

## MINISTER OF HEALTHY LIVING, YOUTH AND SENIORS

Room 310 Legislative Building Winnipeg, Manitoba, Canada R3C 0V8

His Honour the Honourable Philip S. Lee, C.M., O.M. Lieutenant Governor of Manitoba Room 235, Legislative Building Winnipeg, MB R3C 0V8

May It Please Your Honour:

Manitoba Healthy Living, Youth and Seniors was formed in response to public need and government responsibility to ensure that all Manitobans have the information and supports to pursue healthy lifestyles. This report details many accomplishments achieved in this regard, both prior to and following the creation of the new department in November 2009.

I am pleased to present the Annual Report for the Department of Healthy Living, Youth and Seniors for the fiscal year ending March 31, 2011.

Respectfully submitted,

"Original signed by Jim Rondeau"

Jim Rondeau





Deputy Minister of Healthy Living, Youth and Seniors 3<sup>rd</sup> floor – 332 Bannatyne Avenue Winnipeg, Manitoba Canada R3A 0E2 www.manitoba.ca

Honourable Jim Rondeau Minister of Healthy Living, Youth and Seniors 310-450 Broadway Winnipeg, MB R3C 0V8

Dear Minister:

I am pleased to present the Annual Report of Healthy Living, Youth and Seniors for the fiscal year 2010/11 which details the department's many accomplishments.

Some of the highlights of our Department's achievements last year include:

- Advancing healthy living by launching the Healthy Foods Action Fund, along with the Healthy Food/Healthy Kids Fund which included partnering with Peak of the Market and the Manitoba Association of Home Economists to run a Farm2School Healthy Choices school fundraiser in 66 schools across the province and selling 120,000 lbs of Manitoba vegetables; continuing to further expand the Manitoba in motion physical activity strategy by registering more than 100 new workplaces, schools and communities; conducting an evaluation of Manitoba's Healthy Schools Initiative to guide future development of comprehensive school heath in Manitoba; supporting the development, implementation and delivery of the Transgender Health Program at Klinic Community Health Centre; and facilitating outreach and engagement with immigrant communities related to healthy living initiatives.
- Strengthening the recreation delivery system at the community, regional, and provincial levels
  through consultation and access to resources in partnership with branches and agencies of HLYS,
  other provincial government departments, federal government departments, and community
  organizations.
- Supporting youth by providing Manitoba students and youth with access to employment
  programming, mentorships, career and skill development support and volunteer, citizenship, and
  leadership initiatives. Through MB4Youth, students and youth, including at-risk and low-income
  youth, receive career-related work opportunities, gain employability and essential skills, are engaged
  in citizenship and leadership activities and develop their self-confidence.
- Supporting tobacco cessation initiatives by enhancing the enforcement of the Non-Smokers Health Protection Act; expanding the Students Working Against Tobacco (SWAT) program in Manitoba schools; supporting the Manitoba Tobacco Reduction Alliance (MANTRA) to undertake a pilot project to support smoking cessation among vulnerable populations; and continuing to provide the Review & Rate program to all Manitoba schools for a seventh consecutive year involving 21,700 students from 313 schools.
- Enhancing addiction services by securing funding through Health Canada's Drug Treatment
  Funding Program to expand youth treatment services and to integrate change systemically through
  centralized access, performance measurement and knowledge exchange; leading a working group
  comprised of addictions stakeholders and department representatives to address policy and protocol
  for special populations; and expanding residential treatment beds and community-based services in
  Manitoba.



• Enhancing services to seniors by providing leadership to the Age Friendly Manitoba Initiative; partnering with Klinic Community Health Action Centre and Age & Opportunity to develop and launch a 24 hour, 7 days a week Senior Abuse Support Line; supporting the expansion of the Safety Aid program into all areas of Manitoba; and developing a new partnership with Ma MaWi Wi Chi Itata Centre to address age-friendly priority areas for seniors in North Winnipeg with a focus on providing free programming to low-income and Aboriginal seniors.

It is my privilege to present this report as a summary of the valuable work the staff of the department, in collaboration with our many partners, have contributed to in 2010/11.

Respectfully submitted,

"Original signed by Jan Sanderson"

Jan Sanderson Deputy Minister of Healthy Living, Youth and Seniors







Bureau de la sous-ministre de la Vie saine, de la Jeunesse et des Aînés 332, avenue Bannatyne, 3<sup>e</sup> étage Winnipeg (Manitoba) R3A 0E2 www.manitoba.ca

Monsieur Jim Rondeau Ministre de la Vie saine, de la Jeunesse et des Aînés 450, Broadway, bureau 310 Winnipeg (Manitoba) R3C 0V8

Monsieur le Ministre,

J'ai le plaisir de vous présenter le Rapport annuel 2010-2011 de Vie saine, Jeunesse et Aînés Manitoba, qui décrit en détail les nombreuses réalisations du ministère.

Parmi les réalisations de notre ministère au cours de l'exercice passé, citons les suivantes :

- Les progrès accomplis dans le domaine de la vie saine, grâce au lancement du Fonds d'action pour une alimentation saine, ainsi que du Fonds aliments sains, enfants en santé, qui comprenait un partenariat avec Peak of the Market et la Manitoba Association of Home Economists pour mener une collecte de fonds Choix santé de la ferme à l'école dans 66 écoles de la province et vendre 54,4 tonnes (120 000 livres) de légumes produits au Manitoba; grâce à l'expansion continue de la stratégie d'activité physique du Manitoba en mouvement avec l'inscription de plus de 100 nouveaux lieux de travail, écoles et collectivités; grâce à l'évaluation de l'initiative manitobain Écoles en santé afin d'orienter le développement de l'approche globale en matière de santé en milieu scolaire au Manitoba; grâce à l'appui de l'élaboration, de la mise en œuvre et de la prestation du Transgender Health Program du Klinic Community Health Centre; et grâce à la promotion des initiatives en faveur de la vie saine auprès des communautés d'immigrants afin de faciliter leur participation à celles-ci.
- Le renforcement du réseau de services de loisirs aux niveaux communautaire, régional et provincial grâce à des services de consultation et d'accès aux ressources en partenariat avec des directions et des organismes du ministère de la Vie saine, de la Jeunesse et des Aînés, d'autres ministères des gouvernements provincial et fédéral, et des organismes communautaires.
- Le soutien à la jeunesse en proposant aux élèves et aux jeunes du Manitoba des programmes d'emploi, du mentorat, un appui à l'acquisition de compétences et au développement professionnel, et des initiatives destinées à favoriser le bénévolat, la citoyenneté et le leadership. Grâce à la Division Jeunesse Manitoba, les élèves et les jeunes, y compris ceux à risque ou à faible revenu, ont la possibilité d'acquérir une expérience de travail liée à leur choix de carrière ainsi que des compétences essentielles et des compétences améliorant l'employabilité, de participer à des activités dans les domaines de la citoyenneté et du leadership, et de développer une meilleure confiance en soi.
- L'appui des initiatives de renoncement au tabac grâce à une application plus stricte de la Loi sur la protection de la santé des non-fumeurs; grâce à l'élargissement du programme Students Working Against Tobacco (SWAT) dans les écoles du Manitoba; grâce au soutien de la Manitoba Tobacco Reduction Alliance (ManTRA) afin de lancer un projet pilote de renoncement au tabac parmi les populations vulnérables; et grâce à la poursuite du programme Évaluer et classer dans toutes les écoles du Manitoba pour la septième année consécutive, avec la participation de 21 700 élèves venant de 313 écoles.



- L'amélioration des services de lutte contre les dépendances en obtenant du financement dans le cadre du Programme de soutien au financement du traitement de la toxicomanie de Santé Canada afin d'élargir les services de traitement pour les jeunes et d'intégrer un changement systémique au moyen d'un accès centralisé, de mesures de la performance et d'un échange de connaissances; en dirigeant un groupe de travail composé d'intervenants du domaine des dépendances et de représentants ministériels afin de cerner les services en matière de politique et de protocole pour des populations particulières; et en augmentant le nombre de places pour le traitement en résidence et de services communautaires au Manitoba.
- L'amélioration des services aux aînés en jouant un rôle de chef de file dans l'Initiative du Manitoba, province amie des aînés; en créant un partenariat avec le Klinic Community Health Centre et Age and Opportunity afin de mettre en place et de lancer une ligne téléphonique pour les personnes âgées victimes de mauvais traitements ouverte 24 h sur 24, sept jours sur sept; en appuyant l'élargissement du programme SécurAide à toutes les régions du Manitoba; et en créant un partenariat avec le Ma Mawi-wi-chi-itata Centre afin de se pencher sur les domaines prioritaires amis des aînés dans le nord de Winnipeg, en mettant l'accent sur l'offre de programmes gratuits pour les aînés autochtones et à faible revenu.

