



Healthy Start

hsmm.co
2025

Community Needs Assessment

2025





Mission

To empower and connect individuals and families in our community by offering pregnancy and parenting information and support.

Vision

Healthy Pregnancies

Nurtured Babies

Thriving Individuals & Families

Values

WELCOMING

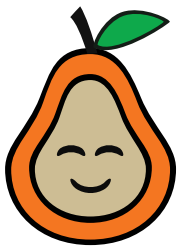
Community-based • Inclusive • Safe

SUPPORTIVE

Relationship-based • Connecting • Collaborative

EMPOWERING

Participant-centred • Respectful • Meaningful



Healthy Start



LAND ACKNOWLEDGMENT

We acknowledge that Healthy Start is located on Treaty 1 territory and that the land on which we gather is the traditional territory of Anishinaabeg, Cree, Anisininew, Dakota, and Dene Peoples, and on the homeland of the Red River Métis Nation. We also acknowledge Shoal Lake First Nation #40 on Treaty #3 territory for the water we use.

We thank all Indigenous peoples across Turtle Island, offering gratitude for the sacred gifts the water and land give us to feed and nurture our children and ourselves.

We acknowledge the harms and mistakes of the past. Healthy Start is committed to reconciliation by honouring, listening and learning from Indigenous peoples and by working in partnership to build a healthy future for all children and families.

Table of Contents

06 Executive Summary

Overview
Methods
Findings
Action Plan
Highlights

18 Maternal & Child Health Data

Evidence-Based Needs

21 Design and Methods

Design Summary
Community Voices
Participant Survey
Community Partner Survey
Focus Groups

40 Healthy Start: Our Future

Main Findings
Program Enhancements
Critical Needs
Activities
Limitations

13 Program Overview

Impact
Objectives
Core Values
Community Impact Data

20 Goals and Objectives

Needs Assessment

26 Results

Participant Survey
Community Partner Survey
Focus Groups
Participant Stories
Assessment Summary

50 Appendix

Environmental Scan
Survey Results
Focus Group Questions
References



Acknowledgments & Gratitude

Healthy Start extends its deepest gratitude to everyone who contributed to our community needs assessment. We especially appreciate the enthusiastic participation of our program participants in completing the surveys and sharing their valuable insights. Their feedback, along with the thoughtful responses provided by our community partners, was crucial in understanding our community's needs. We are also grateful to the focus group participants who generously shared their time and honest feedback.

Our sincere thanks are extended to the dedicated Healthy Start staff, whose efforts in disseminating the survey were essential to its success. The expertise and support of the public health nurses and public health dietitians from the Winnipeg

Regional Health Authority, along with the invaluable contributions of our interpreters who facilitated the participation of newcomers to Canada, were also instrumental.

Thank you to all participants and families for allowing us to use their images in this report.

We also acknowledge the support and guidance from our board members, whose contributions were critical to the success of this assessment.

This community needs assessment would not have been possible without the collective efforts of everyone involved.

Thank you all.



Executive Summary: Overview

CPNP is an important national program that aims to improve the health of pregnant women and new parents and their babies who face multiple challenges due to the social determinants of health. Promoting and supporting breastfeeding and maternal nutrition have important implications for both short- and long-term maternal and infant health outcomes.

This program provides such a great opportunity to invest in maternal and child health within communities.

— J.Baxter, et al 2024

Healthy Start provides community-based pregnancy and parenting groups, nutrition & health education, and practical support to families who face multiple challenges related to inequities in the social determinants of health. Over the years, we have witnessed immense social change within our communities. However, the core of our program—connection and relationship building—remains central to our work.

This report, *A Community Needs Assessment for Healthy Start*, details the findings of the assessment conducted by Healthy Start in Winnipeg, Manitoba, between November 2024 to January 2025.

This needs assessment was driven by Healthy Start's commitment to remain responsive to the evolving needs of the community it serves with a continued emphasis on upstream public health approaches, community mobilization, and reducing barriers for equity-seeking families. The goals were to:

- Understand the most pressing needs of pregnant individuals and families who use our program
- Identify existing resources and gaps in services
- Inform the development of program enhancements and new initiatives

We have worked hard to centre the perspectives of program participants and community partners in this report.



Executive Summary: Methods

To gather comprehensive data, Healthy Start employed a mixed-methods approach, including:



Participant Surveys

184 surveys were completed by program participants, gathering information on their needs, experiences, and preferences related to pregnancy, parenting, and access to resources.



Community Partner Surveys

26 surveys were completed by community organizations and service providers, offering insights into community-wide needs and opportunities for collaboration.



Focus Group

A focus group was conducted with program participants providing rich qualitative data on their experiences, challenges, and recommendations for Healthy Start.



Participant Stories and Lived Experiences

Ensure a comprehensive understanding by incorporating participant stories alongside survey data, recognizing that lived experiences offer nuanced insights often missed by traditional methods, thus providing invaluable context to our community needs assessment.



Environmental Scan

Review services offered in the nine community areas where we offer ten drop-in groups.

Executive Summary: Key Findings

Strengths | Enhancements | Actions

Our comprehensive community needs assessment, incorporating surveys, focus groups, and participant stories, affirmed Healthy Start's value and relevance in supporting vulnerable pregnant individuals and new parents. Participants praised the program's comprehensive approach, including accessible community-based services, practical support, and personalized care from nurses, dietitians, and outreach staff.

To further enhance impact and address evolving needs, Healthy Start will prioritize regular feedback mechanisms, cultural responsiveness, expanded outreach, and strengthened community partnerships. This will ensure continued support, connection, and empowerment for participants and their families.

Key Strengths

Accessible, Wrap-Around Care

The Community Needs Assessment identified that Healthy Start provides accessible, wrap-around care through community-based drop-in groups led by a multidisciplinary team of nurses, dietitians, and outreach staff. We foster supportive relationships by delivering evidence-based information and connecting equity-seeking participants to vital community services—all within a non-judgmental and empowering environment.

Addressing Immediate Needs with Practical Support

The assessment highlighted the program's crucial role in addressing immediate needs through healthy meals, meal bags, prenatal vitamins, and vitamin D for breastfeeding babies. Food coupons were identified as particularly vital for addressing food security and attracting participants. Additionally, it was demonstrated that one-on-one outreach support effectively connects individuals with community resources to meet their unique needs.

Connection and Relationship Building

Relationships participants developed with staff and each other were a key motivator for their continued return to the drop-in groups. Many people expressed that the groups fostered social connection and reduced isolation. Participants frequently expressed feeling lonely and isolated, and many struggled with their mental health.



Executive Summary: Key Findings

Areas for Enhancement

Nurturing Connections

Participants requested increased opportunities for peer support within community groups, incorporating targeted resources and activities to foster connections between families.

Cultural Responsiveness and Participants Feedback

The assessment revealed that our program needs to strive to offer culturally safe programming. We will accomplish this through an annual participant survey, focus group with Indigenous participants and targeted staff training on Indigenous and newcomer cultural safety. This feedback will include questions assessing our program's cultural awareness and delivery of culturally safe programming.

Strengthen Strategic Community Partnerships

The assessment also highlighted our continued need to develop strategic partnerships with organizations serving equity-seeking populations, including Indigenous and newcomer communities, to improve program visibility and provide integrated support.

Community Outreach and Resource Evaluation and Update

The assessment feedback highlighted the need to implement a strategic outreach plan, combining community engagement with targeted online strategies, and to conduct a thorough review of our resources.

Enhance transition support for graduating families

To enhance transition support for families graduating when their children turn one, we will connect them with community resources. Additionally, based on feedback received, we will explore funding for ongoing parenting support.



Executive Summary: Action Plan— Implementing Enhancements

Nurture Connections (medium- to long-term goal)

- Develop and implement peer support activities for our groups; led by outreach staff
- Assess effectiveness through the annual participant survey with specific questions to assess whether attending Healthy Start increases peer connectedness

Enhance Cultural Responsiveness and Safety (medium- to long-term goal)

- Identify Indigenous organizations offering groups/classes on traditional pregnancy and parenting teachings and refer participants
- Provide annual staff training on Indigenous cultural practices and culturally safe care
- Conduct an annual focus group with Indigenous participants to seek feedback

Implement Annual Participant Feedback Survey (medium- to long-term goal)

- Include questions to assess if Healthy Start offers culturally safe programming, particularly from Indigenous and newcomer perspectives
- Analyze findings and present them to funders and the community
- Based on annual survey results, enhance or update our services and programming

Strengthen Strategic Community Partnerships (short- to medium-term goal)

- Review our partnership database to identify organizations we need to establish better connections with
- Prioritize developing connections with at least five Indigenous and newcomer organizations

Expand our Community Outreach Plan (short- to medium-term goal)

- Conduct community outreach and postering
- Develop a social media content calendar and track website and social media engagement metric monthly

Evaluate and Update Resources (long-term goal)

- Staff will review existing resources, activities, and handouts to determine if the resources are relevant, up-to-date with current evidence-based information and presented with cultural safety in mind

Enhance Transition Support for Graduating Families (medium- to long-term goal)

- For each neighbourhood we serve, staff will develop a handout of community programming/ services for children over one; these will be offered to every family graduating from our program
- Conduct a feasibility study of developing programming for children over one, including community demand and funding opportunities

Short term: 2-3 months | Medium term: 8-12 months | Long term: 12+ months

Executive Summary: Activities

Through our community needs assessment, we identified key participant needs and Healthy Start’s existing strengths. The following activities will ensure we are effectively meeting those needs.



Please see page 44 for further details on activities and metrics

Highlights from Participant and Community Partners Surveys

Participant Survey

51%



Heard about Healthy Start from family & friends

98%



Felt more connected to others by attending Healthy Start

87%



Said new information & answers to their questions was the #1 benefit of Healthy Start

59%



Identified as newcomers

24%



Identified as Indigenous

88%



Healthy Start was #1 source for pregnancy & parenting info

#1

Participant need: affordable & nutritious food



59% of participants said they eat healthier

#1

Barrier to attending more often:

BUSY LIFE



62%



Said breastfeeding support was a benefit of attending Healthy Start

Community Partner Survey

89%



Identified food security as #1 community need/challenge

84%



Responded that Healthy Start is reaching the right population

96%



Said Healthy Start makes participants feel welcomed

52%



Identified as Healthy Start needing to improve visibility in the community

For complete survey questions and results see Appendix

Welcome to **Healthy Start: Program Overview**

Healthy Start is a non-profit, community based organization that offers weekly pregnancy and parenting groups in ten sites largely in Winnipeg's inner-city and downtown neighbourhoods. Year round, we reach isolated, yet resilient families who want to learn about having and nurturing a healthy baby. We opened our first group in January of 1997 and this year we celebrate 28 years of serving the community. We receive funding from federal and provincial governments and work in collaboration with Winnipeg Regional Health Authority (WRHA) nurses and dietitians, community partners and receive in-kind support from: City of Winnipeg (five community groups), Hope Centre Healthcare and St. Boniface Access Centre to house our drop-in groups.

Our focus is on delivering nutrition, health and parenting information in a practical, interactive style in teams that include public health nurses, public health dietitians, community dietitians, outreach workers, childminders and food preparation and other volunteers. Individuals and families choose to come to our groups, where they can learn within a comfortable and interactive environment. We also offer one-on-one support to families who need help connecting to other services. There are no waiting lists, no cost and no start and end dates for sessions, and families can attend until their baby is a year old.

We provide practical support through:

- Coupons for free milk & eggs
- Healthy snacks and snack preparation demonstrations
- Meal bags (recipe & ingredients to cook a meal that serves 4-6 people)
- Prenatal and infant health and nutrition information
- Infant development information
- Dietitian (Healthy Start staff or WRHA staff) & public health nurse to answer questions
- Outreach staff to connect families to resources
- Prenatal vitamins and vitamin D for babies
- Resource development and handouts
- Childminding on site for children aged 1 to 5

Healthy Start receives operational funding from the Canada Prenatal Nutrition Program (Public Health Agency of Canada) and from Healthy Baby (Manitoba government).



Healthy Start: Impact

Participant Impact

Healthy Start participants consistently share stories of positive impact and transformation.

Community and Connection

Everything is different in Canada. You all make me feel like I belong. I look forward to every group.

I started because of the milk coupons; I stayed because I liked it & meeting other moms.

It's a safe and fun space for families to connect.

Learning and Empowerment

You talk to me like I already know something.

I wouldn't have known to start feeding my baby solid foods, except for this program.

I learned to talk to my baby.

Health Improvements

I stopped/cut down smoking...I stopped drinking... I eat better...I drink more milk...

I felt prepared to look after my baby after what I learned at the pregnancy group.

I sing the nursery rhymes you teach me and it calms my baby and me.



Healthy Start: Objectives

Primary Objectives

Healthy Start empowers individuals and families in Winnipeg through comprehensive, community-based support. Rooted in equity and accessibility, we create a nurturing environment for families to thrive by addressing immediate needs and building long-term capacity by ensuring access to resources and knowledge for healthy pregnancies and parenting.



To improve maternal and infant health outcomes. Our goal is to support healthier pregnancies, births, and early childhood experiences. This includes supporting optimal birthweights, reducing complications and substance use, enhancing access to medical care and breastfeeding, promoting immunization, and strengthening parent-infant attachment.



To empower pregnant individuals and families to make informed decisions about their health and the health of their children by providing access to evidence-based information, education, and skill-building opportunities related to pregnancy, parenting, nutrition, and child development.



To encourage strong social connections and community support for pregnant individuals and families by creating a welcoming and inclusive environment where participants can connect with peers, share experiences, and build supportive networks.



To enhance access to essential resources and practical support for pregnant individuals and families by providing or facilitating access to resources such as nutritious food, prenatal vitamins, transportation assistance, and referrals to other community services.



To build community capacity by engaging community partners, volunteers, and stakeholders in the planning, delivery, and evaluation of Healthy Start programs, cultivating a collaborative approach to addressing the needs of pregnant individuals and families.



Healthy Start: Core Values & Guiding Principles

Healthy Start is committed to providing participant-centred, accessible, culturally responsive, and evidence-based support to pregnant individuals and families.

Core Values

Equity and Inclusion

We are committed to providing accessible and culturally responsive support to all pregnant individuals and families, particularly those who face systemic barriers such as poverty, lack of access to resources, and discrimination.

We prioritize outreach to individuals who may experience barriers to accessing mainstream pregnancy and parenting support. We strive to create a welcoming and inclusive environment where everyone feels valued and respected.

Strengths-Based Approach

We believe that every individual possesses inherent strengths and resilience.

We focus on identifying and building upon these strengths, empowering participants to achieve their goals.

Holistic Support

We understand that health and well-being are interconnected and influenced by various factors.

We offer holistic support that addresses the diverse needs of individuals and families, connecting them to resources and services within the community.

Guiding Principles

Participant-Centred Care

We recognize that each individual and family is unique. We prioritize their needs and preferences, empowering them to make informed decisions about their health and well-being. Our programs are designed to be flexible and responsive to the diverse needs of our community.

Accessibility and Barrier Reduction

We believe that everyone deserves access to the information and support they need to thrive. We reduce barriers to participation by offering year-round, drop-in group sessions in neutral, accessible locations close to bus routes. We provide on-site childcare, bus tickets, healthy snacks, milk coupons, and friendly, interactive activities. This includes continuous entry into the program; participants are welcome to come anytime without a waiting period. We offer language interpretation by community-based interpreters.

Community Partnership

We recognize that collaboration is essential. A team approach of outreach staff, dietitians, public health nurses, volunteers and other community staff work together to support participants in a respectful, strength-based, and non-judgmental way. Outreach staff act as a bridge to other professionals, building trust and collaboration. We also partner with other organizations and service providers to ensure integrated support for families.

Specialized Programming

Recognizing the distinct needs of pregnant individuals and new parents, we offer separate pregnancy and parenting groups. Pregnancy sessions, for example, encourage healthy eating, information on labour & delivery, breastfeeding and discuss harm reduction. Parent & baby sessions, for example, encourage parent-baby interaction in a dedicated space, focus on infant nutrition, infant health and birth control information.

Home Visits and Individualized Support

Group programs are supplemented with individual contact provided by outreach staff and dietitians, as identified and led by participants. This is important for relationship building, problem-solving and breaking barriers. Other support includes help navigating systems such as Employment Insurance, Income Assistance, and Child and Family Services.

Continuous Improvement

We are dedicated to continuous learning and improvement. We regularly seek feedback from participants and partners to ensure that we are meeting the evolving needs of the community. We provide staff training and modify our program to meet the needs of participants.

Healthy Start: 28 Years of Community Impact Data

28+ years
1997
2025



We have been collecting demographic and qualitative data for over 28 years

Our 28-year average low birthweight improved by 16%

16% decrease

7.2% 1997 → 6% 28-year average

Our average birthweight is 7.5lbs

90%+

of participants initiate breastfeeding

15% increase from 1998-2025



In 2023, 92% of babies were born at term (37 weeks+)



92%

269

one-on-one contacts in 2023



In 2023, in addition to community groups, staff had 269 1:1 contacts with participants

On average we hold 520 pregnancy and parenting groups per year

520

Groups per year



1,100



1,100 participants register with Healthy Start every year + babies, dads and partners

Annually, 1,100 participants attended our pregnancy and parenting groups 4,700 times



4,700

Healthy Start sees about 1,100 participants a year, plus babies, dads and partners and other family members, and their preschool children who are taken care of in a separate childminding area during sessions



Maternal & Child Health Data: Evidence-Based Needs

Our scan of community health data reveals disparities in maternal and child health outcomes in Winnipeg, particularly in low-income, equity-seeking populations.

