

REGION OF HAMILTON-WENTWORTH

- RECOMMENDATION -

DATE: 1998 April 21

REPORT TO: Chairmen and Members
Community Services and Public Health Committee

FROM: Dr. Marilyn James
Medical Officer of Health

SUBJECT: Community Partnerships-Sexual Health Services in Hamilton-Wentworth
HEA98005(b)


RECOMMENDATION:

- a) That the 1998 Sexual Health Budget in the amount of \$698,000 be reallocated as per Part 1 of Attachment 7 - HEA98005(b);
- b) That the Medical Officer of Health be authorized and directed to prepare and release Request for Proposals (RFP's) totalling \$20,000 for 1998 regarding the provision of School Based and Community Education that addresses sexual health service gaps as identified by the "Coalition of Community Partners";
- c) That the Medical Officer of Health be authorized and directed to provide funding in the amount of \$20,100 for 1998 to Ms. Deanna Behnke-Cooke to assist with the development of the IDEAS pilot project;
- d) That the Medical Officer of Health be authorized and directed to provide funding in the amount of \$7,000 to Birthright to assist with the delivery of education sessions for parents and students;
- e) That the Planned Parenthood of Hamilton-Wentworth proposal in the amount of \$185,217 (represents \$173,783 savings for existing service levels) be approved and recognized as a sexual health clinic service delivery agent, and that the Medical Officer of Health be authorized and directed to negotiate a Purchased Service Agreement with Planned Parenthood for the period of June 1/98 - August 31/98, renewable for a period up to one (1) year;

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- f) That the Medical Officer of Health be authorized and directed to continue to develop a coalition/network of community partners, who will identify new gaps/issues and alternative ways of service delivery to ensure a balanced approach in the implementation of comprehensive sexual health services in Hamilton-Wentworth.


Dr. Marilyn James
Medical Officer of Health

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

The 1998 Sexual Health Budget (existing) totals \$698,000. The existing budget is presently allocated to the Regional Public Health Department (\$334,000) for the operation of three (3) sexual health clinics; to Planned Parenthood (\$359,000) for the operation of one (1) downtown Hamilton Sexual Health Clinic; and to Serena (\$5,000) to assist with a natural family planning program.

This report recommends a reallocation of the existing Sexual Health budget based on Regional Council's directives. Staff are recommending that for 1998 the Regional Public Health Department receive \$390,770 (\$450,000 Annualized) for the operation of six (6) sexual health clinics (30 hours/week); that up to \$257,630 (\$185,220 Annualized) be directed to Planned Parenthood for the operation of one (1) downtown clinic (15 hour/week); that \$20,000 (\$33,180 Annualized) be released to the community via an RFP process to deal with sexual health service gaps; that \$20,100 be directed to Ms. Deanna Behnke-Cook to assist with funding of the IDEAS pilot project; that \$7,000 be directed to Birthright to assist with client follow-up; and the Serena funding be reduced to \$2,500.

A contractual agreement will be necessary for the Planned Parenthood sexual health clinic service delivery agent arrangement. Further, detailed Request For Proposals will need to be developed in accordance with the directions of the "Coalition of Community Partners".

SUSTAINABLE COMMUNITY IMPLICATIONS:

This program contributes to the health and well-being of the community by providing health promotion and clinic services. It facilitates a supportive environment for residents to access sexual health services in the community. The proposed program supports building community capacity by contracting out for some of the services.

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BACKGROUND:

This report has been prepared in follow-up to Report HEA98005(a) "Current and Proposed Sexual Health Services in Hamilton-Wentworth" that was presented to the Community Services and Public Health Committee on February 24, 1998. At that meeting it was recommended that:

- a) The Medical Officer of Health be authorized and directed to negotiate with all partners who provide the sexually mandated programs by the Province and bring a complete package to committee for review as part of the budget deliberations.
- b) That until such time as the Regional Budget is finalized, that the Region continue to fund the Planned Parenthood Society of Hamilton

This report covers the three components of sexual health services outlined in the Mandatory Health Promotion and Services Guidelines: community education/participation; school based education; and clinic services. It also outlines the process to date of working with community partners in each of these service components and makes recommendations for reallocating the Sexual Health Budget for 1998.

