

2016 PPH Program Monitoring and Evaluation Report

Healthy Parenting and Early Childhood Development (HPECD)

Healthy Parenting & Early Childhood Development

The prenatal period through the first five years of life are critically important to a child's healthy development and strongly influence success later in life. Healthy pregnancies, breastfeeding and healthy nutrition, parental mental well-being, safe nurturing environments and positive parenting are the most powerful influences on healthy child development.

The HPECD program area includes the delivery of a number of core PH services and programs including Prenatal and Postnatal Public Health Nursing Services, Families First Home Visiting, the Healthy Baby Program, Prenatal Connections and Partners for Inner-City Integrated Prenatal Care(PIIPC). Two Public health Nurses lead the WRHA Baby-Friendly Initiative Community Committee.

1. Key Highlights

- Launch and implementation of the Provincial Prenatal Postpartum and Early Childhood Public Health Nursing Standards
- Implementation of the Professional Practice Model (PPM) for Public Health Nursing in June 2016
- Move of the Healthy Baby Site from Isaac Brock Community Centre to Orioles Community Centre every other week in Fall 2016 to provide better access to structurally disadvantaged families
- Completion of the Prenatal Connections Program Evaluation
- Presented the Prenatal Connections Evaluation results at the Paths for Equity conference in May 2016
- Prenatal Connections recommended as a "Leading Practice" during April 2016 Accreditation visit
- Healthy Parenting Facilitator position added to Prenatal Connections team
- Completion of the PIIPC research project in November 2016 (stopped enrolling clients in March 2015) and establishment of the PIIPC Network
- 331 new families enrolled in the FF program. On average 480 families receive weekly visits by a Families First Home Visitor.
- 26 % of WRHA clients declined an offer to enrol in the Families First program. This represents a 2% improvement from 2013.
- Reallocation of 2.5 EFT FFHV positions to reduce inequities in access to Families First Home Visiting services
- Partnership with Healthy Child Manitoba, Mamawi wi chi itata and Wabung Abinoonjiiag in delivering the Families First Program through these two Indigenous Organizations. Project ended March 2017. Participation of staff and leadership in various Co – Creation sessions with Boldness and ongoing PH – Boldness collaboration meetings
- Peer-led breastfeeding group in Pt. Douglas renamed NOON NII YOW AS SO SOO OU with the help of a cultural advisor from the Aboriginal Health and Wellness Centre and with the support of women elders from the Sakgeeng First Nations community.

- WRHA Position Statement on Breastfeeding and Workplace Breastfeeding Policy drafted
- “Breastfeeding Welcome” Signs posted in public areas of Access Centres
- “BFI online module” converted to LMS and made available across the province. PPH admin staff to complete in 2017.

2. Overview of Activity

Key Priorities

- PHN PPM, Provincial Standards and PHN reallocation were simultaneously implemented to focus PHN work on reducing inequities and improving population health. 2016 data suggests that PHNs are prioritizing work to serve disadvantaged families. Families First Screens completed for 93% of all postpartum referrals (2013 was 92%). Parent Survey’s completed for 89% of positive FFS (2013 was 75%). (Further details can be found under Significant Changes)
- HPECD Program monitoring framework was created in 2015. Ehealth, CSIS and program working together to develop a key indicator report and develop requirements for other key HPECD program monitoring reports. The reports developed by Momentum in March 2016 have limited functionality and may need to be redeveloped
- The Partners for Integrated Inner-City Prenatal Care project ended in the spring of 2016. A PIIPC Network with membership from existing as well as other interested service providers has been developed to maintain and expand the PIIPC model of care to all women at risk for inadequate prenatal care.
- The development of the “HPECD website” was approved to move forward, with the intention of the HPECD content being the first portion of a larger Public Health website. The HPECD website will support our continued effort to focus service time and resources with clients experiencing disadvantage. The HPECD content development working group was created and is busy writing content for the website.
- The WRHA Regional Breastfeeding Guidelines for the Healthy Full-Term Infant (2013) are currently under revision. WRHA Breastfeeding Guidelines for Healthy Full-Term Infant suggest operationalizing the BFI 10 Steps and WHO Code. The 10 Steps are evidence informed and recognize that breastfeeding contributes to “safe motherhood, child survival and primary health care in general” (BCC 10 Step Practice Outcome Indicators, 2012)
- The “Service Standard on Infant Feeding Informed Choice” is to be incorporated into PPH practice including PHN, Community Dietitians and Families First Home Visitors. This Service Standard was developed in collaboration to include an Indigenous perspective with special consideration for unique populations to ensure service delivery in a culturally appropriate manner and with an equity focus. This Standard has been put forward to the Professional Advisory Committee for approval of evidence informed tools. The implementation of this Service Standard is to be explored with Primary Care and Midwifery.

