

## **APPENDICES**

### **Early Childhood Development (ECD) Literature Review**

(Factors that influence early childhood development, home visitation and community-based collaborative programs, as well as the features of those programs or interventions that promote health equity)

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Prepared for the Trail Area Health and Environment Committee (THEC)

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## Early Childhood Development Literature Review

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**SECTION VI: APPENDICES****Appendix I: Literature Search Proposal** (available upon request)**Appendix II: Key Search Statements<sup>1</sup>**Table 1a: Ebsco<sup>2</sup> – Key Search Statements<sup>3</sup>

FOR QUESTION 1: effectiveness of community-based, collaborative interventions at improving early childhood development outcomes at a population level, particularly for a small rural community? <sup>4</sup>
(1) (child* development) or ECD or (developmental vulnerability) or (developmental delay) or (developmental challenges) or thrive* or (early enrichment) or (healthy development) or (child* ill health)
AND
(2) intervention or program or service or visit or engagement or education or teaching or outreach or (focus group) or hand-washing or nutrition or (early learning) or (healthy home) or (child friendly) or (child-friendly) or (family friendly) or (family-friendly) or storytime or (story time) or (family time) or (baby time) or (strong start) or CBAL or (Love to Learn) or (building beautiful babies) or (risk reduction) or dance or gymnastics or (wellness centre) or (wellness center) or (gathering place) or (gathering space) or (skateboard park) or (play space) or (family place) or (safe space) or (safe street) or (greenspace) or (built environment) or hbe or (smart growth) or transportation or (clean street) or (community design) or walkability or (livable cit*) or greenway or (bike path) or (cycle path) or hub or (child care centre) or (child care center) or (recreation) or (arts) or (head start) or (aquatic centre) or (aquatic center) or (welcome wagon) or munchkinland or (community greening) or (dust suppression) or (blood test) or (affordable housing) or (adequate housing) or (safe housing) or (healthy hous*) or (inclusive services) or (one-stop access to services) or (care coordination) or (transportation to service) or (family resource program) or (family literacy) or (developmental programs) or (neighbor?hood place) or (home grown food) or (home grown produce) or (vegetable garden) or (organic garden) or (community garden) <sup>5</sup>
AND
(3) (rural community) or town or (small community) or Revelstoke <sup>6</sup>
AND
(4) collaborative or multi-sectoral or multi-stakeholder or partner* or consortium or cross-sectoral or network or council or rotary or (chamber of commerce) or cbpr or (united way) or Lions or (children first) or (first call) or (board of trade) or (school district) or (parent advisory committee)

<sup>1</sup> Initial search statements are provided in this table, however through searching, revisions (iterations) were made as approach was fine-tuned

<sup>2</sup> Through the University of British Columbia, approximately 55 databases are hosted by Ebsco, including Medline.

<sup>3</sup> Similar terms/statements were used for additional database searches

<sup>4</sup> Includes equity lens so that programs with focus on low-income, socially disadvantaged groups, etc., will be identified; also programs aimed at cultural sensitivity/cultural competency

<sup>5</sup> In Phase 2b, specific terms were dropped and the search focused on systematic reviews, meta analyses, and randomized controlled trials in relation to ECD and home-visitation. With this broader focus, additional reviews were added to results from Phase 2a.

<sup>6</sup> May broaden and use 'community' only, depending on results; other communities may be added; Revelstoke, etc.

or PAC or decision-makers or stakeholders or (policy makers) or (integrated delivery) or (integrated service) or (success by 6) or coalition or (community table) or (ecd council)<sup>7</sup>

Table 1b: Ebsco – Key Search Statements

FOR QUESTION 2: effectiveness of in-home visits to families by public health nurses (and non-nurse program professionals) in terms of improved early childhood development (ECD) outcomes? <sup>8</sup>
(1) (early child* development) or ECD or (developmental vulnerability) or (developmental delay) or (developmental challenges) or thrive* or (early enrichment) or (healthy development) or (child* ill health)
AND
(home visit) or (in-home visit) or (partnership) or IDP or (infant development program) or (home hazard prevention) or MCFD or (Ministry of Children and Family Development)
AND
(3) effective* or evaluation <sup>9</sup>
NOT
(4) disability* or disorder
Limits: (2000-2013); scholarly

Table 1c: Ebsco – Key Search Statements

FOR QUESTION 3: ECD interventions or features of those interventions that promote health equity and, at least, protect against increased inequities?
(1) (early child* development) or ECD or (developmental vulnerability) or (developmental delay) or (developmental challenges) or thrive* or (early enrichment) or (healthy development) or (child* ill health)
AND
(2) intervention or program or service or visit or engagement or education or teaching or outreach or (focus group) or hand-washing or nutrition or (early learning) or (healthy home) or (child friendly) or (child-friendly) or (family friendly) or (family-friendly) or storytime or (story time) or (family time) or (baby time) or (strong start) or CBAL or (Love to Learn) or (building beautiful babies) or (risk reduction) or dance

<sup>7</sup> The term ‘intersectoral’ was avoided as it widened the search to more developing country partnership-type initiatives related to funding, etc.

<sup>8</sup> Includes equity lens so that programs with focus on low-income, socially disadvantaged groups, etc., will be identified; also includes trained volunteers, para-professionals, lay or peer home visiting, public health early child home visiting

<sup>9</sup> As noted in a previous footnote: In Phase 2b, specific terms were dropped and the search focused on systematic reviews, meta analyses, and randomized controlled trials in relation to ECD and home-visitation. With this broader focus, additional reviews were added to results from Phase 2a.

<p>or gymnastics or (wellness centre) or (wellness center) or (gathering place) or (gathering space) or (skateboard park) or (play space) or (family place) or (safe space) or (safe street) or (greenspace) or (built environment) or hbe or (smart growth) or transportation or (clean street) or (community design) or walkability or (livable cit*) or greenway or (bike path) or (cycle path) or hub or (child care centre) or (child care center) or (recreation) or (arts) or (head start) or (aquatic centre) or (aquatic center) or (welcome wagon) or munchkinland or (community greening) or (dust suppression) or (blood test) or (affordable housing) or (adequate housing) or (safe housing) or (healthy hous*) or (inclusive services) or (one-stop access to services) or (care coordination) or (transportation to service) or (family resource program) or (family literacy) or (developmental programs) or (neighbor?hood place) or (home grown food) or (home grown produce) or (vegetable garden) or (organic garden) or (community garden)</p>
AND
(3) (health equit*) or (health inequit*) or (health inequality*) or (health equalit*) or (health injustice)
Limits: (2000-2013)

Table 1d: Google – Sample Search Statements<sup>10</sup>

<p>intervention canad* (child* AROUND(3) development) (collaborative or multi sectoral and inter*sectoral) community-based -africa -aids -tanzania -asia -thailand -india -malnutrition –muslim</p>
<p>(collaborative, community-based) (intervention program) (early child* development) ("environmental health") -gov -aboriginal -disabilities -autism -"special needs" -canada</p>
<p>(collaborative, community-based) (intervention program) (early child* development) (best practices) -gov -aboriginal -disabilities -autism -"special needs" -canada -"developing countries"</p>
<p>("early intervention" OR "early child* development") ("best practice" OR "evidence-based") (collaborative AND community-based) child* -disabilit* -autism -"special needs"</p>
<p>program canad* child* health (multisectoral OR collaborative OR community) ("intervention") filetype:pdf</p>
<p>(child* and family*) collaborative "community-based" program scandinavi*</p>
<p>"early intervention program" "what works" communit* literacy</p>
<p>Limits: (January 2011-December 2013)<sup>11</sup>; pages limited to Canada, initially, to locate Canadian resources</p>

**Appendix III.1.A: Health and Safety Programs<sup>12</sup>**

<sup>10</sup> Most searching was done between July 16-31, 2013

<sup>11</sup> Google grey literature searching was more restrictive, date-wise, than scientific literature due to volume

a. Abuse, neglect

[Circle of Parents](#)<sup>1</sup>

[Good Parent-Good Start \(Dobry Rodzic – Dobry Start\)](#)<sup>2</sup>

[Homebuilders](#)<sup>3</sup>

[Nurturing Families Network \(NFN\)](#)<sup>4</sup>

[Safe Environment for Every Kid \(SEEK\) Model](#)<sup>5</sup>

[Upstate New York Shaken Baby Syndrome \(SBS\) Education Program](#)<sup>6</sup>

b. Breastfeeding

[Baby Friendly Initiative](#)<sup>7</sup>

[Circle of Security](#)<sup>8</sup>

c. Dental health, oral care

[Child Health Fairs](#)<sup>9</sup>

[Crest Cavity-Free Zone Program](#)<sup>10</sup>

[Fall-Asleep Pacifier](#)<sup>11</sup>

[Healthy Babies Healthy Children; Fluoride Varnish Project Study](#)<sup>12,13</sup>

[Healthy Smile Happy Child Project](#)<sup>14</sup>

[Region of Peel - Mobile Dental Clinic](#)<sup>15</sup>

[Sioux Lookout Fluoride Varnish Program](#)<sup>16</sup>

d. Early environment (pre/peri-natal environment - adversity, stress, gene-environment, intimate partner violence, attachment...)

[Aboriginal Prenatal Wellness Program](#)<sup>17</sup>

[Baby Love](#)<sup>18</sup>

[Born equal-Growing Healthy \[Naître égaux - Grandir en santé\]](#)<sup>19</sup>

[Breaking The Cycle](#)<sup>20</sup>

[Infant Health and Development Program](#)<sup>21</sup>

[Louise Dean Centre](#)<sup>22</sup>

[Putnam County Early Entry into Prenatal Care-WIC](#)<sup>23</sup>

[Sacred Path](#)<sup>24</sup>

e. Injury Prevention

[A Million Messages](#)<sup>25</sup>

<sup>12</sup> Program names are provided with hyperlinks to primary information sources where possible. In some cases, links point to secondary sources, such as portals. In most cases, further scientific evidence is available for programs. An annotated bibliography of programs is available.

[Adults and Children Together - Parents Raising Safe Kids \(ACT-PRSK\)<sup>26</sup>](#)

[Child Pedestrian Injury Prevention Project<sup>27</sup>](#)

[Kids Can't Fly Window Falls Prevention<sup>28</sup>](#)

[Nurse-Family Partnership<sup>29</sup>](#)

[Safe Community Program<sup>30</sup>](#)

f. Nutrition, healthy eating, feeding, sleep

[B.C. Farmers' Market Nutrition Coupon Project<sup>31</sup>](#)

[Blessings in a Backpack<sup>32</sup>](#)

[Buying Nutritional Food on a Limited Budget \(Wisconsin\)<sup>33</sup>](#)

[California Farm to School Program \(California\)<sup>34</sup>](#)

[California Latino 5 a Day Program \(California\)<sup>35</sup>](#)

[Canada Prenatal Nutrition Program<sup>36</sup>](#)

[CHEP Good Food<sup>37</sup>](#)

[Childhood feeding collaborative<sup>38</sup>](#)

[Color Me Healthy \(North Carolina\)<sup>39</sup>](#)

[Cooks Academy at Old Cockerill \(Nashville, TN\)<sup>40</sup>](#)

[Evergreen Action Nutrition Program \(Guelph, Ontario\)<sup>41</sup>](#)

[Farm 2 School Lunch Program \(Kansas and Missouri\)<sup>42</sup>](#)

[First-grade Gardeners More Likely to Taste Vegetables \(California\)<sup>43</sup>](#)

[Food Day \(USA\)<sup>44</sup>](#)

[Food Stamps and Electronic Benefits Transfer \(EBT\) at Arizona Farmer's Markets \(Arizona\)<sup>45</sup>](#)

[Food Trust \(USA\)<sup>\\*46</sup>](#)

[Get Fresh Detroit \(Detroit\)<sup>47</sup>](#)

[Green Cart Initiative \(New York City, NY\)<sup>48</sup>](#)

[Green Harvest Program \(Pittsburgh, PA\)<sup>49</sup>](#)

[Harvesting for the Hungry \(San Jose\)<sup>50</sup>](#)

[Healthy Food Outlet Project \(Sonoma\)<sup>51</sup>](#)

[Just Food \(New York, NY\)<sup>52</sup>](#)

[LA Sprouts<sup>53</sup>](#)

[Lowfat Lucy \(New York, NY\)<sup>\\*54</sup>](#)

[Maryland WIC 5-A-Day \(MD\)<sup>55</sup>](#)

[Michigan Farmers' Market Nutrition Program \(Genesee County, Michigan\)<sup>56</sup>](#)

[National Produce Program \(USA\)<sup>57</sup>](#)

[North Carolina Fruits and Veggies Nutrition Coalition \(North Carolina\)<sup>58</sup>](#)

[North Carolina Healthy Weight Initiative \(North Carolina\)<sup>59</sup>](#)

[Nunavik Childcare Centre Nutrition Project<sup>60</sup>](#)

[Nutrition and Physical Activity Self Assessment for Child Care \(NAP SACC\)<sup>61</sup>](#)

[Nutrition Education for Families with Financial Problems \(The Netherlands\)<sup>62</sup>](#)

[Partnering with a Bakery to Provide Breakfast to Low-Income Schools \(United Kingdom\)<sup>63</sup>](#)

[Partners Through Food: Organizing to Increase Access to Healthy Food \(Upper Falls, NY\)<sup>64</sup>](#)

[Peer Nutrition Program<sup>65</sup>](#)

[Pennsylvania Fresh Food Financing Initiative \(Pennsylvania\)<sup>66</sup>](#)



[Petaluma Bounty \(Petaluma, CA\)\\*<sup>67</sup>](#)  
[Portland Fruit Tree Project \(Portland, OR\)<sup>68</sup>](#)  
[Preventing Obesity by Design<sup>69</sup>](#)  
[Project CAFE \(Los Angeles\)<sup>70</sup>](#)  
[Red Hook Farmers' Market \(New York, NY\)<sup>71</sup>](#)  
[Rock and Wrap It Up! \(USA\)<sup>72</sup>](#)  
[Rocky View Schools Healthy Eating Initiative \(Canada\)<sup>73</sup>](#)  
[SALUD Campaign \(Connecticut\)<sup>74</sup>](#)  
[San Francisco Organics Recycling Program \(San Francisco, CA\)\\*<sup>75</sup>](#)  
[Smart Meal Program \(Sonoma\)<sup>76</sup>](#)  
[Steps to a Healthier Salinas \(Salinas\)<sup>77</sup>](#)  
[Steps to a Healthier Yuma County \(Yuma County, Arizona\)<sup>78</sup>](#)  
[Switch What You Do, View, and Chew \(USA\)<sup>79</sup>](#)  
[Targeting the Taqueria - Steps To A Healthier Salinas \(Salinas\)<sup>80</sup>](#)  
[Tarrant County WIC/Library Plan \(Tarrant County, TX\)<sup>81</sup>](#)  
[Teaching Nutrition and Life Skills to Adults with Low Incomes \(Verona, VA\)\\*<sup>82</sup>](#)  
[Urban Farming Education \(West Oakland, CA\)\\*<sup>83</sup>](#)

g. Physical/mental health (activity/inactivity, obesity)

[ACT!vate Omaha \(Omaha, NE\)<sup>84</sup>](#)  
[Activate West Michigan Coalition \(Grand Rapids, MI\)](#)  
[Active Choices \(San Francisco, CA\)<sup>85</sup>](#)  
[Active Kids Adventure Park<sup>86</sup>](#)  
[ACTIVE Louisville's Healthy Eating Initiative \(Louisville, KY\)<sup>87</sup>](#)  
[Active Start \(Los Angeles, CA\)<sup>88</sup>](#)  
[Bay Area SCORES \(Bay Area, CA\)\\*<sup>89</sup>](#)  
[Be Active Kids<sup>90</sup>](#)  
[CAN DO Houston<sup>91</sup>](#)  
[CASPIAN study<sup>92</sup>](#)  
[CATCH - Coordinated Approach to Child Health<sup>93</sup>](#)  
[Central California Regional Obesity Prevention Program<sup>94</sup>](#)  
[Child and Adolescent Trial for Cardiovascular Health \(CATCH\)<sup>95</sup>](#)  
[Children and Neighbors Defeat Obesity \(CAN DO\) Houston \(Houston, TX\)<sup>96</sup>](#)  
[Children's Health Fund \(USA\)<sup>97</sup>](#)  
[Children's Power Play! \(California\)<sup>98</sup>](#)  
[Children's Health and Activity Modification Program \(C.H.A.M.P.\)<sup>99</sup>](#)  
[CHOPPS: Preventing childhood obesity by reducing consumption of carbonated drinks \(United Kingdom\)<sup>100</sup>](#)  
[Commit 2B Fit \(Florida\)<sup>101</sup>](#)  
[Dump Your Plump \(Johnson\)<sup>102</sup>](#)  
[Eat Smart, Move More, Weigh Less \(North Carolina\)<sup>103</sup>](#)  
[Eat Well and Keep Moving \(Baltimore, MD\)<sup>104</sup>](#)

