Healthy Child
Manitoba Office

Annual Report
2005 - 2006

Manitoba

Healthy Child Manitoba
Putting children and families first

Manitoba

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September 2006

His Honour John Harvard
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

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 2005/06.

Respectfully submitted,

Theresa Oswald
Minister, Healthy Living
Chair, Healthy Child Committee of Cabinet

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September 2006

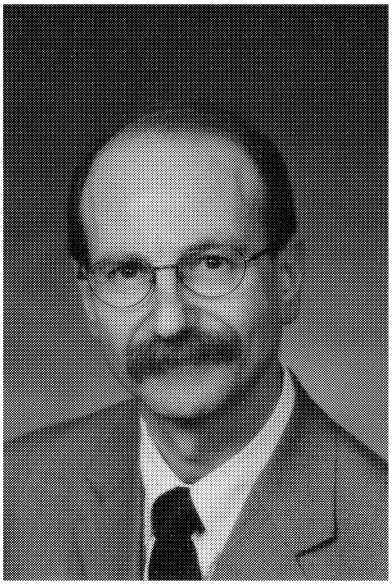
Theresa Oswald
Chair, Healthy Child Committee of Cabinet
310 Legislative Building

Madam:

I have the honour of presenting to you the 2005/06 Annual Report of the Healthy Child Manitoba Office.

This report reflects Healthy Child Manitoba's continued commitment to facilitate child-centred public policy. In 2005/06, Healthy Child Manitoba's activities and achievements included:

- beginning to implement Triple P – Positive Parenting Program in Manitoba. An extensive engagement strategy led to the selection of the initial five communities followed by a training session to prepare practitioners to deliver Triple P;
- completing the implementation of Families First, an integrated model of home visiting supports serving families from the pre-natal to school entry stages, resulting in an expansion of services;
- expanding primary health care services for teens, through the opening of a school-based teen clinic at St. John's High School;
- contributing to the Canada Northwest FASD Partnership to establish the Canada Northwest Research Network on FASD, a national first;
- enhancing our working relationship with federal departments at the regional level, including HCM providing training to FASD mentors working in First Nations communities;
- supporting 26 parent-child coalitions across the province including providing opportunities for ongoing knowledge exchange and professional development such as the Council of Coalitions and the annual National Child Day Forum; and
- advancing the Healthy Child Manitoba Provincial Research and Evaluation Strategy, including the first year of province-wide collection of data through the Early Development Instrument.



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

Respectfully submitted,

Milton Sussman
Chair, Healthy Child Deputy Ministers' Committee

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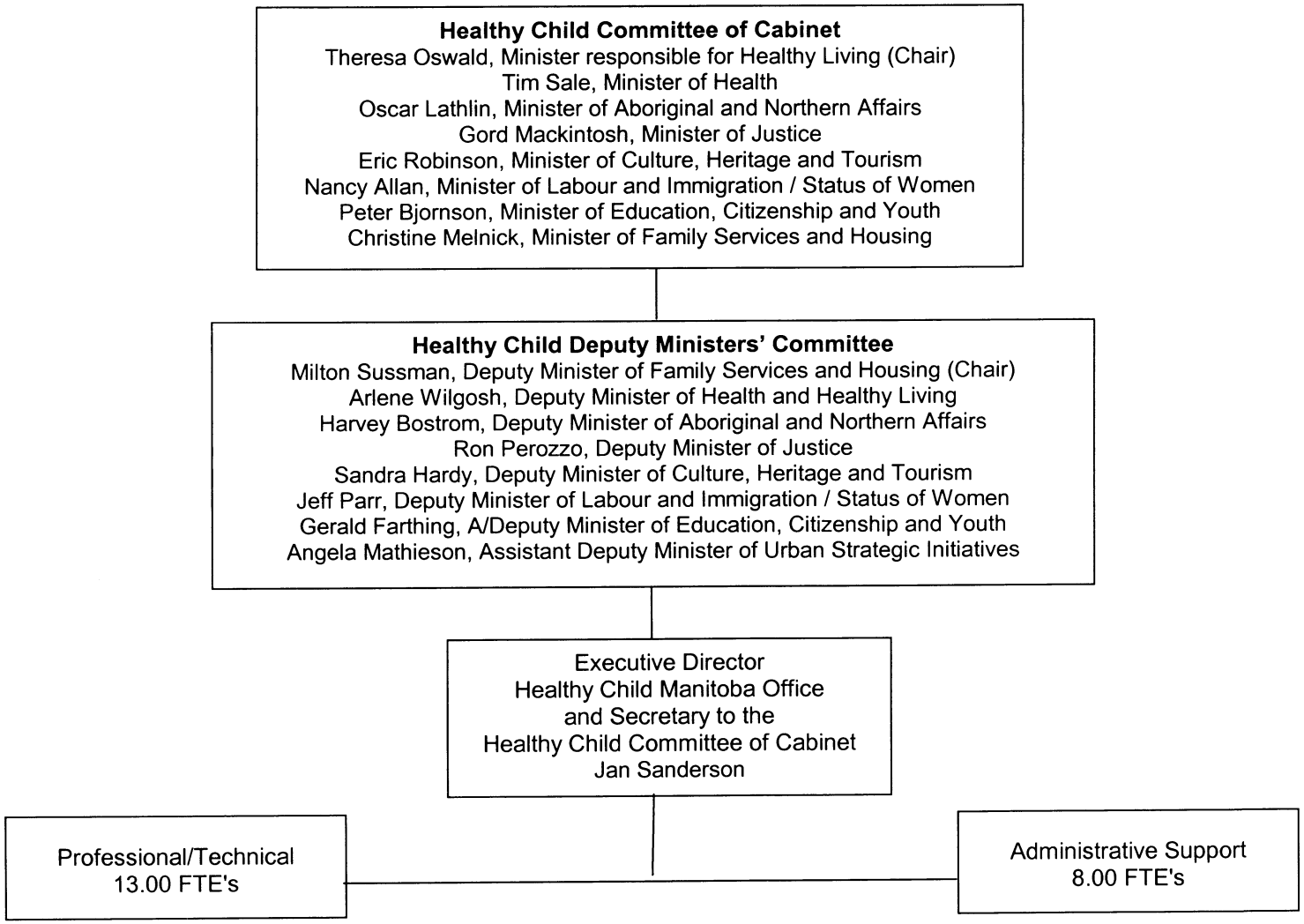

PREFACE

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 department'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

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 2005/06, the Chair was Minister responsible for Healthy Living Theresa Oswald, appointed by the Premier in October 2004, succeeding Past Chairs Minister responsible for 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 one of a select number of committees of Cabinet, the existence of the committee signals healthy child and adolescent development as a top-level policy priority of government.

The HCCC meets on a bi-monthly basis. It is the only standing Cabinet committee in Canada that is dedicated to children and youth.

Healthy Child Committee of Cabinet 2005/06

Theresa Oswald, Minister responsible for Healthy Living (Chair)
Tim Sale, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Gord Mackintosh, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister of Labour and Immigration / Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Christine Melnick, 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 program 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.

Healthy Child Deputy Ministers' Committee 2005/06

Milton Sussman, 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
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Jeff Parr, Deputy Minister of Labour and Immigration / Status of Women
Gerald Farthing, A/Deputy Minister of Education, Citizenship and Youth
Angela Mathieson, Assistant Deputy Minister of Urban Strategic Initiatives

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

In addition, HCMO facilitates and liaises with the Provincial Early Childhood Development (ECD) Advisory Committee, comprised of cross-sectoral community and government representatives, that provides advice to the Chair of the HCCC regarding the province's ECD 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 2005/06, 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 2005/06, major HCM activities and accomplishments included beginning to implement the Triple P – Positive Parenting Program in Manitoba; completing the implementation of Families First, an integrated

model of home visiting supports serving families from pre-natal to school entry stages; opening Manitoba's second pilot school-based teen clinic, located at St. John's High School in Winnipeg; contributing to the establishment of the Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership Research Network; partnering with the federal government at the regional level to provide training to FASD mentors working in First Nations communities; supporting 26 parent-child coalitions across the province; and leading the first year of province-wide collection of the Early Development Instrument (EDI) in all 37 school divisions across Manitoba.

In 2004/05, Treasury Board established a program review team of the Healthy Child partner departments, co-chaired by HCMO and Treasury Board Secretariat (TBS), to develop a new Early Childhood Development (ECD)-Centred Estimates process. The team completed a cross-departmental inventory of ECD programs and expenditures, then developed and applied new ECD Review Principles (the "ECD Lens") to the inventory for Treasury Board review. This process secured new provincial funding in 2005/06 to begin implementing the Triple P – Positive Parenting Program across Manitoba. In 2005/06, the project team continued to improve and refine the ECD inventory and lens, and provided a report to Treasury Board in December 2005. Treasury Board directed further development of the ECD-Centred Estimates process for 2006/07, including improvements to cross-departmental capacity for evaluation.

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 Centred Approach
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Healthy 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-aged programs, healthy adolescent development, and community capacity building.

A) Early Childhood Development (ECD)

Parent-Child Centred Approach

The Parent-Child Centred Approach has established 26 parent-child coalitions throughout Manitoba, to promote and support community-based programs for young children and their families. This community development-centred approach brings together parents, school divisions, early childhood educators, health professionals and other community organizations through regional and community coalitions to support positive parenting, improve children's nutrition and physical health, promote literacy and learning, and build community capacity.

HCMO supports 26 parent-child coalitions which operate across the province, organized along the 11 regional health authority (RHA) boundaries outside Winnipeg (Assiniboine [North and South], Brandon, Burntwood, Central, Churchill, Interlake, Nor-Man, North Eastman, Parkland, and South Eastman) and the 12 Community Areas within Winnipeg (Assiniboine South, Downtown, Fort Garry, Inkster, Point Douglas, River East, River Heights, Seven Oaks, St. Boniface, St. James, St. Vital and Transcona). Three cultural organizations also receive parent-child funding: Coalition francophone de la petite enfance et de la famille, the Indian & Metis Friendship Centre of Winnipeg Inc., and the Manitoba Association of Friendship Centres.

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. Examples include centre-based models such as family resource centres and school hub models, home-based models such as home visiting programs and outreach services, workshops and training in parenting and literacy, community knowledge exchange forums, and mobile services such as book and toy lending programs. Activities emphasize support to families through parenting, family literacy and nutrition programs and a variety of parent-child programs. HCMO hosts an annual Provincial Forum (around National Child Day) to provide coalition members and community partners with professional development and networking opportunities.

Process evaluation began in 2003 and promoted active parent-child coalition involvement to measure aspects of coalition development, process and community impact in Manitoba. Evaluation results are presented at an annual knowledge exchange forum for coalitions, along with recent EDI findings for each coalition's region or community area.

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 25 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. In 2005/06, HCMO presented to and consulted with community agencies, RHAs, child care centres, family resource centres, school divisions, paediatricians and others to inform and seek partners on this new approach to supporting Manitoba's parents, with an initial focus on families with children under age six years. In 2005/06, based on criteria of community need and capacity, five initial communities were identified to receive training and implement Triple P: the North End/Point Douglas (inner city), Elmwood (inner city) and Seven Oaks (suburban) community areas in Winnipeg, as well as the North Eastman (rural) and Burntwood (northern) regions.

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. In 2005/06, two weeks of training was provided, from November 21 to December 2, 2005, for practitioners from the initial five communities. Approximately 50 practitioners from several different agencies and organizations across multiple sectors participated in selected levels of Triple P training.

HCMO will provide the resource materials (e.g., workbooks, videos and tip-sheets) needed to deliver Triple P; and coordinate the ongoing provincial evaluation of Triple P. As Triple P is phased in across

Manitoba, training will continue and expand to include practitioners from organizations in additional communities (for more information, please see http://www.gov.mb.ca/healthychild/triplep/index.html and http://www.triplep.net).

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, the benefits of breastfeeding, healthy lifestyle choices, parenting tools and strategies, infant development and strategies to support the healthy physical, cognitive and emotional development of children. During 2004/05, the Healthy Baby Community Support Program funded a total of 30 community agencies serving approximately 85 communities and neighbourhoods 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. The program models vary and continue to evolve to meet local community needs.

The Manitoba Prenatal Benefit was modelled 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. Pregnant women and teens with a net family income of less than $32,000 a year are eligible for a monthly financial benefit commencing in the second trimester of pregnancy. Benefit amounts are provided on a sliding scale, to a maximum of $81.41 monthly. In 2005/06, the benefit was provided to 4,609 eligible women in Manitoba during their pregnancies. From the program's inception in July 2001 to March 31, 2006, a total of 22,269 women have received benefits.

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 for up to four litres of milk per week. HCM generic milk coupons can be redeemed at participating stores across Manitoba. At the end of the 2005/06 fiscal year, over 200 stores across Manitoba were participating in the HCM milk coupon redemption program. Milk coupon usage has almost doubled since 2003/04. On average, 299 coupons were redeemed per week in 2003/04 compared to 529 coupons per week in 2005/06. Each participant at a Healthy Baby Community Support program is eligible for 2 coupons per week (i.e., 4 litres of milk).

Families First

Home visiting programs have demonstrated value in supporting families to meet the early developmental needs of their children. These programs employ paraprofessionals who receive in-depth training in strength-based approaches to family intervention. Home visiting programs aim to ensure physical health and safety, support parenting and secure attachment, promote healthy growth, development and learning, and build connections to the community.

In 2005/06, two home visiting programs, BabyFirst and Early Start were fully integrated as Families First. This improved model was implemented in all all RHAs across the province. The integrated program provides seamless home visiting services for families with children from infancy to school entry. The benefits of this model include a community-based approach, consistency of training and

supervision for home visitors, improved access for families as other community partners make referrals to the integrated program, continuity of home visiting supports and a sound infrastructure with program delivery and quality assurance managed by the RHAs.

Families First is funded by HCM and delivered through the RHAs in Manitoba. The program provides a continuum of home visiting services for families with children, pre-natal 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 2004/05, increased funding supported the expansion of the integrated home visitation model in South Eastman, Nor-Man, Churchill, Interlake, and Brandon.

In 2005/06, HCM provided funding to RHAs to employ 147.7 equivalent full-time (EFT) home visitors and 41.3 EFT PHNs. This included increased funding to hire an additional 13 EFT home visitors. As a result, an additional 200 families received home visiting support. As of March 31, 2006, the number of families able to receive Families First home visiting rose to 1,581.

Families First 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 all Families First home visitors and home visitor supervisors working with families and children receive comprehesive 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 comprehesive 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 home visitors and their PHN supervisors receive core training which prepares them to work with families from a strength-based solution focused approach. In March 2004, in partnership with Growing Great Kids Inc., HCMO began the process of training one of our province's PHNs to deliver the Core Parent Survey Training. This enables HCMO to train PHNs locally to complete the parent survey, thereby significantly reducing purchased training costs. Ongoing training for home visitors and supervisors improves outcomes for children and families and ensures job satisfaction of employees.

All Families First staff are also trained in the **Manitoba Curriculum for Training Home Visitors** which includes training in child development and parenting, safety and well-being, child abuse and neglect, and family violence.

Additionally, staff receive training in the **Nobody's Perfect Parenting Program** and **Bookmates Family Literacy Training**. Nobody's Perfect is a community-based program designed to support the development of healthy children by increasing the confidence, skills, knowledge and support available to parents. 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, and to Youville Centre to co-ordinate training opportunities in Nobody's Perfect parenting workshops. The majority of new home visitors receive both types of training.

In 2005/06, 47 PHNs participated in Survey Training, 48 PHNs participated in Advanced Parent Survey Training, and 54 home visitors/PHNs participated in Core Family Support Training.

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.

In 2005/06 following community consultations, two initial school sites (one urban and one rural) were selected to begin the implementation of this model. Matching funds, from the federal government under the *Canada/Manitoba Agreement on French Language Services,* support this initiative.

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.

Manitoba released its first comprehensive public report on ECD at the provincial Summit on ECD, held on National Child Day, November 20, 2002: *Investing in Early Childhood Development: 2002 Progress Report to Manitobans*. The report reflects the commitment Manitoba shares with governments across the country to improve supports for children and report publicly to constituents on progress, as set out in the September 2000 *Federal / Provincial / Territorial Early Childhood Development Agreement*. The document outlines the major provincial ECD programs and the progress achieved, working with community groups, to strengthen families and build healthy communities. It also points out the complex challenges that continue to face some of Manitoba's children and families and identifies the protective factors such as positive parenting and reading with children, which need to be promoted.

Manitoba's second ECD report was released in summer 2004 and showcased the Manitoba Child Day Care program. This report, and subsequent reports, also meet the public reporting commitments of the March 2003 Multilateral Framework on Early Learning and Child Care (ELCC). Manitoba's third ECD report was released on-line in the summer of 2005 (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 2005/06, HCMO increased support to FAFAM, which provides support and education to families caring for, and professionals working with, children and adults affected by FASD and advocates for appropriate services for families.

In 2005/06, an interdepartmental committee of representatives from HCM partner departments continued its work to develop a comprehensive provincial strategy for reducing the number of children born with FASD and supporting those already affected.

Stop FAS

Stop FAS is a three-year mentoring program for women at risk of having a child with FASD. Based on a best practice model, the program uses paraprofessional home visitors 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 FAS was expanded to sites in Thompson and The Pas in late 2000, where they are administered respectively by the Burntwood RHA and the Nor-Man RHA.

In 2005/06, the Stop FAS program had the capacity to serve up to 150 women. Each Winnipeg site employed 3 mentors and served up to 45 women, and each northern site had 2 mentors and served up to 30 women. In addition, HCMO partnered with the regional office of Health Canada's First Nations and Inuit Health Branch to provide FASD mentors working in First Nations communities with training in the Stop FAS mentoring model.

Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership

A collaborative venture of Canada's four western provinces and three territories, the Canada Northwest FASD Partnership (CNFASDP) maximizes efforts, expertise and resources to prevent and respond to the needs of FASD across jurisdictions. In February 2005, the CNFASDP Ministers met in Victoria to continue collaborating on common approaches and strategies, while realizing their vision to establish a CNFASDP Research Network. The goal of this network is to build a common agenda for research in western/northern Canada that will foster an environment for undertaking evidence-based research that supports the development of sound clinical and preventative practices. In 2005/06, the work of the CNFASDP Research Network was guided by the Board of Directors and five Network Action Teams with administrative services provided by the Provincial Health Services Authority of British Columbia.

FAS Information Manitoba

In 2005/06, 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, PHNs 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. Preliminary results suggest that 14% of women in Manitoba drank 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 FAS 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-Aged Programming

In 2005/06, HCMO continued to partner with the education sector to facilitate and support progress towards positive health and education outcomes for all students.

Healthy Schools

Healthy Schools is Manitoba's comprehensive school health initiative to promote the health of school communities. The initiative recognizes that good health is important for learning and that schools are in a unique position to positively influence the health of children, youth and families. Under the auspices of the HCCC, Healthy Schools is a partnership between Manitoba Health/Healthy Living; Manitoba Education, Citizenship and Youth; and HCMO; with Healthy Living serving the lead role and HCMO leading the ongoing evaluation.

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 (a) promotes targeted provincial campaigns in response to issues affecting the health and wellness of the school community, (b) promotes community-based activities, and (c) develops provincial resources.

In 2005/06, several *targeted provincial campaigns* (e.g., safety/injury prevention, healthy eating, physical activity) 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 these campaigns. In fall 2005, Healthy Schools sponsored an Active Living Campaign. A total of 433 schools (50%) received funding to undertake an activity related to this campaign. From the completion of the first Healthy Schools campaign to the most recent, there has been a 22% increase in school participation. Healthy Schools also provided funding to school divisions and RHAs to partner on implementing Healthy Schools *community-based activities*. The range of investments made is currently being collected for future reporting.

In 2005/06, the Healthy Schools website (www.manitoba.ca/healthyschools) was launched to provide new *provincial resources* to help support school communities in promoting health. This resource will provide information and educational materials for school staff, parents, youth and kids, including health related websites, lesson ideas, activities and games, books, manuals, workshops, training, information

sheets, programs, videos/DVDs and kits. Work is also underway to produce an online Healthy Schools Index to further support school communities in Healthy Schools.

Healthy Schools also supported the Healthy Living Challenge, a game that encourages families to adopt healthier lifestyles and covers a range of health topics (physical health, nutrition, mental and emotional health). The challenge consists of two components: an in-school kit for teachers and a take-home activity calendar for students and their families. The Healthy Living Challenge is distributed to all grades 3 and 4 students in Manitoba.

In 2005/06, Healthy Schools partners developed and distributed a baseline survey to all schools in Manitoba. The survey measured schools' knowledge and integration of the Healthy Schools concepts and what schools are doing to promote Healthy Schools. Survey results will help partners understand the strengths of and challenges for Manitoba schools in supporting the health and well-being of children. Each school will receive a copy of the provincial baseline report, along with their own results. It is anticipated that the Healthy Schools survey will be readministered in spring 2007.

Roots of Empathy

In 2005/06, 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 8 (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. ROE is currently in 69 schools in 16 school divisions including the FASD classroom of Winnipeg School Division, which is a national pilot application of the program. In the 2005/06 school year, HCMO supported ROE delivery by 77 certified instructors in 88 classrooms (K-8) across Manitoba. There are between 1,800 to 1,900 students in the program.

Mentoring Interventions

In 2005/06, HCMO continued to support mentoring programs both within and outside of Winnipeg: Big Brothers and Big Sisters (BBBS) of Winnipeg – In School Mentoring Program; BBBS of Brandon; BBBS of Portage la Prairie; BBBS of Winkler; and New Friends Community Mentorship programs in the Lac du Bonnet and Pinawa area.

