Healthy Child Manitoba
Putting children and families first

Manitoba

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September 2009

His Honour John Harvard
Lieutenant-Governor
Province of Manitoba

I have the pleasure of presenting for the information of Your Honour the Annual Report of Manitoba's Healthy Child Manitoba Office for the year 2008/09.

Respectfully submitted,

Kerri Irvin-Ross
Minister, Healthy Living
Chair, Healthy Child Committee of Cabinet

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September 2009

Kerri Irvin-Ross
Chair, Healthy Child Committee of Cabinet
310 Legislative Building

Madam:

I have the honour of presenting to you the 2008/09 Annual Report of the Healthy Child Manitoba Office.

This report reflects Healthy Child Manitoba's continued commitment to facilitate child-centred public policy. In 2008/09, Healthy Child Manitoba's activities and achievements included:

The Healthy Child Manitoba Office continues to work toward the best possible outcomes for Manitoba's children.

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Respectfully submitted,

Martin Billinkoff
Chair, Healthy Child Deputy Ministers' Committee

A partnership of:
Manitoba Healthy Living · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage, Tourism and Sport · Manitoba Education, Citizenship and Youth · Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Manitoba Labour and Immigration / Status of Women

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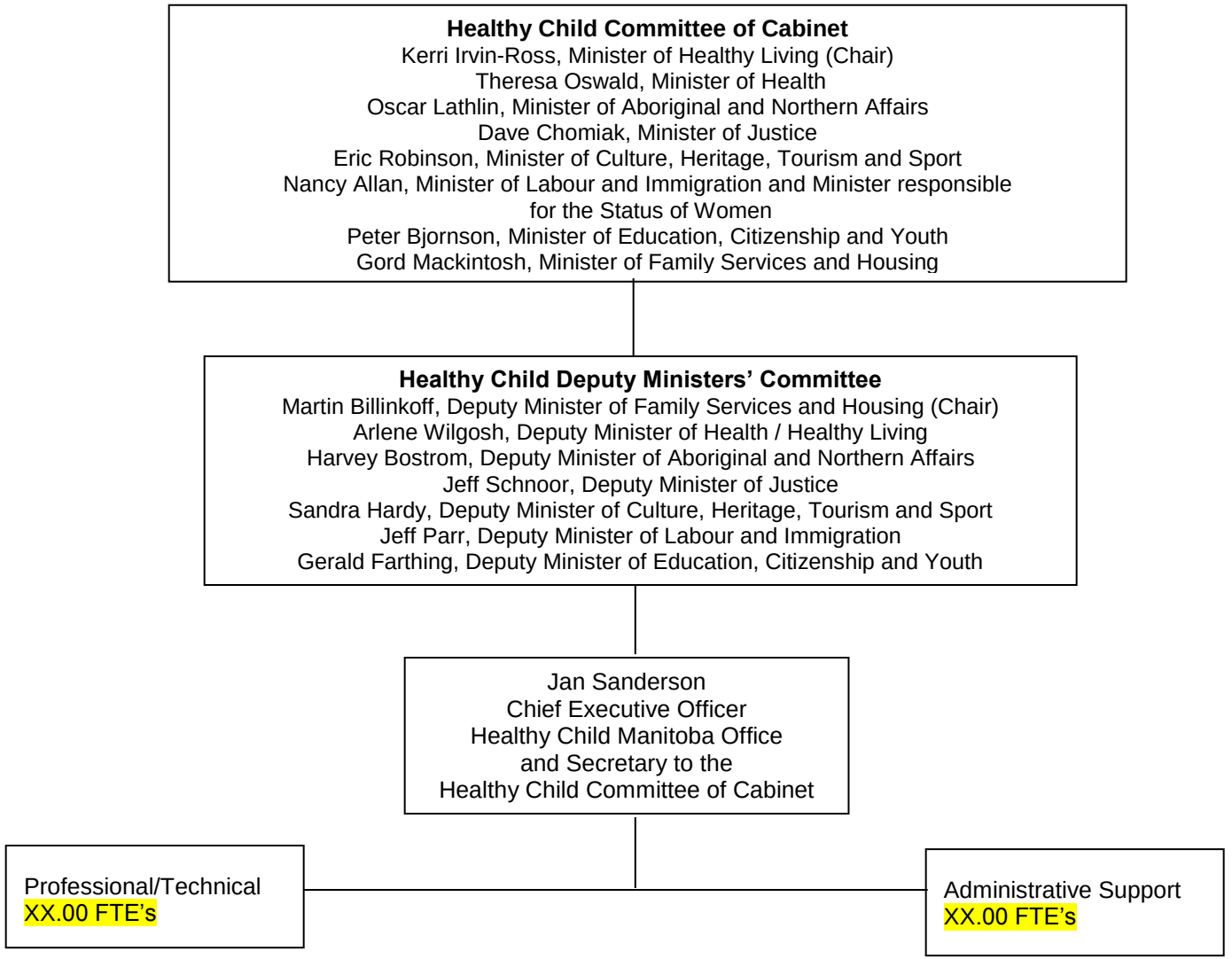
ORGANIZATION CHART
March 31, 2009



PREFACE

Report Structure

The Annual Report is organized in accordance with the appropriation structure of the Healthy Child Manitoba Office (HCMO), which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to the office's objectives, actual results achieved, financial performance and variances, and provides a five-year historical table of expenditures and staffing. Expenditures and revenue variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report.

Mandate

As legislated by *The Healthy Child Manitoba Act,* Healthy Child Manitoba (HCM) is the Government of Manitoba's long-term, cross-departmental prevention strategy for putting children and families first. Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet (HCCC), the HCMO works across departments and sectors to facilitate a community development approach to improve the well-being of Manitoba's children, families and communities.

Background

In March 2000, the Manitoba government established HCM and the Premier created the HCCC. In 2008/09, the Chair was Minister of Healthy Living Kerri Irvin-Ross, appointed by the Premier in September 2006, succeeding Past Chairs Minister of Healthy Living Theresa Oswald (October 2004-September 2006), Minister of Healthy Living Jim Rondeau (November 2003 – October 2004), and Minister of Family Services and Housing Tim Sale (March 2000 – November 2003). The HCCC develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As a legislated committee of Cabinet, the committee signals healthy child and adolescent development as a top-level policy priority of government. It is the only legislated Cabinet committee in Canada that is dedicated to children and youth. The HCCC meets on a bi-monthly basis.

Healthy Child Committee of Cabinet 2008/09

Kerri Irvin-Ross, Minister of Healthy Living (Chair)
Theresa Oswald, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Dave Chomiak, Minister of Justice
Eric Robinson, Minister of Culture, Heritage, Tourism and Sport
Nancy Allan, Minister of Labour and Immigration / Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Gord Mackintosh, Minister of Family Services and Housing

Directed by the HCCC, the Deputy Ministers of eight government partners share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensure the timely preparation of proposals, implementation plans and resulting delivery of all initiatives. Chaired by the Deputy Minister of Family Services and Housing, the Healthy Child Deputy Ministers' Committee (HCDMC) meets on a bi-monthly basis.

We acknowledge the passing in 2008 of the Honourable Oscar Lathlin, Minister of Aboriginal and Northern Affairs, and a committed member of the Healthy Child Committee of Cabinet. Minister Lathlin will be remembered for his passion for education for all Aboriginal children and his commitment to his people.

Healthy Child Deputy Ministers' Committee 2008/09

Martin Billinkoff, Deputy Minister of Family Services and Housing (Chair)
Arlene Wilgosh, Deputy Minister of Health and Healthy Living
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Ron Perozzo, Deputy Minister of Justice (retired in 2008)
Jeff Schnoor, Deputy Minister of Justice (appointed August 2008)
Sandra Hardy, Deputy Minister of Culture, Heritage, Tourism and Sport
Jeff Parr, Deputy Minister of Labour and Immigration / Status of Women
Gerald Farthing, Deputy Minister of Education, Citizenship and Youth

The HCMO, in addition to its primary functions in research, policy and program development, evaluation, and community development, also serves as staff and secretariat to the HCCC and the HCDMC.

