

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

CHALLENGES, NEEDS AND SOLUTIONS

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 evidence-informed Nurse-Family Partnership (NFP) program addresses a gap in the Healthy Babies Healthy Children program by providing a more intensive intervention at a greater dose for families with the greatest need that has a positive impact on critical maternal-child-family health and social outcomes.

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 public health 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

In 2022, the Canadian scientific evaluation of NFP was completed – the first RCT of an early prevention program embedded within public health in British Columbia (BC) and Canada. The scientific evaluation of NFP, led by the Children’s Health Policy Centre at Simon Fraser University along with collaborators from McMaster University, has shown key results to date including:

- Reducing prenatal substance exposure, specifically decreasing cannabis exposure and also reducing cigarette use in smokers ([Catherine et al., 2020](#));
- Benefits for maternal-reported child language and mental health problem behaviour by age two years ([Catherine et al., 2023](#)) – these early benefits have the potential to positively impact long-term child health and development;
- New evidence on the feasibility and importance of reaching and including families experiencing inequities in BC ([Catherine et al., 2021](#))

The key findings were published in the [Journal of Child Psychology and Psychiatry](#).

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**.
- 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.
- Following completion of the Canadian RCT, permission was granted by the NFP licensor to expand implementation of the program outside of a research context. Since **2022**, 5 additional health units have begun implementing NFP in Ontario. This brings the total number of health units delivering NFP in Ontario to 10.
- In **2023**, the province of Nova Scotia launched NFP through their Eastern Zone Public Health team with plans to expand to all other areas of the province.

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. As of June 2024, there are 10 health units delivering the NFP program 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 1.5 FTE Ontario NFP Nursing Practice Lead positions who provide 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 both local and provincial needs and priorities. For more information, please contact:

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