PPH Strategic Approaches

Closing the Gaps in Indigenous Health

- Sacred Babies – “Our Children-Sacred Gifts from the Creator” (an Infant Survival Guide) was developed by the Strengthening Families Home Visiting Program (Sister program to Families First in 16 First Nation communities in Manitoba). FF staff received training on how to deliver this content in a culturally safe and competent way by Lea Mutch, Clinical Nurse Specialist and Indigenous Health Lead.
- NOON NII YOW AS SO SOO OU breastfeeding group was established in October 2015 and transitioned from a PHN facilitated to a peer led as a grass root community initiative to reclaim breastfeeding as a significant part of Indigenous culture.
- The majority of the women who participated in PIIPC self-identified as Indigenous. PIIPC participants experienced reduced barriers to prenatal care and better pregnancy outcomes ie higher rates of adequate prenatal care, lower infant apprehensions and fewer pre-term births.
- In 2016, The Prenatal Connections program received 234 prenatal referrals for women travelling from Nunavut to give birth. The final evaluation was completed in 2016 and identified two main impacts of PNC (1) Increased support/decreased social isolation: Health care providers identified this as the most significant impact of PNC and PNC clients described feeling more happy and supported, and less scared, bored, upset and sad after visiting with a PNC nurse and (2) Referrals to health, social and recreational services and supports including many referrals for health related concerns. Other impacts identified included addressing health and social concerns, and improved communication and coordination of care.
- The WRHA was involved in a pilot project led by Healthy Child Manitoba and in partnership with two Indigenous community based organizations Mamawi wi chi itata and Wabhung Abinoonjiag to deliver Families First using an Indigenous approach. The WRHA created a PHN posting with specific requirements related to demonstrated knowledge of Indigenous history, culture and traditions as well as demonstrated competency working with Indigenous people and communities. The program was successful in recruiting an Indigenous PHN in to the position. A strong partnership was developed between the WRHA and these two organizations.
- To better meet the needs of Indigenous families, the MMF in partnership with HCMO and the WRHA began providing Healthy Baby programming at the Zion Church in Pt. Douglas. In order to accommodate this additional site, the Little Moccasin’s Healthy Baby programming in St. Boniface was reduced to every other week.

Health Equity Promotion

- In 2016 2.5 EFT FFHV positions were redistributed to better serve equity affected populations. The allocation formula for redistribution of FFHVs was based on a comparison across community areas of the proportion of positive parent surveys, the average number of families served and declines as program full
- Horst Backe’s Green Belt project “Decreasing Service time to Advantaged families” was completed in River East and recommendations rolled out throughout the region in spring of 2016. Reporting on this indicator will be part of the PHN PPM evaluation

- PHN PPM, Provincial Standards and PHN reallocation were simultaneously implemented to focus PHN work on reducing inequities and improving population health. 2016 data suggests that PHNs are prioritizing work to serve disadvantaged families. Families First Screens (FFS) were completed for 93% of all postpartum referrals (2013 was 92%). Parent Survey's completed for 89% of positive FFS (2013 was 75%).
- The Downtown West PH team worked with Healthy Child Manitoba and the Valour Community Club to split the existing Healthy Baby program at Isaac Brock Community Centre to offer services at an additional site. The Orioles Community centre site was established and offers a Healthy Baby session on alternate weeks to better serve equity affected populations.
- The PIIPC Network was established and terms of reference are in development.

Health Communication

- In 2016 the "HPECD website" was approved to move forward, with the intention of this content being the first portion of a larger Public Health website. The HPECD website will support our continued effort to focus service time and resources with clients experiencing disadvantage.
- The Health Communication PHN initiated and completed surveys to include the voice of the client (Parents/Caregivers of children 0 – 5)) and the voice of Public Health Care Providers in the development of the HPECD website. This information was used to shape content, format and recommend which modes of online delivery would meet the needs specific to the Winnipeg parenting population.
- To enhance the delivery of the Families First program a shared drive was created that is accessible to all FFHVs, PHNs, Team Managers and CNSs. The Families First Support Manual was made accessible electronically.

Applied Public Health Research

- The PIIPC research project was concluded in November 2016. The final evaluation is drafted.
- The Prenatal Connections Program evaluation was completed.

