

# **Toronto** STAFF REPORT

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August 28, 2006

To: Board of Health

From: Dr. David McKeown, Medical Officer of Health

Subject: Future Funding Requirements of Early Child Development Projects

Purpose:

This report provides information regarding future funding requirements in 2007 and beyond that will be required to sustain key Early Child Development project activities.

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 Chair of the Board of Health and the Medical Officer of Health meet with the Ministers of Children and Youth Services, Health Promotion, and Health and Long-Term Care to discuss the implications of ending Early Child Development funding and to request funding to sustain key Early Child Development project activities in 2007 and beyond;
- (2) the Medical Officer of Health meet with representatives from the Toronto District School Board, Toronto Catholic District School Board, and Toronto Children's Services to discuss sustainability of the Incredible Years Teacher Classroom Management and Child Social Skills Programs, including Toronto Public Health's role in supporting these programs;
- (3) this report be forwarded to Toronto Children's Services, the Children's Services Advisory Committee, the Toronto District School Board, the Toronto Catholic District School Board, the Toronto Best Start Network, the Ontario Public Health Association,

and the Ministers of Children and Youth Services, Health Promotion, and Health and Long-Term Care; and

- (4) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

Beginning in 2001, Toronto Public Health (TPH) received provincial funding to plan and implement Early Child Development (ECD) projects for five years in the following areas: healthy pregnancy and child development, injury and family abuse prevention, and support for at risk pregnant and parenting women. These projects used a range of health promotion strategies which complemented existing TPH services for pregnant women and families with young children and were planned and implemented in partnership with other city services and community agencies. TPH received a total of \$ 443,400 in the first year to develop project plans, \$ 884,118 in the second year to begin implementation of the projects and to develop evaluation plans and \$ 2.1 million annually for remaining three years for project implementation and evaluation. This funding ends in December 2006.

On July 17, 2006, the Board of Health (BOH) received a staff report describing selected project accomplishments and future directions of the ECD projects. The report identified that many ECD project activities have been completed or have been successfully integrated into existing TPH and/or community programming. One ECD project, the Support for At Risk Homeless Pregnant and Parenting Women, has received partial annualized funding from the province. However, several key ECD project activities will not be able to continue without ongoing funding. The report identified a number of initiatives for which funding should be sought in 2007 and recommended that the Medical Officer of Health report to the Board of Health in September on future funding requirements arising from the ECD projects. This report summarizes those initiatives that require funding and identifies future funding requirements.

Comments:

Healthy Pregnancy and Child Development Project:

The Healthy Pregnancy and Child Development (HPCD) project is focused on increasing parents' capacity to provide sensitive and responsive care to their children as well as increasing the capacity of service providers to support healthy pregnancy and child growth and development. The HPCD project also includes a nutrition component that aims to decrease the prevalence of nutrition related conditions that impact on child health, improve children's eating habits, and increase the food security of families. Project activities identified in the June 30, 2006 staff report as requiring ongoing funding include: co-ordination of the Incredible Years Programs, detection and intervention regarding postpartum depression, smoking cessation for pregnant women, the "Your Kids are Listening" health communication campaign, and food security.

(a) The Incredible Years Programs

ECD funds were used to plan and implement three Incredible Years (IY) programs, the Basic Parent Program, the Teacher Classroom Management Program, and the Child Social Skills and Problem-Solving Program. These programs support parents and promote the social, emotional, and academic competence of preschool and early school-age children (Webster-Stratton, Reid, & Hammond, 2001). Because parent education is part of the cost-shared Child Health mandatory program, funding to expand the Basic Parent Program that is delivered by TPH Public Health Nurses is being requested in the 2007 TPH operating budget.

The Teacher Classroom Management and Child Social Skills and Problem-Solving programs will, however, require an alternate and ongoing source of funding in order to continue. These programs are critical because they complement the basic parenting program and have the potential to result in better outcomes for children. The IY Teacher Classroom Management Program has been evaluated as an effective early prevention program with Head Start teachers in the United States. This research showed that teachers who received IY training used more positive behaviour management techniques and fewer harsh and critical techniques than teachers who did not receive the training. As well, children whose teachers received the IY training exhibited fewer behavioural problems and better social competence than children whose teachers did not receive the IY training. The study concluded that training and supporting teachers is a cost-effective method of improving social outcomes for children (Webster-Stratton, Reid, & Hammond, 2001).

TPH has established a partnership with the Toronto District School Board, the Toronto Catholic District School Board and Toronto Children's Services to plan and implement the Teacher Classroom Management and Child Social Skills and Problem-Solving programs. Discussion with these stakeholders regarding sustainability has begun and will include the role TPH can play in supporting school boards to deliver and co-ordinate these programs. Annually, \$80,000 would be required to purchase program resources and contract with the IY organization to train 60 teachers and early child care professionals, as well as provide ongoing follow up consultation.

