

# **REPORT**Regional Council

For Information

DATE: December 7, 2010

REPORT TITLE: HEALTHY BABIES HEALTHY CHILDREN FUNDING UPDATE

FROM: Janette Smith, Commissioner of Health Services

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#### **OBJECTIVE**

The purpose of this report is to update Regional Council on funding for the Healthy Babies Healthy Children program and resulting service implications.

### REPORT HIGHLIGHTS

- The Healthy Babies Healthy Children program is experiencing a funding freeze that compromises our ability to provide service to Peel's mothers and infants.
- Universal components of the Program have been eroded or discontinued since 2004 when a risk based strategy was introduced.
- As of 2009, only 70 per cent of new mothers are contacted within 48 hours of hospital discharge compared with the Ministry of Children and Youth Service's standard of 100 per cent and universal postpartum home visiting has been discontinued.
- Of those mothers contacted 70 per cent are referred into the high risk home visiting program.
- 150 to 200 of those high risk families are on the wait list and will wait 4 to 6 weeks for an in-depth home assessment.
- Eight per cent of Peel families with a newborn are considered to be at high risk for poor outcomes. This is significantly greater than the estimated provincial average of five per cent.
- Chronic underfunding of the Healthy Babies Healthy Children program continues to reduce our ability to address the growing birth cohort, diversity and increasingly complex needs of children and families in Peel.

#### DISCUSSION

#### 1. Background

Introduced by the Ministry of Health and Long-Term Care in 1998 and transferred to the Ministry of Children and Youth Services in 2003, the goal of the Healthy Babies Healthy Children program is to promote optimal physical, cognitive, communication, and psychosocial development of children through a system of effective prevention and early intervention services for families. The program is guided by the understanding that a safe and nurturing environment, adequate nutrition and secure mother-infant attachment are directly linked to a child's development. The program is also intended to act as an agent for

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a coordinated, effective, integrated system of services and supports for healthy child development and family well being.

The Healthy Babies Healthy Children Program is 100 per cent funded by the province; however, there are ineligible administrative costs that the Health Services Department is expected to fund to support this mandatory program. Since the program was introduced in 1998, small yearly increases in funding have consistently failed to match population growth or inflationary pressures. In fact, since 2007, funding has been frozen. Over the same duration from 2007 to 2010, the birth cohort has increased by 2,500 births per year. As a result, the ability to provide service has been eroded each year.

As previously reported to Council, staff have had to address this funding shortfall through a variety of strategies including withdrawal of universal Home Visiting services and a reduction from a 6 day to a 5 day per week service.

## 2. Findings and Implications

# a) Client Profile/Demographics

- In 2011, the number of births in Peel is expected to be approximately 17,500. These babies are born into families in a region that has one of the most highly diverse populations in Ontario. In 2006, 48.6 per cent of Peel's population were immigrants. Of the 118,200 immigrants who arrived in Peel between 2001 and 2006, 35 per cent or 41,360 were women of childbearing age.
- A snapshot of clients in 2009 compared with the 2007 client risk profile indicates an increase in the number of clients:
  - not attending prenatal classes
  - experiencing twins or triplets
  - having either low birth weight or premature babies
  - reporting mental health issues, mental illness or Postpartum Mood Disorder
  - reporting financial concerns, social isolation and unreliable support systems
  - involved with the Children's Aid Society (CAS).
- It is estimated that across Ontario, five per cent of families that consent to Healthy Babies Healthy Children services will be assessed as "high risk". In Peel, eight per cent of families fall into this category and could benefit from more intensive supports.

## b) Program Implications

Given the provincial budget allocation has not kept pace with growth, inflation and acuity level again in 2010, it has been necessary to gap staff positions in order to manage the funding shortfall. Implications of this funding shortfall have resulted in the reduction or discontinuation of the universal components of this program. Additionally, high risk home visiting service is delivered by a decreased number of staff. The caseload continues to grow as a result of an increased number of births and increased risk/complexity of cases. A 4 to 6 week waitlist for service continues even for those families that have been determined to be at high risk. Reduced reach in the community reduces the program's impacts on prenatal education, breastfeeding, parent-child attachment, maternal mental health and referrals to community resources for appropriate family/child assistance.

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# c) Extent of Funding Shortfall

Since the implementation of the provincial funding freeze, costs have continued to rise due to incremental salary increases and inflationary pressures on program supplies. In an attempt to offset these increases in costs, 6.6 FTE in the 2010 HBHC program will not be hired. An additional \$665,961 would be required in 2010 just to maintain the same service delivery that was provided at the time of the funding freeze. This shortfall continues to grow each year.

Senior staff continue to raise the impacts of the funding shortfall with senior officials at the Province. In addition, members of Council have raised this program with Ministry of Children and Youth delegates at past Association of Municipalities of Ontario meetings.

### CONCLUSION

Since its inception, funding for the Healthy Babies Healthy Children Program has not kept pace with Peel's population growth and complexity. A continued eroding of service has compromised key universal aspects of the program and leaves vulnerable families waiting for an unacceptable length of time.

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