

Program/Service Information Report

Healthy Babies Healthy Children Program

April 1, 2024 – September 30, 2024

To: Board of Health

Meeting Date: December 4, 2024

Report No.: BH.01.DEC0424.C17

Key Points

- The Healthy Babies Healthy Children (HBHC) program is fully funded by the Ministry of Children, Community and Social Services (MCCSS).
- Innovations in program delivery and promotion are continuously identified and implemented.
- Developing new and strengthening existing community partnerships is key to promoting the program and enhancing service delivery.
- From April 1 to September 30, 2024, 97% of postpartum screens were completed for live births in the Wellington Dufferin Guelph Area surpassing pre-pandemic levels.

Program Requirements

Compliance with OPHS and Accountability Indicators:

☒ In compliance

☐ Not in compliance. If not in compliance, provide additional information about the variance and how it will be addressed.

Highlights

Healthy Babies Healthy Children Program

HBHC is a Blended Home Visiting model program, mandated by the Ontario Public Health Standards and financed by MCCSS, to provide home visiting services to families from pregnancy until the child's transition to school. The initiative aims to support children's health, foster their growth and development, and reduce health disparities among participating families. This voluntary program includes universal screening along with targeted assessments and interventions for families.

Hospitals are the primary source of referrals for clients to the program. There are additional referral routes during the prenatal, postpartum stages and early childhood, involving midwives, obstetricians, primary care providers, community partners, and self-referrals by clients.

Program Service Delivery

According to the June 2024 Board of Health report, the Wellington-Dufferin-Guelph Public Health (WDGPH) HBHC program conducted 2,093 home visits from April 1, 2023, to March 31, 2024.¹ In the subsequent six months, from April 1, 2024, to September 30, 2024, the program completed 925 home visits. Of these, 907 visits (98%) were reported by the Blended Home Visiting (BHV) program. Additional home visits involved assessments, education, and potential service referrals without clients progressing to the BHV program.

In 2023, with the resumption of in-person home visits, the program remains committed to enhancing community partnerships and rebuilding connections within the community. The number of home visits has remained relatively stable, encompassing both the total home visits and those conducted under the Blended Model Home Visiting Program. Table 1 provides the updated figures for the number of families served and home visits conducted within the HBHC program. The variations observed over the years are attributable to staffing changes and the reduction in services during the pandemic and subsequent recovery periods.

Table 1: WDGPH HBHC Home Visiting Data (Funding Year April 1 - March 31)

Funding Years	# of Families / # of Families Part of Home Visiting Program (HVP)	# of Visits / # of Visits Part of HVP	% of Visits Completed as Part of HVP
Apr 1– Sept 30, 2024	241/239	925/907	98%
2023 – 2024	424/422	2093/2032	97%
2022 – 2023 (pandemic recovery)	196/177	2309/2087	90%
2021 – 2022 (reduced services)	90 / 74	453 / 378	83%
2020 – 2021 (reduced services)	89 / 78	324 / 115	35%
2019 – 2020 (standard operations)	543 / 507	2,756 / 2,503	91%
2018 – 2019 (standard operations)	566 / 538	2,931 / 2,702	92%

Universal screening and assessments during prenatal, postpartum, and early childhood stages are essential to identify at-risk children and families. The HBHC screen is a validated tool for identifying vulnerable families. Between April 1, 2023, and March 31, 2023, the HBHC program conducted 2,097 developmental screens: prenatal (N = 46), postpartum (N = 1987), and early childhood (N = 64) (see Table 2).

Table 2: HBHC Universal Screening Tools (Funding years April 1 - March 31)

Funding Years	# of Prenatal Screens	# of Postpartum Screens	# of Early Childhood Screens
Apr 1– Sept 30, 2024	22	1085	29
2023 – 2024	46	1987	64
2022 – 2023 (pandemic recovery)	15	2131	61
2021 – 2022 (reduced services)	23	2292	61
2020 – 2021 (reduced services)	18	2214	27
2019 – 2020 (standard operations)	76	2431	72
2018 – 2019 (standard operations)	77	2410	71

Developmental screens that identify clients with risk or discrepant are followed up with a Public Health Nurse (PHN) contact. An In-Depth Assessment (IDA) may be offered to determine if the child is at risk for less-than-optimal healthy growth and development.

During the pandemic years, the completion of In-Depth Assessments was limited due to reduced services. However, after the pandemic, there has been a steady increase in the number of completed IDAs and a higher proportion of families identified as High Risk. As shown in Table 3, the number of families classified as High Risk is notably higher compared to pre-pandemic levels.

