



Healthy Child Manitoba Office

Healthy Baby Programs

An Overview of Program Participants.

December 2009

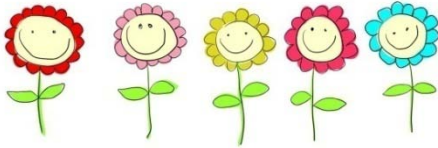


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REPORT PURPOSE AND OVERVIEW

In June of 2004, Healthy Child Manitoba Office started collecting information about the Healthy Baby Program and program participants. Data collection includes:

- "We're Glad You are Here" forms
- Attendance Sheets
- Infant Feeding Charts
- Prenatal and Postnatal Participant Surveys
- Session Tracking Sheets

This report provides some highlights of information obtained from the "We're Glad" forms, the attendance forms and the surveys. In this report we focus on providing some information about how we are doing in collecting data, some demographic information about program participants, data about when participants start attending programs and linkages to the Prenatal Benefit Program. The time period covered in this report, unless otherwise noted, is programs that occurred between June 1, 2004 and January 21, 2009.

Healthy Baby Programs take place at many different locations throughout Manitoba. Agencies are funded to deliver Healthy Baby Programs but do not use the name "Healthy Baby Program" - each agency and site has its own name and may have specific target groups (for example, there are some "teen sites" offered by some agencies).

Please direct any questions about this report to Cynthia Carr at epiresearch@shaw.ca

SUMMARY OF KEY FINDINGS

In this report we found that:

- Between June 1, 2004 and January 2009, Healthy Baby Programs have services to 14,526 participants and at least 9,236 UNIQUE women. We do not know the true number of individual (unique) women because we do not have a unique identifier (the PHIN) for all participants. Therefore, although we can report with confidence the numbers of participants in our program, it is difficult to know for sure how many individual women have been reached through our program. This varies by site and in some cases we have very good information about the number of individual women as well as total numbers of participants.
- Almost the same number of participants start to attend the program while they are pregnant (48.9% of participants) as attend after the birth of the baby (51.1% of participants). This does vary by site as some locations have a particular emphasis on either the prenatal or postnatal period.
- Just over 42 per cent of prenatal participants start attending Healthy Baby programs in the second trimester of pregnancy, followed by 26 per cent in the third trimester.
- One half of postnatal participants started attending the program when the baby was less than 11 weeks of age.
- 41.4 per cent of participants who started attending the program while pregnant, returned to the program after the birth of the baby.
- The average age of participants is 26.2 years of age and just over 13 per cent of participants are under the age of 20. There are some program sites which are targeted to younger participants.
- 27.8 per cent of participants receive Income Assistance and there is a wide variation between program sites from a low of 4 per cent to a high of 70 per cent of participants. Although all women who receive IA are eligible for the Prenatal Benefit, at this point it appears that only 68.5 per cent of our participants received the benefit while pregnant. This rate has improved over time with at least 74.9 per cent of participants on IA receiving the benefit in 2008/09.
- Overall, 43 per cent of all Healthy Baby Program participants received the Prenatal Benefit while pregnant.
- Just over half of program participants have completed high school (58%)
- Just under one-third of participants are Aboriginal (32.4% ranging by Agency from 5% to 89%).

1. HEALTHY BABY PROGRAM PARTICIPANTS

- Between June 1, 2004 and January 21, 2009 there have been over 14,500 Healthy Baby Program participants.

Fiscal year	Number of participants
2004/05	2,478
2005/06	3,113
2006/07	3,322
2007/08	3,204
2008/09	2,307
Total	14,526

Note: 2004/05 started June 1, 2004; 2008/09 contains data received as of Jan 21, 2009.

- As of January 2009 the program is on track to serve more participants than in 2007/08.
- Figure 1** shows the distribution of program participants in comparison to the numbers of births in Manitoba in 2006/07. It appears that program participants are most under-represented compared to need in the North. However, it is important to note that we do not provide programming on-reserve and these births do include on-reserve births.
- Figure 2** shows the total numbers of participants by the Agency that is delivering the Healthy Baby program.

Figure 1. Geographic distribution of HB participants compared to Manitoba births

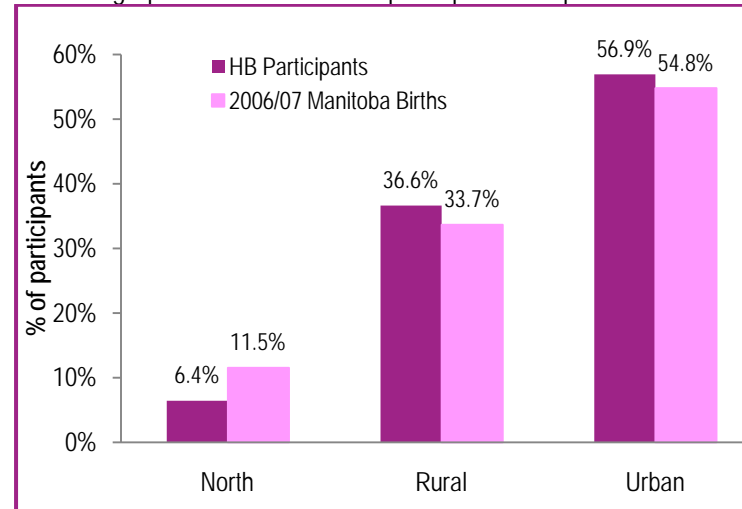
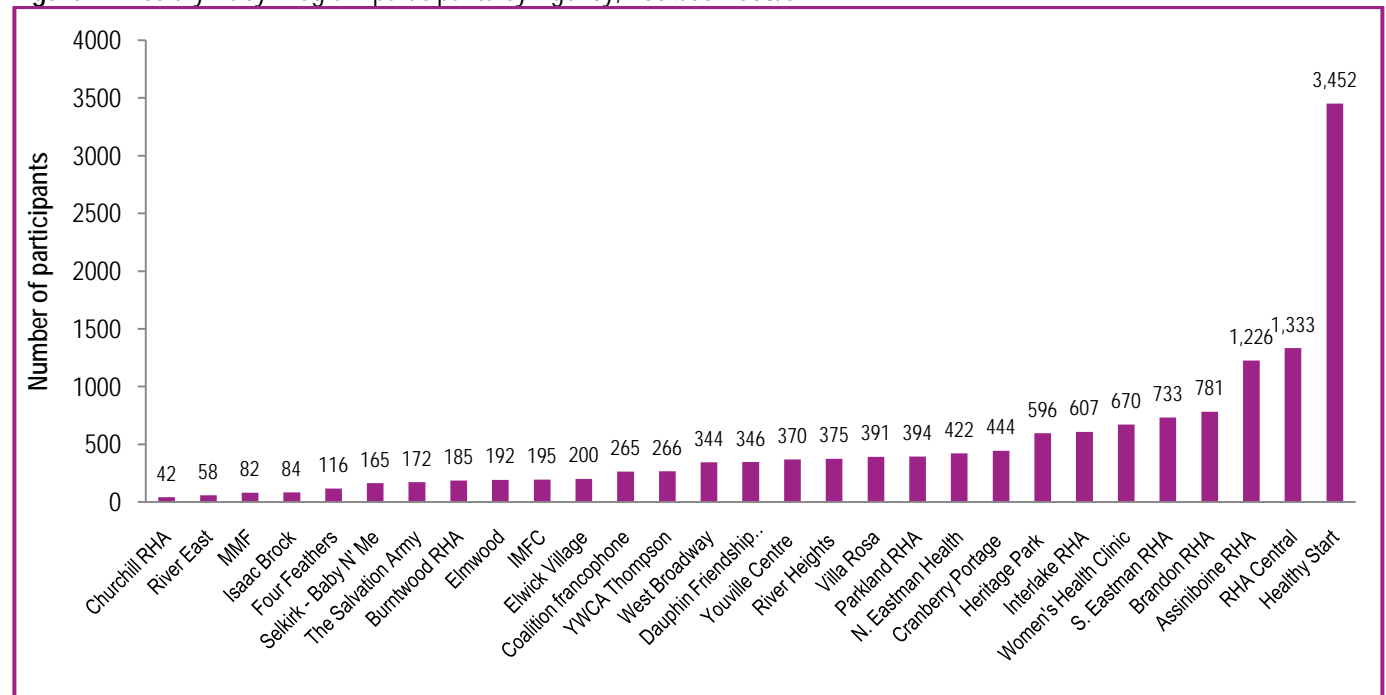


Figure 2. Healthy Baby Program participants by Agency, 2004/05-2008/09.

