

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2025-OPH-HPP-0004

SUBJECT: Update on Ottawa Public Health's Healthy Growth and Development Program

OBJET: Mise-à-jour du programme Croissance et développement sains de Santé publique Ottawa

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa receive, for information, the update on Ottawa Public Health's Healthy Growth and Development Program, as outlined in this report.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la Ville d'Ottawa prenne connaissance, à titre d'information, de la mise à jour sur le Programme de croissance et de développement en santé d'Ottawa, tel que décrit dans ce rapport.

BACKGROUND

The prenatal and early childhood periods are critical developmental phases that build the foundation for health and well-being across the life course. During these periods the brain undergoes rapid development, and it is a critical time to ensure proper health, nutrition, security and safety, responsive caregiving, and early learning opportunities for optimal development. It is said that investments in early childhood are “the most powerful investments a country can make, with returns over the life course many times the amount of the original investment”ⁱ.

Under the Ontario Public Health Standards (OPHS), public health units in Ontario are required to support Healthy Growth and Development (HGD) including through two key initiatives (a) the administration of the Healthy Babies Healthy Children (HBHC) Home Visiting Program and (b) the delivery of health promotion services. The HBHC Program includes providing “services during the prenatal period and to families with children from birth up to their transition to school, using targeted program approaches with a universal screening opportunity at the time of birth”ⁱⁱ.

Ottawa Public Health’s (OPH) HGD program includes a home visiting program in alignment with the HBHC protocol. The home visiting program is a critical service that supports families, particularly those facing systemic barriers, from pregnancy up until children go to school. In addition to the HBHC Program, OPH’s HGD Program provides a range of health promotion initiatives that support parents and caregivers across the life continuum—from preconception through to school entry. Services include Pregnancy Circles, Parenting in Ottawa Drop-ins, Steps to Wellness Cognitive Behavioural Therapy, along with several easily accessible online resources.

This is the first formal report providing an update on OPH’s HGD Program submitted to the Board of Health during the current 2023 to 2027 term. This report details the HBHC Home Visiting Program, health promotion services offered, and public health policy and collaborative initiatives that support Ottawa families.

DISCUSSION

The HGD Program includes 46 Public Health Nurses (PHNs), two Social Workers and four Family Visitors who work directly with clients in the HBHC Home Visiting Program and various health promotion services offered. The program is supported by administrative staff and a leadership team. In 2024, Ottawa Public Health (OPH) received an increase in base funding for the Healthy Babies Healthy Children (HBHC) program from the Ministry of Children and Community Social Services (MCCSS),

totaling approximately \$900,000—rising from \$4,561,837 to \$5,464,096. This marked the first increase in base funding since 2007 and allowed OPH to address a portion of the longstanding funding gap. The additional funding facilitated the expansion of the staffing complement, enabling the hiring of four Public Health Nurses (PHNs) and one Social Worker. With the addition of new employees, several key improvements are anticipated, including enhanced quality of services, increased capacity to dedicate time to complex case management, a higher number of home visits, and more balanced workloads. This improved workload balance is expected to create opportunities for employees to increase their participation in health promotion initiatives, which are supported through a separate funding stream. However, due to the substantial time required to onboard and train new employees (estimated at approximately four to six months) these outcomes are not expected to be fully understood or measurable until the end of 2025, or early 2026.

HGD staff have specialized expertise, and skill sets to deliver tailored support to clients. HGD staff receive training related to intimate partner violence, suicide intervention, motivational interviewing, perinatal substance use, parent-child interactions, and interpersonal psychotherapy. Forty percent of HGD PHNs are International Breastfeeding Lactation Consultant Certified (IBCLC). IBCLC is specialized training to be able to provide expert breastfeeding and lactation care. HGD staff collectively speak more than 21 different languages, enhancing communication and cultural responsiveness. The specialized expertise and skills sets of HGD staff along with being able to speak the preferred language of clients has been essential in ensuring effective communication, building trust with clients, and setting up families up with the support they need to thrive.

