CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Family Health Division

TO: Mayor and Members
Board of Health

WARD(S) AFFECTED: CITY WIDE

COMMITTEE DATE: July 7, 2010

SUBJECT/REPORT NO:
Healthy Babies, Healthy Children 2010 Budget BOH10018 (City Wide)

SUBMITTED BY:
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Public Health Services

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SIGNATURE:

RECOMMENDATION

(a) That the 2010 Healthy Babies, Healthy Children (HBHC) Program budget which is 100% funded by the Ministry of Children and Youth Services (MCYS) be approved, including a reduction of 0.5 FTE Public Health Nurse (PHN).

(b) That a letter be written to the Minister of Children and Youth Services, to be sent along with the budget submission, outlining the inherent impact of zero base increases for 2009 and 2010, as well as the potential impact of subsequent budget reductions on the effective integration of HBHC services as part of the provincial Best Start Child and Family Service Model.

EXECUTIVE SUMMARY

The Healthy Babies Healthy Children Program is a well established 100% provincially funded prevention and early intervention initiative focused on the well being and long-term health and development of expectant parents, young children and their families.

Several recent reports emphasize the fundamental importance of early child development and societal influences. Dr. Charles Pascal’s report to the Premier entitled With Our Best Future in Mind established early childhood development as a priority in this province. Internationally, UNICEF has identified the early years as a period of
vulnerability when government support to families can be tremendously valuable, and also has pointed out that Canada has precious few programs in this area relative to other developed countries.

The Hamilton Spectator’s Code Red series reinforces the long term and irreversible impact of poverty on children and families in the City of Hamilton.

The base funding for HBHC in 2010 has been confirmed at $3,433,913 which reflects a zero percent increase since 2008. Static provincial funding and increasing salary costs necessitate a reduction in complement of 0.5 FTE PHN as well as a further reduction of $52,529 in operating costs. This will have a detrimental impact on early child development and on the achievement of The City of Hamilton’s vision to be the best place in Canada to raise a child.

Alternatives for Consideration: see page 5.

FINANCIAL / STAFFING / LEGAL IMPLICATIONS

Financial:

The following table summarizes Hamilton PHS funding and staffing levels: 2004-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>% Increase in Total Budget</th>
<th>Total Approved Budget</th>
<th>Total Salaries, Wages &amp; Benefits</th>
<th>Total Operating Costs</th>
<th>Contracts</th>
<th>FHV Program FTE</th>
<th>Approved PHS Total FTE</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>0</td>
<td>3,433,913</td>
<td>2,577,655</td>
<td>223,634</td>
<td>632,623</td>
<td>13.5</td>
<td>30.4</td>
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<td>2009</td>
<td>0</td>
<td>3,433,913</td>
<td>2,525,127</td>
<td>276,163</td>
<td>632,623</td>
<td>13.5</td>
<td>30.9</td>
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<td>2008</td>
<td>1.98</td>
<td>3,399,269</td>
<td>2,477,964</td>
<td>275,682</td>
<td>645,623</td>
<td>17.9</td>
<td>33.5</td>
</tr>
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<td>2007</td>
<td>7.9</td>
<td>3,333,206</td>
<td>2,310,733</td>
<td>257,850</td>
<td>646,623</td>
<td>17.9</td>
<td>31.50</td>
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<tr>
<td>2006</td>
<td>3.6</td>
<td>3,085,752</td>
<td>2,219,970</td>
<td>230,159</td>
<td>635,623</td>
<td>18.1</td>
<td>31.50</td>
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<tr>
<td>2005</td>
<td>7.5</td>
<td>2,979,933</td>
<td>2,124,075</td>
<td>222,258</td>
<td>633,600</td>
<td>18.0</td>
<td>32.00</td>
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<tr>
<td>2004</td>
<td>7.8</td>
<td>2,770,895</td>
<td>1,961,310</td>
<td>222,186</td>
<td>587,399</td>
<td>16.4</td>
<td>28.20</td>
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</tbody>
</table>

Staffing:

To stay within the provincial budget allocation for 2010, a reduction of 0.5 FTE PHN is required. This can be immediately achieved through the elimination of a currently vacant position. In addition, a further reduction of $52,529 is also required within operational budget lines which means fewer resources for cultural interpreting, program resources and printed materials which support public awareness and promotion.

Legal:
There are two existing contractual agreements that govern the delivery of HBHC services:

1. An annual provincial contract for HBHC funding and local service levels is signed by the Medical Officer of Health

2. In 2008, the Board of Health approved a significant change in the delivery of the Family Home Visitor component of HBHC. As a result, the single-service agency contract for Family Home Visiting services was awarded to Wesley Urban Ministries. The current Transfer Payment Agreement does not expire until 2011 so Wesley Urban Ministries will not be affected by the budget situation this year.

**HISTORICAL BACKGROUND** (Chronology of events)

The Healthy Babies Healthy Children (HBHC) Program is a 100% provincially funded prevention and early intervention initiative intended to improve the well being and long-term health and development of young children and their families. HBHC is mandated to provide the following direct services to families:

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 (FHV) home visits to at-risk families (This includes the Nurse Family Partnership - a targeted, evidence-based approach to nurse home visitation)
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

As the Province begins to move forward with the development of Best Start Child and Family Centres outlined in the Pascal Report, Public Health Services will continue to collaborate with Hamilton Best Start to determine how core HBHC program components may be effectively integrated. It is imperative that the province provide adequate funding to deliver mandated HBHC services. Without adequate funding to support the critical role of Public Health Nurses in screening, assessment, home visiting and service coordination, integration of HBHC within the Best Start (neighbourhood) model will be insufficient to meet identified neighbourhood needs.