COACH

In 2005/06, 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.

D) Healthy Adolescent Development

In 2005/06, 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 2005/06, 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-Based Primary Health Care

HCM'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. The majority of the clients are from the River East/Elmwood and Transcona areas; however, other clients from various areas of the city, including close rural communities, have accessed the clinic. On average, the clinic sees between 15 and 30 clients during its 4 hours of operation every week. 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 High School Teen Clinic, managed by Mount Carmel Clinic, operates similarly to the Elmwood Teen Clinic, and has served a total of 320 teens since it opened in September 2005.

Health and Wellness Promotion

HCMO extends support to community-based agencies to support the healthy development of adolescents including those which emphasize the direct involvement of youth in identifying their own issues and developing their own solutions.

Klinic's Teen Talk is a comprehensive health promotion program designed to empower youth to make healthier lifestyle choices. Program components included the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making. In 2005/06, Teen Talk served over 19,800 youth through workshops on topics such as sexuality and reproductive health and added a new curriculum on drug and alcohol use/misuse.

In addition, the Teen Touch 24-hour province-wide telephone help line for youth continued to respond to over 25,000 calls.

In 2003, members of the Adolescent Parent Interagency Network (APIN) Steering Committee and HCM launched "Your Choice, For Your Reasons," a resource package on pregnancy options for young women. A video, service provider handbook, and brochures were distributed to over 300 organizations across Manitoba. This resource will be updated later in 2006.

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 which received funding in 2005/06:

The **Community School Investigators – Summer Learning Enrichment Program** (led by the Social Planning Council of Winnipeg) received support to provide positive learning enrichment opportunities to 120 children in Grades 1 to 6 over a six-week period in July and August. The pilot program aims to reduce summer learning loss at two inner-city Winnipeg schools, Dufferin and John M. King. The goals of the program are to engage children considered at risk in enriching learning opportunities throughout the summer to prevent summer learning loss; to improve educational outcomes for children living in poverty; and to enhance the skills and employment experience of local youth.

The **Manitoba Theatre for Young People (MTYP)** received support for its Aboriginal Theatre Arts Training and Mentorship Program. MTYP is a celebrated children's theatre company and regarded as a national leader in social issue educational theatre for young audiences. The Aboriginal Arts Training and Mentorship Program provides free acting, performing, and film training classes to over 100 of Winnipeg's Aboriginal youth between the ages of 9 and 18 years.

The Provincial **Early Childhood Development (ECD) Advisory Committee**, in collaboration with the River East Transcona School Division, received support to produce a short informational video/DVD on the importance of ECD, entitled *Child Friendly Manitoba, Early Childhood Matters*. The video/DVD uses information and interviews to highlight the importance and benefits of investing in ECD as well as how communities can become involved in supporting ECD.

The **Immigrant and Refugee Community Organization of Manitoba (IRCOM)** received support for their community capacity building initiative to make IRCOM more visible and accessible in the community as well as develop staff training processes including workshops on Cross Cultural Communication, Non-violent Conflict Resolution, and Working with War Affected Children.

Support was provided to the **Manitoba Lifesaving Society Inc** for evaluation of their pilot Northern Water Safety Program. The program responds to the unique water safety programming needs of northern Manitobans.

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.

In 2005/06, the strategy continued to focus on measuring progress in child-centred public policy and assisting the Government of Manitoba in developing the most effective cross-sectoral mechanisms, including the new ECD-centred estimates process (described above), to achieve the best possible outcomes for Manitoba's children, families and communities. The HCM Provincial Evaluation Strategy includes five major components: community data initiatives, provincial program evaluations, population-based research, specialized evaluations, and community capacity building and knowledge exchange.

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 school divisions and the Offord Centre for Child Studies (McMaster University). Since 2002/03, the EDI has been phased in on a voluntary basis in school divisions across Manitoba. The EDI measures the relative success of communities in facilitating healthy early childhood development and predicts children's school readiness when entering grade one. In 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 development at age 5 years. These results will be available in 2006/07. 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.

An example of a population-based research study is the 2004 EDI Parent Survey, which collected information from a random sample of 1000 parents whose children participated in the EDI (see above). Initial results from the survey were released in 2005/06 and tell us what helps children's readiness for school. For more information, please see:
http://www.gov.mb.ca/healthychild/ecd/edi2004.pdf

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.

An example of a specialized evaluation is the ROE program (see above). In 2005/06, preliminary evaluation results were released. Based on a sample of almost 1,300 students, initial results indicated that the program improved social behaviours and decreased levels of physical aggression in children. Parents, teachers and students reported these positive outcomes immediately after children completed the program, as well as one year later. Follow-up data (two years later) will be collected in 2006/07.

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;
- ensure sustainable intersectoral outcomes for Manitobans; and
- share knowledge on children's development with communities.

In 2005/06, these included participation in the following local, provincial and national committees:

- Canadian Council on Learning (CCL), Early Childhood Learning Knowledge Centre - National Advisory Committee;
- Canadian Language and Literacy Research Network (CLLRNet) Partners Committee;
- CLLRNet Research Management Committee;
- Centre of Excellence for Early Childhood Development (CEECD) National Advisory Committee;
- Comité consultative des services sociaux en français;
- Community Data Network;
- Council for Early Child Development - National Expert Advisory Group;
- Federal/Provincial/Territorial (F/P/T) Advisory Committee on Population Health and Health Security (ACPHHS) Child and Adolescent Development Task Group;
- F/P/T Early Childhood Development (ECD) Working Group and its F/P/T Committee for ECD Knowledge, Information, and Effective Practices;
- F/P/T Early Learning and Child Care (ELCC) Working Group;
- F/P/T Pan-Canadian Integrated Healthy Living Strategy Working Group;
- Invest in Kids Foundation - Board of Advisors;
- Manitoba Conservation Sustainability Indicators Working Group;
- Manitoba Finance/Treasury Board Performance Reporting Working Group; and
- Statistics Canada - Aboriginal Children's Survey (ACS) Technical Advisory Group.

HCMO PDRE staff are regularly invited to deliver presentations at local, provincial, national and international conferences. In 2005/06, these included:

- the *Ontario Community Summit* at Ryerson University, sponsored by the national Council for Early Child Development (April 2005);
- the *34th Annual Conference of the Early Childhood Educators of British Columbia* (May 2005)
- the *Helping Families Change Conference* at the University of Queensland, in Brisbane, Queensland, Australia (February 2006);
- the *Commission National des Parents Francophones (CNFP)* conference (February 2006); and
- the *Convergence* conference in Winnipeg (March 2006).

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2005/06 Estimates $000
2005/06 Main Estimates	24,775.3
2005/06 ESTIMATE	**24,775.3**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2006

Expenditure by Sub-Appropriation		Actual 2005/06 $000	Estimate 2005/06 FTE	Estimate 2005/06 $000	Variance Over/(Under)	Expl. No.
34-1A	Salaries	1,396.8	22.00	1,396.3	0.5	
34-1B	Other Expenditures	335.2		337.3	(2.1)	
34-1C	Financial Assistance and Grants	22,492.9		23,028.3	(535.4)	1
34-2	Amortization	13.4		13.4		
Total Appropriations		**24,238.3**		**24,775.3**	**(537.0)**	

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

Expenditure Summary for
Fiscal Year ended March 31, 2006
with Comparative Figures for the Previous Fiscal Year

Estimate 2005/06 $000		Sub-Appropriation	Actual 2005/06 $000	Actual 2004/05 $000	Increase (Decrease)	Expl. No.
1,396.3	34-1A	Salaries	1,396.8	1,359.2	37.6	
337.3	34-1B	Other Expenditures	335.2	309.5	25.7	
23,028.3	34-1C	Financial Assistance and Grants	22,492.9	19,948.1	2,544.8	1
13.4	34-2	Amortization	13.4	13.5	(0.1)	
24,775.3	**Total Expenditures**		**24,238.3**	**21,630.3**	**2,608.0**	

1. The variance reflects new and expanded programming.

Historical Expenditure and Staffing Summary by Appropriation ($000)
for Fiscal Years Ending March 31, 2002 - March 31, 2006

Actual Appropriations

Sub-Appropriation	2001/02		2002/03		2003/04		2004/05		2005/06	
	SY	$	SY	$	SY	$	SY	$	SY	$
34-1A Salaries	22.00	1,118.1	22.00	1,191.1	22.00	1,276.2	22.00	1,359.2	22.00	1,396.8
34-1B Other Expenditures		450.6		411.1		398.0		309.5		335.2
34-1C Financial Assistance and Grants		13,173.4		17,745.8		18,741.1		19,948.1		22,492.9
34-2 Amortization		33.0		22.2		11.2		13.5		13.4
Total	**22.00**	**14,775.1**	**22.00**	**19,370.2**	**22.00**	**20,426.5**	**22.00**	**21,630.3**	**22.00**	**24,238.3**

PERFORMANCE INDICATORS
HEALTHY CHILD MANITOBA OFFICE

The 2005/06 reporting year is the first year that a standardized Performance Measurement section appears in Departmental Annual Reports. This section is another step in our process to provide Manitobans with a more complete picture of the activities of government and their impacts on the province. That process was begun in 2005 with the release of the document, *Reporting to Manitobans on Performance, 2005 Discussion Document,* which can be found at www.gov.mb.ca/finance/performance.

Performance indicators in departmental Annual Reports are intended to provide Manitobans with meaningful and useful information about government's activities, complementary to financial results. Some measures incorporate data collected by the provincial government, while others show data that are collected by external agencies. A range of existing, new and proposed measures may be reported in subsequent years, as the process continues to evolve.

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 how?	***Why is it important to measure this?***	***What is the most recent available value for this indicator?***	***What is the trend over time for this indicator?***	***Comments/ recent actions/report links***
1.The progress of our Early Childhood Development (ECD) strategy, by measuring positive parent-child interaction in Manitoba, through the following three from the National Longitudinal Survey of Children and Youth (NLSCY) for children aged 0 to 5 years: a) **Reading** (families with daily parent-child reading) b) **Positive Parenting** (families with warm, positive, engaging	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 during the early years. Healthy early childhood development sets the foundation for	Our most recent data is from 2002/03. **Reading** (% of MB parents that read to their child daily): **93%** **Positive Parenting** (% of MB children living in families with positive parenting): **93%** **Family Functioning** (% of MB children living in families with positive family functioning): **90%** For more information on these NLSCY measures,	*Increasing:* Results suggest improvements in all three measures of reading, positive parenting, and family functioning in both Manitoba and Canada since 1998/99. Please see Note 1below this table for the detailed information from previous surveys.	ECD programs were a core commitment for 2005/06. In 2005/06, a universal parenting support strategy was prioritized. In 2005, Healthy Child Committee of Cabinet (HCCC) announced support of $1.4 million to begin implementing the Triple P (Positive Parenting Program) in Manitoba. Over the long term, this program is intended to positively impact these indicators. Positive parent-child

