

# Family Health Program Cluster

## Reproductive Health Program

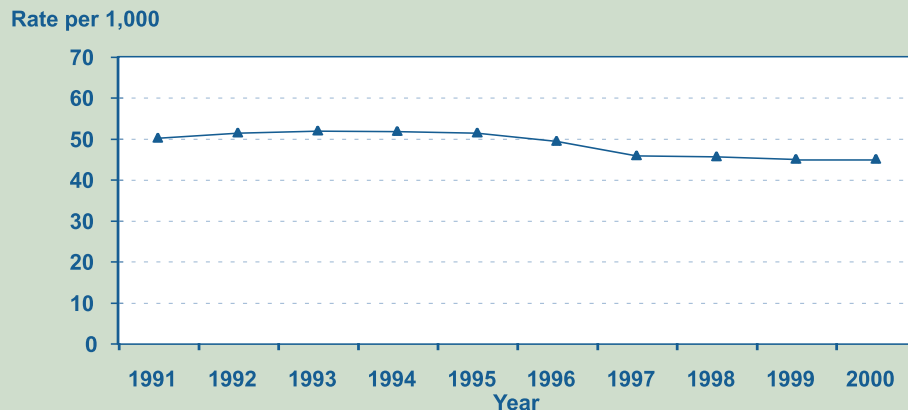
### Goal:

To promote and support healthy behaviours and environments, healthy birth outcomes, and readiness to parent for people in their reproductive years.

### Health Status Indicators:

*General Fertility Rate (GFR).* The GFR is the total number of live births to women aged 15-49 divided by the total number of women 15-49, multiplied by 1,000. The GFR has fluctuated in Toronto over the past several years. The net result has been a decline from 50 per 1,000 in 1991 to 45 per 1,000 in 2000 (Figure 5). The GFR in the rest of Ontario was 41 per 1,000 in 2000. There are about 33,000 babies born each year to Toronto residents. The crude birth rate (CBR) is the number of births per 1,000 people in the total population. The CBR was 12.5 per 1,000 in 2000.

