



**Manitoba Healthy Living,
Youth and Seniors**

**Annual Report
2009–2010**



**MINISTER
OF HEALTHY LIVING, YOUTH AND SENIORS**

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

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

May It Please Your Honour:

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

I am pleased to present the Annual Report for the Department of Healthy Living, Youth and Seniors for the fiscal year ending March 31, 2010.

Respectfully submitted,

Jim Rondeau





Healthy Living, Youth and Seniors

Deputy Minister

3rd Floor – 332 Bannatyne Avenue, Winnipeg, Manitoba, Canada R3A 0E2

Honourable Jim Rondeau
Minister of Healthy Living, Youth and Seniors

Dear Minister:

The Department of Manitoba Healthy Living, Youth and Seniors was established in November, 2009, as part of a governmental reorganization. I am pleased to present the Annual Report of Healthy Living, Youth and Seniors for the fiscal year 2009/10 which details the department's many accomplishments, both prior to, and post-reorganization.

Several achievements of the Department included:

- **Advancing healthy living** by creating meaningful opportunities that are accessible to all Manitobans. Highlights include:
 - Active Living:* ▪ Expanding of the Manitoba *in motion* physical activity strategy; conducting a needs assessment as part of the Immigrant/Refugee Physical Activity Initiative; and collaborating with Canadian Tire Jumpstart Foundation to produce and distribute the new *Jumpstart Kids Activity Kit*.
 - Healthy Eating:* ▪ The School Fruit and Vegetable Snack pilot program was implemented in 13 schools; Dial-A-Dietician was launched; continuing to advance the school nutrition policy in Manitoba schools, including legislation to restrict trans fats; advancement of the Northern Healthy Foods Initiative.
 - Chronic Disease Prevention:* ▪ Funding was provided for healthy living activator positions, creating teams of healthy living professionals to address chronic disease prevention and promote healthy living services across the province.
 - Tobacco Reduction:* ▪ Continued enforcement of the Non-Smokers Health Protection Act; expansion of the Students Working Against Tobacco, the Review & Rate and Not On Tobacco programs in Manitoba schools; funding for the Manitoba Tobacco Reduction Alliance to undertake a pilot project to support smoking cessation amongst vulnerable populations.
 - Injury Prevention:* ▪ Provided funding to the Misericordia Health Centre to implement a Falls Prevention and Vision Screening project in long term care facilities in Winnipeg and in the community.
 - Healthy Sexuality* ▪ The department continues to implement a healthy sexuality action plan that promotes good holistic sexual health practices and works toward reducing the rates of sexually transmitted infections, increasing access to screening and testing for sexually transmitted diseases, reducing the rates of teen and unintended pregnancies, improving overall sexual negotiation skills and healthy relationships, and improving levels of care and treatment for those living with HIV/AIDS.
- **Enhancing Services to Seniors** through Age Friendly Manitoba Initiative; funding and support to the Active Living Coalition of Older Adults in Manitoba and their peer-led speakers bureau and programs for older adults to encourage healthy active aging and independence and engaging seniors in health promotion topics; supported the expansion of the Safety Aid program in Manitoba; partnering with Centre on Aging to develop a statistical Profile of Manitoba Seniors that provides information and

data to better inform and support planning, program and policy development; continued to expand and evolve the provincial Elder Abuse Strategy in response to the needs of seniors; partnered with key community based seniors' organizations in Manitoba to strengthen their service delivery capacity and to bring their perspectives to issues facing seniors in communities across the province.

- **Supporting youth** ages 15 to 29 with access to employment; career development resources; opportunities to practice citizenship including education, volunteer and leadership experiences; and information related to all provincial youth programming.
- **Strengthening recreation and physical activity opportunities** at the community regional and provincial level through the Recreation Opportunities Program, which provides funding to 51 recreation commissions, comprised of 135 municipal governments and 26 school divisions/districts; funding and consultation is provided to provincial/community recreation organizations to support initiatives that encourage and work to increase participation in recreation and physical activity for all Manitobans.
- **Enhancing Addiction Services** by improving access in Manitoba through the Addictions Agency Network; improved integration of addictions and mental health services at both the service and policy level; strong working relationships with agencies in policy and program development; continuing to advance Manitoba's five-point strategy: *Breaking the Chains of Addictions*.

It is my privilege to present this report as a summary of the valuable work the staff of the department, in collaboration with our many partners, have contributed to in 2009/10.

Respectfully submitted,

Jan Sanderson
Deputy Minister of Healthy Living, Youth and Seniors





Vie saine, Jeunesse et Aînés

La sous-ministre

332, avenue Bannatyne, 3^e étage, Winnipeg (Manitoba) Canada R3A 0E2

Monsieur Jim Rondeau
Ministre de la Vie saine, de la Jeunesse et des Aînés

Monsieur le Ministre,

Le ministère de la Vie saine, Jeunesse et Aînés fut établi en novembre 2009 suite à une réorganisation du gouvernement. J'ai le plaisir de vous présenter le Rapport annuel 2009-2010 de Vie saine, Jeunesse et Aînés Manitoba qui décrit les fait le décompte des diverses réalisations du ministère; avant et après la réorganisation.

Le bilan du ministère comprend notamment les réalisations suivantes :

- **Progrès accomplis dans le domaine de la vie saine** grâce à la mise en place de possibilités prometteuses auxquelles toute la population du Manitoba a accès. En voici les points saillants :
 - Vie active :* ■ Expansion de la stratégie d'activité physique Manitoba *en mouvement*; évaluation des besoins dans le cadre de l'Initiative visant l'activité physique des immigrants et des réfugiés; collaboration avec la fondation Bon départ de Canadian Tire en vue de produire et de distribuer la nouvelle trousse d'activités Bon départ pour les enfants.
 - Alimentation saine :* ■ Mise en œuvre du programme de goûters axés sur les fruits et légumes dans 13 écoles; lancement de Dial-A-Dietician; progression de la politique de nutrition dans les écoles, notamment grâce à l'adoption de mesures législatives de restriction des gras trans; poursuite de l'Initiative d'alimentation saine dans le Nord.
 - Prévention des maladies chroniques :* ■ Financement de postes de promoteur des modes de vie sains, ce qui a permis de créer des équipes de professionnels des modes de vie sain chargées de la prévention des maladies chroniques et de la promotion des services de vie saine dans toute la province.
 - Réduction de l'usage du tabac :* ■ Poursuite de la mise en œuvre de la *Loi sur la protection de la santé des non-fumeurs*; extension des programmes Students Working Against Tobacco, Évaluer et classer, et Not On Tobacco dans les écoles du Manitoba; financement accordé à la Manitoba Tobacco Reduction Alliance afin qu'elle entreprenne un projet pilote d'aide aux personnes qui veulent arrêter de fumer parmi les populations vulnérables.
 - Prévention des blessures :* ■ Financement accordé au Centre de santé Misericordia pour la mise en place d'un projet de prévention des chutes et de dépistage des troubles de la vue dans les établissements de soins de longue durée à Winnipeg et dans la communauté.
 - Sexualité saine :* ■ Poursuite de la mise en œuvre du plan d'action pour une sexualité saine qui promeut les bonnes pratiques holistiques en matière de sexualité saine et qui vise à réduire les taux d'infection par maladies transmissibles sexuellement, à augmenter l'accès au dépistage des maladies transmises sexuellement et à l'administration de tests à cet égard, à réduire les taux de grossesse chez les adolescentes et de grossesse non voulue, à améliorer les techniques globales de

négociations sexuelles et à favoriser les relations saines, et à améliorer les niveaux de soins et de traitement des personnes atteintes du VIH et du SIDA.

