

The logo for the Toronto Staff Report features a stylized graphic of a building with three vertical bars of increasing height on the left. To the right of this graphic, the word "TORONTO" is written in a large, bold, black, sans-serif font. Below "TORONTO", the words "STAFF REPORT" are written in a smaller, bold, black, sans-serif font. A horizontal line is positioned below the text.

TORONTO STAFF REPORT

June 30, 2006

To: Board of Health

From: Dr. David McKeown, Medical Officer of Health

Subject: Early Child Development Project Accomplishments and Future Directions

Purpose:

This report provides a summary of selected accomplishments to date of the provincially funded Early Child Development (ECD) projects. Funding for these projects ends on December 31, 2006. The report also identifies key initiatives arising from the projects for which alternate sources of funding should be sought.

Financial Implications and Impact Statement:

From 2004 – 2006, Toronto Public Health has received provincial funding of \$2.1 million annually for the implementation of Early Child Development projects. This funding will end as of December 31, 2006. Some of the programs and initiatives for families and children which have been implemented with this funding have been wound up or will be continued with existing sources of funding.

There are no financial implications resulting from the adoption of this report on Toronto Public Health's 2006 Operating Budget. However, a number of initiatives arising from the ECD projects would require new funding in 2007 and beyond in order to proceed. It is recommended that the Medical Officer of Health report back to the Board of Health in September 2006 on future funding requirements of these projects.

The Deputy City Manager and Chief Financial Officer has reviewed this report and concurs with this financial impact statement.

Recommendations:

It is recommended that:

- (1) the Medical Officer of Health report to the Board of Health in September 2006 on future funding requirements arising from the Early Childhood Development projects;
- (2) the Board of Health request the Ministers of Health Promotion, Children and Youth Services, and Health and Long Term Care to recognize child abuse and woman abuse as significant public health issues and incorporate strategies, including service system planning, to reduce child and woman abuse in the revised Public Health Program Standards as a way of reaching the public health goal of increasing the percentage of children and youth who meet physical, cognitive, communicative, and psychosocial development milestones;
- (3) this report be forwarded to Toronto Children's Services, the Toronto District School Board, the Toronto Catholic District School Board, the Ontario Public Health Association, and all public health units in Ontario for their information;
- (4) this report be forwarded to the Ministers of Children and Youth Services, Health Promotion, and Health and Long-Term Care; and
- (5) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

In September 2000, the First Ministers reached an agreement on funding for the early years. In response to the First Minister's agreement, Ontario developed an Early Years Plan for use of the funding. The plan identified a range of universal and targeted services and supports for early years populations, including the establishment of a provincial system of locally based early years centres. As part of this plan, the Ontario Ministry of Health and Long-Term Care (MOHLTC) funded local Boards of Health to deliver a number of Early Child Development (ECD) projects for five years in the following areas: healthy pregnancy and child development, injury and family abuse prevention, and support for at risk pregnant women. A perinatal and child health survey project was funded for two years only.

Boards of Health were expected to lead the planning and implementation of the ECD projects in partnership with community agencies. The Ontario MOHLTC stipulated that the projects were to use a comprehensive population health promotion approach to reach the whole population as well as population sub-groups. Project plans were to ensure that a range of strategies were used, including health communication campaigns, education and skill building opportunities, advocacy and policy development, and strengthening community action. Project plans were to be submitted at the end of the first year.

Toronto Public Health (TPH) received \$443,400. to develop the project plans. The plans were based on research literature, TPH program redesign reports, health surveillance data, scans of existing services, and consultations with TPH staff and community stakeholders. The project plans were comprehensive in nature and built upon existing community programs as well as identifying new services and initiatives. Each ECD project plan was led by an advisory committee comprised of staff from across TPH and community stakeholders. These advisory committees brought together staff from diverse program areas in TPH and from community agencies to plan and implement programs and initiatives for children and their families. The project plans were approved by the MOHLTC. In the second year, program logic models and an outcome evaluation plan for selected projected activities were submitted to the MOHLTC. TPH received \$884,118 to begin the implementation of the projects. Subsequently, TPH received \$2.1 million annually for three years for project implementation and evaluation.

