

Growing the 18 Month Strategy

A pilot project in a Niagara Falls Family Health Team

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- **Some background...**



**Getting it Right at 18 Months ...
Making it Right for a Lifetime**

Report of the
Expert Panel on the 18 Month Well Baby Visit

September 2005



ONTARIO CHILDREN'S HEALTH NETWORK



- The Expert Panel recommends that Ontario develop a system where every child in Ontario receives an enhanced 18 month well baby visit

GOALS

Develop a system to support the enhanced 18 month visit

NIPISSING

ROURKE

GOALS



CONNECTION



Why 18 months Pivotal?

- Developmental issues including:
 - Speech and language – literacy
 - Early detection of autism
- Parenting/Behaviour issues
- Family /Social issues
- Last scheduled immunization until age 5



The Niagara Pilot Project

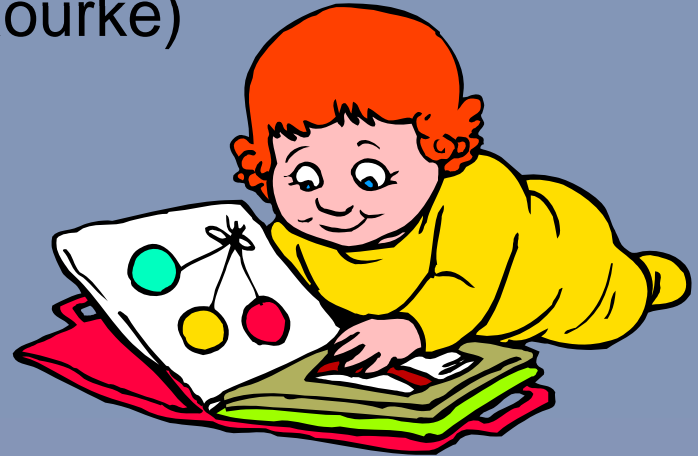


Niagara Pilot Project: Hypothesis

“Could a HBHC PHN linked with a Family Health Team be a catalyst/support/educator and coach to implement, and sustain the implementation of the enhanced 18 month visit?”

Project Design

- PHN and physician/NP in exam room with child and parent to complete Rourke
 - PHN models teaching re: parenting issues (Education/Advice section on Rourke)
- Literacy information
 - book
 - literacy tips for parents
 - bookmark
- Referrals to assessment services and community resources (PHN input)



Emergent Literacy

- In three studies, parents whose children were given books by their physicians were significantly more likely to report positive book-sharing behaviours than parent in control groups (Golova et al, 1999; High et al, 1998, Needlman et al 1991)
- Parents took the suggestions from the physician seriously and physicians thought that the information was more valuable coming from them as opposed to another related professional.
- It confirms to parents the importance of emergent literacy.



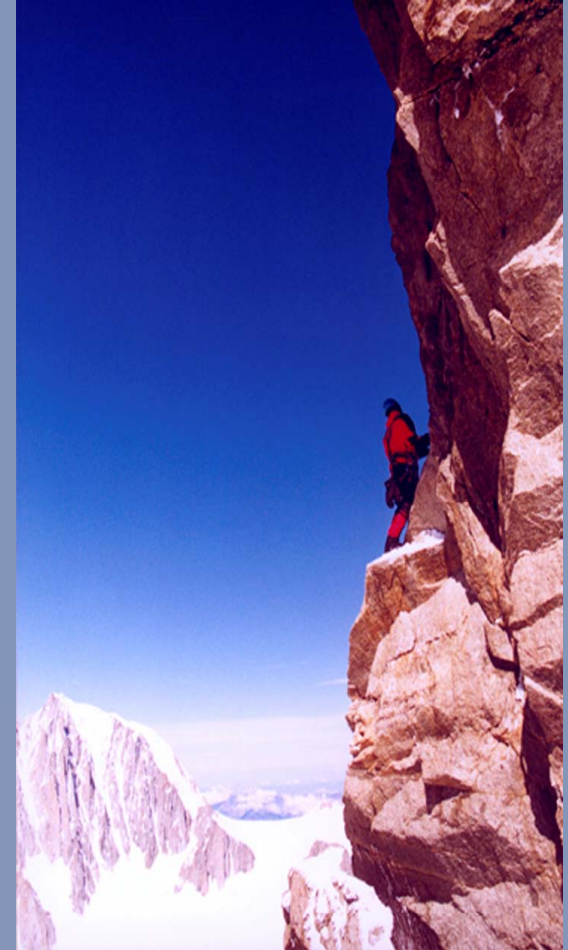
Key Learnings

Important to have:

- Flexibility
- Hands-on, one-to-one model
- Modelling information and approach
- Relationship building
- Knowledge sharing

Barriers and Challenges

- Communication
- Scheduling
- Knowledge levels
- Complex referral systems



Key Benefits

- Crossover of information
- Enhanced collaboration
- Increased comfort in making referrals
- Parents receive enhanced support
- Knowledge about community resources



Evaluation

Pilot Study: May 07 – April 08:

-75 parents with 18 mo olds seen with PHN model

Post-Pilot: May 08 – October 08:

- 23 parents with 18 mo olds seen by physicians only

1. Data collection – Rourke results, referrals
2. Telephone survey with parents by a public health nurse
3. FHT focus groups
4. Post-project evaluation
 - collection of Rourkes
 - referral #'s
 - connection with FHT



Evaluation

- Rourke Baby Record (2006)
 - 69 Rourkes completed when PHN involved (12 month period May 07-April 08)
 - 21 Rourkes completed after PHN finished (6 month period May 08 – October 08)
 - At times older version of Rourke (2000) used in error (8 times while PHN involved, 7 times after PHN finished)
- Nipissing District Developmental Screen
 - 73 NDDS completed when PHN involved
 - 23 NDDS completed after PHN was no longer on site
 - 4 visits did not have a NDDS on chart

Evaluation

Telephone survey with parents:

- 72.2 % recall reviewing the NDDS prior to seeing their PCP -58.9% report this as very helpful in understanding their child's G&D
- 94.8 % recall hearing about community resources
- 38.8 % had used an OEYC and a further 24.3% reported going after the visit
- 85.1 % report receiving a book and 97.8% report reading it to their 18 month old
- 81.8% report the literacy tip sheet to be a valuable resource

Parent Feedback

- “the visit was thorough and informative”
- “I liked getting the book and knowing that (my child) is doing well developmentally”
- “they were interested in her development and able to address concerns”
- “Developmental detail covered by the PHN; a more thorough visit”
- “able to discuss programs, development and parenting with the doctor and nurse”

PCP Focus Groups

Feedback re: crucial components:

- Science/evidence
- Enthusiasm of physician champion and PCP buy-in
- protect time allotment (20-30 min.) for 18 month well-baby visit
- Link with PHN and with Public Health
- PHN doing Rourke alongside PCP so PCP can hear talking points around parenting issues, resources, etc.

Niagara's Universal Parenting Strategy

Supporting the Vision of Best Start
Child and Family Centres

How Niagara's Strategy Came to Be

- Parenting Task Group
- Review of literature
- Scan of community
- Recommendations to Best Start table (EYNPC) for evidenced based parenting programming

Be A Great Parent

- A positive parenting campaign that target parents, grandparents and caregivers of children (preconception to 18 years of age)
- Focuses primarily on the three parenting styles: *Authoritarian (Strict), Permissive (Lenient) and Authoritative (Balanced)*
- Increases awareness across three streams: *Communication, Guidance and Relationships*

Why Be A Great Parent Was Developed

- Disconnect between the evidence regarding the influence of positive parenting practices and the lack of awareness, knowledge and confidence in parents
- Literature and research about parenting identify the need for:
 - *Increased awareness*
 - *Increased knowledge and **skill development***
 - *Support*

Why Be A Great Parent Was Developed

- Promotes positive parenting in a creative way
- Provides age specific information
- Helps educate parents about positive parenting practices
- Provides support by increasing awareness about available parenting resources throughout Public Health and within the community

Triple P: **Developing Parenting Skill**

- Specifically designed as a population level system of parenting support
- Strength of supporting evidence
- Uses a self regulation model
- Targets wide age range (children 0-16 years)
- Flexible delivery
- Cost effective

Niagara's Triple P Program

- 40 individuals trained in level 4 Group Triple P, 0-12 module and 20 individuals were trained in level 4 Group Teen Triple P, 12-16
- Public Health Nurses were trained in Primary Care Triple P
- Training took place in 2009 and 2011
- Representatives trained and accredited from the following community agencies:
 - Niagara Region Public Health
 - Pathstones Mental Health
 - Ontario Early Years
 - Brighter Futures
 - Adolescent's Family Support Services of Niagara
 - Family Counseling Centre of Niagara
 - Niagara Region Children's Services

www.beagreatparent.ca

www.tripleontario.ca

[http://machealth.ca/
programs/18-month/default.aspx](http://machealth.ca/programs/18-month/default.aspx)

Questions?

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