Further, HCMO facilitates and liaises with the Provincial Healthy Child Advisory Committee, legislated by *The Healthy Child Manitoba Act,* comprised of cross-sectoral community and government representatives, that provides advice to the HCCC Chair regarding the HCM strategy.

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children (prenatal to age 18 years).

Objectives

The major responsibilities of HCM are to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children;
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods and communities in prevention and ECD services through community development; and
- facilitate child-centred public policy development, knowledge exchange and investment across departments and sectors through evaluation and research on key determinants and outcomes of children's well-being.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS

The HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2008/09, HCMO continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, HCMO is committed to putting the interests of children and families first and to building the best possible future for Manitoba through two major activities: (I) program development and implementation, and (II) policy development, research and evaluation.

In 2008/09, major HCM activities and accomplishments included Books for Babies, a new early literacy initiative to increase awareness of the importance of reading to children right from the start*;* an expansion of prevention, diagnostic and intervention efforts through cross-departmenal Provincial FASD strategy,

announced in April, 2007; and developing, funding and evaluating HCMO initiatives including: Early Childhood Development (ECD) programs, Parent-Child Centred activities implemented by regional and community coalitions, Healthy Schools, Middle Childhood and Adolescent Development programs, Fetal Alcohol Spectrum Disorder (FASD) prevention and support services and Roots of Empathy; promoting and maintaining intergovernmental and joint community-government mechanisms for planning, funding and evaluation of early childhood development initiatives.

I. HCMO Program Development and Implementation

The well-being of Manitoba's children and youth is a government-wide priority. HCMO program development and implementation activities continued to focus on the five original core commitments (March 2000) of the HCCC: parent-child centres, prenatal and early childhood nutrition, fetal alcohol syndrome (FAS) prevention, nurses in schools, and adolescent pregnancy prevention. Over time, these commitments have evolved and expanded respectively, as follows:

- Parent-Child Coalitions
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Middle Childhood and Adolescent Development

HCMO program development and implementation are supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from the Healthy Child partner departments, as well as the Community and Economic Development Committee of Cabinet and Manitoba Intergovernmental Affairs and Trade (Neighbourhoods Alive! program). Chaired by HCMO, the committee works to coordinate and improve programs for children and youth across departments.

HCMO program development and implementation include initiatives for ECD, FASD prevention and support, school-age programs, middle childhood and adolescent development, and community capacity building.

A) Early Childhood Development (ECD)

Parent Child Coalitions

The Parent Child Coalitions bring together community strengths and resources within a geographic boundary to promote and support community-based programs for young children and their families. This community development approach includes representation from parents, school divisions, early childhood educators, health professionals and other community organizations. Core priorities of Coalition activities include positive parenting, nutrition and physical health, literacy and learning, and community capacity.

There are 26 parent-child coalitions across the province, organized within the 11 regional health authority (RHA) boundaries outside Winnipeg and the 12 Community Areas within Winnipeg. Three cultural organizations also receive parent-child funding.

Each parent-child coalition plans community activities based on local needs and determined through community consultation. A wide variety of service delivery approaches are used and a wide range of activities offered.
The Council of Coalitions includes representatives from each regional coalition and meets on a regular basis to promote community development, networking and sharing of resources. Also, the Provincial Healthy Child Advisory Committee includes representation from urban, inner city, rural and northern coalitions. HCMO hosts an annual Provincial Forum to provide coalition members and community partners with professional development and networking opportunities.

Triple P – Positive Parenting Program

On March 21, 2005, the HCCC announced funding to support the initial implementation of Triple P - Positive Parenting Program province-wide in Manitoba. Triple P is founded on more than 30 years of rigorous intervention research conducted at The University of Queensland's Parenting and Family Support Centre and internationally.

In order to reach all parents, the Triple P system is designed as a training initiative to broaden the skills of current service delivery systems (e.g., health, early learning and child care, social services, education). Parents will have the opportunity to access evidence-based information and support, when they need it, from accredited Triple P practitioners in their local community. HCMO will support the development of a provincial strategy to communicate the availability of Triple P to the public as well as general messages on the importance of parenting.

To ensure successful implementation and delivery, Triple P is being phased in across the province with an initial focus on children under the age of six. In 2005/06, based on criteria of community need and capacity, five health regions and communities were selected for training. They were North Eastman, Burntwood and Winnipeg (Elmwood, North-end /Point Douglas, Seven Oaks). In 2006/07, seven new regions and communities were selected to be included in training and implementation. They were Nor-Man, Parkland, Interlake, South Eastman, Brandon and Winnipeg (Downtown and Inkster).

In April 2008, expansion of training to the remaining regions and Winnipeg neighbourhood communities commenced. They are Churchill, Central, Assiniboine and in Winnipeg (River East, Transcona, River Heights, Fort Garry, Assiniboine South, St. Boniface, St. Vital and St. James).

HCMO supports Triple P training and accreditation for practitioners from a wide range of organizations and agencies to enhance their skills in this population-level prevention and early intervention approach. Approximately 175 community agencies, school divisions, regional health authorities, family resource centres, child and family service agencies and early learning and child care centres have now partnered with HCMO for training with just under 1,000 practitioners having successfully completed Triple P training and accreditation to date. A positive response has also been received from practitioners and agencies serving First Nations communities with several hundred practitioners having now participated in training. It is expected that Triple P training will continue to occur two to three times a year over the next several years.

Triple P officially launched to the public in the fall of 2008. A formal announcement was made by Minister Irvin-Ross along with Minister Oswald at the Children's Museum in early October 2008. Immediately following, a comprehensive six week long media campaign was launched that included print ads in community newspapers throughout the Province as well as bus shelter and interior bus ads. Two radio spots were also developed and aired during the six week media campaign that promoted the message that "parenting is rewarding and challenging and that all parents and all children can benefit from support and information."On a quarterly basis, newsletters are sent to approximately 4500 practitioners, agencies, day care centers, family doctors, etc. in both official languages. The newsletter promotes Triple P and provides information about Triple P across the province. A comprehensive Triple P Manitoba parent/practitioner website (www.manitoba.ca/triplep) was also launched in October 2008 to provide information and resources to the community and to service providers across the Province of Manitoba. The website features a directory of organizations and agencies providing Triple P services. Other components of the site include: the basic principles of Triple P, parenting tips and resources, practitioner information regarding training as well as articles and resources pertinent to Triple P, and links to relevant parenting sites. To date, there has been a very positive and encouraging response to the website from both the general public and from practitioners. The website remains one of the most frequently visited sites on the Government of Manitoba website and continues to be highlighted with a direct link on the Government homepage.

Healthy Baby

In July 2001, HCMO introduced Healthy Baby, a two-part program that includes Healthy Baby Community Support Programs and the Manitoba Prenatal Benefit. This initiative supports women during pregnancy and the child's infancy (up to the age of 12 months) with financial assistance, social support, and nutrition and health education.

Healthy Baby Community Support Programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to ensure healthy outcomes for their babies. Community programs offer family support and informal learning opportunities via group sessions and outreach. Delivered by community-based partners, the programs provide pregnant women and new parents with practical information and resources on maternal/child health issues, prenatal/postnatal and infant nutrition, breastfeeding, healthy lifestyle choices, parenting ideas, infant development and strategies to support the healthy physical, cognitive and emotional development of children.

