Exploring New Horizons
Promoting Health and Community Empowerment
Annual Report 2018-2019
A Year in Review

- 10,650 Clients served
- 570,461 Page views (all websites)
- 292 Consultations provided
- 5,147 Listserv subscribers
- 443 Resource orders filled
- 677 Listserv postings
- 202,344 Print resources disseminated
- 26 in English and 9 in French
- 15 Regional workshops delivered
- 21 Electronic bulletins
- 35 Webinars
- 9 Online training courses delivered
**A Year in Review**

**Webinar participants**

- **2,102**

**Participants by Region**

- Ontario-Wide: 4%
- Rest of Canada: 20%
- Central East: 12%
- Central South: 6%
- Central West: 7%
- East: 11%
- North: 14%
- South West: 14%
- Toronto: 10%
- Other: 3%

**Online training course participants**

- **1,686**

**Participants by Region**

- Ontario-Wide: 3%
- Rest of Canada: 18%
- Central East: 8%
- Central South: 5%
- Central West: 9%
- East: 26%
- North: 11%
- South West: 14%
- Toronto: 7%
Board Chair Report

During the past year, since becoming President, the Board of Directors and I took the time to reflect on how best to continue our journey to better respond to health priorities across our vast province and at national and international levels. We saw many changes in the organization. We said goodbye to our longstanding Executive Director, Barb Willet, who had been with the organization for over 30 years. Health Nexus grew to be a recognized and respected organization, under her leadership.

We welcomed Wendy Katherine as the new leader for Health Nexus. Wendy’s knowledge of maternal and child health, health policy and strategy, program development and implementation has helped position the organization to be responsive to current funding realities and new opportunities.

As we continue to position ourselves as an expert resource, our health promotion expertise and experience have been increasingly called on to help influence the lives of individuals and communities. Collaborating is key to our work and we have worked diligently in the past year to build strong relationships and diversify our funding base across all sectors.

I would like to thank the Board members for their passion and contribution over the past year. Their dedication to advancing the work of Health Nexus has served to guide and support the organization through a year where we saw new initiatives and changes.

Finally, I would like to acknowledge the staff for their outstanding work and commitment to Health Nexus continuing to be a leader in health promotion, prenatal education and early child development.

Monique Rocheleau
President, Board of Directors

Message from the Executive Director

As 2018 came to a close, I was warmly welcomed to Health Nexus as we bid farewell to longstanding Executive Director, Barb Willet. We are proud of the socially-accountable, educational resources the Health Nexus team produced this year, including more digital knowledge-mobilization tools and products that promote population health, best practice and gender equality. In Ontario, we launched a digital platform for Health Nexus resources and a comprehensive website to support parents and caregivers of people affected by Fetal Alcohol Spectrum Disorder (FASD): www.fasdON.ca.

We deepened our work on client engagement with 39 community groups to support this vulnerable subpopulation. Through grants from the Public Health Agency of Canada and Women’s and Gender Equality Canada we were able to continue to prioritize partnership development among non-profit organizations and cannabis safety at the national level. Our work with the International Alliance for Health Promotion has raised Health Nexus’ profile and is leading to innovative partnerships to improve maternal-infant health using mobile health strategies that align with United Nations’ Sustainable Development Goals.

In the year ahead, Health Nexus’ strategies will focus on strengthening provincial, national and international projects. We will develop and amplify our innovative evidence-informed resources that play an upstream role in helping people understand their health, stay well and make healthy decisions, knowing our contribution is as relevant today as at any time in Health Nexus’ 30-year history. Not only is evidence affirming the importance of family engagement and co-creation of health promotion programs as a way to prevent disease across the life course, we know better integration of our services into provincial services will improve financial sustainability of hospitals and return on health system investments.

The Health Nexus commitment to promoting healthy, equitable and inclusive communities will be seen in our programs targeting vulnerable sub-populations. We will use our signature creativity and culturally safe programming to strengthen Ontario Health Teams’ ability to employ evidence-informed and digital strategies to connect with Indigenous populations and Franco-Ontarians to strengthen local partnerships and networks.

I am honoured to work with such a committed and engaged board of directors and staff team to keep Health Nexus a leader in health promotion, prenatal education, and early child development.

Wendy Katherine
Executive Director
BEST START BY HEALTH NEXUS

Supporting Knowledge Mobilization for Maternal and Child Health

Scope: Best Start is a key health promotion program of Health Nexus, best known for its array of high-quality, evidence-informed resources. Best Start supports knowledge-mobilization and is best known for its array of high-quality, evidence-informed resources. Following a move away from selling print resources, Best Start developed a digital platform where clients can find a variety of formats, including PDFs, html pages, websites, videos, online courses and archived webinars. The transition included creating a searchable page for parents, access to purchasing high-resolution files for printing, and a clear process for adapting our resources. Our resources are revised as needed and last year, 11 resources were made into html pages or accessible PDFs and two new accessible PDFs were added, Making an Informed Decision and Prescription Opioid Use. Through our digital presence, we continued to support our five e-networks reaching 5,147 participants.