HGD Program services would not be possible without the collaboration and support of many different partners. Partners include those such as Ottawa birthing hospitals, midwifery groups, Ontario Health Teams (OHTs), Indigenous community agencies, Child Protection Agencies, as well as internal City of Ottawa partners such as the Ottawa Public Library (OPL). Partners are involved in every aspect of the HGD Program from supporting the development of health promotion products to the delivery of holistic client care through the HBHC Home Visiting Program.

As outlined below, the HGD Program has had to rebuild and rethink many of its programs and services in recent years. This work has been guided by the OPHS and OPH's 2023 to 2027 Strategic Plan with a particular focus on aligning initiatives to address health inequity within the population and to better meet clients where they are.

Healthy Babies Healthy Children (HBHC) Program

HBHC is a family-centred, voluntary, long-term home visiting program fully funded by Ontario's Ministry of Children, Community and Social Services (MCCSS) that provides "prevention, early identification, and intervention services to families of newborns and young children with risks to healthy child development"ⁱⁱⁱ. The goal is to optimize children's healthy growth and development and reduce health inequities of families. Key components of the HBHC Program include (a) screening to identify risks to healthy child development; (b) a blended home visiting service including PHNs, Social Workers, and Family Visitors; and (c) referrals and connections to community resources.

Families can access the HBHC Program at three different stages: prenatal, postpartum (i.e., birth to six weeks), and early identification (i.e., six weeks to school-entry). Approximately 90% are referred postpartum through the HBHC screening conducted systematically at the time of birth in local hospitals. Referrals also come from primary care providers (PCPs), community partners (e.g., community health centres) and children protection agencies (e.g., Children's Aid Society of Ottawa). Families can also choose to self-refer through OPH's Parenting in Ottawa website. Participation in the HBHC Program is voluntary, and families may withdraw at any time.

In 2024, close to 80% of the 10,296 births¹ within OPH jurisdiction underwent initial screening to identify risks to infant and family well-being. Approximately 10% of the 10,296 births were determined to likely benefit from and referred on to receive HBHC home visiting services. OPH Hospital Liaison PHNs work in all four Ottawa birthing hospitals² Monday to Friday completing the initial HBHC screening. Hospital Liaison PHNs offer to book a home visit with clients, as necessary, before they are discharged from the hospital. These PHNs also ensure families, who are not referred to the HBHC home visiting service, are aware of key community services and resources. Community services include those that support breast and infant feeding, parental education, immunization, play groups, and library programming offered through community health centres, community resource centers, EarlyON Centres, the OPL and OPH. On evenings and weekends, hospital nurses complete the screening and referral to the HBHC home visiting service. OPH has worked closely with hospital partners to ensure nurses are knowledgeable about and understand the importance of the screening and referral process for HBHC home visiting services, as well as other community services available to families.

¹ Births 2024 (fiscal year) - Better Outcomes Registry & Network (BORN). Data as of May 2025

² Ottawa birth hospitals include The Ottawa Hospital Civic and General Campuses, Queensway Carleton Hospital and The Montfort Hospital

In the fall of 2022, and as part of OPH's priority to collect sociodemographic data (SDD) in the 2023 to 2027 Strategic Plan, the HBHC Home Visiting Program started inviting clients who consented to provide SDD. This information includes client details such as racial identity, languages spoken, housing situation, and access to a regular healthcare provider. Our experience so far tells us that when asked, most clients (90%) consent to providing SDD.

Analyzed SDD validate anecdotal experiences of OPH PHNs and Family Visitors; it confirms that the HBHC Program is providing home visiting services to families facing significant systemic barriers. Notably, of the 1,193³ HBHC home visiting clients who consented to provide SDD, 71% (845) were not born in Canada. Of the clients who were not born in Canada, most (71%) were recent immigrants having lived in Canada for 5 years or less; 30% identified as having refugee status³; 94% reported a racial identity other than white; many were precariously housed with approximately 17% reporting that they were living or staying in an Ottawa shelter; 53% reported not having a regular health care provider³; and, 17% reported feeling most comfortable speaking in a language other than English or French. OPH is leveraging SDD to influence policy and program changes—such as those related to housing and that align with the City's strategies including the 10-Year Housing and Homelessness Plan—and to help ensure that the needs of expecting and current parents are met.

In 2022, OPH shifted its criteria for offering HBHC home visiting services. The change stemmed from the long-standing lack in budget growth combined with the intensity of HBHC staff caseloads associated with increasingly complex health and social situations families are facing, such as those related to housing instability, recent immigration, food insecurity, challenges accessing a PCP and intimate partner violence. People who are pregnant and parents/caregivers are eligible to receive home visiting if they meet one or more of the following criteria:

- Facing challenging life situations such as being underhoused, relationship difficulties, or financial hardship.
- Concerned with or have questions about parenting, their child's growth and development, or building a healthy relationship with their child.
- Experiencing or having a history of a physical illness and/or mental health symptoms (e.g., feeling depressed or anxious) that makes their pregnancy or parenting challenging.

³ The HBHC home visiting program collected SDD shared in this report between November 21, 2022 and May 31, 2025. The questions about access to a regular healthcare provider and immigration status were added on February 5, 2024. Therefore, these questions have a smaller number of respondents.

- Feeling alone or isolated with few or no support from family or friends.
- Newcomer to Canada, here less than three years.

Shifting the HBHC home visiting criteria has been successful in ensuring OPH is able to focus its resources on clients who are most in need of support and requiring long-term home visiting.

During home visits, PHNs complete an in-depth assessment of the infant and family. In-depth assessments are comprehensive and include not only physical aspects but other aspects such as mental, social and economic. The PHN works collaboratively with the family to identify goals and strategies to work on. As an example, refugee women, many of whom the HBHC Home Visiting Program supports pre- and postpartum, often face a unique set of challenges. These may be related to food insecurity and lack of social support and sense of belonging. They may experience barriers when accessing care such as those related to language and gender-based cultural norms^{iv}. Experiencing such challenges has been associated with an increased risk of negative perinatal physical and mental health outcomes (e.g., postpartum depression)^v. Strategies to support the infant and family might be related to physical health such as breastfeeding or child development, connecting with local health services such as community health centres but also those that support perinatal mental health, securing housing or applying for Ontario social assistance programs. HGD program PHNs, Family Visitors, and Social Workers work collaboratively to support clients. Social workers are particularly instrumental in supporting HBHC clients with aspects related to financial planning, housing stability, immigration and settlement, employment, and educational opportunities. In 2024, the program completed over 8,000 home visits. On average, families are visited every 12 days and involved in the program for about five months; however, this can range from one month to three years or longer.

Health Promotion

The HGD Program offers a range of services to support families from pre-conception to school-entry. This is a critical period where particular physical, emotional, social, language and communication skills are developed. Supporting healthy growth and development in the early years of a child's life builds the foundation for school readiness and significantly impacts the health and well-being of a child across the life course^v. The Early Development Instrument (EDI) is a population-based measure of children's developmental health at school entry across five domains. It serves as an indicator of children's readiness for school by assessing their ability to meet age-appropriate

developmental benchmarks that support meaningful engagement in educational activities. Six EDI cycles have been completed in Ottawa, starting in 2004/06. The latest EDI data collected in the 2022/23 cycle found that just over a quarter (28%) of senior kindergarten (SK) children in Ottawa were vulnerable⁴ with regards to their developmental health on at least one of the five EDI domains. This percent is similar to pre-pandemic levels (28%) in the 2017/18 cycle. While not currently available for the 2022/23 EDI cycle, previous cycles have demonstrated that a gradient exists with an increasing percent of children vulnerable in at least one of the five EDI domains when going from SES quintile one (i.e., most socioeconomically advantaged neighbourhoods) to SES quintile five neighbourhoods (i.e., least socioeconomically advantaged neighbourhoods)^{vi}.

In addition to supporting healthy growth and development through the HBHC Program, the HGD Program's health promotion services offered include Pregnancy Circles, Parenting-In-Ottawa Drop-ins, The Steps-to-Wellness Cognitive Behavioural Therapy Program, as well as resources available through the Parenting-in-Ottawa website.