In July 2007, the Healthy Baby Resource Committee (HBRC) was created. The committee acts as a clearinghouse for programming resources used to develop curriculum, provides recommendations regarding resources, and liaises between groups, community and provincial staff to enhance knowledge and sharing of resources. In 2007, it was determined that ad-hoc sub-committees would be created to address specific program development needs (i.e. Provincial meetings, revision of Healthy Baby Standards and Guidelines). This affords numerous and varying service providers to become involved in program development.

The Healthy Baby Community Support Program funded 29 agencies to provide programming in over 100 communities and neighborhoods province-wide. In Winnipeg, Healthy Baby Community Support Programs funded the Winnipeg RHA to provide professional health support (public health nurses, nutritionists, registered dietitians) for Healthy Baby sites. In urban centres, community-based programs are delivered on a weekly basis by a team which includes a program coordinator and health professionals. In rural and northern centres, community-based programs are primarily delivered on a monthly basis by a program coordinator with additional support from health professionals, depending on regional resources.

In 2008-09, HCMO provided a 2-day Fabulous Facilitation workshops for Healthy Baby program staff. The goal of this training was to enhance team building and group dynamics.

The Manitoba Prenatal Benefit (MPB) was modeled after the National Child Benefit. Manitoba was the first province in Canada to extend financial benefits into the prenatal period and to include residents of First Nations on-reserve communities. The MPB is intended to help women meet their extra nutritional needs during pregnancy and also acts as a mechanism to connect women to health and community resources in their area. Benefits can begin in the month a woman is 14 weeks pregnant and continue to the month of her estimated date of delivery. A woman qualifies for benefits if her net family income is less than $32,000.00. Benefits are provided on a sliding scale based on net family income. The maximum number of benefits is seven and the maximum benefit amount is $81.41. Information sheets on pregnancy, nutrition, baby's development and the benefits of going to a Healthy Baby Community Support Program are enclosed with monthly cheques.

In 2008/09, the benefit was provided to 4,416 women in Manitoba during their pregnancies. Since the program launch date of July 01, 2001, over 35,000 women have received benefits totaling over $15 million.

In April 2008, a revised MPB application form was made available to the public. A consent box was added to the form that allows for the direct linkage of MPB applicants to a Healthy Baby Community Support Program or Canada Prenatal Nutrition Program (CPNP) and/or Public/Community Health Provider in their area. Over 75 % of Healthy Baby applicants have consented to be referred and as of June 01, 2008, the MPB office has made 4,832 referrals:

Healthy Baby Community Program/CPNP	2390 referrals
Public Health	1466 referrals
First Nation Health Centre or Nursing Station	976 referrals

In April 2002, the Healthy Baby milk program was introduced as an incentive to draw women to community programs. By attending a Healthy Baby Community Support Program, women are eligible to receive milk coupons. HCM generic milk coupons can be redeemed at participating stores across Manitoba. Over 250 stores across Manitoba continue to partner with HCMO for the milk coupon redemption program. Milk coupon usage has steadily increased and in 2008/09, there was a 24% increase over 2007/08.

Families First

Home visiting programs have demonstrated value in supporting families to meet the early developmental needs of their children. Manitoba's home visiting program, Families First, employs paraprofessionals who receive in-depth training in strength-based approaches to family intervention. The program's goals are to ensure physical health and safety, support parenting and secure attachment, promote healthy growth, development and learning, and build connections to the community.

Families First is funded by HCMO and delivered through the RHAs in Manitoba. The program provides a continuum of home visiting services for families with children, prenatal to school entry. Public health nurses (PHNs) complete the screening process with all new births (over 12,000 births annually). Families identified through the screening process are offered an in-home Parent Survey (2,600 families annually) focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. In 2007/08, HCM provided funding to RHAs to employ 147.7 equivalent full-time home visitors province-wide.

Families First (formerly BabyFirst and Early Start) program evaluation highlights were distributed in 2005/06. The evaluation suggests that the universal screening and in-depth assessment processes are successful in identifying families that are most in need of home visiting and other supports. After being in the program for one year, families have improved parenting skills and are more connected to their communities (for more information, see http://www.gov.mb.ca/healthychild/familiesfirst/evaluation.html).

Support for Training and Professional Development

HCMO ensures that all Families First home visiters and the public health nurses who supervise them receive comprehensive training opportunities to continually improve program outcomes and ensure job satisfaction.

Staff are trained in the **Growing Great Kids** curriculum, a parenting and child development curriculum that focuses on the integration of the relationship between parents and their child, with comprehensive child development information, while incorporating the family culture, situations and values specific to each parent. The curriculum aims to foster empathic parent-child relationships while also guiding staff in their efforts to provide strength-based support to families.

All Families First Home Visitors and their supervisors participate in four days of core training to give staff the tools for delivering successful services to families. Starting with building the philosophical foundation for work with families and overall program goals, staff receive training related to building trusting

relationships, promoting positive parent-child relationships and healthy child development, recognizing family progress and boundaries or limit setting.

Participants include Families First staff as well as other community partners. Supervisors participate in a fifth day of training, focussing on clinical supervision and program and quality management.

In 2006, HCM began training for home visitors and supervisors working in the Maternal Child Health Program of First Nations Inuit Health Branch (FNIHB) and Assembly of Manitoba Chiefs (AMC). In 2007, 16 individuals from 8 First Nation communities received provincial core training. This included practitioners from the communities of Brokenhead, Swan Lake, Opaskwayak, Tootinaowaziibeng, Norway House, Pine Creek, Keeseekoowenin and Sagkeeng.

Additionally, staff receive training in **Bookmates Family Literacy Training**. Bookmates enhances family literacy through raising parental and community awareness about the importance of reading to infants and young children. HCM provides grant support to Bookmates Inc. to deliver training workshops in literacy development.

In 2007, 36 Public Health Nurses (PHNs) received Parent Survey training and 21 PHNs received Advanced Parent Survey training. Approximately 366 PHNs have received this training to date. PHNs have opportunities annually for advanced training related to the Parent Survey process.

Francophone Early Childhood Development (ECD) – Hub Model

HCMO continues to support the further development of the Francophone ECD – Hub Model, les centres de la petite enfance et de la famille. This school-based model is designed to provide a comprehensive continuum of integrated services and resources for minority language parents of children from prenatal through to school entry, including universal resources for increasing support and education of parents, access to specialized early intervention services such as the provincial Healthy Baby program, as well as comprehensive speech/language and other specialized developmental/learning services. The overall goal is to ensure that ECD provincial programs are accessible to all Manitobans. This model supports both ECD and the early acquisition of French language and literacy skills critical to later school success.

The model of les centres de la petite enfance et de la famille was implemented in two demonstration sites in 2004/05, École Précieux-Sang in Winnipeg and École Gabrielle-Roy in Ile des Chênes. In 2006/07, the model was expanded to two additional school settings École Réal Bérard in St. Pierre Jolys and École St. Jean Baptiste. In 2007/08 Ecole Romeo-Dallaire (Winnipeg) and Ecole Lorette were added. Funding continues to be matched under the Canada/Manitoba Agreement on the Promotion of Official Languages.

The centres de la petite enfance et de la famille Steering Committee has developed formal committees of government and community partners to address seven key issues: literacy/numeracy, parent education and awareness, support for exogamous families, research, early identification and intervention/multi-disciplinary services, linguistic and cultural supports, and professional training.

Intersectoral Cooperation on Early Childhood Development (ECD)

HCMO is responsible for reporting on Manitoba's implementation of the commitments in the September 2000 First Ministers' Meeting Communiqué on **Early Childhood Development (ECD)**. This endeavour is led by the Federal/Provincial/Territorial (F/P/T) ECD Working Group and includes public reporting in all jurisdictions across Canada (except Québec) regarding ECD investments, activities and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

In November 2002, the Government of Manitoba released the first of a series of major progress reports on Early Childhood Development. *Investing in Early Childhood Development* and subsequent Progress

Reports provide information to Manitobans on ECD investments, activities and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

In the 2003 and subsequent *Investing in Early Childhood Development* Reports, reporting to Manitobans on Early Learning and Child Care is included.

