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BC Healthy Connections Project

PROCESS EVALUATION

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BCHCP Process Evaluation Communiqué #10 | September 8, 2016
Nurse-Family Partnership (NFP) Eligibility Criteria - Program Provider Perspectives

One primary function of the BCHCP process evaluation is to document how NFP is delivered across five unique health authorities (HA) in British Columbia. Exploring the experiences of individuals involved in BCHCP such as public health nurses' (PHNs), supervisors', and managers' can provide program planners with valuable information for future implementation/ expansion of NFP in British Columbia or in other sites across Canada. This communiqué provides a brief summary of data obtained from process evaluation interviews with: 1) NFP PHNs and supervisors (across five waves of interviews; and 2) middle and senior Health Authority (HA) managers responsible for BCHCP (across two waves of interviews). The data reflects their perceptions regarding the criteria that were used to determine a pregnant woman's eligibility to participate in the BCHCP randomized controlled trial (RCT), and if randomized to the intervention arm of the study, to subsequently be enrolled in NFP.

A review of all the NFP Core Model Elements (CMEs) is currently underway with input from all nine countries implementing/evaluating NFP. A revised set of CMEs based on research evidence and consultation from the international community will be released in 2017. The BCHCP Steering Committee has determined that during the period of time between open enrolment and release of the RCT results, eligibility criteria will remain the same wherever possible. Once the final RCT data are available and informed by the revised CMEs, final decisions regarding BC's eligibility criteria for enrolment in NFP will be made.

Eligibility Criteria	NFP Stakeholder (PHNs, Supervisors, Managers) Perceptions & Recommendations
1. General perceptions of BCHCP RCT eligibility criteria	• Stakeholders expressed that they, as well as many community referral sources (e.g. physicians, midwives) were challenged to understand the rationale behind the "restrictive" BCHCP eligibility criteria. Consequently, many then perceive that NFP limits the engagement of ***all*** socially and economically disadvantaged pregnant women. • Managers expressed concerns that HAs may have limited resources, and within this context, at times it is difficult to justify delivering a program such as NFP that will only benefit some women and children in the community given the restrictive eligibility criteria. • In some situations, the BCHCP eligibility criteria created moral distress for NFP PHNs who were screening potential participants with a genuine need for additional support (which they believed the NFP program would provide), but the women did not meet all of the study criteria. *"One of our challenges sometimes with NFP has been that we see a population that may be economically or socially disadvantaged with whom we want to engage and provide services and assistance [to]. But the NFP eligibility criteria don't support us engaging with the families that we see. It's age. It's contact prenatally. Time of contact prenatally. It's number of pregnancies. First Nations community involvement. And the economic means test." (BCHCP Senior Manager)* **Points to Consider for NFP Implementation** 1. Given that some stakeholders hold a negative perception about the NFP eligibility criteria, messaging to all NFP stakeholders and referral sources should include information that: a) NFP is a targeted, not universal, public health intervention; and b) health authorities offer a range of services and programs informed by principles of equity or proportionate universalism (addressed in the May 20, 2016 BCHCP Scientific Update).

