

TO: Chair and members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

1. **Receive this report for information.**
2. **Submit a letter to the Ministry of Children and Youth Services (MCYS) recommending they commit to aligning program service delivery expectations with the annual budget.**
3. **Advocate to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children (HBHC) program, including all staffing, operating and administrative costs, and the annual increases in cost to deliver services.**

Key Points

- HBHC is an important evidence informed program having the potential to impact early brain development, adverse childhood experiences, and resiliency. Early intervention can mitigate lifelong consequences for a wide range of health outcomes.
- MCYS program enhancements have increased the range and evidence base for interventions that can be offered by HBHC.
- Chronic underfunding continues to challenge program integrity and fidelity as limited resources preclude full compliance and achievement of MCYS implementation targets.
- MCYS conducted a Provincial Program Review in 2016. Results and implications are pending.

- HBHC program continues to be included in the modernized Ontario Public Health Standards (OPHS). The specific HBHC Protocol (2012) is under review as are all other Protocols.
- WDGPH is committed to operating the HBHC program within the 100% provincially funded envelope and will continue to adjust program service components accordingly based on evidence and local need.

Discussion

The HBHC program is a prevention and early intervention initiative first established in 1998 and is intended to improve the wellbeing and long-term health and development of expectant parents, young children and their families who are experiencing risk factors for poor outcomes. WDGPH receives 100% provincial funding from the MCYS to deliver the HBHC program. Boards of health are mandated to deliver HBHC as part of the Reproductive and Child Health Standards of the 2008 OPHS and HBHC continues to be included in the 2017 draft Standards for Public Health Programs.^{1,2} The HBHC Protocol (2012) which outlines specific expectations for program delivery is also referenced in the modernized OPHS.³

The purpose of this report is to provide the Board of Health with updates regarding the HBHC program including:

1. Multi-year (2013-2017) WDGPH implementation of the changes and enhancements within the 2012 HBHC Protocol.
2. Ongoing funding and resource pressures within the 2017 HBHC budget envelope.

HBHC Program Overview

An extensive and growing body of evidence demonstrates that early childhood experiences make a critical and long-term difference in early brain development and subsequent health and wellbeing during childhood and into adulthood. Studies reveal strong associations between adverse childhood experiences and an extensive array of conditions later in life including cardiovascular disease, chronic lung disease, cancer, depression, alcoholism, drug abuse, substantially greater risks for life-threatening psychiatric disorders, mental health problems, teen pregnancies, obesity, physical inactivity, and smoking.⁴

Early intervention programs such as HBHC home visiting are shown to be effective in identifying risk and intervening with parent-child interaction in the context of socioenvironmental challenges. Together with health and social service partners, HBHC provides prevention/early intervention support to families in order to enhance children's outcomes and prevent costly health and social problems through the lifespan. For example, home-visiting programs coach new parents on how to interact positively with children while community service partners provide therapeutic interventions for issues such as parental substance abuse or mental illness along with high-quality early care and education to enhance childhood development.

Currently the HBHC mandate includes the following population-based and direct services to families, prenatal to school entry:

- Screening and assessment (prenatal, postpartum, early childhood)
- Postpartum program (phone assessments) and home visits (with risk factors)

- In-Depth Assessments for families with identified child and/or family risk factors as per HBHC Screening Tool
- Public health nurse (PHN) and family visitor (FV) home visiting interventions for with-risk families
- Referral and linkage to needs based supports and services
- Service coordination for high-risk families
- Early identification of children at risk for poor development (multisector collaboration)
- HBHC participation in community planning tables for children's health
- Monitoring and surveillance via HBHC provincial database

HBHC Program Enhancements

In 2012, MCYS revised the original HBHC Protocol. Additional components in the 2012 HBHC Protocol included:

- a) Population-based screening expectations
- b) Screening liaison nurse assignments
- c) New HBHC Screening Tool (resulting in half the population scoring with risk)
- d) Increased expectations for # of In-Depth Assessments to be completed
- e) NCAST Parent-Child Interaction Scales © (requiring annual PHN training and certification)
- f) Keys to Caregiving ©
- g) Partners in Parenting Education (PIPE) ©
- h) Family Service Plan guidelines
- i) Provincially-centralized staff training and education initiatives
- j) Clinical supervision and reflective practice
- k) Provincial database for HBHC: HCD-ISCIS and IRSS enhancements/ increased reporting requirements
- l) Annual continuous quality improvement (CQI) requirements

Deletions included:

- a) Removal of postpartum contact expectation for those families scoring “without risk” on HBHC Screen. As in many public health units (PHUs), this activity was maintained in WDGPH in order to fulfill the Reproductive and Child Health mandates in cost shared programs/services. This activity is currently undergoing a local program review to establish evidence base, efficiencies and cost effectiveness.

As with other PHUs, WDGPH has been working extensively over the past four years to plan, implement, refine and monitor these new tools/resources/expectations, using change management principles and ensuring adequate training and supervision are in place. While WDGPH has managed to complete this extensive program planning work, many of these tools or components are only partially implemented due to staffing and other resources limitations. Targets and benchmarks for service delivery are identified annually by MCYS, with many being unachievable given current levels of funding. MCYS has declined to alter the targets and instead directed PHUs to “prioritize implementation (resources and levels of activity) at the local level”. This has resulted in an inconsistent service delivery model (levels and components that are available) across the province and even within the Central West PHUs peer group. WDGPH has prioritized home visiting and engaged in more targeted screening strategies rather than population-based strategies in order to efficiently identify the families who will benefit most from

the home visiting program. The Agency has also had to institute a waitlist (duration ranges from four weeks to several months) for long-term home visiting services.

