

Community Needs
ASSESSMENT
Summary Report

2019

**DETAILED REPORT
OF FINDINGS:**
Maternal, Child Health,
& Children's Services



Acknowledgements

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The following reports outlines results of the Haldimand Norfolk Health and Social Services (HNHSS) Community Needs Assessment (CNA) 2019. This section of the report includes detailed results and conclusions about maternal and child health.

Community Profile

Population

- The proportion of the population ≤19 years in Haldimand County is 23.3% compared to 20.8% in Norfolk County and 22.4% in Ontario.

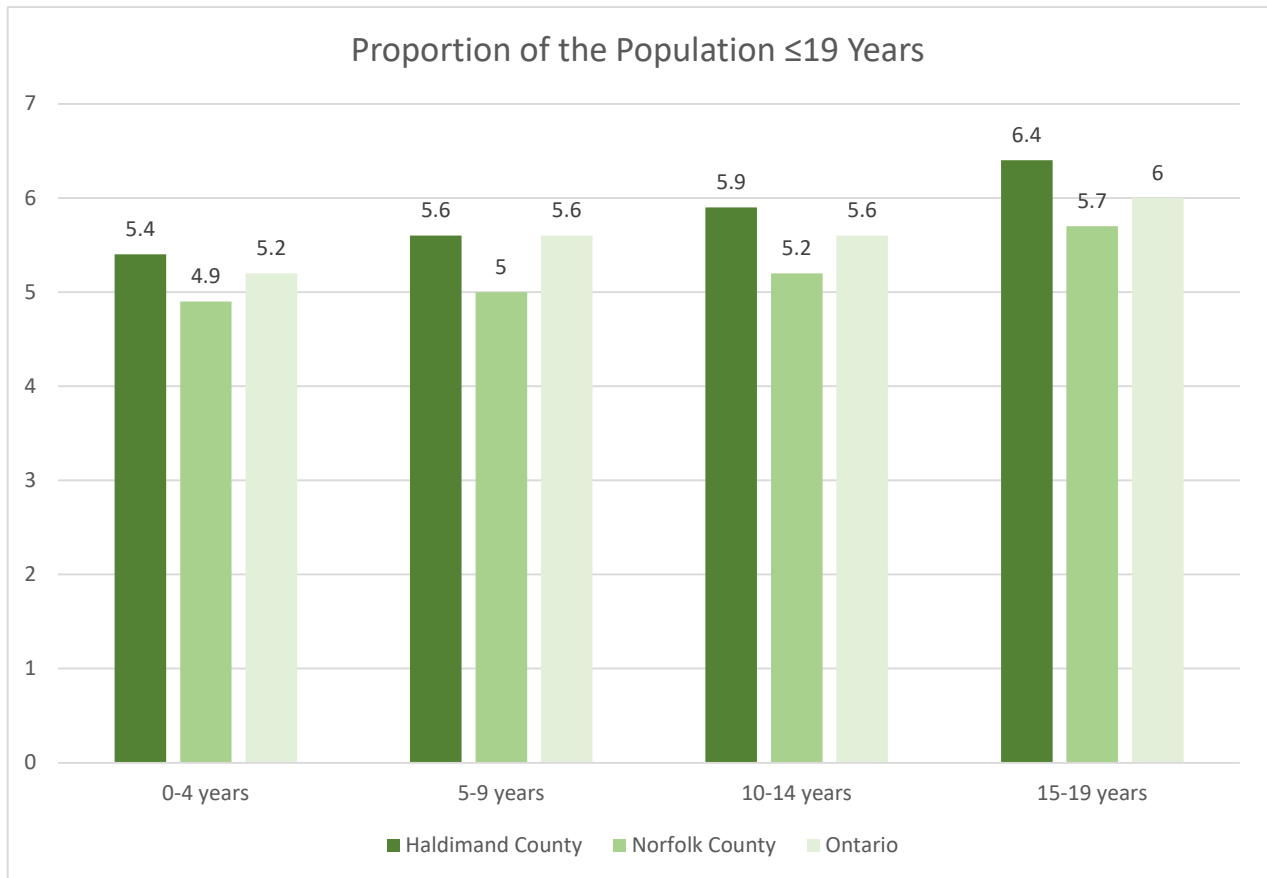


Figure 2. Self-reported strength of family's social support networks.