C'est pour moi un privilège de vous remettre ce rapport qui résume le travail fructueux que le personnel du ministère, en collaboration avec nos nombreux partenaires, a accompli au cours de l'exercice 2010-2011.

Le tout respectueusement soumis,

La sous-ministre de la Vie saine, de la Jeunesse et des Aînés

« Original signé par Jan Sanderson »

Jan Sanderson





## **Table of Contents**

Pretace/introduction	
Role and Mission	
Organizational Chart	2
Statutory Responsibilities	3
Executive Support	4
Administration and Finance Division	
Financial and Administrative Services	5
Human Resource Services	5
Sustainable Development	6
Healthy Living and Populations	7
Recreation and Regional Services	9
Tobacco Control and Cessation	11
Addictions Management Unit	13
Seniors and Healthy Aging Secretariat	16
Manitoba Council on Aging	18
MB4Youth	19
Boards and Agencies	22
Financial Information	
Reconciliation Statement	23
Expenditure Summary	24
Revenue Summary	27
Historical Information	28
Performance Reporting	29
The Public Interest Disclosure (Whistleblower Protection) Act	32

#### Preface/Introduction

#### **Report Structure**

The Annual Report is organized in accordance with the appropriation structure for Manitoba Healthy Living, Youth and Seniors (HLYS) as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2011. The report includes information at the main and sub-appropriation levels relating to the Department's objectives and actual results achieved. Financial performance information is provided with expenditure and revenue variance explanations, and a five-year adjusted historical table of staffing and expenditures.

#### **Role and Mission**

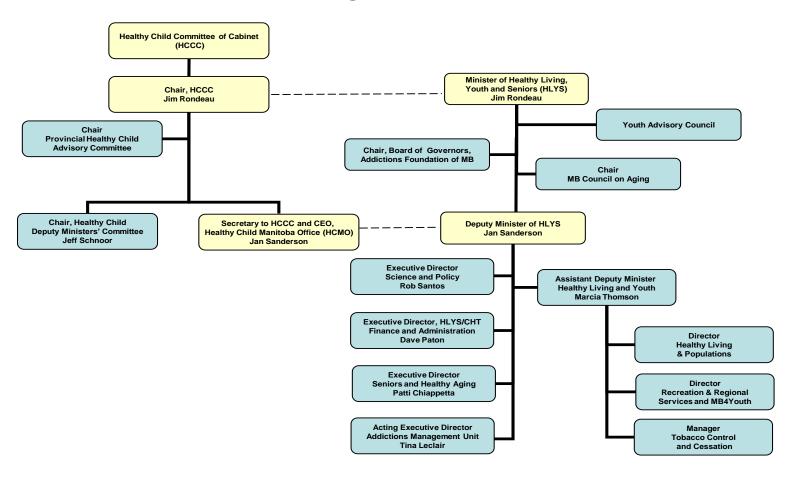
The department works to create healthy living opportunities that are meaningful to every Manitoban, of every age, in every community. Healthy Living, Youth and Seniors focuses on the promotion of policies and programs within the department and across government, as well as in the community, which contribute to the health and wellness of Manitobans to create supportive environments that make healthy choices easier and more accessible.

The overall responsibilities of the Minister and the department include:

- Promoting public awareness of, and commitment to, promotion, prevention, and early intervention
  activities to encourage: active living, healthy eating, healthy sexuality, injury prevention, healthy
  child development, and chronic disease prevention.
- Implementing long-term child-centered public policy within and across departments to support healthy child and adolescent development.
- Providing youth (ages 15-29) with opportunities for career development, employment, training, self-employment, and opportunities to develop citizenship skills and knowledge.
- Creating an environment that promotes health, independence and well-being for all Manitoba seniors.
- Developing and delivering of recreational opportunities, wellness practices, volunteerism, physical activity, and sport opportunities at the community and regional level.
- Implementing initiatives to promote the reduced use of tobacco.
- Implementing a provincial strategic approach to reducing the individual and societal impact of addictions.

The Minister of Healthy Living, Youth and Seniors is also the Chair of the Healthy Child Committee of Cabinet and, as such, leads development and implementation of the Healthy Child Manitoba strategy which works across departments and sectors to facilitate a community development approach for the well-being of Manitoba's children, families and communities. For more information please refer to the 2010/2011 Healthy Child Manitoba Office Annual Report. An on-line version can be found at: <a href="http://www.gov.mb.ca/healthychild/about/annual.html">http://www.gov.mb.ca/healthychild/about/annual.html</a>

# Manitoba Healthy Living, Youth and Seniors (HLYS) and Healthy Child Committee of Cabinet (HCCC) Organizational Chart – 2010/11



### **Statutory Responsibilities**

The department operates under the authority of the following Acts of the Consolidated Statutes of Manitoba:

The Addictions Foundation Act

The Fitness and Amateur Sport Act

The Manitoba Council on Aging Act

The Healthy Child Manitoba Act

The Non-Smokers Health Protection Act

The Occupiers' Liability Act [section 9.1]

The Youth Drug Stabilization (Support for Parents) Act

Manitoba Prenatal Benefit Regulation (M. R. 89/2001) made under The Social Services

Administration Act

### **Executive Support**

#### Minister's Salary

This appropriation provides for the Minister's salary entitlement as a member of Executive Council.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits Other Expenditures	37	1.00	37	-	
Total Sub-Appropriation	37	1.00	37	-	

#### **Executive Support**

Executive Support, consisting of the Minister's and the Deputy Minister's offices, provides leadership, policy direction and operational coordination to support the department and its agencies. The Minister's office provides administrative support to the Minister in the exercise of his executive policy role and service to the constituency. The Deputy Minister advises the Minister and gives direction to the department on the overall management and development of its policies and programs.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	451	8.00	434	17	
Other Expenditures	54		55	(1)	
Total Sub-Appropriation	505	8.00	489	16	

#### **Administration and Finance Division**

#### **Financial and Administrative Services**

Financial and Administrative Services provides financial advice and analytical support for resource allocation decision-making. The approach is to encourage the development of clear linkages between departmental, branch and section priorities and objectives, while maximizing the use of resources. The unit coordinates the preparation of the Department Plan, Budget, Estimates Supplement and Annual Report, including performance reporting, in accordance with Treasury Board guidelines. In addition, the unit supports the preparation and review of submissions and contracts.

Finance and Administrative Services provides central accounting, financial monitoring and reporting, and general operating and administrative support services, monthly expenditure and variance reports, quarterly revenue statements and annual financial statements. The unit also provides management and financial reports that support the delivery of departmental programs and initiatives. The unit is responsible for the processing of the department's payment transactions, including the department's centralized billings, as well as the preparation and approval of accounting adjustments.

In 2010/11, the responsibilities were shared between Healthy Living, Youth and Seniors and Culture, Heritage and Tourism.

#### **Human Resource Services**

The Human Resource Services Branch reports to the Civil Service Commission and is accessed by Healthy Living, Youth and Seniors. The branch assists departmental management in the delivery of programs by providing a comprehensive range of human resource management services including pay and benefits services.