Table 1: Key HBHC Program Benchmarks and Indicators

Indicators	2014	2015	2016	MCYS Targets
# of births each year (as per BORN data)	2381	2995	3169	n/a
# prenatal screens	3.1%	3.7%	3.8%	10% of births screened
# of early childhood screens	172	122	137	5% or 1,100 children
# of postpartum contacts	58%	47%	46%	80% of births
# of postpartum home visits	446	494	417	no target
# of in-depth assessments	620	542	550	70% of with risk screens
# of active long-term families	557	190*	207*	* 4 or more home visits (new indicator)
# of long-term visits by PHN	1912	2170	2199	
# of visits by FV	1458	1325	1467	
# of joint home visits	520	543	463	
total # of long-term visits	3370	3495	3666	weekly/biweekly home visits for 6-12 months
# referrals to other services	1177	938	984	all families have a service coordinator

The data in the table above is similar to provincial achievements. Given that program benchmarks cannot be fully attained with the resources that are available to PHUs, MCYS has given direction to prioritize program resources and activities locally. WDGPH has invested in the long-term home visiting service and achieves targets in this foundational program area. WDGPH performs targeted screening with prenatal and early childhood to enlist families who could benefit from home visiting rather than the MCYS indicated population-based approach. The postpartum entry point is, however, an opportunity for population-based screening wherein public health relies on hospital partners to screen as many new families as possible.

In 2016, WDGPH attempted through our continuous quality improvement (CQI) objectives to increase our postpartum contact rate through the use of texting when analysis revealed that phone attempts and call backs were labour intensive and did not result in improved contact rates. Unfortunately, a data collection limitation in ISCIS does not allow reporting of the actual success of texting. PHUs are continuing to work with the Ministry to change the database to reflect population preference. One of the 2017 CQI objectives is to increase the prenatal screening rate which is important since home visiting effectiveness literature indicates better outcomes when home visiting intervention begins prenatally.

Funding and Resource Pressures

WDGPH receives \$1,567,992 annually from MCYS to deliver the HBHC program. This funding has been flat lined for 13 years while service targets and deliverables have expanded, the population size has grown, and the cost of service delivery continues to increase annually. As with other PHUs, this has resulted in reductions in operating and staffing capacity as well as an

inability to meet service targets and program benchmarks. Providing HBHC services to all communities working out of five offices continues to be challenging to operate within the prescribed budget and to deliver the program with less staff. WDGPH continues to make efforts to mitigate the outcome of the ongoing funding shortfall by realizing efficiencies through business process re-design, use of technology, consolidating/adjusting staff allocations, and enhancing staff capacity. Since the program was instituted, HBHC staffing has been reduced by 3.5 FTE PHNs and 0.6 FTE FVs. The majority of the operating dollars for HBHC are used for interpretation fees, mileage, teaching resources, and mobile technology to support the work in the field. MCYS is aware of the misalignment between expectations and funding and in response to consistent feedback from PHUs initiated a Provincial Program Review with a third party consulting group, MNP, in the fall of 2016. The purpose of the review was to assess if the existing HBHC delivery model best meets Ontario's needs, and to identify opportunities to address program sustainability and alignment with the MCYS mandate.

MCYS has not yet shared results of the review or potential program modifications with the field to date.

Conclusion

HBHC is an important evidence informed program that meets objectives in alignment with the current and proposed OPHS. While HBHC is an initiative of MCYS, it is well positioned within public health given the prenatal/postpartum/early childhood target population and related health issues that are supported in each family. HBHC addresses health inequities and serves diverse marginalized populations. HBHC has the potential to impact early brain development, adverse childhood experiences and resiliency which has lifelong consequences for population health.

MCYS program enhancements have increased the range and evidence base for interventions that can be offered by HBHC. Unfortunately, chronic underfunding continues to challenge program integrity and fidelity as limited resources preclude full compliance and achievement of MCYS implementation targets. WDGPH is committed to operating the HBHC program within the 100% provincially funded envelope and will continue to adjust program service components accordingly based on evidence and local need.

In the next few months, MCYS will be sharing the highlights from the Provincial Program Review that was commissioned to a third party and conducted in the fall 2016. It is unknown at this point what changes if any, may be implemented as a result of recommendations by the provincial reviewers.

Ontario Public Health Standard

Family Health Program Standards: Reproductive Health and Child Health; Healthy Babies Healthy Children Protocol, 2012

WDGPH Strategic Direction(s)

Health Equity

We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

Organizational Capacity

We will improve our capacity to effectively deliver public health programs and services.

Service Centred Approach

We are committed to providing excellent service to anyone interacting with Public Health.

Building Healthy Communities

We will work with communities to support the health and well-being of everyone.

Health Equity

HBHC program provides universal and targeted opportunities for screening, identifying and linking families with risk factors to supports and services as available. Risk factors identified on the HBHC Screen reflect possible inequities such as poverty, violence, education, language, social isolation and others.

HBHC strives to support resilience in children and families as part of a prevention and early intervention community safety net. HBHC is one of the few Early Years programs that work with families in their own home environment using the families' available resources to increase their capacity, thereby reducing practical barriers to accessing services for those who may be in most need.

Appendices

None.

References

1. Ministry of Health and Long-term Care. Population and Public Health Division. The Ontario Public Health Standards, 2008. Revised March 2017
2. Ministry of Health and Long-term Care. Planning and Performance Branch Population and Public Health Division. Standards for Public Health Programs and Services Consultation Document. February 17, 2017
3. Ministry of Children and Youth Services. Healthy Babies Healthy Children Protocol, 2012.
4. Center on the Developing Child at Harvard University. The Foundations of Lifelong Health Are Built in Early Childhood; c2010. Available from <http://www.developingchild.harvard.edu>