Prenatal Care

Inadequate prenatal care is more prevalent among people with less than a Grade 12 education, younger people, those living in lower income areas, on income assistance, lone parents, socially isolated individuals, or those with multiple pregnancies. (WRHA Community Health Assessment, 2019)

People in the lowest income areas were 3.1 times more likely to receive inadequate prenatal care as those in the highest income areas, with the highest rate in Point Douglas South being 6.6 times higher than the lowest rate in Fort Garry North. (WRHA Community Health Assessment, 2019)

Our prenatal program focuses on providing support and access to comprehensive prenatal care to these vulnerable populations to improve health outcomes and reduce the risk of low birth weight. Our groups are located in low-income communities.

Annual Births

In 2024, Canada had 10.01 births per 1,000 people, while Winnipeg had a slightly higher rate of 10.4 births per 1,000 people in 2019. (Manitoba Health Annual Statistics, 2020-2021)

Birth rates were significantly associated with income in both urban and rural areas in both time periods. Women in lower income areas had more births. (WRHA Community Health Assessment, 2019)

This underlines the need to situate community-based prenatal and postnatal support services in lower-income communities to support healthy outcomes for both mothers and infants.

Low Birthweight and Prematurity

The prevalence of low birthweight babies is a significant concern, with 6.5 per 1,000 babies born in Canada and 6.6 per 1,000 in Manitoba (Statistics Canada, 2018).

In Manitoba, babies born in the lowest income areas were at highest risk of being born prematurely (Social Planning Council of Winnipeg, 2023).

Our program focuses on addressing this issue by providing prenatal care and nutritional support, which are crucial for preventing low birth weight.

Rates of Breastfeeding Initiation

Breastfeeding rates are known to be lower within families at increased risk due to social and/or economic vulnerabilities, reflecting barriers as a result of the multiple social determinants of health (Baxter, 2024)

Exclusive breastfeeding rate observed within the Canadian population (34.5%) could be considered to be falling behind the estimated global rate (48%) (Baxter, 2024)

Breastfeeding initiation rate in Winnipeg is 86.8% (WRHA Community Health Assessment, 2019)

People in lower income areas are less likely to initiate breastfeeding while in the hospital compared to others in higher income areas (WRHA Community Health Assessment, 2019).

Our program promotes breastfeeding and chestfeeding education and support, particularly in low-income areas, to improve health outcomes for both parents and infants.

Rates of Children Living in Poverty

In 2016, 22.6% of children aged 17 years and under lived in families with income below the poverty line, with higher rates in areas like Downtown (43%), Point Douglas (41%), and Inkster (30%) (WRHA Community Health Assessment, 2019).

Winnipeg Central had the third highest rate of child poverty nationally at 30.6% (Social Planning Council of Winnipeg, 2023).

Our program groups are located in low income neighbourhoods and aim to provide essential resources, education, and support to families in these high-poverty areas.



Maternal & Child Health Data: Evidence-Based Needs

Equity-Seeking Families

Winnipeg's maternal health landscape is significantly impacted by disparities faced by equity-seeking families in accessing care, particularly Indigenous and newcomer populations.

Indigenous Families

Indigenous children in Manitoba experience the highest poverty rates in the province. 19.4% of Indigenous children live in poverty, 5.9% higher than the 13.5% non-Indigenous rate (Social Planning Council, 2023).

Highest concentrations of Indigenous families reside in Point Douglas, North End, and Downtown (Manitoba Collaborative Data Portal, 2016).

Newcomer Families

In 2015, immigrant child poverty rates in Manitoba were 29.1%, compared to 20.6% for non-immigrant children (Social Planning Council, 2020).

Areas with high recent immigrant populations include Downtown, Point Douglas, Inkster, Seven Oaks, and Fort Garry (Manitoba Collaborative Data Portal, 2016).

Our community groups are located in these high-need areas to ensure accessible services for Indigenous and newcomer families.

Food Insecurity

In Winnipeg, 20% of families with children under six experience food insecurity, significantly higher than the provincial average of 15% (Statistics Canada, 2023).

Risk of food insecurity was higher in vulnerable groups living below the poverty line including female lone par-

ent families (48%), families where the major income earner was unemployed all year (60%), Indigenous families living in the provinces and off reserve (48%), and Black Canadians (56%). (Statistics Canada, 2023)

51% of food bank users said the reason for use is overall lack of money (Harvest-Voices-2023)

This highlights the urgent need for increased access to nutritious food for vulnerable families. Our program aims to address this through targeting our services to equity-seeking families by offering food coupons, meals/snacks, cooking, hands-on food demos and connection to food security support services and education on budgeting to make healthier choices.

Employment and Income Assistance (EIA)

In Winnipeg's inner city, which comprises less than 20% of the city's population, over half (54.6%) of the city's total EIA caseload resides. (homelesshub.ca)

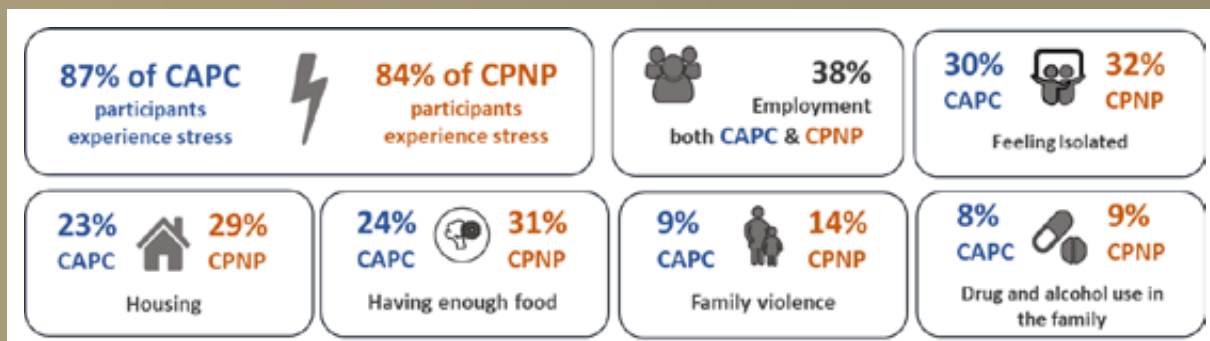
Our drop-in programs target these areas, providing essential support to families on income assistance to improve their economic stability and overall well-being.

Lone Parents

Residents of Point Douglas South were 7.8 times more likely to be part of a lone-parent family compared to residents of River East North in 2016. (WRHA Community Health Assessment, 2019)

Our services offer support to lone parents, helping them navigate the challenges of raising children on their own such as breaking isolation and accessing resources and services in the community.

Challenges Experienced by CAPC and CPNP Participants, 2018



Reference: The Office of Audit and Evaluation. March 2021.

Community Needs Assessment: Goals and Objectives

Community Needs Assessment: Purpose

The goal of this community needs assessment is to gather comprehensive data on the needs of pregnant and parenting individuals and their families who attend Healthy Start. Our goal is to gain insights into the strengths of our programs, identify gaps in service, and guide the development of new initiatives and partnerships to promote healthy pregnancies, healthy birth outcomes and strengthen families and their children. The needs assessment described in this report directly contributes to these objectives by providing valuable data on the specific needs and challenges faced by pregnant and parenting individuals and families in Winnipeg.

Assessment Objectives

Understand Community Needs: The primary purpose is to gain a comprehensive understanding of the needs and challenges faced by pregnant and parenting families in the community, particularly related to healthy eating, access to resources, social support, and overall well-being. This includes identifying both current needs and anticipating future needs and is complemented by our daily interactions and stories shared by participants.

Inform Program Planning and Development: The assessment aims to provide data-driven insights to inform planning, development, and enhancement of the Healthy Start program and services. This includes identifying program strengths, addressing gaps in service, and tailoring the program to better meet the specific needs of the community.

Demonstrate Accountability: Conducting a needs assessment demonstrates accountability to funders, stakeholders, and the community. Healthy Start is committed to evaluating its impact and using data to improve its services.

Core Questions

Demographics: Who are the families that Healthy Start serves (age, gender, Indigenous identity, newcomer status, marital status, household size, education, employment, income)?

Needs and Challenges: What are the greatest needs and challenges faced by pregnant and parenting families in the community (food security, housing, mental health, access to information, social support, childcare, transportation, cultural and language barriers)?

Program Effectiveness: How effective is Healthy Start's current program and services in meeting the needs of the community? What aspects of the program are most valued by participants?

Gaps in Service: What gaps or barriers exist in the current service offerings? Are there specific populations or needs that are not being adequately addressed?

Access and Utilization: How do families learn about Healthy Start? What barriers prevent families from accessing the program more often? What support styles are most preferred?

Satisfaction: How satisfied are families with the services provided by Healthy Start?

Recommendations: What changes or additions could be made to Healthy Start's programs and services to better meet the needs of the community? What collaborations with other organizations would be beneficial?

Needs assessment: Scope

Geographic area: The primary geographic area served by Healthy Start is the city of Winnipeg, Manitoba. Our programs are largely located in inner city and downtown neighbourhoods however, program participants come from all areas of Winnipeg. The scope of our needs assessment is limited to the communities where programs operate.

Informing the Healthy Start Program with Assessment Findings

The needs assessment will inform Healthy Start's programs and activities. These include:

Group Sessions: The content, format, and frequency of group sessions (both prenatal and postnatal) can be adjusted based on the identified needs and preferences of participants.

One-on-One Support: The availability and types of one-on-one support (telephone, email, home visits) can be tailored to meet the individual needs of families.

Resource Provision: The types and amounts of resources provided (e.g., food, coupons, bus tickets, vitamins) to support the needs and financial challenges faced by families.

Outreach and Promotion: The strategies used to reach and engage families can be refined based on the feedback about program visibility and preferred methods of communication.

Collaboration with Other Organizations: The partnerships formed with other organizations can be expanded or modified based on the identified needs and gaps in service.

Program Expansion: The data can be used to justify the expansion of programs and services to address unmet needs within our financial limitations.

Community Needs Assessment: Design and Methods Summary

Assessment Steps		Deliverables
1	Planning & Design	<ul style="list-style-type: none"> ▮ Needs assessment plan ▮ Survey questionnaires (participant and community partner) ▮ Focus group guides
2	Data Collection	<ul style="list-style-type: none"> ▮ Completed surveys (participant and community partner) ▮ Focus group notes/summaries ▮ Collect participant stories ▮ Conduct environmental scan
3	Data Analysis	<ul style="list-style-type: none"> ▮ Data analysis reports (quantitative and qualitative)
4	Report Writing	<ul style="list-style-type: none"> ▮ Draft report ▮ Final report
5	Dissemination & Utilization	Report back to: <ul style="list-style-type: none"> ▮ Participants ▮ Community partners ▮ Other stakeholders ▮ Grant applications ▮ Program enhancements

Details

- 1** Planning and Design: To develop a comprehensive needs assessment plan, including culturally sensitive survey instruments and focus group guides that effectively capture the diverse experiences and needs of Healthy Start participants and community partners. This involved a literature review and analyzing community needs assessments conducted by other organizations.
- 2** Stakeholder Engagement: Engaged key stakeholders, including program participants and community partners to ensure that diverse voices and perspectives are heard and valued.
- 3** Data Collection: Used tools that were easy to use.
- 4** Data Analysis and Interpretation: Analyzed and interpreted the data collected to identify key themes, patterns, and priorities related to the needs of pregnant individuals and families in Winnipeg. This involved analyzing the data provided by Google Forms for themes and statistics, as well as thematic analysis of the qualitative data collected.
- 5** Report Development and Dissemination: Developed a comprehensive needs assessment report, including actionable recommendations for program enhancements and future directions, and disseminate the findings to stakeholders, community members, and funders through various channels, including online reports.

The findings and recommendations presented in this report will serve as a roadmap for Healthy Start's future directions, ensuring that the program continues to meet the evolving needs of the community and our goal of healthy pregnancies and healthy babies.

Design & Methods: Community Voices and Resources

Community Voices: Informing our Assessment

The following categories of participants were included in our community needs assessment:

Participants of Healthy Start—past and present

Public health: nurses and dietitians who are team members at the community groups and who refer participants to our program

Volunteers who support our program: childminders, food preparation at group

Interpreters who provide translation services at group

Facility managers of the spaces where we hold our groups

Community organizations who refer to our program and we refer participants to for service

Parent-Child coalition members

Resources Needed to Complete the Assessment

People

Program Managers/Coordinators: Overseeing the assessment process, data analysis, report writing

Program Staff: Data collection (surveys, focus groups), program expertise

Volunteers (Childminding, Food Prep): Program support

Interpreters: Language access

Community Partners: Data collection, referrals

Skills

Data collection (survey design, focus group facilitation)

Data analysis (quantitative and qualitative)

Report writing and communication

Community engagement and outreach

Program planning and evaluation

Interpersonal and communication skills (for working with diverse populations)

Time

Time for each stage of the assessment process (planning, data collection, analysis, report writing)

Design & Methods: Surveys

Healthy Start implemented two separate surveys as part of its community needs assessment: a Participant Survey and a Community Partner Survey.

Participant Survey

The Participant Survey was designed to gather data on the needs, experiences, and preferences of pregnant individuals and parenting families participating in Healthy Start programs. The survey instrument was developed collaboratively by Healthy Start staff to ensure that the questions were relevant and easy to understand.

The survey consisted of 26 questions covering topics such as program satisfaction, information needs, challenges faced by families, and demographic information.

The survey was administered using a combination of methods: both on-line and in-person using paper forms. Online hosted on Google Forms with current participants emailed a short description of the survey's purpose along with a link to complete our survey.

We also offered paper copies of the survey at our community groups because many families do not have access to the Internet and/or cellphone and also it enabled us to use our interpreters to help complete surveys with those who have very little English. The surveys were distributed by our staff and collected and sealed at the end group and given to our administrative team to input. The survey link was available from December 10, 2024 to January 6, 2025. The surveys were completely anonymous. No incentives were offered for completing the surveys.

The data collected from the Participant Survey was analyzed using descriptive statistics (including means, medians, and frequencies) to identify trends and patterns. Qualitative data was analyzed using thematic analysis to identify recurring themes in responses.

Key Themes Guiding Survey Questions

Program Satisfaction and Impact: Questions about overall satisfaction with Healthy Start, how the program has helped participants, and what aspects are most valued.

Needs and Challenges: Questions about the greatest needs during pregnancy and parenting, including access to resources, social support, and specific challenges faced by families.

Support Preferences: Questions about preferred styles of pregnancy and parenting support (e.g., in-person groups, virtual groups, one-on-one support, online resources).

Information Needs: Questions about what information participants feel is important to discuss in pregnancy and parenting groups.

Demographics: Questions about age, gender identity, Indigenous identity, newcomer status, marital status, household size, education level, employment status, and income.

Access and Utilization: Questions about how participants learned about Healthy Start, barriers to attendance, and preferred times and locations for programs.

Open-Ended Feedback: Opportunities for participants to share any other comments or suggestions about the program.



Design & Methods: Surveys

Community Partner Survey

The Community Partner Survey was designed to gather perspectives from organizations and individuals who work with or serve pregnant individuals and families in the Winnipeg community. The survey consisted of 15 questions and focused on topics such as perceived community needs, the effectiveness of Healthy Start programs, gaps in services, and opportunities for collaboration.

The Community Partner Survey was distributed via email, with a link to the online survey hosted on Google Forms. The survey link was open from December 11, 2024 to January 6, 2025. No incentive was provided to complete the survey.

Community Partner Survey data was analyzed using descriptive statistics (including means, medians, and frequencies) to identify trends and patterns. Qualitative data were analyzed using thematic analysis to identify recurring themes in responses.

Key Themes Guiding Survey Questions

Role and Familiarity: Questions about the respondent's role in supporting families and their familiarity with Healthy Start's services.

Community Needs: Perceptions of the needs and challenges faced by pregnant and parenting families in the community.

Program Reach: Opinions on whether Healthy Start is reaching the right population and who might be missing.

Program Effectiveness: Views on the effectiveness of different aspects of the Healthy Start program.

Gaps and Barriers: Identification of gaps or barriers in the services provided by Healthy Start.

Strategies for Reaching Underserved Populations: Effective strategies for engaging marginalized or underserved communities.

Program Visibility: Opinions on the visibility and advertising of Healthy Start in the community.

Collaboration Opportunities: Suggestions for other organizations or resources that Healthy Start should collaborate with.

Community Feedback: Feedback received from the community about satisfaction with Healthy Start's services.

Program Improvements: Suggestions for changes or additions to the Healthy Start program.

Open-Ended Feedback: Opportunities for community partners to share any other comments or suggestions.



Design & Methods: Focus Group

The participant focus group aimed to gather in-depth qualitative information on the experiences and needs of pregnant individuals and families participating in Healthy Start programs. The focus group questions were developed by Healthy Start staff, and included questions covered in previous focus groups and included topics such as program awareness, community needs and program enhancements.

