

August 21, 2018

Concurrent Sessions

Updating the Evidence - Presentations and Conversation

Five concurrent sessions will be offered in thematic areas to share evidence that complements and adds to our understanding of child and youth mental health promotion. Each session will include three presentations on evidence followed by a moderated discussion of the questions:

- *How does this work fit into and advance the 2017 Call to Action?*
- *What are the implications for upstream investment and a whole society approach to mental health promotion?*

Results of these discussions will contribute to advancing the [Call to Action](#).

Session 5: Equity and the Early Years

a) **The health and well-being of children on Prince Edward Island**

Presenter: Dr. Heather G. Morrison, Chief Public Health Officer, Prince Edward Island

Research has shown that high levels of stress and adversity in childhood have lifelong consequences, including poor behavioural and lifestyle decision-making, low educational attainment and an increased incidence and prevalence of chronic disease. The experiences of the formative years have long term implications for the individual and for society. Unfortunately, for many Canadian children positive experiences and early supports for challenges are not always readily available. The role of social factors in determining health outcomes is widely acknowledged. Population health is driven by socio-economic factors, called the Social Determinants of Health (SDH), a term used to describe the interrelated societal conditions that influence people's health. Genetic history, biology and environmental exposures can all have an impact on health, and form part of the complex etiology of physical and mental health problems. The SDH affect young people's development, health and well-being. Its broad areas of focus – social context, health outcomes, health behaviours and risk behaviours – encapsulate key factors that influence young people's health and well-being, opportunities and life chances. The 2017 Prince Edward Island Children's Report explores the relationship between the social determinants of health, health equity, healthy behaviours and health outcomes for Island children and identifies risk factors to healthy mental, physical, and social development of children.

Connection with the ASI theme:

The Report establishes a baseline of key indicators of child health and well-being. Government, agencies, schools, communities, parents and families will all have a role to play in working together to support optimal child health and well-being in PEI. Continued efforts to close the gap for those with high material and social deprivation and low family affluence will have a lasting and significant impact and ensure that all Island children are able to realize their own unique and full potential.

Participants will learn:

The 2017 Prince Edward Island Children's Report explores the relationship between the social determinants of health, health equity, healthy behaviours and health outcomes for Island children. Risk factors to healthy child development, cognitive development and the social environment are considered as well.

Evidence for policy and practice:

Early identification of the issues enables government, agencies, schools, communities and parents to work together to support optimal child health and well-being in PEI. Research shows that interventions targeting the early years are highly cost-effective over a lifetime, leading to reduced social, judicial and health care costs.

Presenter:

Dr. Heather G. Morrison
Chief Public Health Officer, Prince Edward Island
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Dr. Heather G. Morrison was appointed Chief Public Health Officer in July 2007. A graduate of UPEI, Dr. Morrison was also Prince Edward Island's first female Rhodes Scholar. At Oxford University, she completed a Master's and a Doctoral degree, majoring in Comparative Social Research and Social Policy, with a doctoral dissertation in health policy decision-making. Dr. Morrison returned to Canada for her medical training, graduating as an MD from Dalhousie University, followed by specialist training in Public Health at the University of Toronto. Dr. Morrison has practiced medicine in Ontario, Saipan, and PEI, where she resides with her husband and 4 young children.

b) As if Equity Mattered: New Insights for Mental Health Intervention Research

Presenter: Andrea Simpson, Public Health Agency of Canada

This presentation describes the findings of a study led by the Canadian Best Practice Initiative, Public Health Agency of Canada, in collaboration with the Propel Centre for Population Health Impact, McMaster University, to identify effective mental health interventions (including those aimed at children and youth) that were also equity focused in both their design and impact. The review took place in 2015. The aim was to enhance the health equity content on the Canadian Best Practices Portal for Population Health Promotion (the Portal). All mental health interventions that first met the equity criteria for the Portal were then rated using a detailed assessment tool. This rating tool assesses interventions within three broad domains: impact, adaptability, and quality of evidence. Only those mental health interventions that scored as a potential 'promising practice' or potential 'best practice' on the rating scale qualified for inclusion in our review. Most interventions were excluded because they did not meet the minimum score for quality of evidence. Five examples of successful interventions will be profiled during the presentation to highlight the insights from the review. Three key messages will be offered as potential pathways to broaden the field of equity-focused mental health interventions that hold promise for vulnerable and less advantaged populations.

