



# Healthy Child Manitoba

## 2012 Report on Manitoba's Children and Youth – Executive Summary





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# A Message from Manitoba's Healthy Child Committee of Cabinet (HCCC) December 2012

Five years ago, in December 2007, the Legislative Assembly of Manitoba proclaimed its longtime commitment to children and youth in *The Healthy Child Manitoba Act*. This statute enshrined our province's long-term, whole-of-government partnership with communities to improve outcomes from pre-birth to adulthood through prevention and early intervention, the Healthy Child Manitoba (HCM) Strategy.

This inaugural Report on the status of Manitoba's children and youth, with respect to the HCM Strategy, fulfills a major public reporting commitment in *The Healthy Child Manitoba Act*. The Report provides the beginnings of an ongoing story and, we hope, an ongoing public dialogue about what matters most to Manitobans: How are Manitoba's children and youth doing?

*The Healthy Child Manitoba Act* sets out four goals for the strategy: that to their fullest potential, all of Manitoba's children and youth will be physically and emotionally healthy, safe and secure, successful at learning, and socially engaged and responsible (prenatal-18 years). The Report is organized by these four goals, with chapters "growing up" from prenatal, early childhood, middle childhood, to adolescence.

We have gone beyond the legislative requirement and also commissioned an independent companion report with additional statistics and trends, prepared by the Manitoba Centre for Health Policy (MCHP).

The MCHP report was called “How Are Manitoba’s Children Doing?” and released two months ago. In the MCHP report and in the Report we share a great deal of emerging data, but we must always remember that every statistic represents a real story about a Manitoban: a pregnant mom, a toddler, a teenager, a family, a community.

As with every comprehensive report, this one and the MCHP report jointly tell a story with both successes and challenges, areas to celebrate and areas to keep working on. We are proud of more than a decade of dedication to children and youth in Manitoba. And we know there is more work to do together.

*The Healthy Child Manitoba Act* commits our province to report every five years on how our young people are doing. The Report and the MCHP report can serve as milestones for measuring future progress.

We invite you to read these reports and, more importantly, talk about them and act on them, with other Manitobans, other friends, family, neighbours, and colleagues. And tell us what you think and how much it matters to you. The future of every one of us depends on what we do collectively for our youngest citizens now. Safe communities, economic prosperity, stewardship of our environment, peace, belonging, identity, and mutual respect, all grow from nurturing environments, right from the start. And our children’s futures will be shaped, for better or worse, by our choices today. Will they be healthy, safe, lifelong learners, responsible to themselves and others? All of this is up to all of us.

Our fervent hope is that we will all continue to choose to be champions for all our children. They do not vote (yet) but we can vote for them and be devoted to them, in our daily lives and in the decisions we make in our homes, in our communities, in our Legislature. As adults, together with our youth, we can create better places and spaces, opportunities and experiences, for our children to flourish. We can learn from data about how they are doing, so that they do better, live better, be better. And in doing so, all of our lives will be better for it.

Thank you for your commitment to the children and youth of Manitoba.

Honourable Kevin Chief  
Chair, Healthy Child Committee of Cabinet (HCCC)  
Minister of Children and Youth Opportunities and  
Minister responsible for *The Healthy Child  
Manitoba Act*

Honourable Eric Robinson  
Minister of Aboriginal and Northern Affairs  
and Deputy Premier

Honourable Flor Marcelino  
Minister of Culture, Heritage and Tourism

Honourable Nancy Allan  
Minister of Education

Honourable Jennifer Howard  
Minister of Family Services and Labour,  
Minister responsible for the Status of Women, and  
Minister responsible for Persons with Disabilities

Honourable Theresa Oswald  
Minister of Health and Past Chair of HCCC

Honourable Jim Rondeau  
Minister of Healthy Living, Seniors and  
Consumer Affairs and Past Chair of HCCC

Honourable Kerri Irvin-Ross  
Minister of Housing and Community  
Development and Past Chair of HCCC

Honourable Christine Melnick  
Minister of Immigration and Multiculturalism

Honourable Andrew Swan  
Attorney General and Minister of Justice



# Executive Summary

How are Manitoba's children and youth doing? This is the first Report on Manitoba's children and youth, as legislated by *The Healthy Child Manitoba Act*. It was prepared by the Healthy Child Manitoba Office and the partner departments of the Healthy Child Committee of Cabinet, Government of Manitoba. The Report's objective is to describe Manitoba's children and youth in terms of four outcome goals:

- physical and emotional health
- safety and security
- learning success
- social engagement and responsibility

The Report discusses these outcomes from before birth (prenatal) to age 19 years. It is organized by four stages of child development, each comprising a chapter of the Report. These stages include:

- the prenatal period
- early childhood (birth to age 5 years)
- middle childhood (ages 6 to 12 years), and
- adolescence (ages 13 to 19 years)

## How should I use this Report?

- The information in this Report is descriptive. In other words, it provides information and statistics about the "who, what, where, and when" of the health and well-being of Manitoba's children and youth in each the four stages of child development. It also describes "why" this information is important for all Manitobans to read about, discuss, and act on.
- The information in this Report includes trends over time, and can also be used as a benchmark to look at further changes over time.