**POLICY IMPLICATIONS**

This program aligns with policy directions enunciated by provincial, national and international initiatives.

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Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
According to Dr. Charles Pascal, “Ontario’s 1999 Early Years Study popularized the science of early childhood development and recommended that public policy capitalize on this critical life stage by offering quality programs to all young children and their families.” (Pascal pg 10)

Dr. David Butler-Jones, Canada’s Chief Public Health Officer states “There is a growing body of evidence that some of the greatest returns on tax payers’ investments are those targeted to Canada’s youngest citizens. Every dollar spent in ensuring a healthy start in the early years will reduce the long term social costs associated with health care, addictions, crime, unemployment and welfare. As well, it will ensure Canadian children become better educated, well adjusted and more productive adults.” (Pascal Report, p12)

UNICEF points out that “Children have a right to grow up with a level of material resources sufficient to protect their physical and mental development, and to allow their participation in the life of the societies into which they are born…a right to be protected in good times and bad…should not depend on whether economies are in growth or recession or on whether interest rates are rising or falling. Reducing child poverty rates is perhaps the single most meaningful and measurable test of how well the governments of the developed world are living up to that ideal.” (UNICEF Report 6, 2005 Pg 31)

HBHC is included as one of the Ontario Public Health Standards (Child and Reproductive Health) for Boards of Health which promotes the health and well being of children and families. 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 service delivery components outlined in the background section of this report. Despite the provincial mandate, the HBHC program has never been adequately funded to fully deliver the seven mandatory services.

In addition, MYCS has clearly identified that HBHC must be a strong collaborative partner in the establishment of the provincial Best Start Child and Family Centres which are now in the early planning and development phase (as recommended by the Pascal report). PHS is actively involved in the community consultation process (led by Community and Social Services) and is engaged in identifying how program components can best be integrated into the Best Start Child and Family Centre model in the City of Hamilton. While the enhanced collaboration and integration of community based services within the Best Start Model will increase awareness of and referral to the HBHC program, there will be no capacity to meet the increased need and demand for services.

**RELEVANT CONSULTATION**

- Finance and Administration
- Program Consultant from the MCYS
- Association of Local Public Health Agencies (aLPHa)

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Consultations have consistently affirmed the need to identify and implement strategies to manage the impact of budget deficits on service delivery levels. In addition, there has been a strong commitment to develop and implement advocacy strategies for appropriate funding levels required to support the delivery of services to vulnerable children and families in the community that is consistent with the recommendations of the Pascal Report and the development of Best Start Child and Family Centres.

**ANALYSIS / RATIONALE FOR RECOMMENDATION**

(include Performance Measurement/Benchmarking Data, if applicable)

The HBHC Program core services promote the health and well being of pregnant women, postpartum mothers and their newborns, and families with young children and are included in the OPHS, Reproductive and Child Health standards.

Static provincial funding and increasing salary costs necessitate a reduction in complement of 0.5 FTE PHN as well as a further reduction of $52,529 in operating costs. This will have a detrimental impact on early child development and on the achievement of the City of Hamilton’s vision to be the best place in Canada to raise a child as there will be a significant impact on direct service delivery to the most vulnerable families in Hamilton. As demands for services remain constant or increase, we will be forced to institute a waiting list for services and estimate that approximately 50 families identified at risk for poor development will not access home visiting services.

The Family Health Division (FHD) is currently engaged in a Divisional reorganization and program planning process, based on local reproductive and child health data, the OPHS Reproductive and Child Health Standards, and community initiatives pertinent to Family Health. The goal is to identify and strengthen synergies between the HBHC program and Family Health OPHS, to maximize efficiencies, and to improve health outcomes for Hamilton’s youngest and most vulnerable citizens. As a result of the FHD reorganization and planning process, the FHD will realign the universal early childhood development promotion initiatives that were historically part of the HBHC protocol to be more integrated with the programs and services provided under the Reproductive and Child Health Standards.

While synergies and efficiencies between HBHC and the OPHS Reproductive and Child Health programs are achieved for universal early childhood development promotion, static provincial program funding to HBHC will continue to erode the individual family interventions (E.g. home visiting) that is essential to support children and families in the highest risk neighbourhoods.

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A continuation of zero budget increases in subsequent years will compound the detrimental impact on healthy child development and the level of integration of HBHC services within the Best Start Child and Family Centres in Hamilton.

**ALTERNATIVES FOR CONSIDERATION**

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The Board of Health could offset the budget pressure within HBHC with an enhancement funded 100% from the City levy:

- This alternative maintains essential services to the most vulnerable children and families in the community and demonstrates the City’s commitment to the development of its youngest citizens and investment in the future

- This alternative does not hold MCYS fully accountable for the vision that is endorsed in the Provincial Best Start Framework

- This alternative may set a precedent that the City is willing to subsidize shortfalls when the provincial government does not provide full funding to programs that are labelled as 100% funded by the Province

**CORPORATE STRATEGIC PLAN** (Linkage to Desired End Results)


**Skilled, Innovative & Respectful Organization**

- A culture of excellence
- More innovation, greater teamwork, better client focus

**Intergovernmental Relationships**

- Influence federal and provincial policy development to benefit Hamilton

**Growing Our Economy**

- Supporting early childhood development helps to develop a workforce ready to contribute to a knowledge based economy
- An improved customer service

**Social Development**

- This program helps Hamiltonians participate in all aspects of community life
Healthy Community

- This level of support for families and children in the early years is necessary, but not sufficient on its own to establish the foundations for healthy lives.

APPENDICES / SCHEDULES

None. References available on request.