In 2004, the MOHLTC transferred funding for the ECD projects to the Ministry of Children and Youth Services (MCYS). This funding ends in December 2006. Many project activities have been completed or have been successfully integrated into TPH programming or community programming. One ECD project, the Support for At Risk Pregnant and Parenting Women, has received annualized funding. Several project activities, however, will not continue without new funding.

This report describes the work carried out with provincial ECD funding over the past five years and highlights those initiatives for which funding should be sought in 2007.

Comments:

Healthy Pregnancy and Child Development Project:

The Healthy Pregnancy and Child Development (HPCD) project is focused on increasing parents' capacity to provide sensitive and responsive care to their children as well as increasing the capacity of service providers to support healthy pregnancy and healthy child growth and development. The HPCD project also includes a nutrition component that aims to decrease the prevalence of nutrition related conditions that impact on child health, improve children's eating habits and increase the food security of families. HPCD project activities support TPH programming in Healthy Families and Healthy Living. Selected project accomplishments are outline below:

(a) Incredible Years Programs

The Incredible Years (IY) parent program was recommended for implementation by a TPH child health program redesign committee following a review of evidence-based parenting programs. The IY parent program had demonstrated positive parent and child outcomes in a number of well-designed studies with different populations of children. Specifically, the parent program decreased harsh discipline of children and increased the child's social competence. Research has also shown that in addition to parent training,

children's social competence will be increased if they receive social skills training and if their teachers receive training in promoting positive behaviours in the classroom. ECD funds were used to plan and implement three Incredible Years (IY) Programs to support parents and promote the social, emotional and academic competence of preschool and early school-age children. The three programs are:

1. The Basic Parent Program

This program focuses on strengthening parents' use of play, praise, setting limits and other positive discipline strategies. The program also fosters parents' involvement in children's school experiences in order to promote academic and social competencies and reduce behaviour problems.

2. Teacher Classroom Management Program

This program focuses on strengthening teacher classroom management strategies, promoting children's pro-social behaviour and school readiness and reducing classroom aggression and lack of cooperation with peers and teachers. Additionally, the program focuses on ways teachers can promote parents' involvement in schools.

3. Child Social Skills and Problem-Solving Program (Dinosaur School)

This program fosters appropriate classroom behaviour and strengthens children's social and emotional competencies such as understanding and communicating feelings, using effective problem solving strategies, and managing anger.

The Basic Parent Program is implemented by TPH nurses. The program complements other TPH parenting programs, such as Nobody's Perfect and Healthy Babies Healthy Children, and supports the child health program standards described in the Mandatory Health Program and Services Guidelines. ECD funding was used to train public health nurses in the Basic Parent Program and to provide ongoing consultation and support by the IY Organization. Five public health nurses have undergone a rigorous process to become certified IY parent group leaders. There are among only nine certified parent group leaders in all of Canada. ECD funding was also used to purchase program resources for parents to reinforce parenting strategies learned in the program. To date, 41 parenting programs involving 500 parents have been completed. Feedback from parents has been overwhelmingly positive and there is a waiting list for the program.

Planning for the implementation of the Teacher Classroom Management Program and the Child Social Skills and Problem-Solving Program was led by TPH in collaboration with Toronto Children's Services, Toronto District School Board (TDSB), Toronto Catholic District School Board (TCDSB), and community organizations, such as Ontario Early Years Centres. ECD funding was used to train and provide ongoing consultation for 178 child care staff, social workers, psychologists, and teachers. The programs are being implemented in 184 classrooms and reach approximately 7000 children.

