

Community and Family Health Department

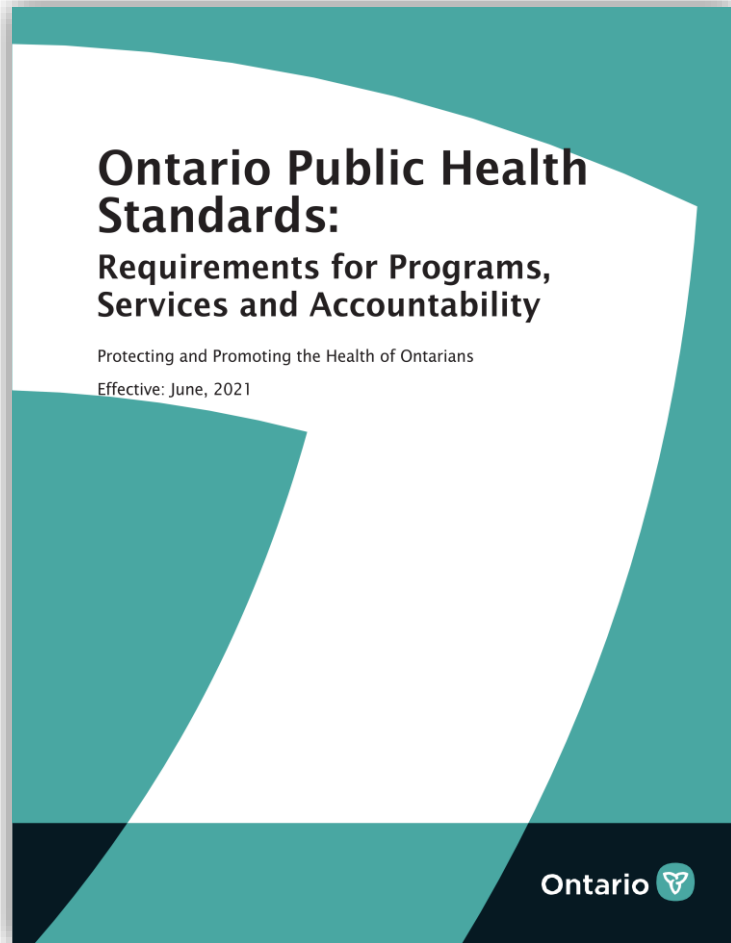
Board of Health Orientation

2023



simcoe
muskoka
DISTRICT HEALTH UNIT

Ontario Public Health Standards Goals



Chronic Disease Prevention and Well-Being:

- To reduce the burden of chronic diseases of public health importance and improve well-being. (OPHS, 2021, p.29)

Healthy Growth and Development:

- To achieve optimal preconception, pregnancy, newborn, child, youth, parental and family health. (OPHS, 2018, p. 36)
- To optimize newborn and child healthy growth and development and reduce health inequities for families receiving services. (HBHC Program Protocol, 2018, p. 2)

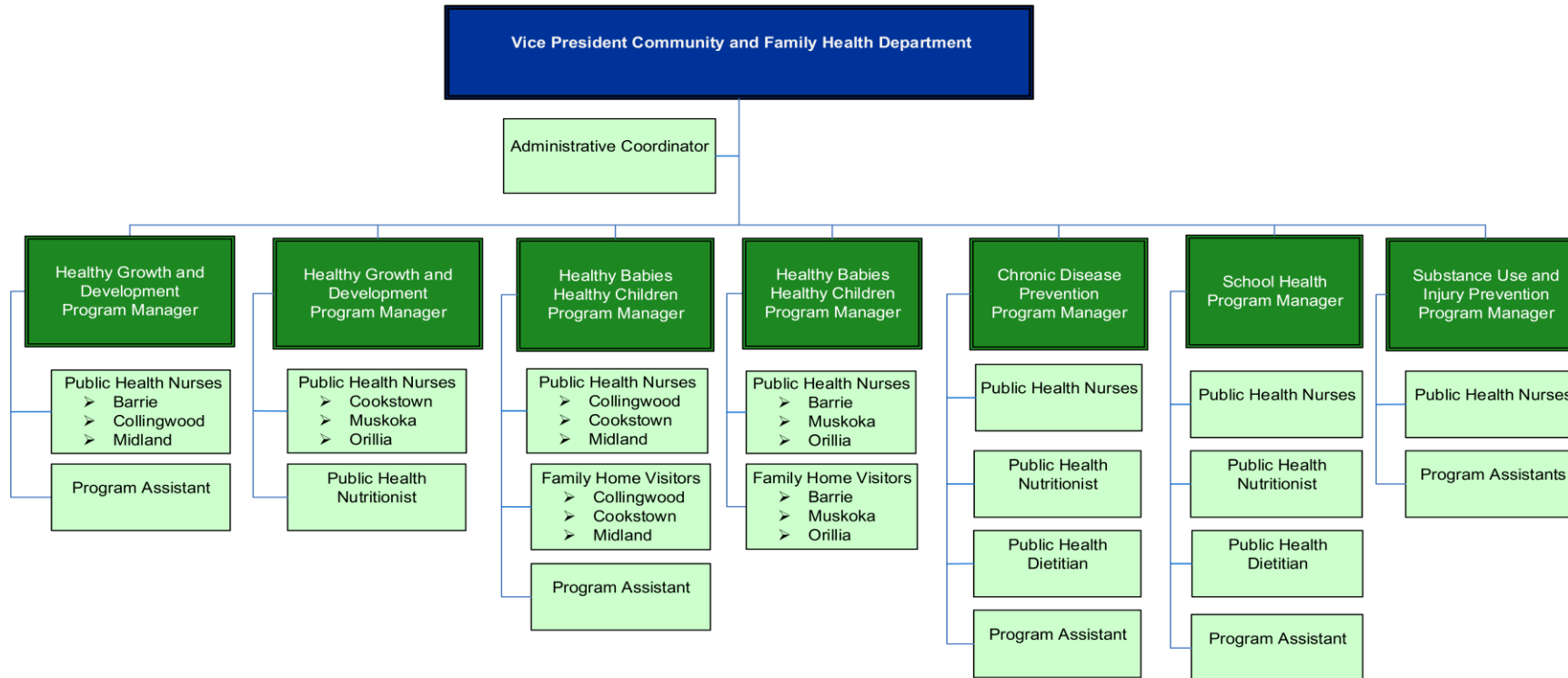
School Health:

- To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools. (OPHS, 2018, p. 51)

Substance Use and Injury Prevention:

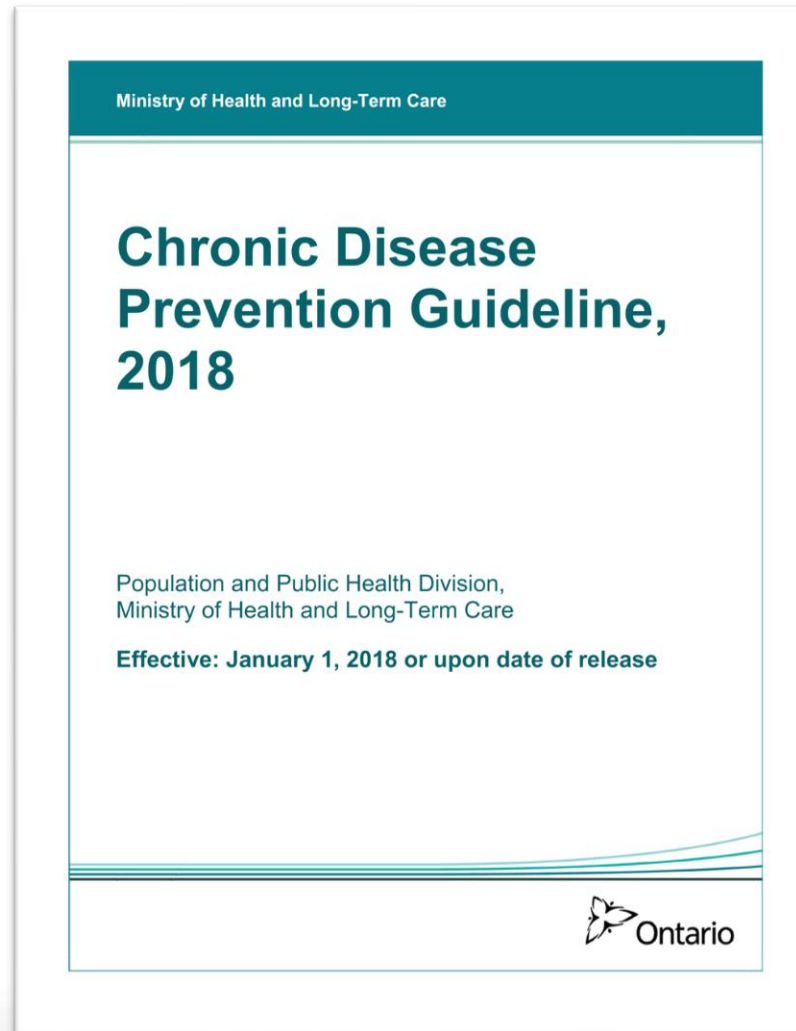
- To reduce the burden of preventable injuries and of substance use. (OPHS, 2018, p. 55)