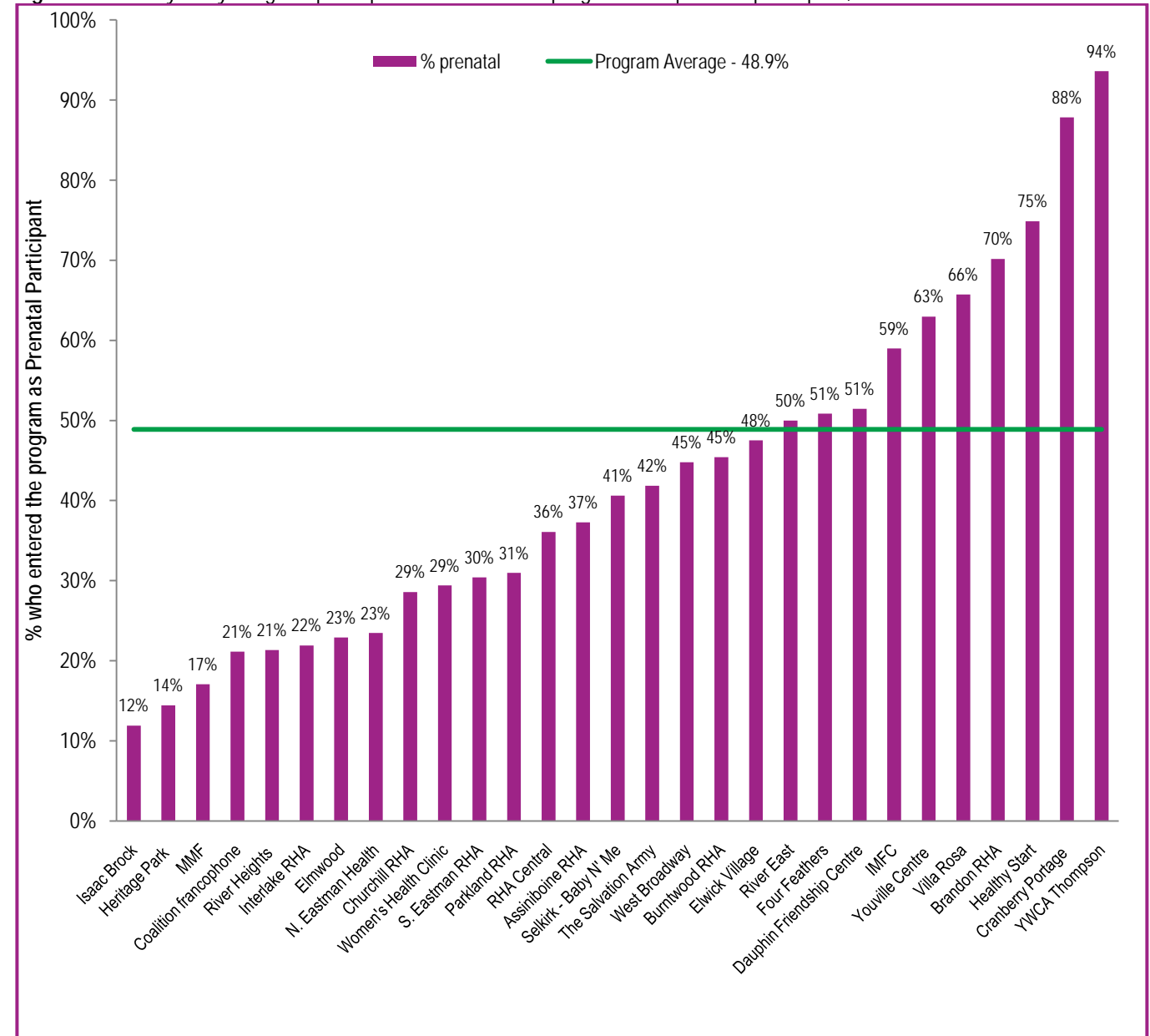


1.1 Prenatal participants

A goal of the Healthy Baby Program is improved birth outcomes for participants. We can only reasonably expect to affect birth outcomes if women attend programs while they are pregnant and if they start coming to the program as early in the pregnancy as possible.

- 7,107 (48.9%) participants entered the Healthy Baby Program when they were pregnant.
- **Figure 3** shows that there is a wide range with only 12 per cent of Isaac Brock participants starting the Program while pregnant compared to a high of 94 per cent of YWCA Thompson clients. It is noteworthy that the three programs with the highest prenatal entry (Healthy Start, Cranberry Portage and YWCA Thompson) are joint funding Canadian Prenatal Nutrition Programs (CPNP) which tend to focus their efforts on the prenatal period.

Figure 3. Healthy Baby Program participants who enter the program as a prenatal participant, 2004/05-2008/09.



- Most participants (42%) enter in the **second trimester** of pregnancy, followed by 26% entering in the third trimester and just 20% in the first trimester (see **Figure 4**).
- On average, participants enter Healthy Baby Programs at 21.1 weeks pregnant (see **Figure 5**). This is calculated based on program date and either due date or baby birth date (for those who returned). Because of missing information, this could not be calculated for 842 prenatal participants.

Figure 4. Trimester of pregnancy when participants enter Healthy Baby Programs.

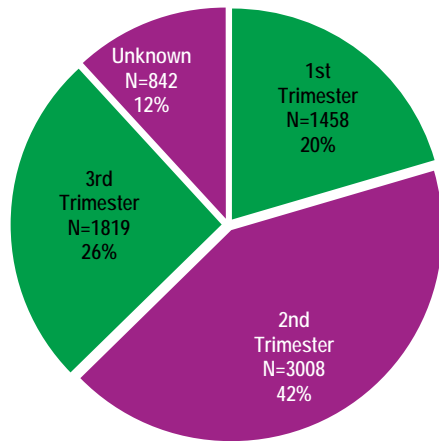
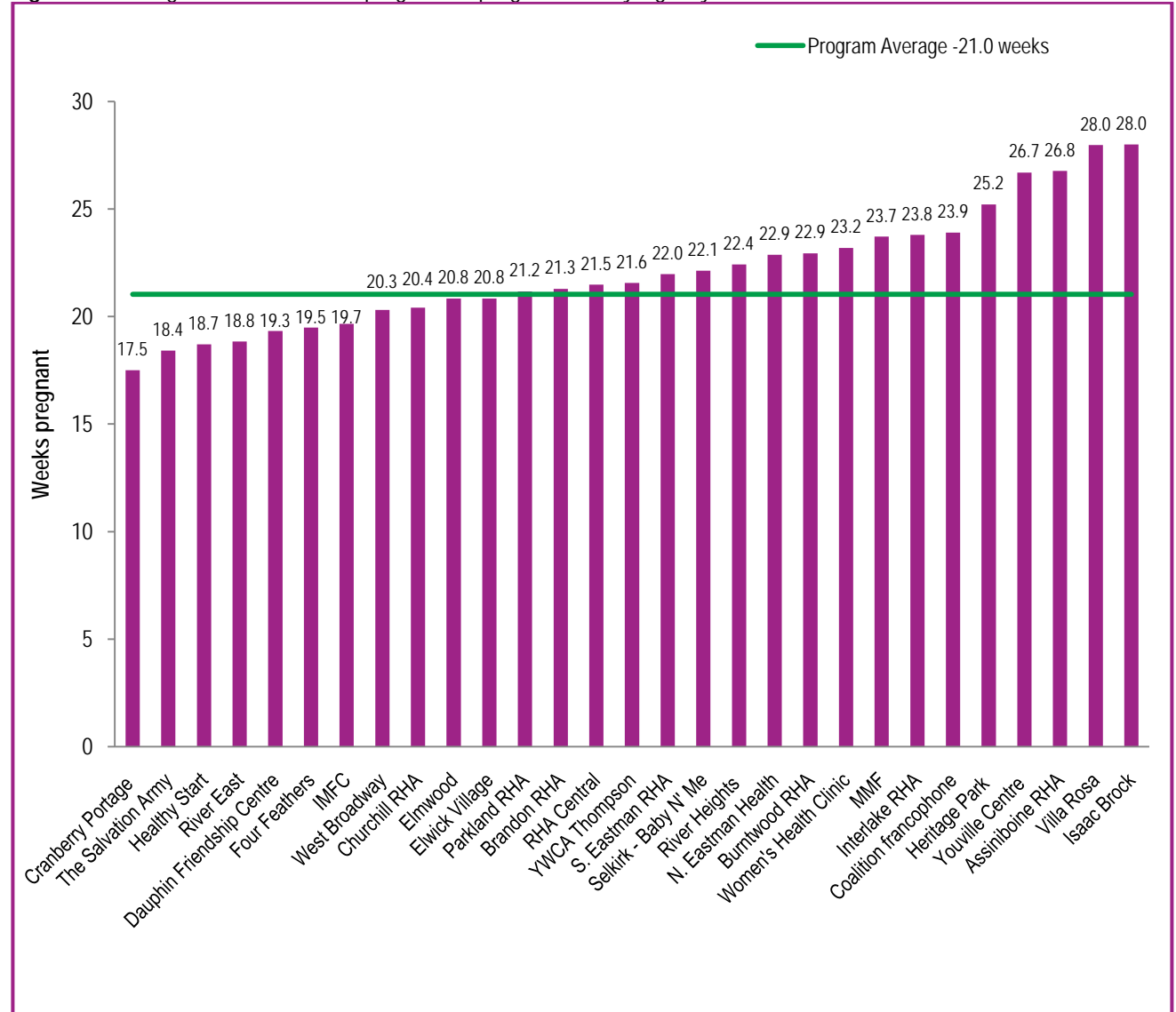


