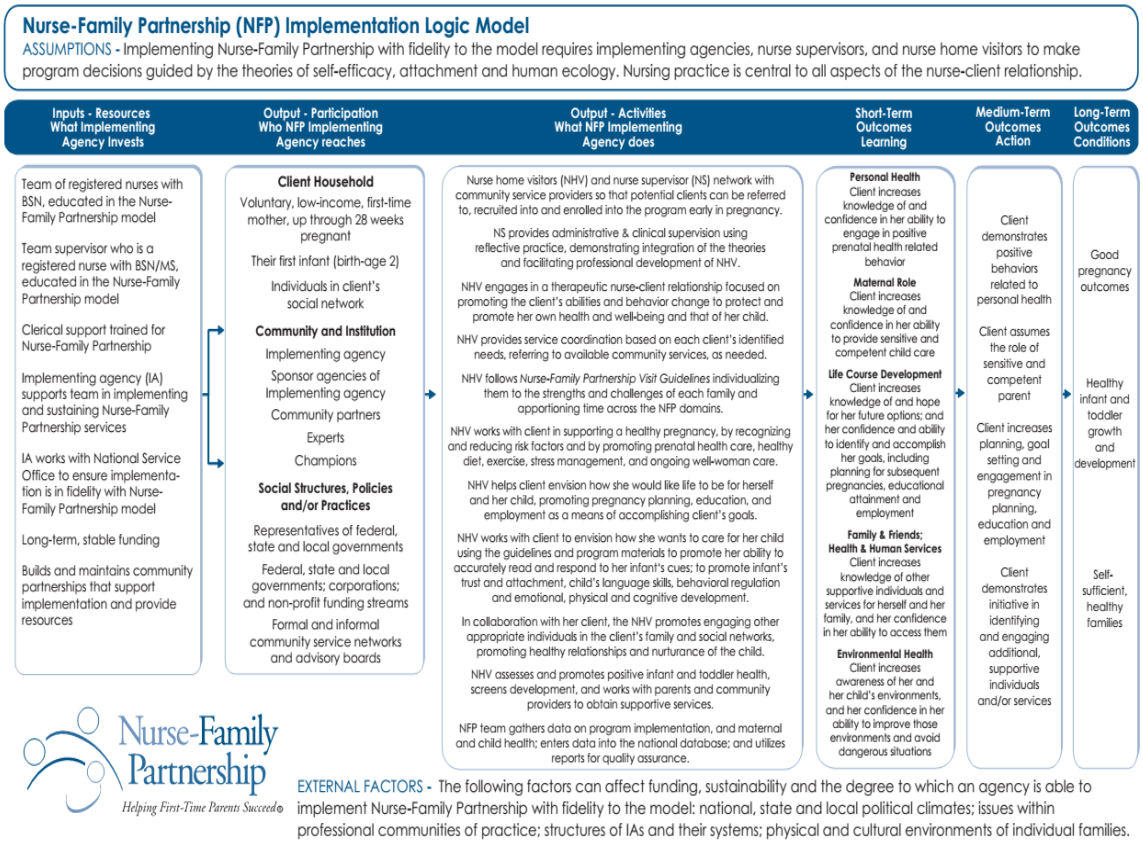

Exhibit C: Nurse Family Partnership Theory of Change Logic Model

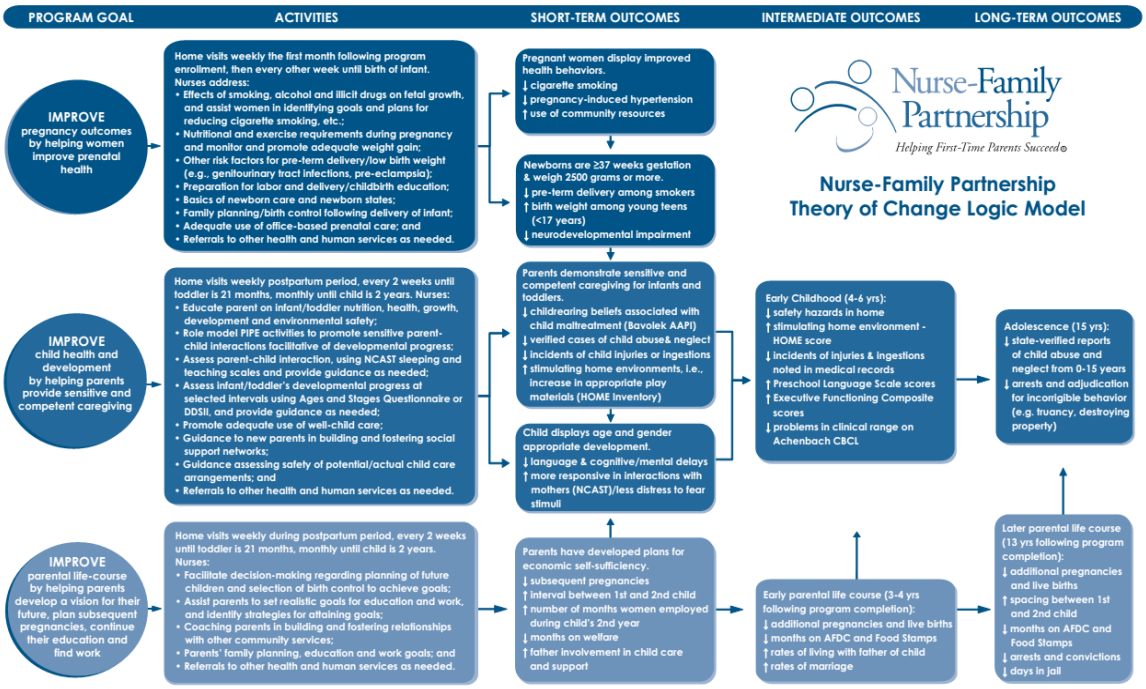

Exhibit D: Summary of Financial Position

NURSE-FAMILY PARTNERSHIP

SUMMARY OF FINANCIAL POSITION

SEPTEMBER 30, 2012 TO 2016

	2016	2015	2014	2013	2012
ASSETS					
Current Assets:					
Cash and Cash Equivalents	$ 6,489,000	$ 3,219,736	$ 2,444,807	$ 4,420,774	$ 4,545,199
Cash – Restricted	-	1,188,813	1,232,072	902,646	134,991
Accounts Receivable, Net	1,578,000	1,108,989	1,600,506	1,436,845	1,452,327
Contributions receivable	601,000	442,616	260,533	1,746,079	532,274
Short Term Investments	1,508,000	1,003,100	3,034,471	3,289,391	6,864,231
Prepaid Expenses	343,000	215,385	134,818	172,861	167,723
Total Current Assets	10,519,000	7,178,639	8,707,207	11,968,596	13,696,745
Cash Restricted	-	-	-	-	150,038
Contributions Receivable Net	-	-	394,035	786,137	808,231
Investments	1,620,000	1,509,480	504,209	2,005,556	1,883,233
Property and Equipment Net	743,000	874,917	1,001,628	1,357,998	1,258,503
	2,363,000	2,384,397	1,899,872	4,149,691	4,100,005
Total Assets	$ 12,882,000	$ 9,563,036	$ 10,607,079	$ 16,118,287	$ 17,796,750

LIABILITIES AND NET ASSETS

Current Liabilities:

Accounts Payable and Accrued Expenses	1,719,000	689,176	615,759	836,113	$ 962,301
Accrued Payroll/ Pass Through Grants (16)	1,716,000	589,197	553,444	388,406	354,045
Deferred Revenue	2,530,000	1,989,369	2,551,265	2,435,202	1,459,805
Total Current Liabilities	5,965,000	3,267,742	3,720,468	3,659,721	2,776,151