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	2. Continue to provide community partners, particularly referral sources, with information and education about the NFP CMEs and the rationale for providing a targeted (rather than universal) public health program to specific group of socially and economically disadvantaged pregnant women and young mothers.
2. Qualifying question: **Are you expecting your first child (first birth)?** [1] [1] Eligible if a previous pregnancy ended in termination, miscarriage or stillbirth, or if a child from a previous pregnancy was adopted at birth; individual circumstances may also be considered on a case by case basis	• Some participants, particularly PHNs, recommended that this criterion regarding the interpretation of "first-time mother" be reviewed and revised. Some PHNs experienced an ethical dilemma to identify a woman as ineligible for NFP if she had experienced a stillbirth or who had a previous infant apprehended at birth. The rationale as explained by the nurses was that these were women who had not ever "parented." • Stakeholders identified that referral sources (community physicians) often experienced challenges in understanding the rationale for multiparous mothers not being eligible to receive NFP. *"The patient may have had a previous pregnancy but never parented before. So they surrendered the child. Maybe they were very young or maybe there were other complicating factors. But this pregnancy, they were actually keeping the child and it would be their first opportunity to parent." (Senior Manager)* *"For women whose babies are apprehended at birth or whose babies die shortly after birth are no longer eligible for the program should they be pregnant again, that one is a struggle for me." (NFP PHN).* **Points to Consider for NFP Implementation** **1.** Ensure that NFP nurse education provides substantive content to PHNs and supervisors so that they understand and can explain the rationale for why NFP is currently offered to first-time mothers only. **2.** Request updates from the International NFP Consultants who are currently undertaking a thorough review of all CME across all 9 societies implementing NFP. **3.** Provide letters of support (if requested) to the Prevention Research Center (PRC) at the University of Colorado for their current pursuit of funding to evaluate the effectiveness of providing NFP to multiparous mothers.
3. Qualifying question: **Are you 24 years of age or younger (at time of referral)?**	• Overall, study participants were satisfied with the age criteria and had no additional feedback to provide. However, a small number of participants recommended removing age eligibility criteria as older, first-time mothers with increased levels of social and economic disadvantage have been identified and perceived that they would benefit from NFP. **Points to Consider for NFP Implementation** 1. The BCHCP Steering Committee has recommended keeping age eligibility criteria in place for expansion and continue to assess. In the NFP pilot study (Hamilton BC) – once the community was aware of NFP and community referral sources were skilled in referring clients, demand for the program exceeded program resources. One strategy to manage the waitlist was to decrease the age of eligibility to 21 years.
4. Qualifying question **Are you able to converse in English (i.e. competent to provide informed consent)?** [2] [2]Must be able to participate without requiring an	• Overall, study participants were satisfied with this criterion. A small number of participants expressed a desire to see NFP provided for populations other than English speaking young women. **Points to Consider for NFP Implementation** **1.** In the future, if any NFP Canada site expresses a need to deliver NFP in a language other than English, the following issues need to be taken into consideration: 1) NFP Canada program materials are currently available in English only and resources for translation would be required; and 2) as a relationship-based intervention, little is known about the

interpreter	impact of using professional interpreters. Guidance can be obtained by reading the article by Barnes et al (2011) about providing this program through interpreters in England.
5.Qualifying question: Experiencing socioeconomic disadvantage (must meet 5a <u>OR</u> 5b)[3] Aged 19 years or younger - Eligible Aged 20–24 - Eligible if has TWO of the following three indicators: i. Lone parent Are you a lone parent (i.e. not married and not living with the same person for more than one year)? ii. Less than grade 12 Is the highest level of education that you have completed less than grade 12 (i.e., you do not have BC's Dogwood certificate, the General Education Development [GED] credential or other diploma equivalent to grade 12; note that the Evergreen Certificate is *not* equivalent to grade 12)? iii. Low income (only need to respond "yes" to <u>ONE</u> of the following) ○ **Do you receive income assistance (e.g., disability, social assistance, employment insurance, or BC Medical Services Plan premium assistance)?** ○ **Do you find it very difficult to live on your total household income — particularly with respect to food and rent?** ○ **Do you live in a group home, shelter, or**	• The criteria for determining socioeconomic disadvantage were the most challenging for nurses and supervisors across all HAs. It was perceived to be a major factor contributing to low levels of recruitment and enrolment. • Some participants identified that being married or living with the same person for more than one year does ***not*** equate to economic stability for socially and economically disadvantaged young women. PHNs provided multiple examples where marriage or living together increased the woman's risk – e.g. in relationships where women are exposed to IPV or have limited access to any of the partner's financial resources or both partners are experiencing economic hardship. • Some participants identified that completion of grade 12 should not be an exclusion criteria for those > 20 years. In clinical practice, PHNs observe that completing high school does not always lead to employment providing adequate income to meet basic needs. Participants also expressed a perception that given the different types of high school diplomas available in BC, that this province has a very high graduation rate. • Concern was expressed about having the same criteria for socioeconomic disadvantage be used across the province, given that the cost of living varies dramatically based on where one resides. • Some PHNs perceived that it is difficult for some young women to admit and/or discuss economic hardship to a stranger over the phone and may be fearful of consequences of disclosing such information (e.g. apprehension of child at birth). • It was identified that some young women live "adequately" even without any personal income if their parents provide support and housing during pregnancy but with the expressed expectation that the mother and infant will move out and live independently once child is born. Additionally, with increased cost of living in BC, many young mothers cannot afford to live independently. • PHNs identified that some women are not aware of what the Medical Services Plan (MSP) is, even though they may be eligible. The PHNs suggested that women who may be may be initiating or in the process of obtaining MSP also be eligible for NFP. PHNs identified that it would be beneficial in their role if they could call and assist potential participants to review eligibility for MSP. • It was identified that some women may be eligible for disability assistance yet due to a lack of a formal "diagnosis" which may be related to client access or use of health care services, they are not on the income assistance program. • PHNs requested being provided with more assessment questions or probes that could be asked in conjunction with the subjective question of "do you find it difficult to live on your total household income?" • Recommendations were provided to incorporate a question that examines if mental health condition(s) have contributed to socioeconomic disadvantage. • Recommendation from participants to include a section where the nurse, based on a comprehensive nursing assessment, can contribute information to determine client level of socioeconomic disadvantage. • Within the interviews, stakeholders provided some of their own recommendations for implementation including that: 1) young women (20-24 years) who live with parents and have no independent sources of income should qualify for NFP; 2) the following question should be added "within 60 days of your child's birth, do you plan to move out of your parent's home;" 3) that a question be added that explores if the woman has a mental health condition that has, or has the potential, to contribute to socioeconomic disadvantage; and 4) to include a section on the eligibility form where the nurse, based on a comprehensive nursing assessment, could contribute information to determine client level of socioeconomic disadvantage.

