SUBJECT: Healthy Babies Healthy Children Program 2008 Budget – BOH08031 (City Wide)

RECOMMENDATION:

a) That the 2008 Healthy Babies, Healthy Children Program budget which is 100% funded by the Province be approved.

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services

EXECUTIVE SUMMARY:

The Healthy Babies Healthy Children Program is a 100% funded prevention and early intervention initiative intended to improve the well being and long-term health and development of children and their families. Base funding for 2008 has been confirmed to be $3,399,269 which includes the enhancement of $133,333 for the Nurse Family Partnership pilot program announced late in 2007. These funds were carried over into 2008 upon approval from the Ministry of Children and Youth Services (MCYS).

BACKGROUND:

The Healthy Babies Healthy Children (HBHC) Program is a 100% funded prevention and early intervention initiative intended to improve the well being and long-term health and development of children and their families. HBHC consists of seven services:
1. Telephone Intake, Screening and Assessment
2. Universal Postpartum Program (Postpartum Telephone Assessments and Home Visits)
3. In-Depth Assessments for Families with Identified Risk Factors for Growth and Development
4. Public Health Nurse and Family Home Visitor Home Visits to At-risk Families (Including the Nurse Family Partnership pilot program new in 2007)
5. Referral and Linkage to Needs Based Supports and Services.
6. Service Co-ordination for High Risk Families
7. Early Identification of children at risk for poor development

Each year the Ministry of Children and Youth Services (MCYS) also provides health units with the opportunity to apply for one-time grants to augment their HBHC budgets. PHS received the following grants:

<table>
<thead>
<tr>
<th>One Time Grants</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Family Partnership Pilot</td>
<td>$0</td>
<td>$51,730</td>
</tr>
<tr>
<td>Invest in Kids- High Risk Intervention Training</td>
<td>$0</td>
<td>$2,550</td>
</tr>
<tr>
<td>2007 Funding Carry-Over</td>
<td>N/A</td>
<td>$133,333¹</td>
</tr>
<tr>
<td>Summer Graduate Nurse Initiative</td>
<td>$65,000</td>
<td>0</td>
</tr>
<tr>
<td>Overtime Costs for PPAC (now discontinued)</td>
<td>$40,000</td>
<td>N/A</td>
</tr>
<tr>
<td>FHV conference</td>
<td>$10,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

¹ MCYS approved a carry over of $133,333 into 2008 due to the fact that the funding announcement was made late in 2007.

PHS did not receive one-time funding for the Summer Graduate Nurse Initiative program in 2008. This is a very successful program that the Family Health Division has implemented over the last four years allowing PHS to hire new nursing graduates, provide them with an extensive orientation, and have them do work in the postpartum program component of HBHC over the summer. This provides the new graduates with a comprehensive orientation and marketable job skills and provides the Family Health Division with a way to augment the staffing complement over the summer months during peak vacation periods. Most of the new graduates have been hired into vacancies within the HBHC program, reducing orientation costs and recruitment efforts. PHS was able to use available HBHC gapping dollars to offer the summer contract program in 2008. It is unlikely that PHS will be able to provide this program in 2009 without one time funding or a funding enhancement.
ANALYSIS/RATIONALE:

The HBHC Program provides essential services for pregnant women, postpartum mothers and their newborns, and families with young children. In the new draft Ontario Public Health Standards, the prenatal component of HBHC has been added into Reproductive Health (HBHC currently is only in Child Health) signalling the province’s continued commitment to this foundational program. The Family Health Division is currently reviewing these revised implementation standards, revisiting service targets, and examining local reproductive health data in order to strengthen the long-term home visiting model.

ALTERNATIVES FOR CONSIDERATION:

The Board of Health could decide not to approve the HBHC 2008 budget

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

City of Hamilton Healthy Babies Healthy Children Program Budget 2004-2008

<table>
<thead>
<tr>
<th>Year</th>
<th>% Increase in Base Budget</th>
<th>Approved Base Budget</th>
<th>One Time Grants</th>
<th>Total Annual Budget</th>
<th>Approved PHS FTE</th>
<th>FHV FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3.1</td>
<td>$3,433,913</td>
<td>$187,613</td>
<td>$3,621,526</td>
<td>33.5</td>
<td>17.9</td>
</tr>
<tr>
<td>2007</td>
<td>7.9</td>
<td>$3,330,206</td>
<td>$115,000</td>
<td>$3,445,206</td>
<td>31.5</td>
<td>17.9</td>
</tr>
<tr>
<td>2006</td>
<td>3.6</td>
<td>$3,085,752</td>
<td>$109,800</td>
<td>$3,195,552</td>
<td>31.5</td>
<td>18.1</td>
</tr>
<tr>
<td>2005</td>
<td>7.5</td>
<td>$2,979,933</td>
<td>$70,000</td>
<td>$3,049,933</td>
<td>32.0</td>
<td>18.0</td>
</tr>
<tr>
<td>2004</td>
<td>7.8</td>
<td>$2,770,895</td>
<td>$39,000</td>
<td>$2,809,895</td>
<td>28.2</td>
<td>16.4</td>
</tr>
</tbody>
</table>

Many health units across the province are currently experiencing severe budget shortfalls for 2008 which have resulted in reduced operating lines and/or staffing reductions. Because of the carryover funding from 2007, PHS was able to continue the Summer Graduate Nurse Initiative for 2008. If funding is not received for this program in 2009 it will have a negative impact on service delivery resulting in a reduction in the number of postpartum home visits that PHS can provide. Further details regarding next year’s HBHC budget will be provided during the 2009 budget approval process.

POLICIES AFFECTING PROPOSAL:

HBHC is part of the Mandatory Health Programs and Services Guidelines (Child Health and Reproductive Health) for Boards of Health. The Board of Health is required to implement the HBHC Program in accordance with the Ministry of Health and MCYS
guidelines which stipulate the requirements for the seven program components outlined in the background section of this report.

**RELEVANT CONSULTATION:**

Public Health Services has consulted with the Finance and Administration Division regarding the preparation of the 2008 HBHC budget. PHS has also consulted with Hamilton’s designated Program Consultant from the MCYS regarding this year’s budget.

**CITY STRATEGIC COMMITMENT:**

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

- Community Well-Being is enhanced. ☑ Yes ☐ No
  Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

- Environmental Well-Being is enhanced. ☑ Yes ☐ No
  Human health and safety are protected.

- Economic Well-Being is enhanced. ☑ Yes ☐ No
  Poverty is reduced.

Does the option you are recommending create value across all three bottom lines? ☑ Yes ☐ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☑ Yes ☐ No

The creation of a respectful, desirable and supportive workplace.