- **Amélioration des services aux aînés** grâce à l'initiative Manitoba, province amie des aînés, au financement et à l'appui accordés à la Coalition d'une vie active pour les aîné(e)s au Manitoba ainsi qu'à son bureau et à ses programmes de présentations données par des conférenciers pairs pour encourager l'autonomie et le vieillissement actif et en santé des personnes âgées et aborder avec elles des questions relatives à la promotion de la santé; appui de l'extension du programme SécurAide au Manitoba; collaboration avec le Centre on Aging de l'Université du Manitoba afin de créer un profil statistique des aînés du Manitoba qui fournit de l'information et des données permettant de mieux informer et d'appuyer la planification et l'élaboration de programmes et de politiques; expansion et évolution de la Stratégie provinciale de lutte contre la violence envers les personnes âgées en réponse aux besoins des personnes âgées; partenariat avec des associations communautaires clés pour personnes âgées au Manitoba afin d'améliorer leur capacité de prestation de services et d'appliquer leurs perspectives aux enjeux qu'abordent les personnes âgées dans les communautés partout au Manitoba.
- **Soutien des jeunes** de 15 à 29 ans par l'intermédiaire de l'accès à l'emploi; de ressources sur le développement de carrière; d'occasions pour les jeunes de mettre en pratique leur citoyenneté, notamment dans les domaines de l'éducation, du bénévolat et du leadership; et de renseignements concernant tous les programmes provinciaux à l'intention des jeunes.
- **Renforcement des possibilités récréatives et d'activité physique** au niveau communautaire régional et provincial, par l'intermédiaire du Programme de possibilités récréatives qui finance 51 commissions des loisirs représentant 135 administrations municipales et 26 divisions et districts scolaires; du financement et des services de consultation sont offerts aux organismes récréatifs communautaires et provinciaux afin d'appuyer les initiatives qui favorisent l'augmentation de la participation de toute la population manitobaine à des activités physiques et récréatives.
- **Amélioration des services de lutte contre les dépendances** grâce au Réseau des organismes de lutte contre les dépendances (Addictions Agency Network) qui améliore l'accès au Manitoba; à une meilleure intégration des services de lutte contre les dépendances et des services de santé mentale, au niveau des services aussi bien que des politiques; à de solides relations de travail avec les organismes en ce qui concerne l'élaboration des politiques et des programmes; et à la poursuite de la mise en œuvre de la stratégie en cinq points du Manitoba : Vaincre les dépendances.

C'est pour moi un privilège de vous remettre ce rapport qui résume le travail fructueux que le personnel du ministère, en collaboration avec nos nombreux partenaires, a accompli au cours de l'exercice 2009-2010.

Je vous prie d'agréer, Monsieur le ministre, l'assurance de ma haute considération.

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

Jan Sanderson

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Preface/Introduction

Report Structure

The Annual Report is organized in accordance with the appropriation structure for Manitoba Healthy Living, Youth and Seniors as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2010. The report includes information at the main and sub-appropriation levels relating to the Department's objectives and actual results achieved. Financial performance information is provided with expenditure and revenue variance explanations, and a five-year adjusted historical table of staffing and expenditures.

Role and Mission

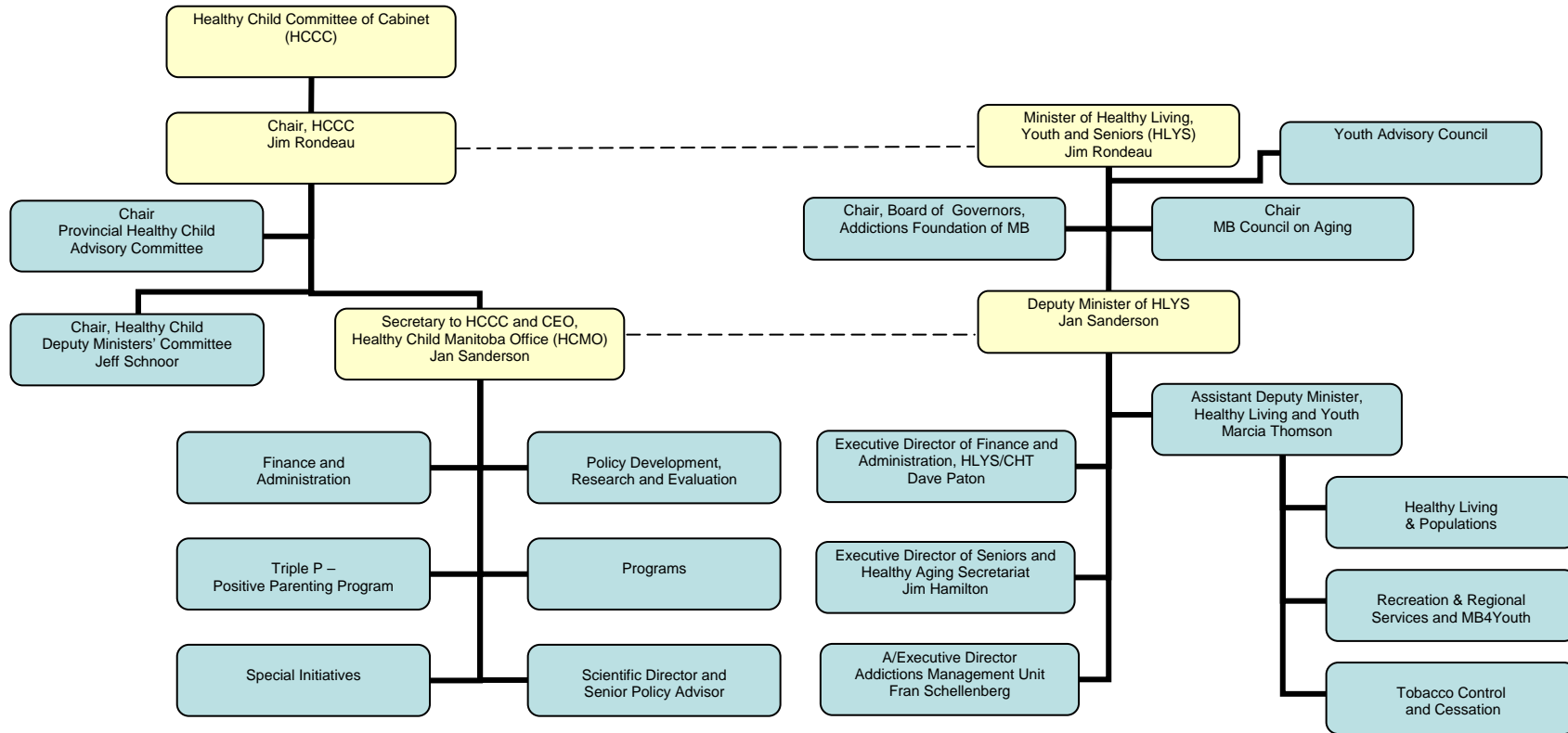
Since its creation in November, 2009 the department works to create healthy living opportunities that are meaningful to Manitobans of every age. Healthy Living, Youth and Seniors (HLYS) focuses on the promotion of policies and programs within the department and across government, as well as in the community, which contribute to the health and wellness of Manitobans and work to create supportive environments that make healthy choices easier and more accessible.

The overall responsibilities of the Minister and the Department include:

- Promoting public awareness of and commitment to promotion, prevention, and early intervention activities that encourage: active living, healthy eating, healthy sexuality, injury prevention, healthy child development, and chronic disease prevention.
- Implementing long-term child-centred public policy within and across departments to support healthy child and adolescent development.
- Implementing programs and services providing youth (ages 15-29) with opportunities for career development, employment, training, self-employment, community engagement and opportunities to develop citizenship skills and knowledge.
- Creating an environment that promotes health, independence and well-being for all Manitoba seniors through Age Friendly Manitoba communities.
- Promoting and supporting the reduced use of Tobacco.
- Supporting the recreation delivery system at the local and regional levels to improve the well being of individuals and communities throughout the province.
- Implementing a provincial strategic approach to reduce the individual and societal impact of addictions.

The Minister of HLYS is also the Chair of the Healthy Child Committee of Cabinet and as such leads the development and implementation of the Healthy Child Manitoba strategy, which works across departments and sectors to facilitate a community development approach for the well-being of Manitoba's children, families and communities.

