

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, CEO

DATE: 2022 May 19

NURSE-FAMILY PARTNERSHIP ANNUAL REPORT

Recommendation

It is recommended that the Board of Health receive Report No. 28-22, re: “Nurse-Family Partnership Annual Report” for information.

Key Points

- Each year, an annual report for the five Ontario sites implementing the Nurse-Family Partnership (NFP) program is generated and submitted by MLHU to the international NFP office.
- The process significantly supports review and reflection on strengths and successes, as well as areas for improvement for the year ahead.
- Areas of focus for 2022 include information system and data/continuous quality improvement (CQI) needs, referrals, early enrollment, retention, reflective supervision, assessment of client experience, and advisory boards.

Background

The Nurse-Family Partnership® (NFP) is an evidence-based intensive home visiting program for young, low-income, first-time parents, 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, with MLHU involved in this work beginning in 2016. In 2019, MLHU became the provincial license holder for five Ontario public health units delivering the NFP program to high-risk clients. Results from the randomized control trial in British Columbia will be publicly available this year.

NFP is a licensed program currently delivered in eight countries (USA, Canada, England, Scotland, Northern Ireland, Bulgaria, Australia, and Norway). Maintaining fidelity to the program’s 14 core model elements is critical to realizing expected outcomes. Each year, every license holder is 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 international networking to support program and quality improvement assessment, planning, and implementation.

The 2021 annual report submitted by MLHU on February 28, 2022 to the international office at the University of Colorado Denver includes information from all five sites implementing NFP in Ontario. After the annual review meeting on March 11, the international office response was received on April 21, 2022.

2021 Annual Report Summary

All sites were able to maintain moderate to significant NFP service delivery throughout 2021. Sites continued to build and improve on providing the program and connecting with one another virtually, despite challenges presented by ongoing redeployment of some staff to pandemic response. The redeployment of NFP supervisors was particularly challenging. Continued restrictions through 2021 limited in-person visits and had a significant negative impact on referral rates. The ongoing support of the Ontario NFP Nursing Practice Lead – a Community Health Nursing Specialist employed by MLHU and cost-shared between implementing sites – was critical throughout the pandemic.

In 2021, 388 clients participated in the program and a total of 4228 visits were completed. Of 182 discharges from the program, 42 percent graduated, 38 percent were considered un-addressable attrition and 14 percent were considered addressable attrition. The final four percent included transfers to other NFP sites and discontinuation in the program after child apprehension. Ontario has the highest rate internationally of enrollments generated from referrals received, at 88 percent. At intake, clients ranged in age from 15 to 24 years, with 86 percent housed securely, 45 percent enrolled in high school, 47 percent completed high school, 15 percent enrolled in post-secondary education, 27 percent participating in the workforce, and 42 percent disclosing challenges with mental illness. Fifty-five percent reported current or recent experience of intimate partner violence.

All clients participated voluntarily, were assigned a single NFP registered nurse, were visited on the standard schedule (with adjustments as needed based on the client's needs), were first-time parents, and met the socioeconomic disadvantage criteria. Three of five sites reported 100 percent compliance with completing first visits before the end of the 28th week of gestation, and there was a three percent improvement in the overall percentage of participants enrolled by 16 weeks gestation. The benchmark for reflective supervision was maintained in three out of five sites throughout the pandemic, although accompanied home visits were not. Existing advisory boards reduced or suspended meetings in 2021, and efforts to establish Community Advisory Boards in other sites were delayed. All nurses and supervisors completed the required education; in 2021, Ontario and British Columbia collaboratively planned and co-facilitated virtual NFP education for nurses and supervisors in British Columbia and Ontario. While process and outcome data collection, analysis, and reporting processes continue to improve, there were additional challenges during the pandemic and need for data support remains evident. In 2021, a SharePoint site was created to share the site data reports, improving consistency and efficiency.

As part of the annual review process, MLHU reported on Ontario's progress related to 2021 priorities and objectives agreed on with the international office. In addition to MLHU's identification of provincial priorities and areas for improvement for 2022, the international office provided feedback on areas of strength and further work. Areas of focus for NFP in Ontario for this year include, but are not limited to, addressing information system and CQI needs, increasing/re-establishing referrals, improving early enrollment and retention rates, resuming adherence to reflective supervision requirements, assessing client experience in the program, and resuming work to establish advisory boards where needed. The Ontario NFP Nursing Practice Lead is in the process of meeting with each implementing site to share annual report data, highlight areas of strength and opportunities for improvement, and begin action planning.

Conclusion

Investment in the early years is a cost-effective approach to improving population health. The Nurse-Family Partnership program continues to grow and improve in Ontario, and MLHU continues to support four other public health units in the province implementing this program. MLHU has begun to explore interest in NFP implementation amongst other health units.

This report was submitted by the Chief Nursing Officer.

Handwritten signature of Alexander T. Summers in black ink.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

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Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer