

Public Health is for All of Us



*Population and
Public Health*

EARLY YEARS HEALTH AND DEVELOPMENT STRATEGY: 2013-2016



Why focus on Early Childhood?

The early years of life (age 0-6) are critical periods for children's development, and the quality of interactions between genes and environment profoundly affects children's later success in school, work and social life. Furthermore, investments targeting children living in socially deprived circumstances are powerful equalizers, and the gains experienced by these children promote population health equity. Many government ministries, non-governmental agencies and community organizations have mandates to care for and support children and families. Within this context, several conditions set the stage for the development of an Early Years Health and Development Strategy (EYHDS) for Population and Public Health (PPH).

What is happening in early childhood?

Provincially

- > The Government of Saskatchewan established the Cabinet Committee on Children and Youth in December 2010 in response to the Child Welfare Review Panel's final report. The 2011-12 provincial budget committed \$34 million to address complex issues facing children, youth and families through a new, cross-government **Saskatchewan Children and Youth Agenda** (renamed the **Child and Family Agenda** in 2013).
- > Saskatchewan's health care system is undergoing substantial transformation using the **LEAN** model for continuous quality improvement. As a measure of better population health, the Government announced new targets for reduction of childhood obesity by 5% by 2022. Data for baseline measurement and monitoring is being collected in SHR Child Health Clinics.

Regionally

- > Within Population and Public Health (PPH), the **Strategic and Operational Plan: 2013-15** has as a goal to fully implement and begin evaluation of an Early Years Health and Development Strategy (EYHDS) by 2015.
- > Regional surveillance findings:
 - The infant mortality rate is considered the single most comprehensive measure of health and wellbeing of a nation, a province or a region. The 2012 Medical Health Officer's **Reducing Infant Mortality in Saskatoon Health Region** report examined the Region's decreasing infant mortality rate and found persistent differences in the rates between populations. The report called for improved service integration and coordination between Saskatoon Health Region, the Children's Hospital of Saskatchewan and community services to improve health equity.
 - The SHR Chief Medical Health Officer's 2012 report on the health status and development of young children, **Healthy Children, Healthy Families, Healthy Communities**, found that most children ages 0 to 6 in Saskatoon Health Region are healthy and resilient, but based on Early Development Instrument (EDI) scores, 30% of kindergarteners are "not ready for school." The report directed its recommendations to SHR, the Saskatoon Regional Intersectoral Committee (SRIC) and province, calling for an intersectoral focus on prevention, health promotion and reduced health inequities as a strategic investment for the early years. Specific to SHR, the report called for greater family-centred, accessible and integrated services, with key support for First Nations and Métis health.
- > Planning and operating the new **Children's Hospital of Saskatchewan** remains an organizational priority for the Health Region since named as its site in 2007. The **Maternal Child Health Services** value stream established in 2012 encompasses the full continuum of care from community to hospital to home.
- > Population and Public Health resources:
 - Increasing child immunization rates was a quality improvement target for PPH and SHR LEAN Hoshins in 2012-13. By reallocating public health resources, the "**Done by 2**" initiatives successfully increased 2-year-old Measles, Mumps and Rubella (MMR) immunization rates from 73% to 81% while closing the health equity gap between low- and high-income neighbourhoods. The EYHDS presents another quality improvement opportunity to improve population health outcomes without investment of

additional human or financial resources. Established in 2012, the PPH **EYHDS Project Team** used a “focus and finish” approach, consulted staff and parents, and tested ideas for change in practice using Plan Do Study Act cycles to develop 24 recommendations on which the strategy is based.

Locally

- > In 2006, nearly 1 in 4 children under six years of age in SHR lived in low-income families. In the Public Health Observatory's **2008 Health disparity in Saskatoon: Analysis to intervention** report, a survey of 5,000 Saskatoon residents found 84% supported strengthening early intervention programs, including reducing poverty and ensuring food and housing security for children.
- > The SRIC identified Early Childhood Development as a new area of focus in 2011. The SRIC commissioned an issue paper describing community needs in 2012 and hosted a forum in 2013 to engage stakeholders in developing an ECD action plan for the Saskatoon region. A sub-committee on the early years has been struck and parenting supports, mental health and childcare spaces are identified as key priorities.

The Early Years Health and Development Strategy in Population and Public Health - the way forward

The EYHDS builds upon existing programs in PPH that provide services to children and families to ensure the best start in life. The quantity of supports and services available, however, does not necessarily equate to better health and development. The EYHDS aims also to improve the quality of healthy public policies and programs by coordinating efforts intersectorally and within PPH across Healthy Families, Health Promotion, Disease Control and the Public Health Observatory for improved health outcomes for children and families. Furthermore, the EYHDS will promote population health by investing in early child health and ensuring that the services provided by PPH are equitable.

A goal of 82% of children ready to learn by 2018 has been set. The Early Years Health and Development Strategy aims to make this happen.

Vision

Healthiest People, Healthiest Communities, Exceptional Service

Mission

We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

Values

Respect, Compassion, Excellence, Stewardship, Collaboration

Promise

Every moment is an opportunity to create a positive experience in the way we treat and care for people, in how we work and interact with each other, and in how we deliver quality service.

We promise to seize every opportunity.

Early Years Health and Development Strategy: Pillars, Goals & Objectives 2013 - 2016

The 2012 report of the Chief Medical Health Officer on the health status and development of young children (*Healthy families + healthy communities = healthy children*) found that 30% of Saskatoon Health Region children were not ready to learn by the time they reached kindergarten¹. Given that early child development is foundational for a lifetime of health and well-being and that Population and Public Health services play a key role in early development, this Early Years Health and Development Strategy (EYHDS) has been developed. The EYHDS promotes population health by focussing on early child health and ensuring that the services provided by PPH are equitable. The EYHDS was informed by an earlier project team report² and encompasses four key pillars with a series of goals and objectives underneath each pillar. More detail is available within each lead department indicated in terms of activities already underway or planned. Actions in each of these key areas will help to improve the number of children that are ready to learn by kindergarten in our communities.

1. Establish strategic targets and monitor progress

Goal: Establish strategic targets

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Identify cascading aims and measures for EYHDS.	PHO	Year 1

Goal: Monitor progress on the early years

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Develop system for ongoing measuring and monitoring to adjust strategy based on data.	PHO	Year 1
Work from existing data available (IHBQ, EDI, BMI, exclusive breastfeeding) to drive/support early years strategy.	PHO and HF	Year 1

2. Promote intersectoral action for healthy public policies

Goal: Partner intersectorally to secure increased investments in early years

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Advocate provincially for a substantial investment in early years.	CMHO (PHO, HF, HP)	Year 1
Partner with business leaders for investment in early years.	CMHO (HP)	Year 1

continued . . .

Early Years Health and Development Strategy: Pillars, Goals & Objectives 2013 - 2016

Advocate and promote universal access to high quality affordable childcare.	CMHO (PHO, HF, HP)	Year 2
Support expansion of fully-funded pre K programs.	CMHO	Year 2
Agitate for recognition that poverty and social inequity cause poor outcomes for children.	PHO and HP	Year 2

3. Improve access to early childhood services

Goal: Together with intersectoral partners, provide comprehensive services and/or co-locate services

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Support neighbourhood seamless integrated community centres.	HP and HF	Year 1
Work with municipalities to improve local neighbourhood recreational resources for families.	HP	Year 2

Goal: Provide continuity of early childhood services

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Explore role of a family navigator.	HP	Year 1
Develop a circle of care approach to consent and information sharing in SHR. "Need to know".	OOD (CMHO)	Year 1

Goal: Reduce barriers to early childhood service within PPH

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Explore self-directed CHCs.	HF	Year 1
Explore alternative approaches to immunization.	DC	Year 1
Decrease wait times in PPH childhood screening programs and identify gaps and alternate early interventions.	HF	Year 2

continued ...



Early Years Health and Development Strategy: Pillars, Goals & Objectives 2013 - 2016

Goal: Increase awareness of PPH early years service

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Work with industry and others to improve immigration transitions.	OOD (HF, DC)	Year 1

4. Protect health and prevent illness in early childhood

Goal: Support families in parenting that is culturally sensitive, flexible and accessible

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Provide parenting interventions to promote authoritative parenting style.	HF	Year 2
Collaborate with community partners to improve supports for parents and families.	HF (PHO)	Year 1

Goal: Significantly reduce rates of oral decay in young children

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Support families to access and use fluoride varnish clinics.	HF	Year 1
Improve oral health of moms and their children in SHR programs and build referral base.	HF	Year 2
Improve access to dental treatment by establishing dental home.	HF	Year 1

Goal: Identify and invest in supports that contribute to higher rates of breastfeeding

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Understand what the prevalence of exclusive breastfeeding is at 2, 4, 6 and 12 months of age in SHR.	HF (HP)	Year 1
Increase access and visibility of breastfeeding as a normal supported activity for mothers and babies.	HF (HP)	Year 1

continued . . .

Early Years Health and Development Strategy: Pillars, Goals & Objectives 2013 - 2016

Goal: Support parent and child mental health

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Measure and monitor maternal mental health.	HF and PHO (HP)	Year 2
Expand mental health capacity for children in rural SHR.	HF	Year 2
Explore feasibility to implement a comprehensive health and development assessment for 12 to 24 month olds.	HF (PHO)	Year 1
Offer interventions to targeted groups and families identified by developmental screening.	HF	Year 2

Goal: Reduce transmission of infectious disease in early childhood population

Objectives	Lead and (support) PPH departments	Timeline for action to start*
Strive to achieve zero prenatal HIV transmission between mother and child.	PLP	Year 1
Prevent infection and transmission of tuberculosis in early years.	TB	Year 2

* Each objective to be completed at the latest by March 2016.

Year 1: 2013/14 Year 2: 2014/15 Year 3: 2015/16

Glossary

CMHO: Chief Medical Health Officer

DC: Disease Control

HF: Healthy Families

HP: Healthy Promotion

OOD: Office of the Director

PHO: Public Health Observatory

PLP: Positive Living Program

TB: Tuberculosis Control

References

- Neudorf C., Muhajarine N., Marko J., Murphy L., Macqueen Smith F., Clarke A., Ugolini C., Wu J. (2012). *Healthy children, health families, healthy communities: A report of the Chief Medical Health Officer on the health status and development of young children in Saskatoon Health Region.*
- Genaille A., Laberge-Lalonde J., Rozon D., Wheeler C., Wojcichowsky D., Smilie M. (2012). *Report and recommendations from the Early Years Health and Development Planning Team.* Saskatoon: Population and Public Health, Saskatoon Health Region.





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FOR MORE INFORMATION: (306) 655-4620

A faded, grayscale background image showing a young child with dark hair leaning over a table, looking at something. To the right, a woman with long dark hair is looking towards the child. The image is semi-transparent, allowing the text and logo to be overlaid.

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