Pregnancy Circles

For some, pregnancy can be an exciting time, filled with joy anticipating the arrival of a new family member. For others, it represents a challenging life change and can present with physical, mental, social (e.g., relational, housing), and economic concerns. Pregnancy Circles are prenatal classes aimed to support people during their pregnancy and as they begin their parenting journey. OPH first started offering Pregnancy Circles in 2008. During the COVID-19 pandemic, Pregnancy Circles were paused due to re-deployment of staff and emergency measures put in place. In 2023, OPH received a one-time funding amount of \$460,000 from the Ontario Ministry of Health. This provided an opportunity to evaluate the previous Pregnancy Circle curriculum to ensure the most up-to-date content on prenatal care was integrated; the needs of the changing population within the Ottawa community were prioritized; and services were redesigned to be equitable, inclusive, and impactful.

Using a health equity approach and recognizing that concerns during pregnancy are often amplified for people facing socio-structural barriers (e.g., financial hardship, housing insecurity), Pregnancy Circles are currently located in socioeconomic status

⁴ Vulnerable is defined as children who scored below the 10th percentile, based on province-wide data

(SES) quintile five neighbourhoods⁵. This service is unique in that it delivers free, in-person prenatal education that strives to foster a culturally safe environment and includes content that is attentive to the needs of pregnant people living in SES quintile five neighbourhoods. Based on language needs identified from SDD collected, Pregnancy Circles are currently offered in English, French, Arabic, Mandarin and Spanish. They are facilitated by a PHN and a Community Engagement Coordinator from OPH's Community Engagement Team who speak the language. Each session is two hours in length and occur weekly for a period of six weeks. They cover a variety of topics including pregnancy basics such as physical and emotional changes, fetal growth, and healthy eating and exercise. They also cover content related to labour and birth, newborn and infant feeding, and preparation for parenthood. Pregnancy Circles go beyond a place where pregnant people learn about topics related to pregnancy, birthing and post-partum. Sessions foster social connections among participants, helping reduce social isolation and support the emotional well-being during pregnancy. It is a place where facilitators also have an opportunity to connect pregnant people with other community supports and services whether it be the HBHC Program, or for lactation or immunization support, for example. Building these social connections are an important aspect in reducing concerns associated with pregnancy and infancy and supporting the well-being of the pregnant person^{vii}.

Pregnancy Circles are currently advertised through OPH's Neighbourhood Health and Wellness Hubs, Community Engagement Team, and through HGD Program staff themselves. OPH also works with key community partners that provide services to people living in SES quintile five neighbourhoods to advertise (e.g., Rideau-Rockcliffe Community Resource Centre, Vanier Community Service Center, Parent Resource Center, Foster Farm Community Center). In 2024, 78 pregnant people enrolled in the 11 Pregnancy Circles. In 2025, OPH will offer 12 Pregnancy Circles, and 75 clients have registered to date.

Feedback from clients has been very positive. Feedback indicates that there is a high level of satisfaction with the content and topics covered, that clients' questions and concerns are answered, and that the sessions foster an environment that makes clients feel comfortable sharing their thoughts and experiences. Almost all clients who provided

⁵ Socioeconomic Status (SES) Neighbourhood Quintiles are determined based on an SES index that combines the following factors: unemployment rate, lone-parent families, residents aged 25-64 with no high school diploma, median market income, residents living in low-income, and households in core housing need. The score from the SES index is divided into SES quintiles, where SES quintile five indicates a neighbourhood with the highest socioeconomic disadvantage, and SES quintile one indicates a neighbourhood with the least socioeconomic disadvantage.

feedback also strongly agreed that the sessions were offered in their language of choice and that the location of the session was convenient.