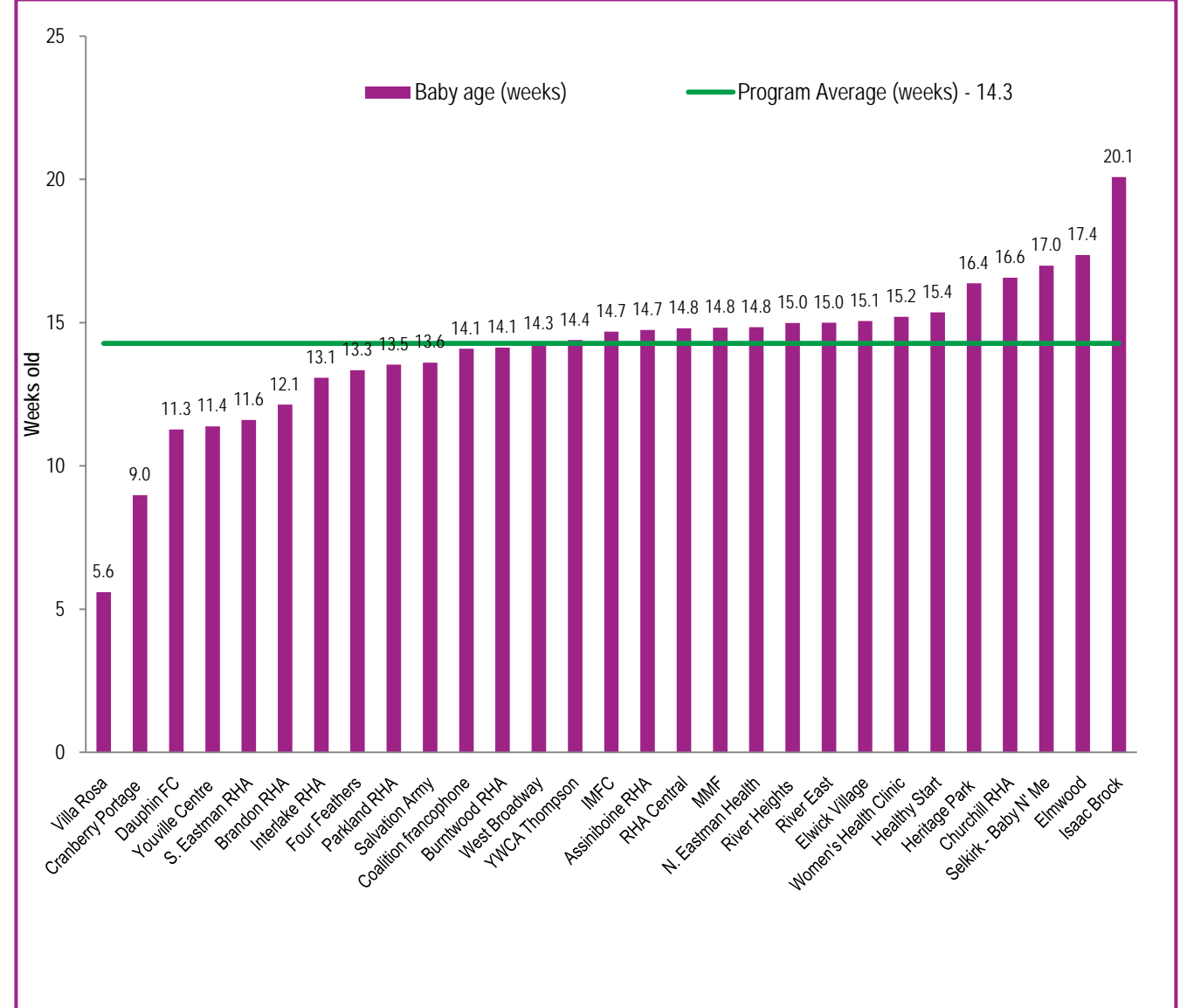
Figure 5. Average number of weeks pregnant at program start by Agency.



1.2 Postnatal participants

- 7,373 (50.1%) of our Healthy Baby Program participants entered the program as postnatal participants.
- This ranges from six per cent of YWCA Thompson program participants to 88 per cent of Isaac Brock participants.
- On average, infants were just over 14 weeks of age at their first Healthy Baby program session. This ranged from a low of 5.6 weeks at Vila Rosa to a high of 20.1 weeks at Isaac Brock (see **Figure 6**).
- The median age at first session is lower than the average at 11 weeks. This means that one half of participants started by the time the baby was 11 weeks old, and the other half started at between 11 weeks and 51 weeks of age.

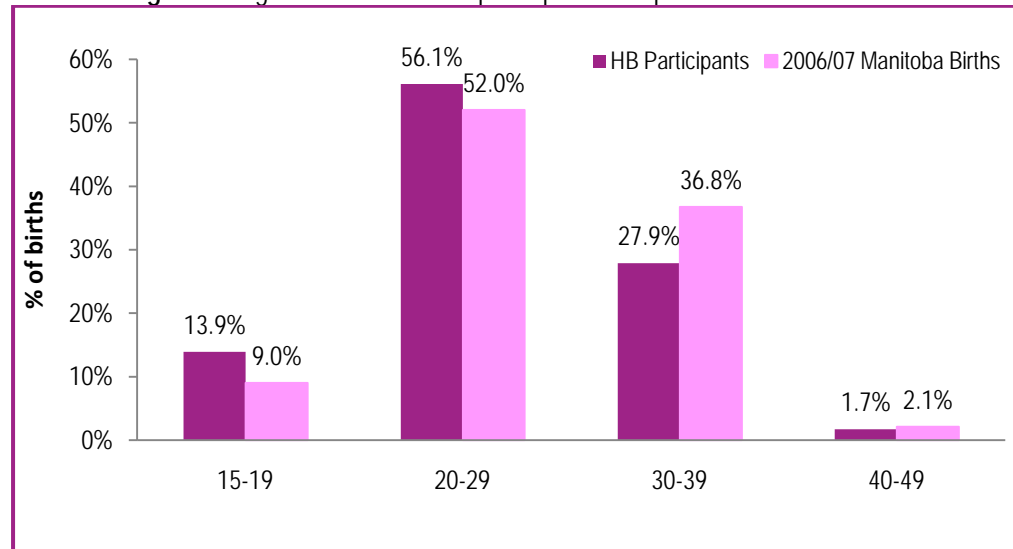
Figure 6. Average age of infant at program entry.