- Females make up slightly more than half of the population in Haldimand (50.1%) and Norfolk (50.4%), but still slightly less than in Ontario (51.2%).
- Haldimand and Norfolk had a pregnancy rate of 62.3 (per 1,000 women of reproductive age), which was significantly higher than the province of Ontario (53.1 per 1,000 women of reproductive age).
- Haldimand and Norfolk (9.7 per 1,000 women of reproductive age) had a similar birth rate to Ontario (9.6 per 1,000 women of reproductive age).

- The proportion of children aged 0-5 living in low-income households was 18% in Norfolk County and 13% in Haldimand County.

Census Subdivision	Number of Children 0-5 Living in Low Income	Prevalence of Children 0-5 Living in Low Income (%)	Number of Children/Youth 0-17 Living in Low Income (n)	Prevalence of Children/Youth 0-17 Living in Low Income (%)
Haldimand County	380	12.8%	1140	12.1%
Norfolk County	660	17.5%	1860	15.7%
Total*	1045	15.5%	2995	14.1%

Table 1. Proportion of children (0-5, 0-17 years) living in low-income households in Haldimand and Norfolk, according to the Low-Income Measure After Taxes (LIM-AT).

Women's Health

- There are 27 family physicians in Haldimand County, and 36 family physicians in Norfolk County. There are no OB/GYNs in Haldimand County and there is one OB/GYN in Norfolk County. Additionally, 3 family physicians also work as “delivering physicians” in Norfolk County.
- There are 8 midwives in Haldimand and Norfolk counties.
- The incidence of female breast cancer was lower in Haldimand and Norfolk counties (138.6 (110.1-167.1) cases per 100,000 person-years), compared to Ontario (146.1 (143.4-148.9) cases per 100,000 person years), but the difference was not significant.

Pregnancy Measures

- 12% of mothers reported smoking during pregnancy compared to 7% of Ontario mothers.
- 2.9% of mothers reported using alcohol during pregnancy compared to 2.4% of Ontario mothers.
- The proportion of mother's who reported folic acid use during pregnancy in Haldimand and Norfolk (30%, 26.6-33.3%) was similar to the province (31.5%, 31.2-31.8%).
- Pregnancy losses (i.e. still births) were reported 1.0% of the time in Haldimand and Norfolk, compared to 1.9% of the time in Ontario.

Children's Health

- According to the Infant Feeding Survey, 21% of mothers reported exclusively breastfeeding their babies at 6 months of age in Haldimand and Norfolk counties, compared to Ontario (41.6%; however, different methods/data collection tools were used).
- According to the NutriSTEP Program, 21% of preschoolers (i.e. ages 3-5) were at moderate to high risk for poor nutrition in 2012 in Haldimand and Norfolk counties. Data for the 2016 NutriSTEP program were not available due to low sample sizes.
- Approximately 10% of children were identified as having one or more special concerns as part of the Early Development Instrument Study in 2017-2018.
- Currently there is only one practicing pediatrician in Haldimand and Norfolk counties.

Children's Services

- Data from the Early Development Instrument (EDI) (a tool that considers the developmental health at school entry) reveal That 25% of children in Haldimand and Norfolk are vulnerable on at least one EDI domains compared to 30% of Ontario kindergartens. Approximately 10% of children were identified as having one or more special concerns as part of the Early Development Instrument Study in 2017-2018.
- The Kindergarten Parent Survey revealed that 44% of children had moved at least once in the last 5 years.
- According to the Kindergarten Survey, the three most commonly reported special education/health needs reported were: speech, Autism Spectrum Disorder/autism and food allergies/intolerances.
- Commonly reported barriers in the Kindergarten Survey when looking for Licensed Child Care were that care is too expensive (35%), that the hours do not meet their family's needs (34%), and that there are no spaces available (32%).
- According to the Kindergarten Survey, 13% of parents/guardians reported that the school has expressed concerns about their child's behavior and/or learning.
- According to the Kindergarten Survey, 16% of parents/guardians need before or after school care that they currently do not have access to.
- According to the Kindergarten Survey, 61% of children have played a sport or done physical activities with a coach/instructor outside of gym class, once a week or more (69% without a coach/instructor).
- As part of the Kindergarten Survey, 73% of families reported living in a rural community.
- Following an engagement session with the Best Start Network in June 2018, the key priorities identified for the focus of the program in the next 5 years were: recruitment and retention of registered early childhood educators, quality, affordability, access, engagement, and planning and growth.
- 19.5% of immigrants arrived before the age of 5 years in Haldimand County, and 18.1% in Norfolk County. This compares to 9.6% of residents in Ontario.
- According to the NutriSTEP Program, 21% of preschoolers (i.e. ages 3-5) were at moderate to high risk for poor nutrition in 2012 in Haldimand and Norfolk counties. Data for the 2016 NutriSTEP program were not available due to low sample sizes.

