TO: Mayor and Members
   Board of Health
WARD(S) AFFECTED: CITY WIDE

COMMITTEE DATE: January 24, 2011

SUBJECT/REPORT NO:
Nurse-Family Partnership Update BOH07035(c) (City Wide)

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SIGNATURE:

RECOMMENDATION:

(a) That Public Health Services continue to provide the Nurse-Family Partnership program within current resources;

(b) That the Mayor send a letter advocating for full funding of the Nurse-Family Partnership from the Provincial government.

EXECUTIVE SUMMARY:

The Nurse-Family Partnership (NFP) program is an evidence-based nurse home-visiting program targeted at young, low-income mothers, which Public Health Services (PHS) views as a sister program complementing Healthy Babies, Healthy Children. It is highly cost effective with payback of $6 to the taxpayer for every $1 invested, and tremendous health, education and social benefits for the mother and child. It is one of the only interventions that have been proven to break the cycle of poverty. The City of Hamilton has the distinction of being the first Canadian site to pilot the NFP (out of a total of six international sites). PHS now has the unique opportunity of being the first Canadian “replication” site of the NFP which means the Family Health Division can continue to deliver this program to the most vulnerable young mothers even though the study is complete. The NFP team recently won the inaugural City of Hamilton City Manager’s
Award for Public Service Excellence in recognition of the excellence of this program and its direct contribution to “Making Hamilton the Best Place to Raise a Child.”

In order to provide the NFP within existing resources the number of referrals to the NFP will be “capped” at 100 clients (each public health nurse can carry a maximum caseload of 20 clients at any one time). This will ensure that there is no impact on current HBHC service targets. However, this means that if the number of referrals coming to the NFP exceeds the “cap”, not all eligible clients will be able to receive the service. Referral patterns will be monitored closely to determine if the referral criteria needs to be “tightened” (i.e. reduce age limit). PHS will also look at potential additional funding sources to expand the number of public health nurses (PHN) in the program so that the public health nurses can accept more referrals.

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial:

The plan is to continue with the current allocation of 100% HBHC program funding to move to replication of the NFP.

Staffing:

As outlined in the recommendation and executive summary this proposal will not result in any service level change as these resources have been devoted to NFP since 2008. A maximum of 100 clients will receive service at any given point in time. Referral patterns will be closely monitored to determine if demand exceeds capacity. PHS will explore potential additional funding sources to expand the number of PHNs in the program so that more referrals can be accepted if needed. If funding is secured, another Board of Health report will be submitted.

Legal:

The Nurse-Family Partnership is delivered under a licensing and confidentiality agreement with the NFP National Office in Denver Colorado under the direction of the founder of the program, Dr. David Olds. Sites must agree to adhere to all 18 elements of the NFP program (staff training and supervision, staffing ratios, schedule of visits, use of standard curriculum etc.). This is to ensure that the NFP is delivered with its intended quality and rigour to ensure the highest possible outcomes for clients participating in the program. The NFP materials (client resources and training manuals) are all copyrighted but there is no charge for their use.

Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.
Values: Honest, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
This report provides additional information regarding the progress on the Nurse-Family Partnership research study previously reported through Board of Health Reports BOH07035, BOH07035 (a), and BOH07035 (c). Child poverty rates in Ontario are alarmingly high, and have not improved despite significant attention. The Nurse-Family Partnership is one of the only programs that are proven to break the inter-generational cycle of poverty. Several high quality studies in the US have shown repeatedly that the program helps stabilize the lives of young, low-income, first-time mothers and improves the lives of their children. It is cost-effective with a payback of $6 for every $1 invested, and is based on the philosophy that changing lives is not about a handout, it is about helping people to become self-sufficient. The program is not yet funded in Ontario.

Program Background
The Nurse-Family Partnership (NFP) is a home support program that focuses on low income young pregnant women. These women often face social isolation and adversity and have no positive parenting role-models. Without support early in life, many of the children of these mothers will not succeed in school, will have mental health problems, and will participate in risky behaviour. This often leads to chronic dependence on welfare, drug and alcohol abuse, and high rates of disease that burden the individual and the health care system.

The program consists of a series of home visits starting during pregnancy and continuing through the child’s second birthday. PHNs deliver a curriculum that focuses on healthy behaviors, parenting skills and planning the mother’s life. Frequent visits allow a strong partnership between the PHN and the mother, providing a unique type of caring and support. NFP PHNs are intensively trained and closely supervised, ensuring high quality service.

Long-term Outcomes of the NFP:
- Higher school achievement scores
- Higher language skills
- Reductions in social assistance use
- Increased maternal employment
- Reduced smoking
- Fewer preterm deliveries
- Improvements in birth outcomes
- Fewer emergency room visits
- Reduced rates of child abuse and neglect
- Fewer subsequent births
- Longer duration between births
- Lower rates of criminal behavior
- Reduction in criminal behavior
- Increased involvement of fathers
Lower child mortality rates

**Current Status**

The aim of the NFP pilot research study was to recruit 50-75 women and test the feasibility and acceptability of the NFP in Hamilton. Enthusiasm for the NFP was high and recruitment was expanded until September 30, 2009 when enrollment was capped at 108 women. Home visiting has since continued with fidelity to the NFP program guidelines. At the current time 76 families are receiving NFP home visits, while 30 have been lost to follow-up or discharged. In late October 2010, after more than two years of intensive nurse home visits, the first graduates completed the Hamilton NFP program. Over the next six months another 33 have the potential to graduate and by December 2011 all but 11 initial clients will have finished the program. PHS is hoping, early in 2011, to once again open the NFP program to new referrals. With home visiting commitments to the NFP current clients, PHS anticipates being able to enroll 75 new clients over 2011.