Manitoba Healthy Living, Youth and Seniors and Healthy Child Committee of Cabinet Organization Chart Effective March 31, 2010



Statutory Responsibilities

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

The Addictions Foundation Act

The Fitness and Amateur Sport Act (as it pertains to Fitness)

The Manitoba Council on Aging Act

The Healthy Child Manitoba Act

The Non-Smokers Health Protection Act

The Occupiers' Liability Act [section 9.1]

The Youth Drug Stabilization (Support for Parents) Act

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

Executive Support

Minister's Salary

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

1(a) Minister's Salaries					
Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	46	1.00	46	-	
Other Expenditures					
Total Sub-Appropriation	46	1.00	46	-	

Executive Support

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

1(b) Executive Support					
Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	196	3.00	275 *	(79)	
Other Expenditures	46		54	(8)	
Total Sub-Appropriation	242	3.00	329	(87)	

* includes enabling appropriation

Administration and Finance Division

Financial and Administrative Services

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

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

Note: For 2009/10, Finance and Administrative Services for Healthy Living Youth and Seniors were provided primarily by the Finance Branch of the department of Health. In 2010/11, these responsibilities will be assumed by a shared services branch which will support both Healthy Living, Youth and Seniors and Culture, Heritage and Tourism.

Human Resource Services

The Human Resource Services Branch reports to the Deputy Ministers of the departments within the HR Sector. These include Healthy Living, Youth and Seniors, Advanced Education and Literacy, Education, Labour and Immigration, Entrepreneurship, Training and Trade and Manitoba Gaming Control Commission.

The Branch assists departmental management in the delivery of programs by providing a comprehensive range of human resource management services including pay and benefits services.

The Branch operates first and foremost as a service provider in all areas of human resources. Services provided include recruitment and selection, staff relations, organizational review, consultation and design of position descriptions and job analysis, performance management, employee counselling and referral, management and staff development, salary and benefits administration, human resources policy development and administration, Respectful Workplace and Workplace Health and Safety.

The Branch is also responsible for the pro-active co-ordination of the employment equity and diversity programs within each individual business area in the amalgamated sector. Human resource professionals of the Branch have or are working towards obtaining delegated Civil Service Commission signing authority and as such have accountability to the Civil Service Commission.

The Branch provides co-ordination of common concerns and issues with other government agencies, which have responsibilities in the human resource area, including other provincial government HR Sector, central agencies and other levels of government. The Human Resource Services Branch works closely with the Civil Service Commission and the Labour Relations Division of Treasury Board.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	49	1.00	79	(30)	
Other Expenditures	-		-	-	
Total Sub-Appropriation	49	1.00	79	(30)	

Sustainable Development

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

- Each branch of Healthy Living, Youth and Seniors (HLYS) continues to reduce, reuse and recycle paper products and staff are encouraged to use duplex printing and photocopying when possible;
- Ongoing Blue Bin recycling program. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers;
- Staff are involved in the procurement of stationary products and are continually encouraged to select “Green” products whenever possible;
- Government-wide directives on sustainable development initiatives such as recycling papers and toner cartridges are continually enforced;
- Smoking by staff in government buildings and vehicles is prohibited;
- Through the Trans Canada Trail (Manitoba) project and the Manitoba Recreational Trails Association, the department supports the development of trails across the province, which provide opportunities for sustainable transportation;
- Through their involvement with the delivery of the Manitoba Community Places Program (CPP) the department’s regional staff provide advice to community organizations and groups, and are a significant contributor to implementing Manitoba’s Green Building Policy and sustainable development goals throughout the province. These staff also advise and guide community organizations through the Green building process;
- HLYS promoted staff participation in the Commuter Challenge initiative aimed at encouraging staff to contribute to the efforts against climate change. Staff were encouraged to help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or car pooling;
- HLYS has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities as well as providing a safe and healthy working environment for staff.

Healthy Living and Populations

The objectives were:

- Advance healthy living (active living; chronic disease prevention; healthy eating; injury prevention and safety; healthy sexuality; and smoking reduction), and public health through strategic partnerships and re-alignment of resources;
- Through partnerships, reduce health disparities for at-risk populations such as women, children, families, persons with disabilities, seniors and their communities, as well as emerging populations.

The expected and actual results for 2009/10 included:

1. The Provincial Healthy Living Strategy will continue to be enhanced. This directs department actions for not only broad strategies, but also targeted campaigns and initiatives for such populations as Aboriginal peoples, new immigrants, etc.
 - Provided funding for the development of a series of forums to develop a community based healthy living strategy.
 - Social marketing campaigns were developed targeting physical activity, diabetes awareness, nutrition, bicycling safety, and farm safety. Campaigns targeted populations such as Aboriginal peoples and have been designed to be reflective of new immigrants.
2. Various initiatives such as Dial-A-Dietitian, Healthy Living Activators, School Nourishment programs, and the Risk Factor Assessment Tool will be developed.
 - In partnership with the Provincial Health information Centre, Dial-A-Dietitian was launched. Registered Dietitians have been hired to answer questions and provide advice on food and nutrition to help individuals and families eat well, live well and stay healthy.
 - Funding has been provided for healthy living activator positions to create teams of healthy living professionals to address chronic disease prevention and promote healthy living services across the province.
 - Provided funding to support school nourishment programs in partnership with Child Nutrition Council of Manitoba to ensure children attend school well nourished and ready to learn.
 - School Fruit and Vegetable Snack pilot program was implemented in 13 schools to increase intake of, and positive knowledge and attitudes towards fruits and vegetables.
 - The first phase to develop a Risk Factor Assessment Tool was completed. Partnered with Manitoba eHealth to develop a framework for a personal online health assessment tool to support Manitobans in self-managed care.
3. Evidenced based policies and strategies that support Healthy Living will be developed for priority populations such as women and children, persons living with disabilities, seniors, new immigrants, Aboriginal communities, and those living with developmental conditions such as FASD.
 - Manitoba signed a Bilateral Agreement on Physical Activity and Healthy Eating with the Public Health Agency of Canada with funding support from the federal and provincial governments. Funds were used for the following projects:
 - The Immigrant/Refugee Physical Activity Initiative. This project supported immigrant services and recreational providers in Winnipeg to develop, plan, implement and evaluate community based physical activity programs.
 - The Aboriginal Youth Healthy Living Mentor Program. A physical activity, nutritional and educational program for elementary school aged children led by university mentors enrolled in the Faculty of Kinesiology and Recreation Studies who train high school youth to be leaders.
 - *Youth Achievement Program - Shamattawa WASAC Express* recruited Aboriginal youth into recreational leadership activities to increase access to sports, cultural and educational programming for children and youth residing in Shamattawa.

- The Youth Achievement Program project in Winnipeg provides opportunities for Aboriginal youth, 13 to 18 years of age, to receive practical recreational experience that includes First Aid, recreational programming and cultural workshops.
 - Through the Northern Healthy Foods Initiative, local food self-sufficiency increased, through garden and greenhouse activities, and small livestock operations; made nutritious foods more affordable and available, including a revolving-loan freezer project; and, provided food and nutrition education, particularly in schools, in northern and remote communities.
 - Collaborated with Canadian Tire Jumpstart Foundation to produce and distribute the new *Jumpstart Kids Activity Kit*, which provides sports and recreation equipment to communities that organize programs for children and youth of financially challenged families.
 - Provided funding to support the development of the FASD Network in six RHAs and expansion of FASD diagnostic services through the Manitoba FASD Centre.
 - Provided funding to the Osteoporosis Canada - Manitoba Chapter to coordinate a Falls Prevention Strategy and deliver bone health education workshops and training to seniors groups and health care professionals.
 - Provided funding to the Misericordia Health Centre to implement a Falls Prevention and Vision Screening project in long term care facilities in Winnipeg and in the community.
 - Provided funding for the falls prevention component of the *SafetyAid* home safety program for seniors.
 - Continued to work with inter-departmental and community partners on the children's therapy initiative, and planning for children and adults with Autism Spectrum Disorders,
4. Research based reports and needs assessment regarding obesity prevention, gender based assessment, and new immigrants will be available and will guide Manitoba based interventions.
- A report was completed on Childhood Obesity Prevention Strategies that identified strategic opportunities for the prevention of childhood obesity.
 - Provided expertise to support continued implementation of school nutrition policy in Manitoba schools, including legislation to restrict trans fats.
 - As part of the Immigrant/Refugee Physical Activity Initiative a needs assessment was conducted to examine healthy life strategies of newcomers; barriers to physical activity and healthy nutrition choices; culturally sensitive approaches to reach inactive populations; and how Government should work with various cultural communities and other stakeholders.
 - Provided funding to the Prairie Women's Health Centre of Excellence to work with RHAs in using gender based analysis.
5. Evaluations of existing programs such as *in motion* will be completed and will guide its implementation in the future.
- An evaluation of the *in motion* grants was conducted to review processes including eligibility, funding levels, frequency and administration; to ensure we are providing the best possible service to communities and stakeholders; to determine the impact (results / outcomes) of grants awarded; and to recommend changes. Findings were that the current distribution of grants appears fair and equitable. The grants are well-conceived, have a positive reputation with communities and incorporate community needs.