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Expenditures by	Actual 2010/11	FTF	Estimate 2010/11	Variance Over(Under)	Expl.
Sub-Appropriation	\$(000's)	FTE	\$(000's)	\$(000's)	No.
Salaries and Employee Benefits	75	2.00	98	(23)	
Other Expenditures	15		16	(1)	
Total Sub-Appropriation	90	2.00	114	(24)	

#### **Sustainable Development**

The long-term impacts of decisions affecting the economy, environment and social well-being are considered in the daily operations of the department, management decision-making and program planning. Some of the highlights include:

- Each branch of Healthy Living, Youth and Seniors (HLYS) continues to reduce, reuse and recycle
  paper products and staff are encouraged to use duplex printing and photocopying when possible;
- Ongoing Blue Bin recycling program. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers;
- Staff are encouraged to turn off lights and computers in their offices when not in use;
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible;
- Government-wide directives on sustainable development initiatives such as recycling papers and toner cartridges are continually enforced;
- Smoking by staff in government buildings and vehicles is prohibited;
- Through the Trans Canada Trail (Manitoba) project and the Manitoba Recreational Trails Association, the department supports the development of trails across the province, which provides opportunities for sustainable transportation;
- Through their involvement with the delivery of the Manitoba Community Places Program (CPP) the
  department's regional staff provide advice to community organizations and groups, and are a
  significant contributor to implementing Manitoba's Green Building Policy and sustainable
  development goals throughout the province. These staff also advise and guide community
  organizations through the Green building process;
- HLYS promoted staff participation in the Commuter Challenge initiative aimed at encouraging staff to contribute to the efforts against climate change. Staff were encouraged to help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or car pooling.
- Examples of activities designed to reduce gas emissions through physical activity included:
  - The **Manitoba** *in motion* provincial physical activity strategy promotes active transportation, such as walking and cycling, as a way to get daily physical activity. The Healthy Schools Initiative promotes active and safe routes to schools for health and the environment;
  - HLYS provides funding to the Physical Activity Coalition of Manitoba to develop resources and tools that support and promote physical activity through active transportation.
  - After the School Bell Rings is a new project that, in part, promotes active and safe routes to and from school. It is delivered by Recreation Connections Manitoba and Green Action Centre and funded through a bilateral agreement with HLYS and Public Health Agency of Canada.
- HLYS has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities as well as providing a safe and healthy working environment for staff.

#### **Healthy Living and Populations**

Healthy Living and Healthy Populations provides strategic direction, policy development and program planning to improve the well being and health outcomes for all Manitobans. In collaboration with other areas and partners, emphasis is placed on health promotion, prevention and early intervention activities in order to create supportive environments that make healthy choices easier and more accessible.

#### The objectives were:

- Optimize the health status and well being of Manitobans by improving the conditions and supporting behaviours in the settings of everyday life where people live, learn, play and work.
- Advance healthy living through innovation, evidence-based research and evaluation, development of strategic partnerships and re-alignment of resources to enhance personal resiliency and positive mental health, active living, healthy eating, safety, and healthy sexuality.
- Through community and interdepartmental partnerships, reduce health disparities for at risk populations such as women, children, Aboriginal people, persons with disabilities, seniors, immigrant communities and emerging populations.

#### The expected and actual results for 2010/11 included:

- 1. Optimize the health status and well being of Manitobans by improving the conditions and supporting behaviours in the settings of everyday life where people live, learn, play and work.
  - Implemented a Healthy Foods Action Fund to support strategic partnerships and community-based action on food security.
    - o The Healthy Foods Action Fund was launched, along with a Healthy Food/Healthy Kids Fund.
    - Funding was provided to the Nourishing Potential Endowment Fund, established by the Winnipeg Foundation to provide a consistent source of funding to augment child and youth nutrition programs in Winnipeg.
    - In partnership with the Child Nutrition Council of Manitoba, school nourishment programs were enhanced and expanded to ensure children are well nourished and ready to learn.
       Programs include breakfast programs and phase 2 of a vegetable and fruit snack pilot program in 13 schools.
    - In partnership with Peak of the Market, and the Manitoba Association of Home Economists, a Farm2School Healthy Choices school fundraiser pilot program was run in 66 schools. Over 120,000 lbs of Manitoba vegetables were sold, providing schools with a healthy fundraising opportunity congruent with school nutrition policies and promoting consumption of Manitoba produce.
    - Increased funding was provided to the provincial Northern Healthy Foods Initiative, to support community action to improve access and availability of nutritious foods in northern Manitoba.
  - Continued expansion of the Manitoba in motion physical activity strategy in community, school, workplace and home settings to increase physical activity levels of Manitobans.
    - Manitobans in families, schools, workplaces, community groups, or on their own celebrated the fifth anniversary of **Manitoba** in motion on October 6, 2010. Approximately 46,000 participants from across the province got "in motion" by walking 30 minutes and reporting their results.
    - More than 100 new workplaces, schools or communities registered with Manitoba in motion.
       The program awarded 128 grants totaling more than \$207,000 to help communities and workplaces plan and implement ways to increase physical activity among citizens of all ages.
    - An "Active Role Models. Active Kids" social marketing campaign was launched. The campaign encourages parents and caregivers to get more physically active, with and for, their children.

- A survey of *in motion* found that most Manitobans are aware of information on the need to be physically active, are familiar with the *in motion* name, and about 1 in 5 (21%) say that *in motion* influenced their decision to become more physically active. For more information on the survey, the *Final Report, in motion Awareness Survey* can be viewed on the Manitoba Government website <a href="https://www.manitoba.ca/healthyliving/docs/inmotionawarenesssurvey2011.pdf">www.manitoba.ca/healthyliving/docs/inmotionawarenesssurvey2011.pdf</a>
- The province of Manitoba collaborated with other provincial, territorial and federal governments, and with national organizations such as ParticipACTION, to address ways to increase physical activity levels. The program also further developed partnerships with Manitoba organizations including Winnipeg Blue Bombers, Manitoba Moose Hockey Club, Winnipeg Goldeyes Baseball Club and Canadian Tire Jumpstart to further promote physical activity for health benefits.
- Manitoba extended the Children's Fitness Tax Credit to young adults, 16 to 24 years of age starting in 2011. This will help young people develop and maintain life-long physical activity habits.
- Completed a Manitoba trails development inventory, including a Global Positioning System
  Tracking of the entire Trans Canada Trail and a list of features with map coordinates,
  photographs and written descriptions, in order to guide future planning, maintenance and
  marketing.
- Advance healthy living through innovation, evidence-based research, evaluation, development of strategic partnerships and re-alignment of resources that enhances personal resiliency and positive mental health, active living, healthy eating, safety, and healthy sexuality.
  - Supported the Joint Consortium for School Health in the development of a symposium that supports the Coalitions Linking Action & Science for Prevention (CLASP) project.
    - As a member of the Joint Consortium for School Health, the Healthy Schools Initiative supported the planning and delivery of the *National Roundtable on Comprehensive School Health Research into Practice*. The Roundtable engaged leading Canadian researchers, policy makers and practitioners in comprehensive school heath and was an opportunity for dialogue around shared youth health priorities and research.
  - Completed evaluations of the Healthy Buddies™ Pilot Project and the Manitoba Healthy Schools Initiative, as well as a school nutrition survey to guide future development and implementation of comprehensive school health in Manitoba.
    - A short-form report detailing the Healthy Buddies<sup>™</sup> Pilot Project evaluation's key findings is available on the Healthy Schools website at <a href="https://www.manitoba.ca/healthyschools/healthybuddies">www.manitoba.ca/healthyschools/healthybuddies</a>.
    - Key findings from Manitoba Healthy Schools Initiative evaluation were that it has been well received, it has been a significant influence in promoting and establishing healthy school environments and Healthy Schools Community-based Funding and the Healthy Schools Targeted Provincial Campaigns are cornerstones of the Healthy Schools Initiative.
    - Completed a school nutrition survey to measure changes in school food environments since the introduction of school nutrition policies.
- 3. Through community and interdepartmental partnerships, reduce health disparities for at risk populations.
  - Facilitated outreach and engagement with immigrant communities related to healthy living initiatives.
    - Completed a qualitative study to help identify factors associated with healthy living among newcomers and newcomer communities, focusing on mental health, behaviours related to addictive substances and addictions, sexual health, and safety and injury prevention. The information will help guide future healthy living initiatives with immigrant communities.

- Provided funding to support the Sexuality Education Resource Centre's "Our Selves, Our Daughters: Phase 2" program which works with African refugee women and allies in their communities to enhance educational, health and socio-cultural supports for women affected by female genital cutting, and address prevention among daughters.
- Provided funding to support the Strengthening Families program at Mount Carmel Clinic that provides programming, training, and supports for newcomer communities to ensure their overall health and wellness. Strengthening Families provided 50 community education sessions.
- o In partnership with the Public Health Agency of Canada, provided funding and support to the Promoting Physically Active Lifestyles for Winnipeg Immigrant and Refugee Children, Youth and their Families project. This project supports immigrant service and recreational providers in Winnipeg to develop, plan, implement and evaluate community based physical activity programs that address the barriers to physical activity and support active lifestyles for immigrant children, youth and their families.
- Developed and implement assessment/diagnostics and counselling services to provide closer to home care for Manitobans with gender identity disorder.
  - Supported the development, implementation and delivery of the Transgender Health Program at Klinic Community Health Centre. This program provides mental health services, diagnostic and assessment services, coordination of care, and the provision of primary health care services for individuals dealing with gender identity and related issues. The program has been well utilized serving more than 175 clients since opening its doors in 2010.

