Healthy Child Manitoba
Putting children and families first

Manitoba

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October, 2012

His Honour Philip S. Lee
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 2011/12.

Respectfully submitted,

Kevin Chief
Chair, Healthy Child Committee of Cabinet,
Minister responsible for
The Healthy Child Manitoba Act, and
Minister of Children and Youth Opportunities

A partnership of:
Manitoba Children and Youth Opportunities · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage, and Tourism · Manitoba Education · Manitoba Family Services and Labour/Status of Women · Manitoba Health · Manitoba Healthy Living, Seniors and Consumer Affairs - Manitoba Housing and Community Development · Manitoba Immigration and Multiculturalism · Manitoba Justice

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October 2012

Kevin Chief
Chair, Healthy Child Committee of Cabinet
310 Legislative Building

Sir:

We have the honour of presenting to you the 2011/12 Annual Report of the Healthy Child Manitoba Office.

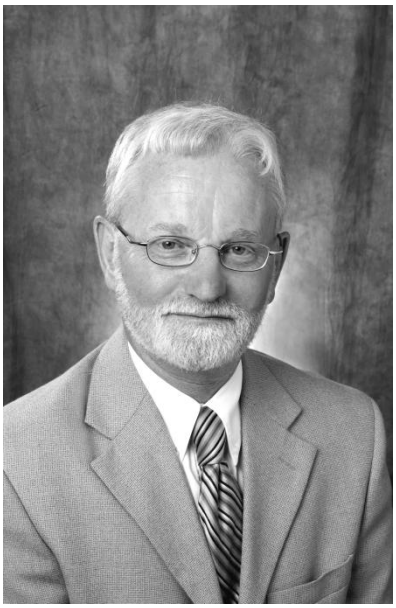
This report reflects the continued commitment of government and community partners in the Healthy Child Manitoba Strategy to facilitate child-centered public policy. In 2011/12, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Through the Towards Flourishing project, work is underway to improve the mental health of parents and children in Manitoba's Families First home visiting program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the Public Health Agency of Canada (PHAC);
- Continued progress on the Interdepartmental Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening Early Childhood Development (ECD) opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners;
- Launching the Lord Selkirk Park model ECD centre, which includes the renowned Abecedarian approach to early learning;
- The Triple P Parent line was established in partnership with the Provincial Health Contact Centre to offer a new flexible and convenient resource for parents. Staffed by trained Triple P counsellors, the phone line provides Manitoba parents with free, confidential parenting support based on the Triple P Positive Parenting Program.
- Implementing Seeds of Empathy in early childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- Province-wide pilot implementation and evaluation of the PAX Good Behaviour Game in Grade 1 classrooms as well as in selected nursery classrooms in the Winnipeg School Division;
- Continued progress on developing an evidence-based approach to Middle Childhood and Adolescent Development (MCAD) including continued evaluation of the Life Skills Training program; and development and pilot testing for the 2012 Youth Health Survey (YHS), together with Partners in Planning for Healthy Living;
- Continued progress on implementing the Communities That Care (CTC) pilot in four Manitoba communities; and
- Manitoba hosted an invitational Mental Health Summit in Winnipeg on February 15-16, 2012, involving governments, researchers, practitioners, and stakeholders from across the country, with a focus on mental illness prevention and mental health promotion across the life course, particularly for children and youth, as a policy priority for Canada's future.

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

Respectfully submitted,

Jan Sanderson
Secretary to Healthy Child Committee of Cabinet,
Chief Executive Officer, Healthy Child Manitoba Office, and
Deputy Minister of Children and Youth Opportunities



Gerald Farthing
Chair, Healthy Child Deputy Ministers' Committee, and
Deputy Minister of Education

A partnership of:
Manitoba Children and Youth Opportunities · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage, and Tourism · Manitoba Education · Manitoba Family Services and Labour/Status of Women · Manitoba Health · Manitoba Healthy Living, Seniors and Consumer Affairs - Manitoba Housing and Community Development · Manitoba Immigration and Multiculturalism · Manitoba Justice

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Octobre 2012

Monsieur Kevin Chief
Président du Comité ministériel pour Enfants en santé
Palais législatif, bureau 310

Monsieur,

Nous avons l'honneur de vous remettre le rapport annuel du Bureau d'Enfants en santé Manitoba pour l'exercice 2011-2012.

Ce rapport reflète l'engagement continu du gouvernement et des partenaires communautaires envers la stratégie Enfants en santé Manitoba pour faciliter une politique publique axée sur l'enfant. En 2011-2012, les activités menées et les objectifs atteints dans le cadre du programme Enfants en santé Manitoba comprenaient les points suivants :

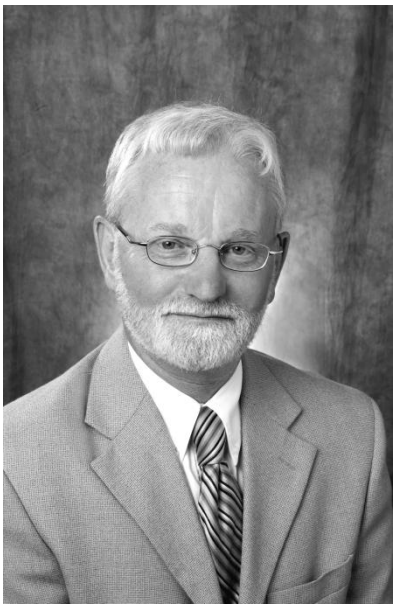
- grâce au projet Vers l'épanouissement, le travail se poursuit en vue d'améliorer la santé mentale des parents et des enfants dans le cadre du programme Les familles d'abord, un programme manitobain de visites à domicile. Ce projet est un partenariat entre l'Office régional de la santé de Winnipeg et l'Université du Manitoba et il est financé par l'Agence de la santé publique du Canada;
- la réalisation de progrès soutenus dans la Stratégie de prévention de l'ensemble des troubles causés par l'alcoolisation fœtale qui s'appuie sur la prévention, l'intervention, le soutien et les initiatives de recherches;
- le renforcement des possibilités de développement de la petite enfance au niveau communautaire grâce à une collaboration entre les coalitions axées sur les parents et les enfants, les divisions scolaires du Manitoba et des partenaires communautaires;
- le lancement du centre modèle de développement de la petite enfance de Lord Selkirk Park qui fait appel à l'approche renommée de garde et d'apprentissage des jeunes enfants utilisée dans l'*Abecedarian Project*;
- la mise en place de la ligne Triple P pour les parents, en partenariat avec le Centre provincial de communication en matière de santé, afin d'offrir une nouvelle ressource pratique et flexible aux parents. Les conseillers qualifiés du programme Triple P qui répondent aux appels offrent aux parents de la province un soutien gratuit et confidentiel basé sur le Programme de pratiques parentales positives.
- la mise en œuvre de Semailles de l'empathie dans les garderies, les établissements d'aide préscolaire aux Autochtones et les prématernelles du Manitoba, dans le cadre d'un essai contrôlé randomisé;
- la mise en œuvre et l'évaluation, à l'échelle provinciale, du jeu de la bonne conduite PAX dans les classes de 1re année ainsi que dans des prématernelles choisies de la Division scolaire de Winnipeg;
- la réalisation de progrès soutenus dans l'élaboration d'une approche basée sur les faits dans les programmes de développement des adolescents et des enfants à la phase intermédiaire, avec notamment l'évaluation du programme de développement des aptitudes à la vie quotidienne qui se poursuit et le développement d'un test pilote pour le Sondage sur la santé des jeunes de 2012, en collaboration avec Partners in Planning for Healthy Living;
- le projet pilote Communities That Care (CTC), dont la mise en œuvre se poursuit dans quatre collectivités du Manitoba;

- l'organisation d'un Sommet sur la santé mentale à Winnipeg, sur invitation, les 15 et 16 février 2012, avec la participation de gouvernements, de chercheurs, de praticiens et d'intervenants de tout le pays et pour objectif central la promotion de la santé mentale et la prévention de la maladie mentale pendant la vie, mais tout particulièrement chez les enfants et les jeunes, en tant que grande priorité pour l'avenir du Canada.

Le Bureau d'Enfants en santé Manitoba cherche toujours à obtenir les meilleurs résultats possibles pour les enfants et les jeunes du Manitoba.

Le tout respectueusement soumis,

Jan Sanderson
Secrétaire du Comité ministériel pour Enfants en santé,
directrice générale du Bureau d'Enfants en santé Manitoba et
sous-ministre d'Enfants et Perspectives pour la jeunesse Manitoba



Gerald Farthing
Président du Comité des sous-ministres pour Enfants en santé et
sous-ministre de l'Éducation

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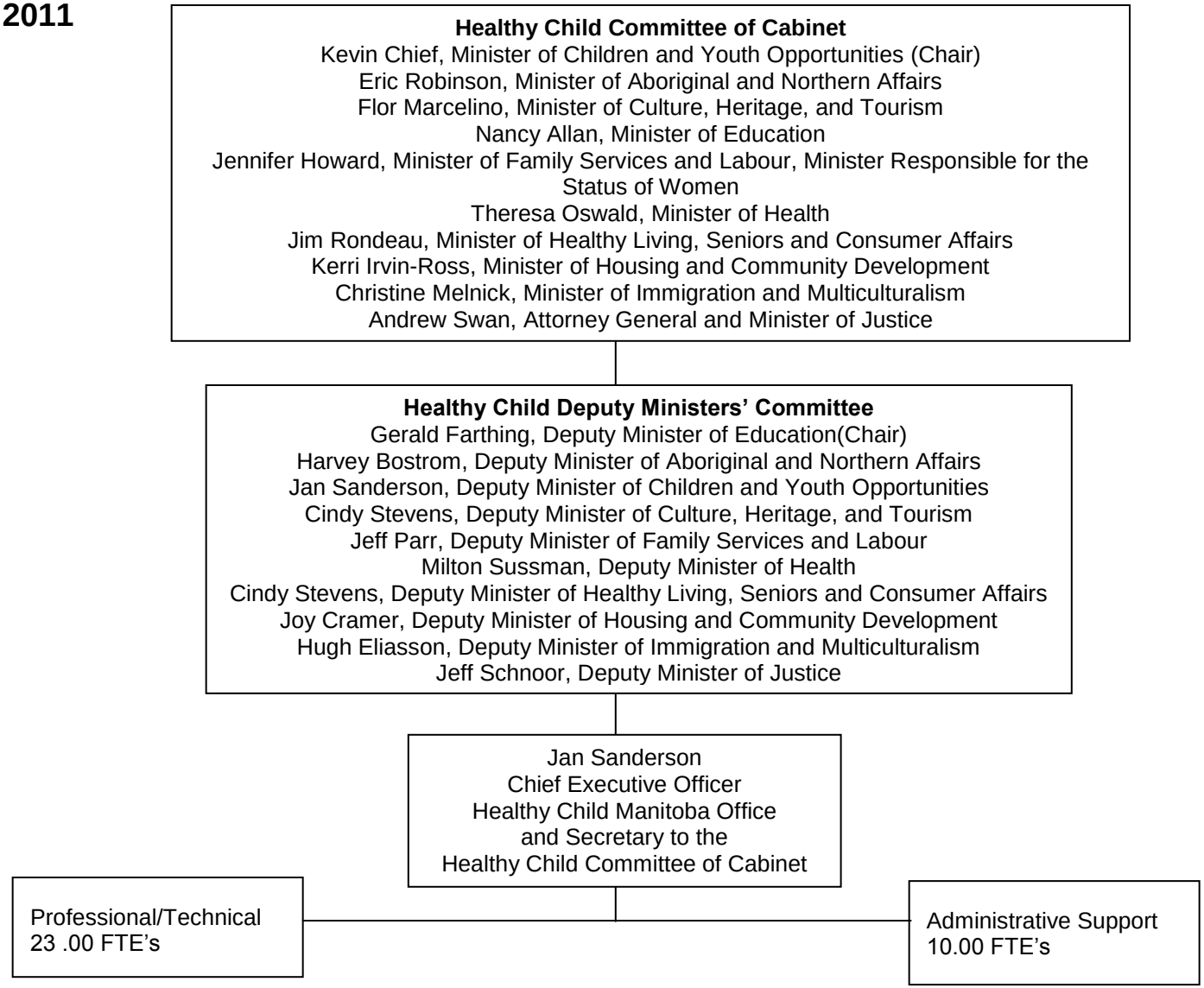
HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2011



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), HCMO works across departments and sectors to facilitate a community development approach toward achieving the best possible outcomes for Manitoba's children and youth (prenatal to 18 years).