Figure 5 - General Fertility Rate, per 1,000, Toronto, 1991-2000

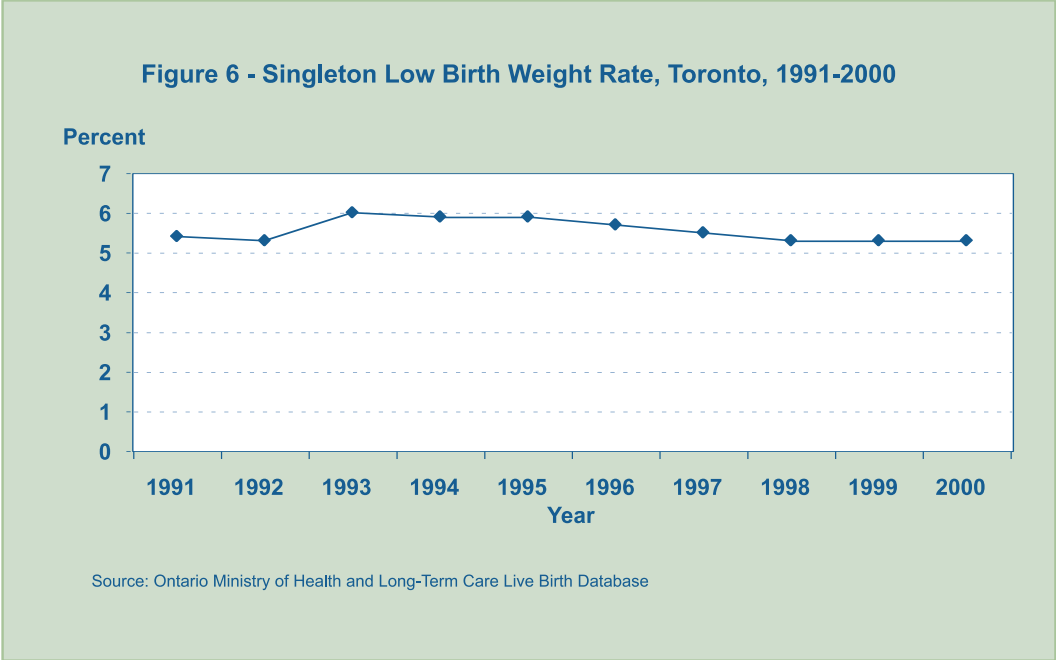


Source: Ontario Ministry of Health and Long-Term Care Live Birth Database

*Low Birth Weight Rate.* Babies born with a weight of less than 2,500 grams are considered low birth weight babies (LBW). Those born with a weight of less than 1,500 grams are considered very low birth weight. LBW babies are more likely to die in infancy, or to experience health or developmental problems. Toronto's singleton low birth weight rate, while improved between 1993 and 1998, levelled off at 5.3% between 1998 and 2000 (Figure 6). The rate in the rest of Ontario was 4.0% in 2000. Moreover, there are disparities in the singleton LBW rate across geographical areas of Toronto.<sup>22</sup>

The Ministry of Health and Long-Term Care’s objective is to reduce the total low birth weight rate in Ontario to 4.0% by 2010.<sup>1</sup>

*Teen pregnancies.* Specific sub-populations of pregnant women such as pregnant teens may be at increased risk of poor reproductive health outcomes.<sup>23,24,25,26,27</sup> During the period 1997-2000, the teen pregnancy rate in Toronto declined 12% from 52 per 1,000 to 45 per 1,000. The teen live birth rate declined 10% during the same time period, from 18 per 1,000 to 16 per 1,000. About two-thirds (64%) of teen pregnancies ended in abortion between 1997 and 2000, compared to 54% in Ontario.<sup>28</sup> Pregnant teens have been identified as a priority population in the Reproductive Health program.



**Selected Reproductive Health Program Activities:**

TPH works with individuals, families, groups, community partners/coalitions and various levels of government to promote healthy behaviours and environments, which support healthy birth outcomes and readiness to parent. TPH uses a variety of health promotion strategies to address the full range of health determinants. These strategies include health promotion activities as well as collaborating with key stakeholders to build healthy public policies and to enhance community-based supports and services for people of reproductive age. The current emphasis is on expectant parents, including those at risk for an unhealthy birth outcome and poor transition to parenthood. Several programs/initiatives are described below:

*Healthiest Babies Possible (HBP)* is a one-to-one nutrition education and counselling program that is provided in approximately 65 community based sites. Pregnant women, who meet the eligibility criteria, receive nutrition education and counselling, prenatal vitamins, food coupons, and interventions and referrals regarding other risk factors. The program is delivered by

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Registered Dietitians (RDs), in cooperation with Public Health Nurses (PHNs) and Family Home Visitors (FHV) from the Healthy Babies Healthy Children Program.

The *Canada Prenatal Nutrition Program (CPNP)* is a comprehensive community-based program that supports pregnant women who face conditions of risk that may compromise the health and development of their babies. The CPNP provides weekly prenatal support programming which includes food and nutritional supplements, education regarding factors related to healthy pregnancy outcomes, counselling, and other supports. PHNs and RDs collaborate with community partners to deliver these services. In Toronto, seven coalitions, funded in part by Health Canada, oversee 38 CPNP sites, four of which are provided for pregnant teens.

The *Healthy Babies/Healthy Children (HBHC) Program* is a prevention/early intervention provincially funded initiative that helps families promote healthy child development and achievement of full potential. The prenatal screening component of HBHC identifies families at risk and ensures that they are referred to services prior to their baby's birth. Consenting at risk pregnant women are offered prenatal services including a phone call and home visiting. Interventions include the provision of information, psychosocial support, counselling and referral.



