

## Program/Service Information Report

# Healthy Babies Healthy Children Program

March 31, 2024 – April 1, 2024

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**To:** Board of Health

**Meeting Date:** June 5, 2024

**Report No.:** BH.01.JUN0524.C09

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## Key Points

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- HBHC is a fully funded program by the Ministry of Children, Community and Social Services (MCCSS).
- Stagnant funding has provided both challenges and opportunities.
- Innovations in program delivery and promotion have been identified and implemented.
- Evaluation project plan for local program quality, improvement, and satisfaction.

## Program Requirements

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### 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.

N/A

## Highlights

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### Healthy Babies Healthy Children Program

HBHC is a Blended Home Visiting model program, mandated by the OPHS, and funded by MCCSS to offer home visiting services to vulnerable families from prenatal to the child's transition to school. The program is designed to assist children to have a healthy start in life, provide them with healthy growth and developmental opportunities and to decrease health

inequities for families receiving services. The voluntary program consists of universal screening with targeted assessments and interventions for families.<sup>1</sup>

Clients are primarily referred to the program through hospitals. Additional referral pathways occur during the prenatal, postpartum periods and early childhood via midwives, obstetricians and primary care providers and client self-referral,

### Program Service Delivery

In 2023-2024 funding year, the WDGPH HBHC program completed 2093 home visits from April 1, 2023 - Mar. 31, 2024. The Blended Home Visiting (BHV) program reported 2032 (97%) of these home visits. Additional home visits account for assessment, education and potential service referrals provided without the client moving onto the BHV program.

The HBHC program has fully resumed in person home visits for over a year now, which had a period of adjustments for clients having services offered within their homes. Home visit numbers have remained relatively steady with both the total home visits and home visits that are part of the Blended Model Home visiting program. There has been a steady increase in the number of families being accommodated with the resumption of the in-person Home Visiting Program during this past funding period.

Table 1, profiles the updated number of families and home visits completed within the HBHC program. The variance during the years, reflects the staffing that was previously funded as well as limited program services during the pandemic. As funding increases have been zero for many years, staffing has slowly declined to account for inflationary increases during this time.

**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
2023 - 2024	424/422	2093/2032	97%
2022 - 2023	196/177	2309/2087	90%
2021 - 2022	90 / 74	453 / 378	83%
2020 - 2021	89 / 78	324 / 115	35%
2019 - 2020	543 / 507	2,756 / 2,503	91%
2018 - 2019	566 / 538	2,931 / 2,702	92%

Universal screening and assessments completed at the prenatal, postpartum, and early childhood stages, are key to identify children and families with risk. The HBHC screen is a comprehensive and validated tool that identifies vulnerable families. During April 1, 2023, to March 31, 2023, the HBHC program completed 2097 developmental screens during the prenatal (N=46), postpartum (N=1987), and early childhood (N=64) periods (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
2023 - 2024	46	1987	64
2022 - 2023	15	2131	61
2021 - 2022	23	2292	61
2020 - 2021	18	2214	27
2019 - 2020	76	2431	72
2018 - 2019	77	2410	71

Developmental screens that identify clients with risk or discrepancy are followed up with a 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.

There was a notable decrease in IDA completion during the pandemic years, however momentum has increased steadily post pandemic as noted in Table 3.

**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
2023 - 2024	369	158
2022 - 2023	137	117
2021 - 2022	56	52
2020 - 2021	24	21
2019 - 2020	458	147
2018 - 2019	454	175

## **Program Partnerships**

The creation of new and the reestablishment of existing community partnerships to enhance service delivery has been progressing well post-pandemic, as agencies and services have fully resumed. Collaboration around services offered, new processes, and resources has continued.

Liaison work with outreach to hospitals, midwifery and obstetric practices have restarted providing education, outreach, and collaboration.

## **Innovation Highlights**

Innovations in program delivery and promotion have been identified and implemented in the past year. Innovations have centered on improved communication with clients and community, increasing client accessibility for vulnerable populations and the use of technology.

### **Communication**

The SMS text messaging system has saved staff time and process steps, thereby reduced costs and provided more timely service to clients. Clients receive a text response with information to phone back after a telephone call attempt. This has reduced the lengthy backlogs that previously occurred.

New program and service information postcards for prenatal and postpartum clients have been created. Dissemination of postcards currently occur within hospitals and some midwifery and obstetric practices. Content includes educational resources and services such as the online parenting program, Public Health support services and the HBHC program with QR codes, websites, and phone contact information. The new QR code will redirect to the new WDGHU HBHC website page outlining a description of the program and services offered.

### **Program Accessibility**

With immigration, there can be challenges with HBHC service delivery to clients where English is not their first language. Historically, interpretation services were offered, with in-person attendance in the home, to assist in completing assessments through translation. This has been increasingly difficult to obtain timely, cost-efficient services for the various languages.

A new system is being explored, that is not only cost effective, but provides instant and live facetime calls for interpretation. This service can be accessed with a mobile phone or an Ipad. The result is more efficient and cost-effective program service delivery to the client.

## Technology

With the advancement of technology, previous educational DVD's, are quickly becoming redundant. Repurposed Ipads have been trialed in HBHC to provide educational healthy growth and development videos/resources with clients in their home with much success. In addition, the Ipads can also be utilized to complete referrals online, and as well with the new interpretive services being explored.

## Evaluation

An evaluation plan to look at the local HBHC program is currently underway.

With the lack of funding increase since 2013, an increasing population and clients who may screen with risk, the HBHC program is looking for ways to continue to support with risk families in the community.

The purpose of the evaluation is to measure the satisfaction of clients of the Blended Home Visiting (BHV) program and to determine the impact of the program on supporting clients to meet their individually identified goals. This will involve a qualitative focus with a client survey and selected focus interviews.

Embedding a continuous quality improvement lens will continue to assist with program planning and refinement to ensure optimal service delivery.

## Conclusion

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The program has fully resumed in person home visits during the past funding year with an increase in families on the Blended Home Visiting model.

Although, funding remains unchanged at this time, with further innovative strategies, and client service delivery approaches, the HBHC program continues to provide quality client services to vulnerable families.

The evaluation project will provide valuable insight into future planning to enhance the quality of the HBHC Blended Home Visiting program as we continue to look for innovations and efficiencies. The evaluation is one component of a number of initiatives that the program is undertaking to ensure that current resources are having the most impact possible.

## Related Reports

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BH.01.JUN0723.R19 – Healthy Babies Healthy Children Program

## References

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1. Ministry of Children and Youth Services. Healthy Babies Healthy Children Program Protocol, 2018. Available from <https://tinyurl.com/34rswvpx>

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