Report of Senior Administration to the Board of Trustees

February 27, 2012

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This report from members of the Brandon School Division Senior Administration is submitted respectfully for your consideration, action, and information.

Dr. Donna M. Michaels
Superintendent of Schools/
Chief Executive Officer

A. Business Arising for Board Action

I. PRESENTATIONS

II. HUMAN RESOURCES

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I. HUMAN RESOURCES

1. PERSONNEL REPORT

For Information ..... B. Switzer

Included in the agenda package as Confidential #1 is the Personnel Report, a listing of resignations and employment approved by the Superintendent of Schools and Secretary-Treasurer since the last meeting.

II. SECRETARY-TREASURER

1. 2012/2013 BUDGET DELIBERATIONS

For Information ..... K. Zabowski

On February 21, 2012 the Board of Trustees held their all day budget meeting. Attached as Appendix A are budget schedules reflecting the budget decisions made by the Board. Please contact me should you require further information.

2. SUPERINTENDENT OF SCHOOLS

1. SCHOOL INFORMATION

For Information ..... D. Michaels

A. QUALITY LEARNING

QUALITY LEARNING SERVICES AT GREEN ACRES SCHOOL
Report prepared by Mr. Craig Manson, Principal, Green Acres School

Several quality learning initiatives are taking place at Green Acres School.

As part of our third school goal, involving the social and emotional well being of all students, the Green Acres staff decided to start with a School Wide Behavior Matrix. The matrix involves expected behavior from students; in the various areas of the school, on the school grounds, to and from school, and on field trips. It is to help students and staffs know what the expected student behavior is under various circumstances.
We are getting input from all teachers and will be seeking input from all students. Everyone will have a sense of ownership in the matrix.
The staff had its first gathering on Friday, February 3, 2012.

It was noted that:

- staff visibility is important for the desired behavior expected from students;

- the fewer absolutes we have, the more flexibility we have to operate as professional educators. This positions us to be fair and sensible in our relationships with students and each other; and
- the one general procedure (rule) everyone should have is "have respect for all people, all property, and oneself".

B. QUALITY TEACHING

QUALITY TEACHING AT ÉCOLE SECONDAIRE NEELIN HIGH SCHOOL

Report prepared by Mr. Michael Adamski, Principal, École Secondaire Neelin High School

The Neelin staff remains engaged actively in the work related to collaborative teaching practices across the subject disciplines. Initially, the focus for our work, as outlined in our School's Development Plan, centered on the subjects of Mathematics and Science. However, school teams have since expanded this valuable teaching method to include other departments and programs within our school setting.

A large focus of Neelin's professional development with staff has focused on current planning and assessment practices and their connection to Brandon School Division Policy 4052. The teaching staff have been privy to presentations regarding backwards by design planning techniques which have led to discussions about assessment for, as, and of learning. As well, all Neelin teaching staff have been briefed regarding, and have access to, the Provincial document *Rethinking Classroom Assessment with Purpose in Mind.*

An initial objective at Neelin has been with Curricular Mapping strategies specifically within the English Language Arts (ELA) department. These collaborative team meetings focus on best practices by attaining a common understanding of the curriculum, planning with the end in mind, and finally creating meaningful authentic forms of assessments.

The approach to collaborative teaching methods has extended beyond our ELA department and into our Social Sciences department and the subject of History. Both our French Immersion and English staff are working together with the concept of understanding by design and applying this approach not only within their department but across programs available at the school. It is also proven to be an opportunity for teachers, as part of the International Baccalaureate (IB) program, to work collegially with those teachers not presently assigned to teach the IB curriculum.

One final example that is presently being implemented at Neelin with the idea of collaborative teaching is with our English as an Additional Language (EAL) students and our grade 9 transitions classroom. Both teachers assigned to these areas have worked closely to develop a unit of study that has brought together two challenged groups of very special learners. The positive connections made within the classroom

are obvious especially with the ability to appreciate each other's diverse cultural experiences.

With the successful implementation of these collaborative approaches to teaching, both teachers and students appear to be very much engaged and continue to remain challenged.

C. QUALITY SUPPORT SERVICES

QUALITY SUPPORT SERVICES AT VALLEYVIEW CENTENNIAL SCHOOL

Report prepared by Ms. Darlene Wilkinson, Principal, Valleyview Centennial School

Valleyview Centennial School received out-of-ratio support for a .25 Empower™ and a .25 middle years transition teacher this year. A teacher was chosen to teach both positions as a middle years literacy specialist and is receiving training this year in the delivery of the Empower program.

There are five (5) students in the Empower™ group, which meets daily for an hour. Entry to this program was through identification by teachers of students with extensive phonological delays. The Empower™ teacher then did an assessment on each of the screened students and a team of classroom teachers and specialists met to determine selection to the program. The daily hour for Empower™ was blocked across the three (3) classrooms with students in the program and we make an effort to keep that time dedicated to the program without interruptions.

There are two (2) middle year transition groups with four (4) in one group and three (3) in the other. Each of these groups meets for a half hour daily. The identification and selection process was the same as Empower™ but the focus is more on reading texts with comprehension and writing skills.

At the February 10, 2012 Response to Intervention meetings, the team discussed individual student progress. The first classroom teacher started the day off by announcing that she had great news. All three (3) boys from her class who are receiving intervention in either Empower™ or middle years transition have already surpassed their March goals for their individual education plans.

This celebration of success was a general pattern for our consultation with each teacher. The students who were chosen for these interventions have very delayed literacy skills but all but one (1) have achieved at least a year's growth in achievement in the first five (5) months of the year! The student who has not achieved a year's growth yet has begun to read for the first time despite many previous interventions and our team is thrilled with his success.

The Response to Intervention meetings provide an opportunity for classroom teachers and specialists to communicate and plan for the enhancement of student

learning. There is a strong collaborative effort so that transfer of skills between small groups and classroom activities is clearly evident.

Improving the achievement growth of Aboriginal students is a divisional goal supported at the school level by these interventions. Nine (9) of the twelve (12) students receiving this support have Aboriginal heritage and are achieving this success.

D. ADMINISTRATIVE AND STATISTICAL INFORMATION

SUSPENSIONS

SCHOOL	NO./STUDENTS	NO./DAYS	REASON
Crocus Plains Regional Secondary School	6	3,5,10	Assaultive Behaviour, Drug & Alcohol Policy
Vincent Massey High School	3	5	Drug & Alcohol Policy, Unacceptable Behaviour

ENGLISH AS AN ADDITIONAL LANGUAGE (EAL) ENROLMENT REPORTING / JANUARY 2012

The Brandon School Division Currently has 1189 English as an Additional Language (EAL) Students.

- 9 (nine) new registrations for the current school year were received in January 2012;
- 4 (four) students left the Brandon School Division from January 1 – 31, 2012.

The number of new EAL registrations received to date for the 2011/2012 school year is as follows:

Month of Registration	Number of New EAL Registrations Received
August 2011	3
September 2011	188
October 2011	20
November 2011	18
December 2011	7
January 2012	9
Total	245

The current school totals are as follows:

	Current Total	Students who have left the Division	EAL Discontinued (Stage 5+)
Alexander	0		
Betty Gibson	96	5	
Crocus Plains	141	17	1
Earl Oxford	63	1	
George Fitton	84	4	
Green Acres	20	1	
Harrison	1		
J.R. Reid	21		
King George	74	4	
Kirkcaldy Heights	24		
Linden Lanes	20		
Meadows	118	5	
Neelin	30	3	
New Era	150	9	
O'Kelly	9		
Riverheights	61	1	
Riverview	47		
Spring Valley	19		
St. Augustine	38	2	2
Valleyview Centennial	11	1	1
Vincent Massey	131	7	2
Waverly Park	31	1	
Total	1189	61	6

The number of students who left Brandon School Division from January 1 - 31, 2012 is four (4).

Of the four (4) students that left the Brandon School Division:

- one (1) student left the Division;
- one (1) student moved to China;
- one (1) student not returning;
- one (1) student withdrew due to age/non attendance.

Three (3) students changed catchment areas within the Brandon School Division from January 1 – 31, 2012.

SCHOOL VISITS (FEBRUARY 6 TO FEBRUARY 17, 2012)

- Thursday, February 9, 2012 - King George School

2. DIVISIONAL INITIATIVES

For Information ..... D. Michaels

A. QUALITY LEARNING

SENIOR HIGH ACCESS COMMITTEE MEETING / JANUARY 18, 2012

The most recent meeting of the Senior High Access Committee was held on February 2, 2012.

A final review of the High School Transitioning Profile, related processes and timelines pertaining to Grade 9 registration for the 2012-2013 school year occurred. The timeline for a discussion meeting of Elementary and Senior High Principals regarding the learning and engagement of students with Aboriginal heritage was discussed. It was agreed to schedule this meeting during the month of April 2012.

Management Items

The following management items were discussed:

1. School Athletics Fundraising by Parents
2. Teen Clinic

The next meeting of the Senior High Access Committee will take place on March 14, 2012.

HEALTHY SCHOOLS MEETING/ FEBRUARY 1, 2012

The most recent meeting of the Healthy Schools Committee was held on February 1, 2012.