2(a) Healthy Living and Healthy Populations

Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	994	13.00	1,097	(103)	
Other Expenditures	4,162		4,621	(459)	
External Agencies	1,436		1,616	(180)	
Total Sub-Appropriation	6,592	13.00	7,334	(742)	

#### **Recreation and Regional Services Branch**

Recreation and Regional Services provides funding and consultative services to organizations throughout Manitoba in support of the development of regional and community recreation opportunities.

#### The objectives were:

- Assist communities, community organizations and provincial organizations to plan strategically and respond to community needs and interests.
- Encourage sustainable and improved quality of life for residents in rural and northern communities.
- Strengthen the delivery system that develops and supports recreation, sport and physical activity opportunities at the community, regional and provincial level.
- Provide consultation and support to access resources in partnership with branches and agencies
  of Manitoba Healthy Living, Youth and Seniors, other provincial government departments, federal
  government departments and community organizations.
- To represent Manitoba at the Interprovincial Sport and Recreation Council that works toward national initiatives and joint targets involving recreation, sport and physical activity.

#### The expected and actual results for 2010/11 included:

- 1. Assist communities, community organizations and provincial organizations to plan strategically and respond to community needs and interests.
  - Staff located in regional offices in Norman (The Pas and Thompson), Parkland (Dauphin),
     Westman (Brandon), Central (Morden), Interlake (Gimli), Eastman (Beausejour), and Winnipeg provided consultation and program access to many of Manitoba's 198 incorporated municipalities,
     50 Northern Affairs communities and 63 Manitoba First Nations communities.
  - The branch assisted communities in accessing provincial government resources that meet the specific needs of rural and northern communities through the provision of regional offices as a first point of contact.
- 2. Encourage sustainable and improved quality of life for residents in rural and northern communities.
  - The branch provided consultation that led to the completion of 50 community festival applications through the Community Festivals Support Program; over 335 applications to the Community Places Program in support of rural capital development projects; and over 139 applications to the Arts Development Project Support Program to facilitate rural and remote community arts-related programs. Regional staff continued to work with juried art show committees to provide an outlet for visual artists in rural and northern Manitoba to exhibit their work and receive professional critiques.
- **3.** Strengthen the delivery system that develops and supports recreation, sport and physical activity opportunities at the community, regional and provincial level.
  - The branch provided funding through the Recreation Opportunities Program (ROP) to 53
    recreation commissions, comprised of 133 municipal governments and 26 school
    divisions/districts, for the development of recreation opportunities. Under the ROP Training Fund,
    designed to assist with training costs for recreation directors, community recreation leaders and
    volunteers, 44 recreation commissions accessed funding.
  - The branch provided funding and consultation to provincial/community recreation organizations to support initiatives that encourage increased participation in recreation and physical activity for all Manitobans. Over 1000 children and youth attended summer camps made possible through grants to the Sunshine Fund and Westman Sun Fund totalling \$40.6. In addition, the branch helped over 1,600 students and volunteers from 40 schools in northern and remote Manitoba to experience recreational sport and games through a grant of \$26.5 to the Frontier School Division's Frontier Games. Support to the Winnipeg Boys and Girls Clubs provided 10 community based clubs serving over 4500 children and youth daily through a grant of \$446.7.
  - The branch contributed to the safe operation of community arenas, curling rinks and swimming
    pools by certifying 69 facility operators who successfully completed the department's Recreation
    Facility Operator Courses.
- **4.** Provide consultation and access to resources in partnership with branches and agencies of Manitoba Healthy Living, Youth and Seniors, other provincial government departments, federal government departments and community organizations.
  - The branch worked in partnership with other government departments and agencies including Justice, Education and Training, Labour and Immigration and Recreation Connections to reduce barriers to recreation participation through successful initiatives that include: Youth Recreation Activity Worker Training Program, Everyone Gets to Play, Recreation Opportunities for Children Project, High Five Program, Promoting Physically Active Lifestyles for Newcomer Children, Youth and their Families Project and Joint Use of Community and Schools Facilities.
- **5.** To represent Manitoba at the Interprovincial Sport and Recreation Council that works toward national initiatives and joint targets involving recreation, sport and physical activity.
  - Manitoba provides input into the initiatives discussed and developed through this federalprovincial/territorial mechanism and ensures that they are implemented appropriately across the province.

2(b) Recreation and Regional Services

Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,483	24.00	1,471	12	
Other Expenditures	442		451	(9)	
Provincial Program Support Cost Less: Recoverable from Urban and Rural Economic	1,507		1,498	9	
Development Initiatives	(200)		(200)	<u>-</u>	
Total Sub-Appropriation	3,232	24.00	3,220	12	

#### **Tobacco Control and Cessation**

Tobacco Control and Cessation implements the provincial tobacco control strategy with the goals of preventing youth from starting to smoke, protecting non-smokers from exposure to second-hand smoke, helping smokers quit and denormalizing tobacco use.

#### The objectives were:

Implement evidence-based programs, policies and projects in partnership with stakeholder organizations that:

- Support is provided to Manitobans to reduce tobacco use and prevent youth from starting to smoke through enhanced enforcement of legislation, school based programs and cessation counselling services.
- Enhance collaboration with stakeholders and other sectors that can assist with reducing tobacco use through increased access to supports and services.
- Focus efforts on partnering with organizations working with vulnerable populations who are most at risk for using tobacco to provide cessation training and supports for staff and clients.
- Undertake innovative initiatives that reach the remaining 20% of Manitobans that smoke and reduce the health disparity between smokers and non-smokers.
- Through the Tobacco Damages and Health Care Cost Recovery Act, and in collaboration with other jurisdictions, launch litigation against tobacco product manufacturers to recover health care costs expended as a result of tobacco use.

#### The expected and actual results for 2010/11 included:

- 1. Support is provided to Manitobans to reduce tobacco use and prevent youth from starting to smoke through enhanced enforcement of legislation, school based programs and cessation counseling services.
  - Enhanced enforcement of the Non-Smokers Health Protection Act provisions prohibiting the sale
    of tobacco products to minors and restricting the display, advertising and promotion of tobacco
    and tobacco-related products. Through joint enforcement operations with Health Canada
    focusing on the sale of single cigarettes, 679 compliance checks were conducted, 28 charges
    were laid and 56 warnings were issued.
  - Expansion of the Students Working Against Tobacco (SWAT) program in Manitoba schools. Seventeen SWAT teams have been established with plans for expansion in the north. The 'Train the Trainer' model was initiated to support further expansion enabling youth to take a leadership role in promoting reduced uptake of smoking among their peers.

- Continued provision of the Review & Rate program to all Manitoba schools with grades 6-12. For the seventh year in a row this effective mass-media based education program saw 21,700 students from 313 schools participate.
- Continued provision of the Not on Tobacco (NOT): A Teen Smoking Cessation Program offered in Manitoba schools to equip youth with the information, skills and motivation to quit smoking. Approximately 20% of the students participating in this program quit or cut down on their smoking.
- Continued provision of funding for the Smokers Helpline. A free smoking cessation counselling service available to Manitobans. In 2010/11, 1,100 contacts were made through the Smokers Helpline.
- **2.** Enhance collaboration with stakeholders and other sectors that can assist with reducing tobacco use through increased access to supports and services.
  - The addition of smoking cessation aids to the provincial Drug Formulary reduced the cost barrier to quitting for many and provides greater access to proven smoking cessation aids.
  - Collaborated with Health Canada on implementation of a 1-800 number on cigarette packaging and continued support for the Smokers Helpline in order to handle increased call volumes.
- **3.** Focus efforts on partnering with organizations working with vulnerable populations who are most at risk of using tobacco to provide cessation training and supports for staff and clients.
  - The Manitoba Tobacco Reduction Alliance (MANTRA) was provided with \$140.0 in funding to
    undertake a pilot project to support smoking cessation among vulnerable populations. Four
    agencies working with vulnerable people (Healthy Child Healthy Start for Mom and Me, The
    Addictions Foundation of Manitoba, the Canadian Mental Health Association and the North End
    Wellness Centre) have participated by having staff trained in cessation counselling sessions.
- **4.** Undertake innovative initiatives that reach the remaining 20% of Manitobans that smoke and reduce the health disparity between smokers and non-smokers.
  - Expanded the MANTRA pilot project to include populations served by agencies such as Siloam Mission and the Immigrant and Refugee Community of Manitoba.
  - Engaged the Lung Association of Manitoba to run a 'Quit and Win' contest encouraging Manitobans to quit smoking for a month and be eligible for cash prizes.
- **5.** Through the Tobacco Damages and Health Care Cost Recovery Act, and in collaboration with other jurisdictions, launch litigation against tobacco product manufacturers to recover health care costs expended as a result of tobacco use.
  - Contribute to developments in the area of litigation against tobacco manufacturers to recover health care costs attributable to tobacco use.
  - Ongoing collaboration with other Canadian jurisdictions to enhance and support litigation efforts while controlling costs.

