

ACCESS to PARENTING RESOURCES in NORTHERN ONTARIO

A Report from the Northern Ontario Perinatal and Child Health Survey Consortium

A Perinatal and Child Health Survey Strategies Initiative

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EXECUTIVE SUMMARY

INTRODUCTION

In 2002, as part of the overall Ontario Early Years initiative, each Ontario health unit was eligible for funding for Perinatal and Child Health Survey Strategies from the Ministry of Health and Long-Term Care, Public Health Branch. Health units across Northern Ontario pooled some of these resources, and together with other northern partners, established the Northern Ontario Perinatal and Child Health Survey (NOPCHS) Consortium. The Consortium has representation from the eight northern health units: Algoma, Muskoka-Parry Sound, North Bay & District, Northwestern, Porcupine, Sudbury & District, Thunder Bay District, and Timiskaming, as well as the Northern Health Information Partnership (NHIP), and the three Northern universities: Lakehead, Laurentian and Nipissing. The Public Health Research, Education & Development (PHRED) Program at the Sudbury & District Health Unit, coordinates the Consortium. The Consortium had two key objectives: quality data to guide northern child health program and policy decisions, and a strong collaboration between northern health units, all three northern universities, NHIP and the Sudbury PHRED Program.

In 2002, the Consortium released two reports: The Northern Ontario Perinatal and Child Health Survey Highlights Report: A First Look (1) and the Northern Ontario Baseline Child Health Information: Analysis of Secondary Data (2). The "Highlights Report" presents initial findings from the Consortium's 2002 telephone survey of 3413 mothers of children aged 0-6 years. The "Baseline Report" presents existing data from secondary sources on the health of Northern Ontario children aged 0-6, and provides a compendium of information to supplement the survey findings.

In 2003, continued funding from the Ministry of Health and Long Term Care allowed five focused reports to be undertaken as a continuation of the work of the Consortium. The reports present in-depth analyses of the survey data, and focus on the implications of the findings for child and family programs offered by health units and community agencies. Topics of the focused reports are: Breastfeeding Practices; Determinants of Child Health; Unintentional Injuries and Safety; Nutrition; and the present report, *Access to Parenting Resources in Northern Ontario*.

The purpose of this report is to provide the eight Northern health units and their community partners with some insight into the degree of service awareness and utilization of prenatal, postnatal and parenting programs in their respective communities as reported by mothers of children aged 0 to 6 years.

This report will be of interest to staff who plan programs at public health units, Ontario Early Years Centres, childcare centres, children's mental health services, boards of education and other services that focus on parents/caregivers and their young children. It will also be a resource to inform policy and practice.

BACKGROUND

In general, the use of services such as attending prenatal and parenting classes or using recreational programs, libraries, etc., by parents has been shown to have a positive effect on the growth and development of the child. The rate of poor cognitive, social and emotional outcomes in Ontario's school aged children is between 11% and 20% (3). It is well documented that good and effective parenting is essential for child health and development, including the development of good mental health. Further, studies have shown, through controlled trials and systematic reviews that parenting programs "can improve parenting, the mental health of parents, and the emotional and social development of children" (4). In Ontario, "the evidence suggests that peers/paraprofessionals can have a positive impact on child development and parent child interaction" (5). Parenting programs have also demonstrated effectiveness in reducing child behavioural problems, particularly for conduct-disordered children (6, 7). Unfortunately, barriers to the use of children's mental health services are commonly reported by parents, with one study showing that parent-reported barriers to children's mental health care are not only common, but were cited by "approximately one third of parents who identified that their child had mental health needs" (8).

Various home visiting programs have been examined, especially those that target high risk families. The most effective interventions were those that began strong "with a minimum of weekly home visits at least initially, either during pregnancy or after the birth of the child, and had a greater impact on those who would be considered at risk due to social disadvantage" (9).

The differences between the experiences of, and barriers faced, by those people living in urban areas and those in rural areas were of particular interest in this report because of the focus on Northern Ontario. Despite the evident differences between urban and rural living, however, urban approaches to health care provision are used almost universally across Canada. People in rural communities also face the added difficulty of higher costs for medical care due to the travel and accommodation expenses involved with receiving access to the care they need, especially specialized services. "In 1993, there was less than one physician per 1,000 people in rural and small town areas, compared to two or more physicians per 1,000 people in larger urban centres. The average resident in rural communities and small towns was 10 km from a physician, compared to less than 2 km for a resident in larger urban centres" (10).

DATA SOURCE

The data source for this report is the Northern Ontario Perinatal and Child Health Survey (NOPCHS). The telephone survey targeted Northern Ontario mothers of children aged 0-6. The total sample for this survey was 3413 participants. The NOPCHS project was designed to provide information for perinatal and child-focused program and service planning for Northern Ontario and at the individual health unit level. Data were collected between March and June 2002. Potential participants were contacted by telephone at various times of the day as well as evenings and

weekends. Interviews were conducted in both English and French. Mothers who did not have a telephone are excluded from the sample.

SUMMARY OF RESULTS AND IMPLICATIONS

In the NOPCHS sample, slightly more participants lived in urban than rural areas. There is wide variety by health unit, such that almost all the respondents from North Bay, Algoma, Thunder Bay and Porcupine live in areas considered urban. In contrast, most respondents in Northwestern, Timiskaming, and Muskoka-Parry Sound live in areas considered rural, reflecting the lack of towns with large populations in these health unit areas.

ACCESS TO HEALTH CARE

The majority of mothers in the survey reported that they had a family physician and that their child had visited a doctor and dentist in the last year. Visiting a dentist was much more common among children aged 4 and over. Among all target children, 8% had been diagnosed with a serious illness, disability or special need, although these rates increased as the child's age increased. Taking all these findings into account, along with the fact that most mothers reported their children to be in good or very good health, suggests that access to basic health care services is adequate in Northern Ontario for most families with young children. However, there are some families for whom access to basic health care may be an issue, with approximately 1 in 20 having no family physician. Families in rural areas are less likely than urban residents to have a family physician. Similarly, children living in rural areas were less likely to have visited a dentist in the past year.

ACCESS TO PRENATAL AND POSTNATAL SERVICES

The results of the NOPCHS show that approximately two-thirds of respondents were aware of health unit visiting/phone call services, and less than half of the survey participants have heard of the Healthy Babies Healthy Children (HBHC) program. It may be that mothers do not associate the services that public health units provide e.g., the 48 hour postpartum call, postpartum home visiting, as being part of the HBHC program. Health units are mandated to provide a specific set of services under the Healthy Babies Healthy Children Program name, but this name apparently does not have complete recognition among mothers of young children.

Rural residents were more likely to be aware of visiting and phone call programs, although there was no significant difference in awareness of the HBHC program by name between rural and urban residents. The HBHC program is delivered universally to all geographical areas in Ontario, but it may be that awareness of visits and calls is more common in rural areas because there are fewer other services available and these health unit services are more widely recognized.

Health unit clinics are reportedly available to three-quarters of respondents, although only one in five of those respondents had used the clinics in the past year. Use of the clinics was more common among rural respondents. In contrast, there was a significant difference between awareness of breastfeeding drop-ins between rural and urban residents, with urban respondents reporting higher levels of awareness. This may be due to a difference in service delivery methods in rural and urban areas. In urban areas, health units usually have a centre or clinic open on most days during the week where mothers can benefit from the expertise of a public health nurse or lactation consultant to assist them with breastfeeding. In rural areas this type of service may not be as readily available.

ACCESS TO PARENTING RESOURCES

Prenatal classes were available to a majority of respondents, although urban residents were even more likely to say that the classes were available. Where the classes were available, rural and urban mothers were equally likely to have attended. This study indicates that less than half of pregnant women actually attend classes. Furthermore, parent support groups were available to approximately half of the respondents, but among those, just slightly more than 1 in 10 had used the groups in the last year. Low attendance at prenatal and parenting classes has been a concern for many public health units across the province.

In general, the findings in this report demonstrate that availability and awareness of a program does not mean that the program will be used. On every variable, rates of reported availability or awareness were much higher than rates of reported use. Of course, families make judgements about the programs and services that they require, and no families will require all services. Some health unit programs, such as HBHC, are offered universally. However, families cannot use services that do not exist in their areas, so program planners may wish to examine the reach and availability of their non-universal programs throughout their catchment areas, and look for alternate ways of making services available. Furthermore, families cannot use services they are not aware of, so another implication of these findings may be that awareness-raising is needed for some services. Yet another implication of the findings is that programs need to ensure that services are flexible enough to meet the needs of families, so that once parents are aware of a service, they will be interested in making use of the service if it is relevant to them.

ACCESS TO COMMUNITY SERVICES

Although the majority of respondents had not used a food bank, the results of the survey show that some parents of young children, as many as 1 in 20, may use food banks to access food for their families.

Although some respondents did not require childcare, among the 60% of respondents who did, up to 1 in 4 had experienced at least one problem in obtaining the childcare services they needed. Whether the problem is finding

temporary care, finding care to match work schedule, or the cost of care, it is clear that there are barriers to accessing necessary childcare for many mothers in northern Ontario. It should be noted that the survey did not ask about the nature or quality of the childcare arrangements for these families.

ACCESS TO RECREATIONAL OPPORTUNITIES

Recreational programs were among the highest reported available programs and the most used programs for these respondents, with approximately two-thirds of respondents using at least one of the many recreational programs available in northern Ontario communities.

ACCESS TO EARLY LEARNING OPPORTUNITIES

Family resource centres (FRCs) and toy libraries were reportedly available to approximately two-thirds of respondents, and among those, the programs had been used by one in five (FRCs) and one in three (toy libraries). Rural respondents were more likely than urban respondents to report that these services were available close to where they live. In addition to these findings, approximately one-half of respondents had used a library with their child.

Ontario Early Years Centres

Over the past 3 years, most services that have traditionally provided services to parents and preschool children, such as family resource centres, have been brought under the Early Years umbrella either as an Ontario Early Years Centre or a satellite of a centre. More information about Ontario Early Years Centres can be found at the following website: <http://www.ontarioearlyyears.ca/oeyc/oeyc.htm>.

SATISFACTION WITH SUPPORTS AND SERVICES

Across all of the northern health unit areas, 85% of the respondents were "satisfied" or "very satisfied" with the support programs and services offered. Within all health units there were several comments about not having information about available services. Some specific topics mentioned where more information is needed were speech assessment, early infant development, parent information, folic acid and neural tube defects. Other comments included not knowing how to access available services, not being aware of services, and that services need to be better advertised and offered after work hours.

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INTRODUCTION

In September 2000, the Ministry of Health and Long-Term Care, Public Health Branch, received funding from the Government of Ontario to support health unit-based Early Years projects. In 2002, as part of the overall Ontario Early Years initiative, each health unit was eligible for funding for Perinatal and Child Health Survey Strategies. The four key action areas identified as priorities for funding in the First Ministers' Meeting Communiqué on Early Child Development (1) were:

- Promoting healthy pregnancy, birth and infancy
- Improving parenting and family supports
- Strengthening early childhood development, learning and care
- Strengthening community supports

After discussion among health units and partners across Northern Ontario, a decision was made to pool some of these resources to maximize the use of the funds and the scope of the projects. As a result, the Northern Ontario Perinatal and Child Health Survey Consortium was established in 2002, and continued with additional funding through 2003. The Consortium has representation from the eight northern health units: Algoma, Muskoka-Parry Sound, North Bay & District, Northwestern, Porcupine, Sudbury & District, Thunder Bay District, and Timiskaming, as well as the Northern Health Information Partnership (NHIP), and the three Northern universities: Lakehead, Laurentian and Nipissing. The Consortium is coordinated by the Public Health Research, Education & Development (PHRED) Program at the Sudbury & District Health Unit.

The project had two key objectives: to obtain quality data to guide northern child health program and policy decisions, and to develop a strong collaboration between northern health units, all three northern universities, NHIP and the Sudbury PHRED Program.

In 2002, the Consortium released two reports: *The Northern Ontario Perinatal and Child Health Survey Highlights Report: A First Look* (2) and the *Northern Ontario Baseline Child Health Information: Analysis of Secondary Data* (3). The "Highlights Report" presents initial findings from the survey. The "Baseline Report" presents existing data from secondary sources on the health of Northern Ontario children aged 0-6, and provides a compendium of information to supplement the survey findings.

In 2003, continued funding from the Ministry of Health and Long Term Care allowed five focused reports to be undertaken as a continuation of the work of the Consortium. The reports present in-depth analyses of the survey data, and focus on the implications of the findings for child and family programs in health units and community programs. Topics of the focused reports are: Breastfeeding Practices; Determinants of Child Health; Unintentional Injuries and Safety; Nutrition; and the present report, *Access to Parenting Resources in Northern Ontario*.

The purpose of this report is to provide the eight Northern health units and their community partners with some insight into the degree of service awareness and utilization of prenatal, postnatal and parenting programs in their respective communities as reported by mothers of children aged 0 to 6 years.

This report will be of interest to staff who plan programs at public health units, Ontario Early Years Centres, childcare centres, children's mental health services, boards of education and other services that focus on parents/caregivers and their young children. It will also be a resource to inform policy and practice.

LITERATURE REVIEW

In general, the use of services such as attending prenatal and parenting classes or using recreational programs, libraries, etc., by parents has been shown to have a positive effect on the growth and development of the child. There are, however, many barriers to the access of these services. These barriers, which prevent the utilization of such resources to the fullest, are influenced by many factors. This literature reviews attempts to pinpoint some of these benefits and barriers.

PARENTING PROGRAMS

The rate of poor cognitive, social and emotional outcomes in Ontario's school aged children is between 11% and 20% (4). It is well documented that good and effective parenting is essential for child health and development, including the development of good mental health. Further, studies have shown, through controlled trials and systematic reviews that parenting programs "can improve parenting, the mental health of parents, and the emotional and social development of children" (5). One study found that prior attendance at parenting classes was not significantly associated with social class, accommodation type, or ethnicity, and that those more likely to attend parenting programs included single parents, and "parents of children currently defined as having behaviour problems, or whose children had previously had treatment for behaviour problems" (5). Although expressed interest certainly does not always correspond to usage, this study also found that interest in attending parenting programs was "highest in families where the eldest child was between 2 and 3 years of age and at least one of the children had a behaviour problem, but was not linked to class, housing tenure, educational level, single parent status, or the ethnic group to which the parents belonged" (5). Finally, this study found that the optimal time for provision of such services was when the first child was 3 years old or less (5). In Ontario, incentives such as on-the-premises childcare and reimbursement for travel expenses "improved access and attendance, particularly for economically disadvantaged families" (4).

While there is a substantial amount of literature that advocates the use of universal parenting programs available to everyone, citing as the above study did that social class, ethnicity, and educational level do not strongly affect interest and usage of such programs, there is also evidence to suggest that programming geared at specific groups can be effective. Participants in a nutrition education program for low-income parents that was taught by their pre-trained peers, "demonstrated modest improvement in knowledge levels of low-cost, low-fat nutrition methods; improved attitude toward healthy, low-cost meal planning; [established] moderate levels of self-efficacy for purchasing and eating healthy, low-cost foods; and strong intentions to try the suggestions from class" (6). Other similar programs, like the United States' statewide parent-to-parent programs (variations also seen in Canada, Australia, New Zealand, England, and Denmark), which is an early intervention attempt that pairs up an experienced and trained parent who also has a child with the same disabilities or special health care needs as the child of the

new parent, have been shown to be effective (7). In Ontario, “the evidence suggests that peers/paraprofessionals can have a positive impact on child development and parent child interaction, particularly when the intervention is high in intensity and part of a multifaceted intervention which includes professionals” (8).

