To: Mayor and Members
Board of Health

From: Elizabeth Richardson
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Re: Healthy Babies/Healthy Children (HBHC) Program Update BOH07053 (City Wide)

Council Direction

This report is provided in keeping with the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report PH06038.

Information:

BACKGROUND

The Healthy Babies Healthy Children (HBHC) Program is a 100% funded prevention and early intervention strategy intended to improve the well being and long-term health of children. In follow-up to the September 24, 2007 Healthy Babies/Healthy Children (HBHC) 2007 Budget BOH07048 (City Wide) report three components of the current program will be highlighted:

- Postpartum Assessment Clinic
- Prenatal screening with the Larsen
- Long-term home visiting program

Postpartum Assessment Clinic (PPAC)

The Postpartum Assessment Clinic (PPAC) was introduced to the Board of Health at the September 18, 2006 meeting through the Prenatal and Postpartum Programs – Family Health Division Report (PH06034) (City Wide).
The initial collaborative model for PPAC included:

- A Family Physician appointment within 48 hours, PPAC visit within 7 days or PPAC appointment within 48 hours & FP visit within 7 days
- A Clinic open at each hospital site open 8:30-4:30 every day, staffed by a PHN
- PHS taking on doing blood tests for the small number of babies that would require it as part of the goal to provide comprehensive services all in one visit

The purpose of the face to face clinic visit includes:

- Maternal assessment: physical recovery from delivery, supports, primary care follow up, parenting and family well being
- Newborn assessment: feeding, elimination, behaviour, general health, jaundice, cord care
- Optional brief physical assessments of mother or baby by the public health nurse (PHN) depending on identified concerns. However, the primary back up for medical assessment is the mother’s family physician or on call medical specialist support when needed
- Referral to community resources including a PHN home visit

Major issues identified with the PPAC model of service delivery to date are:

- A significant decrease in the overall postpartum referral rate to Public Health Services (PHS) with 10% of mothers refusing HBHC referral and an additional 14% not showing up for their clinic appointment
- A lower than expected uptake for clinic appointments (53-57%), leaving 33-37% of mothers requesting a telephone contact instead
- An increase in staffing resources required for PHS to operate this model related to start-up costs, unforeseen overtime costs, no-shows, and additional time required to complete infant bloodwork when ordered
- The service demand for blood work has grown beyond the mandate of the HBHC Program and the role of the PHN creating potential risk management issues
- New Canadian Pediatric Society guidelines regarding routine newborn Bilirubin monitoring (for jaundice) will greatly increase the number of infants requiring post-discharge blood tests

To address the issues identified above. Some adjustments are being made in the clinics. Effective October 29, 2007, PHNs will no longer do blood work as part of the service provided in PPAC. Weekend service will be Saturday only, in keeping with the HBHC mandate of contact within 48 hours of hospital discharge. PHNs will continue to provide telephone contact as an alternate service for women who prefer not to go to PPAC. These necessary changes to the PHS contribution to the PPAC model have been discussed extensively with our community partners.

At this point, it is unclear how the PPAC model will evolve within this changing service delivery system and new guidelines for infant care. However, the Operations Committee of PPAC (with representatives from both hospitals, family physicians, pediatricians, and PHS) continues to meet with the mandate and commitment of redesigning the collaborative PPAC model to meet the emerging needs of new mothers and infants in the City of Hamilton in the most efficient and effective way possible.
Universal Prenatal Screening Using the Larsen Screen

The HBHC prenatal screening tool is the Larson Screen, which consists of three questions designed to identify factors that are predictors of difficulty with parenting, including:

1. The mother’s education level
2. Her attendance at prenatal classes
3. If she is a smoker, how much she smokes

It is the goal of PHS to work towards universal prenatal screening and earlier intervention for women at risk during pregnancy. Currently the Larson is embedded in our HBHC prenatal referral form. Prenatal referrals come from:

- Family physicians, obstetricians and midwives
- Hospital pre-registration clinics
- High risk prenatal groups (including Canadian Prenatal Nutrition Program)
- Adult Prenatal Classes
- Self referrals

Over the next six months PHS will be:

- Revising the HBHC prenatal referral form to include low-income as a fourth screening measure to facilitate referrals to the Nurse Family Partnership study
- Developing a process for completion of the Larson screen at the time the Let’s Grow a Healthy Baby booklet is given to pregnant women (handed out by family physicians, obstetricians, and midwives)
- Developing a consistent approach to assessment and referral for women identified at risk during their pregnancy and referred to PHS for follow up

Long Term Blended Home Visiting Program

The HBHC long term home visiting model consists of a combination of professional (PHN) and peer (Family Home Visitor) interventions aimed at improving child health and developmental outcomes. Public health units across the province have continued to struggle with HBHC given the lack of provincial direction regarding consistent and clear role descriptions (PHN versus FHV), strategies for intervention, curriculum, and evaluation of client outcomes. Hamilton’s organizational structure is unique in the province in that the Family Home Visitor (FHV) complement is contracted out to six Community Partner Agencies. The FHV home visiting rate has consistently been 50-55% of the expected target which is well below the provincial average. In particular the

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1 FHV is a community who receive training to become skilled peer mentors. They work one-to-one with families in their homes, focusing on growth and development, model effective parenting, reinforce health teaching provided by the PHN, and link parents to community resources.
2 The six CPAs are: Grace Haven, Social Planning and Research Council, St. Martin’s Manor, St. Joseph Immigrant Women’s Centre, Today’s Family, and Wesley Urban Ministries
average time per home visit is very high (often 4-6 hours). The province expects that PHNs and FHV visit families in a 1:3 ratio and PHS has been unable to achieve this.

There has been much historical joint problem-solving between PHS and our Community Partner Agencies that employ the FHV in attempt to rectify the lack of success regarding achieving service targets. To date despite the mutual willingness to problem-solve, there has been little improvement in service targets.

PHS’ HBHC blended model (PHNs and Family Home Visitors) of home visiting is currently undergoing a program review which will result in the development of a clear framework for long term home visiting with high risk families. Specific home visiting guidelines and strategies will be developed including:
- PHN role and intervention
- Family Home Visitor (FHV) role and intervention
- Communication and coordination between the PHN and FHV
- Family service planning

Specific home visiting guidelines and strategies will be provided for each family life stage such as prenatal, postpartum, infant, toddler and preschooler. This comprehensive approach to improving the quality and consistency in service delivery will be supported by written guidelines and manuals, extensive staff training, and regular clinical supervision. It is anticipated that this process will take at least one year to complete.

SUMMARY

The HBHC Program provides a much-needed service 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. The HBHC Program makes a significant contribution towards making Hamilton the Best Place to Raise a Child.

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