Investing in Early Childhood Development 2005 Progress Report to Manitobans provides us with a first look at trends in the early development of Manitoba's children, as well as trends in related family and community characteristics. Data on indicators of children's well-being are provided for three points in time. For printed copies of these reports, see http://www.gov.mb.ca/healthychild/ecd/ecd_2004_progress_report.pdf.

B) FASD Prevention and Support

HCMO addresses FASD through public education and awareness, prevention and intervention programs, and support services to caregivers and families. HCMO supports partnerships in the community with organizations such as the Coalition on Alcohol and Pregnancy (CAP) and the Fetal Alcohol Family Association of Manitoba (FAFAM) to advance these goals. CAP provides a forum for service providers, families, and government representatives to share information and resources. It facilitates knowledge exchange through meetings, special events and a regularly published newsletter.

In 2007/08, the Province of Manitoba announced a coordinated, multi year strategy to address FASD in Manitoba. The funding for this strategy will be allocated to a number of government departments including Family Services and Housing, Health and Healthy Living, Education, Citizenship and Youth, and Justice. The Healthy Child Manitoba Office is tasked with taking the lead on coordinating the strategy. The strategy includes a number of specific initiatives: Spectrum Connections, a youth and adult resource; FASD Specialists to support child and family services agencies; increased diagnostic services for adolescents; funds to enhance public education initiatives; a training strategy to improve service delivery systems; expansion of Stop FASD to three rural and/or northern communities; more support for women with addictions; more training supports for schools divisions; and increased research.

Stop FASD

Stop FASD is a three-year outreach program for women at risk of having a child with FASD. Based on a best practice model, the program usesparaprofessional mentors to offer consistent support to help women obtain drug and alcohol treatment, stay in recovery, engage in family planning, utilize community resources and move toward a healthy, stable, independent lifestyle. Following the success of the two original Winnipeg sites located at the Aboriginal Health and Wellness Centre and the Nor'West Co-op Community Health Centre, Stop FASD was expanded to sites in Thompson and The Pas in 2001, where they are administered respectively by Burntwood RHA and Nor-Man RHA.

In 2008/09, the Stop FASD program expanded to three additional sites; Portage la Prairie (Portage Friendship Centre), Flin Flon (Nor-Man RHA) and Dauphin (Parkland RHA). This will bring the total program capacity up to 240 women; each Winnipeg site employs three mentors and serves up to 45 women, and each rural site will have two mentors and serve up to 30 women.

Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership

Canada Northwest FASD Partnership (CNFASDP) is a collaborative venture of Canada's four western provinces and three territories that maximizes efforts, expertise and resources to prevent and respond to the needs of FASD across jurisdictions. In 2005, the Partnership established The Canada Northwest

FASD Research Network (CanFASD Northwest) to build a common research agenda in western/ northern Canada. CanFASD Northwest has formed five Network Action Teams that are conducting research in a number of program areas which may have crosscutting themes.

In 2007/08, a Research Network Website was launched (www.canfasd.ca). The Website provides: an explanation of the Canada Northwest FASD Partnership Research Network; access to the Research library; current information on each of the Research Action Teams; and, news updates and information on upcoming events.

In May of 2008 the Partnership hosted an International conference titled *Building on our Strengths: Stone by Stone* in Banff, Alberta. This conference facilitated communication between diverse stakeholder groups all working or living with individuals with FASD. Topic areas included prevention and awareness, education and training, community capacity and collaboration, diagnosis and assessment as well as research and evaluation. It was a great opportunity to share experiences, learn about new initiatives, enhance partnerships and build on existing strengths.

FASD Information Manitoba

In 2008/09, HCMO, along with Health Canada, continued to support this provincial toll-free telephone line for FASD information and support. Managed by Interagency FASD, a community service organization expert in the field, FASD Information Manitoba (1-866-877-0050) was established in 2001/02 to disseminate information and to provide strategies and support to individuals, families and professionals dealing with alcohol-related disabilities, and to link them to community-based services.

Screening for Prenatal Alcohol Use

Since 2003/04, additional funding has been provided for a universal screening process for the collection of more relevant data on the prevalence of alcohol use during pregnancy. As part of the screening process, Public Health Nurses now ask all women who deliver a baby in a Manitoba hospital about their use of alcohol during pregnancy including the frequency of alcohol use and the amount of alcohol consumed. The information collected will help Manitoba plan and target program resources and measure the impact of FASD prevention work. The most recent results, from January 2007 to June 2008, indicate that approximately 15% of women in Manitoba consumed alcohol during their pregnancy

Support in the Classroom for Students with FASD

The purpose of this program is to refine a model to enhance the school experience and outcomes for children with FASD and other alcohol-related disabilities in the Winnipeg School Division. A partnership involving HCMO, Manitoba Education, Citizenship and Youth, and the Winnipeg School Division continued their efforts to identify, review and disseminate best academic and behavioural practices for students with FASD in grades four to six.

C) School-Age Programming

Healthy Schools

In 2008/09, HCMO continued to partner with the education sector to facilitate and support progress towards positive health and education outcomes for all students.

Healthy Schools is Manitoba's comprehensive school health initiative to promote the health of school communities. Under the auspices of the HCCC, Healthy Schools is a partnership between Manitoba Health and Healthy Living; Manitoba Education, Citizenship and Youth; and HCMO; with Healthy Living serving the lead role.

Healthy Schools focuses on six priority health issues in the context of the school community: physical activity, healthy eating, safety and injury prevention, substance use and addictions, sexual and reproductive health, and mental health. The Healthy Schools initiative includes the following three components:

1) Targeted provincial campaigns

In 2008/09, two targeted provincial campaigns were introduced to address priority issues affecting the health and wellness of the school community. All schools within Manitoba were offered funding to undertake specific activities related to environmental health in the Fall of 2008 as well as mental health and wellness in the Spring of 2009.

2) Community-based activities

In 2008/09, funding was provided to school divisions and all independent and band operated schools to facilitate partnerships with regional health authorities and other local resources around developing and implementing Healthy Schools activities. Examples of Community-based activities include:

- wellness promotion (e.g. workshops, fairs, days) on various health topics;
- purchase of equipment and/or materials (e.g. sports equipment, books);
- implementation of programs and staff training;
- distribution of kits (successful learners, healthy living, medicine bags);
- presentations to students on various topics (e.g. bullying, Teen Talk); and,
- development and implementation of division wide healthy living (e.g. nutrition) policy.

3) Resources

The Healthy Schools website (www.manitoba.ca/healthyschools) provides information and educational materials to assist school communities in promoting health. The following resources are available online:

- a resource directory featuring a searchable listing of services, programs and organizations throughout Manitoba related to child health and education and other useful topics;
- an electronic subscription to Healthy Schools eNews, a service that provides the latest information about Manitoba Healthy Schools;
- a Healthy Schools newsletter is distributed to all schools three times a year;
- a PowerPoint presentation that stakeholders can use to promote the initiative;
- an opportunity to share Healthy School stories with others around Manitoba; and,
- an annotated index/list of existing resources focusing on the six key health topics featuring information for school staff, parents, youth, and children.

Roots of Empathy

In 2008/09, HCMO continued to support Roots of Empathy (ROE), a classroom-based parenting program that aims to increase prosocial behaviour and reduce physical aggression and bullying by fostering children's empathy and emotional literacy. In the long term, the goal of ROE is to build the parenting capacity of the next generation of parents.

ROE involves children in classrooms from kindergarten to grade eight (K-8). Certified ROE instructors deliver the curriculum, approved by Curriculum Services Canada, in the same classroom, three times a month for the school year. The heart of the program is a neighbourhood infant and parent(s) who visit the classroom once a month.

