

**TO:** Chair and members of the Board of Health

**MEETING DATE:** April 4, 2018

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### Recommendation

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It is recommended that the Board of Health:

1. **Receive this report for information.**
2. **Direct staff to write a letter to The Honourable Ginette Petitpas Taylor, Federal Minister of Health, with copies to all Canada Prenatal Nutrition Program (CPNP) Program Coordinators and Program Consultants at the Public Health Agency of Canada outlining the impact of chronic underfunding.**

### Key Points

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- Pregnancy to Parenting (P2P) is an effective program providing support to pregnant women in Guelph facing conditions of risk such as age (teenager or 35 years or older), low education, low income, social isolation, addictions, or language or cultural barriers.
- The goals of P2P are to improve maternal-infant health, increase the rates of healthy birth weights, and to promote and support breastfeeding.
- P2P is a Canada Prenatal Nutrition Program (CPNP) funded by the Public Health Agency of Canada. The budget for P2P has been flatlined since 2004 which has caused an erosion in services over time. At this point, Wellington-Dufferin-Guelph Public Health (WDGPH) needs to make a decision to: a) stop providing this program entirely; b) dismantle the current program and redesign it according to shrinking funding envelope; or c) advocate for an infusion of funds to restore services to program fidelity.
- WDGPH is requesting a base budget increase to restore the supports required to maintain an effective program.

# Discussion

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## Background

The P2P program requires multiple partners to make it successful. The program is currently housed in a community hub with multiple agencies and service providers co-located in the same building.

Partners include the Guelph Community Health Centre, the Shelldale Center, Michael House Pregnancy Care Center, YMCA Teenage Parenting Program (TAPPS), EarlyON Centres and WDGPH to provide supports and services to women who are at risk for experiencing poor birth and child health outcomes.

The goals of P2P are to improve maternal-infant health, increase the rates of healthy birth weights, to promote and support breastfeeding and the health and well-being of children after birth.

The primary focus is to improve the nutritional and health status of expectant and new mothers through nutrition counselling and education, provision of prenatal vitamins, breastfeeding education/support, education and support on infant care and child development and community referrals.

In order to reduce the health inequities created by life circumstance for many participants, and to improve access to the services/supports provided, the P2P program has historically offered:

- Free childcare for siblings aged 18 months – 4 years (currently provided by Shelldale childcare program staff)
- A nutritious meal/snack (with leftovers sent home with participants)
- Language interpretation services
- Weekly bus tokens
- Weekly food vouchers
- Free prenatal vitamins for pregnant women
- Free vitamin D for breastfed infants

## Attendance

Women join P2P before 28 weeks of pregnancy and can attend the program until their baby turns three months of age. While there has been a decline in the total number of women attending P2P annually, the average number of women who attend each weekly session has been rising. In 2006, the average weekly attendance was 10 women; in 2017, that number had risen to 22 women. This consistent regular attendance is a reflection of the alignment with participants' needs. The maximum capacity of the program is 30 women per week.

Sixty percent of the women who attend P2P were born outside of Canada and the majority of these women have been in Canada for less than five years. Thirty percent of participants need interpretive services to participate in the program as their English is very limited or non-existent.

## Program Impact

- P2P is reaching the targeted population – 100% of participants are living with at least one of the following conditions of risk: English as their second language; have lived in Canada less than five years; less than a high school education; food insecure; experienced some form of abuse and/or have a history of depression. An earlier evaluation of P2P also found a high percentage of women with conditions of risk.
- Despite P2P participants having conditions of risk for poor birth outcomes, only 7% of babies delivered by P2P participants in 2017 were less than 37 weeks of gestation. The provincial average is 8%.<sup>1</sup>
- P2P breastfeeding initiation rate is higher at 87% than provincial (63%) and local averages (73%).<sup>1</sup>
- 96% of participants were breastfeeding at three months postpartum.<sup>2</sup>
- A new evaluation tool was implemented in April 2017. After completing P2P:
  - 100% of the participants surveyed indicated an increased confidence in their ability to feed themselves and their families.
  - 87% of participants surveyed had an awareness of strategies to maintain positive maternal mental health.
  - 95% of participants surveyed indicated they knew who to contact in their community if they needed help with pregnancy, healthy eating, breastfeeding and parenting.