2(a) Healthy Living and Healthy Populations

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,009	12.00	985	24	
Other Expenditures	4,300		4,684	(384)	
External Agencies	1,295		1,716	(421)	
Total Sub-Appropriation	6,604	12.00	7,385	(781)	

Recreation and Regional Services

The objectives were:

- Strengthen the delivery system that develops and supports recreation, sport and physical activity opportunities at the community, regional and provincial level.
- Assist communities, community and provincial organizations to plan strategically and respond to self-identified needs.
- Provide consultation and access to resources in partnership with branches and agencies of Manitoba Healthy Living, Youth and Seniors, other provincial, federal and municipal government departments and community organizations.
- Represent Manitoba at the Interprovincial Sport and Recreation Council that works toward national initiatives and joint targets involving recreation, sport and physical activity.

The expected and actual results for 2009/10 included:

1. Staff located in regional offices in Norman (The Pas and Thompson), Parkland (Dauphin), Westman (Brandon), Central (Morden), Interlake (Gimli), Eastman (Beausejour), and Winnipeg provided consultation and program access to many of Manitoba's 198 incorporated municipalities, 50 Northern Affairs communities and 63 Manitoba First Nations communities.
2. The branch provided funding through the Recreation Opportunities Program (ROP) to 51 recreation commissions, comprised of 135 municipal governments and 26 school divisions/districts, for the development of recreation opportunities. Under the ROP Training Fund, designed to assist with training costs for recreation directors, community recreation leaders and volunteers, 45 recreation commissions accessed funding.
3. The branch assisted communities in accessing provincial government resources through the provision of regional offices as a first point of contact for rural and northern based clients. Offices provide community-based access to programs, grants and resources while recognizing the unique and specific needs of communities. The branch provided consultation that led to the completion of 58 community festivals applications through the Community Festivals Support Program; over 310 applications to the Community Places Program in support of rural capital development projects; and over 165 applications to the Arts Development Project Support Program were completed to facilitate rural and remote community arts-related programs. Regional staff continued to work with juried art show committees to provide a venue for visual artists in rural and northern Manitoba to exhibit their work and receive professional critiques through three juried art exhibitions.
4. The branch provided funding and consultation to provincial/community recreation organizations to support initiatives that encourage and work to increase participation in recreation and physical activity for all Manitobans. Over 1000 children and youth attended summer camps made possible through grants to the Sunshine Fund and Westman Sun Fund totalling \$40.0. Further, the branch helped over 1,700 students and volunteers from 38 schools in northern and remote Manitoba experience

recreational sport and games through a grant of \$26.1 to the Frontier School Division's Frontier Games. Support to the Winnipeg Boys and Girls Clubs provided 10 community based clubs serving over 400 children and youth daily.

5. The branch contributed to the safe operation of community arenas, curling rinks and swimming pools by certifying 96 facility operators who successfully completed the department's Recreation Facility Operator Courses.
6. Leadership and skill development was provided to 100 recreation volunteers, recreation professionals and elected officials through the Recreation Conference for Community Volunteers. In the 30 year history of this conference, over 5,300 delegates have attended. The branch also helped 35 northern Manitoba recreation professionals and communities to attend meetings and training opportunities through a grant of \$9.1 to the Northern Manitoba Recreation Association.
7. The branch worked in partnership with other government departments and agencies including Justice, Education and Training, Labour and Immigration and Recreation Connections to reduce barriers to recreation participation through successful initiatives that include Youth Recreation Activity Worker Training Program, Everyone Gets to Play, Recreation Opportunities for Children Project, Promoting Physically Active Lifestyles for Newcomer Children, Youth and their Families Project and Joint Use of Community and Schools Facilities.

2(b) Recreation and Regional Services

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,485	24.00	1,509	(24)	
Other Expenditures	430		442	(12)	
Provincial Program Support Cost Less: Recoverable from Urban and Rural Economic Development Initiatives	1,496 (200)		1,532 (200)	(36) -	
Total Sub-Appropriation	3,211	24.00	3,283	(72)	

Tobacco Control and Cessation

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

The objectives were:

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

- Support Manitobans in reducing tobacco use and prevent youth from starting to smoke.
- Enhance collaboration with non-traditional stakeholders and other sectors that can assist with reducing tobacco use.
- Hold tobacco manufacturers responsible for the health care costs incurred by Manitobans that result from tobacco use.

The expected and actual results for 09/10 included:

1. Continued enforcement of the Non-Smokers Health Protection Act provisions prohibiting the sale of tobacco products to minors and restricting the display, advertising and promotion of tobacco and tobacco-related products. Conducted 650 compliance checks, laid 25 charges and issued 50 warnings.
2. Continued monitoring of developments in the area of litigation against tobacco manufacturers to recover health care costs attributable to tobacco use.
3. Expansion of the Students Working Against Tobacco (SWAT) program in Manitoba schools. Five additional schools received training and support to create SWAT teams in their schools, enabling youth to take a leadership role in promoting reduced uptake of smoking amongst their peers
4. Continued provision of the Review & Rate program to all Manitoba schools with grades 6-12. For the sixth year in a row this effective mass-media based education program saw 23,313 students participate from 332 schools.
5. Continued provision of the Not On Tobacco (NOT) program, a teen smoking cessation program offered in Manitoba schools to equip youth with the information, skills and motivation to quit smoking. Approximately 20% of the students participating in this program quit or cut down on their smoking.
6. Continued provision of funding for the Smokers Helpline a free smoking cessation counselling service available to Manitobans. In 2009/10, 1300 contacts were made through the Smokers Helpline.
7. The Manitoba Tobacco Reduction Alliance (MANTRA) was provided with \$140.0 in funding to undertake a pilot project to support smoking cessation amongst vulnerable populations. Four agencies working with vulnerable people (Healthy Child – Healthy Start for Mom and Me, The Addictions Foundation of Manitoba, the Canadian Mental Health Association and the North End Wellness Centre) have participated by having staff trained in cessation counselling sessions.
8. Public education and awareness was carried out in the form of a TV commercial run in May 2009, entitled 'Exhaust' to support an amendment to the Highway Traffic Act that will prohibit smoking in vehicles when anyone under the age of 16 is present. This law came into force July 15, 2010.

2(c) Tobacco Initiatives

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	230	3.00	289	(59)	
Other Expenditures	820		840	(20)	
Total Sub-Appropriation	1,050	3.00	1,129	(79)	

Addictions Management Unit

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

The objectives were:

The Addictions Management Unit provides leadership, support and direction to Manitoba's addictions system. Its objectives are to work collaboratively with addictions programs across the province to:

- Move forward the objectives of Manitoba's Five Point Strategy "Breaking the Chains of Addictions".

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

The expected and actual results for 2009/10 included:

1. Evidence-based policies for addictions programs.
 - Provided direction to funded addictions agencies regarding outcomes, performance measures and strategic planning. Updated Services Purchase Agreements to reflect an evidence-based direction.
2. Strong working relationships with agencies in policy and program development.
 - The Addictions Management Unit continues to work toward shared policy and program, outcomes and long term planning with the provincially funded addictions agencies.
 - The Addictions Agency Network (comprised of representatives from each funded agency and the Addictions Management Unit) continues to meet regularly.
 - The Addictions Management Unit makes regular site visits to agencies.
 - Addictions Agency Network members have worked with the Department on specific issues within the framework of the Provincial Strategy, e.g., the Oxycontin Strategy
3. Improved integration of addictions and mental health services at both the service and policy level.
 - Healthy Living, Youth and Seniors has representation on the Provincial Co-occurring Disorders Leadership Team to ensure integration continues and objectives of the Co-occurring Disorders Initiative are met.
4. Improved access to addictions services in Manitoba.
 - The Department continues to provide funding to 12 addictions agencies, located across Manitoba, to deliver a full continuum of addictions services. Detailed chart follows.
 - Through the Addictions Agency Network, agencies have opportunity to work together, to cross refer, to exchange knowledge, share materials and resources and provide support. Because agencies are working together, aware of each others programs etc. service access has improved.
 - Planning for further system and service enhancements is underway. Through Health Canada's Drug Treatment Funding Program, the Department has successfully secured funding to enhance youth treatment services and to integrate change systemically through central access, performance measurement and knowledge exchange.

