

**“With Our Best Future in Mind: Implementing Early Learning in Ontario”
Report to the Premier by the Special Advisor on Early Learning
By Charles E. Pascal**

Public Health Recommendations

Background

Public Health services are mandated by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act. The Ontario Public Health Standards (OPHS) are published as guidelines for the provision of this mandate. They include a Reproductive Health Standard that has the goal of enabling individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn possible and be prepared for parenthood. There is also a Child Health Standard that has the goal of enabling all children to attain and sustain optimal health and developmental potential. Given the consistency between these goals and the goals of the Early Learning and care Plan, OPHA fully supports the vision for Early Learning and Care as recommended by Dr. Pascal. We believe that this plan will provide Ontario families with significant benefits and will alleviate the current patchwork of services and accountability.

The Report identifies a number of recommendations that will have a specific impact on the planning and delivery of public health services. Consequently, OPHA has reviewed the report in detail and has identified the following recommendations aimed at ensuring the ongoing quality and integrity of public health services for prenatal women and families with young children, and supporting the Province’s ability to achieve its vision for early learning and care in Ontario.

Recommendation 1: Establish comprehensive inter-ministry collaboration and co-ordination.

OPHA supports the establishment of an Early Learning Division within the Ministry of Education, and the leadership role that this Division will play. It is important to note that boards of health already have accountability to a number of different funders, including the municipality (who provide 25% of the funding for cost-shared services), the Ministry of Health and Long Term Care, the Ministry of Health Promotion, and the Ministry of Children and Youth Services. Transferring MCYS funding for the Healthy Babies Healthy Children program to the Ministry of Education as recommended in the Report will have little impact on Public Health’s multiple sources of funding and accountability. Therefore, inter-ministerial collaboration and coordination at both the provincial and local levels will be essential in order to ensure the success of this plan and Public Health’s part in it.

Recommendation 2: Ensure that decisions related to the early learning and care plan recommendations are based on a sound understanding of public health’s mandate, accountability, funding and programming.

Recommendations in the Report that relate to the establishment of Best Start Child and Family Centres (BSCFC) are of particular interest to public health. It identifies that, at these Centres, pregnant women, children and families will receive a range of services, including:

- Prenatal and postnatal information and support
- Parenting and family support and programming
- Nutrition and nutrition counseling
- Early identification and intervention services
- Links to special needs treatment and community resources.

The Ontario Public Health Standards mandates boards of health to deliver all of the above services within their communities. While the Healthy Babies Healthy Children (HBHC) program is an integral part of services that Public Health units provide to the families in their communities, it is only one component of a broader range of comprehensive family health services. In most health units, the 100% MCYS funded HBHC program is integrated with cost-shared family health, dental health and chronic disease prevention programs.

The recommendation to merge HBHC funding and functions under the single administration of the Consolidated Municipal Service Manager may indeed address the Province's need to consolidate a patch-work of MCYS funded early years programming. However, it fails to reflect a solid understanding of the integration of HBHC services within the broader range of services that public health would provide to families through the BSCFCs. OPHA also believes that in order for the HBHC program and service providers to achieve positive outcomes for families, it is essential that HBHC continue to receive the kind of nursing and health promotion leadership that it currently receives as part of a public health unit. Therefore, OPHA recommends that decision making related to HBHC funding be based on a more in-depth understanding of the broader role of public health services in the BSCFCs and the professional support that public health provides to these programs.

Recommendation 3: Include public health as an integral part of the planning process right from the beginning.

Realizing that this vision for the early years will require a transformation of the existing system, considerable and careful planning will be required to achieve this. OPHA supports the identification of the Ministry of Education in the leadership role for this planning and the establishment of an Early Years Division within that Ministry. This Division has been charged with the task of developing an Early Years Policy Framework, which will establish legislative, funding and accountability requirements. The Framework will also set provincial guidelines for all early childhood programs, including those delivered through the BSCFCs. Given that public health services will be an integral part of BSCFC services, it is possible that this Framework and its supporting policies could have an impact on already established public health standards and protocols, such as those named in the Ontario Public Health Standard, its Protocols and support Guidance Documents. Therefore, OPHA recommends that the Premier ensure that public health is at the planning tables as these policy decisions are being discussed and developed.

