

Healthy Families, Healthy Communities, Healthy Children  
A report of the Chief Medical Health Officer on the health status and  
development of young children in Saskatoon Health Region, 2012

*Consultation Summary*

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## I. Introduction

The Public Health Observatory and Saskatchewan Population Health and Evaluation and Research Unit recently published the report, "Healthy Families, Healthy Communities, Healthy Children, a report of the Chief Medical Health Officer on the health status and development of young children in Saskatoon Health Region". This document captures the consultation process and outcomes that were undertaken as a part of the report's development, including the purpose, who was consulted and how, and what we found. Consultation is built into both organizations mandates as a form of evidence gathering. Consultation findings were incorporated together with the data along with findings from the research literature.

## II. Purpose

The consultations were conducted in order to inform:

1. indicator selection and early years issues to prioritize for data analysis
2. early years' challenges and opportunities
3. what communication methods people prefer to receive the report's findings
4. personal stories, experiences and quotes; and
5. recommendation development

## III. Initial Approach – Advisory Group Established

A *consultation plan* was developed at the beginning of the project to coordinate this piece of work. It was one activity of a much larger *Project Charter*<sup>1</sup>. An Early Years Advisory Group was established at the start of the project. The group was composed of a diverse set of stakeholders from Saskatoon Health Region and leaders from partner community organizations (*Appendix A*). The members were instrumental in identifying other possible partners to consult as well as submitting their own responses to the issues listed above via questionnaire.

## IV. Stakeholders Consulted

To prepare the report, Saskatoon Health Region staff, other human service sector organizations, community organizations and clients were consulted to determine which indicators to analyze, what the data means to them, what priorities and gaps exist and how these can inform the development of recommendations. Every effort was made to contact a range of individuals and organizations in the Region working in the early child health and development field (*Appendix B*). In addition, Saskatoon Health Region clients of diverse backgrounds and needs were sought through Health Region staff, programs and services and word of mouth.

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<sup>1</sup> *The project charter defines the project, its scope, objectives, and overall approach for the work to be completed. It is a critical element for initiating, planning, executing, controlling, and assessing the project. It should be the single point of reference on the project for project goals and objectives, scope, organization, estimates, and budget. In addition, it serves as a contract between the Project Team and the Project Sponsors, stating what will be delivered according to the budget, time constraints, risks, resources, and standards agreed upon for the project.*

## V. Limitations

It is recognized that certain challenges presented in the consultations. For example in some of the consultations, the authors facilitated discussions that may have resulted in participants not being as forthcoming, honest or critical in their responses. Other limitations are tied more to logistics and include:

- Rural residents were represented by rural public health nurses and the rural early years coalition advisory group.
- First Nations and Métis organizations such as Métis Nation Saskatchewan and Saskatoon Tribal Council were consulted however client consultations were limited.
- The largest consultation response was from Saskatoon Health Region staff, and as such this is reflected in the priorities, gaps and opportunities.

## VI. Stages of Consultation

There were four stages of consultation during the report's development. They are:

1. Questionnaire via email (*Appendix C and D*).
2. Meetings with Saskatoon Health Region staff and community organizations.
3. Meetings with Saskatoon Health Region clients.
4. One day workshop with a vast range of invited stakeholders.

In addition, PHO and SPHERU were instrumental in supporting the Early Childhood Development Forum hosted by the Saskatoon Regional Intersectoral Committee in September 2012. Preliminary report findings and draft recommendations were shared with key decision makers across sectors to develop a shared aim for early childhood development in Saskatoon and area.

The first round of consultation was in the form of a questionnaire to seek advice on what content should be included in the report; for example indicators, and determining their level of geography such as at a neighbourhood level.

These dialogues were completed from September to the end of October 2011 in order to shape the report's table of contents and the data to be analyzed. Seven questionnaires were received via email. A number of face to face meetings were held.

The second round of consultation began in November and ran until March 2012 and focused on priorities and gaps in early child health and development. Staff from the PHO met with stakeholders and collected feedback using an adapted questionnaire from the first round to facilitate discussion. There were some cross over questions between both rounds, including what primary early years health issues exist, what communications would be most beneficial to use in sharing the report once completed and whether an individual would like to participate further in the report development. Ten questionnaires were received via email. At least twenty-four face to face meetings were held ranging from one to several participants in each.

