SUBJECT: Nurse Family Partnership Pilot Research Project BOH07035(a) (City Wide).

RECOMMENDATION:

That the Board of Health approve the addition of 2.0 FTE to the complement for the Nurse Family Partnership component of the 100% funded Healthy Babies, Healthy Children Program 2007 budget.

EXECUTIVE SUMMARY:

On September 24, 2007 the Board of Health approved in principal pursuing a pilot of the Nurse Family Partnership (see report Nurse Family Partnership Pilot Research Project BOH07035 (City Wide)). Public Health Services (PHS) staff met with Ministerial representatives of the Healthy Babies, Healthy Children (HBHC) Program following the September 24 Board of Health meeting and obtained official approval to proceed with the Nurse Family Partnership (NFP) Feasibility Study. The $133,333 enhancement to the 2007 base funding approved at the September 24 2007 Board of Health meeting Healthy Babies/Healthy Children (HBHC) 2007 Budget BOH07048 (City Wide) will be allocated to the NFP. This new base funding was designed to target high risk women and families during the prenatal and early postpartum period. The funding will be used to hire two additional public health nurses to work specifically on the NFP project.
BACKGROUND:

The period between conception and birth lays the foundation for a child’s well-being. During this time, children begin to develop basic neural structures, which have a direct impact on their development. For mothers and families at risk, the prenatal period is a critical time and the optimal starting point for the HBHC Program.

Nurse Family Partnership (NFP) Pilot Study

This study was described in detail in the June 15, 2007 report to the Board of Health Nurse Family Partnership Pilot Research Project BOH07035 (City Wide). The Ministry of Children and Youth Services (MCYS) has now granted PHS permission to proceed with the NFP pilot study. This project is based on existing scientific and theoretical evidence for how best to assist high-risk families, and has the potential to be highly significant. The NFP is a highly-refined and successful approach to the long-established service strategy of home visiting. Specifically, the intervention achieves three important objectives:

- Improve pregnancy outcomes
- Improve child health and development
- Improve families’ economic self-sufficiency

A comparison between the current HBHC home visiting model and that under the NFP is outlined in Table 1. Visits begin prenatally and continue through the first two years of the child’s life. This period is the most critical time in the development of the relationship between parent and child. The NFP is unique in that it offers standardized and specific interventions as part of the program, supported by extensive training and supervision of the nurse home visitor, as well as agency consultation. The results from this pilot project could potentially inform or contribute to the analysis and refinement of Hamilton and Ontario’s existing home visiting model.

Table 1: Comparison of NFP to HBHC Home Visiting Program

<table>
<thead>
<tr>
<th>Nurse Family Partnership</th>
<th>Healthy Babies Healthy Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral Criteria:</strong></td>
<td><strong>Referral Criteria:</strong></td>
</tr>
<tr>
<td>• Pregnant less than 29 weeks</td>
<td>• Prenatal to age 6</td>
</tr>
<tr>
<td>• Low income</td>
<td>• Moderate to high risk determined by screening tool</td>
</tr>
<tr>
<td>• First time mothers</td>
<td></td>
</tr>
<tr>
<td><strong>Home Visiting Model:</strong></td>
<td><strong>Home Visiting Model:</strong></td>
</tr>
<tr>
<td>• PHN only</td>
<td>• PHN &amp; FHV (1:3 ratio)</td>
</tr>
<tr>
<td>• Frequent visits prenatally and until age 2</td>
<td>• 13 visits on average</td>
</tr>
<tr>
<td>• Curriculum and theory-based</td>
<td>• Individualized</td>
</tr>
</tbody>
</table>
The NFP has the potential to make a significant contribution towards making Hamilton the Best Place to Raise a Child. It is also consistent with the goal of the Hamilton Roundtable for Poverty Reduction to tackle root causes of poverty.

**ANALYSIS/RATIONALE:**

This pilot project is based on existing scientific and theoretical evidence for how best to assist high-risk families, and has the potential to be highly significant. It will test the feasibility of the NFP intervention in a local context. If feasible, this intervention holds the best promise for improving pregnancy outcomes, maternal physical, mental and social health, child health and development, reducing child maltreatment, and producing substantial cost savings to government.

**ALTERNATIVES FOR CONSIDERATION:**

Public Health Services could continue to provide universal and targeted programming through the current Healthy Babies, Healthy Children model alone, without the added dose of evidence-based prevention and intervention provided by the NFP initiative and needed by our most vulnerable children.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

PHS staff met with Ministerial representatives of the HBHC Program following the September 24 Board of Health meeting and obtained official approval to proceed with the NFP Feasibility Study. The $133,333 enhancement to the 2007 base funding will be allocated to the NFP. This new base funding will be used to hire two additional public health nurses to work specifically on this project.

In addition to the new funding from MCYS, approximately $155,000 has been secured from existing PHRED funds and community partners for the NFP project. This additional funding is sufficient to cover all operational and training costs associated with the study.

**POLICIES AFFECTING PROPOSAL:**

HBHC is part of the Mandatory Health Programs and Services Guidelines (Child Health and Reproductive Health) for Boards of Health. The Board of Health is required to implement the HBHC Program in accordance with the Ministry of Health and MCYS guidelines which stipulate the requirements for the seven program components outlined in the background section of this report. MCYS has granted PHS approval to pilot the NFP which uses a home visiting model that is different than the traditional HBHC approach.
RELEVANT CONSULTATION:

Public Health Services has consulted with the Finance and Administration Division regarding the changes to the 2007 HBHC budget. PHS has also consulted with Hamilton’s designated Program Consultant from the MCYS regarding this year’s budget. A presentation regarding the Nurse Family Partnership was made to the Best Start Network on September 21, 2007. Consultation regarding the project has also occurred with the Hamilton/Niagara Regional MCYS office.

CITY STRATEGIC COMMITMENT:

Community Well-Being is enhanced. ☑ Yes ☐ No
Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced. ☑ Yes ☐ No
Poverty is reduced

Economic Well-Being is enhanced. ☑ Yes ☐ No
Improved outcomes for high-risk families should improve these families’ individual economic situation, reduce the need for health and social services and improve contributions to community well-being.

Does the option you are recommending create value across all three bottom lines?
☐ Yes ☑ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants?
☑ Yes ☐ No

Lifelong Learning is supported.