

## Board of Health Briefing Report

**To:** Chair and Members of the Board of Health  
**Date:** September 7, 2022  
**Topic:** **Healthy Babies Healthy Children (HBHC) Program Funding**  
**Submitted by:** Dr. Glenn Corneil, Acting Medical Officer of Health/CEO  
**Prepared by:** Emily Reynolds, Program Manager-Healthy Growth & Development and Kerry Schubert  
-Mackey, Director of Strategic Services and Health Promotion

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### RECOMMENDATIONS

- 1) That the Timiskaming Board of Health endorse the letter from Public Health Sudbury & District (PHSD) ([Appendix A](#)) regarding Healthy Babies Healthy Children Funding, respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life, and that this be communicated in writing to the Ontario Minister of Children, Community and Social Services with copies to the following:
  - a. Chief Medical Officer of Health, Ministry of Health
  - b. Local MPPs
  - c. Executive Director, Association of Local Public Health Agencies
  - d. Chair, Governing Council of Provincial Council for Maternal and Child Health
  - e. Executive Director of Provincial Council for Maternal and Child Health

### Overview

Research clearly indicates that the early years are a critical period in a child's development and set the trajectory for health and well-being well into adulthood.

The Healthy Babies Health Children (HBHC) program promotes optimal child development through implementation of evidence-based prevention and early intervention strategies, and through coordination of services and support in an effective integrated system of collaborative partnerships.

HBHC funding has been the subject of longstanding concern for many boards of health. The budget for the HBHC program has not seen an increase since 2015. This results in erosion in capacity to reach families with risk due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel costs, and operational and administrative costs.

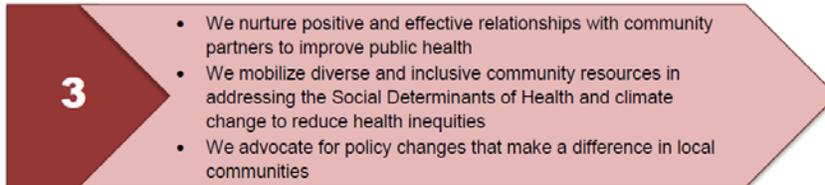
It is anticipated that the negative impact of the Covid-19 pandemic on the HBHC client population will increase demand for the program. Anticipated or observed issues include; increased mental health challenges, increased substance use, ongoing food and housing insecurities, increased intimate partner violence, adverse child experiences, decline in the ability to learn and apply positive parenting strategies.

With the impact of the above noted complex issues for families with risk who face inequities across our communities and the increased costs of providing services there is a need for additional funding for the HBHC program.

### **Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023 Links**

This work directly contributes to meeting requirements and expected outcomes in the Ontario Public Health Standards (2018) and aligns with the following THU 2019-2023 strategic directions.

#### **We collaborate with partners to make a difference in our communities**



### **Background**

Healthy Babies Healthy Children (HBHC) is a 100% Ministry of Children, Community and Social Services (MCCSS) funded [mandatory program](#) within the Healthy Growth and Development Standard of the Ontario Public Health Standards. It is an evidence-based, voluntary prevention and early intervention program with an aim to optimize newborn and child healthy growth and development and reduce health inequities for families with children at risk from the prenatal period until the age of six. It focuses on supporting optimal prenatal health, child development, positive parent-child relationships, and positive parenting skills. The program includes screening, assessment, and blended home visiting (by a Public Health Nurse and a Family Home Visitor). Local Public Health Agencies (LPHAs) are expected to deliver the programs and services in accordance with the requirements as outlined in this Service Objectives Document ([Appendix B](#)).

In 2016, a province-wide third-party review of the HBHC program was conducted. The review found that clients are very satisfied, and the program is highly relevant for them. In addition, several elements of the HBHC program were found to be supportive of improved child health outcomes. These included engaging clients early in their pregnancy period, working with the most vulnerable families, and conducting higher frequency home visits with a staffing model of both public health nurses and experienced and well-trained paraprofessional home visitors.