Background

In March 2000, the Government of Manitoba established the HCM Strategy and the Premier created the HCCC. In 2011/12, the HCCC Chair was Minister of Children and Youth Opportunities Kevin Chief, appointed by the Premier in January 2012, succeeding Past Chairs Minister of Healthy Living Youth and Seniors Jim Rondeau (November 2009- January 2012), Minister of Healthy Living Kerri Irvin-Ross (September 2006-November 2009), 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/Minister of Energy, Science and Technology Tim Sale (March 2000-November 2003). 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 statutory committee of Cabinet, HCCC 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. HCCC meets regularly during the year and is supported by the Healthy Child Deputy Minister's Committee and the Healthy Child Manitoba Office.

Healthy Child Committee of Cabinet (HCCC) 2011/12

Kevin Chief, Chair, Healthy Child Committee of Cabinet, Minister of Children and Youth Opportunities
Eric Robinson, Minister of Aboriginal and Northern Affairs
Flor Marcelino, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister of Education
Jennifer Howard, Minister of Family Services and Labour, Minister Responsible for the Status of Women
Theresa Oswald, Minister of Health
Jim Rondeau, Minister of Healthy Living, Seniors and Consumer Affairs
Kerri Irvin-Ross, Minister of Housing and Community Development
Christine Melnick, Minister of Immigration and Multiculturalism
Andrew Swan, Attorney General and Minister of Justice

Directed by HCCC, the Healthy Child Deputy Ministers' Committee (HCDMC), comprising the Deputy Ministers of the ten HCCC partner departments, share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensuring the timely preparation of proposals, implementation plans and resulting delivery of all initiatives under the HCM Strategy. Currently chaired by the Deputy Minister of Education, HCDMC meets on a bi-monthly basis.

Healthy Child Deputy Ministers' Committee (HCDMC) 2011/12

Gerald Farthing, Deputy Minister of Education (Chair)
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Jan Sanderson, Deputy Minister of Children and Youth Opportunities
Cindy Stevens, Deputy Minister of Culture, Heritage, and Tourism
Jeff Parr, Deputy Minister of Family Services and Labour
Milton Sussman, Deputy Minister of Health
Cindy Stevens, Deputy Minister of Healthy Living, Seniors and Consumer Affairs
Joy Cramer, Deputy Minister of Housing and Community Development
Hugh Eliasson, Deputy Minister of Immigration and Multiculturalism
Jeff Schnoor, Deputy Minister of Justice

Provincial Healthy Child Advisory Committee 2011/12

The Healthy Child Manitoba Act also mandates the Provincial Healthy Child Advisory Committee. Its role is to contribute to the Healthy Child Manitoba vision by providing recommendations to the Chair of HCCC regarding the Healthy Child Manitoba Strategy. The Committee consists of ministerial appointees drawn from community, educational, academic and government backgrounds. The Committee is chaired by Strini Reddy, a retired educator, former president of the Manitoba Association of School Superintendents, and Member of the Order of Manitoba. In 2011/12, the Committee focused attention on creating recommendations for the development of an integrated provincial early childhood education strategy for Manitoba children and families.

Healthy Child Manitoba Vision

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

Objectives

The major responsibilities of HCMO are to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children and youth;
- 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 promoting healthy child development 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 child and youth well-being.

Major Activities and Accomplishments

HCMO coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2011/12, 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 2011/12, Healthy Child Manitoba Office (HCMO) activities and achievements included:

- Through the Towards Flourishing project, work is underway to improve the mental health of parents and children in Manitoba's Families First program. This project is a partnership with the Winnipeg Regional Health Authority (WRHA), the University of Manitoba, and is funded by the PHAC;
- Continued progress on the Interdepartmental Provincial Provincial Fetal Alcohol Spectrum Disorder (FASD) Strategy which builds on prevention, intervention, support and research initiatives;
- Strengthening Early Childhood Development (ECD) opportunities at the community level through collaboration between Parent Child Coalitions, Manitoba School Divisions, and community partners;
- Launching the Lord Selkirk Park model ECD centre, which includes the renowned Abecedarian approach to early learning;
- The Triple P Parent line was established in partnership with the Provincial Health Contact Centre to offer a new flexible and convenient resource for parents. Staffed by trained Triple P counsellors, the phone line provides Manitoba parents with free, confidential parenting support based on the Triple P Positive Parenting Program.
- Implementing Seeds of Empathy in Early Childhood centres, Aboriginal Head Start programs and nursery schools, in a randomized controlled trial;
- During the 2011/12 year HCMO, supported by the Healthy Child Committee of Cabinet and with contributions from Manitoba Education and Manitoba Regional Health Authorities, began a province-wide pilot implementation and evaluation of PAX - The Good Behaviour Game in Grade 1 classrooms as well as in selected nursery classrooms in the Winnipeg School Division (WSD nursery program supported by the Intergovernmental Strategic Aboriginal Alignment Memorandum of Collaboration between the City of Winnipeg, Province of Manitoba, and Government of Canada).
- Continued progress on developing an evidence-based approach to Middle Childhood and Adolescent Development (MCAD) including continued evaluation of the Life Skills Training program; and development and pilot testing for the 2012 Youth Health Survey (YHS), together with Partners in Planning for Healthy Living;
- Continued progress on implementing the Communities That Care (CTC) pilot in four Manitoba communities; and
- Manitoba hosted an invitational Mental Health Summit in Winnipeg on February 15-16, 2012. The impetus for this event arose at the July 2012 Council of the Federation meeting in Vancouver, B.C. where Premiers discussed mental illness prevention and mental health promotion as an important policy item for Canada's future. Following the meeting, the Premier of Manitoba offered to host Mental Health Summit 2012 in Manitoba. The Summit was attended by 300 senior officials and elected representatives from across Canada, with representation from a wide range of sectors and several jurisdictions sending cross-sectoral teams. Summit goals included: sharing leading-edge international scientific evidence on effective cross-sectoral mental health promotion and mental illness prevention across the life course, particularly for children and youth; improving the collective knowledge base and actions of governments and stakeholders across Canada; and discussing mechanisms for ongoing work and collaboration of governments and stakeholders after the summit. The Summit Planning Committee was co-chaired by Healthy Child Manitoba Office (HCMO) and Mental Health and Spiritual Health Care (Manitoba Healthy Living, Seniors and Consumer Affairs); it also included contributions from the Public Health Agency of Canada and the Mental Health Commission of Canada. Mental Health Summit 2012 was further supported by the Canadian Intergovernmental Conference Secretariat which assisted with conference logistics and coordinating French-English interpretation services during the summit. All Summit materials were offered in both

official languages as were the presentations slides and summaries made available online following the event.

Sustainable Development

The Sustainable Development Act sets out principles for HCMO to follow in integrating considerations for the environment, human health, and social well-being into daily operations. Guided by its mandate to work across departments and sectors to improve the well-being of Manitoba's children, youth, families and communities, HCMO activities and achievements related to sustainable development are represented throughout this report.

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 continue to focus on the five original HCCC core commitments (March 2000): 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 HCCC partner departments, as well as Manitoba Local Government. Chaired by HCMO, the committee works to coordinate and improve programs for children and youth across departments.

HCMO program development and implementation includes initiatives for early childhood development (ECD), FASD prevention and support, middle childhood and adolescent development, and community capacity building.

A) Early Childhood Development (ECD)

A focus of the Early Childhood Development portfolio is to raise the profile of the evidence and programs that support children prenatal to age 6 years. Research shows that investments in ECD, through universal and targeted early childhood programs and services, strengthen the foundation for children's lifelong health, well-being, and learning success. In 2011/12, work continued on the provincial ECD strategy, incorporating evidence-based principles and best practice models.

Parent Child Coalitions

Parent Child Coalitions bring together parents, early childhood educators, educators, health care professionals and other community organizations to plan and work collaboratively to promote and support community-based programs and activities for children and families, with a priority focus on the early years.

Parent Child Coalitions operate in every region of the province, organized within Regional Health Authority Boundaries and Winnipeg Community Areas. There are 26 funded parent child coalitions province-wide: 25 regional coalitions (12 regions outside Winnipeg and 13 community areas within Winnipeg) and one cultural organization that serves the needs of Francophone communities.

Parent Child Coalitions support existing community programs for families with young children and develop new initiatives that reflect each community's diversity and strengths. Coalition partners encourage a broad range of services and programming for parents and children prenatally to 6 years old and their families, based on the priorities of positive parenting, nutrition and physical health, literacy and learning and community capacity. Parent Child Coalitions plan community activities based on local needs determined through community consultation. Community-level Early Development Instrument (EDI) results are shared and used to form the basis of funding and programming decisions. Recognizing that parents are the first, most important and most lasting teachers in a child's life, Coalition activities create opportunities for parents and children to participate in quality programming together, and offer supports to families. A wide variety of service delivery approaches are used and a wide range of activities are offered.

The Council of Coalitions, which includes representatives from each Parent Child Coalition across the Province, meets on a regular basis to promote community development, networking, professional development, and sharing of information and best practices. Members of the Council of Coalitions also serve on the Provincial Healthy Child Advisory Committee, representing urban, rural, northern and Francophone coalitions.

HCMO hosts an annual National Child Day Forum for representatives of regional Parent Child Coalitions and community partners from a variety of government and community sectors. The forum presents an opportunity to learn from renowned experts in the field of early childhood development and to acknowledge the work of community initiatives. The forum is held in November of each year, prior to National Child Day (November 20th). In 2011/12 at the request of Parent Child Coalitions, the National Child Day Forum was replaced by Regional Forums which were held in several areas of the province in subsequent months through 2012. The latest research on early brain development was presented and community-level data was shared. A workshop on play-based learning was provided. Leadership sessions were held in several rural areas. Over 1,000 people participated in these regional meetings.

Triple P – Positive Parenting Program

On March 21, 2005, HCCC announced funding to implement the Triple P - Positive Parenting Program system in Manitoba. Triple P is founded on more than 30 years of rigorous international research conducted with the University of Queensland's Parenting and Family Support Centre in Australia and universities and partners across several countries and cultures. Since the initial announcement in 2005, HCMO has been presenting to and consulting with community agencies, RHAs, child care centres, family resource centres, school divisions, and others to inform and seek partners on this proven approach to supporting Manitoba's parents, with an initial focus on families with children under the age of 12 years and especially under age six years.

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 (i.e., those working in health, early learning and child care, social services, education), at multiple levels of intensity, from brief consultations to intensive interventions. Parents have the opportunity to access evidence-based information and support, when they need it, from Triple P trained and accredited practitioners in their local community.

Agencies and organizations with trained staff are then able to offer Triple P to clients within their particular mandate. For some agencies this means providing Triple P services to the general public while for others it is provided to those clients within the mandate that they currently serve (e.g., mental health services of an RHA, clinical support services of a school division, or parents whose children attend a local child care facility).

Triple P training and accreditation continues to be provided to staff from a wide range of organizations and agencies to enhance their skills in this population-level prevention and early intervention approach. HCMO continues to work with organizations and agencies to identify the most appropriate people to be trained, at different levels of the Triple P system, using general guidelines established by Triple P International.

HCMO continues to be committed to allocating funding to support the costs of training service providers (including a subsidy for travel and accommodation) in the Triple P system and to provide, at no cost to agencies, the resource materials needed to deliver Triple P.

During the 2011/12 year, a total of 13 Triple P training courses at various levels were provided across Manitoba (in Winnipeg, Brandon, Dauphin, The Pas and Thompson). Just over 250 practitioners from a host of agencies participated in one or more of these trainings. Since the commencement of training in 2005, more than 1500 practitioners from over 200 community agencies, RHAs, school divisions, child care centres, government departments, and other organizations, have participated in Triple P training and have successfully completed accreditation. Feedback from practitioners who have taken training has been very positive regarding the quality of the training received. Practitioners have also expressed strong

satisfaction and appreciation that training has been offered in the various regions as well as in Winnipeg.