The *At-Risk Homeless Pregnant & Parenting Women Project* receives partial funding from an Ontario Early Child Development grant until 2006. In collaboration with selected shelters and youth serving agencies, two PHNs provide a combination of strategies and interventions, including intensive one-to-one services, sustained outreach and service co-ordination to homeless young women who are pregnant. Due to finite project resources, the target group for referral focuses on transient, homeless pregnant women under age 29 in the South and East Regions of Toronto. Strategies and interventions target specific risk factors. Development of a specialized network of service providers and partner agencies has supported fast tracking of high-risk pregnant women to obstetrical, mental health and medical services. One to one addictions counselling is provided by the Pathways to Healthy Families program of the Jean Tweed Centre. Food security is enhanced through activities that increase access to food and support the development of food preparation skills. Young women are referred to HBP or CPNP for nutritional support.

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## **Child Health Program**

### **Goal:**

To promote the optimal health of children and youth.

### **Selected Child Health Indicators:**

Children in Toronto:

- There were 577,100 children and youth aged 0-19 years living in Toronto in 2001. Of these, 205,200 were aged 0-6, down 4% from 214,000 in 1996.
- In 2001, 62% of Toronto parents with children 0-6 years of age were born outside of Canada. Slightly more than half (52%) of Toronto parents with children aged 0-6 spoke a language other than English as their first language.
- In 2001, 142,070 Toronto children aged 0-5 (81%) lived in dual parent families and 31,905 (18%) lived in single parent families.
- In 2000, 29% lived in families with a household income below Statistics Canada's low income cut-off. Although this was a 25% decrease since 1995, this is still cause for much concern.<sup>vi</sup>

*Breastfeeding.* In 2002, the Breastfeeding Committee for Canada endorsed "exclusive breastfeeding to the age of six months and provision of safe, appropriate, and locally available complementary foods, with continued breastfeeding for up to two years of age and beyond."<sup>29</sup> Exclusive breastfeeding means that no solid foods or liquids other than breast milk are included in the diet. In 2003, a TPH survey found that 94% of parents reported initiating breastfeeding, and about one-quarter (26%) reported breastfeeding for 12 months or more. The same survey also showed that 58% of parents reported breastfeeding for 6 months or more in 2003, but only 18% reported exclusively breastfeeding for 6 months or more.<sup>5</sup>

*Preschool Speech and Language and Infant Hearing.* In the fiscal year 2003/2004, 5,534 children of preschool age were receiving speech and language services. In the same year, of the nearly 20,000 children who were screened for hearing loss in hospital, community clinics, and midwifery practices, 40 children were diagnosed with some level of hearing loss.

Please see the Physical Activity Promotion Program, Nutrition Promotion Program and Dental Health Program sections for more child health indicators.

<sup>vi</sup> Source of demographic data for children 0-5 years of age: Census 2001 custom tabulation for Children's Services. Source of demographic data for families with children 0-6 years of age: Census 2001 custom tabulation for Toronto Public Health.

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## Selected Child Health Program Activities:

Recognizing that positive postpartum and early childhood experiences have a significant impact on subsequent health, the child health program focuses on children from birth to six years of age. Selected TPH initiatives for older children and youth are described in other sections of this report.

TPH works with individuals, families, groups, community partners and various levels of government to promote child health and optimize children's development and functioning. Health related issues currently being addressed include: growth and development, breastfeeding, SIDS, postpartum depression, parenting capacity, intimate partner violence, positive child discipline, child poverty, food security, healthy eating, childhood obesity, and childhood injury. TPH uses a variety of health promotion strategies to address the determinants of health. These strategies include developing health communication campaigns, as well as collaborating with key stakeholders to build healthy public policies and to enhance community-based supports and services for families with young children. Several programs/ initiatives are described below:

The *Healthy Babies Healthy Children (HBHC) Program* is a prevention/early intervention provincial initiative designed to help families promote healthy child development and support their children to achieve their full potential. HBHC works with hospitals and midwives to ensure that all women who give birth are offered screening and assessment for risks to their child's healthy development. Families are offered postpartum support services, including a phone call and home visit to all consenting families with newborns. If needed, at risk families receive more intensive home visiting by a nurse and family home visitor with children 0-6 years. Early childhood screening, assessment and monitoring aim to reach all families with children from six weeks to age six.