Community and Family Health Organizational Chart



Chronic Disease Prevention Program Staffing

- Program Manager
- Public Health Nurses
- Public Health Nutritionist
- Public Health Dietitian
- Program Assistant



Physical Activity

- **Healthy Community Design**
(including physical activity input into official plans, master plans and other policy and planning documents)
- [Simcoe Muskoka On the Move](#)
(Regional Active School Travel Initiative)
- **Naturalized Outdoor Play Environments**
in School and Municipal settings

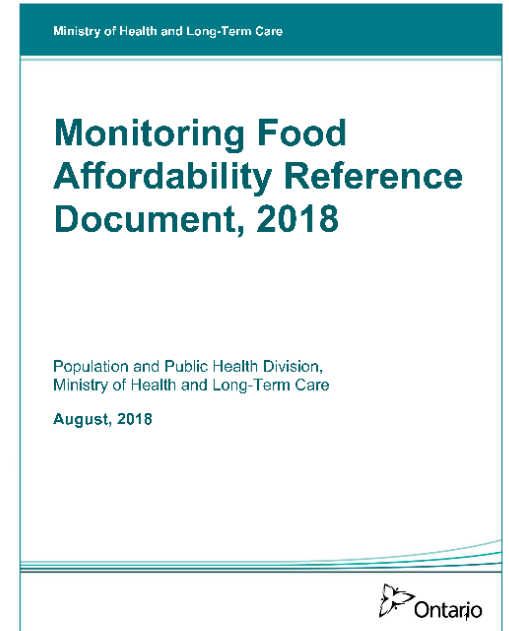
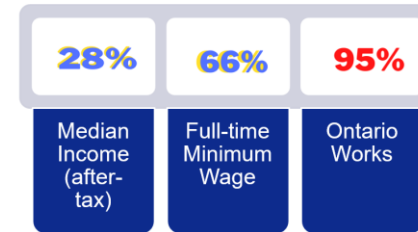


Healthy Eating and Food Security

- Household Food Insecurity
([No Money for Food is Cent\\$less](#))
- [The Real Cost of Unaffordable Food](#)
- Sustainable Food Systems
(including input healthy eating and food systems input into official plans, master plans and other policy and planning documents)
- Food Literacy

IS INCOME ENOUGH TO PAY FOR HEALTHY FOOD AND RENT?

• No, not for everyone



Food prices increased 11.4%; highest since 1981

CANADA | News

These are the food items that increased the most in price in October



Extensive Partnerships

Local

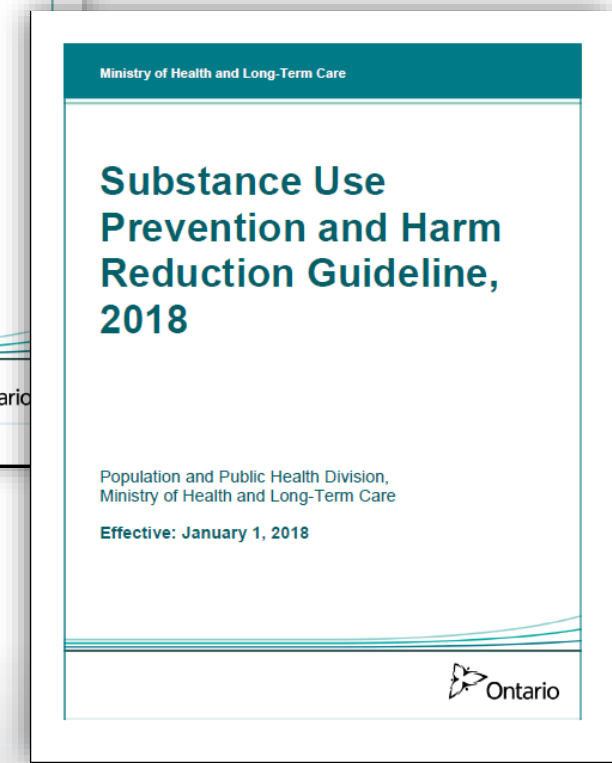
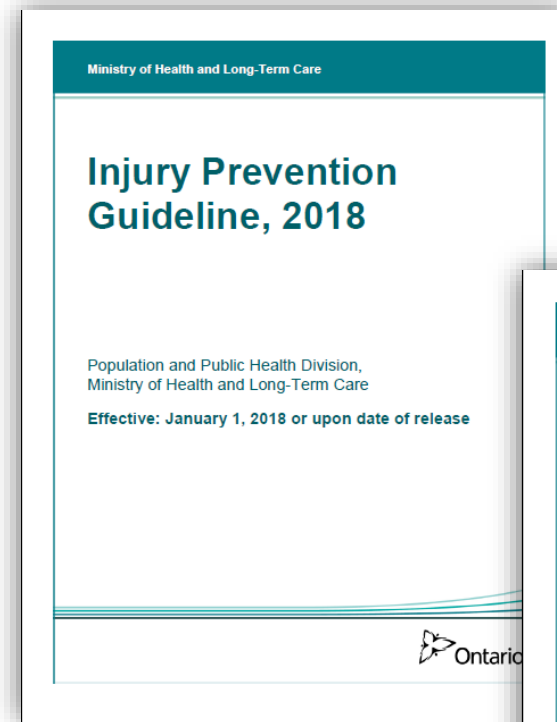
- Municipalities: Upper Tier, Lower Tier, and Separated Cities (examples)
 - Wasaga Beach Healthy Communities Network
 - Wasaga Beach Green Rx
 - Barrie AT and Sustainability Committee
 - Orillia AT Committee
 - Midland AT Committee
 - Seniors Committees
 - Numerous municipal contacts and consultations
- Schools Boards and Schools (related to On the Move and Naturalized Play Environments)
- Community Groups (examples)
 - Simcoe County Food Council
 - Orillia Food Council
 - Urban Pantry
 - Community Trail Committees

Provincial

- Ontario CDP Management in Public Health
- Ontario Dietitians in Public Health (ODPH)
 - Food Insecurity Workgroup
 - NMFFIC subgroup
 - Food Systems Workgroup
 - Food Affordability Monitoring Workgroup
- Ontario Physical Activity Promoters in Public Health
- Central East Physical Activity Network
- OPHA Built Environment Workgroup


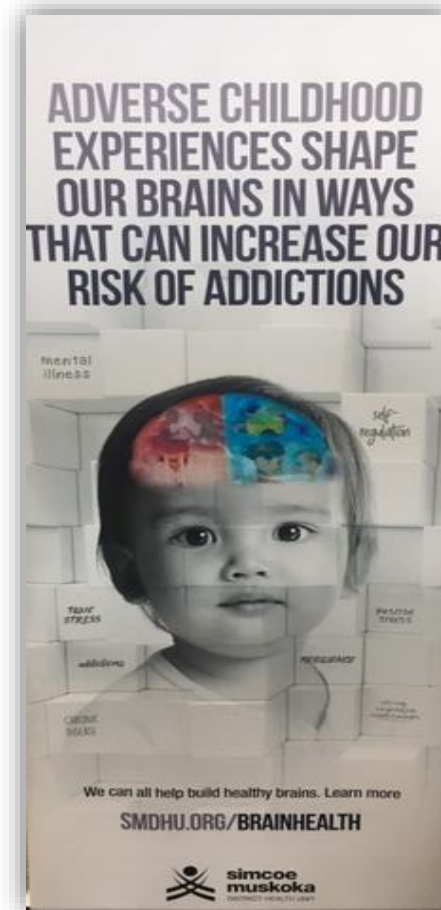
Substance Use Injury Prevention Program Staffing

- Program Manager
- Public Health Nurses
- Program Assistants



Substance Use

- Promotion of new Canadian Guidance on Alcohol and Health and Lower-Risk Cannabis Use Guidelines
- Prevention addressed through activities that include understanding the root causes of addiction
- Education and awareness of health harms
- Healthy alcohol and cannabis policy advocacy



You are invited to participate in a workshop on:
Preventing Harmful Substance Use through Promoting Healthy Brain Development

Date: Wednesday, May 8th, 2019, Time: 9:00 a.m. - 3:30 p.m.
Location: Simcoe County District School Board, 1170 ON-26, Midhurst, Roy Edwards Room

Lifelong health is determined by more than just our genes: experiences early in life and at other sensitive periods of development change our brains in ways that make us more or less vulnerable to health problems across the lifespan including addictions.