WEBSITE AND ONLINE RESOURCES

<table>
<thead>
<tr>
<th>539,019</th>
<th>28,878</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Start page views</td>
<td>Best Start website downloads</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>881</th>
<th>11,502</th>
<th>512</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catalog listings</td>
<td>Best Start breastfeeding directory users</td>
<td>Webinar attendees</td>
</tr>
</tbody>
</table>

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Our digital strategy to increase access to evidence-informed, timely information for service providers includes webinars and online courses. Post-event evaluations and three-month follow-up evaluations clearly show that the information is passed on to parents and used to change and shape programs. In 2018-19, we hosted nine webinars (eight English, one French) that reached 512 participants and co-presented two webinars on cannabis use with 933 participants. Our seven English online courses were completed by 1,575 participants and our two French online courses were completed by 110 participants. Our searchable directory of breastfeeding services lists 881 services and was used by 11,502 users.

Our increased emphasis on digital access did not stop us from offering five tailored regional workshops on Parenting Under Stress in two Northwestern and three Southwestern communities reaching 299 participants. We gave one English presentation with 37 participants and one French presentation with 30 participants at conferences hosted by others.

The Best Start conference is a highlight of our year, bringing together 354 participants from all maternal-child related sectors in Ontario and beyond. The conference in February 2019 included three workshops (French, Indigenous and FASD-related), four keynotes and 12 concurrent sessions, providing information in four streams: reproductive health, child health and development, Indigenous issues, and breastfeeding. Thirty exhibitors, 12 poster presentations and an exhibit of multi-cultural and historical breastfeeding photos added special touches to make the conference stand out.

Philosophy: Best Start is a trusted and well-known program for service providers working in maternal and child health promotion. Parents are also increasingly accessing our resources directly, which we encourage. We continue to work on meeting the needs of our clients in a combination of ways, especially when digital access is limited, such as in Northern and rural communities.

Future plans: We plan to continue our digital transformation, revise more resources into accessible formats, expand our e-networks and online learning, and consider new webinar platforms for increased access without forgetting to support the human connection with our clients in rural and remote areas or with difficulty accessing services.
BABY-FRIENDLY INITIATIVE (BFI)
Implementing best practices across Ontario

Scope: From 2013 to March 2019, the Baby-Friendly Initiative (BFI) Strategy for Ontario, a partnership of Michael Garron Hospital (lead), Health Nexus and the Provincial Council for Maternal and Child Health (PCMCH) supported organizations with resources and strategies to implement breastfeeding best practice. In 2018-2019, the BFI Strategy provided 23 workshops with 251 participants, hosted 13 webinars with 3,587 participants and provided 185 individual coaching sessions by phone, email, online and in person. Staff members travelled across Ontario to support BFI implementation in diverse populations including urban, northern, remote and fly-in communities.

10 STEPS BFI BEST PRACTICES

1. a. Comply with the WHO Code
   b. Maintain a written infant feeding policy
   c. Conduct ongoing monitoring and data collection

2. Spread health provider education

3. Spread prenatal education on infant feeding

4. Encourage uninterrupted skin-to-skin after birth

5. Support initiation and maintenance of breastfeeding, addressing any challenges including separation

6. Encourage exclusive breastfeeding for the first 6 months

7. Provide 24-hour rooming-in and comfort measures during painful procedures

8. Encourage responsive, cue-based feeding

9. Counsel parents on use and risk of bottles, nipples and pacifiers

10. Ensure seamless transitions with coordinated and timely access to ongoing care and support
Philosophy: The BFI Strategy provided hospitals and community health organizations (including family health teams, community health centres, Aboriginal health access centres, nurse practitioner-led clinics, and birthing centres) with training, tools, webinars, guidance, and educational resources to help them meet BFI requirements. The BFI Strategy had a demonstrable impact on breastfeeding rates in Ontario, implementation of the 10 Steps to Successful Breastfeeding in hospitals and community health services, number of facilities working towards BFI-designation, and BFI-designated sites, as shown in Ontario’s Baby-Friendly Initiative Report, 2019.

Future Plans: The BFI Strategy for Ontario is now on pause until further funding is approved. In the meantime, Health Nexus supports the work of the BFI Strategy and its resources by hosting webinars answering questions, and maintaining its resources.