Childcare

- Following an engagement session with the Child Care Operator groups in February 2019, the key priorities identified for the priorities of licensed childcare systems for the next five years were: affordability, access, quality, and responsiveness.
- There are 46 registered (i.e. licensed) childcare providers in Haldimand and Norfolk.

Community Survey Results

Population

- 4% (n=17) of survey respondents described their current employment status as a family caregiver (i.e. including working up to 20 hours per week). Of those who identified as a family caregiver, 100% were female.
- 9% (n=38) of survey respondents reported that they identify as the caregiver of a person with a disability (i.e. a person of any age).
- 14% (n=56) of survey respondents reported that they were a single parent who solely supports their household.
- 25% (n=103) of survey respondents reported that they had a child 6 years old or less.
- 88% (n=284) of survey respondents reported that they felt Haldimand and Norfolk was a good place to raise a family.

Women's Health

- 15% (n=45) of survey respondents reported that post-partum supports after a new baby were a top three mental health support needed to keep their family safe. Among only female respondents, that proportion increased to 17% (n=39).

Pregnancy Measures

- 2% (n=8) of female survey respondents reported they were currently pregnant.

Health Services

- Services related to maternal and child health that were reported as a top three need for a healthy family by survey respondents included: 9% for breastfeeding supports; 7% for family planning or sexual health supports; and 7% for prenatal care.
- Education topics related to maternal and child health that were reported as a top three need for a healthy family by survey respondents included: 24% for positive parenting; 6% for breastfeeding supports; 5% for prenatal care; and 3% for family planning or sexual health support.
- In the past 12 months, survey respondents reported using available maternal and child health supports infrequently. Specifically, respondents reported receiving breastfeeding/ lactation consultants 5% (n=15) of the time, receiving home visits for new parents 5% (n=14) of the time, and/or attending a prenatal class 4% (n=12) of the time.

Children's Services and Activities

- 33% (n=105) of survey respondents ranked more healthy childhood development programming as a top three need for the social health of their family.
- The most commonly listed social service need for families with children was children's services (24%, n=73), compared to early childhood development services (18%, n=54), and homeschooling supports or training (9%, n=26).
- The top three social education topics where people desired more education included available children's services 30% of the time (n=89), and early childhood development 20% of the time (n=57).
- 36% (n=114) of survey respondents ranked more youth-focused healthy activities, such as fitness, as a top three need for health of their family.
- In the past 12 months, 3% (n=7) of survey respondents stated that they had reported misconduct to Children's Services.

Childcare

- 8% (n=31) of survey respondents reported having difficulty finding childcare for work. However, of those with children under the age of 6 years (n=103), this represented 30% of survey respondents.
- 71% (n=203) of survey respondents agreed or strongly agreed that Haldimand and Norfolk counties need more childcare services.

Focus Groups and Interviews

Seven major themes emerged from the qualitative data collected via focus group discussions and interviews: (i) Mental Health and Addictions; (ii) Physical Health; (iii) Poverty; (iv) Housing; (v) Rurality; (vi) Availability of Products and Services; and (vii) Organizational Structures.

This chapter on Maternal and Child Health and Children's Services discusses the key themes associated with this topic.

Physical Health

Physical health was discussed commonly in the focus group discussions and interviews. Interestingly, maternal health was mentioned very rarely, however infant and child health were discussed more often.

