

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 February 27

INITIAL RESULTS OF MODIFICATION OF ELIGIBILITY CRITERIA FOR THE HEALTHY BABIES HEALTHY CHILDREN (HBHC) PROGRAM

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 008-20 re: “Initial Results of Modification of Eligibility Criteria for the Healthy Babies Healthy Children (HBHC) Program” for information;*
- 2) *Endorse continuing with the current modified eligibility criteria for the HBHC Program for six months to gather additional data and explore the suitability of further modification; and*
- 3) *Endorse communication with the Ministry of Children, Community and Social Services regarding the intent to modify eligibility criteria for the Healthy Babies Healthy Children program for six months.*

Key Points

- The HBHC Screen is a 36-item validated tool used to identify families who would benefit from the Blended Home Visiting program.
- Pilot modification of the Screen’s eligibility criteria for the HBHC program in the context of a significant waitlist, resulted in the conversion approximately one third of “with risk” postpartum screens to “without risk.” Virtually all received support from other Healthy Start programs.
- Proposed next steps include communication with MCCSS and continued modification of the HBHC screening criteria for the next six months, with enhanced data collection to assess implications.

Background

The Ministry-mandated HBHC screening tool is used to identify families and children experiencing challenges that may increase their risk of compromised healthy child development, and who may benefit from an in-depth assessment. The HBHC Screen ([Appendix A](#)) is a 36-item validated tool, which can be used universally during three stages: prenatal screening (before a baby is born); postpartum screening (prior to discharge from the hospital); and early childhood screening (any time from six weeks until school entry). At the Health Unit, the HBHC program had an intermittent waitlist from April 2017 to February 2018, and a continuous waitlist from February 2018 to the present ([Report No. 018-18](#)). In June 2019, the Board approved exploration of HBHC program eligibility criteria revision in order to ensure that the most vulnerable clients were receiving care ([Report No. 046-19](#)).

The HBHC Screen assesses risk factors in the following areas: pregnancy and birth, family, parenting, and infant/child development. A risk score is tallied from the responses, and those scoring 2 or more are considered “with risk.” Each “yes” on the screen is assigned a score of 1, except question 36. Question 36 examines the health care professional’s concern(s) and observations of the client and family, and is automatically scored as 2 with a “yes” response. Postpartum clients who score 2 or higher on the HBHC Screen are referred to the HBHC program for further assessment and follow-up. Clients who score less than

2 are provided with information related to the postpartum period and referred to the Early Years Team for breastfeeding support, as needed.

Further Analysis

Following Board of Health approval in June 2019, managers contacted other health units that had revised HBHC program eligibility criteria to more fully understand the analyses they had completed and their rationale in making decisions. Subsequently, further analysis of postpartum HBHC screening results was conducted using data from 2013 to 2017, and 2017 to 2018. Analysis of postpartum HBHC screenings and in-depth assessments (IDA), HBHC scores by IDA rating, IDA risk rating by HBHC screen question, and risk factor combinations with an HBHC screen score of 2, was completed; limitations of the data were considered. These data were then used to analyze the potential impact of seven alternate screening strategies. These strategies were considered, and one selected for piloting. Support and expertise from the Population Health Assessment and Surveillance Team were critical to this analysis and planning work.

Results of Modified Screen

Per the selected strategy for HBHC eligibility criteria modification, any answer of “yes” to questions 1–7 and 9 was scored as 0; this essentially meant these questions were no longer included when calculating the final screening score. Scoring for the remainder of the screen remained unchanged.

Piloting of this modification was initiated on December 24, 2019. Data from this date until February 3, 2020, were used to complete an initial analysis of the implications of the modified criteria. During this period, there were 252 postpartum screens, with 161 scoring “with risk,” 72 scoring “without risk,” and 19 with no information using the original eligibility criteria. Of the 161 “with risk,” 57 (35%) were no longer considered “with risk” when using the revised criteria. This finding was consistent with what had been predicted when considering this alternate screening approach. Of the 57 screens that converted from “with risk” to “without risk,” 55 clients consented to a follow-up postpartum phone call from a Public Health Nurse on the Early Years Team, and 18 went on to receive a home visit for breastfeeding support. Only one was referred to the Best Beginning Team for assessment of need for the HBHC program. Analysis of screens that converted from an original score of 2, 3, or 4 (“with risk”) to a score of 0 or 1 (“without risk”) was also completed. None of the converted screens scored “yes” on more than one of the questions highlighted in yellow ([Appendix B](#)).

Next Steps

With approval from the Board of Health, the Healthy Start Division will share the results of the modified eligibility pilot with MCCSS, and will continue with this alternate screening approach for the next six months. During this time, data will continue to be collected to enable further analysis of the implications of this approach. Steps will also be taken to explore whether there are any additional items on the HBHC Screen that could reasonably be included with those items that score 0 with a “yes” response. Should any indications arise, during the six months, that clients are experiencing negative impacts from this alternate screening approach, eligibility will revert to the original criteria.

This report was submitted by the Healthy Start Division.



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