Deferred rent	-	8,544	58,860	103,475	142,389
Total Labilities	5,965,000	3,276,286	3,779,328	3,763,196	2,918,540
Net Assets:					
Temporarily Unrestricted	1,512,000	1,523,631	1,440,558	3,006,196	1,425,837
Unrestricted	5,405,000	4,763,119	5,387,193	9,348,895	13,452,373
Total net assets	6,917,000	6,286,750	6,827,751	12,355,091	14,878,210
Total Liabilities and Net Assets	$ 12,882,000	$ 9,563,036	$ 10,607,079	$ 16,118,287	$ 17,796,750

Exhibit E: Summary of Activities

NURSE-FAMILY PARTNERSHIP

SUMMARY OF ACTIVITIES

SEPTEMBER 30, 2012 TO 2016

	2016	2015	2014	2013	2012
REVENUE AND OTHER SUPPORT					
Contributions:					
Contribution	7,895,000	6,918,000	1,798,397	3,661,027	3,960,877
Site Revenues	8,151,000	7,537,000	7,368,421	7,120,290	5,251,410
Investment Income	48,000	11,000	20,059	39,388	90,870
Net Assets Released from Restrictions	-	-	-		-
Total revenue and other Support	16,094,000	14,466,000	9,186,877	10,820,705	9,303,157
EXPENSES					
Program Services	12,688,000	12,467,000	12,262,770	11,036,624	9,421,111
Support Services:					
Management General and Administrative	2,017,000	1,815,000	2,061,530	1,927,594	1,998,246
Fund Raising	759,000	725,000	389,917	379,606	623,166
Total Expenses	15,464,000	15,007,000	14,714,217	13,343,824	12,042,523
CHANGE IN NET ASSETS	630,000	(541,000)	(5,527,340)	(2,523,119)	(2,739,366)
NET ASSETS AT THE BEGINNING OF THE YEAR	6,287,000	6,828,000	12,355,091	14,878,210	17,617,576
NET ASSETS AT THE END OF YEAR	6,917,000	6,287,000	6,827,751	12,355,091	14,878,210