2(d) Addictions Management Unit

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1	1.00	-	1	
Other Expenditures	-		-	-	
External Agencies	7,453		7,585	(132)	
Total Sub-Appropriation	7,454	1.00	7,585	(131)	

Provincially Funded Addictions Services and Support

PREVENTION/ EARLY INTERVENTION	PRE-TREATMENT	COMMUNITY-BASED TREATMENT	RESIDENTIAL TREATMENT	POST-TREATMENT
<ul style="list-style-type: none"> • School -Based prevention (classroom activities, training for school staff, health curriculum) • Community-based prevention (consultation, specific training designed for community stakeholders i.e. Probation workers, workplace prevention) <p>46,053 individuals received prevention services in 2009/10</p>	<ul style="list-style-type: none"> • Residential Pre-treatment (35-40 people admitted for 1-5 weeks) • Detoxification (501 admissions to medical unit and 178,640 hours¹ of clients in non-medical) 36 beds • Youth Drug Stabilization (voluntary and involuntary) 10 beds - 195 youth admitted • Community-based pre-treatment • Links – weekly support group while waiting for residential treatment (467 women and 306 men attended this program) 	<ul style="list-style-type: none"> • Methadone Intervention (Winnipeg and Brandon) (466 individuals received services) • Individual and group assessment, counselling and referral for both youth and adults in community based offices • School-based assessment, counselling and referral <p>15,388 individuals received community based treatment in 2009/2010</p>	<ul style="list-style-type: none"> • Men's Facilities 86 beds, 575 individuals in 2009/2010 • Women's Facilities 42 beds, 236 women in 2009/2010 • Co-ed Facilities 107 beds, 1148 individuals in 2009/2010 • Youth 41 beds, 220 individuals in 2009/2010 	<ul style="list-style-type: none"> • Community-based post treatment through individual/group continuing care • Residential post treatment/ second stage transitional housing • Men 26 beds, 41 admitted • Women 6 beds, 11 admitted • Co-ed 18 beds, 69 admitted

**** Stats in the chart are based on annual figures for 2009/2010****

¹ Main Street Project could not provide number of clients. They could only number of hours spent in Detox 178,640 or 7,443.33 days.

MB4Youth

MB4Youth strives to provide all Manitoba students and youth with individualized access to employment; career development resources; opportunities to practice citizenship including educational, volunteer and leadership experiences; and information related to all provincial youth programming. The Branch supports youth ages 15 to 29 with the transition from school to work and provides programming and resources which support career planning and exploration, skill development and training, self-employment and community engagement.

The objectives were:

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

The expected and actual results for 2009/10 included:

1. Students and youth across Manitoba receive career-related work opportunities and information, gain employability and essential skills and develop their self confidence.
 - 6,872 youth/students were employed and approximately 14,000 youth were provided with career development information through MB4Youth programs and services.
2. Students and youth are engaged in citizenship, leadership and engagement activities that give them a voice and help them become active and responsible citizens who contribute to their own and broader communities.
 - 271 youth participated in citizenship programs delivered through MB4Youth.
3. Aboriginal youth are knowledgeable about available resources and supports, gain employability and essential skills to secure meaningful employment and have access to career development information.

- Partners @510 Selkirk helped to ensure that Aboriginal youth were knowledgeable about available resources and supports so their transition to Winnipeg was positive and well-supported and to ensure that Aboriginal youth, immigrants and residents of the inner city were knowledgeable about learning options so that they could make informed choices about the education, training and employment pathways they would like to pursue.
4. Youth are knowledgeable about career and learning options so that they can make informed choices about what education, training and employment pathways they would like to pursue.
 - MB4Youth supported the Rotary Career Symposium, Manitoba Youth Volunteer Opportunities Program, Alliance of Manitoba Sector Councils, SAFE Workers of Tomorrow, Career Cruising and Youth Opportunity Project.
 5. Post-secondary students will gain meaningful employment and essential skills and obtain financial support while in school.
 - MB4Youth employed 3,173 youth, assisted 1,136 youth and funded 726 non-profit organizations through Career Focus, Manitoba Mentorships, Urban, Hometown and Conservation Green Team and Partners for Careers programs which hire youth in career related and meaningful employment.
 6. Vulnerable youth will receive valuable work experience, gain skills and have opportunities to further their education and contribute to the improvement of their community.
 - MB4Youth employed 42 youth through the Black Youth Internship Program, 29 youth through the Aboriginal Youth Internship Program 69 youth through Youth Build and 1,013 youth were assisted through 28 projects funded under Partners with Youth and Youth NOW.
 - \$2.0M was provided through the Bright Futures Fund to assist at-risk youth.
 - Training Resources for Youth Program was funded to provide pre-employment assistance to 92 youth who have dropped out or been expelled from school.
 7. More youth will volunteer in their own and broader communities, making a positive difference in their own life and in the lives of others.
 - 73 bursaries were provided to post-secondary students and 178 scholarships were provided to Grade 12 students to recognize their efforts in the community and 20 schools were provided with grants to engage youth in citizenship activities.
 8. More youth will volunteer in their own and broader communities, making a positive difference in their own life and in the lives of others.
 - 73 bursaries were provided to post-secondary students, 178 scholarships were provided to Grade 12 students and 20 schools were provided with grants.
 9. More young people will be successfully self-employed, particularly in rural/northern communities.
 - MB4Youth provided 60 grants to assist youth to start their own business and participate in accredited business related courses.

4(a) MB4Youth

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,175	122.73	2,197	(22)	
Other Expenditures	508		558	(50)	
External Agencies Recoverable from Less: Aboriginal	9,449		9,577 *	(128)	
and Northern Affairs Recoverable from Urban and Rural Economic	(200)		(200)	-	
Development Initiatives Recoverable from Advanced	(4,155)		(4,163)	8	
Education and Literacy	(1,000)		(1,000)	-	
Total Sub-Appropriation	6,777	122.73	6,969	(192)	

* includes enabling appropriation

Addictions Foundation of Manitoba

The Addictions Foundation of Manitoba's five core treatment outcomes are:

1. Reduced involvement or harm associated with alcohol and drugs
2. Improved physical and/or psychological health
3. Improved family and/or social functioning
4. Improved employment and/or vocational/educational functioning
5. Reduced involvement with the criminal justice system

AFM's mission is to enhance the health of Manitobans by reducing the harm of alcohol, other drugs and gambling through leadership in education, prevention, rehabilitation and research.

Addictions Foundation of Manitoba is composed of the following:

Alcohol and Other Drug Services

The objectives were:

- To provide a range of programs and services in the Province of Manitoba to reduce the harms associated with alcohol, tobacco and other drug misuse.

The expected and actual results for 2009/10 included:

1. Reduced involvement or harm with alcohol, and other drugs.
 - In 2009/10 there were a total of 15,909 individuals admitted to alcohol and other drug programs for adults and youth.
 - Construction was completed and a new AFM facility opened in Thompson in April, 2009. A ribbon

cutting ceremony was held on June 12, 2009.

