Healthy Babies Healthy Children Service Levels and Funding in Toronto

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To: Board of Health
From: Medical Officer of Health
Wards: All
Reference Number: 

SUMMARY

The Ministry of Children and Youth Services (MCYS) provides 100% funding for the Healthy Babies Healthy Children (HBHC) program. Toronto Public Health HBHC base funding was $19,222,925 in 2015 and the program is delivered in accordance with the provincially established HBHC Protocol (as part of the Reproductive and Child Health Standards of the Ontario Public Health Standards). This Protocol was reviewed and revised in 2012. The program includes screening, assessment, and blended home visiting components.

With the exception of a small increase in funding in 2013 to support implementation of a specific revision to the Protocol, base provincial funding for HBHC for all Boards of Health, including Toronto, has been frozen at 2007 levels. Over the past nine years, the Toronto Board of Health has called on MCYS for sufficient and sustainable HBHC funding seven times.

This report examines the gap between the service requirements of the provincial HBHC Protocol and current TPH HBHC service and identifies the resources and funding that would be required to bridge this gap.

Toronto Public Health (TPH) currently maximizes its limited resources to screen 750 prenatal women, 21,070 postpartum women and 830 parenting families (families with children 6 weeks to school entry) annually. Each year, TPH also provides in-depth assessment for 2,830 families, and conducts 43,660 home visits to 3,560 families who have infants and young children who are at risk for poor developmental outcomes. However, significant gaps exist between Protocol service requirements and current service levels in all of the components of the HBHC program. Failure to achieve the goal of universal postpartum screening, along with targets in prenatal and early parenting
screening have resulted in cascading gaps in assessment and blended home visiting. Current funding levels mean that approximately 67,570 prenatal women and families who should be screened are not, and 12,850 at risk families who could benefit from HBHC home visiting do not receive this service. This gap is substantial and would require approximately $67.4M in additional funding.

In light of the ongoing funding shortfall, TPH endeavours to identify and implement quality improvement initiatives, maximize available resources, and target service delivery to prenatal women and families at the greatest risk. Nevertheless, the gap between the Protocol required level of service need and the currently funded level of service is enormous and flat-lined funding in 2016 that does not allow us to address cost of living and pending collective agreement pressures will further erode existing services.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Chair of the Board of Health and the Medical Officer of Health meet with the Minister of Children and Youth Services to discuss the impact of provincial funding shortfalls on HBHC service levels in Toronto and how to address it.

2. The Board of Health request the Medical Officer of Health report back in 2017 regarding the status of HBHC funding and service levels.

Financial Impact
The HBHC program is 100% funded by the MCYS. There are no financial implications to the City directly resulting from this report.

DECISION HISTORY
The Board of Health has been advocating for adequate provincial funding for the TPH HBHC program since 2006. A report entitled “HBHC Program Funding” was received at the September 14, 2006 meeting. In that report, it was estimated that an additional $12,215,000 beyond the 2006 funding level of $17,011,762 would be required for TPH to fully meet provincial service standards.


Subsequent to that, reports regarding HBHC funding and the negative impacts of flat line budgets that could not address cost of living pressures or rising service demands were received by the Board of Health in 2009, 2010, 2011, and 2012. They highlighted eroding service levels and TPH’s inability to meet Ministry established service targets.

A report to the Board on January 24, 2013 provided details of revisions to the provincial HBHC Protocol and a small funding increase to support the postpartum screening component of the revised Protocol, along with potential implications for the TPH HBHC program. [http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-55578.pdf](http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-55578.pdf).

At the May 9, 2014 meeting, the Board of Health received a report that outlined the impact of TPH's implementation of the new provincial HBHC Protocol and ongoing implications of flat lined funding on Toronto’s HBHC service delivery. [http://www.toronto.ca/legdocs/mmis/2014/hl/bgrd/backgroundfile-69324.pdf](http://www.toronto.ca/legdocs/mmis/2014/hl/bgrd/backgroundfile-69324.pdf).


**ISSUE BACKGROUND**

Research very clearly indicates that the early years are a critical period in a child's development and for their health and well-being throughout childhood and well into adulthood. The HBHC program is an evidence-based prevention and early intervention home visiting program designed to support families from the prenatal period until the child's transition to school. It is a voluntary program that focuses on supporting optimal prenatal health, child development, positive parent-child relationships, and positive parenting skills. Boards of Health are mandated to deliver HBHC as part of the Reproductive and Child Health Standards of the Ontario Public Health Standards. The program is funded 100% by the Ministry of Children and Youth Services.

There were approximately 33,570 births to women who live in Toronto last year and there are approximately 192,995 children aged 6 weeks to 6 years in the City. Many of Toronto's infants and children are at risk for poor growth and developmental outcomes. One in four Toronto children live in poverty (City of Toronto, 2015) and roughly 45% of families speak a language other than English or French (City of Toronto, 2012). About 20% of families are lone parent families (City of Toronto, 2012). Furthermore, services that are designed to support at-risk families such as childcare and housing are in high demand and severely limited: 16,802 children are on waitlist for child-care fee subsidies and 90,000 households are on waitlist for social housing in Toronto (City of Toronto, 2015). It is within this context that TPH delivers the HBHC program to parents and other caregivers in Toronto.