1.3 Age of participants

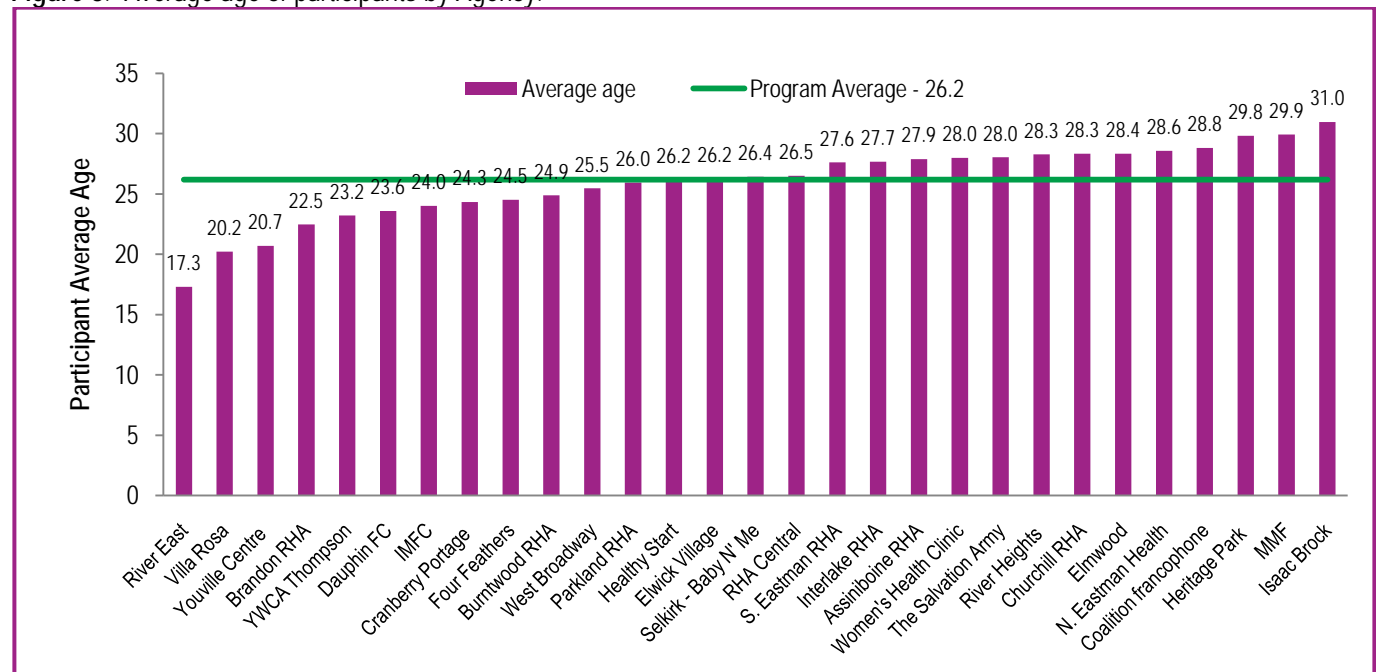
- The age distribution of Healthy Baby Program participants is very similar to the age distribution of women giving birth in Manitoba. **Figure 7** compares the percentage of our participants to the percentage of births by age group of women who gave birth in 2006/2007. Although our distribution is similar, we can see that we are slightly over-represented in participants in the 15 to 19 year old age group and under-represented in the age groups of age 30 and older.
- The representation of younger age groups is likely due to the targeted programming for teen participants at some agency program sites. In addition, younger moms are more likely to be "first time" moms and may be more likely to attend programming than older women, or women who have had more than one pregnancy.
- The average age of Healthy Baby Program participants is 26.2, with a range of 17.3 years in River East to 31.0 at Isaac Brock (see **Figure 8**). The median age (the age which is half way between the oldest and youngest participant) is very similar to the average at 26 years.

Figure 7. Age distribution of HB participants compared to Manitoba births



Note: less than 1% of Manitobans giving birth and HB participants are under age 15.

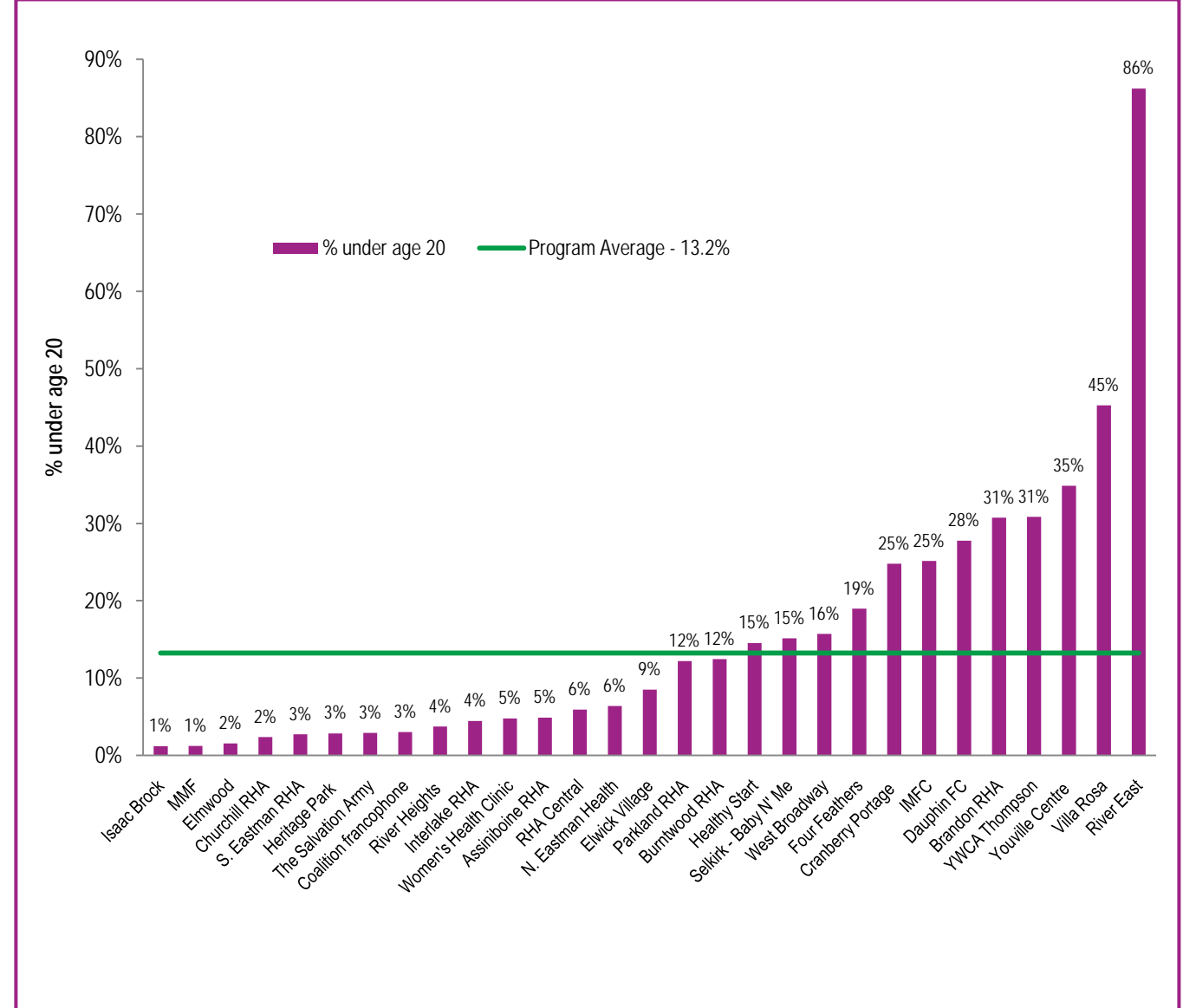
Figure 8. Average age of participants by Agency.



Teenage pregnancies continue to be an important public health concern. Babies born to teenagers are at more risk of dying, having lower birth weights, and being admitted to hospital during childhood. Teenage mothers are also more likely to see poorer educational outcomes as their schooling tends to end before they are able to graduate.¹

- **Figure 9** shows the rates of participants under the age of 20 by Agency.
- There are sites specifically targeted for younger moms and this is reflected in the participation rates seen in the graph. For example, the program in River East targets teen moms and takes place at a high school.

Figure 9. Participants under age 20 by Agency.