- As at March 31, 2010 Winnipeg's m.i.n.e. Program had 309 clients. In September, 2009 AFM received additional funding from the Province of Manitoba to hire a full time nurse which allowed an increase in admissions from 300 to 330. A total of 126 clients were admitted to the m.i.n.e. Program in 2009/10.
- The Moving Forward Program introduced a group component which enables AFM to provide programming to more clients.
- Changes have been made to the intake process to allow for group intakes as an option for adult clients in the Winnipeg and Northern region satellite offices.
- The intake and assessment services in the Youth Community Based unit were reorganized which has significantly reduced the waiting time for assessments.
- The registration procedures for the Parents Intervention Program were changed to decrease the time it took to access the program.
- An Orientation Coordinator was hired at the James Toal Centre to work with men attending the residential program to address barriers to programming such as lack of stable housing, negative family relationships and physical withdrawal symptoms.
- Coming to Terms began offering its programming to co-ed groups in Parkwood (Western Region) and a non-residential program is being delivered on a group basis in Swan River in response to increased intake.
- AFM School Based Programs for youth provide on-site education/assessment and counselling services to students in schools throughout the province. AFM staff provide a variety of services for students and their parents; including counselling for substance use involvement and those affected by the substance use of others, as well as parent information and parent support group sessions. Presence of AFM staff expands the network of supports to young people in the student population.
- AFM's Community Prevention Program and Prevention Education Consultants provide prevention and education services to individuals and organizations. These services include standardized courses, customized training, seminars and workshops, Occasional Service Requests for presentations focusing on a specific topic that an agency or organization may need, participation at events to make presentations and/or set up displays, and confidential consultations which includes a needs assessment, exploring available options and developing a plan of action for specific needs.

2. Improved physical/psychological health.

- Continue to staff many of AFM's residential facilities with part or full time physicians and/or nursing staff.
- Parkwood (Brandon) continues to partner with the 7th Street Health Access Centre. The Access Centre provides services to people who would typically not access health services. The Centre also houses other key service providers such as the Sexually Transmitted Infections Clinic, Mental Health Program, a physician, and an advanced practice nurse. Access to these other service providers is enhanced.
- The m.i.n.e. Program, staffed by physicians and nurses provides methadone maintenance to individuals who have developed a dependency to opiates.
- AFM continues to provide public information campaigns on the dangers of substance use, education about safe injection practices to prevent the spread of disease, accurate information on substances, their effects and associated risks. Seniors are provided education on the appropriate use of alcohol and medications.
- AFM partnered with the Islamic community, Filipino community, Vietnamese community and Partners Seeking Solutions with Seniors to hold a Multicultural Seniors' Fest in May, 2009. This provided AFM with the opportunity to do outreach work with ethno cultural older adults and to network with leaders from those communities for future work.
- AFM staff continue to provide education and consulting to Pharmacists at Risk Committee, the Manitoba Pharmaceutical Association, Canadian Society of Hospital Pharmacists (Manitoba Division) and the Faculty of Pharmacy, University of Manitoba.
- AFM continues to offer education workshops/seminars to the nursing profession in rural Manitoba around geriatric substance use/abuse and illicit drugs use.

3. Improved family and/or social functioning.
 - Residential facilities continue to offer workshops on “What do I say to the kids” and “A new day, A new life” to better prepare clients for reuniting with their families and friends. Couples in Recovery I and II are also offered. Other workshops include Emotions Awareness, Living with Life’s Losses (about grief and loss), Family Issues, Self Esteem, and Relaxation.
 - In all regions AFM continues to offer a Family Services Program. This program provides an information session, family awareness group program, family recovery group program, marriage and family therapy, family counselling for gambling affected persons, intervention consultation and a re-parenting program.

4. Improved employment and/or vocational/educational functioning.
 - In the Compass Residential Youth Program clients are offered The Learning Program. This program assists clients who have negative connections with learning and schooling. It provides them with a safe opportunity to take academic risks and find rewards in the success of learning.
 - As part of AFM programming, assistance is provided to clients to improve their work or school life, to organizations to improve their skill levels and to employers and employees in identifying behaviours associated with addictions and the steps that can be taken to mitigate the harm involved.
 - Workplace services assist organizations in determining specific needs and customizing training to meet those needs. In addition to training, other services to workplaces include policy development, general consultation, employee and employer addiction awareness seminars, crisis intervention, and performance management issues.

5. Reduced involvement with criminal justice system.
 - The presence of addiction counsellors in the schools provides immediate access to students with the goal of reducing risky behaviours. AFM also maintains relationships with other service providers (eg. Child and Family Services, Probation Services, etc) to ensure appropriate matching of programs to client need.
 - AFM, in partnership with the provincial Department of Justice, provided youth community correctional services by maintaining, coordinating, and delivering substance abuse assessment and intervention services for youth involved in the justice system in AFM’s Western, Northern and Winnipeg regions.
 - Manitoba Driver Vehicle Licensing requires that all drivers charged with an alcohol and/or drug related driving offense must attend AFM’s Impaired Driver Program for a drug and alcohol assessment.
 - In 2009/10 a total of 1,611 individuals accessed the AFM Impaired Driver Program (IDP). Of those, 282 were re-offenders.
 - AFM’s m.i.n.e. Program outcome studies have demonstrated a significant reduction in involvement with the criminal justice system for those clients who have participated. This is an important finding as the majority of m.i.n.e. clients have a history of criminal involvement. Research continues to support this.

Problem Gambling Services for Adults and Youth

The objectives were:

- To provide a wide range of programs and services for individuals and communities to reduce the harm associated with gambling, including problem gambling awareness, prevention, intervention and community and residential treatment for gamblers and their families.

The expected and actual results for 2009/10 included:

1. Reduced involvement or harm associated with gambling.
 - In 2009/10 AFM provided program services to 477 individuals in the gambling area. Of these

clients, 390 were adult problem gamblers; 2 were youth; 35 individuals went through the Gambling Residential Program located in the Parkwood (Western Region) facility and 50 family members or affected persons accessed the Family Program.

- In addition, AFM offers a 24 hour help line to provide assistance to individuals who have been, or are being affected by someone who has a gambling issue. Helpline data indicate a significant number of calls originate from individuals affected by someone else's problem gambling.

2. Increased community awareness of gambling issues, in order to improve competencies at the community level for taking action in addressing, and/or preventing gambling related problems.

- A 30 second getgamblingfacts.ca advertisement ran in all Cineplex Theatres in Winnipeg and Brandon from November 27, 2009 to January 1, 2010. getgamblingfact.ca is a multi-lingual resource which provides extensive information for those interested in facts to make informed gambling choices.
- A senior theatre project was undertaken in 2009. A play was performed at the Caboto Centre on October 4, 2009. The play focused on gambling within the seniors population and its impact on the family. Approximately 200 people attended. A DVD was made for future use.
- A multi-faceted educational approach directed towards older adults seeks to provide information on gambling and drug consumption for this rapidly increasing population.
- AFM operated Responsible Gaming Information Centres (RGIC) in the McPhillips Station and Club Regent Casinos (Winnipeg) and provided training and information to other provincial jurisdictions across Canada.
- In 2009/10 4004 people visited the Responsible Gaming Information Centre. Since December 2002 there have been 24,917 visits to the centres and another 11,366 people visited the on-site open houses.

3. Increased skills of professionals/para-professionals in identifying individuals requiring help, and referring them to the appropriate resource.

Customized gambling education services provided by Community Prevention staff include:

- Gambling Services – customized workshops on gambling issues are provided to agencies, workplaces and organizations. Possible topics include: Gambling and the workplace; Gambling issues and youth; How gambling works; Older adults and gambling; Referring problem gamblers – what to look for and who to contact.
- Training in the Prevention & Rehabilitation of Problem Gambling (Phase 1 & 2)
- AFM also held a Provincial Gambling Conference on October 14 – 15, 2009. This conference was attended by AFM's adult residential staff, satellite staff and members of the James Toal High Risk Program.

4. Increased knowledge of the risks of gambling for adolescents throughout the Province to assist them in making better decisions.

- The youth gambling awareness programs, Keeping Your Shirt On (KYSO)/Keeping Your Spirit Strong (KYSS), were offered to 147 high schools throughout the Province with 2,828 people attending.
- The Lucky Day Program, another youth gambling awareness program, was offered to 86 schools with 1,833 students participating in grades 7-9. The program is designed to increase awareness in youth by providing them with information regarding gambling myths and facts about gambling.
- Community Prevention Program staff provided 372 prevention and education services specifically on gambling, to 4,969 students province wide.

