# BC NFP Annual Data Report Jan - Dec 2024

May 5, 2025











# **Land Acknowledgement**

We acknowledge with gratitude that we are gathered virtually today on the ancestral and unceded territories of many B.C. First Nations who have cared and nurtured this land for all time and give thanks for allowing us as visitors to live, work and care together.

We acknowledge that there are other Indigenous people that live on these lands that originate from their own respective territories outside of these lands, the Chartered Communities of the Métis Nation B.C., and Inuit.









# **Inherent Rights**

We acknowledge the inherent rights of Indigenous
Peoples in BC, including the rights of Indigenous
children to be healthy and well, and to be raised with
their families and in communities with culture,
traditions, and teachings.







# **Round Table Introductions**







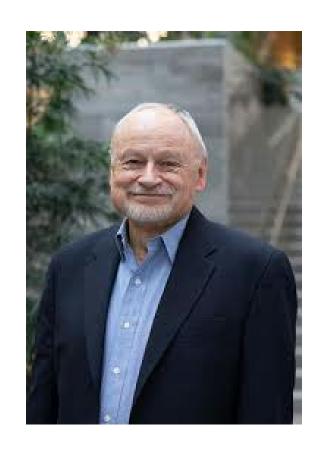


# **Welcome & Opening Remarks**

Dr. David Olds, PhD, DSC

Professor, Pediatrics-Prevention Research Center











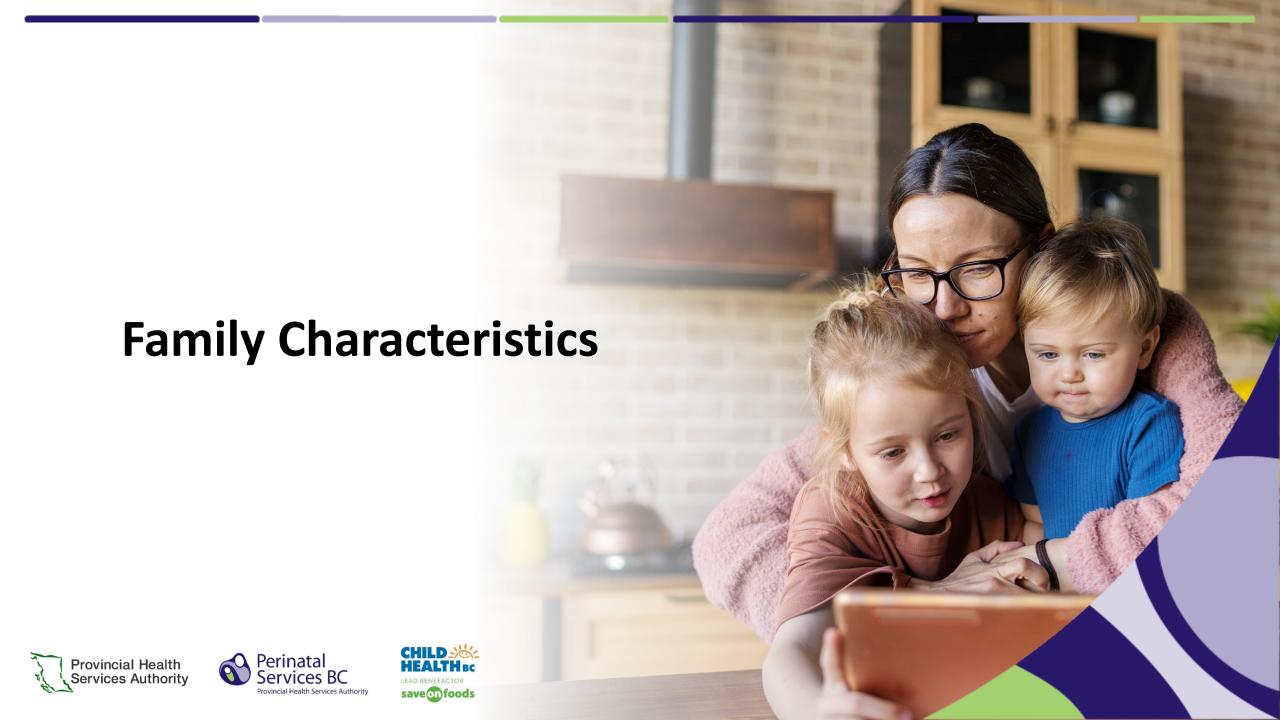
### NFP Delivery in BC

Delivered by 3 Health 114 clients enrolled -Delivering service to **5 Supervisor-led Authorities (HA) at** 46% decrease from **60** communities teams 19 sites 2023 Largest HA decommissioned NFP, Including 13 First 33 Total nurses + 466 received at least and stopped **Nations communities** supervisors one visit in 2024 new enrolments in May 2024









#### NFP Families in BC

#### Compared to 2023, at enrolment families are:

- Less ethnically diverse
- Higher rates of mental illness and certain infections including STIs
- Higher % with annual income >\$10,000, grade 12 completion & employment
- Living with BC's high cost of living and shortage of primary care providers

### Anecdotally, nurses report:

 Facing greater overlapping adversity (complex mental health, STIs, housing insecurity, poverty, access to primary care)







