

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

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INTENT TO RECONSIDER ELIGIBILITY CRITERIA FOR THE HEALTHY BABIES HEALTHY CHILDREN (HBHC) PROGRAM

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 046-19 re: “Intent to Reconsider Eligibility Criteria for the Healthy Babies Healthy Children (HBHC) Program” for information; and*
- 2) Endorse staff communicating with the Ministry of Children, Community and Social Services regarding MLHU’s intent to reconsider eligibility criteria for the Healthy Babies Healthy Children (HBHC) program.*

Key Points

- The HBHC Screen is a 36-item validated tool used to identify families who would benefit from the blended home visiting program.
- In order to optimize capacity to support those families experiencing the most significant challenges in a timely manner, MLHU aims to explore the feasibility of revising HBHC eligibility criteria.
- Should MLHU proceed with reconsidering the HBHC eligibility criteria, communication of this intent to the Ministry of Children, Community and Social Services is advisable.

Background

Healthy Babies Healthy Children (HBHC) is a provincial program funded 100% by the Ministry of Children, Community and Social Services (MCCSS). Public Health Nurses and Family Home Visitors provide targeted program approaches to support families in this blended home visiting program. Services within HBHC are available to eligible families who are pregnant and/or have children from birth up to school age. Program components include service and system integration, access to information and resources, early identification and intervention screening, assessment, blended home visiting services, service coordination, referral to/from community services, and research and evaluation. The program intends to optimize newborn and child healthy growth and development and reduce health inequities for families receiving services. The HBHC program significantly supports the achievement of requirements under the OPHS Healthy Growth and Development Standard.

HBHC Screen

Screening using the Ministry-provided HBHC screening tool is the first step in identifying families and children who may be experiencing challenges that increase the risk of compromised healthy child development, and who would benefit from a more in-depth assessment. The screening process focuses on risk identification for families who might benefit from HBHC Program home visiting services and enabling efficient and timely access to support. Currently, “with risk” is indicated by a score of two or more on the HBHC Screen. The HBHC Screen ([Appendix A](#)) is a validated tool that may be used universally during three stages: prenatal screening occurs before a baby is born; postpartum screening occurs prior to discharge from the hospital; and early childhood screening can occur at any time from six weeks until school entry.

- In 2018, 56.9% of infants screened in Middlesex-London were identified with risk (score ≥ 2).
- In 2018, 56.9% of infants screened in the postpartum period in Middlesex-London were identified with risk (score ≥ 2). The percentage has decreased slightly over time between 2015 and 2018.
- From 2013 to 2018, 17.6% of infants screened during the postpartum period received a score of 0 and 22.8% received a score of 1.
- Among the 56.9% of infants identified with risk:
 - 72.5% had a score between 2 and 4;
 - 23.4% had a score between 5 and 9; and
 - 4.1% had a score of 10 or more.

The five screening questions most often yielding “with risk” assessments during the postpartum period were:

- Experienced a previous loss (pregnancy or baby)? (31.8%)
- Complications during labour and delivery? (28.6%)
- Client or parenting partner has a history of depression, anxiety, or other mental illness? (27.3%)
- Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy? (24.6%)
- Health conditions/medical complications during pregnancy that impact infant (e.g., diabetes)? (16.1%)

HBHC Program Challenges and Potential Solutions

Since February 2018, the HBHC program has had a waitlist (see the [March 2018 BOH Report](#)), with clients waiting anywhere from one to four weeks for services. The impact on timely access to service is a concern, particularly for families experiencing significant challenges.

Several mitigation strategies have been implemented since initiation of the waitlist, with limited success. The MLHU Board of Health co-submitted a resolution for consideration at the ALPHA Annual General Meeting requesting ALPHA to approach MCCSS for additional HBHC funding (see [March 2019 BOH Report No. 023-19](#)). Recently a detailed process-mapping exercise was completed, which identified a number of possible process change solutions that are expected to have a positive impact once implemented over the next few months.

In addition to process changes, the Healthy Start Division is interested in exploring the possibility of revising eligibility criteria for the program. Several other health units are engaging in a process to review their screening data, and additional evidence related to risk (e.g., research related to Adverse Childhood Experiences, or ACES), for the purpose of determining whether revising the HBHC eligibility criteria is warranted. Some health units have already completed this process and implemented eligibility criteria changes. If eligibility criteria are changed from what is outlined in the HBHC Protocol, communication to MCCSS would be required.

Next Steps

With Board of Health approval, the Healthy Start Division will inform MCCSS of its intent to actively explore the feasibility of revising eligibility criteria for the HBHC program, based on local context, literature, and the analysis already underway or completed by several other health units. Once this exploration is completed, ensuing recommendations will be brought forward to the Board.

This report was submitted by the Healthy Start Division and the Population Health Assessment and Surveillance Team.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health/CEO