Keynote Presenter: Dr. Nicole Sherrin, Ph.D. in Neuroscience, Scientific Director and Senior Program Officer with the Palix Foundation. Her research focus includes experience-based brain development, neurodevelopmental disorders, and brain plasticity.

REGISTRATION IS FREE and includes lunch and refreshments.
Please select from the following options when registering: Gluten Free Vegetarian Meat

To Register: Contact Pamela DeChamplain at pamela.dechamplain@smdhu.org by April 22nd 2019.
(We encourage you to register early as spaces are limited. We are looking to have broad community representation and will confirm your reserved space via email).

Who should attend? This workshop is designed primarily for individuals in health care, policy-making, academia, justice, education, social work, and child care. However, anyone interested in brain development, mental health, and addiction is likely to find the content interesting and is encouraged to attend.

Supported by SMDU



Harm Reduction

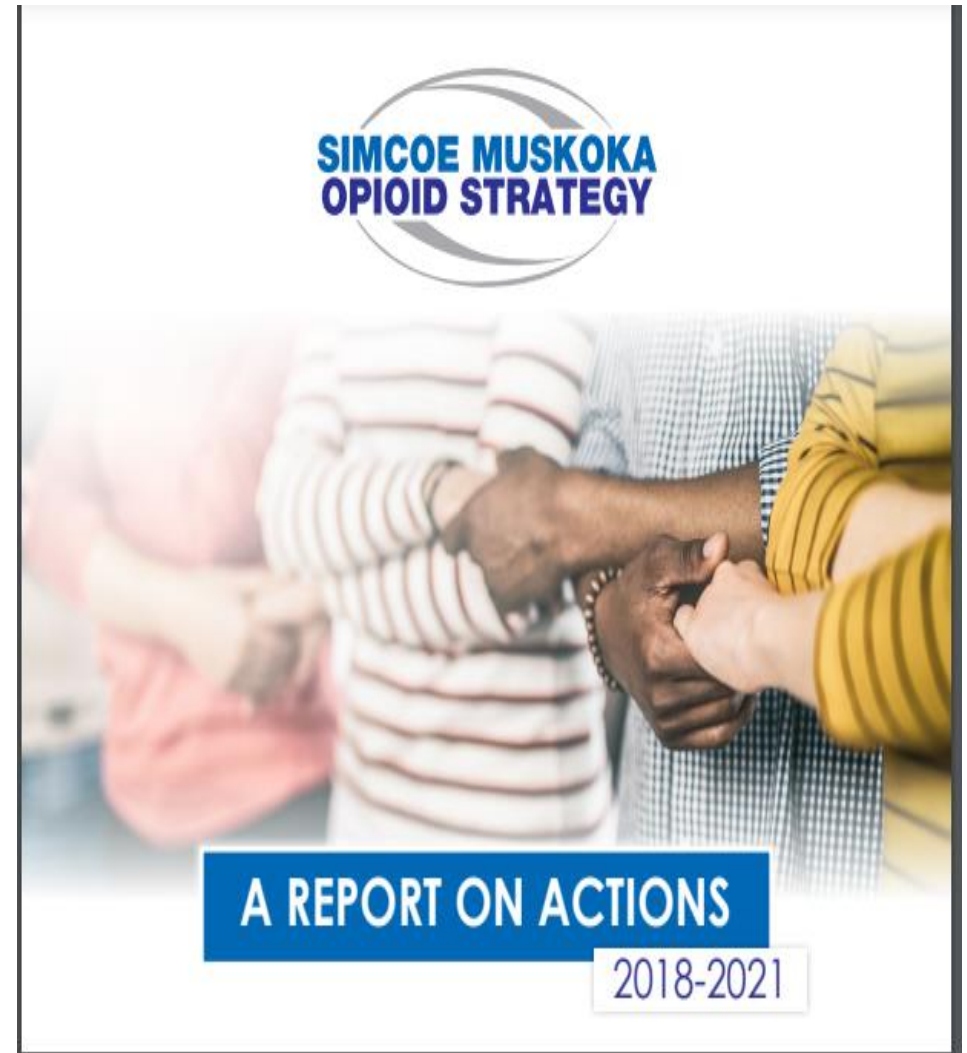
Needle Exchange Program

- Reduce transmission of HIV, Hepatitis B and C
- Educate people who use drugs of risks involved in sharing and reusing needles, smoking and other drug paraphernalia
- Provide a supportive, safe environment that encourages clients to access health, counselling and social services
- Expand access to supplies through partnership building



Harm Reduction

- Leadership in Regional Drug Strategy
- Leadership in Consumption and Treatment Service Site(CTS) Advocacy and Community Engagement/Education
- Core Site for Naloxone Distribution through the Ontario Naloxone Program



Injury Prevention

- Falls Prevention through promotion and support for optimal aging and wellness for seniors
- Working with local stakeholders to address risk and protective factors around suicide prevention and life promotion
- Respond to community needs related to Road, Off Road & Water Safety

If you have questions call
YOUR HEALTH CONNECTION
and speak with a public health nurse

705-721-7520
or 1-877-721-7520

Monday to Friday 8:30 to 4:30
www.simcoemuskokahealth.org


Your Health Connection

Or you can speak with:

- your doctor
- your pharmacist
- your Community Care Access Centre
- your medical supply dealer

Staying Independent
A Falls Prevention Checklist

Did you know?

- ✓ Falls are predictable and can be prevented
- ✓ Most falls happen in and around the home
- ✓ Fear of falling and inactivity can lead to the loss of independence
- ✓ 40% of all nursing home admissions occur as a result of a fall

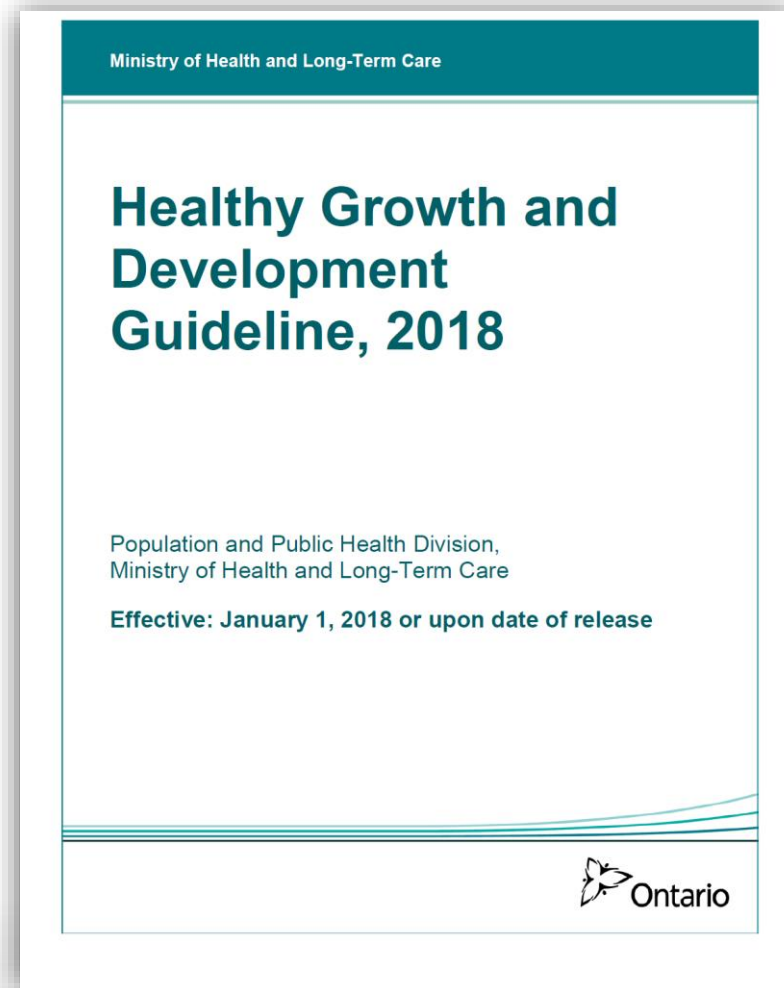
Use this checklist to make your home a safer place to live.