MENTAL HEALTH SERVICES

Parenting programs have also demonstrated effectiveness in reducing child behavioural problems, particularly for conduct-disordered children (9, 10). Further, there is evidence to suggest that unless “adults intervene with effective discipline, minor child behaviour problems can escalate to higher levels of pathology and may lead to serious mental health problems” (9). It has been shown in a separate study that parents’ concerns can predict child mental health problems, and two parental concerns identified in the study through logistic regression as predictive of mental health status were behaviour and social skills (11). Further, proactive prevention through such measures as parenting programs, rather than reactive intervention, appears to be less expensive and more effective (10). Unfortunately, barriers to the use of children’s mental health services are commonly reported by parents, with one study showing that parent-reported barriers to children’s mental health care are not only common, but were cited by “approximately one third of parents who identified that their child had mental health needs” (12). This study also discovered that their three predicted barriers to mental health services were nearly equally reported, demonstrating that both structural and internal barriers exist and pose a problem (12). The three predicted barriers included “(1) structural barriers (lack of availability of providers, long waiting lists, lack of insurance or inadequate insurance coverage, inability to pay for services, transportation problems, inconvenient services), (2) barriers related to perceptions about mental health problems (parents’, teachers’, and medical care providers’ inability to identify children’s need for mental health services; denial of the severity of a mental health problem; belief that the problem can be handled without treatment), and (3) barriers related to perceptions about mental health services (lack of trust in or negative experience with mental health providers, lack of children’s desire to receive help, stigma related to receiving help)” (12).

HOME VISITING PROGRAMS

Various home visiting programs have also been examined, especially those that target high risk families. The usefulness and effectiveness of such programs is heavily debated, and more long term studies, following families and their children for a longer period of time, need to be performed (13). One study on the effect of postnatal home visits for teenage mothers, for example, found that “postnatal home visiting services by nurse-midwives reduce adverse neonatal events and improve contraception outcomes, but do not affect breastfeeding or infant vaccination knowledge or compliance” (14). A study on the effect of home visiting intervention for high risk families found that “at six weeks, a significant intervention effect was shown for first time mothers on measures of maternal mood adjustment,

competence with parenting, and global parenting stress”, as well as a higher amount of positive maternal-infant interactions and maternal-infant attachment (13). These mothers were also significantly more satisfied with community child health services (13). By twelve months, however, no intervention effect was demonstrated, and the study concluded, “follow-up evaluation did not demonstrate a positive impact on parenting stress, parenting competence, or quality of the home environment” (13). It should be noted that the study also cited the fact that because these variables are often the factors that indicate the potential for child abuse and neglect, home visits and family appraisals during the postnatal period may offer the possibility for preventing some cases of child abuse and neglect, and are a superior method for assessing risk when compared with intuitive assumption (13). It has been observed that in Ontario, “compared with clinic or telephone services, home visiting has a higher cost of time and transportation. Many articles have been published about what happens in the ‘black box’ during a home visit but it is unclear if home visiting, as a program delivery strategy, is effective for parent or child outcomes.” (15). It was also explained that the most effective interventions were those that began strong “with a minimum of weekly home visits at least initially, either during pregnancy or after the birth of the child, and had a greater impact on those who would be considered at risk due to social disadvantage” (15).

BARRIERS TO PRENATAL CARE

It has been documented that “prenatal care utilization can be used to identify and target interventions to women who are at risk for not obtaining well-childcare or complete immunizations for their children” (16). This 1998 study by Kogan and colleagues found that inadequate use of prenatal care in the United States was associated with a lower number of well-child visits and with incomplete immunizations. In an attempt to identify the barriers to prenatal care usage, another study found that “documented barriers to prenatal care among similar populations include: 1) previous, unsatisfying experiences with prenatal services including culturally inappropriate care; 2) unplanned or denied pregnancy; 3) avoidance of sanctions for poor health habits such as drug and alcohol use, risky sexual behaviours, heavy smoking, and eating disorders; 4) stress or depression; 5) homelessness; 6) poor treatment in the system due to race, particularly for African Americans; 7) beliefs about the importance of initiation and compliance with prenatal care; and 8) financial issues” (17). Further, non-inclusion of male partners in the prenatal experience was also cited as a barrier (17). It has also been shown that education is a factor, such that adults with “more than high school education were associated with low levels of inadequate use of prenatal care services” (18).

RURAL VERSUS URBAN PLACE OF RESIDENCE

The differences between the experiences of, and barriers faced, by those people living in urban areas and those in rural areas were of particular interest in this report because of the focus on Northern Ontario. Unfortunately, there has been

little research on rural health issues in Canada, and yet the Society of Rural Physicians of Canada said in 1992, "geography is a determinant of health" (19). It has been shown that, "overall, compared to urban areas, life expectancy in rural regions is shorter while death rates and infant mortality rates are higher" (20). Further, the Kirby Report stated, "This is a particular concern for women's health. Studies show that women do poorly if they must travel long distance to give birth" (20). Despite the evident differences between urban and rural living, however, urban approaches to health care provision are used almost universally across Canada. In fact, the Romanow Report noted that "Many health care administrators, planners and providers rely on urban-focused approaches instead of developing alternative models to suit the unique circumstances of those [rural] communities" (19). People in rural communities also face the added difficulty of higher costs for medical care due to the travel and accommodation expenses involved with receiving access to the care they need, especially specialized services. "In 1993, there was less than one physician per 1,000 people in rural and small town areas, compared to two or more physicians per 1,000 people in larger urban centres. The average resident in rural communities and small towns was 10 km from a physician, compared to less than 2 km for a resident in larger urban centres" (19). These facts have prompted a search for feasible solutions, one of the most popular of which is the provision of telehealth (19, 20), which many experts see "as an important vehicle for delivering health services to rural and remote areas" (20).

METHOD

The data source for this report is the Northern Ontario Perinatal and Child Health Survey (NOPCHS). The NOPCHS project was designed to provide information for planning perinatal and child-focused program and service planning for Northern Ontario and the individual health unit level. Topics were proposed based on needs of program staff and community partners for current data to guide program and policy decisions. The main topic areas were:

- Parenting
- Breastfeeding
- Unintentional Injuries and Safety
- Asthma
- Food Security
- Prenatal and Child Nutrition

Data were collected between March and June 2002, by Oraclepoll Research Limited. Potential participants were contacted by telephone at various times of the day as well as evenings and weekends. Interviews were conducted in both English and French.

The telephone survey targeted Northern Ontario mothers of children aged 0-6. Only mothers were contacted for the survey, since several topic areas, such as breastfeeding and folic acid intake during pregnancy, were only applicable to mothers. For mothers with more than one child aged 0-6, the survey focused on the child who had the most recent birthday (the 'target child') in the family. This 'target child' approach ensured an equal chance of selection among the eligible children in a family. For all calls, surveyors asked to speak with the mother of a child 6 years of age or under who lives with her. If there was no answer, the surveyors made up to 15 repeat calls to each number.

The sample for the NOPCHS was drawn from two sources, the Integrated Services for Children Information System (ISCIS) database, and random digit dialling. In the NOPCHS sample, 56% of participants were recruited from consenting ISCIS contacts and 44% from random digit dialling. The total sample for this survey was 3413 participants, with approximately 400 participants from each health unit area.

For more details on the survey development, data collection and limitations, please refer to The Northern Ontario Perinatal and Child Health Survey Highlights Report: A First Look (2).

WEIGHTING

Weights were assigned to the respondents' data based on two factors. First, a weight was calculated so that the distribution of children's ages 0-6 matched the population distribution within each health unit area, correcting for over-representation of younger children in our sample. The second level of weighting was for health unit population, in order to account for proportional under-representation of mothers in larger health unit areas in the calculation of northern rates.

LIMITATIONS

- Mothers who do not have a telephone are excluded.
- Mothers living in institutions are excluded.
- Due to limitations of time for a telephone survey, some questions that would have yielded useful information were not included in the survey.

STATISTICAL ANALYSES

A descriptive analysis was completed using frequency distributions and cross-tabulations for all northern health units combined. Some subgroup analyses were done where sample size allows. Unweighted frequencies were first determined to exclude estimates based on cell size of less than 30. Weighted estimates are reported unless otherwise specified. Estimates are presented with the respective 95% confidence limits in brackets. Sampling error occurs as a result of selecting a sample rather than surveying an entire population. Statistics based on samples drawn from the same population will vary from each other (and from the true population) simply because of chance. The variation is called *sampling error*, and the measure used to estimate it is called *standard error*. Standard errors are used to estimate how precise the estimates are. The coefficient of variation (CV) is a measure of dispersion, based on the standard error of the estimate and the estimate itself. If an estimated proportion has a CV greater than 33.3% with sufficient sample size, the estimate must be suppressed. If an estimated proportion has a CV greater than 16.5%, but no greater than 33.3%, with sufficient sample size, the estimate can be reported but should be interpreted with caution.

Based on sampling distribution theory, we are 95% confident that the true value of an estimate is within two standard errors in either direction of the estimate. This range (estimate plus or minus 2 standard errors) is called the 95% confidence interval. A 95% confidence interval is defined as an interval that will contain the true parameter for 95% of all samples that could have been obtained from the reference population.

The confidence interval illustrates the degree of variability associated with an estimate. Wide confidence intervals indicate wide variability, and thus, such estimates should be interpreted and compared with due caution. Confidence intervals can be used to determine whether an estimate in one subgroup is

statistically below, above, or no different than the estimate for the same indicator in another subgroup. If the confidence intervals for two estimates overlap, then we would conclude that the difference between them is not statistically significant. For this report, a program called Auto-CI (21) was modified to calculate 95% confidence intervals and coefficients of variation (C.V.)

RESULTS

DEMOGRAPHIC PROFILE OF THE "TARGET CHILD" AND THE "MOTHER"

The respondent group consisted of mothers of children ages 0 to 6. The sample was restricted to mothers in order to gather breastfeeding and prenatal data. The median age of mothers responding was 32 years. If there was more than one child under 6 years of age in the family, the child with the most recent birthday was selected as the 'target child'.

The parent/guardian of the 'target child' provided information about their marital status; 13.5% were single parents (divorced, separated, widowed, or single). Seventy-two percent of the respondents indicated that they were married at the time of the survey, while 14.5% were in a common-law relationship.

RURAL/URBAN BREAKDOWN

Postal code information provided by respondents was used to classify respondent place of residence as rural or urban. The Statistics Canada postal code conversion file from September 2002 was used to link the postal code information provided by NOPCHS respondents with the standard 2001 Census geography. Each case was therefore coded using the 2001 census variable that is known as the Statistical Area Classification (SAC or sactype). This variable classifies each census subdivision ("municipality") into one of the following categories:

- 1 CMA – census metropolitan area
- 2 CA tracted – census agglomeration with census tracts
- 3 CA untraced – census agglomeration without census tracts
- 4 Strong MIZ – strong Metropolitan Influence Zone
- 5 Moderate MIZ
- 6 Weak MIZ
- 7 No MIZ

A detailed explanation of these terms can be found at: geodepot.statcan.ca/Diss/Reference/COGG/Index_e.cfm under "Statistical Area Classification".

For the NOPCHS, sactype values were classified as Urban (sactypes 1-3) or Rural (sactypes 4-7).

Figure 1: Percent distribution of rural and urban participants, by northern health unit

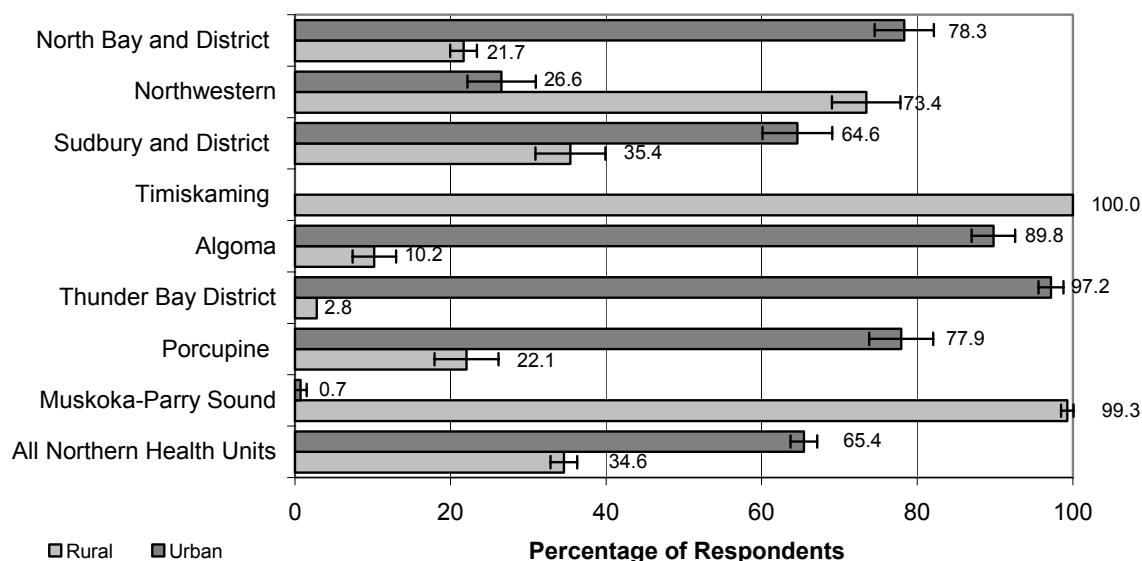
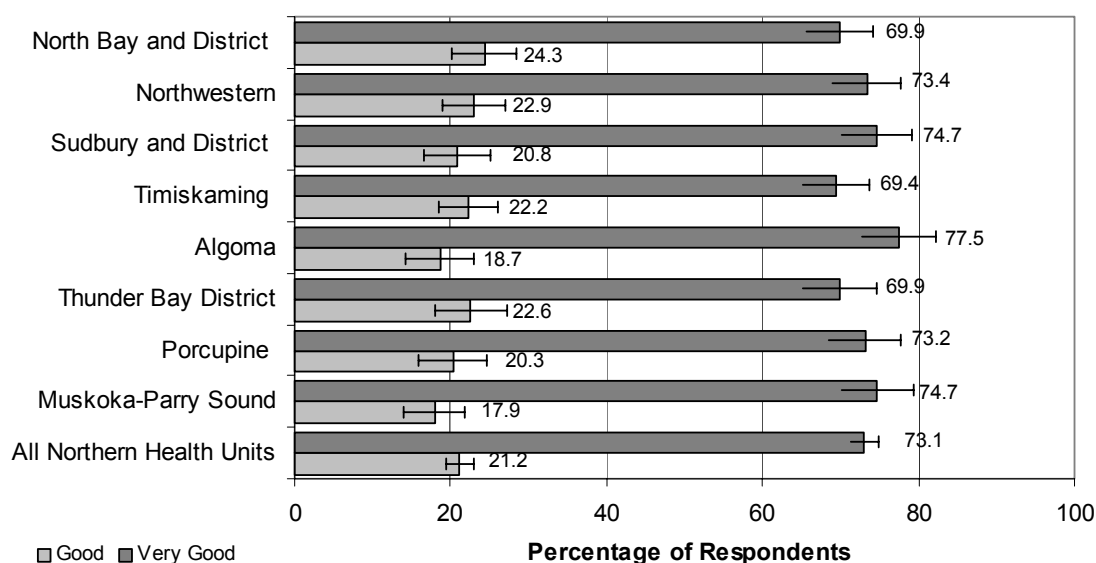


Figure 1 shows the breakdown of respondents by rural or urban place of residence. For the total sample, 65.4% lived in urban areas and 34.6% lived in rural areas. There is wide variety by health unit, such that almost all the respondents from North Bay, Algoma, Thunder Bay and Porcupine live in areas considered urban. In contrast, most respondents in Northwestern, Timiskaming, and Muskoka-Parry Sound live in areas considered rural, reflecting the lack of towns with large populations in these health unit areas.

GENERAL HEALTH INDICATORS

Self-reported health status is one indicator of general health. Respondents were asked about their own health status and that of the target child. Surveyors asked the question, "In general, would you say the health of < the target child > is:". The responses for the total group (Figure 2) indicated that the majority of children were felt to be healthy, with 94.3% of respondents reporting that the health of the target child was "good" or "very good" (with "very good" as the highest possible rating).

Figure 2: Percentage of respondents who reported the general health of the target child as "good or very good", by northern health unit



Access to health care, including access to a family physician, is an ongoing issue in Northern Ontario. More than 94% of respondents indicated that they have a family doctor, a figure which is surprisingly high given the physician shortages in Northern Ontario. It may be that mothers of young children are particularly persistent at ensuring that they have a physician. The distribution of families having family physicians by health unit area is presented in Figure 3, with Timiskaming reporting the lowest percentage. Significant differences were observed between rural and urban respondents, with rural respondents less likely than urban residents (90.1% versus 95.6%) to report having a family physician.

