

# Healthy Babies Healthy Children Program

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

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## Recommendation

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It is recommended that the Board of Health receive this report for information.

## Key Points

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- Healthy Babies Healthy Children (HBHC) is a mandated program funded by the Ministry of Children, Community and Social Services (MCCSS).
- The program is currently re-building after the pandemic and utilizing innovative practices to deliver services within budget.
- Impacts of the pandemic have created a greater need for the HBHC services locally.
- Advocacy for appropriate funding coupled with innovative practices can help to bring the program to the service level that aligns with local needs.

# Background

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## Healthy Babies Healthy Children Program

HBHC program is mandated by the Ontario Public Health Standards and the HBHC Program Protocol, 2018, which provides direction for operationalizing the specific program requirements. The program is 100% funded by the Ministry of Children, Community and Social Services (MCCSS). The Wellington-Dufferin-Guelph (WDGPH) HBHC program is offered to prenatal families and newborns up to the transition to school.

The HBHC program utilizes a targeted approach with universal screening at the time of birth. The goal is to optimize healthy growth and development and reduce inequities.<sup>1</sup>

HBHC program elements 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
- Research/Evaluation<sup>1</sup>

The program provides qualified families with an initial home visit and assessment by the public health nurse (PHN) to determine eligibility for the blended home visiting services. The Blended Home Visiting model utilizes the PHN to assess and plan family identified goals. The role of the family visitor (FV) is to work with the family for implementation of the client identified goals jointly with the family.<sup>1</sup>

# Discussion

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## Supporting Literature on Pandemic Effects

The Board of Health report, Healthy Babies Healthy Children Program-Funding Analysis Report Part 1, profiles the pandemic affects on children and parents.<sup>9</sup> Recent research examined the potential impact on children's growth and development as a result of the COVID-19 pandemic.

Literature outlines the effects on a child's development by environmental influences such as isolation, socio-economic factors as well as stress and coping abilities.<sup>2,3,4</sup> The results of pandemic restrictions appear to have shown immediate and possibly long-term adverse consequences on children's physical and psychosocial health.<sup>5</sup>

Parents also reported having increased stress, anxiety, fear, depression and financial losses during the pandemic. The loss of formal services during the pandemic also impacted vulnerable families, especially with the limited access to informal networks for emotional support.<sup>6,7</sup> These decreases to service delivery occurred at a time of uncertainty and increased stressors and families reported this negative impact.<sup>8</sup>

Ongoing research confirms the importance of a nurturing parent-child relationship in the child's socio-emotional and psychological development to mitigate adverse childhood experiences.<sup>6</sup>

## Population Demographics.

Wellington, Dufferin and Guelph have seen a 1.6 % increase in population based on the 2022 consensus data to 321,633. Females of childbearing age (15-49 years) increased by 1.8 % to 72,784. As the population continues to grow, the number of children and families with risk is also anticipated to increase.

## Program Funding

Funding has not increased since 2013, and ongoing inflationary program costs have continued to increase, creating challenges with maintaining previous HBHC program delivery. Operating costs had to be decreased to maintain the program within allocated provincial resources. This affects the program capacity for optimal service delivery to the "at risk" clients.

Funding restraints to the program will continue as the budget likely remains unchanged for the 2023-2024 budget year. A more detailed program funding analysis was provided in the Healthy Babies Healthy Children Program-Funding Analysis Report Part 1 , presented to the Board of Health last fall.<sup>9</sup>

As WDGPH continues to provide this mandated HBHC program and attempts to meet the MCCSS program targets, the agency is looking at innovative strategies to approach service delivery.

## HBHC Service Delivery

WDGPH's HBHC program conducted 2309 home visits for the funding period of April 1, 2022 - March 31, 2023. The Blended Home Visiting program accounted for 2087 of these home visits.

A significant impact on home visits occurred during the pandemic as the program was largely halted and staff were redeployed. As the program resumes, in person home visits continue to adjust to current staffing levels. The program start up, like many other public health programs, takes additional resources and time to get established to pre-pandemic status. An added pressure is the continued reduction in staffing FTE to meet the current budget.

Further to the budget challenges is the increasing complexity of clients coupled with the changing demographics of WDGPH communities resulting in an increased need for translation services. These issues impact service delivery as additional time is required to complete the visits.

In the past the HBHC program was previously subsidized from the cost-shared budgets. In 2018, WDGPH realigned the program to the allocated budget which resulted in a decrease in service delivery based on a reduction in FTE staff.

The chart below outlines the number of families and home visits conducted by the HBHC program from 2013-2023.

