CITY OF HAMILTON

PUBLIC HEALTH SERVICES
Family Health Division

TO: Mayor and Members Board of Health	**WARD(S) AFFECTED:** CITY WIDE
COMMITTEE DATE: November 28, 2011	
SUBJECT/REPORT NO: Healthy Babies Healthy Children (HBHC) Policy Change Affecting Universal Postpartum Program BOH11040 (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	**PREPARED BY:** Bonnie King (905) 546 2424 Ext. 1587 Debbie Sheehan (905) 546 2424 Ext. 4888
SIGNATURE:	

RECOMMENDATION

That the Board of Health direct the Medical Officer of Health to provide a reduced level of service to low-risk postpartum women using a blended model of shared resources from the 100% Healthy Babies Healthy Children (HBHC) and cost shared Child Health budgets. This newly configured service delivery model will be developed between the HBHC and Child Health programs in collaboration with key community partners to ensure an integrated, seamless system of support for all postpartum women.

EXECUTIVE SUMMARY

The HBHC Program is a well established 100% provincially funded prevention and early intervention initiative intended to improve the well being and long-term health and development of expectant parents, young children and their families. The Ministry of Children and Youth (MCYS) has announced that as of early 2012, Public Health Units will no longer be *required* to provide the Universal Postpartum program. Instead, a comprehensive information package provided by the Province will be given to each new

parent before leaving hospital which will include information about child development and a description of programs available to new parents and key contact numbers for access.

It is the vision of MCYS to strengthen and streamline the referral process to long term Public Health Nurse (PHN) and Family Home Visitor (FHV) home visiting through the use of a new screening tool. This new tool will enable HBHC to identify and provide support to vulnerable children and families more quickly and effectively so that those who need help the most can access services and supports at the time when they are needed. MCYS is also committed to strengthening home visiting to vulnerable children and their families through the introduction/implementation of province-wide best practice guidelines and PHN/FHV training in the use of evidence based tools and interventions. MCYS has indicated that there are no planned reductions to the HBHC budget in Hamilton for 2012. Rather, MCYS plans to achieve expanded long term home visiting interventions through a realignment of provincial funding that currently supports the Universal Postpartum Program (48 hour contact and home visit).

This report provides the Board of Health with four options to consider:

1. Stop providing the HBHC universal postpartum program (48 hour phone assessment and postpartum home visiting) to low risk women as implied by MCYS policy change.
2. Continue to provide current service levels for the universal postpartum program using existing program resources within the HBHC funding envelope.
3. Continue to provide current service levels for the universal postpartum program using resources from the 75:25 funded Child Health budget.
4. Provide a modified level of service to low-risk postpartum women. This newly configured service delivery model would be comprised of shared resources between the HBHC and Child Health programs in collaboration with key community partners and would ensure a more integrated seamless system of support for postpartum women – **preferred option.**

The most recent communication from MCYS is that the current Universal Postpartum Program protocol and expectations are still in effect for now. The Minister's approval is required before changes are finalized and ready for implementation.

Alternatives for Consideration – See Page 7

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: The preferred option (above) would be achieved within the existing HBHC budget. Staffing resources for postpartum telephone assessments would be reduced (e.g. to 1.0 fte), and the remaining postpartum resources would be realigned to the long term high risk home visiting component of the program. Child Health would also realign some staffing resources to support postpartum women, particularly those who are breastfeeding and first time mothers.

The following table summarizes Hamilton PHS allocated staffing FTE for the Universal PP program and achieved service target levels for the last 5 years.

Year	FTE 48 hr phone calls	FTE PP home visits	Total approved FTE	# PP Parkyns with Consent	# Postpartum Telephone Contacts	# Postpartum Home Visits
2011 Projected (YTD)	2.0	3.0[3.]	30.4	4729 (3547)	4675 (3505- 2399 by phone, 49 by home visit, 51 by VMM, 1006 by letter)	1105 (829[1] completed + 224 not found or cancelled)
2010	2.5	6.0	30.4	4818	4756 (3169 by phone, 67 by home visit, 20 by VMM, 1500 by letter)	+ 1844 completed 309 not found or cancelled
2009	3.0	5.0	30.9	4857	4843 (3321 by phone, 68 by home visit, 29 by VMM, 1422 by letter)	2067 + 360 not found or cancelled
2008	3.2	5.8	33.5	4927	4737 (3584 by phone, 181 by home visit, 39 by VMM, 933[2.] by letter)	2312 + 438 not found or cancelled
2007	4.8	6.7	31.50	4892	4171 (3097 by phone, 1021 by home visit, 23 by VMM, 22 by letter)	2225 + 586 not found or cancelled

