

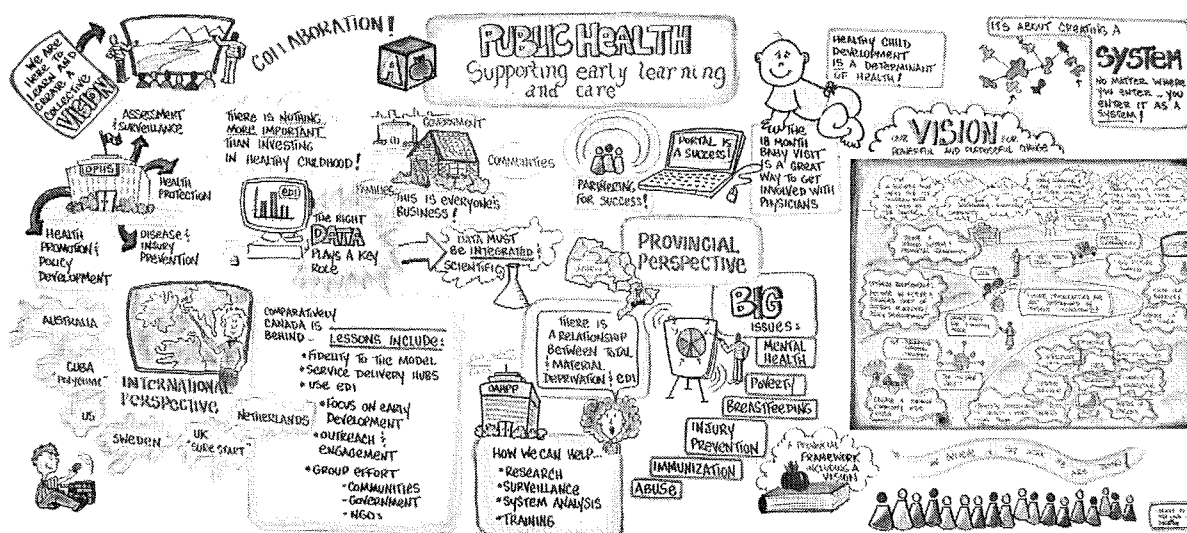
Public Health Supporting Early Learning and Care

Wednesday February 9, 2011

8:00 am to 4:30 pm

Champagne Ballroom, Novotel Toronto Centre Hotel

Meeting Proceedings



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Background

With the publication of "With Our Best Future in Mind" (Pascal Report, June 2009) and the subsequent commitment of the Ontario government to phase in full day learning for four and five year olds over the next three years, an expert panel was struck this fall as advisory to Charles Pascal and the Ministry of Children and Youth Services on the development of Best Start Child and Family Centres as a follow-up phase in Ontario.

With this opportunity, although much work has proceeded at the local level across Ontario communities involving public health, there has not been much collective work undertaken strategically to support early childhood development/learning amongst the medical officers and across public health senior leadership portfolios. Therefore, at the initiative of Dr. Robin Williams, a member of the Provincial External Reference Panel, a small working group came together to plan a forum that would bring together the field and the central intelligentsia to get our "public health act together": to determine how public health, as a key child health service provider, fits with and can most effectively contribute to and work with the province's new early learning platform.

Participants

Co-chairs:

- Dr. Vera Etches, Associate Medical Officer of Health, Ottawa Public Health
- Susan Makin, Healthy Families Director, Toronto Public Health

Senior representatives from the following 31 health units:

- Algoma Public Health
- Brant County Health Unit
- Chatham-Kent Public Health
- Region of Durham
- Eastern Ontario Health Unit
- Grey Bruce Health Unit
- Haldimand-Norfolk Health Unit
- Haliburton Kawartha Pineridge District Health Unit
- Halton Region Public Health
- City of Hamilton Public Health Services
- Hastings and Prince Edward Counties Health Unit
- Huron County Health Unit
- Kingston Frontenac Lennox and Addington Public Health
- Leeds, Grenville and Lanark District Health Unit
- Middlesex-London Health Unit
- Niagara Region Public Health
- North Bay Parry Sound District Health Unit
- Northwestern Health Unit
- Ottawa Public Health
- Region of Peel Public Health

- Perth District Health Unit
- Peterborough Count-City Health Unit
- Porcupine Health Unit
- Renfrew County and District Health Unit
- Simcoe Muskoka District Health Unit
- Sudbury & District Health Unit
- Toronto Public Health
- Region of Waterloo Public Health
- Wellington Dufferin Guelph Health Unit
- Windsor-Essex County Health Unit
- York Region Public Health

Senior representatives from the following Ontario Ministries:

- Ministry of Health and Long Term Care
- Ministry of Children and Youth Services
- Ministry of Health Promotion and Sport
- Ministry of Education, Early Learning Division

Senior representatives from the following:

- Ontario Agency for Health Protection and Promotion (OAHP)
- Association of Local Public Health Agencies (ALPHA)

Special Guests:

- Dr. Charles Pascal, Special Advisor on Early Learning to the Premier
- Dr. Arlene King, Chief Medical Officer of Health, Ministry of Health and Long Term Care
- Valerie Sterling, President, Association of Local Public Health Agencies
- Dr Paul Roumeliotis, Chair, Council of Medical Officers of Health
- Dr. Jean Clinton, Associate Clinical Professor, Department of Psychiatry and Behavioural Neuroscience, McMaster University
- Nancy Matthews, Assistant Deputy Minister, Service Delivery Division, Ministry of Children and Youth Services
- Jim Grieve, Assistant Deputy Minister, Early Learning Division, Ministry of Education
- Allison Stuart, Assistant Deputy Minister, Public Health Division, Ministry of Health and Long Term Care
- Jean Lam, Assistant Deputy Minister, Sport, Public Health and Community Programs, Ministry of Health Promotion and Sport
- Heather Manson, Director, Health Promotion Chronic Disease and Injury Prevention, Ontario Agency for Health Protection and Promotion

Welcome

Dr. Etches and Ms. Makin welcomed the participants and special guests. Meeting goals and the agenda (Appendix A) were reviewed.

Goals of the Workshop

1. Bring together Ontario public health leaders who are responsible for the vision and delivery of public health services to children (focus on preconception/prenatal to 6 years)
2. Explore the opportunities offered by the "With Our Best Future in Mind" Report for public health to participate and offer our expertise in crafting the best vision for public health's contribution to early learning and care as signalled by the Best Start Child and Family Centres

3. Scope and share the public health evidence of impact of different models to support early childhood development work to date from international work to initiatives across the province related to BSCFC planning
4. Stimulate robust dialogue about approaches to/models for service integration from the public health perspective as we move forward with this transformation in Ontario

Opening Remarks

Dr. Arlene King, Chief Medical Officer of Health, Ministry of Health and Long Term Care

Dr. King identified the importance of developing a clearer picture of how public health can contribute to early years and acknowledged the importance of today's meeting in achieving this. This is consistent with the messages in her recently released first annual report, "Public Health is Everyone's Business". One of the five key areas for investment identified in this report is investing in healthy child development. She identified that the right investments will result in health, economic and social benefits. "Children's health is everyone's business". Therefore, we will need a cross-sector approach; planned and co-ordinated approaches will be necessary to drive healthy public policy. We will also need to ensure that we have data on children's health – what gets measured, gets done.

Valerie Sterling, President, Association of Local Public Health Agencies

Ms. Sterling reinforced that the public health perspective is incredibly important in early learning and care and reminded the participants that CMOH stated that we cannot afford not to invest in children's health. A discussion on Early Learning and Care is slated for the February 11th alpha winter symposium. Public health is a strong partner and must be included in the development of a system that will support child development within schools, day cares and their communities.

Presentations

The following presentations are available at http://www.alphaweb.org/docs/lib_013941102.pdf. Please note the file is large and may take a few minutes to download.

