

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 June 16

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## SUMMARY INFORMATION REPORT FOR JUNE 2016

### **Recommendation**

*It is recommended that Report No. 041-16 re Summary Information Report for June be received for information.*

### **Key Points**

- The Prenatal Immigrant Program (PiP) pilot will be delivering prenatal programming to newcomers starting in mid-July, based on the Smart Start for Babies model and designed to meet their specific needs. The pilot will be offered to Arabic speaking newcomers.
- The draft legislation to enact the changes proposed in the Patients First discussion paper has been introduced. The changes require Medical Officers of Health and Boards of Health (through staff) to provide guidance to Local Health Integration Networks (LHIN's) on health care system planning, but do not transfer funding and accountability roles for public health units into LHIN's.

### **Prenatal Immigrant Program (PiP)**

The Prenatal Immigrant Program (PiP) stems from an approved 2015 PBMA proposal "Prenatal Care Program Targeted to Vulnerable Clients." The target population of newcomers (Canada <5years) was determined after applying the Health Equity Impact Assessment (HEIA) scoping questions to several groups of pregnant women with complex social factors, who traditionally have not accessed MLHU prenatal services. In December 2015, London began welcoming Syrian newcomers, accepting the third-largest number of Syrian refugees of any Ontario municipality, with the majority of adult women coming to London being of reproductive age. In light of this local context and an identified need from consultation with community partners, the initial pilot session of the PiP will deliver tailored prenatal programming to Arabic speaking newcomers who have lived in Canada for less than one year.

In preparation for this pilot, the Reproductive Health Team has been working in partnership with the Cross Cultural Learner Centre, the South London Neighbourhood Resource Centre, and the Muslim Resource Centre for Social Support and Integration to determine the prenatal support and education needs of Arabic speaking newcomers, primarily from Syria. The first pilot PiP series, based on the Smart Start for Babies model and designed to meet the specific needs of Arabic speaking newcomers, will begin in mid-July 2016. The weekly program will run in partnership with the South London Neighbourhood Resource Centre. In order to address commonly identified barriers to accessing prenatal programming the pilot will provide childminding services, Arabic interpretation, and culturally tailored content. Group sessions will include content about health literacy (defined as access, understanding, and use of pregnancy- and parenting-related health information, and the ability to navigate the Canadian health care system) delivered by Public Health Nurses, and food literacy skill building delivered by a Registered Dietician from the Reproductive Health Team. In addition, Nurse Practitioner services will be provided by the Nurse Practitioner from the Nurse Family Partnership Team. Evaluation of client needs and success of the program will be ongoing.

## Update on Patients First

The draft legislation to enact the changes proposed in the Patients First discussion paper was introduced in the Provincial Parliament on Thursday, June 2. The changes require Medical Officers of Health(MOH's) and Boards of Health (through staff) to provide guidance to Local Health Integration Networks (LHIN's) on health care system planning. They also require LHIN's to consult with MOH's during key planning processes such as the development of their Integrated Health Services Plans. However, the proposed changes were adjusted in part as a response to recommendations by Boards of Health and the Association of Local Public Health Agencies (alPHA) provided through the Ministry of Health and Long-Term Care's related consultation process. In particular, the legislation does not transfer funding and accountability roles for public health units into LHIN's. As such, MLHU's funding and accountability agreements will continue to be negotiated directly with the Ministry. The proposed legislation also includes the changes to Community Care Access Centres and primary care that were envisioned in the Patients First discussion paper. See [Appendix A](#) for alPHA's summary of the proposed changes.



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