The 2011/12 year also saw a unique partnership created between Triple P and the Early Childhood Education program at the University College of the North in The Pas. Students in this diploma program along with their instructor trained and accredited in Primary Care Triple P as part of their collegial studies and found the experience both rewarding and beneficial. Training in Triple P as part of their program of studies provides these students with an additional set of tools that they can use upon graduation and when they are employed in various early learning and childcare centers across the North. The current year also saw training in Thompson hosted by the Awasis Agency of Northern Manitoba at which time a number of their staff participated in Primary Care training. As well, training was held in Dauphin in partnership with the Manitoba Metis Federation (MMF) at which time a number of MMF staff also participated in Primary Care Triple P training.

In February 2010, the first Triple P training for Francophone practitioners was held in Winnipeg. This training, offered in French, was the first such Triple P training held in Canada and honoured a commitment made to Francophone communities in Manitoba that Triple P training and services would be made available in French. During 2011/12, training was expanded for Francophone practitioners and, in addition to training in Group Triple P, courses were also added in Primary Care (brief consultation service) Triple P. As with previous trainings in Group Triple P, participants who attended came from a number of different communities and agencies.

In November 2009, HCMO facilitated a memorandum of understanding between Triple P International, HCMO, and the Government of Manitoba Translation Services to facilitate the translation of Triple P resource materials for both service providers and parents. The 2010/11 year saw the completion of the translation of all Group Triple P resources and materials and the current 2011/12 year saw the completion of the translation of all materials needed to deliver Primary Care Triple P. This continues to expand the range of resources available to Francophone parents and practitioners and builds on Manitoba's commitment to make Triple P available to Francophone families.

During the 2011/12 year, HCMO partnered with the Provincial Health Contact Centre to introduce a new flexible and convenient resource for parents – the Triple P Parent line. Staffed by trained Triple P counsellors, the phone line provides Manitoba parents with free, confidential parenting support base on the Triple P Positive Parenting program. Parents, guardians, and caregivers can call the line to discuss parenting concerns such as bedtime problems, tantrums, and toilet training. Parents can also participate in Triple P adapted phone programs or receive referrals to face-to-face programs from partner agencies.

During the winter of 2012, Triple P undertook a multimedia public awareness and education campaign that included print ads in community newspapers throughout the province as well as bus shelter and interior bus ads. Radio and television spots were also developed that provided parents with simple but important parenting "tips" that could easily be incorporated into a parent's interactions with their child. Messaging to the public concerning the availability of Triple P in Manitoba and especially of the new Triple P Parent Line ("Let's talk positive parenting") was also included as part of the campaign. Overall, the campaign proved very successful with an increase of almost 200 calls compared to the preceding twelve weeks in the number of telephone calls to the Triple P Parent Line during that time.

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. Healthy Baby 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.

The Manitoba Prenatal Benefit was modeled after the National Child Benefit. Manitoba was the first province in Canada to extend financial benefits into the prenatal period and remains the only province to include residents of First Nations on-reserve communities. The benefit 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 months a woman can receive the benefit per pregnancy is seven months 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 2011/12, the benefit was provided to 3,819 women in Manitoba during their pregnancies, totaling $1,728,377.42. Approximately 50% of approved applicants live in Winnipeg, 50% live in rural Manitoba and 28% live in First Nation communities. Since the program launch date of July 1, 2001, over 47,500 women have received benefits totaling over $20 million.

Through a consent provided on the Manitoba Prenatal Benefit application form, HCMO is able to connect women to community health services and/or Healthy Baby community support programs as a further means of supporting healthy pregnancies. Referrals are made to both provincial and federal prenatal programs and health agencies (both on and off reserve). In 2011/12, the prenatal benefit office made 3,553 referrals.

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 2011/12, HCMO funded 29 agencies to provide programming in over 100 communities and neighborhoods province-wide. In Winnipeg, HCMO funded the Winnipeg Regional Health Authority (WRHA) to provide professional health support (public health nurses, nutritionists, registered dietitians) to 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, Healthy Baby Community Support Programs are delivered primarily on a monthly basis by a program coordinator with additional support from health professionals, depending on regional resources.

Milk coupons are offered through the Healthy Baby Community Support Programs as an incentive to participate and as a nutritional investment. Milk coupons for free milk can be redeemed at participating stores across Manitoba. Over 250 stores across Manitoba continue to partner with HCMO for the milk coupon redemption program. In 2011/12, $140,346.20 was expended for the redemption of milk coupons.

In 2011, HCMO, WRHA and the Adolescent Parent Centre, partnered and collaborated to "pilot" a Healthy Baby program (once per month) to teen students on-site at the school. Since May 2011, participation has been very positive (20-45 per session).

In 2010, Healthy Baby launched the new Healthy Baby Community Program Guide and Healthy Baby Resource Binder to better support service providers to deliver evidence based, effective and consistent programming and resources. In 2011/12, HCMO led community consultations with Winnipeg Regional Health Authority offices to orient staff to Healthy Baby and other HCMO-led programs, Healthy Baby Program Guide and Resource Binder and to promote and increase participation at Healthy Baby Community Support programs.

In the winter of 2012, Healthy Baby revised the Healthy Baby Evaluation Guide and streamlined data collection tools (intake, surveys, session tracking forms, consent) designed to yield better evaluation outputs and reduce on-site workload pressures for Healthy Baby teams.

In 2011, Healthy Baby developed a low literacy prenatal resource, "Making Connections: You and Your Growing Baby" based on the "Growing Healthy Together: Baby and Me" resource (Toronto Public

Health.)

In 2011/12, Healthy Baby funded and partnered with a number of community agencies in the development of a number of resources/kits for service providers, including: brain development, plagiocephaly, skin to skin and cervical cancer,

In 2011, a Facilitation Guide for Healthy Baby Service Providers was developed in cooperation with Bookmates Inc. and was distributed to service providers. The guide augments and supports the "Fabulous Facilitation" training delivered by Bookmates to Healthy Baby service providers in 2009 and subsequently in fall 2011. HCMO anticipates offering this training on an annual basis, with a focus on skill development for new staff.

In November 2010, the Manitoba Centre for Health Policy released the evaluation report *Manitoba's Healthy Baby Program: Does it Make a Difference?* There were positive impacts for women who were involved in either component of the Healthy Baby program. Participation in Healthy Baby Community Support Programs was associated with increased adequate prenatal care and increased breastfeeding initiation. The prenatal benefit was found to reach the majority of low-income women; close to 1/3 of all births in Manitoba, are to women who received the benefit during pregnancy. Receiving the prenatal benefit was associated with reduced low birth weight, reduced preterm births, and increased breastfeeding initiation.

Given relatively low participation rates in CSPs, approximately 3,200 per year, and given the association between Healthy Baby and positive outcomes, in 2011/12, efforts to increase early reach and program participation among vulnerable populations were enhanced including: increased promotion of the program through provincial Income Assistance offices; increased outreach to immigrant community programs and agencies; an enhanced public media campaign; and a new advertizing campaign that will include the creative use of promotional items including invitations, bibs and cook books.

Healthy Baby is working with the Baby Friendly Initiative (including Manitoba Health, Breastfeeding Committee of Canada, RHAs) to promote, support and protect breastfeeding in the community, by accrediting Healthy Baby sites. Education, training and practical tools are being developed to support funded agencies to increase breastfeeding initiation and duration rates.

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 and coordinated through HCMO, and delivered through the Regional Health Authorities (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 newborns and new parents in Manitoba (over 15,000 births annually). Families identified as requiring additional supports through the screening process are offered an in-home Parent Survey focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. The Parent Survey process is used to guide public health staff in determining the level of support most complementary to each family's situation, including home visiting, as available. In 2011/2012, HCMO provided funding to RHAs to employ 148.7 equivalent full-time home visitors province-wide. Approximately 1,494 families received intensive home visiting support from home visitors, an increase of about 15 families from the previous year.

Initial Families First program evaluation highlights were distributed in 2005/06. The evaluation suggested 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 had improved parenting skills and were more connected to their communities.

On June 14, 2010 a comprehensive Families First Home Visiting report was released. Evaluation results show program families have better parenting skills, better psychological well-being, better social support and feel more connected to their neighborhoods than comparison families. This day was proclaimed Home Visitor Day in Manitoba in both 2010 and 2011.

Work is proceeding on a demonstration project called the Towards Flourishing project funded by the Public Health Agency of Canada. A collaboration between HCMO, the Winnipeg Regional Health Authority and the University of Manitoba, this 5-year intervention evaluation initiative promotes the mental well-being of parents and children by adding a mental health promotion strategy to Manitoba's Families First program (see below).

Support for Training and Professional Development
HCMO ensures that all Families First home visitors 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. In 2010/11 Great Kids Inc. revised the training materials for the core training.

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

In 2006, HCMO 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 2011/12, 18 individuals from 14 First Nation communities received provincial core training. This included practitioners from the communities of Brokenhead, Cross Lake, Dakota Tipi, Keeseekoowenin, Long Plain, Nisichawayasihk, Norway House, Opaskwayak Cree Nation, Peguis, Pine Creek, Rolling River, Roseau River, Sagkeeng, and Waywayseecappo.

Additionally, Families First 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. HCMO provides grant support to Bookmates Inc. to deliver training workshops in literacy development.

In 2011/12, 25 Public Health Nurses (PHNs) received Parent Survey training and 26 PHNs received Advanced Parent Survey training. This is a similar number as was trained in the previous year, which suggests stability in staffing the program. There was a two-fold increase in the number of public health nurses (PHNs) seeking a refresher in their advanced training skills which also speaks to regions' commitment to quality. Over 500 PHNs have been trained since the inception of the program. PHNs have opportunities annually for advanced training related to the Parent Survey process.

Towards Flourishing: Improving Mental Health Among Families in the Manitoba Families First Home Visiting Program (2009 – 2015)

The overall aim of the Towards Flourishing Project is to enhance the mental well-being of parents and children through the development, implementation, and evaluation of a multilayered mental health promotion strategy for families, public health and mental health staff within Manitoba's *Families First Home Visiting Program.* The main goals of the Project are to:

1) improve the mental health and decrease mental illness of women and their children;
2) strengthen public health workforce capacity to promote positive mental health and address the mental health needs of families; and
3) build community capacity by creating mechanisms for effective mental health promotion interventions in community settings across Manitoba.

The Towards Flourishing Project is a tripartite collaboration between HCMO, the Winnipeg Regional Health Authority (WRHA), and the University of Manitoba. The Project is funded by the Public Health Agency of Canada's Innovation Strategy entitled *'Equipping Canadians – Mental Health Throughout Life*,' receiving $2.83 million over 5 years, and rolling out in two phases. The first phase, from January 2009 – January 2010, involved the development and preliminary evaluation of a comprehensive strategy to improve the mental health and well-being of families in the Families First Program. In phase two, beginning February 2010 (to February 2015), the strategy was pilot tested and evaluated in three community areas in Winnipeg. The intervention has subsequently been refined and consolidated into the multilayered Towards Flourishing Mental Health Promotion Strategy. Scaling up of the Strategy has begun as it is being introduced in five regional health authorities across Manitoba via a rigorous trial evaluation design.

The Strategy

The Towards Flourishing Mental Health Promotion Strategy is an evidence-based strategy designed to provide multiple levels of support to families and public health staff in Manitoba including: (1) mental health education for new parents offered through a new Curriculum of topics on mental health and wellness and simple, everyday strategies to promote positive mental health; (2) training for public health staff to guide the use of new mental health tools and enhance knowledge of mental health promotion; (3) screening for new parents involving a new collection of measures of mental health and well-being; (4) a plan to improve access of families to mental health services, resources and supports and to strengthen collaboration between Public Health and Mental Health systems by streamlining communication, consultation, and referral processes; and (5) the new role of mental health promotion facilitator to enhance public health and community capacity to meet the mental health needs of families.

A cultural lens on the Strategy was developed to align the Project with the needs of Manitoba's diverse population with a specific mandate to incorporate the perspective of Manitoba's Aboriginal, Francophone, immigrant and refugee communities. As part of a collaborative initiative with two other Innovation Strategy project teams in Québec and British Columbia, two case studies are underway with First Nation partners and immigrant and newcomer communities in Winnipeg to develop guidelines and best practices for cultural adaptation of interventions for future mental health promotion initiatives.