The *Toronto Preschool Speech and Language Services and Infant Hearing* programs are community based programs. Preschool Speech and Language Services provides assessment, parent training, caregiver consultation, group and/or individual therapy, community information sessions, and referral to a wide range of child and family services in the community. The Infant Hearing Program provides universal newborn hearing screening, high risk monitoring and audiology services, family support and communication development services for deaf or hearing impaired children from birth to two years of age.

*Nobody's Perfect* is an education and support program for parents of children from 2-4 years of age. It is designed for parents that are particularly vulnerable to parenting stress: parents who are young, single, have low incomes or low educational levels and experience social, cultural or geographic isolation. Program components include body (growth, health and illness), safety (accident prevention and first aid), mind (social, emotional and intellectual development), behaviour (problem solving) and parents (addressing parents' needs as well as those of their children).

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## Seniors and Vulnerable Adults Program

### Goal:

To promote the health of frail and isolated seniors and vulnerable adults.

### Selected Seniors and Vulnerable Adults Program Indicators:

According to the 2001 Census of Canada, there were 337,900 adults 65 years of age and over living in Toronto in 2001. Fifty-eight percent of seniors in Toronto are female. The number of seniors in Toronto increased by 6% between 1996 and 2001.

*Living Arrangements of Seniors.* There were 319,400 non-institutionalized seniors in Toronto in 2001. Sixty-four percent lived with their immediate family (spouse/partner/children). The rest either lived alone (27%), with extended family (8%), or non-relatives (2%). The number of seniors living alone increased 5% between 1996 and 2001. This increase corresponds to an overall increase in the number of seniors in Toronto.

*Activity Limitation.* Forty-two percent of Toronto seniors indicated that they are limited in the activities that they can do at home because of one or more long-term physical or mental condition, or health problem (Canadian Community Health Survey 2000/2001).

*Food Bank Use.* Six percent of food bank users in Toronto are over the age of 60. This is a decrease from the rate of 11% in 2000, and is equivalent to the rate in 1995.<sup>30</sup>

*Housing and Homelessness.* According to the 2001 Census, 250,000 households in Toronto (42%) paid more than 30% of their income in rent, and 119,135 households paid more than 50% of their income in rent. In Toronto, almost 32,000 people stayed in an emergency shelter at least once in 2002.<sup>31</sup>

*Falls Among Seniors.* In 2000, the number of fall-related deaths among seniors was 147 in Toronto, and 574 in Ontario. The introduction in 2000 of the tenth revision of the International Classification of Diseases and Related Health Problems (ICD-10) coding system has resulted in a dramatic drop in the number of deaths attributed to falls. This decrease has occurred because the category “fracture, unspecified” has been removed from the falls category.<sup>19</sup> The removal of unspecified fractures from the falls category is appropriate because its inclusion was based on an assumption that in the absence of information to the contrary, a fracture most probably resulted from a fall. In ICD-10, unspecified fractures are classified under “accidental exposure to unspecified factor.” In 2001, the number of hospitalizations due to falls among seniors was 3,441 (1,022 per 100,000) in Toronto, and 18,152 (1,216 per 100,000) in Ontario. Hospitalization data for 2001 was coded using the ninth revision of the International Classification of Diseases (ICD-9), and includes “fracture, unspecified”.

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## Selected Seniors and Vulnerable Adults Program Activities:

TPH works with health care providers, community agencies, and groups to provide health programs and services to everyone who lives and works in Toronto, including seniors. Programs and services for seniors include family health, chronic disease prevention, injury prevention, communicable disease control and dental health. Some program activities specifically targeting seniors include the promotion of active living, informal caregiver support initiatives and falls prevention as well as dental services for low-income seniors.



*Falls.* Working with coalitions, other partnerships and GTA Health units, TPH uses a variety of health promotion strategies to prevent falls and reduce environmental and physical risk factors for falls among seniors. Some falls prevention initiatives include workshops, community-based events, coalition building and referral to other community resources. TPH recently piloted the *Falls Intervention Project (FIT)*, a collaborative, community-based falls/injury prevention and safe medication use program for seniors living independently.