Service Delivery Data

Families First Practice Council (FFPC)

In 2016, the following issue papers were resolved through the FFPC process :

- Mentorship for new FFHV hires
- Supporting Refugees and Immigrants
- Safe Sleep Practices (Swaddling)
- Psychosocial issues with Clients
- Age appropriate curriculum
- Parent Worksheet Summary
- Log Documentation
- FFHV representation on WRHA committees
- Weight Loads of Manuals/Supplies – Reducing the frequency of heavy lifting
- Prenatal Manual
- Communication and Team Building (FF newsletter)

Families First Training

Families First Tier 2 and Tier 3 training sessions assist practitioners in developing the knowledge and skills to achieve program goals. These trainings frame the philosophical principles and communication strategies used in the FF program and are essential for consistent service delivery.

- In 2016, 7 participants received certification for completions of Tier 2 and 11 participants received certification for completion of Tier 3
- Average of 80% of staff attended the monthly sessions

Families First Program Update Training provides an opportunity staff to attend sessions to receive information on curriculum and program updates.

- FF staff attended 1 of 4 offered sessions. In 2016, topics included a review of FF program standards; 3 functions of Supervision (Administrative, Education, Support); activity to gather information later used to develop the WRHA Reflective Supervision Roles and Responsibilities; and other tools to be used in reflective supervision
- Sessions were held July 5, 12, 21, August 24 for ½ day
- 97% of FF staff attended
- In May 2016, FF staff received training on the updated Growing Great Kids Prenatal manual

Team Manager/CNS Training provides an opportunity for Team Managers and CNSs to receive information on program updates.

- Overview of new tools that are to be used in reflective supervision; FF program standards; and review of the allocation process for HPECD
- Session held September 20
- 91% TM attended
- 100% CNS attended

Significant Changes and/or Challenges

Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood

- The PHNs' services are described and guided by a set of standards and clinical practice guidelines. The standards define the minimum practice expectations for PHNs in Manitoba in the areas of prenatal, postpartum and early childhood. In January 2016, the Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood were released. The new provincial standards focus on health equity and set priority follow up for disadvantaged clients; case management for disadvantaged families; refer acute clinical issues to appropriate professionals and resources; facilitate access and referrals to community based groups/programs; and collaborate with health and social service providers to support ongoing case management of disadvantaged families.
- In May and June 2016, PHNs attended training sessions which provided an overview of the new Provincial standards and an expectation that PHNs practice according to the standards. Below is an excerpt of key indicators related to the Postpartum and Families First Standards. In summary, PHNs are doing a great job of working towards meeting standards. PHN services are voluntary so not meeting the standard of 100% contact is expected.

Report: Performance to Postpartum and Families First Program Standards
 Reporting Period January 1, 2016 to December 31, 2016
 All Community Areas – Permanent Residents of WRHA

KEY INDICATOR	Number and Percentage
# of Postpartum Referrals (PPRF)	7958
Families receiving PHN contact postpartum	7422 (94% of all PPRFs)
Families receiving PHN contact within 48 hours after discharge	7422 (93% of all PPRFs)
Families receiving a PHN Home Visit	6600 (83% of PPRFs)
Families receiving a PHN Home Visit within 7 days of maternal discharge	6223 (78% of PPRFs)
Families First Screens Initiated	7385 (93% of PPRFs)
Positive Families First Screen (FFS)	1596 (20% of PPRFs)
Parent Survey (PS) Initiated	1457 (91% of + FFS in the period)
Positive Parent Survey	753 (9 % of PPRFs and 45% of positive FFS)
Enrolled in FF program	331 (44% of families with a positive PS)
Families that declined enrollment in FF	196 (26% of eligible families)

Public Health Nursing Professional Practice Model

- The Professional Practice Model for WRHA Public Health Nurses (PPM) is intended to promote population health and equity.
 - June 2016, PHN staff attended a ½ day training session on the PPM and practice changes
 - A small working group from the Public Health Nursing Practice Council began work on developing a new postpartum/newborn caremap and health equities assessment tool
 - Development of community area PODS which allocated nursing positions based on the Neighborhood Explorer Toolset (NETS)
 - By December 2016, teams were working in PODS and noted some early challenges:
 - Difficulty staffing PODS as positions had not been moved as per the allocation formula
 - Distribution of referrals was not balanced and the volume of referrals was at times difficult to manage
 - some community area PODS that are not equity challenged have higher birth rates and the number of referral becomes a workload is an issue

Successes included:

- More consistency in work with community based organizations
- Efficiencies in travel time

HPECD Database

-The HPECD Database has posed significant challenges related data entry, data quality and program monitoring and reporting. The functionality of the database requires multiple instances of input of the same data increasing the risk of data errors. The HPECD program began data quality testing in 2015 resulting in a significant time commitment from admin and PHNs to correct inaccurate and/or incomplete data. Because the database is not an electronic medical record, PHNs are required to enter data in to the client record and then copy that data in to the database. This is a significant resource issue.

