

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Family Health Division

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- (a) That the Board of Health authorize and direct the Medical Officer of Health to extend the agreement with Hamilton Community Foundation to fund a 0.7 full-time equivalent (FTE) Public Health Nurse in the Nurse-Family Partnership (NFP) for 2016;
- (b) That the Board of Health authorize and direct the Medical Officer of Health to continue to receive, utilize and report on 2016 funding from the Hamilton Community Foundation for a 0.7 FTE equivalent Public Health Nurse in the Nurse-Family Partnership program and execute an agreement between the City and the Hamilton Community Foundation, satisfactory in form to the City Solicitor;
- (c) That the Board of Health authorize and direct the Medical Officer of health to allocate 0.3 FTE PHN from the Healthy Babies Health Children (HBHC) Program to the Nurse Family Partnership Program to maintain the 1.0 PHN position within NFP.

EXECUTIVE SUMMARY

If approved, the recommendations will maintain the current staffing and service delivery levels in the Nurse Family Partnership (NFP) program. The NFP program is delivered under the umbrella of Healthy Babies Healthy Children (HBHC) which is a mandated home visiting program funded by the Ministry of Children and Youth Services (MCYS). The HBHC program currently has a total of 30.9 FTE with 7.0 FTE allocated to the NFP program. Of the 7.0 FTE in the NFP program, 6.0 FTE are funded 100% by MCYS with 1.0 FTE funded until the end of 2015 by the Hamilton Community Foundation (HCF). The HCF is willing to extend 0.7 FTE funding through the end of 2016. In order to maintain the service levels of the NFP program, 0.3 FTE will be allocated from HBHC to NFP. This will result in a 0.3 FTE PHN reduction in the HBHC program leaving a total of 30.6 FTE under the HBHC umbrella (HBHC program plus NFP program). The maximum potential service level reduction from the shift of 0.3 FTE PHNs from HBHC to NFP is that 18 less families would receive HBHC home visiting services. Alternatively, if this report is not approved there will be a reduction in 1.0 NFP PHN with a service level impact of 20 less young families receiving the NFP program. The HBHC program is anticipating several retirements in 2016. Based on seniority, staff vacation entitlement varies significantly from 2 to 8 weeks' vacation entitlement. Less senior staff are entitled to significantly less vacation time, as a result we anticipate minimal service level impacts with the shifting of 0.3 FTE to the NFP Program. The allocation of 0.3 FTE within the HBHC program to NFP is recommended as it targets an identified vulnerable population in our City.

Table 1: Summary of funding, FTE and service level impacts for recommendations and alternative compared to current status.

	Current		Recommended 2016		Alternative 2016 (not recommended)	
	FTE	Funding	FTE	Funding	FTE	Funding
Home visiting (HBHC umbrella)	30.9		30.6		29.9	
HBHC program	23.9	23.9-MCYS	23.6	23.6-MCYS	23.9	23.9-MCYS
NFP program	7.0	6-MCYS 1-HCF	7.0	6.3-MCYS 0.7-HCF	6.0	6-MCYS
Service level impacts	Status quo		Maintain NFP home visiting to targeted young parent population, decrease HBHC home visiting 0.3 FTE. Potential 18 fewer families seen, but expected to be smaller impact with senior staff retiring and new hires generally have significantly less vacation time		Maintain HBHC home visiting, but 20 high risk families will not be seen through the NFP program	

The Nurse-Family Partnership (NFP) program is a highly successful home visiting program that targets young, low-income, first-time mothers and their children. Well-designed, long-term studies have consistently shown the NFP program improves prenatal health, decreases childhood injuries, results in fewer subsequent pregnancies, increases the time between pregnancies, increases maternal employment, and improves school readiness¹. Studies have also shown the NFP program to be cost-effective with a \$3-5 return for every \$1 invested². This gold-standard program matches a public health nurse (PHN) with a young woman early in her pregnancy with continuing home visits for 2 ½ years. During these visits, PHNs build relationships with families, share information and help to increase a family's skills to raise a child to his/her full potential.

In 2007, Hamilton became the first location in Canada to offer the Nurse-Family Partnership as a pilot project. On successful completion of the feasibility and acceptability study in 2011, Hamilton was given the opportunity to continue to deliver the NFP program as the first Canadian replication site. Through funding from the Ministry of Children and Youth Services (MCYS) through the Healthy Babies Healthy Children (HBHC) umbrella and the support of agencies like the Hamilton Community Foundation, the program currently has 7.0 FTE PHNs to deliver direct service to families. Offering both the HBHC and the NFP programs in our community permits us to triage service provision and be more responsive to our community's needs. Currently, the NFP program provides service to 140 young mothers at any given time, approximately 20% of eligible families. There is an on-going waiting list for service and families who are unable to enter the NFP program are offered the HBHC home visiting program, which is a less intensive home visiting program.