By the end of the school year, students have become attached to "their baby" and have come to understand the complete dependence of the baby on others. They have also come to understand health and safety issues, such as proper sleep position, injury prevention, Shaken Baby Syndrome, FASD, the risks of second-hand smoke, the benefits of breastfeeding, and the stimulation and nurturance required for healthy child development. As the ROE instructor coaches children to observe and interpret the baby's feelings, students learn to identify and reflect on their own feelings, and to recognize and respond to the feelings of others (empathy), thereby strengthening emotional literacy.

Building on the success of the 2001/02 pilot of the ROE program, ROE has continued to expand within Winnipeg and throughout the province. In 2006/07, ROE expanded to include Rolling River and Southwest Horizon. ROE was delivered by 108 ROE certified instructors in 118 classrooms across Manitoba, including the FASD classroom in the Winnipeg School Division.

In the 2007/08 school year, 42 new ROE instructors received four days of training and were certified.

Mentoring Interventions

In 2008/09, HCMO continued to support mentoring programs both within and outside of Winnipeg, including Big Brothers and Big Sisters (BBBS) In School Mentoring programs in Winnipeg, Brandon, Portage la Prairie, and Morden/Winkler, as well as the New Friends Community Mentorship program in the Lac du Bonnet and Pinawa area.

In addition, HCMO continued to support out of school programming at the Boys and Girls Club of Thompson.

COACH

In 2008/09, HCMO continued to support COACH, a 24-hour wrap around program at school, home and in the community for 5 to 11 year old children with extreme behavioural, emotional, social and academic issues. COACH is provided to children who are involved with Child and Family Services and who reside in the Winnipeg School Division. The program runs for 12 months of the year and provides both the appropriate school curriculum and family-based components as well as community socialization, aimed at returning students to an educational setting where they can function with appropriate supports.

There is an ongoing program evaluation of COACH which focuses on pre and post measures in a case study format. Multiple informants including the parent/guardian, teacher, psychologist, COACH, COACH Manager, and the child (if age 10 and older) provide responses on a standardized survey at the start of attendance at COACH and close of each school year. Progress has been noted in academic, social, emotional, community and behavioural functioning as well as an increase in the parents' involvement with the school setting, and based on parent reports, an improved relationship with their child.

D) Healthy Adolescent Development

In 2008/09, HCMO continued to work with community agencies, service providers and health professionals to offer strategies and interventions that reduce risk factors for young people, and improve sexual and reproductive health outcomes.

In 2008/09, work continued on the development of a provincial approach to Healthy Adolescent Development, incorporating harm reduction strategies for risk behaviours and principles of population health, with knowledge of best practice models. Program categories under the umbrella of Healthy Adolescent Development include the following:

School/Community-Based Primary Health Care

HCMO's Teen Clinic model uses a community development approach to build partnerships among health providers, educators and community organizations to improve health outcomes for Manitoba teens. Since 2002/03, HCMO has funded the Elmwood Teen Clinic, an after-hours, school based primary health care facility located at Elmwood High School and managed by Access River East. The clinic addresses the general health and well-being of students and neighbourhood youth, including sexual and reproductive health issues. It has an active client base of about 450 teens from all regions of Winnipeg.

Results from a 2003 client satisfaction survey were very strong with over 96% of respondents indicating satisfaction with service. A subsequent process evaluation indicated that key components of the model including an effective triage system, appropriately trained and qualified staff, and appropriate and committed community partnerships all contributed to the progress of the Elmwood Teen Clinic.

Based on the success and interest in the Elmwood Teen Clinic, in 2005/06, HCMO expanded the model to a second pilot at St. John's High School in Winnipeg. The St. John's Teen Clinic, managed by Mount Carmel Clinic, operates similar to the Elmwood Teen Clinic. In 2008/09 there were 667 visits to St. John's Teen Clinic.

In 2006/07, the Interdepartmental Teen Clinic Committee which includes representatives from HCMO, Health and Healthy Living, Education, Citizenship and Youth, Family Services and Housing, and the Status of Women selected Nor-Man RHA and Interlake RHA to receive new HCMO funding to establish teen health services in their regions. The main criteria for the selection of the teen clinics were the need for adolescent health services in the region, the capacity of the region to implement their plan and the utilization of multidisciplinary partnerships.

Nor-Man RHA has matched the HCMO funding to enhance teen primary care services in Flin Flon, The Pas and Cranberry Portage. The Nor-Man model is a combination of school-based and community-based clinics that provide maximum access to services for Nor-Man youth. There were 529 visits to the Nor-Man Teen Clinics in 2008/09.

Interlake RHA established a school-based teen clinic in École Selkirk Junior High in 2007. This clinic is an after hours clinic that is open to all youth living in the Interlake region. There were 515 visits to Selkirk Teen Clinic in 2008/09. As well, an evaluation framework has been developed to evaluate all the HCMO funded clinics.

Health and Wellness Promotion

HCMO extends support to community-based agencies to support the healthy development of adolescents including those that emphasize the direct involvement of youth in identifying their own issues and developing their own solutions. Klinic's Teen Talk program is a comprehensive health promotion program designed to

empower youth to make healthier lifestyle choices. Program components include the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making. In 2008/09, 10 624 youth received Teen Talk services.

E) Community Capacity Building

HCMO, in collaboration with Healthy Child partner departments, also assists communities in building local capacity to support children, youth, and families. The following are examples of organizations that received one-time funding in 2008/09:

River East Transcona School Division (RETSD) received support to renovate and upgrade the Paren-Child Centre at John Pritchard School .

Support was provided to the **Winnipeg International Children's Festival (WICF)** for their Northern Circus and Arts Magic Partnership (CAMP) which was offered in Flin Flon. CAMP is an arts-based intervention project of the WICF that provides youth ages 10 to 14 years with professional training in the circus and magic arts. The Northern Tour is an extension of the Winnipeg CAMP program and it has operated for the past six years.

Rainbow Resource Centre (RRC) was provided support to deliver Camp Aurora – a four day summer camp that focused on nurturing the leadership capacities and resiliency of 35 lesbian, gay, bisexual, transgender, two-spirit (LGBTT) and allied youth.

The **Optimal Health Early Years Sports Club (OHEYS)** was supported to deliver their summer day camp for children with Autism.

Support was provided to the **Thompson Boys and Girls Club (TBGC)** to provide facility upgrades to their drop-in centre.

II. HCMO Policy Development, Research and Evaluation

Overview of the HCM Provincial Evaluation Strategy

HCMO Policy Development, Research and Evaluation (PDRE) staff lead the HCM Provincial Evaluation Strategy, working with cross-sectoral partners to (a) inform and support HCCC policy accountability, and (b) build capacity for research and evaluation, through all stages: consultation, evaluation framework development, evaluation implementation, and community knowledge exchange.

As part of a Manitoba model for measuring progress in child-centred public policy, HCMO is developing a provincial strategy that integrates the evaluations of programs in the HCM continuum, including Healthy Baby, Families First, Triple P, and the Parent-Child Centred Approach. Key components of the strategy include HCM program surveys, administrative data from Manitoba departments, the Early Development Instrument (EDI), and the National Longitudinal Survey of Children and Youth (NLSCY).

A) Community Data Initiatives

The purpose of HCMO community data initiatives is to inform: (a) the delivery, monitoring, and evaluation of HCCC policies and programs; and (b) research and planning that relates to HCCC policies and programs.

