



NFP Slides Courtesy of David Olds, PhD

# **Making a Promise to Make a Difference: The Nurse-Family Partnership Home Visitation Program**

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# Objectives

- To summarize scientific evidence for the Nurse-Family Partnership program
- To discuss NFP Feasibility Project in Hamilton, Ontario
- To provide information on how to join the Canadian NFP network

# Background: Home Visitation Programs

Home visitation programs to promote parent and child development have been widely implemented. Although there are many home visitation programs throughout Canada, they have either not been evaluated, or have shown few effects.

In rigorous evaluations, the Nurse-Family Partnership (NFP) program has been recognized internationally as the gold standard for home visitation practice. The NFP is an evidence-based program of intensive prenatal and infancy home visiting provided by nurses to young, low-income, first-time mothers.



# NURSE-FAMILY PARTNERSHIP

- **Program with power**
  - Nurses visit families from pregnancy through child age two
  - Makes sense to parents
  - Solid empirical & theoretical underpinnings
  - Focuses on parental behaviour and context
- **Rigorously tested**
- **Must be delivered with fidelity to the model evaluated in the RCT**





## **FAMILIES SERVED**

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



# THREE GOALS

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

# 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

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- 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 welfare and food stamps
- Improvements in school readiness
- Program effects greatest among those most susceptible





# Growing Effects on Child Development Memphis 6-Year

- Higher IQ's
- Better language development
- Fewer deregulated & incoherent narrations
- Fewer mental health problems



# Benefits Minus Costs of Child Welfare & Home Visiting Programs

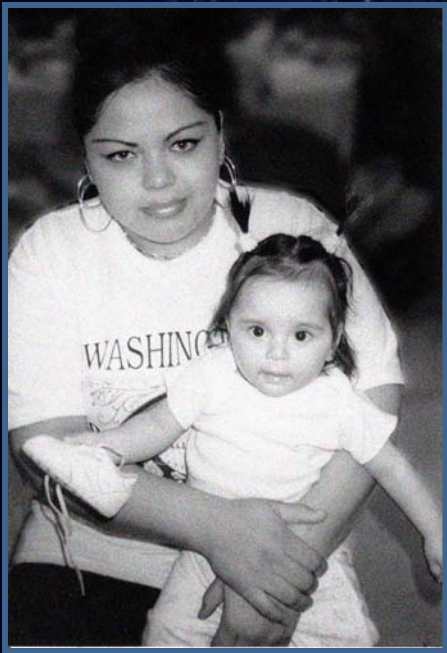
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<b>Nurse Family Partnership</b>	<b>\$17,180</b>
<b>Home Visiting for at-risk mothers/children</b>	<b>\$6,197</b>
<b>Parent-child interaction therapy</b>	<b>\$3,427</b>
<b>System of care/wrap around programs</b>	<b>-\$1,914</b>
<b>Family Preservation Services Programs</b>	<b>-\$2,531</b>
<b>Healthy Families America</b>	<b>-\$4,569</b>
<b>Comprehensive Child Development Program</b>	<b>-\$37,397</b>
<b>Infant Health and Development Program</b>	<b>-\$49,021</b>



# NATIONAL REPLICATION

Now operating in 28 states, serving over 16,000 families



President Obama's Budget Plan calls for the Department of Health and Human Services to 'begin a major effort to ramp-up a new Nurse-Home Visitation program. Rigorous research has shown that a well-structured program can have large and measurable impacts in helping at-risk expectant and new parents give their children a healthy start in life.'