(b) Postpartum Depression

Approximately 10-15% of women giving birth experience postpartum depression (PPD) (O'Hara & Swain, 1996); therefore it is estimated that approximately 3,100- 4,700 Toronto women experience PPD annually. PPD frequently remains undetected for a variety of reasons, including women's reluctance to disclose emotional problems and seek professional help and professionals' and other service providers' lack of training and expertise in this area (Stewart et al, 2003). Although TPH public health nurses (PHNs) in the Healthy Babies, Healthy Children program identify some women with depressive symptoms during the postpartum period, funds will be required in 2007 to pilot and evaluate a new intervention to improve detection of depressive symptoms and provide counselling. Preliminary evidence from studies conducted in the United Kingdom and Sweden have found that counselling may be effective in promoting short term improvements in maternal mood and recovery from mild or moderate PPD (Holden et al, 1989; Wickberg & Hwang, 1996). Approximately \$100,000 annually, which includes one

staff position, is required to: coordinate TPH services with other PPD services in the community, train PHNs to implement the intervention, and evaluate the effectiveness of the intervention in detecting PPD, linking women with other PPD related services, and improving maternal mood.

(c) Smoking Cessation

According to the 2000/2001 Canadian Community Health Survey (CCHS), 8.4 % of Toronto women who gave birth between 1995 and 2001 reported smoking during their last pregnancy. Smoking during pregnancy is a key risk factor for giving birth to a low birth weight baby (Shah & Ohlsson, 2002). Studies conducted in the United States have found that a smoking cessation and reduction intervention for pregnant women, involving 1:1 counselling in prenatal clinics and the provision of a pregnancy specific self help manual by trained professional staff has resulted in improved smoking cessation rates (Windsor, 2003). Approximately \$100,000 in 2007 and \$50,000 in 2008, which includes one staff position, will be required to complete a pilot study and evaluate this intervention with pregnant women either in their homes or in teen prenatal community settings.

(d) “Your Kids Are Listening”

The “Your Kids are Listening” campaign focuses on increasing parents’ awareness of the impact of their behaviour on the development of their children’s attitudes and behaviours related to eating, physical activity and self-esteem. The campaign has been effective in encouraging parents to promote healthy weights for their children. Approximately \$250,000 in 2007, including one staff position, will be required to enable this successful campaign to continue and to reach out to more parents in culturally diverse communities.

(e) Food Security

Several organizations have expressed interest in exploring the feasibility of a multidimensional Canadian Children’s Food Bill to improve the quantity and quality of food available to children. Approximately \$100,000 annually, which includes one staff position, is required to enable TPH to continue to work on child food security. This would involve: identifying issues related to children’s food which need to be addressed in Canada, conducting an environmental scan of jurisdictions where a food bill is being proposed or has been implemented, analysing the Canadian legislative environment, consulting with stakeholders regarding the feasibility of a Canadian Children’s Food Bill, and facilitating discussion among stakeholders regarding an action agenda.

Injury and Family Abuse Prevention Project:

(a) Injury Prevention Project

In Toronto and Ontario, injuries are the main cause of death for children, one to six years of age. Falls are the leading cause of unintentional injury hospitalization across all ages of childhood (Macpherson et al, 2005). The Injury Prevention Project is intended to increase the number of children growing up in safe living environments through advocating for legislation to protect

children from injury and raising parents' awareness about the risks of injury as well as ways to reduce risks. Ongoing funding of \$200,000 annually, which includes one staff position, is required to further implement the "Growing Up Safely" parent education resource and training to reach more parents in culturally diverse communities, identify neighbourhoods (through a collaborative geo-mapping partnership) in which children have a higher risk for injury and develop strategies to reduce these risks, advocate for legislative changes to protect children from injury, and implement a multi-component injury prevention communication campaign.

(b) Family Abuse Prevention Project

The Family Abuse Prevention Project is intended to reduce the incidence of abuse towards children and women, particularly pregnant women and women with young children. The majority of substantiated reports of physical abuse of children involve inappropriate physical punishment (Trocme et al, 2002). The issue of physical punishment of children is being addressed in collaboration with a range of partners, including child welfare agencies, faith groups, charitable organizations, advocacy organizations and academics. One of the activities related to woman abuse is the development of best practice guidelines for PHNs in the Healthy Families service area. Ongoing funding of \$200,000 annually, which includes one staff position, is required to train Healthy Families PHNs to more effectively detect and respond to woman abuse during home visits and in parenting groups, continue to support advocacy efforts to repeal Section 43 of the Criminal Code of Canada, and build upon the award winning health communication campaign "Spanking Hurts More than you Think", to raise parents' awareness about what they can do to promote positive behaviour in children.