What is being measured and how?	*Why is it important to measure this?*	*What is the most recent available value for this indicator?*	*What is the trend over time for this indicator?*	*Comments/ recent actions/report links*
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.	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.	please see Note 1 below the table.		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 children are under-represented. 2002, 2003, and 2004 ECD Progress Reports: http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html
2. The progress of our ECD strategy by, 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:	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.	Our most recent data is from 2003/04 and is based on 28 school divisions and 9000 children. EDI results show that most children (73%) in Manitoba and Canada are ready for school. 2003/04 Results **Strengths:** Of the 73% of children who were ready for school, 51% were 'Very	This measure has been phased in, beginning in 2002/03. 2005/06 marks the first year all 37 of Manitoba's public school divisions collected the EDI establishing a province-wide baseline is just being established. Trends will become more evident after additional years of province-wide data collection.	ECD Programs were a core commitment for 2005/06. Note: 'Very Ready' includes the proportion of children whose scores fell in the top 25th percentile in one or more areas of child development. 'Not Ready' includes the proportion of children

What is being measured and how?	*Why is it important to measure this?*	*What is the most recent available value for this indicator?*	*What is the trend over time for this indicator?*	*Comments/ recent actions/report links*
• physical health and well-being • social competence • emotional maturity • language and thinking skills • communication skills and general knowledge For more about the EDI, please see Note 2 below the table.		Ready' in one or more areas of child development. **Challenges:** 27% of participating kindergarten students were 'Not Ready' in one or more areas of child development. This measure will be expanded to cover all school divisions.	2002/03 Results (based on 24 school divisions and 8,000 children) 52% of participating kindergarten students were 'Very Ready' in one or more areas of child development. 27% of participating kindergarten students were 'Not Ready' in one or more areas of child development.	whose scores fell into the bottom 10th percentile in one or more areas of child development. 2003 and 2004 EDI Reports: http://www.gov.mb.ca/healthychild/ecd/edi.html 2002, 2003, and 2004 ECD Progress Reports: http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html
3. The progress of our Fetal Alcohol Spectrum Disorder (FASD) prevention strategy, by measuring self-reported maternal alcohol consumption during pregnancy. This is the major causal risk factor for FASD. Public Health Nurses meet with mothers of newborns to conduct a provincial postnatal screen (approximately 12,000 births per year). Standardized questions related to alcohol use	Research has established that alcohol can have multiple serious consequences on fetal development. FASD is acknowledged as the most common preventable cause of birth defects and developmental disabilities that are permanent and irreversible. Conservative Canadian cost studies estimate an individual with this disability requires approximately $1 million over their lifetime in additional care and	Our most recent data is from 2003/04. In 2003/04, 14% of women in Manitoba 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.	This is a newer measure and therefore a trend has not been established. At least three data points are needed to determine a trend. However, historical national data is available. 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,	The FASD prevention strategy in Manitoba has been identified as an ongoing HCCC core commitment. Prevalence and incidence data for FASD is limited because diagnosis is complicated and difficult. Based on the best available data, Health Canada estimates the Canadian FASD incidence to be 9 in every 1,000 live births (Health Canada, 2003). At least 200 children each

What is being measured and how?	*Why is it important to measure this?*	*What is the most recent available value for this indicator?*	*What is the trend over time for this indicator?*	*Comments/ recent actions/report links*
during pregnancy are included in the screen. Manitoba is the first jurisdiction in Canada to implement the collection of population-level information on the prevalence of maternal alcohol use during pregnancy. Currently, there is no population-wide system anywhere in Canada for diagnosing FASD using the national guidelines (released in March 2005) and monitoring its prevalence and incidence over time at a population level.	support services. For more details on the importance of this measure, please see Note 3 below the table.		1994/95; National Population Health Survey, 1994).	year receive a diagnosis of FASD in Manitoba. It is understood that this is a significant under-representation of the prevalence.
4. The progress of our Healthy Adolescent Development (HAD) strategy, by measuring Manitoba's teen pregnancy rates, Sexually Transmitted Infections (STI) rates and usage of health and wellness services by teens including Teen Clinics, Teen Talk, Teen Touch. For information on how these data are collected, see Note 4 below the table.	It is important to know the rates of teen pregnancy, STI and teen health services usage in Manitoba so the province can support HAD initiatives. These are activities that inform youth, reduce potential harms associated with their choices, improve outcomes for pregnant young women and increase teen access to health care, and increase teens' capacity for self-	<u>Pregnancy Rates</u> Most recent data is for 2004/05 – 45.2 pregnancies per 1,000 female youth aged 15 to 19 years. <u>STI Rates</u> Most recent data is for 2005: 18.8 STIs reported per 1,000 youth aged 15 to 19 years. <u>Teen Clinic Usage</u> at pilot sites *Elmwood Teen Clinic:*	<u>Pregnancy Rates:</u> <u>*Decreasing*</u> Although Manitoba has consistently had among the highest teen pregnancy rates across Canada, since 2001/02, there has been a decrease in the rates of teen pregnancy in Manitoba. This trend is consistent for most populations (e.g., First Nations), regions in Manitoba, and neighborhoods in Winnipeg	<u>Note:</u> By increasing access to teen health services through prevention campaigns and programs and implementing teen health clinics in high needs communities in Manitoba, 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