The Early Years Division will also establish an Early Years Index to track program access, effectiveness, resources, and outcomes. OPHA believes that this index can be instrumental for ensuring program success, particularly if measurement is achieved at the regional or local level. Through the Ontario Public Health Standard (OPHS), boards of health are mandated to “conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in the areas of preconception health, healthy pregnancies, reproductive health outcomes, preparation for parenting, positive parenting, breastfeeding, healthy family dynamics, health eating, healthy weights, physical activity, oral health and growth and development. Public health has valuable expertise in the area of reproductive and child health surveillance that can be brought to the table. Consequently, we trust that the development of an Early Years Index will be done in conjunction with public health units and the Ontario Agency for Health Protection and Promotion.

At a more local level, the Consolidated Municipal Service Managers (CMSMs) will be required to lead the development of Early Years Service Plans that will operationalize expectations of the Early Years Policy Framework within their community. This local early years planning will call on the CMSMs to lead planning, implementation, and monitoring of initiatives and to work with BSCFC partners to develop service plans that include outcomes, benchmarks, timelines, and accountability mechanisms. OPHA fully supports local integrated services planning and management that builds on community strengths. Public health units already have a rich history of working in partnership and, in most communities, have been core members of their local Best Start Networks. We appreciate that achieving this at a local level may not be simple, given that the boundaries of the 36 health units are not aligned with those of the 47 CMSMs. Nevertheless, it is essential that public health is at the local planning table.

Recommendation 4: Fund public-health services, including Healthy Babies Healthy Children Program, at a level that is adequate to meet community need and is sustainable.

Fundamental to the success of these BSCFCs is the need for service providers, including public health, to have the resources necessary to meet the needs of children and families in their community and to provide services in the Centres. While the report does not provide details of the funding plan for the BSCFCs, it does recommend consolidating governance and mandates of existing programs and services into a “single budget, single employer” model. The resources and public transfers from these programs will then be funneled to municipal authorities in a single envelope. The plan assumes that “funding for BSCFC will be found in the re-engineering and consolidation of existing programs and resources”.

However, many health units have expressed concern about their current capacity to provide service in school-based Centres (if all elementary school have such Centres). In addition, there is concern among early years service providers regarding their capacity to respond to referrals for early intervention. A single point of access to a lengthy waitlist for service will undermine the usefulness of these Centres to families and their ultimate success. OPHA would like to highlight that the report and its BSCFC funding recommendation fail to acknowledge the current level of underfunding for many community early years services, including public health services.

Dr. Pascal, and Fraser Mustard before him, identified the importance of a universal approach to service planning and delivery for children and families because vulnerable children are found within all socioeconomic groups. Unfortunately, current HBHC funding levels have reduced the universal component of this program in many health units. In reality, there has been considerable variation in service delivery throughout the province. It should also be noted that “100% funded programs, such as HBHC and the Preschool Speech and Language Program, rely heavily on “in kind” contributions from partner agencies, the municipality, and/or other Ministry cost-shared funding sources. Consequently, separating these programs from their current source of in-kind support will increase existing funding pressures. OPHA is concerned that the recommended funding model is unlikely to address the current funding pressures experienced by these programs and calls on the Province to ensure adequate and sustainable funding for community early years programs, including the Healthy Babies Healthy Children program.

In conclusion, OPHA fully supports the vision of the Pascal report for Early Learning and Care in this province. It is clearly based on current literature and best practices in early child growth and development. We believe this plan will significantly improve the quality and accessibility of early learning and health services for children and their families. We believe that public health can make a critical contribution to achieving this vision. In order to maximize this contribution, the OPHA has identified the need for inter-ministry collaboration and coordination; for decision making to be based on a well informed knowledge of current public health mandates, accountability, funding and services; for public health to participate at both provincial and local planning tables early in the process; and for adequate and sustainable funding levels.

We look forward to the opportunity to working with our provincial and municipal funders and our community service partners to plan, implement and monitor the implementation of this Early Learning and Care Plan in order to realize a system of early learning, child care and family supports that will have a significant impact on positive parenting and the healthy growth and development of Ontario’s children.