[Eat Well, Play Hard \(Elyria, OH\)<sup>105</sup>](#)  
[EMPOWER<sup>106</sup>](#)  
[Every Little Step Counts \(Phoenix, AZ\)<sup>107</sup>](#)  
[Fit Community \(North Carolina\)<sup>108</sup>](#)  
[Fit Kids \(Westchester \)<sup>109</sup>](#)  
[Fit Kids, Fit Families \(Washington\)<sup>110</sup>](#)  
[Fitness and Mobility Exercise Program \(FAME\) \(Vancouver, BC\)<sup>111</sup>](#)  
[Florida Healthy Kids \(Florida\)<sup>112</sup>](#)  
[Fuel Up to Play 60 \(USA\)<sup>113</sup>](#)  
[Get Movin' Challenge \(Owensboro, KY\)<sup>114</sup>](#)  
[Get Tulsa Kids Trekkin' \(Tulsa County, OK\)<sup>115</sup>](#)  
[Head to Toe Weight Management Program \(St. Louis, MO\)<sup>116</sup>](#)  
[Health Education to Reduce Obesity \(HERO\) \(Jacksonville, FL\)<sup>117</sup>](#)  
[Healthier Haskell Program \(Lawrence, KS\)<sup>118</sup>](#)  
[Healthy Bodies/Healthy Minds: physical activity and mental health promotion<sup>119,120</sup>](#)  
[Healthy Buddies \(Canada\)<sup>121</sup>](#)  
[Healthy Children, Healthy Weights \(Columbus, OH\)<sup>122</sup>](#)  
[Healthy Communities Walking Program \(Michigan ,OH\)<sup>123</sup>](#)  
[Healthy Eating, Active Communities \(California\)<sup>124</sup>](#)  
[Healthy Eating, Active Living \(HEAL\) \(Sonoma, CA\)<sup>125</sup>](#)  
[Healthy Families America \(USA\)<sup>126</sup>](#)  
[Healthy Families New York \(New York\)<sup>127</sup>](#)  
[Healthy Families: Palm Beach \(Palm Beach County\)<sup>128</sup>](#)  
[Healthy Homes/Healthy Families \(Georgia\)<sup>129</sup>](#)  
[Healthy Hoops \(USA\)<sup>130</sup>](#)  
[Healthy Living Cambridge Kids<sup>131</sup>](#)  
[Heartbeat Wales \(Wales\)<sup>132</sup>](#)  
[Hearts N' Parks \(USA\)<sup>133</sup>](#)  
[HEBS Walking Campaign \(Scotland\)<sup>134</sup>](#)  
[Hip-Hop to Health Jr \(Chicago\)<sup>135</sup>](#)  
[I Am Moving, I Am Learning \(West Virginia\)<sup>136</sup>](#)  
[In SHAPE \(Keene, NH\)<sup>137</sup>](#)  
[Intervention to Reduce Coronary Heart Disease Risk Factors in Infants \(Finland\)<sup>138</sup>](#)  
[iWalk \(Sonoma\)<sup>139</sup>](#)  
[Junior Tracks \(Cerro Gordo County, IA\)](#)  
[Kids N Fitness: A Family-Centered Lifestyle Intervention for Overweight Youth \(Los Angeles, CA\)<sup>135</sup>](#)  
[Kids Walk-to-School Day \(Washington\)<sup>140</sup>](#)  
[Let's Move! \(USA\)<sup>141</sup>](#)  
[Live Well Omaha Kids \(Omaha, NE\)<sup>142</sup>](#)  
[LiveWell Colorado \(Colorado\)<sup>143</sup>](#)  
[Livingston County Tobacco Control Program \(Livingston County, NY\)<sup>144</sup>](#)  
[Marbles Kids Museum<sup>145</sup>](#)  
[Mass in Motion \(Massachusetts\)<sup>146</sup>](#)

[Mayor's Healthy Hometown Movement \(Louisville, KY\)<sup>141</sup>](#)  
[MEND 5-7 programme<sup>140</sup>](#)  
[Mind, Exercise, Nutrition...Do it! \(MEND\) Program \(United Kingdom\)<sup>147</sup>](#)  
[Mornings in Motion \(Tennessee\)<sup>146</sup>](#)  
[NutriActive \(Iowa\)<sup>148</sup>](#)  
[Pasos Adelante \(Arizona\)<sup>149</sup>](#)  
[Power-up: a collaborative after-school program<sup>150</sup>](#)  
[Romp & Chomp \(Australia\)<sup>151</sup>](#)  
[Sea Lion Club \(Germany\)<sup>152</sup>](#)  
[Shape Up & Go! \(Ohio, Florida, and Nevada\)<sup>153</sup>](#)  
[Shape Up Somerville \(Somerville, MA\)<sup>154</sup>](#)  
[Signs to Promote Stair Use \(El Paso, TX \)<sup>155</sup>](#)  
[ToyBox-study<sup>156</sup>](#)  
[VERB: It's what you do. \(USA\)<sup>157</sup>](#)  
[Walking School Bus<sup>158</sup>](#)  
[We Can! \(USA\)<sup>159</sup>](#)

h. Respiratory Health (asthma)

[Controlling Asthma in the Richmond Metro Area \(CARMA\)<sup>160</sup>](#)

Numerous intervention programs available

**Appendix III.1.B: Education Programs**

## a. Early care and education (pre-school, kindergarten...)

[Brookline Early Education Project](#)<sup>161</sup>[Child FIRST](#)<sup>162</sup>[Early Head Start](#)<sup>163</sup>[Early Start](#)<sup>164</sup>[Exploring Together Pre-school Program](#)<sup>165</sup>[Foundation Years - Sure Start Children's Centres](#)<sup>166</sup>[Getting Ready for School](#)<sup>167</sup>[Getting Ready: Promoting school readiness through a relationship-based partnership model](#)<sup>168</sup>[High/Scope Perry Preschool Program](#)<sup>169</sup>[HIPPY \(Home Instruction Program for Preschool Youngsters\) Canada](#)<sup>170</sup>[HIPPY \(Home Instruction Program for Preschool Youngsters\) International](#)<sup>171</sup>[HIPPY \(Home Instruction Program for Preschool Youngsters\) USA](#)<sup>172</sup>[Parent-Child Home Program](#)<sup>173</sup>[Parents as Teachers](#)<sup>174</sup>

## b. Language, literacy

[Dolly Parton's Imagination Library](#)<sup>175</sup>[Dolly Parton Literacy Imagination Library Yukon](#)<sup>176</sup>[Doodle Den](#)<sup>177</sup>[Eager and Able to Learn](#)<sup>178</sup>[Even Start - family literacy program](#)<sup>179</sup>[Every Child Ready to Read](#)<sup>180</sup>[Family Literacy Program Evaluation](#)<sup>181</sup>[Literacivic](#)<sup>182</sup>[Literacy Learning Parties](#)<sup>183</sup>[Literacy nooks](#)<sup>184</sup>[Literacy Trails](#)<sup>185</sup>[Motheread/Fatheread](#)<sup>186</sup>[Parent-Child Mother Goose Program](#)<sup>187</sup>[Raising a Reader](#)<sup>188</sup>[Reach out and Read](#)<sup>189</sup>[Ready to Learn](#)<sup>190</sup>[Ready4Learning](#)<sup>191</sup>[Special intervention programs - Kindergarten Early Language Intervention Program; Talking for Literacy; Reading for All; Hola; Learning Language and Loving It](#)<sup>192</sup>[Write Minded](#)<sup>193</sup>

**Appendix III.1.C: Material Well-Being (equity/inequity, low income, socially disadvantaged, rural)<sup>13</sup>**

a. Early Care and Education (pre-school, kindergarten)

[Boyle Street Co-Op Edmonton<sup>194</sup>](#)  
[Chicago School District's Child-Parent Center Program<sup>195</sup>](#)  
[Comer School Development Program<sup>196</sup>](#)  
[Community Investment Collaborative for Kids \(CICK\)<sup>197</sup>](#)  
[Early Literacy and Learning Model<sup>198</sup>](#)  
[Enhancing Reading Achievement<sup>199</sup>](#)  
[Families First Edmonton – Families Matter Partnership Initiative<sup>200</sup>](#)  
[Houston Parent-Child Development Program<sup>201</sup>](#)  
[Preschool Family Support Initiative<sup>202</sup>](#)  
[Sure Start Local Programmes \(Children's Centres\)<sup>203</sup>](#)  
[Syracuse Family Development Quality Infant Toddler Care Program<sup>204</sup>](#)

b. Dental Health

[Children's Oral Health Initiative<sup>205</sup>](#)  
[Community Dental Facilitator Project<sup>206</sup>](#)  
[Crest Cavity-Free Zone Program<sup>10</sup>](#)  
[King County \(KC\) Kids Oral Health Program<sup>207</sup>](#)

c. Family support (parenting...)

[Community Action Program for Children<sup>208</sup>](#)  
[Early Childhood Development Reinvestment Initiative<sup>209</sup>](#)  
[Every Woman Southeast<sup>210</sup>](#)  
[First 5 California<sup>211</sup>](#)  
[Healthy Baby Manitoba<sup>212</sup>](#)  
[Heaven's Loft<sup>213</sup>](#)  
[Incredible Years<sup>214</sup>](#)  
[Inner City Response Team<sup>215</sup>](#)  
[Janice Mirikitani Family, Youth and Childcare Center<sup>216</sup>](#)  
[KidsFirst<sup>217</sup>](#)  
[Maternal Child Health<sup>218</sup>](#)  
[New Moms Network<sup>219</sup>](#)  
[Nurse-Family Partnership for Low Income Women<sup>220</sup>](#)  
[One World Child Development CentrePALS \(Participate and Learn Skills\)<sup>221</sup>](#)  
[Parent-Child Home Program<sup>173</sup>](#)  
[ParentCorps<sup>222</sup>](#)

<sup>13</sup> Many programs noted have a low-income focus; samples of programs by topic are provided; lists are not comprehensive

[Parenting Fundamentals](#)<sup>223</sup>

[Participatory Learning and Action \(PLA\) project](#)<sup>224</sup>

[Partnering with a Bakery to Provide Breakfast to Low-Income Schools](#)<sup>63</sup>

[Responsive Intersectoral Children's Health, Education, and Research \(RICHER\) Initiative](#)<sup>225</sup>

[Settlement Music School's Kaleidoscope Preschool Arts Enrichment Program](#)<sup>226</sup>

[Sheway](#)<sup>227</sup>

[Through the Looking Glass \(TtLG\): A Community Partnership in Parenting](#)<sup>228</sup>

[Toddler Fair](#)<sup>229</sup>

d. Environmental Injustice, housing

[Geelong Project](#)<sup>230</sup>

[Health House](#)<sup>231</sup>

[Healthy Homes University](#)<sup>232</sup>

[Home-Improvement Loans for low-income families and families at risk](#)<sup>233</sup>

[Homeless and Parenting Program Initiative \(HAPPI\)](#)

[Household Organisational Management Expenses \(HOME\) Advice Program \(formerly Family](#)

[Homelessness Prevention Pilots \(FHPP\)](#)<sup>234</sup>

e. Hubs, networks

[Children & youth](#)<sup>235</sup>

[Hook & Hub](#)<sup>236</sup>

[PROSPER project](#)<sup>237</sup>

[Rural Beginnings Project](#)<sup>238</sup>

[Unlocking Potential Foundation](#)<sup>239</sup>

f. Physical/mental health (activity/inactivity, obesity, nutrition)

[Good Food Box](#){Capital Region Good Food Society, 2013 #12157}

[Head Start – nutrition counseling component](#)<sup>240</sup>

[Healthy Weigh/El camino saludable](#)<sup>241</sup>

**Appendix III.1.D: Family and Peer Relationships Programs**

## a. Infant and Child Development

[3, 4, 5 Learning Years<sup>242</sup>](#)[Child Development Project<sup>243</sup>](#)[Children's Futures<sup>244</sup>](#)[Coordinated Approach To Child Health \(CATCH\)<sup>245</sup>](#)[DARE to be You<sup>246</sup>](#)[Early Risers: Skills for Success<sup>247</sup>](#)[Family Preservation Services<sup>248</sup>](#)[Family Thriving Program \(FTP\)<sup>249</sup>](#)[Get Real About Violence<sup>250</sup>](#)[Handle With Care<sup>251</sup>](#)[Healthy Babies Healthy Children<sup>12</sup>](#)[Healthy Start Oregon<sup>252</sup>](#)[Helping Kids Grow<sup>253</sup>](#)[Home Start International Program<sup>254</sup>](#)[Positive Action<sup>255</sup>](#)[Starting Early Starting Smart<sup>256</sup>](#)[Wraparound Initiative<sup>257</sup>](#)[You Can Do It!<sup>258</sup>](#)

## b. Parent education, supportive parenting

[1-2-3 Magic and Emotion Coaching<sup>259</sup>](#)[Aboriginal Dads<sup>260</sup>](#)[Baby FAST<sup>261</sup>](#)[Bending Like a River: The Parenting Between Cultures Program<sup>262</sup>](#)[COPEing with Toddler Behaviour<sup>263</sup>](#)[Each One Teach One<sup>264</sup>](#)[Family Journeys: Parent Resource Program<sup>265</sup>](#)[Hey Dad! for Indigenous Dads, Uncles and Pops<sup>266</sup>](#)[It Takes A Village: Multicultural Early Learning Program<sup>267</sup>](#)[Kids Club & Moms Empowerment<sup>268</sup>](#)[Nobody's Perfect<sup>269</sup>](#)[Nurturing Parenting Programs<sup>270</sup>](#)[Oregon Parenting Education Collaborative<sup>271</sup>](#)[Parenting Partnership<sup>272</sup>](#)[Pre-K FAST<sup>273</sup>](#)[Right From The Start<sup>274</sup>](#)[Systematic Training for Effective Parenting<sup>275</sup>](#)[Triple P - Positive Parenting Program<sup>276</sup>](#)**Appendix III.1.E: Participation Programs**

a. After School Programs, Arts

[After-School Time Period inventory report](#)<sup>277</sup>

[BEAG - Early Years Arts Team Pilot Project](#)<sup>278</sup>

[Bonkers Beat Music Kinder & Childcare](#)<sup>279</sup>

[Brocodile the Crocodile](#)<sup>280</sup>

[Brooklyn Botanic Garden](#)<sup>281</sup>

[Capacity-Building for Community Leaders in a Healthy Living Environment](#)<sup>282</sup>

[CDC's Healthy Communities Program - Steps Communities](#)<sup>283</sup>

[Educational Karate Program \(EKP\)](#)<sup>284</sup>

[Expanded Schools by TASC](#)<sup>285</sup>

[Jigsaw](#)<sup>286</sup>

[Munchkinland Discovery Centre](#)<sup>287</sup>

[OLE \(Outdoor Leadership Education\)](#)<sup>288</sup>

[Out of School Time Initiative](#)<sup>289</sup>

[Protective Behaviours](#)<sup>290</sup>

[Quantum Opportunities Program](#)<sup>291</sup>

[Solving the Jigsaw](#)<sup>292</sup>

[Sports Mentoring Project](#)<sup>293</sup>

b. Social Competence, Cognitive/Prosocial Behaviour

[Big Brothers Big Sisters](#)<sup>294</sup>

[Big Brothers Big Sisters Ireland](#)<sup>295</sup>

[Big Brothers Big Sisters of Canada](#)<sup>296</sup>

[Boys and Girls Clubs of Canada](#)<sup>297</sup>

[Building social capital as a pathway to success](#)<sup>298</sup>

[Cadets WA Program](#)<sup>299</sup>

[Citizen Engagement Program](#)<sup>300</sup>

[Citizen Schools](#)<sup>301</sup>

[DREAM \(Directing through Recreation, Education, And Mentoring\)](#)<sup>302</sup>

[Every Person Influences Children \(EPIC\)](#)<sup>303</sup>

[Juvenile Mentoring Program \(JUMP\)](#)<sup>304</sup>

[Supporting Social Inclusion and Regeneration in Limerick](#)<sup>305</sup>



**Appendix III.1.F: Subjective Well-Being**

## a. Mental Health, Well-Being, Anxiety

[Bright Ideas: Developing Optimistic Thinking Skills Program<sup>306</sup>](#)

[Children in Between<sup>307</sup>](#)

[Children in the Middle<sup>308</sup>](#)

[Communities that Care<sup>309</sup>](#)

[Emotional Fitness Centers<sup>310</sup>](#)

[FRIENDS<sup>311</sup>](#)

[Friends for Life<sup>312</sup>](#)

[Healthy minds start here<sup>313</sup>](#)

[KidsMatter Primary<sup>314</sup>](#)

[Olweus Bullying Prevention Program<sup>315</sup>](#)

[PATHS Canada. Promoting Alternative Thinking Strategies \(PATH\)<sup>316</sup>](#)

[Promoting Alternative Thinking Strategies \(PATHS\)<sup>317</sup>](#)

[Rainbows<sup>318</sup>](#)

[Ready, Steady, Grow<sup>319</sup>](#)

[School Community Intervention Partnership \(SCIP\)<sup>320</sup>](#)

