



NFP Slides Courtesy of David Olds, PhD

Promising to Make a Difference: Implementation of the Nurse-Family Partnership in Ontario

**Dr. Susan Jack
Dr. Harriet MacMillan
McMaster University**

**Debbie Sheehan
Hamilton Public Health Services**

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NFP: THREE GOALS

1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve parents' economic self-sufficiency





FAMILIES SERVED By PUBLIC HEALTH NURSES

- **Low income pregnant women**
 - Usually teens
 - Usually unmarried
 - Before 29 wks gest.
- **First-time parents**



TRIALS OF PROGRAM

**Elmira, NY
1977**



N = 400

- Low-income whites
- Semi-rural

**Memphis, TN
1987**



N = 1,138

- Low-income blacks
- Urban

**Denver, CO
1994**



N = 735

- Large portion of Hispanics
- Nurse versus paraprofessional visitors

CONSISTENT RESULTS ACROSS TRIALS

- Improvements in women's prenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in employment
- Reductions in social assistance
- Improvements in school readiness
- Program effects greatest among those most susceptible



- Hamilton is the first Canadian site to pilot the Nurse-Family Partnership
- Six international sites: Australia, Canada, Germany, Great Britain, the Netherlands, and Scotland.



NFP Acceptability to Mothers

- PHNs provide expert & professional knowledge
- Continuity of relationship with one NFP PHN is very important.
- NFP PHNs provide emotional support tailored to the mothers' needs.
- Home visiting schedule is appropriate to meet their needs.
- Perceive that their participation is supporting their capacities to become better mothers.
- Identified that the NFP program exceeded their expectations and would highly recommend the program to pregnant friends.



Acceptability to Community Professionals

1. Intensive focus on prevention and delivery of services in prenatal period identified as important and unique.
2. Perceived strengths of NFP program:
 - theoretically driven,
 - evidence-based with known effectiveness to influence important maternal-child health outcomes,
 - provides time and structure necessary to develop strong nurse-client relationship.
 - Successfully in accessing and enrolling the *hardest* to reach mothers; clients who were generally NOT accessing public health services prior to the NFP
3. Stakeholders concerned about end of pilot project; do not want to see a new gap in services and perceive that the NFP is an important option for addressing the needs these young mothers.

Acceptability to NFP PHNs

- Delivery of ethical, evidence-based intervention with 'proven' outcomes.
- Able to develop relationship with client, conduct assessments and develop individualized plans of care.
- Standardized curriculum provides consistency of services across clients.
- Frequency & intensity of home visiting schedules provides nurses with time to implement a comprehensive program and to observe client progress.



Funding for the NFP Feasibility Study

www.nursefamilypartnership.org

<http://nfp.mcmaster.ca>

NFP Network contact jacksm@mcmaster.ca

NFP PILOT STUDY FUNDING RECEIVED FROM

- Children's Aid Society of Hamilton
- Catholic Children's Aid Society of Hamilton
- Community Child Abuse Council
- Hamilton Community Foundation
- McMaster Child Health Research Institute
- Ministry of Children & Youth Services
- Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
- Nursing Secretariat, Ontario Ministry of Health and Long-Term Care
- PHRED

- Endorsed by:



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Nurse-Family
Partnership

Helping First-Time Parents Succeed