Public Health and Its Broader Role in Promoting the Health of Prenatal Women, Children and Families in Ontario (Presentation # 1 at http://www.alphaweb.org/docs/lib_013941102.pdf)

Presenter: Susan Makin, Healthy Families Director, Toronto Public Health

This presentation provided an overview of the legal mandate of public health work as set out in the Ontario Public Health Standards and reinforced that child development is a determinant of health that requires a comprehensive health promotion strategy. Public health programs for children go beyond the more commonly known and understood Healthy Babies Healthy Children program to include a broad range of reproductive and child health services for preconceiving adults, prenatal women, children, youth and their families. They also include the requirement outlined in the Foundational Standard that support surveillance, best practice, evaluation and knowledge exchange. She highlighted that health units deliver these services in a manner that meets local needs, resulting in a diversity of services throughout the province.

An International Perspective (Presentation # 2 at http://www.alphaweb.org/docs/lib_013941102.pdf)

Presenters: Dr. Chris Mackie, Associate Medical Officer of Health, Public Health Services – City of Hamilton
 Debbie Sheehan, Director, Family Health Division, Public Health Services – City of Hamilton
 Anne Biscaro, Director, Family Health Division, Niagara Region Public Health

This presentation provided a review of the evidence on the impact of a variety of international approaches to supporting early childhood development, including the High Scope Perry Preschool Project in the US and initiatives in Sweden, Netherlands, United Kingdom, Cuba and Australia. This review demonstrated that through integrated systems of primary care, public health and early childhood education, significant improvements in the outcomes of children and broader society can be realized. These initiatives need to begin as early as possible in the life cycle and should be both universal and targeted. It also highlighted that fidelity to the intervention strategies is essential to achieving desired outcomes.

A Provincial Perspective: The 18 Month Well Baby Visit (Presentation # 3 at http://www.alphaweb.org/docs/lib_013941102.pdf)

Presenters: Dr. Paul Roumeliotis, Medical Officer of Health, Eastern Ontario Health Unit
Dr. Jean Clinton, Associate Clinical Professor, Department of Psychiatry and Behavioural Neuroscience, McMaster University

Dr. Roumeliotis reminded participants that adopting the perspective of a life-course trajectory being set in childhood is a useful public health approach. He noted that harmonization of services is important for optimal impact in the early years. He then provided an introduction to Dr. Clinton, who provided a high level overview of the province's 18 month Well Baby Visit initiative. She provided a description of the resources and support that have been made available to physicians to support them in the provision of the 18 month visit and briefly described some of the roles that public health units can play to support them.

A Provincial Perspective Continued: Ontario Agency for Health Protection and Promotion (OAHPP) (Presentation # 4 at http://www.alphaweb.org/docs/lib_013941102.pdf)

Presenters: Dr. Heather Mason, Director, Health Promotion, Chronic Disease and Injury Prevention, OAHPP
Lorraine Telford, Reproductive, Child and Youth Health Specialist, OAHPP

This presentation described the purpose and mandate of the Ontario Agency for Health Protection and Promotion (OAHPP) and gave examples of its work related to child development. OAHPP roles include: research support (e.g. implementation evaluations), surveillance expertise, integrated system analysis and options, and addressing identified training supports for work across sectors. Presenters reinforced the need for and value of a population health approach for children across multiple sectors under a comprehensive vision.

The Local Experience: A Survey of Ontario Public Health Agencies (Presentation # 5 at http://www.alphaweb.org/docs/lib_013941102.pdf)

Presenters: Dr. Vera Etches, Associate Medical Officer of Health, Ottawa Public Health
Denise Hébert, Program Manager, Healthy Babies Healthy Children Program, Ottawa Public Health

This presentation presented the findings from a survey of local public health units that was conducted in January 2011. The purpose of the survey was to collect information about the role of public health units in their local Best Start initiatives, the strengths and challenges that health units face, and their ideas for and vision of how public health units may further support early learning and care initiatives in their local communities and the province. Twenty-nine out of 36 health units (81%) responded to the survey.

The majority of public health units responding (65%) reported significant cooperation, collaboration and integration with their local Best Start initiative. An additional 24% are at the stage of coordinating programs. In almost all cases, public health staff are participating in Best Start planning groups, as well as sharing of information and resources, such as screening tools, pamphlets and videos. Less

commonly, public health staff are seconded to work on the Best Start initiative or are providing infrastructure or logistical support.

With regard to funding integrated work through the Best Start initiatives at the local level, close to 40% of public health units noted that funding models have been discussed. Of those discussing funding, 38% have achieved consensus on how to fund the Best Start initiative.

It appears that Best Start initiatives are least supportive of parents in the prenatal period; some are focused on child care and four and five year olds. Strategies to connect with children at 18 months are common. Nearly 80% of public health units have developed a specific strategy to promote the health of children at the 18 month milestone, including promotion of the Nipissing screening tool and connecting with physicians.

Public health units reported multiple benefits arising from work with the Best Start initiatives:

- Forum for creating a strategic focus, common measures, networking
- More partners for promoting health
- Improved integration of services

Challenges identified include:

- Desire for more provincial vision, priorities, accountability
- Limited understanding of the public health role, determinants of health
- Limited leadership capacity of partners
- Desire for more data to guide practice
- Limited resources
- Committee dynamics, ongoing "silos", parallel networks to existing ones

The vision of public health's role put forward to support early childhood development is one where the public health system is a cornerstone. Collaboration is highly valued. Health units and partners operate under a clear provincial vision, meeting expectations (including the Ontario Public Health Standards) and sharing information related to evidence and accountability measure/performance for the benefit of families. Funders recognize that financial investment in the early years is good for Ontario's future.

Guest Speaker

Dr. Charles Pascal, Professor of Human Development/Applied Psychology, Ontario Institute for Studies in Education, University of Toronto and Special Advisor on Early Learning to the Premier of Ontario

Dr. Pascal identified that the Ontario Plan for early learning and care is an "enemy of the status quo". It is essential that we address the fragmentation and chaos or the current system of services for children and families and that there are significant economic gains to be achieved through an investment in early learning. Dr. Pascal provided a brief overview of the implementation of and investment in Ontario's Early Learning Strategy to date. (Presentation # 6 titled "BSCFC Handouts" at http://www.alphaweb.org/docs/lib_013941102.pdf)

A provincial framework will be delivered in late spring for the creation of Best Start Child and Family Centres. This framework will include identification of local governance, legislative/policy requirements, outcomes for success, benchmarks and resource and availability mechanisms. The goal is to move the system along the continuum of change towards full integration where we "do fewer things better instead of more things less".

A number of "tables" have been established to support the development of this Framework, along with a series of community consultations and an on-line survey for parents and service providers. Public Health has an important role to play within this framework.

Success will require the removal of obstacles to change, including fuzzy governance, hardening of the categories, the obstacle of tradition, resources for change, short-termism, and the inertia that can result from quick successes. Dr. Pascal challenged all sectors to go beyond collaboration towards true integration.

Dr. Pascal's advice to public health included:

- Be active members of local Best Start networks
- Be a genuine partner
- Be an equal partner
- Promote a determinants of health perspective

Visioning Exercise

Facilitator: April Rietdyk, Director, Chatham-Kent Public Health Unit

The purpose of this was to provide participants, through an appreciative inquiry approach, an opportunity to discuss and explore public health's vision for its role in supporting early learning and care, including the Best Start Child and Family Centres, from both a provincial and local perspective. (Presentation # 7 at http://www.alphaweb.org/docs/lib_013941102.pdf)

Appreciative inquiry is grounded in the belief that people, organizations, and communities move in the direction of what they most frequently and systematically ask questions about. "Appreciative" is defined as the art of recognizing the best in people or the world around us; affirming past and present strengths, successes and potentials. "Inquiry" can be defined as the act of exploration and discovery, to ask questions, to be open to seeing new potentials and possibilities: Appreciative Inquiry looks at possibility thinking instead of focusing on deficits and problem solving.