Photo courtesy of Health Canada
Revised Jan. 2013

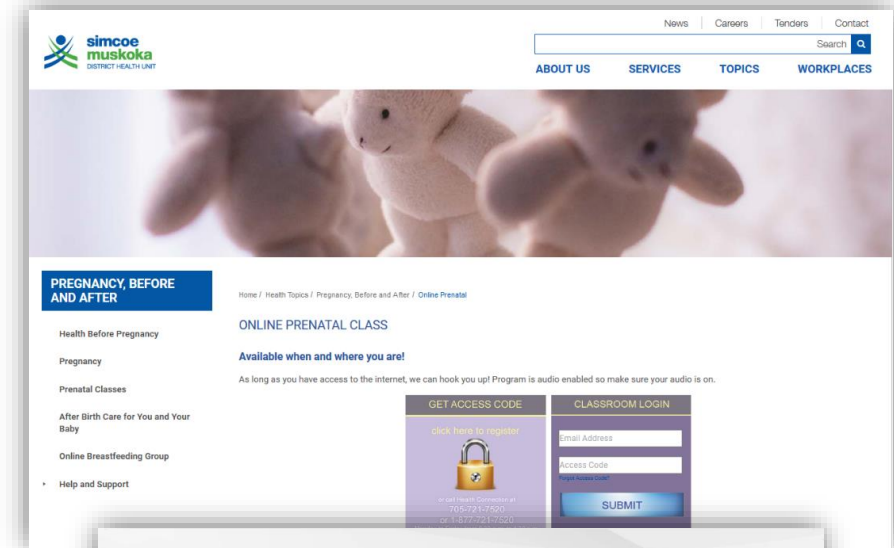
Healthy Growth and Development Program Staffing

- Program Managers
- Public Health Nurses
- Public Health Nutritionist
- Program Assistant



Preconception Health Preparation for Parenthood

- Collaborate with other internal programs on preconception health topics
- Prenatal classes
 - in-person and online
 - Nurturing your baby
 - Keeping your baby safe
 - Feeding your baby
 - Becoming a parent
 - What life will be like with baby in the first few weeks
- PHN participation at CPNP



**PARENTING AND PREGNANCY
SUPPORT RIGHT NOW!**

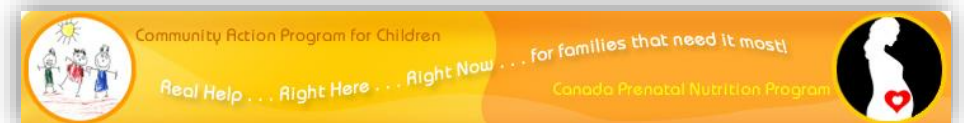
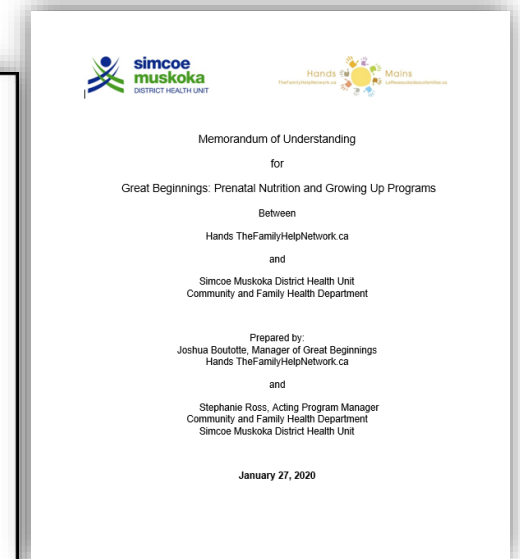
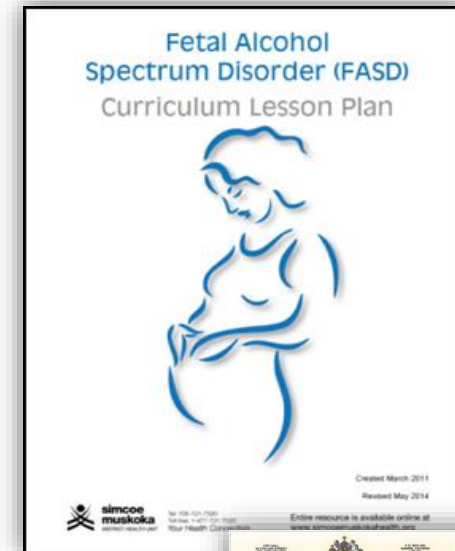
MotherCare: Canada Prenatal Nutrition Program (CPNP)

This program is offered to pregnant individuals and gives participants the opportunity to learn about nutrition and healthy eating during pregnancy, pre and postnatal health and wellness, breastfeeding, and newborn care and needs. Participants who attend programs will also have access to:

- Prenatal vitamins
- Vitamin D drops for breastfed infants
- A \$20 grocery gift card weekly
- Public Health Nurse and Registered Dietitian support

Healthy Pregnancy Collaboration

- Canada Prenatal Nutrition Program
 - Mothercare-Simcoe
 - Great Beginnings-Muskoka
- Capacity Building: Outreach Local Health Care Providers
- Community Coalitions
- Maintain health professional portal web content and registration
- Local capacity building events/conferences
- Healthy Pregnancy: FASD Prevention
- Community Awareness raising events



Breastfeeding/Infant Feeding

- Breastfeeding Infant Feeding Direct Service
- Provide 20 hour WHO course for Health Care Providers
- Collaboration and capacity building with community partners
- Client Resources - Electronic and Print
- Crib Cards
- Promotion of Breast/Infant Feeding Services
- Surveillance



Free Supports and Services
Public Health Nurses are available to support you:
- Health Connection telephone support
- Barrie breastfeeding drop-in program
129 Ferris Lane, Barrie EarlyON Centre (Wed, 1:00 - 2:30)
705-721-7520 or 1-877-721-7520 ~www.smdhu.org

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INTRODUCING...

Baby's Name _____
Parent's Name(s) _____
Birth Date _____
Birth Weight _____ Time _____
Doctor/Midwife _____ Birth Length _____

NEAR NORTH BABY-FRIENDLY INITIATIVE

The Online Breastfeeding Group

Wednesdays from 1:00-2:30 pm

The Online Breastfeeding Group is a place for new parents living in Simcoe County and the District of Muskoka to talk, share and encourage each other during their breastfeeding experience.

Public health nurses will provide support and answer questions on infant feeding, infant care, developmental stages and parenting.

To register, visit smdhu.org/obg

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www.simcoemuskokahealth.org

Baby Friendly Initiative

SMDHU achieved designation as a Baby-Friendly Community Health Service in 2017

Implement best practices to protect, promote and support breastfeeding and support all families feed their babies no matter how they are feeding.

KEY MESSAGES

Breastfeeding is important because:

- It lowers risk of disease/illness in children and for the breastfeeding parent.
- It's free, environmentally friendly, and safe and secure food source in emergencies.
- Children need only breastmilk until 6 months of age and can continue breastfeeding 2 or more years and should start eating other foods at 6 months.



Growth and Development

Healthy Eating

- Infant & Early Years Nutrition Programming/Services

Physical Activity and Sleep

- 24-hour movement guidelines promotion
- Safe Sleep Education and Capacity Building

General Growth and Development

- Developmental screening for families in our services as requested
- Referrals to developmental services

Child Care

- Staff Education and Policy Development

HEALTHY IS AS EASY AS 1 2 3

Do you have a toddler (18 months-3 years) or preschooler (3-5 years)? You can count on these tips to keep your child healthy.

- 1 move more**
It's play time! Your toddler needs **1 hour** of energetic play every day (running, jumping, skipping, climbing).
- 2 drink up**
Your toddler needs **2-3 cups** of 16 oz. or 20 oz. water every day.
- 3 eat healthy**
Your toddler needs **3 meals** and **2-3 snacks** at regular times each day. Colour on a plate to good variety of food at meal and snack time.

Screen time should be limited to 1 hour per day.

You can limit your toddler's screen time to **2 years** or more.

A good night's sleep is key. Your toddler needs **10-13 hours of sleep** in the 24 hours.

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Canadian 24-Hour Movement Guidelines for the Early Years (0-4 years)

For healthy growth and development, infants, toddlers, and preschoolers should achieve the recommended balance of physical activity, high-quality sedentary behaviour, and sufficient sleep.