The third round of consultation was with Saskatoon Health Region clients, which included both one on one and group settings. This was done in order to share the work of the project to date and seek advice from clients as well as capture their personal stories and experience. These stories and quotes were collected to highlight the lived experience in the report and give further meaning to the data. Ten clients participated.

The fourth piece of consultation was a one day early years priorities workshop held in March 2012 (*Appendix E, Agenda*). Invitations were sent to Saskatoon Health Region representatives and representatives of community organizations and other human service sector agencies. The workshop was facilitated by SHR, PHO and SPHERU staff. The day included a presentation of initial findings from both the data and consultations. Participants then broke off into groups based on their top two priorities in early child health and development to discuss opportunities and gaps further. Approximately 80-100 people were invited and forty attended.

Throughout the consultation process there was an iterative review of data and consultation findings. In the final stages of consultation in spring 2012, authors considered whether any priorities, gaps and opportunities were missed, and whether to seek out more client stories and quotes. So began the review of initial data collected on top of the consultation feedback in order to inform the development of the report's recommendations.

## **VII. What we found<sup>2</sup>**

The following responses are grouped according to emerging theme.

### **Question 1: What are the primary early child health issues which you would like the report to address?**

#### **Availability and access to programs and services (N = 18)**

Subthemes of parenting and social support emerged as well as transportation issues, especially in rural and for Aboriginal and newcomer populations. The need for access to programs and services was stressed while it was felt that there remains a lack of parental social supports. Additional comments were made around the length of wait lists, missed appointments by clients and clients being turned away for arriving late.

*“Three mothers indicated they would like to attend a parenting support program and questioned why this is not offered any more. They felt isolated in the early months and wished to connect with other mothers. The other concern three parents indicated was over finding appropriate childcare for returning to work”. -PHN nurse who talked to 6 families-*

#### **Mental health, including subthemes of general, parental, maternal, caregiver and child (N = 18)**

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<sup>2</sup> Note: not all consultation feedback appears in the final report. Every effort was made to ensure the development of evidence-based recommendations.

The mention of maternal, caregiver and parental mental health was linked to stress and resilience, and specific mental health disorders. Child mental health themes that emerged were autism, anxiety, fetal alcohol spectrum disorder (FASD), behaviour, aggression, and attention/hyperactivity. The need for mental health interventions and assessments and the existence of abuse and violence in families was also brought forward.

### **Saskatoon Health Region services and staff (N =12)**

Around the theme of Saskatoon Health Region services and staff, there was again a cross over into the issue of access to programs and services for specific populations and therapy services. It was also raised that people within the Health Region may be travelling outside of it to another region or to another province for services and the need to address this issue. However, most of the focus was on Population and Public Health (PPH) services for example;

- PPH nurses still struggle with having to pull back from prenatal, postnatal and school education
- Once the 18 months assessment by PPH is done, a child may be seen at 3 years old, otherwise only once in kindergarten. By then, it is late to set up any interventions for development delays (i.e. gap in system for service/program delivery)
- There is a need to capture the number of clients at clinics and recording the time that they were seen.
- PPH could be doing more postnatal follow-ups to decrease the amount of unnecessary visits to physicians who may not have the level of skills needed to assess developmental delays and conduct physical exam measurements.

*"We just moved from Ontario (in December) and we notice a difference in health. It's nice to have a follow up from a nurse of what kids need. We're really lucky to have this follow up". ~Client~*

### **Other top issues**

#### **Food security**

While it was not clearly defined what participants meant when they only used the term 'food security', additional references were made such as, access to, and availability of, grocery stores, and general nutrition and healthy eating. Food Bank usage was also mentioned. It was suggested that more time be devoted to educating and counselling parents about nutrition. Another suggestion included requiring cafeterias in schools to become licensed (i.e. safety standards). Breastfeeding was a separate theme that also ranked high and was often times connected to comments around food security. For this theme, comments ranged from general points about prioritizing breastfeeding to specifics such as addressing the issue of infant feeding as a modifiable determinant of health through the promotion of Baby Friendly Initiative (BFI) standards.

#### **Developmental delays**

Child developmental delays surfaced not only for physical wellbeing, but also social and emotional wellbeing. This included the importance of critical life transitions points (e.g. infant, preschool and pre-kindergarten). Child development was described to

include speech and language, learning, cognitive skills, and delays. Specific comments resonated around developmental delays for newcomers and determining the number of delays in ECP and SLP in the core compared to non-core neighbourhoods.