Table 3: In-Depth Assessments (April 1- March 31 Funding Year)

Funding Years	# of In-Depth Assessments	# of Individuals with High Risk In-Depth Assessment
Apr 1 – Sept 30, 2024	183	93 (51%)
2023 - 2024	369	158 (43%)
2022 - 2023 (pandemic recovery)	137	117 (85%)
2021 - 2022 (reduced services)	56	52
2020 - 2021 (reduced services)	24	21
2019 - 2020 (standard operations)	458	147 (32%)
2018 – 2019 (standard operations)	454	175 (38%)

Program Partnerships

Creating new and reestablishing existing community partnerships to promote the program and enhance service delivery is essential. Partnerships at various early years planning tables in Wellington, Dufferin, and Guelph enable collaboration and problem-solving to identify community needs and ensure parents can access supportive services for healthy child development.

Efforts to engage with hospitals, midwifery, and obstetric practices continue to prioritize education, outreach, and collaboration. Discussions with HBHC and early childhood partners are enhancing our understanding of systemic challenges related to collaboration and the completion of screenings and referrals. This is fostering innovative approaches to efficiently advance the program. During April 1 to September 30, 2024, the percentage of postpartum screens completed for the number of live births in the Wellington Dufferin Guelph Area was 97%, exceeding the highest pre-pandemic years by 7% (see Table 4).

Table 4:

Funding Years	# of Postpartum Screens	# Live Births	% of Births with a Postpartum Screen Completed
Apr 1 – Sept 30, 2024	1085	1119	97
2023 – 2024	1987	2396	83
2022 – 2023 (pandemic recovery)	2131	2678	80
2021 – 2022 (reduced services)	2292	2847	81
2020 – 2021 (reduced services)	2214	2714	82
2019 – 2020 (standard operations)	2431	2705	90
2018 – 2019 (standard operations)	2410	2664	90

Innovation Highlights

Over the past year, new approaches to program delivery and promotion have been recognised and put into action. These innovations focus on enhancing communication with clients and the community, improving accessibility for vulnerable groups, and leveraging technology. Finding creative ways to communicate remains a key priority for the program. Collaborating with other public health units to share innovative ideas has proven beneficial, fostering more efficient delivery of HBHC services, and discussions about suitable local solutions are underway.

Communication

The Short Messaging System (SMS) text messaging system, introduced in 2023, has significantly streamlined staff workflows and process steps, leading to cost reductions and enhanced service delivery to clients. Clients now receive an automated text response with callback information following an attempted telephone call. This improvement has effectively reduced the extensive backlogs that were previously encountered.

Alternative methods of electronic communication and service delivery are being investigated to minimize administrative tasks for staff, thereby increasing the time available for quality client interactions. We have developed and disseminated a streamlined electronic form for HBHC referrals to our community partners and traditional sources. This referral form is now accessible

on our WDGPB webpage, enhancing both accessibility and efficiency. Upon completion, the electronic form is submitted directly to our administration, which helps to reduce paper usage within the program. Furthermore, the new HBHC program postcards include a QR code that directs clients or community partners to the WDGPB HBHC webpage. This page provides a comprehensive overview of the program and its services, along with the electronic referral form.

Program Accessibility

The delivery of HBHC services to clients for whom English is not the primary language presents certain challenges. Traditionally, interpretation services have been provided through in-person attendance at the client's home to facilitate assessments via translation. However, it has become progressively more difficult to secure these services in a timely and cost-effective manner for the wide range of required languages.

A new system is under exploration, designed to be both cost-effective and capable of providing instant, live facetime calls for interpretation. This service is accessible via mobile phones or iPads, resulting in enhanced efficiency and reduced costs in program service delivery to clients.

Conclusion

The HBHC program is experiencing continuous growth in referrals, identification of at-risk families, and collaboration with community partners. As the proportion of families identified as high risk increases while program funding remains limited, it is essential to prioritise innovative delivery strategies to ensure that the HBHC program continues to provide high-quality services to vulnerable families.

Related Reports

BH.01.JUN0524.C09 – Healthy Babies Healthy Children Program

References

1. Wellington-Dufferin-Guelph Public Health. Consent Agenda to the Board of Health. BH.01.JUN0524.C09 Healthy Babies Healthy Children Program. [Internet]. 2024 June 4. [cited 2024 Apr 22]. Available from: <https://wdgpublichealth.ca/sites/default/files/bh.01.jun0524.c09 - hbhc.pdf>
2. Ministry of Children and Youth Services. Healthy Babies Healthy Children Program Protocol, 2018. Available from <https://files.ontario.ca/moh-healthy-babies-children-protocol-en-2018.pdf>

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