

CITY OF HAMILTON

PUBLIC HEALTH SERVICES Family Health Division

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: June 27, 2011	
SUBJECT/REPORT NO: Canadian Prenatal Nutrition Project Budget Update (BOH11022) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services	PREPARED BY: Lesley Jefferies (905) 546-2424 x 1593 Debbie Sheehan (905) 546-2424 x 4888
SIGNATURE:	

RECOMMENDATION

- (a) That Council approve an additional 0.1 FTE for the Canadian Prenatal Nutrition Project within the existing Family Health Division budget.

EXECUTIVE SUMMARY

The Canada Prenatal Nutrition Program (CPNP) funds community groups and coalitions to promote healthy pregnancies and improve infant health. The program supports comprehensive, community-based services and is specifically designed to build upon existing prenatal health programs, or to establish them where they do not exist. Data from the national evaluation of the CPNP program indicate that the CPNP is a cost effective program, specifically related to its impact on increasing rates of breastfeeding and decreasing rates of low birth weight amongst the women who participate. This is directly tied to achieving the City's vision of Making Hamilton the Best Place to Raise a Child.

CPNP is not a universal program; instead it is targeted specifically at women facing challenging life circumstances such as poverty, teenage pregnancy, alcohol or substance use, family violence, social and geographical isolation, and recent arrival in Canada. CPNP projects also increase the availability of culturally sensitive prenatal support for Aboriginal women living off-reserve. CPNP provides contributions to

community organizations supporting the provision of preventive and early intervention services. There were a total of 4,891 participant visits to the HPNP groups in 2010 and 3,430 infants and children.

The annual budget for CPNP is mainly funded by Public Health Agency of Canada. This covers the majority of the costs of delivering the program except for some in-kind contributions of staff salaries which are provided through the Best Start Network and the Public Health Services Reproductive Health budget. During the 2011 PHS budget deliberations, the Board of Health approved receiving the increase of \$20,000 from the Public Health Agency of Canada to the annual budget and an FTE of 0.1 Public Health Nurse (PHN). The \$20,000 is sufficient to cover the cost of 0.2 FTE which enables PHS to maintain staffing of 2 weekly HPNP groups. At an average of 15 clients per session, at two sessions per week for 50 weeks of the year, this represents approximately 1500 additional opportunities for contact with clients each year. This report seeks approval from the Council to increase the FTE to a total of 0.2 FTE. There is no change to the budget.

Alternatives for Consideration - See Page 5

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

Financial:

This recommendation maintains the existing program model, and formalizes the FTE count of 0.2 funded by the Public Health Agency of Canada. There is no change in finances relative to the previous budget report on this issue, either in terms of revenue or expenditure. The annual budget for CPNP remains mainly funded by the Public Health Agency of Canada, including the full costs of these 0.2 FTE (salary and benefits).

Allocation of Public Health Agency of Canada funds: 2009-2012

Budget Items	2009/2010	2010/2011	2011/2012
Personnel	\$ 20,000	\$ 20,000	\$ 20,000
Materials	142,180	147,074 ²	142,180
Evaluation	10,730	10,730	10,730
Other ¹	41,360	41,360	41,360
Total	\$ 214,270	\$ 219,164	\$ 214,270

¹ Other includes: parent facilitator training, parent facilitator honorariums, and child minding

² Includes a one-time grant for \$4,893.75 to support activities related to promoting National Nutrition Month (March) approved by the BoH at the March 29, 2011 meeting.

Staffing:

In 2009 Health Canada increased the annual Hamilton budget temporarily by \$5,000 each quarter to provide funding for some of the PHN time. This funding has continued

and is now part of the annual budget. During the 2011 PHS budget deliberations the Board of Health approved the increase of \$20,000 to the annual budget and an FTE of 0.1 PHN. The \$20,000 is sufficient to cover the cost of 0.2 FTE so this report seeks approval from the Board of Health to increase the FTE to a total of 0.2 FTE. There is no change to the budget. We are anticipating a potential budget impact from ONA contract negotiations in the fall of 2011. All boards of health, including municipal ones, are covered by the Public Sector Compensation Restraint to Protect Public Services Act, 2010. Should the contract negotiations result in budget pressures, a report will be brought forward to the Board of Health.