Figure 3: Percentage of respondents who report having a family physician, by northern health unit

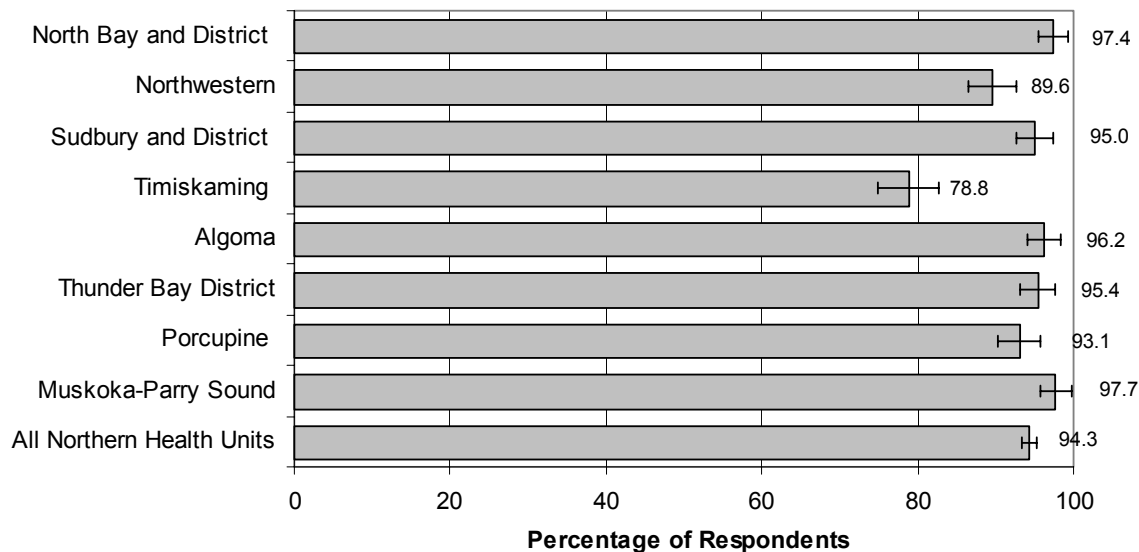
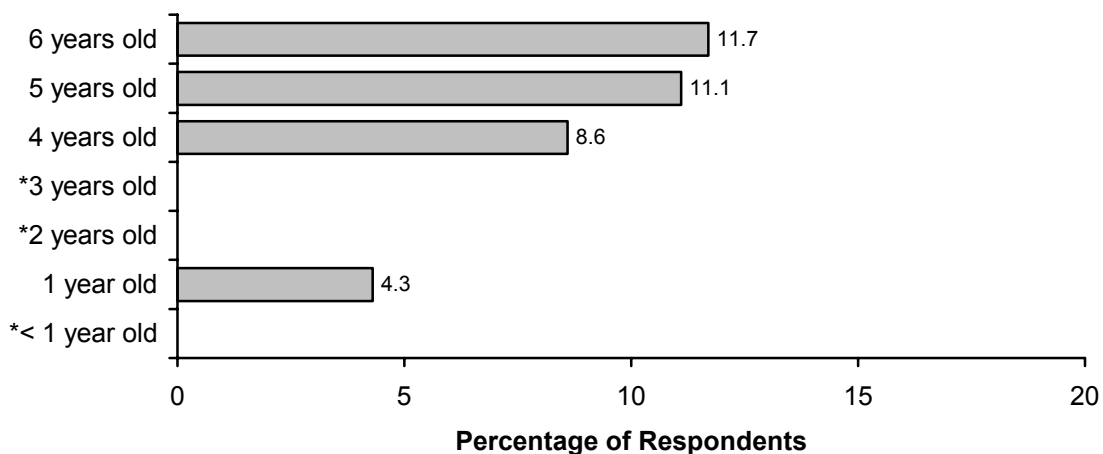


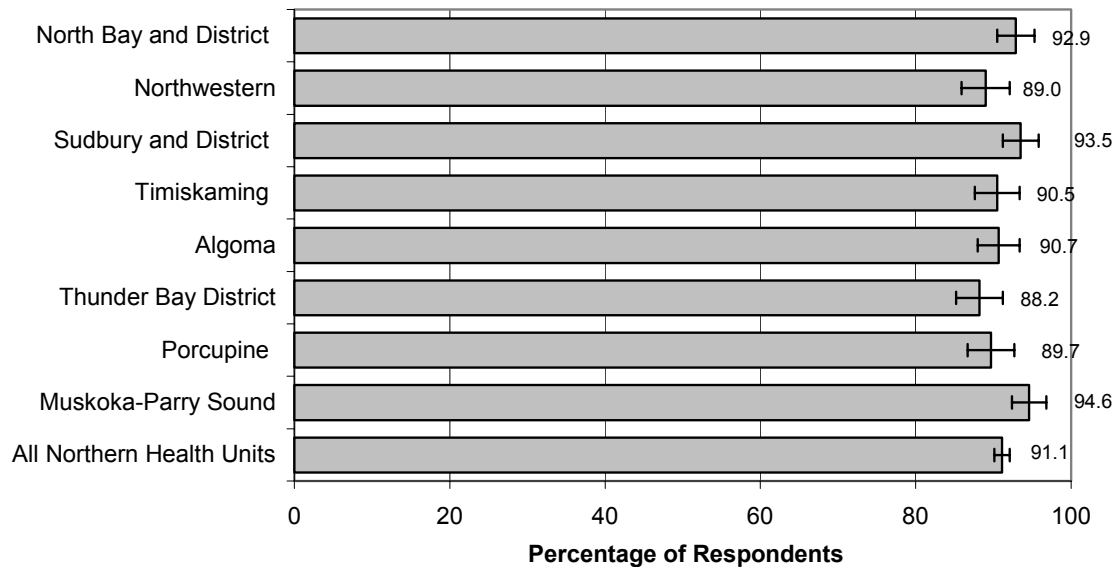
Figure 4 represents the percentage of respondents who indicated that their child was diagnosed with a serious illness, disability or special need. Not surprisingly, this percentage increases with age. Collapsing across age of child, 8.3% of target children had been diagnosed with a serious illness, disability or special need.

Figure 4: Percentage of children reportedly diagnosed with a serious illness, disability or special need, by target child age



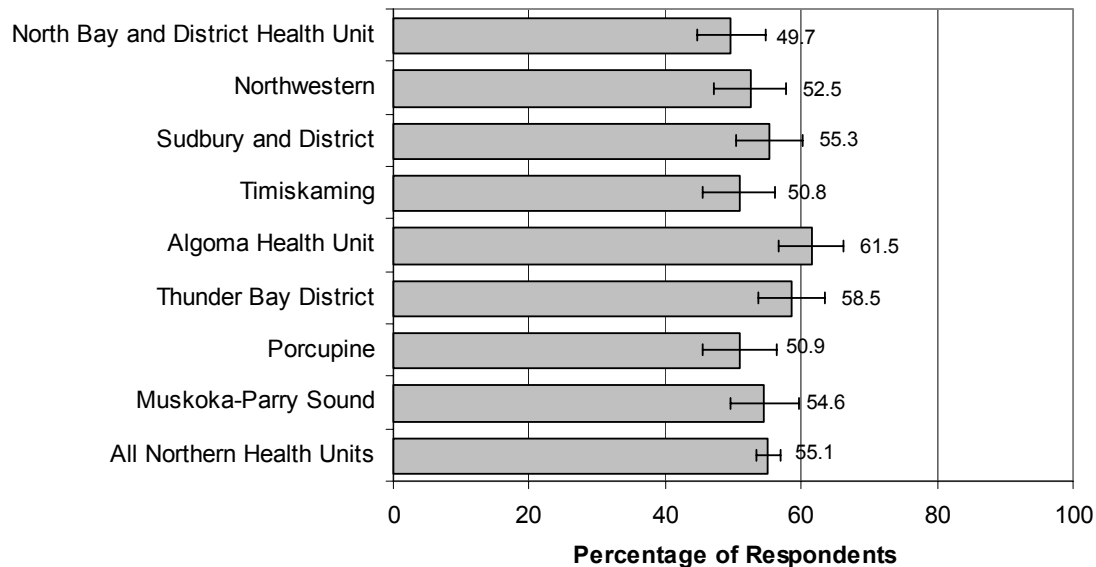
* Cell size less than 30

Figure 5: Percent distribution of mothers who stated their child had seen a doctor in the last 12 months, by northern health unit



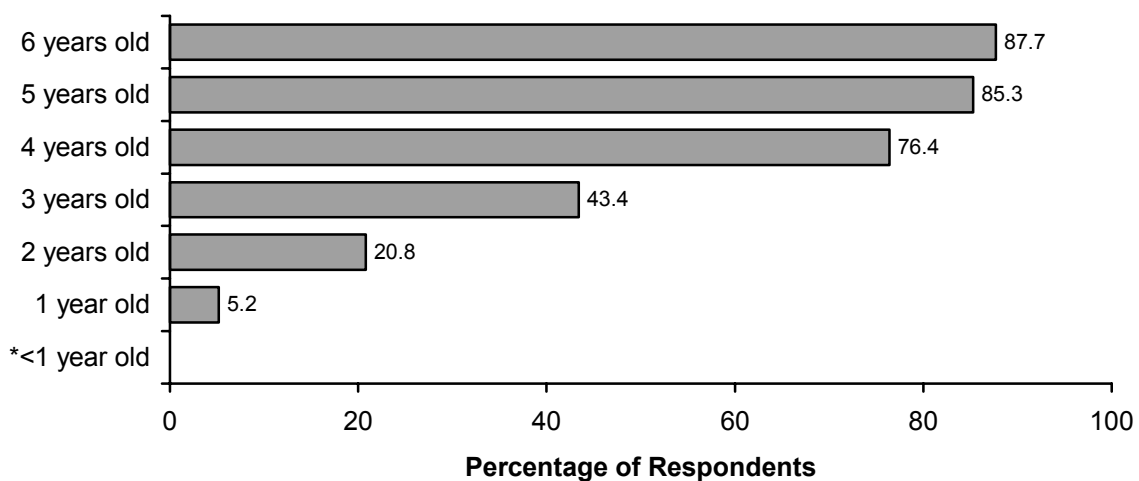
As shown in Figure 5, the majority of children (91.1%) have visited a doctor in the past 12 months. There was a significant difference by area in the percentage of children who had visited a doctor, with more children in the Muskoka-Parry Sound area visiting a doctor than children in the Thunder Bay area. There was no difference in visits to doctors based on rural/urban place of residence.

Figure 6: Percent distribution of mothers who stated their child had been seen by a dentist in the last 12 months, by northern health unit



As shown in Figure 6, 55.1% of children had visited a dentist in the past year. Children living in rural locations were significantly less likely to have seen a dentist than children living in urban locations, with 50.4% of rural and 57.4% of urban respondents reporting a dentist visit. The age of the child was an important factor, as shown in Figure 7. More than 20% of children 2 years of age had visited a dentist in the past year. At age 4, more than 75% of the target children had visited a dentist, and at age 6, more than 87% had visited a dentist in the past year.

Figure 7: Percentage of children reportedly visiting a dentist in the past 12 months, by target child age, across all northern health units



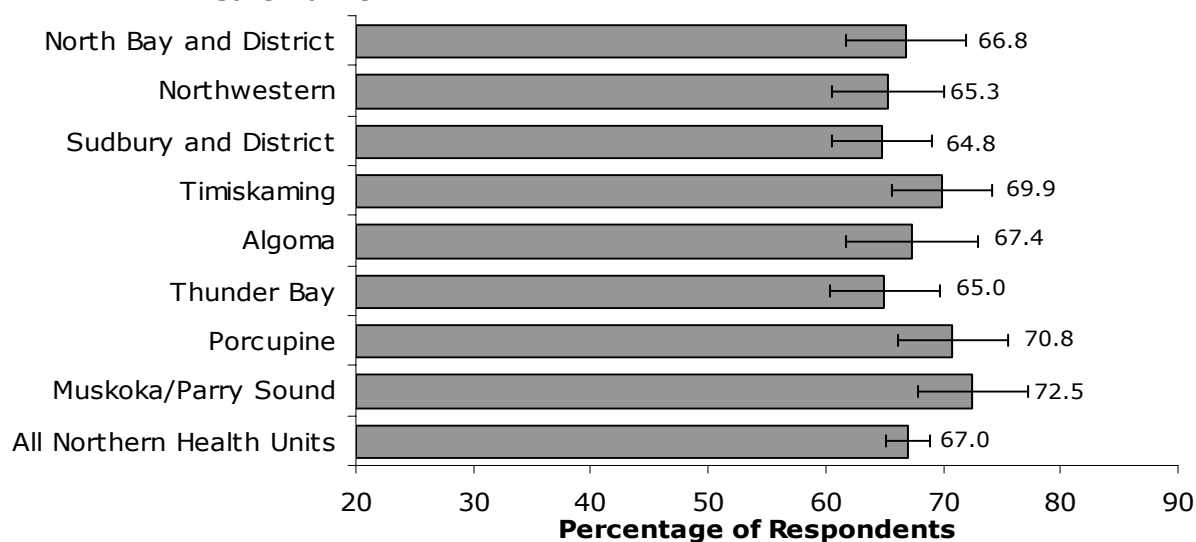
* Cell size less than 30

AWARENESS OF SERVICES DURING PREGNANCY

Many health unit programs are offered to pregnant women. One objective of the NOPCHS was to determine the level of awareness of these programs among pregnant women. Survey questions were asked of respondents concerning specific health unit programs that they may have been aware of during their pregnancy. It should be noted that some of these programs may be offered under different names depending on the health unit, or may not be offered in exactly the same format at each health unit. For example, although all health units provide breastfeeding support, not all provide that support on a drop-in basis, although the survey questions specifically asked about drop-in services. These responses provide a general indicator of the levels of awareness, but there are limitations to the conclusions that can be drawn.

Public Health Nursing Visits and Phone Calls

Figure 8: Percent distribution of mothers who stated that they were aware or became aware of public health nursing visits/telephone calls during their pregnancy, by northern health unit

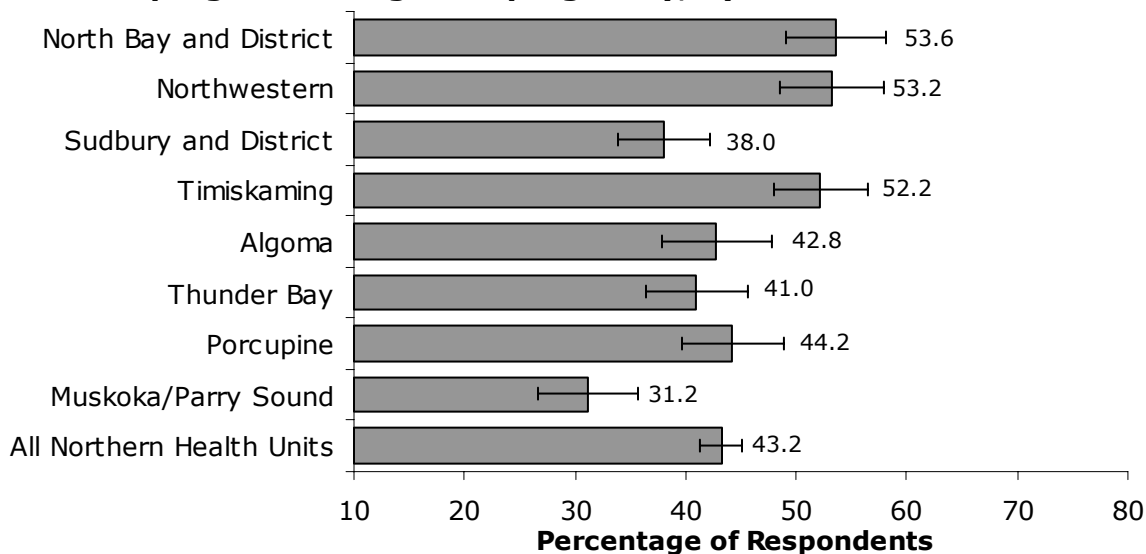


As shown in Figure 8, approximately two thirds (67%) of respondents were aware, or became aware of public health nursing visits or calls during their pregnancy. No significant differences were noted among health units in levels of awareness. Given that public health unit visits and calls are an important resource for healthy pregnancies and healthy infants, these findings may indicate that increased promotion of the services is needed.