The Cycle of Appreciative Inquiry includes:

- Discovery – appreciating the best of what is
- Dream – imagining what could be
- Design – innovating what should be
- Destiny – delivering what will we do

Presentations up to this point in the meeting supported participants through the phases of discovery, dream and design. Consequently, the focus of this visioning exercise was on the destiny phase.

Step 1: Partner Interview

Participants had ten minutes to interview each other. Interview questions included:

1. Think back to a positive experience involving public health and the early learning and care programming. What made it memorable?
2. What do you value most about public health, what it brings to the community, and its role within early learning and your positive experience? What are the core strengths that public health brings?
3. Imagine that public health and early years programming are working together even better than they are today. What would we be doing that would be most useful to improve the health of children and young families in our community? What strategic advantages do we have when we work together? What would we do differently or better to partner?
4. What is the smallest change we could make that would have the biggest impact? What solution would have us both win?

Information about individual partner's interviews was not gathered from the group for documentation. Rather, it provided an opportunity for reflection that informed the table sharing activity.

Step 2: Table Sharing Activity

Participants had approximately ten minutes to look forward into the future, to explore the impact that public health could have on early learning programming in their communities. Discussion questions included:

1. What roles can public health play to capitalize on this dream?
2. How can public health and early learning and care come together in an integrated collective approach/system?
3. Get excited about the possibilities – visualize public health's role within the possibilities – what does this role look like?
4. What ideas can you, your organization, or the ministries act on now?
5. Who are the key players we need to partner with to achieve our dream?
6. What should our next steps be? Think about roles, best practices, key concepts and elements (processes, structures, systems), suggested ways to work together (networking, coordinating, cooperating, collaborating, integration), next steps.

Table discussions reported back as follows:

Vision	Action
Every child meets their potential	We need a strong system to mitigate the barriers Identify barriers and be explicit about how to overcome those barriers in order to shift the status quo
Early learning and care as an integral part of public health Early learning and care and the role that public health plays is up and centre in the OPHS (not hidden within the document)	Hubs that meld health and social services – it doesn't matter to families who provides the service because all could share information and resources
Every child meets their potential Like a dream-catcher - a web with the child at the centre	Stop territorial thinking, use a common language – every decision is made with the child in mind Public health contributing to surveillance
Regardless of social determinants of health, everyone is equal at the start	We take our hats off to create a common vision with all partners as facilitators, all working together
Parents driving the services at Best Start Child and Family Centres	Re-engineering the system to decrease gaps and waitlists Public health provides data and community health status information Get rid of "us" and "them" thinking and focus on what parents want and who is best to provide it
Society that cares about the early years Raising children in a supportive environment	A provincial framework to set roles and responsibilities Shared training Harmonized services
All children grow up within an environment of equity	Public health has a focus on social determinants of health – identifies these and addresses them New social norm regarding investments in children Public health can optimize relationships with primary care
All parents feel confident and grounded in their parenting role and know the community resources that are available to them	Use assets in community Availability and effective use of data to plan and fill gaps

	Focus on best practice Use of a comprehensive health promotion approach
Healthy happy responsible resourced sustainable (across multiple years) system in a fully funded flexible system	Public health has an active and engaged role in planning tables Public health supports research and evaluation through consistent and reliable data
Parents know how to parent	Public health as a catalyst for outreach, collaboration and effective use of data Health promotion as a lens for all planning
All children coming to school – safe, had breakfast, have someone in their life who believes in them	Public health at local planning tables contributing to policy development, partners, service, skills, knowledge and expertise Redefine partnership to advance mutual respect and understanding
Children achieve their full potential Families are supportive Families have access to information and resources	Public health contributes: <ul style="list-style-type: none"> - Knowledge of community - Facilitation skills - Data, surveillance, assessment - Services
Seamless system Strong healthy families Kids that reach their potential	Build on strengths Identify a common vision, system thinking Work from a provincial framework Effective planning and development the is based on evidence and data and addresses local needs
	Public health contributes: <ul style="list-style-type: none"> - Partnership, linkages, collaboration - System knowledge - Evidence and translation to practice - Data - Leadership from within, knowledge of relationships - Flexibility - Big picture perspective, strategic thinking - Ability to work across sectors

Step 3: Large Group Discussion

Participants were then asked to work at their tables to draft their vision for public health and the early years. This vision should:

- Attract and energize
- Create meaning
- Establish a standard of excellence
- Bridge the present with what we want the future to become

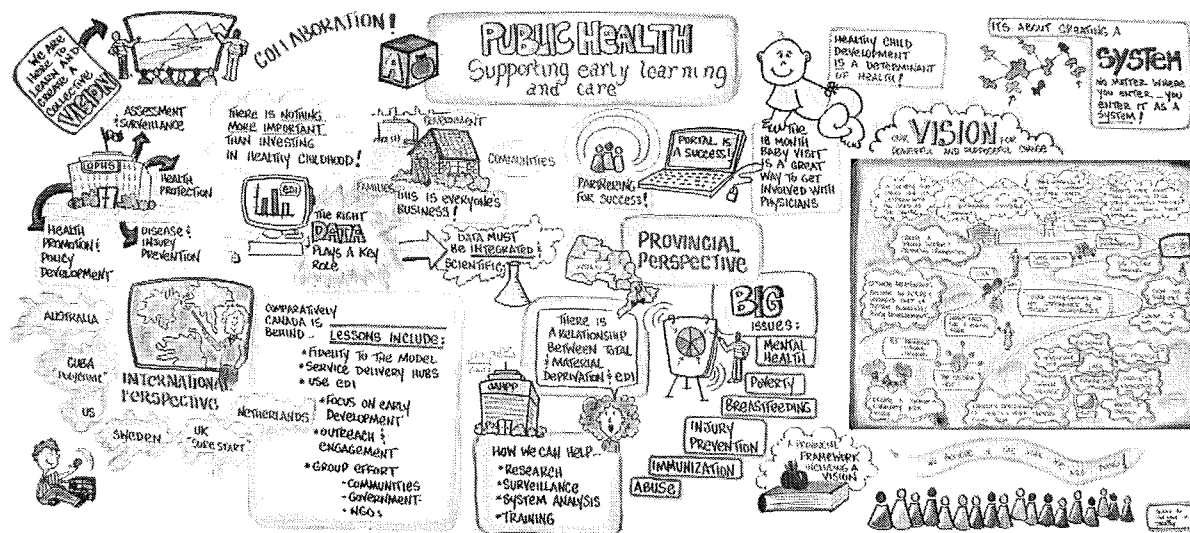
Table discussion reported back the following "visions" for the role of public health in early learning and care:

- I don't have to raise my child alone
- Brokering, listening, tailoring, sustainability
- All our children thrive

- Public health drives making Ontario the best place to raise a child
- Future opportunities of Ontario's children are not restrained by present circumstances
- Public health promotes equal opportunity in early years
- Putting children first and families together
- Integration across the spectrum
- Empowering families together
- Leverage strengths across sectors so that we work together to ensure that children reach their potential
- From the child's perspective: "Hi, my name is Lola. I live in Ontario. My government and all the grown-ups care about me and my friends. I know this because we have a cool school with cool stuff. Me and my dad can go places to play. I feel good. People smile at me."

Capturing our Vision Visually

Disa Kauk from "dscribe" produced the following visual representation of the day's presentations and visioning session.



