

## **Healthy Beginnings Enhanced Home Visiting Initiative: A Population Health Approach-Evidence- based, capacity building, community development, partnerships, evaluation, PHS functions**

“**Healthy Beginnings**” is an enhancement to current Public Health Services (PHS) perinatal programs and services. It is not a stand alone program but is part of an integrated continuum of services offered by PHS, provincial, district and community partners, from pre-conception to the pre-school years.

Healthy Beginnings (HB), through universal screening and further in-depth family assessment, will help PHS staff identify families requiring enhanced supports and offer home visiting support for up to three years.

In April 2001, a provincial steering committee was struck to ensure that the program be standardized provincially. Membership on the committee includes: Dept. of Health, Public Health/Health Promotion (provincial), representatives from the four PHS shared service areas, Health Canada (CAPC/CPNP), Dept. Of Community Services, the Reproductive Care Program of Nova Scotia, and First Nations.

The components of the Healthy Beginnings program are: prenatal, postpartum and enhanced home visiting. Standards for the HB program have been developed based upon research, evidence and best practices and in consultation with key stakeholders. Goals and targets have been developed.

### **Prenatal**

A provincial working group with representatives from PHS, academics, Medical Society, Reproductive Care Program (RCP) of Nova Scotia and other key stakeholders are currently drafting standards for this component of the program. It is anticipated that the report will be completed June 2004.

### **Postpartum**

This is the period of birth to six weeks of age. A provincial working group has developed a set of guidelines based upon research, evidence and best practices, for this period: “**Healthy Babies, Healthy Families**”. These guidelines have set the standard that must be met by the District Health Authorities (DHAs). The postnatal screening is conducted in the hospital by the OBS nurses using a standardized tool and guidelines. Screening is universal, voluntary and requires informed consent. The indicators, which are scored, include key determinants of health. PHS staff continue to contact all families and offer telephone contact/home visits as required to meet the short term needs.

### **Enhanced Home Visiting**

The Enhanced Home Visiting program focuses on supporting parents, promoting a healthy child-parent relationship, fostering healthy child development and linking families with community resources.

A family who scores 9 or greater is eligible for the enhanced home visiting program and an in-depth family assessment. Participation in the enhanced home visiting program is voluntary and requires informed consent. The tools used to conduct the in-depth assessment focus on a strengths-based approach. The family and the PHS staff complete a family plan in a collaborative manner.

Home visiting will be conducted by PHS staff and Community Home Visitors. Together with the home visitors, parents will determine the frequency and duration of the enhanced home visiting.

### **Shared Service Area Local Implementation Teams**

To recognize the unique community characteristics, strengths and challenges, PHS has established local implementation teams in each district (SSH,SWN, AVH). Partners, which include local child health committees, family resource centers, service providers, local governance councils and agencies working with families, were invited to join the teams. The teams are co-chaired by a PHS staff member and a community partner. The teams are in the process of developing their work plans based upon an asset mapping of community resources that support families during the early years (0-3 years). The plans must be based upon the HB program standards and meet reporting requirements. The local implementation teams have been consulted regarding key issues related to implementation e.g. Community Home Visitor Governance Structure.

### **Staffing/Human Resources**

Staffing, both professional and non-professional, for the HB program has been determined by using determinants of health data pertinent to each DHA( birth cohort, socioeconomic status, education); number of high risk families (Visiting Infant Parent Program database); community profile/assets and PHS staff capacity inventory.

### **Where to from here?**

- Complete the prenatal review process
- Determine the governance structure for the Community Home Visitors
- Develop the database for the Enhanced Home Visiting
- Develop the evaluation framework
- Continue development of the local implementation team work plans

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