1. Community Education/Co-ordination of Services

Phone Survey of Community Agencies

The Regional Public Health Department has long standing partnerships with many community agencies who provide sexual health education and counselling services. In order to develop an inventory of existing and potential future partners, staff conducted a phone survey of these agencies in March 1998. See **Attachment #1** for a list of the agencies contacted.

Overall, these agencies are very committed to providing education, especially in the schools, to promote positive, informed decision-making about sexual health. Respondents supported the need to promote healthy sexual decision making, and prevent the negative consequences of sexual activity and enhanced emphasis and funding for education in the schools and in the community.

They indicated they would welcome additional funding but were also very interested in working more collaboratively to streamline services at no additional costs. There was support to improve the abstinence component of education and to improve counselling about

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options for unplanned pregnancy. The survey was valuable in strengthening existing partnerships and in identifying potential new partners. Almost all of the agencies contacted were interested in participating in a subsequent meeting to discuss ways to enhance sexual health services, which is outlined further in the next section.

Community Forum about Sexual Health Education and Community Services

Staff hosted a "Strengthening Partnerships" forum on March 30, 1998 at the Mountain Public Health office. The objectives of this meeting were to: 1) Share information about current sexual health education/services, and 2) To identify gaps and explore future collaborative opportunities. The wide range of participants included Councillor Marvin Caplan, Hamilton Board Trustee Eleanor Johnstone, community agencies, community interest groups, parents, students and nursing staff.

Participation was excellent, with all present agreeing to attend a follow up meeting in May 1998 to work together to deliver more comprehensive sexual health services in Hamilton-Wentworth. See **Attachment #2** which lists the participants who attended the forum.

A number of common themes/interests were identified by the forum. Participants were clearly very concerned that current sexual health services/education are not adequate. Further, they were committed to collaborating to improve the situation. All agreed there is a need for a comprehensive sexual health program implemented consistently across the Region. This program should include school and community-based services/education and must actively involve youth and parents. Participants provided positive feedback about Public Health Nurses (PHNs) service in schools and noted its importance, especially for the sexual health topic. The participants recognized many teachers' discomfort with the sexual health topic and stressed the need for professional assistance. Further, the role of peer educators was valued and members were receptive to the "community youth centre" concept where a variety of services would be offered to youth.

Participants agreed about the need to support the development of decision making skills for youth, for sexual health and other topics (ie substance abuse). It was acknowledged that the abstinence message needs to be strengthened, along with a shift in social norms/values about early sexual activity. There was discussion about needing a "balanced" approach to meet the needs of a wide range of youth and parents, with different values, religions, cultures, sexual orientation and maturity levels. Since there was not total agreement about what constitutes a "balanced" approach, it was agreed that this point would be developed by the forum participants at the follow up meeting. **Attachment #3** reflects the beginning of a community vision of comprehensive Sexual Health services in Hamilton-Wentworth attempts to identify where the participants at the forum saw themselves as contributing to this comprehensive sexual health model.

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This group expressed excitement about developing a program that could be viewed as a "learning centre" for Ontario and clearly want to be actively involved in the future delivery of sexual health services in Hamilton-Wentworth. It is anticipated that this group, within a few meetings, would be in a position to identify current service gaps in Hamilton-Wentworth and could make recommendations regarding alternative methods of service delivery for identified service priority areas. Once sexual health service gap priorities have been established staff recommend releasing Request for Proposals that address the service gaps identified by this coalition of community partners. This coalition could certainly prove to be a valuable resource to the Regional Public Health Department Strategic Planning exercise in relation to Sexual Health programs. RFP