Legal:

An annual provincial contract with the Public Health Agency of Canada for CPNP funding is signed by the Medical Officer of Health.

HISTORICAL BACKGROUND (Chronology of events)

The Canada Prenatal Nutrition Program (CPNP) is a group intervention targeted specifically at pregnant women facing challenging life circumstances such as poverty, teenage pregnancy, alcohol or substance use, family violence, social and geographical isolation, and recent arrival in Canada. Hamilton has received CPNP funding for 16 years. The HPNP offers nine weekly groups (average attendance is 15-25 participants) at various locations in the City. The HPNP is sponsored by Public Health Services in partnership with the North Hamilton Community Health Centre and the Best start Network.

Most groups are offered at an OEYC location in order to facilitate client referral. HPNP groups are co-facilitated by a PHN and Registered Dietitian. Each group provides a comprehensive range of services that include: food preparation; nutrition and lifestyle counselling; prenatal, breastfeeding, infant attachment and child development education; social support and skill development; and referral to appropriate health and social services where available. Incentives in the form of healthy snacks, bus tickets and food vouchers are provided to attendees. Vouchers for the purchase of prenatal vitamins and Vitamin D supplements for breastfeeding infants are also provided.

Goals:

1. To promote a healthy pregnancy and optimal birth outcome for women at risk for delivering low birth weight babies
2. To promote the healthy growth and development of infants during the first 6 months of life
3. To promote the health of women up to 6 months postnatally

POLICY IMPLICATIONS

There are no issues with respect to corporate policies.

RELEVANT CONSULTATION

The manager and staff of Finance and Administration (F&A) were consulted to ensure the data was accurate and to give guidance on appropriate presentation of financial figures.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

The HPNP program is directly aligned with Council priorities and identified community needs:

- Making Hamilton the Best Place to Raise a Child
- The Priority Plan (prosperity, human capital).

Healthy child development programs have been shown to be among the most cost-effective public health interventions as they lead to a wide range of beneficial health and social outcomes. The Hamilton Spectator's Code Red series (2010) reinforced the long term and irreversible impact of poverty on children and families in the City of Hamilton, and also highlighted the importance of reducing the rate of low birth weight in our community.

Both smoking and poverty are associated with negative birth outcomes such as low-birth weight. The highest rates of smoking during pregnancy occur among low income and Aboriginal populations. Poverty rates are also highest among the most vulnerable populations.

Economic analyses of CPNP at the national level¹ illustrated that the overall average cost per birth among CPNP participants was \$1,915 compared to \$2,004 for the average birth in Canada (2005-2006), which represents an average savings of \$89.24. When stratified by age, the cost savings per CPNP birth among mothers under the age of 20 compared to mothers of the same age across Canada exceeded \$230. Given that 26% of the CPNP participants included in the economic analysis were younger than 20 years of age, this represents a cost savings of more than \$1.1 million.

In 2010, HPNP group breastfeeding rates were 84% compared to the most recent 2007 overall rate of 79.4%. 317 new prenatal HPNP participants enrolled in the program during 2010 and over 450 women participated in the program. There were a total of 4,891 participant visits to the HPNP groups in 2010 and 3,430 infants and children.

¹ Division of Childhood and Adolescence Centre for Health Promotion. (2010). Summative Evaluation of the Canada Prenatal Nutrition Program 2004-2009. Public Health Agency of Canada. http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2009-2010/cnpn-pcnp/index-eng.php

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

ALTERNATIVES FOR CONSIDERATION

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

The Board of Health could decide not to approve the requested 0.1 FTE increase. This is not recommended for the following reasons:

1. This FTE increase is achievable within existing budget, and if not approved, this will reduce the number of weekly HPNP groups that can be offered by Public Health Services from seven to two. This would represent a decrease of approximately 1500 client visits per year, or 29% of our current service level.
2. This program is in high demand from partner agencies who are actively requesting HPNP programming.
3. A number of highly-effective community partnerships have been established to support these vulnerable women such as OEYCs, faith communities, North Hamilton Community Health Centre etc.
4. The national evaluation of the CPNP program demonstrates that it is cost effective and has positive impacts on pregnancy and infant health outcomes. Local data confirms these positive impacts.

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

- ♦ A culture of excellence

Intergovernmental Relationships

- ♦ Maintain effective relationships with partner 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