The focus group recruitment aimed to include participants from all 10 drop-in groups, ensuring diverse backgrounds and a mix of individuals who attended only the pregnancy group, those who attended both pregnancy and parenting groups, and who had attended at least three drop-in sessions overall. Participants were recruited for the focus groups through outreach staff. The focus group was held at our office and was facilitated by Healthy Start administrative staff who are not well known to participants. We offered food, mats on the floor with toys for those who brought babies to create an accessible, comfortable and welcoming environment for participants.

The focus group responses were written down on easel paper taken by facilitators. We did not record the meeting so to create as much ease as possible and to give participants

an opportunity to correct any comments that were recorded incorrectly. The data was analyzed using thematic analysis to identify key themes and patterns. We provided a \$30 gift card and bus tickets for each participant who attended.

Key Themes Guiding Focus Group Questions

Program Awareness: How participants first heard about Healthy Start.

Community Needs: Perceptions of the greatest needs during pregnancy and for families with babies in the community.

Program Impact: Ways in which Healthy Start has impacted participants and their families.

Motivations for Participation: What encouraged participants to come to Healthy Start.

Prenatal Program Format: Opinions on the value of a separate prenatal program.

Program Improvement: Suggestions for how Healthy Start could be improved (outreach, topics, etc.).

Open-Ended Feedback: Opportunities for participants to share any other experiences or needs.

Design & Methods: Environmental Scan

An environmental scan analyzed and mapped all community groups that offer services to pregnant and parenting families within our nine service neighbourhoods. This scan identified potential collaborations, revealing service gaps, and informing our strategic planning for improved service delivery.

Please consult the Appendix for details.



Results: Participant Survey

The Results section presents findings from Healthy Start's community needs assessment, drawing on data collected through participant surveys, community partner surveys, and focus groups. The results are organized into key themes that emerged from the data, highlighting both the strengths of Healthy Start's programs and the areas where enhancements can be made.

Participant Survey Responses

We received 184 survey responses, representing 15-20% of active participants, with a remarkable 50 completed online on the first day the survey opened. 79 paper versions of the survey were completed at our drop-in groups, and 105 surveys were submitted online. Overall, the Participant Survey highlights the significant positive impact of Healthy Start on participants' lives during pregnancy and parenting. It also provides valuable insights into their needs, challenges, and how Healthy Start can better serve them.

Program participation

43% participants attended both the pregnancy and parenting program

33% attended only after baby was born and 24% attended only during pregnancy

51% heard about Healthy Start from family & friends

43% of participants were referred by public health nurse or other health care providers

Information needs

Topics participants wanted to learn about most:

86% newborn care

82% pregnancy health

78% breastfeeding

76% infant development

76% self care

75% mental health support/postpartum depression/anxiety and

72% nutrition during pregnancy

Barriers to attendance

35% busy life prevented accessing our program more often

30% transportation

20% time of day

9% mental health struggles prevented attending the group more frequently

What people found helpful at Healthy Start

87% pregnancy and parenting information

84% food coupons

67% team of outreach, dietitian and nurse

63% connection to other participants

59% vitamins

57% food & meal bags helpful

50% print material

Format of groups

90% preferred in-person group support

47% food/cooking demos

29% hands-on cooking

37% one-on-one support

37% print material

36% email support

28% telephone support

22% virtual

Those who received one-on-one support

80% found telephone and email support extremely helpful

In-home support

78% of participants who received one-on-one, in-home support reported it as very helpful

Results: Participant Survey

Understanding Our Participants: Demographics

Based on the results, Healthy Start serves a diverse population of pregnant individuals and families, with a focus on populations that face health equity barriers, including Indigenous individuals, newcomers to Canada, and those with other vulnerabilities, such as food insecurity.

Participant age

- 63% of participants were 30-40 years old
- 26% were 20-29 years old
- 9% were 40-50 years old
- Less than 1% were under 19

Gender identity

97% of participants identify as women. Healthy Start is predominantly used by women; the presence of men and individuals with diverse gender identities underscores the importance of creating inclusive and welcoming spaces for all parents, regardless of gender.

Indigenous participants

24% participants identified as Indigenous: First Nations, Metis, Inuit/Inuk, Other Indigenous identities. This highlights the importance of culturally safe and relevant programming that acknowledges and respects the unique experiences and needs of Indigenous families

Newcomer participants

- 59% of participants in the survey identified as newcomers to Canada
- 55% have been in Canada for 1 to 5 years
- 21% have been in Canada for < 1 year

Marital status

- 76% of respondents were married
- 12% had a partner
- 9% single

Education

- 61% held college or university degrees
 - 26% high school education or less
- These findings underscore the need for programs that are inclusive and accessible to individuals with varying levels of literacy and educational experience.

People in household

- 49% lived in households with 4 to 6 people
- 46% lived in with 1 to 3 people
- 3% lived 7 or more people

Household income

- 17% <10,000
- 21% 10,000-29,999
- 25% 30,000-\$59,000

Employment status

- 33% were stay-at-home parents
- 26% parental leave
- 19% were unemployed
- 22% worked full-time

Country of origin for newcomers to Canada

Some newcomer participants identified their origins, representing diverse regions around the world, including: Eritrea, Nigeria, India, Ukraine, Iran, China, Bangladesh, Philippines, Morocco, Ethiopia, Ghana, Vietnam, Russia, Sri Lanka, Rwanda, Central Africa, Congo, Guatemala, Algeria, Uganda, Somalia, Afghanistan, South Korea and Peru.

Understanding Our Participants: Feedback

Appreciation for the program

Participants consistently expressed gratitude for Healthy Start, highlighting its positive impact on their lives and their families. In particular, the program is seen as “amazing,” “very good,” “invaluable,” and a “lifesaver,” demonstrating significant positive impact.

Level of satisfaction with Healthy Start

- 86% were extremely satisfied with the services offered by Healthy Start
- 98% participants responded that they felt welcomed when attending Healthy Start

Everyone is very welcoming and helpful. If wasn't for the weather, I would go more often.



Results: Participant Survey

Understanding Our Participants: Feedback (continued)

Needs and challenges of participants

Key needs:

- ▮ Access to affordable and nutritious food
- ▮ Financial support
- ▮ Infant development information
- ▮ Community connection
- ▮ Information on labour and delivery
- ▮ Breastfeeding information and support
- ▮ Newborn care

Key challenges:

- ▮ Social isolation
- ▮ Financial concerns
- ▮ Navigating the healthcare system
- ▮ Balancing work and family responsibilities

Everything was perfectly fine but then we moved, and it would take me forever to come to the group. Especially during the wintertime and in my third trimester. But I LOVE to go to the group.

Value of information and support

Participants trust information from nurses and dietitians at the groups, particularly on topics such as prenatal care, labour and delivery, newborn care, breastfeeding, nutrition, food/cooking demos and parenting skills. They appreciate the opportunity to learn from both health professionals and other parents.

87% of respondents identified new information and answers to their questions as the primary benefit of Healthy Start

45% liked cooking/food demos

29% liked hands-on cooking

59% of respondents said they eat healthier now

57% participants said they learned to cook because of Healthy Start

Importance of community

The program's role in promoting a sense of community and connection, especially for those experiencing social isolation, was emphasized. 93% people responded that they felt more connected to other people by attending Healthy Start

96% responded that they felt connected to other services as a result of attending Healthy Start

66% participants reported feeling less lonely as a result of coming to Healthy Start

53% participants said they accessed other community services from learning about them through Healthy Start

63% listed connecting with other participants as an important part of Healthy Start

Practical support

The financial assistance provided through coupons, free vitamins, food and meal bags were crucial for many participants.

84% found the food coupons for free milk and eggs helpful

59% found the prenatal vitamins and vitamin D helpful

Accessibility

Majority of participants did not experience barriers.

90% said they did not have cultural barriers, 86% did not have language barriers and 90% did not have accessibility barriers

Barriers listed by some participants

Not offering interpreter services at more groups (not just one), some groups were too large, offering food coupons beyond six months and offering volunteer childminding consistently were listed as barriers by some participants.



Results: Participant Survey

Feedback: Key Strengths of Healthy Start

Program impact

Participants responded with personal stories of how Healthy Start has helped them feel more confident, prepared, and supported during pregnancy and parenthood.

58% of participants said they gained confidence in themselves by coming to Healthy Start

44% said the program provided them with mental health support

It gave me a reason to leave the house when I was struggling with postpartum depression.

The pregnancy program was so helpful and the staff helped me get ready for labour, breastfeeding and for my baby.

Have enjoyed this program. I did experience post-partum depression; it's been hard to attend every session but the ones I do attend I enjoy. I have learned lots from the workers, support is great.

This program is very very good for learning, supporting or everything. All staff is very helpful.

Staff excellence

The staff were consistently praised for being friendly, committed, knowledgeable, caring, and welcoming.

This program is just amazing. All (staff) are so nice, kind and helpful here. My pregnancy was complicated, I am newcomer. They helped me a lot with information and resources. I am really grateful to them.

The staff and volunteers are amazing. So knowledgeable, caring and able to share so much info. As a first-time dad, these sessions have made caring for our baby a lot easier.

Trusted information

Participants expressed greater trust in the information provided by Healthy Start staff and team of health professionals compared to social media or other sources.

88% respondents listed the Healthy Start program as the top source for pregnancy, parenting and child development information

Breastfeeding support

The program's breastfeeding support was helpful, with one participant attributing their continued breastfeeding to the encouragement and support received.

62% of participants reported receiving breastfeeding support from Healthy Start

I didn't know where to turn to, my baby wouldn't latch properly. I came to Healthy Start and the nurse helped me so much. I was ready to quit and I'm glad that I didn't.

I was the first one in my family to breastfeed and that's because everyone here gave me the confidence to try. I did and now my baby is 4 months old and I'm still breastfeeding.



Results: Participant Survey

Areas of Enhancement: Suggestions from Participants

Participants had suggestions to enhance the programs reach and support. This included expanding food coupons beyond 6 months, updating information more frequently, offering the program at different times of the day and expanding interpreting access.

Improving access

Offering the program at different times of the day and more often than every two weeks, offering virtual groups (especially in winter), renovating the rented spaces we use, improving stroller parking, having childminding available on a regular basis

Resource & program expansion

This was noted by several participants

This is my second time attending healthy start & I love the program & people who work here. If I had to change 1 thing it would be to supply coupons until one year, because after 6 months babies start solids and egg coupons would be helpful.

Considering changing things so moms don't have to stop attending when baby turns 1. It would be nice if we could come until 18 months or 2 years.

Strengthen our connection to other community services and agencies

Only 5% of participants learned about Healthy Start through other community service agencies.

Work towards further reducing cultural, language and accessibility barriers

Participants suggested having interpreters available at all the drop-in groups and not just one focused newcomer group.



Results: Community Partner Survey

26 community partners completed the survey, providing quantitative and qualitative data on their perspectives on community needs and opportunities for collaboration. The survey was sent to 60 community partners. This represents a ~40% response rate.

Community Partners: Demographics

The survey was completed by a diverse group of community partners who collaborate and support the Healthy Start program. Respondents included:

- I Team members (public health nurses & dietitians)
- I Volunteers (childminders)
- I Interpreters
- I Supporters
- I Coalition members
- I Community organizations
- I Facility managers

Key Strengths

Strong community partnerships

A diverse network of partners are involved in supporting Healthy Start, including public health professionals, volunteers, interpreters, and community agencies

50% of respondents were directly involved in delivering the program

High program familiarity and reach

People surveyed were very familiar with Healthy Start's services and believe the program is effectively reaching its target population.

65% of community partners were very familiar with Healthy Start services

84% of community partners responded that Healthy Start is reaching the right population (40% - 5 out of 5 and 44% 4 out of 5)

Alignment on needs and challenges

Community partners identified similar needs and challenges faced by families as those reported by participants, including food security, housing, mental health, social connection, and access to information. Additionally, community partners also mentioned the challenges of children in foster care, alcohol &/or drug use and housing as challenges facing families.

89% of people responded with food security being a top need by participants

77% responded that mental health issues also a challenge for participants

Program effectiveness

Community partners strongly endorsed the program's effectiveness in providing practical and tangible support, nurturing connections, offering a welcoming non-judgmental environment, delivering valuable information and reaching marginalized or underserved populations. Community partners reported positive feedback from families about the program's impact.

92% responded that the outreach staff, dietitians, nurses, food coupons and information were all aspects of the program that are helpful to participants

96% reported that Healthy Start helped participants feel welcomed

Areas for Enhancement

The community partners identified several areas for enhancement, including increasing program visibility, collaborating with various organizations, addressing gaps and barriers and continue to expand our reach.

Program visibility

While Healthy Start has some level of visibility, there is room for improvement in advertising and outreach efforts.

40% gave a 4 out of 5 for program visibility

36% gave a 3 out of 5 for visibility and

8% gave a response of 5 out of 5 for program visibility

Collaboration opportunities

Community partners recommended collaboration with Indigenous organizations, newcomer settlement agencies, healthcare services, financial support agencies, child and family services and improved links to programs to support families as their children turn one.

77% recommended that we collaborate more closely with Indigenous organizations

73% recommend that we collaborate more closely with healthcare providers: doctors, midwives, nurse practitioners

Results: Community Partner Survey

Areas for Enhancements (continued)

Participant reach

The community partners suggested that Healthy Start further expand the program's reach to more Indigenous parents, families of children with disabilities, adoptive and foster families, teen parents, families affected by substance use, and mothers in transitional housing.

Gaps and barriers

Community partners also identified other gaps including, considering other times to offer group, different locations and reaching families with children over

the age of 1. Other program specific gaps were also identified such as offering more medical services (e.g., vaccine clinics), bringing in guest speakers at community groups and increasing access to birth control.

69% of community partners identify services to families with children over age 1 as a gap

19% also identified the time of day our program is offered as a barrier

Quotes

Keep doing what you're doing, you're integral part of community.

You do such a wonderful job. I am honoured to have been a part of the team.

Moms have reached out stating that they've learned a lot of different things attending the program. Such as preparing particular meals, learning about the nutrition in certain ingredients or how to use them. Overall broadening their perspective when seeing how other people's babies are developing and having other moms to talk to.

"They (participants) look forward to each group and wish it could be every week." Positive experiences with continuity of care and relationship building.

Appreciate the continuity of care and the opportunity to build relationships with team members and participants.

Benefit of Healthy Start program...The ability to get out of the house, socialize, access resource from a non-judgmental support.



Results: Participant Focus Group

A focus group was conducted with Healthy Start program participants, exploring their experiences, needs, and recommendations related to pregnancy, parenting, and access to resources. The Participant Focus Group provided rich qualitative data that complements the survey findings, highlighting the program's strengths and providing valuable insights for enhancement.

Demographics and setting

Ten participants braved a large snowfall the previous day and very cold weather to come and provide feedback. Those present represented a diverse range of lived experiences and all had attended at least five groups with many attending 10+ groups over multiple pregnancies.

Participants provided feedback with enthusiasm, thoughtfulness, and great insights. Many participants sat on mats with their babies. They were very supportive and encouraging of each other, even when their opinions differed. The setting was very similar to our community groups. Seven questions led our discussion (see Appendix for questions).

Key Strengths

Overall, participants expressed appreciation for the program: Participants consistently expressed gratitude for Healthy Start, highlighting its positive impact on their and their families lives.

The following key themes emerged from the focus group discussions:

Power of social connection

Participants consistently emphasized the value of Healthy Start in creating a sense of community and connection, especially for those experiencing social isolation, and offered several examples.

Other moms in the group are my community support. I didn't know anyone before attending Healthy Start and now I have a circle of support.

We are fed, learn new information, I can talk and laugh with others and always go home feeling better and more confident during my pregnancy and now that I'm a parent.

Practical support: essential and appreciated

The participants identified access to practical resources, including nutritious food, food coupons, bus tickets, vitamins, prepared meals, and childminding, as crucial, especially for those with lower incomes. Some examples:

Food is so expensive and all of the meals, meal bags and the food coupons are so important to me and help me stretch my money.

Connecting and talking to other people in the same situation. Especially since I am low-income, it feels good to be in a group when others know what I'm going through. I never feel judged by anyone, and I like all that I learn about cooking. I eat healthier now.

A participant said, I probably wouldn't take prenatal vitamins or give vitamin D to my baby if they weren't provided by Healthy Start because they are too expensive.

Valued pregnancy & parenting information

Participants expressed a strong desire for reliable information and education on a wide range of pregnancy and parenting topics. The information provided by health professionals, particularly on topics like prenatal care, labour, delivery, nutrition, and breastfeeding, was highly valued. People expressed support for continuing to offer pregnancy and parenting groups separately because the information and issues are so different.

Participant said that you can't trust what's on social media, but I trust the information shared by the health professionals at Healthy Start.

Access to a public health nurse, dietitian, and outreach staff was described by several people are valuable:

A participant said, normally you need to wait so long to see someone, and they are there at every group.

I liked having a group just for me to learn about getting ready to give birth, taking care of my baby and being with others who were experiencing the same thing. It is a special time in my life.

The outreach staff connected me to the nurse who answered all of my questions, they give me reassurance and I've had to go to fewer doctor's appointments.