-The HPECD data model is very complex making the development of reports for program monitoring and or surveillance perspectives time intensive. In 2016 there were many challenges for the Epi and Surveillance team to access data. Ehealth resources are limited and often pulled to do work other than report building. Momentum developed a number of reports for the program in March of 2016 but the functionality is limited.

- Data is not readily available to the program to make program decisions.

3. Community Engagement

Voice of the Client

- In April 2016, an issue paper submitted to FFPC recommending a program evaluation. A small working group was formed with PHN and FFFHV representation to draft questions for a sample survey to get client feedback. Work is ongoing
- Families and Caregivers of children ages 0 to 5 were engaged in a survey related to key topics and preferred format to receive public health information in preparation for development of the HPECD Website and social media efforts.

Families First Expansion Project

- The Pt. Douglas Public Health team and the HPECD service area partnered with Healthy Child Manitoba and two Indigenous organizations - Ma Mawi Wi Chi Itata and Wahbung Abinoojiiagi to use a community based, Indigenous approach, to deliver the Families First program. The partnership provided an opportunity, based upon the principles of reciprocity, for project partners to learn and share knowledge regarding community and cultural approaches.

Baby-Friendly Initiative Community Committee

- The WRHA Manager(s) of Volunteer Services and Local Health Involvement Groups were consulted regarding collaboration with community members on the BFI Community Committee. As a result a volunteer description for "Public Representatives on WRHA Committees" was developed. The committee intends to engage a volunteer on a project basis for their input.

4. Quality Improvement Initiatives

Green Belt Project: Improving Families First Enrollment in Pt. Douglas

Objective: To reduce the rate of declines of enrollment into the FF program in the Point Douglas community area from 35% to 28%

Project date: January 12, 2015 to October 31, 2015

- In March 2016, the results of this project were shared with the FFPC with plans to roll out the improvements across the WRHA in the summer
- Webinars held August 23 and September 8th to roll out improvements (Families First Enrollment Algorithm)
- PHNs asked to implement this change in practice September 2016
- In 2013, 28% of families in the WRHA declined an offer to receive Families First Home Visiting Services with considerable variability across the region. The decline rate in Pt. Douglas was 35% in 2013 and the focus of a Green Belt Improvement project in 2015/2016. In 2016, the decline rate for the WRHA was 26% and for Pt. Douglas CA was 29%.

Green Belt Project: Decreasing Time Spent on Service to Families with FF Screen <3

Public Health Nurse practice renewal has a strong focus on helping achieve equitable health outcomes for everyone. Promoting health equity requires targeting services. There was no clinically significant difference in the time served by PHNs working with FFS negative versus those who screen positive in River East CA.

- The River East team was successful in reducing time spent with Families First screen negative families.
- In March 2016, the results of this project were shared with the Public Health Nursing Practice Council and with the Access River East PHNs with plans to roll out the improvements with the implementation of the new provincial standards.
- PHNs were encouraged to reduce service time to Families First Screen negative families by reducing initial phone call length to 10 minutes or less; not offering follow up visits to Families First Screen negative families unless needed; limit breastfeeding visits to what is required in week one; to refer breastfeeding issues to breastfeeding clinics after week one and to follow but not exceed the practice guidelines for FFS negative families
- HPECD Report Manager unable to report findings as to whether or not PHNs are providing more service to those families who are equitably challenged or not

Baby Friendly Initiative Community Committee

- Clinical Practice Guidelines for Prenatal care which include education regarding informed choice on infant feeding, importance of breastfeeding, skin-to-skin, the promotion of mother-baby togetherness during birthing hospital stays and evidence based perinatal practices were implemented in the WRHA.
- Breastfeeding Orientation: Planning collaboration with acute care to explore offering a regional breastfeeding orientation that is inclusive of an Indigenous perspective including midwifery, primary care and PPH to ensure consistency and a seamless continuum of care.