What is being measured and how?	*Why is it important to measure this?*	*What is the most recent available value for this indicator?*	*What is the trend over time for this indicator?*	*Comments/ recent actions/report links*
	care. For more details, please see Note 4 below the table.	Most recent data is for 2004/05 – 832 visits *St. John's Teen Clinic:* 2005/06 – 320 visits since September 2006. <u>Teen Talk Usage</u> Most recent data is for April 2005 - March 2006: 851 workshops were delivered to 19,857 youth throughout the province. As well, 146 youth attended 1 of 7 peer support training sessions. Peer Support volunteer activities reached 3,518 youth. In total Teen Talk services reached 23,521 youth in 2005/06. <u>Teen Touch Usage</u> Most recent data is for 2005. There were approximately 1,200 calls to the Teen Touch helpline. The majority of calls (30%) were for relationship issues followed by mental health (22%) and sexual health (21%) related calls.	For the recent trend of pregnancy rates, please see Note 4 below the table. <u>STI Rates: *Decreasing recently*</u> STI Rates have increased slightly since 2001 but have decreased slightly between 2004 and 2005. For STI rate trend numbers, see Note 4 below the table. <u>Teen Clinic Usage</u> These measures are new and there is not enough data to establish a trend. <u>Teen Talk Usage</u> Demand for Teen Talk services has grown each year since it was formed in 1996. <u>Teen Touch Usage</u> Usage statistics are currently being developed. Staff observations indicate that call to the helpline and virtual help hits have increased.	due to increased testing and diagnosis (i.e., surveillance effect). More comprehensive evaluation of the HAD strategy is necessary to determine causal effects over time.

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 1994/95 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 years and older. Information on positive parent-child interaction is collected.

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 6 years 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 who read to their child daily)		
Year	Manitoba	Canada
1998/99	76.1 %	69.7 %
2000/01	90.9 %	89.0 %
2002/03	92.5 %	89.9 %

Positive Parenting (% of children living in families with positive parenting)		
Year	Manitoba	Canada
1998/99	88.4 %	88.0 %
2000/01	89.8 %	90.0 %
2002/03	92.7 %	93.3 %

Family Functioning (% of children living in families with positive family functioning)		
Year	Manitoba	Canada
1998/99	88.3 %	89.1 %
2000/01	89.1 %	88.6 %
2002/03	89.8 %	90.2 %

Note: ***Reading:*** *The 2000/01 and 2002/03 data included children between the ages of 0 to 5 years, while the 1998/99 data included children between the ages of 2 to 5 years.*

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 only 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.

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 socioeconomic 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 most children (73%) in Manitoba and Canada are 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).

By the fall of 2006, it is anticipated that two more years of data will be available. More detailed information about 2003 and 2004 EDI reports is available at: http://www.gov.mb.ca/healthychild/ecd/edi.html

***Note 3:* Maternal alcohol consumption during pregnancy and the Fetal Alcohol Spectrum Disorder (FASD) prevention strategy:**

Why is it important to measure the effectiveness of our FASD prevention strategy?

It is important to know how many women in Manitoba are using alcohol during pregnancy so the province can support initiatives that prevent FASD or intervene to reduce the harms associated with FASD including initiatives which:

- inform the general public about the dangers of drinking during pregnancy
- reach women who drink alcohol and are of reproductive age
- reach pregnant women that use alcohol heavily during pregnancy
- reduce secondary disabilities and produce positive outcomes for individuals living with FASD

***Note 4:* The Healthy Adolescent Development (HAD) Strategy and related measures:**

How are these data collected and what do they include?

- For teen pregnancy rates, pregnancies include identified deliveries (live births and/or stillbirths), therapeutic abortions, and spontaneous abortions in acute care facilities. Terminated pregnancies or spontaneous abortions outside of acute care facilities are not included. Data is collected by the Health Information Management branch of Manitoba Health.

- STI Rates include: Chlamydia, Gonorrhea and Syphilis. Data is collected by Communicable Disease Control Unit (CDC Unit) of Manitoba Health.

- Teen Clinic Usage: data is collected through the HCMO in collaboration with Access River East and Mount Carmel Clinic.

- Teen Talk and Teen Usage statistics are collected by staff at each organization and reported quarterly to HCMO.

What kinds of activities do these measures help us support?

It is important to know the rates of teen pregnancy, STI and service usage in Manitoba so the province can support HAD initiatives. These are activities that:

- inform youth about sexual and reproductive health, using a harm reduction approach
- target youth who may be sexually active to reduce the potential harms associated with high risk sexual activity
- improve outcomes for pregnant young women
- increase teens' access to primary health care, including sexual and reproductive health
- increase teens' capacity for self-care

What are the trends for these measures?

Pregnancy Rates (number is per 1,000 youths aged 15 to 19):
2001/02 – 53.1
2002/03 – 50.2
2003/04 – 48.9
2004/05 – 45.2

STI Rates (number is per 1,000 youths aged 15 to 19):
2001 – 17.1
2002 – 18.3
2003 – 20.5
2004 – 22.4
2005 – 18.8

Note: Due to delays in provincial and territorial reporting of youth pregnancy and STI rates to Health Canada and the Public Health Agency of Canada, we are unable to provide current national and provincial/territorial comparisons. Work is underway to improve the timeliness of federal reporting so these comparisons can be made.

Teen Clinic Usage

Elmwood Teen Clinic:
2004/05 – 832 visits
2005 – pending

St. John's Teen Clinic:
2005/06 – 320 visits since September 2006 including 149 first time clients/visits