

## HBHC Program Restart

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**To:** Chair and Members of the Board of Health

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## Recommendations

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It is recommended that the Board of Health:

1. Receive this report for information.

## Key Points

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- Healthy Babies Healthy Children (HBHC) program began implementing it's restart plan in August of 2021.
- HBHC program benchmarks and indicators are currently below pre-pandemic numbers as the program was placed on hold to respond to the pandemic.
- Public health nurses (PHN) and family visitors (FV) within the HBHC program provided 421 phone calls/visits.

# Discussion

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## HBHC Program

### Background

The Ministry of Children Community and Social Services (MCCSS) provides funding for the HBHC program. This program is one of the requirements for the Ontario Public Health Standards to be delivered in accordance with the HBHC Program Protocol Requirements. Wellington-Dufferin-Guelph Public Health (WDGPH) provides HBHC programming to new families with children from birth to transition to school who have risk factors that could impact child growth and development.

This program was largely halted over the last 20 months due to our Agency COVID pandemic response. The MCCSS has provided support for servicing the pandemic needs of health units from 2020 until 2021. HBHC programs have been mandated to restart the programming for the 2021-22 fiscal year. A proposal of the HBHC program restart was submitted to MCCSS in April 2021. Ongoing dialogue with the MCCSS continues as we restart programming and readjust forecasted timelines.

The HBHC program provides a targeted approach to universally screen newborn children. The purpose of the program is to enhance newborn and child healthy growth and development and to decrease health inequities amongst families receiving services. (HBHC Program Protocol, 2018).<sup>1</sup>

Program components include service and system integration, access to information and resources, early identification and intervention screening, assessment, blended home visiting services, service coordination, referrals to/from community services and research/evaluation. (HBHC Program Protocol, 2018).<sup>1</sup>

As part of the HBHC program, families received an initial visit and assessment to determine eligibility for the blended home visiting model. The role of the PHN is to assess, refer and plan with eligible families their goals and activities. The role of the FV is to implement the plan and support the family in conjunction with the PHN to achieve behaviour change. The Blended Home Visiting (BHV) program establishes visit frequencies and goals jointly with the family. Common goals include feeding and nutrition, crying, sleeping, attachment, achieving milestones and dealing with childhood behaviours.

## **Program Restart**

All HBHC staff were redeployed to various roles to address the COVID response in our community as we halted regular programming. During this timeframe, we were able to staff casual PHNs to work the triage role. Triage consisted of a telephone call to clients in Wellington-Dufferin-Guelph who scored “with-risk” or had an incomplete HBHC screen from hospital or healthcare provider. The universal screen assists in identifying issues or risks that may compromise healthy child development and/or parenting ability and who may benefit from a more thorough evaluation and receipt of HBHC program services or other services. (HBHC Program Protocol, 2018).<sup>1</sup>

New clients were assessed for relevant risks and provided health teaching and access to relevant resources. Eligible clients for the HBHC program were placed on a waitlist while the remaining team responded to the pandemic. The triage call during the pandemic also included referrals to various community partners as required. Examples of these referrals include lactation consultants, postpartum mood disorder programs, EarlyON Child and Family Centers, Telehealth, primary care providers and Children’s Aid Society.

With the restart of the HBHC program in a pandemic, modifications had to be made to address the public health restriction in place in the spring/summer of 2021. The program is normally, predominately delivered in person; the restart resulted in program delivery conducted remotely. With COVID-19 vaccinations rates locally approaching 90% the program will begin moving back to in person visiting where tolerate by families.

While earlier restarts of the HBHC program were attempted, due to the unpredictability and resurgences of the COVID-19 virus in the local community, they were delayed until the beginning of May 2021. As a result, HBHC program benchmarks and indicators are below pre-pandemic numbers. To date, in 2021, PHN and FV within the HBHC program provided 421 virtual phone visits. The HBHC program currently has 41 families enrolled in the BHV program. Clients are being waitlisted for both PHN and FV services as services are reinstated.

### **Successes:**

- HBHC PHNs have been able to address the client waitlist and conduct virtual phone visits. It important to note that a client waitlist existed prior to the pandemic.
- HBHC program was able to review at-risk assessments and provide available resources and referrals to eligible families.

- With the varying restarts of HBHC amongst health units, Public Health Nursing Practice, Research and Education Program (PHN-PREP), funded by MCCSS, is taking an active role to begin offering current related HBHC resources/webinars etc.
- WDGPH is participating in provincial evaluation for return to regular HBHC service delivery, at the request of MCCSS. Recovery planning results will be shared across health units.

### **Challenges:**

- Unpredictable, foreseeable, short-term future and response to pandemic with staffing requirements. Staff may be asked to pivot very quickly to respond to ongoing Agency needs.
- Staffing education/resource updates will need to be incorporated into the program restart for both orientation and reorientation of staff.
- Unable to reach clients due to changes in contact information which has led to many discharges.
- Time since need/crisis has long past from the original referral to HBHC was received.
- Client's declining program because of not being offered in-person.
- Constrained in addressing sensitive information with client's due to limitation with phone visits and privacy concerns.
- Other community supports remain on hold or backlogged which makes it difficult for parents to navigate health care.

### **Education/Certifications**

HBHC programing requires ongoing specialized training and certification for staff that is renewed on a regular basis. This training has not been offered since the onset of the pandemic. Staff are starting to reorient themselves with these programs and obtain their re-certification as required.

## **Conclusion**

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The HBHC program is making great strides with the program restart, while simultaneously being able to pivot to meet IMS pandemic response needs. The goal is to have the full complement of HBHC staff and full reinstatement of the BHV program by the end of the 2021-22 fiscal year. WDGPH program staff look forward to the continued resumption of the HBHC program.

# Ontario Public Health Standard

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## Healthy Growth and Development

Requirement 3.

The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2018 (Ministry of Children, Community and Social Services)

## 2020 WDGPH Strategic Direction(s)

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- Service Delivery:** We will provide our programs and services in a flexible, modern and accessible manner, and will ensure they reflect the immediate needs of our Clients and our role in the broader sector.
- System Transformation:** We will equip the Agency for change in all aspects of our work so that we are ready for transformational system change when the time comes.
- Knowledge Transfer:** We will ensure that our decision-making and policy development efforts are informed by meaningful health data at all times.

## Health Equity

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The HBHC program provides opportunities to identify “at risk” families through the screening process which can then provide supports and community services. During the pandemic, many supports and referrals were either slowed, backlogged or halted.

The COVID-19 pandemic affected families health and wellbeing which resulted in increased complexities and difficulty navigating community supports.

As the HBHC program resumes, staff will work with these families to continue to enhance newborn and child healthy growth and development and to decrease health inequities amongst families receiving these services.

## References

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1. Ministry of Children and Youth Services. Healthy Babies Healthy Children Program Protocol, 2018. Available from:  
[https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/HBHC\\_Protocol\\_2018\\_en.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/HBHC_Protocol_2018_en.pdf)

## Appendices

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None