### **Parenting and coping skills**

Education and knowledge about healthy parenting and child development was suggested to address the lack of such skills. It was also brought forward that family care can often times be episodic and the consequences on the child and family can be detrimental. Specific topics for parenting included limit setting and positive discipline, oral care and breastfeeding.

*“Working and going to school at the same time has been exhausting, particularly while being pregnant. Although it is manageable, the work/school combination does not leave sufficient time for accessing social supports or resting. The biggest worry I have about being a first-time mom is the type of supports that exist for me once the baby is born. We do not have any family in the city and I am anxious about times when I may need help, advice, or a break. I am trying to search out programs, such as new-mom support groups, in Saskatoon to gain some supports once the baby is born. We have some friends in town but most do not have kids so we often don't want to bother them by asking them to help us”. ~Client~*

### **Coordination and integration of early child health programs and services at regional and provincial levels**

This theme included the challenges of navigating the early year's system where, as one participant notes, “there is no “one stop shop” for early child care from 0-6 years of age”. Another challenge expressed is the difficulty to share information across a multi-disciplinary team (e.g. health, education, and social services sectors). The importance of coordinated early interventions was also highlighted.

### **Poverty and root causes**

Poverty was mentioned on its own as a theme, but other related topics such as unemployment, low socioeconomic status and its correlates (e.g. food security, nutrition, access to safe and affordable housing, health-care access) were mentioned. Housing in particular emerged as a focus in the context of access to safe and affordable housing. While the Saskatoon Health Region's population is increasing in some places, the housing supply is not meeting the demand.

*“I have a 2 bedroom apartment that costs \$785 and eight people living there. I'm trying to find better housing, but its \$1300 for a 3 bedroom. I want to move to Confederation or up by 33rd. I don't think this is a safe neighbourhood; there are drug people, and needles and always fire trucks going up the street because of people pulling fire alarms. I want a house so the kids can be outside in the summer. ~Client~*

### **Additional themes**

- Exposure to alcohol and drugs
- Breastfeeding

- Oral health
- Early Child Care

### **In Summary**

The main child health issues described above relate to organizational capacity and *how* early child health and development programs and services are delivered not only within Saskatoon Health Region, but in our community and province. This is likely due to the consultation participants being a majority of Saskatoon Health Region staff.

Otherwise, the range of issues is quite diverse and spans from environmental influences such as poverty, and food security, to the individual and their own parenting skills and abilities. As one participant stated, "*there is an individual focus in society (family competencies such as parenting skills), but what about the supportive environment?*"

### **Question 2: What gaps do you believe exist to provide program and service delivery to this age group?**

#### **Availability and access to programs and services**

- Attendance at programs and services and the challenges of getting parents there to access services
- Transportation to access programs and services (especially for single mothers, low income, rural, Aboriginal and newcomers)
  - In the case of newcomers, there is difficulty with access to transportation and who can accompany the clients based on country of origin and religious background
- Intensive needs of children in rural and where to go (e.g. dental needs and diagnostic services located in urban and access)
- Rural transient community who go to other Health Regions to access services rather than Saskatoon Health Region are not captured in the data
- There has been a pull back on parenting programs to focus on immunization
- Teen and Child programming was dismantled and there has been a focus shift on child welfare rather than parenting
- Need for peer support around breastfeeding initiation. Limited services and support currently available
- PPH offers no group settings to teach new parents about nutrition as it used to, with making homemade baby food classes. It also lacks an outlet for supporting new parents by connecting them with others while teaching. (Parent Talk class eliminated).

*I had lots of supports in place (family and financial) and I still felt like I was struggling with having a new child in my life. Parent Talk was my lifeline. ~Client~*

- The ever growing immigrant population needs extra time and help accessing public health services and parenting help. There is not enough time to assist in a CHC appointment.
- Families moving into Saskatoon from reserve with small children have difficulties accessing services. They don't know what services are available; there are

complexities of finding a family doctor so instead they go to walk in clinics. They have a lack of resources to assist them i.e. internet, phone etc