1. The drop in completed PPHV for 2011 (year to date) is due to the FHD reorganization occurring early in 2011 which precipitated a shift to offering postpartum home visits based on identified concerns/risk factors and client identified need for follow up rather than a universal offer to all families. Because the budget has been fixed for 3 years, targets for both PPHVs and long term home visits have been gradually reduced.
2. The increase in the number of written contacts from 2007 onward is due to a change in MCYS data base recording, whereby a written contact is to be categorized as "completed".

3. The decrease to the Universal Postpartum Program reflects efficiencies of the new HBHC program team model as staff work has been consolidated, as well as a decrease in program targets for 2011 (see above).

Staffing: All PHNs in the HBHC program provide every component of the HBHC program including universal postpartum, in-depth assessments, and long term blended home visiting. Any reduction to the postpartum program will enable a realignment of PHN FTE to high-risk home visiting.

Legal: There is one contractual agreement that govern the delivery of HBHC services, specifically the Universal Postpartum Program. This annual provincial contract for HBHC funding and local service levels is signed by the Medical Officer of Health.

HISTORICAL BACKGROUND (Chronology of events)

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

1. Telephone Intake, Screening and Assessment
2. Universal Postpartum Program (Postpartum phone assessments and home visits)
3. In-Depth Assessments for families with identified risk factors for growth and development
4. Public Health Nurse and Family Home Visitor (FHV) home visits to at-risk families (This includes the Nurse-Family Partnership, a targeted, evidence-based approach to nurse home visitation)
5. Referral and linkage to needs based supports and services
6. Service Co-ordination for high risk families
7. Early Identification of children at risk for poor development

The Universal postpartum program was implemented to achieve the goal of screening all postpartum women using the Parkyn Tool to identify families at risk for poor development and to facilitate early intervention. Although the tool itself has been proven valid and reliable in the literature, its effectiveness is also dependent on the professionals who complete it. There have been long-standing challenges in the accuracy of the screening tool completion in hospital and PHNs have never relied solely on the tool to direct their practice. The chart on the next page illustrates that there has been very little difference in the completion rates of in depth assessments for women who are identified as at risk and those who are not identified as at risk in hospital.

Year	# PP Referrals	Risk Score Postpartum Parkyn	Postpartum IDA completed by Parkyn Score
2011 Jan to Sep	3620	>9	46
		<9	42
		No score	4
2010	4922	>9	96
		<9	90
		No score	1
2009	4949	>9	104
		<9	90
		No score	2
2008	5029	>9	130
		<9	113
		No score	5
2007	4936	>9	126
		<9	119
		No score	4

MCYS plans to strengthen and streamline the referral process to long term Public Health Nurse (PHN) and Family Home Visitor (FHV) home visiting through the use of a new screening tool. This new tool is intended to enable HBHC to identify and provide support to vulnerable children and families more quickly and effectively so that those who need help the most can access services and supports at the time when they are needed. PHS is currently participating in the new tool validation study to determine how effectively it identifies families at risk and to obtain feedback from a variety of health professionals in the field regarding the experience of administering the new screen in the hospital and in the broader community.

POLICY IMPLICATIONS

HBHC is included as one of the Ontario Public Health Standards (Child and Reproductive Health) for Boards of Health which promotes the health and well being of children and families. The Board of Health is required to implement the HBHC Program in accordance with the Ministry of Health and MCYS guidelines which stipulate the requirements for the seven service delivery components outlined in the background section of this report. HBHC has become an important strategy for the delivery of key Reproductive and Child Health promotion messages. HBHC PHNs have embedded assessment and intervention in all postpartum contacts to promote safe sleep environments, raise awareness of Shaken Baby Syndrome and promote safe use of car seat restraints.

Several recent reports emphasize the fundamental importance of early postpartum support to facilitate a smooth transition for women, newborns and families from the

hospital to home. Such support makes a significant difference in the establishment of effective breastfeeding and subsequent duration of breastfeeding, the development of parental confidence, and in the identification and early intervention for women at risk of developing postpartum mood disorders (depression). Eliminating the postpartum contact provided by PHNs in the HBHC program will create significant gaps in services for mothers and their newborns and seriously undermine the City of Hamilton's goal of Baby Friendly Initiative designation. On October 24, 2011, the Board of Health approved the plan for PHS to seek BFI designation on behalf of the City of Hamilton. Achieving BFI designation is the only Child and Reproductive Health standard performance indicator in the new Public Health Accountability agreements to which all public health units must adhere.