## What were the main findings of this Report?

This Report documents significant improvements in child and youth outcomes in Manitoba:

- At the prenatal stage, improvements include less maternal smoking during pregnancy, more mothers (with newborns) having a high school education, and more pregnant mothers accessing prenatal care before the sixth month of pregnancy. Teen pregnancies have also declined steadily.
- At the early childhood stage, rates of high birth weight, large-for-gestational age, and infant mortality have declined. Breastfeeding rates have increased and are higher than the Canadian rates. Hospitalization rates for unintentional injury have decreased. Language and Thinking Skills (as measured in Kindergarten by the Early Development Instrument) have improved significantly. More parents are reading to their child daily. There has been an increase in the percentage of children with access to a regulated child care space, and the total number of spaces has increased.
- At the middle childhood stage, injury hospitalization rates have decreased. There have been increases in the percentages of Aboriginal children that speak or understand an Aboriginal language, participate in cultural activities, and participate in clubs or groups.
- At the adolescence stage, rates of smoking and binge drinking have decreased. Injury hospitalization rates have also decreased. The percentage of First Nations youth with a strong sense of mastery has increased. Grade 7 student engagement is increasing, and the percentage of students that pass the Grade 12 mathematics standards test on time has increased significantly. The high school graduation rate continues to trend upward, and the percentage of high school graduates who enter post-secondary education has increased. Violent criminal code violations have decreased slightly (although the severity index has increased), and there has been a large decline in property crime violations and in the severity of non-violent crime.

In other cases, there are some challenges for Manitoba:

- At the prenatal stage, there has been an increase in the percentage of mothers (with newborns) reporting depression or anxiety, and mothers drinking alcohol during pregnancy remains a concern.
- At the early childhood stage, rates of low birth weight and small-for-gestational age have increased, but remain significantly lower than the Canadian rates. Pediatric dental extractions have increased, and the percentage of children with high scores on physical aggression and indirect aggression has increased. Families with young children (under 6) have the highest prevalence of food insecurity in Manitoba.
- At the adolescence stage, diagnosed rates of both diabetes and attention deficit-hyperactivity disorder (ADHD) have increased significantly. In the 2009 Programme for International Student Assessment (PISA), Manitoba's scores in reading, mathematics, and science decreased from previous assessments. High and increasing rates of incarceration for Aboriginal youth remain an area of concern.
- At all stages, children from vulnerable populations, particularly Aboriginal children and children in low income families, are more likely to experience poor outcomes.

## What data sources and measures were used for this Report?

A variety of data sources were used to prepare this Report. These include large national surveys, such as the Canadian Community Health Survey (CCHS), the General Social Survey (GSS), the National Longitudinal Survey of Children and Youth (NLSCY) and Survey of Young Canadians (SYC), the Aboriginal Children's Survey (ACS), and the Aboriginal Peoples Survey (APS), all of which were provided by Statistics Canada. Other sources include Manitoba's Youth Health Survey (YHS), the First Nations Regional Health Survey (RHS), census and administrative data from Statistics Canada, as well as provincial data from various government departments and offices, including the Healthy Child Manitoba Office, Manitoba Education, Manitoba Family Services and Labour, and Manitoba Health. This report also cross-references a companion report prepared by the Manitoba Centre for Health Policy (MCHP), called "How Are Manitoba's Children Doing?" The MCHP report supports and adds value to this Report, with a particular focus on socioeconomic inequalities in health.

This Report documents a variety of measures of child and youth outcomes in Manitoba. In some cases, a measure represents a snapshot at a specific point in time (e.g., a specific year), and in other cases, we present a measure over a period of time, to show changes in the measure over several years. Wherever possible, we present data over a 10-year period to show trends in measures that may be going up, going down, or remaining mostly the same. In addition, wherever possible, we show or discuss Manitoba's data by broad region, and in comparison to Canada. We also present data for specific groups, based on sex and age, as well as data on Aboriginal or Francophone children and youth, when such detailed data is available. For information on differences based on income, we invite the reader to review the MCHP report, "How Are Manitoba's Children Doing?", which showed that almost all measures of child and youth outcomes showed some inequity, with those living in the lowest income areas of the province having the poorest outcomes.



There are several areas where our information could benefit from improvements in data quality and data availability. For example, in some cases data are only available for Canada, because the sample in Manitoba is too small to be statistically reliable. In other cases, data from the most recent national Census were not yet publicly available. It is also evident that better quality information on some specific groups, such as newcomers, is necessary in order to better describe child and youth outcomes among the diverse social, cultural and ethnic groups in Manitoba.



## Conclusion

Children's opportunities for physical and emotional health, safety and security, success at learning, and social engagement and responsibility are largely determined by their early development. A large and growing body of evidence has led to the indisputable conclusion that the early years, beginning in the prenatal period, have a significant impact on brain development and child outcomes, as well as children's chances of success later in life. Early adversity can have lifelong implications for children, while high-quality, positive family and community environments can stimulate healthy child development and promote long-term well-being. Protecting and improving children's health and well-being enhances their abilities to contribute in positive and meaningful ways, both as children and eventually as adults. This evidence provides a strong basis for investing early in life, and suggests that early investments are a driver of economic growth and productivity.

Healthy early childhood development sets the foundation for positive development and behaviour during middle childhood and adolescence. The physical, emotional, and social changes that occur during middle childhood and adolescence are dramatic. Prevention, early intervention, and supports for children and youth during these stages of development can make a significant contribution to the young people they are today, and the adults they will become in the future as they grow up in Manitoba.

Improving the health and well-being of Manitoba's children and youth is "the shared opportunity and responsibility of all Manitobans." It is hoped that this Report will inspire continued dialogue and accelerate efforts to improve the health and well-being of Manitoba's children and youth, their families and communities.





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