2. School Based Education

Currently there are 2 FTE Public Health Nurses (PHNs) providing/facilitating school based education for sexual health and STD services in the schools. These school based resources complement sexual health program objectives and are incremental to the 100% Sexual Health Budget. School PHNs provide teacher training and consultation for topics such as relationships, decision making, growth and development, contraception, STD/AIDS and date rape. In some cases, PHNs provide classroom sessions, often as a question and answer session at the end of a unit. Further, PHNs provide similar curriculum support for such Public Health topics as tobacco, substance abuse, injury prevention, nutrition, physical activity and parenting. In addition to classroom support, PHNs in schools provide individual counselling and referral, co-facilitate skill development/peer support groups, consult on school-wide initiatives and work with parent councils in a variety of ways. PHNs support this work in their neighbourhood teams by working with communities to address sexual health issues from a broader population health perspective.

The Regional Public Health Department and the two Boards of Education staff recognize that the health curriculum, most notably the sexual health curriculum, is not implemented in a consistent and comprehensive manner across the Region. Public Health staff are meeting with both Boards of Education to discuss the future role of PHNs in school based education with the goal of improving the consistency and comprehensiveness of sexual health education. A survey of teachers' learning needs is being completed and PHN resources will be committed to training for teachers.

Revised Mandatory Programs and Services Guidelines- Sexual Health

As communicated to Committee in Report HEA98016 (Exhibit 2), the new mandatory programs and services guidelines will require increased staffing levels (significant) in order to achieve compliance. Committee members may recall that staff estimated that full compliance for Sexual Health Programs would require an additional 2.5 FTE, with one (1)

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additional FTE being necessary simply to meet the increased emphasis on the education of youth including three hours of Sexual Health education annually to all Grade 7-9 students. An additional 1.5 FTE would be required to meet increased requirements for parent education; annual workshop for educators, health professionals and community workers; and other community outreach activities; and working with community coalitions to coordinate and address gaps in sexual health programs.

IDEAS (Ms. Deanna Behnke-Cook)

In response to the sexual health comprehensiveness concern staff have met several times with Ms. Deanna Behnke-Cook and Stella Gibson (Hamilton-Wentworth District Board of Education consultant) and are recommending Regional Council fund a portion of the IDEAS pilot project for 1998 (\$20,100). This innovative program is designed to develop decision-making skills for middle school students, using a combination of school based education, peer support and community interventions. To ensure the program's success staff are proposing to allocate a PHN to work with Ms. Behnke-Cook on the development and implementation of the IDEAS program. Ms. Cook is seeking supplementary funds from the Hamilton-Wentworth District School Board and other sources as well.

Parent Education (Ms. Teresa Hartnett)

In keeping with the feedback from the "Strengthening Partnerships" Forum, staff plan to expand education to parents/parent groups/councils, particularly for sexual health topics. It was apparent from the forum that many community agencies are providing some educational sessions in the schools and all agreed there would be a benefit in increased coordination of these activities. Staff believe that Ms. Teresa Hartnett, who is the coordinator of Birthright, is actively involved with Parent Councils within the Catholic Board of Education, and is a member of the Ontario Parent Council can make significant contributions to the education of parents. She provides many educational sessions to both parents and students in both school boards. Accordingly, staff recommend that Ms. Hartnett be considered for Regional funding in 1998 of \$7,000.

3. Community Youth Centres (previously called clinic services)

Sexual health services in Hamilton-Wentworth will need to comply with the Public Health objectives laid out in the Mandatory Health Promotion and Service Guidelines which primarily target youth aged 15-19 years. Teenagers in some locations in the Hamilton-Wentworth Region have not had access to sexual health clinics based on their current location and availability. Accordingly, staff propose a re-alignment of clinic services. Specifically, it is recommended that the Regional Public Health Department open three (3) additional clinic sites commencing in 1998. These new sites should be located where the youth reside:

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Waterdown, East Hamilton and West Mountain or Ancaster. The financial impact of the increase in clinic sites will be off-set by a reduction in overall clinic hours - a reduction from 64 hours per week to 45 hours per week.