Partnerships

The Towards Flourishing Project is focused on families in Manitoba living in conditions of risk as well as public health and mental health teams working with families. Partners from multiple sectors and cross cultural groups have been engaged to refine and extend the reach of the Towards Flourishing Strategy including Aboriginal community leaders, multidisciplinary mental health consultants, policy makers and program planners.

Collaborative project partnership agreements have been established with public health and mental health teams in twelve community areas in Winnipeg, and in four additional regional health authorities in

Manitoba. Public health and mental health manager networks across the entire province of Manitoba are also engaged on a regular basis.

The priorities of First Nation families are being addressed through collaboration with leads from the Aboriginal Health Program of the Winnipeg Regional Health Authority and from the federal Strengthening Families Maternal Child Health Program in First Nations communities. Consultation is ongoing witha select group of First Nation knowledge keepers with front line experience working directly with First Nation women and families in Manitoba who are experts in First Nation mental health.

A multidisciplinary working group of mental health consultants has been established to enhance access to mental health services and resources and to strengthen linkages between Public Health and Mental Health Programs. The multiple disciplines and sectors engaged and represented in this group include: public health, community mental health, clinical psychology, population and public health.

Knowledge Exchange and Evaluation
Knowledge and information is being shared in the Towards Flourishing Project in a variety of ways including: training workshops; a DVD video; the embedded role of mental health promotion facilitators in public health and mental health teams; and through ongoing dialogue with partners and stakeholders in mental health promotion.

A formal evaluation plan is also being used to gather and share back information. Evaluation of the development, implementation and outcomes of the Towards Flourishing Mental Health Promotion Strategy follows a mixed methods approach. Qualitative evaluation of the process and early impacts of implementation of the Strategy will be conducted during pilot and trial stages using a developmental framework and case study design. Process evaluation methods include interviews, focus groups, survey questionnaires and network mapping. Quantitative evaluation of the long-term mental health outcomes of the women and their families who participate in the Strategy will be conducted over a four-year trial period. Using a cutting-edge step wedge evaluation design, the Strategy intervention will be randomly assigned in sequential waves to three groups of participating sites. Hierarchical linear modeling is proposed for the summative analysis of trial data.

Innovation
The Towards Flourishing Project plan incorporates several elements of innovation including a multi-layered strategy encompassing change at both individual and systems levels, a participatory model of Strategy development, and an evidence-based interdisciplinary approach.

Les Centres de la Petite Enfant et de la Famille - Francophone Early Childhood Development (ECD) – Hub Model

HCMO continues to support the development and sustainability of the Francophone ECD – Hub Model, les centres de la petite enfant et de la famille (CPEF). This school-based model is designed to provide a comprehensive continuum of integrated services and resources for French language parents of children from prenatal through to school entry, including universal resources for increasing support and information on positive parenting, 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 CPEF 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, École Roméo-Dallaire (Winnipeg) and École St-Jean-Baptiste Lagimodière (Lorette) were added. In 2008/09, École St-Georges and École St-Joachim (La Broquerie) were added. In 2009/10, École Notre Dame de Lourdes, and École Taché (satellite St-Boniface), and École Noël-Rtichot (satellite St-Norbert) were added. In 2011/12, funding continued to be matched under the Canada/Manitoba Agreement on the Promotion of Official Languages.

The CPEF Steering Committee advises 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.

Seeds of Empathy

In collaboration with the Manitoba First Nations Educational Resource Centre (MFNERC), under a tripartite agreement (2009-2012) between Indian and Northern Affairs Canada, MFNERC, and HCMO, Manitoba launched Seeds of Empathy, an expansion of the popular Roots of Empathy program, founded by Mary Gordon. .

Like Roots of Empathy, Seeds of Empathy is designed to reduce physical aggression and bullying by fostering children's empathy and emotional literacy. The long-term goal is to improve emotional health and build parenting capacity in future generations. While Roots of Empathy is provided in kindergarten to Grade 8 classrooms, Seeds of Empathy is aimed at the early childhood years to be implemented in child care facilities, nursery schools and Aboriginal Head Start programs.

In the 2011/12 school year, Seeds of Empathy was delivered through 55 child care programs in 24 communities (including 21 First Nation/Aboriginal communities). 35 of these programs are delivered to First Nation / Aboriginal children (64%), including 22 programs operating in MFNERC centres. Six training sessions were held in the summer and fall of 2011, with a total of 129 Early Childhood Educators trained to deliver Seeds of Empathy. Of those trained in 2011, 85 (67%) were from First Nations / Aboriginal or Métis centres.

Six new training sessions are planned for the late summer/fall of 2012, with an estimated 130 additional Early Childhood Educators to be trained to deliver Seeds of Empathy.

24 centres have now fulfilled their commitment to deliver Seeds of Empathy for two years, and 37 centres have delivered one year of Seeds of Empathy. To date, 85 one-year programs have been delivered. With an average of 15 children per program, this translates to approximately 1200 children who have now received Seeds of Empathy.

Seeds of Empathy is an important component of *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy.*

Lord Selkirk Park Abecedarian Pilot Project

The Abecedarian Approach is an evidence-based program that has demonstrated short and long-term outcomes for participating children and their families. Over 30 rigorous evaluations have demonstrated the effectiveness of the Abecedarian Approach.

The Abecedarian Approach emphasizes low educator-child ratios and incorporates learning into day-to-day adult-child interactions that are tailored to the needs of each child. Activities focus on social, emotional, and cognitive areas of development but give particular emphasis to language.

For the period of January 9 to March 31 2012, HCMO provided funding to Manidoo Gi Miini Gonaan to support the mid-year implementation of this pilot project in the Lord Selkirk Park Child Care Centre. The funding supported:

- the Abecedarian curriculum and providing ongoing training and resources;
- a contract with Red River College to provide 12 weeks of faculty time towards the project;
- additional ECE staff salary and benefits to meet the Abecedarian staff to child ratios for the 32 infant and preschool spaces;

- a cook and a full food/meal program that includes breakfast, snack and lunch;
- home visitors to work directly with families (using the LearningGames); and
- programming/operational funds for the Family Resource Centre.

HCMO and its community partners are implementing a rigorous evaluation of the project. Baseline data was collected at the onset of the project and annual reassessments will be completed.

B) FASD Strategy

HCMO addresses FASD through public education and awareness, prevention and intervention programs, support services to caregivers and families, and evaluation and research.

In 2007/08, the Province of Manitoba announced a coordinated, multi-year strategy to address FASD in Manitoba. The funding for this strategy is allocated to a number of government departments including Family Services and Labour; Health; Healthy Living, Seniors and Consumer Affairs; Education; Housing and Community Development; Justice; and Children and Youth Opportunities. The Healthy Child Manitoba Office is tasked with leading the coordination of the FASD 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 the InSight Mentoring Program to three rural communities; more support for women with addictions; more training supports for schools divisions; and increased FASD research. Listed below are the componenets of the Strategy that are funded wholly or in part by HCMO.

FASD Prevention

Healthy Child Manitoba believes that girls and women need information and support about alcohol use and how it can affect their bodies and their lives. This is especially important when pregnant or planning to become pregnant.

Healthy Child Manitoba offers programs and resources to help women have the healthiest possible outcomes for themselves and their families.

InSight Mentoring Program (formerly Stop FASD)
InSight is an evidence-based, intensive case management program that provides service to women who are pregnant or recently gave birth and who have used alcohol and/or drugs heavily. It is currently operating in seven Manitoba communities with the capacity to support up to 240 women at any given time. Mentors work with women for three years to facilitate changes related to their substance use and the root causes of their problematic substance use (trauma, domestic violence, colonization, mental illnesses). The end goal is to build movement toward a healthier lifestyle for women and their children.

Project CHOICES
CHOICES is a new program about alcohol, sex and birth control. Using motivational interviewing strategies, girls and women who are not pregnant are offered four counseling sessions to set goals and receive information about their drinking behaviours and birth control options.

Be With Child – Without Alcohol
Be With Child – Without Alcohol is a prevention program of the Manitoba Liquor Control Commission (MLCC) that uses television and radio commercials, posters, brochures, information kits and a website to raise public awareness about alcohol use during pregnancy. The MLCC consults with HCMO to ensure their public awareness program provides the most accurate and up-to-date information.

Information and Training
Healthy Child Manitoba provides various health professionals with information and training about alcohol use and pregnancy.

FASD Supports

Healthy Child Manitoba believes that individuals with FASD and their families can benefit from supports and services that address their unique challenges throughout the lifespan. As a result, HCM supports the following FASD specific initiatives:

FASD Information Manitoba
Delivered by the Interagency FASD Program, the phone line offers public access to accurate information on substance use during pregnancy, families and service providers with support, information and strategies on parenting or working with children who have been prenatally exposed to alcohol, referrals to existing community services and mail distribution of printed resources.

Bridges FASD Intermediate School Program
The Bridges Program is an education model for children with FASD to enhance their school experience and outcomes. This partnership between Healthy Child Manitoba (HCM), Education, and the Winnipeg School Division (WSD) was established to identify, review and disseminate best practices in the education and management of students with FASD.

Building Circles of Support
Building Circles of Support is a program offered by the Manitoba FASD Centre to caregivers and service providers of newly diagnosed individuals. The purpose of the program is to educate families and other key individuals in the child's life about FASD. The program seeks to equip families with foundational knowledge to build an informed, positive and hopeful circle of support for the child. Information sessions provide caregivers with the opportunity to learn about the best practices in parenting a child or teen with FASD, as well as provide them with the opportunity to interact with other families. These sessions link participants to FASD resources and services in their area.

The FASD Family Network
Family Support Services for FASD is a multifaceted program that provides ongoing support and services to families affected by FASD. The program provides:

- Family Network Meetings to provide an opportunity for discussion, generate ideas and connect families.
- Support and Information Groups to provide a variety of opportunities such as a support group for parents of teens, teen recreation, or information workshops.
- Recreational and Fun Activities giving children and families the opportunity to come together to have fun.

FASD Networks

Manitoba is committed to **fostering ongoing relationships** within and outside our province to address FASD. Networking with community members, non-profit agencies, and other provinces and territories assists to ensure our programming and services are informed and relevant. Some of these partnerships include:

Canada Northwest FASD Partnership is an intergovernmental partnership including British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut. The partnering jurisdictions have agreed to share best practices, expertise, and resources, and to develop joint strategies and initiatives to better address the issue of FASD. The partnership also supports jurisdictions to host international conferences on the latest advances in research and initiatives related to FASD. Manitoba will hold a conference in the fall of 2014.

FASD Community Coalitions are grassroots groups of stakeholders formed by individuals, agencies and professionals working in the area of FASD and may include representation from various provincial government departments. The coalitions are intended to increase community networking, share best practices and provide support for prevention and intervention efforts in local communities across Manitoba.

Manitoba Coalition on Alcohol and Pregnancy brings together families, service providers, community organizations and government representatives from across the province to share information and resources, co-ordinate activities and plan together to address issues related to FASD. The coalition regularly holds lunch hour information sessions, which are broadcast via the telehealth network, and brings expert speakers to Manitoba. A regular newsletter also facilitates the province wide communication.

FASD Research

Canada FASD Research Network
Initially, the aim of the Network was to build research capacity across Western Canada and the Territories to address high priority research questions, to devise more effective prevention and support strategies for women, for individuals with FASD and their families, and to better inform policy.

Moving forward, the Research Network plans to expand nationally, and work with additional existing Canadian researchers, programs, organizations, families and professionals, including existing grassroots organizations that want to collaborate on research on the complex issues surrounding FASD.

FASD Research Scientist Award
This award has been established in partnership with the University of Manitoba, Faculty of Medicine's Department of Community Health Sciences. This award seeks to stimulate local research initiatives, develop researcher interest and capacity in this disability area, facilitate linkages with researchers in other jurisdictions, secure more funding for FASD research in the Province, and promote research that will inform policy development in this area.

FASD Screening
Data on alcohol use during pregnancy is routinely collected in Manitoba from women who have recently had a baby, through the Families First Screening. This information is important for understanding general trends and patterns of alcohol use during pregnancy and is used to inform policy and programming decisions.

C) Middle Childhood and Adolescent Development

The Middle Childhood and Adolescent Development (MCAD) portfolio utilizes evidence and research to develop and implement programs that support children and youth aged 6 to 18 years old. Research shows that investments in MCAD maintain the investments and positive gains that are achieved in early childhood programs and services. In 2011/12, work continued on the development of a provincial approach to MCAD, incorporating harm reduction strategies for risky behaviours and principles of population health, based on scientific knowledge and best practice models.