Connection with the ASI theme:

This presentation will make the case for moving further 'upstream' by pointing to examples that reinforce the role that 'non-health' sectors have to improve youth mental health in particular.

Participants will learn:

This presentation will share important insights into the role of evidence in furthering equity objectives as they relate to positive mental health for children and youth.

Evidence for policy and practice:

There would appear to be a trade-off between the equity focus of the intervention and quality of evidence available. If that is the case, vulnerable children and youth may be further marginalised at the expense of 'proven' interventions. This presentation will challenge policy makers and researchers to build strong evidence protocols into innovative social experiments, so that the findings can inform (and invigorate) public policy and practice.

Presenter:

Andrea Simpson
Policy Analyst, Public Health Agency of Canada
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Andrea Simpson is an analyst working with the Health Equity integration unit of the Public Health Agency of Canada. Her federal government experience spans 15 years. She has worked in diverse roles at Status of Women Canada and the Public Health Agency, including program development and evaluation, knowledge translation, and senior policy analysis. Her areas of expertise are sex-and-gender-based analysis, health equity analysis, and health impact assessment.

c) *Ootaotigeogig Gntjanag*: Applying the Roadmap for First Nation Early Childhood Service Integration in New Brunswick

Presenters: Patricia Murphy and Lee Ann Sock, Elsipogtog Health & Wellness Centre

Since 2012, Elsipogtog First Nation has been working towards developing and implementing a culturally safe/responsive integrated Early Childhood Development (ECD) Model. The purpose of the model is to 1) improve early childhood services; 2) improve family wellbeing; 3) improve school readiness; and 4) create environments that foster healthy early childhood development. The project identified and addressed gaps in the continuum of care by clarifying and strengthening points of service delivery integration among community agencies and services as well as with provincial and federal services. This work was done in collaboration with Elsipogtog (Health, Education, Child & Family Services), other NB First Nation communities, provincial (Regional Health Authorities, Department of Health, Department of Education & Early Child Development) and federal (FNIHB) partners. The project was conducted in three phases: 1) documenting the ECD roadmap; 2) developing the ECD model; 3) implementing the ECD model (current phase). Key lessons learned thus far include the need for integration to be First Nation-led but strongly supported provincially and federally. First Nations must be involved at the discussion and decision-making level in order to ensure that their unique needs are considered and that practices are culturally competent and safe.

Connection with ASI theme:

The L'no Early Childhood Development Model is a guide for the provision of culturally competent, safe and responsive health and learning services that promote healthy child development for children and their families and/or caregivers from the prenatal period to five years of age. This model promotes the wellbeing of children holistically (mentally, spiritually, emotionally and physically) by incorporating promising practices and by increasing interagency integration and collaboration opportunities within the community and with outside partners.

Participants will learn:

Participants will:

- Receive an overview of the L'no Early Childhood Development Model including it's guiding principles and framework;
- Learn the processes taken to increase and enhance interagency integration and collaboration within the community and with outside partners;
- Learn how the model defines and operationalizes cultural competency and safety as it applies to Early Childhood Development;
- Learn how the model promotes infant mental health.

Evidence for policy and practice:

The L'no Early Childhood Development Model and its promising practices can be used as a tool for other First Nations who wish to develop an integration model of their own. The accomplishments achieved during the course of this project have also already helped form policy and practice at the community and provincial level. For example, all New Brunswick First Nation communities can now access the provincial Prenatal Supplement Program. Another example is the recent adoption of a Community Breastfeeding Policy in Elsipogtog.

Presenter:

Patricia Murphy
Health Projects Manager, Elsipogtog Health & Wellness Centre
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Patricia is a Registered Dietitian and Certified Diabetes Educator. She obtained her Bachelor degree in nutrition from the University of Moncton in 2000 and completed her Dietetic Internship at the Georges L. Dumont Hospital in 2001. In 2005, she obtained her Masters degree in nutrition from McGill University. In 2013, she became a Certified Diabetes Educator. For the past thirteen years, she has been working at the Elsipogtog Health & Wellness Centre and currently holds the position of Health Projects Manager. In her spare time, she enjoys running, hiking, cycling and swimming.

Co-presenter:

Lee Ann Sock
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