# INTERNATIONAL REPLICATION

Australia, United Kingdom, Germany, Holland,  
Scotland, Canada



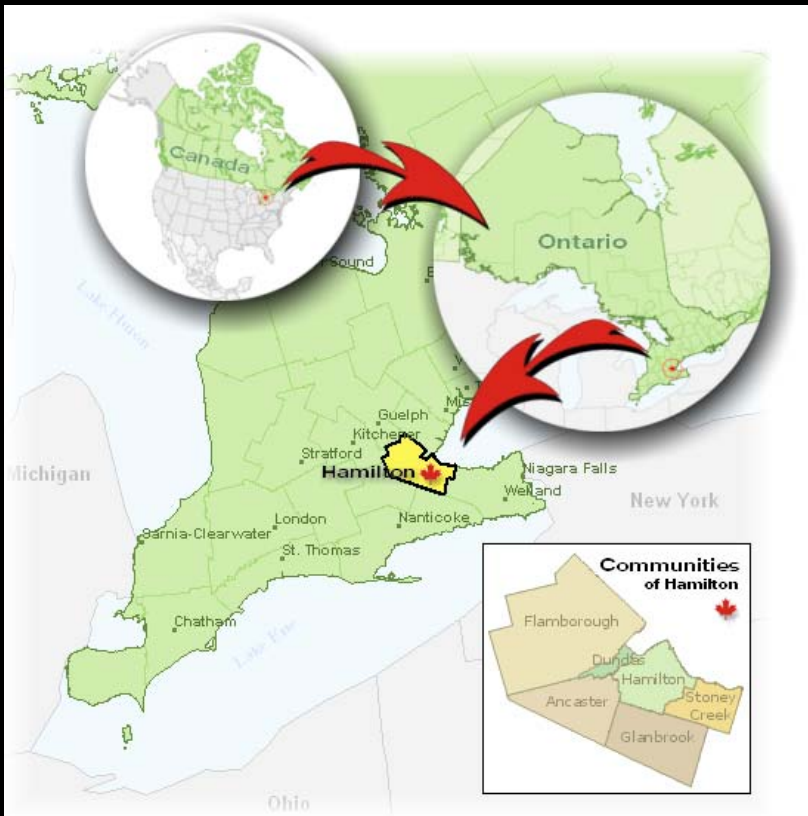
# International Replications of the NFP

International sites contract to implement the intervention with strict fidelity to the model to determine if the NFP is effective in countries with different health and social service systems. An international implementation effort has four phases.

1. **Adaptation:** The exploration of adaptations needed to deliver the program in local contexts while ensuring fidelity to the model.
2. **Feasibility and Acceptability:** The initial small-scale assessment and implementation pilot phase.
3. **Randomized Control Trial:** Pending a successful evaluation of the outcomes of the initial phases, the international site may decide to expand and test the program in a large-scale RCT.
4. **Expansion:** Larger dissemination of the adapted NFP model.

# Hamilton, Ontario

## First Canadian Site to Pilot NFP



### Research Objectives:

- To test the feasibility and acceptability of the NFP program with Hamilton Public Health Nurses (PHNs), mothers, extended family members and community stakeholders
- To evaluate procedures for identification and recruitment of mothers, strategies for retention, & the feasibility and methods for collecting outcome data

# Methods

**Sample size:** 50-75 women

**Eligibility:**

- First-time, pregnant, low-income women who are referred before 29 weeks gestation

**Feasibility Measures:**

- Testing procedures for recruitment, strategies for retention, methods for collecting child maltreatment data from local child protection agencies, collecting hospital visit data for mothers and children, and collecting clinical and interview data from participants.