When working with this population, adult learning principles such as hands-on learning and applying new knowledge to real-life situations has shown positive results. However, delivering this level of care requires dedicated staff time in terms of the length of time spent providing in-home/virtual visits, number of visits needed as well as the travel costs associate with the increase price of gas. Furthermore, with staff turnover and increased complexity of clients, staff training is essential. Since the beginning of the pandemic caseload complexity has become more evident and compounding issues such as mental health, housing, addictions, domestic violence among others need to be addressed.

Education regarding positive parenting strategies has also become an increasingly important intervention for PHNs and FHV's to support HBHC families. The HBHC program will contribute to these priorities by supporting parents and guardians of marginalized families across our communities. Through direct client care, information and education will be provided on topics such as infant feeding,

parenting, mental health and injury prevention. Referrals to partnering agencies will connect families with appropriate services and supports that will help decrease the inequities faced by this population.

HBHC funding has been the subject of longstanding concern for many boards of health. In 2010, this Board of Health passed resolution #06-2010 endorsing other LPHAs calls for increased HBHC funding ([Local Board Resolutions -Early Years](#)) and in 2016 the Association of Local Public Health Agencies (alPHA) passed a related resolution ([A16-5](#)) at their annual general meeting. Unfortunately, the HBHC budget has not been increased since 2015, resulting in erosion in capacity to reach families with risk due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel costs, and operational and administrative costs. The costs of implementing this program are being offset by the cost-shared budget for provincially mandated programs.

This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

THU staff have made efforts to mitigate the effects of the funding shortfalls over the years and to protect programming. It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Timiskaming Health Unit District.

### **Local Initiatives and Next Steps**

During the pandemic many adjustments had to be made to the service agreement due to significant redeployment of staff to support local pandemic response including case and contact management and mass vaccine clinics. As a result, client calls were prioritized, and modes of communication adapted. As we move into recovery work, while continuing to support COVID-19 immunization clinics, THU's HBHC staff are able to return to pre-pandemic tasks, including daily hospital screening liaison visits, prenatal screening, 48h post-partum calls, in-depth assessments, blended home-visiting for families with risk, and support for early childhood screening to targeted families.

As part of recovery, THU staff will carefully review changes made to support effective use of scarce resources during the pandemic. For example, historically, THU has gone beyond ministry HBHC prenatal and post-natal screening requirements.

To address lower HBHC screening rates in the north end of our district, a pilot project is being launched to collaborate with primary care to complete risk-assessment screenings prenatally and connect with families to promote HBHC services with a goal to support early identification and interventions for the family unit and enhance early childhood outcomes.

THU will continue to chair the Timiskaming Children Services Planning Table whose mission is for members to collaborate to ensure that all families in the District of Timiskaming are aware of and can access high quality, inclusive, culturally appropriate, family-centred early years services that address their needs.

Appendix A

SDHU Letter Re: Healthy Babies Healthy Children Funding



June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services  
Government of Ontario  
438 University Avenue, 7th Floor  
Toronto, ON M5G 2K8

Dear Honourable Minister:

**Re: Healthy Babies Healthy Children Funding**

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

*THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.*

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

Healthier communities for all.  
Des communautés plus saines pour tous.

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Elm Place**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindenoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



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This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health  
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for  
Maternal and Child Health  
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child  
Health

## Appendix B:

**Transfer Payment Recipient Service Objectives 2022-23 - Ministry of Children, Community and Social Services** Source: [Service Objectives - 2022-23 - Ministry of Children, Community and Social Services - Forms - Central Forms Repository \(CFR\) \(beta\) \(gov.on.ca\)](#)

### Component: Healthy child development

#### Services delivered: Healthy Babies Healthy Children Program

**Component:** Healthy child development

**Legislation:** *Health Protection and Promotion Act, 1990 Child, Youth and Family Services Act, 2017*

#### Service description

Healthy Babies Healthy Children (HBHC) provides prevention, early identification, and intervention services to families of newborns and young children with risks to healthy child development. HBHC offers universal screening to all families just after their babies are born.