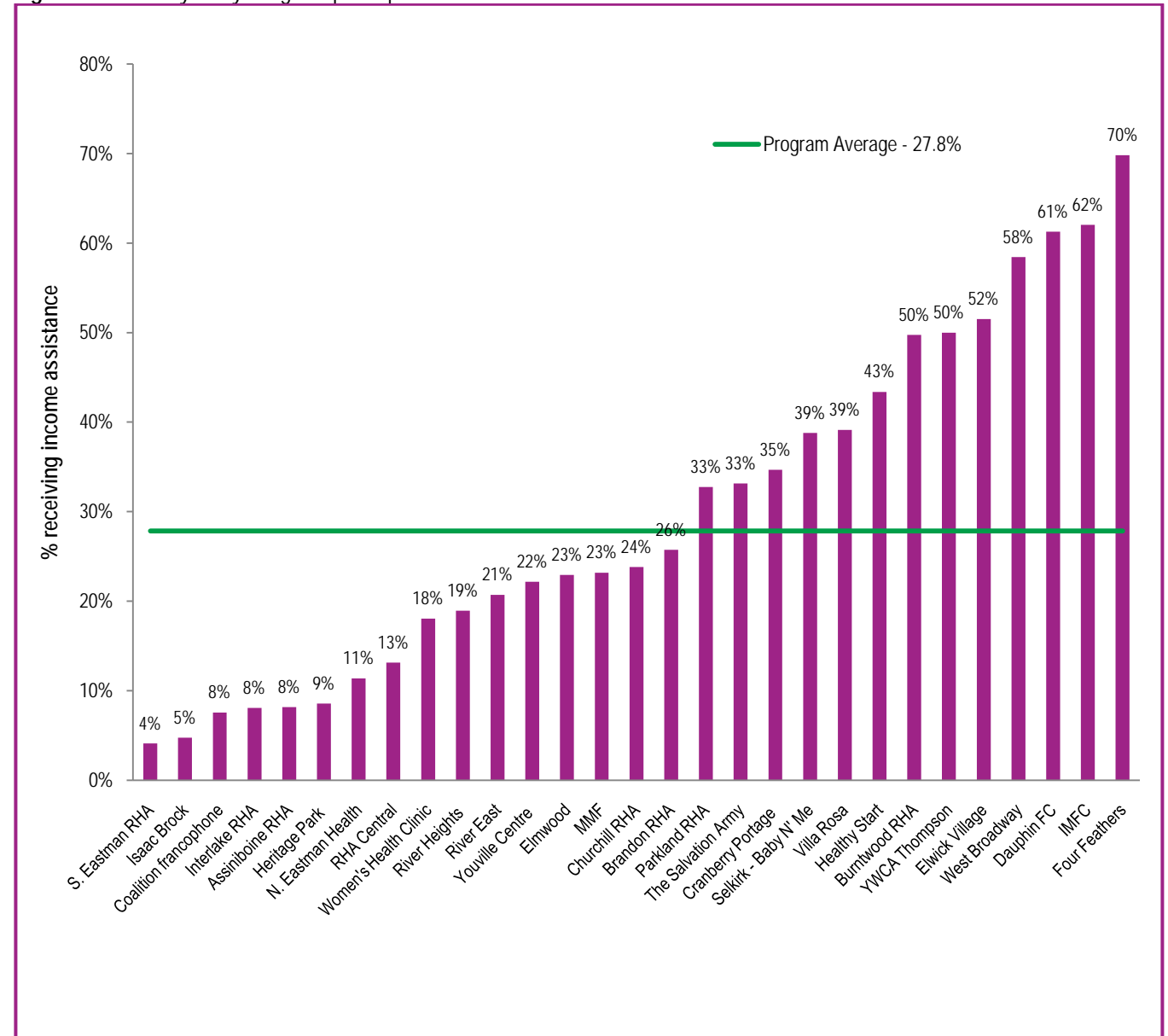
¹ Canadian Perinatal Health Report 2008, p.62.

1.4 Socio-economic characteristics of participants

Research has shown that women of low income have higher rates of low birth weight infants and preterm births than do women of higher incomes. These results can be due to a wide variety of reasons including prenatal nutrition, life stress and prenatal care. Infants born to low income mothers are also more likely to experience other problems as they grow up, including developmental challenges, behavioural and school-related problems.

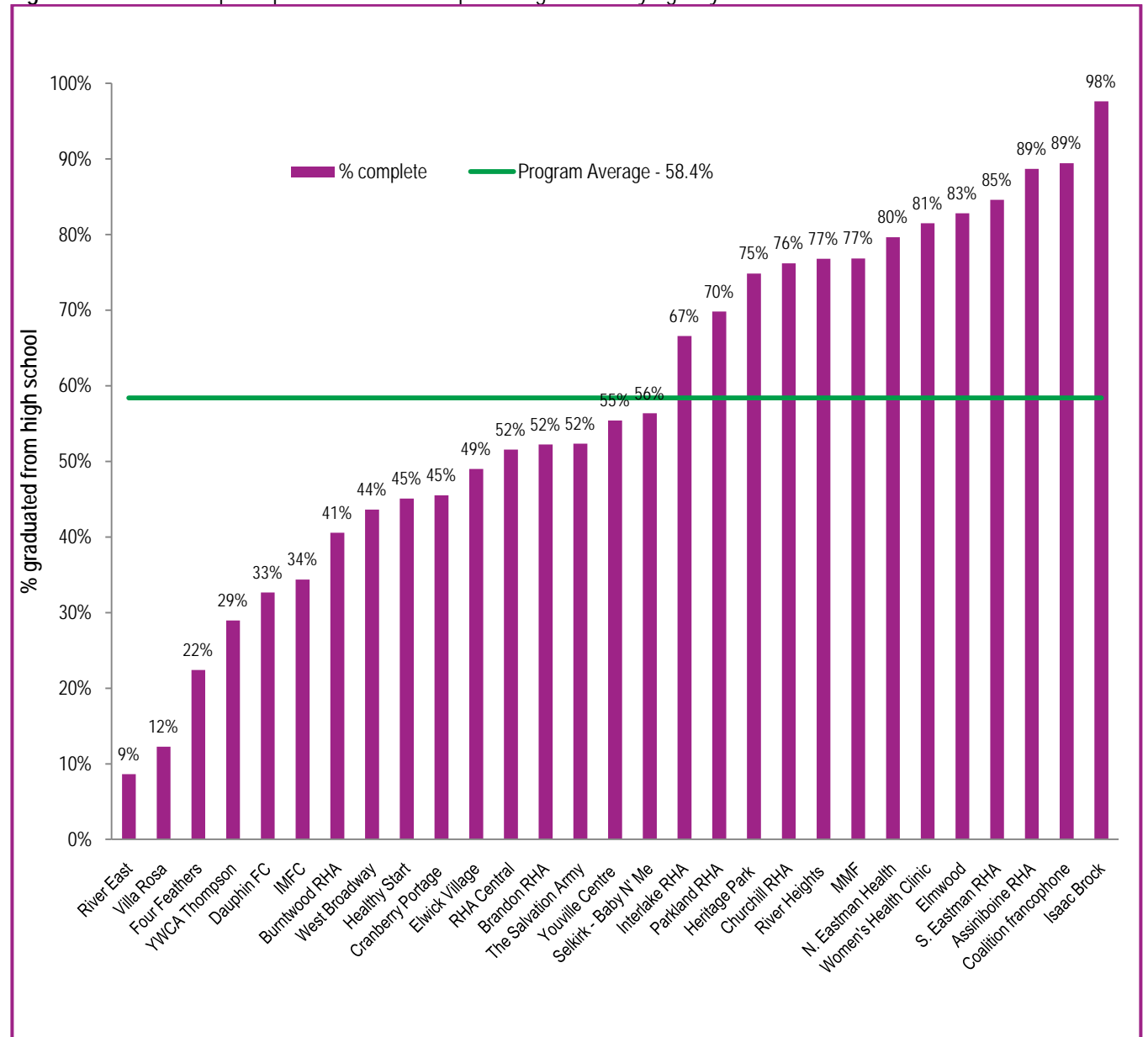
- Just over one in four Healthy Baby program participants report that they received Income Assistance. This ranges from 4 per cent of participants from South Eastman to 70 per cent of Four Feathers participants (see Figure 10).

Figure 10. Healthy Baby Program participants who receive income assistance.



- Higher levels of education are associated with higher income, higher employment, better health and adequate prenatal care.
- One in four (25%) of Healthy Baby Program participants have not completed high school. However, it is important to note that some participants (7%) are still attending high school.
- **Figure 11** shows high school completion rates for program participants by agency. Rates range from a low of 9 per cent of River East program participants to a high of 98 per cent of participants at Isaac Brock.
- The majority of participants at River East are still attending high school.

Figure 11. Per cent of participants who have completed high school by agency.