Emotional, social, and behavioural problems in young children are risk factors for the development of academic problems, school drop out and antisocial behaviour as children grow. Preventing and reducing children's behavioural problems early when their behaviour is most amenable to change, is a beneficial and cost effective strategy to prevent the progression of more serious behaviour, such as delinquency and violence (Webster-Stratton & Reid, 2004). In 2003, the BOH considered a Children's Mental Health report which identified that children's mental health needs are substantial, that levels of emotional-behavioural problems among children are increasing and that young boys are particularly at risk. Funding is required in 2007 to sustain the Teacher Classroom Management program and the Child Social Skills Problem Solving program and to expand the Basic Parent program to meet service demands in high needs communities.

(b) Postpartum Depression

ECD funds were used to commission a literature review of interventions to prevent, detect, and treat postpartum depression (Stewart, Robertson, Dennis, Grace, & Wallington, 2003). This review informed the development of TPH program recommendations regarding postpartum depression (PPD). The literature review has been distributed to a wide range of service providers. It informed the development of the Registered Nurses of Ontario (2005) Best Practices Guideline regarding PPD as well as an in-depth resource entitled "Postpartum depression: A guide for front-line health and social service providers" (Ross Dennis, Robertson-Blackmore, & Stewart, 2005). This guide, which has recently been translated into French, has become one of the Centre for Addiction and Mental Health's (CAMH) best selling books. China, New Zealand and the United States have ordered copies of the book.

The results of the literature review, an environmental scan of PPD-related services in Toronto, and the results of mini-scans of service systems related to PPD in other jurisdictions will be discussed at a stakeholder consultation being planned for the fall of 2006. Health and human service providers, policymakers, and researchers working in the area of PPD will be brought together to develop a plan for enhancing PPD services and service coordination in Toronto.

Currently, TPH nurses in the Healthy Babies, Healthy Children program identify some women with depressive symptoms during the postpartum period through questions on the Brief Assessment, the Family Assessment Interview, or other subsequent assessment. New resources will be required for TPH to pilot and evaluate the use of the Edinburgh Postnatal Depression Scale and non-directive counseling with women in the Healthy Babies, Healthy Children program exhibiting depressive symptoms in the postpartum period. There is some preliminary evidence from studies conducted in the United Kingdom and Sweden that non-directive counseling may be effective in promoting short term improvements in maternal mood and recovery from mild or moderate PPD. Resources are required for public health nurses to provide this intervention and to conduct the evaluation. Specific activities which will need to be undertaken include:

enhancing linkages with service providers, including family doctors and psychiatrists, developing policies and procedures for assessment, intervention and referral, and providing training and supervision of nurses.

(c) Smoking Cessation

The need for effective smoking cessation and relapse prevention interventions for pregnant and postpartum women was identified through a TPH reproductive health program redesign process. To address these needs, ECD funds were used to examine the literature and develop a report which made recommendations in the areas of practice, research and evaluation. The report was distributed to key stakeholders at the MOHLTC, CAMH, The Ontario Tobacco Research Unit, other health units in Ontario, Health Canada, and posted on the TPH web.

A key recommendation of the report was to pilot an intervention entitled SCRIPT (Smoking Cessation or Reduction in Pregnancy Trial) which has shown to be effective in a number of well designed studies. This intervention involves one to one counselling and the provision of a pregnancy specific self help manual by trained professional staff. Plans are underway to train public health nurses to implement the intervention with pregnant women in the HBHC program and in the Canada Prenatal Nutrition Program. The implementation of an effective smoking cessation intervention is important since smoking is a key contributor to low birth weight (Shah & Ohlsson, 2002). Funding will be required in 2007 to enable TPH to assess the implementation of the intervention and to receive ongoing support by Dr. Windsor, the developer of the SCRIPT intervention.