Reflections from the Panel

Panel Moderator: Dr. Robin Williams, Medical Officer of Health, Niagara Region Public Health

Panel Member Comments:

Jim Grieve, Assistant Deputy Minister, Early Learning Division, Ministry of Education

- Implementation of full day early learning is going well from the kids perspective and parents and teachers are saying that they love it
- Every child has potential
- Today was an important reminder of the important role of public health
- The real leverage to improve the system comes from bringing partners together to address children's needs and support parents from preconception onwards
- Public health is an "easy" partner to work with – we share the same mandate and the same families
- We need to build on the work and networks that already exist – what we are doing is the right work
- The name (e.g. Best Start, Success By Six, etc) doesn't matter – we must move beyond coordination
- Data is essential – EDI provides great population level data. Along with public health data, there is nothing that we cannot map and gaps will become evident. We can make a profound difference by using data: measure it, map it, make it happen

Nancy Matthews, Assistant Deputy Minister, Service Delivery Division, Ministry of Children and Youth Services

- Today has been a great opportunity to listen and learn and share
- Together we are creating a seamless, timeless and effective system of services
- What's important:
 - Children and families are the centre
 - Communities share a collective responsibility
 - There is a need for common goals and a common language
 - Must be based on outcome and evidence
 - Need to align and leverage our resources
- What is MCYS doing:
 - Internal Reference Group – multi-ministerial - developing an inventory of services – first working on identifying a framework for this collection – not from the perspective of the Ministry, but from the perspective of families, children and communities
 - External Reference Group – a coalescing of what's important – roles, functions, system
 - Community Roundtables – what do parents and families think
- It's about "outcomes, outcomes, outcomes"- accountability
- We need to look at what's working well and build on this
- Reaffirmed central role of public health – alignment of interests, willingness to take risks

Allison J. Stuart, Assistant Deputy Minister, Public Health Division, Ministry of Health and Long Term Care

- Themes:
 - Universal or targeted
 - Linkages with primary care – we need to foster that relationship
 - Need to move beyond silos
 - Consolidation of information/data/outcome measures is important
 - Ask the people who we are serving what they think
 - Need to support maximizing our energies
- Our homework:
 - Work in an integrated way at the provincial level

- Outreach to primary care
- Focus on accountability and outcomes
- Identify best practices

Jean Lam, Assistant Deputy Minister, Sport, Public Health and Community Programs, Ministry of Health Promotion and Sport

- Public health and children's health is truly everyone's business, a vision that we share
- We need to work on defining terms (e.g. integration, re-engineering) and developing a common language
- Common data sets also need to be developed
- We need to identify the gaps and how we can address them
- There is a need for more inter-sectoral collaboration and partnerships
- The role of the broker is an interesting way to articulate the public health role

"Connecting the Dots":

Dr. Heather Manson, Director, Health Promotion Chronic Disease and Injury Prevention, Ontario Agency for Health Protection and Promotion

- Today has been an excellent reminder of the value of public health
- Public health is underpinned by a collective knowledge and values of social justice, the social determinants of health and a lifespan approach which puts children first, sees the big picture, understands the nature of long term goals and works towards the greater good
- Public health's strength is its capacity for public health assessment, surveillance, planning, evaluation and research
- We've described the role of public health in the areas of leadership, brokering and facilitation

Reflections on the Day:

Dr. Arlene King

- We have the ingredients and the recipe that we need to bake this cake
- We need to call this the same thing across the province so that it is easily recognizable
- We are in an environment of rapid evolution with respect to integration, seamlessness, universality, evidence based planning and practice and outcome measurement
- Public health can provide leadership in the areas of:
 - Integration
 - Indicator development
 - Championing child health and well-being
 - Service delivery – look at what we do and if we are the best to do it

Dr. Charles Pascal

- Public health has a natural collaborative quality – a core assumption and practice of working in partnership
- We (the entire child development system) still have a long way to go
- We need to be cautious of "short-termism" – the risk of stopping the transformation after only a few small changes/successes
- We will need to develop a system that is politics-proof
- BOTH universal programs (as the umbrella) and specialized, target programs are essential and critical to sustainability
- Discussed the value of evidence-based story telling that can lead to enlightened self-interest
- The "so what" questions must be answered with outcomes
- It is fine for public health to aspire to the role of broker, but we will have to earn that role (not just assume it) through honest, trusting relationship-building
- This is going to be a revolutionary process

Next Steps

The meeting was concluded with a brief description of next steps that include:

- Production of a Briefing Note regarding today's meeting (Appendix B) that will inform discussion at the Friday February 11th alPHa Winter Symposium discussion
- Production of an alPHa Resolution statement on the public health role and response to the establishment of the Best Start Child and Family Centres provincial framework
- Production and distribution of meeting proceedings, a copy of the visual representation of the vision and electronic copies of the PowerPoint presentations
- Continued functioning of the Workshop Planning Group to provide a venue for field consultation for Dr. Williams in her role on the External Reference Panel

Evaluation

A meeting evaluation forms was completed by 36 participants (approximately 40% response rate). A summary of these responses is provided in Appendix C.

Public Health Supporting Early Learning and Care
February 9, 2011 – Novotel Toronto Centre Hotel – 45 The Esplanade, Toronto

Detailed Agenda

Goals of the Workshop:

1. To bring together Ontario public health leaders who are responsible for the vision and delivery of public health services to children
2. To explore the opportunities offered by Report "With Our Best Future in Mind" for public health to participate and offer our expertise in crafting the best vision for public health's contribution to early learning and care as signalled by the Best Start Child and Family Centres (BSCFC)
3. To scope and share the public health evidence of impact of different models to support early childhood development, work to date, from international work to initiatives across the province related to BSCFC
4. To stimulate robust dialogue about approaches to/models for public health service integration from the public health perspective as we move forward with this transformation in Ontario

NOTE: Unless otherwise noted, all sessions take place in the Champagne Ballroom, 2nd Floor, Novotel Toronto Centre Hotel, 45 The Esplanade, downtown Toronto.

Time	Agenda Item & Description	Presenter
8:00 to 9:00	Registration and Continental Breakfast (foyer of Champagne Ballroom) Registration Support : Association of Local Public Health Agencies (alPHa)	
9:00 to 9:15	Welcome and Opening Remarks Welcome: <ul style="list-style-type: none"> • Welcome participants • Introduce guests • Review objectives and agenda for the day Opening Remarks: <ul style="list-style-type: none"> • Ministry of Health and Long-Term Care • alPHa 	Dr. Vera Etches , Associate Medical Officer of Health, Ottawa Public Health Sue Makin , Healthy Families Director, Toronto Public Health Dr. Arlene King , Chief Medical Officer of Health, Ministry of Health and Long-Term Care Valerie Sterling , President, alPHa
9:15 to 9:30	Public Health and Its Broader Role in Promoting the Health of Prenatal Women, Children and Families in Ontario Purpose: <ul style="list-style-type: none"> • to ensure awareness of all participants regarding the broad mandate and role of public health programs and services (ie. OPHS) that promote the health of prenatal women, young children and families 	Sue Makin

