



November 26, 2008

The Honourable Dalton McGuinty
Premier and Minister of Research and Innovation
Hepburn Block
Room 281, Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier McGuinty:

Re: Government of Ontario identify the Healthy Babies Healthy Children program as fundamental to a poverty reduction strategy and provide an increase to the base funding for the Healthy Babies Healthy Children program.

It is the position of the Board of Health for the Grey Bruce Health Unit that the Government of Ontario should identify the Healthy Babies Healthy Children program as fundamental to the provincial poverty reduction strategy and therefore should provide an increase to the base funding for the Healthy Babies Healthy Children program.

This Board notes the value of the Health Babies Health Children program in mitigating the effects of poverty, especially on children and vulnerable populations. As well, this Board recognizes the unique challenges inherent in delivering the Healthy Babies Health Children program in a rural setting, including the increased numbers of clients, as compared to provincial standards.

Meeting on November 21, 2008, the Board of Health for the Grey Bruce Health Unit passed the following resolution and we respectfully request your support of, and action on this matter.

Resolution #2008-136

WHEREAS the Board of Health of the Grey Bruce Health Unit supports the Government of Ontario, through Ontario's Poverty Reduction Strategy, *Growing Stronger Together*, and is committed to expanding opportunities so that all Ontarians - particularly children, can reach their full potential; and

WHEREAS 30% of Grey Bruce Healthy Babies Healthy Children clients are identified as "at-risk" versus the Provincial Standard of 12%; and

WHEREAS Public Health Nurses and Lay Home Visitors in the Healthy Babies Healthy Children program work with high-risk families to overcome the effects of poverty, inadequate housing, low literacy, and to address the availability of nutritious food choices in the community. Strategies include promoting healthy pregnancies, monitoring child growth and development, and empowering parents to become advocates for their children's health and well-being; and

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WHEREAS one-time pilot funding was received in 2007 to administer *Moving Forward*, a program successfully demonstrating the potential for poverty reduction through increasing employment and education opportunities. Funding was not provided to continue the program; and

WHEREAS base funding for Healthy Babies Healthy Children has resulted in minimal annual increases over the past several years in spite of an increasing percentage of families scoring “at-risk” as well as annual escalations in staff wages and benefits;

THEREFORE BE IT RESOLVED THAT the Government of Ontario identify the Healthy Babies Healthy Children program as fundamental to a poverty reduction strategy, recognizing the important role the program plays in the lives of high-risk families in assisting them to overcome the impacts of poverty, in providing children with a healthy start in life and enhancing opportunities for families to break the cycle of poverty; and

FURTHER THAT the Government of Ontario provide an increase to the base funding for the Healthy Babies Healthy Children program, including the costs of program administration, and annual cost of living increases, to maintain adequate service delivery for high-risk families; and

FURTHER THAT copies of this letter be forwarded to the Premier of Ontario, to our local Members of Parliament, Member of Provincial Parliament, Minister of Children and Youth Services, Minister of Health Promotion, Minister of Health and Long-Term Care, Association of Local Public Health Agencies, Ontario Public Health Units Boards of Health, and all offices of the Medical Officer Health in Ontario.

Building Healthy Communities Together,

Original Signed by

Hazel Lynn, MD, FCFP, MHSc
Medical Officer of Health
HL/df

Copies to:

The Honourable Deborah Matthews, Minister of Children and Youth
The Honourable Margaret Best, Minister of Health Promotion
The Honourable David Caplan, Minister of Health and Long-Term Care
alPHa Board of Directors
Larry J. Miller, MP Grey-Bruce-Owen Sound
Bill Murdoch, MPP Bruce-Grey-Owen Sound
Carol Mitchell, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Ontario Boards of Health, Chairs
Ontario Medical Officers of Health

Attachments:

Status Report, Healthy Babies Healthy Children Program, 2008

Caseload Analysis Survey, April 2008

References

Status Report, Healthy Babies Healthy Children Program, 2008

Sarah Ellis, RN, BScN, MSED, Program Manager

Budget constraints compromise the ability to meet the requirements of delivering the Healthy Babies Healthy Children program in a rural area. A funding deficit will result in the downsizing of the Healthy Babies Healthy Children program.

Geographic Factors

Grey and Bruce Counties are approximately the size of Prince Edward Island. This large rural area presents challenges of travel. A home visit from Owen Sound to Tobermory, the northern most community in Bruce County, requires 1.5 hours driving time for a 100 km. one-way trip. Winter presents another set of challenges to providing a home visiting program in a large rural area when roads may be closed and safety of staff must be considered.