Exhibit F: Income and Expenses 2012-2016

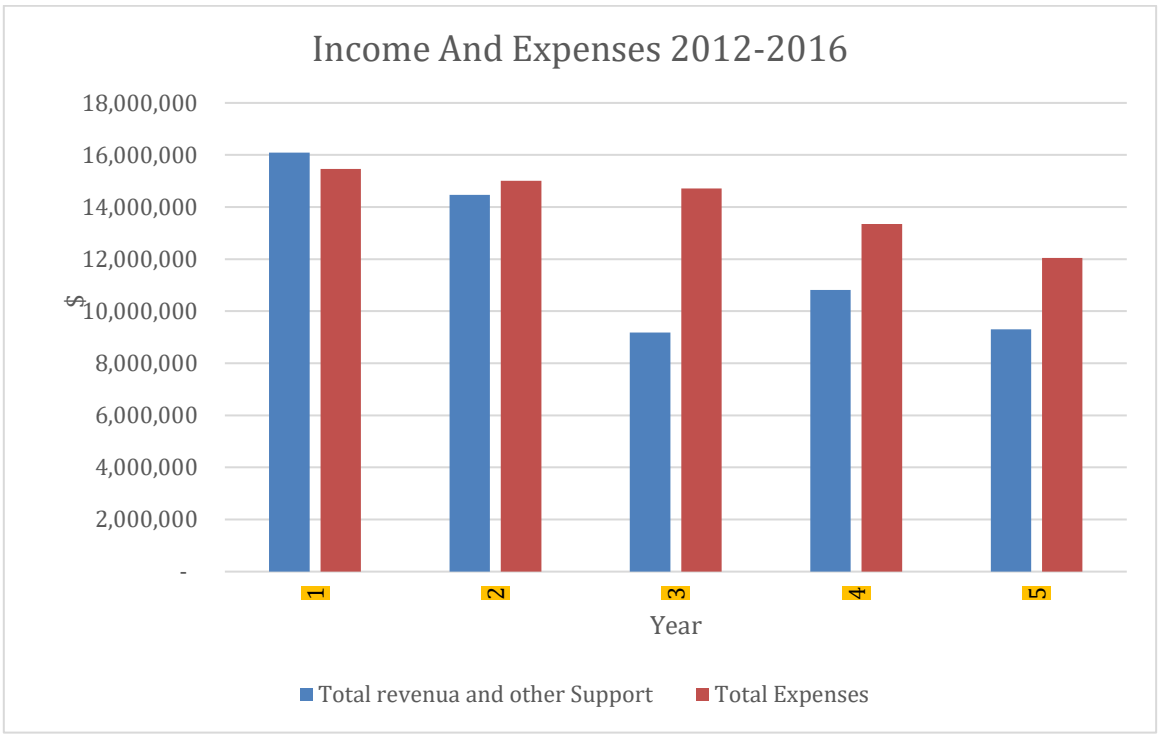

Exhibit G: Site Revenues