Within the MCAD portfolio, Middle Childhood focuses on children aged 6 - 12 years and Adolescent Development focuses on youth aged 13 - 18 years.

Healthy Schools

In 2011/12, HCMO continued to partner with the education sector to facilitate and support positive health and education outcomes for all students.

Healthy Schools is Manitoba's provincial school health initiative promoting the physical, emotional, and social health of school communities. Healthy Schools recognizes that good health is important for learning and that schools can have a positive influence on the health of children, youth and their families. Working in partnership with school divisions, schools and community partners, Healthy Schools supports progress towards positive health and education outcomes for all students. . Under the leadership of HCCC, Healthy Schools is a partnership of Manitoba Healthy Living, Seniors and Consumer Affairs, Manitoba Education, and HCMO.

Healthy Schools is rooted in comprehensive school health (CSH), which is an internationally recognized framework for supporting improvements in students' educational outcomes, while addressing school health in a planned, integrated and holistic way. Comprehensive school health helps educators, health practitioners, school staff, students, and others work together to create an environment that makes their school the best place possible to learn, work, and play. Comprehensive school health is not limited to the classroom – it addresses the whole school environment with actions in four interrelated pillars that provide a strong foundation for healthy schools:

- social and physical environment;
- teaching and learning;
- partnerships and services;
- healthy school policy.

Healthy Schools focuses on six priority health areas in the context of the school community: healthy eating, safety and injury prevention, mental health promotion, substance use and addictions, physical activity and sexual and reproductive health.

Manitoba's Healthy Schools Initiative participates in the Pan-Canadian Joint Consortium for School Health (JCSH). The JCSH is a leader in supporting the advancement of comprehensive school health in Canada. Established in 2005, the JCSH is a partnership of federal, provincial, and territorial governments from across Canada, working together to promote the health of children and youth in the school setting.

Healthy Schools Funding

Funding is available to school divisions/schools to support their Healthy Schools work through:

1. Healthy Schools Grant (Healthy Schools Community-based Funding)

Through the Healthy Schools Grant, annual funding is available to support school divisions/schools in working with their community partners (including local regional health authorities) as they work create healthy school communities. In 2011/2012, the Healthy Schools Grant became part of Manitoba Education's Categorical Grant Review and Reporting Process. Activities are selected based on the needs school divisions/schools identify within their school community and align with the focus areas of Healthy Schools

(ex. mental health promotion, physical activity, healthy eating, injury prevention, healthy sexuality, substance use and addictions).

Healthy Schools Grant activities:

- encourage community, student and family participation;
- build and strengthen partnerships among health providers, educators, parents, children and the community;
- use a comprehensive, collaborative approach;
- incorporate best practices and evidence;
- encourage activities that support wellness and promote healthy environments within the community, at home and at school;
- build capacity and provide evidence of sustainability;
- support the sharing of knowledge and expertise across the province.

Through the 2011/12 Categorical Grant Review, school divisions expressed that they value the Healthy Schools Initiative and feel the funding provided through the Initiative is necessary to support their schools in moving healthy school planning and activities forward.

2. Healthy Schools Campaigns

In addition to receiving the Healthy Schools Grant, schools also receive annual funding through the Healthy Schools Campaigns. Each year, Healthy Schools offers two Campaigns to support schools in undertaking projects that focus on important health and wellness issues in their school community. Aligning with the key focus areas of healthy living, the campaigns provide targeted school health promotion support in the areas of:

- Mental health promotion
- Physical activity
- Healthy eating
- Safety and injury prevention
- Substance use and addictions (including tobacco)
- Healthy sexuality

In 2011/12, schools were eligible to receive funding through the Healthy Schools Campaigns for activities that focused on Healthy Relationships (fall 2011) and Healthy, Green Environments (spring 2012).

Healthy Schools Programs and Resources

Premier's Healthy Living Award for Youth

The Premier's Healthy Living Award for Youth recognizes the achievements of young Manitobans who serve as positive role models for other children and youth. Award recipients have made outstanding healthy living contributions to their communities, in areas of focus that may include active living, mental health promotion, healthy eating and preventing tobacco use. The Premier's Healthy Living Award for Youth is delivered in partnership with MB4Youth's Manitoba Youth Leadership Scholarship Program, which recognizes Grade 12 students who have engaged in meaningful leadership and citizenship volunteer activities targeted at promoting healthy living in their communities and schools during the past year.

Low-cost Bike Helmet Initiative

Over the past six years, through the Low Cost Bike Helmet Initiative, 73,000 low cost helmets have been purchased by Manitoba families. The Low-cost Bike Helmet Initiative is offered to Manitoba schools and childcare centres to promote the increased use of helmets and safer bicycle riding skills and behaviour as well as making affordable helmets more accessible to families.

Healthy Schools *in motion*

Manitoba ***in motion*** is a provincial strategy to help all Manitobans make physical activity a part of their daily lives for both health benefits and quality of life. A Healthy School ***in motion*** values the benefits of physical activity and ensures that it is a visible priority in the daily life of the school by working towards the goal of 30

minutes of daily physical activity every day for every student. Over 615 schools are registered as a Healthy School ***in motion***.

Healthy Schools Website
The Healthy Schools website (www.gov.mb.ca/healthyschools) provides information and resources to assist school communities in promoting comprehensive school health.

The following resources are available on the Healthy Schools website:

Positive Mental Health Toolkit
Healthy Schools partnered with the Joint Consortium for School Health (JCSH) and other jurisdictions across Canada on the development of the Positive Mental Health (PMH) Toolkit. The PMH Toolkit is a resource designed to support schools in promoting Positive Mental Health perspectives and practices. The JCSH PMH Toolkit is a free, flexible, interactive web-based tool that can be implemented at a school's own pace, in whole or in part, allowing them to focus on the sections that best fit their school's needs and goals.

Services and Supports Directory
A resource directory featuring a searchable listing of services, programs and organizations throughout Manitoba related to child health and education and other useful topics.

Healthy Schools eNews
The eNews is a free email subscription service that informs school divisions/schools and Healthy Schools partners of new developments, funding opportunities, resources and workshops available to school communities.

Healthy Schools Stories
Manitoba schools are invited to share their healthy school story. Stories are posted on the website to share information and inspire other schools in their efforts to create a healthy school community.

Roots of Empathy

In 2011/12, HCMO continued to support the implementation and sustainability of Roots of Empathy (ROE), an evidence-based, bilingual, universal and classroom-based parenting program that increases pro-social behaviour and reduces 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 is provided to children in classrooms from kindergarten to grade eight. 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 parents 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 and reducing bullying.

Building on the success of the 2001/02 pilot of the ROE program, and the positive outcomes of improving pro-social behaviour and reducing aggression in students from a longitudinal randomized controlled trail of the program, ROE has continued to expand across Manitoba. In 2011/12, ROE was delivered by 237 ROE certified instructors in 256 classrooms across Manitoba to over 5300 students from Kindergarten to grade 8. Additionally, there are 85 instructors registered for ROE program delivery training in the 2012/13 school year.

Manitoba's completed evaluation of ROE was published in a special issue of *Healthcare Quarterly* (Vol. 14 April 2011): Effectiveness of School-Based Violence Prevention for Children and Youth – Cluster randomized controlled field trial of the Roots of Empathy program with replication and three-year follow-up.

Mentoring Interventions

In 2011/12, HCMO continued to support mentoring programs, 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 2011-12, approximately 220 children were matched with mentors in these communities for the in-school mentoring program.

Out of School Programming

HCMO continued to support out of school programming at the Boys and Girls Club of Thompson. Programming focuses on providing a balance of structured and unstructured learning activities in the core areas of recreation, nutrition, vocation, and education.

In addition, HCMO continued its support of the CSI Summer Learning Enrichment program through the Boys and Girls Club of Winnipeg. This school-based summer day camp for targeted communities in Winnipeg provides children with the ability to participate in a variety of academic, recreational, arts, cultural, and educational activities during the summer months. The program also has a nutrition component and employs local youth and university students. In the summer of 2011, over 810 children attended at 13 sites and over 66 university students and 53 local high school students were hired.

COACH

In 2011/12, HCMO continued to support COACH, a 24-hour wrap-around program for 5-11 year old children with extreme behavioural, emotional, social and academic issues. COACH is designed for children who are not able to learn in a school classroom even with support of a full-time Educational Assistant; and have committed criminal offences for which they would be charged if they were age 12 and over; who have been involved in the child welfare system; who have profound behavioural or mental health problems; and who reside within the Winnipeg School Division catchment. The program provides 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 specialized supports. Children are in the program for one to three years.

There is an ongoing program evaluation of COACH which focuses on pre- and post-measures in a case study approach. Multiple informants including the parent/guardian, teacher, psychologist, COACH Manager, and the student 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 parents' involvement with the school setting, and based on parent reports, an improved relationship with their child.

On May 20, 2011 the Manitoba Government announced an increase in funding for COACH which doubled the total number of children and families supported by the program, from 8 to 16 full time, with potential to support up to 30 children transitioning to full time regular classroom.

Life Skills Training

In 2011/12, HCMO, continued with phase two of its pilot of the Life Skills Training (LST) program. Level 2 of the program was delivered to students in a smaller randomized controlled trial study. LST was implemented in 10 Grade 4/5 classrooms in several locations in the province to determine if the positive results found in the initial study (level 1 – grade 3) could be maintained and reinforced by having students complete level 2 (grades 4/5) of the program. Five control-group schools will implement level 2 of the program in their classrooms in the 2012/13 school year.

LST is an evidence-based prevention program targeting social and psychological factors that may cause youth to initiate high risk behaviours, including substance abuse and violence. LST focuses on teaching children how to make healthy choices throughout their lives by improving personal self-management skills, general social skills and self esteem, and drug resistance skills.

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 one day per week. The clinic addresses the general health and well-being of students and neighborhood youth, including sexual and reproductive health issues. In 2011/12, there were 747 visits to 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 similarly to the Elmwood Teen Clinic. In 2011/12, there were 532 visits to St. John's Teen Clinic.

In 2006/07, the Interdepartmental Teen Clinic Committee 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. In 2011/12, there were 737 visits to the NOR-MAN Teen Clinics.

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. In 2010/11, there were 980 visits to Selkirk Teen Clinic.

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 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 2011/12, Teen Talk engaged with 24,774 Manitoba youth. This includes 730 workshops delivered to 14,237 youth; 594 youth that participated in peer support volunteer training who delivered skits presentations to 1,963 youth and reached a total of 8085 people through volunteer efforts. Workshops include topics such as sexuality, birth control and sexually transmitted infections, substance use, and harm reduction. A new Teen Talk website was launched in 2011, with the support of HCMO, which provides wide-ranging information in the areas of sexual and reproductive health, mental health, healthy relationships, substance use and FASD. The site also features a section dedicated to answering frequently asked questions that Teen Talk receives from youth during their workshops. In 2011/12 there were 32,875 visits to the website.

HCMO continues to work on developing and updating resources which support youth in healthy decision-making. "Your Choice for Your Reasons" a resource package on pregnancy options for young women which includes a video, service provider handbook and brochures was originally developed in 2003 in partnership with the Adolescent Parent Interagency Network (APIN). The service provider handbook was updated in 2009 and in 2011/12 the brochure was revised and re-printed in English and French. These resources are now available for download at www.gov.mb.ca/healthychild/mcad/youth .

Community Service Providers Working Together to Support Adolescent Parents

HCMO works with community agencies and service providers to promote quality services for pregnant and parenting teens in the province through the support of the Adolescent Parent Interagency Network(APIN). APIN members work in Manitoba in diverse settings such as social work, nursing, teaching, mentoring, and counselling. The Network holds events, hosts a website (www.apin.org) and produces regular newsletters, all of which facilitate the sharing of information for pregnant and parenting teens as well as service providers and the community. APIN hosts an annual Adolescent Parent Day, brown-bag lunch series and conference, which in 2012 was attended by over 150 participants.