(d) Roots of Empathy Program

TPH, Roots of Empathy, the TDSB and the TCDSB worked together to plan for the implementation of the Roots of Empathy program in junior and senior kindergarten classrooms. The program involves classrooms visits from a neighbourhood infant and parent. Young children are coached to observe the baby's development, celebrate milestones, interact with the baby and learn about an infant's needs and temperament. ECD funds were used to recruit and train new Roots of Empathy parent and infant volunteers to provide the program and a classroom facilitator who assisted the children in observing the infant's development. Between 2003 and 2006, 109 programs were provided to 2725 young children. ECD funding enabled Roots of Empathy to provide more programs to young children. During this time, Roots of Empathy was able to explore alternative funding sources. The program will need to continue to rely on private and corporate donations as well as funds raised by the local community to provide the program.

(e) "Comfort, Play and Teach" Communication Campaign

The "Comfort, Play and Teach" communication campaign was implemented initially by Invest in Kids and TPH. The goal of the campaign was to raise parents' awareness about the importance of the early years. ECD funding was used to translate the "Comfort, Play

and Teach” campaign materials into Tamil and Chinese. Campaign materials were disseminated through a targeted approach using newspaper advertising, a mail-out to social service providers and physician’s offices, radio interviews, ads in malls and a web page.

(f) Parent Relief Program

The need for a parent relief program has been identified by nurses in the HBHC program and by staff in community agencies. TPH issued a request for proposals to provide temporary parent relief services for at risk parents. The contract was awarded to the Visiting Homemaker Association (VHA). VHA has provided 3000 hours of parent relief service annually for three years. To date, 269 high risk parents and 561 children have benefited from the service. Twenty seven personal support workers received training on working with high risk families, including Children’s Aid Society training on "Duty to Report".

The Parent Relief Program was rated as being helpful or very helpful by 95% of participants and 79% agreed or strongly agreed that they are better able to cope with their family situation compared to before receiving parent relief services.

ECD funding enabled VHA to provide more service to at risk families for several years and to undertake a preliminary client focused evaluation of their service. As well, VHA was able to explore the feasibility of a volunteer program for high risk families and to develop a grant proposal which received funding. VHA will no longer receive ECD funding and the level of parent relief service will return to what it was prior to ECD funding.

(g) “Your Kids are Listening” Communication Campaign

The “Your Kids are Listening” communication campaign was developed and implemented in partnership with Peel Public Health to support the promotion of healthy weights for young children. The campaign focuses on increasing parents’ awareness of the impact their role modelling has on the development of their children’s healthy attitudes and behaviours for eating, physical activity and self-esteem. It also provides parents with ideas on how to make simple changes in their family lifestyles.

Components include print and television ads, a brochure, a recipe booklet and web page with interactive parent activity tips. The campaign was disseminated in bus shelters, subways, malls, medical offices and city and parent publications. Resources were mailed out to health professionals and community agencies serving children and families.

A baseline survey assessed parental attitudes towards healthy weights for children. A post-campaign evaluation determined campaign awareness, parental attitudes and intent to change behaviour. Seventy-five percent of parents recalled the media messages and of these parents over 50% intended to do something different to encourage healthy weights for their children. Obesity is on the rise and has numerous health, social, emotional, and

financial implications (Ministry of Health and Long-Term Care, 2004). Funding is required in 2007 and for at least two years beyond to build on this successful campaign to encourage more parents to promote healthy weights for children.

(h) Healthy Weights Service Provider Training

A partnership was established with Toronto Children's Services, Parks, Forestry and Recreation, Ontario Early Years Centres and the YMCA of Greater Toronto as part of the Get Your Move On initiative and TPH Chronic Disease Prevention Nutrition healthy weights programming. Healthy weights packages, including resources and newsletters were distributed to service providers at 750 locations. A workshop to increase providers' awareness of how their attitudes and behaviours influence children's attitudes and behaviours about healthy eating, physical activity and self-esteem was developed. 130 service providers attended the sessions to date. A train the trainer program was piloted with the YMCA of Greater Toronto and trained about 700 childcare providers. Service providers working with young children are important role models for the development of habits that affect healthy weights. TPH programs will strive to continue to support service provider training.