#### 2(c) Tobacco Initiatives

Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	227	3.00	216	11	
Other Expenditures	519		807	(288)	
Total Sub-Appropriation	746	3.00	1,023	(277)	

#### **Addictions Management Unit**

The Addictions Management Unit provides leadership and direction on provincial policy development, planning and advice in the area of problematic substance use. The Unit manages relations with, and deliverables of, addictions agencies funded by the department.

The Addictions Management Unit chairs a network comprised of addictions service providers that represent the full continuum of care. The Addictions Agency Network provides opportunities to share information, collaborate on new initiatives and recommend system changes through a client-centered service provision lens. The Network is comprised of representation from 16 agencies, including the Addictions Foundation of Manitoba. The Addictions Foundation of Manitoba's board of governors is selected by the government, is governed through legislation and submits an annual report that is tabled in the Legislature.

#### The objectives were:

Work collaboratively with addictions programs across the province to:

- Advance the objectives of Manitoba's Five Point Strategy "Breaking the Chains of Addictions."
  - 1. Build a better system.
  - 2. Enhance the continuum of services and increase residential treatment capacity.
  - 3. Improve service access and the ability of clients to receive the right service in the right place at the right time.
  - 4. Build community-based treatment capacity.
  - 5. Develop the provincial research function.
- Collaborate on the development of strategies and policies across a continuum from prevention to tertiary care.
- Provide information, advice and recommendations that support effective planning and decision making.
- Identify emerging issues and best practices related to addictions.
- Develop and support practices that enhance system accountability.

#### The expected and actual results for 2010/11 included:

- 1. Strategies to strengthen collaboration and information sharing across the provincially funded addictions agencies to further develop the addictions system.
  - The Addictions Management Unit continued to work toward shared policy and program outcomes and long term planning with the provincially funded addictions agencies.
  - The Addictions Agency Network (comprised of representatives from each funded agency and the Addictions Management Unit) continued to meet regularly.
  - The Addictions Management Unit led a new working group comprised of addictions agencies and department staff to inform development and implementation of a centralized intake system for provincially funded agencies. The Addictions Management Unit led a working group comprised of addictions stakeholders and department representatives to address policy and protocol for special populations.
  - The Addictions Management Unit made regular site visits to agencies.
- 2. Enhanced the continuum of services and increase residential treatment capacity.
  - The Addictions Management Unit, in partnership with addictions agencies, identified areas to enhance services. As a result new residential treatment beds and community-based expansions have occurred.

- 3. Improved access to addictions services in Manitoba.
  - Through the Addictions Agency Network, agencies have the opportunity to work together, cross refer, exchange knowledge, share materials and resources and provide support. Because agencies are working together, program awareness and service access improved.
  - Planning for further system and service enhancements is underway. Through Health Canada's
    Drug Treatment Funding Program, the department has successfully secured funding to enhance
    youth treatment services and integrate change systemically through central access, performance
    measurement and knowledge exchange.
- 4. Evidence-based policies for addictions programs.
  - Provided direction to funded addictions agencies regarding outcomes, performance measures and strategic planning. Updated Services Purchase Agreements to reflect an evidence-based direction.
- 5. Improved integration of addictions and mental health services at both the service and policy level.
  - Healthy Living, Youth and Seniors has representation on the Provincial Co-occurring Disorders Leadership Team to ensure integration continues and objectives of the Co-occurring Disorders Initiative are met.
  - The Addictions Management Unit participates in the Mental Health Managers Network meetings quarterly to collaborate and share information of initiatives related to co-occurring disorders.

2(d) Addictions Management Unit

Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) Exp \$(000's) No.
Salaries and Employee Benefits	106	1.00	79	27
Other Expenditures	25		55	(30)
External Agencies	7,621		7,979	(358)
Total Sub-Appropriation	7,752	1.00	8,113	(361)

#### **Provincially Funded Addictions Services and Support**

Prevention/ Early Intervention	Pre-treatment	Community – Based Treatment	Residential Treatment	Post Treatment	System Enhancements
School -Based prevention (classroom activities, training for school staff, health curriculum)  Community-based prevention (consultation, specific training designed for community stakeholders i.e. Probation workers, workplace prevention)  44,550 individuals received prevention services in 2010-2011  New Under Development  School-based early intervention program (DTFP)  Expansion of Youth Outreach Services, Winnipeg and Thompson  Project Choices, preventing harmful alcohol involvement with preconceptual women. (FASD Prevention)	<ul> <li>Residential Pre-treatment (35-40 people admitted 1-5 weeks)</li> <li>Detoxification</li> <li>From April 1/10-March 31/11 there were 508 individuals admitted HSC Addictions Unit.</li> <li>April 1/10-March 31/11 there were 1060 non-medical detox admissions provided through services</li> <li>25 beds (non-medical) 11 beds (medical)</li> <li>Total 36 Beds</li> <li>Youth Drug Stabilization (voluntary &amp; involuntary)</li> <li>10 beds - 198 youth admitted (April 1/10-March 31/11)</li> <li>Community-based pretreatment AFM Links – weekly support group while waiting for residential treatment (In 2010-2011 - 438 women attended this program and 113° men attended this program)</li> </ul>	<ul> <li>Methadone Intervention (AFM Winnipeg and West Region Number of individuals in program as of March 31/11 – 375</li> <li>Individual and group assessment, counselling and referral for both youth and adults in community based offices.</li> <li>School-based assessment, counselling and referral 16,388<sup>a</sup> admissions for community based treatment from April 1/10-March 31/11.</li> <li>Adults: 14,135<sup>b</sup></li> <li>Youth: 2,253<sup>b</sup></li> <li>New</li> <li>Brief Intervention training and capacity building for community youth services providers (i.e. CFS Workers, EIA Workers)</li> </ul>	<ul> <li>Men's Facilities 86 beds</li> <li>Women's Facilities 52 beds</li> <li>Co-ed Facilities 154 beds</li> <li>Youth 41 beds</li> <li>Total 333</li> <li>Number of admissions</li> <li>April 1/2010 - March 31/2011</li> <li>Total Adults: 2007</li> <li>Adult Females: 851</li> <li>Adult Males: 1156</li> <li>Total Youth: 207</li> <li>(92 Males 115 Females)</li> <li>Overall Total: 2214<sup>b</sup></li> </ul>	Community-based post treatment through individual/group continuing care  Residential post treatment/ second stage transitional housing  Men - 14 beds  Women - 15 beds  Co-ed - 30 beds  Total 59  Number of admissions  April 1/10 - March 1/11:  Adult Females:59  Adult Males:93  Total 152b	New Under Development  Centralized Intake and Screening for all provincially funded addictions agencies  Provincial Knowledge Exchange Capacity to share best practice and evidence informed practice across all addictions agencies.  The creation of consistent accountability and outcome measures Province wide.

**a.** Includes: AFM's Impaired Driver Program, Family Program, Gambling and Youth Programs (school based and community based) (does not include Methadone), Laurel Centre & St. Raphael Wellness Centre. Represents transfers & admissions meaning there may be double counts of a person being admitted more than once.

**b.** Represents transfers & admissions meaning there may be double counts of a person being admitted more than once.

c. A significant decrease from 306 in 2000-2010 for males. This decrease is due to shorter wait times to enter treatment.