Youth Suicide Prevention Strategy (YSPS) Education Initiatives

The YSPS Education Initiatives Strategy supports inter-sectoral and cross-departmental collaboration for school or education-based initiatives in the area of youth suicide prevention, with a focus on Aboriginal youth. The YSPS Education Initiatives Task Team is a sub-committee of the Youth Suicide Prevention Strategy Implementation Steering Committee. Both groups were established in 2009 as part of government's Reclaiming Hope the province's Youth Suicide Prevention Strategy announced in December 2008. YSPS Education Initiatives are delivered and implemented in the education sector, including the provincial school divisions, First Nations-operated schools (in partnership with Manitoba First Nations Education Resource Centre), and alternative education settings. Programs under the YSPS Education Initiatives Strategy include:

- Life Skills Training (LST), an evidence-based, universal and school-based mental health promotion program. The program has been delivered in 32 schools across Manitoba, to children in grades 4/5.
- Roots of Empathy (ROE), an evidence-based, universal, school-based parenting program that increases pro-social behaviour and reduces physical aggression and bullying by fostering children's empathy and emotional literacy. Led by Healthy Child Manitoba, it was first implemented in Manitoba (2001 to present) and has been delivered across Manitoba, including First Nations communities, to approximately 50,000 students from kindergarten to grade 8.
- Seeds of Empathy (SOE), an early years version of ROE, has been delivered to 1200 children, aged 3 and 4 years, across Manitoba, including many First Nations communities.
- Signs of Suicide (SOS), an evidence-based, school-based suicide prevention program increases help-seeking behaviour, knowledge and adaptive attitudes on suicide and depression, and teaches youth how to respond to warning signs in themselves and their friends. This program was provided to select schools, including First Nations-operated schools in 2009/10.

The Youth Suicide Prevention Strategy Education Initiatives Task Team, under the leadership of Healthy Child Manitoba, began work adapting the program to meet cultural and linguistic needs as follows:

1) Development of a multimedia resource to serve as a classroom-based suicide prevention video and discussion tool;
2) Development of Regional-level Resource Tool Kits to support school and community collaboration;
3) Pilot and evaluation of the Reaching Out program in selected school divisions;
4) Development of a Best Practices Planning Tool to support education settings to implement local-level youth suicide prevention and mental health promotion strategies;
5) Capacity building and training for educators within alternative education settings, in collaboration with Manitoba First Nations Education and Resource Centre, related to youth suicide prevention.
6) supporting the provincial implementation of the PAX Good Behaviour Game, which previous research has shown remarkable long-term effects in preventing suicidal thoughts and attempts, as a potential addition to the province's suite of best practice education-based suicide prevention programs.

D) Community Capacity Building

HCMO, in collaboration with HCCC partner departments, also assists communities in building local capacity to support children, youth, and families. The following are examples of organizations that received funding in 2011/12:

The **Learning Disabilities Association of Manitoba** was provided funding for a Summit on the topic of "Finding the Path to Success for Teens with AD/HD." This event provided professionals with an opportunity to learn about the topic of supporting youth with AD/HD. A similar event was offered for families, including parents and caregivers who are parenting teens diagnosed with AD/HD.

Funding was provided to **Camp Aurora**, a summer camp for Lesbian Gay Bisexual Transgendered and Queer (LGBTQ) and allied youth. Leadership skills and the concept of youth supporting youth are important themes for the camp. Training Peer Youth Leaders in leadership and facilitation skills is key to the success of working with younger campers. Workshops on topics of safety, gender identity, and gender expression are unique to Camp Aurora and help youth improve feelings of normalcy, and promote self-esteem and self-worth. In 2011, 49 campers and Peer Youth Leaders participated.

Knowles Centre Inc. was provided with funding for their 2-day conference *Treating Complex Trauma in Adolescents and Families* with Dr. Martha Strauss. This event provided professionals working with high needs youth and their families with specialized clinical skills training in working through trauma experiences toward resilience.

Funding was provided to **Youville Centre** for costs associated with providing an evidence-based training and education program in the area of sexual and reproductive health for volunteers working in eight of Manitoba's Teen Clinics. Teen Clinics provide youth with access to primary health care services in their communities. This volunteer training builds practical skills and leadership capacity in volunteers and it supports the professional health services of teen clinics by providing specially trained volunteer workers.

Funding was provided to the **Optimal Health Early Years Sports Club (OHEYS).** The funding supports the core operations of a summer camp for children with autism. The program aims to provide recreational opportunities for special needs children and to support the physical and social development of children with autism. The model provides 1:1 coaches and step-by-step skill development, delivered in an individualized and highly reinforcing behavioural environment by trained staff.

Manitoba Theatre for Young People was provided with funding to support two productions aimed at raising awareness of bullying. Pre and post workshops were conducted in schools to engage students in a dialogue about cyber and schoolyard bullying.

Communities That Care

In 2009/10, HCMO and the Winnipeg Regional Health Authority to pilot Communities that Care (CTC), a new evidence-based initiative that combines strategic consultation, technical assistance, training and research-based tools to help communities come together to promote the positive development of youth and the prevention of adolescent problem behaviors - including underage drinking, substance abuse, delinquency, teen pregnancy, school drop-out, violence and depression/anxiety.

CTC is currently being used in more than 500 communities across the US and in Australia, Canada, Germany, the Netherlands, and the United Kingdom. The Social Development Research Group (SDRG) at the University of Washington will provide training and research support to the Province of Manitoba in its efforts to pilot the CTC prevention planning system in four diverse communities throughout the Province. Over time, people will be trained as trainers for CTC. The communities have been identified in consultation with the Child and Family Services Standing Committee. Pilot communities that have been engaged in the Communities That Care mobilization process at varying levels are Elmwood (urban), Swan River (rural), Sagkeeng First Nation (southern First Nation) and Shamattawa First Nation (northern First Nation). In 2011/12, a Provincial Coordinator was placed in the Winnipeg Regional Health Authority's Mental Health Promotion Team to continue to support the mobilization process started in the pilot sites.

Elmwood

Elmwood has established a formal board structure, working groups, developed a logo, by-laws, constitution, website, secured a coordinator and office space and is working with the Winnipeg School Division to survey students in the 2012/13 school year. The Elmwood group is chaired by a resident, and has a resident driven board for the decision making process. They have a committed group of Key Leaders, residents and youth working to complete their first cycle of CTC. Elmwood CTC has incorporated as a non-profit entity with plans to secure charitable status. Elmwood is currently working to implement the CTC Youth Survey in their area; more refinements to the survey are currently in progress. A coordinator has been in place for approximately 10 months.

Swan River

Swan River has established an organizing committee, an executive committee and has defined boundaries in line with the Swan Valley School Division to become Swan Valley Communities That Care (SVCTC). They have identified a list of Key Leaders, secured school division support as a fiscal agent and have created formal by-laws and constitution.

Sagkeeng First Nation

Support for CTC has been secured in Sagkeeng First Nation from Chief and Council and an organizing committee has been struck. CTC trainers have travelled to the community and a series of community engagement meetings have been held. The first was in October of 2011 with residents and a second was held in January of 2012 with youth. A community coordinator has been hired. The Community Coordinator has secured office space and is setting the foundation of the coalition through relationship building and engaging with community youth. Potential partnerships with the youth suicide prevention worker in the community are being explored. Health, Education, Sagkeeng Child and Family Services, The Family Treatment Centre and the Youth Suicide Prevention Worker in the community are all committed to the process. Adaptations of CTC for First Nation communities are being implemented for Sagkeeng and response has been positive

Shamattawa First Nation

HCMO is seeking to engage with other partners to support their programming in Shamattawa. Changes in leadership and contacts in the community have hindered progress in relationship building.

Equity- Focused Health Impact Assessment (Pilot)

In March of 2005, Manitoba launched the Triple P – Positive Parenting Program to assist parents with evidence-based parenting information and supports. Currently Manitoba's Triple P initiative focuses on providing services to families with children under 12 years of age. Recognizing that families with teenage children are in need of similar supports, consideration is now being given to expanding the initiative to support parents of teenagers (12-16 years), available as Teen Triple P, a specific program variant from the Triple P system.

This stage of planning for programs to support parents of teens, coincided with a timely opportunity to pilot the use of a new planning tool, a health impact assessment (HIA), proposed by a research team from the University of Manitoba. Internationally, HIA use has grown considerably over the past 20 years as a key assessment methodology to ensure that public policies, programs or projects are developed in ways that strengthen potentially positive impacts and mitigate potentially negative impacts on health and wellbeing. Many jurisdictions are now institutionalizing HIA by adopting legislation and regulations that support or require the use of HIAs on major new or revised policies and programs – across all government departments - for which health impacts are expected, in this way taking a whole of government approach to advance Health in All Policies. This impact assessment focuses on the potential for the proposed Teen Triple P to enable equitable access to the program and produce equitable outcomes and, as such, is called an equity-focused health impact assessment (EfHIA).

This pilot EfHIA of the proposed Teen Triple P in Manitoba, initiated in 2009/10 and carried out throughout the 2011/12 year, has been supported by funding from the Public Health Agency of Canada (PHAC), and has been carried out in partnership with HCMO (as the proponent) and the University of Manitoba, with mentoring support from colleagues from the University of New South Wales (Australia) who bring extensive experience conducting EfHIAs and staff support from Manitoba Health. The purpose of this impact assessment pilot is to:

Phase I (completed)

- assess the potential for the proposed Teen Triple P in Manitoba to achieve equity of access and outcomes for families of diverse backgrounds, including marginalized and socially disadvantaged populations, using an established EfHIA process;
- recommend alternative actions that could promote greater equity of access and outcomes among diverse families participating in the proposed Teen Triple P;

Phase II (completed)

- evaluate the influence of the EfHIA process regarding the integration of equity-oriented recommendations related to the implementation of the proposed Teen Triple P; and

- identify key lessons from the pilot test process, tools and outcomes, in the Manitoba context, as well as recommendations for improvement that could be utilized to facilitate and inform the application of EfHIA in Canada.

II. HCMO Policy Development, Research and Evaluation

Legislated in *The Healthy Child Manitoba Act* is Manitoba's commitment to monitoring the Healthy Child Manitoba Strategy, reporting regularly on child and youth development, evaluating whether HCM programs are working, and applying science and research to develop policies that best support families and strengthen communities. Under the leadership of HCMO's Policy Development, Research and Evaluation (PDRE) unit and in collaboration with government departments, inter-sectoral and community-based stakeholders, and university partnerships, this work is categorized into the following areas: 1) Community Data Development and Analysis, 2) Provincial Program Evaluations, 3) Population-Based Research, 4) Specialized Evaluations, and 5) Knowledge Translation and Mobilization.

Community Data Development and Analysis

The purposes of HCMO Community Data Development and Analysis are to:

1) lay the foundation necessary to do research and evaluation
2) integrate child and youth data initiatives and evaluations
3) inform HCCC policy planning, and
4) coordinate the report on the status of Manitoba children and youth every five years as mandated in *The Healthy Child Manitoba* Act.

Longitudinal data will link data from early years (Families First Screening and Early Development Instrument), middle years and youth (Youth Health Survey). The Families First Screen (FFS) is a post-natal screen of all live births in Manitoba (off-reserve), and the Early Development Instrument (EDI) is a questionnaire completed province-wide by kindergarten teachers that measures children's "readiness to learn" at school entry. The FFS and EDI data will be linked on an on-going basis as new cohorts become available. The Youth Health Survey (YHS) is a questionnaire on health and behaviour that students in grades 6 to 12 complete. Privacy and confidentiality are maintained in accordance with *The Healthy Child Manitoba Act*, *The Freedom of Information and Protection of Privacy Act* (FIPPA), *The Personal Health Information Act* (PHIA), and other pertinent legislation.

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 (Healthy Baby, Families First, InSight Mentoring Program), 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).

Results of the Families First Home Visiting Provincial Evaluation led to the development of the Towards Flourishing Mental Health Promotion Strategy that will be added to the home visiting program and evaluated in five RHAs across the province. HCCC also commissioned the Manitoba Centre for Health Policy (MCHP) to work in partnership with HCMO to conduct an evaluation of the Healthy Baby program, released in November 2010 (see http://mchp-appserv.cpe.umanitoba.ca/reference/Healthy_Baby.pdf).

The two-year province-wide pilot implementation of the PAX Good Behaviour Game for Grade 1 students is being evaluated under a cluster randomized controlled trial (RCT) involving approximately 4,000 students.