An example of an ongoing community data initiative is the EDI. The EDI is funded and coordinated by HCMO, in partnership with Manitoba Education, Citizenship and Youth, Manitoba school divisions and the Offord Centre for Child Studies (McMaster University). The EDI measures the relative success of communities in facilitating healthy early childhood development and predicts children's school readiness when entering grade one. Starting in 2002/03, the EDI was phased in on a voluntary basis in school divisions across Manitoba. By 2005/06, all 37 school divisions (over 12,000 Kindergarten students) participated in the EDI, providing Manitoba's first province-wide baseline of children's overall development at age 5 years and readiness for school. Biennial collection of the EDI began in 2006/07, with 2007/08 being the first "off year". The most recent 2008/09 data collection provides Manitoba with a third year of provincial data (anticipated for release in fall 2009), and allows HCMO to examine year-over-year data trends and significant differences between communities. Additional EDI information is available on-line (http://www.gov.mb.ca/healthychild/ecd/edi.html and http://www.offordcentre.com/readiness/index.html).

B) Provincial Program Evaluations

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (Families First, Stop FAS), provincial programs are extensively evaluated in multiple sites with a large number of families, using quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness, key program components and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for the HCM goals for children (improved physical and emotional health, safety and security, learning success, and social engagement and responsibility).

C) Population-Based Research

Population-based research explores questions regarding child, family and community development, and longitudinal and cohort effects of universal, targeted and clinical interventions. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities.

D) Specialized Evaluations

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities.

E) Community Capacity Building and Knowledge Exchange

Capacity building and knowledge exchange includes HCMO consultation, education, training, supervision and technical expertise to assist civic, academic and government communities to:

- plan, implement and evaluate programs and services for children and families;
- measure and monitor outcomes at the community level;
- develop local best practice models for the enhancement of family and community resilience;
- share knowledge on children's development with communities.

HCMO PDRE staff participate in several local, provincial, and national committees**,** including the following:

- Canadian Council for Learning (CCL) Early Childhood Learning Knowledge Centre (ECLKC) – Directing Committee, and Health and Learning Knowledge Centre – Directing Committee
- Canadian Institutes of Health Research (CIHR) – Institute for Human Development, Child and Youth Health (IHDCYH) – Institute Advisory Board
- Canadian Language and Literacy Research Network (CLLRNet) – National Literacy Strategy Planning Committee, Renewal Steering Committee, and Research Management Committee
- Centre of Excellence for Early Childhood Development (CEECD) – National Advisory Committee;
- Community Data Network
- Council for Early Child Development – National Expert Advisory Committee
- Federal/Provincial/Territorial (F/P/T) Early Childhood Working Group and F/P/T Committee for ECD Knowledge, Information, and Effective Practices
- F/P/T Intersectoral Healthy Living Network and its Committees
- Human Resources and Skills Development Canada – Understanding the Early Years (UEY) – Provincial/Territorial Advisory Committee
- Invest in Kids Foundation – Board of Advisors
- Many Hands, One Voice (co-led by the Canadian Pediatric Society and the major national Aboriginal organizations) – Advisory Committee
- Statistics Canada's Aboriginal Children's Survey – Technical Advisory Group
- Statistics Canada's National Longitudinal Survey of Children and Youth – Steering Committee
- Manitoba Centre for Health Policy – EDI Deliverable Working Group

HCMO PDRE staff is regularly invited to deliver **presentations at** local, provincial, national, and international **conferences**. In 2008/09, these included the *Healthy Kids, Healthy Schools, Healthy World: Manitoba Association of School Trustees (MAST) 44th Annual Convention,* sponsored by MAST, held in Winnipeg (April 2008); the *Literacy: More Than Words – Pan-Canadian Interactive Literacy Forum – Manitoba: Literacy Works! Building a Skilled and Resilient Workforce,* co-sponsored by the Council of Ministers of Education, Canada; Manitoba Advanced Education and Literacy; and Manitoba Education, Citizenship and Youth, held in Winnipeg (April 2008); the *Raising Tomorrow's Leaders Luncheon* sponsored by the Brandon Healthy Families Team, held in Brandon (May 2008); the *Growing the Future Forum* sponsored by the Healthy Child Coalition-Central Region, held in Carman (May 2008); the *National Centre for Child Care Inclusion's 9th Annual Conference,* at the University of Winnipeg (August 2008); the Annual Fetal Alcohol Canadian Expertise Research Roundtable, sponsored by the Canadian Foundation for Fetal Alcohol Research and the Brewers Association of Canada, held in Montréal, QC (September, 2008); the *Canadian Alliance of Community Health Centre Association's National Conference,* held in Winnipeg (October 2008); *the Early Childhood Development Forum: Exploring the Contribution of Public Health Home Visiting,* held in Saskatoon, SK (October 2008); the *Evaluation and Assessment of Learning and Well-Being – 4th Meeting of the OECD Early Childhood Education and Care Network,* sponsored by the OECD and Human Resources and Skills Development Canada, held in Paris, France (October 2008);the *Investing in Our Future … It's Everybody's Business Forum,* sponsored by the Southeast Interlake ECD Coalition and Understanding the Early Years Selkirk-Interlake, held in Selkirk (November 2008); the *Community Leaders Forum on Crime Prevention,* sponsored by the City of Winnipeg and the Social Planning Council of Winnipeg, held in Winnipeg (November 2008); the *Manitoba Education Research Network Winter Forum on Early Learning,* held in Winnipeg (January 2009); the *New Partners, New Ways: Launch of Hamilton's Neighbourhood Service Provider Networks,* sponsored by Hamilton Best Start, held in Hamilton, ON (January 2009); the *International Conference on FASD,* held in Victoria, BC (March 2009); the *Manitoba Children's Agenda (MCA) – Aboriginal Forum,* sponsored by the MCA, held in Winnipeg (January 2009); the Manitoba First Nations Education Resource Centre (January 2009); and the *Manitoba Children and Youth Health Data Seminar,* sponsored by the MCA, held in Winnipeg (March 2009).

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2008/09 Estimates $000
2008/09 Main Estimates	xxx.xx
2008/09 ESTIMATE	**xxx.xx**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2009

Expenditure by Sub-Appropriation	Actual 2008/09 $000	Estimate 2008/09		Variance Over/(Under)	Expl. No.
		FTE	$000		
34-1A Salaries					
34-1B Other Expenditures					
34-1C Financial Assistance and Grants					
34-2 Amortization					
Total Appropriations					

1. Under expenditure is due primarily to vacancies and in-year expenditure management exercise.

2. Under expenditure is due primarily to in-year expenditure management exercise, deferral of planned IT project and delay in the launch of the marketing plan and evaluation of the Triple P initiative.

Expenditure Summary for
Fiscal Year ended March 31, 2009
with Comparative Figures for the Previous Fiscal Year

Estimate 2008/09 $000	Sub-Appropriation	Actual 2008/09 $000	Actual 2007/08 $000	Increase (Decrease)	Expl. No.
	34-1A Salaries 34-1B Other Expenditures 34-1C Financial Assistance and Grants 34-2 Amortization				
	Total Expenditures				

Historical Expenditure and Staffing Summary by Appropriation ($000)
for Fiscal Years Ending March 31, 2005 - March 31, 2009

Actual Appropriations

Sub-Appropriation	2004/05		2005/06		2006/07		2007/08		2008/09	
	SY		SY	$	SY	$	SY	$	SY	$
34-1A Salaries	22.00	1,359.2	27.00	1,396.8	30.00	1,939.1	31.00	2,039.9	XX.00	
34-1B Other Expenditures		309.5		335.2		334.3		338.9		
34-1C Financial Assistance and Grants		19,693.9		22,434.9		22,779.8		22,939.5		
34-2 Amortization		13.5		13.4		13.1		13.1		
Total	**22.00**	**21,376.1**	**27.00**	**24,180.3**	**30.00**	**25,066.3**	**31.00**	**25,331.4**	**XX.00**	

Performance Measures

The following section provides information on key performance measures for the department for the 2008/09 reporting year. This is the fourth year in which all Government of Manitoba departments have included a standardized Performance Measurement section in their Annual Reports.

Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance.