6 Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Program Delivery	20,133		18,776	*	1,357
Problem Gambling Services	3,137		3,023		114
Third Party Recoveries Recoveries from Manitoba Lotteries	(3,078)		(1,731)		(1,347)
Corporation	(3,147)		(3,023)		(124)
Total Sub- Appropriation	17,045	-	17,045		-

* includes enabling appropriation

Seniors and Healthy Aging Secretariat

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

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

The objectives were:

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

The expected and actual results included:

- To maintain or improve the quality of life of Manitoba seniors through supportive and accessible environments and responsive programs and services.
- Promoted provincial policies and programs that better reflect the needs of seniors and take into account the use of best practices.
- Provided leadership to the Age Friendly Manitoba Initiative (AFMI) supporting age-friendly communities to develop and implement age-friendly programs, policies, and services. In addition, enlisted 66 communities, representing 75% of Manitoba's population, in the Age-Friendly Manitoba Initiative since its launch in 2008.
- Collaborated with the Manitoba Chambers of Commerce and Manitoba Entrepreneurship, Training and Trade to develop opportunities to connect employers and older workers in rural and northern communities, thereby enhancing opportunities for older workers as well as increasing awareness of the benefits of hiring older workers.
- Partnered with the University of Manitoba Centre on Aging to develop and track outcomes and provide tools and resources for Manitoba's age friendly communities.
- Funded and supported the Active Living Coalition of Older Adults in Manitoba (ALCOA-MB) and their peer-led speakers bureau and programs for older adults to encourage healthy active aging and independence and engaging seniors in health promotion topics such as: nutrition, medication use and misuse and falls prevention.
- Increased the participation and leadership roles of seniors by recruiting and supporting their involvement on the Seniors' and Elders' Day Community Planning Committee, including the Committee Chair.

- Funded and consulted with the Transportation Options Network for Seniors in Manitoba (T.O.N.S) to collaborate with seniors, senior serving organizations, business and all levels of government to address the complex issue of seniors' transportation and enhance transportation options for seniors.
- Provided research and administrative support to the Manitoba Council on Aging.
- Liaised with Federal-Provincial/Territorial officials regarding inter-jurisdictional seniors' issues, and participated in joint initiatives arising from Federal-Provincial/Territorial meetings of Seniors' Officials.

1. To improve the safety and security of older Manitobans.

- Provided staff support to the Manitoba Elder Abuse Network, World Elder Abuse Awareness Day, the Seniors Abuse Referral Line; conducted outreach and presentations to enhance awareness of elder abuse and support services.
- Supported and increased participation in the Provincial Elder Abuse Network, improving the capacity to prevent and intervene in situations of abuse.
- Supported community groups in delivering the Police Academy: Older Adults Division Initiative, thereby providing older adults with information on safety and security issues and available programs and services regarding such issues as Elder Abuse.
- Supported the expansion of the Safety Aid program in Manitoba, including Interlake, South Western Manitoba, South and North Eastern Manitoba. Safety Aid is also available in all areas of Winnipeg, Brandon, Portage la Prairie and Dauphin.
- Partnered with the Disabilities Issues Office on the development of an emergency preparedness training video.
- Provided leadership to the Heat Alert and Response System Committee on seniors' needs for the development of a Heat Emergency "Master" Plan.

2. To improve communication with the public, including access to information.

- Provided a central source of information, referral and support to seniors, their families, and senior serving organizations, on programs and services through the: Seniors Information Line, website, Manitoba Seniors Guide, Senior Access Resource Manual and other publications.
- Partnered with the Centre on Aging to develop a statistical Profile of Manitoba Seniors that provides information and data to better inform and support planning, program and policy development.
- Provided leadership and encouraged participation in Seniors' and Elders' Month events to celebrate the ongoing contributions of older Manitobans and refute ageism.

3(a) Seniors and Healthy Aging

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	700	10.00	724	(24)	
Other Expenditures	245		271	(26)	
External Agencies	723		756	(33)	
Total Sub-Appropriation	1,668	10.00	1,751	(83)	

Manitoba Council on Aging (MCA)

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

The objectives were:

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

The expected and actual results included:

1. To provide the Minister of Healthy Living, Youth and Seniors with information and advice.
 - Met regularly with the Minister of Healthy Living, Youth and Seniors to discuss emerging issues of importance to Manitoba seniors that impact on government policy and programs.
 - Facilitated five meetings in 2009/10, which were held in rural communities as well in Winnipeg. Meetings provided opportunities for council and community members to provide perspectives on issues, challenges and opportunities facing older Manitobans.
 - Created three subcommittees to address specific issues in health, community living and safety and security. Committees developed discussion material on a number of issues which provided perspectives and advice to the Minister.
2. To promote awareness of the aging process and its implications for all age groups in Manitoba.
 - Organized the Manitoba Council on Aging Recognition Awards which celebrates individuals who make significant contributions to seniors living in the community; showcases seniors themselves who continue to contribute to their community in a variety of ways.
 - Collaborated with the Seniors and Healthy Aging Secretariat to produce and distribute the 2010 Manitoba Seniors' Guide.
 - Staffed Information Booth at conferences and community events: MCA members participated at 10 events in 2009, providing information to attendees on resources and programs available to older adults.

Financial Report Summary Information

Part 1

Healthy Living, Youth and Seniors
Reconciliation Statement
April 1, 2009 – March 31, 2010

DETAILS	2009/10 ESTIMATES (\$000s)
2009/10 Main Estimates:	73,757
Allocation of Funds from: Enabling Appropriations	252
2009/10 Estimates:	74,009

**Healthy Living, Youth and Seniors
Expenditure Summary**

for fiscal year ended March 31, 2010

Estimate			Actuals ⁽¹⁾	Actuals ⁽²⁾	Increase	
2009/10		Appropriation	2009/10	2008/09	(Decrease)	Expl.
\$(000s)			\$(000s)	\$(000s)	\$(000s)	No.
	34-1	Administration and Finance				
46	34-1a	Minister's Salary	46	46	-	
	34-1b	Executive Support				
275	*	1 Salaries and Employee Benefits	196	176	20	
54		2 Other Expenditures	46	46	-	
	34-1c	Finance				
79		1 Salaries and Employee Benefits	49	80	(31)	
-		2 Other Expenditures	-	-	-	
454		Total Appropriation 34-1	337	348	(11)	
* includes enabling appropriation						
	34-2	Healthy Living				
	34-2a	Healthy Living and Healthy Populations				
985		1 Salaries and Employee Benefits	1,009	867	142	
4,684		2 Other Expenditures	4,300	3,898	402	
1,716		3 External Agencies	1,295	999	296	
	34-2b	Recreation and Regional Services				
1,509		1 Salaries and Employee Benefits	1,485	1,600	(115)	
442		2 Other Expenditures	430	515	(85)	
1,532		3 External Agencies	1,496	2,087	(591)	
(200)		4 Rural Economic Development Initiatives	(200)	(200)	-	
	34-2c	Tobacco Control and Cessation				
289		1 Salaries and Employee Benefits	230	222	8	
840		2 Other Expenditures	820	239	581	
	34-2d	Addictions Management Unit				
-		1 Salaries and Employee Benefits	1	-	1	
-		2 Other Expenditures	-	-	-	
7,585		3 External Agencies	7,453	7,008	445	
19,382		Total Appropriation 34-2	18,319	17,235	1,084	

	34-3	Seniors and Healthy Aging				
	34-3a	Seniors and Healthy Aging				
724		1 Salaries and Employee Benefits	700	607	93	
271		2 Other Expenditures		245	292	(47)
756		3 External Agencies	723	777	(54)	
1,751		Total Appropriation 34-3	1,668	1,676	(8)	

	34-4	MB4Youth				
	34-4a	MB4Youth				
2,197		1 Salaries and Employee Benefits	2,175	2,147	28	
558		2 Other Expenditures	508	640	(132)	
9,577	*	3 External Agencies	9,449	8,973	476	
(200)	34-4b	Less: Recoverable from Aboriginal and Northern Affairs	(200)	(200)	-	
(4,163)	34-4c	Less: Recoverable from Urban and Rural Economic Development Initiatives	(4,155)	(4,021)	(134)	
(1,000)	34-4d	Less: Recoverable from Advanced Education	(1,000)	(500)	(500)	
6,969		Total Appropriation 34-4	6,777	7,039	(262)	

* includes enabling appropriation

	34-5	Healthy Child Manitoba				
	34-5a	Healthy Child Manitoba				
2,318		1 Salaries and Employee Benefits	2,304	2,232	72	
478		2 Other Expenditures	456	411	45	
25,597		3 Financial Assistance and External Agencies	24,788	24,203	585	
28,393		Total Appropriation 34-5	27,548	26,846	702	