Results: Participant Focus Group

Key Strengths (continued)

Staff excellence and program Impact

Participants shared personal stories of how Healthy Start has helped them feel more confident, prepared, and supported during pregnancy and parenthood. The focus group participants consistently credited the Healthy Start team members for being friendly, committed, knowledgeable, caring, and welcoming, which created a strong sense of trust.

The program's breastfeeding support was particularly impactful, with one participant saying, *I started and continued breastfeeding because of the support and encouragement and I received at the group.*

The staff welcome me and make me feel like I belong. I have felt judged at other places, but it feels good to go somewhere to feel welcomed as soon as you walk in the door.

Areas of Enhancement

Participants provided positive feedback and constructive suggestions, including:

- Updating presentation materials
- Incorporating peer support
- Enhancing labour and delivery preparation
- Increasing session frequency
- Extending food coupon duration to one year
- Providing interpreters at all groups

Update resources and enhance labour & delivery content

Update resources kits and ensure information is most up-to-date and provide more labour & delivery information.

The information was good but some of the presentation material looks a little outdated and it would be good to make sure everything looks good and is the most current information.

I wanted us to talk more about labour & delivery.

Enhancing peer support

Develop ways for partners to learn from each other

It would be good if we can have topics that would help us connect and learn from each other.

Expanding Program Access & Consistency

Suggestions were made to increase group frequency, extend the program to 18 months, ensure consistency across all programs, and offer multiple groups with interpreters.

I wish that interpreters were available at all of the locations and not just one. Wednesdays didn't always work for me to go to the newcomer group.

Can Healthy Start continue past 1 year or even up until my baby starts school? It will be hard to leave once he turns one now that I'm comfortable and I've met so many people.

Addressing Community Needs

Food coupons and resource access: Extend food coupons beyond 6 months and provide information on childcare and financial literacy.

The food coupons were so helpful, and I was sad when they stopped at 6 months. It would be great to have them go at least until by baby turns 1.

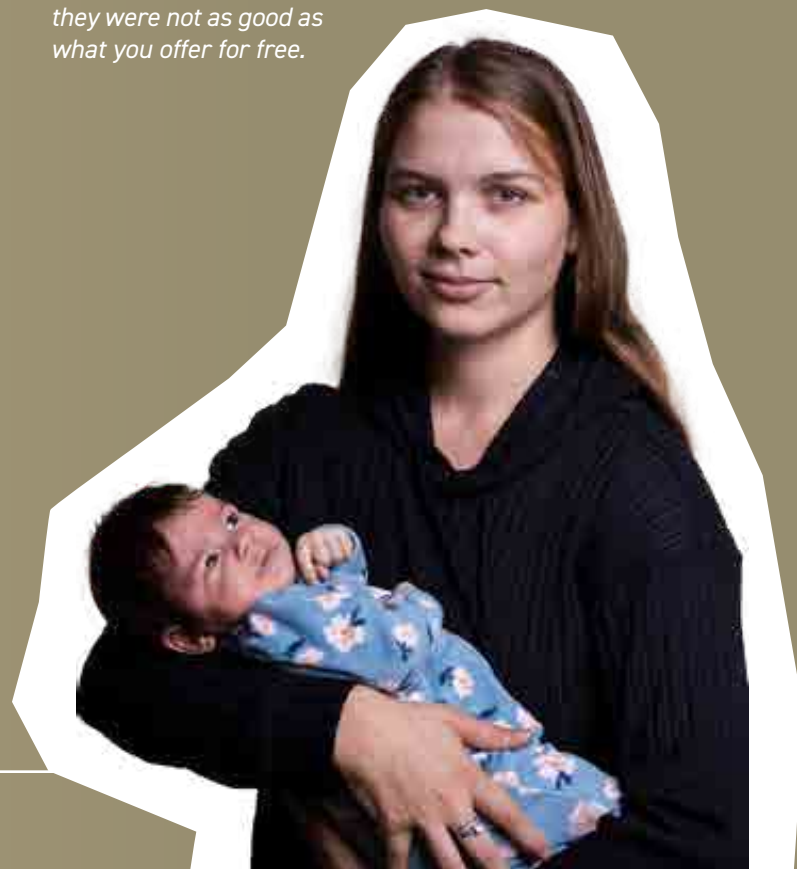
I struggle with my finances and budgeting, and I think a lot of other people do to. It would be great to learn more about that.

Quotes

Some quotes people shared at the end when we were wrapping up the focus group

I like the information and topics, I learned a lot to get ready for delivering and my baby. I felt prepared because I didn't have a lot of people in my life who can support me in that way.

Back home I had to pay for prenatal classes, and they were not as good as what you offer for free.



Results: Participant Focus Group

Quotes (continued)

I had a special relationship with the dietitian. She made me feel supported, heard and not judged.

I met my nurse when I was pregnant at the Healthy Start program and then she came to my house and helped me with breastfeeding after my baby was born. It was so much easier because I knew her already.

I never cooked for myself before coming to Healthy Start.

I struggle with my mental health and this program has helped me so much. I learned about taking care of myself during my pregnancy and I learned about so many other services in Winnipeg that I use now.

I didn't think I was going to breastfeed until I came to Healthy Start, now my baby is 3 months old and I'm only giving him my milk.

Having people in one room with all kinds of experiences was amazing and we were able to connect and accept our similarities and differences.

Environmental Scan

We completed a thorough environmental scan of government and community services in the nine communities we serve. We completed a scan of the following areas: Winnipeg (general), Downtown, North End, Northwest, the Seven Oaks (Maples) area, South End, and St. Boniface.

The scan, conducted through online research, discussions with local service providers, and reviews of public health data, revealed significant variations in service availability. For example, in the Maples area, community resources were limited compared to our Downtown drop-in locations. Healthy Start offers specialized language interpretation at one location (10-14 languages via community interpreters), morning and afternoon groups, and geographically diverse locations to maximize community access.

We review our drop-in group locations annually, using data on service utilization, demographic changes, and community feedback, to ensure they remain in areas of unmet need.

Please see the Appendix for the complete environmental scan.



Beyond Surveys: Participant Stories, Voices, Needs, and Lived Experiences

A crucial aspect of this community needs assessment is to amplify and centre the voices of participants whose experiences are often overlooked. These are individuals navigating systemic barriers and inequities, whose insights are not fully captured through traditional methods like surveys or focus groups.

Although not part of the formal needs assessment, we have gathered participants perspectives over many interactions through the rich tapestry of stories shared, direct requests for support, and the challenges they've openly voiced to our staff. We have tried to capture the nuanced, lived realities of those who face multiple obstacles in accessing health and community services, realities that surveys often miss. These narratives provide invaluable context and depth, revealing the true impact of our program and its services on the community.

Child & Family Services visits

Parental visitation with children in care occurs in group settings, other participants are unaware of children's care status, creates a sense of normalcy and belonging for parents, working their way towards reconciling with their children.

Diverse needs

Staff provided a safe place and colouring door hanger and pregnancy journal crafts for a participant who expressed having ADHD, participant found the activities helped her manage and stay focused and helped her participate in group discussions.

Breastfeeding support

A participant who initially resisted breastfeeding (despite her own mother's nursing expertise) became a passionate advocate after joining Healthy Start.

Building confidence

A participant found joy in making her own baby food and expressed that the Healthy Start team significantly boosted her self-confidence, because she had insecurities about her parenting.

Complex needs

Healthy Start provided immediate and crucial support to a participant and her children, who were abruptly left without resources, highlighting the program's vital role in filling gaps left by slow-moving systemic support.

Newcomer experiencing isolation

An international student, navigating motherhood without any family support. Healthy Start provided tangible support, emphasizing the program's vital role in helping her feel less isolated.

Overcoming shyness: building trust and engagement

Despite extreme initial shyness, a 16-year-old participant felt welcomed and valued; the staff worked to gain her trust and fostered her engagement, and she consistently attended the group throughout her pregnancy.

Breaking isolation: resource access

A participant disclosed to staff that she only leaves the house to come to the group, staff helped her connect to health professionals and community resources in her neighbourhood.

From crisis to connection

A new immigrant facing domestic violence, isolation, extreme hardship, even contemplated suicide, provided with immediate connection to a shelter, advocacy and practical support.

Battling cancer, caring for a newborn: a community's Response

A newcomer participant, battling cancer while caring for her newborn, was given extensive support by staff, which includes coordinating medical services, respite care, and providing essential supplies.

Building trust

A young mother, disclosing fetal alcohol effects and currently in CFS care herself, found crucial support and a safe space at Healthy Start while her premature newborn was hospitalized, addressing anxieties about impending homelessness. Advocacy from the public health nurse, building trust, alleviated stress and provided essential support during this critical time.

Beyond Surveys: Participant Stories, Voices, Needs, and Lived Experiences

Pregnancy loss: continued connection and support

Creating a safe place even after losing a baby, participant stayed connected to our outreach worker for several months after experiencing a pregnancy loss; and was connected to numerous community resources.

Advocacy in action: securing prenatal care

A pregnant participant in her second trimester disclosed that she has not had any prenatal care yet because she does not have a Manitoba Health Card, medical clinics refused to see her. Public health nurse called and in 45 minutes was able to find a doctor who would see her.

Responding to crisis: supporting a teen

A teen mom came to group, had a seizure, then fled the building before first responders arrived (they eventually located her). Our team connected her to numerous resources and continues to provide ongoing support.

Anxiety and connection: finding support through outreach

A 19-year-old registered while pregnant but, due to anxiety, was unable to attend. Staff provided support through visits and phone calls throughout her pregnancy. After numerous discussions and detailed information about the group, she began attending regularly after her baby was born.



Maternal Mental Health: advocacy & access

A participant expressed concerns about postpartum depression, noting her mother, who lives with her, was unsupportive and dismissive. The nurse provided immediate support and connected her to appropriate services.

One-to-one dietitian support

Pregnant participant with diabetes had several contacts with the dietitian was unable to reach her endocrinologist as her blood sugars were low (she had recently been put on insulin). After no response, she called a Healthy Start Dietitian who was able to provide guidance to bring up her sugars until she heard back from the Doctor.

Recovery through community

A participant recovering from postpartum psychosis was granted day passes from the hospital to attend the group with her baby, as it helped in her recovery. Staff also provided hospital visits and assisted with discharge planning.

Safety planning in domestic violence: ongoing support during pregnancy

Despite refusing to leave her abusive partner, even when offered transport to a domestic violence shelter, the participant received ongoing support from the outreach team and public health nurse throughout her pregnancy, which included developing a personalized safety plan.

Teenage fatherhood: support and guidance

A 12-year-old gave birth (and is no longer involved), while the 15-year-old father is parenting and attending the group with support from his mother.

Food builds bridges

Dietitian was helping teach a young pregnant participant how to make muffins. The participant asked questions about her iron intake, how to avoid getting diabetes, and where to find recipes for healthy affordable meals. They were able to discuss all these topics as they prepared a snack together.

Beyond Surveys: Participant Stories, Voices, Needs, and Lived Experiences

Culture and information

Dietitian was asked about safety of teas from Africa by a pregnant participant. Participant shared that she had been consuming teas from Africa and other commonly eaten foods. Dietitian was able to look up some of these foods and teas and share research based info on their safety.

Reunification

After two years of working to reunify with her older children, a pregnant participant successfully regained custody after her baby's birth and, despite numerous challenges, is working hard to keep her family together.

Teen engagement

16-year-old started attending during pregnancy, disinterested, appeared that she did not want to be at the groups. She had her baby last month, is breastfeeding and engages with her baby and discussion topics.

Collaborative safety: supporting a participant in crisis

A participant requested assistance to escape a dangerous situation, as her partner had resumed drug use and become abusive. Staff collaborated with other agencies to ensure her safety, and she is now rebuilding her life with her children.

Newcomers to Canada

Contacted us after being in Canada for a week. Pregnant participant had gestational diabetes, low iron and constipation and did not have any prenatal care (or diabetes care) yet in Canada. The dietitian was able to provide basic tips for managing her diabetes, iron and high-fiber foods. Since they had to flee their country, they were being housed by the Government of Canada in a hotel and had limited food choices to eat which was causing her blood sugars to be out of control. We provided her with high fiber foods including fruits and vegetables to help manage her diabetes and nutrition needs and connected her to medical care.

Overdue and multiple challenges

Three days overdue, a prenatal participant walked half an hour to attend the group for a meal, as she and her partner had a difficult living arrangement and showering at a gas station. Staff provided immediate support, including towels and shampoo, and assisted her in connecting with housing organizations



Summary of Community Needs Assessment Results

This needs assessment has identified several key priorities for Healthy Start. While these are necessary, Healthy Start recognizes current funding limitations. Therefore, the recommendations outlined in this report are designed to maximize impact within the existing budget envelope. We have prioritized initiatives that can be implemented with minimal cost or through strategic partnerships, while acknowledging that fully addressing some needs will require further investments.

Positive Impact

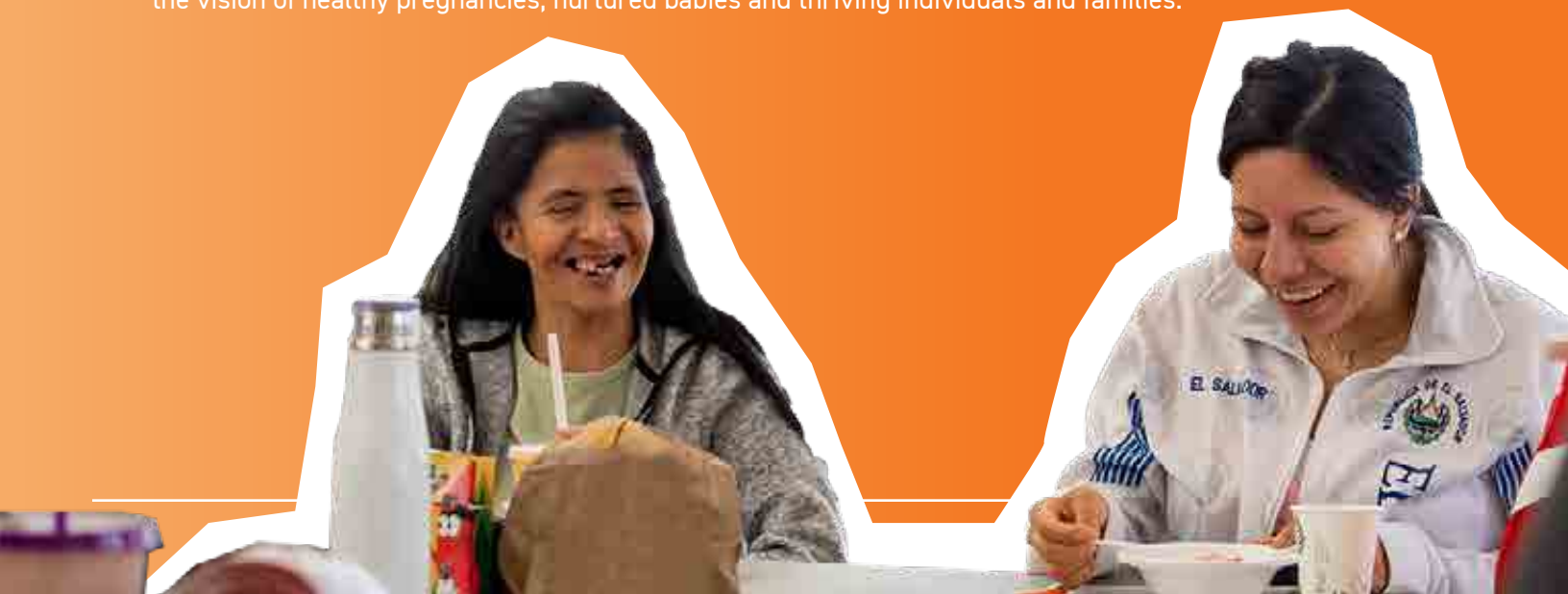
Healthy Start has a long history of serving the Winnipeg community and has established itself as a trusted and valued resource for pregnant and parenting families. This assessment validates the program's strengths and its positive impact on the lives of pregnant individuals and families with babies, including many participants who have complex needs. Findings from the participant survey, participant focus group, community partner survey, participant stories and environmental scan provided complementary feedback. The findings demonstrate that Healthy Start is effectively meeting many of the needs identified by the community, particularly in the areas of information and education, community connection, and practical wrap-around support.

Areas for Enhancement

This assessment also highlights important areas for program enhancement. Improving the program's visibility, connections to other community organizations, and, in particular Indigenous and newcomer organizations, will help us reach more people. Addressing the issue of visibility to ensure more people know about our program is also a priority. Both participants and the community identified a gap in services for children over age 1. We need to enhance our referral process to other organizations once their children turn 1 and "graduated" from Healthy Start. Expanding services for children over the age of 1 will require further investigation, and enhancing access to medical services, particularly on-site vaccine clinics, is another recommendation that emerged from the assessment.

A Collaborative Roadmap

The recommendations outlined in this report provide a roadmap for enhancing existing programs, developing new initiatives, and ensuring that Healthy Start continues to meet the evolving needs of pregnant and parenting families in Winnipeg. By working collaboratively with community partners and remaining responsive to the voices of the community, Healthy Start can further its mission of empowering families to support the vision of healthy pregnancies, nurtured babies and thriving individuals and families.