[Seasons for Growth<sup>321</sup>](#)

[Towards Flourishing Project<sup>322</sup>](#)

[Values-driven evidence-based practices implementation projects<sup>323</sup>](#)

[Washington State Children's Mental Health Evidence-Based Practices Pilot Program Partnerships for Success<sup>324</sup>](#)

**Appendix III.1.G: Behaviours and Risks Programs**

## a. Internalizing or externalizing behaviour, aggression, bullying, crime

[Best Practices -- Early Intervention, Outreach and Community Linkages for Youth with Substance Use Problems](#)<sup>325</sup>

[CAST: CAMHS \(Child and Adolescent Mental Health Service\) and Schools Together](#)<sup>326</sup>

[Cool Kids](#)<sup>327</sup>

[Family & Schools Together](#)<sup>328</sup>

[Family & Schools Together Canada \(FS&T\)](#)<sup>329</sup>

[Fast track](#)<sup>330</sup>

[Help Me Grow](#)<sup>331</sup>

[Pathways to Prevention](#)<sup>332</sup>

[Rolling out SNAP](#)<sup>333</sup>

[SNAP® under 12 outreach project](#)<sup>334</sup>

[Westside Infant-Family Network](#)<sup>335</sup>

## b. Substance Abuse

[Across Ages](#)<sup>336</sup>

[All StarsTM](#)<sup>337</sup>

[Border Binge-Drinking Reduction Program](#)<sup>338</sup>

[Cambridge Bay Wellness Centre](#)<sup>339</sup>

[Children's Aid Society - Carrera Program](#)<sup>340</sup>

[Communities Mobilizing for Change on Alcohol \(CMCA\)](#)<sup>341</sup>

[Community Trials Intervention to Reduce High-Risk Drinking \(RHRD\)](#)<sup>342</sup>

[Family Matters](#)<sup>343</sup>

[Guiding Good Choices \(formerly PDFY\)](#)<sup>344</sup>

[Innovative Health Services for Homeless Youth \(IHSY\)](#)<sup>345</sup>

[Jigsaw](#)<sup>286</sup>

[Midwestern Prevention Project \(MPP\)](#)<sup>346</sup>

[Project Break Away](#)<sup>347</sup>

[Project Northland](#)<sup>348</sup>

[Project STAR \(Students Taught Awareness and Resistance\)](#)<sup>349</sup>

[Reconnect](#)<sup>350</sup>

[Safe Dates](#)<sup>351</sup>

[Seattle Social Development Project](#)<sup>352</sup>

[Smarter than Smoking](#)<sup>353</sup>

[Strengthening Families for Parents and Youth](#)<sup>354</sup>

[Strengthening Families Program for Parents and Youth 10-14](#)<sup>355</sup>

[Striving Together to Achieve Rewarding Tomorrows \(CASASTART\)](#)<sup>356</sup>

[Teen Outreach Program](#)<sup>357</sup>

**Appendix III.1.H: Environment**

## a. Air Quality

[AirNow \(USA\)<sup>358</sup>](#)[Baby & Me - Tobacco Free \(Chautauqua County, NY\)<sup>359</sup>](#)[Clean School Bus USA \(USA\)<sup>360</sup>](#)[Design for the Environment<sup>361</sup>](#)[Outdoor Air Quality Flag Program \(San Joaquin Valley Air Pollution Control District\)<sup>362</sup>](#)[Project Green Fleet<sup>363</sup>](#)[Project Green Fleet \(Minnesota\)<sup>364</sup>](#)[Reducing Environmental Triggers of Asthma \(Minnesota\)<sup>365</sup>](#)[STARSS \(Start Thinking about Reducing Secondhand Smoke\)<sup>366</sup>](#)[Smoking?...Not in Mama's House! \(Kauai District, HI\)<sup>367</sup>](#)

## b. Built Environment

[A Living Laboratory: The City of Chattanooga, USA \(Chattanooga, TN\)<sup>359</sup>](#)[Active Design Guidelines \(New York City, NY\)<sup>364</sup>](#)[Bay Area Transportation Justice Working Group \(San Francisco, CA\)\\*<sup>368</sup>](#)[Berkeley Charleston Dorchester Regional Bicycle and Pedestrian Action Plan \(Berkeley-Charleston-Dorchester, SC\)<sup>369</sup>](#)[Buffalo Healthy Communities Initiative \(Buffalo, NY\)<sup>370</sup>](#)[Cambridge-Somerville Healthy Homes Project \(Cambridge and Somerville, MA\)<sup>371</sup>](#)[Cornwall Housing and Health<sup>372</sup>](#)[Design for the Environment \(USA\)<sup>361</sup>](#)[Environmental Health Leadership Training \(New York\)<sup>373</sup>](#)[Evergreen Jogging Path \(Boyle Heights, CA\)<sup>374</sup>](#)[Feet First \(Seattle, WA\)<sup>375</sup>](#)[Fenway Alliance: Walkability in a Commerical District \(Fenway District, Boston, MA\)<sup>376</sup>](#)[Georgia Retrofit Program \(Georgia\)<sup>377</sup>](#)[GIS Walking Maps \(Boston, MA\)<sup>378</sup>](#)[Green Engineering \(USA\)<sup>379</sup>](#)[Growing Healthy Kids Project \(Orange County, NC\)<sup>377</sup>](#)[Health House \(USA\)<sup>231</sup>](#)[Healthy Neighborhoods Program<sup>380</sup>](#)[Healthy Neighborhoods Program \(Niagara County, NY\)<sup>377</sup>](#)[Healthy Pest Free Housing Initiative \(Boston\)<sup>376</sup>](#)[Healthy Places Coalition \(California\)<sup>376</sup>](#)[HOPE Collaborative \(Oakland, CA\)<sup>381</sup>](#)[IT'S TIME \(Chicago, IL\)\\*<sup>382</sup>](#)[Kohl's Safety Street \(St. Louis, MO\)<sup>383</sup>](#)[Learn To Be ... Tobacco Free \(Suffolk County, NY\)<sup>384</sup>](#)[Marin County Safe Routes to Schools \(Marin\)<sup>385</sup>](#)[Market Makeovers/Corner Store Conversions \(South Los Angeles, CA\)<sup>386</sup>](#)

[Mercury Challenge \(USA\)<sup>387</sup>](#)  
[Niagara County Childhood Lead Poisoning Prevention Program \(Niagara County, NY\)<sup>388</sup>](#)  
[PedNet Coalition \(Columbia, MO\)<sup>389</sup>](#)  
[Play Streets with Strategic Alliance for Health \(SaFH\) \(East Harlem and South Bronx, NY\)\\*<sup>387</sup>](#)  
[Project Live Active in Yancey \(PLAY\) \(Yancey\)<sup>390</sup>](#)  
[Rum River Bicycle Classic \(Isanti County, MN\)<sup>391</sup>](#)  
[Safe Routes to School \(USA\)<sup>392</sup>](#)  
[Safe Walk to School \(Oakland, CA\)<sup>389</sup>](#)  
[Safer Homes Project \(Pacoima\)<sup>393</sup>](#)  
[Seattle-King County Healthy Homes Project \(Seattle-King County, WA\)<sup>394</sup>](#)  
[Smart Growth<sup>395</sup>](#)  
[Step Forward, Erlanger \(Erlanger, KY\)<sup>390</sup>](#)  
[Steps Program in Austin \(Austin, TX\)<sup>396</sup>](#)  
[Sunday Parkways \(Chicago\)<sup>397</sup>](#)  
[Urban Mold and Moisture Program \(Cuyahoga, OH\)<sup>398</sup>](#)  
[Walking School Bus \(Cleveland, OH\)<sup>158</sup>](#)  
[Walking School Bus \(Houston, TX\)<sup>399</sup>](#)  
[WalkSafe \(Florida\)<sup>400</sup>](#)

c. Gardens, etc.

[Backyard Gardens \(West Oakland, CA\)<sup>401</sup>](#)  
[Battery Urban Farm - Promoting Environmental Awareness through Food Production<sup>402</sup>](#)  
[Be a Local Hero, Buy Locally Grown \(Massachusetts\)<sup>400</sup>](#)  
[Children's Gardening Program<sup>403</sup>](#)  
[Community Gardens Program \(Trenton, NJ\)<sup>399</sup>](#)  
[Community Market Farms<sup>404</sup>](#)  
[Community Market Farms \(West Oakland, CA\)<sup>400</sup>](#)  
[Community Nutrition and Urban Gardening \(Riverdale, MD\)<sup>405</sup>](#)  
[Drinking Water Nitrification Surveillance Program \(Lee County, FL\)<sup>406</sup>](#)  
[Farm and Garden<sup>407</sup>](#)  
[Food Corps New York<sup>408</sup>](#)  
[Green Garden Child Development Center<sup>409</sup>](#)  
[Green the Tenderloin \(San Francisco, CA\)<sup>405</sup>](#)  
[Greening Canada's School Grounds Program \(Canada\)<sup>410</sup>](#)  
[Little Fingers in the Soil, Little Feet on the Trail, Little Tummies in the Kitchen<sup>411</sup>](#)  
[Organic Vegetable Garden. Better Lives for Children<sup>412</sup>](#)  
[Project Youth Green \(San Fernando Valley, CA\)<sup>413</sup>](#)  
[Seattle Tith – Garden & Farm Education Programs for Kids & Teens<sup>414</sup>](#)  
[Stephanie Alexander Kitchen Garden Program<sup>415</sup>](#)  
[Veggie Project at the Monroe Carell, Jr. Children's Hospital at Vanderbilt \(Davidson\)<sup>416</sup>](#)

d. Neighbourhoods, Place, Socioeconomic Status

[Acid Rain Kids Website](#)<sup>417</sup>

[Collaborative Community Projects -healthy neighborhoods, healthy families](#)<sup>418</sup>

[Community Action for a Renewed Environment](#)<sup>419</sup>

[Environmental Health Leadership Training](#)<sup>373</sup>

[Travel Blending](#)<sup>420</sup>

[Turn it Off - Toronto's program to reduce car idling](#)<sup>421</sup>

**Appendix III.2.A: Home Visiting<sup>14</sup>**

a. General

[Home visitation service delivery<sup>426</sup>](#)

b. Child Development and School Readiness

[Born to Learn](#)

[Child FIRST<sup>162</sup>](#)

[Child Parent Enrichment Project](#)

[Early Start \(New Zealand\)](#)

[Family Check-Up](#)

[Home Instruction for Parents of Preschool Youngsters](#)

[Kindergarten Home Visit Project](#)

[Nurse-Family Partnership](#)

[Parents as Teachers](#)

[Play and Learning Strategies](#)

[Reach Out and Read](#)

c. Child Health

[Community Action Program for Children](#)

[Community Infant Program \(CIP\)<sup>422</sup>](#)

[Every Child Succeeds<sup>423</sup>](#)

[Healthy Beginnings Enhanced Home Visiting<sup>424</sup>](#)

[Healthy Child Manitoba](#)

[Healthy Steps](#)

[Healthy Smile Happy Child](#)

[Incredible Years](#)

[Seattle-King County Healthy Homes Project](#)

d. Maternal Health

[Canada Prenatal Nutrition Program](#)

[Healthy Families America<sup>126</sup>](#)

[Healthy Families and Kwanlin Dun First Nation's Project<sup>425</sup>](#)

[Maternal, Infant, and Early Childhood Home Visiting Program<sup>427</sup>](#)

<sup>14</sup> Selection of programs provided for topics; lists are not comprehensive and a program that relates to more than one topic (e.g., Nurse Family Partnership) is not repeated by topic.

e. Positive Parenting Practices

[Childhood Asthma Prevention Study](#)

[COPEing with Toddler Behaviour](#)

[Healthy Beginnings](#)

[MOM Program](#)

[Parent-Child Home Program](#)

[Pride in Parenting](#)

[Triple P Positive Parenting](#)

f. Reductions in Child Maltreatment

[Dare to be You](#)

[Nobody's Perfect](#)

[Project 12- Ways/SafeCare](#)

[SNAP under 12 outreach project](#)

g. Reduction in Juvenile Delinquency, Family Violence, and Crime

[Families and Schools Together](#)

[Fast Track](#)

h. Low income, Disadvantaged Mothers

[Born Equal – Growing Health](#)

[Early Head Start Home Visiting](#)

i. Teen Moms, At-Risk Moms

[SafeCare Model](#)

[Healthy Families and Kwanlin Dun First Nation's Project<sup>425</sup>](#)

[Families First \(Manitoba\)](#)

**Appendix III.3.A: Community-Based Collaborative Programs**

## a. Coalitions, Hubs, Multisectoral Partnerships - Canada

[Blackfalds Neighbourhood Place<sup>428</sup>](#)[Braeburn Neighbourhood Place<sup>429</sup>](#)[Children First Regional Initiative<sup>430</sup>](#)[Hamilton Best Start<sup>431</sup>](#)[Healthy Communities Approach<sup>432</sup>](#)[Integrated Early Childhood Services in Canada: Evidence from the Better Beginnings, Better Futures \(BBBF\) and Toronto First Duty \(TFD\) Projects<sup>433</sup>](#)[Lifeline:creating a community service hub for first nations children and families<sup>434</sup>](#)[Neighbourhood Place<sup>435</sup>](#)[Ontario Early Years Centres and Child and Family Centres<sup>436</sup>](#)[Otonabee Valley \(OV\) family hub<sup>437</sup>](#)[Rimbey Neighbourhood Place<sup>438</sup>](#)

## b. Coalitions, Hubs, Multisectoral Partnerships – International

[Accogliere la Nascita \(Upholding Birth\)<sup>439</sup>](#)[Bultzatzen<sup>440</sup>](#)[Campbelltown Communities for Children<sup>441</sup>](#)[Centre for Youth and Families \(CJG\) and SPIL Centres<sup>442</sup>](#)[Challis Early Childhood Education Centre<sup>443</sup>](#)[Child and Family Hubs<sup>444</sup>](#)[CHILDREN 1st<sup>445</sup>](#)[Clowns without Borders<sup>446</sup>](#)[Common Language<sup>447</sup>](#)[Community Childcare Hubs<sup>448</sup>](#)[Community Connections: Macarthur Diversity Services Initiative<sup>449</sup>](#)[Coolaroo South Primary School and Kindergarten<sup>450</sup>](#)[Dandy Pals<sup>451</sup>](#)[Familienzentren \(family centres\)<sup>452</sup>](#)[Family Support Hub<sup>453</sup>](#)[Family Support Hubs<sup>454</sup>](#)[Family Support Programme<sup>455</sup>](#)[FamilyZone Ingle Farm Hub<sup>456</sup>](#)[Integrated ECD Programme<sup>457</sup>](#)[Invest for Children<sup>458</sup>](#)[Neath Port Talbot Family Action Support Team \(FAST\)<sup>459</sup>](#)[Parenting Shop<sup>460</sup>](#)[Parents' House<sup>461</sup>](#)[Partnerships in Early Childhood \(PIEC\)<sup>462</sup>](#)



[Portable playgroups the PlayStart way<sup>463</sup>](#)

[Prevention of Child Separation from Families<sup>464</sup>](#)

[Street Treats: UnitingCare Burnside<sup>465</sup>](#)

[Tambellup way<sup>466</sup>](#)

[Wyndham Early Learning Activity Centre \(WELA\)<sup>467</sup>](#)

[youngballymun<sup>468</sup>](#)

[Yummy Café<sup>469</sup>](#)

**Appendix III. A. Summary of studies on factors that influence children’s healthy development (excluding blood lead) – Health and Safety**

Reference	Title	Abstract
<b>A. HEALTH AND SAFETY</b>		
<b>a. Abuse and Neglect</b>		
Boivin et al. (2012)	Early childhood development: adverse experiences and developmental health	The Panel was given a mandate to consider a large body of scientific evidence that, if summarized for the public, would be helpful to their consideration of the issues surrounding early childhood development. While the RSC itself does not have an opinion on these matters, the Panel was struck as a service to Canadians, who would benefit from having a careful, balanced review of the publicly available evidence in this matter of critical importance to Canada.
Hertzman (2011)	Biological pathways between the social environment and health	Social environments ‘get under the skin’ early in life, and do so in ways that affect the course of human development. Early experiences can produce small changes in trajectories that can become magnified as the individuals develop in the form of heart disease, diabetes, obesity, depression, and substance abuse. Furthermore, different qualities of experience in a socially partitioned world create social gradients in human developmental trajectories across the life course. Systems allow pathways for early nurturant environment to be ‘biologically embedded’ through gene-by-environment-interactions that influence developmental trajectories.
Hertzman (2013)	The significance of early childhood adversity	Hertzman describes nine findings relating to the nature and significance of adverse experiences in early childhood.
<b>b. Breastfeeding</b>		
Arentz et al. (2004)	Breast-feeding and childhood obesity-- a systematic review	Breast-feeding seems to have a small but consistent protective effect against obesity in children [Systematic review]
Kramer and Kakuma (2001)	The optimal duration of exclusive breastfeeding: a systematic review.	The available evidence demonstrated no apparent risks in recommending, as a general policy, exclusive breastfeeding for the first 6 months of life in both developing and developed country settings. [Systematic review]
Renfrew et al. (2005)	Breastfeeding for longer – what works? Systematic review summary	To enable women to breastfeed the evidence suggests that the following changes are needed: coordination of national with local policy; ongoing monitoring of rates of variation in infant feeding; requires the support of clinical professionals,

Reference	Title	Abstract
		community based workers, managers with responsibility for health and social services and staff, those with responsibility for collecting health and health service-related data , educators in the fields of health and social services, employers in large and small organisations, politicians and policy makers at local, regional and national levels , those with influence over public opinion, families and the public at large. [Systematic review]
Shulze and Carlisle (2010)	What research does and doesn't say about breastfeeding: a critical review	The authors review the research literature on breastfeeding benefits and promotion. Although breastfeeding confers numerous benefits to infants, mothers and society, the authors conclude that breastfeeding promotion efforts sometimes overstate or misrepresent what the research actually supports about the benefits of breastfeeding. Psychological or cognitive benefits, particularly for full-term healthy infants, may be overstated. In some studies, variables such as income, education and maternal IQ are not adequately taken into account. Studies that do take these variables into account often find little or no association between breastfeeding and cognitive outcomes except in the case of premature or low birth weight infants. Although often promoted as a benefit of breastfeeding, there is little support of the assertion that breastfeeding enhances bonding between mothers and their infants.
Sikorski et al. (2003)	Support for breastfeeding mothers: a systematic review	This review supports the conclusion that supplementary breastfeeding support should be provided as part of routine health service provision. There is clear evidence for the effectiveness of professional support on the duration of any breastfeeding although the strength of its effect on the rate of exclusive breastfeeding is uncertain. Lay support is effective in promoting exclusive breastfeeding although the strength of its effect on the duration of any breastfeeding is uncertain. Evidence supports the promotion of exclusive breastfeeding as central to the management of diarrhoeal illness in partially breast-fed infants. [Systematic review]
<b>c. Dental Health, Oral Care</b>		
Guarnizo-Herreno and Wehby (2012)	Children's dental health, school performance, and psychosocial well-being	Authors assessed the effects of dental health on school performance and psychosocial well-being in a nationally representative sample of approximately 42,000 children. Dental problems were significantly associated with reductions in school performance and psychosocial well-being.