There was a significant difference observed between respondents living in rural and urban areas. Rural respondents were more likely than urban respondents to be aware of public health nursing visits and calls (70.6% versus 65.5% respectively).

Healthy Babies, Healthy Children Program

Figure 9: Percent distribution of mothers who stated that they were aware or became aware of the Healthy Babies, Healthy Children program during their pregnancy, by northern health unit

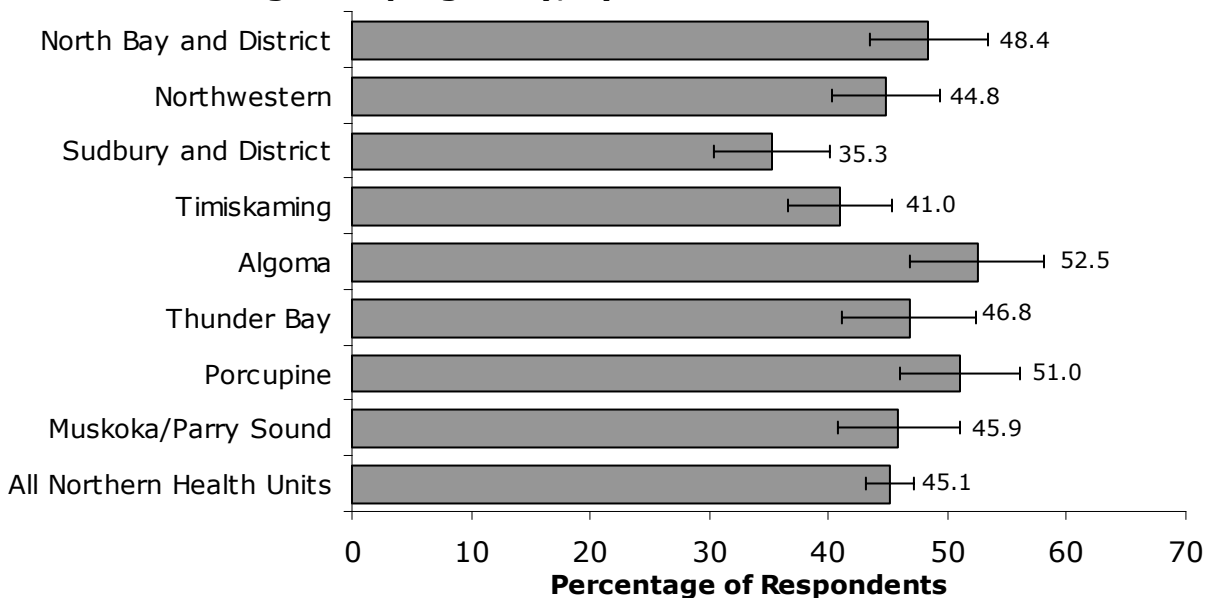


As shown in Figure 9, an even lower proportion, 43.2%, of respondents were aware of Healthy Babies, Healthy Children (HBHC), as compared to awareness of Public Health Nursing visits. This finding is an indication of recognition of the program by name, and may not mean that respondents were not aware of services delivered as part of HBHC. Nonetheless, fewer than half of respondents were aware of the program by name, and this may indicate that more promotion is needed. There were significant differences observed between health units, with North Bay & District Health Unit, Northwestern Health Unit, and Timiskaming Health Unit reporting higher levels of awareness than the other health units.

No significant difference was observed in awareness of HBHC among rural versus urban residents.

Breastfeeding Support Drop-Ins

Figure 10: Percent distribution of mothers who stated that they were aware or became aware of breastfeeding support drop-ins during their pregnancy, by northern health unit

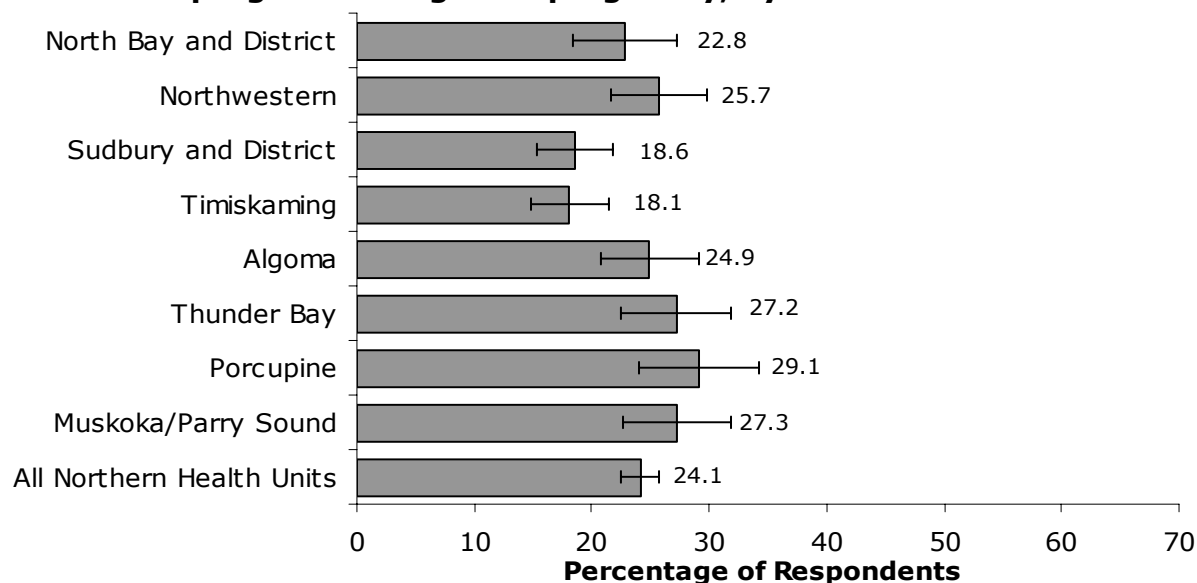


Slightly less than half, 45.1%, of respondents were aware of breastfeeding support drop-ins offered by their health units. This percentage differed significantly by health unit area, with awareness significantly lower in Sudbury than in North Bay, Algoma, Thunder Bay, Porcupine, and Muskoka-Parry Sound. Awareness was also lower in Timiskaming than in Algoma and Porcupine.

The rate of awareness differed significantly by rural or urban place of residence, with 42.5% of rural and 48.3% of urban residents reporting being aware of this service. This finding may reflect a difference in awareness, or may reflect that the service is actually less available in rural locations.

Breastfeeding Mentorship Program

Figure 11: Percent distribution of mothers who stated that they were aware or became aware of the breastfeeding mentorship program during their pregnancy, by northern health unit



Approximately one-quarter (24.1%) of respondents were aware of breastfeeding mentorship programs (Figure 11). Sudbury and Timiskaming showed significantly lower rates of awareness than Thunder Bay, Porcupine, and Muskoka-Parry Sound. There was no difference in awareness based on rural or urban place of residence.

AVAILABILITY AND UTILIZATION OF PARENTING RESOURCES

A particular area of interest for this survey was the availability and utilization of services and supports for all children and families. The focus of the Access to Parenting Resources report is on programs, services and supports that pregnant women or families with young children may use. These variables were examined, where appropriate and where numbers allowed, by health unit and by rural or urban place of respondent residence.

Sense of belonging to the community may be relevant for understanding the use of community services. This variable was measured by the question, "How would you describe your sense of belonging to your local community?". The majority of the respondents felt a "strong" to "very strong" sense of belonging to their community (Figure 12).

Figure 12: Sense of belonging to the community as reported by the parent/guardian, all northern health units

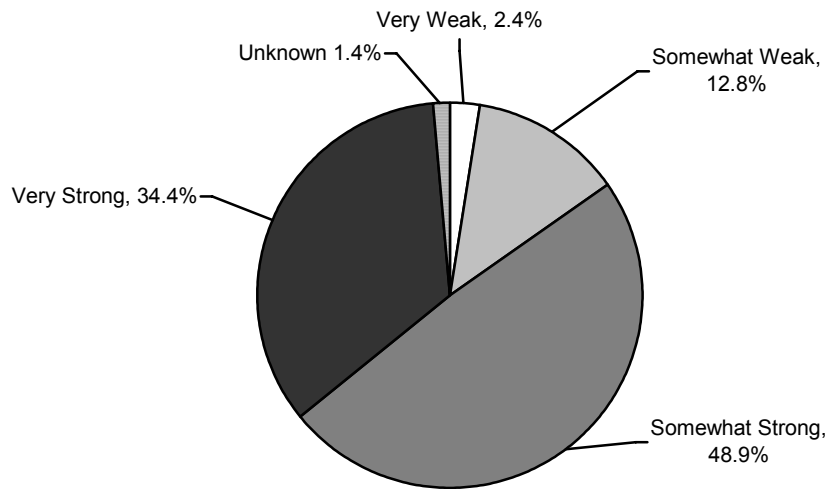


Figure 13: Percent distribution of mothers who stated prenatal classes were available in their community, by northern health unit

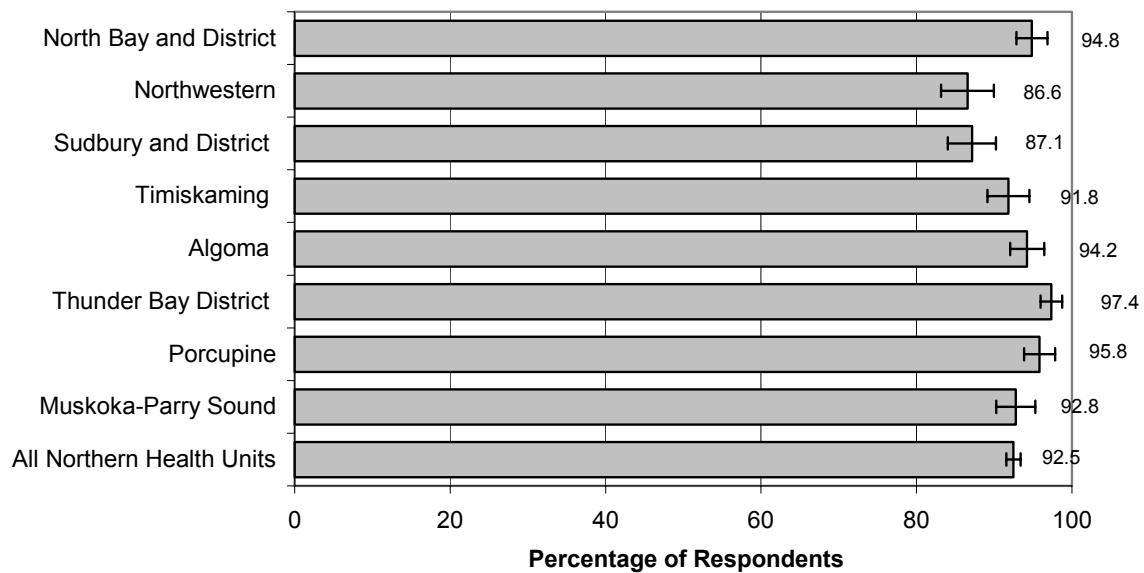
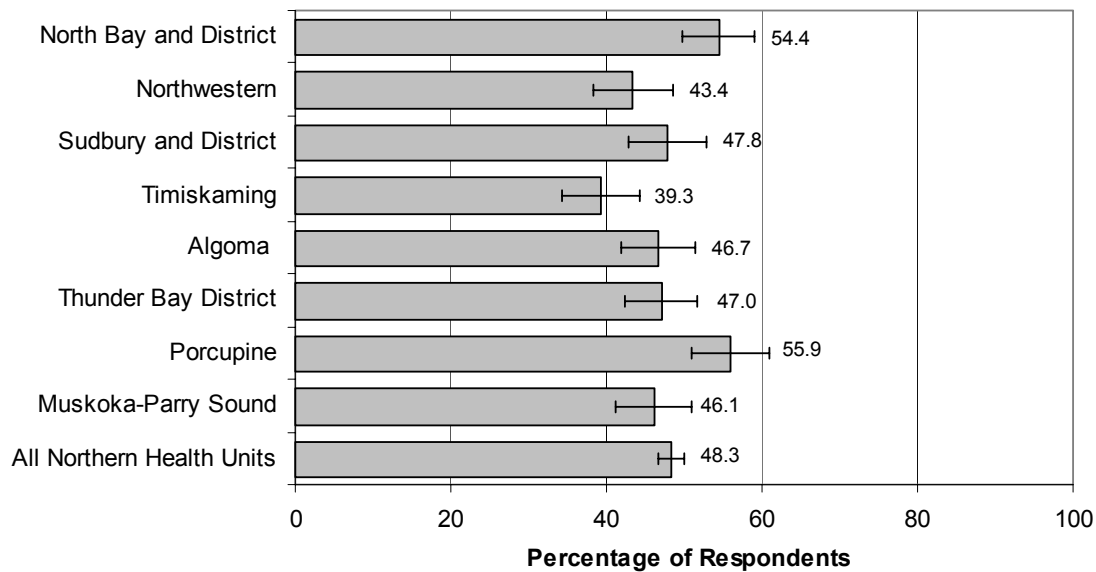


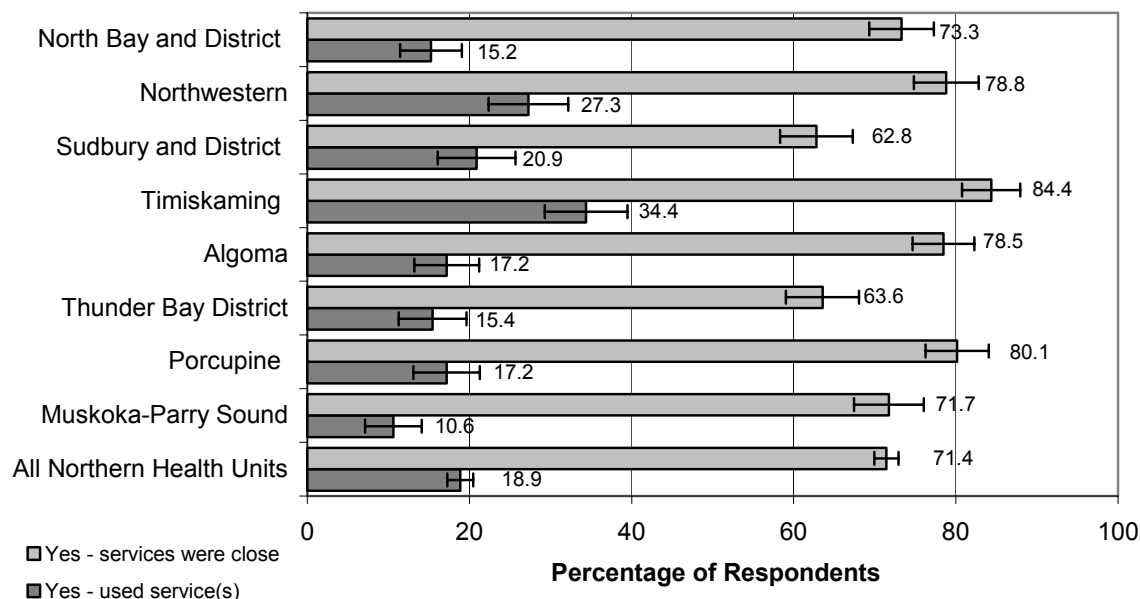
Figure 14: Percent distribution of mothers who attended prenatal classes, by northern health unit



As shown in Figure 13, the majority of respondents, 92.5%, reported that prenatal classes were available in their community, although percentages ranged from 86.6% to 97.4% depending on the health unit area. Among those who said that classes were available, just under half, 48.3%, had attended prenatal classes, as shown in Figure 14.