(i) Healthy Eating Tool Kit

A number of strategies are required to promote the development of healthy eating habits in young children. These include activity based strategies, use of real world objects (e.g., songs, puppets, art), exposure to food (e.g., tasting, food preparation, vegetable gardens), as well as family involvement. TPH established a partnership with a number of community agencies to develop an interactive Healthy Eating Tool Kit for Children's Gardens, for use with children and families. Two hundred kits were distributed. Eighty-eight percent of service providers agreed that the kit enhanced their capacity to implement interactive nutrition activities. TPH will strive to support the Healthy Eating Tool Kit using existing resources.

(j) Healthy Feeding Relationship Resource

It is not only important what we feed children, but also how we feed children. TPH, in collaboration with Hincks-Dellcrest Centre and Aisling Discoveries Child and Family Centre developed the low literacy, ethno-culturally diverse booklet "Making Mealtimes Matter: Creating A Healthy Feeding Relationship With Your Child (Birth to Six Years)". A training session and launch were conducted with approximately 60 service providers representing diverse community agencies. The booklet is currently being used with families throughout the city, including families in the HBHC program and the Peer Nutrition program and families who call Toronto Health Connection.

(k) Food Security

Food security has been identified as a key determinant of health in the early years. A background report "Food Security: Implications for the Early Years" was completed to

inform advocacy work. This background report contained a number of recommendations that were adopted by the Board of Health in February 2006.

In response to the BOH recommendations another report is being prepared on Toronto children's exposure to food and beverage marketing and the impact of food and beverage marketing on child health. This will inform TPH's advocacy work. The feasibility of a Canadian Children's Food Bill to improve the quantity and quality of food available to children is also being explored with stakeholders. This work could inform advocacy and policy development efforts throughout Ontario. In order for advocacy efforts to be sustained, funding is required for 2007.

Injury and Family Abuse Prevention Project:

The Injury Prevention Project works to increase the number of children growing up in safe living environments. Three project activities are highlighted: The "How Hot is Your Tap Water" communication campaign, hot tap water advocacy, home safety training and resource development.

The Family Abuse Prevention Project has two components – child abuse and woman abuse. The child abuse component is intended to reduce the incidence of abuse towards children and to reduce parent and caregiver use of physical punishment. The woman abuse component is intended to reduce the incidence of abuse towards all women but particularly to pregnant women and women with young children.

Selected Injury and Family Abuse Prevention Project accomplishments are presented:

(a) "How Hot is Your Tap Water" Communication Campaign

This campaign raises parents' awareness about scalds and that most hot tap water scalds can be prevented with simple one-time only changes to residential hot water supply systems. Components include a brochure, print ads and web page. The campaign was disseminated in bus shelters, subways, water bill inserts and city and parent publications. Resources were mailed out to health professionals and community agencies.

A baseline survey was conducted to assess parental knowledge and awareness of preventing tap water scald injuries. A post-campaign evaluation identified that 22% of respondents had heard of the campaign, and of these respondents 85% felt the information was clear and easy to understand and 70% used the information. No further implementation of this campaign is planned at this time.

(b) Hot Tap Water Advocacy

In April 2003 and in October 2004, the BOH considered reports regarding TPH efforts to influence the national and provincial building codes to reduce hot tap water temperature in homes. Influencing amendments to building codes is a long term process. TPH in collaboration with SafeKids Canada presented data regarding children scalded by hot tap

water and the health impacts of scalds on children to a task force of the Canadian Commission of Building and Fire Codes. The task force was considering plumbing options that would reduce the risk of scalds from hot tap water. The task force ultimately recommended that lavatories (bathroom sinks) be included in proposed amendments to the building code. This recommendation was subsequently overturned by another committee. As a result, TPH attended a meeting of the Canadian Commission of Building and Fire Codes in January 2006 and advocated for lavatories to be included in the proposed interim National Plumbing and Building Code amendments. Including lavatories in the amendments would provide greater protection for children from hot tap water scalds. The Commission endorsed the inclusion of lavatories in the proposed interim amendments. Currently, a public consultation is underway regarding the proposed amendments to hot tap water regulation. Urban Development Services has submitted a report to City Council regarding the proposed amendments.