continued

9:30 to 10:15	<p>An International Perspective</p> <p>Purpose:</p> <ul style="list-style-type: none"> to share information about a range of models/best practice that support early childhood development 	<p>Dr. Chris Mackie, Associate Medical Officer of Health, Public Health Services – City of Hamilton</p> <p>Debbie Sheehan, Director, Family Health Division, Public Health Services – City of Hamilton</p> <p>Anne Biscaro, Director, Family Health Division, Niagara Region Public Health</p>
10:15 to 10:30	<p>A Provincial Perspective: The 18 Month Well Baby Visit</p> <p>Purpose:</p> <ul style="list-style-type: none"> to provide an update on the province's 18 Month Well Baby Visit strategy and demonstrate the link with other public health early identification programming 	<p>Dr. Jean Clinton, Associate Clinical Professor, Department of Psychiatry and Behavioural Neuroscience, McMaster University</p> <p>Dr. Paul Roumeliotis, Medical Officer of Health, Eastern Ontario Health Unit</p>
10:30 to 11:00	BREAK	
11:00 to 11:30	<p>A Provincial Perspective (continued): Ontario Agency for Health Protection and Promotion (OAHPP)</p> <p>Purpose:</p> <ul style="list-style-type: none"> to demonstrate the important contribution that the Agency can provide in supporting the role of health units within in the BSCFCs 	<p>Dr. Heather Manson, Director, Health Promotion, Chronic Disease and Injury Prevention, OAHPP</p> <p>Lorraine Telford, Reproductive, Child and Youth Health Specialist, OAHPP</p>
11:30 to 12:00	<p>The Local Experience: Survey Results and Draft Model</p> <p>Purpose:</p> <ul style="list-style-type: none"> to present the findings of the survey of local health units regarding their scope of work as it currently relates to local Early Learning and Care and Best Start planning, along with their visions for the future of public health supports to early childhood development in Ontario 	<p>Dr. Vera Etches</p> <p>Denise Hébert, Program Manager, Healthy Babies Healthy Children Program, Ottawa Public Health</p>
12:00 to 1:00	LUNCH	

continued

1:00 to 1:30	<p>Guest Speaker:</p> <p>Purpose:</p> <ul style="list-style-type: none"> to provide an update on the current status of the work that is being done by Dr. Pascal in relation to a provincial strategy for Best Start Child and Family Centres 	<p>Dr. Charles Pascal, Professor of Human Development/Applied Psychology, OISE / University of Toronto & Special Advisor on Early Learning to the Premier of Ontario</p>
1:30 to 2:30	<p>Visioning Exercise</p> <p>Purpose:</p> <ul style="list-style-type: none"> to discuss and explore Public Health's vision for its role in supporting early learning and care, including within the BSCFC, from both a provincial and local perspective 	<p>Facilitated by:</p> <p>April Rietdyk, Director, Chatham-Kent Public Health Unit, with assistance from Dr. Chris Mackie</p>
2:30 to 3:00	BREAK	
3:00 to 3:30	<p>Visioning Exercise (continued)</p> <p>Purpose:</p> <ul style="list-style-type: none"> to provide participants with an opportunity to share their discussions with the larger group 	<p>Facilitated by:</p> <p>April Rietdyk, Director, Chatham-Kent Public Health Unit, with assistance from Dr. Chris Mackie</p>
3:30 to 4:00	<p>Reflections from our Panel</p> <p>Panel Guests:</p> <ul style="list-style-type: none"> Nancy Matthews, Assistant Deputy Minister, Service Delivery Division, Ministry of Children and Youth Services Jim Grieve, Assistant Deputy Minister, Early Learning Division, Ministry of Education Allison J. Stuart, Assistant Deputy Minister, Public Health Division, Ministry of Health and Long-Term Care Jean Lam, Assistant Deputy Minister, Sport, Public Health and Community Programs, Ministry of Health Promotion and Sport Dr. Heather Manson, Director, Health Promotion, Chronic Disease and Injury Prevention, Ontario Agency for Health Protection and Promotion <p>Reflections on the Day from Dr. Pascal and Dr. King</p>	<p>Moderated by:</p> <p>Dr. Robin Williams, Medical Officer of Health, Niagara Region Public Health</p>
4:00 to 4:15	<p>Closing Remarks</p> <p>Purpose:</p> <ul style="list-style-type: none"> To present next steps To thank guests, panel members and participants 	<p>Dr. Vera Etches Sue Makin</p>

APPENDIX B – Feb. 9, 2011 Meeting Proceedings

Date: 13-Apr-11

Public Health Supporting Early Learning and Care Briefing Note on Feb 9, 2011, Workshop

Goals

This workshop was held to bring together leaders in public health (PH), to explore the opportunities to support childhood development arising from the "Pascal Report" and to craft a vision for public health's contribution to Ontario's early learning and care initiative. In addition, the session was intended to scope and share the evidence of models to support early childhood development used internationally and across Ontario, as well as models for public health service integration as the Best Start transformation moves forward.

Background

Public health staff has been involved in the Best Start initiative in a variety of ways at the local level across the province and is interested in ensuring this work is informed and supported by evidence and provincial level strategies. The February 9th workshop was created to provide a forum for dialogue among public health leaders in reproductive and child health, with Dr. Pascal and with key provincial partners in a range of ministries: Education, Children and Youth Services, Health Promotion and Sport, and Health and Long-Term Care, for the purposes stated above (see Goals).

Key Messages from Presentations:

- Arlene King (Chief Medical Officer of Health, Ministry of Health and Long-Term Care) opened with comments about the healthy outcomes achieved for society when focusing on children's health with an ecological perspective. She asserted that the many factors required for lifelong health are not in the control of parents, and healthy outcomes require cross-sector initiatives, using data for evidence and for evaluation research. "Children's health is everyone's business."
- Valerie Sterling (President, Association of Local Public Health Agencies) reinforced that the PH perspective is incredibly important in early learning and care and reminded us the CMOH stated we cannot afford NOT to invest in children's health. PH is a strong partner and must be included in the developing the system to support children's development with schools, child care etc.
- Sue Makin (Healthy Families Director, Toronto Public Health) presented an overview of the legal mandate for PH work set out in the Ontario Public Health Standards (OPHS), and reinforced that child development is a determinant of health, requiring comprehensive health promotion approaches. PH programs for children go beyond the Healthy Babies, Healthy Children (HBHC) program and include foundational standards to support surveillance and evaluation. She recognized the challenges (e.g. funding) facing implementation of the OPHS, and that there are diverse approaches based on local needs.
- Chris Mackie and Debbie Sheehan (Associate Medical Officer of Health and Director Family Health Division, Public Health Services – City of Hamilton) (with Anne Biscaro, Director Family Health Division, Niagara Region Public Health) reviewed the evidence of impact of a variety of international approaches to supporting early childhood development. Their review

demonstrated that through integrated systems of primary care, public health and early childhood education are achieving significant improvements in outcomes for children and society. They highlighted that fidelity to the intervention approaches is critical to achieve the expected outcomes. Universal and targeted programs are both important, and concerns about development should be addressed as early as possible in the life cycle.

- Paul Roumeliotis (Chair, Council of Medical Officers of Health) introduced Jean Clinton (Associate Clinical Professor, Department of Psychiatry and Behavioural Neuroscience, McMaster University) and reminded us that adopting the perspective of the life-course trajectory being set in childhood is a useful public health approach. He noted harmonization of services as important for optimal impact in the early years. Jean Clinton reviewed some of Ontario's 18-month Well Baby visit strategy successes; for example, positive relationship building between PH and physicians and the fact that parents strongly value the 18-month dialogue and assessment with primary care providers.
- Heather Manson and Lorraine Telford (Director Health Promotion, Chronic Disease and Injury Prevention, and Reproductive, Child and Youth Health Specialist, Ontario Agency for Health Protection and Promotion, OAHPP) described the purpose and mandate of OAHPP and gave examples of work related to early learning and care. OAHPP roles include: research support (e.g. implementation evaluations), surveillance expertise, integrated system analyses and options, and addressing identified training supports for work across sectors. They reinforced the need for, and value of, a population health approach for children across multiple sectors under a comprehensive vision.
- Vera Etches and Denise Hebert (Associate Medical Officer and Manager, HBHC, Ottawa Public Health) presented findings from a survey of local public health units' experiences with the local implementation of Best Start initiatives to date. The key elements that respondents sought to include in the vision of public health's role in a system to support early childhood development are: the public health system is a cornerstone; collaboration is highly valued (the majority of health units are moving towards higher levels of integration with local partners); a clear provincial vision and accountability measures/performance outcomes drive comprehensive services that benefit all families. (see Appendix for some of the survey highlights)
- Charles Pascal (Special Advisor on Early Learning to the Premier of Ontario) reinforced how implementing early learning is essential and makes social and economic sense. A provincial framework will be delivered in late spring and PH is clearly a central partner in most areas – being active in the local networks, being “leaders among leaders” and contributing to system management within a provincial framework and operational contracts. He challenged all sectors to go beyond collaboration as that doesn't always result in the kind of system change that is required to reach the goals presented in the report to the Premier in June 2009.
- Robin Williams (Medical Officer of Health, Niagara Region Public Health) moderated the final panel which included Jim Grieve (ADM Education and Child Care), Jean Lam (ADM MHPS), Allison Stuart (ADM PHB MoHLTC), Nancy Matthews (ADM MCYS), and Heather Manson from OAHPP to “connect the dots.” Every panelist expressed gratitude for the contribution of PH, (e.g. as a leader, as a broker, bringing evidence to decisions), and the importance of continuing to work together for children. The Internal Advisory Panel to Charles Pascal, where PH is engaged, will be a key forum for ongoing provincial collaboration. Panelists underlined the importance of the use of data to establish and evaluate interventions to support early childhood development for long-term benefits.