There was a significant difference observed between respondents living in rural and urban areas. Urban respondents were more likely than rural respondents to say that prenatal classes were available in their community (96% versus 88.5% respectively). However, among those who said the classes were available, there was no significant difference in the percentage of respondents who attended prenatal classes, with 49.8% of urban and 45.1% of rural respondents attending.

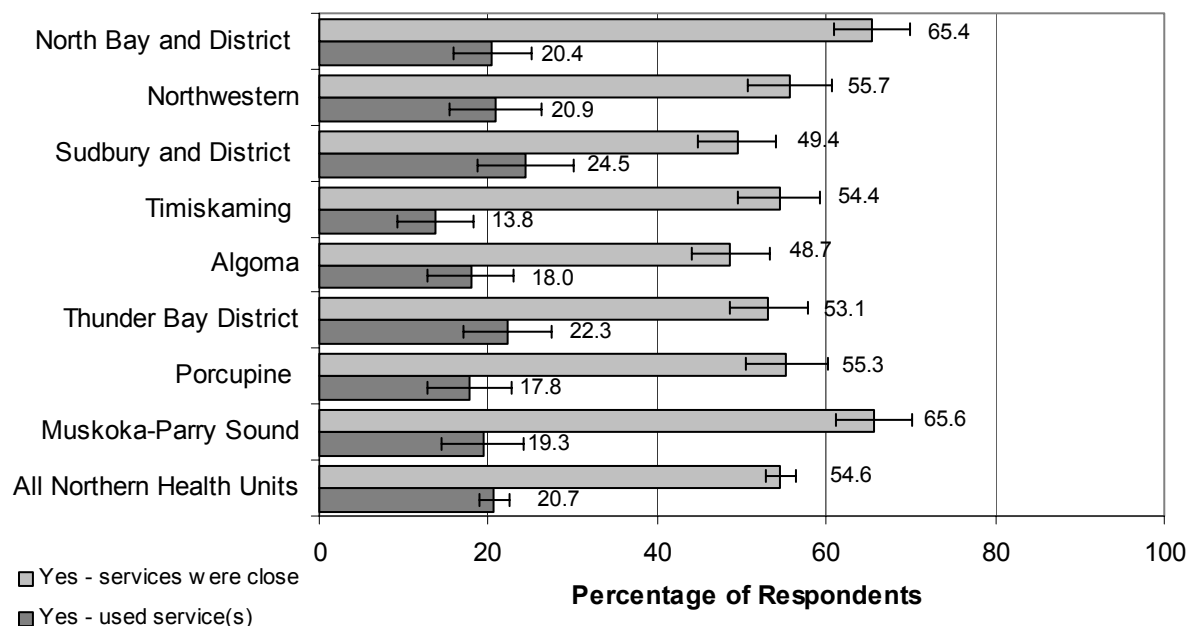
Figure 15: Percent distribution of mothers who stated that health unit clinics for child services were available close to where they live and the percent distribution of mothers who used these services, by northern health unit



The majority of respondents, 71.4% said that there were health unit clinics for children close to where they lived (Figure 15). However, among those who said that the service was available where they live, less than one in five (18.9%) had used these clinics. Among families with target children under 2 years, about one-third had used the clinics.

No significant differences between rural and urban residents were found in reporting a clinic close to home, but among those reporting clinics close to home, more rural (23.3%) than urban (17.1%) residents reported using the clinics.

Figure 16: Percent distribution of mothers who stated that family resource centres were available close to where they live and the percent distribution of mothers who had used these services, by northern health unit

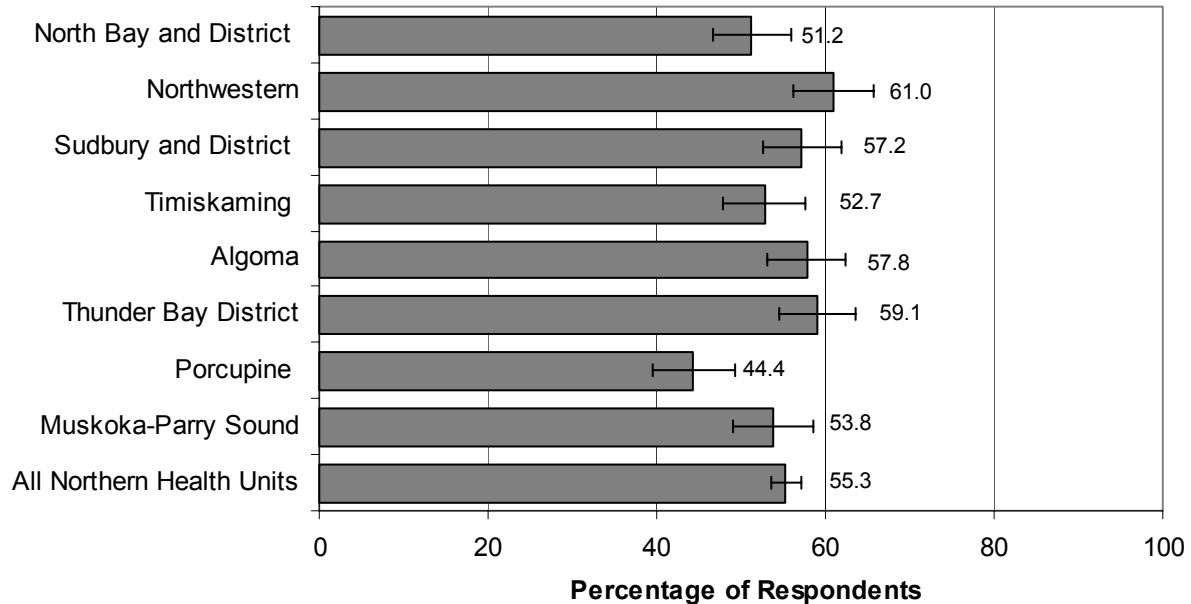


As shown in Figure 16, slightly more than half of all respondents, 54.6%, said that there was a family resource centre close to where they live. The rates ranged from 48.7% in Algoma to 65.7% in Muskoka-Parry Sound, with some significant differences in the rates: respondents in North Bay and Muskoka Parry Sound are more likely to say there is a family resource centre close to home than all other locations except Northwestern. Respondents in Sudbury were more likely than respondents in Timiskaming to say they had used a family resource centre.

Among those who reported a family resource centre close to where they live, only one in five (20.7%) had used a family resource centre in the last year. Percentages did not differ significantly by the age of the child.

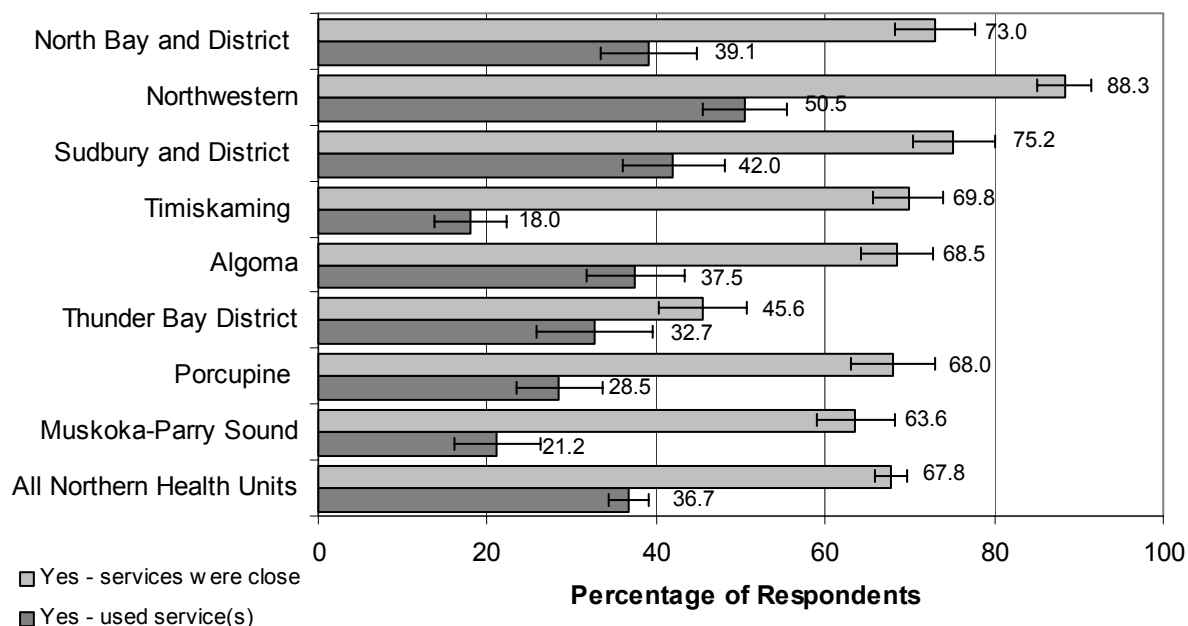
Rural respondents were significantly more likely than urban respondents to report a family resource centre close to home (58.6% versus 53.9%), but there was no difference in rate of use by rural versus urban residence.

Figure 17: Percent distribution of mothers who stated they had used library services for or with their child in the last year, by northern health unit



As shown in Figure 17, more than 55% of respondents reported using library services in the past year. Library services were used more often by families with older children. There was no difference for rural and urban respondents in having used a library with their child.

Figure 18: Percent distribution of mothers who stated that Toy Libraries were available close to where they live and the percent distribution of mothers who used these services, by northern health unit



About two-thirds, 67.8%, of respondents reported that there was a toy library close to where they live (see Figure 18). Among those, just over one-third, 36.7% reported using the program. Residents of the Northwestern Health Unit area were significantly more likely than all other areas to report that a toy library was close to where they live, and the reported availability was lower in Thunder Bay District than in all other areas. As can be seen in Figure 18, reported use of toy libraries was higher in Northwestern than in most other areas, and use in Timiskaming was lower than most other areas. There was a significant difference by place of residence, such that rural respondents were more likely than urban residents to say that a toy library was available (73% versus 65.6% respectively). However, there was no difference in reported use of toy libraries by rural and urban residents.

The vast majority of respondents, 94%, had not used services for children with emotional or behavioural problems. There were no significant differences between health unit areas on this variable. Unfortunately, respondents were not asked whether the reasons for not using the services were that the services were not available, or that they had no need for the services, so we cannot conclude that this finding reflects the need for these services in northern communities.

Figure 19: Percent distribution of mothers who stated that recreational services and programs for children were available close to where they live and the percent distribution of mothers who used these services, by northern health unit

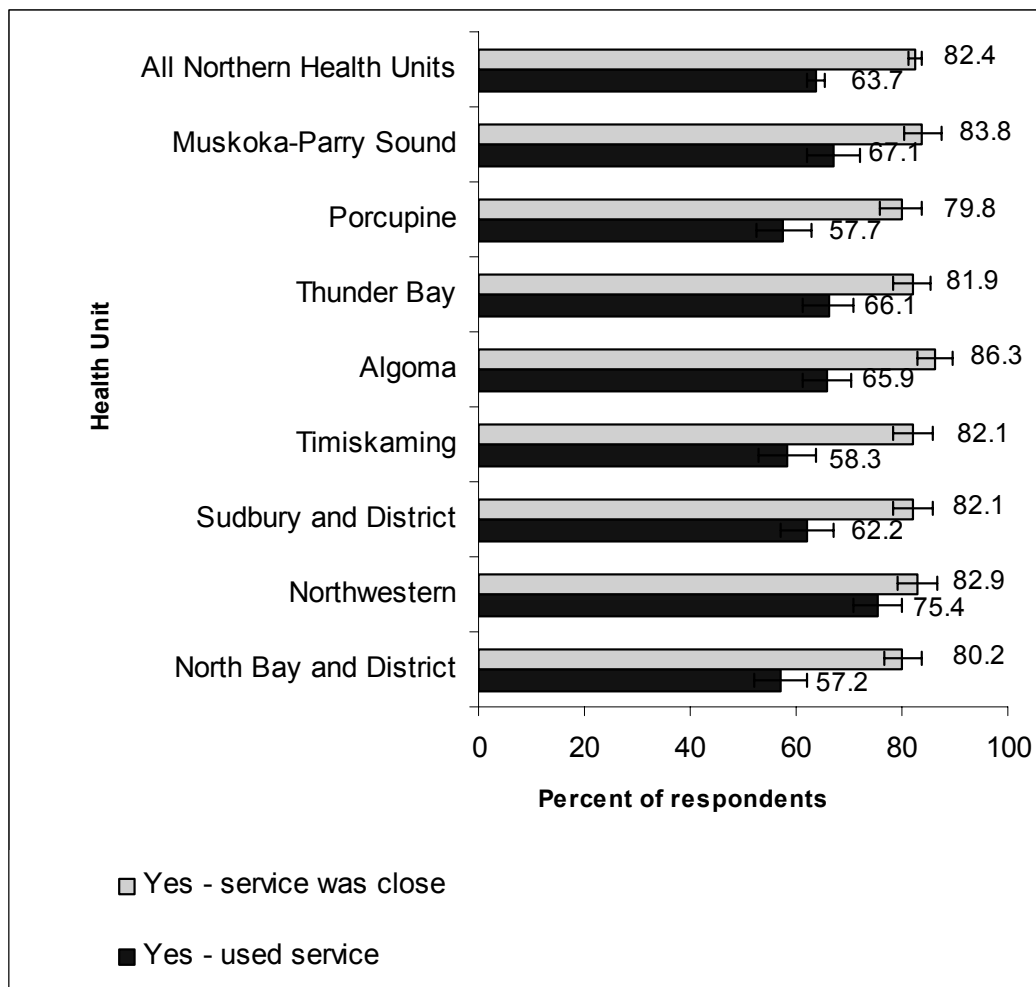
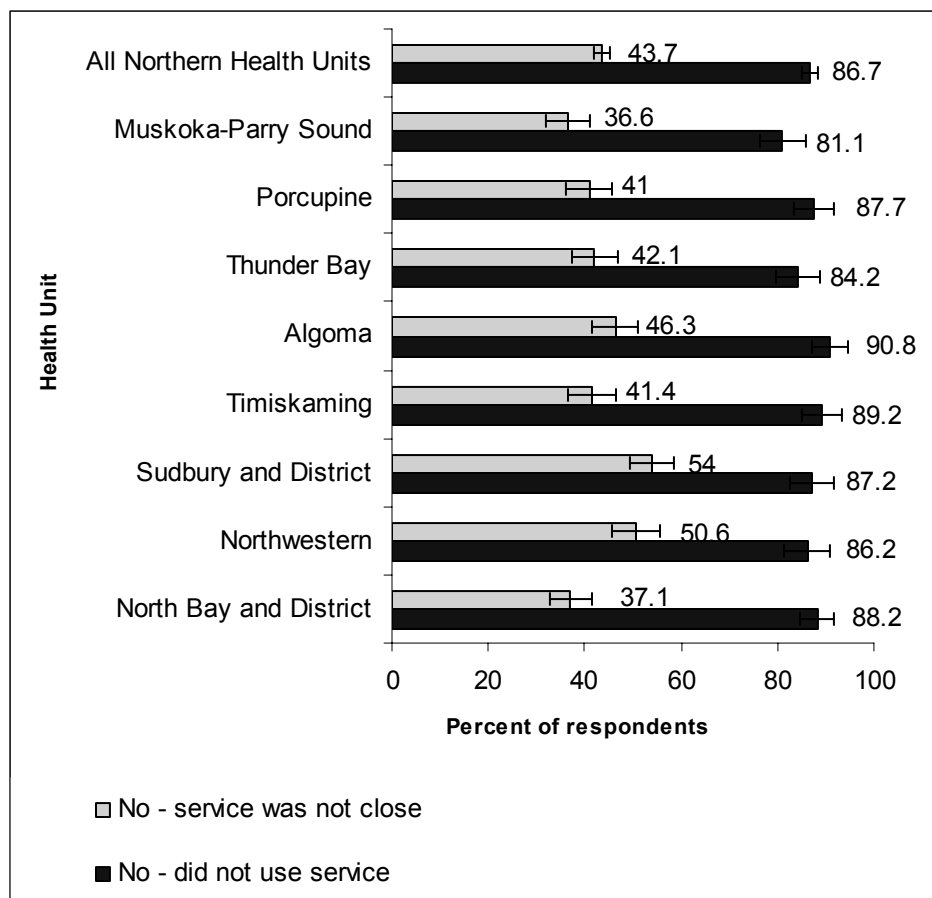


Figure 19 shows that the majority of respondents had recreational services and programs close to where they live (82.4%), and the majority had also used these services (63.7% reported having used the services in the past year). There were no significant differences on the recreational program questions by rural or urban location.