(c) Home Safety Training and Resources

TPH used ECD funding to develop the “Growing Up Safely” calendar resource, a low literacy tool to help parents learn about injury risks to children as they grow, a injury reference manual for health professionals and community service providers and a safety devices kit for distribution to families in the HBHC program. These resources were launched during home safety training to approximately 400 TPH staff. Training is planned for staff in Ontario Early Years Centers (OEYCs). Components of this activity will be sustained through current TPH programming.

Family Abuse Prevention Project:

The child abuse prevention component has focused primarily on the issue of physical punishment of children. The project activities, including parent education, public awareness, advocacy and policy development are described in a Board of Health report, “Early Child Development Family Abuse Prevention Project Actions to Prevent Physical Punishment of Children”, which was adopted in March 2006.

The majority of substantiated reports of physical abuse in children involved inappropriate physical punishment (Trocmé et al., 2002). Shifting parental attitudes and learning new behaviours to discipline, rather than punish children takes time. These attitudes are influenced by society including legislation which currently enables parents to use physical force to correct children’s behaviour. Continued funding for at least two years will enable TPH and community stakeholders to build on the “Spanking Hurts More Than You Think” campaign to focus on specific strategies parents can use to discipline their children. As well, continued funding to advocate for the repeal of section 43 is critical. Influencing legislation is a long term, but important strategy in creating a society where hitting children to correct behaviour is no longer acceptable.

The woman abuse prevention component is focusing on the development of a TPH organizational policy as well as a best practice guideline on identifying and responding to woman abuse for public health nurses in the Healthy Families Service Area.

The Ontario Public Health Association (OPHA) has recognized violence as an important public health issue (OPHA, 2003). The most recent version of the Mandatory Health Programs and Services Guidelines does not contain requirements and standards specifically related to violence prevention, including the prevention of woman and child abuse (Ontario Ministry of Health, 1997).

In 1999, OPHA passed a resolution calling for the inclusion of violence prevention in the Mandatory Health Programs and Services Guidelines (Ontario Public Health Association, 1999). Although violence prevention has been included in a (draft) revision of the Mandatory Health Programs and Services Guidelines, Injury and Substance Abuse Program, these guidelines have not yet been approved.

The Board of Health should advocate for inclusion of child and women abuse in the revised Mandatory Health Program and Services Guidelines.

Support for At-Risk Homeless Pregnant and Parenting Women Project:

In collaboration with key community partners, two project Public Health Nurses have been assigned full-time since 2002 to assess, develop, implement and evaluate effective strategies and interventions to engage and work with hard-to-reach homeless pregnant and parenting young women in the south and east areas of Toronto. ECD funding for one public health nurse position has been supplemented by HBHC funding for a second public health nurse position in order to expand the project's reach.

The key objectives of the project have been to increase the number of homeless pregnant and parenting young women who receive therapeutic interventions and service coordination; to collaborate with existing infrastructures in the community to more effectively meet the needs of this population; and, to work with a specialized team of service providers from multiple service sectors that focus on working with homeless pregnant and parenting young women.

The two project public health nurses provide timely, frequent and intensive home visiting as early as possible in pregnancy, starting from as early as four weeks gestation and averaging 17 weeks gestation. The establishment of a therapeutic nurse-client relationship has been enhanced by the use of incentives such food certificates and TTC tokens which have been funded separately. The project has also experienced the benefits of a comprehensive and collaborative service delivery model that wraps around and supports this vulnerable population.

In January 2006 the Ministry of Children and Youth Services' announced that funding for this project will be annualized at the current level and ongoing effective January 2007. An evaluation of this project is underway to inform planning regarding sustainability and funding requirements.