Healthy Start: Our Future

Community Needs Assessment: Main Findings

For over 28 years, Healthy Start has evolved and expanded to meet the changing and diverse needs of the community. This Community Needs Assessment provides an opportunity to ensure we are aligned with our participants' needs and leverage our community partners as effectively as possible. Participants and partner feedback confirmed that our current program largely meets the needs of our community. This section is broken down into two feedback areas:

1. Positive feedback supporting our mandate to continue offering our programs, and
2. Areas where the survey indicated enhancements would make Healthy Start even more effective

A community-based, wrap-around pregnancy and parenting program model works

The Community Needs Assessment revealed that highly valued, in-person community groups effectively support diverse participants, particularly equity-seeking families, with significant newcomer and Indigenous engagement, by providing information, practical support, and promoting health and well-being during pregnancy and early parenting.

Participants expressed that:

- 86% stated they were extremely satisfied with the program
- 98% felt more connected to each other by attending Healthy Start
- 96% felt more connected to other services because they attended Healthy Start

Having people in one room with all kinds of experiences was amazing and we were able to connect and accept our similarities and differences.

I like the information and topics, I learned a lot to get ready for delivering and my baby. I felt prepared because I didn't have a lot of people in my life who can support me in that way.

I struggle with my mental health and this program has helped me so much. I learned about taking care of myself during my pregnancy and I learned about so many other services in Winnipeg that I use now.

A team approach is valued & meets immediate needs

The program's collaborative team, featuring outreach staff, dietitians, and public health nurses, is highly valued for its respectful, strength-based support. This model is recognized for its effectiveness, cost-efficiency, and the vital role of outreach staff in building trust.

I met my nurse when I was pregnant at Healthy Start program and then she came to my house and helped me with breastfeeding after my baby was born. It was so much easier because I knew her already.

I had a special relationship with the dietitian. She made me feel supported, heard and not judged.

One-on-one support: home visits, telephone, email and other support are valued

This needs assessment also highlights the critical importance of personalized, one-on-one support alongside group programs. Furthermore, participants value assistance in navigating complex systems, as it empowers them to access necessary resources and support.

- 80% found telephone and email support extremely helpful.
- 78% found home and community visits extremely helpful.

Immediate needs and practical support are critical

Community needs assessments consistently highlighted the high value placed on immediate, practical support, including hands-on food preparation, meal bags, and essential resources like food coupons, supplements, and transportation assistance. Interpreted programs were also identified as crucial for newcomer engagement, emphasizing the need for culturally accessible services.

Healthy Start: Our Future

Community Needs Assessment: Main Findings (continued)

Participants have expressed high satisfaction with these practical supports

- 84% found the food coupons helpful
- 60% found the prenatal vitamins and vitamin D helpful
- 57% found the food and meal bags helpful

Hands-on and interactive are effective

Community needs assessments indicate that interactive, hands-on learning methods are highly effective in supporting diverse participant learning styles within group programs.

- 47% of people indicated that in-person food and cooking demonstration style of support is helpful
- 87% responded that new information and answering their questions as a primary benefit of Healthy Start

Evidence-based information and support is needed

Community needs assessments indicate that participants highly value evidence-based information and practical resources, such as handouts and website materials, for ongoing learning and support.

- 98% participants valued the educational information provided by Healthy Start
- 88% responded that Healthy Start was their top source of pregnancy, parenting and child development information

Breastfeeding information and support is critical

Community needs assessments consistently highlight the value placed on breastfeeding information and support provided by the program, evidenced by positive participant feedback:

- 78% responded that discussing breastfeeding is important
- Furthermore, our program contributes to high rates of breastfeeding initiation, with 90% of participants choosing to breastfeed.

I didn't think I was going to breastfeed until I came to Healthy Start, now my baby is 3 months old and I'm only giving him my milk.



Healthy Start: Our Future

Community needs assessment: Areas of program enhancement

We are grateful for the overwhelmingly positive feedback received, which reaffirms the program's value to the community, and appreciate the thoughtful suggestions provided, which offer valuable insights. To build upon our program's effectiveness, we are proactively exploring specific enhancements to Healthy Start. These will be guided by Key Performance Indicators (KPIs) and ongoing feedback, ensuring our program continues to evolve and meet the community's needs. The following enhancements are based on the feedback we received.

Nurturing Connections

To encourage families to support each other, we will integrate a structured peer support component into our existing drop-in sessions. We will develop resources/activities to help create an environment to help participants connect with each other. With so many people struggling with loneliness and their mental health we are committed to building a stronger, more connected community, one family at a time.

Enhance cultural responsiveness

We are deeply committed to fostering cultural safety, particularly for Indigenous and newcomer participants. To achieve this, we will establish regular opportunities for participants to share experiences and provide feedback, directly informing our program. Simultaneously, our staff will receive ongoing training on delivering culturally safe care. Through continuous dialogue with participants, we will ensure the Healthy Start program effectively serves the diverse cultural landscape of our community.

Strengthen strategic community partnerships

Implement a proactive strategy to build and deepen relationships with organizations serving pregnant and parenting participants and their families experiencing systemic barriers, including Indigenous and newcomer communities, and other equity-seeking groups. This collaborative approach will enhance program visibility and ensure comprehensive, integrated support for our participants. Where possible, enabling on-site vaccines/flu clinics at drop-ins (guided by public health).

Establish ongoing participant feedback mechanisms

To ensure Healthy Start remains responsive to evolving community needs, we will implement regular, structured feedback surveys. These surveys will supplement existing demographic data, providing deeper insights into participant experiences and priorities, and will be conducted annually. Additionally, we will hold an annual focus group specifically with Indigenous-identifying participants to learn about their experiences at Healthy Start and ensure our programs remain culturally safe.

Enhance transition support for graduating families

Proactively connect families completing the Healthy Start program with relevant community resources as their children turn one. This will ensure they have access to information on a range of services, including preschool programs, child-care, and parent support groups, facilitating a smooth transition and continued support. We will also investigate the feasibility of developing a program for parenting with children over one.

Expand targeted community outreach and online engagement

Implement a strategic outreach plan that combines proven methods, such as community outreach/postering, with enhanced online engagement to reach families earlier. We will also develop a comprehensive online strategy that includes targeted social media campaigns and informative website content to meet families where they are.

Evaluate and update resources

Review and update all program resources (games, activities, handouts) to reflect current best practices.

Healthy Start: Our Future

Critical Needs in the Community

Understanding the key challenges and priorities of pregnant and parenting families through our community assessment, Healthy Start has identified the following critical needs. These will serve as the central framework around which our program's planned activities will be designed and implemented.

Key Critical Needs for Pregnant and Parenting Families

Improved Health and Nutrition

- Pregnancy and Parenting focused evidence-based information
- Emphasis on health and nutritional information
- Breastfeeding support
- Access to prenatal vitamins and vitamin D for breastfed babies
- Addressing food insecurity
- Promote healthy infant development
- Consistent access to public health nurse and dietitian at every group

Enhanced Social Connection and Community Engagement

- Support social connection
- Continue to improve community engagement
- Improved information sharing with participants on services in the community

Skill Development and Empowerment

- Improved food and nutrition competency through demos and hands-on cooking
- Addressing immediate needs and building confidence

Healthy Start Will Address Critical Community Needs

Specialized Support

- Offering pregnancy and parenting community drop-in groups
- Providing culturally sensitive care

Accessible and Inclusive Environment

- Offering a welcoming and inclusive environment

Integrated Healthcare

- Offering health support at drop-in with a team approach

Practical Assistance

- Meeting immediate needs by offering food, food coupons, vitamins, bus tickets

Educational Resources

- Offering evidence-based and relevant information

Community Linkages

- Supporting families in connecting to other community services

Healthy Start: Our Future

Healthy Start has a long-standing commitment to supporting pregnant and parenting families. This community needs assessment validates our ongoing program, while also highlighting key areas for enhanced action. This section details our current and expanded activities, accompanied by the measurable objectives we will use to track our impact and drive continuous improvement.

Activities

Drop-in Community Groups

Offering separate pregnancy and parenting community drop-in groups in the community, once every two weeks in 8 to 10, high needs community areas, continuous entry, throughout the year (no groups 2 weeks in summer and 2 weeks in December)

- At each group offer outreach workers, dietitian and public health nurse, in collaboration with the Winnipeg Regional Health Authority
- Group and 1:1 interaction
- Offer a snack and or meal at group to meet immediate needs for nourishment and connection
- Childminding for preschool children by volunteers on-site
- Bus tickets
- Offer 4L of milk and 1 carton eggs every two weeks (up until baby is 6 months)
- Offer prenatal vitamins and vitamin D to breastfeed babies (for participants in highest need) via dietitian
- Provide evidence-based information on labour & delivery, healthy eating during pregnancy, harm reduction, mental health, newborn care, breastfeeding, parent-baby interaction and many others
- Weekly newcomer to Canada (prenatal and parenting) groups with interpreters

Measurable Objectives

- Hold 192-240 prenatal community groups/year
- Hold 192-240 parent and baby groups/year
- 180-200 prenatal and 280-300 postnatal participants attend group every month
- Serve between: 600-800 prenatal participant/year
- Serve between: 700-900 postnatal participants/year
- Goal: 80% of infants born to program participants to be of a healthy birthweight
- Goal: 80% of babies being born at "term" (>37 weeks gestation)
- Goal: 90% of participants taking prenatal vitamins
- Offer interpreting in 7- 12 different languages as the need is expressed by participants
- Goal: Up to 24 prenatal and 24 postnatal interpreted sessions/year

Promote Health Knowledge in Pregnancy

- Provide evidence-based discussions and information on various prenatal topics

Measurable Objectives

- 70% of participants feel more prepared in pregnancy as a result of attending Healthy Start



Healthy Start: Our Future

Activities (continued)

Promote, Protect and Strengthen Breastfeeding

- Breastfeeding support
- Access to vitamin D for breastfed babies (specifically those with highest need)
- Facilitate access and connection to breastfeeding support in the community

Program approach

- Promote and discuss breastfeeding at both our pregnancy and parenting groups
- Help people prepare for breastfeeding
- Discuss breastfeeding postnatally to encourage duration
- Connect participants who are having breastfeeding challenges with public health services

Measurable Outcomes

- Goal: 80% of participants initiate breastfeeding
- Goal: 70% of participants identify Healthy Start as helping them increase breastfeeding confidence

Promote Healthy Development in Infancy

- Parenting focused evidence-based information
- Emphasis on health of caregiver and baby, baby development, attachment, infant nutrition information, mental health supports
- Access to public health nurse and dietitian at group

Program approach

- Every two weeks offer parent and baby groups in the community
- Discuss topics relevant to early postnatal care for participant, infant care, parent-child attachment
- Once per week (September-June), offer “Sing and Rhyme” online group for participants to learn baby songs and rhymes

Measurable Outcomes

- Offer 192-240 parent and baby groups/year
- Goal: 70% of participants will report an increase in parenting knowledge as a result of attending Healthy Start
- Goal: “Sing and Rhyme”: 28-35 online sessions/year

Participant-Centred Care: One-on-One Support, Community Connection, Social Support

- One-on-one support for participants who request/identify a need
- Facilitate access and connection of participants to services within the community
- Integrate structures peer support into drop-in sessions to nurture connections

Approach

- Offer meaningful contact with participants and this can include a phone contact, email information or one-on-one visit in their home or another safe place
- Provide information and formally help participants connection to other community agencies
- As part of our drop-in program structure, help participants connect with each other via creative activities, ice-breakers, resource sharing that is flexible and adaptable to the needs and interests of the group
- Ensure that participants will be provided with information of community supports after their baby turns one
- Ensure staff receive training to provide culturally safe care

Healthy Start: Our Future

Activities (continued)

Participant-Centred Care (continued)

Measurable Outcomes

- Goal: make 200-400 referrals to agencies/community services per year
- Goal: 60% of participants feeling, supported or connected to their peers as a result of attending Healthy Start
- Goal: Staff to have 10 to 30 one-on-one support contacts with participants/month
- Goal: 80% of participants to indicate they are very satisfied with 1:1 support assessed yearly by participant surveys
- Goal: 90% of participants to indicate that they do not have cultural, language, or accessibility barriers
- Goal: Over 60% of participants feel more connected to their peers as a result of attending Healthy Start
- Goal: 85% of participants reporting that Healthy Start provides culturally-safe programming

Skill Development and Empowerment

- Improved food and nutrition confidence through demos and hands-on cooking
- Improve health outcomes during pregnancy, while breastfeeding and postpartum by fostering caregiver skill development

Approach

- Offer hands-on cooking and food demonstrations at our community drop-in groups
- Offer meal bags to purchase at subsidized cost of \$2.00 for those who want to develop their cooking skills at home
- Offer hands-on information on caring for a newborn and infant health

Measurable Outcomes

- Goal: to sell 300 meal bags/year (subsidized cost of \$2.00/meal bag) to participants
- Goal: at least 60% of participants indicate that they eat healthier as a result of attending Healthy Start



Healthy Start: Our Future

Planned Activities (continued)

Community Partnerships, Collaboration & Knowledge Exchange

Approach

- ▮ Continue to connect with other organizations serving prenatal and parenting families to facilitate knowledge sharing and offer training opportunities
- ▮ Connect with Indigenous and newcomer-serving organizations
- ▮ Monthly newsletter: produce a monthly online newsletter for service providers to share our resources and best practices
- ▮ Professional development & community learning: organize professional development for our staff, community partners and organizations serving similar populations
- ▮ Manitoba Community Action for Pregnancy and Child Health Program (CAPCHP) Coalition:
 - ▮ Our project will actively participate in the newly developed coalition, serving both as a coalition member and contributing to capacity-building training initiatives.

A recent needs assessment survey, conducted in March 2025 by Heartwood Healing Centre (a CAPC project) and involving 15 Manitoba CAPC and CPNP projects, clearly demonstrated the value of a Manitoba Coalition for projects funded through CAPCHP. Specifically, when queried about the potential for training and resource sharing, a clear majority (10 out of 15 respondents) expressed strong interest. Additionally, during a coalition members meeting held on March 18, 2025, an agreement was reached for Healthy Start to continue administering training funds.

Measurable Outcomes

- ▮ 10-12 newsletters/year for service-providers
- ▮ 2-4 professional development sessions/year
- ▮ Participant in 4 Manitoba CAPCHP coalition meetings and 1-2 training sessions/year



Healthy Start: Our Future

Evaluation Framework

Although program enhancements and establishing KPIs for measurable outcomes form the foundation for effective change, the last component of ensuring Healthy Start continues to meet the needs of participants and community partners is to seek feedback via surveys and focus groups, and use the feedback as a basis for subsequent program change.

Yearly Participant Survey (Google Forms)

- ▮ Questions: Program satisfaction, barriers to service access, areas for program enhancement, impact on health and well-being, including KPIs, cultural safety practices
- ▮ Analysis: Descriptive statistics, thematic analysis of open-ended responses
- ▮ Responsibility: Office Manager, ED, Program Supervisors, Outreach Staff
- ▮ Goal: At least 10% of participants complete the survey

Yearly Focus Group with Indigenous Participants

- ▮ Purpose: To ensure culturally safe programming
- ▮ Questions: Program relevance, cultural appropriateness, suggestions for enhancement
- ▮ Analysis: Thematic analysis
- ▮ Responsibility: Executive Director, Program, Supervisors, Outreach Staff

Database for KPI and Attendance Tracking

- ▮ KPIs: Attendance, retention, referrals, participant progress towards program goals
- ▮ Analysis: Statistical analysis, trend analysis
- ▮ Responsibility: Data Assistant

Use of Findings

- ▮ Bi-annual and annual reports to stakeholders
- ▮ Annual program review and adjustments based on evaluation findings

Ethics

- ▮ All data will be kept confidential
- ▮ Participants will provide informed consent
- ▮ Data will be stored securely



Limitations of the Community Needs Assessment

This community needs assessment, while providing valuable insights into the needs of pregnant individuals and families in Winnipeg, is subject to certain limitations that should be considered when interpreting findings.

Focus Group

The focus group had a total of 10 participants. While these focus groups provided rich qualitative data, the relatively small sample size may limit the generalizability of the findings to the broader population of pregnant individuals and families in Winnipeg.

Surveys

The community partner surveys were distributed online using Google Forms. While this method allowed for broad reach and efficient data collection, it may have introduced a selection bias, as it may have underrepresented individuals with limited Internet access or digital literacy.

For the participant surveys, to mitigate this limitation, printed copies of the surveys were made available at Healthy Start program locations. The number of completed printed surveys was 79, representing 43% of the total survey responses.

Data Analysis

The data analysis for this study was conducted by Healthy Start staff. While the team has experience in conducting surveys and focus groups, the assessment may have benefited from people who have expertise in quantitative data analysis.

Other Limitations

The study relied on self-reported data from participants, which may be subject to recall bias or social desirability bias.