Agency Updates

The following agency updates were discussed:

Public Health Nurse – Jane

Sensitive issues training was completed yesterday for the grade 9 to 12 teachers. We had 11 attendees and one ill. Overwhelming evaluations - they appreciated the activities and tools that were given to them. They especially appreciated the USB sticks that were given to them that had curriculum and all the resources on it. They felt it was advantageous to have it all in one spot rather than them having to navigate many sites. With this training and the training done at LIFT in October 2011 we have now trained 14 (fourteen) staff at the grade 9 to 12 levels this year. This is very exciting since this staff had not had training in well over five (5) years.

Request - Healthy Schools committee gave me money to purchase USB sticks for the Sensitive Issues training that was done for LIFT in October and for this training done yesterday. We still have training for the kindergarten to grade 8 teachers on February 22 that has 24 teachers signed up for – I would like to provide them with the USB stick as well and was hoping Healthy Schools would provide the funds again. It would be approximately twenty four (24) sticks at 6 to 8 dollars per stick. I look

forward to your reply. I will let you all know how the training goes in February at our next meeting. Thank you for your support.

The committee has agreed to pay for the additional USB sticks.

The winners of the Teen Clinic survey will be announced in the next couple of weeks. Each school will be notified of the winners in their school as long as each student signs our release of information form.

Community Mental Health Nurse – Mental Health Promotion – Tracy

As Mental Health Week is approaching (May 7-13, 2012), Tracy has brought forward a presentation for schools in the Brandon School Division. Tracy indicated that she would like option 4, 5 or 6. The Committee has agreed to fund this project and will wait for further information. Elaine will present this at the principals' table on Thursday, February 2, 2012.

The January 30 and 31, 2012 session was well attended. February 8, 2012 is Bell "Let's Talk Day" to bring awareness to depression. Tracy wanted to bring to our attention a website for this: www.mindcheck.ca.

CATC Program Representative – Catherine

The Active Parenting workshops are ongoing. They would like to bring a speaker to Vincent Massey High School to speak about technology.

Brandon Regional Healthy Authority – Susan

Sandra Koch from 7th Street Health Access Centre is going to be offering Triple P group parenting classes to start, hopefully, in April this year. More information to follow.

Community Nutritionist position is vacant, (Susin Cadman retired December 31 2012), requests for presentations can be forwarded on to myself at 578-2507 or Vanessa Hamilton at 578- 2195, we may not be able to fulfill requests at this time due to the staffing shortage; however we are keeping a list of all requests.

Health Promotion Education Specialist position is still vacant as well.

Healthy Brandon Family Skate party is coming up on Saturday, February 11, 2012.

FASD conference on May 10 2012, save the date poster circulated more details to follow.

Smoking Cessation strategies training sessions are being offered by Wendy Brock, contact her at 578-2527. She will provide information sessions to school staff such as

a lunch and learn session, tailored to meet the needs of the group. She is available until March 31, 2012.

Susan shared the latest Health Care News. Copy is attached as Appendix B.

Physical Education/Health Specialist – Ralph

Mr. Clark's report is attached as Appendix C.

9-12 Principal Representative - Elaine

Teen Clinic does very well with an increase in time of half an hour.
Gay Alliance group recently had one week of activities organized during the lunch hour. This was a well received event.

Community Drug and Alcohol Education Coordinator – Lili Jardine

Youth Revolution has over 130 projects on the go with 250 class members. The December 7, 2011 Share and Learn session meetings provided some really good resources.
February 8 & 9, 2012 – Health Canada Summit
February 22 – Youth Revolution Summit (250 attending)/Cup Stamp Project
February 29 – Youth Revolution drum Café (800 drums); this event promotes mental health/service to community/adopt-a-village/Body Break/Manitoba in Motion/Health Canada. This is for grades 5 to 8.
April 19 – Wellness Day; AFM wants Lili to speak at the conference
May 30, 2012 – Gimli – Healthy Schools Conference
June 6 – Youth Revolution Ceremony

Request for funding for SPIN lunch (fruit) – Lili will get a quote.

The next meeting of the Healthy Schools Committee will take place on Wednesday, May 2, 2012.

B. QUALITY TEACHING/QUALITY LEARNING

LITERACY SUPPORT PROGRAMMING (K-8) – PROGRESS UPDATE

(Strategic Plan Reference: Literacy – Objective #1)

On February 7, 2012 Principals, Vice-Principals and Senior Administration met to review the K-8 Literacy Support Programming and discuss its implementation progress. Betty Howell, Principal, St. Augustine School provided an introduction analysis of the Fountas and Pinnell assessment framework, together with a comparison to other tools. The Fountas and Pinnell tools represent the best practice of assessing K-8 student literacy development. These tools (framework) are referenced for implementation during 2011-2012 in the Divisional Strategic Plan.

We reviewed the implementation progress of the Divisional Literacy Support Programming; representing the current continuance of programs: Reading Recovery® (grade 1), Early Years Literacy Support (K-4), Empower™ Reading (Middle Years, grade 9), Middle Years Support (5-8), Leadership for Adolescent Literacy (5-8). *Please see Appendix D for details.

REGIONAL/PROVINCIAL SPELLING BEE CHAMPION, ERIC LIN, GRADE 8 STUDENT AT WAVERLY PARK SCHOOL

Message prepared by Mr. Bob Lee, Principal, Waverly Park School

Eric Lin, Grade 8 student at Waverly Park School, won the regional / provincial spelling bee in Winnipeg on Saturday, February 11, 2012, and will be representing Manitoba in the National Spelling Bee in Toronto from March 28 to April 1, 2012. He was competing against fifty (50) other students from around the province. He received a $5000 Educational Scholarship and very impressive trophy.

Eric has won our school wide spelling bee for three (3) straight years and so third time is truly a charm!

The Winnipeg Free Press is the organizer of the spelling bee around Manitoba. The Spelling Bee at Waverly Park school has always been a real crowd pleaser as the student body is very impressed with the abilities of those winning classroom written bees to participate in our school wide oral bee and this will certainly increase, even further, our annual bee's excitement!

C. QUALITY SUPPORT SERVICES

TELL THEM FROM ME SURVEY

Report prepared by Mr. Mathew Gustafson, Principal, Vincent Massey High School

Brandon School Division is implementing the Tell Them From Me Survey (TTFM) for the second consecutive year. The three (3) surveys available to schools are:

- The Effective Schools Survey (grades 6-12)
- The Elementary Effective Schools Survey (up to grade 6)
- The Focus on Learning (FoL) Teacher Survey

TTFM is an online school survey that allows students to give their input into school improvement initiatives in an anonymous way. Students are encouraged to complete the survey, but may choose not to. Everyone completing the survey will be given a random username and password; thus, respondents cannot be linked to their responses, ensuring anonymity. The student survey is completed online and requires approximately 35-40 minutes to complete. The student survey measures include such topics as social/emotional outcomes (e.g. student engagement,

emotional health), physical health outcomes (e.g. physical fitness, risky behaviours), and drivers of student outcomes (e.g. quality instruction, classroom context). The survey also allows students to give their thoughts and feedback in an open-ended question response.

The TTFM FoL Teacher Survey is an online survey that allows teachers to give their input into school improvement initiatives in an anonymous way. Respondents cannot be linked to their responses, ensuring anonymity. The questions in the survey are grouped to assess eight of the most important *Drivers of Student Learning* (Leadership, Collaboration, Learning Culture, Data Informs Practice, Teaching Strategies, Technology, Inclusive School, and Parent Involvement). The research on classroom and school effectiveness has consistently shown these factors to be strong correlates of student achievement. Teachers are also asked to respond to questions from the *Four Dimensions of Classroom and School Practice*

TTFM was created by The Learning Bar, based on the work by co-founder Dr. J. Douglas Willms. Dr. Willms is widely known nationally and internationally for his work on the development of educational monitoring systems, including the Program for International Student Assessment (PISA) of the Organization for Economic Cooperation and Development (OECD).

Seven (7) schools are administering the survey in the 2011-12 school year. The schools participating include Crocus Plains Regional Secondary School, George Fitton School, École Harrison, École Secondaire Neelin High School, Meadows School, Riverheights School, Vincent Massey High School, and Waverly Park School. Representatives from the schools participated in a web conference with the Learning Bar to discuss the implementation and the reports available to each school. Two (2) schools have completed the student surveys and the other five (5) schools are in various stages of implementation. The survey administration has gone relatively smoothly with only an Internet Explorer compatibility issue that is in the process of being addressed. Currently two (2) schools are developing plans for administration of the teacher survey.

3. COMMUNITY CONNECTIONS

For Information ..... D. Michaels

MEETING WITH CHIEF OF POLICE, BRANDON POLICE SERVICE / JANUARY 31, 2012

On January 31, 2012, Chief Keith Atkinson and I met to discuss the work and support of the Brandon Police Service in Brandon School Division schools. Specific topics included the role of the School Resource Officer and future requirements in the senior high schools for such services; police officer availability for safety/supervision support at school community events; and the impacts related to the changing demographics in Brandon. Chief Atkinson and I meet three to four times per year. The Brandon School Division values highly the work of the Brandon Police Service in supporting our schools' safe, secure, and respectful working and learning environments.

