



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
*Family Health Division*

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	December 4, 2017
<b>SUBJECT/REPORT NO:</b>	Nurse-Family Partnership Request to Maintain Current Service Levels BOH07035(g) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Dianne Busser, (905) 546-2424, Ext. 3655 Bonnie King, (905) 546-2424, Ext. 1587
<b>SUBMITTED BY &amp; SIGNATURES:</b>	Jennifer Vickers-Manzin Director, Family Health Public Health Services

**RECOMMENDATION**

That the Board of Health authorize and direct the Medical Officer of Health to extend the agreement and accept funding from the Hamilton Community Foundation in the amount of \$32,000 to support the Nurse Family Partnership© program operational requirements for 2018.

**EXECUTIVE SUMMARY**

The Nurse Family Partnership (NFP) program is a highly successful, international, 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 has a favourable impact on child and maternal health, child development and school readiness, positive parenting practices, family economic self-sufficiency, and on reductions in child maltreatment, juvenile delinquency, family violence and crime.

Ontario is one of only two provinces in Canada offering the NFP program. Although not mandated by the province, the NFP program has been implemented in Hamilton in response to the City of Hamilton’s teen pregnancy rate and the proven quality of the program to improve outcomes for these families. The NFP Program is comprised of

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7.5 FTE primarily funded under the umbrella of the Healthy Babies Healthy Children (HBHC) program, which is a mandated home visiting program financed by the Ministry of Children and Youth Services (MCYS). Historically, 1.0 FTE has been temporarily funded by the Hamilton Community Foundation (HCF) (BOH07035(f)). In 2017, this position became permanently funded through a re-allocation of FTE within the Division as per the complement control policy. The permanent reallocation of FTE has stabilized FTE resources historically funded through the HCF.

Operationally, NFP requires funding to cover NFP licensing requirements and consultative support services from the International NFP team. Additionally, NFP requires ongoing funding for program incentives, outreach strategies, as well as education and teaching materials. HCF funds have historically supported some of the operational cost of the program. If approved, the recommendation will maintain current 2017 service delivery by financing operational costs in the NFP program. Staff will continue to explore opportunities and options for stable, long-term program funding beyond 2018.

#### **Alternatives for Consideration –Not Applicable**

#### **FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: HCF has committed to funding \$32,000 in 2018 for NFP program costs. Public Health Services (PHS) is continuing to explore alternative sources of additional permanent funding.

Staffing: There are no staffing implications.

Legal: The NFP program is delivered under a licensing and confidentiality agreement with the NFP National Office in Denver. There are four existing contractual agreements that govern the delivery of the NFP program in Hamilton. Only the agreement with HCF is affected by this recommendation.

#### **HISTORICAL BACKGROUND**

In 2007, Hamilton became the first location in Canada to offer the NFP program 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. Funding from the MCYS through the HBHC umbrella, Ministry of Health and Long Term Care (MOHLTC) and the Ontario Poverty Reduction Strategy currently provides support for 7.5 FTE Public Health Nurses (PHNs).

Of the 7.5 FTE in the NFP program, 6.0 FTE are funded 100% by the MCYS. In May of 2016 the BOH approved an additional 0.5 FTE secondment to the Canadian Nurse-Family Partnership Education (CaNE) Project. This position is funded by the Ontario

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Poverty Reduction Strategy (BOH16003). In 2017, 1.0 FTE, previously funded by HCF, became permanently funded through a re-allocation of FTE within the Division as per the complement control policy. The 1.0 FTE was re-allocated as a result of continuous quality improvements in consolidating parenting group services and finding efficiencies in running car seat clinic services. As a result, the FTE re-allocation has allowed us to maintain current service levels in the community.

The NFP program operational costs are for licensing and program support consultations as well as program incentives, outreach strategies, education and teaching materials. Historically, HCF funds have helped support some of these program costs.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

The Child Health standard within the Ontario Public Health Standards (OPHS) states that the BOH shall “provide all components of the 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 HCF is willing to continue to support the NFP Program through funding in 2018.

Legal Services will be engaged in the review of the extension of the agreement with HCF, in order to effect the continued funding for the NFP Program as outlined in this report.

## **ANALYSIS AND RATIONALE FOR RECOMMENDATION**

Hamilton has a higher pregnancy rate (9.5 per 1000 females) compared to Ontario (7.8 per 1000 females) for women 21 years of age and under giving birth for the first time. The NFP program is a targeted pregnancy and infancy home visiting program provided by nurses to young, low-income, first-time mothers. The effectiveness of the NFP program has been rigorously evaluated. Ongoing evaluation and refinement of the NFP program based on scientific evidence ensures that it remains relevant and effective. Studies have shown the NFP program to be cost-effective with a \$6.4 return for every \$1 invested.

Approximately 233 women in Hamilton were eligible for the NFP program in 2016, and 26.6 % of this population was referred to the Hamilton Nurse-Family Partnership. Success of the NFP 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 with many showing interest in NFP because of the positive experience of their peers.

The NFP Program is delivered under a licensing and confidentiality agreement with the NFP National Office in Denver. Sites must agree to adhere to all elements of the NFP Program (staff training and supervision, staffing ratios, schedule of visits, use of standard curriculum, etc.). This is to ensure the NFP Program is delivered with its intended quality and rigor to ensure the highest possible outcomes for clients participating in the program. Licensing requirements and ongoing consultative support services from the International NFP are a component of the program that requires funding.

Additionally, the NFP program requires ongoing funding for program incentives, outreach strategies and education and teaching materials. Through the NFP program, PHNs 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, PHNs 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. Through the pairing of targeted education with the provision of materials to use in hands on activities, participants in the program gain knowledge and important skills. A young mother can incorporate reading and play when she has books and balls to use. She can monitor a child's illness when she has a thermometer to read and she can make nutritious baby food at home when she owns her own cook book and food grinder.

Young mothers 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. There are fewer barriers to attending routine doctor's visits or supportive community activities when the family has access to bus tickets. The pride and excitement of a transition to child care or early learning activities is heightened when the child is wearing his or her own new backpack.

Through community partnerships, NFP has jointly sponsored community events for clients and program graduates. Held three or four times a year, these events increase the use of supportive community resources, highlight fun and interesting activities and bring socially isolated individuals together to establish relationships with peers and service providers.

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HCF funding will continue to cover the NFP licensing requirements, program infrastructure costs and ongoing consultative support services from the International NFP team.

## **ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

### **Healthy and Safe Communities**

Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.

## **REFERENCES**

Sama-Miller, E., Akers, L. Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., and Del Grosso, P. (2017). *Home Visiting Evidence of Effectiveness Review: Executive Summary*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC.[Retrieved Nov.10,2017] available from:

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Nurse-Family Partnership [Internet] Denver: Nurse-Family Partnership National Service Office; 2017. Nurse-Family Partnership: Outcomes, Costs and Return on Investment in the U.S. [cited 2017 November 9] available from: <http://nursefamilypartnership.org>

Data Source: LB Summary-age grp, prev. LB, last modified Tuesday, Oct.31, 2017 IntelliHealth Standard Report (modified), Inpatient Diagnosis Data (DAD, CIHI), Therapeutic Abortion Summary (DAD, NACRS-CIHI; CHDB, MOHLTC) table & Population Estimates and Population Projection (Statistics Canada) table, MOHLTC, IntelliHEALTH ONTARIO, extracted Monday, October 31, 2017

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