#### **Seniors and Healthy Aging Secretariat**

The Secretariat works with all departments to create an environment within the Province of Manitoba that promotes the health, independence and well-being of all Manitoba seniors.

The Seniors and Healthy Aging Secretariat provides support to the Minister to ensure the needs and concerns of seniors are reflected through a coordinated and comprehensive framework of legislation, public policy and programs.

#### The objectives were:

- Maintain or improve the quality of life of Manitoba seniors through supportive and accessible environments and responsive programs and services.
- Improve the safety and security of older Manitobans.
- Improve communication with the public, including access to information.

#### The expected and actual results for 2010/11 included:

- 1. Maintain or improve the quality of life of Manitoba seniors through supportive and accessible environments and responsive programs and services.
  - Provided ongoing leadership within government to respond to the challenges and opportunities of Manitoba's aging population, taking into account promising practices from across the country.
  - Provided leadership to the Age-Friendly Manitoba Initiative (AFMI) supporting age-friendly communities to develop and implement age-friendly programs, policies, and services. Since its launch in 2008, 72 communities have been enlisted in the Age-Friendly Manitoba Initiative.
  - Partnered with the University of Manitoba Centre on Aging to develop tools and resources to support Manitoba's age-friendly communities such as the Age-Friendly web site and the Age-Friendly Resource Team. In addition, the Secretariat and the Centre on Aging held an Age-Friendly Connecting Communities Day which brought together communities to share challenges and opportunities and to participate in various workshops.
  - Funded and supported the Active Living Coalition of Older Adults in Manitoba (ALCOA-MB) and their peer-led speakers' bureau and programs for older adults. The coalition encourages healthy active aging and independence and engages seniors in health promotion topics such as: active living, medication use and misuse and falls prevention.
  - Increased the participation and leadership roles of seniors by recruiting and supporting their involvement on the Seniors' and Elders' Day Community Planning Committee, including the Committee Co-Chairs.
  - Funded and consulted with the Transportation Options Network for Seniors (T.O.N.S) in Manitoba
    to collaborate with seniors, senior serving organizations, business and all levels of government to
    address the complex issue of seniors' transportation and enhance transportation options for
    seniors.
  - Provided research and administrative support to the Manitoba Council on Aging.
  - Liaised with Federal-Provincial/Territorial officials regarding inter-jurisdictional seniors' issues, and participated in joint initiatives arising from Federal-Provincial/Territorial meetings of Seniors' Officials.
  - Supported caregivers through organizational capacity building for the Manitoba Caregiver Network, the Guide for the Caregiver, and support of Rupert's Land Caregiver Services' annual Caregiver Conference.
  - Developed a new partnership with Ma MaWi Wi Chi Itata Centre to address age-friendly priority
    areas such as social isolation, transportation and access to information and services through
    weekly programming for seniors in North Winnipeg with a focus on providing free programs to low
    income and Aboriginal seniors.

- Initiated a new Age-Friendly Intergenerational Pilot Project in partnership with the Manitoba Association of Senior Centres and select schools in Manitoba.
- Partnered with key senior serving organizations in capacity building projects that promote Age-Friendly Manitoba Initiatives. For example, partnered with the Manitoba Association of Senior Centre (MASC) to once again offer an Age-Friendly Manitoba Grant Program for MASC's member organizations throughout Manitoba.
- 2. Improve the safety and security of older Manitobans.
  - Provided staff support to the Manitoba Elder Abuse Network and World Elder Abuse Awareness Day.
  - Conducted outreach and gave presentations to enhance awareness of elder abuse and support services.
  - Facilitated a partnership with Klinic Community Health Action Centre and Age & Opportunity to develop and launch a 24 hour, 7 day a week Senior Abuse Support Line.
  - Supported and increased participation in the Provincial Elder Abuse Network, improving the capacity to prevent and intervene in situations of abuse.
  - Supported community groups in delivering the Police Academy: Older Adults Division Initiative, thereby providing older adults with information on safety and security issues and available programs and services regarding such issues as Elder Abuse.
  - Worked collaboratively within government and Age & Opportunity to support the expansion of the Safety Aid program into Southwestern and Central Manitoba.
  - Hosted an Adult Protection Discussion Day to learn more about promising legislative models from across Canada and to identify key components for a model for Manitoba.
  - Hosted a technology focus group which explored the use of locator technology, which assists in the location of vulnerable populations. The session provided a forum where problem situations, ideal technological solutions, financial constraints, and ethical ramifications were explored.
- **3.** Improve communication with the public, including access to information.
  - Provided a central source of information, referral and support to seniors, their families, and senior serving organizations on programs and services through the: Seniors Information Line, the Seniors and Healthy Aging Secretariat website, Manitoba Seniors Guide, Profile of Manitoba Seniors, and other publications.
  - Provided leadership and encouraged participation in Seniors' and Elders' Month events to celebrate the ongoing contributions of older Manitobans and to address ageism in our society.

## Seniors and Healthy

3(a)

Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	727	10.00	729	(2)	
Other Expenditures	234		295	(61)	
External Agencies	708		709	(1)	
Total Sub-Appropriation	1,669	10.00	1,733	(64)	

#### **Manitoba Council on Aging (MCA)**

The Manitoba Council on Aging (MCA) is an advisory body to the Minister of Healthy Living, Youth and Seniors, whose work ensures that a senior's perspective is reflected in government policies and programs.

#### The objectives were:

- Provide the Minister of Healthy Living, Youth and Seniors with information and advice about:
  - i. the aging process and its implications for all age groups in Manitoba;
  - ii. programs, services, policies and legislation that relate to the aging process and the needs and interests of older Manitobans.
- Promote awareness of the aging process and its implications for all age groups in Manitoba.

#### The expected and actual results for 2010/11 included:

- 1. Provide the Minister of Healthy Living, Youth and Seniors with information and advice.
  - Met regularly with the Minister of Healthy Living, Youth and Seniors to discuss emerging issues of importance to Manitoba seniors that impact on government policy and programs.
  - Facilitated five meetings in 2010/11 which were held in Winnipeg as well as in rural Manitoba.
     Meetings provided opportunities for Council and community members to provide perspectives on issues, challenges and opportunities facing older Manitobans.
  - The MCA's three subcommittees continued to meet to address specific issues in health, community living and safety and security. A new intergenerational subcommittee was created.
     Committees developed discussion material on a number of issues which provided perspectives and advice to the Minister.
- 2. Promote awareness of the aging process and its implications for all age groups in Manitoba.
  - Organized the Manitoba Council on Aging Recognition Awards which celebrates individuals who
    make significant contributions to seniors living in the community and showcases seniors
    themselves who continue to contribute to their community in a variety of ways. The MCA also
    added a new intergenerational component to the MCA Recognition Awards which recognizes
    groups and activities that promote intergenerational relationships.
  - Collaborated with the Seniors and Healthy Aging Secretariat to enhance the distribution of the 2010 Manitoba Seniors' Guide.
  - Staffed an information booth at conferences and community events. MCA members participated in 10 events in 2010/11, providing information to attendees on resources and programs available to older adults.

#### **MB4Youth Branch**

The MB4Youth branch provides Manitoba students and youth with access to employment programming, mentorships, career and skill development support, and volunteer, citizenship and leadership initiatives. MB4Youth assists youth to make successful school to work and work to school transitions, maintains consultation and communication with youth, and supports career planning and exploration, self-employment and community engagement.

#### The objectives were:

- Support student and youth learning, training, skill development and employment within the Government of Manitoba, in private businesses, and community organizations.
- Support youth citizenship, leadership, volunteerism and youth engagement initiatives.
- Maintain ongoing consultation and communication with youth, educators and community leaders regarding youth issues, priorities and goals.
- Provide students with career development resources and with the opportunity to develop skills, acquire training and gain meaningful work experiences.
- Assist newcomer youth in developing an understanding of workplace culture and ethics, employability skills and practical experience.
- Encourage and support young people to pursue particular sectors such as the skilled trades, information technology and arts and culture.
- Recognize students, youth and educators who make a positive difference in their communities and schools.
- Provide employment, training and skill development opportunities to students and youth throughout Manitoba.
- Assist Aboriginal high school and post-secondary students and graduates to secure employment.
- Provide information on career development and a wide variety of community supports to Manitobans, including newcomers to Canada, Aboriginal people, youth, students, parents, adults and seniors as they pursue various education and training pathways for themselves or their families.
- Assist and encourage young people to consider self-employment as a career option.
- Provide Manitobans with information that supports the successful transition from rural and northern communities to Winnipeg.