Parenting-In-Ottawa Drop-ins

OPH has offered Parenting in Ottawa Drop-ins (“drop-ins”) for over 20 years. Drop-ins offer in person, one-on-one support with a PHN and/or an International Board Certified Lactation Consultant (IBCLC). It is an opportunity for both expecting parents, and parents and caregivers of children from birth to six years of age to receive reliable information from a trusted health care professional. Although PHNs can offer support about healthy growth and development, parenting, toilet training, mental health and more; the more common reason for parents and caregivers accessing drop-ins is related to infant feeding and more specifically breastfeeding. At the drop-ins, parents can also borrow a hospital grade breast pump, following an assessment by a PHN. OPH currently offers drop-ins at 12 locations across the City of Ottawa, with plans to expand to 14 locations this fall of 2025. One additional location is in collaboration with Tungasuvvingat Inuit at 282 Dupuis Street and the second location is at the Rural Family Connections & Ottawa Public Library in Greely to better serve clients living in rural Ottawa. See [Appendix A](#) for a map and current list of locations. The drop-ins are offered in collaboration with community partners including the OPL, City of Ottawa community centres, EarlyON Centres, St. Mary’s Outreach as well as Inuuqatigiit Centre and Tungasuvvingat Inuit. In 2024, 1,321 families accessed the Parenting in Ottawa drop-ins with 2,665 visits indicating families returned more than once to access services.

The Steps to Wellness Program, 9-week Cognitive-Behavioral Therapy (CBT) for Perinatal Depression

Approximately a quarter of birthing parents experience symptoms of depression and anxiety post-partum^{viii}. OPH first launched The Steps to Wellness Cognitive Behavioural Therapy (CBT) Program in the fall of 2024. CBT is “a structured, time-limited, problem-focused and goal-oriented form of psychotherapy that helps people learn to identify, question and change how their thoughts, attitudes and beliefs relate to the emotional and behavioural reactions that cause them difficulty”^{ix}. This nine-week, group-based virtual program is designed for people who are pregnant or mothers (biologically or through adoption) and who may be experiencing anxiety and/or depression. The Steps to Wellness Program is based on a model developed through a partnership between Dr. Ryan Van Lieshout, a psychiatrist at McMaster University, and with Niagara Region Public Health^x. The model, delivered by PHNs, has shown to be effective at improving

perinatal depression, anxiety and the mother-infant relationship^v. Prior to OPH implementing the program, it had already been implemented at five other public health units (PHU) in Ontario. Six HGD staff have been trained to deliver the program. All other HGD staff have completed a two-day training on CBT basics to be able to support clients when providing HBHC home visiting services.

In the fall of 2024, OPH offered three sets of nine-week sessions to a total of 27 English-speaking clients. By the spring of 2025, a total of 59 participants attended the four English groups and one French group. Three additional sessions are being offered in English this fall with more planned for 2026. Notably, OPH was the first PHU in Canada to offer the program in French. The program is advertised through community partners (e.g., community health centres, community resource centres, EarlyON Centres) and on the Parenting in Ottawa website. The HGD Program also provides Ottawa birthing hospitals with postcards, that include information on the program, to share with all parents before discharge.

Clients self-register for the program through the Parenting in Ottawa website after which a PHN from the HGD Program contacts the client and completes the Edinburgh Postnatal Depression Scale to determine suitability of the program. Clients who have a score of 10 or more (i.e., indicating possible depression) are referred on to the program. Clients who have a score less than 10 are provided with community resources that support the well-being and mental health of the mother and infant (e.g., EarlyON Centres, counselling and mental health services).

The HGD Program is also collaborating with McMaster University as part of a Fathers CBT Research Project, more specifically, a pilot randomized controlled trial (RCT) for fathers who may be experiencing paternal perinatal depression. This research study aims to determine whether a group CBT intervention is helpful for fathers and fathers to be. The launch of this program is tentatively scheduled for this fall and will help build an evidence-base for this program to determine its effectiveness and suitability for those who identify as fathers.

Parenting In Ottawa Online Resources

HGD strives to support parents with up-to-date, pertinent and reliable information in response to their everyday questions. The Parenting in Ottawa website provides parents with information on parenting with topics covered on becoming a parent and pregnancy, babies and toddlers, and children. Examples of content include labour and delivery, perinatal mental health, and staying healthy during pregnancy in the becoming

a parent and pregnancy section; to baby and toddler safety, introducing solids and secure attachment in the babies and toddlers section.