- Most Aboriginal clients don't have a family physician (instead, for 'physician name' list 'walk in' on forms)
- Wait time in clinics can be very long and difficult for women with more than one child – is a deterrent to receiving care (i.e. having to take all children to a walk in and wait 3 hours for service)
- There should be something that exists where a child under a certain age must receive priority in emergency
- Oral health is a huge issue for Aboriginal children (having teeth pulled at an early age) and there are difficulties accessing a family dentist. There is a parent education piece here too. Wait lists for dental surgery are upwards to a year long.
- There needs to be public education regarding what services and programs are available and to whom and where

## **2. Saskatoon Health Region services and staff**

- Retention of health professionals is difficult
- Need to triangulate staff practices (i.e. meet with clients where they are and not force them to travel to SHR sites)
- Proactive nature of staff is needed to support our services – even to walk clients to services, but it should also be a systems approach, not at the individual level
- Need to identify how to better coordinate services across SHR and between community and acute care
- The inner city ONHC program has community capacity builders to assist in liaison. This population could also use community capacity builders, especially in help to obtain vaccination records from country of origin. Presently, a PHN does this role, as well as the rest of their job.
- There is a lack of a one stop shop/intake for referring parents to who can determine best fit for service rather than having multiple service providers
- There are few parenting programs available that address normal developmental tasks and early years parenting/disciplining (i.e. limit setting appropriately/stimulating growth and development)
- More breastfeeding services
- Awareness and training in cultural competence
- Staffing issues
- Lack of awareness and support for preventative and professional PHNs role in health care system
- No communication between PHNs, doctors and professionals in the field
- Addressing the need for Baby Friendly standards as per Saskatoon Health Region policy dated Feb 20 2008
- Lack of resources to support Health Canada's recommendation to exclusively breastfeed to six months, such as RUH and community access to safe donor human milk.

## **3. Immigrant/newcomer** (this theme had a lot of cross over with the two previously mentioned, Availability and Access, and Saskatoon Health Region Staff and Services. staff)

- Provide health information in other languages
- There is a lack of culturally appropriate programming for immigrants

*" You wish big things for your kids and even though we don't have a lot of money, we are saving for their education. We want them to have a good life, to help people and to be nice and kind" ~Client~*

#### **4. Early Child Care**

Early child care includes any child program or service from 0-6 years whether it is daycare, pre-school, or pre-kindergarten.

- Many families are limited to private childcare
- Lack of daycare spaces and child care workers
- Limited overnight childcare for parents doing shift work
- Limited infant spaces (12 to 18 month gap)
- Pre-K teachers as sometimes high school/middle school trained who have moved into a pre-K position and therefore have a different set of skills
- Child care on-reserve is a completely different system with its own regulations and challenges
- KidsFirst was based on decreasing FASD in the province, but there are certain challenges with KidsFirst and its sustainability for addressing the needs of families (i.e. offered in core only, and only for children 'deemed vulnerable')
- Need some kind of publically available inventory of reliable, good quality, affordable child care

*"I have experienced childcare issues with daycare and pre-school. I put my eldest son in preschool for 2 days a week at 2.5 hours and it is not enough, he wants to stay longer. It costs \$17 and they don't get any snacks. That's why I just work weekends because otherwise I would have to put him and his brother in childcare during the week and my entire income would be going to support that" ~Client~*

#### **5. Resources**

- Most investments go towards acute care rather than prevention and health promotion
- Questions about the sustainability of programs and services when there is limited resource allocation
- Require a centralization of resources for early child years
- Funding is needed to support the early years
- PPH nurses do not have enough resources to do their job
- Lack of resources for parenting is considered a high priority

*"We have accessed services mainly through SHR, including our doctor as well as prenatal classes. Both of these sources provided us with great information about what to expect during pregnancy and birth, and a few tidbits about bringing our baby home. However, we have not been able to find public services that offer insight into the psychosocial adjustments that will undoubtedly occur in our lives once the baby is born, such as changes to our marriage, our friendships, our finances, and our schedule" ~Client*

## **6. Coordination and integration of early child health programs and services at regional and provincial levels**

- Families need assistance navigating thru the early years system
- In the future, review the breakdown of programs and services offered between urban and rural
- Between 18 months to 4 years old there is a gap for when a child would be seen by Population and Public Health
- Coordination of services and community involvement in core neighbourhoods are lacking
- Gaps in services in transitioning into schools (preschool and pre-K)
- Gaps in the continuity of care of child
- Any childcare program offered under three hours in Saskatchewan can run any kind of program, they are not regulated at all
- Working across sectors (health, education, social services) is lacking
- Lack of coordination and centralization of psychological services leads to duplication of, and gaps in, services.

