

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health  
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 May 18

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## SUMMARY INFORMATION REPORT FOR MAY

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 028-17 re: Summary Information Report for May 2017, for information.*

### **Key Points**

- On April 19, 2017, in consultation with the Ministry of Children and Youth Services (MCYS), the Best Beginnings Team implemented a waitlist for the Healthy Babies Healthy Children (HBHC) program.
- To support the renewal of a Federal Tobacco Control Strategy, Health Unit staff attended the [National Forum on the Future of Tobacco Control in Canada](#) to discuss a nationwide vision for tobacco control.

### **Healthy Babies Healthy Children (HBHC) Waitlist**

The Best Beginnings Team provides high-risk home visiting services to pregnant women and families with children from birth until transition to school who are at risk for less-than-optimal growth and development. There are currently two Public Health Nurses (PHNs) on medical leave; this, along with increased workload issues, has affected the ability to fully respond to new referrals. On April 19, 2017, in consultation with the Ministry of Children and Youth Services (MCYS), a waitlist for the HBHC program was implemented. The following waitlist measures have been implemented:

- Prenatal referrals will receive a waitlist letter with information on available supports and resources, and will be discharged, with the following exceptions:
  - Referrals requiring interpreters will be contacted and assigned a PHN for a home visit;
  - Referrals from Health Care Providers and Smart Start for Babies will be called to assess for priority and will receive appropriate follow-up; and
  - Self-referrals will be assessed for priority and put on the waitlist accordingly.
- Postpartum referrals will be contacted to assess for priority and will be assigned a PHN for a home visit or be placed on the waitlist. Families will be contacted weekly while on the waitlist to reassess priority.
- Postpartum referrals with urgent breastfeeding needs who are able to attend a breastfeeding appointment will be referred to the Early Years Team for follow-up.
- Early Childhood referrals will receive a letter providing information about the waitlist and available community resources. A bi-weekly follow-up phone call will be completed to reassess priority.

Since the waitlist's implementation, postpartum clients have been contacted within a day of being on the waitlist, while prenatal and Early Childhood clients have waited one to three weeks to obtain services. Prioritization processes are intended to ensure the most at-risk populations receive services they require. The waitlist is reviewed weekly, at minimum. It is hoped that the implementation of a waitlist for home visiting services will be a temporary measure. There will be ongoing communication with MCYS regarding the HBHC waitlist status.

## Public Consultation to Support the Renewal of a Federal Tobacco Control Strategy

Despite significant advancements in tobacco control in Ontario and across Canada, a Canadian dies from a tobacco-related illness every fourteen minutes; that's 37,000 Canadians per year. Despite our efforts, according to the 2015 Canadian Community Health Status Survey, 17.7% of Canadians aged 12 and older, roughly 5.3 million people, smoked either daily or occasionally. In Middlesex-London in 2013–14, 15% of adults aged 12 years and older were current smokers (smoked in the past thirty days). To gather public and stakeholder input into the future of tobacco control in Canada, the Government of Canada launched a seven-week public consultation to support the renewal of the Federal Tobacco Control Strategy. The proposed federal strategy seeks to reduce Canada's rate of tobacco use to less than 5% by 2035. To meet this ambitious goal, the strategy requires aggressive, sustained measures. The public consultation process is part of a comprehensive approach, which the federal government is taking to better protect Canadians from nicotine addiction and tobacco use. This approach includes plain and standardized tobacco product packaging, the regulation of vaping (e-cigarette) products and the development and implementation of socially and culturally appropriate tobacco control projects with Indigenous peoples. Health Canada invited the Health Unit's Southwest Tobacco Control Area Network (SWTCAN) manager to represent MLHU and SWTCAN at the [National Forum on the Future of Tobacco Control in Canada](#), which convened tobacco control leaders and researchers to discuss a future vision for tobacco control.



Dr. Gayane Hovhannisyan, MD, PhD, FRCPC  
Acting Chief Medical Officer of Health



Laura Di Cesare, CHRE  
Acting Chief Executive Officer