In response to the evolving sources parents and caregivers are accessing information from and the need to provide evidence-based information from a trusted source, the HGD Program created a series of videos with the support of OPH's communications team. In 2018, the HGD Program started with a series of videos that answer common postpartum questions. The most popular video was *How to Bathe Your Baby*. In 2024, additional videos were added covering a variety of topics such as timing contractions during labour, trimming babies' nails, and the most popular video to date, soothing gas in babies, which now has over 14,000 views. Videos are developed in collaboration with key partners. For example, the HGD Program collaborated with the OPL and the Family Birth Centre at the Montfort Hospital to develop videos on why reading matters and monitoring fetal movements, respectively. A new video series on obstetrical topics will be completed this fall in collaboration with The Ottawa Hospital Obstetrics Department at the General Campus. Content is shared through various OPH social media channels.

Public Health Policy and Partnership Initiatives

HGD Program work extends beyond providing direct client services offered through its HBHC home visiting and health promotion programs. The HGD Program supports public health policy development and engages in collaborative efforts with partners that aim to address the broader needs of expecting and current parents, including those related to the social determinants of health. Several recent initiatives include collaboration with the Montfort Renaissance to establish the Archipel OHT Postpartum Wellness Clinic, with OPL to promote early literacy, with OPH dieticians to support clients in applying for nutritional allowances, and with City of Ottawa Housing to influence policy that supports improved access to stable and adequate housing for pregnant women and their newborn(s).

Supporting Access to Treatment for Postpartum Mood and Anxiety Disorders (PMAD)

The HGD Program represents OPH on the Archipel OHT Executive Committee. In 2022, it was identified that while HBHC staff were able to refer clients experiencing symptoms of PMAD back to their PCP for further support, there was no referral process for those without one. This was identified through Archipel OHT's Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) designation which includes OPH and three other organizations (i.e., Montfort Hospital, Montfort Renaissance and the Canadian Mental Health Association (CMHA) of Ottawa). Being designated as a BPSO signifies a commitment to high standards in evaluating

and applying RNAO's Best Practice Guidelines (BPG). Current practice was evaluated against RNAO's BPG on *Assessment and Interventions for Perinatal Depression*^{xi}. In collaboration with the Montfort Hospital, the Archipel OHT Postpartum Wellness Clinic pilot was established to ensure HBHC home visiting clients without a PCP can access treatment for PMAD. The clinic provided two to three visits with a PCP who would ensure there were no underlying medical conditions, such as anemia or thyroid imbalance, that could contribute to the symptoms. The PCP would refer the client to a perinatal psychiatrist as needed. This initial clinic model was evaluated through a fellowship from the Registered Nurses Association of Ontario (RNAO).

In April 2025, and building off the success of the pilot, OPH was able to establish a more permanent partnership with Montfort Renaissance. Through this model, a Family Physician will assess, prescribe medications and follow-up with HBHC clients experiencing PMAD who do not have a PCP. Using a trauma and violence informed approach, HGD staff complete a warm referral linking the client with the clinic without the client needing to repeat their history.

Supporting Early Literacy

The HGD Program has had a rich collaboration with OPL over the years. Supporting early literacy plays a vital role in language, communication, cognitive, emotional and social development, as well as academic success^{xii}. Recognizing this along with the wealth of programs available through OPL for families, makes OPL a natural partner for the HGD Program. In March 2025, OPH signed a new Memorandum of Agreement (MOA) to increase promotion of OPL services with new parents through our connections with birthing hospitals and midwifery groups as well as through the HGD Program and services including the Parenting in Ottawa website. The MOA includes OPL's commitment to provide a free book voucher to all parents receiving HBHC home visiting services.

Supporting Access to Nutritional Allowances

A Pregnancy/Breastfeeding Nutritional Allowance (PBNA) and Special Diet Allowance (SDA) are available through Ontario Works (OW) and Ontario Disability Support Program (ODSP). The PBNA is a benefit for pregnant/breastfeeding women that assists with the costs of the nutritional needs during pregnancy and lactation. A mother is eligible to receive the nutritional allowance for an additional 12 months after the birth event (up to and including the month the infant is 12 months old) if the mother indicates she is breast-feeding. The maximum amount provided is \$40 per month or \$50 per month if the mother requires a lactose intolerant diet.