In 2007, the City of Hamilton received permission from Dr. David Olds (the founder of the NFP) to become the first Canadian site to conduct a pilot study of the NFP. Planning began immediately to seek funding to implement the study. In 2008, the Ministry of Children and Youth (MCYS) provided an increase in base-funding (2.0 FTE PHNs) to the Healthy Babies Healthy Children programs in six health units including Hamilton to deliver services to high-risk pregnant women. With the endorsement of the MCYS and the Board of Health:

- The two new PHN positions were allocated to the NFP
- Additional HBHC program resources were diverted to the NFP including:
  - 3.0 FTE PHNs
  - 0.5 FTE NFP program secretary
  - 0.5 FTE NFP program manager

Short term funding from the Nursing Secretariat financed a sixth PHN to work part-time in the NFP program as a back-up for vacation, sick time and training time. Community partner agencies contributed some development and research funding, and funds for program development resources. Support was received from a number of community partners including the Catholic Children’s Aid Society of Hamilton, the Children’s Aid Society of Hamilton, the Community Child Abuse Council, Hamilton Public Health Services PHRED, Hamilton Community Foundation, McMaster Children’s Hospital Research Institute, the Offord Centre for Child Studies and the Nursing Secretariat. The Nurse-Family Partnership pilot program is being delivered as a component of the Hamilton Healthy Babies, Healthy Children (HBHC) Program. For most of 2009 and all of 2010 the main source of funding for the NFP program has been the 100% MCYS funding for the HBHC program. The annual NFP program budget for 2010 was $639,438 and the projected 2011 budget is the same.

The NFP has been widely implemented in the United States and is being evaluated in Australia, Germany, the Netherlands, and the United Kingdom. It has been piloted in Hamilton, the only Canadian site thus far, where it is meeting with remarkable success.
community uptake and support. The program team was recently awarded the inaugural City Manager’s Award for Hamilton Public Service Excellence. The next step in implementation would be conducting a randomized controlled trial. This is necessary to definitively demonstrate the effectiveness and cost-effectiveness of the program in the Canadian context, and to meet the requirements of the program’s founder, Dr. David Olds. The Government of British Columbia has decided to invest in the NFP because of the proven benefits for children’s mental health, and has committed to funding part of a Canadian trial.

A proposal has been submitted to the MCYS, Ministry of Health and Long-Term Care, and Ministry of Health Promotion and Sport seeking shared funding for the RCT. This would be a five year project with seven public health unit sites in Ontario n = 1,200 women (600 intervention and 600 control) and a matching sample of 1,200 women in British Columbia. If Hamilton were to participate in the RCT our current trained NFP nurses would be ineligible to participate as it would bias the results due to their expertise with the study. We will need these PHNs to act as facilitators for the training for the RCT sites both in Ontario and British Columbia. Backfilling their time is built into the budget. Dr. David Olds has agreed that as long as research is being conducted in Canada regarding the NFP, Hamilton can become a “replication site.” What this means is that PHS would deliver the program to all eligible women. However, there would not be any additional funding to deliver the program so it would have to be managed within existing resources.

**POLICY IMPLICATIONS**

The reallocation of existing resources and the capping of the number of referrals to the NFP program as part of HBHC is consistent with the City’s policy direction of not supplementing 100% funded programs with levy dollars.

**RELEVANT CONSULTATION**

The Nurse-Family Partnership Community Advisory Committee ensures positive community engagement in the NFP initiative by involving community members in reviewing, advising, and assisting with the development and implementation of this project. They have provided advice regarding the “replication” process and advocacy efforts with respect to seeking funding for the RCT. The Hamilton Roundtable for Poverty Reduction and the Best Start Network have endorsed the NFP and continue to also provide assistance with respect to promoting the NFP and advocacy efforts.
ANALYSIS / RATIONALE FOR RECOMMENDATION
(include Performance Measurement/Benchmarking Data, if applicable)

Epidemiological data demonstrates the need for continuation of the NFP in Hamilton. According to the most recent data released in 2007 by Statistics Canada, young mothers under the age of 20 gave birth to 3.3% of the live births recorded in Ontario. This percentage has remained constant over the three years 2005 to 2007. More recent hospital discharge data indicates that there were 8,439 females age 21 and under with no previous live births admitted to Ontario hospitals, and 410 females age 21 and under with no previous live births admitted to Hamilton hospitals for obstetrical deliveries in 2009.

ALTERNATIVES FOR CONSIDERATION:
(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

1. The Board of Health could choose not to approve this recommendation which would mean that this evidenced-based intervention is not offered in Hamilton. This would not be in keeping with the needs of the community who value the program.

2. The Board of Health could direct Public Health Services to seek additional funding through the 2012 budget process to facilitate expanding the number of clients who participate in the program next year so that all eligible mothers could be offered the service.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)


The NFP is specifically targeted at young, low-income first time pregnant women. The NFP helps address poverty in a sustainable way by investing in the most vulnerable families and their ability to be self-sufficient. There is no other program with this high cost-effectiveness, wide range of benefits, and rigorous scientific evidence. The NFP is one of the few known interventions to achieve the goal of improving the economic self-sufficiency of the participants and thus is aligned directly with Code Red and “Making Hamilton the Best Place to Raise a Child.” This program is one of the two priorities the City has identified within the Code Red work plan for the Maternal-Child Health goal.

APPENDICES / SCHEDULES

N/A