## **7. Parenting and coping skills**

- Need more support for parents (especially young moms) and their socialization and they require mentorship to support them such as playgroups and discussions
- There is a lack of parenting support groups
- Need mom to mom and parenting support groups
- There is a lack of public understanding and general awareness about what children need in order to develop
- Parents need to understand ways to cope with discipline issues

## **8. Mental health related**

- Programs and services need to focus on maternal mental health too
- There are children in trauma and the need mental health resources
- Addictions and tobacco and mental health issues for both parent and child
- There is a connection between child to adult mental health development and the impact of the early years on mental health

## **9. Rural**

- Distance and transportation to services is a challenge
- Because of high housing costs within Saskatoon, many low income people are moving to rural areas, but lack transportation. Therefore, they have limited access to services within the City, and there exists a lack of services within rural.

## **10. Immunization**

- Better coordination of programs and services for immigrant families is needed. Especially getting them through the system when they first arrive, so they can be connected with the services they need most, such as dental, immunization etc
- How to prioritize and balance the need to focus on early growth and development when there is such a strong emphasis on immunization only
- There has been a pull back on parenting programs to focus on immunization
- At Pertussis screening it would be much more convenient to do dads' immunizations (as required) at that time too. Instead, PHNs have to send fathers

to PPH (unlikely that they will go). Therefore, why not be able to give both at that same time?

- Immunization by physicians rather than PHNs may pose some challenges as well as not be as cost effective. Also, screening that normally takes place in well baby clinics gets overlooked when clients are seeking immunization through physicians.

### **Question 3: What opportunities exist to deliver programs and services to this age group?**

Two themes emerged around this question:

1. Saskatoon Health Region Staff and Services
2. Integration and Coordination

The majority of comments received focused on opportunities around the delivery of Saskatoon Health Region services and integration and coordination of programs and services (on a broader intersectoral scale). As one participant stated, "*We have the opportunity for innovation and I think we should take that opportunity*". Many participants noted that there is already work being done in this field and there needs to be a coordinated effort to capitalize on bridging projects. Participants provided examples such as the implementation of the rural health strategy, the collection and use of EDI and IHBO data, the Child Welfare review's focus on Autism and FASD and the work of the Government of Saskatchewan's Population Health Council.

Another opportunity mentioned was the focus on the continuity of care for early years. Currently, planning is taking place for the children's hospital and while there is much focus on acute maternal and child care, there is also an opportunity to look at what other programs and services are offered by SHR and the community. Another continuity of care message was around working more with social services and their support programs and services connection to health – i.e. the need for the integration of multiple agencies. It was also expressed that schools be considered hubs for child care and to enhance those existing centres for education, social services and learning.

Lastly, other delivery models were proposed, including some form of 'health bus' /traveling clinic to schools composed of a multidisciplinary team, and an early years services model similar to that which is offered thru the hospital for Alzheimer's patients which is considered a 'one stop shop' and the need to offer an umbrella of supports around early child health and development services.

#### **Messaging:**

- Stress the importance of early intervention

#### **Hospital**

- The children's hospital should also provide minor emergency there (have a child-centred care approach)

#### **Nutrition**

- Low socioeconomic families should have option for regular contact with nutrition services and nursing

### **Home visits**

- Follow-up beyond initial postnatal care, preferably in the home

### **Education and training**

- Education days for family physicians and nurse practitioners in rural communities and northern communities (clients are big users of dental and surgical services) regarding oral care and nutrition; also education days/"coffee parties" for families, single parents, and possibly other people in low socioeconomic situations to have health education
- There is a work force of experienced public health nurses, ECPs, SLPs, nutritionists who have the knowledge and skill set to address these issues
- Low awareness from our organization as to the role and possibilities of PHNs
- Propose that PHNs meet with physicians and discuss any new vaccine and related side effects with the bottom line of keeping an open line of communication

