



Hamilton

# INFORMATION UPDATE

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>DATE:</b> February 25, 2013	
<b>SUBJECT:</b> Nurse-Family Partnership Program Enhancement (City Wide)	
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	<b>SIGNATURE:</b>  for: Dr. Richardson

At the February 14<sup>th</sup>, 2013 General Issues Committee meeting, information about enhancement requests was presented as part of 2013 budget deliberations. The enhancement request from Public Health Services (PHS) is for 1.0 FTE Public Health Nurse (PHN) and 1.0 FTE Manager for the Nurse-Family Partnership (NFP) program. Staff were requested to provide a report explaining this enhancement request. The purpose of this update is to respond to that direction.

At the Board of Health meeting in September 2012, PHS staff brought forward a report requesting to accept funding from the Hamilton Community Foundation for an additional PHN for the NFP program. At that meeting, a motion was approved: "That staff seek additional funding through the 2013 budget process for the Nurse-Family Partnership Program".

### **Overview of Nurse-Family Partnership Program**

The NFP program involves intensive prenatal/postnatal home visiting for first time mothers, aged 21 years and under, with low incomes. Clients must enter the program by 28 weeks of pregnancy. Under program guidelines, each PHN can carry a caseload of 20 families with each family staying in the program until the child's second birthday.

NFP has been shown to save \$6 for every \$1 spent. This program has been shown to positively change the life trajectory of vulnerable children and their mothers, achieving three main objectives:

- Improving pregnancy outcomes,
- Improving child health and development, and
- Improving families economic self-sufficiency.

*OUR Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.*

*OUR Mission: WE provide quality public service that contribute to a healthy, safe and prosperous community, in a sustainable manner.*

*OUR Values: Accountability, Cost Consciousness, Equity, Excellence, Honesty, Innovation, Leadership, Respect and Teamwork*

Specific long term outcomes of the NFP program include:

- Fewer preterm deliveries
- Improved birth outcomes
- Increased maternal employment
- Reductions in social assistance use
- Reduced smoking
- Fewer emergency room visits
- Increased involvement of fathers
- Reduced rates of child abuse and neglect
- Fewer subsequent births
- Longer duration between births
- Higher school achievement scores
- Lower rates of criminal behaviour
- Lower child mortality rates

***Community Need for Nurse-Family Partnership***

Current resources allow service for 140 families at a time, estimated to be approximately 20% of eligible families. PHS has intentionally limited promotion of the NFP program given existing capacity, but staff are confident that more clients eligible for the program could readily be identified.

Each PHN in the NFP program can serve 20 families at a time. Adding an additional PHN would allow PHS to provide service to 20 additional high need families.

***Rationale for Additional NFP Manager***

To understand the request for an additional Manager, it is helpful to review the history of NFP in Hamilton:

- In 2008, NFP was piloted in Hamilton, the first Canadian site for NFP. The plan was to provide service to a total of 50-75 families, but given the positive response a total of 108 women were enrolled in the pilot program.
- The Ministry of Children and Youth Services (MCYS) agreed that three PHNs could be reallocated from Healthy Babies Healthy Children (HBHC) to NFP. In addition, two new PHN positions, provided as part of a province-wide initiative to increase resources for high need families, were allocated to NFP. Also, a sixth PHN was temporarily funded by the Nursing Secretariat.
- In partnership with McMaster University, a study was completed to determine the acceptability of the NFP program in Hamilton. The program was found to be acceptable to mothers and other family members, community partners and the PHNs providing the service.

- The Hamilton Roundtable for Poverty Reduction and the Best Start Network endorsed the NFP program. Dr. David Olds, the founder of the program, agreed that while research is being conducted in Canada regarding NFP, Hamilton can be a replication site. (A five year research study regarding NFP is currently being planned for British Columbia.) In 2011, the Board of Health approved the continuation of NFP within current resources.
- In 2012, recognizing the high need for this service, PHS reallocated a sixth PHN from HBHC, and the Hamilton Community Foundation provided funding for a seventh PHN.

In order to continue to deliver the NFP program, PHS must adhere to a prescribed staff:client ratio. Also, PHS must comply with several strict parameters, including a staffing approach that involves an 8:1 PHN to Manager ratio, and extensive clinical case consultation each week. Consultation deals with complex issues such as child welfare and police investigations. This consultation is essential for providing safe service, and preventing PHN stress leave. Working with very high need families is extremely demanding.

The prescribed model involves an NFP Manager overseeing eight PHNs. This Manager would provide clinical consultation, and would not have responsibility for budget management, recruitment, labour relations, developing policies and procedures, and the many other responsibilities undertaken by all PHS Managers. The Manager would not be responsible for the ongoing and complex program development issues inherent in being the first Canadian site for a program.

Since the inception of the NFP program in Hamilton, a Manager reallocated from HBHC has overseen the NFP program while retaining regular Manager responsibilities. No backup is available for the NFP Manager for vacation or illness. This Manager has other areas of responsibility, including leading the Best Start post partum mood disorder initiative.

While this situation was adopted for the pilot phase, with greater implementation and experience it is clear that the workload for the NFP Manager is unrealistically high. In addition, the workloads of several other Managers across the Family Health Division have been increased in order to provide coverage and offset the pressures. The current model of supervision has become increasingly unsustainable. Increasing the PHN complement further without increasing the Manager complement would not only create risks for the clients served and the corporation, but could jeopardize the license for provision of NFP in Hamilton.

***Healthy Babies Healthy Children Funding for Nurse-Family Partnership***

With the exception of the 1.0 FTE PHN now funded by the Hamilton Community Foundation for three years, NFP in Hamilton is funded by MCYS through the HBHC program budget. With the approval of MCYS, HBHC funds have been reallocated to NFP, to provide this intensive service to families with especially high needs. While this has allowed the continuation of NFP in Hamilton, it has stretched the HBHC program, which is mandated under the Ontario Public Health Standards. Adequate resources must be maintained to address HBHC referrals, particularly those involving families identified with risk, and avoid lengthy waits for service.

Further, the HBHC protocol has now been revised and will be implemented in Hamilton in early 2013. (A report on the revised HBHC protocol and its implementation in Hamilton will be submitted to the Board of Health at the meeting on March 18, 2013.) The HBHC screening tool will replace current screening tools. The purpose of the new screening tool is to best identify any families requiring service. Families identified with two or more risk factors through screening will then receive in-depth assessments in the home. This will lead to a five-fold increase in the number of in-depth assessments completed by PHNs. While the impact of the new protocol is difficult to predict, it is anticipated that it will greatly increase workloads for PHNs and Managers. Given the current challenges, and the anticipated increase in workload due to the protocol change, it is not feasible to redirect any further resources from HBHC to NFP.

The Hamilton Community Foundation is now funding one PHN for three years. Manager oversight makes it possible to take advantage of this third party funding.

***Budget Impact***

Anticipating implementation in June, this enhancement would have a net levy impact of \$137,608 in 2013. Ongoing costs would be \$235,900 per year.