- Both Arlene King and Charles Pascal closed the day reaffirming the need to take action to champion child health and well-being, which will mean re-examining further the public health role in a seamless system of universal, evidence-informed early learning and care that meets all children's needs and which is built on solid relationships between partners at the local level.

Key points from participant discussions:

- Public Health faces the following challenges as it defines its role in a system for early learning and care:
 - Funding and resources
 - Convincing decision-makers to invest in higher upfront costs for a system to support the early years when the significant returns are seen in the future
 - Defining "core" evidence-informed services and ensuring consistency between early childhood development (ECD) programs across the different health units/BSCFC while also meeting local needs
 - There is a need for new data, data linkages and outcome/evaluation measures
 - Helping partners understand the PH role/potential contribution
- Opportunities for the Public Health role include:
 - Be active and be a partner/leader/broker
 - Collaborations/linkages between child care, primary care, public health and other essential services sectors are essential
 - Public Health's way of working is in partnership
 - Build on the strengths of Public Health: collaboration, population level, long-term perspective, knowing their communities, systems thinking, leadership from within, and evidence-based approaches
 - Think about what integration really means for Public Health
 - Explore and be open to new ways of reaching/supporting families (multiple pathways and comprehensive approaches)
 - Improve surveillance
 - Address lack of data
 - Contribute to the development of a provincial framework

Summary

The partners in the workshop with PH strongly identified that PH services are ideally suited to be delivered within Best Start Child and Family Centres (BSCFC) and that PH partnerships make a significant contribution to positive outcomes for children and families.

Questions remain about the fit of PH in an integrated system, and about what changes to the current systems can be accommodated.

A common vision was identified as desirable and, using an appreciative inquiry exercise, table groups developed possible vision statements. Below are summative vision statements from this exercise. The initial statements begin to form a vision for PH in BSCFC (and beyond).

- No matter what circumstance, PH addresses the conditions such that every child and family has the support needed to reach full potential (i.e. a vision where society cares about children and provides stability through the social determinants of health).
- The child and family drive the services, and are central to seamless and accessible services.

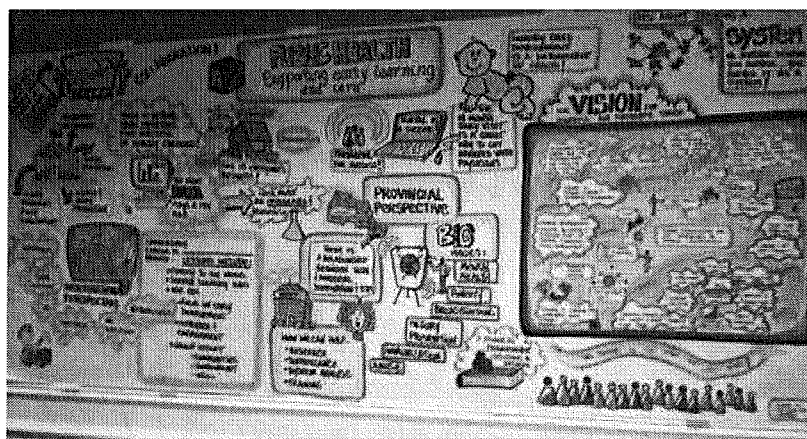
- A vision that common (and concrete) language and measures for outcomes exists: PH brings the population health assessment and surveillance view, and we also have the life-trajectory view. PH is essential to “....ensuring that Lola has what Lola needs” (Lola being any child).
- Public health is integrated within the community; it is positioned and has the capacity to impact families across the spectrum.
- Putting children first, we have all communities supporting and empowering families.
- Leveraging our respective strengths across sectors we will ensure every child will develop to their full potential.

Next Steps:

A more comprehensive summary of the day will be made widely available. alPHa will continue to engage the public health field, and work with provincial partners, to create a common vision, functions, foci, outcomes, and descriptions for PH core roles in an integrated system of services for children and families.

Information generated from the day will be shared with the External Reference Group and further discussions will occur at the Internal Reference Group guiding Charles Pascal in Ontario’s implementation of the strategy for early learning and care.

A visual depiction of the day...a truer photo will come with the full summary report.



APPENDIX

Selected Highlights of the Local Experience (PH and Best Start) Survey Results

An on-line survey to gather information about Ontario public health units' current connections with the Best Start initiative and their vision of the public health role in supporting early childhood development garnered a high response rate of 29/36 health units (81%) over a one-week period in January 2011.

The majority of public health units responding (65%) report significant cooperation, collaboration and integration with the local Best Start initiative. An additional 24% are at the stage of coordinating programs. In almost all cases, public health staff participates in Best Start planning groups as well as shares information resources, such as screening tools, pamphlets and videos. Less commonly, public health staff is seconded to work on the Best Start initiative or is providing infrastructural or logistical support.

With regard to funding integrated work through the Best Start initiatives at the local level, close to 40% of public health units responding noted that funding models have been discussed. Of those discussing funding, 38% have achieved consensus on how to fund the Best Start initiative.

Best Start initiatives are least supportive of parents in the prenatal period; some are focussed on child care and four and five year olds. Strategies to connect with children at 18-months are common. Nearly 80% of public health units have developed a specific strategy to promote the health of children at the 18 month milestone, including promotion of the Nippissing screening tool and connecting with physicians.

Public health units reported multiple benefits arising from work with the Best Start initiatives:

- Forum for creating a strategic focus, common measures, networking
- More partners doing public health
- Improved integration, services, health

Challenges identified include:

- Desire for more provincial vision, priorities, accountability
- Limited understanding of the public health role, determinants of health
- Limited leadership capacity of partners
- Desire more data to guide practice
- Limited resources
- Committee dynamics, ongoing "silos", parallel networks to existing ones

APPENDIX C – Feb. 9, 2011 Meeting Proceedings

Public Health Units Supporting Early Learning and Care

Survey Results

Introduction:

As the province of Ontario implements aspects of the “Pascal Report”¹ to support early learning and care, public health units are seeking to articulate an evidence-based vision for the contribution of the public health sector. A full-day planning meeting was scheduled on February 9, 2011, to assist health units in deliberating on a vision and models for the public health system’s role, in order to speak with a common voice to influence provincial leaders to adopt an evidence-based approach that recognizes public health interventions.

The goal of the survey was:

- To provide comprehensive background information to facilitate discussions of how public health units in Ontario can support early learning.

The objectives of the survey:

- To engage public health units in reflection on their connections with Best Start.
- To collect information to describe the range of collaboration between Best Start and public health units.
- To gather information to report on public health units’ perceptions of strengths and challenges of ways of working with Best Start, currently and into the future.
- To collect and describe public health units’ vision of, and ideas about, how public health units may further support early learning.