Reference	Title	Abstract
		Preventing and treating dental problems and improving dental health may benefit child academic achievement and cognitive and psychosocial development.
<b>d. Early Environment</b>		
Carpenter and Stacks (2009)	Developmental effects of exposure to intimate partner violence in early childhood: a review of the literature	Early intervention with young children and caregivers living with Intimate Partner Violence (IPV) provides a significant buffer to the negative effects that witnessing IPV have on children's development and their relationships with caregivers.
Dozier and Bernard (2009)	The impact of attachment-based interventions on the quality of attachment among infants and young children	Interventions are effective in enhancing children's attachment quality. Interventions that target specific issues, most especially parental sensitivity, appear more effective than interventions with more global goals. Interventions that are brief are at least as effective as those that are of longer duration. Interventions that begin when attachment quality has begun to emerge (after about six months of age) appear more effective than those begun earlier. For the most part, intervention effects have not proven to be significantly different for different types of study populations. For example, intervention effects have been generally comparable across risk status and socioeconomic status.
Knafo et al. (2013)a	Evidence of gene–environment correlation for peer difficulties: disruptive behaviors predict early peer relation difficulties in school through genetic effects	Early disruptive behaviors, such as aggressive and hyperactive behaviors, known to be influenced by genetic factors, have been found to predict early school peer relation difficulties, such as peer rejection and victimization. The main goal of the present study was to examine the possible establishment of an emerging gene–environment correlation linking disruptive behaviors to peer relationship difficulties during the first years of school. As predicted, disruptive behaviors were concurrently and predictively associated with peer relation difficulties.
Knafo et al. (2013)b	The predictive significance of early caregiving experiences for symptoms of psychopathology through midadolescence: enduring or	A fundamental question in the discipline of developmental psychopathology is whether early interpersonal experiences influence maladaptation in enduring or transient ways. Authors examined data from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development on maternal sensitivity in the first 3 years of life and its association with symptoms of psychopathology through age 15. Results suggest that there may be enduring effects of early caregiving experiences on symptomatology as

Reference	Title	Abstract
	transient effects?	rated by teachers, although such effects were not found for maternal report. Additional analyses indicated that enduring associations found via teacher report could not be fully accounted for by continuity in caregiving experiences or by early contextual adversity.
Knafo et al. (2013)c	Childhood temperament: passive gene–environment correlation, gene–environment interaction, and the hidden importance of the family environment	The association between the home environment and children's temperament can be genetically or environmentally mediated. Furthermore, family environments may suppress or facilitate the heritability of children's temperament. This study comprised 807 twin pairs (mean age = 7.93 years) from the longitudinal Wisconsin Twin Project. Important passive gene–environment correlations emerged, such that home environments were less chaotic for children with high effortful control, and this association was genetically mediated. Children with high extraversion/surgency experienced more chaotic home environments, and this correlation was also genetically mediated. In addition, heritability of children's temperament was moderated by home environments, such that effortful control and extraversion/surgency were more heritable in chaotic homes, and negative affectivity was more heritable under crowded or unsafe home conditions.
Kok et al. (2013)	Maternal sensitivity and internalizing problems: evidence from two longitudinal studies in early childhood	The goal of this study is to clarify the relation between maternal sensitivity and internalizing problems during the preschool period. In a longitudinal model involving two large prospective, population-based cohorts, maternal sensitivity was repeatedly observed in mother–child interaction tasks and information on child internalizing problems was obtained from maternal reports. Modest but consistent associations between maternal sensitivity and internalizing problems were found in both cohorts, confirming the importance of sensitive parenting for positive development in the preschool years. Pathways from maternal sensitivity to child internalizing problems were consistently observed but child-to-mother pathways were only found in one cohort.
Raposa et al. (2013)	Early adversity and health outcomes in young adulthood: the role of ongoing stress	The current study examined the prospective effects of exposure to stressful conditions in early childhood on physical health in young adulthood, and explored continuing exposure to stressors, as well as depression, in adolescence as possible mechanisms of this relationship. Findings suggest that early adverse conditions have lasting implications for physical health, and that continued exposure to increased levels of both social and nonsocial stress in adolescence, as well as the presence of depression, might be important mechanisms by

Reference	Title	Abstract
		which early adversity impacts later physical health.
Slopen et al. (2013)	Childhood adversity and inflammatory processes in youth: a prospective study	Using longitudinal data from the Avon Longitudinal Study of Parents and Children, authors examined associations between acute adverse events at seven time points prior to age 8 and inflammation at ages 10 and 15. This study documents that exposure to adverse events prior to age 8 is associated with elevated inflammation at age 10 and in mid-adolescence. These findings provide prospective evidence for a biological mechanism by which early experiences may shape long-term health.
Theall et al. (2013)	Neighborhood disorder and telomeres: connecting children's exposure to community level stress and cellular response	As a way to examine children's exposure to community level stress and cellular response, authors explored the utility of salivary telomere length (sTL) as an early indicator of neighborhood-level social environmental risk during child development. Findings are consistent with previous studies in youth demonstrating an association between early life stress and sTL and offer increased support for the hypothesis that sTL represents a non-invasive biological indicator of psychosocial stress exposure (i.e., neighborhood disorder) able to reflect differences in stress exposure levels even in young children.
<b>e. Injury Prevention</b>		
Pearson et al. (2012)	Preventing unintentional injuries to children under 15 years in the outdoors: a systematic review of the effectiveness of educational programs	Authors present the findings of a systematic review about the effectiveness of programs that provided information, advice or education about the prevention of unintentional injuries to children under 15 years during outdoor play and leisure. Twenty-three studies met the inclusion criteria. There was a paucity of robust study designs. The majority of studies only reported a short-term follow-up of intermediate outcome measures. Only two studies measured injury rates; both reported a reduction, but both studies also had considerable methodological weaknesses. The five studies that measured the use of protective equipment reported mixed results, although there is some evidence that suggests that more extensive educational programs (such as health fairs and media campaigns) increase their use. The 20 studies that measured behaviour, attitude or knowledge outcomes reported highly mixed results. Methodological weaknesses of the included studies limit support for a particular course of action.

Reference	Title	Abstract
<b>f. Nutrition</b>		
Heim et al. (2011)	Can a community-based intervention improve the home food environment?	To examine changes in parental report of the home food environment during the course of a garden-based fruit and vegetable (FV) intervention for grade school children. Process evaluation results indicate children shared their garden experiences at home, and as a result, the children's home food environment became increasingly supportive of FV consumption. Community-based interventions that provide activities to engage parents may provide added benefit by improving the home food environment.
Manning (2013)	Promoting healthy food choices in early childhood: an ecological approach	The study objective was to assess the effectiveness of an ecological approach to promote healthy food choices in early childhood education through an educational workshop series. The work was undertaken in three YMCA child care centres located in the Greater Toronto Area: Newcastle, Unionville, and inner-city Toronto. Participants comprised of 19 children, 5 parents, and 9 ECEs. The ecological approach to the promotion of healthy food choices in early childhood education was demonstrated to be an effective health promotion strategy for children aged 3 to 5.
Peters et al. (2012)	Parental influences on the diets of 2–5-year-old children: systematic review of interventions	During the early years, parents have a major influence on their children's diets, food choices and development of eating habits. This paper presents a systematic review of intervention studies with parents of preschool children. The aim was to investigate the effectiveness of interventions that target parent nutrition knowledge and/or parenting practices with parents of young children aged two to five years in the development of healthy dietary habits. Seventeen studies were identified. Findings highlight the limited number of good quality studies in this age group. Limitations include design inconsistency and a lack of longitudinal data to evaluate sustainability. Research on parental understanding of healthy diets and specific parenting styles and feeding practices is lacking. Further insights into how parents can positively influence children's diets will come from quality longitudinal research examining both parent feeding practices and nutrition knowledge in this age group.
<b>g. Physical/Mental Health (activity/inactivity, obesity)</b>		
Barnes (2012)	Reducing childhood	This paper sets out strategies to reduce childhood obesity in

Reference	Title	Abstract
	obesity in Ontario through a health equity lens	Ontario and its associated health problems by taking a health equity and social determinants of health approach.
Beets et al. (2009)	After-school program impact on physical activity and fitness: a meta-analysis	The majority of children do not participate in sufficient amounts of daily, health-enhancing physical activity. One strategy to increase activity is to promote it within the after-school setting. Although promising, the effectiveness of this strategy is unclear. A systematic review was performed summarizing the research conducted to date regarding the effectiveness of after-school programs in increasing physical activity. The limited evidence suggests that after-school programs can improve physical activity levels and other health-related aspects. Additional studies are required that provide greater attention to theoretical rationale, levels of implementation, and measures of physical activity within and outside the intervention.
Bleich et al. (2013)	Systematic review of community-based childhood obesity prevention studies	This study systematically reviewed community-based childhood obesity prevention programs in the United States and high-income countries. The strength of evidence is moderate that a combined diet and physical activity intervention conducted in the community with a school component is more effective at preventing obesity or overweight. More research and consistent methods are needed to understand the comparative effectiveness of childhood obesity prevention programs in the community setting.
Kesten et al. (2011)	A systematic review to determine the effectiveness of interventions designed to prevent overweight and obesity in pre-adolescent girls	Childhood overweight/obesity is recognized as an increasing health problem. The objective of this review was to determine the effectiveness of interventions designed to prevent overweight and obesity in pre-adolescent girls. Findings suggest that there is the potential for interventions aimed at pre-adolescent girls to reduce the risk factors associated with childhood overweight and obesity, although the sustainability of the effects of such interventions is less clear.
Williams et al. (2012)	A systematic review of associations between the primary school built environment and childhood overweight and obesity	This systematic review considers current literature on the association between childhood overweight and obesity and the primary school built environment. The following elements of the built environment were found to have been investigated: playground availability and adequacy; gymnasium availability and adequacy; school field, showers and covered playground availability. One intervention study was identified which utilized the built environment as an



Reference	Title	Abstract
		adjunct to a behavior change intervention. This systematic review identified minimal research upon the association between the school built environment and weight status and the current results are inconclusive.
Hesketh and Campbell (2010)	Interventions to prevent obesity in 0-5 year olds: an updated systematic review of the literature	The small number and recency of the early childhood obesity-prevention literature identified in a previous review of interventions to prevent obesity, promote healthy eating, physical activity, and/or reduce sedentary behaviors in 0–5 year olds suggests this is a new and developing research area. The current review was conducted to provide an update of the rapidly emerging evidence in this area and to assess the quality of studies reported. Current evidence suggests that behaviors that contribute to obesity can be positively impacted in a range of settings and provides important insights into the most effective strategies for promoting healthy weight from early childhood.
Mitchell et al. (2012)	Physical activity in young children: a systematic review of parental influences	The primary aim of this review was to identify and evaluate the strength of associations of the key parental factors measured in studies examining early childhood physical activity (PA). Further investigation is needed to clarify and understand the specific parental influences and behaviours that are associated with PA in young children. In particular, longitudinal research is needed to better understand how parental influences and PA levels of children during the formative preschool and early elementary school years are associated.
Niemeier et al. (2012)	Parent participation in weight-related health interventions for children and adolescents: a systematic review and meta-analysis	To review child and adolescent weight-related health intervention characteristics, with a particular focus on levels of parental participation, and examine differences in intervention effectiveness. This study suggests that weight-related health interventions that require parent participation more effectively reduce body mass indexes of child and adolescent participants. In addition, longer interventions that include parent participation appear to have greater success. Suggestions for future research and related interventions are provided.
Showell et al. (2013)	A systematic review of home-based childhood obesity prevention studies	The objective was to systematically review the effectiveness of home-based interventions on weight, intermediate (e.g., diet and physical activity [PA]), and clinical outcomes. The strength of evidence is low to support the effectiveness of home-based child obesity prevention programs. Additional research is needed to test interventions in the home setting,

Reference	Title	Abstract
		particularly those incorporating parenting strategies and addressing environmental influences.
Skouteris et al. (2012)	Parent–child interactions and obesity prevention: a systematic review of the literature	A literature review was conducted to locate empirical studies that measured parent–child interactions and child eating and child weight variables; five papers met the inclusion criteria and were included in the review. The findings of the review revealed that parent–child relationships are an important element in explaining the unhealthy trend of childhood obesity. We argue that prevention/intervention strategies must extend on the current models of parenting by targeting the family from a bi-directional perspective, and focusing, specifically, on the mutually responsive orientation that exists in the parent–child relationship.
Wen et al. (2012)	Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial	To assess the effectiveness of a home based early intervention on children's body mass index (BMI) at age 2 by way of a randomised controlled trial. The home based early intervention delivered by trained community nurses was effective in reducing mean BMI for children at age 2.
<b>h. Respiratory Health (asthma)</b>		
Labre et al. (2012)	Public health interventions for asthma: an umbrella review	Asthma is a chronic respiratory disease increasingly prevalent in the U.S., particularly among children and certain minority groups. This umbrella review sought to assess and summarize existing systematic reviews of asthma-related interventions that might be carried out or supported by state or community asthma control programs, and to identify gaps in knowledge. Of 42 included reviews, 19 assessed the effectiveness of education and/or self-management, nine the reduction of indoor triggers, nine interventions to improve the provision of health care, and five examined other interventions. Several reviews found consistent evidence of effectiveness for self-management education, and one review determined that comprehensive home-based interventions including the reduction of multiple indoor asthma triggers are effective for children. Other reviews found limited or insufficient evidence because of study limitations. CONCLUSIONS: State or community asthma control programs should prioritize (1) implementing interventions for which the present review found evidence of effectiveness and (2) evaluating promising interventions that have not yet been adequately assessed.
Celano et al.	Home-based family	This study evaluated the efficacy of a home-based family

Reference	Title	Abstract
(2012)	intervention for low-income children with asthma: a randomized controlled pilot study	intervention integrating asthma education and strategies to address stress using a community-based participatory research model. The results suggest that a home-based intervention addressing medical and psychosocial needs may prevent hospitalizations for children with poorly controlled asthma and caregivers under stress.
Crocker et al. (2011)	Effectiveness of home-based, multi-trigger, multicomponent interventions with an environmental focus for reducing asthma morbidity: a community guide systematic review	The purpose of this review was to evaluate evidence that interventions that target reducing these triggers through home visits may be beneficial in improving asthma outcomes. The interventions involve home visits by trained personnel to conduct two or more components that address asthma triggers in the home. Intervention components focus on reducing exposures to a range of asthma triggers (allergens and irritants) through environmental assessment, education, and remediation. Home-based, multi-trigger, multicomponent interventions with an environmental focus are effective in improving overall quality of life and productivity in children and adolescents with asthma.
Krieger et al. (2010)	Housing interventions and control of asthma-related indoor biologic agents: a review of the evidence	Subject matter experts systematically reviewed evidence on the effectiveness of housing interventions that affect health outcomes, primarily asthma, associated with exposure to moisture, mold, and allergens. This evidence review shows that selected interventions that improve housing conditions will reduce morbidity from asthma and respiratory allergies.
Nurmagambetov et al. (2011)	House dust mite avoidance measures for perennial allergic rhinitis: an updated Cochrane systematic review	A recent systematic review of home-based, multi-trigger, multicomponent interventions with an environmental focus showed their effectiveness in reducing asthma morbidity among children and adolescents. These interventions included home visits by trained personnel to assess the level of and reduce adverse effects of indoor environmental pollutants, and educate households with an asthma client to reduce exposure to asthma triggers. The purpose of the present review is to identify economic values of these interventions. The benefits from home-based, multi-trigger, multicomponent interventions with an environmental focus can match or even exceed their program costs.
Postma and Kieckhefer (2009)	Community health workers and environmental interventions for children with asthma: a	Community health worker (CHW)-delivered, home-based environmental interventions for pediatric asthma were systematically reviewed. Overall, the studies consistently identified positive outcomes associated with CHW-delivered interventions, however, improvements in trigger reduction behaviors and allergen levels, hypothesized mediators of

Reference	Title	Abstract
	systematic review	these outcomes, were inconsistent.
Welsh et al. (2011)	Home-based educational interventions for children with asthma.	While guidelines recommend that children with asthma should receive asthma education, it is not known if education delivered in the home is superior to usual care or the same education delivered elsewhere. The home setting allows educators to reach populations (such as the economically disadvantaged) that may experience barriers to care (such as lack of transportation) within a familiar environment. We found inconsistent evidence for home-based asthma educational interventions compared to standard care, education delivered outside of the home or a less intensive educational intervention delivered at home.