MEETING WITH DEPUTY MINISTER OF EDUCATION / FEBRUARY 2, 2012

On February 2, 2012, Deputy Minister, Dr. Gerald Farthing and I met to discuss curricular matters related to the sixth priority of Manitoba Education "Literacy and Numeracy (Mathematics)". Dr. Farthing is meeting with each Manitoba school division's superintendent to review divisional directions and practice related to literacy and numeracy. Specifically Dr. Farthing and I discussed the following:

- Manitoba Education's refocus on fundamental learning in numeracy with a reemphasis on standard algorithms; teaching for skills and understanding (age and grade appropriate).
- Teacher professional learning (inservice) in differentiation of instruction.
- Pre-service teacher education (inservice) in differentiation of instruction in literacy and numeracy.
- Future of Senior High Mathematics courses (pre-calculus, applied consumer education).
- Manitoba Education sponsorship of an invitational "Math Summit" – Spring 2012
- Manitoba Education implementation of assessments in: PISA, PCAT, grade 3, grade 12.
- Senior High School preparation for the PISA – timelines, criteria.

Dr. Farthing advised that each Superintendent is requested to write to him regarding "what is most important in numeracy in your division?"

It was a very effective and productive meeting.

MEETING WITH REPRESENTATIVES OF BRANDON POLICE SERVICE AND JOHN HOWARD SOCIETY/ FEBRUARY 13, 2012

On February 13, 2012, I met with Constable Dave Scott, Senior High School Resource Officer, Brandon Police Services (BPS), and Mr. Travis Blaine, Counselor, John Howard Society (JHS). The purpose of the meeting was to discuss a partnership proposal for the establishment of a "Youth at Risk Development" Program (YARD). This is a well-established program in Calgary, Alberta (2008). It was developed by the Calgary Police Service in partnership with the Calgary Board of Education and the Calgary Catholic Board of Education. The YARD Program is an early intervention program that supports very high risk youth (who are/have been/are at risk of) gang involvement. It provided individual, coordinated and managed interventions that empower youth to make positive choices and recognize alternate solutions. The YARD program engages the family as a whole in the intervention process. YARD is supported by Public Safety Canada, National Crime Prevention Centre, and Youth Gang Prevention Fund and is run through a partnership between The City of Calgary Community & Neighborhood Services (CNS) and the Calgary Policy Service (CPS). The project started in February, 2008 and was evaluated in March 2011.

Through the examination and combination of elements of successful programs, YARD has developed a comprehensive program adapted to the needs of youth and availability of resources in the area. The YARD project is based primarily on the Milwaukee Wraparound program. Wraparound Milwaukee is a comprehensive program that focuses on delivering strength-based, individualized care to delinquent youth and their families. It was designed to reduce the number of youth being institutionalized by providing family-based treatment and programs within the community. The program targets youth ages 13 to 17 with serious emotional, behavioural, and mental health needs and their families.

The YARD project involves many other partnerships in the community. Some of the key organizations involved include: Alberta Adolescent Recovery Centre (AARC), Alberta Alcohol and Drug Abuse Commission (AADAC), Aspen Family and Community Network Society, Calgary Resource Centre, Calgary Transit, Calgary Youth Offender Centre, Calgary Youth Justice Society, Hull Child and Family Services, Learning Disabilities Association of Alberta, Metis Child and Family Services, National Sports Development, The Foothills Hospital, and the YMCA.

YARD project staff conducts eligibility screening, individualized assessments, develop specific service plans for each participant, and monitor and manage the progression of participants.

The range of referrals demonstrates how responsive the program is to youth interests including art programs, sports, cultural awareness and spirituality (e.g., Aboriginal programming), health concerns (e.g., Fetal Alcohol Syndrome Disorder), and emotional and psychological needs (e.g., counseling). In addition, referrals assist participants with education with education and learning issues, employment and housing.

Being proposed is a partnership that would establish the YARD Program in the Brandon School Division in conjunction with the Brandon Police Service and the John Howard Society. Specifically required would be a certified teacher and an Educational Assistant to work with young people (ages 12-17) who are in transition from extra judicial sanction to the regular school/classroom requiring basic literacy, numeracy, social skills and personal anger management skills. The John Howard Society would provide space and the Brandon Police Service would provide School Resource Officer support in the extra judicial sanction process.
A meeting of the Senior High Principals/Vice Principals, Senior Administration, Constable Dave Scott, and Mr. Blaine will be held in March to discuss the proposal further.

This matter will be considered within the framework of proposed budgetary allocation for 2012-2013.

Appendix A

BRANDON SCHOOL DIVISION

PROPOSED BUDGET

2012-2013

February 21, 2012

BRANDON SCHOOL DIVISION

"Accepting the Challenge"

BRANDON SCHOOL DIVISION
SCHEDULE OF REVENUE AND EXPENDITURES
2012/13 BUDGET

	2011/2012 BUDGET	%	2012/2013 BUDGET	%
REVENUES				
Provincial Government	44,943,400	61.8%	49,123,100	62.3%
Federal Government	23,900	0.0%	23,900	0.0%
Municipal Government	26,578,700	36.5%	28,404,000	36.0%
Other School Divisions	222,200	0.3%	243,500	0.3%
First Nations	283,200	0.4%	285,000	0.4%
Private Organizations and Individuals	607,400	0.8%	627,600	0.8%
Other Sources	78,100	0.1%	84,800	0.1%
	72,736,900	100.0%	78,791,900	100.0%
EXPENDITURES				
Regular Instruction	42,453,900	58.4%	47,159,600	59.9%
Student Support Services	16,153,500	22.2%	16,638,400	21.1%
Community Education and Services	245,300	0.3%	255,600	0.3%
Divisional Administration	2,116,400	2.9%	2,386,700	3.0%
Instructional & Other Support Services	2,021,300	2.8%	2,061,500	2.6%
Transportation	1,795,600	2.5%	1,859,100	2.4%
Operations and Maintenance	6,440,600	8.9%	6,756,500	8.6%
Fiscal	1,255,800	1.7%	1,320,000	1.7%
	72,482,400		78,437,400	
Transfers To Capital	254,500	0.3%	354,500	0.4%
	72,736,900	100.0%	78,791,900	100.0%

Brandon School Division
Programming Needs Items for Consideration
Summary 2012-2013

Programming Needs Requests	Staff Positions	Approximate Amount
	3.00	$ 301,900
Board Member/Committee Requested	~~5.00~~	~~$ 459,200~~
	35.76	2,056,000
Senior Administration Requested	~~57.36~~	~~3,406,200~~
	38.76	$ 2,357,900
	~~62.36~~	~~$ 3,865,400~~

Financial Budget/1213/Programming Needs Requests/Summary Breakdown.xls/Summary

Brandon School Division
Programming Needs Requests - Board
2012-2013

Board Committees	Staff Positions	Approximate Amount	Appendix
Quality Learning			
Brandon Schools Instrumental Music Assocation (BSIMA)		$ 32,000	
Registration Fees and Instrumental Rental Fees	-	~~$ 51,500~~	1
Aboriginal Education BSSAP Coordinator (HSL)	1.00	34,000	2
Aboriginal Education Learning Specialist	1.00	97,900	3
Quality Teaching			
Teacher Mentorship Initiative - Pilot 2012-2013 *($32,000 to come from surplus, Nov 2012/Mar 2013)*	-	~~32,000~~	4
Quality Support Services			
Bussing Proposal for Grade 7 & 8 Industrial Arts/Home Economics	~~2.00~~	~~82,800~~	5
Real Time Streaming & Archiving of Board Meetings *(Remainder of $16,500 to come from surplus)*	-	6,500 ~~23,000~~	6
Communications and Technology Specialist	1.00	66,500	7
Professional Development Budget	-	50,000	8
Playground Structure Replacement Support	-	15,000	9
Board Total	3.00 ~~5.00~~	$ 301,900 ~~$ 459,200~~	

Financial Budget/1213/Budget Program Needs Requests/Summary Breakdown.xls/Board Committee

Brandon School Division
Programming Needs Requests - Senior Administration
2012-2013

Senior Administration Requests	Staff Positions	Amount	Appendix
Quality Learning			
	~~7.5~~	~~$ 349,800~~	
Full Day Every Day Kindergarten	~~4.00~~	~~$ 354,600~~	10
HALEP - School Wide Enrichment Programming	1.00	77,900	11
Literacy Resources		~~50,000~~	12
Numeracy Resources K-8		~~36,000~~	13
Reading Recovery Program Support	~~1.00~~	~~77,900~~	14
Quality Teaching	2.00	160,000	
Appendix 14, 15, 16 combined		~~80,300~~	
Empower™ Reading Program	~~1.00~~	~~83,300~~	15
		~~77,900~~	
Middle Years Literacy Support	~~1.00~~	~~78,900~~	16
	3.00	$ 237,900	
	~~11.50~~	~~$ 663,800~~	
Senior Admin Page 1 Total	~~10.00~~	~~$ 758,600~~	
	3.00	$ 301,900	
Board Page Total	~~5.00~~	~~$ 459,200~~	
	6.00	$ 539,800	
	~~16.50~~	~~$ 1,123,000~~	
Sub-Total	~~15.00~~	~~$ 1,217,800~~	

