

NURSE-FAMILY PARTNERSHIP®: A POLICY OPTION TO ADDRESS PROVINCIAL NEEDS AND PRIORITIES

CHALLENGES, NEEDS, SOLUTIONS

The COVID-19 pandemic has had major economic, social and psychological consequences for Ontarians. For many families, the COVID-19 pandemic has amplified toxic stress and increased intrafamilial adversity associated with job loss and housing and food insecurity. Families are experiencing complex challenges that can have lasting and lifelong impacts on infants and children. Nurse-Family Partnership (NFP) has proven outcomes for families experiencing complex challenges that address provincial needs and priorities:

- **Supporting Ontario's Primary Care Capacity** through provision of evidence-based health promotion services to reduce the impact of early adverse childhood experiences and enhance health equity. NFP nurses work closely with primary care within the full scope of their nursing practice to support families in their home and community.
- **Supporting Ontario's Plan to Stay Open** through easing pressure on emergency rooms by reducing pediatric ER visits. *NFP Outcome:* [56% reduction in pediatric emergency room visits for injuries and ingestions](#)
- **Supporting Ontario's Plan to Catch Up** by ensuring our next generation of learners are ready for school. *NFP Outcome:* [67% reduction in behavioural and intellectual problems in children at age six](#)
- **Enhancing rates of childhood immunizations:** The COVID-19 pandemic has disrupted routine immunizations and reduced immunization coverage across Ontario. Immunizations play a key role in preventing a number of childhood illnesses. *NFP Outcome:* [infants were 19% more likely to be up to date on immunizations at 6 months of age](#)

THE EVIDENCE

NFP is an intensive home visiting program for pregnant individuals and first-time parents who experience social and economic disadvantage. Individuals must enroll prior to the end of 28 weeks gestation and are visited by a nurse until their child turns 2 years of age.

NFP has been evaluated in three randomized controlled trials (RCTs) in the US which have demonstrated positive and enduring effects on a range of prenatal, child, and parent health outcomes. The strong evidentiary foundation of NFP has led to international implementation and evaluation. Outcomes that have been shown in one or more of the [NFP RCTs \(conducted in the United States\)](#) include:

- **18%** reduction in preterm deliveries
- **21%** more NFP infants are breastfed (compared to similar populations)
- **19%** more likely to be up to date on immunizations at 6 months of age
- **48%** reduction in child abuse and neglect
- **56%** reduction in emergency room visits for injuries and ingestions
- **59%** reduction in arrests of children at age 15 yrs.
- **67%** reduction in behavioural and intellectual problems in children at age 6

NFP IMPLEMENTATION IN CANADA/ONTARIO

- **2008-2012**, City of Hamilton Public Health Services and McMaster University collaborated on a pilot study to determine the [feasibility and acceptability](#) of delivering NFP to Ontario families.
- Following the pilot study, an RCT to test NFP's effectiveness in Canada commenced in British Columbia in **2013**. [Prenatal outcomes of the BC Healthy Connections Project \(BCHCP\) are published, with reports of program impact on child and maternal outcomes expected in 2023](#). In the BCHCP trial, among smokers, girls and young women who received NFP reported statistically significant reduction in number of cigarettes used compared to individuals in the control group. For the entire sample, enrollment in NFP also led to statistically significant reductions in prenatal cannabis use.
- In **2015**, the Canadian Nurse-Family Partnership Education (CaNE) Project was launched in Ontario to develop, pilot, and evaluate a Canadian model of education for public health nurses and managers responsible for delivering NFP. This increased the number of sites implementing NFP in Ontario from one to five. The [CaNE Project's successful conclusion](#) has provided key findings to guide NFP implementation in Canada and the development of frameworks to support scalability of the intervention in Ontario including: a sustainable Canadian NFP education model; structures to support site implementation and oversight, including data collection and reporting; and processes to integrate NFP as a targeted intervention under the broader umbrella of the Healthy Babies Healthy Children (HBHC) program.

The Middlesex-London Health Unit (MLHU) holds the Ontario NFP license and has Memorandums of Agreement (MOA) with the other NFP implementing public health units in Ontario. Shared implementation costs are outlined in the MOA and include: licensing, infrastructure, and consultation fees paid to the licensor; salary and benefits for an Ontario NFP Nursing Practice Lead position who provides NFP education and site implementation support; and fees to maintain the on-line education platform and NFP website where education and practice resources are stored.

Implementation of NFP in Ontario has been structured to align with the policy objectives of the HBHC program as a health equity-oriented intervention with strong theoretical and evidentiary foundations to meet the needs of families experiencing complex challenges. NFP is being implemented under the broader umbrella of HBHC as a targeted and more intensive program with a strong evidentiary foundation and proven outcomes for families experiencing complex challenges. The HBHC screen is used as a single point of entry to both programs. Clients are then triaged to either NFP or HBHC. NFP service data that align with HBHC reporting requirements is entered into the Integrated Services for Children Information System (ISCIS) and included in Ministry Reporting. Some sites have been granted approval through the Ministry of Children, Community and Social Services (MCCSS) to use HBHC funding to offset staffing costs for NFP implementation.

CONCLUSION

Nurse-Family Partnership is a scalable solution that can be implemented in local jurisdictions to address provincial needs and priorities.

For more information, please contact:

Jennifer Proulx
Acting Director, Healthy Start and Chief Nursing Officer
Middlesex-London Health Unit
Tel: 519-663-5317 ext. 2687 Email: jennifer.proulx@mlhu.on.ca