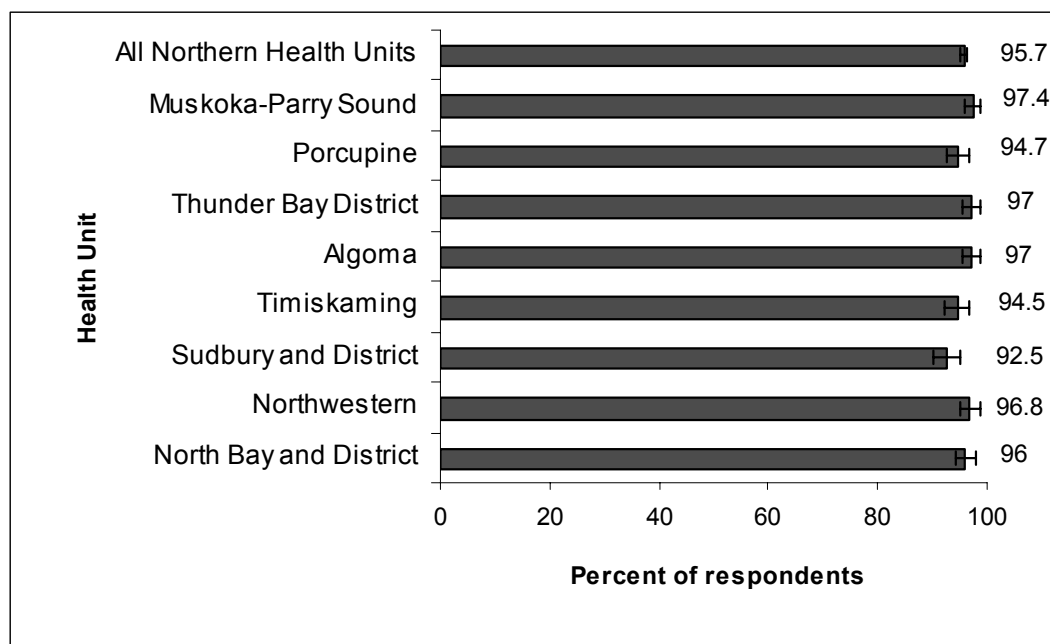
Figure 20: Percent distribution of mothers who stated that parent support groups were *not* available close to where they live and the percent distribution of mothers who did *not* use these services, by northern health unit



Across all health unit areas, more than half the respondents, 56.3%, said that parent support groups were available close to where they live. Of these, only 13.3% of parents reported having used these groups in the past year.

Figure 20 shows the proportion of mothers saying they had *not* used the parent support groups, by health unit, because the number of parents saying yes was too small to report for some health unit areas. There were no significant differences by rural/urban location.

Figure 21: Percent distribution of mothers who stated they had *not* used a food bank in the last year, by northern health unit



As shown in Figure 21, the majority of respondents had *not* used a food bank in the last year; however, close to one in twenty people (4.3%) responded that they had used a food bank. The reported rates range from 2.6% in Muskoka-Parry Sound to 7.5% in Sudbury and District, although these estimates are based on small numbers of respondents and may be unreliable. There was no significant difference by rural/urban place of residence.

Approximately 40% of the sample have not needed childcare services. Of those 60% who have needed childcare (n=2123), some problems had been encountered in accessing the care they needed. Table 1 below shows the type of problems encountered (respondents could indicate more than one problem). There were no significant differences by rural or urban place of residence for these variables.

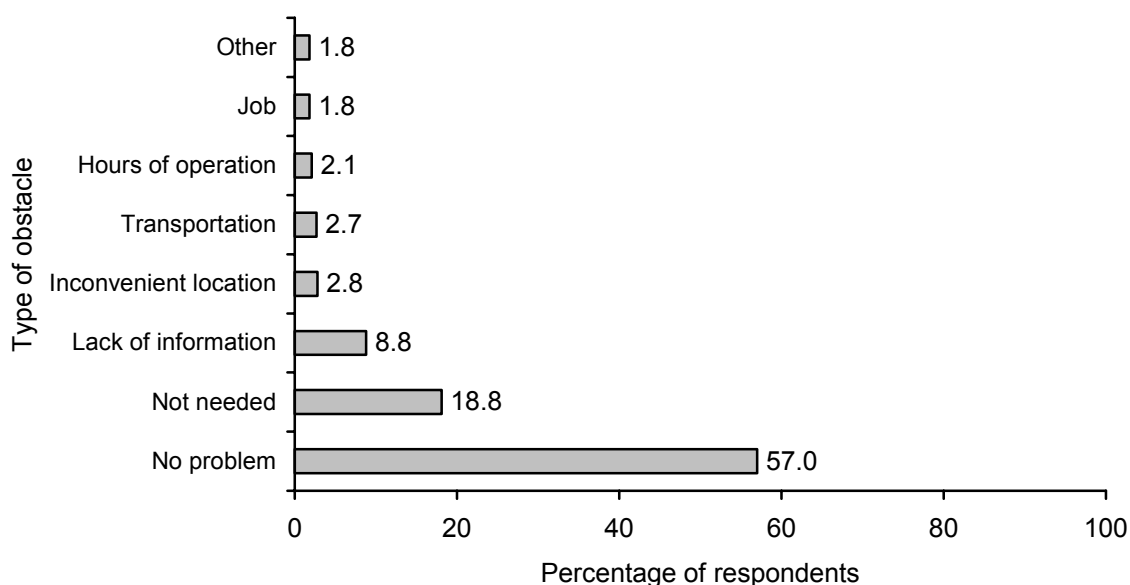
Table 1: Problems encountered with accessing childcare services

Type of problem	Percentage reporting problem
Finding temporary childcare	25.4%
Finding childcare to match work schedule	23.7%
Cost of childcare	16.9%

BARRIERS TO UTILIZATION

Respondents were asked about the obstacles that may have prevented them from accessing or using services in their communities. Figure 22 illustrates potential barriers or obstacles to service use. Most important, 57% of respondents had not experienced any obstacles or barriers to service utilization. A further 18.8% said they did not need the services. Among those respondents who stated a difficulty, lack of information about the services was the most commonly mentioned problem, as illustrated in some of the earlier results with respect to awareness of services.

Figure 22: Barriers/obstacles to the use of services for children and families



SATISFACTION WITH SUPPORTS AND SERVICES

The parent/guardian was asked about their level of satisfaction with the support programs and services offered for parents with young children. The data indicate that across all of the northern health unit areas, 85% of the respondents were "somewhat satisfied" or "very satisfied" with the support programs and services offered.

Existence of an adequate level of support is an essential element in establishing parenting capacity, but knowing where support can be attained may be as important as the existence of the support. Respondents were asked if they knew where to go in their community to receive support and assistance when it was needed. The results indicated that more than 86% "knew where to go for help within the community when needed."

OTHER SERVICES DESIRED

A question that mothers were asked in the survey was "What other services for children age 0-6 would you like to have in your community?" Only one quarter of the mothers surveyed gave a response to this open-ended question other than "I don't know", "Can't think of any," or "No response". The answers given by these mothers are broken down by health unit and loosely grouped into the following categories as appropriate:

- 1) Information
- 2) We Have Sufficient/Satisfied
- 3) Programs I Like
- 4) What We Need
- 5) Problems and Improvements

In these answers, health units may find some valuable clues pertaining to needs and perceptions in their geographic areas. These comments may be of assistance to them in future service planning and implementation. A brief summary of the types of comments is presented below. The complete list of "desired services" comments, broken down by health unit area, can be found in Appendix A.

Common Themes

Information

Within all health units there were several comments about not having information about available services. Some specific topics mentioned where more information is needed were speech assessment, early infant development, parent information, folic acid and neural tube defects. Other comments included not knowing how to access available services, not being aware of services, and that services need to be better advertised and offer after work hours.

We Have Sufficient/Satisfied

Within all health units there were comments about how there are already enough services for children ages 0 to 6 years. Respondents indicated that they are content with what presently exists. Some mothers said that they are happy with their communities and are lucky to live in their communities.

Programs Especially Liked by Respondents

Only three health unit areas received comments about specific programs and services offered in their respective areas (for example, parents indicated that they liked the parent information line, or that their region offered many good services).

What We Need

Most of the comments made by survey participants fell into this category and all health units received many comments. These comments are best interpreted by service planners and providers in each health unit area. Being familiar with a geographical area and its idiosyncrasies of service delivery would allow more accurate interpretations of the comments as they apply to each respective health

unit area. Some recurring themes were the need for: 1) swimming pools, 2) brand name programs like Kindermusic and Gymboree, 3) childcare including childcare for people who work outside the 9 to 5 routine; 4) more after hours parent-child interaction programs for working parents, 5) early diagnosis programs, 6) more programs in French, and 7) more play groups.

Problems and Improvements

All health units received between one and six comments on problems and improvements. Some problems that these comments addressed included distance to services, waiting lists, not enough physicians, and language barriers.

How Can Supports and Services be Improved?

Another open ended question that mothers were asked in the survey was "How can supports and services be improved?". Only 3% of the mothers surveyed actually gave a response to this open-ended question other than "I don't know", "Can't think of any" or "No response". Despite the small number of responses, health units may find valuable insight about the needs and perceptions in their geographic areas by reviewing the responses to this question. These comments may be of assistance to health units in future service planning and implementation. The complete list of "improvement" comments, broken down by health unit area, is located in Appendix B.

DISCUSSION AND IMPLICATIONS

Many services and programs are available in Northern Ontario to families with young children. However, we know that not all families and communities have access to all services, whether because the service is not available in their area, or because of access barriers such as transportation, lack of information, or a poor match between services and community needs. This report examined survey data from mothers of children aged 0-6 years from across Northern Ontario in order to determine reported levels of service availability and use. The report also examined whether service levels were different for respondents living in rural and urban areas.

ACCESS TO HEALTH CARE

The majority of mothers in the survey reported that they had a family physician and that their child had visited a doctor and dentist in the last year. Visiting a dentist was much more common among children aged 4 and over. Among all target children, 8% had been diagnosed with a serious illness, disability or special need, although these rates increased as the child's age increased. Taking all these findings into account, along with the fact that most mothers reported their children to be in good or very good health, suggests that access to basic health care services is adequate in Northern Ontario for most families with young children. However, there are some families for whom access to basic health care may be an issue, with approximately 1 in 20 having no family physician. Families in rural areas are less likely than urban residents to have a family physician. Children living in rural areas were also less likely to have visited a dentist in the past year. In addition, there are some families that are facing significant challenges associated with a child's illness, disability or special need. Service providers in Northern Ontario, including health units, face continued challenges in meeting the needs of all residents, including those who may be facing barriers to access.

ACCESS TO PRENATAL AND POSTNATAL SERVICES

The results of the NOPCHS show that approximately two-thirds of respondents were aware of health unit visiting/phone call services, but less than half of the survey participants have heard of the Healthy Babies Healthy Children (HBHC) program. It may be that mothers do not associate the services that public health units provide e.g., the 48 hour postpartum call, postpartum home visiting, as being part of the HBHC program. Health units are mandated to provide a specific set of services under the Healthy Babies Healthy Children Program name, but this name apparently does not have complete recognition among mothers of young children.

Rural residents were more likely to be aware of visiting and phone call programs, although there was no significant difference in awareness of the HBHC program by name between rural and urban residents. The HBHC program is delivered universally to all geographical areas in Ontario, but it may be that awareness of

visits and calls is more common in rural areas because there are fewer alternate services available and these health unit services are more widely recognized.

Health unit clinics are reportedly available to three-quarters of respondents, although only one in five of those respondents had used the clinics in the past year. Use of the clinics was more common among rural respondents. This may reflect the scarcity of other options for infant and child health care in rural areas, as reflected in the lower proportion of rural families that have family physicians.

In contrast, there was a significant difference between awareness of breastfeeding drop-ins between rural and urban residents, with urban respondents reporting higher levels of awareness. This may be due to a difference in service delivery methods in rural and urban areas. In urban areas, health units usually have a centre or clinic open on most days during the week where mothers can benefit from the expertise of a public health nurse or lactation consultant to assist them with breastfeeding. In rural areas this type of service may not be as readily available.

ACCESS TO PARENTING RESOURCES

Prenatal classes were available to a majority of respondents, although urban residents were even more likely to say that the classes were available. Due to a higher density population in urban areas, the numbers exist to offer prenatal classes on a regular basis in urban areas. In rural areas, prenatal classes may be offered on an as needed basis only. If no classes are available, health units offer pregnant women in rural areas other options to obtain prenatal information and support. These could include one-to-one visits, information packages and phone calls. Depending on distance, pregnant women who live in rural areas may also opt to attend prenatal classes in the closest urban area. Where the classes were available, rural and urban mothers were equally likely to have attended. This study indicates that less than half of pregnant women actually attend classes. Furthermore, parent support groups were available to approximately half of the respondents, but among those, just slightly more than 1 in 10 had used the groups in the last year. Low attendance at prenatal and parenting classes has been a concern for many public health units across the province.

In general, the findings in this report demonstrate that availability and awareness of a program does not mean that the program will be used. On every variable, rates of reported availability or awareness were much higher than rates of reported use. Of course, families make judgements about the programs and services that they require, and not all families will require all services. Some health unit programs, such as HBHC, are offered universally. However, families cannot use services that do not exist in their areas, so program planners may wish to examine the reach and availability of their non-universal programs throughout their catchment areas, and look for alternate ways of making services available. Furthermore, families cannot use services they are not aware of, so another implication of these findings may be that awareness-raising is needed for some services. Yet another implication of the findings is that programs need to ensure

that services are flexible enough to meet the needs of families, so that once parents are aware of a service, they will be interested in making use of the service if it is relevant to them. The perpetual struggle for service providers is not only to make people aware of their services, but to attract the people to their services, especially those people that could truly benefit from their services. Given these findings, the emphasis in messaging and promotion should be on making families aware of the benefits of the programs, so that awareness of the program's existence may be more likely to result in the choice to use the program. The NOPCHS highlights some specific areas where attention to awareness and use may be indicated.

ACCESS TO COMMUNITY SERVICES

Although the majority of respondents had not used a food bank, the results of the survey show that some parents of young children, as many as 1 in 20, may use food banks to access food for their families. Although the survey does not allow us to explore the frequency of use of foodbanks, health units and other service providers for children and parents need to be concerned about food security, health, and well-being for these northern Ontario families. The Nutrition in Northern Ontario report (22) (one of five in this series) sheds additional light on food security issues among northern Ontario families with young children.

Although some respondents did not require childcare, among the 60% of respondents who did, up to 1 in 4 had experienced at least one problem in obtaining the childcare services they needed. Whether the problem is finding temporary care, finding care to match work schedule, or the cost of care, it is clear that there are barriers to accessing necessary childcare for many mothers in northern Ontario. It should be noted that the survey did not ask about the nature or quality of the childcare arrangements for these families. When options for childcare are limited, the risk of children being placed in unsatisfactory or poor quality care increases. For the well-being of children, both access to and quality of childcare are important.

ACCESS TO RECREATIONAL OPPORTUNITIES

Recreational programs were among the highest reported available programs and the most used programs for these respondents, with approximately two-thirds of respondents using at least one of the many recreational programs available in northern Ontario communities.

ACCESS TO EARLY LEARNING OPPORTUNITIES

Family resource centres (FRCs) and toy libraries were reportedly available to approximately two-thirds of respondents, and among those, the programs had been used by one in five (FRCs) and one in three (toy libraries). Rural respondents were more likely than urban respondents to report that these services were available

close to where they live. Rural areas have been successful at operating small, local family resource services of this type, although overall rates of use among the respondents is fairly low regardless of where the respondents lives. In addition to these findings, approximately one-half of respondents had used a library with their child.