Appendix

- 1. Environmental Scan: Healthy Start Drop-in Group Locations**
- 2. Summary of Participants Survey Results by Question**
- 3. Summary of Community Partners Survey Results by Question**
- 4. Focus Group Questions**
- 5. References**

Environmental Scan: Healthy Start Drop-in Group Locations

According to Statistics Canada (2021), Winnipeg had a population of 749,607, of which approximately 66% were between the ages of 15 and 64. Average age of Winnipeg population 40.3 years and mean age of 38.8 (Statistics Canada, 2021)

Number of birth in Winnipeg: 16,803 in 2018 (Manitoba Health, 2019)

The community area of Downtown had the highest population density of 4,983 residents per square kilometer in June 2018. (Winnipeg Regional Health Authority, Community Health Assessment 2019)

We completed a scan of programs that serve prenatal and parenting participants in the nine locations where we offer ten community drop-in groups in Winnipeg

Resource	What they provide
WINNIPEG WIDE	
Manitoba Prenatal Benefit	Is a program designed to support pregnant women in Manitoba by providing a monthly income supplement to help them purchase healthy foods during pregnancy
Healthy Baby Community based programs (including addresses of location of Healthy Baby programs)	Healthy Baby Community Support Programs in Winnipeg offer a variety of services to support pregnant women and new parents. Healthy Start received funds to run our postnatal program. The programs are community-centred and accessible, reaching families right within their own neighbourhoods
Harvest Manitoba	Community-based organization dedicated to providing food to people in need.
Doctor's offices	Referrals to families with no assigned family doctor including pregnant women and families with newborn babies
Daycares	To help families find childcare when they need to go back to work or back to school after having a baby
Community Financial Counselling Services	Community based non-profit, charitable organization, they help people to meet the complex and often unique needs of individuals and families in Manitoba who are experiencing financial challenges.
Shelters (Sunrise Shelter, House of Peace, Velma's House, Willow Place)	To help families start over again and keep them safe
Community Unemployed Help Centre	Provides information, assistance, advice, and representation to individuals dealing with the federal government's Employment Insurance program and Manitoba's Employment and Income Assistance program. The Centre is a nonprofit agency. Its services are provided free of charge.
Winnipeg Regional Health Authority offices	Connecting families with PHNs, doctors, settlement and community services
WRHA Breastfeeding /Chestfeeding Groups	Provide group and one to one support for breastfeeding. All support is provided by a Public Health Nurse (PHN). Pregnant people are also welcome.
Winnipeg Regional Health Authority Online Feeding Your Baby Solid Foods class	Offers infant feeding class to parents with infants close to 6 months.
CFS(Child and Family Services)	Helping families succeed in their parenting journey, offer counseling, emergency assistance, practical support, family support
Health Links	24-hour telephone support with nurses offering health information and answers to questions.
Winnipeg Library	Connecting families with parenting and literacy resources
Service Canada	Helping people file their taxes, get benefits, etc.
Jordan's Principle	To ensure First Nations children get the services they need when they need them
Welcome Place	Help newcomers and refugees settle into Canadian society

Environmental Scan: Healthy Start Drop-in Group Locations (continued)

Immigrant Centre	The Immigrant Centre provides newcomers with free programs and services including settlement, employment, language, nutrition training, and verification of translations.
Mosaic	Provides newcomer parents and primary caregivers with opportunities to develop additional language and parenting skills to build the confidence and independence needed to participate actively in community life, so they may contribute to and share in the benefits of their new communities.
Opportunities for Employment	Offers free employment services designed to connect job seekers and employers to create long term, sustainable matches and grow our local labour market.
Manitoba Start	Provides central registration services for all newcomers arriving in Winnipeg, Manitoba
Manitoba Housing	Helping families accessing affordable housing
Winnipeg Housing	Helping families accessing affordable housing
New Journey Housing	Reduce the challenges newcomers to Canada face as they seek to attain and retain decent affordable housing in Manitoba with a priority in Winnipeg
Rent Assist	Rent Assist is a financial benefit for people who receive Employment and Income Assistance (EIA) and have housing costs to cover. It is also available to other low-income private renters.
Aurora Family Therapy	Counselling services
The Aulneau Renewal Centre	Works with individuals, couples, and families to develop therapeutic plans that meet their specific needs through therapy, education, support, and guidance.
City of Winnipeg Community Centres	Offer various programs including access to computers, active living options (like swimming pools), splash pads
Family Dynamics	To bring programs, partnerships and resources together to empower and strengthen families and communities. Also offers community resettlement programs for newcomers to Canada.
Villa Rosa	Provide a safe place to live, individual counselling, life skills.
Canadian Mental Health Association	To advance mental health, well-being, and recovery across Manitoba
The Manitoba Advocate for Children and Youth	(MACY) is here to make sure the voices of young people are heard.
Family Support Centre	The Family Support Centre offers a wide range of supportive services. All of our services are free of charge and completely confidential.
New Directions	To provide responsive and individualized services that foster the hopes and dreams of people and their communities.
Manitoba Association for Childbirth and Family Education (MACFE)	Trained labour companions provide support to pregnant people during pregnancy, labour, and postpartum
Canadian Muslim Women Institute	Through our programs and services to the community, CMWI aims to foster sound emotional health, stability and personal development to achieve self-sufficiency and financial independence to assist the newcomers to Canada in their settlement period.
Centre Flavie Laurent	Free second-hand clothing, furniture and household items.
La Leche League	Provide peer-to-peer breastfeeding support for expectant parents and new families, resources and information about breastfeeding/chestfeeding
Breastfeeding Hotline	Offers support to breastfeeding families by phone support

Environmental Scan: Healthy Start Drop-in Group Locations (continued)

DOWNTOWN	
4 Healthy Start neighbourhood groups - including Newcomer group with language interpreters.	
<ol style="list-style-type: none"> 1. Located in the community and accessible for all, reaching families right within their own neighbourhoods 2. Pregnancy group is offered one week and parent and baby group offered alternate week. 3. Healthy Start offers food coupons and bus tickets (if eligible), information about pregnancy, nutrition, cooking demonstrations, and parenting. Access to a Public Health Nurse, Dietitian and Community Outreach worker at every group. Food is prepared at site for participants. Prenatal vitamins and D drops provided if applicable. 4. Include "may have childminding", meal bags for purchase 	
Thrive Community Support Circle	Downtown neighbourhood, helping families navigate child and family services, offering layettes. Provide professional and individualized support that improves the sense of safety, belonging, well-being, and self-worth of every community member.
West Central Women's Resource Centre	Offers a variety of programs, including housing support, income assistance, drop-in services, food security, and community programs
Acorn Family Place	Provide a broad range of programs and resources aimed at providing support, enhancing education, and fostering community childcare respite, parenting programs for Dads, cooking and breakfast programs
Klinik Community Health	Primary care, health education, counselling services, pregnancy options, STI testing
Building Healthy Families (Healthy Baby group)	Support before and after your baby is born, parenting tips, nutrition activities, milk coupons, bus tickets
Women's Health Clinic -	Midwifery, abortion, birth control and pregnancy counseling, general counseling, support for eating disorders, and various family and community programs.
IRCOM	Empower newcomer families to integrate into the wider community through affordable transitional housing, programs, and services
Indigenous Women's Healing Centre	Provides a safe place for women to live, heal and grow through our Indigenous teachings, values, and beliefs.
Nine Circles	Care and treatment of HIV, Hepatitis C and other sexually transmitted infections, delivers comprehensive primary care, social support, education and prevention services – creating healthier communities for Manitobans.
SEED	SEED Winnipeg provides free financial empowerment programs to Manitobans living on low incomes.
SERC	Promoting sexual health through education.
Huddle	<p>Huddle creates a community space where youth feel safe to seek help without judgment, with as many services and resources as possible in one easy-access location.</p> <p>We are committed to advocating and holding space for Manitoba youth and meeting them where they're at to make plans for their health together.</p>

Environmental Scan: Healthy Start Drop-in Group Locations (continued)

NORTH END	
3 Healthy Start neighbourhood	
<ol style="list-style-type: none"> 1. Located in the community and accessible for all, reaching families right within their own neighbourhoods 2. Pregnancy group is offered one week and parent and baby group offered alternate week. 3. Healthy Start offers food coupons and bus tickets (if eligible), information about pregnancy, nutrition, cooking demonstrations, and parenting. Access to a Public Health Nurse, Dietitian and Community Outreach worker at every group. Food is prepared at site for participants. Prenatal vitamins and D drops provided if applicable. 	
MAMAWAI	Community care, youth development, and specialized programs that focus on Indigenous knowledge and practices. These programs aim to build community capacity for self-care and support families in various aspects of their lives
Mount Carmel Clinic	Medical care, including physician and nurse practitioner services, dietitian consultations, Hep C clinic, foot care, diabetes clinic, immunizations, reproductive/sexual health services, prenatal/perinatal care, midwifery, harm reduction supplies, access to computers and phones, housing listings, advocacy supports, culturally appropriate parenting and family supports, and Indigenous cultural programming
Wahbung Abinoonjiiag	Family violence prevention, crisis, and healing centre in Winnipeg
Mothering Project (Manito Ikwe Kagiikwe)	Comprehensive support to pregnant women and mothers who are involved with substances
Hope Centre Health Care	Holistic health care with a focus on physical, emotional, and spiritual well-being. Including: Primary Care, Outreach Services, Counsel, Specialized Services: STI/HIV testing, pregnancy testing, and harm reduction services such as free condoms, Naloxone kits, needle distribution, and needle drop-off
Urban Circle	Provides culturally appropriate education and training to First Nations, Metis, and Inuit people in Winnipeg
Aboriginal Health and Wellness Centre	<p>To provide Indigenous people in Winnipeg with quality healthcare, social support services and other supports that:</p> <ul style="list-style-type: none"> Incorporate a holistic understanding of and approach to health and wellness. Bring together the best of conventional and Indigenous medical practice, knowledge, and resources. Empower and equip our community members to take more control of their own health, wellness, and wellbeing.
Andrews Street Family Centre	Support for families in need. Individuals can access a wide array of family services, ranging from counseling and support groups to educational workshops and community events
Makoon	Makoon Transition Inc. is committed to preparing parents and their children for transition into independent living, free from child welfare intrusion, through intensive support, healing, and wellness programming.
NECRC North End Community Renewal corporation	NECRC is dedicated to supporting all low-income Manitobans, regardless of background, by providing access to essential services and resources.
North Point Douglas Women's Centre	Walks with women to strengthen their voice, make change, and engage in our community.
North End Women Resource Centre	Parenting programs, peer support groups and counselling
Manitoba Metis Federation	Provide a wide variety of supports to ensure your Metis government will be there for you.

Environmental Scan: Healthy Start Drop-in Group Locations (continued)

Seven Oaks (MAPLES)	
1 Healthy Start neighbourhood group	
<ol style="list-style-type: none"> 1. Located in the community and accessible for all, reaching families right within their own neighbourhoods 2. Pregnancy group is offered one week and parent and baby group offered alternate week. 3. Healthy Start offers food coupons and bus tickets (if eligible), information about pregnancy, nutrition, cooking demonstrations, and parenting. Access to a Public Health Nurse, Dietitian and Community Outreach worker at every group. Food is prepared at site for participants. Prenatal vitamins and D drops provided if applicable. 	
NorWest Baby Steps and Families Connecting (Healthy Baby programs)	Support before and after your baby is born, parenting tips, nutrition activities, milk coupons, bus tickets
Elwick Village & Family Resource Centre	Services offered include community kitchens, drop-in space, public access computers, used clothing depots, breakfast clubs, youth programming, information, support and referrals for families
SOUTH END	
1 Healthy Start neighbourhood group	
<ol style="list-style-type: none"> 1. Located in the community and accessible for all, reaching families right within their own neighbourhoods 2. Pregnancy group is offered one week and parent and baby group offered alternate week. 3. Healthy Start offers food coupons and bus tickets (if eligible), information about pregnancy, nutrition, cooking demonstrations, and parenting. Access to a Public Health Nurse, Dietitian and Community Outreach worker at every group. Food is prepared at site for participants. Prenatal vitamins and D drops provided if applicable. 	
Fort Garry Women's Resource Centre (FGWRC)	FGWRC offers a variety of programs, including information and referrals, counseling, public education, and outreach. They aim to support women and gender-diverse people in making healthy life choices for themselves and their families.
South Winnipeg Family Information Centre (SWFIC)	Variety of programs and services designed to empower individuals and enhance relationships within their families and communities, offer preschool programming
Behavioural Health Foundation	Treatment to help people recover from addictions
ST. BONIFACE	
1 Healthy Start neighbourhood group	
<ol style="list-style-type: none"> 1. Located in the community and accessible for all, reaching families right within their own neighbourhoods 2. Pregnancy group is offered one week and parent and baby group offered alternate week. 3. Healthy Start offers food coupons and bus tickets (if eligible), information about pregnancy, nutrition, cooking demonstrations, and parenting. Access to a Public Health Nurse, Dietitian and Community Outreach worker at every group. Food is prepared at site for participants. Prenatal vitamins and D drops provided if applicable. 	
Accueil Francophone	Assist in the settlement newcomers to Canada
LEEP Program (Salvation Army)	Providing pre-employment training, career services, and employment opportunities tailored to meet the unique needs of newcomers from war-affected countries and refugees.
Ode'immin (birth centre)	We are an inclusive, feminist community health clinic. We offer client-centred support through services and education
Flavie Laurent	Distribute household articles, furniture and clothing.
Youville Centre	People can access health and social services/support that you need/want in the way that you want and that feel safe for you.
Bébé en santé (Healthy Baby program offered in French language)	French language program offers support before and after your baby is born, parenting tips, nutrition activities, milk coupons, bus tickets
Milk Mentors	The Milk Mentors Program is a free program for parents in Manitoba who are looking for support with breast/chestfeeding, pumping, and combo-feeding their babies. They offer 1:1 support via phone, text, email or video chat, as well as in-person group support at community partners throughout the province

Summary of Participants Survey Results by Question (184 responses)

Question 1: Attendance Patterns

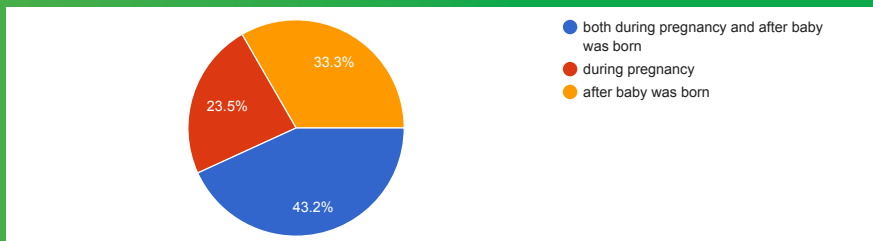
Finding: 43% attended both during and after pregnancy, 33% after birth, 24% during pregnancy.

When did you attend Healthy Start?

both during pregnancy and after baby was born

during pregnancy

after baby was born



Question 2: How Participants Learned About Healthy Start

Finding: Word-of-mouth 51%, nurse 27%, healthcare providers 16%, posters 9% are primary drivers.

How did you hear about Healthy Start? (check all that apply)

family or friend

I came to Healthy Start in the past

nurse

health care provider (doctor, midwife)

poster

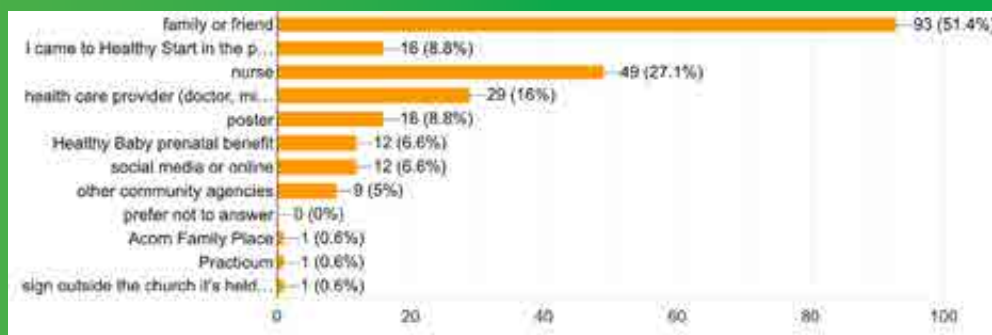
Healthy Baby prenatal benefit

social media or online

other community agencies

prefer not to answer

other



Question 3: Helpful Aspects of Healthy Start

Finding: Pregnancy and parenting information 87%, milk and egg coupons 84%, outreach RD, PHN 67%, connection to other parents 63%, reminders, calls/emails 51%.