Conclusions:

A goal of the recently adopted TPH Strategic Plan “Towards a Healthy City” is to implement strategies to promote the health of children, youth and families. The early years are a time of enormous growth and development. In the first six years of life, children develop the basic physical, cognitive, emotional, social, and communication skills and abilities they will use in life. The effects of early experiences on children’s health, including their physical and social development, can last a lifetime.

Through the ECD Projects TPH has taken a leadership role in addressing many of the issues that affect children. Comprehensive health promotion plans have been implemented in the areas of healthy pregnancy and child development, including nutrition promotion, injury and family abuse prevention, and support for at risk pregnant and parenting women. The ECD funding enabled TPH in partnership with other city services and community agencies to respond to needs identified through stakeholder consultations and internal planning processes. New programs and resources have been developed and existing programs were enhanced. Most project initiatives would not have been possible without ECD funding while a few might have proceeded, but more slowly. Other public health units in Ontario and health agencies beyond Ontario have asked permission to use many of the ECD funded resources.

TPH should seek 100% provincial funding for specific components of the ECD projects beyond 2006 as outlined in this report to work towards our strategic goal of promoting the health of children and families. Specific funding requirements for these initiatives will be reported to the Board of Health in September 2006.

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References:

MOHLTC – Ministry of Health and Long-Term Care (2004) “Healthy Weights, Healthy Lives”. Report of the Chief Medical Officer of Health. Toronto. Queen’s Printer for Ontario. 2004.

Registered Nurses Association of Ontario (2005). Interventions for postpartum depression. Toronto, ON: Author.

Ross, LE, Dennis, C-L, Robertson-Blackmore, E, & Stewart, DE (2005). Postpartum depression: A guide for front-line health and social service providers. Toronto, ON: Centre for Addiction and Mental Health.

Shah, P., & Ohlsson, A. (2002). Literature Review of Low Birth Weight, Including Small for Gestational Age and Preterm Birth. Submitted to Toronto Public Health by Mount Sinai Hospital Evidence-based Neonatal Care and Outcomes Research Unit.

Stewart, DE, Robertson, E, Dennis, C-L, Grace, S, & Wallington, T (2003). Postpartum depression: Literature review of risk factors and interventions. Toronto, ON: Toronto Public Health.

Toronto Public Health (2003). Amendment of Building Codes to Reduce Hot Tap Water in Homes. Board of Health Staff Report April 29, 2003. Available from:
<http://www.toronto.ca/legdocs/2003/minutes/committees/hl/hl030512.pdf>

Toronto Public Health (2003). Children’s Mental Health. Board of Health Staff Report April 28, 2003. Available from:
<http://www.toronto.ca/legdocs/2003/minutes/committees/hl/hl030512.pdf>

Toronto Public Health (2006). Food Security: Implications for Early Years Populations. Board of Health Staff Report. February 27, 2006. Available from:
<http://www.toronto.ca/legdocs/2006/agendas/committees/hl/hl060227/it003.pdf>

Toronto Public Health (2004). Legislative and Educational Strategies to Reduce Hot Tap Water Temperature in Homes Board of Health Staff Report October 4, 2004. Available from:
<http://www.toronto.ca/legdocs/2004/minutes/committees/hl/hl041018.pdf>

Toronto Public Health (2006). Sole Source Contract for 100% Provincially Funded Incredible Years Parent, Teacher and Child Programs. Board of Health Staff Report. March 22, 2006. Available from
<http://www.toronto.ca/legdocs/2006/agendas/committees/hl/hl060410/it004.pdf>.

Trocme, N., Fallon, B., McLaurin, B., Daciuk, J., Bartholomew, S., Ortiz, J., Thompson, J., Helfrich, W., & Billingsley, D. (2002). “1998 Ontario Incidence Study of reported child abuse and neglect (OIS 1998)”. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.

Webster-Stratton, C., & Reid, MJ. 2004. Strengthening Social and Emotional Competence in Young Children-The Foundation for Early School Readiness and Success. *Infants and Young Children*. 17(2):96-113.