Ontario Early Years Centres

The Ontario Early Years Initiative began in 2001, driven by The Early Years Study (23). The study synthesizes evidence from neuroscience showing that most of the "wiring" in the human brain, which supports life-long learning, behaviour and health, is in place by the age of six. The findings indicate that children's earliest experiences and interactions with adults and other children are far more important than previously realized. Initiatives for early child development and learning should be based on a solid understanding of brain development and the unique role that parents and other primary caregivers play in shaping the development of the brain.

Over the past 3 years, some services that have traditionally provided services to parents and preschool children, such as family resource centres, have been brought under the Early Years umbrella either as an Ontario Early Years Centre (OEYC) or a satellite of a centre. Questions included in the survey pertaining to family resource centres, parent support groups, some prenatal and parenting classes, and toy lending libraries would now in most communities fall under the auspices of OEYCs. If OEYCs had been operating in all communities at the time of the survey, it is conceivable that survey participants would have answered the questions, "What other services for children age 0-6 would you like to have in your community?" and "How can supports and services be improved?" differently. In many communities, programs and services that were listed as program needs may now be provided by Ontario Early Years Centres. In some health unit areas, the OEYCs, through their satellite locations, have made a concerted effort to bring programming to surrounding smaller communities. More information about Ontario Early Years Centres can be found at the following website:
<http://www.ontarioearlyyears.ca/oeyc/oeyc.htm>.

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APPENDIX A

OTHER DESIRED SERVICES

Participant Responses by Health Unit : Responses have been grouped by themes. Each response was given by between 1 and 5 respondents.

QUESTION: "What other services for children age 0-6 would you like to have in your community?"

NORTH BAY AND DISTRICT HEALTH UNIT

Information

- I would like information about a speech assessment program in my area
- I guess more information on the services available to the public.
- I would have liked more information about folic acid before my last pregnancy-I had a child with a neural tube defect- my last pregnancy-and also a program that would provide a caregiver-a service to assist in screening caregivers

We Have Sufficient/Satisfied

- I have never thought of it and sufficient with what they have
- I think they're pretty good
- I think we have a pretty good wide variety
- I think we have a really good set up
- I think what they have is good as long as they stay
- I think there's a lot available and some people don't know about enough about it like younger mothers or don't know how to take the initiative to use them.
- I'm content with what there is.
- I'm quite happy with the community I'm in now rebuild the play ground.
- I'm satisfied with the playgroups other than those I don't know what else
- It's pretty active here
- Pretty good
- Pretty lucky here
- Pretty well set up
- Its covered
- There is not any that a find I'm missing
- There's a lot available
- They do pretty good around here they have everything pretty well covered
- We have quite a bit available
- They're all there.

Programs I Like

- I like the pathways program very much where the adults interact with each other and then the children get to interact at the same time

- I'm happy with the toy lending library.

What We Need

- I think there should be a toy lending library in my community all there is to do in my area is go to the park, a play group would be good to
- I would like a gymberie it would be really nice to have.
- I would like to see evening programs for parenting classes, and that's all
- I would like to see more play centres where you can bring your kids at a minimal fee as opposed to a yearly membership fee like the YMCA.
- French drop-ins centre, more French play group
- A good day care service for babies
- A Kindergym, Kindermusic program
- A quicker assessment period for children who have cleft lip
- After school drop-in
- An organized group for parents with children under 6
- An outdoors program for 5 year olds-nothing for that age group-and also mom and tots drop-ins-where I could meet other mothers or parents.
- Anything that would be for children in our area
- Anything-not much available
- At the hospital they should have a play area for the kids
- Better equipped playgrounds
- Better kept parks to bring very young children
- Big brother and big sister, for busy parents
- Classes for parents and children to attend together
- Co-operative childcare
- Development assessment people.
- Drop-in centres and more parenting groups for parents with children who are of school age more pediatric specialists in our area
- Everything possible at a low price
- Everything that I said is great.
- Fitness for new moms and babies
- For children of low income families-better subsidies for sports--there should be more input and support from both the private and public sectors
- Fun meeting place for babies and mothers where they would exercise etc.
- Gymnastics for smaller kids
- Have a play group for kids in the town of thorn
- Have the healthy babies and healthy beginnings in Mattawa and be able to deliver your child in Mattawa and not have to go 45 minutes away
- Id like to see more day care
- it would be nice to have a preschool thing or a group for kids that age with no cost attached
- Mental health services
- More access to swimming programs
- More activities
- More activities for the younger babies
- More activity games at the park

- More afternoon programs would be better for there is not enough parks with children's equipment close to where I live that are safe. more indoor play areas (especially for in the winter).
- More community centre type activities other than the YMCA sports etc.
- More drop-in centres closer to home and improve the summer activities in the park
- More help for children with celiac disease , that is free, plus subsidy for mothers who have a low incomes with children that have this disease
- More info for moms and support in breastfeeding
- More information on screened day cares
- More lactation consultants
- More licensed childcares and more of them readily available.
- More licensed daycare centres.
- More mom's groups that serve all the different demographics
- More parks
- More play groups
- More playgrounds and better equipment
- More playgroups
- More recreational services.
- More services for opt (speech and language).
- More sports for kids under 6
- More toy library supervision at park
- Music program to learn instruments
- Outdoor skating rinks
- Parent help line or parent support group, especially about discipline.
- Parent support if there isn't one close just moved here so I'm not sure
- Parent-child groups where parents could be with other parents and children
- Places where mothers can go with their children so that they can learn to interact with other children and mother can interact with other mothers
- Play groups
- Play-room in the mall,-place information concerning parenting in the libraries
- Playgrounds, parenting and pre-school groups.
- Playgroups for kids. more daycares because it is hard to get them in during the summer.
- Providing people with information on children under 6.
- Recreation
- See something offered on weekends or evenings-more family resource activities that we could do as a family-such as toy lending library
- Smaller day cares services
- Some breast feeding clinics and support groups in sturgeon falls would be nice
- Some sort of service to help the families that don't have transportation to the services
- Some to go indoors in the winter to play
- Something like a drop-in centre for parents with babies
- Something like an activity centre for children-possibly with dance and singing, etc.

- Something more geared to the babies such as path ways but more structured because they don't get naps so it's more for tots right now
- t-ball for the kids
- We don't have a arts and crafts centre so that kids can interact with other.
- Toy lending library would be good in the community
- What I think we need is a place where we can safely drop our children off and stay in the building while children play and where their well supervised and the parents in a different room socializing, also fitness groups for mother and baby
- To expand on existing programs and to provide better funding from the government and make it more accessible to everyone and especially people who are in lower income brackets
- They need to make some sort of transportation available to those who need it

Problems and Improvements

- Problems with skating program
- There are none available in the community
- There are waiting lists for everything up here and I think they should just improve wait times for the services in my area or take more children into the programs
- There is nothing here-we live 130 kms from North Bay

NORTHWESTERN HEALTH UNIT

Information

- When you don't know what out's there it's hard to give a comment
- They should still send us coupons and information after the child's birth

We have Sufficient/Satisfied

- I think that there are sufficient programs.
- I think that we've pretty much got it covered
- I think there is lots
- I think they pretty much have everything we need
- I think we have a fair amount for our community
- It's pretty well covered
- Its all good
- I am quite happy with the ones that we do have.
- I've never had to use anything
- There are lots already
- There is already a lot of services as there is.
- They have a very wide range, what is not offered free, you can enroll your child in it
- We got everything
- We have everything I can think of.
- We have everything we need
- We have good services right now
- We have lots into the town.
- We have so much already

What We Need

- Parenting classes for child age 5 and up
- I would like to have childcare services at our local fitness centre
- I would like to see a real good eye doctor
- I would like to see infant daycare centres.
- A life check in the winter
- A mother's group
- A nurse practitioner if doctor is not available
- A parenting program for parents to get involved with children's schooling
- A playgroup for kids
- A rec centre (mats and slides and things for children inside) like a YMCA
- A recreational swimming pool.
- Activity centre for kids in the evening.
- After school safe house ... where kids could hang out till parents get home
- Another mental health services for youth, more options
- Baby exercise classes
- Better counseling for children
- A certified lactation consultant
- A cultural and language program for Ojibway children

- A day care centre where somebody could drop off their child for an hour or so to do grocery's or to go out for a bit.
- A daycare
- A fitness centre for moms and kids.
- A large indoor recreation area other than skating or pool
- Childcare
- Day care centre
- Daycare or preschool
- Daycare from ages 0 to 2 would be nice, and small play groups for young children
- Daycares, prenatal classes: in pickle lake
- Better daycares
- Drop in centre where kids can play with toys and developed social skills and literacy skills
- Free activities for children who do not have the means
- Gymnastic program or music program
- Have a pool in the area where kids can take swimming lessons
- Having more places for mothers to go with their children when going in to town (most people come from out of town). more information for mothers.
- In health babies the milk coupons should be extended for a couple of months longer
- Indoor park
- Infant child day care parent gatherings for socializing
- Infant daycare
- Intellectual development program such as musical
- More sports
- Maybe a few more play centres
- Maybe expand it, it's kind of limited down here
- Mom and tot programs, kids interacting with each other of the same age and more recreational services for young children
- Mommy and me' or 'daddy and me' classes, so that the parents can attend with the child instead of just dropping them off, other than the toy library
- More activities for children to be involved in without the parent, to help encourage interaction with other children and a little bit of independence from adults
- More activities for families with young kids
- More arts and crafts for children
- More available daycare, or a respite.
- More childcare spaces.
- More day cares
- More educational playgroups for children.
- More evening programs for working parents
- More fun things for kids to do sports etc.
- More outdoors programs; maybe a day camp.
- More parent support groups and programs for the kids
- More parenting/discipline courses
- More places for me to take them for fun, pleasure and entertainment
- More play-group type of programs that are free with no fees

- More playgroup and a gymbarie just more activities
- More playgroups.
- More programs in the summer
- More recreation services for 5 and under.
- More recreational for under 3.
- More recreational programs
- More recreational services for young children.
- More speech language help available and more support for breastfeeding
- More speech pathologists, child psychologists
- More variety in programs for children.
- Motor and development skills programs
- Obstetrician and speech therapy services
- One of the family groups
- Parent support group
- Parental sharing of ideas (group of parents sharing their thoughts).
- Counseling for children when parents are getting divorced.
- Pediatrician and cardiologist for children
- Play ground, park
- Separate childcare for children under 30mths
- Services for postpartum depression.
- Some early schooling on the home setting to get them started
- Something for evenings for parents that work 'til 4 p.m.
- Something for mothers and kids to get together with other mothers and kids
- Something like a latchkey program for children to interact and services for parents who work and care services for single parents who work
- Subsidized day care
- The toy library is extremely small and I would like to see it expanded and just having more consistence with the programs that we do have in the community
- Toy library, parenting course, breast feeding services, parent hotline
- Type of recreational activities where parents would need to be involve (for age 3-6)
- Vision/hearing screening for preschool children so they can be diagnosed and helped earlier, preventing delays and other problems in their schooling

Problems and Improvements

- No place to swim. No parks, not much to do.

SUDBURY AND DISTRICT HEALTH UNIT

Information

- I know plenty of services exist but how do you find out about them
- I'm not really sure I'm still new at this

We Have Sufficient/Satisfied

- I think I'm happy with what we have

- I think that there are enough services out there.
- I think there's enough
- I think were doing ok
- I'm not sure, it's pretty good with what we already have
- I'm pleased right now
- I'm pretty happy with what we have already
- I'm pretty well satisfied with what I get
- I am happy with what we have now
- I feel that I use all the activities that I can for this age group and I don't think the community needs any thing else
- Everything is already here
- Have lots
- Its all good
- Its good enough
- Satisfied
- The kids pretty much have everything
- There's lots to do for them already
- What we have is great
- What we need is here

Programs I Like

- Sudbury has a lot of good services

What We Need

- I think it's really important to have some kind of breastfeeding help in all communities.
- I'm satisfied with the help-there should be more help for mothers with triplets.
- more of a physical activity to keep kid active but at a low price
- health unit visits reinstated 2) easier access to family doctor 3) shorter hospital wait
- I would like to see more activities or parenting groups for parents of toddlers from 3 to 5 and it would be nice to have access to someone with nutritional knowledge
- I would like to see the above programs operate in the evenings as well, so its more convenient.
- I really enjoy the toy library, kinder music programs would be nice to have and an exercise program for moms and tots
- A gymnastic program and more play group activities.
- A kinder centre its a once for once a week school like setting, especially for winter months
- A large supervised jungle gym, free of charge, for children under 6
- A nursery school program
- A play centre.
- A play ground
- A reading program and a music program not teaching music but an involvement of music

- A recreation centre closer to our area
- A toy library
- Activities for toddlers (before 2 years old) more support for breastfeeding
- Actually I think it's pretty well covered except it would be nice to have a babysitting service that's not so costly.
- After school club to help children with their homework.
- After-hours daycare. Not everybody works 9:00-5:00.
- All of the previous services! we have none!
- An out door or in door swimming pool in a park for the kids to swim in and play in.
- Better access to the infant food bank, better support group for younger moms
- Better childcare
- Better park in our area
- Better play grounds for toddlers-with varied activities
- Better playground
- Better summer day camps
- Cheaper daycare and more accessible
- Cleaner playground....
- Easier access to childcare
- Easier access to doctors
- Easier access to family physicians
- Events at which child could socialize and for us to meet other parents but held on the odd weekend
- Free daycare. group activities for children under 7 in different areas in Sudbury.
- Gymnastics or dance for younger kids, ob or doctor should start letting patients know what is expected for the future so that we know what to expect and know what is normal
- Hearing tests for premature babies
- Home school associations
- Home school support system
- How to deal with behaviors in her age group, just parenting skills in general.
- How to deal with cranky or colicky babies
- It would be nice to have a support group for children who have asthma like my other child.
- It would be nice to have more recreation activities that are not sport related like parks, puppet shows, the YMCA, arts programs and more focus on the park because the one that we have is not safe and it should be more child centred
- Just stuff in general because there is nothing here for kids 6 and under to do.
- Library with a play room
- Library.
- More French daycares available in my community.
- More activities for the kids
- More and cheaper daycare services and drop-ins for mothers and young children
- More available programs during the week

- More contact available for parents with pre-mature children.
- More daycare services
- More daycare subsidized
- More daycares.
- More flexible play centre
- More group activities, like exercises, for infants and mothers to get together and interact
- More gymbarry younger children's physical activities
- More nursery schools and preschools and more recreational programs such as gymnastics and kinder gyms.
- More of a play-group-there are none in this area-so that he could react with other children his age-mom and tot groups
- More of them
- More play and chat times and parents who get together and the children get together, it's better when the children interact with each other
- More play centres
- More play groups
- More play groups on different days of the week instead of once a week
- More playgrounds
- More programs for young children 3 and under and childcare registry
- More reading groups through the library
- More recreational facilities, more green space
- More recreational programs
- More recreational programs for overweight children
- More recreational services within the community
- More resources for children that do not cost too much
- More sport activities
- More summer programs for children to do would be nice
- More summer programs for children under 5, a lot start at 5 and up
- Mother-child recreation groups for mothers and children of the same age range
- Mother Goose program
- Nursery school with full daycare
- Nursery schools, more structures schools for small children
- Organized pre-school and daycare
- Parent support group
- Parent support groups
- Parenting courses
- Pediatric clinic
- Physical fitness programs for children at a affordable cost.
- Places for kids to play and meet
- Play care centre in the area right out side of the main centre/city
- Play centre
- Play group centre for kids to hang out
- Play group for physical activities
- Play groups
- Play places for children as in Barrie and Thunder Bay (its like a fun zone but bigger, for young children)

- Play-groups for similar age children during the summer
- Playgrounds, activities
- Pre-school program
- Program where children can get their daily vitamins
- Program where parents can talk to other parents
- Reading programs that incorporate cooking
- Recreational programs
- Respite care- to relieve the parents briefly
- Something for toddlers-parents drop-ins
- Speech therapy
- Swimming pool
- They could have more playgroups out here, and more screening before they go to school to check their speech and to see if they are up to par.
- They have everything pretty much.
- They have pretty much everything around here.
- They should place an Our Children, Our Future in Val Caron
- Toy libraries and the breakfast for kids program for parents that need it
- Toy library and family resources
- We have enough
- We have everything
- We have everything now
- We have pretty much all of it
- We're pretty good because we have a young community and I don't work
- Well baby clinic (shut down now)

Problems and Improvements

- Not enough doctors.

