



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Family Health Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	February 18, 2016
SUBJECT/REPORT NO:	Public Health Nurse Secondment to the Canadian Nurse-Family Partnership Education Project - BOH16003 (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Dianne Busser (905) 546-2424, Ext. 3655
SUBMITTED BY & SIGNATURES:	Jennifer Vickers-Manzin, BA Psych, BScN, RN, MEd Director, Family Health Public Health Services Department Ninh Tran, MD, MSc, CCFP, FRCPC Associate Medical Officer of Health Public Health Services Department

RECOMMENDATION

- (a) That the Board of Health authorize and direct the Medical Officer of Health to execute an agreement with Middlesex-London Health Unit, as the lead for the Canadian Nurse-Family Education Project, in a form satisfactory to the City Solicitor that supports a secondment of a Public Health Nurse to the Canadian Nurse-Family Partnership Education Project in the position of Provincial Clinical Lead, and;
- (b) That the Board of Health authorize and direct the Medical Officer of Health to increase complement in the Family Health Division Nurse-Family Partnership Program by 0.5 full time equivalent Public Health Nurse during the length of the secondment.

EXECUTIVE SUMMARY

City of Hamilton Public Health Services (PHS) is the only health unit in Ontario that delivers the Nurse-Family Partnership Program. The Nurse-Family Partnership (NFP) program is a targeted home visiting program provided by nurses to young, first-time mothers with limited economic and social supports. Eligible women are enrolled early in pregnancy (<28 weeks gestation) and home visits continue until the child's second birthday. The effectiveness of NFP has been rigorously evaluated in the United States, Netherlands and England. In Canada, Hamilton PHS served as a pilot evaluation site from 2008-2012; overall effectiveness of NFP in the Canadian context is currently being evaluated in the province of British Columbia. As a result of Hamilton's experience delivering the NFP Program, involved PHS front line and management staff have developed expertise in implementation, delivery and management of the NFP program.

The Canadian Nurse-Family Partnership Education (CaNE) Project is funded by the Ontario Poverty Reduction Strategy. This project is co-led by Middlesex-London Public Health Unit and researchers from McMaster University School of Nursing. The overall goal of the project is to develop, pilot and evaluate a sustainable Canadian model of NFP education for public health nurses and supervisors.

PHS was approached by the CaNE Project regarding an opportunity to second a Public Health Nurse (PHN) from PHS' NFP Program to the PT temporary position of Provincial Clinical Lead. The seconded PHN would return to her permanent position with PHS at the conclusion of the project. On the CaNE Project, the Provincial Clinical Lead position has been developed to support the development of the nurse/supervisor curriculum and to support other participating health units implement NFP.

To support the secondment and not affect PHS's front line service delivery by the Family Health Division NFP Program, it is necessary to backfill the 0.5 FTE in PHS. A secondment agreement will be developed to ensure all wages, benefits, and other work related expenses (such as mileage, cell-phone, computer, training and parking for the Provincial Clinical Lead) will be reimbursed by the CaNE Project Funding. As the cost of educating NFP PHNs is significant, the cost of NFP education to backfill the seconded PHN position would be reimbursed by CaNE Project Funding.

By supporting the secondment, the City of Hamilton benefits by expanding the positive influence that PHS can have in health care systems design, delivery, evaluation and advocacy in the area of young parents' maternal and child health. It supports staff development and staff engagement, it further enhances leadership skills and succession planning within PHS and it helps to ensure the sustainability of an important evidence-based early intervention program.

Alternatives for Consideration – See Page 6

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

Financial: Middlesex-London Health Unit, as the CaNE Project lead agency, would pay all additional costs related to the new PT secondment, including salaries/benefits and operating costs. Additionally, the cost of NFP education to backfill the seconded PHN position would be reimbursed by CaNE project funding. There would be no impact on the net levy.

Staffing: The secondment would allow an increase in PHN complement by 0.5 FTE. When the secondment ends, the PHN complement would be decreased. It is anticipated that such a reduction could likely be implemented through attrition.

Legal: Legal services would be engaged in the development of the agreement with Middlesex-London Health Unit, as the CaNE Project lead, in order to effect the secondment as outline in this report.

HISTORICAL BACKGROUND (Chronology of events)

The 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 in the USA have consistently shown that NFP improves prenatal health, decreases childhood injuries, results in fewer subsequent pregnancies, increases the time between pregnancies, increases maternal employment, and improves school readiness. Studies have also shown the NFP program to be cost effective with a \$3-5 return for every \$1 invested.

In 2007, in partnership with McMaster University, PHS began examining the adaptations needed to deliver the NFP program in local contexts while ensuring fidelity to the NFP model. A pilot test of the NFP Program adapted to the Canadian context ran from 2008-2012 in Hamilton to ensure the feasibility and acceptability of the NFP program within local contexts.

On successful completion of the feasibility and acceptability study in 2012, Hamilton was given the opportunity to continue to deliver the NFP program as the first Canadian replication site. The third phase of international replication, a randomized controlled trial (RCT) and process evaluation (PE) commenced in the Province of British Columbia in 2013 with the support of Simon Fraser University and the original NFP research team at McMaster University. The aim of the RCT phase is to evaluate the effectiveness of NFP compared with existing services and determine if the outcomes of the NFP are found to be of public health significance worth replicating across Canada.