Temporary funding from the Hamilton Community Foundation for 1.0 FTE PHN providing NFP programming ends December 2015. The Hamilton Community Foundation has agreed to continue to fund a 0.7 FTE in 2016. Without new financial resources the NFP program will need to reduce staff complement by 1.0 FTE PHN. As a result, 20 fewer young pregnant and parenting families will participate in this program at any one time and the waiting list to enter the program will increase substantially. Without the NFP program, fewer mothers will have the opportunity to positively influence their own life and that of their children.

In 2016, staff will continue to explore opportunities and options for stable, long-term program funding. A report on findings and sustainability will be brought to the Board of Health for consideration in 2016.

Alternatives for Consideration – See Page 7

FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)

Financial: Hamilton Community Foundation (HCF) has expressed willingness to continue to engage donors to fund 0.7 FTE PHN for 2016. HBHC will allocate 0.3 FTE to NFP to maintain the current staffing levels. The annual salary and benefits cost per 1.0 FTE NFP PHN is 95,103. In addition \$4,366 in operating costs is required for a total annual cost of \$99,469. Hamilton Community Foundation will fund \$69,628 (0.7 FTE) and \$28,840 (0.3 FTE) will be allocated from HBHC.

Staffing: The Homevisiting HBHC program currently has a total of 30.9 FTE PHNs with 7.0 FTE PHNs allocated to the NFP program. If this report is approved there will be 30.6 FTE under the umbrella of HBHC for 2016; 23.6 FTE in HBHC and 7.0 FTE in NFP. If the report is not approved, the staffing level will decrease in 2016 by 1.0 NFP FTE PHNs to 6.0 NFP FTE PHNs, reducing the total home visiting FTE to 29.9 FTE.

Legal: There are five existing contractual agreements that govern the delivery of the Nurse-Family Partnership program in Hamilton:

1. **Healthy Babies Healthy Children Service Agreement:** Provincial contract with the Ministry of Children and Youth Services for Healthy Babies Healthy Children program (HBHC) funding and local service levels. Hamilton has chosen to allocate some of the funding provided by MCYS for HBHC to the Nurse-Family Partnership program.
2. **Nurse-Family Partnership Program Assessment and Implementation Agreement:** NFP 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.) to ensure the NFP is delivered with its intended quality and rigour to ensure the highest possible outcomes for participating clients
3. **Professional Services Agreement between the City of Hamilton and the University of Colorado:** Details support services provided to the City from NFP International to create the best conditions (clinical, organisational/system, policy and research) for high quality implementation and sustainability of NFP in Hamilton and realize the potential benefits for children and families.
4. **Service Agreement between the Hamilton Community Foundation and the City of Hamilton, Grant #20130461:** Three-year funding for 1.0 FTE PHN for the Nurse-Family Partnership Program, 2013-2015.
5. **Service Agreement between the Hamilton Community Foundation and the City of Hamilton Grant #20130460:** Three-year funding for supplies and incentives, \$10,000 per year, for the Nurse-Family Partnership Program, 2013-2015. Funding is provided by Human Resources Skill Development Canada through the Hamilton Community Foundation.

HISTORICAL BACKGROUND (Chronology of events)

- BOH 07035 June 15, 2007: Approval of the proposal to conduct the first Canadian pilot study of the Nurse-Family Partnership program prenatal and infancy home visitation program.
- BOH 07035(a) October 4, 2007: Approval of the addition of 2.0 FTE to the complement for the Nurse-Family Partnership program, provided as part of a province-wide initiative of the 100% funded Healthy Babies Healthy Children Program 2007 budget to increase resources to high need families.
- BOH Information Update March 6, 2008: Progress on implementing the NFP Feasibility Study in Hamilton. The Best Start Network and the Round Table for Poverty Reduction endorse the initiative, the Nurse-Family Partnership National Office in Denver grants final approval, a Community Advisory Committee is established, Public Health Nurses are trained and recruitment of women into feasibility and acceptability study begins.
- BOH 07035(b) February 22, 2010: Program update. Goal of the Pilot study was to recruit 50-75 women and test the feasibility and acceptability of the NFP program in Hamilton. Due to high enthusiasm recruitment expands and 108 women are enrolled. Key findings from individual interviews indicate the NFP is acceptable to mothers, family members, community partners, and nurses providing the program.
- BOH 07035(c) January 24, 2011: Approval to continue to provide the Nurse-Family Partnership program with current resources granted. The Mayor advocates for full funding of the Nurse-Family Partnership program from the Provincial Government. Advocacy efforts result in endorsement to continue the Nurse-Family Partnership program as a component of the Healthy Babies, Healthy Children program, but no new provincial funding is provided.
- BOH 07035(d) September 17, 2012: Report on new funding from the Hamilton Community Foundation from 2013-2015 which increases complement in the NFP program by a 1.0 full-time equivalent Public Health Nurse for three years.
- BOH Information Update February 25, 2013: Staff responds to direction to seek additional funding for the Nurse-Family Partnership Program through the 2013 budget process.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Child Health standard within the Ontario Public Health Standards states that the Board of Health shall “provide all components of the Healthy Babies Healthy Children (HBHC) program in accordance with the HBHC Protocol”. The NFP program addresses the responsibilities outlined in the HBHC Protocol, using an intensive service delivery approach that has been demonstrated by research to be most effective for young first-time mothers with low income.