An email link was sent out on January 10, 2011, to the Council of Medical Officers of Health (COMOH) and to Family Health and HBHC Managers/Directors, with a request to respond by January 17, 2011. One response from each of 29/36 health units was received by this deadline, for a response rate of 81 percent.

¹ Pascal CE. (2009). *With Our Best Future in Mind – Implementing Early Learning in Ontario* Toronto, ON

Executive Summary:

An on-line survey to gather information about Ontario public health units' current connections with the Best Start initiative and their vision of the public health role in supporting early childhood development garnered a high response rate of 29/36 health units (81%) over a one-week period in January 2011.

The majority of public health units responding (65%) report significant cooperation, collaboration and integration with the local Best Start initiative. An additional 24% are at the stage of coordinating programs. In almost all cases, public health staff participates in Best Start planning groups as well as shares information resources, such as screening tools, pamphlets and videos. Less commonly, public health staff is seconded to work on the Best Start initiative or is providing infrastructural or logistical support.

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- Desire more data to guide practice
- Limited resources
- Committee dynamics, ongoing "silos", parallel networks to existing ones

The vision of public health's role put forward, to support early childhood development, is one where the public health system is a cornerstone. Collaboration is highly valued. Health units and partners operate under a clear provincial vision, meeting expectations (including the Ontario Public Health Standards) and sharing information related to evidence and accountability measures/performance, for the benefit of families. Funders recognize that financial investment in the early years is good for Ontario's future.

Findings

1. Level of connection

One way to assess integration is to assess where partners fit on the continuum from Networking → Coordinating → Cooperating → Collaborating → Integrating. The majority of health units are working at the more integrated end of the spectrum.

Out of 29 responding health units, none ranked their level of connection with their local Best Start initiative as non-existent or as at the level of “limited awareness of each others’ mandate and programs/services”.

The most common response (41%) was that they are cooperating through shared planning, including setting of common goals, with accountability for different roles to meet the goals collaboratively.

Level of connection between health units and the Best Start initiative locally	Response Percent	Response Count
a. No connection	0.0%	0
b. Limited awareness of each others’ mandate and programs/services	0.0%	0
c. Networking to achieve awareness of each others’ mandate and programs/services	6.9%	2
d. Coordinating, through sharing of information and tools to accomplish each programs’ individual goals	24%	7
e. Cooperating through shared planning, including setting of common goals, with accountability for different roles to meet the goals collaboratively	41%	12
f. Integrating plans, budgets, resources, evaluation	24%	7
g. Other	3.4%	1

2. How connections are made/what activities

Public health units are engaging with local Best Start initiatives in a wide variety of ways. In almost all cases, public health staff participates in Best Start planning groups as well as shares information resources, such as screening tools, pamphlets and videos. Less commonly, public health staff is seconded to work on the Best Start initiative or is providing infrastructural or logistical support.

How connections are made between health units and the local Best Start initiative	Response Percent	Response Count
a. The public health unit has no connection with the Best Start initiative	0.0%	0
b. Through a senior level steering/policy/partnership committee	66%	19
c. Public health staff participate in the planning groups for Best Start service delivery sites or hubs	93%	27
d. Public health staff are consultants to the Best Start planning/hubs/staff	52%	15
e. Public health staff are referring clients to the Best Start service delivery sites/hubs	76%	22
f. Public health staff are accompanying clients to the Best Start service delivery sites/hubs	52%	15
g. Public health staff are working in the Best Start service delivery	62%	18

sites/hubs. If yes, please explain what work is undertaken by public health staff in comment field below.

h. Public health staff are seconded to work on Best Start initiative	14%	4
i. The health unit is sharing information resources (e.g. screening tools, pamphlets, videos)	90%	26
j. The health unit is sharing financial resources to achieve common goals. If yes, please explain how and what rough amount in comment field below.	21%	6
k. The health unit is providing infrastructural, or logistical, support to the Best Start initiative. If yes, please describe in more detail in comment field below.	24%	7
l. The Best Start service delivery sites/hubs are referring clients to health unit services	72%	21
m. The health unit is involved in research and evaluation initiatives related to the Best Start initiative at the local level	45%	13
n. Other	17%	5

3. Change to public health programming as a result of the Best Start initiative

A minority of health units responding reported changing their programming as a result of the Best Start initiative.

Public health units has changed programming	Response Percent	Response Count
Yes	24%	7
No	76%	22

4. Funding models discussed

A minority of public health units have discussed the funding model for the Best Start initiative locally. Of those that have discussed the funding model, 38% have reached consensus on the best approach.

Local funding model discussed	Response Percent	Response Count
Yes	38%	11
No	62%	18

Agreement reached on best approach for funding Best Start	Response Percent	Response Count
Yes	38%	6
No	62%	10

Nineteen public health units articulated concerns about funding of the Best Start initiative. Concerns include lack of sustainability and transparency of lead funders.

5. Populations of focus for Best Start programming

In response to a question about service provided by the Best Start initiative to different age groups and children with special needs, many health units noted that different age groups receive different levels of service.

Child care and full-day learning are the main focus in some Best Start networks. The prenatal group is least supported through the Best Start initiatives.

Populations served by local Best Start initiatives						
Answer Options	Unknown n	No services	Few services	Some services	Comprehensiv e services	Response Count
Pregnant women	2	12	6	8	1	29
Children less than 4 yrs	1	3	4	14	7	29
Children 4 to 5 in school	2	4	4	11	8	29
18 month olds	2	4	6	13	4	29
Children with special needs (generally)	3	3	10	10	3	29
Children with special needs in school ages 4 to 5	3	3	9	11	3	29

6. Specific 18 month well baby visit strategy

Nearly 80% of public health units responding have developed a specific strategy to promote the health of children at the 18 month milestone.

Public health unit has a specific strategy for 18 month olds	Response Percent	Response Count
Yes	79%	23
No	21%	6

Based on 22 responses from health units, strategies include:

- 15 month / 18 month mail-out including NDDS and MCYS pamphlet
- communication strategy involving physicians and OEYCs
- referral pathway for primary care providers and training opportunities
- physician detailing and identification of a physician champion

On a related note, nearly all responding health units are promoting the Nipissing screening tool or other parent-completed tool to assess childhood development.

Public health unit is distributing or enabling the use of the Nipissing or some other parent-completed tool	Response Percent	Response Count
Yes	93%	27
No	6.9%	2

Connecting with physicians to promote early childhood development is a strategy in use by the majority of health units.

Public health unit is reaching out to physicians to promote the use of the Rourke tool or for other purposes (e.g. promotion of breastfeeding, parenting approaches)

Yes

No

Response
Percent

86%

14%

Response
Count

25

4

7. Benefits of current work with the Best Start initiative

Respondents provided a rich list of positive results arising from their work with the Best Start initiative, though two health units commented that benefits for the health unit have not been derived. The health units reported that their involvement with the Best Start initiative:

- **Leads to integration of services**
 - Brings a customer focus to services
 - Streamlining community efforts
 - Maximizes use and sharing of resources
- **Fosters networking**
 - E.g. connection to planning and working with Aboriginal populations
- **Engages more service providers/agencies in public health work**
 - Helps health units meet mandate under the OPHS
 - understanding of community services and gaps (Including of how public health can support/join in community agencies' work)
 - Promote public health services to further develop cooperation and collaboration within the community.
- **Enhances services**
 - Better coordination of community services for clients
 - Avoids duplication
 - Creates new programs, "synergy" between partners
 - Increases early identification of developmental issues
 - Ensures more universal services, fills gaps
- **Improves:**
 - health of children and families in the community
 - parenting skills
 - outreach to families with high risk for poor outcomes
 - referral processes (and transitions) for clients to access service
 - staff development and knowledge through joint training
- **Provides a forum to:**
 - facilitate collaboration
 - to set a strategic focus or priority
 - set and monitor common outcome measures (e.g. EDI scores)
 - disseminate child health status information
 - develop shared tools