- A community area template developed for use by the multidisciplinary committee including Primary Care and implemented by PPH team managers to record PPH staff's attendance at breastfeeding orientation and education including Douglas College and/or Lactation Consultant designation. The purpose is to ensure WRHA is able to track attendance of staff attending breastfeeding orientation within 6 months of their employment and maintain records of attendance of breastfeeding education (Douglas College). The literature suggests positive outcomes of implementing BFI strategies such as education of healthcare providers in the education of future parents and support with initiating breastfeeding.
- Approximately 10-12 Public Health staff completed the Douglas College Breastfeeding Counselling Certificate course in spring 2017 which addresses how health care providers can support mothers choosing to breastfeed. Supporting mothers to overcome breastfeeding difficulties in the early postpartum period has been associated with less postpartum anxiety and depression.
- Liaise with Provincial BFI Coordinator in offering learning opportunities to WRHA staff through distribution of weekly Tuesday Tips and participation in Provincial Breastfeeding Telehealth sessions.
- A reliable and formal referral system exists between hospital and Public Health through the postpartum referral form for communicating a mother's breastfeeding progress. In addition to Public Health contact, mothers are informed of supports available in the community (step 10).
- Liaised with Manitoba Health in the revision of the "Breastfeeding...Your Baby's First Food" pamphlet which addresses the importance of breastfeeding, position and latch, signs that baby is breastfeeding well, responsive cue-based feeding, hand expression, skin-to-skin and storage if babies are unable to breastfeed or are separated from their mothers, and when to get help. This pamphlet serves as a consistent written resource to families across the province.
- Ongoing collaboration with Cadham Lab and the pediatric pain network regarding breastfeeding and skin-to-skin practice for pain management during metabolic screens and infant immunizations.
- The WRHA BFI Community Committee liaised with the Winnipeg Breastfeeding Network to post "Breastfeeding Welcome" signs in all public areas in Access Centre's for promotion of a breastfeeding culture in our community facilities, community centres and other public places in Winnipeg.
- Collaboration with Injury Prevention to make recommended revisions to the "Safe Sleep" and "Babies and Crying" pamphlet citing breastfeeding as the biological norm.
- In order to reach diverse populations, BFI co-chairs developed breastfeeding information for the future Healthy Parenting Early Childhood Development (HPECD website and other website content to be reviewed with a BFI screening tool to ensure compliance and avoid violation of the WHO Code. Plans for linking PPH public web-based resources to Manitoba Health website.
- WHO Code Environmental Scan: preliminary report suggests progress has been made; however additional work and collaboration is required to ensure WHO Code compliance; planning to arrange for WHO Code environmental scans in other WRHA community programs and sites.

5. Evaluation data/information

Prenatal Connections Evaluation key findings:

<http://www.wrha.mb.ca/extranet/publichealth/files/PNCEvalVers63Sep2016>.

- Reach: Prenatal Referrals were received for 79% of women from Nunavut who delivered their babies in the WRHA. PHNs contacted 83% of women referred. Approximately 35% of women screened positive on the FFS. Women received on average 4.1 visits (phone and home visits) by the PHN.
- Client Experience: Clients were positive about their experiences with PNC. Eighty-six percent (86%) of survey respondents would recommend PNC to a friend and 90% felt they could talk to a PNC nurse about things they were worried about.
- The evaluation identified two main impacts of PNC:
- Increased support/decreased social isolation: Health care providers identified this as the most significant impact of PNC and PNC clients described feeling more happy and supported, and less scared, bored, upset and sad after visiting with a PNC nurse.
- Referrals: PNC providers made 222 referrals to health, social and recreational services and supports including 122 referrals for health related concerns.
- Other impacts identified included addressing health and social concerns, and improved communication and coordination of care.

Baby-Friendly Initiative Community Committee

- The data below indicates breastfeeding at entry to service in public health and exclusivity rates at entry to service per community area. This data suggests disparities between populations and requires further collaboration to understand the socio-economic and cultural conditions within the community affecting these rates and inequities. The goal is to attain the BFI recommended rate

Community Area	BF at entry to PH service	Exclusivity at entry to PH service
Access River East	89%	52.2%
Access Transcona	91%	58.3%
Assiniboine South	94%	58.1%
Access Fort Garry	94%	54.8%
Inkster	84%	39.7%
Access Downtown East and West	71%	35.7%
Point Douglas	66.5%	35.9%
River Heights	81%	57.1%
7 Oaks	89%	38%

St Boniface	90%	58.3%
St James	88%	56.8%
St Vital	92%	53.5%

Lessons Learned

Thank you to Diane Mee, Maria MacKay, Marusia Kachkowski, Jennifer Eaglesham and the Prenatal Connections team who all contributed to this report.

Darlene Girard
Team Manager, Healthy Parenting and Early Childhood Development