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 an ongoing population-based research initiative is the Manitoba Birth Cohort Study. Reports from this population-based research study are available on-line (http://www.gov.mb.ca/healthychild/ecd/ecd_reports.html#birthcohort).

In 2011/12, HCMO led and/or partnered in several population-based research initiatives including: Evidence-based kernels to promote healthy diet, activity, and weight in children from birth through age 12 at a population level: The Lifestyle Triple P - Positive Parenting Program (2011 – 2012); Towards Flourishing: Improving Mental Health Among New Mothers in the Manitoba Families First Home Visiting Program (2009 – 2015; Centre for Gender, Mental Health and Violence Across the Lifespan (2009-2011); The Interplay Between Maternal Distress and Addiction on the Development of Childhood Asthma and Allergic Disease (2007-2012); Predictors and Outcomes of Prenatal Care: Vital Information for Future Service Planning (2009 - 2012); An Equity-Focused Health Impact Assessment of Manitoba's Triple P Positive Parenting Program (April 2010 – 2011); Youth Suicide in the Justice System (2009-2011); MCHP Early Development Instrument deliverable Health and Health Care Utilization of Francophone Children deliverable (2009-2011); and MCHP "How are Manitoba Children Doing?" deliverable (2011 – 2012). Many of these initiatives are done in partnership with academic researchers or community partners and funded externally by granting agencies usually through a highly competitive process. Listed below are additional details for initiatives from competitive grants:

RESEARCH AWARDS

Funding Body	Amount	Time Period	Name of project	Description
Public Health Agency of Canada	$211,647 (Phase I)	Feb 2011 to Jan 2015	Evidence-based "kernels" (small initiatives that promote significant change) to promote healthy diet, activity, and weight in children from birth through age 12 at a population level: The Lifestyle Triple P - Positive Parenting Program	The primary aim of this project is to develop a series of resources (e.g. information aids, public education seminars – Lifestyle Triple P) that can be used by practitioners to support and empower parents/caregivers in implementing/sustaining a healthy diet, weight, level of physical activity, and overall healthy lifestyle for their children.
Public Health Agency of Canada	$2,833,747 Phase I and II	Jan 2009 to Jan 2015	Towards Flourishing: Improving Mental Health among Families in the Manitoba Families First Home Visiting Program	The overall aim of this Innovation Strategy project is to enhance the mental well-being of parents and children through trial and evaluation of a multilayered Mental Health Promotion Strategy for families, public health and mental health staff within Manitoba's Families First Home Visiting Program.
Canadian Institutes of Health Research Centre Grant	Travel and Meeting Expenses	Sept 2009 to Aug 2014	Centre for Gender, Mental Health and Violence Across the Lifespan	The Centre has 3 objectives: (1) to increase understanding and knowledge about the links between mental health impairment, gender and exposure to Child Maltreatment (CM) and Interpersonal Violence (IPV), both in Canada and internationally (2) to

				develop interventions to prevent or reduce CM, IPV and subsequent mental health problems; and (3) to develop and promote an integrated research and knowledge translation (KT) agenda
Norlein Foundation	$75,000	March 2009-April 2011	The Interplay Between Maternal Distress and Addiction on the Development of Childhood Asthma and Allergic Disease	The proposed research examines the link between maternal distress and addictions during infancy and asthma and allergic diseases. The study will be conducted by linking health care records from Manitoba's provincial database with data from the Families First Screening.
Canadian Institute of Health Research	$100,000	April 2009-June 2011	Predictors and Outcomes of Prenatal Care: Vital Information for Future Service Planning	Prenatal care (PNC) can improve prenatal health and pregnancy outcomes. Patterns of PNC and how these patterns differ by socioeconomic status and geographic region will be examined as well as determining factors influencing PNC and how PNC is associated with a variety of outcomes.
Public Health Agency of Canada	$191,643	March 2010 to November 2011	An Equity-Focused Health Impact Assessment of Manitoba's Proposed Teen Triple P Positive Parenting Program	1) What is the potential for Manitoba's Proposed Teen Triple P-Positive Parenting Program to achieve equitable access and outcomes for families of diverse backgrounds, including marginalized and socially disadvantaged populations? 2) What are alternative actions that could promote greater equity of access and outcomes among diverse families participating in the Teen Triple P-Positive Parenting program? 3) How effective is an equity-focused health impact assessment process in enhancing equity considerations related to planning for future stages of Teen Triple P program implementation?

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. Examples of specialized evaluations conducted or launched by HCMO during 2011/12 include the Seeds of Empathy evaluation, the Life Skills Training (LST) pilot evaluation, and the Signs of Suicide pilot evaluation and the evaluation of the PAX Good Behaviour Game rapid pilot in Seine River School Division classrooms (in Spring 2011, see below). These evaluations contribute to reports on program outcomes, as well as presentations to a variety of audiences as part of ongoing Knowledge Translation and Mobilization (For details, see Section V: Knowledge Translation and Mobilization).

Knowledge Translation and Mobilization

Led by the HCMO PDRE unit, Knowledge Translation and Mobilization (KTM) is a critical component of the Healthy Child Manitoba Strategy and reflects HCM's core commitments to child-centred policy, evidence-based decision making, and community-government-university collaboration. The goal of KTM is to maximize the impact of research and evaluation through a process that includes the synthesis and dissemination of science and knowledge and community capacity development.

KTM activities related to the synthesis and dissemination of science and knowledge and community capacity development included:

- identifying and synthesizing science and knowledge from leading research and evaluation studies
- translating science and knowledge into user-friendly communication vehicles for community stakeholders (public, parents, service providers, advisory and advocacy groups) and government policy makers
- identifying and engaging target audience groups and disseminating science and knowledge to these audiences
- facilitating the application of science and knowledge to policy and program development and evidence-based decision making
- strengthening community capacity and local leadership
- facilitating community-government-university collaboration and partnership
- promoting participatory-based community research through community engagement and relationship building
- developing comprehensive community-level data profiles and community mapping studies;
- developing GIS (geographic information system) data maps to delineate relationships between multiple data sets
- supporting the development of evidence-informed and best practice service models for children and families
- leading/participating in local, provincial, and national committee work
- leading/participating in local, provincial, national and international knowledge exchange conferences and events

Examples of these activities include:

- Parenting Resources developed by HCMO continue to be distributed. Examples include the *Getting Ready for School: A Parent's Guide* and *A Parent's Guide to Early Childhood Development* DVD, both of which are available on the following website: http://www.gov.mb.ca/healthychild

- HCMO's PDRE unit develops and disseminates public newsletters to showcase communities that are using evidence-based approaches to develop programs and services to support healthy childhood development. Called the *EDI Teacher Newsletter*, this communication vehicle serves to provide feedback to Manitoba's kindergarten teachers, who collect the EDI on kindergarten students in Manitoba. Additionally, the newsletter provides examples of community success stories in order to facilitate community learning and capacity development. These newsletters are available online (http://www.gov.mb.ca/healthychild/edi/resources.html).

- HCMO uses GIS mapping technology to translate data into user-friendly data maps. These data maps are used to delineate community-level EDI results, and copies of these EDI community data maps can be found at: http://www.gov.mb.ca/healthychild/edi/edi_reports.html. Additionally, HCMO has translated community-level census data into community data maps and has worked with community stakeholders to conduct comprehensive community asset mapping studies.

- As part of HCM's commitment to supporting parent child coalitions, HCMO's PDRE unit develops and presents community-level data profiles to delineate the strengths and needs of individual communities. These presentations are made at local knowledge exchange events and include the audiences of Manitoba's 26 parent child coalitions. As part of this support to community stakeholders, HCMO has facilitated strategic direction and community action planning.

- HCMO's PDRE unit continues to provide training and support to Manitoba First Nation Education

Resource Centre (MFNERC) and First Nation communities to implement EDI collections in 13 First Nation-operated schools. HCMO's PDRE unit has begun work, in collaboration with MFNERC and these First Nation Communities, to develop a knowledge exchange strategy to support these communities to use EDI data to support program and policy development.

- In Spring 2011, HCMO partnered with the Seine River School Division (SRSD) to pilot the PAX Good Behaviour Game in all grade K to 8 classes. This rapid pilot was the first time an entire school division implemented PAX in a single school year. The goal of the SRSD pilot was to serve as a proof-of-concept in the Manitoba environment to determine if PAX is effective in decreasing classroom disruptions, in preparation for the province-wide implementation of PAX. The results of the 2011 SRSD rapid pilot evaluation showed an average 45% reduction in disruptive classroom behaviours.

- In February 2012, Manitoba hosted a national Mental Health Summit in partnership with the Mental Health Commission of Canada and the Public Health Agency of Canada. Invited guests included policy, research and decision-making representatives from provincial, territorial, Aboriginal and federal governments, as well as other key stakeholders.

  The summit acted as a platform for a cross-sectoral, cross-country dialogue on mental health promotion and mental illness prevention. Many of the speakers were renowned national and international experts, who shared leading-edge, scientific research on promoting positive mental health and preventing mental illness. HCMO, in partnership with Mental Health and Spiritual Health Care, co-chaired the Summit planning committee.

- In 2011/12, HCMO's PDRE unit led/participated in several local, provincial, and national committees**,** including the following:
  - Canadian Institutes of Health Research (CIHR) – Institute for Human Development, Child and Youth Health (IHDCYH) – Institute Advisory Board
  - Community Data Network
  - Federal-Provincial-Territorial Advisory Committee on Children and Youth At Risk
  - Federal-Provincial-Territorial Inter-sectoral Healthy Living Issues Group and its Committees
  - First Nations EDI Knowledge Exchange Strategy Working Group
  - Healthy Child Manitoba's Legislated 5-Year Report - Interdepartmental Report Content Development Working Group
  - Healthy Child Manitoba's Legislated 5-Year Report - Interdepartmental Knowledge Exchange Strategy Working Group
  - Lord Selkirk Community Leadership Council
  - Many Hands, One Voice (co-led by the Canadian Pediatric Society and the major national Aboriginal organizations) – Advisory Committee
  - Mental Health Commission of Canada: Evergreen National Child Mental Health Strategy
  - Organization for Economic and Cooperation Development – Early Childhood Development Working Group
  - Pan-Canadian Early Development Instrument (EDI) Working Group – Implementation Committee
  - Pan-Canadian Early Development Instrument (EDI) Working Group – Community Action Committee
  - Pan-Canadian Early Development Instrument (EDI) Working Group – Aboriginal Committee
  - Provincial Student Services Administrators Association of Manitoba
  - Strategic Knowledge Cluster on Early Child Development – Steering Committee and Advisory Committee
  - Winnipeg Health Region Promoting Health Equity Directional Working Group, Best Practices Working Group
  - Winnipeg Health Region Promoting Health Equity Directional Working Group, and Communication Strategy Working Group
  - Community Health Assessment Network (CHAN)

- Maternal and Child Healthcare Services in Manitoba (MACHS)
- Partners in Planning for Health Living; PPHL Youth Health Survey Working Group
- PEG (City of Winnipeg's Community Indicators System)
- Performance Management Community of Practice

- HCMO's PDRE unit is regularly invited to deliver presentations at local, provincial, national, and international knowledge exchange events, forums and conferences. In 2011/12, some examples included:

    - Swan Valley School Division, April, 2011 (EDI presentation)
    - Elmwood Parent Child Coalition, Together in Elmwood, April, 2011 (EDI presentation)
    - Downtown Parent Child Coalition April, 2011 (EDI presentation)
    - Nor-Man Parent Child Coalition May, 2011 (EDI presentation)
    - Pembina Trails School Division, June, 2011 (EDI presentation)
    - St. Boniface Child Care Directors Meeting, June, 2011 (EDI presentation)
    - Churchill Parent Child Coalition, June 2011 (EDI presentation)
    - St. Vital Parent Child Coalition, June 2011 (EDI presentation)
    - River Heights/Fort Rouge Parent Child Coalition, October 2011 (EDI presentation)
    - Inkster Parent Child Coalition, November 2011 (EDI presentation)
    - Presentation for International Network on Early Child Development and Health (INECDH) - Marie Curie International Research Staff Exchange Scheme (IRSES) (April 2011)
    - Presentation on healthy public policy and evidence-based prevention for children and youth for Central Regional Health Authority Board Retreat (May 2011)
    - Presentation on early childhood development (ECD) for Health Seniors Executives Committee (May 2011)
    - Presentation on ECD for Winnipeg Regional Health Authority Board of Directors (June 2011)
    - Presentation on ECD for Manitoba Health (July 2011)
    - Presentation on ECD for Manitoba Maternal and Child Healthcare Services (MMACHS) Advisory Council (September 2011)
    - Presentation for National FASD Prevalence Plan Forum (October 2011)
    - Presentation on evidence-based prevention for children and youth for Inspiring Today ... Transforming Tomorrow - NOR-MAN Regional Parent-Child Coalition conference (October 2011)
    - Presentation on child and youth mental health for the Provincial Healthy Child Advisory Committee (November 2011)
    - Presentation on evidence-based prevention for children and youth for Brandon Regional Health Authority Board Retreat (November 2011)
    - Keynote address for Maternal and Child Healthcare Services (MACHS) Annual Roundtable (December 2011)
    - Presentation on ECD for Pembina Trails School Division (January 2012)
    - Presentation on evidence-based prevention for children and youth for Canadian Public Policy course, Department of Political Studies, University of Manitoba (January 2012)
    - Presentation on child and youth mental health for Court of Queen's Bench, Court of Appeal, and Masters (February 2012)
    - Presentation for Creating Opportunities - Maximizing Potential: Preventing Crime Through Social Development for Children and Youth conference (March 2012)
    - Presentation on child and youth mental health for the Manitoba Association of School Superintendents (MASS) (March 2012)
    - Closing keynote address at Fetal Alcohol Spectrum Disorder: Challenges in Practice, Research and Policy - 44th Annual Banff International Conference on Behavioural Science (March 2012)

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2011/12 Estimates $000
2011/12 Main Estimates	30,127
2011/12 ESTIMATE	**30,127**

Appropriation 20-2: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2012

Expenditure by Sub-Appropriation	Actual 2011/12 $000	Estimate 2011/12		Variance Over/(Under)	Expl. No.
		FTE	$000		
20-2A Salaries	2,172	32.5	2,242	(70)	
20-2B Other Expenditures	697		482	215	
20-2C Financial Assistance and Grants	25,703		27,403	(1,700)	
Total Appropriations	**28,752**		**30,127**	**(1,555)**	

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Expenditure Summary for
Fiscal Year ended March 31, 2012
with Comparative Figures for the Previous Fiscal Year

Estimate 2011/12 $000		Sub-Appropriation	Actual 2011/12 $000	Actual 2010/11 $000	Increase (Decrease)	Expl. No.
2,242	20-2A	Salaries	2,172	2,257	(100)	
482	20-2B	Other Expenditures	697	583	114	
27,403	20-2C	Financial Assistance and Grants	25,703	25,853	(150)	
30,127	**Total Expenditures**		**28,572**	**28,708**	**(136)**	

Historical Expenditure and Staffing Summary by Appropriation ($000)
for Fiscal Years Ending March 31, 2008 - March 31, 2012

Sub-Appropriation	2007/08		2008/09		2009/10		2010/11		2011/12	
	SY	$	SY	$	SY	$	SY	$	SY	$
20-2A Salaries	31.00	1,908	32.00	2,092	33.00	2,304	32.5	2,257	32.5	2,172
20-2B Other Expenditures		339		411		456		583		697
20-2C Financial Assistance and Grants		22,913		24,168		24,788		25,853		25,703
Total	**31.00**	**25,160**	**32.00**	**26,671**	**33.00**	**27,548**	**32.5**	**28,708**	**32.5**	**28,572**

Indicators of Progress Against Priorities (Performance Reporting)

The following section provides information on key performance measures for the department for the 2010/11 reporting year. This is the sixth year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, 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 2011/12 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 during the early years. Healthy early childhood	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	Our most recent data is from 2010/11. **Reading** (% of MB parents that read to their child daily – for children ages 3-5): 74.2% in Manitoba 73.9% in Canada	<u>Stable:</u> Average results from six cohorts from 1998/99 to 2010/11 are 72.6%, suggesting that the trend in reading in	ECD (Early Childhood Development) Programs remained a core commitment for 2010/11. In 2010/11, 12 Triple P training courses were held in Manitoba. By the end of March 2011, 1292 practitioners in total from approximately 208 community agencies, RHAs, school divisions, child care centres, government departments, and other organizations, had participated in Triple P training and had successfully

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 2011/12 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)	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.	**Positive Parenting** (% of children living in families with positive parenting): 90.6% in Manitoba 90.6% in Canada Note: Due to corrections and changes in the NLSCY since 1998, the number of parents with positive parenting has been revised. **Family Functioning** (% of MB children living in families with positive family functioning – for children 0-5 years): 88.3**%** for Manitoba 89.1% for Canada	**Positive Parenting** (% of MB children living in families with positive parenting – data from 2008/09): 96.3% for Manitoba 94.8% for Canada **Family Functioning** (% of MB children living in families with positive family functioning – for children 1-5 years): 85.5% for Manitoba 91.3% for Canada	Manitoba is stable since 1998/99 Increasing: Results suggest improvements in positive parent-child interaction since 1998/99 Increasing: Results suggest slight improvements in family functioning since 1998/99	completed accreditation since the advent of the program in 2005. This added an additional 142 new practitioners and 10 new agencies/ organizations to the total from the previous year. Note: Some practitioners are trained and accredited in more than one accredited course. 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,

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 2011/12 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
Please see Note 1 below for more detailed information about this indicator.					and immigrant children are under-represented.
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 • communication skills and general knowledge For more about the EDI, please see Note 2 at the bottom of this table.	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 kindergarten students were 'Not Ready' in one or more areas of child development.	Manitoba's 4th province-wide EDI collection was implemented in 2010/11. The EDI has been collected in all 37 school divisions in 2005/06, 2006/07, 2008/09 and 2010/11. Since 2008/09, the EDI is collected biennially. 2010/11 Results (based on 37 school divisions and and 13 First Nations schools, representing 12,885 children) • 65 % of participating kindergarten students were 'Very Ready' in one or more areas of child development. • 29% of participating kindergarten students were 'Not Ready' in one or more areas of child development.	<u>Stable</u> EDI trend analyses show that between 2005/06 and 2010/11, the proportion of children who are Very Ready in one or more domains and Not Ready in one or more domains is stable. The previous report indicated that the provincial trend from 2005/06 to 2008/09 in the Language and Thinking Skills area of development showed an improvement. However, this trend is now stable from 2005/06 to 2010/11.	<u>Note:</u> '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. <u>Limitation:</u> While the EDI is collected in all provincial school divisions, the EDI is only collected in those First Nation-operated schools or independent schools who elect to collect

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 2011/12 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
					(with the exception of First Nation/Frontier School Division partnership schools. 13 First Nation-operated school have collected the EDI in the 2010/11 collection cycle. EDI Reports can be viewed at: http://www.gov.mb.ca/healthychild/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 mothers of newborns to conduct a provincial postnatal screen (approximately 12,000 births per year are screened, which is about 84% of all births in Manitoba each year). Standardized questions related to	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, 13% 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.	In 2010, 14% of women in MB stated that they drank alcohol during pregnancy. 12,920 women were screened in 2010, representing about 81% of all births in Manitoba. New questions related to alcohol use were introduced in the 2007 screens. Women who used alcohol during pregnancy were asked if they continued to drink after discovering their pregnancy. In 2007,	<u>Alcohol consumption during pregnancy has remained stable since 2003.</u> The following shows the percentage of women who stated they drank alcohol during pregnancy from 2003 to 2010. 2003 – 13.3% 2004 – 12.3% 2005 – 13.1% 2006 – 12.7% 2007 – 16.1% 2008 – 13.7% 2009 – 13.0% 2010 – 13.9% <u>The proportion of women who continued to drink</u>	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. <u>Limitation:</u> The provincial screen represents data on

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 2011/12 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
alcohol use during pregnancy are included in the screen.			35% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2010, 11.1% of women who drank alcohol in pregnancy continued to drink after discovering their pregnancy. In 2010, the prevalence of drinking during pregnancy varied between RHAs ranging from 8.3% to 23.7%.	after discovering their pregnancy has decreased from 35% in 2007 to 11.1% in 2010. 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).	approximately 84% of all births in Manitoba, it is not collected on new mothers living on reserves. 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 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	The pregnancy and STI rates measurement began in 2001/02. Pregnancy Rates (number is per 1,000 youths aged 15-19): 2001/02 – 53.1	2010/11 Pregnancy Rate (number is per 1,000 youths aged 15-19): 42.4 This rate is for the whole province including First Nations women on reserves.2011 STI Rates (number is per 1,000 youths aged 15-19 for Chlamydia, gonorrhea(rates for	Pregnancy Rates (for youth aged 15-19) is stable: Manitoba has consistently had among the highest teen pregnancy rates across Canada. Since 1999, the rates of teen pregnancy have reduced 43% from 60.7 in 1999 to	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

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 2011/12 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
	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 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.	<u>STI Rates</u> (number is per 1,000 youths aged 15-19): 2001 – 17.1	syphilis are not included due to low incidence): 27.2 <u>Teen Clinic Usage</u> In 2011/12 HCMO funded teen clinics had the following number of visits: Elmwood Teen Clinic: 747 St. John's Teen Clinic: 532 Nor-Man teen clinics: 737 Selkirk Teen Clinic: 895 <u>Teen Talk</u> In 2011/12, Teen Talk engaged with 24,774 Manitoba youth. This includes 730 workshops delivered to 14,237 youth; 594 youth that participated in peer support volunteer training who delivered skits presentations to 1,963 youth and reached a total of 8085 people through	42.4 in 2010/11. 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 2004/05 – 45.2 2005/06 – 43.4 2006/07 – 47.3 2007/08 – 47.1 2008/09 – 47.0 2009/10 – 45.6 <u>2010/11 – 42.4</u> <u>STI Rates</u> Rates increased since tracking began in 2001 with the peak being in 2008. Rates over last 2 years are declining (number is per 1,000 youths aged 15-19): 2001 – 17.1 2002 – 18.3	<u>wellness services.</u> 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) 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.

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 2011/12 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
			volunteer efforts. Workshops include topics such as sexuality, birth control and STI, substance use, and harm reduction.	2003 – 20.5 2004 – 22.4 2005 – 18.8 2006 – 21.1 2007 – 25.9 2008 – 30.5 2009 – 26.6 2010 – 26.1 2011- 27.2 <u>Teen Clinic Usage</u>: These measures are new and there is not enough data to establish a trend.	Teen Clinics, and Teen Talk usage is collected through the Healthy Child Manitoba Office. In 2011 Teen Talk launched a new website which includes information and resources for teens, parents and service providers and features an interactive Youth Corner. In 2011/12 there were 32,875 visits to the website.

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. .

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 who 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	90.6%	90.6%	1998/99	88.3%	89.1%
2000/01	69.5%	65.4%	2000/01	91.8%	92.1%	2000/01	89.1%	88.6%
2002/03	73.0%	67.3%	2002/03	94.7%	95.0%	2002/03	89.8%	90.2%
2004/05	71.1%	64.8%	2004/05	94.6%	94.3%	2004/05	90.9%	91.3%
2006/07	73.6%	66.0%	2006/07	96.0%	93.7%	2006/07	92.9%	91.0%
2008/09	72.5%	67.6%	2008/09	96.3%	94.8%	2008/09	90.5%	91.1%
2010/11	74.2%	73.9%				2010/11	85.5%	91.3%

** For **Reading**, the 1998/99 and 2010/11 data include children between the ages of 2-5, while the remaining years, (2000/01 to 2008/09) include reading to children between the ages of 0-5.*

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. Biennial collection of the EDI began in 2006/07, with 2007/08 being the first "off" year, and the most recent results from the 2010/11 school 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 about two-thirds 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 from the 2005/06, 2006/07 and 2008/09 EDI Reports are available at: http://www.gov.mb.ca/healthychild/ecd/edi.html

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by HCMO for fiscal year 2011/12:

Information Required Annually (per Section 18 of The Act*)*	**Fiscal Year 2011/12**
The number of disclosures received, and the number acted on and not acted on. Subsection 18(2)(a)	NIL
The number of investigations commenced as a result of a disclosure. Subsection 18(2)(b)	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	NIL