#### People served

HBHC provides services to families during the prenatal period and to families with children from birth until transition to school.

#### Program/service features

Delivered by Public Health Units, HBHC offers screening, targeted assessment, intervention services and referrals which includes connecting families with community resources and local support systems and/or through home visiting services from Public Health Nurses, Family Home Visitors, and other professionals.

#### Specific service provided

The following program components must be delivered in accordance with the HBHC Protocol:

1. service and system integration

2. access to information and resources
3. early identification and intervention screening
4. assessment
5. blended home visiting services
6. service coordination
7. referral to/from community services
8. research
9. evaluation

Services are child and family-centred and support the diverse needs of families in a way that is culturally safe, and promotes equity, anti-racism, and anti-oppression.

### Program goals

The goal of HBHC is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving services.

### Ministry expectations

HBHC is managed in accordance with the:

- Healthy Babies Healthy Children Protocol, 2018, as described in the Ontario Public Health Standards: Requirements for Programs, Services and Accountability;
- HBHC Guidance Document, 2012 or any subsequent updated versions (or any other supporting policy documents provided by the ministry).

### Program targets

- 10% of births will receive a prenatal screen 80% of births will receive a postpartum screen;

- 5% of eligible children will receive an Early Childhood Screen;
- 80% of families identified with risk, and consenting to service, receive a postpartum IDA Contact within 48 hours of being discharged from birth admission;
- 70% of families, who received IDA Contact, and consenting to service, have a completed In-Depth Assessment;
- 80% of families confirmed with risk using the In-Depth Assessment, and consenting to service, receive Blended Home Visiting Services;
- At least 50% of families who confirmed with risk will have a Family Service Plan initiated.

## Reporting requirements

Service and financial data will be reported into Transfer Payment Ontario at an Interim and Final period, informed by IRSS Monitoring Reports. Please refer to your final agreement for report back due dates.

<b>Service data name</b>	<b>Definition</b>
Ministry-funded agency expenditures: <u>HBHC</u>	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver this service in the Funding Year (cumulative)
Number of individuals screened (total – Prenatal): <u>HBHC</u>	The unique number of individuals for which a Prenatal <u>HBHC</u> Screen was completed during the reporting period. Report the same value as the total reported in the IRSS Monitoring Report for Question 2
Number of individuals screened (total – Postpartum): <u>HBHC</u>	The unique number of individuals for which a Postpartum <u>HBHC</u> Screen was completed during the reporting period. Report the same value as the total reported in the <u>IRSS</u> Monitoring Report for Question 6

<p>Number of individuals screened (total - Early Childhood): <u>HBHC</u></p>	<p>The unique number of individuals for which an Early Childhood <u>HBHC</u> Screen was completed during the reporting period. Report the same value as the total reported in the <u>IRSS</u> Monitoring Report for Question 10</p>
<p>Number of individuals confirmed with risk (total): <u>HBHC</u></p>	<p>The number of individuals confirmed with moderate or high risk (eligible for home visit) through an <u>IDA</u> during the reporting period. The sum value of the totals reported in the IRSS Monitoring Report for Questions 20.1.1, 20.1.2, 20.2.1, 20.2.2, 20.3.1, 20.3.2</p>
<p>Number of families served (total - with Two or More Home Visits): <u>HBHC</u></p>	<p>The number of families with two or more home visits in the reporting period (that have an <u>HBHC</u> screen in the same period). Report the same value as the total value reported in the IRSS Monitoring Report for Question 22</p>
<p>Number of individuals who received an In-Depth Assessment: <u>HBHC</u></p>	<p>The number of families who received an In-Depth Assessment during the reporting period. Report the same value as the count (not the percentage) reported in the IRSS Monitoring Report for Question 20</p>