#### The expected and actual results for 2010/11 include:

- 1. Students and youth across Manitoba received career-related work opportunities and information, gained employability and essential skills and developed their self confidence.
  - 6,509 youth/students were employed and approximately 16,000 youth were provided with career development and pre-employment information.
- 2. Students and youth are engaged in citizenship, leadership and engagement activities that give them a voice and help them become active and responsible citizens who contribute to their own and broader communities.
  - 193 youth participated in citizenship and leadership programs and activities.
- **3.** Youth are knowledgeable about career and learning options so that they can make informed choices about the education, training and employment pathways they would like to pursue.
  - MB4Youth supported career development and exploration resources such as the Rotary Career Symposium, SAFE Workers of Tomorrow and Career Cruising.

- 4. Students will gain meaningful employment and essential skills and obtain financial support while in school.
  - MB4Youth employed/assisted 4,046 youth through Career Focus, Manitoba Mentorships, Green Team and Partners for Careers programs.
- 5. Vulnerable youth will receive valuable work experience, gain skills and have opportunities to further their education while contributing to the improvement of their community through building projects.
  - MB4Youth employed 119 vulnerable youth through internship programs targeted at newcomer, Aboriginal and low-income youth and assisted 186 vulnerable youth to develop educational and personal skills through Youth Build and Training Resources for Youth.
- **6.** An increased number of youth will pursue high-demand occupations such as the skilled trades, information technology, and careers in the arts and culture sector.
  - Youth were provided with the opportunity to explore careers in the information communication technology sector through the Youth info.works program.
- 7. More youth will volunteer in their own and broader communities, making a positive difference in their own life and in the lives of others.
  - To recognize community service and volunteer activities, 246 scholarships and bursaries were provided to post-secondary and Grade 12 students.
- **8.** Youth, especially at-risk and low-income youth, will develop employability and essential skills and self-confidence with the goal of securing meaningful employment.
  - Partners With Youth and Youth NOW programs provided more than 890 youth facing multiple barriers to employment with pre-employment assistance and training.
- **9.** More young people will be successfully self-employed, particularly in rural and northern communities where employment options are more limited.
  - MB4Youth provided 63 grants to assist youth to start their own business and participate in accredited business related courses.
- **10.** More students will have the opportunity to be involved in arts related activities.
  - MB4Youth provided assistance to 34 projects delivering arts programming to communities with limited access to arts education. Fifty-nine youth were mentored in arts related careers.
- 11. Aboriginal youth will gain employability and essential skills, and will secure meaningful employment.
  - 60 youth were employed through the Aboriginal and Northern Aboriginal Youth Internship Programs.
- **12.** Immigrants, Aboriginal youth, residents of the inner city and all Manitobans are knowledgeable about career and learning options so that they can make informed choices about what education, training and employment pathways they would like to pursue.
  - 1,602 Aboriginal youth were provided with employment and job placement services through Partners for Careers and 47 youth were provided with mentorships and internships through the Black Youth Internship Program.
- **13.** More Aboriginal youth will have access to career development information and services to be successfully self-employed.
  - Aboriginal youth received self-employment information through the Aboriginal Youth Mean Business! website which received more than 6000 monthly visits.
- **14.** Aboriginal youth are knowledgeable about available resources and supports so their transition to Winnipeg, in pursuit of education and/or employment opportunities, is positive and well-supported.
  - Through Partners @510 Selkirk MB4Youth helps to ensure that Aboriginal youth are aware of available resources and supports so their transition to Winnipeg is positive and wellsupported.

4(a) Youth					
Expenditures by Sub-Appropriation	Actual 2010/11 \$(000's)	FTE	Estimate 2010/11 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,020	121.73	2,044	(24)	
Other Expenditures	466		549	(83)	
External Agencies	11,133		11,020	(67)	
Less: Recoverable from Aboriginal					
and Northern Affairs	(200)		(200)	-	
Recoverable from Urban and Rural Economic					
Development Initiatives	(4,056)		(4,163)	107	
Recoverable from Advanced					
Education and Literacy	(1,500)		(1,500)	-	

7,797

122.73

7,863

(66)

**Total Sub-Appropriation** 

## **Boards and Agencies**

The boards and agencies listed below report to the Minister of Healthy Living, Youth and Seniors. Unless otherwise indicated, their annual reports are tabled separately in the Legislative Assembly.

Addictions Foundation of Manitoba http://www.afm.mb.ca/About%20AFM/annual.htm

Healthy Child Committee of Cabinet http://www.gov.mb.ca/healthychild/index.html

Manitoba Council on Aging (included in Manitoba Healthy Living, Youth and Seniors Annual Report, 2010 - 2011)

## **Financial Report Summary Information**

Part 1

Healthy Living, Youth and Seniors Reconciliation Statement April 1, 2010 – March 31, 2011

DETAILS	2010/11 ESTIMATES (\$000s)
2010/11 Main Estimates:	76,568
Allocation of Funds from: Enabling Appropriations	-
2010/11 Estimates:	76,568

## Healthy Living, Youth and Seniors Expenditure Summary

for fiscal year ended March 31, 2011

Estimate 2010/11 \$(000s)		Appropriation	Actuals 2010/11 \$(000s)	Actuals <sup>(1)</sup> 2009/10 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	34-1	Administration and Finance				
37	34-1a	Minister's Salary	37	46	(9)	
	34-1b	Executive Support				
434		1 Salaries and Employee Benefits	451	433	18	
55		2 Other Expenditures	54	46	8	
	34-1c	Finance				
98		1 Salaries and Employee Benefits	75	49	26	
16		2 Other Expenditures	15	-	15	
640		Total Appropriation 34-1	632	574	58	
	<b>34-2</b> 34-2a	Healthy Living Healthy Living and Healthy Populations				
1,097		1 Salaries and Employee Benefits	994	1,010	(16)	
4,621		2 Other Expenditures	4,162	4,300	(138)	
1,616		3 External Agencies	1,436	1,295	141	
	34-2b	Recreation and Regional Services				
1,471		1 Salaries and Employee Benefits	1,483	1,485	(2)	
451		2 Other Expenditures	442	430	12	
1,498		3 External Agencies Less: Recoverable from Urban	1,507	1,496	11	
(200)		4 and Rural Economic Development Initiatives	(200)	(200)	-	

		Tobacco Control and Cessation			
216	34-2c	Salaries and Employee Benefits	227	230	(3)
807		Other Expenditures	519	820	(301)
007		·	519	020	(301)
	34-2d	Addictions Management Unit			
79		1 Salaries and Employee Benefits	106	1	105
55		2 Other Expenditures	25	-	25
7,979		3 External Agencies	7,621	7,453	168
19,690		Total Appropriation 34-2	18,322	18,320	2
	<b>34-3</b> 34-3a	Seniors and Healthy Aging Seniors and Healthy Aging			
729		1 Salaries and Employee Benefits	727	700	27
295		2 Other Expenditures	234	245	(11)
709		3 External Agencies	708	723	(15)
1,733		Total Appropriation 34-3	1,669	1,668	1
	34-4	Youth			
	34-4a	Youth			
2,044			2,022	2,175	(153)
2,044 549		Youth	2,022 466	2,175 508	(153) (42)
		Youth  1 Salaries and Employee Benefits		,	, ,
549		Youth  1 Salaries and Employee Benefits  2 Other Expenditures	466	508	(42)
549 11,020	34-4a	Youth  1 Salaries and Employee Benefits  2 Other Expenditures  3 External Agencies  Less: Recoverable from Aboriginal and	466 11,067	508 9,449	(42)
549 11,020 (200)	34-4a 34-4b	Youth  1 Salaries and Employee Benefits  2 Other Expenditures  3 External Agencies  Less: Recoverable from Aboriginal and Northern Affairs  Less: Recoverable from Urban and Rural Economic Development	466 11,067 (200)	508 9,449 (200)	(42) 1,618

	<b>34-5</b> 34-5a	Healthy Child Manitoba Healthy Child Manitoba			
2,388		1 Salaries and Employee Benefits	2,257	2,067	190
402		Other Expenditures     Financial Assistance and	583	456	127
25,310		3 External Agencies	24,793	24,788	5
28,100		Total Appropriation 34-5	27,633	27,311	322
	34-6	Addictions Foundation of Manitoba (2)			
20,281		Program Delivery	20,590	18,776	1,814
3,238		Problem Gambling Services	3,238	3,023	215
(1,633)		Third Party Recoveries Recoveries from Manitoba	(1,633)	(1,731)	98
(3,238)		Lotteries Corporation	(3,238)	(3,023)	(215)
18,648		Total Appropriation 34-6	18,957	17,045	1,912
	34-7	Costs Related to Capital Assets			
7	34-7a	Costs Related to Capital Assets	7	15	(8)
7		Total Appropriation 34-7	7	15	(8)
76,568		Total Appropriation 34	75,020	71,709	3,311

#### Footnotes:

Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2011.

Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

<sup>(2)</sup> 

## Healthy Living, Youth and Seniors Revenue Summary by Source

for the fiscal year ended March 31, 2011 with comparative figures for the previous fiscal year

Actual 2009– 2010 (\$000)	Actual 2010– 2011 (\$000)	Increase (Decrease) (\$000)	Source	Actual 2010– 2011 (\$000)	Estimate 2010– 2011 (\$000)	Variance (\$000)	Expl. No.
			Current Operating Programs:				
			Other Revenue:				
76	76	-	Sundry	76	25	51	
76	76	-	Total - Other Revenue	76	25	51	
			Government of Canada:				
2,159	2,348	189	Healthy Living, Youth and Seniors	2,348	2,142	206	
2,159	2,348	189	Total - Government of Canada	2,348	2,142	206	
2,235	2,424	189	TOTAL REVENUE - CURRENT OPERATING PROGRAMS	2,424	2,167	257	

### **Historical Information**

#### Healthy Living, Youth and Seniors Five Year Expenditure and Staffing Summary by Appropriation

for years ending March 31, 2007 to March 31, 2011

		2006	6/07 <sup>(1)</sup>	2007	7/08 <sup>(1)</sup>	2008	3/09 <sup>(1)</sup>	2009	/10 <sup>(1)</sup>	201	0/11
	Appropriation	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)
34-1	Administration and Finance	7.00	512	7.00	495	7.00	523	7.00	574	11.00	632
34-2	Healthy Living	36.00	8,799	37.00	10,512	40.00	17,235	40.00	18,320	41.00	18,322
34-3	Seniors and Healthy Aging	9.00	1,094	9.00	1,224	10.00	1,676	10.00	1,668	10.00	1,669
34-4	Youth	118.73	5,224	119.73	6,016	122.73	7,039	122.73	6,776	121.73	7,800
34-5	Healthy Child Manitoba	30.00	24,902	31.00	25,160	32.00	26,671	33.00	27,311	33.00	27,633
34-6	Addictions Foundation of Manitoba		13,740		15,885		15,839		17,045		18,957
34-7	Costs Related to Capital Assets		21		21		6		15		7
Total	Departmental Expenditures	200.73	54,292	203.73	59,313	211.73	68,989	212.73	71,709	216.73	75,020

#### Footnotes:

Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March

Addictions Foundation of Manitoba expenditures are reported in a separate Annual

<sup>(2)</sup> Report.

## **Performance Reporting**

The following section provides information on key performance measures for the department for the 2010-11 reporting year. All Government of Manitoba departments include performance measures in their Annual Reports to complement the financial results and provide Manitobans with meaningful and useful information about government activities and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit <a href="www.manitoba.ca/performance">www.manitoba.ca/performance</a>

Your comments on performance measures are valuable to us. You can send comments or questions to <a href="mailto:mbperformance@gov.mb.ca">mbperformance@gov.mb.ca</a>

Measures of Performance or Progress (order of indicators based on 2009/2010 annual report)

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2010/2011 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
1. Tobacco use rates as measured by the percent of Manitobans 15+ years, and youth 15-19 years who reported being current smokers (daily or occasional)	Tobacco use is the number one preventable cause of disease and death in Canada.	Reported rates for 1999 were as follows: - Age 15+: 23% - Age 15-19: 29%	The most recent available data are from 2009: - Age 15+: 19% - Age 15-19: 18%  Source: The Canadian Tobacco Use Monitoring Survey (CTUMS)	There is a trend toward reduced smoking	
2. The proportion of Manitoban adults who participate in regular physical activity based on 30 minutes per day of moderate to vigorous activity as measured by the Canadian Community Health Survey and the Physical Activity Benchmarks / Monitoring Program of the Canadian Fitness and Lifestyle Institute*	Physical activity is a significant factor contributing to personal health	In 2005, 45.5% of Manitoba adults participated in regular physical activity	In 2009, 49.5% of Manitoba adults participated in regular physical activity	There is an increase in physical activity	* Please note that the Performance Indicators have changed to align with the Integrated Pan Canadian Healthy Living Strategy and national and provincial goals. The Performance Indicators will now report on adults and children.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2010/2011 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
The average number of steps per day taken by children and youth as measured by the Canadian Physical Activity Levels Among Youth (CANPLAY) study*  3. Trends re: youth employed or assisted through provincial programs, youth participation in their	Physical activity is a significant factor contributing to healthy growth and development  To determine participation levels  To determine if programs are meeting the needs of	Between 2005-2007, Manitoba children and youth took an average of 11,792 steps per day  In 2009/2010, 14,000 youth accessed career development programs and tools.	Between 2007-2009, Manitoba children and youth took an average of 11,938 steps per day  In 2010/2011, 16,000 youth accessed career development programs and tools.	There is a slight increase in the number of steps taken  Increase in number of youth being assisted through youth programming.	Figures are estimated based on participant and program information collected by Mb4Youth.
communities, grants awarded, level of student participation, number of website visits.  Indicators(s): Tracking usage of career development programs and tools	youth To determine what improvements can be made to programs			programming.	Variations in programs and information collected occur year-over year.
4. Mental and physical health status and the informal and formal health care of seniors in Manitoba (using Census data)  Self rated health Functional health Self-rated mental health	To determine if mental and physical health status among seniors is improving over time.	Statistics Canada 2000-2002 Canadian Community Health Survey.  Self rated health – 31.6% of Manitobans over age 65 indicated that their health was excellent or very good. 68.5% reported 'good' to 'fair'. Similar responses between male/female.	Statistics Canada, Canadian Community Health Survey, 2007  Self rated health – 39.2% of Manitobans over age 65 indicated that their health was excellent or very good. 25.8% reported 'good' to 'fair'. Men were only slightly more likely than women to describe themselves in excellent or very good health.		Increasing efforts needed in prevention and physical and mental health promotion.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2010/2011 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
		Functional health – 61.2% of Manitobans over age 65 had very good or perfect functional health. No difference between male/female.  Self-rated mental health – 21.9% of Manitobans over age 65 indicated their mental health was excellent. 39.9% reported 'very good'. 37.8% reported 'good' to 'fair'. Similar responses between male/female.	Functional health* – 31.7% of Manitobans over age 65 had moderate to severe functional health problems. No difference between male/female.  Self-rated mental health – 30.8% of Manitobans over age 65 indicated their mental health was excellent. 34.8% reported 'very good'. 34.3% reported 'good' to 'fair'.		*Please note the change in how the Functional Health indicators are reported is consistent with the Statistics Canada, Canadian Community Health Survey, 2007
5. Length of time between assessment and entry into gender specific primary residential treatment program (women)  Indicator tracking wait list data from agencies providing gender specific services for women.	To determine if the number of beds available meets current demand for women's services	In 2007/2008 Average wait time reported=93.67 days Incomplete data for 2008/2009	In 2009/2010 Average wait time reported = 74.04 days	Wait times fluctuate depending on numerous variables. According to the statistics, there was a decrease in wait time between 2007/2008 and 2009/2010.	74 days waiting for treatment is not ideal. Women's services expansion remains a priority.

## The Public Interest Disclosure (Whistleblower Protection) Act

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

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

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

The following is a summary of disclosures received by Manitoba Healthy Living, Youth and Seniors for fiscal year 2010–2011:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2010–2011
The number of disclosures received, and the number acted on and not acted on.  Subsection 18(2)(a)	NIL
The number of investigations commenced as a result of a disclosure.  Subsection 18(2)(b)	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken.	NIL
Subsection 18(2)(c)	