

CITY OF HAMILTON

PUBLIC HEALTH SERVICES Family Health Division

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: September 17, 2012	
SUBJECT/REPORT NO: Nurse-Family Partnership Expansion BOH07035(d) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Dianne Busser (905) 546-2424 Ext. 3655
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health authorize and direct the Medical Officer of Health to receive, utilize and report on new funding for the Nurse-Family Partnership Program from the Hamilton Community Foundation, and execute an agreement between the City and the Hamilton Community Foundation, satisfactory in form to the City Solicitor;
- (b) That the Board of Health authorize and direct the Medical Officer of Health to increase complement in the Nurse-Family Partnership program by 1.0 full time equivalent Public Health Nurse.

EXECUTIVE SUMMARY

The Nurse-Family Partnership (NFP) is an evidence-based nurse home-visiting program specifically targeting young, first time mothers with low-income. This gold standard

program has been shown to positively change the life trajectory of vulnerable children and their mothers. The program is based on existing scientific and theoretical evidence for how best to assist high-risk, socio-economically disadvantaged families, and has the potential to be one of the most effective programs available to Canadian families in preventing child maltreatment, improving child health outcomes and maternal life-course in a high-risk population. Participant families enter the NFP Program by 29 weeks gestation, and graduate two years after birth.

Following the successful completion of a pilot project in 2011, the Board of Health endorsed the continuation of the NFP program in Hamilton. Public Health Services (PHS) committed to seek additional funding sources to expand the number of Public Health Nurses (PHNs) in the program so that more young mothers and their children could be served. In 2012, PHS realigned one additional PHN from Healthy Babies, Healthy Children (HBHC) to the NFP Program.

Efforts to find additional funding have resulted in an opportunity to expand the NFP Program. New funding is available through the Hamilton Community Foundation (HCF) and Human Resources and Skills Development Canada (HRSDC):

- 1.0 FTE PHN for three years, funded by the HCF, increasing the NFP Program to seven full-time PHNs;
- approximately \$20,000 annually for materials to support NFP service delivery, funded by HRSDC via the HCF; and
- a Child Services Community Collaboration Project Manager, funded by HRSDC and hired through Affiliated Services for Children and Youth (ASCY), to work with the community to identify and address barriers to accessing available services and gaps in co-ordinated services for families with children aged two to four years.

PHS lacks sufficient resources to provide NFP to all high need families who could benefit. This funding opportunity is therefore very welcome.

Alternatives for Consideration – See Page 5

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial:

The NFP Program is delivered in Hamilton as a component of the HBHC program, funded 100% by the Ministry of Children and Youth Services (MCYS). In recognition of community need, in 2012 one additional HBHC PHN was realigned to the NFP Program, making a total of six NFP PHNs funded by MCYS. HCF is offering to provide \$100,000 annually to fund a seventh PHN for a period of three years. Approximately

\$5,000 would be aligned from the existing PHS budget to support training for this additional PHN. HRSDC is offering to provide approximately \$20,000 annually for three years via HCF for NFP materials and incentives, to support achievement of program objectives.

Staffing:

The new funding will allow an increase to the PHS complement by 1.0 FTE PHN for three years. When the funding ends, the PHN complement will be decreased through attrition.

Legal:

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 18 elements of the NFP Program (staff training and supervision, staffing ratios, schedule of visits, use of standard curriculum etc.). This is to ensure that the NFP Program is delivered with its intended quality and rigor to ensure the highest possible outcomes for clients participating in the program. The NFP materials (client resources and training manuals) are all copyrighted and core training is provided by educators endorsed by the NFP National Office.

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

HISTORICAL BACKGROUND (Chronology of events)

In 2007, the City of Hamilton PHS, in collaboration with McMaster University, became the first Canadian site granted permission to conduct a pilot study to determine the feasibility of implementing the NFP Program. At about the same time, MCYS announced an increase in base funding to HBHC to finance two PHNs to deliver services to high-risk pregnant women. With the endorsement of MCYS and the Board of Health, these two positions were allocated to NFP, and HBHC resources were diverted to the NFP to form a team of five NFP PHNs, supported by a half time Program Secretary and Program Manager. Short term funding from the Nursing Secretariat financed a sixth PHN to temporarily provide back up and program promotion activities early in the pilot.

On successful completion of the feasibility and acceptability study, Hamilton was given the opportunity to continue to deliver the NFP Program as the first Canadian replication site. In January 2011, the Board of Health approved the continuation of the NFP Program within current resources.

Recognizing unmet community need for the program, in 2012 an additional HBHC PHN was realigned to the NFP Program.

To date, sixty-seven families have graduated from NFP in Hamilton.