**Appendix III. B. Summary of studies on factors that influence children’s healthy development (excluding blood lead) – Education**

Reference	Title	Abstract
<b>B. EDUCATION</b>		
<b>a. Early Care and Education (pre-school, kindergarten)</b>		
Anderson et al. (2003)	The effectiveness of early childhood development programs. A systematic review	Programs such as Head Start are designed to close the gap in readiness to learn between poor children and their more economically advantaged peers. Systematic reviews of the scientific literature demonstrate effectiveness of these programs in preventing developmental delay, as assessed by reductions in retention in grade and placement in special education.
Barnett and Ackerman (2006)	Costs, benefits, and long-term effects of early care and education programs: recommendations and cautions for community developers	Participation in early care and education (ECE) programs has become the norm for this nation’s three- and four-year olds. This paper reviews the basis for claims related to the costs, benefits, and long-term effects of ECE programs, including effects on children’s learning and development and parental earnings. Evidence indicates that returns for public investments in the education for children in poverty or low-income families are higher. Yet, the nation currently invests too little in providing children who can benefit the most with access to preschool education and in ensuring that the programs accessed are of optimal quality.
D’Onise et al. (2010)a	Can preschool improve child health outcomes? A systematic review	Early childhood development interventions (ECDIs) have the potential to bring about wide ranging human capital benefits for children through to adulthood. Less is known, however, about the potential for such interventions to improve population health. The aim of this study was to examine the evidence for child health effects of centre-based preschool intervention programs for healthy 4 year olds, beyond the preschool years. The review found generally null effects of preschool interventions across a range of health outcomes, however there was some evidence for obesity reduction, greater social competence, improved mental health and crime prevention. We conclude that the great potential for early childhood interventions to improve population health across a range of health outcomes, as anticipated by policy makers worldwide, currently rests on a rather flimsy evidence base.
D’Onise et al. (2010)b	Does attendance at preschool affect adult health? A systematic review	Early child development interventions can set children on positive social and educational trajectories. The aim of this review was to examine the evidence for the adult health impacts of centre-based preschool interventions for

Reference	Title	Abstract
		preschoolers. The reviewed articles provide some support for the role of early childhood interventions to improve health behaviours but not chronic disease outcomes.
Gray and McCormick (2005)	Early childhood intervention programs in the US: recent advances and future recommendations	Recent scientific reviews, long term outcome studies, and effectiveness trials of early childhood intervention programs in the US have important lessons for the future of these interventions in the US and internationally. Programs should (1) employ more center-based or mixed center-based and home visiting models, (2) monitor standards of quality, (3) become more family focused and culturally competent, and (4) broaden the focus of their evaluations. If these recommendations are followed then we will be in a better position to get the best return on our investments in early childhood.
Halgunseth and Peterson (2009)	Family engagement, diverse families, and early childhood education programs: an integrated review of the literature	The literature clearly indicates that in order to promote optimal development for all children, early childhood education programs and policy decisions must be respectful of the cultural and ethnic ideals of the families they serve.
Her Majesty's Government (UK) (2011)	Early intervention: the next steps	Early childhood development interventions (ECDIs) have the potential to bring about wide ranging human capital benefits for children through to adulthood. Less is known, however, about the potential for such interventions to improve population health. The aim of this study was to examine the evidence for child health effects of centre-based preschool intervention programs for healthy 4 year olds, beyond the preschool years.
Karoly et al. (2010)	Proven benefits of early childhood interventions. Research brief	The study focused on programs that provide child development services from the prenatal period until kindergarten entry and that had scientifically sound evaluations. A literature review identified twenty such programs, nineteen of which demonstrated favorable effects on child outcomes. These nineteen early intervention programs demonstrated significant and often sizable benefits in at least one of the following domains: cognition and academic achievement, behavioral and emotional competencies, educational progression and attainment, child maltreatment, health, delinquency and crime, social welfare program use, and labor market success. Home visiting or parent education: DARE to be You Developmentally Supportive Care: Newborn Individualized Developmental Care and Assessment Program*

Reference	Title	Abstract
		<p>HIPPY (Home Instruction Program for Preschool Youngsters) USA            Incredible Years            Nurse-Family Partnership Program            Parents as Teachers*            Project C ARE (Carolina Approach to Responsive Education) — without early childhood education            Reach Out and Read*            Home Visiting or Parent Education Combined with Early Childhood Education            Carolina Abecedarian Project            Chicago Child-Parent Centers            Early Head Start*            Early Training Project            Head Start            High/Scope Perry Preschool Project            Houston Parent-Child Development Center            Infant Health and Development Program            Project CARE — with early childhood education            Syracuse Family Development Research Program            Early Childhood Education Only            Oklahoma Pre-K</p>
Pancer et al. (2013)	The Better Beginnings, Better Futures Project: long-term parent, family, and community outcomes of a universal, comprehensive, community-based prevention approach for primary school children and their families	Better Beginnings, Better Futures is a large-scale, multi-year, longitudinal research-demonstration project designed to reduce children's problems, promote healthy child development, and enhance family and community environments in three economically disadvantaged communities in the province of Ontario, Canada. Results suggest that the intervention did have some positive long-term effects on youths' parents and on their community environments. Results are discussed with respect to the importance of considering family and neighbourhood contexts in the development and evaluation of prevention programmes.
Reynolds and Temple (2008); Temple and Reynolds (2007)	Cost-effective early childhood development programs from preschool to third grade	This review summarizes evidence on the effects and cost-effectiveness of early childhood development programs and services from ages 3 to 9. Participation in preschool programs was found to have relatively large and enduring effects on school achievement and child well-being. High-quality programs for children at risk produce strong economic returns ranging from about \$4 per dollar invested to over \$10 per dollar invested. Relative to half-day kindergarten, the positive effects of full-day kindergarten have been found to be

Reference	Title	Abstract
		relatively small and generally do not last for more than a year.
<b>b. Language, Literacy</b>		
Anglin (2008)	Literature review: the role of families and communities in building children's literacy skills	Community-based Child Literacy Programs play an essential role in developing the literacy skills of both pre-school and school-aged children. These programs have a diversity of goals which range from building children's skills through literacy activities to building communities through promoting connections with parents and/or schools. Consistently, these programs support the school system by either promoting school-readiness for young children, or providing tutoring support to school-aged children.
Balla-Boudreau et al. (2011)	Results of a national survey of early literacy programs	An online survey comprised of forty-nine questions, both qualitative and quantitative, was distributed via email to 200 Canadian early literacy organizations. Findings indicate that the programs surveyed are doing an excellent job of supporting early literacy development in their communities; their programs are full and expanding, and they are establishing key partnerships in the process. However, lack of funds impacts their program delivery.



**Appendix III. C. Summary of studies on factors that influence children's healthy development (excluding blood lead) – Material Well-Being**

Reference	Title	Abstract
<b>C. MATERIAL WELL-BEING</b>		
<b>a. Low Income</b>		
Conti and Heckman (2012)	Early childhood development: creating healthy communities with greater efficiency and effectiveness	Three important lessons emerge from recent research that should shape future policies to improve the health of individuals, communities, and the American economy. Lesson 1: develop the whole child; lesson 2: inequalities open up early in life; lesson 3: early intervention is far more effective than later remediation.
Geddes et al. (2011); Geddes et al. (2010)	A rapid review of key strategies to improve the cognitive and social development of children in Scotland	Inequalities in health and educational outcomes in Scotland show a strong and persistent socioeconomic status gradient. A rapid review was conducted of review level studies of early childhood interventions with outcome measures relating to child cognitive-language or social-emotional development, subsequent academic and life achievement. Early childhood intervention programmes can reduce disadvantage due to social and environmental factors. Scottish health policy demonstrates a clear commitment to early childhood development but much work remains in terms of detail of policy implementation, identification of high risk children and families, and early childhood monitoring systems.
Miller et al. (2012)	Home-based child development interventions for preschool children from socially disadvantaged families	Social disadvantage can have a significant impact on early child development, health and wellbeing. This review sought to determine the effects of home-based programmes aimed specifically at improving developmental outcomes for preschool children from socially disadvantaged families. The quality of the evidence was difficult to assess as there was often insufficient detail reported to enable any conclusions to be drawn about the methodological rigour of the studies. This review does not provide evidence of the effectiveness of home-based interventions that are specifically targeted at improving developmental outcomes for preschool children from socially disadvantaged families.
Rijlaarsdam et al. (2013)	Economic disadvantage and young children's emotional and behavioral problems: mechanisms of risk	This study aimed to establish potential mechanisms through which economic disadvantage contributes to the development of young children's internalizing and externalizing problems. In the Generation R Study, current results suggest that interventions that focus solely on raising income levels may not adequately address problems in the family processes that emerge as a result of economic disadvantage. Policies to improve the mental health of

Reference	Title	Abstract
		mothers with young children but also their home environments are needed to change the economic gradient in child behavior.
Spencer et al. (2013)	Low income/socio-economic status in early childhood and physical health in later childhood/adolescence: a systematic review	This systematic review of the association of early childhood low income/SES with physical health status in later childhood and adolescence shows that, in contrast to the extensive literature on the impact of poor childhood social circumstances on adult health, the evidence base is limited. The literature points to some associations of early low income/SES with later poor health status, but many key research questions remain unanswered. Implications for further research are considered.
Weitzman (2007)	Low income and its impact on psychosocial child development	There is a voluminous body of literature to support the theory that family poverty adversely affects children's health, intellectual capabilities, academic achievement, and behaviour. By contrast, a small but growing body of literature has demonstrated how various policies and interventions can attenuate poverty's negative influence on child development.
Woolfenden et al. (2013)	Inequity in child health: the importance of early childhood development	Public health investment that aims to diminish negative environmental factors associated with social disadvantage, when used wisely, can produce measurable improvements in health (Mays and Smith, 2011). Population-level early intervention programmes such as home visiting, high-quality early child care and other early childhood development programmes have clear high-level evidence of effectiveness in reducing developmental vulnerability, preventing developmental delay and improving school readiness (Marmot, 2010; Anderson et al., 2003; Shonkoff, 2003). In the long term, they have been shown to reduce high school drop-out rates and criminal behaviour, increase employment and delay child rearing.
Ziol-Guest and McKenna (2013)	Housing improvements for health and associated socio-economic outcomes	This study assesses the consequences of housing instability during the first 5 years of a child's life for a host of school readiness outcomes. The findings show that moving three or more times in a child's first 5 years is significantly associated with increases in attention problems, and internalizing and externalizing behavior, but only among poor children.
<b>b. Environmental Injustice, Housing</b>		

Reference	Title	Abstract
Albert (2013)	Building innovations in community-based services for children	Albert describes how a locally developed model of integrated, place-based service delivery is a solution to addressing the needs of vulnerable children and families in our communities.
Anderson et al. (2002)	Community interventions to promote healthy social environments: early childhood development and family housing: a	The sociocultural environment exerts a fundamental influence on health. Interventions to improve education, housing, employment, and access to health care contribute to healthy and safe environments and improved community health. The Task Force on Community Preventive Services (the Task Force) has conducted systematic reviews of early childhood development interventions and family housing interventions. The topics selected provide a unique, albeit small, beginning of the review of evidence that interventions do effectively address sociocultural factors that influence health. Based on these reviews, the Task Force strongly recommends publicly funded, center-based, comprehensive early childhood development programs for low-income children aged 3-5 years.
Evans (2004)	The environment of childhood poverty	Poor children confront widespread environmental inequities. Compared with their economically advantaged counterparts, they are exposed to more family turmoil, violence, separation from their families, instability, and chaotic households. Poor children experience less social support, and their parents are less responsive and more authoritarian. Low-income children are read to relatively infrequently, watch more TV, and have less access to books and computers. Low-income parents are less involved in their children's school activities. The air and water poor children consume are more polluted. Their homes are more crowded, noisier, and of lower quality. Low-income neighborhoods are more dangerous, offer poorer municipal services, and suffer greater physical deterioration. Predominantly low-income schools and day care are inferior. The accumulation of multiple environmental risks rather than singular risk exposure may be an especially pathogenic aspect of childhood poverty.
Landrigan et al. (2013)	Environmental justice and the health of children	Environmental injustice is the inequitable and disproportionately heavy exposure of poor, minority, and disenfranchised populations to toxic chemicals and other environmental hazards. Environmental injustice contributes to disparities in health status across populations of differing ethnicity, race, and socioeconomic status. Infants and children, because of their unique biological vulnerabilities and age-related patterns of exposure, are especially

Reference	Title	Abstract
		vulnerable to the health impacts of environmental injustice. These impacts are illustrated by sharp disparities across children of different racial and ethnic backgrounds in the prevalence of 3 common diseases caused in part by environmental factors: asthma, lead poisoning, and obesity. Documentation of linkages between health disparities and environmental injustice is an important step toward achieving environmental justice.
Masuda et al. (2008)	Environmental health and vulnerable populations in Canada: mapping an integrated equity-focused research agenda	The uneven distribution of environmental hazards across space and in vulnerable populations reflects underlying societal inequities. This review provides an initial assessment of the state of the environmental health research field as specifically focused on vulnerable populations in Canada. Results reveal that there has been significant growth in Canadian research documenting the uneven distributions and impacts of environmental hazards across locations and populations since the 1990s, but its focus has been uneven. Areas for future research are recommended to resolve the environmental burden placed on vulnerable populations and to promote environmental health equity.
Powell and Steward (2001)	Children. The unwitting target of environmental injustices	Children have little control over where they live, what they eat, the financial circumstances of their families, or the developmental activities and behaviors that make them vulnerable to environmental contaminants. Minority and poor families disproportionately live in communities with landfills, hazardous waste facilities, incinerators, industrial plants, and old housing with poor indoor air quality and lead-based paint. Frequently, low-income and minority communities are perceived as less powerful, less organized, and ill equipped to defend against actual and potential sources of environmental contamination. Communities and advocacy groups play an important role in promoting healthier environments for children.
Thomson et al. (2013)	Housing improvements for health and associated socio-economic outcomes	The well established links between poor housing and poor health indicate that housing improvement may be an important mechanism through which public investment can lead to health improvement. Following a literature review, authors stated that housing investment which improves thermal comfort in the home can lead to health improvements, especially where the improvements are targeted at those with inadequate warmth and those with chronic respiratory disease. Best available evidence indicates that housing which is an appropriate size for the householders and is affordable to heat is linked to improved

Reference	Title	Abstract
		health and may promote improved social relationships within and beyond the household. In addition, there is some suggestion that provision of adequate, affordable warmth may reduce absences from school or work.
<b>c. Community-Based Participatory</b>		
Alparone and Rissotto (2011)	Children's citizenship and participation models: participation in planning urban spaces and children's councils	Of all the forms of children's involvement in changing the city, the present work takes into account two models of children's participation: Children's Councils and Participation in Planning. A description is given of the positive effects on the child's personal and social development and factors are seen to be relevant to success are discussed.
Dockett et al. (2012)	Recognising young children's understandings and experiences of community	Since the introduction of the Child Friendly Cities Initiative in 1996, children and young people's participation in consultation has become an increasingly important element of the planning and community development strategies of many government and community organisations throughout Australia. We report the views of 90 children aged 2-6 years and five early childhood educators who mediated and implemented the project with these children. Findings indicated that children's participation was sometimes limited by the boundaries imposed by a restricted adult view of children's competence and experience. This, in turn, meant that the diverse ways in which young children demonstrated their sense of belonging to place and community were not always recognised.
Minkler et al. (2006)	Promoting environmental justice through community-based participatory research: the role of community and partnership capacity	Community-based participatory research (CBPR) increasingly is being used to study and address environmental justice. This article presents the results of a cross-site case study of four CBPR partnerships in the United States that researched environmental health problems and worked to educate legislators and promote relevant public policy. The authors focus on community and partnership capacity within and across sites. The four CBPR partnerships examined were situated in New York, California, Oklahoma, and North Carolina and were part of a larger national study. The importance of strong community (and community partner) leadership, participation, skills and resources to support the work, an ability to form and maintain social and organizational networks and coalitions, and shared values thus were among the capacity dimensions that resonated well with the partnerships examined.