As well, only three out of the ten local hospitals deliver babies, resulting in clients traveling long distances or out of the area to deliver babies. The distances to services also impact on the ability of at-risk families to receive postpartum and prenatal care from physicians that are located many hours and kilometers away. Special services, when available to Grey Bruce families, are often provided in London, a distance of over 200 km. from Owen Sound, and three to four hours drive time. Vulnerable and at-risk families have challenges finding transportation and childcare to attend appointments with specialized services.

Rural Factors

Grey and Bruce Counties are rural, with a number of small towns and villages. There is a lack of specialized services for families, including mental health services, prenatal care and addiction treatment. Southwest LHIN data indicates the majority of community support services are available in the south of the region, leaving Grey Bruce under-serviced. LHIN data indicates the region ranks tenth in the province in per capita funding for Mental Health and Addictions services.

Service Delivery

Public Health Nurses working in a rural setting have a different role than their counterparts working in an urban environment. Healthy Babies Healthy Children guidelines describe the role of the Public Health Nurse as that of "service coordinator". In a rural area, the Public Health Nurse has a much broader scope of practice including physical and mental health assessment, transportation coordinator, case manager and family advocate. In addition to being a service coordinator, the Public Health Nurse in a rural area is a primary health care practitioner.

Characteristics of the Healthy Babies Healthy Children population in Grey Bruce

Data from the 2007 Integrated Services for Children Information Systems (ISCIS) show that 30% of Grey Bruce Healthy Babies Healthy Children clients score as "at-risk" on the brief assessment. The ministry target is 12%. Common to Grey Bruce Healthy Babies Healthy Children are high percentages of families with risk factors that put their family in a compromised position; Post Partum Mood Disorder (PPMD), involvement with the Children's Aid Society, maternal smoking rates, social isolation, and the young age of moms.

Lack of Education

In the *Caseload Analysis Survey* (April 2008), 72% of Healthy Babies Healthy Children mothers and 21% of their partners have not completed high school. The Grey Bruce average for not

completing high school is 20.1% and the Ontario average is 13.2%. Lack of education, a key social determinant of health, makes it difficult for literacy challenged clients to navigate the complex health care system. “Individuals with limited reading skills are more likely to be hospitalized and die early and unnecessarily.”¹ “Effectively accessing health services requires sophisticated skills from health care consumers.”²

In addition to literacy challenges, parents with limited education may have difficulty in reading and interacting with their children (important in the early years as a key indicator in later school success). Engaging clients in education pursuits requires time, support and intervention of consistent home visiting teams such as the Healthy Babies Healthy Children model. Healthy Babies Healthy Children makes a difference in the lives of these families, linking them to high school alternatives and college preparation courses; thereby increasing the trajectory of the family income and ultimately the health and well-being of the family.

Single Parent Families

Fifty-five per cent of families on the Healthy Babies Healthy Children caseload are single parent families – the majority led by women. “There is a clear difference in access to health and well being. Those most likely to be on the losing edge of health inequalities are women.”³

Southwest LHIN *Environmental Scan* data reports the highest rate of low income in the Southwest region is found in the community of Owen Sound with 13.9% of the population living at a low income level. Healthy Babies Healthy Children clients are often compromised by lack of education, reliance on the social service system and histories which may involve abuse, substance use and poverty.

Lack of Family Physicians in Grey Bruce

A lack of primary health care practitioners in Grey Bruce results in Healthy Babies Healthy Children playing a role of primary health care provider working with clients to locate services and supports. The *Caseload Analysis Survey* found that 16% of Healthy Babies Healthy Children families do not have a primary health care practitioner. Pregnant clients presenting to the Healthy Babies Healthy Children program may be linked with a delivering physician or midwife, but ongoing and regular healthcare by a primary care practitioner is limited, especially for clients with multiple needs (substance use history, tobacco use and children with behavioral or developmental delays). Data from the Southwest LHIN *Environmental Scan* indicates that Grey Bruce has the highest hospitalization rate in the area for perinatal conditions, injury and poisoning. The entire Southwest area is above the provincial average for crude and age-standardized hospitalizations.

Multiple “Risk” Factors

Healthy Babies Healthy Children clients are at-risk for a number of lifestyle and behavioral issues. The *Caseload Analysis Survey* indicates that 48% of Healthy Babies Healthy Children families have diagnosed mental health issues. Sixty-eight percent of Healthy Babies Healthy Children families are involved with the Children’s Aid Society and 48% have a history or are current substance abuser. Additionally, 51% of Healthy Babies Healthy Children families have or are experiencing domestic violence. These multiple and confounding risk factors place already vulnerable families in a compromised position for healthcare, childcare and child development. Multiple risk factors necessitate the role of the Public Health Nurse to increase surveillance of families and deal with the many crises these families face in their daily life.