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
1. The progress of our Early Childhood Development (ECD) strategy, by measuring positive parent-child interaction in Manitoba, through the following three indicators from the National Longitudinal Survey of Child and Youth (NLSCY) for children aged 0-5 years: a) **Reading** (families with daily parent-child reading)	We know that parents and families are the primary influences in the lives of children. Research shows that positive parent-child interaction including reading with children, positive parenting and positive family functioning are key determinants of successful early childhood development. Research has also established that the best prevention investments occur	We are using 1998/99 as the baseline measurement. **Reading** (% of parents who read to their child daily): **76.0**% in MB 69.7% in Canada **Positive Parenting** (% of children living in families with positive parenting): **88.4**% in Manitoba 88.0% in Canada **Family Functioning** (% of children living in	Our most recent data is from 2004/05. **Reading** (% of MB parents that read to their child daily): **90.6%** for Manitoba 87.8% for Canada **Positive Parenting** (% of MB children living in families with positive parenting): **94.0%** for Manitoba 92.4% for Canada **Family Functioning** (% of MB children	Increasing: Results suggest improvements in positive parent-child interaction in Manitoba since 1998/99. Please see Note 1 below this table for the detailed information from previous surveys.	ECD (Early Childhood Development) Programs were a core commitment for 2008/09. In 2005, the Healthy Child Committee of Cabinet announced support of $1.4 million to implement the Triple P – Positive Parenting Program. Phase 1 of Triple P has been rolled out in 7 regions and 5 Winnipeg communities. As of March 30, 2009, 985 practitioners

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
b) **Positive Parenting** (families with warm, positive, engaging interaction between parents and children including praising, playing, reading and doing special activities together) c) **Family Functioning** (how well family members relate to and communicate with one another, including the ability to solve problems together) For information on how these data are collected, please see Note 1 below the table.	<u>during the early years.</u> Healthy early childhood development sets the foundation for positive development by building resilience and by reducing the likelihood of negative outcomes later in life. It is important to know how families in Manitoba are doing so that the Government of Manitoba can make decisions about which investments will best support Manitoba's children and families, including those that will support positive parent-child interactions.	families with positive family functioning): **88.3%** for Manitoba 89.1% for Canada	living in families with positive family functioning): **90.9%** for Manitoba 91.3% for Canada <u>Note:</u> Due to corrections and changes in the NLSCY since 1998, the number of parents who read to their children has been revised. For more comments on the most recent measures, please see Note 1 below the table.		completed training and accreditation in Triple P. <u>Note:</u> Some practitioners are trained and accredited in more than one accredited course. In April 2008, expansion of training to the remaining regions and Winnipeg neighbourhood communities commenced. They are Churchill, Central, Assiniboine, and in Winnipeg (River East, Transcona, River Heights, Ft. Garry, Assiniboine South, St. Boniface, St. Vital and St. James Assiniboia). Approximately 57 Aboriginal agencies have sent staff for training (163 practitioners in all). Over the long term, this program is intended to positively

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
					impact these indicators. On April 11, 2007, Manitoba announced the province is introducing a new Reading for Life early literacy initiative for families to encourage parent-infant bonding and positively impact child development. http://news.gov.mb.ca/news/index.html?archive=2007-4-01&item=1444 Positive parent-child interaction can also be considered an intermediate outcome for children's school readiness (measured below). Limitation: While the information collected is fairly representative of the Canadian population, the NLSCY does not include Aboriginal children living on reserves or children living in institutions, and immigrant

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
					children are under-represented. 2002, 2003, 2004, and 2005 ECD Progress Reports: http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html 2006 and 2007 ECD Progress Reports anticipated for release in fall 2009
2. The progress of our ECD strategy by measuring children's readiness for school, using results from the Early Development Instrument (EDI). The EDI is a questionnaire measuring Kindergarten children's readiness for school across several areas of child development including: • physical health and well-being • social competence • emotional maturity • language and thinking skills	Ensuring the best start for children when they begin school is important for successful lifelong health and learning, as well as for the province's future well-being and economic prosperity.	This measure has been phased in, beginning in 2002/03. 2005/06 was the first year that all 37 Manitoba school divisions participated in the EDI; therefore, 2005/06 data will be used as the baseline for future measurements. 2005/06 Results (based on 37 school divisions and 12,214 children) 62.4% of participating kindergarten students were 'Very Ready' in one or more areas of child development. 28.3% of participating	Our most recent data is from 2006/07 and marks the second year that 37 out of 37 Manitoba school divisions collected the EDI. School Divisions will begin to collect the EDI bi-annually, so the most recent collection was in the Spring of the 2008/09 school year, anticipated for release in fall 2009. 2006/07 Results (based on 37 school divisions and 12,092 children) 64.8% of participating kindergarten students were 'Very Ready' in one or more areas of	No trends yet established.	Note: 'Very Ready' includes the proportion of children whose scores fell in the top 30th percentile - based on Canadian norms - in one or more areas of child development. 'Not Ready' includes the proportion of children whose scores fell into the bottom 10th percentile - based on Canadian norms - in one or more areas of child development. EDI Reports can be viewed at: http://www.gov.mb.ca/h

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
• communication skills and general knowledge For more about the EDI, please see Note 2 at the bottom of this table.		kindergarten students were 'Not Ready' in one or more areas of child development.	child development. 27.7% of participating kindergarten students were 'Not Ready' in one or more areas of child development.		ealthychild/ecd/edi.html
3. The progress of the prevention strategy for FASD (Fetal Alcohol Spectrum Disorder), by looking at maternal alcohol consumption during pregnancy. Public Health Nurses meet with all mothers of newborns to conduct a provincial postnatal screen (approximately 12,000 births per year). Standardized questions related to alcohol use during pregnancy are included in the screen.	Research has established that alcohol can have multiple serious consequences on fetal development. Fetal Alcohol Spectrum Disorder (FASD) is acknowledged as the most common preventable cause of birth defects and developmental disabilities that are permanent and irreversible. Alcohol consumption during pregnancy is the causal risk factor for FASD.	In 2003/04, 14% of women in MB stated that they consumed some amount of alcohol during their last pregnancy. The incidence of drinking during pregnancy varied by Regional Health Authority and ranged from 9% to 28 % of women indicating alcohol use at some time during pregnancy.	The most recent data are from 2006/07. In 2006, 13% of women in MB stated that they drank alcohol during pregnancy. 12,100 women were screened in 2006, representing 83% of all births in Manitoba. In 2007, 12,637 women were screened. Of these women, 16% stated that they drank alcohol during pregnancy. New questions related to alcohol use were introduced in the 2007 screens. Women who used alcohol were asked if they continued to drink after pregnancy. In 2007, 35% of	Stable Data from two national health surveys show that 17% to 25% of Canadian women indicated alcohol use at some time during pregnancy and 7% to 9% drank throughout pregnancy (National Longitudinal Survey on Children and Youth, 1994/95; National Population Health Survey, 1994).	A prevention strategy for FASD in Manitoba was identified as an ongoing Healthy Child Committee of Cabinet (HCCC) core commitment in 2005/06. Manitoba is the first jurisdiction in Canada to implement the collection of population-level information on the prevalence of maternal alcohol use during pregnancy. Prevalence and incidence data for FASD is limited because diagnosis is complicated and difficult. Based on the best available data, Health Canada estimates the