Infant Health

In context of physical health of infants, participants described how a lack of family doctors were a major concern for young families as services like vaccinations and screening for developmental milestones were not being offered to these families. One participant (KI21) said, "Well for the infants... so missing those developmental milestones. Those early assessments, so if they are having trouble with feeding, any sort of physical delays, mobility issues, that kind of stuff wouldn't get picked up on." Later, this participant (KI21) elaborated on these concerns about a lack of doctors to care for young families, describing the waitlist and implications for vaccination for families with infants by saying, "I had a phone call today, a 4 month old, on a waitlist for a family doctor. They are not long wait lists but we are seeing them for those infants. We often see it within their first year of birth, we often see them twice typically for immunizations before they get a family doctor."

Children's Health

Concerns over infant health were similarly reflected in comments about health of children. As with infants, participants explained how a lack of available family doctors, and specifically a lack of pediatricians, may negatively impact the physical health of children in the region. One participant (KI45) explained,

"The children: you see a gamut of health conditions, health concerns. Typically, they're the normal childhood developmental milestones. A lot of it could be autism or ADHD, for example, seems to pop up. And then it's the typical routine childhood illnesses. I've seen a cluster of illnesses in one particular community. Severe milk, protein allergies in Dunnville, about five cases and something called [Food Protein Induced Enterocolitis Syndrome], which is good protein or something intolerance, which is very rare. But I saw a cluster of cases again in Dunnville."

Children's Mental Health

While mental health was a distinct theme in the data for a variety of reasons, the issues related to children were tightly linked to physical health. Many of the conditions that participants described were regulation issues that influence a child's mental and physical well-being. A participant (KI7) described the emerging issue as, "One principal said to me when we met with him with the Carrot Plans that they are seeing more and more children with what is the word... regulation issues. The children are having a greater difficulty regulating themselves." Further, as with physical health, the common thread for mental health concerns for children was a lack of available professionals to recognize, diagnose, and treat children's mental health needs. One participant (KI5) clearly articulated this issue, "The mental health impacts right now are getting bigger because there is lack of service within Haldimand and Norfolk and they have to go outside of our region to get the type of service. They can still access Macmaster Children Hospital but the waitlist for the service is a big one."

Poverty

Poverty was a major theme throughout the entirety of the CNA. However, in context of children, many of the examples of the impacts of poverty were tangible examples of the long-term implications of growing up without some necessities. For example, one participant (KI7) explained how poverty impacted children's ability to learn by describing, "The children don't have enough to eat to learn." This participant (KI7) later shared,

"Poverty is a definite issue. Lunches is always, lunches is always a concern so our nutrition department supports them with possible lunch idea and healthy food guidelines and things like that. I don't talk to children per say in that role but talking to teachers, principals, and parents, those are some of the things you see. I'd say poverty."

In addition to food, this participant (KI7) also explained, "We are always very big about equity [at HNHSS] and that is very difficult when a child maybe isn't dressed the same as another child, or doesn't have the lunch like another person, or have the home supports." Several other participants shared similar sentiments about the weight of poverty on children and how it impacted their learning, social life, and future opportunities.

Availability of Services and Products

Barriers to accessing services and products from HNHSS were occasionally discussed in context of new mothers and infants or children. One pronounced barrier that participants discussed may prevent new mothers from accessing HNHSS services was language. For example, a participant (KI64) explained, "For a few I think language is a difficulty. If they are new immigrants or refugees, they require translation and health and social services does not have translation services except for the maternal and child with [Healthy Babies Healthy Children] and the family home visitors." Another participant explained how families might need longer hours at the service centres they use and locations that are closer or more accessible to them. This participant (KI9) said,

"For early-on childhood family centers I think people are looking for increased hours in the community that they live in or that are a short drive from where they live. People in my opinion are looking for interaction and social. So you may

have a small community where there is a few people looking for access to child family center. They would love it in their community but if there is something close by I think they are happy. It's just continuing to expand hours and provide things in a variety of locations that will meet that need."

Conclusions

In conclusion, residents in Haldimand and Norfolk counties are concerned about the health of infants and children in their community and their developmental phases. The major issue that arose in conversations and from the survey data with regards to young children was lack of available and affordable childcare spaces. In discussions with participants, it was clear that insufficient services in this space may be impacting the community negatively in other ways as well, such as by lowering employment participation.

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