Brandon School Division
Programming Needs Requests - Senior Administration
2012-2013

Senior Administration Requests	Staff Positions	Amount	Appendix
Quality Support Services	6.00	$ 132,000	
AEP Education Assistance Supports	~~14.00~~	~~$ 308,000~~	17
ECE Support for All Day Every Day Kindergarten	8.00	176,000	18
Bill 13 Implementation: ~~($1,276,500)~~ ~~($953,400)~~ ($500,000)			
- Adjudicated Youth Program	~~3.00~~	~~207,800~~	19
- EAL Support for Off-Campus	~~1.00~~	~~80,900~~	20
		~~17,000~~	
- Extended AAA Supports		~~21,000~~	21
Appendix 19, 20, 21, 22, 23, & 24 combined	5.25	401,600	
	~~1.00~~	~~78,900~~	
- Liaison/Intervention	~~3.00~~	~~236,700~~	22
- Non-Credit Specialized Alternative Learning	~~3.00~~	~~239,700~~	23
- Social Workers	~~4.00~~	~~311,600~~	24
	1.00	98,400	
- NHSOC - Upper Deck	~~2.00~~	~~178,800~~	25
High School Secretary Support	1.00	44,000	26
French Language Specialist	0.50	38,900	27
	2.80	91,800	
Custodial Staffing - Coquitlam Formula *(spread over two years)*	~~5.60~~	~~183,600~~	28
EAL Literature Resources		18,000	29
EAL Teacher Support	2.00	155,800	30
Senior High School Travel Support		30,000	31
		65,000	
Mobile Computing Laptops		~~66,000~~	32
Numeracy Specialist	0.50	38,900	33
Permanent Bus Route	0.50	30,900	34
Research, Evaluation, and Assessment Specialist	0.50	42,600	35
Payroll & Human Resources Support	1.00	45,500	36
Translation/Interpretation		10,000	37
	1.00	80,000	
	~~1.75~~	~~137,300~~	
Vice-Principal Positions - Elementary Schools	~~2.75~~	~~214,225~~	38
	30.05	$ 1,499,400	
	~~43.15~~	~~$ 2,273,700~~	
Senior Admin Page 2 Total	~~47.15~~	~~2,594,725~~	
	6.00	539,800	
	~~16.50~~	~~1,123,000~~	
Board & Senior Admin Page 1 Sub-Total	~~15.00~~	~~1,217,800~~	
	36.05	2,039,200	
	~~59.65~~	~~3,396,700~~	
Sub Total	~~62.15~~	~~$ 3,812,525~~	

Brandon School Division
Programming Needs Requests - Senior Administration
2012-2013

Senior Administration Requests	Staff Positions	Amount	Appendix
Quality Support Services Cont'd			
Computers for Teacher Use		$ 50,000 ~~100,000~~	39
Smart Board Project		160,800	40
Synrevoice Proactive Communication Solution		29,500	41
Culinary Arts Program Support	2.71	78,400	42
Provincial Requirements on Student Assessment & Reporting	-	~~100,000~~	43
	2.71	$ 318,700	
Senior Admin Page 3 Total	~~2.71~~	~~$ 468,700~~	
	36.05	$ 2,039,200	
Senior Admin Page 2 Total	~~59.65~~	~~$ 3,396,700~~	
	38.76	2,357,900	
Grand Total	~~101.12~~	~~$ 6,223,300~~	
Original Total	~~58.35~~	~~$ 4,272,275~~	

Brandon School Division
Budget 2012 / 2013

TAX EXAMPLES:

Education Property Tax on a Home valued at $200,000 in 2011

	2011	2012/13 Budget 2012	Inc
Brandon School Division Tax			
Assessed Value*	$ 200,000	$ 219,600	9.8%
Mill Rate	16.27	15.37	-5.5%
Division Mill Rate x Portioned Assessment	1,464	1,519	3.8%
Total School Taxes	**$ 1,464**	**$ 1,519**	**3.8%**
Annual			$ 55
Monthly			$ 4.58

* Assumes a property is assessed at $200k and that 2012 assessment is going up 13.8% less 4% growth for a total of 9.8%

Education Property Tax on a Commercial Property valued at $500,000 in 2011

	2011	2012/13 Budget 2012	Inc
Assessed Value*	$ 500,000	$ 549,000	9.8%
Provincial Education Support Tax			
Estimated E.S.L. Mill Rate	12.33	12.33	0.0%
E.S.L. Mill Rate x Portioned Assessment	$ 4,007	$ 4,400	9.8%
Brandon School Division Tax			
Estimated Mill Rate	16.27	15.37	-5.5%
Division Mill Rate x Portioned Assessment	$ 5,288	$ 5,484	3.7%
Total School Taxes	**$ 9,295**	**$ 9,884**	**589**

* Assumes a Commercial property assessed at $500k and that 2012 assessment is going up 13.8% less 4% growth for a total of 9.8%

BRANDON SCHOOL DIVISION

CALCULATION OF 2012 SPECIAL LEVY

A.	Special Requirement: 2011/12 Budget (1)	35,144,400	
B.	Amount related to 2011/12 included in 2011 Special Levy	15,287,814	
C.	Balance of 2011/12 to be raised in 2012 (A - B)		19,856,586
D.	Special Requirement: 2012/13 Budget (1)	37,458,300	
E.	Amount included in 2012 Special Levy (43.5% of D) (2)		16,294,361
F.	Surplus (Applied)/Raised (not included in the Special Requirement)		
G.	2012 SPECIAL LEVY FOR DIVISION (C + E + F)		36,150,947
H.	2012 SPECIAL LEVY FOR D.S.F.M. (from line Q below)		257,688
I.	2011 SPECIAL LEVY ADJUSTMENT FOR D.S.F.M. (from line G of Adjustment form)		4,783
J.	**SPECIAL LEVY BEFORE TAX INCENTIVE GRANT (G + H + I)**		36,413,418
K.	Less: Tax Incentive Grant		1,848,013
L.	**2012 TOTAL SPECIAL LEVY (J - K) (3)**		34,565,405
	2011 Special Levy		32,064,035
	Increase		2,501,370
	Percentage Increase over prior year.		**7.8%**

2012 SPECIAL LEVY FOR D.S.F.M.

M.	2012 Special Levy for Division (from line G above)	36,150,947	
N.	Resident Non-D.S.F.M. pupils at September 30, 2011 (4)	7,505.5	
O.	Special Levy per resident pupil (M ÷ N)	4,816.59	
P.	Resident D.S.F.M. pupils at September 30, 2011 (4)	53.5	
Q.	2012 Special Levy for D.S.F.M. (O x P)		257,688

BRANDON SCHOOL DIVISION

CALCULATION OF 2013 SPECIAL LEVY

A.	Special Requirement: 2012/13 Budget (1)	37,458,300	
B.	Amount related to 2012/13 included in 2012 Special Levy	16,294,361	
C.	Balance of 2012/13 to be raised in 2013 (A - B)		21,163,940
D.	Special Requirement: 2013/14 Budget (1)	37,458,300	
E.	Amount included in 2013 Special Levy (43.5% of D) (2)		16,294,361
F.	Surplus (Applied)/Raised (not included in the Special Requirement)		
G.	2013 SPECIAL LEVY FOR DIVISION (C + E + F)		37,458,301
H.	2013 SPECIAL LEVY FOR D.S.F.M. (from line Q below)		267,007
I.	2012 SPECIAL LEVY ADJUSTMENT FOR D.S.F.M. (from line G of Adjustment form)		
J.	**SPECIAL LEVY BEFORE TAX INCENTIVE GRANT (G + H + I)**		37,725,308
K.	Less: Tax Incentive Grant		1,848,013
L.	**2013 TOTAL SPECIAL LEVY (J - K) (3)**		35,877,295
	2012 Special Levy		34,565,405
	Increase		1,311,890
	Percentage Increase over prior year.		**3.8%**

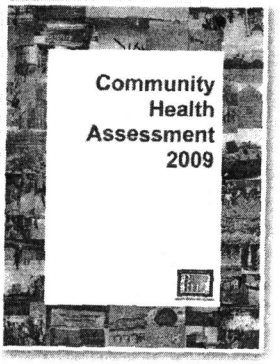
2013 SPECIAL LEVY FOR D.S.F.M.

M.	2013 Special Levy for Division (from line G above)	37,458,301	
N.	Resident Non-D.S.F.M. pupils at September 30, 2012 (4)	7,505.5	
O.	Special Levy per resident pupil (M ÷ N)	4,990.78	
P.	Resident D.S.F.M. pupils at September 30, 2012 (4)	53.5	
Q.	2013 Special Levy for D.S.F.M. (O x P)		267,007

Appendix B

BRANDON RHA
BRANDON REGIONAL HEALTH AUTHORITY
HEALTH CARE NEWS
How Healthy Are We? - November 2010

COMMUNITY HEALTH ASSESSMENT 2009



What is a Community Health Assessment?

A community health assessment is an on-going process of data collection. The purpose is to gather information about how healthy we are, and what is working and what is not. The report describes changes in our community as well as the strengths and challenges in our region. Health is not limited to physical health, but includes many other factors such as income, education levels, safety, mental well-being, the environment and health services. Therefore, health is not the responsibility of one organization; it is the responsibility of all individuals and the community as a whole.