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
			women who drank alcohol continued to drink while pregnant. This means that 5.7% of pregnant women in 2007 used alcohol when aware of their pregnancy. The prevalence of drinking during pregnancy varied between RHAs ranging from 7% to 28%.		Canadian FASD incidence to be 9 in every 1,000 live births (Health Canada, 2003). At least 200 children each year receive a diagnosis of FASD in Manitoba.
4. We are measuring the progress of our Healthy Adolescent Development (HAD) strategy, by looking at Manitoba's teen pregnancy rates, Sexually Transmitted Infection (STI) rates and usage of health and wellness services by teens.	It is important to know the rates of teen pregnancy, STI and service usage in Manitoba so the province can support Healthy Adolescent Development initiatives. These are activities that inform youth about sexual and reproductive health, using a harm reduction approach; to target youth who may be sexually active to reduce the potential harms associated with high risk sexual activity; improve outcomes for	The pregnancy and STI rates measurement began in 2001/02. <u>Pregnancy Rates</u> (number is per 1,000 youths aged 15-19): 2001/02 – 53.1 <u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2001 – 17.1	<u>2007/08 Pregnancy Rate</u> (number is per 1,000 youths aged 15-19): 47. This rate is for the whole province including First Nations women on reserves. <u>2007 STI Rates</u> (number is per 1,000 youths aged 15-19 for Chlamydia, gonorrhea and syphilis): 25.9. <u>Teen Clinic Usage</u> In 2008/09 HCMO funded teen clinics had the following number of visits:	<u>Teen Pregnancy Rates -Decreasing:</u> Manitoba has consistently had among the highest teen pregnancy rates across Canada. Other than a slight variance in 2006/07, there has been a decrease in the rates of teen pregnancy. These rates are for all Manitoba youth including First Nation youth living on reserve. (number is per 1,000 youths aged 15-19): 2001/02 – 53.1 2002/03 – 50.2 2003/04 – 48.9	Note: By increasing access to teen health services through prevention campaigns and programs and implementing teen health clinics in high needs communities in MB, it is expected that there will be an increase in youth accessing health and wellness services. If more youth access health services, there is the potential that reported STI rates for youth may increase in the short term due to increased testing and diagnosis (i.e., surveillance effect)

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
	pregnant young women; increase teens' access to primary health care, including sexual and reproductive health; and increase teens' capacity for self-care. Comprehensive evaluation of the Healthy Adolescent Development (HAD) strategy is necessary to determine causal effects over time.		Elmwood Teen Clinic: 531 St. John's Teen Clinic: 667 Nor-Man teen clinics: 529 Selkirk Teen Clinic: 515 <u>Teen Talk</u> Most recent data is for 2008/09 – 10,624 Manitoba youth attended workshops on topics such as sexuality, birth control and STI. Teen Talk also added a new curriculum on drug and alcohol use and harm reduction. 2008/09 – 10,624 youth received services: - 512 workshops were delivered to 10,503 youth across the province - 8 Peer Support Volunteer training sessions were attended by 121 youth	2004/05 – 45.2 2005/06 – 43.4 2006/07 – 47.3 2007/08 – 47.1 This trend is consistent for most populations and regions across Manitoba. <u>STI Rates</u> Rates have varied slightly since tracking began in 2001. (number is per 1,000 youths aged 15-19): 2001 – 17.1 2002 – 18.3 2003 – 20.5 2004 – 22.4 2005 – 18.8 2006 – 21.1 2007 – 25.9 <u>Teen Clinic Usage</u>: These measures are new and there is not enough data to establish a trend. <u>Teen Talk - Increasing</u> Demand for services has increased steadily since 1996. The decrease in service statistics for	Data for teen pregnancy rates (deliveries (live births), therapeutic abortions, and spontaneous abortions) is collected by Health Information Management , Manitoba Health. STI Rates include: Chlamydia, Gonorrhea and Syphilis. Data is collected by Communicable Disease Control (CDC) Branch, Manitoba Health. Teen Clinics, Teen Talk and Teen Touch usage is collected through the Healthy Child Manitoba Office.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2008/09 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
			- Peer Support Volunteer activities reached 922 youth. <u>Teen Touch</u> The 24-hour province-wide telephone help line for youth continued to respond to approximately 2,500 calls in 2008/09.	2008/09 is a result of reduced staffing levels due to maternity leaves and not a reduced request for service. Teen Talk was up to full staffing levels by June 2009 <u>Teen Touch</u> No trend established. The perceived reduction in call volumes from previous years is related to inaccurate reporting in past years which HCMO has only recently become aware of.	

Notes:

***Note 1*: Measures of positive parent-child interaction:**

How are these data collected?
Data from the National Longitudinal Survey of Children and Youth (NLSCY) is used. The NLSCY was initiated in 1994 to find out about the well-being of children and their families, provincially and nationally.

Every two years, the NLSCY collects comprehensive data by surveying parents, teachers, principals, and children aged 10 and older. Information on positive parent-child interaction is collected. 2006/07 data will be available in 2009.

What do the most recent measures tell us?
Most children in Manitoba experience positive interactions with their parents during their first years of life. Specifically, most children in Manitoba are read to daily or several times a day. Most children in Manitoba live in families with positive parenting and positive family functioning.

Thousands of the 90,000 children under age six in Manitoba could benefit from improvements in positive parenting, reading with their parents, and family functioning. These children can be found in every community and every kind of family in Manitoba (e.g., across income groups)

Research shows that all parents can benefit from varying levels of support, information and resources to assist them in raising healthy children.

What is the trend information from previous surveys?

Reading (% of parents that read to their child daily)			**Positive Parenting** (% of children living in families with positive parenting)			**Family Functioning** (% of children living in families with positive family functioning)		
Year	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**	**Year**	**Manitoba**	**Canada**
1998/99	76.1%	69.7%	1998/99	88.4%	88.0%	1998/99	88.3%	89.1%
2000/01	69.5%	65.4%	2000/01	89.8%	90.0%	2000/01	89.1%	88.6%
2002/03	73.0%	67.3%	2002/03	92.7%	93.3%	2002/03	89.8%	90.2%
2004/05	71.1%	64.8%	2004/05	94.0%	92.4%	2004/05	91.9%	91.3%

Note: ***Reading:*** *The 2000/01 and 2002/03 data included children between the ages of 0-5 while the 1998/99 data included children between the ages of 2-5. Due to the corrections and changes in the NLSCY, we are re-reporting the percentage of parents who read to their children.*

Note 2: **Readiness for School and the Early Development Instrument (EDI):**

How are these data collected and shared?
Kindergarten teachers complete the EDI questionnaire for all children in their classroom. EDI results can only be presented for groups of children; the EDI is never used to assess or report on the development of individual children.

Participation by schools in the collection of the EDI data has been building over time. Beginning in 2002/03, collection of EDI data by school divisions has been phased in, with full Manitoba school division participation as of 2005/06. Bi-annual collection of the EDI began in 2006/07, with 2007/08 being the first "off" year.

Local level EDI results are shared with:

- Schools and School Divisions, including school boards, teachers, administrators, and resource workers
- Communities, including parent-child coalitions, early childhood educators, community residents, health professionals, community development and resource workers, policy makers, and parents.

Why is readiness for school so important and what are the measures used for?
'Readiness for school' is a baseline of Kindergarten children's readiness for beginning grade one. It is influenced by the factors that shape the early years, including family functioning, parenting styles, neighbourhood safety, community support, and socio-economic factors. EDI results are a reflection of the strengths and needs of children's communities.

The EDI was based on a need to measure the effectiveness of investment in ECD at a population level and based on a community need to plan and deliver effectively for ECD.

Specifically, the EDI tells us how we are doing as a province in getting Manitoba's children ready for school and this helps us to learn what is needed to support healthy child development. Furthermore, the EDI helps local communities improve programs and services for children and families.

What do these data tell us so far?
EDI results show that nearly 65% of children in Manitoba and Canada are very ready for school. However, significant numbers of children, about one in four, are not ready to learn at school entry.

Children who are not ready for school can be found in every community and every kind of family in Manitoba, (i.e., across all income levels and demographic groups).

More detailed information on the 2008/09 EDI is anticipated for fall 2009. EDI reports from previous years (2002/03 to 2005/06) are available at: http://www.gov.mb.ca/healthychild/ecd/edi.html