The HBHC program consists of three components: screening, assessment, and blended home visiting (by a Public Health Nurse and a Family Home Visitor). In 2012, in consultation with local public health agencies, Public Health Ontario (PHO) and experts in the field of child development, MCYS revised the HBHC Protocol that guides the delivery of these components. Changes were made to the screening tool and its administration, follow-up for post-partum families, and the planning and education tools used during home visiting. All of these changes were intended to increase the
effectiveness of the program. TPH has implemented all components of the revised HBHC Protocol within the limits of available funding/resources. Details of these changes and implications for TPH were reported to the Board of Health in May 2014.

As part of the roll out of the new HBHC Protocol, the MCYS commissioned PHO to evaluate the implementation process both at the provincial and the local level. In October 2014, PHO released its evaluation report and TPH has used the findings to guide ongoing program planning and service delivery as we continue to implement the revised Protocol and address ongoing funding shortfalls.

Base funding for the HBHC program in 2015 was $19.2 million. Over the past nine years of flat-lined base funding, TPH has made every effort to find efficiencies and maximize available resources in order to both address cost of living pressures and maintain service levels. Non-salary operating expenses represent only 4% of the total HBHC budget and, with the support of a $40,000 one-time funding grant from MCYS, TPH is currently in the process of introducing the use of electronic tablets by front-line service providers to facilitate client service co-ordination and documentation and reduce travel time. Nevertheless, it has been necessary to reduce the number of Public Health Nurses (PHN) and/or Family Home Visitors (FHV) by two to three full time equivalents (FTE) each year. This has resulted in the gradual erosion of services over time that has been reported to the Board of Health annually.

Confirmation of 2016 base funding has not yet been received, but is expected to remain flat-lined. In the absence of a settled collective agreement, it is difficult to identify the precise impact flat-lined funding will have on HBHC service levels. However, it is likely that flat-lined funding in 2016 will necessitate a reduction of three PHN positions and a corresponding reduction in assessment and home visiting services.

COMMENTS
Over the past ten years, TPH has reported to the Board of Health regarding the implications of flat-lined funding on Toronto's HBHC program seven times and the Board of Health has called on MCYS to provide "sufficient and sustainable" funding for the HBHC program each time. At the May 2014 Board meeting, the question of precisely how much funding would be "sufficient" to fully comply with the provincial HBHC Protocol was raised. In order to answer this complex question, it is necessary to consider each of the HBHC components in relation to the full compliance service level, the current service level, the gap between these service levels, and the resources that would be necessary to bridge this gap.

Screening
The screening component identifies families at risk for challenges to healthy child development. Screening happens during the prenatal, postpartum and early childhood periods and is completed in collaboration with service providers, including hospitals. In order to fully comply with the HBHC Protocol, health units are required to screen 25% of the prenatal population, 100% of live births, and 25% of parenting families with children between 6 weeks to school entry. In Toronto, that would be approximately 8,400 prenatal
women, 33,570 postpartum women, and 48,250 parenting families. Actual service levels in 2014 (2015 service levels are not yet available for the full year) were 2.2% of prenatal women, 66% of postpartum women and 0.4% of parenting families. In 2013, TPH receiving additional funding for three PHNs to liaise with twelve birthing hospitals to support postpartum screening with the new screening tool that was introduced with the revised HBHC Protocols.

The gap in service for the screening component currently stands at 22.8% of the prenatal clients (~7650), 34% of the postpartum clients (~12,500), and 24.8% of the parenting families (~47,420). In total, TPH is potentially missing 67,570 families at the screening stage. Filling this gap would require an additional 7 FTEs, at a cost of $829,800. These resources would be used to enhance hospital liaison support, outreach to prenatal care providers and promote the 18 month well baby visit.

Assessment
Assessment begins with contact between health unit PHN and clients who have consented to HBHC service when they were screened. In the postpartum period, the Protocol requires universal postpartum contact within 48 hours of hospital discharge. The specific nature of the contact is based on level of risk determined during the screening. Families identified with no/low risk (i.e. less than two risk factors) are provided with information about the HBHC program, local public health services, and appropriate community resources. While best practice recommends that this contact be by telephone, limited resources have required that contact with Toronto postpartum families be in the form of a brochure handed out at the hospital (with a link to the provincial HBHC website) and a letter mailed from TPH (this approach is compliant with the HBHC Protocol). The PHO evaluation indicated that approximately 70% of postpartum families would be screened as having no risk. Therefore, in order to comply with provincial Protocol, TPH would have to contact 70% of all birthing families (approximately 22,800 families) with at least a letter. Currently, TPH contacts 14,800 no risk postpartum women. If TPH achieved universal postpartum screening, it would be possible to contact, by letter, all no/low risk families within existing resources.