Reference	Title	Abstract
O'Connor (2013)	Engaging young people? The experiences, challenges, and successes of Canadian Youth Advisory Councils	In recent years, various communities across Canada have recognized the need to include young people's input in community/urban decision-making processes. As a signatory to the United Nations Convention on the Rights of the Child (CRC), Canadian governments and policy makers are obligated to take young people's views into consideration when decisions about them are made. The aim of this chapter is to examine how some communities have attempted to involve young people in such decision making by creating youth advisory councils. Participants reported that youth councils provided young people with a voice on an array of issues ranging in scope from local to national/international. Despite these successes, the ability of young people to have a voice in decisions that affected them was hindered by the many challenges that youth councils faced (e.g., lack of adult support).
Ramanadhan et al. (2011)	Perceptions of evidence-based programs among community-based organizations tackling health disparities: a qualitative study	Academic–community partnerships using community-based participatory research (CBPR) principles may support increased dissemination of Evidence-based practices (EBP) to community-based organizations (CBOs). This qualitative study examined the EBP-related perceptions and needs of Community-based organisations targeting underserved populations. Important facilitators of EBP usage included: program supports for implementation and adaptation, collaborative technical assistance and perceived benefits of using established programs.
Roberts (2012)	Creating a Children's Village	The author discusses how the Children's Village was created.
Serrell et al. (2006)	An academic-community outreach partnership: building relationships and capacity to address childhood lead poisoning	We describe a successful academic-community partnership composed of the Dartmouth Toxic Metals Research Program, the Manchester (New Hampshire) Health Department, and the Greater Manchester Partners Against Lead Poisoning (GMPALP). Partners collaborated to translate science and best practices into social action and policy change to address childhood lead poisoning. Using the evolution of a childhood lead poisoning prevention initiative, we discuss how an academic-community relationship can be created and sustained. Our experience demonstrates that broad-based partnerships are enhanced by the attributes of community-based participatory research (CBPR). We observe that engaging in community collaborations that are not driven by research eliminates potential conflicts for academic and community partners. We identify four core values, namely, (1) adaptability, (2) consistency, (3) shared authority, and (4) trust, as being

Reference	Title	Abstract
		constructive when working in such partnerships.
Vaughn et al.(2012)	A review of community-based participatory research in child health	To review published studies that use an authentic community-based participatory research (CBPR) approach in child health to highlight the benefits, barriers, and scope of this approach with pediatric populations. The most common child health issue in these studies was obesity/diabetes. Other child health topics included health needs assessments, reproductive health, female health, HIV treatment, physical activity, mental health, maternal/child health, substance abuse, asthma, and youth with disabilities/special healthcare needs. Conclusion: CBPR offers a unique approach for translating evidence-based models and research knowledge from child health into effective and sustainable interventions.

**Appendix III. D. Summary of studies on factors that influence children’s healthy development (excluding blood lead) – Family and Peer Relationships**

Reference	Title	Abstract
<b>D. FAMILY AND PEER RELATIONSHIPS</b>		
<b>a. Parent Education, Supportive Parenting</b>		
Odgers et al. (2012)	Supportive parenting mediates neighborhood socioeconomic disparities in children's antisocial behavior from ages 5 to 12	From the Environmental Risk Longitudinal Twin Study, authors report a graded relationship between neighborhood socioeconomic status (SES) and children's antisocial behavior that (a) can be observed at school entry, (b) widens across childhood, (c) remains after controlling for family-level SES and risk, and (d) is completely mediated by maternal warmth and parental monitoring.



**Appendix III. E. Summary of studies on factors that influence children’s healthy development (excluding blood lead) – Participation**

Reference	Title	Abstract
<b>E. PARTICIPATION</b>		
<b>a. After School Programs, Arts</b>		
Nayar Consulting and Amanda Parriage Associates (2011)	An opportunity for every child: realizing the potential of after-school programming for children ages 6 – 12 in Toronto	This report offers additional information to the City of Toronto to continue to participate in the process of developing a provincial strategy for the critical after-school hours in Ontario. Suggested Next Steps for the City of Toronto: Enhance awareness of after-school programming among key stakeholders; Work with provincial groups to advocate for a Provincial After-School Strategy; Advocate for the sustainability of an accessible quality after-school system by encouraging the provincial government to provide ongoing core funding and subsidies to support a network of community-based programming for children ages 6 to 12.
Vandell and Reisner (2007)	Study of promising after-school programs: key findings from new research on the benefits of high-quality after-school programs	Authors report that regular participation in high-quality afterschool programs is linked to significant gains in standardized test scores and work habits as well as reductions in behavioral problems and substance use. These benefits can help offset the negative impact of unsupervised conditions in the afterschool hours. The two-year study followed almost 3,000 low-income, ethnically-diverse elementary and middle school students from eight states in six major metropolitan centers and six smaller urban and rural locations. About half of the young people attended high-quality afterschool programs at their schools or in their communities. Programs offered an age-appropriate mix of academic enrichment, tutoring, recreational, arts, community-based service, and other activities.
Zief et al. (2006)	The impacts of after-school programs on student outcomes: a systematic review for the Campbell Collaboration	While this review has included the most rigorous studies conducted of after-school programs that are currently of great policy interest due to their inclusion of academic support components, reviewers note that the collected evidence is not sufficient to make any policy or programming recommendations. While some areas of promise do exist—supervision and participation in activities—these pooled impacts need to be tested with further research.

**Appendix III. F. Summary of studies on factors that influence children’s healthy development (excluding blood lead) – Subjective Well-Being**

Reference	Title	Abstract
<b>C. SUBJECTIVE WELL-BEING</b>		
<b>a. Mental Health, Well-Being, Anxiety</b>		
Boivin et al. (2012)	Early childhood development: adverse experiences and developmental health	The report’s key focus is the role of early childhood adversity in shaping risk of addiction and mental health problems in adolescent and young adulthood. The report summarizes a significant body of evidence (longitudinal, etc.) regarding early life experiences and mental health.
Center for the Study of Social Policy (2012)	Results-based public policy strategies for promoting children’s social, emotional and behavioral health	In order for children to meet developmental milestones, learn, grow and lead productive lives, it is critical that they be healthy. Good social-emotional and mental health is a key component of children’s health and healthy development. There are, however, some factors that have been shown to have particular impact children’s social, emotional and mental health. They include: poverty, trauma, and inadequate treatment.
Fisak et al. (2011)	The prevention of child and adolescent anxiety: a meta-analytic review	The purpose of this study was to provide a comprehensive review of the effectiveness of child and adolescent anxiety prevention programs. Significant moderators of program effectiveness were found including provider type (professional versus lay provider) and the use of the FRIENDS program. In contrast, program duration, participant age, gender, and program type (universal versus targeted) were not found to moderate program effectiveness.
<b>b. Play</b>		
Lifter et al. (2011)	Overview of play: its uses and importance in early intervention/early childhood special education	This article presents a review about the importance of play in early intervention, early childhood special education and early childhood education and how play is regarded and used within these contexts.

**Appendix III. G. Summary of studies on factors that influence children's healthy development (excluding blood lead) – Behaviours and Risks**

Reference	Title	Abstract
<b>G. BEHAVIOURS AND RISKS</b>		
<b>a. Internalizing or Externalizing Behaviour, Aggression, Bullying, Crime</b>		
Strohmeier and Noam (2012)	Evidence-based bullying prevention programs for children and youth	Chronic involvement in bullying is associated with many intrapersonal, interpersonal, and academic problems, and even sporadic experiences of bullying are harmful. During the last two decades, several prevention and intervention programs have been developed by research teams all over the world. Many of these programs have been adopted in the United States. This volume introduces five evidence-based anti-bullying programs developed in European countries, where much of the early innovations and adaptations have occurred.
<b>b. Substance Abuse, Anxiety</b>		
Broning et al. (2012)	Selective prevention programs for children from substance-affected families: a comprehensive systematic review	Children from substance-affected families show an elevated risk for developing own substance-related or other mental disorders. We conducted a comprehensive systematic review to identify and summarize evaluations of selective preventive interventions in childhood and adolescence targeted at this specific group. There was preliminary evidence for the effectiveness of the programs, especially when their duration was longer than ten weeks and when they involved children's, parenting, and family skills training components.
Jackson et al. (2012)	Interventions to prevent substance use and risky sexual behaviour in young people: a systematic review	A systematic review was performed to identify experimental studies of interventions to reduce risk behaviour in adolescents or young adults and that reported on both any substance (alcohol, tobacco and illicit drug) use and sexual risk behaviour outcomes. There is some, albeit limited, evidence that programmes to reduce multiple risk behaviours in school children can be effective, the most promising programmes being those that address multiple domains of influence on risk behaviour. Intervening in the mid-childhood school years may have an impact on later risk behaviour, but further research is needed.
Karki et al. (2012)	The effects of interventions to prevent substance use among adolescents: a	The aim of this systematic review is to describe and evaluate the effects of interventions used for preventing or reducing substance use among adolescents under 18 years of age. Results showed that family-based interventions and combined interventions have significant outcomes for substance use

Reference	Title	Abstract
	systematic review	among adolescents. Similarly, school-based interventions were effective in providing knowledge about substance use, which eventually reduced the substance use. Further research should be conducted in different cultures as well as on computer-based interventions targeting both genders.

**Appendix III. H. Summary of studies on factors that influence children's healthy development (excluding blood lead) – Environment**

Reference	Title	Abstract
<b>H. ENVIRONMENT</b>		
<b>a. Air Quality</b>		
Emmons (2001)	Intervention and policy issues related to children's exposure to environmental tobacco smoke	Children's exposure to environmental tobacco smoke (ETS) is unacceptably high. This paper presents a review of the literature that evaluates interventions designed to reduce ETS exposure among young children. The literature review demonstrates the dearth of studies in the literature targeting ETS reduction among children. In one study, participants were noted to face a number of challenges to smoking, such as high prevalence of nicotine dependence, high prevalence of living with other smokers, and socioeconomic and stress-related barriers. The policy implications of this research are discussed, and recommendations are made for future research.
Dozor (2013)	Children's environmental health	In 1993, the National Academy of Sciences published a landmark report, <i>Pesticides in the Diets of Infants and Children</i> , which emphasized that children are both more exposed and particularly vulnerable. Exposures in utero and in the first few years of life have disproportionate effects. Relative to their body weight, children breathe more air, drink more water, and eat more food than adults. Children are closer to the ground, play vigorously outdoors, and their higher body surface to volume ratio and normal hand to mouth behavior increase their exposure. Young children have immature immune systems and may be less able to metabolize toxicants or ameliorate the potential effects of carcinogens, including ionizing radiation. Malignancies, cardiovascular, and neurodegenerative diseases may take decades to develop, so young children have the longest lifetime for consequences of early exposures to become apparent. The growing appreciation of epigenetics raises concerns that environmental exposures may effect not just today's children, but also our children's children.
Gascon et al. (2013)	Effects of persistent organic pollutants on the developing respiratory and immune systems: a systematic review	Disruption of developing immune and respiratory systems by early-life exposure to persistent organic pollutants (POPs) could result into reduced capacity to fight infections and increased risk to develop allergic manifestations later in life. The objective of this systematic review was to look at the epidemiologic literature on the adverse effects of early-life exposure to POPs on respiratory health, allergy and the immune system in infancy, childhood and adolescence. This review of 41 studies finds limited evidence for prenatal exposure to DDE, PCBs and dioxins and risk of respiratory infections. Current epidemiological evidence suggests that

Reference	Title	Abstract
		early-life exposure to POPs can adversely influence immune and respiratory systems development. Heterogeneity between studies in exposure and outcome assessment and the small number of studies for any given exposure–outcome relationship currently make comparisons difficult and meta-analyses impossible.
Kaur (2012)	Children's environmental health in agricultural settings	Children residing in rural settings may encounter environmental hazards derived from agricultural production activities. Health consequences of organic dusts, farm chemicals including pesticides, machinery noise, excess sun exposure, and zoonotic infectious agents have been clearly described among farm-working adults. The author reviews the related evidence base on child health with a life-stage perspective on their differential exposure and vulnerabilities. There is suggestive but more limited evidence for respiratory health consequences from air contaminants associated with confined animal feeding operations and hearing deficits for children exposed to machinery-related noise. Many contaminants of concern for children in these environments remain largely understudied—diesel exhaust, biomass burning, solvents, veterinary antibiotics, and silica-containing particulate matter. Overall, the state of knowledge and programmatic activities on agriculturally derived environmental contaminants and child health is immature and much less complete than for working adults.
Saravia et al. (2013)	Particulate matter containing environmentally persistent free radicals and adverse infant respiratory health effects: a review	Infants are also at significant risk for exposure. Infants are affected differently than adults due to drastic immaturities, both physiologically and immunologically, and it is becoming apparent that they represent a critically understudied population
Temple and Johnson (2011)	Provision of smoke-free homes and vehicles for kindergarten children: associated factors	To describe the factors associated with providing a smoke-free home (PSFH) and vehicle (PSFV) for kindergarten children, a cross-sectional descriptive study was conducted in Manitoba, Canada. In the bivariate analysis, being better educated, living with a partner, and having a higher income were associated with PSFH. In the multivariable logistic regression analysis, the variables most predictive for PSFH were living with a partner and the mother's self-efficacy, and for PSFV, the most predictive variables were the mother's self-efficacy and ETS knowledge. Smoking behaviors are complex and must be considered broadly within all levels of influence if nurses are to assist parents in protecting their children.

Reference	Title	Abstract
<b>b. Built Environment</b>		
Dunn (2012)	Levels of influence in the built environment on the promotion of healthy child development	<p>This article has argued that there is a great deal of interest in ensuring that built environments are safe for children and have features that promote their healthy development; this interest has existed for a long time. But in order for the built environment to be an effective target for child health promotion, we need to get beyond relatively simple models that state that factors at different levels matter to healthy child development; we must specify which factors at which levels matter to which aspects of healthy child development. Based on evidence from a study in Vancouver of the effects of the household and neighbourhood scales on kindergarten children's readiness to learn (Oliver et al. 2007), there are now clues to tell us what attributes matter at what levels to what aspects of healthy child development. These clues suggest that there are initiatives that can be undertaken at the neighbourhood level and that such efforts should target language and cognitive skills, communication skills and physical health and well-being. These can also be targeted at older children (i.e., age three years and up), which is appropriate because children of this age have a greater geographical range than younger children. For promoting healthy child development among younger children, the focus must be directed to the household level and on outcomes related to social knowledge and competence and emotional health and maturity. It will be challenging for public policy to address housing affordability, quality, security and design issues. But even more challenging will be penetrating into the domestic lives of families to ensure that very young children get the kind of early stimulation needed to promote healthy child development.</p>
Geller (2003)	Smart Growth: a prescription for livable cities	<p>This article focuses on the Smart Growth movement to look at communities not only as places to live but as vehicles to promote health and well-being. The low-density suburban growth or sprawl has four dimensions. A population that is widely dispersed in low-density development. Rigidly separated homes, shops, and workplaces. A network of roads marked by huge blocks and poor access. And a lack of well-defined, thriving activity centers. Sprawl has been criticized for being a financial and social drain. Outlying suburbs often require more costly infrastructure. Suburban development composed primarily of housing often lacks the tax base necessary to cover the costly infrastructure.</p>

Reference	Title	Abstract
Howell (2013)	Planning for healthy communities in Nova Scotia: the current state of practice	There is a growing recognition of the importance of the built environment in mediating people's health related decisions, such as whether to walk rather than drive, or what types of food to purchase. The built environment has been identified as a significant determinant of health by the World Health Organization and many other organizations across the globe. This has spurred research on how and to what extent community design impacts health. Most research in Canada has been focused on major urban centres. Research in rural contexts on the connection between planning and health is limited. Through an online survey with planners in Nova Scotia, the question of whether and how rural planners should address health issues is explored. This research found that planners indicated that health is important to address in planning practice, which confirms recent national level research. However, each respondent's interpretation of health and how it related to planning practice was slightly different. Working with public health workers and agencies was supported as a way to improve community health, but most participants saw themselves as consultants to public health staff concerning projects and initiatives to support healthy communities rather than as collaborators. Provincial government "silos" were cited as the biggest barrier to implementation of planning practices to address health issues like physical inactivity. Results confirm what has been identified in the literature as barriers to rural planners addressing community health issues.
Jackson and Sinclair (2012)	Designing healthy communities	The author looks at the impact our built environment has on key public health indices – obesity, diabetes, heart disease, asthma, cancer and depression. He connects bad community design with burgeoning health costs, then analyzes and illustrates what citizens are doing about this urgent crisis by looking upstream for innovative solutions.
McAllister (2009)	Child Friendly Cities and land use planning: implications for children's health	The environment surrounding us sends strong messages about how to behave and what to perceive. The living environment and its associated messages can greatly influence the physical, social and mental health of all residents. Since children are just learning about the world, their living environment will profoundly influence almost all aspects of their lives. This puts responsibility on the shoulders of planners, who need to balance a number of different issues in urban design to make places more child-friendly. Four major issues that are critical to the creation and maintenance of a child-friendly community are: safety, greenspace, access and integration. The benefits of



