Consultation on the Draft Protocols for the Draft Ontario Public Health Standards

Healthy Babies Healthy Children Protocol

1. How can the content of this protocol be improved to explain how the applicable requirements in the draft Ontario Public Health Standards should be operationalized?

Public Health Nurses are the ideal health professional to implement the HBHC protocol in public health units in Ontario. The Canadian Community Health Nursing Standards of Practice provide the foundation to provide this important program that identifies priority populations for service to improve child development. The protocol clearly recognizes the importance of the social determinants of health and their impact on child development. The tools used in screening and assessment incorporate many of these principles.

The content of the protocol creates concern for feasibility of implementation. Although agreement (for the most part) with the protocol exists, resources available for public health nurses to implement the protocol must be sufficient. Examples of this are 2.a)i, 2.c)i 4.b)ii, 4.c)i and 4.c)ii.

2. How can the structure of this protocol be improved to make it easier to understand? (e.g., Does it flow in a logical sequence? Is it well organized?)

3. How can the language and terminology of this protocol be improved to be more appropriate, clear, and concise? Please provide suggestions for alternative terminology if appropriate.

Public Health Nurses can provide home visiting services in a multitude of community settings. For this reason, we recommend that the wording of 5c be revised to “home visiting services may be delivered in the home or any alternative community setting agreeable to the family such as an early years centre.”

We recommend inserting the following words in quotation marks:

Page 4 2) v) …for parents to discuss results of the "developmental" screen and arrange for follow-up

Page 5 4) b) i) promote healthy "fetal and" child development

4. What (if any) are the gaps or inaccuracies in this protocol? Are there any missing elements? What (if any) areas do not align with accepted guidelines or evidence-based practices?

To the list of service providers given at 8b), we suggest adding "Midwives" and "Municipal Programs such as Ontario Works."

We are concerned that the glossary section on "Blended Home Visit" conflates the particular competencies of public health nurses with lay home visitors and "other professional with equivalent expertise." This is all the more important under the "high risk" category, which refers to "nursing or other comparable judgment." Lay home visitors and professionals from other sectors provide valuable services, however, it is inappropriate to substitute differently qualified individuals into roles that require a public health nurse.

There is strong evidence to show that the knowledge, skills, and expertise of public health nurses are effective in promoting positive health and social outcomes through home visitation. See, for example:

Olds, D., Ecenrode, J, Henderson, C, Kitzman, H. Powers, J, Cole, R. et al. (1997). Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect. Journal of the American Medical Association. 278, 637-643.

5. Reflecting on your responses to the previous four questions, please prioritize the top three changes that are required for this protocol to be finalized.

The three top changes are:
1. The content of the protocol creates concern for feasibility of implementation. Although agreement (for the most part) with the protocol exists, resources available for public health nurses to implement the protocol must be sufficient.
2. Lay home visitors and professionals from other sectors provide valuable services, however, it is inappropriate to substitute differently qualified individuals into roles that require a public health nurse.
3. Public Health Nurses can provide home visiting services in a multitude of community settings.

6. Any other comments?