TIMISKAMING HEALTH UNIT

Information

- Someone to help me access information when I need help, preferably through the school.

We Have Sufficient/Satisfied

- Have everything covered
- I feel that there are enough there now
- I think they are doing pretty good for what we have.
- It's all good
- He's pretty content at home playing with his toys and with the kids in the neighborhood.
- Satisfied
- There is enough
- They have a lot here already
- We pretty much have everything we need

What We Need

- More cultural and arts activities
- More group activities
- More in town services would be nice
- More medical practitioners for simple things.
- More programs for kids to attend.
- More recreation services, big sister or big brother program.
- Music program for children (for rhythm)
- Need more doctors
- A babysitting service of people who can be trusted
- A day program
- A family playground
- A nursery school
- A program for children to be assessed for children with behavioural
- A toy library
- Babysitting service
- Daycare once or twice a week so that he can prepare for school by interacting with other kids
- Daycare
- Family doctors
- Family resource centre
- Gymnastics program
- Having more services for children who experience behavioural and emotional problems.
- Nursery school.
- Parenting classes with daycare
- Play groups and learning facilities where children can go to interact with other children
- Recreational services for children
- Services in French, play groups, things like that. we don't have any services in French.
- Services in French.
- Some kind of program to help parents deal with problems their children are having at school.
- Speech and language therapy
- Toy libraries.
- Toy library and etc...
- We need a lactation consultant.

ALGOMA HEALTH UNIT

Information

- I'm not fully aware of all the services that are available so I'm not sure what to recommend or what I'd like to see made available.
- Better advertised children's programs. evening programs so parents and children can make use of them after work hours.

- Easier accessible information on healthy children like nutrition.
- It's the matter of hours and if something happens to her in the middle of the night there no help line because the hours are only until 5:30pm.

We have Sufficient/Satisfied

- I can't think of any, they are pretty well here.
- I think that we have enough.
- I think there's lots already.
- I think we got quite a bit.
- I think we pretty much have it covered my children have lots to do in many programs here.
- I can't think of anything that's not available.
- I feel our services are good.
- I've found it to be pretty good so far
- I'm satisfied.
- Enough
- Have everything.
- It seems fine to me.
- Pretty good now.
- The current ones are adequate.
- There are enough here.
- We're fine.
- They're so little that they don't really need anything yet
- They pretty much have everything here
- Lots of services are available here for the kids already.
- We have them all.
- Our community is pretty well set up

Programs I Like

- I really like the parent info line but other than that there's not much else that I use.

What We Need

- More play centres-parent support groups
- More play day services with the parents
- More playgrounds for younger children
- Parent and tot playgroup-available to everyone
- Play-groups
- More playgroups
- Somewhere to meet with other moms like a playgroup-drop-in
- It would be nice to have a program for mothers with twins who can relate to each other and the twins can all play together
- A Mother Goose program
- A child and parent interaction group[
- A drop in centre at the mall where we could drop the kids while shopping
- Drop in centre
- A drop-in for plays
- Concept of more informal play groups

- Maybe a toy bank or walk in play group.
- Toy lending libraries-a good place to get together with the kids.
- Toy library (extent hours for people that work)
- Have a free learning drop in for children
- More daytime activities for children under 6 instead of after work.
- Family resource centre gross motor workshops
- Hands-on learning centres such as Science North and the swap shop
- A parenting course for how to do basic things, like bathing infants, that you can take after the baby has been born for a memory refresher
- More activities for them to do.
- More along the lines of resource centres where mom and dad can go with them on weekends example: toy library/library
- More children's entertainment-children's theatre would be a good idea
- Would like gymnastic or athletic programs for younger kids only
- Arts and crafts programs for children. Kindermusic program.
- I would like to see a Kindermusic program.
- A daycare that is more flexible for shift workers.
- Closer daycares, lower prices for daycares also
- Daycare
- Daycare in our area would be nice-right within our community
- Probably more affordable daycare
- Shift work daycare centres
- More daycare and help finding babysitters
- More daycare services, to get daycare for when I need it he's already on a waiting list.
- They need to have more subsidized day care.
- An agency to help parents weed through babysitters and daycares for acceptable places
- I'd like to see more sports activities for the younger kids
- An indoor play arena
- A recreational facility for kids.
- A wading pool
- Just more sports
- Lower cost for places like YMCA
- More gym classes
- Recreation centres
- More recreational
- More recreational places to take them and recreational programs
- Offer more recreational stuff, so the kids can get together in the neighborhood.
- Sporting activities that are more feasible
- Swimming pools for the children.
- More French services
- More French services for the French people
- Families and Schools Together program I would like to see available. I would like a beginning to school program which covers parents concerns and anxieties.
- Class for toddlers with tempers or aggression.

- A centre for sick children since I'm returning to work soon
- A program that deal with woman with miscarriages.
- It's not for children, but I'd like to have a post-partum support group.
- If possible access to a nurse practitioner at the health unit
- I can't think of anything off hand. Maybe more support for children who have special needs.

Problems and Improvements

- If the existing programs were more easily accessible
- Have no coverage for when kids get sick....wish was more health care for them...had to call constantly for 2 weeks to get something done
- There is a lot its just that there is language barriers also costs are high

PORCUPINE HEALTH UNIT

Information

- More information about early infant development

We have Sufficient/Satisfied

- I think everything's here that I can think of
- I think there is enough now
- We're very happy.
- I wouldn't know, I think we have quite a bit
- I'm happy.
- Everything's fine as it is.
- They basically have everything
- They have everything
- They offer enough
- They probably have everything we need, I don't really use them anyway.
- We do quite well, my kids are involved in a lot of activities
- We have just about everything but a bit more on the mental health programs would be great.
- We have most of it.
- We have pretty good services.
- We're pretty luck we have a lot of services.

What We Need

- A daycare where you can pay for it by babysitting other kids or something.
- A parent toddler group where parents get time away from children so the child can explore and parents get a time out
- A place indoors to play during the winter
- A swimming pool and someplace that they can ride their bikes safely.
- A swimming pool in town
- Activity centre for parents to do with there children
- An indoor park
- An indoor playground for winter months.

- I would like some swimming when your pregnant, like exercise classes for moms and babies. more music programs but in French. basically more French services for the children.
- I would like little shows for the children in regards to a circus or attractions. a better park in our neighborhood.
- English services we do not have a lot for the English speaking kids to do
- Drop in centres where you bring pre-school kids to get them ready for school.
- I would like to see a premature evaluation clinic close by
- I would like to see some sort of group or list formed in the community of reliable, trust worthy babysitters that you could contact.....I have had trouble finding a baby sitter who would pick up my child off the bus and watch him until the.....
- I would like to see the toy library open more often
- Extended hours for services
- Family activities on the weekends.
- Garderie pour 5\$ pour femme qui travail
- Having a parent support group. parenting classes. fitness classes for mothers.
- Having the electric pumps more available to everyone for rent. having access to a gym for children who don't go to school yet, during the winter season permitting them to have a place to burn their energy. give more information on aggressive behaviour.
- More French reading programs.
- More activities
- More and better playgrounds and recreational areas
- More breastfeeding support centres and more daycares
- More daycares and outings where mothers can meet together would be nice
- More lactation places for mothers
- More organizations for younger kids, like singing and dancing and play groups
- More organized activities
- More parent and tot programs for children 3 and under that are affordable.
- More parks available in more convenient places. arts program for children.
- More places to go outside parks and playgrounds.
- More places where you can bring kids where they can be with other kids, like an indoor park
- More play groups
- More play groups where babies can interact with each other
- More playgrounds
- More playgroups for mothers with their children.
- More preschool programs that last the whole school year even if only for one or two days a week
- More recreation activities
- More recreational services
- More recreational services and more accessibility for working parents
- More recreational services for ex: gym program for lazy days
- More sport activities

- More speech pathologists
- More speech therapy groups
- More sports for children
- More stuff for small children only to age 4, activities that they can participate in together
- More support for mother who breastfeed (thinks mother should be more educated on breastfeeding: why breastfeed, techniques)
- Need more recreational /extra-curricular activities
- Parental support groups
- parents and babies can get together, centre for parents and kids
- Play group for the ones that are at home that do not attend school
- Play groups
- Program at the library like a story time.
- Programs for kids with disabilities, programs to help single parents
- Recreational programs like gymnastics, soccer, music, earlier reading programs
- Sessions where you can take parenting class where you can pick up the One, Two, Three Magic (techniques on disciplining)
- Some kind of resources to help kids with (ADD, ADHD and ODD) because we don't have programs out here for that.
- Some recreational activity on a Saturday where children at there own age can interact.
- Something to get out with kids and with other mommies.
- Something where they can do arts and crafts and games and interact with each other
- Something with dancing that's not so costly or any activities like such that aren't so expensive
- Support for add and adhd or any other communication disorders
- Swimming lessons
- Swimming pool
- The little jimborie would be nice and a centre for kids
- The YMCA -something with activities like gymnastics, crafts, swimming
- They should have a waterslide park, and a petting zoo

Problems and Improvements

- There's no playground activities going on.

MUSKOKA-PARRY SOUND HEALTH UNIT

Information

- Parent information

We have Sufficient/Satisfied

- I think my community fulfills my child's needs
- I think our community has quite a few drop in centres.
- I think we already have many.

- I think we got enough.
- I'm satisfied with what we have.
- Its all good
- We have good services right now
- We've got a lot out there already
- There is everything I need.
- They have quite a lot here already; maybe a registered babysitter referral

What We Need

- I wouldn't mind if they had swimming lesson and stuff out here.
- I'd like to see a YMCA where the parents can bring their small children swimming
- A swimming pool and swimming lessons
- A swimming pool, more recreational/health programs
- A better toy lending library
- An accessible swimming pool for children under the age of 7
- YMCA with a pool
- More public pools
- More swimming for the little ones, and some sort of gymbarie and more fences on our parks
- Public swimming pool
- Something like the YMCA programs and a public pool
- Swim class for kids in an indoor pool.
- Swimming lessons in the winter and more activities for young moms to be able to get out of the house with their children
- More art classes-more cultural and recreational programs-a public pool
- Fun group in winter for mothers and children such as programs at the arena or elsewhere
- More daycare options, and public parks
- Child day care
- Daycare centre
- Drop in day care centres.
- More licensed day care
- Universal daycares with cross board regulations to prepare kids for school. they should have more home intense follow-up after the birth of children. have people drive others in to participate in the programs available
- Healthy eating for children and socialization
- More fun groups
- More fun sport for family to be more social
- More activities for children
- More activities for them (soccer, baseball and skating) it would be nice to have them in the day instead of the evenings.
- More recreational activities for children under the age of 6 like soccer, and more sports all there is craft time and jungle tots we want things more advanced things a little more structure.
- Infant development services, speech therapists available in all communities
- Wish that speech therapy was accessible to children over 5 years of age
- More library stuff, story hours, outdoor program

- More music programs, and more programs at different times because there are only a certain amounts of children they take at certain time, more programs for younger children – babies and toddlers.
- More of family focus sessions, like parenting courses.
- More parenting support groups and help with his attention problem at school
- More things for children to do that do not require money
- Shared parenting group
- Some sort of gym or something so they could go bounce and play!!
- The toy libraries are good and it would also be nice to have a playgroup that has separate play stations for the younger kids and the ones who are a little older

Problems and Improvements

- Drugs, alcohol and violence need to be addressed much more frequently at younger ages; and also sexual assault or abuse by adults of children
- Testing for learning disabilities. Note: more employees for health unit. 8 year old child had eating disability and there was no one at health unit to consult with mother when mother needed help. Mother felt that re-scheduling was very bad.
- Any programs that are running because the ones that they have now are always getting cancelled recreational programs.
- Shorter waiting periods when I go to the doctor.
- There should be more access for the parents with disabled children.
- Closer programs.

APPENDIX B

“HOW CAN SUPPORTS AND SERVICES BE IMPROVED?”

Participant Responses by Health Unit

Each response was given by between 1 and 5 respondents.

NORTH BAY AND DISTRICT HEALTH UNIT

- By offering the service for speech therapy
- For breastfeeding assistance-consistent and accurate information coming from all of the sources
- Have not had any
- Improve health care delivery services at the hospital-long waits at emergency rooms-need an information line where teenage moms are not judged
- Improve wait times
- In our community we cannot get in to see doctors.
- More advertisements to get the programs out there so that people have an idea of what's available and of how to access them
- More interest for moms
- Takes too long to get in. Wait times are too long.
- The health unit could be more involved with the school
- The times are not convenient.

NORTHWESTERN HEALTH UNIT

- I didn't use any/I haven't used any
- help people who are actually asking for help.
- If I was informed more about the programs.
- If people knew that they were there and not hidden.
- Make them more visible.
- Offer them and offer more... We are an hour away from the bigger centre
- Provide more actual support, don't just be there to say they were there because it is their job

SUDBURY AND DISTRICT HEALTH UNIT

- Getting more family doctors in the area and there should also be a pediatrician.
- Have more info on them
- Have more on the island
- More advertisements.

- More advertising or public service announcements so that the community knows what services are out there, and are available.
- More consistency in information delivery between the different agencies and organizations. The hospital and health unit and Telehealth gave me different information and different answers to my questions.
- More knowledgeable staff
- Need to be able to see a doctor when you are new in the city and don't have a family doctor
- Never be improved because town is too small
- Put more in smaller communities and not so expensive.
- There needs to be more advertisements about services like speech therapy.

TIMISKAMING HEALTH UNIT

- Get more physicians in the area
- If we can have shorter waiting lists for diagnosing illnesses
- More advertisements.
- Need more doctors and more walk-in clinics providing access to health care and do something about the long waits
- Need to give disciplinary rights back to parents

ALGOMA HEALTH UNIT

- As far as breast feeding, support could be improved. I was referred to a person for help with breastfeeding and the person hasn't done it for 8 years.
- Maybe we need to be aware.
- Track people after they have babies, they should call and give info and make themselves available
- We need to rebuild our health care system, such as financial resource.

THUNDER BAY AND DISTRICT HEALTH UNIT

- I haven't used them, but they're there
- If parents were made aware of programs after the birth of every child, not only the first
- It should be more available and its not convenient and its very early in the morning and its only 1-2 times a week.. It should be more often. It should be a.m. and p.m. not just a.m. because its hard to get out of the house in the morning with children.
- Make more parents aware of them
- Make the public more aware of the supports and services.
- Make them more available ... cheaper
- More funding and more doctors
- Need quicker responses from professional help
- Putting the word out there more.
- Smaller community centres should be available.
- Do know about them and that they're available.

PORCUPINE HEALTH UNIT

- I need more information about what is out there and how to access them
- I think there needs to be a better rapport and more observation and care towards new mothers , more on hand lactation consultants too
- I think they should have a lot more people doing their job then so much bureaucracy
- Better services and support from the programs.
- Easier access and better hours more information about them. Not making you feel guilty about using them would be nice
- Have more doctors available.
- Making them more aware.
- More advertising getting the message out
- More speech therapist and specialist doctors to attend to children with special needs.
- Offer more services for children like drop-ins, offer programs so that young mothers can relax.
- To contact us personally because a lot of us don't know what to do or where to go

MUSKOKA PARRY SOUND HEALTH UNIT

- Accommodating working parents more, operating on off hours from regular working hours
- What they were saying-the advice was good but it was the presentation of it-it seemed pushy
- Let the general public know that they're around by flyers or mailings.
- more publications/advertising of programs and services
- Muskoka family focus group should be extended to more days per week
- The doctors should pay more attention to the child's symptoms.
- They could be more informative about what they are offering because I feel I don't know a lot about some of the programs