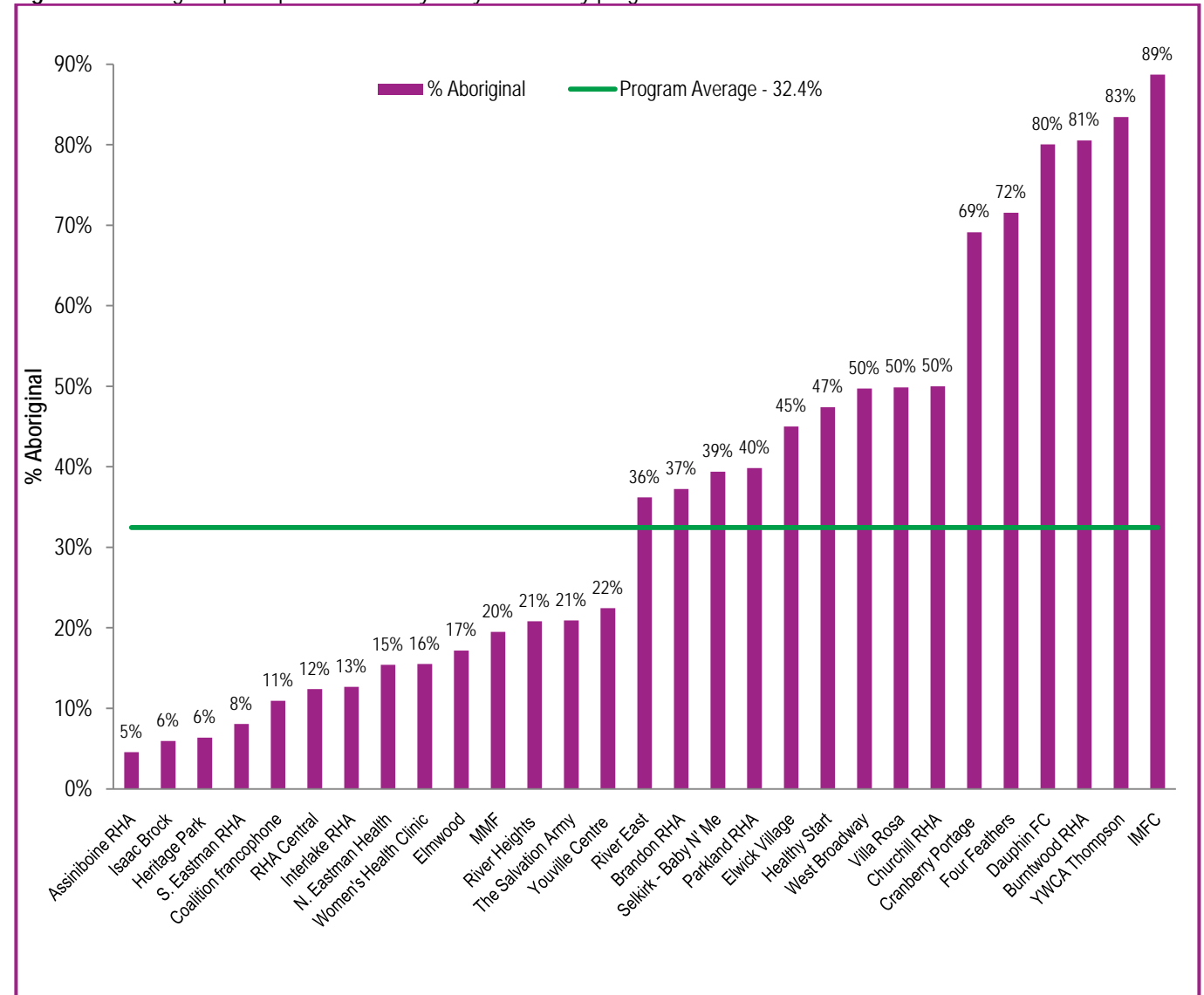


1.5 Aboriginal Participants

According to the 2006 Census, 15.6 per cent of Manitoba women self-identify as Aboriginal. The data that we have collected shows us that Aboriginal participants are on average, younger than non-Aboriginal participants, more likely to smoke during and after pregnancy, and less likely to attend programming as often as non-Aboriginal women. Our data suggests that there are high participation rates of Aboriginal women at many Healthy Baby Program sites.

- As Figure 12 shows, approximately one in three Healthy Baby Program participants self-identify as Aboriginal. This ranges from five per cent of Assiniboine RHA participants to 89 per cent of participants at the Indian Métis Friendship Centre.

Figure 12. Aboriginal participants at Healthy Baby community programs.



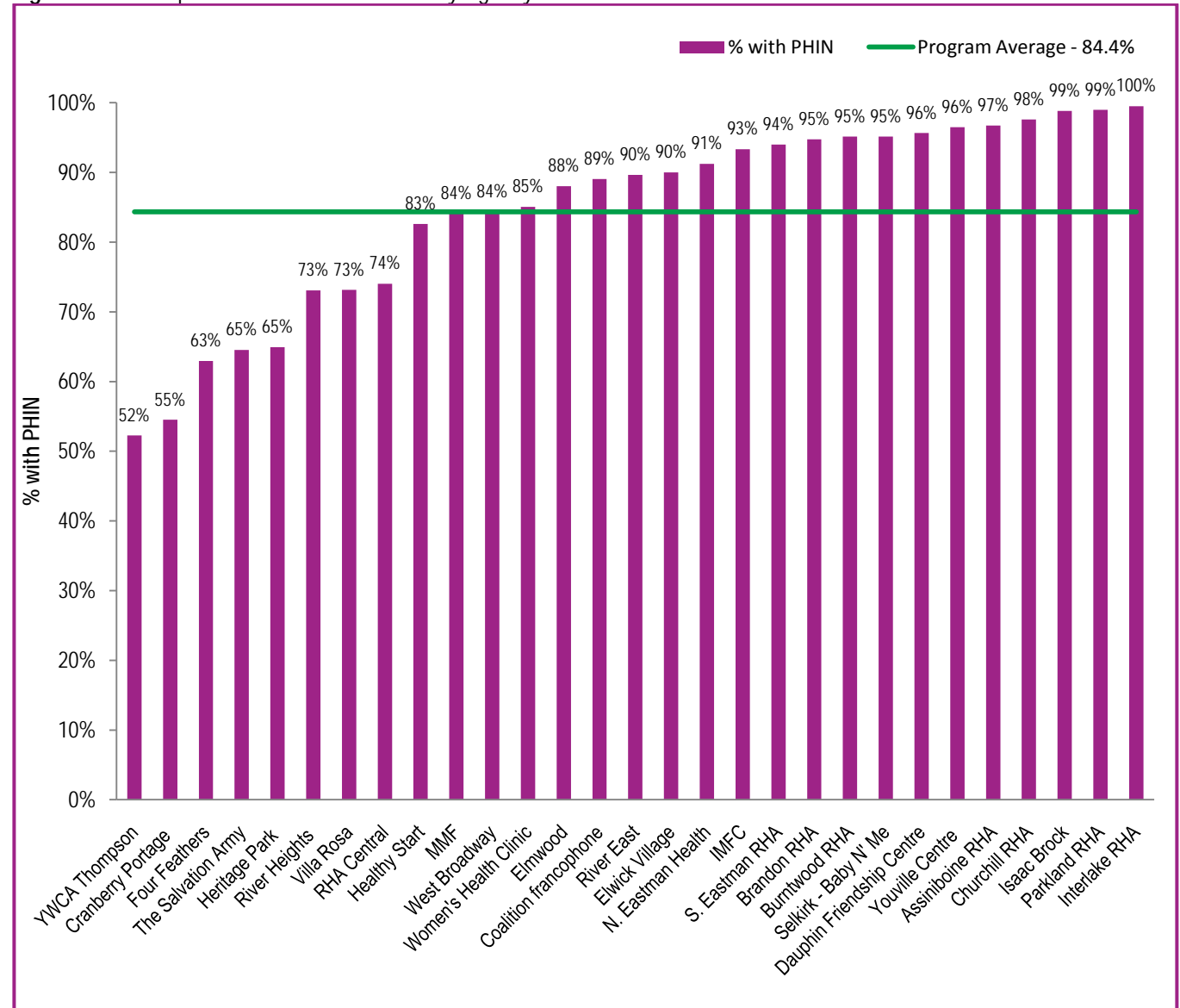
2. COLLECTION OF PHIN

- PHIN (Personal Health Identification Number) helps to:
- Identify numbers of "unique" participants.
- Identify how many women who attended the program prenatally returned after the baby was born.
- Link with Manitoba Health data to verify birth dates, birth weights and add additional important information such as feeding method in hospital and gestational age of the baby.
- Overall, PHIN has been submitted for 84 per cent of participants. This has improved each year:

Fiscal Year	% Participants with PHIN
2004/05	81.4%
2005/06	83.0%
2006/07	84.0%
2007/08	85.6%
2008/09	88.9%
Total	84.4%

- **Figure 13** shows that 19 of 29 agencies have submitted PHIN for at least 90 per cent of participants. Some agencies are below the provincial average. This limits our ability to link data for participants attending these programs.

Figure 13. Participants with a PHIN recorded by Agency.



