

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 May 16

COMPLETION OF THE CANADIAN NURSE-FAMILY PARTNERSHIP EDUCATION (CaNE) PROJECT

Recommendation

It is recommended that Report No. 039-19 re: “Completion of the Canadian Nurse-Family Partnership Education Project” be received for information.

Key Points

- The Nurse-Family Partnership® (NFP) is an evidence-based home visiting program targeting young, low-income, first-time mothers.
- The Canadian Nurse-Family Partnership Education (CaNE) Project demonstrated that the new model of education: 1) prepared public health nurses and supervisors to implement the program with a high degree of fidelity to the program’s core model elements; and 2) was perceived to be sustainable to provide education to a growing NFP workforce in Canada.
- NFP implementation will continue in five health units, with MLHU as the Ontario licence-holder.

Background

The Nurse-Family Partnership® (NFP) is an evidence-based intensive home visiting program for young, low-income, first-time mothers with demonstrated positive effects on pregnancy, children’s subsequent health and development, and parents’ economic self-sufficiency. Since 2008, steps have been taken in Ontario and British Columbia to adapt and evaluate NFP in Canada. In 2015, MLHU launched the Canadian Nurse-Family Partnership Education (CaNE) Project to collaboratively develop, pilot, and evaluate a Canadian model of education for public health nurses (PHNs) and managers responsible for delivering NFP (see [Report No. 048-16 re: “Summary Information Report for July 2016”](#) and [Report No. 019-17 re: “The Canadian Nurse Family Partnership Education \(CaNE\) Project Update”](#)).

Findings from the Canadian Nurse-Family Partnership Education (CaNE) Project

The CaNE Project has concluded (see [Appendix A](#)) and key findings include the following:

- NFP is acceptable to PHNs and supervisors as a public health intervention to address maternal and child health outcomes among a priority population of vulnerable women and their children.
- Following completion of the education, PHNs and supervisors were able to implement the program with a high degree of fidelity to 13 of the program’s 14 core model elements.
- To deliver NFP with fidelity, a three-phase approach to education with a range of teaching and learning strategies was needed. Face-to-face education was highly valued for some components.
- Completion of the CaNE education, practice support from the NFP Practice Lead, and fidelity to core model elements may have contributed to PHNs’ ability to retain a majority of clients.
- Approximately one in five pregnant women referred to public health were eligible for NFP, and NFP PHNs were exceptionally successful in converting referrals into enrolments.
- Public health units were highly successful in reaching and enrolling eligible women, but enhancement of recruitment strategies are required to enroll women earlier in pregnancy.

- Public health nurses and supervisors provided key recommendations for ongoing improvements and the development of new elements for the Canadian NFP education model.
- The Canadian NFP education model was perceived to be sustainable for providing education to a growing NFP workforce in Canada.
- Learning outcomes were identified to inform development of tools for ongoing evaluation of e-learning and in-person learning.

Implementation of the Nurse-Family Partnership Program in Middlesex-London

Since the CaNE Project began, MLHU has received 155 referrals to the NFP program. Of these, 124 women met program eligibility criteria and consented to participate, of which number 82 remain actively engaged in the NFP program. Program intake data demonstrates the complex challenges experienced by women enrolled: 98% reported an annual income of less than \$20,000; 69% of participants had less than a high-school education; 20% were precariously housed; 57% reported smoking; 24% reported using alcohol; 30% reported using cannabis; and 4% reported using street drugs.

MLHU has demonstrated a high degree of fidelity to the NFP program's core model elements throughout implementation, resulting in a high degree of confidence that program outcomes will be similar to those measured in research. While data must be interpreted cautiously with a small sample size, early outcome data reflects this assumption. For example, patterns indicate a trend toward decreased substance use when measured for a second time at 36 weeks' gestation, including a significant reduction in reports of smoking and cannabis use, as well as zero clients reporting use of alcohol or street drugs. Additionally, at 6 months postpartum, 66% of mothers reported some breastfeeding and 26% reported exclusive breastfeeding; these rates are comparable or favourable to breastfeeding rates reported across Middlesex-London (64% and 9% respectively). Additional outcome data will be available as clients continue to progress through the program.

NFP Implementation in Ontario Post-CaNE Project

MLHU holds the NFP licence in Ontario and is finalizing memorandums of understanding with other NFP-implementing public health units in Ontario, including: City of Toronto (Public Health Division), Regional Municipality of York (Public Health Branch), Regional Municipality of Niagara (Public Health Branch), and City of Hamilton (Public Health Services). Capacity to add additional health units in Ontario under MLHU's licence will be dependant upon the RCT results. Implementing agencies are sharing costs (e.g., licensing, consultancy fees, salary/benefits for an Ontario NFP Nursing Practice Lead, and education costs).

The Ontario NFP Provincial Advisory Committee will continue to facilitate collaboration, policy and practice consultation, and ongoing communication among various stakeholders. Additional members from the Indigenous health, child protection, and poverty reduction sectors are being recruited. The Canadian Collaborative for NFP (with Ontario and B.C. representation), which provides guidance and cohesion at a national level for NFP in Canada, is holding an in-person meeting in the fall of 2019 with a focus on visioning for the NFP Program in Canada into 2021 and beyond.

Conclusion

NFP is an evidence-based program that is critical to achieving positive maternal and child outcomes among priority populations in Middlesex-London. The CaNE Project's successful conclusion has provided key findings to guide NFP in Canada.

This report was submitted by the Nurse-Family Partnership Team, Healthy Start Division.



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