### **Programs**

- KidsFirst program is great, but should be offered outside of core neighbourhoods – change the criteria
  - Expand eligibility for KidsFirst services to entire urban and rural areas, and funding to accommodate increased work load
- All of these programs based at Westwinds allows moms to then float/socialize and learn more about other services that are offered and can make appointments as needed.
  - Need more access to SLP and ECP who work out of Westwinds but are connected to the schools and preschools and don't offer services out of the clinic
- Offer services outside of regular hours – i.e. evenings, and provide in neighbourhood schools
- Coordinate speech, dental, mental health, parenting, nutrition and immunization
- Provide consistent, quality parenting resources, services and support
- Programs (i.e., parenting) should be universal—if you qualify for a program, it shouldn't matter in what neighbourhood you live
- New parents are interested in learning more in that first year at home with their new child. Develop programs to support them with teaching and nutrition would be something I think many people would even pay a user fee for
- Demand/requests are higher in more affluent neighbourhoods, despite the needs in areas with more disparity issues
- Breastfeeding peer support programming for vulnerable women is needed

### **Newcomers**

- Assign a PHN at the Open Door and Newcomer Centre – paid for by Saskatoon Health Region

- Emphasis on newcomer children. There has been a dramatic change in clientele over past 5 years. At any given time, if one were to look in the waiting room of SEHC, 50-75% of the clientele would be newcomers
- Further development of information about vaccines in other languages such as Mandarin, Urdu and Ukrainian
- Language line has helped in its pilot for SEHC; an extension to all HCs would be a start.
- Opportunity for parenting curriculum development for parenting program to meet needs of newcomers
- Need for indicator monitoring of newcomers and coordinated plan/ arrival strategy for PPH—having advocates navigate the PPH (immunizations, well-baby visits, etc)
- City of Saskatoon is now focused on newcomers too
- University: Pathways to Prosperity is looking at supports for immigrants (thru the department of Social Sciences)

### **Health Bus**

- Health Bus: to provide more and immediate access to health records, currently can only offer influenza shots, not immunizations because there is no SIMS access

### **Development**

- Kinsmen Centre requires medical diagnosis, but it would be nice if there was a place that people could go for those children who display behaviour issues, but don't yet have a diagnosis – offer supports

### **Mental Health**

- Mental Health and Psychological Services:
  - o Centralized service intake for psychological services. The PHNs want to be able to answer their clients' questions of "whom do I see, where do I go?"
  - o Adding a universal mental health screening system for children and implement an effective post-partum depression screening.
  - o Re-implement programs that ended years ago (i.e., Parent Talk, and increase post-natal home visits, especially for first time moms.) These would allow the PHN to support mom's with post-partum depression.

### **Community Initiatives**

- Have breastfeeding support available at Saskatoon Food Bank. e.g. intervene when mothers arrive for infant formula... to understand if they need any support for continued breastfeeding
- Service to areas that children already are involved in: drop in clinics, daycares, pre-K etc. Focused services delivered to the children in these programs not on typical operations referral basis, in addition to traditional operations programs for some populations
- Connecting with other agencies who could refer new immigrants to a central intake and refer on to services needed
- Strength of Spirit – United Way is building relationships with Aboriginal communities (a new United Way position)

- SHR/Care and Share/United Way offers an after school program that has 3 year funding in core neighbourhoods
- CHEP lunch program
- Community School Coordinators  
([http://www.communityschools.ca/documents/directory/2011\\_12\\_Community\\_Schools\\_Directory\\_SK.pdf](http://www.communityschools.ca/documents/directory/2011_12_Community_Schools_Directory_SK.pdf))
- CUMFI and housing have had successes
- Care and Share (<http://www.careandsharesaskatoon.com>)
- St. Mary's programming
- White Buffalo Lodge - speak with youth who have younger siblings as a part of the family experience
- Community Building Fund of the United Way supports emerging efforts (e.g. funded SPRP and CUISR Quality of Life research in the past)
- 211 is being worked on in Saskatchewan
- Incredible Parent Directory (Parent Education Saskatchewan)
- Me ta win directory (City of Saskatoon)
- Exit Routes (Kinsmen Activity Place)
- Street Signs (Saskatoon Health Region)
- STC has 7 homes; 1 Aboriginal Head Start; and 4 pals (families at high risk of losing child or have already lost). STC staff make home visits so there is opportunity there to provide information to families
- Social Services and Aboriginal children in care – STC is working with the Ministry and Region on restructuring governance models based in the family and supportive services. "reconnecting, reuniting and building for healthy families". STC can now access files for kids in care. Important to get kids back to their own communities. STC has emergency homes and kinship care
- Commitment of STC Staff – *"we're all on this mission to take care of our children and families"*

## Next Steps

Consultation is a time-consuming but worthwhile process as the findings are reflective of the wider community. Seeking out stakeholders with diverse backgrounds and experiences to share their early years story was a very important piece. Moving forward, the authors are encouraged to engage broader support from early years stakeholders in our community.