It should be noted that there would be a significant reduction in hours at the downtown site, from 39 hours to 15 hours, due to the re-targeting of client populations. There will be minor reductions in the Dundas and Stoney Creek clinics. See **Attachment #4** which details our recommended re-aligned sexual health clinic service plan.

Under this proposal sexual health clinics will be expanded to reflect partnerships with other agencies that serve the needs of youth and will become "Community Youth Centres". Support to youth on a variety of issues such as alcohol/substance use, nutrition counselling, and smoking cessation will be provided at the community youth centres. Partners who have expressed some interest in providing services at the community youth centres include: AY (Alternatives for Youth), Community Services, YMCAs, recreation centres as well as Hamilton-Wentworth District Board of Education social workers.

Regional Public Health Department staff have met recently with Flamborough municipal staff and Flamborough Information services staff and the YMCA site developer to discuss the potential of locating youth serving agencies (including a community youth centre) in the new YMCA in Waterdown. Staff have also had some preliminary discussions with the Sir Winston Churchill recreation centre who have requested to have a community youth centre situated on their premise. The YMCA will also be opening a facility on the West Mountain and have expressed interest in partnering with Public Health in this location as well. We are confident that our community youth centre concept will address existing access barriers within a cost effective environment (limited key hours, marginal fixed costs).

Downtown Clinic Proposal (15 Hours week)

In-keeping with council's directive a Request for Proposal (RFP:R9-1-98) for the downtown sexual health clinic (services currently provided by Planned Parenthood) was released to the public on March 18, 1998. The Request For Proposal provided an opportunity for all interested agencies to provide 15 hour/week sexual health clinic service. See **Attachment #5** for the RFP service specifications. The RFP targets primarily youth, and to a lesser extent young adults at risk for socioeconomic reasons, and emphasizes the need for service delivery accountability to the Regional Municipality. Specifically, the successful service delivery agent will be required to submit annual reports to the Medical Officer of Health. This annual reporting requirement will incorporate financial and client statistical information, as well as provisions for standardized practice.

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Planned Parenthood

Planned Parenthood submitted a proposal (Attachment 6) totalling \$185,217 based on a 15 hour per week operation. While the Planned Parenthood proposal, if accepted, will represent a significant reduction (\$173,783 Annualized) from the existing Sexual Health budget allocation for Planned Parenthood staff have identified areas (ie administrative costs, physician time) that Planned Parenthood should revisit. In accordance with Corporate Purchasing Policy staff have held discussions with Planned Parenthood and we anticipate receiving a revised proposal by April 22, 1998.

Given the Regional Public Health Department operates three (3) clinics presently, and recognizing that "economies of scale" do exist, it may be more cost effective to have the Regional Public Health Department serve as the service delivery agent for the downtown clinic area. In this regard staff will be prepared to provide a cost comparison (reflecting Planned Parenthood's revised proposal) at the April 28, 1998 Community Services & Public Health Committee meeting to assist with a longer-term downtown clinic delivery agent decision.

However, given clinic start-up delays and Planned Parenthood's experience, expertise, and existing downtown services; staff would recommend Regional Council approve a three (3) month (June 1-August 31) contractual arrangement with Planned Parenthood to provide downtown clinic services. We recommend further that the agreement include a option to renew for up to one (1) year. This option can be exercised if warranted.

Hamilton-Wentworth Family Action Council

The proposal received from the Hamilton-Wentworth Family Action Council (Attachment #10) was ineligible for consideration as it did not meet the specifications in the RFP.

Birtheright (Ms. Teresa Hartnett)

Community members have indicated that there is a need to increase the support for pregnancy counselling for young women who are seen at the clinics. Staff have had several conversations with Ms. Teresa Hartnett, coordinator of Birtheright, who is prepared to provide increased pregnancy counselling and support to young woman who, due to a pregnancy, require intensive interaction to ensure all their needs are met. Public Health staff are recommending that Regional Council contribute \$7,000 annually to this agency. These funds would enhance Birtheright's ability to accept and follow through with all clients, and ensure that youth in crisis can access the full support that they need.