The SDA is additional assistance available for people with medical conditions requiring a special diet, which includes inadequate lactation to sustain breast-feeding or if breast-feeding is contraindicated during the first 12 months of an infant's life. The infant is eligible to receive the SDA up to and including the month they turn 12 months old. For infant formula, the allowance is \$145 per month or \$162 per month for an infant who is lactose intolerant.

The form to apply for the PBNA or SDA must be completed by a Physician, Nurse Practitioner, Registered Dietician, Registered Midwife or Traditional Aboriginal Midwife⁶. Having the form completed by an authorized health care provider was posing significant barriers for the large proportion of HBHC home clients who did not have a PCP. In July 2025, a process was developed for Registered Dieticians at OPH to support eligible clients in applying for PBNA or SDA if they do not have a PCP.

Supporting Access to Stable and Adequate Housing

Housing instability is associated with a wide range of adverse maternal and infant health outcomes. It has an impact on the physical and mental health of pregnant people, parents and children. Homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay^{xiii,xiv}. Homelessness can also lead to parents experiencing stress, anxiety and exhaustion, as well as feelings of loss of control, loss of self-worth and isolation. This can exacerbate pre-existing mental health challenges, and impact pregnant peoples' ability to take care of their physical health in pregnancy and care for their child. All these factors are, in turn, associated with poorer physical, emotional and cognitive outcomes in infant and the risk of poor outcomes in later life^{xv}. These adverse health outcomes have steep economic costs. Although the cost of addressing these outcomes far outweighs the cost of addressing housing instability, significant, increasing demand and a lack of adequate resources or sustained funding presents a major challenge in doing so. As the City of Ottawa's Transitional Housing and Offsite Services program is currently experiencing record numbers of families in need of services, a concerted and sustained effort from all levels of government is required to focus on this important issue.

A high proportion of HBHC home visiting clients experience precarious housing situations with, for example, approximately 13% of HBHC clients reported living in a

⁶ Midwives may only confirm that a special diet is required for inadequate lactation to sustain breast-feeding and/or breast-feeding is contraindicated

shelter. This situation prompted the HGD Program to collaborate with the City of Ottawa's Housing Homelessness Services to foster a supportive environment for HGD clients, as well as improve data collection. This collaboration resulted in working towards changes regarding:

- Considering pregnant people and their respective partner/support a “family” in order to access family-focused housing opportunities before giving birth, optimally at 35 weeks gestation or before, to allow clients time to prepare for the arrival of their baby.
- Developing integrated care pathways in collaboration with community resources including housing, employment, child welfare, social services, public health, and health care providers.

The HGD Program actively engages in other activities related to improving stable and adequate housing for families. For example, in 2022 the HGD Program participated in the Rapid Resolution Table, a community pilot project led by the City of Ottawa's Housing and Homelessness Services. Its purpose was to examine the complex system of intersecting economic, environment and social factors that cause family homelessness in the City of Ottawa. It also aimed to develop solutions that were proactive in preventing homelessness and entry to the shelter system. In July 2025, the HGD Program took part in the 10-Year Plan Family Sector Engagement Session, also organized by the City of Ottawa Housing and Homelessness Services in collaboration with the Housing and Homelessness Leadership Table. This engagement session allowed the HGD Program to provide input on the City of Ottawa's 10-Year Housing and Homelessness Plan which each Ontario municipality is required to have.

RURAL IMPLICATIONS

The HBHC Home Visiting Program is accessible to all people living in Ottawa, including families living in rural areas. In 2024, the HGD program began offering Parenting in Ottawa Drop-ins at the Rural Family Connections - EarlyON Child and Family Centre in Metcalfe twice monthly. A location at the Rural Family Connections and Ottawa Public Library in Greely will also be added in September (2025).

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no direct accessibility impacts associated with this report.