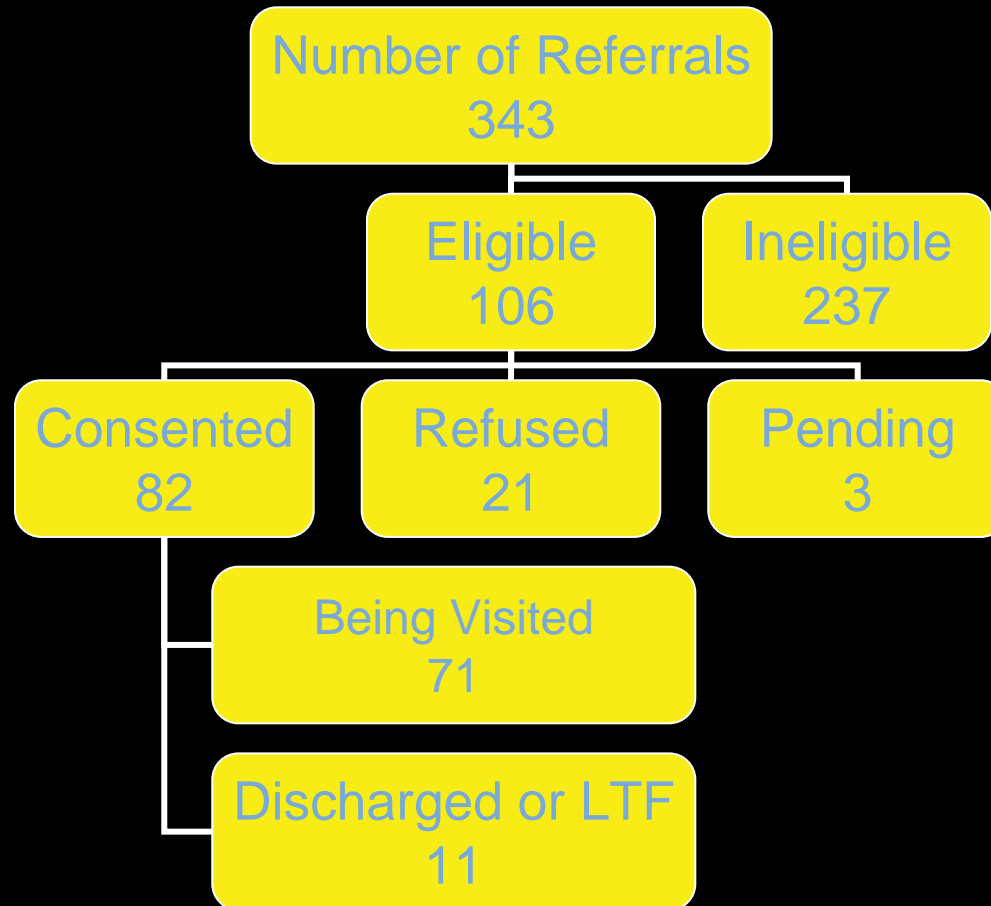
**Acceptability Measures:**

- Qualitative interviews and focus groups with participating mothers and PHNs.

**Data collected at:**

- Baseline, 2 weeks postpartum, infant is 6 months, infant is 12 months

# Recruitment To-Date



As of June 1, 2009



# Program with Power

- **Theory-based:**  
self-efficacy, attachment, human ecology
- **Comprehensive client teaching resources:**  
3 volumes of program guidelines
- **Evidence-based assessment & intervention tools:**  
NCAST, PIPE, Ages & Stages
- **Motivational interviewing**

# Nurse Activities

- Intensive home visiting
- Client engagement
- Goal driven
- Adapted to families' needs and concerns
- Balanced content in each visit across 6 domains:
  - personal health,
  - environmental health,
  - friends and family,
  - maternal role,
  - health care & human services
  - maternal life course development

# Acceptable to Community Partners

- “I usually only hear about complaints, but the client was excited to tell me about your visits...she is really enjoying them.”
- “What a service for young moms and their babies!...a worthwhile project with lasting advantages and savings.”

# Acceptable to NFP Nurses

- “This program helps break down the barriers for clients who are isolated, live in rural communities...we can give them all the information they need to be ready for their babies.”
- “The structure of the program has given us standardized tools for assessment and teaching at levels we didn’t feel capable of before.”
- “Persisting in the chase is worth it....The intensity of the home-visiting schedule in the first few weeks is key to establishing the relationship.”
- “We have created new relationships with primary care providers who are referring their highest risk prenatal clients to the NFP”

# Acceptable to NFP Clients

*“Well [the NFP program] already has helped me understand a lot...*

*[My nurse] brings in things that ... like what to look out for when you're pregnant ...*

*I never knew half of those things. So she's already helped me a lot. I think after [the baby is born]... she'll help me raise a healthy family...*

*She talks about healthy relationships with your family and with your boyfriend and everything.*

*So it's not just about me and the baby, it's about the whole thing.”*



# Acceptable to NFP Clients

*“ She’s [PHN] just nice, like I could talk to her like as if she’s a friend or something... it’s not like just a job for her. She actually ... she likes to come and ... I call her and ask her questions a lot. It’s all new to me, so. And she always answers her phone... Even probably if she is in a meeting she might like ignore it but she’ll call back, which is very good. ... I like her. ”*

# Consistent Themes

- **Mothers value:**
  - Working with a nurse in early pregnancy
  - Consistency of nurse home visitor
  - Opportunity to develop long-term therapeutic trusting relationship
  - Developing skills for managing personal goals, her infant and relationships with others
  - Opportunity to focus on maternal and infant health issues
  - Formal social support provided
- **High level of acceptance of intense, frequent home visits by a nurse**

# Advocacy Efforts

- **Local**
  - NFP Community Advisory Community
  - Best Start Network
  - Hamilton Roundtable for Poverty Reduction
- **Provincial**
  - RNAO/CHNIG
  - Meetings with relevant policy/decision-makers
- **National**
  - Developing network of potential interested collaborators in RCT
  - Development of Canadian NFP Network



# Next Steps

- Develop collaborations with other provincial & federal level researchers/decision-makers
- Disseminate findings from the Hamilton NFP pilot study
- Secure funding to conduct RCT
- Establish a NFP Canadian Centre of Excellence

# Conclusion

- The NFP holds the best promise for improving a wide range of maternal and child health outcomes and producing substantial cost savings to government across sectors including health, social services, justice, and education.
- By increasing awareness of an evidence-based model of nurse home visitation, public health decision-makers and researchers will be able to advocate for this type of cost-effective intervention to improve child health outcomes and maternal life-course.

# Funding for the NFP Feasibility Study

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

- Endorsed by:



Hamilton Roundtable for  
Poverty Reduction

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**For more information on the Nurse-Family Partnership:**

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)



 Nurse-Family  
Partnership  
*Helping First-Time Parents Succeed*