## Budget

P2P is a 100% funded program which has been offered in Guelph since 2000. There has been no increase in funding since that date.

The overall annual budget for P2P is \$63,410 with \$33,580 in staffing and \$29,830 in program operating costs.

The three main drivers of increasing costs in the delivery of P2P are:

1. Salary costs
2. Interpreter costs
3. Child care costs

These costs have increased due to rising staffing costs of partner agencies, specifically Shelldale.

Cost savings were realized in staff time, food, transportation, gift cards and other resource costs. Despite these efforts, the gap between funding and program costs continues to widen. In 2017, the following additional cost saving measures were taken:

- Food vouchers decreased from \$20 to \$10 weekly
- Interpreters were offered biweekly vs weekly
- Discontinued child minding services for children under 18 months of age

Historically, P2P has been a strong and effective program aligned with the original six principles of the federal program, particularly equity and accessibility. Over time, and as a result of fiscal restraints, the program has drifted so that it no longer demonstrates fidelity to the original vision. Furthermore, the ability to maintain the same approach to the program is no longer financially viable.

In February of this year, Dr. Mercer sent a request to the Public Health Agency of Canada outlining the significant erosions described above and requested a small annual increase to the base budget of \$15,000. The response outlined that despite being committed to investing in healthy pregnancies and healthy child development, there were no additional funds available. They encouraged WDGPH to follow-up on two potential federal funding opportunities, both of which say no new requests are being considered at this time.

The program is able to continue operating within the 100% funded envelope for this coming fiscal year (2018/19). During this time, staff will be engaging in a “re-model” exercise to determine whether or not it is feasible to continue offering this program as funded.

## Conclusion

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The federally funded P2P program offered by WDGPH aims to support the most vulnerable expectant and parenting mothers in the Guelph community. By focusing on improving nutrition knowledge, skills and access to healthy foods, as well as facilitating social support and encouraging appropriate infant/child feeding, the program contributes to the improved health of families with young children in Guelph. As a result of chronic underfunding, the program has reached a point where it is no longer sustainable in the format currently used. While program cuts will ensure this program is delivered within the 100% federal funding envelope for this coming fiscal year, staff will be undertaking a complete program review to determine ongoing participation.

## Ontario Public Health Standard

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Healthy Growth and Development

To achieve optimal preconception, pregnancy, newborn, child, youth, parental and family health.

Foundational Standards: Health Equity

Public Health practices results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

## WDGPH Strategic Direction(s)

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**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 WDG Public Health.

**Building Healthy Communities:** We will work with communities to support the health and well-being of everyone.

## Health Equity

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Health equity is the condition where everyone can attain their full health potential and are not disadvantaged due to their social position or other socially determined circumstances.

- The targeted population for the P2P program is women living with at least one of the following conditions of risk: English as their second language; have lived in Canada less than five years; less than high school education; food insecure; experienced some form of abuse and/or have a history of depression. P2P program assists these women in accessing pre and post-natal support and services when they might not otherwise. Women with these conditions of risk may not be able to access other services offered in the community due to barriers.
- The positive benefits of the P2P program include social support, access to referrals, access to services in their language, childcare, access to healthy food and supplements and group and one-to-one health education. There is limited capacity in the program and at times can't meet the needs of all women seeking services.
- The P2P program eliminates barriers for women by providing interpretation services, transportation, childcare and healthy food while the women are attending.

## References

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1. BORN. Provincial Overview of Perinatal Health in 2011-2012.2013 October. Available from: <https://www.bornontario.ca/en/resources/reports/lhin-regional-reports/>
2. Wellington-Dufferin-Guelph Public Health. BOH report – BH.01.DEC0314.R28 Feeding Choices Survey. 2014 December 3.

## Appendices

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None