Support for At Risk Homeless Pregnant and Parenting Women Project:

This 1:1 home visiting program, currently delivered by two PHNs in co-ordination with the Healthy Babies Healthy Children program, includes therapeutic interventions and service coordination to improve maternal and child health outcomes for hard-to-reach homeless pregnant and parenting women in the South and East areas of Toronto. ECD funding for one PHN has been supplemented by Healthy Babies Healthy Children funding for a second PHN in order to extend the project's reach. In addition, HBHC provides food certificates and TTC tokens. In January 2006, the Ministry of Children and Youth Services announced that funding for this project will be annualized at the current level, based on the 2002 rate, and ongoing effective January 2007. While this announcement was very welcome, the current level of funding is no longer sufficient to cover the salary and benefits of even one PHN. An evaluation of this project is underway and will inform planning regarding sustainability and future funding requirements.

In total, \$1,030,000 would be required in 2007 to support the continuation of the early years initiatives listed in Table 1.

Table 1: 2007 ECD Project Funding Requirements

Project	Annual Cost
Incredible Years	\$ 80,000
Postpartum Depression	\$ 100,000
Smoking Cessation	\$ 100,000
Your Kids Are Listening	\$ 250,000
Food Security	\$ 100,000
Injury Prevention Project	\$ 200,000
Family Abuse Prevention Project	\$ 200,000
Total Cost	\$1,030,000

Conclusions:

The ECD funding has enabled TPH to begin to address many issues affecting children that would not have been possible with cost-shared or Healthy Babies Healthy Children funding. Health communication campaigns, the piloting of new interventions, consulting with stakeholders, and advocacy and policy work broadened the reach and scope of existing TPH services and programs for children. This innovative work should not be stopped. It needs to be implemented over a longer period of time in order to effect lasting change. It is critical that the Ministries of Children and Youth Services, Health Promotion, and Health and Long Term Care understand the important contribution the Early Child Development funding has made to children's health and the implications of ending it.

This report has identified ECD project activities that will either end or require ongoing provincial funding from the Ministries of Children and Youth Services, Health Promotion, or Health and Long Term Care in order to continue. Continuing the project activities would enable TPH to more effectively work with community partners to continue to address the diverse and complex needs of parents and children and improve the health outcomes of Toronto children.

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References:

Holden, J.M., Sagovsky, R., & Cox, J.L. (1989). Counselling in a general practice setting: Controlled study of health visitor intervention in treatment of postnatal depression. *BMJ*, 298 (6668), 223-226.

Macpherson, A., Schull M., Manuel, D., Cernat, G., Redelmeier, D.A. and Laupacis, A. (2005). Injuries in Ontario - Chapter 2. ICES Atlas. Toronto: Institute for Clinical Evaluative Studies. Downloaded from:  
[http://www.ices.on.ca/webpage.cfm?site\\_id=1&org\\_id=67&morg\\_id=0&gsec\\_id=0&item\\_id=3053&type=atlas](http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=67&morg_id=0&gsec_id=0&item_id=3053&type=atlas)

O'Hara, M., & Swain, A. (1996). Rates and risk of postpartum depression- A meta-analysis. *International Review of Psychiatry*, 8, 37-54.

Shah, P., & Ohlsson, A. (2002). Literature Review of Low Birth Weight, including Small for Gestational Age and Preterm Birth. Submitted to Toronto Public Health by Mount Sinai Hospital Evidence-based Neonatal Care and Outcomes Research Unit.

Stewart, D.E., Robertson, E., Dennis, C.-L., Grace, S.L., & Wallington, T. (2003). Postpartum Depression: Literature Review of Risk Factors and Interventions. Toronto, ON: Toronto Public Health.

Trocme, N., Fallon, B., McLaurin, B., Daciuk, J., Bartholomew, S., Ortiz, J., Thompson, J., Helfrich, W., & Billingsley, D. (2002). 1998 Ontario Incidence Study of Reported Child Abuse and Neglect. (OIS 1998). Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.

Webster-Stratton, C., Reid, M.J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Psychology*, 30 (3), 283-302.

Wickberg, B., & Hwang, C.P. (1996). Counselling of postnatal depression: A controlled study on a population based Swedish sample. *Journal of Affective Disorders*, 39 (3), 209-216.

Windsor, R. (2003). Smoking cessation or reduction in pregnancy treatment methods: A meta-analysis of the impact of dissemination. *The American Journal of Medical Sciences*, 326 (4), 216-222.