### Change in Breastfeeding Rates in Ontario

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiation</th>
<th>Exclusive BF Rate</th>
<th>Adjusted BF Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>75%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2013-14</td>
<td>75%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2014-15</td>
<td>75%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2015-16</td>
<td>75%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2016-17</td>
<td>75%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>2017-18</td>
<td>75%</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Five indicators are used to monitor BFI outcomes in hospitals. Provincial rates for initiation, exclusive breastfeeding at discharge, and the adjusted breastfeeding rate (ABF) have shown an increase from 4.6% to 13.6% over the past five years. The changes reflect the positive effect of BFI best practice implementation.

The remaining two indicators focus on supplementation with or without documented medical reasons. This data takes into account all babies admitted to the hospital – including premature and medically fragile infants. As of January 2019, 28% of babies were fed a formula breastmilk substitute with no medical indication.

- 27.9% of babies receive non-breastmilk with no medical indication.
- The BFI Strategy continues to encourage health provider and public education to explore ways to ensure informed choice and appropriate use of breast milk substitutes.
Raising awareness about FASD, the invisible disability

Scope: Health Nexus developed a bilingual website to provide a one-stop source of information for parents and caregivers of individuals affected by Fetal Alcohol Spectrum Disorder (FASD) in Ontario and support the work of service providers. An advisory committee composed of parents and caregivers field-tested the website and many FASD experts and stakeholder organizations collaborated on the project.

Philosophy: At launch, the website included 172 FASD services and links to 211 FASD resources. Users can search for services in their area by entering their postal code. Training events and news items on the topic are also included and updated on a regular basis. Two discussion forums are available on the website, one for parents and caregivers and the other for service providers. Since very few resources were available in French, funding was used to translate some key ones.

Future plans: Based on the recommendation of Indigenous advisors, a resource booklet is being developed for non-Indigenous caregivers raising Indigenous children with FASD. The booklet, to be released in 2020, highlights the importance of culture as a strength-based approach for the child’s life. The website will be updated as new resources, services, training events and news are available. Over the next fiscal year, promotional efforts will raise awareness of the website for parents, caregivers and service providers of individuals affected by FASD.

www.fasdON.ca
FETAL ALCOHOL SPECTRUM DISORDER (FASD)

Building capacity to meet the FASD challenge

**Scope:** The FASD Family/Caregiver Support Group Project is one of four provincially-funded initiatives that began in April 2018. Health Nexus provided micro subsidies and ongoing community mobilization and knowledge exchange opportunities to build new, and augment existing support group activities across the province. Health Nexus established strong community connections and engaged with stakeholders to develop a user-friendly application process while developing capacity-building opportunities and a knowledge-exchange framework. Following an application and screening process, we provided micro subsidies to 39 groups during the first cycle of funding between November 2018, and March 31, 2019.

**Philosophy:** FASD is largely understood to be an invisible disability that falls outside of most social service provider mandates. Most providers do not have the skills or the confidence to offer relevant support services which results in family isolation. Having group leaders with lived experience encourages deep understanding and appreciation of the day-to-day implications of the disorder. Collaboration with staff from community agencies helps sustainability efforts.

**Future Plans:** In 2019-20, the Provincial FASD Family and Caregiver Support Group Project will be expanding activities for the anticipated second cycle of provincially-funded group implementation and looking for ways to maximize program sustainability.

**TOTAL AMOUNT DISTRIBUTED**

$166,844

**CLIENTS**

<table>
<thead>
<tr>
<th>Groups subsidized</th>
<th>Groups with First Nations, Metis or Inuit participants</th>
<th>Group for Franco-Ontarian participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>34</td>
<td>1</td>
</tr>
</tbody>
</table>

**ACTIVITIES AND REACH**

<table>
<thead>
<tr>
<th>Events</th>
<th>Participants</th>
<th>Resources disseminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>1,636</td>
<td>9,284</td>
</tr>
</tbody>
</table>

“*The day to day life is so hard and there was nobody to talk to who understood what we were going through. Since joining the group we have been given so much information on where to go to get help for our boys from now until they are grown adults. We went to a very informative/helpful seminar for caregivers/family of children with FASD.”*
PARTNERSHIP SUPPORT PROJECT

Facilitating Inter-sectoral Partnerships among Women Leaders for Political and Community Action

**Scope:** Health Nexus has a long history of leadership supporting people to build and strengthen inter-sectoral partnerships for healthy and vibrant communities. For several decades, our work was primarily in Ontario, through programs like HC Link. Since 2017, Health Nexus expanded our bilingual resource development, network building and facilitation services to span across Canada. Our history of working with diverse urban and rural partnerships, bringing an equity lens to collaborative leadership, positioned Health Nexus to provide valued services to 13 partnership initiatives, each working to build women’s leadership for political and community action. This work is funded by the Department for Women and Gender Equality (WAGE) – formerly Status of Women Canada.