Involvement with CAS

Sixty-eight per cent of Healthy Babies Healthy Children families are involved with the Children's Aid Society. A number of clients have been or are currently Wards of the Children's Aid Society, who themselves are now pregnant. By virtue of their unique circumstances, they require intensive intervention to learn appropriate parenting skills, attachment behaviors and to link them with counseling for the distress they have faced as children of abuse.

Special Populations

Grey Bruce has large Mennonite and Amish populations. These communities face unique challenges in accessing medical care, including immunizations, due to the lack of OHIP cards. Lack of telephones limits access to services. Due to the cost of healthcare, some Mennonite populations have started to use "lay midwives" to deliver babies, presenting an imminent health risk to babies and mothers. Unregulated care providers delivering babies also causes an extra strain on the Public Health Nurses providing health assessments for postpartum mom and babies, Phenylketonuria (PKU) screening for mom as well as other newborn blood screening. With no family doctor or other regulated health care provider, it puts the Public Health Nurse in the position as primary health care practitioner for the family.

Two First Nation reserves are located in Bruce County (Chippewa's of Nawash and Saugeen First Nation). There are large numbers of First Nation people living off-reserve in Owen Sound and Southampton. Working with First Nation families requires a cultural sensitivity and an awareness of the resources available to this specific population.

Impact

The impact of budget restraints on the Healthy Babies Healthy Children program results in a decrease in program staff by one home visiting team (consisting of a Public Health Nurse and a Lay Home Visitor). The decrease in staff will cause the program to re-evaluate and re-prioritize high-risk families and will result in reduced service to 60-80 families, further diminishing the delivery of a much needed program in an already under-serviced area.

¹ Rudd R., Health Literacy: Reducing Social and Health Inequalities. In CPHA (Ed.), *The Daily - Public Health in Canada: Reducing Health Inequalities through Evidence and Action 2008 Annual Conference*, Issue two, (pp. 2). Halifax, Nova Scotia, June 3, 2008. Conference Publishers Inc.

² Canadian Public Health Association, *Outcomes from the National Symposium on Health Literacy*. (pp. 6). Ottawa, Ontario, January 2008. CPHA

³ Chow B., Gender Determines Health. In CPHA (Ed.), *The Daily - Public Health in Canada: Reducing Health Inequalities through Evidence and Action 2008 Annual Conference*, Issue two, (pp. 4). Halifax, Nova Scotia, June 3, 2008. Conference Publishers Inc.

Staff Caseload Analysis Survey, April 2008

Survey completed using:

- ISCIS data including Parkyn scores and notes, Larson scores and notes
- Staff self-report caseload analysis of “at-risk” and “high-risk” families on caseload as of April 2008
- Note: low-risk and healthy postpartum families were not included in the analysis

N= 236 “at-risk” families

Risk Factor	Number (N=236)	Percentage
Single parent families	130	55%
Clients not completing high school		
- mom	170	72%
- partner	49	21%
Clients completed high school		
- mom	28	12%
- partner	94	40%
Clients currently receiving Ontario Works benefits	113	48%
		(of mothers)
Clients currently receiving ODSP	35	15%
Clients employed	43	18%
Clients with active CAS files	160	68%
Clients with past CAS files (i.e. history with CAS involvement)	118	50%
Clients with mental health issues (diagnosed)	113	48%
Clients with financial challenges		
- unable to buy food each month	106	45%
- unable to pay utilities	119	55%
- no phone	71	30%
Clients with substance abuse issues (alcohol, drugs)	113	48%
Clients with exposure to domestic violence (confirmed)	118	51%
Clients without a primary health care practitioner	37	16%

References

Campaign 2000, *Report Card on Child Poverty*, (April 2008). Retrieved November 2008, from: <http://action.web.ca/home/c2000/alerts.shtml?x=115290>

Canadian Association for Rural and Remote Nursing, *Rural and Remote Nursing Practice Parameters*, Discussion Document, (January 2008). Retrieved November 2008, from: <http://www.carrn.com/files/NursingPracticeParametersJanuary08.pdf>

Canadian Institute for Health Information, *How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants*, (September 2006). Retrieved May 2008, from: www.secure.cihi.ca/cihiweb/products/acknowledgements_rural_canadians_2006_report_e.pdf

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South West Local Health Integration Network, *Environmental Scan*, (October, 2006). Retrieved November 2008, from: http://www.southwestlhin.on.ca/publicationandreports.aspx?ekmense1=e2f22c9a_72_206_btnlink