POLICY IMPLICATIONS

The Child Health standard within the Ontario Public Health Standards states that the Board of Health 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

The NFP Community Advisory Committee, which includes community members, advises regarding the development and implementation of the NFP program.

The Hamilton Roundtable for Poverty Reduction and the Best Start Network have endorsed NFP.

Grace Mater, Early Years System Manager in the Social Development and Early Childhood Services Division of Community Services, was consulted and provided input into the development of the new Child Services Community Collaboration Project Manager position to be funded by HRSDC through ASCY.

ASCY was consulted and agrees to house and support the Child Services Community Collaboration Project Manager.

HCF provided consultation and direction regarding this funding opportunity, and submitted a funding application to HRSDC.

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

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

Several high quality studies in the US have shown repeatedly that the NFP Program helps stabilize the lives of young, low-income, first-time mothers and improves the lives of their children. NFP is based on the philosophy that changing lives is not about a handout, it is about helping people to become self-sufficient. NFP helps address

poverty in a sustainable way by investing in the most vulnerable families and their ability to be self-sufficient. There is no other program with this high cost-effectiveness, wide range of benefits, and rigorous scientific evidence. NFP is one of few known interventions to achieve the goal of improving the economic self-sufficiency of participants. Participation in NFP requires significant client commitment for more than two years. Hamilton NFP client retention rates are comparable to retention rates in the US, indicating that clients find the program sufficiently valuable to warrant their ongoing commitment.

NFP addresses a significant community need in Hamilton. The teen pregnancy rate between 1986 and 2007 has consistently been higher in Hamilton than the overall rate in Ontario. In 2009, there were 410 females living in Hamilton aged 21 and under with no previous live birth discharged from hospital for obstetrical delivery. The majority of these individuals have low incomes and could therefore be eligible for the NFP Program. In 2011, 375 clients were referred to long term HBHC home visiting. Many of these clients would have been eligible for NFP if referred during pregnancy.

In compliance with the NFP Program elements, one PHN may serve a maximum of 20 families. By expanding NFP to seven PHNs, PHS will have the capacity to provide NFP to a maximum of 140 families. There is no current waiting list to enter the NFP Program. No significant efforts have been made to recruit NFP Program participants because PHN caseloads have been full. However, referrals are received via word of mouth and the recently reallocated sixth NFP PHN is reaching a full caseload without an increase in recruitment efforts. It is expected that moderate recruitment would readily identify participants to fill the caseload of a seventh NFP PHN.

Resources have been reallocated from regular HBHC service delivery to NFP in recognition of the effectiveness of NFP and community need. It has been possible to reallocate six PHNs to NFP while continuing to meet provincial requirements, in part because of efforts to maximize productivity, and in part because HBHC workloads are reduced somewhat by the existence of NFP. Clients enrolled in NFP would likely otherwise receive long term home visiting within regular HBHC. However, NFP is more resource intensive than regular HBHC service, and PHS lacks sufficient resources to provide NFP to all families who could benefit. The funding opportunity from HCF to add a PHN to NFP is therefore very welcome.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

1. The Board of Health could choose not to approve these recommendations which would mean that this evidenced-based intervention would not expand to serve as many families. This would not be in keeping with the needs of the community.

Financial Implications: This alternative would forego \$100,000 annually from HCF for three years to fund an additional PHN, and approximately \$20,000 annually from HRSDC via HCF for three years to fund program materials.

Staffing Implications: An additional PHN would not be hired.

Legal Implications: No agreement with HCF would be required.

Policy Implications: None

Pros: The need to decrease staffing by 1.0 FTE PHN in three years would be avoided.

Cons: Lost opportunity to increase service to high need families.

2. The Board of Health could direct Public Health Services to seek additional funding through the 2013 budget process so that more families could be offered the service.

Financial Implications: This alternative would forego \$100,000 annually from HCF for three years to fund an additional PHN, and approximately \$20,000 annually from HRSDC via HCF for three years to fund program materials. Additional funds would be requested from the net levy budget for 2013.

Staffing Implications: An additional PHN would not be hired, unless approved within the 2013 budget.

Legal Implications: No agreement with HCF would be required.

Policy Implications: None

Pros: None

Cons: Potential increase to City of Hamilton budget.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)
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Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Intergovernmental Relationships

- ♦ Influence federal and provincial policy development to benefit Hamilton

- ♦ Acquire greater share of Provincial and Federal grants (including those that meet specific needs)
- ♦ Maintain effective relationships with other public agencies

Growing Our Economy

- ♦ An improved customer service

Social Development

- ♦ Residents in need have access to adequate support services

Healthy Community

- ♦ An engaged Citizenry
- ♦ Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

APPENDICES / SCHEDULES

N/A