<table>
<thead>
<tr>
<th>Partnership Support Activities</th>
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<tbody>
<tr>
<td><strong>13</strong> Partnership projects</td>
</tr>
<tr>
<td>8 anglophone, 4 francophone and 1 bilingual</td>
</tr>
</tbody>
</table>

**WEBINARS**

- **2** Intro webinars on successful partnerships
- **10** Web-based workshops
- 5 French and 5 English

**CHECK-IN PHONE CALLS**

- Contacted 46 individuals from over 35 organizations

**CUSTOMIZED SUPPORT**

- **5** In-person meetings
- **9** Tailored consultations
- **13** Coaching sessions
- **6** Network maps
- **8** Resource packages distributed
Philosophy: Helping people and organizations to work better and more inclusively is complex work. Health Nexus offers partners an array of learning materials and events, practical frameworks for understanding partnership essentials. Our talented consultants are versed in participatory-facilitation techniques for collective dialogue, planning and evaluation. Our partners identified the following strengths in what Health Nexus provides: benefit from having outside facilitators and cross-pollinators; deeper insight(s) and improved dynamics within partnerships and useful tools for collective analysis and strategy.

Future Plans: During the upcoming year with WAGE-funded partnership projects, Health Nexus will facilitate reflective learning, produce a final evaluation of both Health Nexus’ partnership support work as well as the funder’s innovative partnership funding model, and seek ways to ensure sustainability. We are already preparing for future opportunities to share the knowledge generated through this dynamic project and ways to support sectors and groups to better convert their differences into strengths, for the betterment of local and regional communities.

“It helped us to reflect – that we did not have the same vision. And at the same time, in seeing that, we develop more [shared] understanding. We realize, and we readjust...”

“[Speaking of the Mapping Barriers Activity,... it was a good concept and one that we continue to use within our organization as well. We used the approach at one of our board meetings, and had the board members contribute...”
## Financials

### Statement of Operations*

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
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<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Sources</td>
<td>2,363,540</td>
<td>3,224,364</td>
</tr>
<tr>
<td>Interest</td>
<td>20,601</td>
<td>6,677</td>
</tr>
<tr>
<td>Other</td>
<td>483,356</td>
<td>459,592</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$2,867,497</td>
<td>$3,690,633</td>
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<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
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<tr>
<td>Salaries &amp; Fee for Service</td>
<td>1,833,752</td>
<td>2,784,560</td>
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<tr>
<td>Program Activities &amp; Materials</td>
<td>482,949</td>
<td>602,364</td>
</tr>
<tr>
<td>Administration &amp; Finance</td>
<td>311,774</td>
<td>274,134</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>$2,628,475</td>
<td>$3,661,058</td>
</tr>
<tr>
<td><strong>Surplus (Deficit)</strong></td>
<td>239,022</td>
<td>29,575</td>
</tr>
<tr>
<td>Other</td>
<td>(137,477)</td>
<td>19,094</td>
</tr>
<tr>
<td><strong>Net Revenue over (under) Expenses</strong></td>
<td>$101,545</td>
<td>$10,481</td>
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* For the year ending March 31, 2019

### Statement of Financial Position*

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<thead>
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<th>2019</th>
<th>2018</th>
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<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td>1,373,034</td>
<td>1,205,639</td>
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<tr>
<td>Net Capital Assets</td>
<td>51,069</td>
<td>65,290</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$1,424,103</td>
<td>$1,270,929</td>
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<table>
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<tr>
<th><strong>Current Liabilities</strong></th>
<th>2019</th>
<th>2018</th>
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<tbody>
<tr>
<td></td>
<td>$344,841</td>
<td>$293,212</td>
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<tr>
<th><strong>EQUITY</strong></th>
<th>2019</th>
<th>2018</th>
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<tbody>
<tr>
<td>Invested in Capital Assets</td>
<td>51,069</td>
<td>65,290</td>
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<tr>
<td>Restricted Funds</td>
<td>428,338</td>
<td>260,976</td>
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<tr>
<td>Unrestricted Funds</td>
<td>599,855</td>
<td>651,451</td>
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<tr>
<td><strong>Total Equity</strong></td>
<td>$1,079,262</td>
<td>$977,717</td>
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* For the year ending March 31, 2019

Health Nexus is a registered charitable organization #13049 0857 RT 0001
The complete audited financial statements are available upon request.