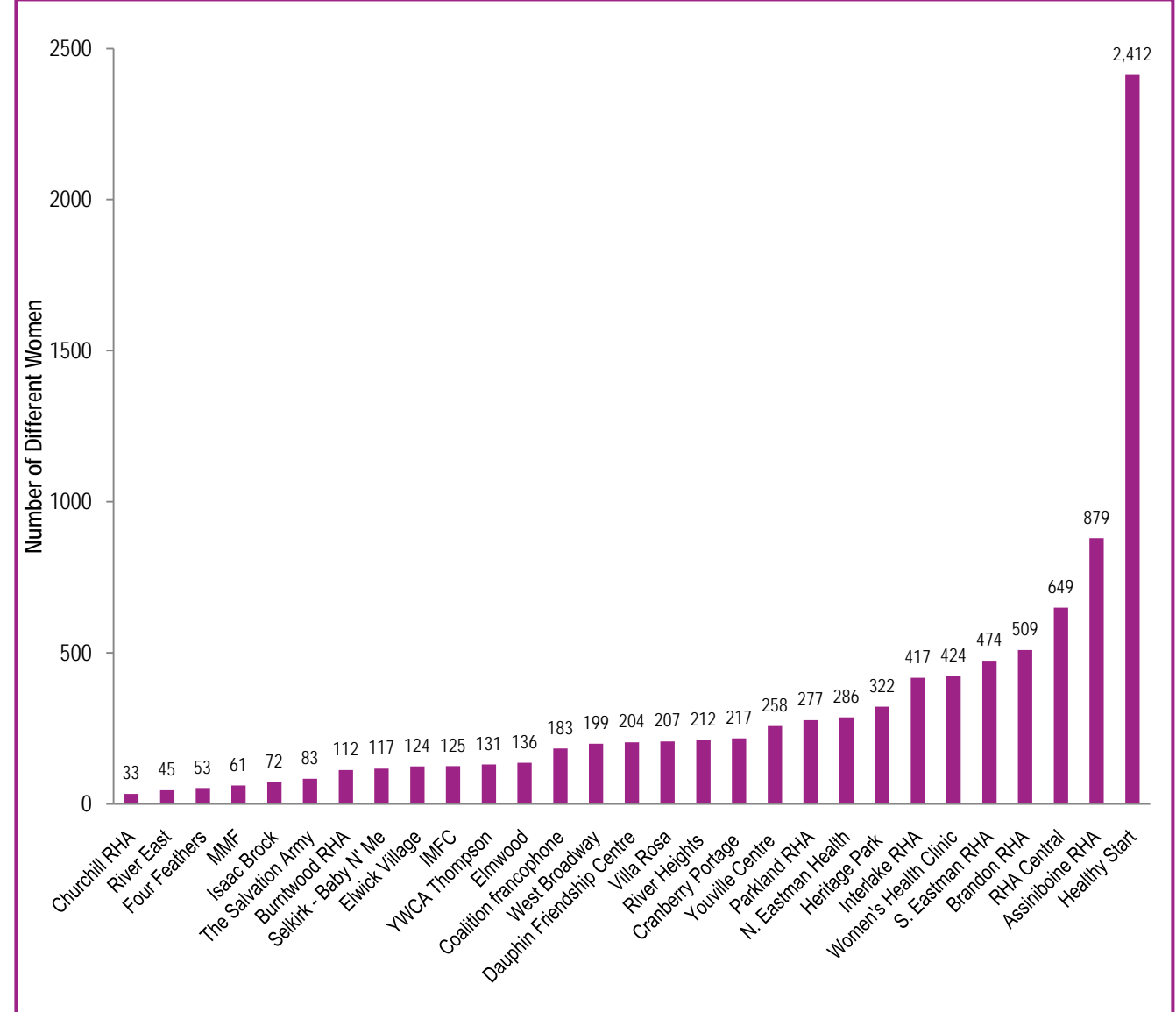
2.1 Using PHIN to count unique individuals

- We have PHIN for 12,287 of our 14,256 participant records accounting for 9,236 unique (individual) women.
- Although agencies have served over 14,000 participants, we can only say that programs have seen 9,236 unique women as identified by the PHIN.
- These women may be returning more than once for new pregnancies and/or returning as postnatal participants once they have had the baby.
- The following table shows the number of unique women participating in Healthy Baby programs by fiscal year (counted by PHIN):

Fiscal Year	# of Unique Participants
2004/05	1,812
2005/06	2,307
2006/07	2,474
2007/08	2,476
2008/09	1,895
Total	9,236

Note: Table Total is NOT sum of unique women by FY as they can attend the program in different years. 2004/05 includes data from June 1, 2004 to March 31, 2005. 2008/09 data includes April 1, 2008 to January 21, 2009. The total is for June 1, 2004-Jan 21, 2009.

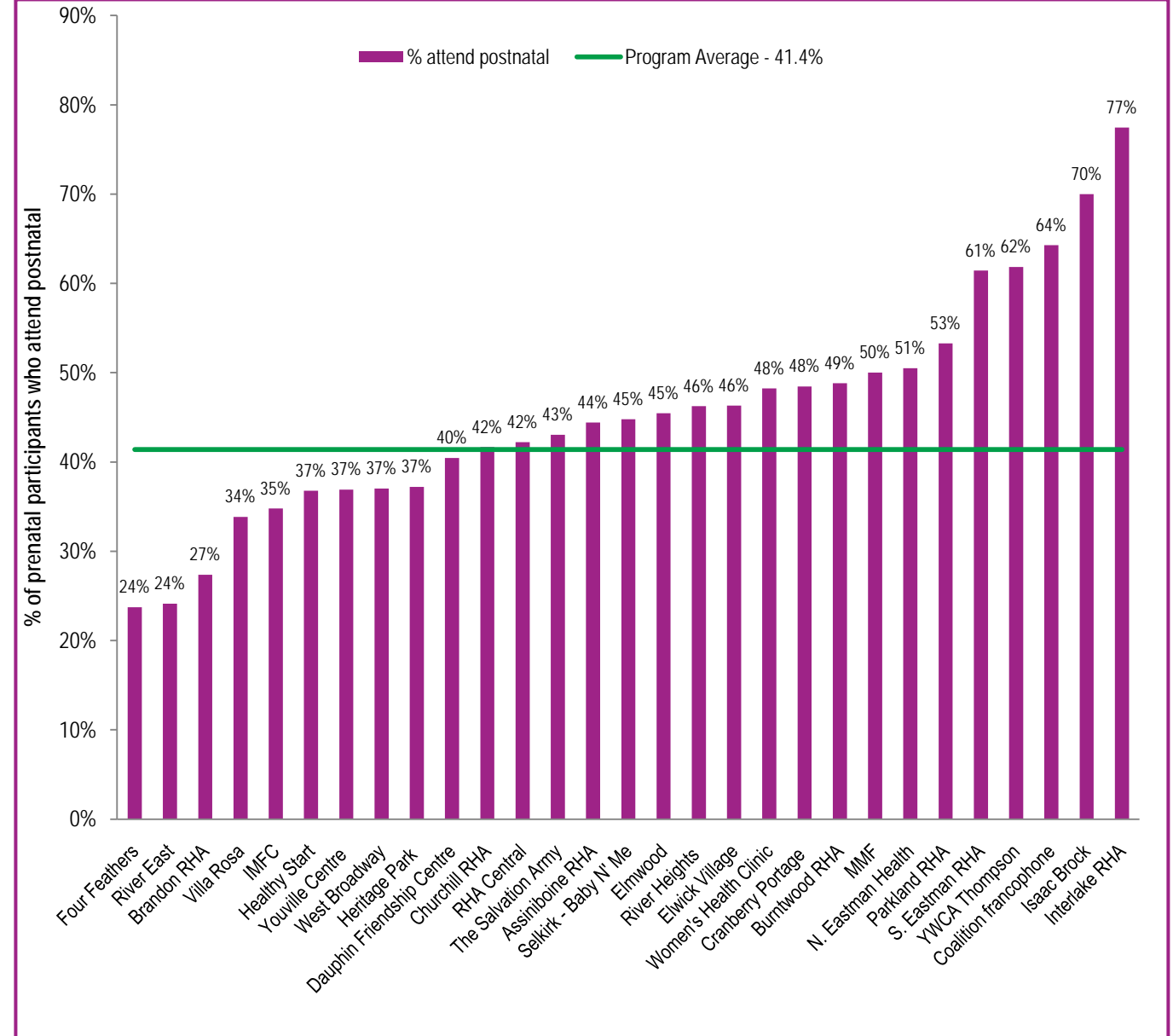
Figure 14. Number of unique women attending Healthy Baby programs by Agency, 2004/05 to 2008/09.



2.2 Using PHIN to identify the number of prenatal participants who returned as postnatal.

- For joint funded programs, we can determine the numbers of participants who returned to the program by reviewing whether baby birth date or PHIN has been entered on the form.
- For all other programs, we must use the PHIN to link between prenatal and postnatal participants. We can only link those participants who have PHIN on both forms.
- Using the two methods of linkage, we can say that at least 41.4 per cent of participants who attended while pregnant returned as postnatal participants.
- **Figure 15** shows the extent of variation between agencies (from a low of 24% of Four Feathers participants to a high of 77% of Interlake RHA participants). These results may be largely due to the fact that we had 100 per cent of PHINs for Interlake and only 63 per cent for Four Feathers (and are therefore limited in ability to link participants).
- The accuracy of agency prenatal participants who returned to programs postnatally is based on participants for whom we were provided a PHIN.