## WDGPH HBHC Home Visiting Data

	# of families / # of families part of Home Visiting Program	# of visits / # of visits part of Home Visiting Program
April 1, 22 – March 31, 23	196/177	2309/2087
April 1, 21 – March 31, 22	90 / 74	453 / 378
April 1, 20 – March 31, 21	89 / 78	324 / 115
April 1, 19 – March 31, 20	543 / 507	2,756 / 2,503
April 1, 18 – March 31, 19	566 / 538	2,931 / 2,702
April 1, 17 – March 31, 18	621 / 596	3,487 / 3,206
April 1, 16 – March 31, 17	622 / 613	3,625 / 3,328
April 1, 15 – March 31, 16	675 / 656	3,269 / 3,105
April 1, 14 – March 31, 15	665 / 618	3,826 / 3,510
April 1, 13 – March 31, 14	666 / 601	3,784 / 3,444

### Current Status

In May 2023, the MCCSS released a report that reviewed HBHC Program Practices, Processes and Policies across Ontario's Health Units. The purpose was to examine how health units across Ontario were delivering the HBHC program and what were their identified constraints and challenges in delivering this program.<sup>10</sup>

The results revealed the long-standing challenges meeting the HBHC program metrics within the current funding envelope. This has resulted in some health units prioritizing and adapting the program<sup>10</sup> These findings align with the direction from the Wellington-Dufferin-Guelph Board of Health in the fall of 2022 to manage the program to meet local needs within the funding envelope.<sup>9</sup> This post-pandemic time has increased the need for innovation and efficiencies.

The HBHC program staff conducted an evaluation of the current program and assessed what worked well and what could be improved with the learnings from the pandemic and pre-pandemic service delivery processes. Staff were challenged to look for opportunities to be innovative in ways to deliver the program locally. Lean methodology principles were utilized to review areas for innovation and efficiencies.

## Innovative Practices Employed

- Implementing the use of SMS text messaging system to reduce call tag and engaging clients in a method more comfortable to them.
- Employing iPads for teaching purposes allowing broader access for all HBHC staff to training tools.
- Outreach with hospitals and re-establishing the community partner linkages to improve service coordination.
- Consolidation and creation of client resources most appropriate for the target population resulting in decreased program costs, improved efficiency in ensuring resources are up to date and appropriate for the target population.
- Streamline the process for documentation to ensure meeting professional and agency requirements with minimal effort and costs.
- Utilizing both in person and virtual mechanisms for home visits to meet the increasing needs.

## Next Steps

- An evaluation plan for the HBHC program within the agency will be initiated to provide local context and information for program improvement and client satisfaction. Initial exploratory meetings are being initiated.
- Re-establishing community partnerships and building new ones across all areas.
- Embedding a continuous quality improvement lens to the HBHC program to ensure optimal delivery.

## Health Equity Implications

The pandemic impacted families negatively across all communities. These families have several issues related to their Social Determinants of Health and therefore need additional support to reach and maintain optimal health.

The HBHC program is adjusting and adapting the services delivered to address the most “at risk” families to ensure all families and children have the best chance to a healthy start in life. Additionally, families not necessarily “at risk” have access to services via the Client and Community Service team allowing appropriate access and service delivery by a mechanism most appropriate for the need.

## Conclusion

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The HBHC program continues to recover from the pandemic and resume full services. Benchmarks and indicators will continue to increase as the team adjusts to the new program approach.

As research outlines the continued affects on parents and children, the resumption of the HBHC program and community services are imperative. The need for early intervention services is key.

As funding remains status quo, the program has reviewed areas for innovation and/or changes in process. These innovative approaches coupled with adjustments to service delivery learned during the pandemic can help to create efficiencies in providing care to clients.

Although innovative practices are being deployed, there remains concerns that current funding levels will not be sufficient to address the increasing community needs and post-pandemic impacts on families.

Continued program review and evaluation will provide further program innovation and efficiencies as staff strive for quality program delivery.

# Ontario Public Health Standards

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## Foundational Standards

- ☐ Population Health Assessment
- ☒ Health Equity
- ☐ Effective Public Health Practice
- ☐ Emergency Management

## Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☒ Healthy Growth and Development
- ☐ Immunization
- ☐ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☐ School Health
- ☐ Substance Use and Injury Prevention

# 2023 WDGPH Strategic Directions

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- ☒ **People & Culture:** WDGPH has an organizational culture of engagement, inclusion and agility.
- ☒ **Partner Relations:** WDGPH collaborates with partners to address priority health issues in the community.
- ☐ **Health System Change:** WDGPH is positioned to be an agent of change within the broader health sector.



## References

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