Where does the information come from?

Information is collected from many sources. We gathered statistics from Manitoba Health, Statistics Canada, the Manitoba Centre for Health Policy, as well as the Brandon Regional Health Authority and local agencies. We used three other methods to learn more about the people in our region. These methods include focus groups with community residents, a review of health records for people who had gone to the Emergency Room in 2008/2009 and a telephone survey.

Why do we do a community health assessment?

A community health assessment is a very important tool for program planning and evaluation. We need to know about changes in our community, such as population numbers, migration in and out of the region, the frequency of certain diseases and many other factors that have an impact on our health. We also look at the impact of our programs on the health of the community and identify areas for improvement. Every regional health authority is mandated by the provincial government to complete a community health assessment every five years.

If you are interested in having a copy of the 2009 Community Health Assessment, you can access an electronic report on the Brandon RHA website at www.brandonrha.mb.ca or you can request a hard copy from the Quality, Planning and Evaluation department by calling 578-2315.

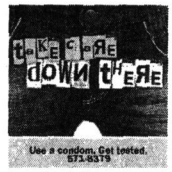
Brandon is Growing and Changing!

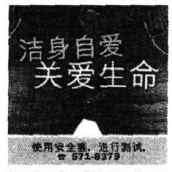
Between 2001 and 2008, our region grew by 6.1% and has become more culturally diverse. Over the past few years, the City of Brandon has welcomed thousands of individuals and family members, many of who arrived on a temporary foreign work visa. Approximately 95% of eligible workers intend to stay in our community and have applied for landed immigrant status. Once an individual has landed immigrant status, he or she is able to sponsor family members to join them in Canada. Almost 4,000 dependents (spouses and children) are expected by 2011. This does not include the number of children who are born in our region.

The increase in new immigrant populations is largely due to the demand for skilled and unskilled labour however there are also residents who have been sponsored by family members and those who are studying in Brandon.

By 2011, we expect the immigrant population to make up almost 10% of the people who live in our region. This increase in population has a significant impact on the retail sector and all services in the region. Many service sectors and local agencies have come together to develop new supports to be able to respond appropriately to this social trend. For example, the Brandon Community Language Centre is a community-driven program that provides trained interpretation services in several different languages.

Newcomers have added a great deal to the social, cultural and economic fabric of our community. There are several opportunities to celebrate culture and diversity in Brandon through the Lieutenant Governor's Festival and, most recently, the International Women's Market.

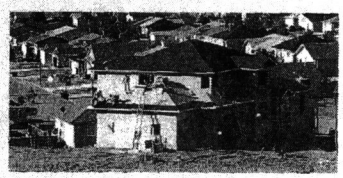




If the Brandon region was a village of 100 people...

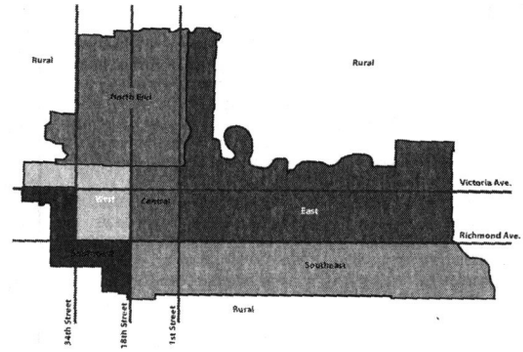
- 43 will be males and 47 will be females
- 26 will be children between 0 and 19 years
- 55 will be adults between 20 and 64 years
- 14 will be seniors 65 and older
- 15 will be First Nations, Métis or Inuit
- 4 will be minority populations
- 88 will live in an urban setting, 12 in a rural setting
- 7 new people will arrive from somewhere else in Canada and 1 from outside of Canada each year
- 89 will have English as their mother tongue, 16 French, 1 English and French and 9 other languages
- 97 will be Canadian citizens and 3 will be non-Canadian citizens
- 93 will be Canadians by birth, 6 will be immigrants and 1 will be a non-permanent resident
- 5 years ago 54 lived at the same address, 24 lived at a different address in the village, 13 lived in another region in the province, 6 lived in another province and 3 lived in another country.
- 82 will be 15 and older and of those 28 will be single (never legally married), 39 will be legally married, 2 will be separated (but still legally married), 7 will be divorced and 6 will be widowed
- 21 will have no certificate or diploma, 24 will have a high school diploma, 9 will have an apprenticeship or trades certificate, 14 will have college or other non-university diploma, 3 will have a university diploma below bachelor level and 11 will have a university diploma
- The labour force will have 57 people (age 15 years and older) 54 will be employed and 3 will be unemployed. 25 residents (age 15 years and older) will be students, homemakers, retired workers, and those on disability or not looking for work.
- There will be 44 private dwellings and 42 of them will be occupied. Of the 54 people working, 3 will work at home, 39 will drive a vehicle to work, 4 will ride as passengers of private vehicles, 2 will take public transportation, 5 will walk or bike and 1 will use other modes of transportation
- 16 people will live in low income before tax
- 3 will work in agriculture, 2 in construction, 6 in manufacturing, 2 in wholesale trade, 7 in retail trade, 3 in finance and real estate, 8 in health care and social services, 4 in education services, 8 in business services and 13 in other type of services
- There will be 44 private dwellings and 42 of them will be occupied. 27 dwellings will be owned by the residents, 15 will be rented. 33 of them were constructed before 1986.
- 27 families will live in the village, 19 will be married couple families, 4 will be common law families, 4 will be lone parent families headed by a female and 1 will be a lone parent family headed by a male.
- There will be 42 private households in the village, 11 will be couples with children, 13 will be couples without children, 12 will be one person households and 6 will be other household types.

Source: Statistics Canada. Census 2006.
Adapted from The Donella Meadows Archive, State of the Village Report



BRANDON RHA
BRANDON REGIONAL HEALTH AUTHORITY
HEALTH CARE NEWS

Why Does a Postal Code Matter?



Have you ever wondered why stores ask you for your postal code? They want to know where their customers live so they know where to build the next store. It's the same for a regional health authority – we need to know who accesses different programs and services.

Our health is shaped by the environment in which we live, work, and play. There are many factors or conditions that determine whether we are healthy or not. For example, early experiences set the stage for health in later life. The physical, social, mental, emotional and spiritual development of children and youth is greatly affected by many factors including the environment they grow up in. Our level of education determines the type of work we do, our income and the choices we have. The physical environment of our neighbourhood determines our connection and involvement in the community. For example, walking paths, easier access to healthy foods and safe play spaces all have an impact on health.

Historically, health information about our region was available by three areas – Brandon East, Brandon West and Brandon Rural. These areas were determined by the first three digits of our postal codes – R7A, R7B and R7C. But these areas were too large to really understand health issues within the neighbourhoods and to be able to address them properly. So we developed a new system to gather information by smaller districts. By using the six digits of our postal codes, we now have information for seven districts.

These districts are:

Brandon Rural – includes the three rural municipalities of Cornwallis, Elton and Whitehead.

Brandon Southeast – includes east of 18th Street, south of Richmond Avenue, north of Patricia Avenue to 65th Street East.

Brandon West – includes west of 18th Street, south of Pacific Avenue, east of 34th Street and north of Richmond Avenue.

Brandon Southwest - includes west of 18th Street, south of Richmond Avenue, north of Patricia Avenue to 50th Street.

Brandon North End – includes west of 1st Street to 34th Street, north of the Assiniboine River and south of #1 highway.

Brandon East – includes east of 1st Street to 65th Street East, north of Richmond Avenue and south of #1 highway.

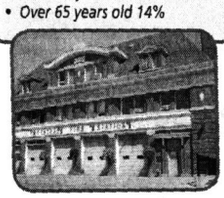
Brandon Central – includes west of 1st Street to 18th Street, north of Richmond Avenue and south of Pacific Avenue.

Now that we know about strengths and challenges in the different districts, we are able to track changes in health conditions over time and monitor the effectiveness of our programs and services. We encourage you to update your postal code every time you use the health care system.

