

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 51-24

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2024 July 18

NURSE-FAMILY PARTNERSHIP ANNUAL REPORT

Recommendation

It is recommended that the Board of Health receive Report No. 51-24 re: "Nurse-Family Partnership Annual Report" for information.

Report Highlights

- The Nurse-Family Partnership (NFP) intervention is being implemented in Ontario under the broader umbrella of Healthy Babies Healthy Children (HBHC) as a targeted and more intensive intervention with a strong evidentiary foundation and proven outcomes for families experiencing complex challenges.
- MLHU is the license holder for the NFP intervention in Ontario, with a total of 10 health units implementing NFP as of 2024.
- As the license holder, MLHU submitted the 2023 Ontario Annual Report to the NFP Licensor. Areas of focus for 2024 include continued monitoring and quality improvement of program fidelity, establishing additional local Community Advisory Boards in communities where NFP is delivered, and ongoing collaboration among Canadian provinces delivering NFP.

Background

The number of families requiring early childhood support and intervention in Ontario has increased, coupled with growing complexity and acuity of need. Infants and children of families experiencing complex challenges are at greater risk of having lasting and lifelong impacts. Preventing adverse childhood experiences is a primordial prevention intervention that can impact physical and mental health and health-related behaviours, including substance use. The Nurse-Family Partnership (NFP) intervention addresses a gap in the Healthy Babies Healthy Children (HBHC) intervention by providing a more intensive intervention at a greater dose for families with the greatest need.

NFP is an evidence-based intensive home visiting intervention for young, low-income, first-time parents, with demonstrated positive effects on pregnancy, children's subsequent health and development, and parents' economic self-sufficiency. The strong evidentiary foundation of NFP has led to international implementation and evaluation. NFP is a licensed intervention currently delivered in eight countries (USA, Canada, England, Scotland, Northern Ireland, Bulgaria, Australia, and Norway). Since 2008, a series of rigorous studies have been conducted in Ontario and British Columbia (BC) to pilot, adapt and evaluate NFP in Canada. In 2019, the Middlesex-London Health Unit (MLHU) became the provincial license holder for five Ontario public health units delivering NFP. Following completion of the BC randomized control trial (RCT), permission was granted by the NFP licensor to expand implementation of the intervention outside of a research context. Since 2022, 5 additional health units have begun implementing NFP in Ontario.

Each year, license holders are required to submit an annual report to guide discussion of implementation successes and challenges, as well as emergent outcome variations. By using quantitative and qualitative data, the annual report supports reflection on progress and development of quality improvement plans for the following year. The international office provides guidance, research, resources, and quality improvement assessment, planning, and implementation. New in 2024, each license holder in the RCT or post-RCT stage of international program replication participates in an annual peer review process instead of meeting with the international team representatives. MLHU (on behalf of all Ontario health units implementing NFP) was paired with England's Family-Nurse Partnership (FNP) to participate in the annual peer review process.

2023 Ontario Annual Report Summary

The annual report includes an overview of data related to implementation (including fidelity to core model elements) and impacts/outcomes, as well as progress related to the previous year's priorities and objectives agreed on with the international office. The report reflects the work across all of Ontario's participating public health units.

In 2023, 392 clients participated in the program and a total of 4228 visits were completed. At program intake, clients:

- Ranged in age from 13 to 32 years,
- 38% reported an annual income of <\$25, 000,
- 45% reported tobacco or nicotine use,
- 32% reported alcohol use,
- 42% reported cannabis use,
- 56% disclosed challenges with mental illness, and
- 35% reported current or recent experience of intimate partner violence.

All sites reported an improvement in the number of referrals to the program and subsequent enrollment rate, collectively contributing to meeting quality improvement goals for both indicators.

Of 145 discharges from the program:

- 44 were graduates of the program (i.e., maintained enrollment from pregnancy until discharge at the time of their child's second birthday),

- 64 were considered a result of un-addressable attrition (e.g., client moved out of service area) and,
- 31 were considered the result of addressable attrition (e.g., client-initiated discharge after care transferred to another nurse).
- The remaining 6 discharges included transfers to other NFP sites and discontinuation in the program after child apprehension.

The annual report also provided an update on the decision to add an additional 0.5 FTE Nursing Practice Lead position (recruited in 2024), successful transition of the NFP Canada website to a new server and the inclusion of additional indicators for the 2023 reporting period, including the involvement of partners/fathers, breastfeeding continuation past 12 months of age, mental health screening results and a breakdown of referral sources.

Identified priorities and objectives for 2024-2025 include continued monitoring and quality improvement of fidelity, establishing additional local Community Advisory Boards in communities where NFP is delivered, increasing site self-efficacy related to data analysis, and reviewing the BC RCT data to inform and enhance quality improvement processes. Ongoing collaboration will continue with other NFP implementing provinces to identify efficiencies related to future education and the long-term maintenance of program materials and a shared program website.

Conclusion

The Nurse-Family Partnership intervention will continue to expand to other health units in Ontario as determined by local need and resources. MLHU remains committed to providing leadership as the license holder and supporting other public health units in the delivery of this intervention.

Investment in the early years is a cost-effective approach to improving population health, especially when servicing those with the greatest need.

This report was submitted by the Community Health Nursing Specialist, Family and Community Health Division.



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This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Healthy Growth and Development standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Client and Community Confidence

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations under Partner with Other Sectors (ABRP) and Supportive Environments (TAFR) and Relationships (TAFR).