institutional facility (e.g., treatment center)? [3] These indicators are associated with increased risk of childhood injuries	*"I struggle with [the income criteria]. I struggle with each and every one of them as I have screened individuals and you know we had to take a really close look at their situation to see if they were eligible or not. I realize that for the purpose of the research it has to be specific and there has to be cut-offs, I understand that. But I have come across a couple where it was just one thing [that made them ineligible]…. And then the low-income criteria – a lot of them have no idea what MSP premium assistance is and that they are eligible for it. Or income assistance – it's in the works- but they don't have it yet. And I have a lot of moms who are, or who have been, living with their parents just because that is the only option they have. " (NFP PHN)* **Points to Consider for NFP Implementation** 1. After the completion of the BCHCP RCT, BC or any future NFP Canada sites, might consider reviewing the socioeconomic disadvantage criteria and revise with input from local NFP front-line providers. 2. Identify a strategy for including a nurse assessment of socioeconomic disadvantage that could be included in the overall determination (i.e., review the process the Netherlands use).
6. Qualifying question: Are you less than 27 weeks gestation (at time of referral)?[4] [4]Must receive first home visit by 28th week of gestation, according to NFP fidelity requirements.	• Some participants identified that referral sources (physicians) were deterred from referring to NFP due to this criterion, with partners expressing a desire to refer women after this point in time, particularly if their first point of contact for prenatal care has been late in the pregnancy. • Participants noted that it takes time for community partners (doctors, midwives) to build relationships with their clients in order to refer them to the program. • It is sometimes difficult to reach a client to book a home visit by the 28th week of pregnancy given that some women are highly mobile, may not recognize number on cell phone, lack data on cell phones, or do not follow through with referrals. • Extremely early referrals (e.g. 8 weeks gestation) are also a concern as client may not be perceiving herself as pregnant or may be at increased risk for miscarriage. [Note: Members of the BCHCP Q&A Committee requested that the Scientific Team accept early referral]. **Points to Consider for NFP Implementation** **1.** As with other NFP criteria informed by the CMEs, there is an obligation for NFP implementing agencies to engage regularly with sources of referral and provide information and rationale for specific criteria. **2.** These data mirror findings from the NFP Acceptability Study (Hamilton) where community partners also expressed a desire to refer women > 28 weeks gestations. Despite the desire of referring sources to change this criterion, NFP PHNs have expressed support for maintaining the criterion as written. In the Hamilton NFP pilot, PHNs strongly supported having women referred between 12-27 weeks gestation, as they emphasized that early enrolment allowed for the development of the necessary therapeutic relationship that is essential to NFP, and that if women were enrolled later than 28 weeks gestation it would limit the opportunities available to influence and change prenatal health behaviours [Note the current CME requires that the first home visit occur before the 28th week of gestation].

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