# **Program Impacts: Maternal**

#### Compared to intake assessment there are improvements (decrease in):

- Depression & cigarette smoking at 12 months
- Alcohol, marijuana, cocaine, other street drugs at 36 weeks and 12 month
- IPV disclosure in infancy & toddlerhood

#### **Anecdotal reports in some regions:**

- ↑ clients pursuing higher education (including post-secondary), achieving employment
- ullet in subsequent pregnancies compared to previous years
- ↑ ongoing interest in learning how to communicate with the child's father who may also be experiencing adversity
- ↑ mental health outcomes relate to connecting in relational way with clients & encourage connection to supports







# **Program Impacts: Child**

#### **Birth Data compared to 2023**

- ↓ % of moderate to late preterm births
- $\downarrow$  % of low birthweight babies
- ↑ % of LGA babies

#### **Child Health & Development compared to 2023**

- ↑ Immunizations UTD (79-83% vs. 51-80% in 2023)
- Hospitalizations for injuries (<10%, similar to 2023)</li>
- Child protection referrals (n= <10 − 12)
- ASQ/ASQ:SE requiring further assessment/referral/monitoring (<10% 23%, similar to 2023)







## **Program Impacts: IPV**

- Compared to 2023, IPV disclosure in 2024 was HIGHER
- Compared to assessment at intake, in 2024 IPV disclosure DECREASED at later assessment points (infancy & toddlerhood)

Note: interpreted with caution as this data does not represent the same client over time

#### IPV disclosure data 2024 vs 2023

- ↑ Intake 63% vs 41%
- ↑ Postpartum 51% vs 36 %
- 18 Months 41% vs 30%







# **Challenges**

#### **Program Delivery**

- Geography & population dispersion
- In person delivery for team/family
- Single nurse sites
- Vacancies
- Competing HA priorities
- Dual roles

**Education** 

• Late referrals & ethical impacts

#### Doc

- Training disruptions
- Infrequent foundational education

#### **Families**

- Multiple adversities
- NFP "bridging the gaps" in health care

#### **Documentation**

- Form completeness
- Updates required
- Manual errors







#### **Successes**

#### **Program Delivery**

- Strong, skilled team
- Adherence to CME
- Flexibility

#### **Impact**

- High retention & engagement
- Positive family reports/survey
- IDP referrals, immunization & BF/CF rates

# Policy & Research Support

- Best Start in Life
- SFU Children's Health Policy Center

#### **Staffing**

 Case conferencing, reflective practice highly valued

#### **Education**

• Flexible & responsive (virtual, interim & regional education)







# **Updated Research Activities**

- In 2024, Catherine et al. published a rapid review of effective home visiting programs, which highlighted the NFP program: <u>"Effective Home Visiting Programs for Children and Mothers Experiencing Adversities"</u>.
- In 2024, researchers continued work on the following report: Catherine et al. "<u>Effects of nurse-home visiting on intimate partner violence and maternal income, mental health and self-efficacy by 24 months postpartum: A randomised controlled trial (British Columbia Healthy Connections Project)" (published in January 2025)
  </u>
- In 2024, Catherine et al., also continued to work with Indigenous scholars to prepare a report on the BCHCP RCT findings related to Indigenous Children and Mothers in BC – "<u>Understanding the</u> <u>experiences of young, urban, Indigenous mothers-to-be in British Columbia, Canada</u>"- published in January 2025







# **Continuous Quality Improvement: 2024 Outcomes**

#### **Client interaction**

- In person visits 85% in person (63% home, 23% other)
- Nursing facilitator updates strategy

#### **Program Implementation**

- Nurse education: Virtual delivery, reflective supervision, case conferencing
- Decreased enrollment
- CME 4 76% enrolled prior to 28 weeks; 24% after 28 weeks; 3% after 35 weeks
- Annual report and demographic data driving CQI

#### **Outcome achievement**

- Most benchmarks met- CME #6 surpassed
- Benchmarks not met (CME # 9, 11, 12) - consistent with previous years, similar challenges







#### 2025 Action Plan





Onboarding NFP Clinical Lead





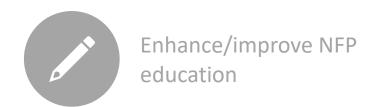
Improve data collection and reporting



Support sustainability through national partnerships



Provincial strategy to support early referrals

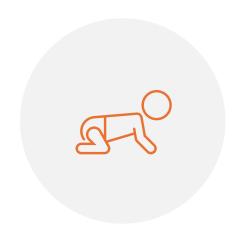








# **CQI** Goals for 2025







**INCREASE EARLY REFERRALS** 

IMPROVE NURSING DOCUMENTATION

RE-ESTABLISH CANADIAN
CLINICAL LEAD WORKING GROUP







#### **Innovation & Future Considerations**

**Family Engagement Survey** 

• 107 respondents

**Funding & Grants** 

- Health Authority specific hospital foundation funding
- Farmers' Market Coupon Program

**Strategy for Early Referrals** 

Physician engagement grant







# **Report Feedback**









# **General Discussion**









# Closing Remarks & Next Steps