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A Reallocated Sexual Health Budget for 1998

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This report recommends a reallocation of the existing Sexual Health budget based on Regional Council's directives. **Attachment #7 - Part I** provides our recommended reallocated 1998 Sexual Health Budget. The reduction of \$173,783 Annualized (\$101,370-1998) to Planned Parenthood (based on Planned Parenthood's initial proposal for 15 hour/week clinic) will generate funds to increase community partnerships in addition to the increase in Regional Public Health Department sexual health clinics (3).

Staff are recommending that for 1998 the Regional Public Health Department receive \$390,770 (\$450,000 Annualized) for the operation of six (6) sexual health clinics (30 hours/week); that \$257,630 (\$185,220 Annualized) be directed to Planned Parenthood for the operation of one (1) downtown clinic (15 hour/week); that \$20,000 (\$33,180 Annualized) be released to the community via an RFP process to deal with sexual health service gaps; that \$20,100 be directed to Ms. Deanna Behnke-Cook to assist with funding of the IDEAS pilot project; that \$7,000 be directed to Birthright to assist with client follow-up; and the Serena funding be reduced to \$2,500.

Attachment #7 - Part II is provided for information purposes and reflects our school based education program resources. As indicated, staff have estimated a 1 FTE increase is appropriate for 1998 in order to meet the increased demands for school based education requirement. Please recognize that this report is not requesting approval for one (1) additional FTE at this time as such approval will need to evolve from the overall Regional 1998 Budget decision making process.

It is important to note that the total combined budget allocated to Hamilton-Wentworth in 1997 (\$698,000) is comparable to other municipalities of our size. However, it may be considered underfunded given Hamilton-Wentworth's higher than provincial average of poverty, youth unemployment and high school dropouts which are all associated with teen pregnancies.

You will note that on an annualized basis Public Health will receive an additional \$116,000 to fund three (3) additional clinic sites in Waterdown, West Mountain/Ancaster and east Hamilton.

Staff would also recommend that funding to Serena be decreased to \$2,500 yearly since their natural planning program targets primarily married couples which is not a component of the new mandate within the Mandatory Services and Health Promotion Guidelines.

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The Funding Shifts

Attachment #8 provides a "pie-chart" comparison of the funding shifts evident with the sexual health budget changes being recommended in this report. Please note that Attachment #8 does not reflect our school based programs/resources (ie 1997-2 FTE, 1998-3 FTE). We have provided three (3) pie-charts including: 1) 1997 Budget, 2) 1998 Transitional, and 3) 1998 Annualized. The key funding shifts include the Regional Public Health Department share going to 64.5% (from 47.9%); Planned Parenthood going to 26.5% (from 51.4%); and other community partnerships going to 9% (from .7%). **Attachment #9** provides for a similar funding shift picture however it is based upon (includes) our school based programs/resources.

Summary

Regional Council directed staff to bring back a comprehensive package of sexual health services that involved collaboration with community partners in Hamilton-Wentworth. Staff believe the recommendations of this report, if approved, will provide for a significant change in sexual health program planning and delivery resulting from significantly increased community partners collaboration and participation. Staff would suggest that the "Coalition of Community Partners" will serve as the primary change vehicle as both sexual health program planning and delivery will be enhanced significantly through the efforts of the coalition.

In terms of sexual health planning the coalition members are eager and willing to participate with the creation of a sexual health model (vision) that addresses the sexual health issues in the Hamilton-Wentworth community in a "balanced" fashion. The emergence of the coalition is most timely given the Strategic Planning Initiative presently underway in the Regional Public Health Department. Further, the coalition will use their broad combined knowledge and experience base to identify sexual health service gap priority areas for the community. In terms of program delivery, the coalition will have influence over a large resource base paving the way for efficiencies (ie service overlap) and reallocation of resources in order to meet identified service gaps. The coalition is committed to identifying member roles within the service delivery territory and will provide a objective advice in the disposition of resources as generated (ie efficiencies, alternative service delivery) by the players.

Prepared by Vicki Woodcox
and Dan McInnis