Consultation content was used to inform the report's recommendation development. Further consultations and dialogues will be required to move the early years priority forward in the community through the Saskatoon Regional Intersectoral Committee work for example.

## Appendix A - Early Years Advisory Group Members

- Sheila Achilles, Primary Health Care and Chronic Disease Management
- Noreen Agrey, Saskatchewan Prevention Institute
- Jan Berger, Population and Public Health, Saskatoon Health Region
- Bette Boechler, Maternal Child Health Services, Saskatoon Health Region
- Lorna Callbeck, Representative Workforce, First Nations and Métis Health
- Dr. Jennifer Cushon, Population and Public Health, Saskatoon Health Region
- Tanya Dunn-Pierce, Population and Public Health, Saskatoon Health Region
- Maureen Esperance-Kinequon, Population and Public Health, Saskatoon Health Region
- Dr. Laurentiu Givelichian, Pediatrics, Saskatoon Health Region
- Krista Kaminski, Medical Genetics, Saskatoon Health Region
- Malori Keller, Client Family Experience & Safety, Saskatoon Health Region
- Dr. Julie Kryzanowski, Office of the Chief Medical Health Officer, Saskatoon Health Region
- Gabe Lafond, Representative Workforce, First Nations and Métis Health, Saskatoon Health Region
- Shan Landry, Saskatoon Health Region
- Suzanne Mahaffey, Population and Public Health, Saskatoon Health Region
- Twyla Markham, Population and Public Health, Saskatoon Health Region
- Dr. Nazeem Muhajarine, Saskatchewan Population Health and Evaluation Research Unit
- Dr. Cory Neudorf, Office of the Chief Medical Health Officer, Saskatoon Health Region
- Dr. Johnmark Opondo, Office of the Chief Medical Health Officer, Saskatoon Health Region
- Fred Ozirney, Saskatoon Regional Intersectoral Committee
- Leslie Topola, Population and Public Health, Saskatoon Health Region
- Pam Woodsworth, Primary Health Care and Chronic Disease Management, Saskatoon Health Region

## **Appendix B - Meeting Consultation Participants / Scheduled meetings**

1. **Métis Nation of Saskatchewan** (September 2011)
2. **Advisory Group Meeting** (Sept 30, 2011)
3. **Primary Health Managers Consultation** (October 3, 2011)
4. **Mental Health** (October 19<sup>th</sup>, 2011)
5. **Rural Early Years Coalition** (Pam W and Jan B) October 25<sup>th</sup> 10am St. Paul's.
6. **Métis Nation** (October 28<sup>th</sup>, 2011)
7. **Maternal child health services family advisory council – Hospital-based** (November 3, 2011)
8. **Building Health Equity** (November 15, 2011)
9. **Alvin Buckwold, Kinsmen Child Centre** (November 15, 2011)
10. **Rural Public Health Nurses** (November 22, 2011)
11. **Saskatchewan Prevention Institute** (November 23, 2011)
12. **Rural Early Years Coalition Advisory Cmte** (November 30<sup>th</sup>, 2011)
13. **Sue Delanoy, Coordinator Child Care Advocacy Association of Canada Director/ Kinsmen Activity Place (KAP) > and special projects with KidSKAN** (December 1, 2011)
14. **SRIC** (December 12, 2011) – invited guest
15. **Paeds Ops Meeting** (SHR) (January 11 12-1pm)
16. **Westwinds Primary Health Centre** (January 11 315-400)
17. **South East Centre** (January 16<sup>th</sup> 1pm-2pm)
18. **Maternal and Child Committee** (SHR) (January 19 12-1pm)
19. **PHNs, Sheila Murray; Lorraine Happ** (SHR) (January 26, 815-930am)
20. **United Way of Saskatoon** (January 26, 1030-12pm)
21. **Saskatoon Tribal Council** (February 10, 8am-930am)
22. **NorthEast Health Centre** (February 27, 815-9am)
23. **Marilyn Denis, Ecole Canadienne Francaise** (March 20<sup>th</sup>, 11-12pm)
24. **Elizabeth Phippe, Fairhaven School** (March 27, 330-430pm)

## Appendix C - Questionnaire 1

Your response to the following questions will help inform the development of a Child Health Status Report for the Region

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1. What are the primary child<sup>3</sup> health issues affecting your area at the moment, which you would like the report to address? How would you prioritize these issues?