Families identified with risk by the HBHC screen should be contacted by phone to arrange an In-Depth Assessment (IDA). Risk factors include premature birth, infant/child with a congenital or acquired health challenge, parental substance use, low income, history of depression or other mental illness, history of family violence, isolation and lack of support. The PHO evaluation indicated that approximately 30% of families would be identified with risk. In Toronto, if there was full compliance with prenatal, postpartum and parenting screening Protocol levels as described above, 90,200 screenings would be completed each year, with 27,060 (30%) being identified risk. Currently, TPH is contacting only 4,900 families to offer an IDA. Consequently, TPH is missing approximately 22,160 families who should be, at the very least, contacted and offered an IDA. It would require an additional 9 FTEs, at a cost of $1,067,000 to make these phone calls.

Practice has demonstrated that not all families who are eligible for an IDA home visit can be contacted/located or accept a visit when they are contacted. Of the 4,900 families
eligible for an IDA, 2,830 (58%) of them agree to a home visit assessment where an IDA was completed. Based on this percentage, full compliance would result in an additional 12,850 IDA home visits. This would require an additional 36 FTEs at a cost of $4,231,500.

**Blended Home Visiting and Service Co-ordination**

Blended home visiting is provided to families with risk by both PHNs and FHV. As part of the revised HBHC Protocol, the province strengthened education and training for PHNs and FHV and introduced parent education tools and resources that identify and address the parent-child relationship and parenting practices. Service co-ordination and referral to appropriate community resources is also provided. In 2014, TPH PHNs and FHV provided 43,658 home visits to 3,561 new and ongoing families.

Based on current data, 67% of Toronto families assessed with an IDA will be deemed eligible for blended home visiting and agree to participate in the home visit program. With the assumption that increased resources that better reflect the diversity of Toronto's families would increase blended home visiting eligibility and up-take to 80%, full compliance in Toronto would require home visiting to an additional 10,920 new families each year (in addition to the 9,500 families that would continue in service from the previous year). It is difficult to project the number of home visits that each of these families would require each year because home visiting length and frequency is established through the development of an individualized Family Service Plan. Using the current service level average of 12 home visits per year, full compliance would result in approximately 245,060 home visits (98,020 PHN visits and 147,040 FHV visits) per year. This would require an additional 272PHNs and 327FHV, at a cost of $61,287,300.

Clearly, the gap between HBHC Protocol service levels and current TPH service levels is significant. In 2006, TPH projected that it would require an additional $12.2M (on top of the 2006 base funding of $17.0M) to full comply with the HBHC Protocol at that time. In 2016, that requirement has grown to the need for an additional $67.4M (on top of the 2015 based funding of $19.2M). This increased requirement is related to a number of factors including the addition of early parenting screening, increased sensitivity of the new HBHC screening tool, new blended home visiting curricula that require increased home visiting intensity, and cost of living increments.

**Addressing the Gap**

The large gap between HBHC Protocol screening levels and current TPH screening levels raises concerns about the nature of the families that are not being screened. We know very little about them, including whether they are at higher or lower risk than the families that are currently screened. Over the coming years, TPH will be working to gain a better understanding of the families that we are missing in order to ensure that, while there are insufficient resources to screen all families in compliance to the Protocol, those at highest risk are being served. Additionally, in 2016, TPH is participating in a provincial pilot project that electronically links the hospital BORN data base with the health agency ISCIS data base with the aim of increasing the accuracy and completion rates of HBHC postpartum screens.
As identified, failure to fully comply with screening requirements means that not all families who are eligible for HBHC blended home visiting receive the benefit of the program. Consequently, in order to ensure that the families in most need of service continue to receive service, priorities have been established. Post-partum screening and support takes priority over prenatal screening and support. Families are linked with other reproductive and child health services to support prenatal education and nutrition, breastfeeding, postpartum mood disorder, early child identification, family nutrition and parenting education. HBHC outreach is targeted to highly vulnerable populations, such as homeless women through the Homeless at Risk Prenatal (HARP) program which provides high-intensity prenatal home visiting and support to homeless pregnant women who may have multiple risks that can lead to poor pregnancy outcomes, such as transiency, serious mental health issues, addictions, history of multiple pregnancies and previous apprehensions of children. And, in 2016 TPH will partner with 4 other Ontario local public health units (with the support of an Ontario Poverty Reduction grant for training and evaluation) to deliver the Nurse Family Partnership program. This is an evidence-based intense home visiting program specifically designed to improve pregnancy and child health outcomes, and develop economic self-sufficiency for low income, first-time young parents and their children.

TPH remains committed to maintaining the highest level and quality of HBHC service possible and will continue to identify and implement quality improvement initiatives, maximize available resources, and target service delivery to prenatal women and families at greatest risk. While the projection of additional funding requirements for Toronto's HBHC program is an estimate that is subject to a number of complex variables, it is nevertheless clear that the gap between Protocol required service levels and currently funded service levels in Toronto is enormous.

**CONTACT**

Susan Makin  
Director, Healthy Families  
Tel: 416 338 7832  
Email: smakin@toronto.ca

So-Yan Seto  
Associate Director, Healthy Families  
Tel: 416 338 7039  
Email: sseto@toronto.ca

**SIGNATURE**

Dr. David McKeown  
Medical Officer of Health
References


