

# TORONTO STAFF REPORT

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August 28, 2006

To: Board of Health  
From: Dr. David McKeown, Medical Officer of Health  
Subject: Healthy Babies Healthy Children Program Funding

## Purpose:

The purpose of this report is to inform the Board of Health about Ministry of Children and Youth Services funding for the Healthy Babies Healthy Children program, including the identification of budget pressures and their impact on service delivery to prenatal women and families with children 0 to 6 years of age.

## Financial Implications and Impact Statement:

There are no financial implications to the City directly resulting from this report.

## Recommendations:

It is recommended that:

- (1) the Board of Health advocate to the Minister of Health and Long-Term Care and the Minister of Children and Youth Services for sufficient and sustainable provincial funding to ensure that Toronto Public Health can achieve full compliance with provincial service standards
- (2) appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

## Background:

Healthy Babies Healthy Children (HBHC) is a province-wide 100% provincially funded program. Originally administered and funded through the Ministry of Health and Long-Term Care, it was transferred to the Ministry of Children and Youth Services in 2004. Despite this change, HBHC has remained part of the mandatory programs and services delivered by Boards of Health under the Health Protection and Promotion Act.

HBHC is a proven prevention, early intervention program, based on the understanding that early childhood experiences have long-term effects on the health and well being of individuals. It is guided by the knowledge that a safe and nurturing environment, adequate nutrition, and secure mother-infant attachment is directly linked to a child's neurological development and the recognition that all families benefit from parenting information and support. The HBHC Vision is that "every child (prenatal to age six years) in Ontario will be provided with opportunities to achieve his/her optimal potential and that every child in Ontario will have access to effective integrated programs and services that support healthy child development" (Ontario HBHC Consolidated Guidelines).

There are a variety of services provided to families through the HBHC program. Universal postpartum support services include hospital-based screening for risk factors that affect healthy infant development, a phone call from a Public Health Nurse to all consenting families, and the offer of a home visit to provide counselling, support and information about their transition to parenting, healthy child development and available community resources. The high risk home visiting service provides at risk pregnant and parenting women with children 0 to 6 years of age with assessment, counselling, early identification, referral to community agencies and service co-ordination by Public Health Nurses and Family Home Visitors. HBHC also works at a system level (e.g. as a member of the Toronto Best Start Network) to promote early identification and to integrate local services for children and families.

Base funding for Toronto Public Health in 2006 is \$17,011,762 gross, \$0 net. Several one-time grants to support specific initiatives such as a review of hospital Parkyn transmissions, the development of a vicarious trauma response plan for staff, and support for transition to direct data entry in the Integrated Services for Children Information System have also been received.

Comments:

When the Healthy Babies Healthy Children program was announced in 1998, the province committed to fully funding the program. Over the following four years, the various components of the program were phased in and funding was increased accordingly. However, since 2002, funding levels have failed to keep pace with the cost of delivering service. Although the province has tried to address this through a number of one-year grants, the lack of sustainable base funding has resulted in a gradual erosion of the program. For Toronto Public Health, the approved HBHC staff complement in 2002 was 184.8 full time equivalents (FTE). In 2006, this complement has been reduced to 176.5 FTE, resulting in a 12.5% decrease in total home visits from 2002 to 2005. More recently, as a result of the flat-lined base budget in 2005 and 2006, there is a \$730,432 shortfall in the 2006 HBHC budget. To-date, Toronto has managed this through gapping, thereby avoiding the need to permanently reduce staff complement. But, whether through gapping or downsizing, the result is fewer Public Health Nurses (PHN) and Family Home Visitors (FHV) delivering this critical service. Maintaining service levels from year to year has become impossible. It is projected that an additional \$695,900 increase to this year's base funding will be required in 2007 to meet increasing service costs and maintain service at 2006 levels.

Compounding this pressure to maintain service levels, is the fact that Healthy Babies Healthy Children programs, particularly in the large urban centres of the GTA, have never received sufficient funding to fully achieve provincial service standards. In Toronto, in 2005, the “universal” postpartum program was only able to contact by phone 18,612 (60%) of the 30,900 women who gave birth in Toronto that year and visit 12,028 (38.9%) of them. The provincial standard is to contact 100% of postpartum families within 48 hours of hospital discharge and visit 75% of them at home. The high risk component of Toronto’s HBHC program provided an in-depth assessment and blend home visiting (PHN and FHV) to 5.0% of the families with a live birth. The program standard is 12%. Family Home Visitors did 17,370 home visits, Public Health Nurses did 10,539 home visits and 3,273 joint visits were provided to 3,195 new and existing high risk prenatal women and parenting families. But, this does not meet the needs of Toronto’s approximately 1,500 high risk prenatal women or 5,700 children 0 to 6 years of age. It is estimated that an additional \$12,215,000 would be required in 2007 to fully meet provincial service standards.

Any discussion of Healthy Babies Healthy Children funding should also note that, although the province describes its funding of the HBHC program as 100%, this does not actually cover the full costs of administering and delivering the program. While provincial funding fully covers all staff salary and benefit costs and a wide range of direct operating expenses (e.g. resources, food coupons, printing, translation and interpretation, travel/parking, and telephone), health units are expected to absorb a number of indirect operating expenses. These include office rental costs for program staff, human resource costs of recruiting and hiring staff, legal fees associated with purchase of service contracts and consultation to staff regarding high risk client issues, and costs related to financial and records management for the program.

Health units have responded to these budget pressures in a variety of ways. One way has been to establish wait lists and/or reduce service levels. Others have subsidized their HBHC services with cost-shared Reproductive Health and Child Health resources. Toronto Public Health’s HBHC services are fully integrated with other Healthy Families programs to ensure continuity of services for families. Consequently, Toronto Public Health has used a combination of maximizing efficiencies in non-salary operating expenses, reducing service by prioritizing high risk clients, and subsidizing HBHC resources with cost-shared prenatal, breastfeeding, and parenting resources. Unfortunately, this reduces service levels in Reproductive Health and Child Health programs that are already failing to meet provincial mandatory program requirements.

There is now little doubt about the importance of the early years. Fraser Mustard, in his report on “The Early Years Study: Three Years Later” noted that “The Dutch economist, Jacques van der Gaag in his work for the World Bank emphasized that early child development sets the foundation for learning behaviour and health, and helps build social capital and equality, all of which are crucial for prosperity and reducing poverty in both the developed and developing world”. The Province of Ontario’s Best Start initiative acknowledges this and has identified the Healthy Babies Healthy Children program as one of the core functions of the Early Learning and Care Hubs. Preliminary program evaluation results show that the Healthy Babies Healthy Children program, as an early intervention program, can make a significant impact on the healthy growth and development of Ontario and Toronto’s young children. However, this potential will not be achieved without sufficient and sustainable funding.

Conclusions:

Toronto Public Health appreciates the province's commitment to promoting healthy birth outcomes and the optimal growth and development of children through the Healthy Babies Healthy Children program. However, despite the relatively large amount of funding Toronto Public Health receives from the province to deliver the program, funding levels are insufficient to address the growing cost of service delivery, meet provincial service standards or fully cover both direct and indirect operating expenses.

Nevertheless, Toronto Public Health remains committed to delivering the highest quality Healthy Babies Health Children program possible within the resources provided by the provincial government. Toronto Public Health will continue to maximize the funding that is received and will ensure that, at a minimum, the highest risk prenatal women and families in the City receive the service that they require to support the optimal growth and development of their children.

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