A healthy 24 hours includes:

MOVE	SLEEP	SIT
INFANTS (LESS THAN 1 YEAR) Being physically active several times in a variety of ways, particularly through interactive floor-based play—more is better. For those not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day while awake.	14 to 17 hours (for those aged 0-3 months) or 12 to 14 hours (for those aged 4-11 months) of good-quality sleep, including naps.	Not being restrained for more than 1 hour at a time (e.g., in a stroller or high chair). Screen time is not recommended. When sedentary, engaging in pursuits such as reading and storytelling with a caregiver is encouraged.
TODDLERS (1-2 YEARS) At least 180 minutes spent in a variety of physical activities at any intensity, including energetic play, spread throughout the day—more is better.	11 to 14 hours of good-quality sleep, including naps, with consistent bedtimes and wake-up times.	Not being restrained for more than 1 hour at a time (e.g., in a stroller or high chair) or sitting for extended periods. For those younger than 2 years, sedentary screen time is not recommended. For those aged 2 years, sedentary screen time should be no more than 1 hour—less is better. When sedentary, engaging in pursuits such as reading and storytelling with a caregiver is encouraged.
PRESCHOOLERS (3-4 YEARS) At least 180 minutes spent in a variety of physical activities spread throughout the day, of which at least 60 minutes is energetic play—more is better.	10 to 13 hours of good-quality sleep, which may include a nap, with consistent bedtimes and wake-up times.	Not being restrained for more than 1 hour at a time (e.g., in a stroller or car seat) or sitting for extended periods. Sedentary screen time should be no more than 1 hour—less is better. When sedentary, engaging in pursuits such as reading and storytelling with a caregiver is encouraged.

Replacing time restrained or sedentary screen time with additional energetic play, and trading indoor for outdoor time, while preserving sufficient sleep, can provide greater health benefits.

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What is Shaken Baby Syndrome?

Shaken Baby Syndrome is a condition that occurs when a baby is shaken violently. Shaking is a potentially fatal form of child abuse. If a baby is shaken with force, it can lead to a lifetime of problems:

- Shaking can damage a child's brain.
- Shaking can cause permanent disabilities like blindness or paralysis.
- Shaking can even cause death.

Never, never shake a baby! Shaking can damage your baby's brain and may cause death. No child, at any age, should be shaken.

When babies cry, you may want to cry too... This is normal! Being a parent or caregiver is not easy. A baby's constant crying can be stressful and can be a dangerous trigger for you. Sometimes there is no reason for the baby crying, and there is nothing you can do.

A baby crying is normal

Here's what you should know about crying babies:

- Most babies cry often: 80-90% of babies have crying spells lasting 20-40 minutes or longer. This does not mean that your baby has colic.
- Most babies cry more at night, sometimes for an hour or longer.
- Most babies have at least one fussy period each day, often in the evening.
- Most babies cry more at 6-8 weeks than at birth.
- Most parents or caregivers will feel angry, frustrated and will cry themselves.
- In the first 5-6 months, it is normal for a baby's crying to increase in intensity, and the baby may not be consolable.

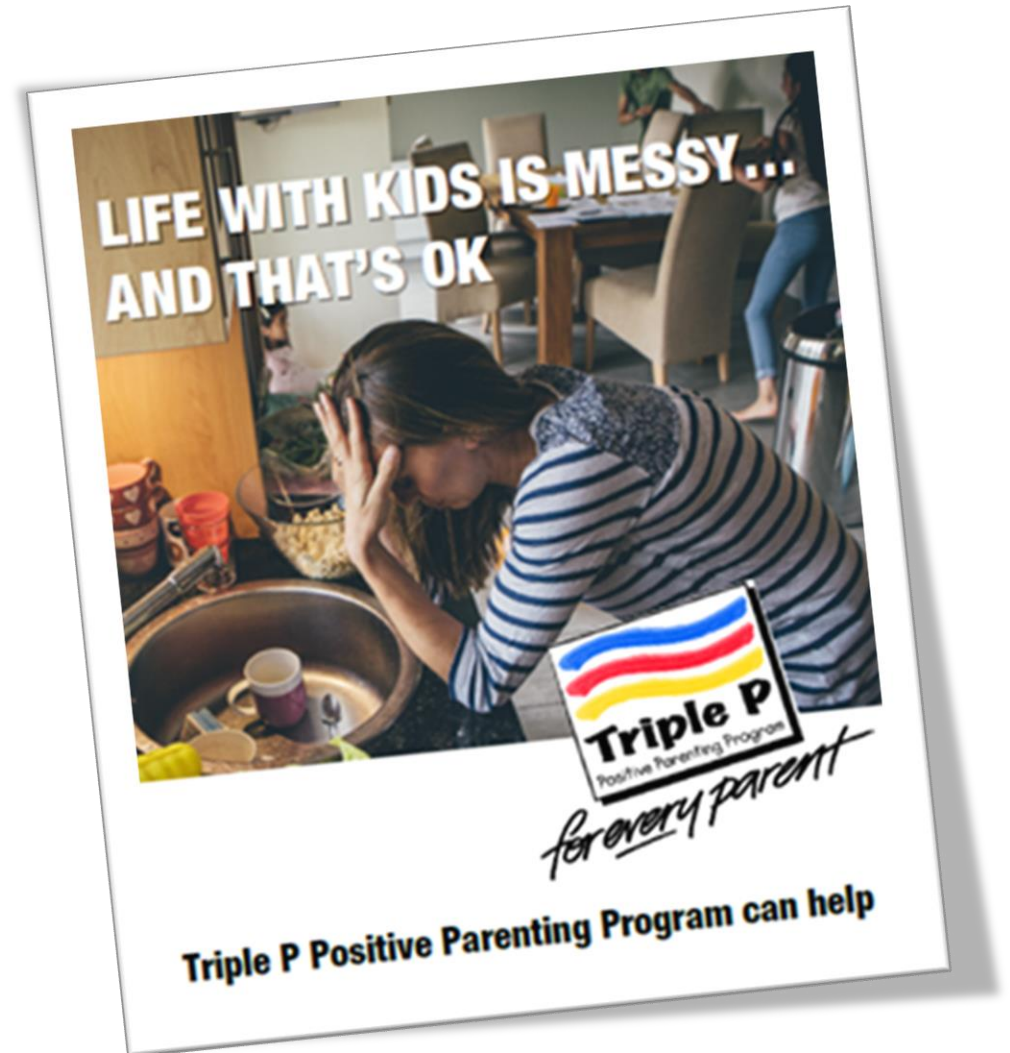
Sometimes it is okay to put the baby in the crib and let the baby cry for a short time to give yourself a break. Try to call someone for help during these stressful times.

For more information call Your Health Connection at the Simcoe Muskoka District Health Unit, 705-721-7520 or 1-877-721-7520 (not free).

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Positive Parenting

- Positive Parenting Program (Triple P)
Parenting skills education for parents of children 2 to 16
- Community Collaboration
- Parenting education on a variety of topics
- Complete Positive Parenting Literature review and inform decision making re: current service delivery plans



Mental Health Promotion

- NSMLHIN perinatal mood disorder
 - primary care outreach as needed
- Screening, support services for parents experiencing perinatal mood disorders or symptoms
- Focus on Infant and Early Mental Health
- Support Mental Health Promotion - SMDHU internal planning
- Revisions of PPMD protocols

This Care Pathway provides a recommended approach for the identification, assessment and monitoring of mental health issues for pregnant and postpartum people in Ontario. This tool **does not** replace individualized assessment, and clinical judgment is required to ensure safe, effective, equitable and inclusive treatment of your patient.

ASK ABOUT THE WELL-BEING OF THE PREGNANT OR POSTPARTUM PERSON AT EVERY VISIT TO IDENTIFY THE NEED FOR MENTAL HEALTH SUPPORT AND TREATMENT

- Ask about mood and well-being of the pregnant or postpartum person at each visit and consider input from partner's circle of care. Assessment Tools can be used including the Generalized Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9) and Edinburgh Perinatal/Postnatal Depression Scale (EPDS) (see table below).
- Initiate a dialogue to understand the context of the person's mental health within their own unique situation with a lens on equity, diversity and inclusion.
- Identify factors that precipitate or exacerbate mental health symptoms (e.g., lack of support, financial difficulties, domestic violence, alcohol or substance use disorders, etc.)

2. ADVISE BY PROVIDING EDUCATION ON PERINATAL MENTAL HEALTH AND ARRANGE SUPPORT TO MITIGATE FACTORS THAT ARE AFFECTING MENTAL HEALTH

- Provide information about mental health problems in pregnancy and postpartum, how common they are and that effective treatments are available.
- Discuss strategies to increase practical and emotional social support, improve night-time sleep and incorporate regular meals and physical activity. These factors may improve mental health on their own for those with mild or subclinical symptoms and in conjunction with mental health treatments for those with problems that are more severe.
- Link to community supports.
- Across Ontario, the [Healthy Babies Healthy Children \(HBHC\)](#) program is a free program delivered through Ontario's public health units in partnership with hospitals and other community partners to help families receive supports and services to enhance mental health, self-care and parenting capacity in the community. Arrange assistance in addressing precipitating and perpetuating factors, including resources available in the community to provide support (e.g., accessing financial, legal and domestic violence support, and accessing care for substance use disorders).