*Heart Walk* is a mall walking program for adults and seniors that currently operates in several malls in the West end of the city. There are approximately 900 participants registered in the program. In addition to organizing walking groups, TPH, program partners, and community volunteers co-ordinate educational health promotion and safety seminars along with social events for program participants.

Toronto Public Health continue to provide leadership to the *Homeless Health Reference Group*, made up of diverse stakeholders, to develop innovative responses to the complex health needs of people who are homeless and underhoused. For example, the development of discharge protocols for Toronto hospitals to improve discharge planning and followup for homeless people.

Service models for infirmity and for homeless youth with concurrent disorders have been developed. Staff are also working in partnership with community organizations to develop a comprehensive and co-ordinated response for homeless pregnant youth and their children.

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## ***Mental Health, Violence Prevention, and Suicide Prevention Program***

### **Goal:**

To promote the mental health of Toronto's diverse communities by enhancing protective factors, reducing inequities and impacting on risk factors for poor mental health.

### **Selected Mental Health, Violence, and Suicide Indicators:**

*Stress and Depression Among Adults.* According to the Canadian Community Health Survey 2003, 24% of Toronto residents 18 years of age and over reported that they experience "quite a lot" of life stress.<sup>32</sup> The same survey reported that approximately 4% of Toronto residents 12 years of age and over had a high likelihood of having experienced a major depressive episode in the past 12 months (based on responses to the short-form Composite International Diagnostic Interview).<sup>33</sup>

*Mental Health Among Students.* According to the Centre for Addiction and Mental Health's Mental Health and Well-Being of Ontario Students (grades 7-12) Report (2003), about 3% of students in Toronto, and 6% of students in Ontario are at elevated risk for depression. Nine percent of Toronto students and 12% of Ontario students reported serious thoughts about suicide in the past 12 months. Thirty-two percent of students in Toronto and 31% of students in Ontario reported elevated psychological distress. The most common symptoms of psychological distress were feeling constantly under stress, and losing sleep because of worrying. Females were more likely than males to report suicidal thoughts, be at elevated risk for depression, and have elevated psychological distress.<sup>34</sup>

*Suicide.* In 2001 there were 1,788 hospitalizations due to attempted suicide, comprising about 4% of all injury hospitalizations in Toronto. Youth between 15 and 24 years had the highest hospitalization rate of all age groups due to attempted suicide.<sup>35</sup>

*Violence.* The rate of violent crimes in Toronto was 13.2 per 1,000 in 2002. This was a slight decrease from 13.9 per 1,000 in 2001. In 2002, there was a 6.5% increase in the number of female youth, and a 4.7% decrease in the number of male youth charged with violent offences (youth 12 to 17 years of age, over the previous 5 years).<sup>36</sup>

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## **Selected Mental Health, Violence, and Suicide Program Activities:**

Mental health, violence prevention and suicide prevention have been identified through the Board of Health as “locally mandated” requirements. Mental health is part of the holistic principles of health, which includes an individual’s physical, mental, social, emotional, and spiritual health. Mental health promotion is a program that cuts across all TPH service areas including Family Health, Healthy Lifestyles, clinical services within Communicable Disease, Emergency Preparedness, Healthy Environments and Intake.

Consultation is provided to TPH staff and local community agencies. Consultation may include home visits with PHNs who have concerns regarding the mental health of their clients, case reviews, mental health assessments, and assistance with linking and referral to mental health services. One component of the role of the Mental Health Nurses is to attend case reviews at local shelters to offer advice and information on mental health concerns.

A variety of educational presentations and workshops are provided to TPH staff and local community agencies on mental health related topics. Topics include: Brief Solution Focused Narrative Strategies, Vicarious Trauma, Violence Prevention and Personal Safety, Crisis Intervention, Suicide Prevention, the Mental Health Continuum and the Mental Health Act, Postpartum Depression and many others as requested.

*Community Crisis Intervention and Support (CCIS) Team.* The CCIS Team is coordinated by the Mental Health Nurses and provides psychosocial crisis support to groups and communities that have experienced a traumatic event.

*Community Capacity Building.* Community Health Officers and other TPH staff work with various communities to address underlying causes of violence, suicide and mental illness across the lifespan.