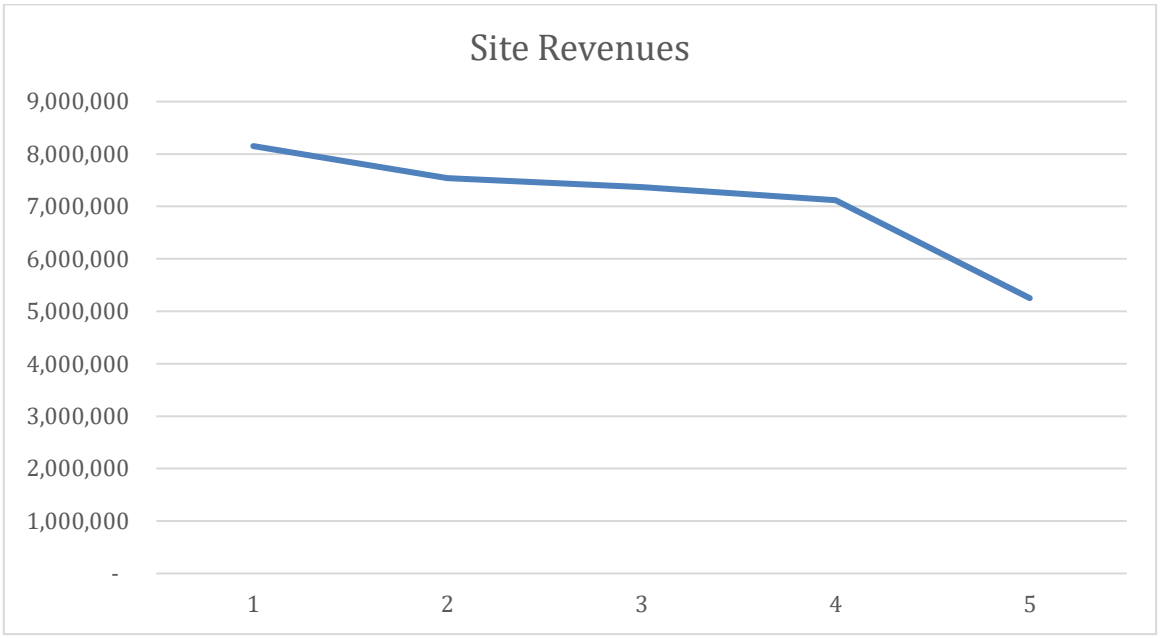

Exhibit H: Expenditure 2012-2016

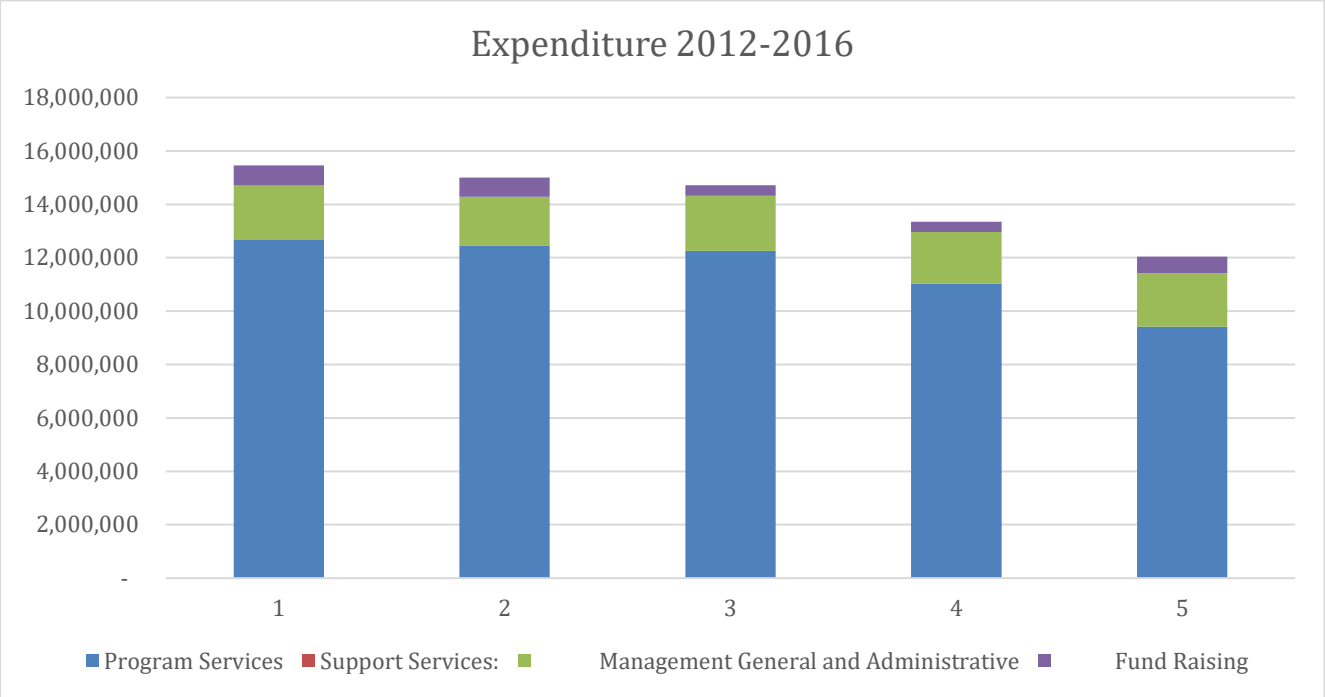

Exhibit I: Changes in Net Assets