ASSESS THE SEVERITY OF THE MENTAL HEALTH CONCERN ASSIST BY RECOMMENDING OR IMPLEMENTING A TREATMENT STEP (SEE DETAILS ON PAGE 2)	MILD	MODERATE	SEVERE	URGENT
Assess Identify and Symptom Level Assessment Tools (Depression & Anxiety OHLI)*	Mild or few, but persistent symptoms, minimal impact on day-to-day function	Multiple symptoms, persistent, impacting day-to-day function and quality of life	Many symptoms, persistent, significant impact on day-to-day function and quality of life	Psychosis, mania, or risk of harm to self or others
Score	Score = 5-9	Score = 10-14	Score = 15 or more or QID > 0	Not applicable
PHQ-9 (Anxiety)	Score = 5-9	Score = 10-14	Score = 15 or more or QID > 0	Not applicable
EPDS (Depression and Anxiety)	Score = 10-12	Score = 13-18	Score = 19 or more or QID > 0	Intent or plan for suicide
Initial Suggested Treatment Step	Treatment Step 1 (If very mild, can monitor and reassess at 2-4 week intervals)	Treatment Step 2	Treatment Step 3 or 4	Treatment Step 4

**Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7), Edinburgh Postnatal Depression Scale (EPDS) - Scores are a guide only, clinical assessment is required.*

ARRANGE FOLLOW-UPS TO MONITOR RECOMMENDED TREATMENT PLAN. MAKE MODIFICATIONS OR CHANGES TO TREATMENT STEPS AS REQUIRED

- Address barriers to treatment, update, review risk factors and discuss progress to determine whether new level of Treatment Step is required.
- Frequency of initial follow-up should be at minimum every two weeks during active treatment phase (4 weeks). More frequent contact may be required if there is a higher severity of illness or medication is prescribed, and may be less frequent as symptoms improve. Be clear about which health professional is providing follow-up care.
- Use the assessment tools to monitor symptoms. Scores on a GAD-7 > 5, PHQ-9 > 5 or EPDS > 10 at least two assessments in a row suggest escalation.
- Follow patient to re-assess. Follow the individual on medication treatment for at least six months or longer after remission to assess need for ongoing treatment.

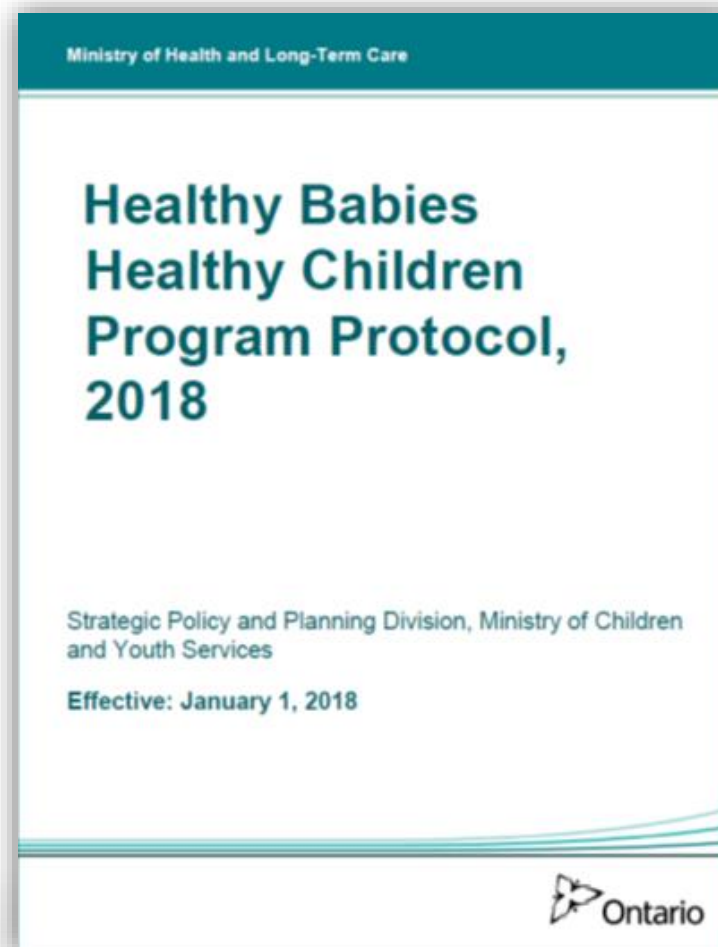
TREATMENT STEP	FOCUS OF INTERVENTION	INTERVENTIONS BY TYPE AND RECOMMENDED RESOURCES	Peer support (e.g., mother-to-mother support) and Supportive Counselling (e.g., public health nurse facilitated support group)
TREATMENT STEP 1 Psychosocial Interventions Community Support	• Common mental health concerns such as depression or anxiety, where symptoms are mild or subclinical (may be taking a watch-and-wait approach)	Self-help (perinatal-specific) • Self-directed workbooks for depression • Pregnancy Depression • Coping with Depression during Pregnancy and Following the Birth • Self-directed workbooks for anxiety • Coping with Anxiety during Pregnancy and Following the Birth • The Pregnancy & Postpartum Anxiety Workbook	• Postpartum Support International • Ontario-specific resources • Healthy Babies, Healthy Children (online, self and physician referral accepted)
TREATMENT STEP 2 Psychological Interventions Self or Health Care Provider Pharm and Antidepressant Medication	• Common mental health concerns of mild severity that do not meet with Step 1 interventions AND • Common mental health concerns of moderate severity or greater.	Cognitive Behavioral Therapy (CBT) and Interpersonal and Problem Solving Therapies (IPT) • Self-help treatments for perinatal depression and anxiety • Mother Matters : Online therapist-facilitated discussion board and therapy group for postpartum depression/anxiety (free in Ontario) • iEAC-ON digital therapy (Internet-based CBT (free in Ontario), therapist available with perinatal expertise) Medication (within scope of primary care provider) • Antidepressant can be used (and/or psychological intervention) when: (1) psychological intervention alone is insufficient (2) symptoms are severe, or (3) preferred by the person	Additional Resources: • Postpartum Support International (for public and private services) • Local resources (e.g., Family Health Teams, Ontario Structured Psychotherapy Program, private services) • Psychology Ontario (Ontario database) • Connections (Ontario mental health database) Additional Resources: • Canadian Network for Mood and Anxiety Treatments • Information on antidepressants in pregnancy and lactation: Healthy Babies, Healthy Children
TREATMENT STEP 3 Additional Specialized Interventions	• Mild or moderate mental health concerns that do not remit with Step 2 • Severe mental health concerns (e.g., severe depression, bipolar disorder or schizophrenia)	• Provider to Psychiatrist e-consultation for support around treatment recommendations: Ontario Telemedicine Network • Refer to specialized perinatal program for direct patient-provider consultation (Check lists at Public Health Units in Ontario) • Refer to local acute care institution for symptomatic treatment (ensure-stimulation electroconvulsive therapy) or for partial (day program) or full hospitalization	Additional Resources: • Additional medication options (see Canadian Network for Mood and Anxiety Treatments) • When specialized perinatal mental health care is unavailable, refer to local hospital specialty psychiatric services for specialized psychotherapy and pharmacological management and follow-up • pharmacological management and follow-up • pharmacological management and follow-up • pharmacological management and follow-up
TREATMENT STEP 4 Expert Care and Hospitalization	• Suspected mania or psychosis • Discloses intention or plan for suicide, self-harm or harm to fetus/infant	• Immediate Action/ Urgent Risk assessment - Safety First: A person with possible mania, psychosis and/or thoughts of harming self or baby should NOT be alone or with baby until an appropriate assessment is complete. Many pregnant and postpartum individuals do have "mommy" thoughts of harm coming to their baby with no "action" intent. Each provider will have a different level of comfort with this assessment. • Provider is concerned about mania, psychosis or harm to self or others. Institute plan to transfer patient for emergency psychiatric assessment. HDs can complete an Ontario application for extended assessment (Eggs & Mental Health's AID). Call emergency services if concern about harm to child. • Provider assesses that there is no active intent or plan for harm to self or others, and that patient has appropriate support, as well as capacity to access crisis services if symptoms worsen acutely. Mobilize patient's support system. Ensure the individual has contact information for crisis services. • Maintain close follow-up, follow treatment (Steps 2 and 3) as appropriate. • Maintain and update plan of action with patient and patient's support system, including providers in patient's circle of care.	Additional Resources: • Canadian Network for Mood and Anxiety Treatments • Information on antidepressants in pregnancy and lactation: Healthy Babies, Healthy Children

Your feedback is important! The Provincial Council for Maternal and Child Health is dedicated to improving the usability of this tool and the accompanying guidance document. We encourage healthcare providers using this tool to submit feedback via an online survey by scanning the QR code or clicking the link [online here](#).