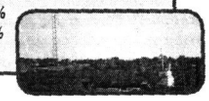
District Highlights

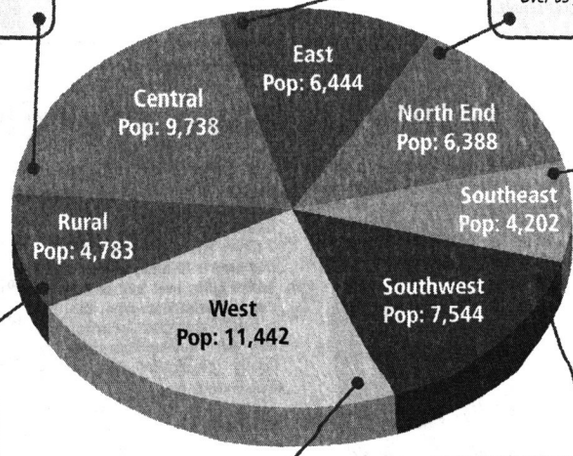
East District
- *4 Schools*
- *Strength: Only district to decrease pharmaceutical use among residents*
- *Challenge: Highest prevalence of diabetes in children age 5 to 19*
- *Under 20 years old 25%*
- *20 to 44 years old 39%*
- *45 to 64 years old 19%*
- *Over 65 years old 17%*

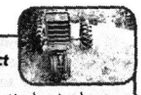
Central District
- *6 Schools*
- *Strength: Highest condom use rates among 15 to 19 year olds*
- *Challenge: Lowest male and female life expectancy rates*
- *Under 20 years old 21%*
- *20 to 44 years old 44%*
- *45 to 64 years old 21%*
- *Over 65 years old 14%*



North End District
- *1 School*
- *Strength: Pre-mature mortality rates have decreased significantly*
- *Challenge: Highest rate of second hand smoke exposure at home*
- *Under 20 years old 25%*
- *20 to 44 years old 34%*
- *45 to 64 years old 28%*
- *Over 65 years old 13%*







Southeast District
- *1 School*
- *Strength: Heart attack rates have decreased more than 50% in the past 5 years*
- *Challenge: Use of anti-depressants have increased significantly*
- *Under 20 years old 27%*
- *20 to 44 years old 36%*
- *45 to 64 years old 27%*
- *Over 65 years old 10%*
- ***Least populated district***

Rural District
- *7 Schools*
- *Strength: Highest male life expectancy rate*
- *Challenge: Cervical cancer screening rates have decreased*
- *Under 20 years old 30%*
- *20 to 44 years old 32%*
- *45 to 64 years old 27%*
- *Over 65 years old 11%*

West District
- *8 Schools*
- *Strength: Highest physical activity rates among residents*
- *Challenge: Depression rates have increased significantly*
- *Under 20 years old 24%*
- *20 to 44 years old 34%*
- *45 to 64 years old 26%*
- *Over 65 years old 16%*
- ***Most populated district***

Southwest District
- *2 Schools*
- *Strength: Lowest injury hospitalization rates among districts*
- *Challenge: Highest knee replacement rates*
- *Under 20 years old 25%*
- *20 to 44 years old 34%*
- *45 to 64 years old 26%*
- *Over 65 years old 15%*

What are Health Determinants?

When we think about health, we often think about heart attacks, broken bones and surgery. But a comprehensive community health assessment goes beyond illness and disease; it also looks at the reasons behind health problems. There are many factors that affect our health and these are called health determinants or social determinants of health. We pay attention to 12 factors that have a major impact on our health.

Income *- Income is the single most important factor that affects the health of people. Simply put, financial security increases opportunities to buy a better life.*

Education *- Health increases with level of education. People with a post secondary education have more job opportunities and they are better able to access and understand information to help keep themselves healthy. Generally speaking, the more educated you are and the more you earn, the longer you will live.*

Employment and Working Conditions *- Not working, working in a job that does use a person's skills and talents and stressful work can all lead to poorer health. People with more control over their work and less stress from their job are healthier.*

Healthy Child Development *- Prenatal and early childhood experiences have a lifelong impact on health. What happens to a child in the first six years of life is a strong indicator of how well a child will do throughout the lifespan – success in school, ability to cope with life experiences and overall health as an adult.*

Personal Health Practices *- There are many parts of our lifestyle that affect our health. What we eat, how physically active we are, whether or not we smoke and how much alcohol and drugs we use all affect our wellbeing.*

Physical Environment *- The physical environment such as soil, air and water quality, safe housing and workplaces is a key influence on our health.*

Social Environment *- The values and rules of a community affect health and well-being. Social stability, welcoming cultural diversity, safety and good relationships within the community provide support and lessen many risks to our health.*

Social Supports *- Support from family, friends and neighbours is vital to help people cope with difficult situations and have a sense of control over their lives. People who have strong social support networks are happier and have fewer health concerns than those who do not have this kind of support. Marriage is a measure of social support.*

Gender *- Gender is about the many different roles, attitudes, behaviours, values and power that our society gives to being male or female. Each gender has specific health issues or may be affected in different ways by the same issues.*

Culture *- Communities are greatly affected by culture and ethnicity. The health and well-being of people is closely linked to having opportunities to use their language and connect with their culture in daily life.*

Biology and Genetics *- The basic biology of the human body is a factor that affects health. Individuals can have a tendency to develop diseases based on their genetic make-up. We do not have data based on genetic makeup.*

Health Services *- Health services that promote health, and prevent and treat disease add to the overall health of people.*

Income
- *Overall, there has been a steady increase in average household income for Brandon residents over the past decade.*
- *Since 1999, there has been a significant increase in the percentage of children age 0-17 living in families who receive income assistance.*

Education
- *School readiness scores show that more than one third of the children entering the Brandon school system are not ready in one or more areas of development. Local educators identified a key problem is children's mastery of electronic devices rather than the development of manual skills such as holding a pencil or using scissors.*

Employment
- *Between 1996 and 2006, the unemployment rate in our region is stable for both genders.*
- *During the same time period, there was a significant decrease for both males and females working in farming operations.*

Healthy Child Development
- *Injury is the most common reason for children to visit the Emergency Room.*
- *One third of students in grade 6 to 12 reported they felt so sad or hopeless in the past 12 months that they stopped doing usual activities for awhile.*

Personal Health Practices
- *Approximately 1/3 of Brandon residents age 12 and older eat one or more servings of fruits and vegetables everyday.*
- *Only ½ of the residents age 12 and older in all districts are physically active.*
- *Smoking rates among students steadily increase from grade 6 (2%) to 12 (30%).*
- *Almost 1/2 of Brandon residents age 12 and older report heavy drinking in the past 12 months.*

Physical Environment
- *Accidental falls is the most common injury-related reason for all age groups to visit the Emergency Room. The Brandon RHA and the City of Brandon have put many environmentally friendly programs in place over the past few years.*

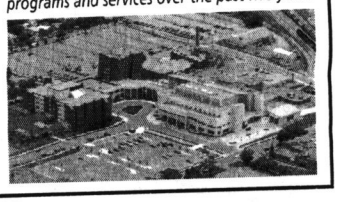
Social Environment
- *Brandon has the second highest number of licensed childcare spaces per 1000 children in the province.*

Social Supports
- *The largest proportion of residents in the Brandon region are married followed by those who have never been married.*
- *There is a higher proportion of people in Brandon who are living alone or with people who are not family members than in the province overall. This is likely due to shared living arrangements by students and temporary foreign workers.*

Gender
- *Over time, there has been a significant increase in the life expectancy for females in Brandon Southwest.*

Culture
- *By 2011, visible minority populations will make up almost 10% of the population in our region.*
- *Approximately 95% of temporary foreign workers have applied for landed immigrant status.*

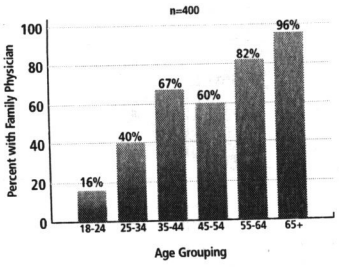
Health Services
- *The Brandon RHA has initiated many new programs and services over the past five years.*



Source: Public Health Agency of Canada

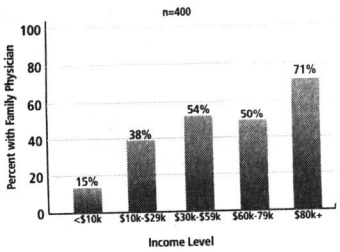
Do Brandon residents have a family doctor?

Of every 100 residents of the Brandon region, 85 visit a physician at least one time per year. The number of visits per person is approximately 5.5 visits per year, higher than the same rate for all Manitobans which is five per year. However, in Brandon, there is a smaller proportion of residents who have visited the same physician for at least half of their visits over a two year period than the Province. So, does this mean people don't have family physicians in our region?



To shed some light on this issue, a telephone survey was conducted in 2009 by Probe Research on behalf of the Brandon RHA. Survey results showed that about 85% of adults in the region have a family physician. However this proportion changes according to the age of the person and their income level. The younger you are and the less income you have, the less chance of having a family physician. While 96% of seniors age 65 and older had a family physician, only 16% of adults 18 to 24 years old indicated the same. Seventy one percent (71%) of residents with an annual income of $80,000 or more had a family doctor versus 15% of residents with an income of $10,000 or less.

In the same survey, questions were asked about walk-in clinic use in our region. About 70% of the respondents had used a walk-in clinic at least once during the past year. About half of them had used it 1 to 2 times, but as much as 10% had used it 10 times or more. Additionally, over half of the survey respondents who had a family physician indicated they will follow-up with their family physician after a walk-in clinic visit.



The survey finished with questions about Emergency Room use. Approximately 30% of survey respondents indicated they had visited the Emergency Room at least once during the last year with an average number of approximately two visits per person per year. This finding is supported by our own data that shows Emergency Room visits have increased steadily over the last few years. There were 19,921 visits in the fiscal year 2005/06 and 23,705 visits in 2008/09.

Through this survey, we learned that the likelihood of Brandon residents having a family physician increases with income and age. We also learned that over half of the people with a family physician will follow up with that physician after a visit to a walk-in clinic.