While the results of the RCT in British Columbia (BC) are not expected until 2019, Canadian NFP partners, including PHS and McMaster University, recognize the importance of developing the infrastructure to support the expansion of NFP. In 2015, funding became available through the Province of Ontario Local Poverty Reduction Fund for evaluating innovative projects that aim to prevent or lift people out of poverty. Middlesex-London Health Unit led a consortium of six health units and three universities (Appendix A) in a successful proposal to develop the collaborations and infrastructure planning necessary to deliver NFP in Ontario, contingent on positive outcomes from the BC RCT.

The NFP CaNE project will develop, pilot and evaluate a Canadian NFP Nurse Education program designed to educate public health nurses and supervisors to deliver the NFP Program. The CaNE project proposal suggested that Hamilton's experienced NFP nurses may have some input into the development and implementation of the Canadian education plan.

CaNE Project goals include:

1. To design and develop a competency-based Canadian Nurse/Supervisor Model of NFP education.
2. To implement and pilot the feasibility and acceptability of delivering the Canadian model of NFP education in 3 - 6 Ontario public health units.
3. To evaluate this Canadian model of NFP education and measure impact on influencing key poverty reduction benchmarks as identified by the Province of Ontario.

Desired outcomes of the CaNE Project include:

1. To create a Canadian public health nursing workforce that is clinically competent to deliver NFP.
2. To establish a sustainable model of NFP nurse education that can be efficiently delivered to nurses in a wide variety of geographical locations.
3. To improve pregnancy outcomes, birth outcomes, parenting capacity, and maternal achievement in education and employment through the skilful delivery of NFP.

The CaNE project team has created the new position of Provincial Clinical Lead to support the attainment of these goals and desired outcomes. Late in 2015, PHS was approached by CaNE Project leads regarding an opportunity to second a PHN from PHS' NFP Program team to the PT temporary position of Provincial Clinical Lead.

The intention of PHS and CaNE Project is for this secondment to take effect March 2016, if approved and continue for approximately 3 years. The seconded PHN would return to her permanent position with PHS at the conclusion of the project.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

No policy implications.

RELEVANT CONSULTATION

Helen Klumpp, Manager of Finance and Administration, reviewed the financial content of this report.

Dr Susan Jack, CaNE Project Lead and Debbie Sheehan, NFP International Consultant to the CaNE project, Elly Yost, NFP International Consultant to the Hamilton NFP team, Donna Jepsen, NFP British Columbia Provincial Coordinator NFP program and Heather Lokko, Director of the Healthy Start, Middlesex-London Health Unit reviewed the report to ensure accuracy of the information regarding the secondments.

An appointed Solicitor for the City of Hamilton will review the agreement prior to signing.

ANALYSIS AND RATIONAL FOR RECOMMENDATION

(Include Performance Measurement/Benchmarking Data if applicable)

The City of Hamilton PHS is the only health unit in Ontario where NFP is available to low-income women who are pregnant with their first child. Upon successful completion of a feasibility and acceptability study in 2012, 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 with vulnerabilities. As a result of our experience with the NFP Program, front line and management staff have developed expertise in implementation, delivery and management of the NFP program.

The benefits to the City of Hamilton in supporting this secondment are as follows:

- The PHS PHN will have increased opportunities to facilitate knowledge transfer between PHS, the Canadian NFP Research team at McMaster, and leaders and nurses at three to six pilot health units in Ontario.
- The PHS PHN will have an opportunity to collaborate with key stakeholders at a provincial level, to assist and facilitate the development and delivery of the Canadian model of NFP education and to support pilot health units to build competency in their public health nursing workforces to becoming clinically competent in delivering NFP with fidelity to the core model elements.

- It further reinforces partnerships with three to six participating provincial health units, the implementation and policy partners in British Columbia, the British Columbia Healthy Connections Project evaluating NFP, McMaster University and International NFP leaders in the US and abroad.
- It is consistent with the City's value of leadership; the strategic objectives of a skilled and respective workplace, and supports a culture of "engaged and empowered employees".

The CaNE Project aligns with the Ontario Public Health Standard's Reproductive Health goal to enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and are prepared for parenthood, specifically:

- The Board of Health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.

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 decline the additional 0.5 secondment available through the CaNE Project.

Financial Implications: This alternative would forego funding for 0.5 FTE PHN.

Staffing Implications: PHN complement would not be increased.

Legal Implications: No secondment agreement would be required.

Pro: The work associated with developing and maintaining a secondment agreement, and supervising an additional PHN, would be avoided.

Con: An opportunity to act as a leader in building Public Health competency to deliver an evidence based program would be lost. An opportunity to further build collaborative approaches across the province would be lost.

Given these considerations, 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 Priority #2

Valued & Sustainable Services

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

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report BOH16003 – Canadian Nurse-Family Partnership Education Project, Ontario Health Unit Partners