The International Lactation Consultant Association Clinical Guidelines for the Establishment of Exclusive Breastfeeding state that "knowledgeable and skilled breastfeeding support increases breastfeeding initiation, duration and exclusivity rates provider encouragement significantly increases breastfeeding initiation among American women of all social and ethnic backgrounds". In addition the Registered Nurses Association of Ontario, Breastfeeding Best Practice Guidelines clearly state the need for telephone follow up within 48 hours of discharge as well as face to face follow up and assessment by a qualified health professional such as a Public Health Nurse or Community Health Nurse specializing in maternal/newborn care.

Some research has also suggested that screening for postpartum depression during the immediate postpartum period is preferred as low maternal mood in the immediate postpartum period is highly predictive of the development of postpartum mood disorders. In addition, women who are already depressed at the time of the screening will benefit from much earlier intervention and treatment.

RELEVANT CONSULTATION

The Best Start Network has been advised of the pending MCYS policy change and has committed to their involvement in supporting a community planning process to ensure that postpartum mothers and their families continue to receive seamless and timely services that facilitate a smooth transition from hospital to home. In addition, key members of the Code Red Maternal Child Health coalition have also committed to participating in community planning discussions in the near future. Internal PHS consultation among HBHC, Reproductive and Child Health programs are ongoing to identify creative solutions to mitigate the gaps in services that this policy change will create.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

Option 4, providing a modified level of service to low-risk postpartum women within a service delivery model of shared resources between the HBHC and Child Health programs in collaboration with key community partners is the preferred option in response to this policy change. This model will ensure a creative, integrated, seamless system of client-centred supports for postpartum women. It will leverage existing community capacity for support. It will also ensure appropriate and efficient use of existing resources within PHS and the broader community.

HBHC program resources should contribute to this service delivery model as more than one third of the program participants receiving long term home visits have been identified through postpartum contact. Child Health resources should also be leveraged where appropriate to meet Ontatio Public Health Standards such as: increasing lactation consultant clinic availability; breastfeeding home visits; and/or expansion of the Health Connections phone line for telephone support etc.

ALTERNATIVES FOR CONSIDERATION

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

Option 1: Stop providing the HBHC universal postpartum program (48 hour phone assessment and postpartum home visiting) to low risk women as directed by MCYS.

This option is not recommended (and is the least preferred option) as this will create gaps in supports for postpartum women and their families. Discontinuation of the 48 hour phone contact and home visiting services could have negative consequences on the health and wellbeing of new mothers and their infants, and further reduce breastfeeding initiation and duration rates which will undermine the City of Hamilton's achievement of BFI designation.

It is equally concerning that only mothers who screen positive at the time of discharge from the hospital will be referred to PHS for PHN in-home assessment. A recent program analysis of the past five years of HBHC referrals demonstrated little difference in low-risk versus high-risk families (determined by completed screening tools) in their need for long term HBHC home visiting support.

Option 2: Continue to provide current service levels for the universal postpartum program using existing program resources within the HBHC funding envelope.

This option is not recommended as MCYS is trying to realign finite program resources to high risk families who would benefit from home visiting the most. Maintaining the program without any modification would prevent the City of Hamilton from increasing our ability to expand high risk home visiting services to more families in need. As MCYS funds the program 100%, there would be a significant risk to ongoing funding should the City of Hamilton be perceived as failing to follow mandated service requirements.

Option 3: Continue to provide current service levels for the universal postpartum program using resources from the 75:25 funded Child Health budget.

This option is not recommended as it will require the reallocation of finite program resources from other mandated programs and services to postpartum telephone and home visiting follow up. Other important mandatory public health programs such as preventing childhood injuries and promoting positive parenting would have to be cut.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Skilled, Innovative & Respectful Organization

- More innovation, greater teamwork, better client focus

Financial Sustainability

- Delivery of municipal services and management capital assets/liabilities in a sustainable, innovative and cost effective manner

Intergovernmental Relationships

- Maintain effective relationships with other public agencies

Growing Our Economy

- An improved customer service

Social Development

- Residents in need have access to adequate support services

Healthy Community

- Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

APPENDICES / SCHEDULES

N/A