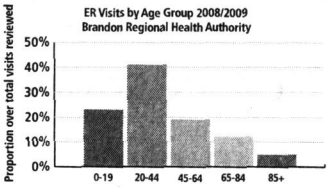
BRANDON RHA
BRANDON REGIONAL HEALTH AUTHORITY
HEALTH CARE NEWS

How do Brandon residents use the Emergency Room?

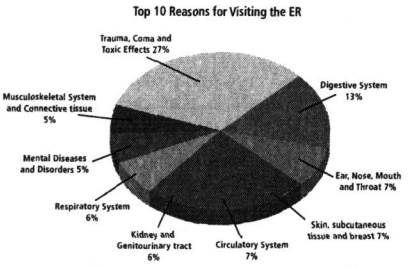
The Emergency Room (ER) is often the entry point to any hospital. At the Brandon Regional Health Centre more than 80% of hospital admissions come from the Emergency Room. In our region, all of the admissions to hospital and same day care cases are reviewed by health information professionals after the visit and the information is entered into a database. This database is the source of the majority of health measures that we use for the planning and evaluation of our services.

On the other hand, visits to the Emergency Room that do not result in an admission to hospital are not reviewed and coded the same way as the hospitalization visits. Of all the visits to an Emergency Room in a month, only 1 or 2 of every 10 visits typically result in an admission to hospital. This fact poses a big challenge for the region in terms of planning, as we only have access to a limited amount of information from hospitalizations and same day care visits.

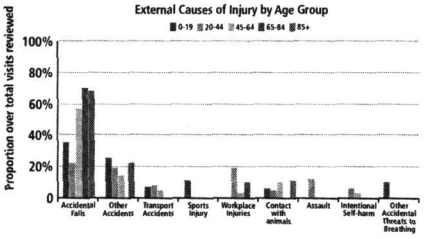
With this challenge in mind, a team from the Quality, Planning and Evaluation department from the Brandon RHA designed and conducted a review of Emergency Room records from the 2008/2009 fiscal year. In that year, there were over 23,000 visits to the ER so it was impossible to review them all. We used a sampling method to select cases from the middle month of each quarter to a total of 792 cases. An audit tool was developed and data collection started in the summer of 2009.



Our findings showed that 7 out of 10 visits to the ER were from Brandon residents and over 60% of them were for people aged 44 years or younger. This is a very different trend than what we observed in hospitalizations, where the majority of patients are seniors 65 years and older.



One third of the visits to the ER are due to injuries and toxic effects of chemicals, alcohol and drugs. Also, the reasons for visiting the ER vary with age. Children and adults are more likely to visit the ER due to injury such as accidental falls and motor vehicle collisions. Seniors 65 to 84 years visit the ER for digestive problems and injury while older seniors are more likely to visit the ER due to digestive and circulatory problems.



Because injury is one of the top reasons for visiting the ER for all age groups, we explored it further and found out that accidental falls are the main cause of injury for all ages. For children, sports injuries and other accidents are also leading causes of injury, while workplace injuries and other accidents take second and third place for adults. In the seniors population accidental falls and other accidents are the most significant external cause of injury.

ASK.LISTEN.TALK.

DON'T JUST THINK IT, SAY IT.

Tips for Patients and Families

Ask. Listen. Talk. Be involved in your health care and safety.

The Canadian healthcare system depends on human expertise, interaction and knowledge to care for patients. This human element is able to provide individualized treatment, intuitive diagnoses and compassionate care. However, even with the best of intentions, mistakes or unintended consequences can happen. When it comes to health, these mistakes can range from minor inconveniences to dire results.

Everyone involved in the healthcare equation has an important role to play in patient safety. Patients, families, nurses, physicians, pharmacists, lab technicians and many others are all pieces of the patient safety puzzle. Communication – asking, listening and talking – is essential to ensure all the pieces fit together.

As a patient or family member, studies have shown that people who are more informed and involved in their health care tend to stay safer and have better health outcomes. To ensure that you or your family member receives the best care possible, remember to ask-listen-talk with your team of healthcare providers.

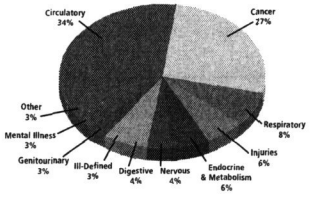
Ask - As a patient or family member, it is important that you understand as much as possible about the health care you receive. Ask questions until you feel comfortable with any treatment options, instructions or health advice.

Listen - When talking to your doctor or health care professional, listen to what he or she is saying. If you do not understand, tell them you do not fully understand or ask further questions for clarification.

Talk - You are best able to tell your doctor or health care provider about any problems you are having. There is important information you should tell your doctor that may help them provide a better diagnosis or avoid any unintended results or interactions.

Have you heard about *Healthy* BRANDON?

The top three causes of death for people living in the Brandon region are heart disease, cancer and respiratory diseases. These are all chronic diseases which develop over a long period of time and cannot be cured in most cases. With the help of health professionals and a plan to manage the disease, many individuals are able to have a good quality of life.



There are four risk factors that are common to all chronic diseases: poor nutrition, physical inactivity, smoking and stress. By reducing these risk factors, chronic diseases could be prevented.

- We know that almost seven out of 10 people in the region do not eat enough fruits and vegetables each day.
- We learned that almost ½ of the people in our region describe themselves as inactive.
- We learned that about ¼ of the people age 12 and older are still smoking.
- We learned that 9% of our population has one, two or more prescriptions for antidepressants.

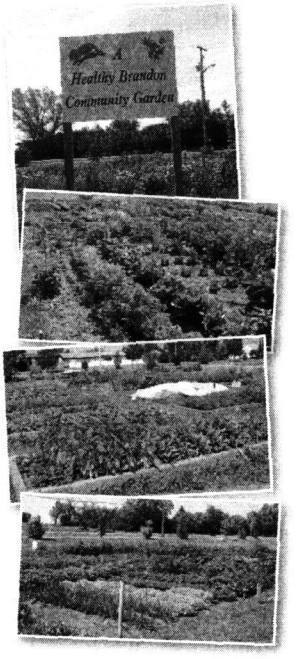
Most people know that healthy behaviours are about good choices. Eating the right foods, getting enough exercise, not smoking and managing the stress in our lives may be what we all want but healthy behaviours can be hard to do.

Because of the overwhelming evidence about unhealthy behaviours that can lead to chronic diseases, the Brandon RHA has been working in partnership with many local organizations and agencies to address the issues that make healthy choices difficult for many people.

In the spring of 2005, every regional health authority received provincial funding to promote healthy living and therefore reduce chronic diseases among residents in the regions. We formed Healthy Brandon, a community coalition made up of representatives from local agencies and groups. This committee and numerous community volunteers have organized many events and activities for citizens to participate in healthy activities. Some of these activities and projects include free swimming at the Sportsplex, skating events at the Oval, the creation of pocket-sized label reading guides, the Hummingbird Community Garden at 26th Street & Maryland Avenue and the Blue Light campaign to honour smoke-free homes.

Based on the successes in every region, additional provincial funding was received in the spring of 2009 and we created a new Health Promotion Unit within Public Health Services. Opportunities and support for healthy living are delivered through a multidisciplinary team of health promotion practitioners.

There is also help available for individuals who are at risk for developing a chronic illness, and for those who have developed one or more chronic illnesses, to enhance their quality of life. Prairie Health Matters is a diabetes and heart health education program through Public Health Services. Individuals are able to access information and participate in individual or group teaching about diabetes or heart health management. Additional supports are also available through health professionals with the Ambulatory Clinics at the Brandon Regional Health Centre. These include the Heart Program, Respiratory Program, Pain Management Clinic, Stroke Prevention Clinic, Renal Health Clinic, Prehab Clinic and a Tobacco Dependency Counsellor all of which provide individualized care and treatment.



Appendix C

Physical Education / Health Education Specialist Report

February 1st, 2012

1. Automated External Defibrillators (AED's)
    - High Schools were notified about the opportunity to use the FRX trainer to help teach the Grade 10 ACT Foundation CPR course.
2. Sensitive Issues Training for K-8 and 9-12 school teachers
    - This training will involve the Family Life Curriculum as well as learning strategies for teaching and question practicing during this session.
    - A total of 11 staff attended the high school session that took place on January 31st, 2012.
    - The K-8 workshop will occur on February 22nd, 2012.
3. Brandon Sports Alliance Coaching Academy
    - Kylo Harris from Coaching Manitoba came to Brandon on January 24th to present Age Appropriate Training 1. Participants at this workshop had an opportunity to view the Learn to Train DVD and try some of the activities on the DVD. All those who attended left with $25.00 of free resources.
4. Gymnasium and equipment upgrade
    - Next year Betty Gibson School will become a K-7 school and a K-8 school by the 2013-2014 school year. Changes must be made to both the gymnasium and the equipment in order to facilitate the addition of these two grade levels.
    - I am currently in discussions with the physical education teacher at Betty Gibson regarding the necessary changes to support both the grade 7 and 8 curricular and extracurricular components.
5. February 3rd PD day
    - A half day workshop for K-8 physical education teachers has been organized.
    - Presentations will include age appropriate games and progressions in the game of tchoukball and badminton.
6. Manitoba Healthy Schools
    - The Healthy Schools spring campaign focuses on "Environmental Health". Information regarding this campaign was forwarded to physical education teachers. The deadline to apply is March 9, 2012. You can apply online at http://www.gov.mb.ca/healthyschools/campaigns/index.html
    - Healthy Schools ***in motion*** Champions Workshop will take place in Winnipeg on April 13, 2012. This workshop provides an opportunity for ***in motion*** school champions to gain knowledge and ideas from other champions. Funding available for the first 50 teachers

who register for the workshop. Workshop information will be posted online at: http://www.manitobainmotion.ca/schools/annual champions workshop/