8. Challenges with work with the Best Start initiative

Public health units reported challenges to their work with the Best Start initiative under the following themes:

- **Desire for more provincial vision, priorities, accountability**
 - Want direction re: governance, mandate, standards, accountability measures, expectations
 - Finding that “core” Best Start services are not clear, and/or that services are not stable (e.g. may not be able to refer to same service at all times)
 - (8/26 responses = 31%)
- **Limited understanding of PH role, determinants of health**
 - Finding that organizations, including some provincial partners, lack an understanding of the public health role/contribution; there is a lack of a health focus
- **Limited leadership capacity of partners**
- **Seeking more data to guide practice**
- **Limited resources**
 - Maintaining initiative with limited human resources and funding, in context of competing priorities for use of time and resources (11/26 responses = 42%)
 - Lacking long-term financial support
 - Being stretched to work with multiple Best Start networks/tables/hub sites, sometimes with misaligned boundaries
 - Providing all public health services to all hubs is not possible with current resources
- **Committee dynamics, ongoing “silos”, networks parallel to existing ones**
 - Maintaining existing early childhood networks that were getting results is challenging when the Best Start initiative has come along with parallel processes and structures, services
 - Finding that some stakeholders are still not at the table in some areas
 - Experiencing “territorial” behaviours/senses of “ownership” that persist and work against collaboration
 - One health unit reported working in an environment where the municipality controls the direction of the initiative, rather than in a truly collaborative context; another health unit noted a lack of transparency, inclusiveness and community involvement in the Best Start initiative

9. Ideal vision *and/or model* for the way health units and the Best Start initiative work together

Public health units gave the following reasons and methods for why and how they arrived at their desired vision for Public Health’s role in early childhood development:

- **Based on Pascal Report**
- **“The best for families”**

- Saw the need to decrease confusion for parents, streamline services
- **Ontario Public Health Standards guide**
 - Fits with the Foundational Standard
 - Public health contributes skills in surveillance and population health assessment
 - The approaches recommended are evidence-based
 - Recognizes that public health units are only service provider that work with a population approach and focus on primary prevention
- **Years of experience, pilot projects**
 - Built on years of joint planning and work together with community partners, on seeing the value of collaboration and the problems with working in “silos”
 - Based on trust built up over years, a long process
 - Previous community-based steering committees for HBHC provided a foundation
 - Much discussion
 - Others described a six month process or through a visioning day
 - Led by Best Start management team/Steering Committee, through consensus at these tables
 - Through consulting with stakeholders (community, clients, and staff)
- **Evidence of effectiveness**
 - The early years are the most important for prevention and early intervention for health
 - Recognizes the importance of social factors in children’s well-being and development
 - Recognizes needs of all parents, not just targeted, avoids downsides of targeted services
 - Based on scientific literature, reviews of best practice, and local data
- **Efficient with limited resources**
 - Weighed capacity of health unit, considered financial limitations
 - Draws on partners’ strengths
- **To fit services to local level needs**
 - Able to target specific needs at local level
 - Based on geography

Two responding health units indicated that a vision *per se* has not been set, though in one case, work on common tools and values has advanced.

The key aspects of the vision put forward for Public Health and Best Start partners working together to support early childhood development include:

- **Operate under provincial framework with defined expectations, sustainable funding**
 - Work is results-focused, with accountability measures
 - Public health funding and governance are not impacted
 - Flexibility exists to best serve region’s needs (e.g. rural, urban)
- **Have clear and shared priorities**
 - New, focused initiatives are fostered

- Duplication of service delivery is eliminated
- Integrated planning occurs and services are integrated
- New communications tools are used to keep people informed
- **Offer services that makes sense for families**
 - Coordinated, universal
 - Single access points possible for families, including at Best Start hubs to access public health services
 - Barriers are eliminated to achieve equitable access to services (eg Transportation needs are met)
 - Strategy makes communities the “best places to raise a child”
 - Programs are tailored to community needs
 - It does not matter what agency offers the services to meet the needs
 - Services are school-based, for the most part
- **Recognize different expertise**
 - Steering Committees set clear priorities
 - All key decision makers are connected, working together in the networks
- **Advance Ontario Public Health Standards**
 - Public health plays a leadership role, is consulted, expertise is recognized
- **Provide support for all ages**
 - Prenatal, infant and toddler stages are recognized as important times to support early childhood development

10. Thoughts on how to strengthen current interventions or about new interventions to support integrated early childhood development and learning in Ontario?

Responding public health units had a number of ideas of what more could be done to support early childhood development. Key suggestions came under the following categories:

- **Build collaboration between ministries**
 - Gain a clearer commitment from the provincial government about the role of public health in supporting early childhood development and learning
 - Support a comprehensive provincial initiative
 - Clearly articulate parenting strategy
 - Ensure funding (including for human resources, research, IT, knowledge exchange) is adequate
 - Demonstrated commitment from the provincial government
 - Re-think desirable range of early intervention strategies to increase access to key services within constrained budget
 - Strengthen HBHC through increased funding
 - Identify public health units as a key lead agency
 - Ensure all relevant health unit staff are connected to the Best Start initiative (e.g. not just HBHC)
 - Advertise public health services
- **Determine what initiatives lead to the best outcomes**

- Use programs such as: Nurse-Family partnership, Period of PURPLE crying and Triple P parenting
- Increase common use of screening tools:
 - Edinburgh Postnatal Depression Scale
 - NutriSTEP
- Create capacity for regular health status reports and reviews of evidence
- Promote primary prevention, and recognize others' contributions to secondary and tertiary prevention
- Equally value services for prenatal to age 3.8, as well as 3.8-6
- Use a shared database with information for/on families
- **Ensure flexibility to adapt to local and emerging needs**
 - Develop programming based on community needs
 - Implement new programs:
 - Flexibility to adapt to new needs is important
 - Educate professionals on 18 month well baby check
 - Encourage father involvement in early childhood development
 - Create communities of practice re: parenting
 - Create breastfeeding support groups that meet face-to-face
- **Expand outreach to vulnerable populations**
- **Include more health care partners**

Key messages

Public health units highlighted that the public health system (local through provincial levels) is a cornerstone in support of early childhood development.

Collaboration is “the way public health works” and is highly valued. The public health approach has been to work with community partners and existing networks are strong in many areas. More collaboration between provincial ministries is desired.

Health units are seeking to operate under a clear provincial vision, to meet expectations in priority areas and to share information related to evidence and accountability measures/performance. Public health units want to help funders recognize that financial investment in the early years is good for Ontario's future.

Other key points made include:

- The period from prenatal to six years is the most crucial time to assist people to reach their potential and achieve a healthy trajectory in life
- Early intervention can result in long-term benefits
- Supporting health units to meet the Ontario Public Health Standards related to early childhood development, with their focus on primary prevention and health promotion, will give the greatest impact for health of the population
- Acting on evidence, using evidence-based tools is important
- Sustainable funding is important to achieve impact
 - Resources for evaluation are essential
 - Align funding to evidence-based approach – do not implement “diluted” interventions
- Some communities need encouragement to continue collaboration, integration

- Vulnerable families have multiple needs that need additional resources to address
- Addressing poverty by ensuring families have adequate incomes is important to be able to see other services have their desired impact
- Offering universal programs recognizes that all parents need support
- Best Start networks need to have flexibility to adapt to local needs; local planning capacity is critical
- All age groups – prenatal through adolescents – are important to support
 - School readiness begins with prenatal support

In conclusion, the response rate to a survey about public health's role in supporting early childhood development, even given a very short notice and a one week turn-around period, was high (81%). The "field" of public health practitioners in health units is engaged and interested in continuing to strengthen the system of early learning and care for children and families in Ontario.