What have you found helpful at Healthy Start? (check all that apply)

pregnancy & parenting information (classes, classes, classes, health information)

food and meal bags

milk & egg coupons

pregnancy vitamins or vitamin D

bus tickets

outreach, dietitian and public health

location of group

interpreters at the newcomer center

one-on-one visits

reminder calls/emails

connections with other parents

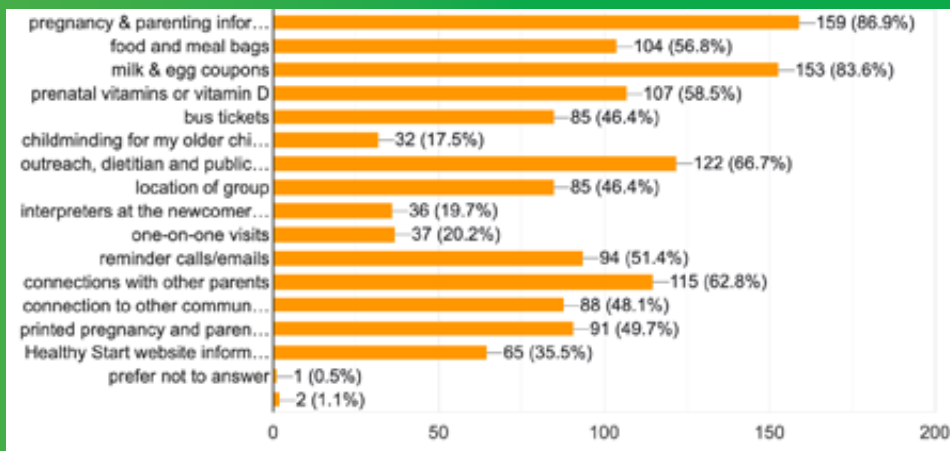
connection to other community agencies

printed pregnancy and parenting information

Healthy Start website information

prefer not to answer

other



Summary of Participants Survey Results by Question (continued)

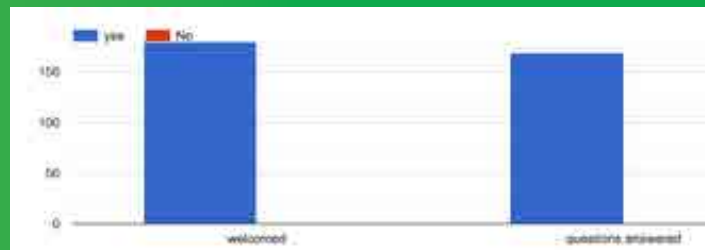
Question 4: Feeling Welcomed and Questions Answered

Finding: 98% felt welcomed, 92% had questions answered.

Did you feel welcomed and have your questions answered when attending Healthy Start?

welcomed yes no

questions answered yes no



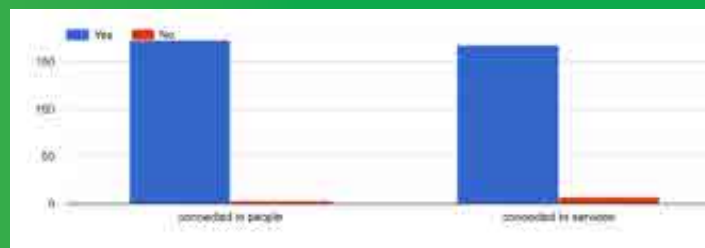
Question 5: Connection to People and Services

Finding: 98% felt more connected to people, 96% to services.

Has attending Healthy Start helped you feel more connected to other people and services in the community?

connected to people Yes No

connected to services Yes No



Question 6: Barriers (Cultural, Language, Accessibility)

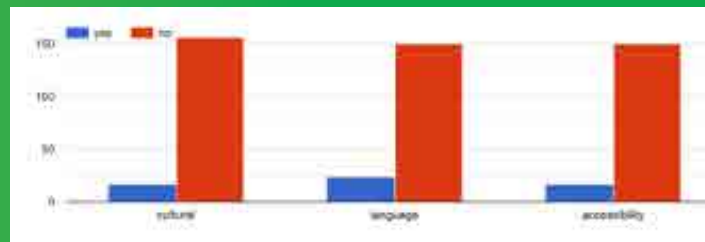
Finding: 10% experienced cultural, 14% language, and 10% accessibility barriers.

Have you encountered any of the following barriers when using our services?

cultural yes no

language yes no

accessibility yes no



Question 7: Suggestions for Reducing Barriers

Finding: Themes included inclusivity, increased translation services, improved physical accessibility (stroller access, bathrooms), transportation assistance, consistent childminding, extended program duration, and resource provision.

If you faced barriers, can you tell us how we could help reduce them?

Long answer text

Sample responses

Letting us bring the stroller in when baby is sleeping so we can move it while baby sleeps

Add another person to translate

Long way on a bus

Making sure childminding is available on a regular basis

Building could use updating to have bathrooms that fit a stroller and have a change table

Summary of Participants Survey Results by Question (continued)

Question 8: Overall Satisfaction

Finding: 86% extremely satisfied, 12% very satisfied, 2% moderately satisfied.

How satisfied are you with the services provided by Healthy Start?

1 2 3 4 5

not satisfied at all very satisfied



Question 9: One-on-One Support via Telephone or Email: Helpfulness

Finding: 80% extremely helpful, 12% very helpful.

If you received one-on-one support by staff outside of our group by telephone/email, was it helpful?

1 2 3 4 5

not helpful at all very helpful



Question 10: One-on-One Home Support Helpfulness

Finding: 78% extremely helpful, 14% very helpful, 6% moderately helpful, 2% not at all helpful.

If you received one-on-one support from staff outside of group in your home, was it helpful?

1 2 3 4 5

not helpful at all very helpful



Question 11: Barriers to Program Attendance

Finding: Top barriers: busy life 35%, transportation 30%, childcare 21%, program timing 20%, work/school 19%.

What barriers, if any, prevented you from accessing our program more often? (check all that apply)

transportation

child care

work or school

time of program

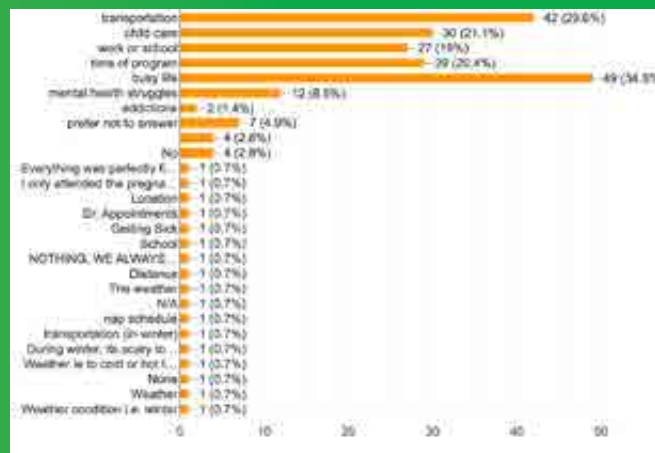
busy life

mental health struggles

addictions

prefer not to answer

none



Summary of Participants Survey Results by Question (continued)

Question 12: Benefits of Attending Healthy Start

Finding: Top benefits: learning new information/getting questions answered 87%, feeling less lonely 66%, breastfeeding support 62%, eating healthier 59%, gaining confidence 58%, access to other services 53%.

Question 13: Preferred Support Styles

Healthy Start has helped me in my progress of learning/doing with the following (check all that apply)

- learn new information/getting questions answered
- gain confidence
- learn to cook
- eat healthier
- access other services in the...
- feel less lonely
- help with mental health supp...
- breastfeeding support
- birth control information
- prefer not to answer
- it gave me a reason to leave...
- Songs
- Other



Finding: Overwhelmingly, in-person groups are preferred 90%, followed by in-person food/cooking demos 47%, one-on-one support 37%, printed/online materials 37%, email 36%, hands-on cooking 29%, telephone 28%, virtual groups 22%.

What style of program or parenting support works best for you? (check all that apply)

- in-person group
- in-person food/cooking demonstration
- hands-on cooking
- one-on-one support
- virtual group
- telephone support
- email support
- printed/online material
- other

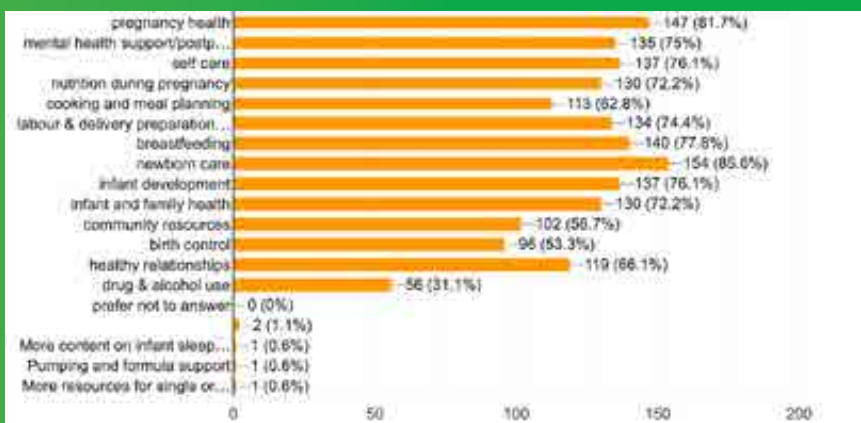


Question 14: Information Needs

Finding: High interest 70%+ in newborn care 86%, pregnancy health 82%, breastfeeding 78%, infant development 76%, self-care 76%, mental health/postpartum issues 75%, labour & delivery 74%, nutrition during pregnancy 72%, infant & family health 72%. Mid-tier interest 50-70% in healthy relationships, cooking/meal planning, community resources, birth control. Lower interest 30-50% in drug & alcohol use.

What information do you feel you need more of in pregnancy and parenting support? (check all that apply)

- pregnancy health
- mental health support/postp...
- self care
- nutrition during pregnancy
- cooking and meal planning
- labour & delivery preparation...
- breastfeeding
- newborn care
- infant development
- infant and family health
- community resources
- birth control
- healthy relationships
- drug & alcohol use
- prefer not to answer
- More content on infant sleep...
- Pumping and formula support
- More resources for single c...



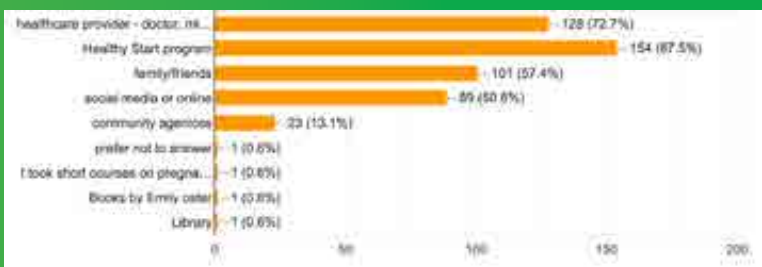
Summary of Participants Survey Results by Question (continued)

Question 15: Information Sources

Finding: Healthy Start program 85% and healthcare providers 73% are primary sources. Family/friends 57% and online resources 51% also important. Community agencies less used 13%.

Where do you access pregnancy, parenting and child development information? (check all that apply)

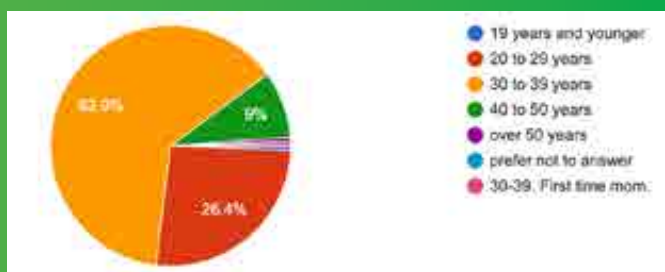
- healthcare provider - doctor, nurse, etc.
- Healthy Start program
- family/friends
- social media or online
- community agencies
- prefer not to answer
- other



DEMOGRAPHIC

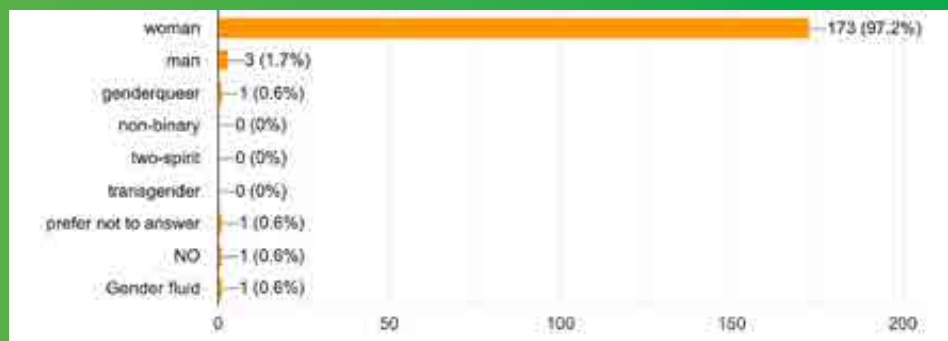
Question 16: Participant Age

Finding: 30-39 years 63%, 20-29 years 26%, 40-50 years 9% and 19 and under or over 50 less than 1%.



Question 17: Participant Gender

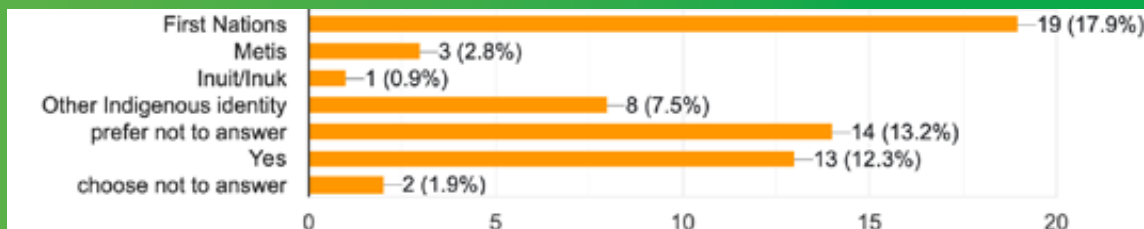
Finding: Predominantly women, but men and diverse gender identities present.



Summary of Participants Survey Results by Question (continued)

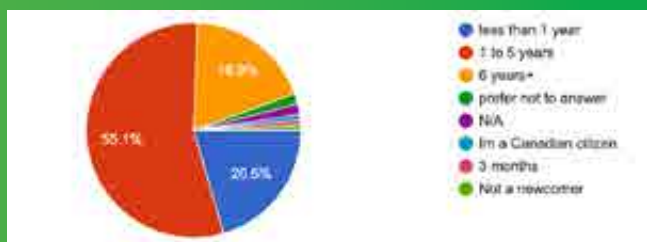
Question 18: Indigenous Identity

Finding: 24% (44/184) identify as Indigenous (First Nations, Metis, Inuit, other, Non-Status). 16 chose not to answer.



Question 19: Newcomer Status

Finding: 59% (110/184) are newcomers. 55% in Canada for 1-5 years, 21% less than 1 year, 19% 6+ years.

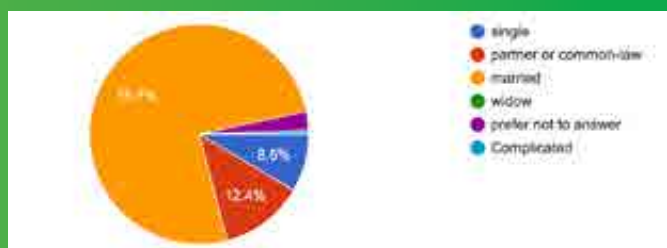


Question 20: Country of Origin

Finding: Diverse range of countries from every continent.

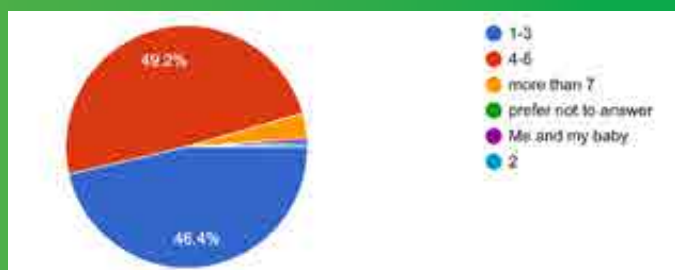
Question 21: Marital Status

Finding: 76% married, 12% common-law, 9% single, 3% prefer not to answer.



Question 22: Household Size

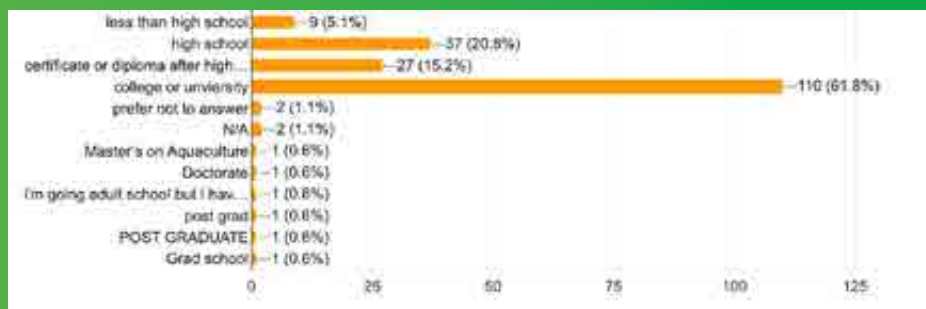
Finding: 49% in households of 4-6 people, 47% in 2-person households.



Summary of Participants Survey Results by Question (continued)

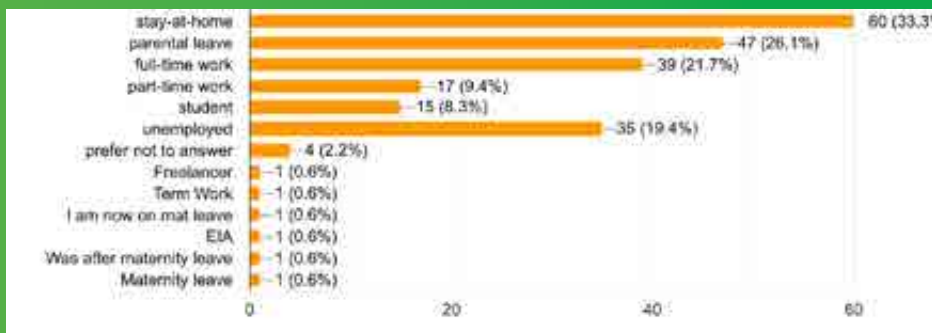
Question 23: Education Level

Finding: 62% college/university, 21% high school, 15% vocational training, 5% less than high school.