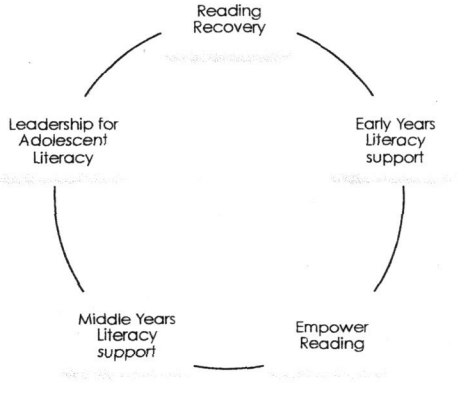
- Healthy Schools ***in motion*** along with Manitoba Physical Education Teachers Association (MPETA) will be launching the Healthy Schools ***in motion*** Geocaching Loaner Program. This program will provide teachers with a Geocaching Loaner Kit. Details regarding this program to follow at a later date.

7. The Fourth R Program
    - I arranged to have a teacher attend the Fourth R workshop in Winnipeg on January 17th. Investigation into the use of this program in the Brandon School Division continues.
8. PHE Canada – TAPHE 2012 National Conference "A Harbour of Hope: Health and Physical Literacy" is taking place in Halifax, Nova Scotia from May 10-12, 2012.
    - One teacher has taken advantage of the funding provided by the Healthy Schools Committee to attend this National Conference.
9. K-12 Athletic Activities currently taking place are:
    - Basketball
    - Curling
    - Gymnastics
    - Hockey

Literacy Support Programs

Feb. 7,2012

Continuum of programs



Leadership teams:

- Early Years Literacy: Cory Nevill, Wanda Nicol, Betty Ann MacDonald, Betty Howell
- Middle Years Literacy: Cory Nevill, Betty Howell
- Empower Reading: Betty Howell, trainer Maria de Palma from Toronto SickKids Learning Disability Research program.
- Leadership for Adolescent Literacy: Nancy Dane, Gail MacDonald, Kathy Brigden, Darlene Wilkinson, Cory Nevill, Betty Howell
- Reading Recovery: Vanda Mitri, Betty Howell principal liaison.

Early Years Literacy Support

- Data collection process: Fountas and Pinnell Benchmark assessments and BURT word test pre and post.
- Analysis of the data is currently underway – will be shared as available.
- Complete anecdotal report will be posted to K-8 conference.
- Implementation in all K-8 sites
- Format of the implementation has been small group pull-out with target group, blended with some co-teaching of strategies.

Early Years Literacy Support

- Professional development topics included : Fountas and Pinnell assessment, analyzing running records, strategies for building decoding skills, strategies for building comprehension strategies, writing response activities, Levelled Literacy intervention, Empower Reading, building the connections within the literacy team.
- Management of time, scheduling, group size, frequency of sessions, and materials were also discussed.
- In the full report, teachers discussed challenges and successes at their sites.

Early Years Literacy Support

- Questions posed :

1) Student selection: How do we balance the needs of the EAL population with the needs of students in the non-EAL pool? Number of intervention spots available, number of student needs.
2) Literacy support EA's: Nine schools have literacy support EA's assigned – how do we advocate for the addition of the EA's to every program.

Early Years Literacy Support

3) If a school does not have Empower reading, how can they be considered for future positions, or how can they get access for their students through another school that has the program?

4) Should we be varying from the format of maintaining the children in groups all year? Questions arise about transitioning students back into the classroom and taking in new students. Need to discuss with principals and literacy support teachers in light of the action research findings.

5) Holding a meeting of EAL and Literacy support teachers may be beneficial.

Middle Years Literacy Support

- During 2010-2011 – Seven schools participated in Grade 3-4 transition or Middle Years Literacy
- Some were Division funded and some were in-school ration funded.
- Variety of implementation models across the seven schools: pull-out model based on Early Years Literacy model, blended model – some in-class and some pull-out, two schools with the literacy coaching model focused on impacting classroom practices.

Middle Years Literacy Support

- Data collection: included the Weschler, BURT word and Fountas and Pinnell. In 2011-2012 – decision made to eliminate the Weschler.
- Data analysis is underway and will be shared as completed.
- Data was submitted from the schools with identified target pool of students. In the schools with primarily coaching model, the anecdotal feedback was completed.

Middle Years Literacy Support

- Professional learning topics included: Fountas and Pinnell assessment, strategy development with a focus on higher level comprehension skills, engagement and motivation in the middle years, materials to engage students.
- Due to the differing models, part of the learning was discussing the challenges and benefits of different models.

Middle Years Literacy Support

- Some of the areas of greatest impact :

- Growth in writing development
- Gaining a deeper understanding of the strengths and weaknesses through the small group work – in classroom they hide their true areas of weakness.
- Improvements in fluency and in self-monitoring
- More focus on higher level comprehension skills and strategies

Middle Years Literacy Support

- Increase in engagement as the students began to reveal their confusions and work at a deeper level.
- Impact of conferencing with students within the literacy coaching model.
- Increased achievement in terms of text level, comprehension or writing response to text.
- Impact on classroom practices through the professional learning as a school and through the modelling by the literacy coach.

Middle Years Literacy Support

- Identifying the different needs of the students some focused on reading but some needed the writing development.
- Developing common language, common understandings and common strategies across the grade levels.

Middle Years Literacy Support

- Challenges included:

- Scheduling issues with the pull-out model – working around middle years timetables can be more challenging.
- Limited time at some sites – especially if the school was finding the time within their own ratio.
- Need longer time blocks for middle years because of the length of text, more complex writing. Speaks to full day every other day, or half day – time blocks available.

Middle Years Literacy Support

- Need for increased focus on assessing the growth in writing.
- Materials are a major challenge in many schools – to find materials of interest and appropriate level is a major challenge.
- In coaching model – building common literacy knowledge, understanding of strategies, philosophy of balanced literacy – can be challenging.
- EAL needs – as in Early Years the balance of needs Is a challenge.

Middle Years Literacy Support

- In the coaching model – the willingness of the teachers to engage in co-teaching and to make the shifts in instruction – change process.
- Need to clarify the role of middle years literacy support – newer role – more discussion needed.
- Challenge – building the team – time for discussion and professional development involving the classroom teachers and the literacy support teachers

Middle Years Literacy Support

- Main points for discussion with principals:
- EAL and literacy support – coordination of supports.
- Discussion about the various models.
- Materials needed to move forward.
- Scheduling

Empower Reading

- 2009-2010 – one teacher trained in Toronto and implemented as a pilot – St. Augustine
- 2010 – two teachers and learning disability psychologist trained in Toronto– implemented at J.R.Reid, George Fitton, St. Augustine, Meadows and Riverview. Change of teachers mid-year for Meadows and Riverview via video conference.
- 2011-2012 – new training group formed and implementation this year in J.R.Reid, George Fitton, St. Augustine, Riverview, Meadows, New Era, Valleyview, Earl Oxford, and Vincent Massey High School.

Empower Reading

- Training this year has had two forms:

- elementary Empower teachers trained on-site in Brandon – two days in September, one day in November along with the trainer observing the teacher teaching a class, the last day of training upcoming in March, with teaching visits as well.

- Empower high school – one teacher implementing – trained in Toronto – total of five training days . Some video conference teacher observation has occurred, as well as three on-site visits by Maria de Palma

Empower Reading

- 2010-2011 – 33 students across five sites
- Data collected included the five pre and post measures for Empower program, Fountas and Pinnell Benchmark, BURT word test.
- Due to teacher transitions mid-year we had some incomplete data, and also most students did not get to complete the whole program and are continuing the program this year – so we have to decide how best to report this data.
- Gains were made by all students in both Empower measures and Benchmark levels.

Empower Reading

- 2011-2012 - 8 elementary schools and one high school with approximately 60 students receiving service. Pre and post data will be available for all students – even those who may not finish the program this year.
- Some of the challenges that we have faced:

- Creating a space for the program as you need to use display charts etc.
- Scheduling can be difficult as it requires a one hour block of time – cross grade groups are also common.

Empower Reading

- Questions for ongoing implementation:

- Additional schools wishing to implement
- Dedicated staffing to the Empower position – initially some schools found the funding within their own ratio. Dr. Michaels has brought this program into budget decisions.
- Student selection is essential – understanding who most needs this program.

Leadership for Adolescent Literacy

- Goal: to build leadership for balanced literacy programming in the middle years.
- Newly launched January 2012.
- All schools represented by one classroom teacher and in some cases the literacy support teacher is also attending.
- Three sessions planned for this year.
- To continue into 2012-2013 school year with an additional 8 sessions.