Healthy Babies Healthy Children (HBHC) Program

Healthy Growth and Development Standard states:

- The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2018
- To optimize newborn and child healthy growth and development and reduce health inequities for families receiving services (HBHC Program Protocol, 2018, p. 2)



HBHC Program Staffing

- Program Managers,
 - Public Health Nurses
 - Family Home Visitors
 - Program Assistant
- Over several years, HBHC has struggled to meet the needs and demands for service leading to waitlisting of clients
 - 100% of funding is through the Ministry of Children, Community and Social Services.

HBHC Program

- Prevention and early intervention program
- Support individuals and families at risk related to healthy child development and/or parenting
- Support families in prenatal and early childhood (targeted) and universally in the postpartum period

EARLY CHILD DEVELOPMENT

HEALTHY BABIES HEALTHY CHILDREN



Home visits help you learn about:

- having a healthy pregnancy and birth
- connecting with your baby
- how you can help your child grow and develop
- breastfeeding, food and healthy nutrition
- taking care of yourself and your family
- other services available for you and your child in your community

Participation in the program is voluntary. To find out more, contact your local health unit ontario.ca/publichealth

Parenting tips for the first few months

The early years of your child's life are a very exciting time. Your baby is learning about you and the world around them. You are your baby's best teacher. How you care, talk and play with your infant will influence how your child learns and grows.

Supporting you and your child

Having a baby is an exciting and challenging time. You may have a lot of questions and need help adjusting to life with a new baby. Ontario's Healthy Babies Healthy Children program provides home visits to parents who need more support during pregnancy, after your baby is born and as your child grows.

(continued on reverse)

HBHC – Agency Priority

- Program has been considered a Level A agency priority during COVID-19 recovery, as identified within the SMDHU Recovery Framework (2021)
 - Impacts of Pandemic = increased need for support for vulnerable families
 - Increased financial and housing burden
 - Increased mental health challenges
 - Decreased access to community programs and supports
 - Home visiting with families resumed in spring 2022 after full program re-deployment in late 2021

HBHC Program Components

These components can occur, with client consent, during the prenatal, postpartum and early childhood periods:

- Screening
- Assessment
- Support services
- Blended home visiting
- Service planning and coordination
- Referrals and/or recommendations
- Participation in service and system integration
- Evaluation and Research

ISCIS Family ID Number: _____

Healthy Babies Healthy Children Screen

HBHC Screening Stage: Prenatal Postnatal Early Childhood (greater than 6 wks of age)

Ontario

Sex: _____ Parity: _____ Gravida: _____ Appar 1min: _____ Appar 5min: _____

Birth Weight: _____ Birth Type: _____ Feeding: _____
 Vaginal C-section Breastfeeding Formula Both

Discharge Weight: _____ Gestation: _____ Discharge Date Mother: _____ Discharge Date Baby: _____

Referral (if applicable):
 Child Protection Services Lactation Consultant/Breastfeeding support HBHC
 Other (Please Specify): _____

Reason for left blank: A requires further assessment, B client declined to answer, C unable to assess

Section A: Pregnancy & Birth

	Yes	No	Reason for left blank
1) Multiple birth?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
*2) Premature? (born at less than 37 weeks gestation)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
*3) Was the birth weight less than 1500g?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
*4) Was the birth weight more than 4000g?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
*5) Apgar score of less than 5 at five minutes?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
6) Health conditions/medical complications during pregnancy that impact infant? (e.g. diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please List: _____			
*7) Complications during labour and delivery? (e.g. emergency caesarean, infant trauma or illness such as respiratory distress syndrome, difficult vaginal birth including forceps or vacuum, scheduled caesarean due to complications)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please List: _____			
8) Maternal smoking of cigarettes during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
9) Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
10) Maternal alcohol use during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
11) Maternal drug use during pregnancy? (Include information on illegal drug use and prescription drugs that impact on activities of daily living or are teratogenic)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please List: _____			
12) No prenatal care before sixth month?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Section B: Family

Mother

13) Is less than 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
14) Was less than 18 years old when first child was born?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
15) Experienced a previous loss? (pregnancy or baby)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
16) Is a single parent?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
17) Mother and/or child do NOT have a designated primary care provider?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
18) Does NOT have an OHIP number?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
19) Did NOT complete high school?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Infant/Child

20) Congenital or acquired health challenge?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please List: _____			
*21) Maternal separation from infant greater than 5 days? (Please specify reason: _____)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Partner/Father/Support Person

22) Father/partner/support person is NOT involved with care of baby/child?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
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Section C: Parenting

	Yes	No	Reason for left blank
23) Client cannot identify support person to assist with parenting of the baby/child?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
24) Client cannot identify support person to assist with care of the baby/child?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
25) Client or family in need of newcomer support?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
26) Client has concerns about money to pay for housing/rent and family's food, clothing, utilities and other basic necessities?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
27) Client or parenting partner has a history of depression, anxiety, or other mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
28) Client or parenting partner has a disability that may impact parenting?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
29) Client expresses concern about their ability to parent baby/child?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
30) Client expresses concern about their ability to care for baby/child?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
31) Client's relationship with parenting partner is strained? (evidence of relationship stress observed)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
32) Client or parenting partner has been involved with Child Protection Services as a parent?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
*33) Client expresses that baby/child is difficult to manage?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
*34) Client's response patterns are inconsistent or inappropriate to the baby's/child's cues? (evidence of inappropriate responses observed)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Section D: Infant/Child Development

*35) Parent(s) identified a risk factor? (e.g., hearing, speech and language, communication skills, social development, emotional development behaviour, motor skills, vision, cognitive development, self help skills)	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please List: _____			

Section E: Health Care Professional Observations

36) Health care professional has concerns about the wellbeing of client and/or baby/child?	<input type="checkbox"/>	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
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Additional Comments: _____

Client consents to release of information and participation in the HBHC program? Y N

Signature(s) of health care professional(s) completing screen with client: _____ Date: _____

Please print name: _____

Professional Title: RN NP Midwife MD Other (Specify): _____

HBHC Screen, Version 9.0

HBHC Blended Home Visiting Services Family Service Plan Goals

Home visits provided by a public health nurse (PHN) and lay home visitor (Family Home Visitor) to consenting families following an in-depth assessment. Goals include the following:

- Optimal growth and development
- Optimal prenatal health/parental health
- Breastfeeding
- Attachment, relationships
- Positive parenting
- Addiction/dependency management
- Education/employment
- Settlement/cultural adaptation
- Financial stability
- Housing stability
- Life skills
- Nutrition, food security
- Self-care
- Safe environment

Referrals

Referrals and/or recommendations to community services for families with children

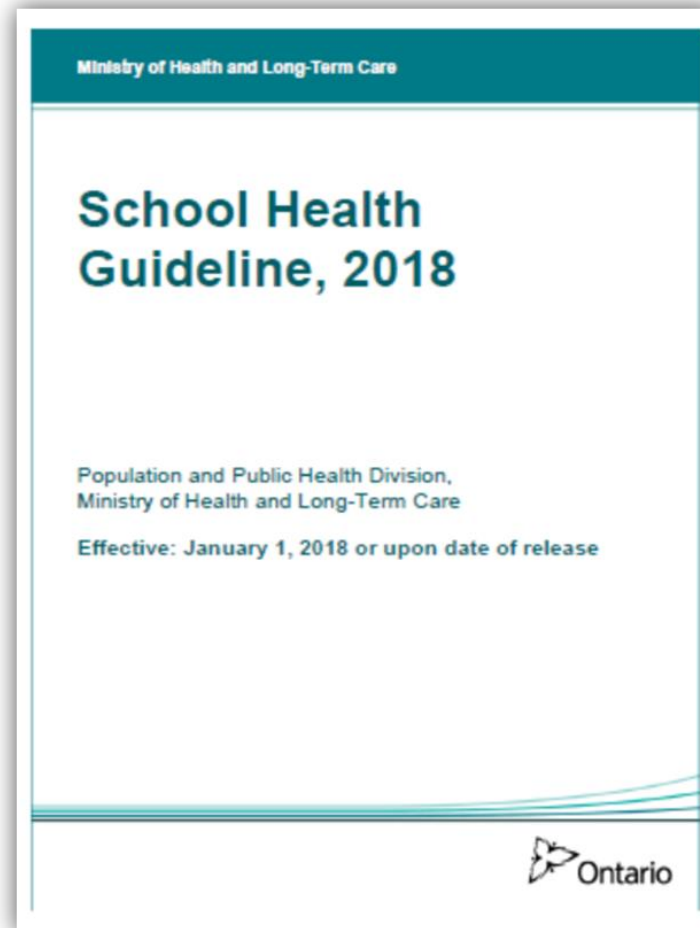


Hands
TheFamilyHelpNetwork.ca



School Health Program Staffing

- Program Manager
- Public Health Nurses
- Public Health Nutritionist
- Public Health Dietitian
- Program Assistant