	34-6	Addictions Foundation of Manitoba ⁽³⁾				
18,776	*	Program Delivery	20,133	17,644	2,489	1
3,023		Problem Gambling Services	3,137	1,919	1,218	
(1,731)		Third Party Recoveries	(3,078)	(1,599)	(1,479)	
(3,023)		Recoveries from Manitoba Lotteries Corporation	(3,147)	(2,125)	(1,022)	
17,045		Total Appropriation 34-6	17,045	15,839	1,206	

* includes enabling appropriation

Explanation Number:

1. Increase due salary contract increases.

34-7		Costs Related to Capital Assets			
34-7a		Costs Related to Capital Assets			
8	1	Desktop Services	8	2	6
7	2	Amortization Expense	7	4	3
15		Total Appropriation 34-7	15	6	9
74,009		Total Appropriation 34	71,709	68,989	2,720

Footnotes:

- (1) Actuals for 2009/10 are based on year-end expenditure analysis report dated June 30, 2010.
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2010.
- (3) Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Healthy Living, Youth and Seniors

Revenue Summary by Source

for the fiscal year ended March 31, 2010

with comparative figures for the previous fiscal year

Actual 2008–2009 (\$000)	Actual 2009–2010 (\$000)	Increase (Decrease) (\$000)	Source	Actual 2009– 2010 (\$000)	Estimate 2009– 2010 (\$000)	Variance (\$000)	Expl. No.
Current Operating Programs:							
Other Revenue:							
-	76	76	Sundry	76	3	73	
-	76	76	Total - Other Revenue	76	3	73	
Government of Canada:							
2,142	2,159	17	Healthy Living, Youth and Seniors	2,159	2,142	17	
2,142	2,159	17	Total - Government of Canada	2,159	2,142	17	
2,142	2,235	93	TOTAL REVENUE - CURRENT OPERATING PROGRAMS - 14	2,235	2,145	90	

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

for years ending March 31, 2006
to March 31, 2010

Appropriation	2005/06 ⁽²⁾		2006/07 ⁽²⁾		2007/08 ⁽²⁾		2008/09 ⁽¹⁾		2009/10 ⁽¹⁾	
	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)	FTE	\$(000s)
34-1 Administration and Finance	5.00	332	5.00	361	5.00	337	5.00	348	5.00	337
34-2 Healthy Living and Populations	36.00	8,451	36.00	8,799	37.00	10,512	40.00	17,235	40.00	18,319
34-3 Seniors and Healthy Aging	9.00	911	9.00	1,094	9.00	1,224	10.00	1,676	10.00	1,668
34-4 MB4Youth	118.73	5,045	118.73	5,224	119.73	6,016	122.73	7,039	122.73	6,777
34-5 Healthy Child Manitoba	29.00	24,167	32.00	25,053	33.00	25,318	34.00	26,846	35.00	27,548
34-6 Addictions Foundation of Manitoba ⁽³⁾		13,176		13,740		15,885		15,839		17,045
34-7 Costs Related to Capital Assets		21		21		21		6		15
Total Departmental Expenditures	197.73	52,103	200.73	54,292	203.73	59,313	211.73	68,989	212.73	71,709

Footnotes:

Actuals for 2009/10 are based on year-end expenditure analysis report dated June

(1) 30, 2010.

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

(2) March 31, 2010.

Addictions Foundation of Manitoba expenditures are reported in a separate Annual

(3) Report.

Performance Reporting

The following section provides information on key performance measures for the department for the 2009-10 reporting year. All Government of Manitoba departments include performance measures in their Annual Reports to complement the financial results and provide Manitobans with meaningful and useful information about government activities and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance

Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
1. Tobacco use rates as measured by the percent of Manitobans 12+ years who reported being current smokers (daily or occasional), former smokers, or non-never smoked	Tobacco use is a major cause of death and preventable illness including heart disease and cancer	Reported rates for 1994 were as follows: - Current smoker: 29% - Former smoker: 29% - Never smoked: 42%	The most recent available data are from 2008: - Current smoker: 24% - Former smoker: 38% - Never smoked: 39% <i>Source:</i> The Canadian Community Health Survey	There is a trend toward reduced smoking	Data on smoking are self-reported by Manitoba respondents to Statistics Canada surveys
2. Physical activity levels of Manitobans as measured by the percent of those surveyed who reported being active, moderately active or inactive.	Physical activity is a significant factor contributing to personal health.	Reported rates for 1994 were as follows: - Active: 19% - Moderately active: 24% - Inactive: 51%	The most recent available data are from 2009: - Active: 30% - Moderately active: 22% - Inactive: 46% - Not stated: 2% <i>Source:</i> The 2009 Canadian Community Health Survey.	There is an apparent trend toward greater physical activity	

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
<p>3. Trends re: youth employed or assisted through provincial programs, youth participation in their communities, grants awarded, level of student participation, number of web site visits.</p> <p>Indicator(s): - Tracking of usage: career development programs and tools as per Career Development Initiative Performance</p>	<p>To determine participation levels.</p> <p>To determine if programs are meeting needs of youth</p> <p>To determine what improvements can be made to programs</p>	<p>Data that is currently collected.</p>	<p>Increase in usage: web-based career development tools</p>	<p>Lower youth unemployment rate in MB</p> <p>Increase in level of access: on-line career development tools</p>	
<p>4. Mental and physical health status and the informal and formal health care of seniors in Manitoba (using Census data)</p> <p>Self rated health Functional health Self-rated mental health</p>	<p>Will indicate change over time.</p>	<p>Statistics Canada 2000-2002 Canadian Community Health Survey.</p> <p>Self rated health – 31.6% of Manitobans over age 65 indicated that their health was excellent or very good. 68.5% reported ‘good’ to ‘fair’. Similar responses between male/female.</p> <p>Functional health – 61.2% of Manitobans over age 65 had very good or perfect functional health. No difference between</p>	<p>Statistics Canada, Canadian Community Health Survey, 2007</p> <p>Self rated health – 74.2% of Manitobans over age 65 indicated that their health was excellent or very good. 25.8% reported ‘good’ to ‘fair’. Men were only slightly more likely than women to describe themselves in excellent or very good health..</p> <p>Functional health – 31.7% of Manitobans over age 65 had moderate to severe functional health</p>		

What is being measured and using what indicator? (A)	Why is it important to measure this? (B)	What is the starting point? (baseline data and year) (C)	What is the 2009/10 result or most recent available data? (D)	What is the trend over time? (E)	Comments/Recent Actions/Report Links (F)
		<p>male/female. Self-rated mental health – 21.9% of Manitobans over age 65 indicated their mental health was excellent. 39.9% reported 'very good'. 37.8% reported 'good' to 'fair'. Similar responses between male/female.</p>	<p>problems. No difference between male/female. Self-rated mental health – 30.8% of Manitobans over age 65 indicated their mental health was excellent. 34.8% reported 'very good'. 34.3% reported 'good' to 'fair'.</p>		
<p>5. Length of time between assessment and entry into gender specific primary residential treatment program (women)</p> <p>Indicator tracking wait list data from agencies providing gender specific services for women.</p>	<p>To determine if the number of beds available meets current demand for women's services</p>	<p>In 2007-2008 Average wait time reported=93.67 days</p> <p>Incomplete data for 2008/09</p>	<p>2009-2010 Average wait time reported = 74.04 days</p>	<p>There was a decrease in average number of days women wait for residential treatment from 07/08 data to 09/10 data. It is too early to determine if there is a trend developing; additional time and data collection is required.</p>	<p>Note: We can't attribute decrease from 07/08 to 09/10 to any one specific variable. Moving forward the goal is to further reduce the number of days women are waiting for gender specific residential treatment. By strengthening the system and improving the intake and assessment process further decrease in wait times should result.</p>

The Public Interest Disclosure (Whistleblower Protection) Act

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

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

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

The following is a summary of disclosures received by Manitoba Healthy Living, Youth and Seniors for fiscal year 2009–2010:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2009–2010
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	NIL
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. <i>Subsection 18(2)(c)</i>	NIL