RELEVANT CONSULTATION

Discussions have occurred with Matt Goodman, Vice-President, Grants and Community Initiatives, Hamilton Community Foundation. The Hamilton Community Foundation is willing to support this initiative with funding for 0.7 FTE in 2016. The Hamilton Nurse-Family Partnership Community Advisory Committee was consulted and is supportive of maintaining the current service levels of the NFP program. Elaine Gee, Finance and Administration Supervisor, City of Hamilton provided consultation and input for the financial aspects of the report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The Nurse-Family Partnership program is a targeted pregnancy and infancy home visiting program provided by nurses to young, low-income, first-time mothers. The effectiveness of the Nurse-Family Partnership program has been rigorously evaluated.

Through the Nurse-Family Partnership program public health nurses strive to provide support and education throughout pregnancy in order to positively impact birth outcomes, especially prevention of prematurity and low birth weight. Following birth and throughout the child’s first two years of life, public health nurses mentor the new mother and her family in order to promote healthy child growth and development, and reduce child abuse and neglect. Mothers are encouraged to identify and reach for their own goals of education and financial stability.

In Hamilton, the Nurse-Family Partnership program has identified gaps in community services for teen parents who are living in poverty. Through supportive relationships and knowledge transfer, program participants develop self-efficacy and individual empowerment. They are given the tools to address issues at the level of the determinants of health such as food insecurity and shelter instability. They learn to navigate through barriers that previously appeared insurmountable and to circumvent issues that impact health and development.

An important aspect of this development process is a supportive, caring community. Through their ongoing involvement in the Nurse-Family Partnership Community Advisory Committee (Appendix A) multiple Hamilton agencies provide encouragement and demonstrate support of the Hamilton Nurse-Family Partnership program. Participants from the medical, social service, education and child welfare sectors

endorse the Hamilton program and the tremendous efforts the participating young families are making to move forward on a positive path.

There is strong evidence internationally that the Nurse-Family Partnership program is effective and provides a return on investment. A recent cost-benefit analysis of preventive interventions conducted by the Washington State Institute for Public Policy estimated that on a per family basis, government and society realizes a \$17,000 return on investment, over the life of the child, from the Nurse-Family Partnership program.

Approximately 410 women in Hamilton are eligible for the NFP program yearly. The current resource model allows approximately 20% of eligible women to participate in the program. Success of the Nurse-Family Partnership program in Hamilton is already evident with some NFP graduates enrolled in post-secondary school education and a number who have entered the workforce. The program's first child graduates are now happily enrolled full-time in their first years of primary education. Referrals to the program continue at a steady rate with many showing interest in NFP because of the positive experience of their peers.

ALTERNATIVES FOR CONSIDERATION

(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)

The Board of Health could direct the Medical Officer of Health to reduce staffing to the Nurse-Family Partnership program by 1.0 FTE Public Health Nurse in 2016.

Financial: This action would result in the loss of the 2016 funding from the Hamilton Community Foundation of 0.7 FTE PHN in the Nurse-Family Partnership program.

Staffing Implications: Current staffing would be reduced by 1.0 FTE PHN resulting in approximately 20 with-risk young families currently enrolled no longer receiving the Nurse-Family Partnership program. An increase in wait-times for program admission and the further growth of the waiting list for NFP program services would also occur.

Legal: No agreement with Hamilton Community Foundation would be required.

Pros: No net levy impact.

Cons: Significant loss of service to a vulnerable population in Hamilton. Families could receive service through the HBHC program, although it has less evidence for long-term outcomes and cost-effectiveness than the NFP program for this particular group.

This alternative is not recommended

ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN

Strategic Priority #1

A Prosperous & Healthy Community

WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.

Strategic Objective

- 1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.

Strategic Priority #2

Valued & Sustainable Services

WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.

Strategic Priority #3

Leadership & Governance

WE work together to ensure we are a government that is respectful towards each other and that the community has confidence and trust in.

Strategic Objective

- 3.2 Build organizational capacity to ensure the City has a skilled workforce that is capable and enabled to deliver its business objectives.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH07035(e) Nurse-Family Partnership Community Advisory Committee Membership

References

¹ Nurse-Family Partnership [Internet] Denver: Nurse-Family Partnership National Service Office; 2015. Nurse-Family Partnership Proven Results [cited 2015 August 18] Available from:
<http://www.nursefamilypartnership.org>

² DH website [Internet] [place unknown] Department of Health FNP National Unit; June 2011. FNP Evidence Summary Leaflet [cited 2015 August 18] Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215542/dh_128008.pdf