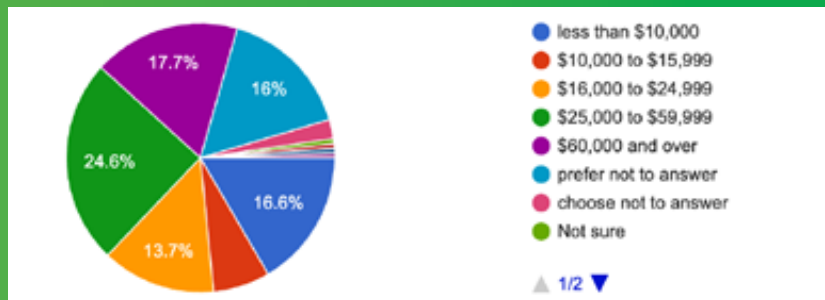
Question 24: Employment Status

Finding: Diverse employment situations: 33% stay-at-home parents, 26% on parental leave, 22% full-time work, 19% unemployed, 9% part-time, 8% students.



Question 25: Household Income

Finding: Varied income levels, with a significant number of lower-income households (<\$10,000 and \$10,000-\$15,999).



Question 26: Open-Ended Feedback

Finding: High satisfaction with staff, information, resources, and community support. Suggestions for improvement include increased accessibility (virtual options, flexible scheduling), content updates, addressing group size/location, program expansion, and other specific requests.

Summary of Community Partners Survey Results by Question

1. Please describe your role and how it relates to supporting pregnant and parenting families (check all that apply)

27% team member: nurse/dietitian, 27% community partner, 12% volunteer, 12% interpreter, 4% researcher.

Please describe your role and how it relates to supporting pregnant and parenting families. (Check all that apply)

- team member - nurse, dietitian
- volunteer with the program
- interpreter
- administrator
- community partner
- supporter
- researcher
- social worker
- participant
- Families First
- Facility manager
- University research laboratory



2. How familiar are you with the services provided by Healthy Start?

65% 5 out of 5, 23% 4 out of 5, 12% 3 out of 5.

How familiar are you with the services provided by Healthy Start?

5 (very familiar) 4 3 2 1 (not familiar)

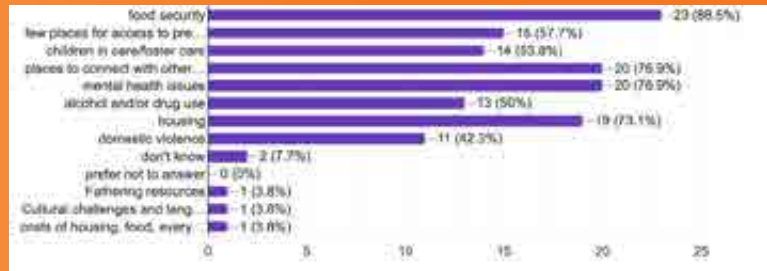


3. What do you see as the needs/challenges of pregnant and parenting families in our community? (check all that apply)

89% food security, 77% mental health issues, 77% places to connect with other pregnant and parenting families, 73% housing, 58% few places for access to pregnancy & parenting information, 54% children in care/foster care, 50% alcohol and drug use, 42% domestic violence, 4% fathering resources, 4% cultural challenges and language barriers for newcomers.

What do you see as the needs/challenges of pregnant and parenting families in our community? (check all that apply)

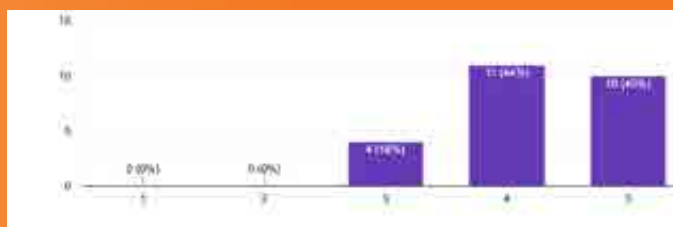
- food security
- few places for access to pregnancy & parenting information
- children in care/foster care
- mental health issues
- alcohol and/or drug use
- housing
- domestic violence
- don't know
- prefer not to answer
- fathering resources
- cultural challenges and lang. barriers of housing, food, env.



Summary of Community Partners Survey Results by Question (continued)

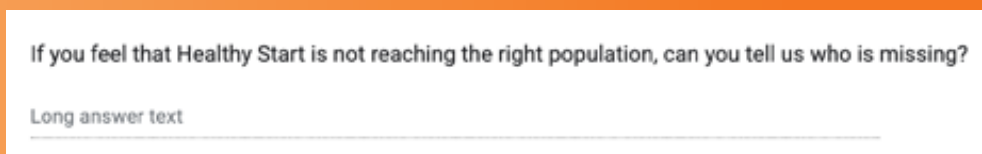
4. Do you think Healthy Start reaches the right population in the community?

40% 5 out of 5 or absolutely reaching right population, 44% 4 out of 5 or mostly reaching the right population, 16% 3 out of 5 neutral.



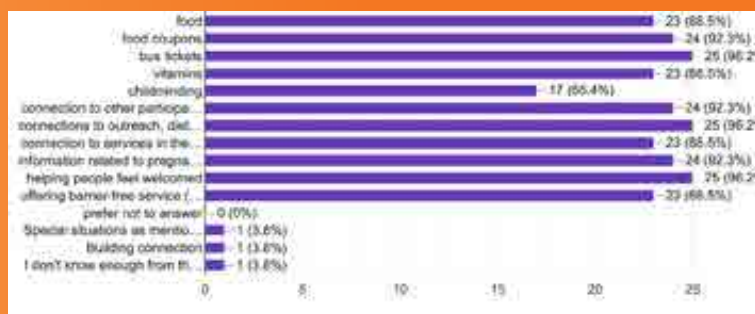
5. If you feel that Healthy Start is not reaching the right population, can you tell us who is missing?

Need to try harder to reach aboriginal moms, fathers, adopting families/fostering, families with disabilities, teens, substance-using families, Elmwood and Transcona families, moms in transitional housing.



6. What aspects of the Healthy Start program do you feel are effective in supporting pregnant and parenting families? (check all that apply)

96% bus tickets, 96% connections to outreach, dietitian, nurse, 96% help people feel welcomed, 92% food coupons, 92% info related to pregnancy, 92% connections to other participants, 89% food, 89% vitamins, 89% connection to services in the community, 89% barrier-free service, 65% childminding.



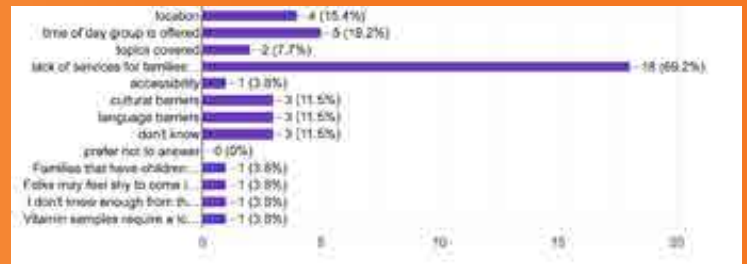
Summary of Community Partners Survey Results by Question (continued)

7. What gaps or barriers do you see in services provided by Healthy Start? (check all that apply)

69% lack of services for families with children over age 1, 19% time of day group is offered, 15% location, 12% cultural barriers, 12% language barriers, 8% topics covered, 4% accessibility. Individual responses: families that have children with disabilities, PPD care, folks may feel shy to come if new moms, vitamin samples require a lot of questions and paperwork.

What gaps or barriers do you see in services provided by Healthy Start? (check all that apply)

- location
- time of day group is offered
- topics covered
- lack of services for families with children over age 1
- accessibility
- cultural barriers
- language barriers
- don't know
- prefer not to answer
- Other

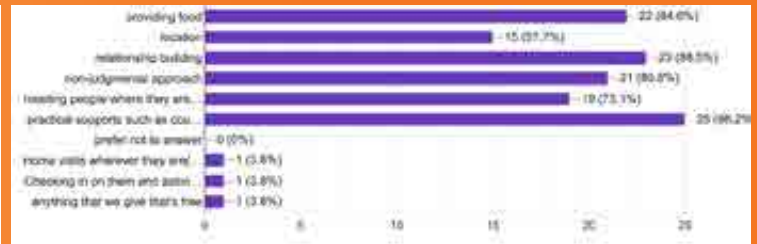


8. What strategies have you found to be effective in reaching marginalized or underserved populations? (check all that apply)

96% practical supports such as coupons, childminding, bus tickets, 89% relationship building, 85% providing food, 81% non-judgmental approach, 73% meeting people where they are at, 58% location.

What strategies have you found to be effective in reaching marginalized or underserved populations? (check all that apply)

- providing food
- location
- relationship building
- non-judgmental approach
- meeting people where they are "at"
- practical supports such as coupons, childminding, bus tickets
- prefer not to answer
- Other



Summary of Community Partners Survey Results by Question (continued)

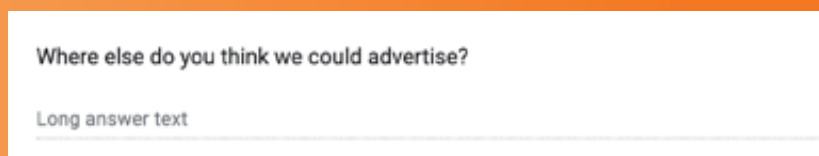
9. Do you think Healthy Start is sufficiently visible and well-advertised in the community?

8% responded with a 5 or very visible, 40% responded with a 4 or somewhat visible, 36% responded with a neutral, 16% responded with a 2 or not very visible



10. Where else do you think we could advertise?

Bus campaigns, schools, daycares Facebook, community board, community events, other agencies, buses, more social media presence, grocery stores with bulletin boards, doctor's offices, churches, food banks, Manitoba harvest, community agencies (Ma Mawi, etc.), community clinics, bus benches.



11. What other organizations or resources do you think we should collaborate with to better support the community? (check all that apply)

77% Indigenous organizations, 73% health care services – doctor, midwife, nurse practitioner, 65% financial support agencies, 65% childcare support services, 62% child and family services, 54% settlement agencies, 31% respite

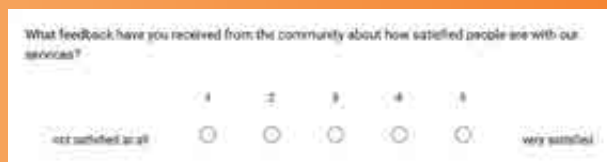
Individual responses: rehabilitation services and family rooms within schools for parents with older kids



Summary of Community Partners Survey Results by Question (continued)

12. What feedback have you received from the community about how satisfied people are with our services?

55% rate service 5 out of 5 and 45% rate service 4 out of 5



13. Please provide specific examples of feedback you received from the community about our services.

Positive experiences with continuity of care and relationship building

Clients have acknowledged specific supports

The ability to get out of the house, socialize, access resource from a non-judgmental support.

The team provided clear and detailed information about child development stages. It helped us better understand our baby's milestones. Example: A parent mentioned how informative the presentation on infant nutrition and sleep patterns were, emphasizing how it made parenting less overwhelming.

When children turn 1 year, parents say that they are thankful for and will miss the program.

Moms have reached out stating that they've learned a lot of different things attending the program. Such as preparing particular meals, learning about the nutrition in certain ingredients or how to use them. Overall broadening their perspective when seeing how other people's babies are developing and having other moms to talk to.

They "look forward" to each group and wish it could be every week.

Newcomers able to learn and connect to others, learning how things will work in Canada

I have seen how families supported at group are grateful for the services / information/ connection to resources they receive and the caring manner in which these are given by the outreach, the dietitian and public health nurse.

People really like this organization, how it friendly and useful to find answers about Canadian specific rules (to find clinic, emergency line, nurse, find a number of a connected nurse (popular issue), find support organizations, fill in documents for benefits, answering questions)

Glad it was there to go to for information and meeting other people

Please provide specific examples of feedback you received from the community about our services.

Long answer text

Summary of Community Partners Survey Results by Question (continued)

14. What additional changes do you think Healthy Start should consider implementing? (check all that apply)

65% offering more medical services at groups (e.g. vaccine clinic), 52% more access to birth control, 44% bringing in more guest speakers, 17% offer prenatal and postnatal groups together, 9% having more casual group structure

Individual responses: specific groups for families with child development issue; relationship challenges since new baby, PPD/Psychosis; more indigenous traditional practices; midwife support; link to Parent Child Coalitions so parents can transition to program like Wiggle, Giggle & Munch or others offered by family resource centres; add more topics about the baby. How to rock, how to swaddle, how to dress correctly; what exercises to do after giving birth; more locations around the city.

The most pressing needs identified by community partners appear to be integrating more medical services, such as vaccine clinics, and expanding the range of guest speakers.

What additional changes do you think Healthy Start should consider implementing? (check all that apply)

- offering prenatal & postnatal group together
- bringing in more guest speakers
- having more casual group structure
- offering more medical services at groups (e.g. vaccine clinic)
- more access to birth control
- prefer not to answer
- Other

15. Is there anything else you would like to share to help us better serve the community?

Offering resources for after graduation/ parenting resources; The biggest gap is services over 1 years old that offer the same supports and information ex: Food, coupons, access to Dietitian, Nurse and Facilitator that does group and home visits. With topics that are directed to that age group; would be helpful to have more resources available for newcomers, like access to affordable cribs, strollers, and other essential baby items; Keep doing what you're doing, you're integral part of community.

Is there anything else you would like to share to help us better serve the community?

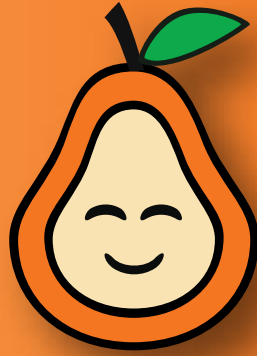
Long answer text

Focus Group Questions

1. How did you first hear about Healthy Start?
2. What do you think are the greatest needs during pregnancy and for people with babies in our community?
3. Can you name 1 way that Healthy Start has impacted you & your family?
4. What encouraged you to come to Healthy Start?
5. Do you see a benefit to having a separate prenatal focused program every two weeks?
6. What's one thing that Healthy Start can do better? (outreach, topics, etc)
7. Is there anything else you would like to share about your experiences or needs?

References

- Baxter JB, Mildon A, Francis J, Sellen DW, O'Connor DL. 2024. Identifying lactation and food supports within the Canada Prenatal Nutrition Program prior to the pandemic, during the pandemic, and in the future: A cross-sectional survey. Toronto: University of Toronto. Full report: https://www.childnutrition.utoronto.ca/sites/default/files/inline-files/CPNP_FullReport_EN_16May2024_2.pdf
- Manitoba Collaborative Data Portal, 2016. Census Data. Available at mbcdp.ca/demographic-dashboards.html
- Manitoba Health, Annual Statistics, 2020-2021. Full report: gov.mb.ca/health/annstats/as2021.pdf
- Manitoba Health, 2019. <https://www.gov.mb.ca/health/quickstats/demographics.html>
- The Office of Audit and Evaluation and Health Canada and the Public Health Agency of Canada. March 2021. Evaluation of PHAC's Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) - 2015-16 to 2019-20. Full report: <https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/evaluation-community-action-program-children-canada-prenatal-nutrition-program-2015-2016-2019-2020.html>
- Social Planning Council of Winnipeg, 2023. Poverty, the pandemic and the province. Manitoba Child and Family Poverty. Available at spcw.mb.ca/wp-content/uploads/2023/03/2023C2000_Final_Webv2.pdf
- Social Planning Council of Winnipeg, 2020. Broken promise, stolen futures. Available at spcw.mb.ca/wp-content/uploads/2020/04/Manitoba-Child-and-Family-Poverty-Report-2020.pdf
- Statistics Canada, 2023. Food insecurity among Canadian Families, Full report: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00013-eng.htm>
- Statistics Canada, 2021. Census Profile, 2021. Census of Population. <https://www12.statcan.gc.ca/census-re-censement/2021/dp-pd/prof/details/page.cfm?Lang=E&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0&D-GUIDlist=2021A00054611040&SearchText=winnipeg>
- Statistics Canada, 2018. Low birth weight babies, by province and territory. Full report: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310040401>
- Stories of Hunger and Poverty in Manitoba, Harvest Manitoba 2023. Full report: <https://www.harvestmanitoba.ca/wp-content/uploads/2023/11/Harvest-Voices-2023.pdf>
- Winnipeg Regional Health Authority, Community Health Assessment 2019. Full report: <https://www.wrha.mb.ca/files/cha-2019-full-report.pdf>



Healthy Start is a charitable organization funded by the Canada Prenatal Nutrition Program (Public Health Agency of Canada) and Healthy Baby (Government of Manitoba) & supported by grants and donations