School Health

The Goal:

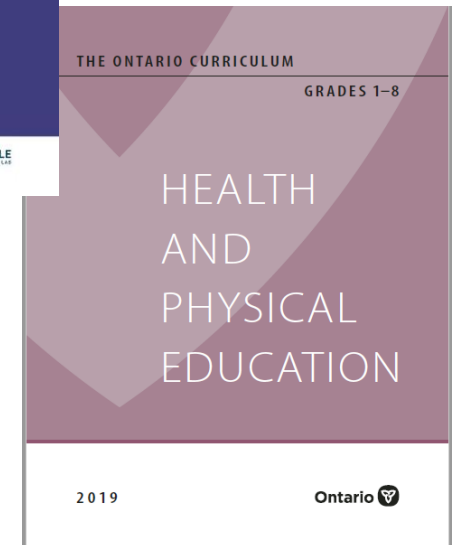
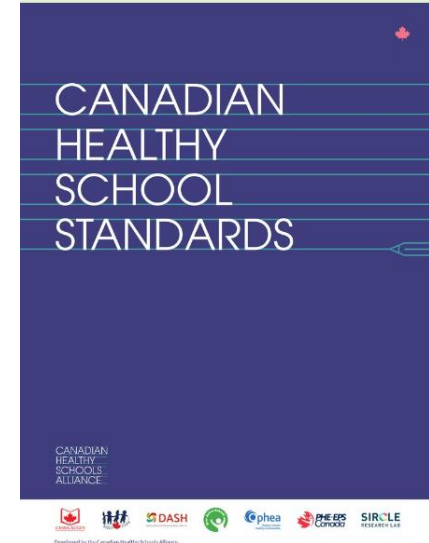
To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools (OPHS, 2018).

Interventions are implemented in accordance with relevant guidelines including:

- Chronic Disease Prevention
- Health Equity
- Injury Prevention
- Healthy Growth and Development
- Mental Health Promotion
- School Health
- Substance Use Prevention and Harm Reduction

Healthy Schools

- [Online Information and Resources](#) for Administrators and Educators related to school health
- Outreach to all publicly funded schools
- School community assessments
- Formation and support of Healthy Schools committees
- Comprehensive School Health Action Planning and Evaluation
- Supporting Home, School and Community Partnerships e.g. COMPASS (Community Partners and Schools)
- Parenting Education and Engagement
- Health Education – Support for implementation of curriculum



SMDHU PHN School Board Liaison

- Internal Assessment and Consultation (SMDHU)
- External Assessment and Consultation (school board)
- Relationship/Partnership Building
- Advocacy
- Health Education
- Data Collection & Research
- Policy Development and Implementation Support



Promoting Positive Mental Health in Schools

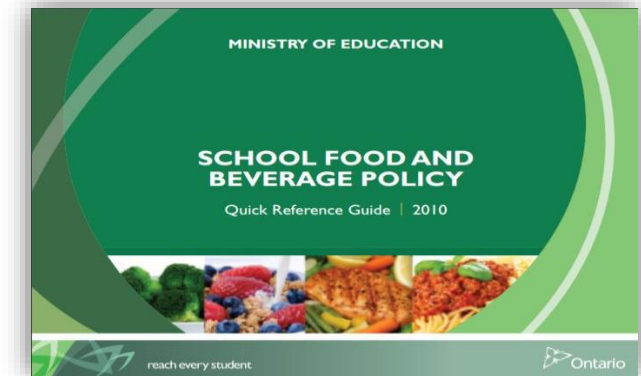
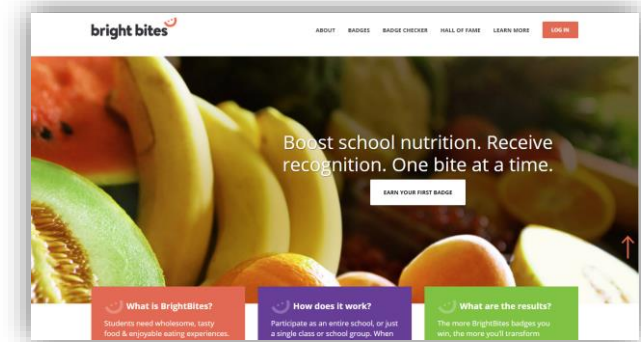
School Health PHNs support student positive mental health and well-being through the implementation of the following initiatives:

- Mental Health Promotion & Support
- Whole school (Tier 1 universal) approaches
- Promotion of Resilience via Developmental Assets[®] & Developmental Relationships[®]
- Kids Have Stress Too
- Healthy Playground Activity Leaders in Schools (Healthy P.A.L.S.)



Healthy School Nutrition Environments

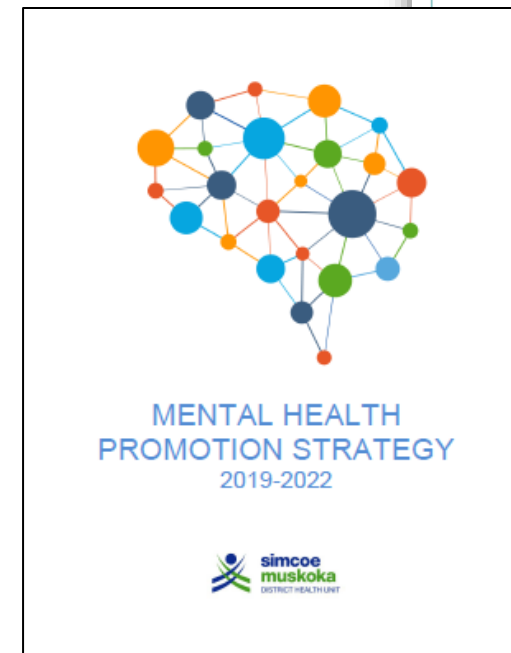
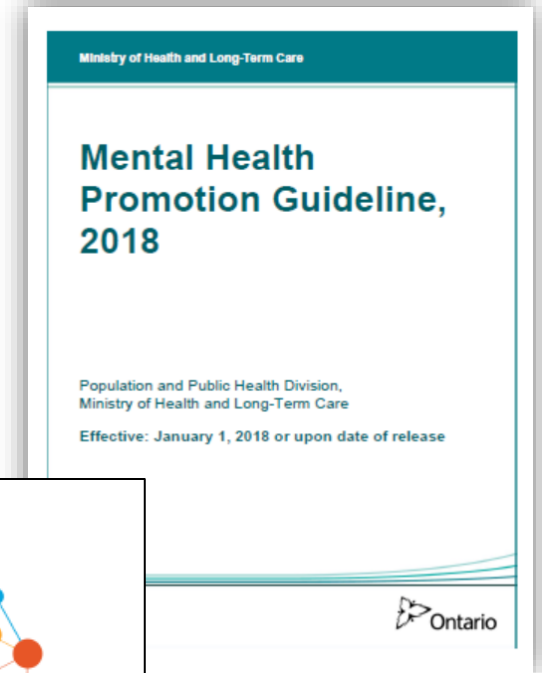
- Bright Bites Support and Promotion
- Support School Nutrition Programs (SNP)
- School Food and Beverage Policy Implementation Support
- Food safety in schools
- You're the Chef (YTC)
- Assist schools to adopt a comprehensive school health model that supports healthy eating habits
- Support Initiatives related to Food Insecurity



Mental Health Promotion Strategy

Department-Wide Priority :

- CFH Department has agency leadership on implementation of OPHS Mental Health Promotion Guideline requirements and led agency development of the Strategy
- Agency-wide Mental Health Promotion Committee approved to re-commence during agency recovery phase
- Embedding mental health promotion strategies and approaches across public health programs and services. (see Section 6.1)
- Seeking opportunities to offer mental health promotion programs and services across the life course. (see Section 6.2)
- Seeking opportunities to implement whole-population and community-based interventions, particularly for cross-cutting issues. (see Section 6.3)



Contact

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