2. Have you done any child health status or health indicator work locally? **YES/NO** (please underline).

If YES, please describe the project or insert a web link, to give us some examples.

3. What level of geography would be most useful to you? Note that we will be analyzing much of the data at the neighbourhood level in the City of Saskatoon and planning zones in rural areas.

4. Are there any indicators you would like included? Please describe in column 1 below and indicate in column 2 the level of geography it is available at.

Missing indicator(s)	What geographical level is available?

5. We are planning to use a variety of presentation methods once the report is complete including:

- a) SHR printed report (available also on the web)
- b) Executive summary
- c) One page fact sheets targeted to different audiences
- d) Briefing notes
- e) Community View Collaboration posting
- f) Social media
- d) Presentation of findings in workshop format

Are there any other presentation methods you would like us to use?

6) Would you like to be more involved in the development of this report? If yes, please tell us in what ways and contact us below.

Please return completed questionnaire by September 16<sup>th</sup> to:

[amanda.clarke@saskatoonhealthregion.ca](mailto:amanda.clarke@saskatoonhealthregion.ca)

Public Health Observatory, Public Health Services, Saskatoon Health Region

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<sup>3</sup> Child is defined as 0-6years old

## Appendix D - Questionnaire 2

**Public Health Services, Saskatoon Health Region and the Saskatoon Population Health Evaluation and Research Unit are working in partnership to develop an Early Childhood Health Status report for the Saskatoon Health Region. This Report will include analysis of select health status indicators, a review of promising and best practices, a scan of existing programs and services offered in Saskatoon Health Region and recommendations from the Chief Medical Health Officer with the goal of improving overall health and well-being of children 0-6years.**

We are currently in the consultation phase of the report's development and are seeking your input on key priorities in early childhood health. Have your say by completing this brief survey.

1. In what ways does this age group (children 0-6 years of age) affect you personally?
2. What are the primary early child health issues which you would like the report to address?
3. What gaps do you believe exist to provide program and service delivery to this age group?
4. What opportunities exist to deliver programs and services to this age group?
5. Do you have a good news story you would like to share with us? Please explain.
6. We are planning to use a variety of presentation methods once the report is complete. Which mechanisms do you think work best (presentation, one page summary, video etc)?
7. Would you like to be more involved in the development of this report? If yes, please provide your contact information.

For more information, please contact:  
Amanda Clarke, Public Health Observatory, Public Health Services,  
Saskatoon Health Region  
Phone: 306-655-4484  
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## APPENDIX E – Meeting Agenda

The Public Health Observatory, Public Health Services, Saskatoon Health Region and the Saskatchewan Population Health and Evaluation Research Unit invite you to

### AN OPPORTUNITY TO INFORM REPORT RECOMMENDATIONS: EARLY CHILD HEALTH AND DEVELOPMENT

Thursday, March 8, 2012  
11:30am-4:00pm  
Western Development Museum

- |             |  |
|-------------|--|
| 11:15-11:30 | <b>Arrival and sign in</b>   |
| 11:30-12:00 | <b>Introductions and Purpose of the Afternoon</b><br>Cristina Ugolini, Manager, Public Health Observatory<br>Dr. Opondo, Medical Health Officer<br>Karen Conway, Event Facilitator   |
| 12:00-12:30 | LUNCH  |
| 12:30-1:30  | <b>Overview of Key Report Findings</b><br>Dr. Nazeem Muhajarine, SPHERU<br>Public Health Observatory staff<br>Open for Questions   |
| 1:30-3:00   | <b>Group Discussions</b><br>Choose a Chapter (with up to 3 rotations)<br><i>How surprising is this information to you?</i><br><i>Imagine it's 2020 and this data has changed significantly for the better....what did it take to achieve this outcome?</i> |
| 3:00-3:50   | <b>Walk Around</b><br>Identify 3-5 priority issues and recommendations<br>Facilitators will summarize group discussions<br>Open for Questions  |
| 3:50-4:00   | <b>Thank you and wrap up</b><br>Complete evaluation  |

*"The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born."*