Reference	Title	Abstract
		child-friendly community design range from the promotion of healthier lifestyles, to improving the quality of social interactions to the long-term sustainability of natural spaces. The United Nations Children’s Fund (UNICEF) program Child Friendly Cities promotes child friendly community design and inclusive decision-making. Waterloo, Ontario, a mid-sized Canadian city, has many positive and community-oriented attributes, but could benefit greatly from incorporating child-friendly design procedures and participatory decision-making.
Moore (2012)	The impact of neighbourhood physical and social environments on child and family well-being	This paper concentrates instead on the evidence regarding the impact of neighbourhood physical and social environments on child and family well-being, and on the evidence regarding the efficacy of efforts to address adverse environmental impacts. There is evidence of the importance of geography and physical environment for children’s health and well-being; that place matters for children; that social support and networks matter for people’s well-being; that locational disadvantages lead to poorer outcomes for children.
Pabayo et al. (2012)	Understanding the determinants of active transportation to school among children: evidence of environmental injustice from the Quebec longitudinal study of child development	The objective of this study is to examine the combined influence of poverty and dangerousness of the neighborhood on active transportation (AT) to school among a cohort of children followed throughout the early school years. Results: At age 6 years, insufficient household income, having an older sibling, and living in a neighborhood that is not excellent for raising children, or characterized with high decay were predictive of greater likelihood of using AT and remained unchanged as children progressed from kindergarten through grade 2. Conclusion: A public health concern is children experiencing environmental injustice. Since AT is most likely to be adopted by those living in poverty and because it is also associated with unsafe environments, some children are experiencing environmental injustice in relation to AT. Interventions may be implemented to reduce environmental injustice through improvements in road safety.
Quynh et al. (2013)	Exposure to public natural space as a protective factor for emotional well-being among young people in Canada	Some population studies have suggested positive effects of green space on various indicators of health. However, there are limited large-scale epidemiological studies assessing this relationship, specifically for populations of young people and in the Canadian context. The objective of this study was to examine the relationship between exposure to public natural space and positive emotional well-being among young adolescent Canadians. Results: Over half of Canadian youth reported positive emotional well-being. Relationships between measures of natural space and positive emotional well-being

Reference	Title	Abstract
		were weak and lacked consistency overall, but modest protective effects were observed in small cities. Positive emotional well-being was more strongly associated with other factors including demographic characteristics, family affluence, and perceptions of neighbourhood surroundings. Conclusion: Exposure to natural space in youth's immediate living environment may not be a leading determinant of their emotional well-being.
Unicef (2004)	Building Child Friendly Cities: a framework for action	This document provides a framework for defining and developing a Child Friendly City. It identifies the steps to build a local system of governance committed to fulfilling children's rights. The concept of Child Friendly Cities is equally applicable to governance of all communities which include children, large and small, urban and rural.
Whitzman and Mizrachi (2012)	Creating child-friendly high-rise environments: beyond wastelands and glasshouses	Melbourne, like many cities around the world, is in the midst of reshaping its central city landscape. However, there are concerns, particularly in Australia, that "contemporary strategic planning has almost become child-blind, with the new higher density centres being built essentially for the childless in mind" (Randolph, 2006, p. 5). The 'Vertical Living Kids' research project interviewed children aged 8–12 to elicit their views on local environments. Public housing children had high levels of independent mobility, but low levels of satisfaction with local play spaces. The private housing children, in contrast, had low levels of independent mobility but enjoyed a much greater range of attractions. Based on a typology developed by Kyttä (2004), the public housing children are characterised as living in 'wastelands' and the private housing children are characterised as living in 'glasshouses'. The authors suggest urban planning policies that might address both types of environments.
Yiannakoulias et al. (2011)	Child pedestrian injuries and urban change	This study looks at the effects of urban change on the risk of child pedestrian injury in Edmonton, Alberta, a city that has experienced large economic and population growth following the expansion of the oil and gas industry in Canada. Results: The incidence of child pedestrian injury was stable, but the incidence of severe injury increased over the study period. Areas with higher proportions of families on low incomes had higher injury incidence. While new residential development is associated with a lower incidence of injury in most areas, in poor areas, new residential development is associated with a higher incidence, even after controlling for urban planning features and traffic intensity. Conclusion: While suburban areas have a lower incidence of child pedestrian injury, residential development in poorer areas is associated with a higher child

Reference	Title	Abstract
		pedestrian injury risk. Child pedestrians may be less able to adapt to changes in the urban environment due to rapid growth and increasing income, and as a result, may be at greater risk of injury.
<b>c. Gardens, etc</b>		
Blair (2009)	The child in the garden: an evaluative review of the benefits of school gardening	The author reviewed the U.S. literature on children's gardening, taking into account potential effects, school gardening outcomes, teacher evaluations of gardens as learning tools, and methodological issues. Quantitative studies showed positive outcomes of school-gardening initiatives in the areas of science achievement and food behavior, but they did not demonstrate that children's environmental attitude or social behavior consistently improve with gardening. Validity and reliability issues reduced general confidence in these results. Qualitative studies documented a wider scope of desirable outcomes, including an array of positive social and environmental behaviors.
McCormack et al. (2010)	Review of the nutritional implications of farmers' markets and community gardens: a call for evaluation and research efforts	The development and promotion of farmers' markets and community gardens is growing in popularity as a strategy to increase community-wide fruit and vegetable consumption. Despite large numbers of farmers' markets and community gardens, little is known about their influence on dietary intake. This review examines the current scientific literature on the implications of farmers' market programs and community gardens on nutrition-related outcomes. In total, 16 studies were identified for inclusion in this review. Seven studies focused on the impact of farmers' market nutrition programs for Special Supplemental Nutrition Program for Women, Infants, and Children participants, five focused on the influence of farmers' market programs for seniors, and four focused on community gardens. Findings from this review reveal that few well-designed research studies have been completed.

**SECTION III: RESULTS (continued)***(1) Family in-home visits aimed at improving early childhood development and children's health outcomes*

Reference	Title	Abstract
<b>A. ECD HOME VISITING</b>		
<b>Background</b>		
Bilukha et al. (2005)	The effectiveness of early childhood home visitation in preventing violence: a systematic review	In early childhood home visitation programs, parents and children are visited at home during the child's first 2 years of life by trained personnel who provide some combination of information, support, or training about child health, development, and care. Home visitation has been used to meet a wide range of objectives, including improvement of the home environment, family development, and the prevention of child behavior problems. The Task Force on Community Preventive Services (the Task Force) has conducted a systematic review of scientific evidence of the effectiveness of early childhood home visitation for preventing violence, with a focus on violence by and against juveniles. The Task Force recommends early childhood home visitation for preventing child abuse and neglect, on the basis of strong evidence of effectiveness. The Task Force found insufficient evidence to determine the effectiveness of early childhood home visitation in preventing violence by visited children, violence by visited parents, or intimate partner violence in visited families.
Bull et al. (2004)	Ante- and post-natal home-visiting programmes: a review of reviews. Evidence briefing	This review undertook several questions: Can home visiting improve child health outcomes? • There is insufficient evidence to suggest that home visiting programmes can have a beneficial impact on low birth weight or other pregnancy outcomes. • There is inconclusive evidence for any impact of home visiting on child abuse • There is good evidence to suggest that home visiting can have an impact in reducing rates of childhood injury. • There is some evidence to suggest a beneficial impact of home visiting on measures of intellectual development in children; these effects appear to be most apparent among children with identified problems associated with low birth weight or failure to thrive. • There is insufficient evidence to determine the influence or effect of home-visiting interventions on immunisation or hospital admission rates. • Evidence suggests that home visiting has the potential to encourage and support breastfeeding but more evidence is needed. • There is some weak evidence to suggest a positive

Reference	Title	Abstract
		<p>effect of home-visiting interventions on children's diets, but further research is needed to assess this effect in the light of methodological issues.</p> <p>Can home visiting improve the quality of parenting? • There is some good evidence to suggest that home visiting can produce positive effects on various dimensions of parenting or mother-child interaction. Further work is needed to evaluate which types of programme, or which programme components, are likely to replicate these impacts and to develop measures which limit bias in results.</p> <p>Can home visiting improve outcomes for mothers? • There is some evidence for a positive effect of home visiting on the detection and management of postnatal depression. Issues of measurement and report bias need careful consideration in future trials. • There is insufficient evidence to prove any long-term benefit of home visiting on access to social support. • There is insufficient evidence to prove any long-term benefit of home visiting on maternal life course development such as participation in education or employment, or the spacing of subsequent pregnancies.</p> <p>How are home visiting programmes best delivered? • Evidence suggests that home-visiting interventions that are restricted to the pursuit of only a narrow range of outcomes are less effective than those with a more comprehensive approach in which the multiple needs of families are addressed. • There is some evidence to suggest that more intensive programmes of home visiting have greater impact than others, but there is no clear answer to the exact prescription for the intensity and duration of home visiting programmes to be found within existing evidence. • Current evidence is not clear on the issue of whether home visiting is more effective when professionals rather than lay people provide it.</p>
Ferguson and Vanderpool (2013)	Impact of a Kentucky maternal, infant, and early childhood home-visitation program on parental risk factors	The purpose of this study was to assess the impact of families' participation in a home-visitation program offered by a central Kentucky health department on parental risk factors. Findings suggest that families who were deemed at-risk for adverse pregnancy and child health outcomes benefit from participation in the home-visitation program. Programs designed to promote positive pregnancy outcomes and child development may benefit from providing social support, fostering parental knowledge, skill development and problem solving, insuring proper medical care, and connecting parents with community resources.
KidsFirst Regina (2011)	How effective is home visiting?	This review looked at key findings on paraprofessional and professional home visiting programs in the United States and

Reference	Title	Abstract
	Findings from a focused literature review of home visiting interventions similar to KidsFirst	Canada since 1990 in outcome areas including prenatal, child abuse and neglect, child health and safety, child development, parenting, maternal self-sufficiency, and family functioning, and examined the relevance of these findings for the KidsFirst program. There is no consensus view about the success of home visiting programs. The review showed varying, mixed or inconsistent results. On the whole, the benefits to children and their parents were usually modest. In areas such as prenatal outcomes, signs of improvement due to programs similar to KidsFirst were rare.
Korfmacher et al. (2008)	Parent involvement in early childhood home visiting	This review provides an overview of an important aspect of early childhood home visiting research: understanding how parents are involved in program services and activities. There is a strong need to move from the simple question of whether or not home visiting works to exploring what occurs inside and around home visiting interventions (Gomby et al. 1999). Understanding parent involvement is central to this exploration. Having a better understanding of why and how families choose to spend their time in home visiting services will guide home visitors to identify strategies that keep parents participating and engaged in services that help them support their young children's development.
Lynn (2011)	Child and family outcomes of a long-term nurse home visitation programme: a randomised controlled trial	To investigate the impact of a long-term nurse home visiting programme, embedded within a universal child health system, on the health, development and well-being of the child, mother and family. This sustained nurse home visiting programme showed trends to enhanced outcomes in many, but not all, areas. Specifically, it resulted in clinically enhanced outcomes in breastfeeding duration and, for some subgroups of mothers, women's experience of motherhood and children's mental development.
Moore et al. (2012)	Sustained home visiting for vulnerable families and children: a literature review of effective processes and strategies	This literature review considers service delivery processes and strategies, and effective methods of engaging with vulnerable families that are associated with better outcomes for these families. It complements a recent literature review undertaken by the Centre for Community Child Health (CCCH) (CCCH, 2012) that examined Australian and international research evidence regarding the most effective components of sustained nurse home visiting programs. This review was intended to inform the development of an Australian sustained nurse home visiting program to improve outcomes for vulnerable families and children. The current literature review considers: 1. The importance of how services are delivered, as distinct from what is delivered – what features of the process of service

Reference	Title	Abstract
		delivery are associated with better outcomes?; and 2. Working with vulnerable families – what is known about effective ways of engaging and working with vulnerable parents and families?
Peacock et al. (2013)	Effectiveness of home visiting programs on child outcomes: a systematic review	The effectiveness of paraprofessional home-visitations on improving the circumstances of disadvantaged families is unclear. The purpose of this paper is to systematically review the effectiveness of paraprofessional home-visiting programs on developmental and health outcomes of young children from disadvantaged families. Significant improvements to the development and health of young children as a result of a home-visiting program are noted for particular groups. These include: (a) prevention of child abuse in some cases, particularly when the intervention is initiated prenatally; (b) developmental benefits in relation to cognition and problem behaviours, and less consistently with language skills; and (c) reduced incidence of low birth weights and health problems in older children, and increased incidence of appropriate weight gain in early childhood. However, overall home-visiting programs are limited in improving the lives of socially high-risk children who live in disadvantaged families. CONCLUSIONS: Home visitation by paraprofessionals is an intervention that holds promise for socially high-risk families with young children. Initiating the intervention prenatally and increasing the number of visits improves development and health outcomes for particular groups of children.
Russell et al. (2007)	The promise of primary prevention home visiting programs: a review of potential outcomes.	This review of home visiting outcomes underscores that some positive effects on children and families have been documented but that continued success will depend in large part on better documentation of impact.
Supplee and Adirim (2012)	Evidence-based home visiting to enhance child health and child development and to support families	Home visiting can be an effective mechanism to reach the highest risk families. Home visiting should be viewed as one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant and early childhood health, safety and development; strong parent-child relationships; and responsible parenting among mothers and fathers. Through collaborative efforts with partners, the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) program has the opportunity to effect changes that will improve the health and well-being of vulnerable populations by addressing child development within the framework of life course development and a socioecological perspective.





**SECTION III: RESULTS (continued)**

(2) *Community-based collaborative interventions aimed at improving early childhood development and children’s health outcomes at a population level*

Reference	Title	Abstract
<b>A. ECD COMMUNITY-BASED COLLABORATIVE</b>		
<b>Background</b>		
Abrahamsson and Samarasinghe (2013)	Open pre-schools at integrated health services - A program theory	Family centres in Sweden are integrated services that reach all prospective parents and parents with children up to their sixth year, because of the co-location of the health service with the social service and the open pre-school. The personnel on the multi-professional site work together to meet the needs of the target group. The article explores a program theory focused on the open pre-schools at family centres. Findings: The compliance of the professionals was the most significant element that explained why the open access service facilitated positive parenting. The professionals act in a compliant manner to meet the needs of the children and parents as well as in creating good conditions for social networking and learning amongst the parents. Conclusion: The compliance of the professionals in this program theory of open pre-schools at family centres can be a standard in integrated and open access services, whereas the organisation form can vary. The best way of increasing the number of integrative services is to support and encourage professionals that prefer to work in a compliant manner.
Armstrong et al. (2006)	Multi-sectoral health promotion and public health: the role of evidence	A collaborative approach to gathering and applying evidence is crucial to implementing effective multi-sectoral health promotion and public health interventions for improved population outcomes. This paper presents an argument for the development of multi-sector evidence and discusses both facilitators and challenges to this process. Conclusions Decisions in health promotion and public may benefit from consideration of the ways in which disciplines and sectors can work together to inform policy and practice.
Ball (2008)	Centring community services around early childhood care and development: promising practices in Indigenous	Noted communities are creating programs that are relevant and appropriately utilized by community members and that are helping to revitalize Indigenous knowledge and languages. All of the communities have committed to some degree of integrated service delivery consistent with their understanding of needing to support the ‘whole child’ in the context of family-

Reference	Title	Abstract
	communities in Canada	centred and community-centred practice.
Centre for Innovation in the Early Years	Study visit to Swedish family centres and ECEC: some summarizing thoughts and memories to remember	The main purpose of the study visit was to gain insight in the family policy in Sweden, and more specifically in (1) the integrated family centres and (2) the early childhood education and care in Swedish cities. We aspired that the study visit is a source of inspiration for both policymakers and practitioners in order to develop high quality and universally accessible integrated family support and educational services that are available to all families in Brussels.
Danaher (2011)	Reducing health inequities: enablers and barriers to inter-sectoral collaboration	Addressing systemic health disparities and their underlying social determinants are complex and challenging social and policy problems. One increasingly important direction that addresses the dynamic and inter-dependent nature of the social determinants of health has been through collaboration across different policy and program sectors. Based upon extensive key informant interviews and a review of existing literature, this study identifies the enablers and barriers for inter-sectoral collaboration that can ameliorate the impact of health disparities and contribute to the policy and social changes needed to address their underlying social determinants. These key success conditions are: <ul style="list-style-type: none"> <li>• a powerful shared vision of the problem to be addressed and what success would look like in solving it;</li> <li>• strong relationships among partners, as well as the most effective mix of partners;</li> <li>• leadership, both in advancing shared purposes and sustaining the collaboration;</li> <li>adequate, sus-tainable and flexible resources; and</li> <li>• efficient structures and processes to do the work of collaboration.</li> </ul>
Edvardsson et al. (2012)	Improving child health promotion practices in multiple sectors - outcomes of the Swedish Salut Programme	To improve health in the population, public health interventions must be successfully implemented within organisations, requiring behaviour change in health service providers as well as in the target population group. The purpose of this study was to examine the outcomes of a child health promotion programme (The Salut Programme) on professionals' self-reported health promotion practices, and to investigate perceived facilitators and barriers for programme implementation. Self-reported health promotion practices and collaboration were improved in all sectors at follow up. Main facilitators for programme implementation included cross-sectoral collaboration and sector-specific work manuals/questionnaires for use as support in everyday practice. Main barriers included high workload, and shortage of time and staff.