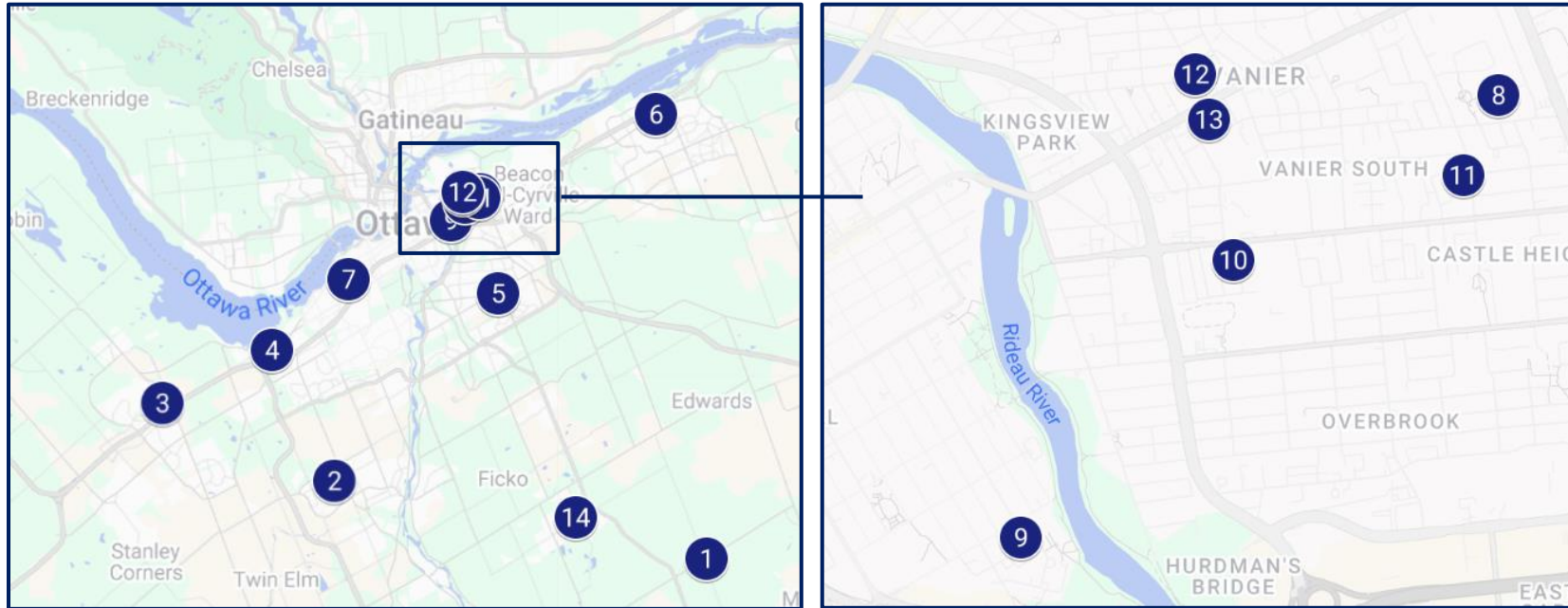
ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

This report aligns with Ottawa Public Health's 2023-27 Strategic Plan, Goal 1 – Equity Driven and Goal 3 – Promote Well-being and Reduce Harms, and Goal 4 – Focus on Prevention.

DISPOSITION

This report is provided to the Board of Health for information.

APPENDIX A – Parenting in Ottawa Drop-in Locations (current as of August 27, 2025)



1. Rural Family Connections – EarlyON Child and Family Centre (Metcalfe) - 8243 Victoria St
2. Ruth E. Dickinson Public Library - 100 Malvern Dr
3. Beaverbrook Public Library - 2550 Campeau Dr
4. Bayshore Field House - 175 Woodridge Crescent
5. Andrew Fleck Children's Services - 2330 Don Reid Dr
6. Orleans-Cumberland Community Resource Centre – 240 Centrum Blvd
7. Mothercraft – 475 Evered Ave
8. St. Laurent Complex – 525 Coté St
9. Parent Resource Centre – 300 Goulburn Dr
10. Inuuqatigiit Centre - 352 Crete Pl
11. St. Mary's Outreach Centre - 780 Rue de l'Église St
12. Vanier Community Service Centre – 270 Marier Ave
13. **New Location** - Tungasuvvingat Inuit - 282 Dupuis St
14. **New Location** – Rural Family Connections/Ottawa Public Library – 1448 Meadow Drive

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