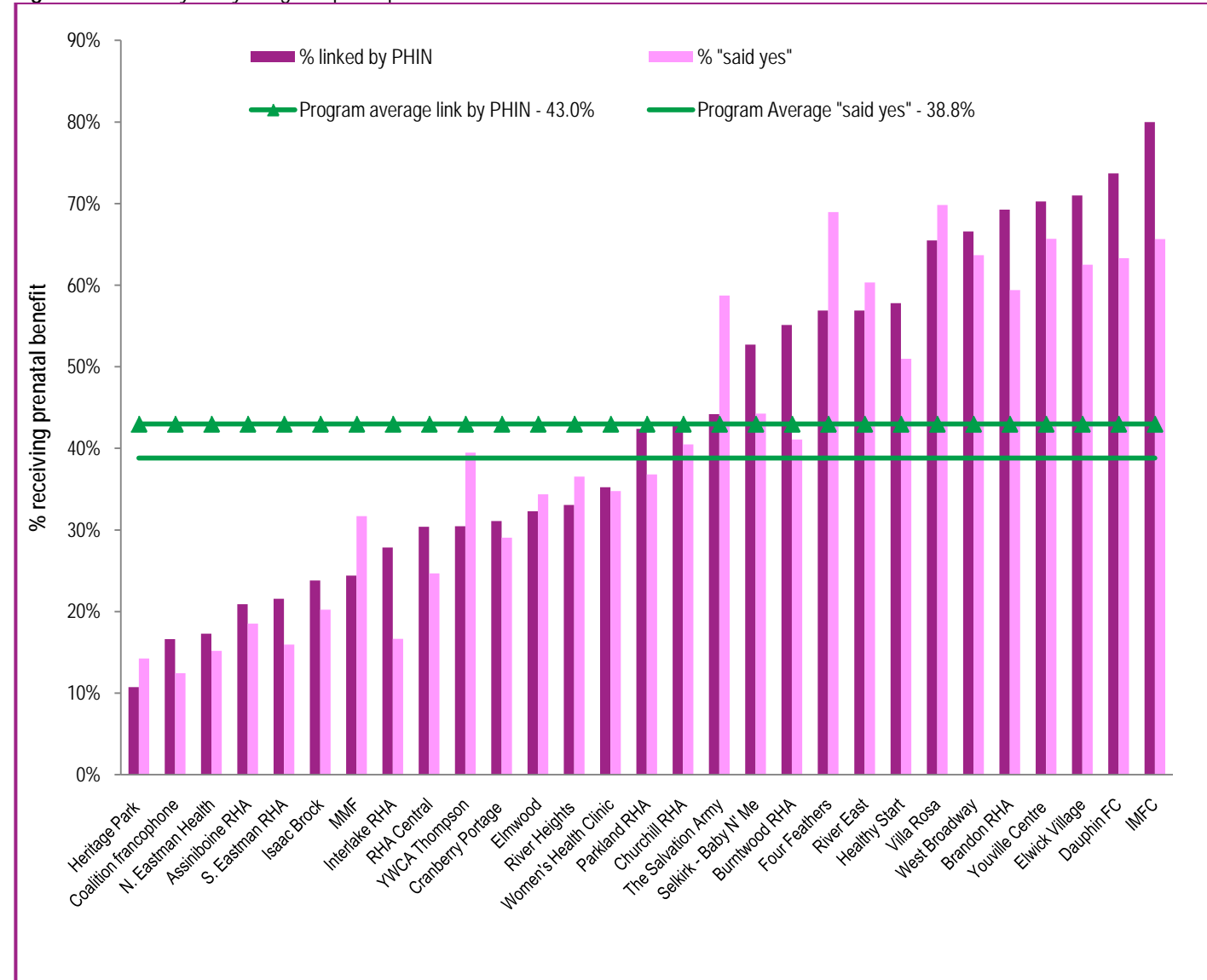
Figure 15. Per cent of prenatal participants who returned to programs as a postnatal participant, by Agency.



2.3 Using PHIN to link Healthy Baby Community Program participants to the Healthy Baby Prenatal Benefit Program

- Overall, 38.8 per cent of Healthy Baby Program participants indicated that they had received the Manitoba Prenatal Benefit (MPB). When using participant PHINs to link to the benefit program data, it was determined that at least 43 per cent of participants have received the benefit.
- Reasons for the discrepancy could be:
 - A participant receiving the Manitoba Prenatal Benefit cheque does not realize that this is what it is called - that is lack of program "name recognition".
 - A participant may not have been receiving the benefit at the time of the survey and is then encouraged to apply for this by program staff.
- In some cases, a higher rate of participants indicated receipt of the benefit than could be verified by PHIN. This could be due to lack of PHIN, incorrect PHIN or the participant was incorrect (again, an issue of "name recognition").
- There is variation between Healthy Baby agency participants in receipt of the benefit (Figure 16). Rates range from a low of 10 per cent at Heritage part to over 80 per cent of Indian Métis Friendship Centre participants.

Figure 16. Healthy Baby Program participants who receive the Manitoba Prenatal Benefit.



- **Figures 17 and 18** show the linkage between participants who indicate that they receive Income Assistance and those that receive the Manitoba Prenatal Benefit (MPB) (linked by PHIN).
- All women who receive Income Assistance are eligible to receive the Prenatal Benefit. This means that there should be a close to 100 per cent rate of linkage with clients who receive IA and the MPB. For the linkage to be made between IA and the MPB, the PHIN is required. Results can be skewed when PHIN is not obtained.
- **Figure 17** shows that overall, 68.5 per cent of Program participants who indicate that they receive Income Assistance also have received the Prenatal Benefit. This ranges from a just 25 per cent of Isaac Brock participants to 86 per cent of Indian Métis Friendship Centre participants.
- **Figure 18** shows that these rates have improved slightly over time. In 2008/09 the highest rates of women who receive Income Assistance also received the benefit (74.5%). The converse is also true for 2008/09 in that this is the year where the lowest proportion of women who do not receive IA, also receive the benefit (29.4%).

Figure 17. Healthy Baby Program participants receiving Income Assistance and linked to Manitoba Prenatal Benefit.

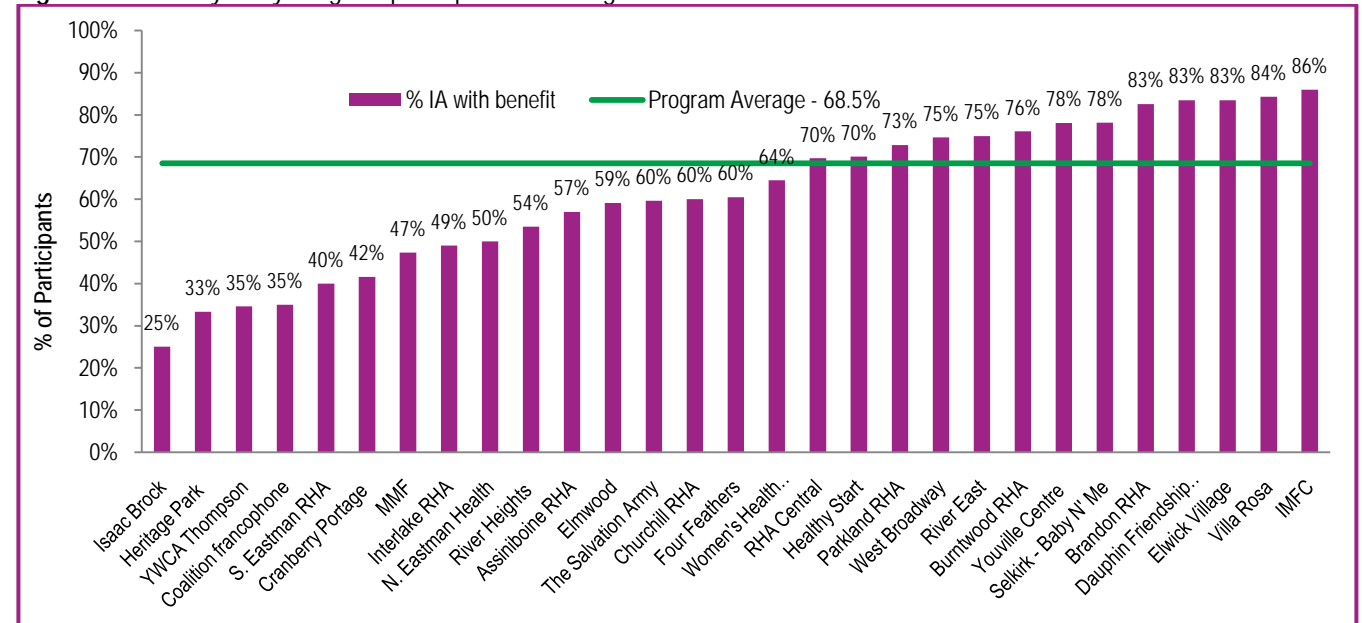


Figure 18. Healthy Baby Program participants and link to Manitoba Prenatal Benefit by fiscal year.