Reference	Title	Abstract
Farrell et al. (2004)	Building social capital in early childhood education and care: an Australian study	The research reported in this article bridges research on the social capital of children, their families and community members in the context of a state-wide initiative (in Queensland, Australia) of integrated early childhood and family hubs. Children's social capital was found to be higher in the urban community than in the rural community, highlighting the potential of child and family hubs to strengthen children's social capital in those communities with few social facilities.
Goodall and Vorhaus (2011)	Review of best practice in parental engagement	The evidence of the impact of family literacy, language and numeracy programmes on children's academic and learning related outcomes is extensive and robust, particularly in the case of literacy. There are some outstanding models of family literacy and numeracy interventions, including the Mother-Child Education Programme in Turkey. Family literacy and numeracy programmes can have a positive impact on the most disadvantaged families, including the academic outcomes of the children. Partnership and multi-agency arrangements are an essential component of a comprehensive strategy for parental engagement. An evidence-based model that looks to build relationships across the family, the school, and the community can improve outcomes for low-income and socially culturally marginalised families.
Hayes et al. (2012)	Collaboration between local health and local government agencies for health improvement	In many countries, national, regional and local inter- and intra-agency collaborations have been introduced to improve health outcomes. Evidence is needed on the effectiveness of locally developed partnerships which target changes in health outcomes and behaviours. The objective of this systematic review was to evaluate the effects of interagency collaboration between local health and local government agencies on health outcomes in any population or age group. Collaboration between local health and local government is commonly considered best practice. However, the review did not identify any reliable evidence that interagency collaboration, compared to standard services, necessarily leads to health improvement. A few studies identified component benefits but these were not reflected in overall outcome scores and could have resulted from the use of significant additional resources. Although agencies appear enthusiastic about collaboration, difficulties in the primary studies and incomplete implementation of initiatives have prevented the development of a strong evidence base. It is possible that local collaborative partnerships delivering environmental interventions may result in health gain but the evidence base for this is very limited. The results demonstrate that collaborative community partnerships can be established to deliver interventions but it is important

Reference	Title	Abstract
		to agree on goals, methods of working, monitoring and evaluation before implementation to protect programme fidelity and increase the potential for effectiveness.
Head and Stanley (2007)	Evidence-based advocacy. The Australian Research Alliance for Children and Youth (ARACY)	The Australian Research Alliance for Children and Youth (ARACY) was established in 2002 by leading stakeholders from three sectors - research, government policy, and professional practice - concerned to tackle the major issues affecting the wellbeing of Australia's children and young people. This is a network-based organisation, with major emphasis on collaboration across these three sectors. Strong emphasis is placed on promoting an evidence-based approach, focussing on a manageable number of key topics, building and disseminating the knowledge base, and translating knowledge into positive solutions that have support across these sectors. This network approach is making a difference in attracting support for evidence-based advice about effective early intervention in areas of particular concern for the wellbeing of young people, such as mental health, drugs and alcohol use, juvenile justice, and vocational skills training.
Henderson (2011)	Family-school-community partnerships 2.0. collaborative strategies to advance student learning	In local communities across the US, National Education Association affiliate members and leaders are working closely with parents, families, and community members to close achievement gaps, improve low-performing schools, and transform relationships between schools and their communities. This report identifies and describes key partnerships that Association members have forged in 16 communities and includes the Association perspective on these efforts. Part I of this report reviews recent research on school and family collaboration and presents 10 key strategies for creating effective family- school-community partnerships that are focused on advancing student learning. Part II contains profiles for each of the 16 partnership programs. These profiles demonstrate very clearly that family-school-community partnerships with a central focus on advancing student learning can have a powerful impact.
Hicks (2011)	Promoting healthy child development: the role of data, evidence and evaluation	The Children's Outcomes Project (COP) promotes the work of integrated, multi-sector place-based initiatives to improve the health and well-being of children. The COP learning community includes state- and community-based initiative teams and select national program and advocacy experts. The COP has two purposes: (1) to help the place-based, multi-sector teams advance innovative prevention and health promotion policies and practices for the children in their communities and states; and (2) to influence federal policy to better support multi-

Reference	Title	Abstract
		sector, place-based initiatives focused on the health and well-being of children.
Johns (2010)	Early childhood service development and intersectoral collaboration in rural Australia	There is a paucity of research into the development of intersectoral collaborations designed to support early childhood development in rural communities. Drawing on findings from a qualitative study conducted in three small rural communities in Tasmania, this paper will examine community-based intersectoral collaborations involving government and non-government organisations from the health and allied health, education and community service sectors. The paper analyses the process of developing intersectoral collaborations from the perspective of early childhood health and wellbeing. The specific focus is on collaborations that build family and community capacity. Findings indicate that three groups of factors operate interdependently to influence collaborations: social capital, leadership and environmental factors. Each community has different leadership sources, structures and processes, shaped by levels of community social capital, and by environmental factors such as policy and resources. Effective models of early childhood development require strong local and external leadership. Rural communities that are able to identify and harness the skills, knowledge and resources of internal and external leaders are well positioned to take greater ownership of their own health and wellbeing. The paper provides guidelines for developing and enhancing the capacity of rural communities at different stages of collaborative readiness.
Milton et al. (2012)	The impact of community engagement on health and social outcomes: a systematic review	Community engagement is central to national strategies for promoting health, yet there have been few attempts to systematically review the evidence on the impact of initiatives that aim to engage communities. This rapid review fills this gap by exploring the population impact of initiatives which sought to address social determinants of health. It took a novel approach to synthesizing a sample of the enormous UK literature on community engagement. The synthesis found no evidence of positive impacts on population health or the quality of services, but initiatives did have positive impacts on housing, crime, social capital and community empowerment. Methodological developments are needed to enable studies of complex social interventions to provide robust evidence of population impact in relation to community engagement.
Moore and Fry (2011)	Place-based approaches to child and family services.	This paper synthesizes the conceptual and empirical literature on place-based approaches to meeting the needs of young children and their families. What has emerged has been a

Reference	Title	Abstract
	a literature review	framework for a comprehensive community-based approach with these characteristics: universal; tiered, multi-level; place-based; relational; partnership-based; governance-structure.
Ontario Literacy Coalition (2010)	Partnership Framework for Integrated Family Literacy Planning. Research findings	Family literacy programs in Ontario are provided by multiple types of organizations, receive funding from various sources and fall under different policy frameworks, which has resulted in a patchwork of programs with diverse program models, accountability structures and reporting requirements. This makes it difficult to assess program outcomes including the extent to which programs meet local needs, providing little knowledge about the extent to which public funds are allocated effectively, efficiently, and equitably. Ontario's Best Start strategy and its plan to shift to an increasingly coordinated and integrated system of child and families supports through CFCs may correct some of this chaos. However, since many family literacy programs are not part of the Best Start policy framework, namely communitybased organizations that receive grant funding from federal, provincial, local, and other sources, there is a need to ensure that the CFC approach will be inclusive of these organizations in some way. There is therefore a leadership opportunity for the Provincial Government to promote dialogue and build expertise on how to embed and align family literacy in order to create more literate communities.
Purcal et al. (2011)	Does partnership funding improve coordination and collaboration among early childhood services? : experiences from the Communities for Children programme	This article examines the impact of mandated funding provision for partnerships in large scale programmes. Though collaboration - or integration - among service providers is an important aspect of human service delivery, there is little research on their outcomes in cases where they are mandated and funded. The article investigates findings from the evaluation of the Australian Government's Communities for Children (CfC) programme, and reports on the number and quality of partnership activities, factors contributing to improved partnerships, organisational and practical factors, and challenges and barriers.
Saewyc and Stewart (2006)	Evidence review: healthy child and youth development	Although the evidence base for population-focused interventions to promote healthy child and youth development is still limited, and most interventions incorporate measures of risk reduction or prevention rather than actual measures of protective factors or healthy development, the evidence does suggest a number of strategies are effective: 1. Family connectedness is a strong protective factor that has been the focus of very little intervention research. Interventions to promote family connectedness and positive family

Reference	Title	Abstract
		<p>environments for children and youth should be developed or, where they already exist, should be rigorously evaluated; 2. Single-strategy interventions, especially health education strategies focused on increasing knowledge and/or changing attitudes, are common but not consistently effective in achieving behavioural change or positive child and youth development outcomes; 3. Mentorship programs are one of the few single-strategy interventions with consistently positive effects on healthy child and youth development in a variety of developmental task areas; 4. Interventions should incorporate skill building for more effective and sustained behaviour change; 5. Policy approaches to promote healthy child and youth development should be evidence-based; not just evidence for the outcome the policy aims for, but also that the mechanism implemented in the policy has scientific evidence of its effectiveness in achieving the stated aims. More policy evaluations are needed to document intended and unintended consequences of health policy and laws; 6. Multi-strategy approaches, especially those which incorporate environmental change strategies such as community development/coalition building, intersectoral collaboration, and policy development, appear to be more effective than single strategies, although it is important to weigh the cost and complexity against expected gains.</p>
Sanders et al. (2009)	Enhancing outcomes for children and young people: the potential of multi-layered interventions	<p>This paper will examine the way in which multi-layered interventions contribute to enhanced outcomes for families and neighborhoods. This paper will consider the potential of programs that blend early childhood education, parent development and community development practice for enhancing outcomes for stressed and vulnerable children and young people. It will consider the case of a neighborhood-based community centre which has adopted this broad-based approach to support focusing on indicators of success in delivery and outcomes.</p>
Wilder (2010)	Characteristics of effective collaboration among innovative early childhood intervention programs	<p>Recent research has shown that early childhood intervention programs have a greater impact on the life chances of children when there is effective collaboration between the program, parents, and the community. This research aimed to identify characteristics of effective collaboration within two early childhood intervention programs that differed in size, program structure, and demographics of families and communities served. Results showed that collaborative relationships were formed and maintained through effective communication with parents and community partners. Effective communication included ongoing routine communication, as well as face-to-</p>

Reference	Title	Abstract
		face regular interactions where participants spent time discussing the needs of the families and children served by the program. Strong leadership was essential to creating an atmosphere of collaboration at each intervention site and when leadership changed, collaborative relationships among the program, parents, and community dissolved.
Yang et al. (2013)	Collaborative practice in early childhood intervention from the perspectives of service providers	Effective early childhood intervention (ECI) relies on collaboration among agencies, service providers, and families. This article investigates service providers' understanding of and reflections on their actual experiences of being engaged in collaborative service delivery. The findings explain the practices and emphasize the value of working together with families to achieve effective collaborative.



**SECTION III: RESULTS (continued)**

*(4) Health Equity Research*

Reference	Title	Abstract
<b>C. ECD HEALTH EQUITY</b>		
World Health Organization (2006)	Levelling up (part 1): a discussion paper on concepts and principles for tackling social inequities in health	This document (Part I) covers these concepts: What is the difference between variations in health and social inequities in health?; Fairness and human rights; Inequality and inequity are synonymous; So what is equity in health?; Widespread inequities throughout Europe; A widening health divide; The phenomenon of the social gradient; Social inequities in access to health services; What does equitable health care look like?; Different goals for equity in health and in health care. Part II includes ten principles for policy action.
Network of Inner City Community Services Society (NICCSS)	Inner City Response Team (Note: this initiative has been renamed as Inner City Childhood Development Response Team; New url: <a href="http://www.niccss.ca/what-we-do/what-we-do">http://www.niccss.ca/what-we-do/what-we-do</a> )	<p>NICCSS provides a number of programs using a collaborative community building model. The programs are designed and carried out with the involvement of residents of the inner city. NICCSS embraces diversity in all of programs and accordingly has arranged to provide services in several languages. NICCSS provides a number of programs using a collaborative community building model including:</p> <ul style="list-style-type: none"> <li>• Home Support and Supervised Access Services</li> <li>• Capacity Links Seniors Program</li> <li>• Roving Leaders Children and Youth Program</li> <li>• HUB Family Support Program</li> <li>• iRENT Bank</li> <li>• Bright Family Futures (BFF)</li> </ul> <p>[Formerly, the Inner-City Response Team brought together community members and service providers to focus on achieving successful outcomes for children living in Vancouver’s inner city. Vancouver’s inner city includes Canada’s poorest postal code. It is home to many Aboriginal and First Nations families, as well as to non-English speaking and immigrant populations. Children living in the inner city are exposed to a high level of violence and social disorder. Families struggle with poverty, drug abuse, violence, street crime, and disorder. The project sought to build a safety net around the child—involving both family and community—working across traditional service silos. The teams were organized around four major key result</p>

Reference	Title	Abstract
		areas: Child Health, Child Development, Family Functioning, and Improved Systems of Care. This was a place-based strategy.]
	Sheway [program]	Sheway is a community outreach program for childbearing women and their children who live in the Downtown Eastside of Vancouver. The program aims to: help women access prenatal care and a range of other supports during pregnancy; provide education, referral and support to women to help them reduce risk behaviour (particularly the reduction or abstinence from alcohol and drug use during pregnancy); support mothers in their capacity as parents and caregivers; and promote the health, nutrition and development of children born to women accessing prenatal care at Sheway in the period up to 18 months following birth.
	Healthy Baby Manitoba [program]	Healthy Baby is a financial assistance program for nutrition during pregnancy. Healthy Baby is a two-part program that offers financial assistance and community programs to expectant and new families. The program offers friendly, informal prenatal and postnatal outreach programs, which center around nutritional and health information. The community programs offer social support and educational classes to encourage early, regular prenatal care and promote infant development. Pregnant women who live in Manitoba and have a net family income of less than \$32,000 are eligible to participate in the program. Healthy Baby sends monthly checks to expectant mothers during pregnancy. There is a sliding scale based on income that is used to calculate benefits. In addition to monthly checks, additional information is included inviting women to participate in programs in the community, basic nutrition, and healthy messages
	<a href="#">KidsFirst</a> [program]	KidsFirst is a federally-funded, provincially-run intervention program launched in 2002 that provides support and services to vulnerable families with young children (aged 0-5) in Saskatchewan. It is offered in nine areas of the province that were identified as having high levels of need when the program was established. There are KidsFirst programs in Meadow Lake, Moose Jaw, Nipawin, Northern Saskatchewan, North Battleford, Yorkton and selected neighbourhoods in Prince Albert, Regina and Saskatoon.
	<a href="#">Rimbey Neighbourhood Place</a>	Neighbourhood Place has been in Rimbey, Alberta, since 2000. The program strives to be at the fore front of Community Capacity Building in Rimbey and the surrounding area. Foci are: 1. The EMap Project (which

Reference	Title	Abstract
		stands for Early Childhood mapping). “This project involves evaluating preschoolers on many different functional levels and then taking that information and planning programs and supports for the areas that fall short. The reasons are many: Because we recognize the value of the early years and the role that the community plays in a child's early development and supporting parents. We believe there is a sense of urgency for us to have as much impact as we can in the small window of time in the first five years of life. We believe that together we are stronger, if we collaborate rather than compete we can achieve more. If we share resources we all succeed.”
	<a href="#">Blackfalds Neighbourhood Place</a>	Neighbourhood Place has partnered with many agencies, groups and organizations to create resources in the community of Blackfalds, Alberta. With many partners, a goal is to be able to meet local needs with local services and programs. One of the partners, Lacombe, manages Community Housing for Low-Income Families-Lacombe Foundation which operates 15 community social housing units in Lacombe. Other initiatives include: immigrants and refugees support, rural community awareness, volunteer and interpreter program and a seniors program.
	<a href="#">Munchkinland Discovery Centre</a>	Munchkinland Discovery Centre French Creek (located in Coombs) is supported by Community Partners PacificCare Child Care Resource and Referral (CCRR) and Arrowsmith Recreational Team (A.R.T.). Both organizations have been significant long term supporters of children and families throughout School District 69 Qualicum.

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