

To Be (Vaccinated) Or Not To Be ; That is the Question !

Maureen Sullivan-Bentz, BScN, MScA, NP Candidate

Until recently, varicella (chickenpox) was one of many prevalent infectious diseases primarily affecting children who inevitably suffered its unwanted health-related consequences. In early 1995, a then new and well tested varicella vaccine (Varivax™, Oka/Merck®) was officially licensed for use in the United States. Contrastly, Varivax™ remained unlicensed for use in Canada. Subsequently, in May of 1999 the Laboratory Centre for Disease Control (LCDC) in Canada held a conference to specifically establish control strategies for possible Varivax™ in Canada. The final recommendation resulting from the May, 1999 LCDC conference was that a universal immunization program for young Canadian children be ideally implemented within 2 years of availability of a refrigerator-stable vaccine. Based on the LCDC's recommendation could one envision the real possibility of life without chickenpox as a foregone conclusion or perhaps could it be something just too good to be true?

In 1997 a comprehensive market survey of US pediatricians found that only two thirds of all pediatricians surveyed were incorporating the vaccine into the recommended immunization program. The results of this survey begs the obvious question, why did a significant one third of US based pediatricians decide not to use the Varivax™ vaccine for varicella immunization?

The purpose of this presentation is to address some of the concerns expressed by health care practitioners with utilization of the vaccine. The potential results of a hap-hazardous immunization program will be discussed. The presentation will also address the epidemiological trending in Canada which reveals an increase in patient presentation of commonly encountered, but serious complications of varicella infection such as Group A streptococcal infection. Finally, the reasons for supporting and implementing a comprehensive varicella immunization will be discussed.

Partnership in Practice: From Research Generation to Community Networking. Learning from the Canadian Community Epidemiological Network on Drug Use (CCENDU)

Colleen Anne Dell, Canadian Centre on Substance Abuse & Carleton University

CCENDU was established in 1995 as the first Canada-wide surveillance system on substance use. Spearheaded by the Canadian Centre on Substance Abuse and guided by a steering committee, CCENDU is a collaborative project

involving federal, provincial, and community agencies, with intersecting interests in drug use, health and legal consequences of use, treatment, and law enforcement. Collaborative and intersectoral partnerships are the cornerstone of CCENDU, as communicated in its dual focus: (1) to coordinate and facilitate the collection, organization, and dissemination of qualitative and quantitative information on drug use, among the Canadian population at the local, provincial, and national level, and (2) to foster networking among key multi-sectoral partners, to improve the quality of data being gathered, and to serve as an early warning system concerning emerging trends. According to a recent evaluation, CCENDU has achieved progress in establishing a national framework, involving policy development, and facilitating data analysis, with further attention required in establishing linkages between researchers and program planners. This presentation discusses CCENDU's key collaborative successes and experiences.

Alcohol in the Lives and Deaths of Children and Youth in British Columbia: Key Findings and Policy Recommendations

John Greschner, Wayne Mitic, Children's Commission, Province of British Columbia

Since its inception in 1996, the Children's Commission of British Columbia has completed 489 detailed fatality review reports. Each report is based on an intensive investigation of environmental and personal factors that lead up to the death and details the conditions under which the child actually died. Based on these reviews, recommendations may be forwarded to relevant government ministries and community organizations. Progress toward implementing the recommendations is monitored by the Children's Commission.

The Commission recently completed an extensive examination of the influence that alcohol may have had on the lives and deaths of these children. A trained researcher reviewed all 489 reports. As reports were reviewed information that was collected was categorized to address a series of predetermined research questions on the presence of alcohol in the life of the deceased child.

Over the past 4 years the Children's Commission has publicly released over 600 recommendations as a result of the deaths it has investigated. While 24 of these recommendations are aimed specifically at the area of alcohol, many more address the broader areas of safer environments and supportive behaviors

The purpose of this presentation will be to describe these key findings as they relate to the role of alcohol in the lives of these children, explore the kinds of recommendations that have emerged from the fatality investigations and examine the public policy implications of the findings.

Pathways to Well-Being – A Population Health Demonstration Project

Joanne Franko, Daphne Goodman-Eifler, Sandra Belanger Saskatoon District Health (SDH);

Karen Archibald, Child Hunger and Education Program (CHEP); May Henderson, Saskatoon Indian and Metis Friendship Centre (SIFMC); Saskatoon Tribal Council (STC); Annette Horvath, Canadian Diabetes Association (CDA).

Pathways to Well-Being (PWB) is one of 7 population health primary prevention demonstration projects funded by Saskatchewan Health. This project is a partnership between SDH, CHEP, SIMFC, CDA and STC. Pathways to Well-Being has 2 goals: to enable Aboriginal families in Saskatoon to make healthy food choices and to promote understanding within the Aboriginal community that Type 2 Diabetes may be preventable. In order to accomplish these goals, an Aboriginal project worker has been hired, to work with the Aboriginal community to promote our initiatives. Activities undertaken by our project include enhancing access for aboriginal families to the Good Food Box program of CHEP to provide basic foods culturally acceptable to Aboriginal people; initiating Good Food Box cooking sessions; cooking classes with Aboriginal youth; and presentations on the prevention of Type 2 Diabetes. An empowerment process (or a community development approach) is fundamental to the achievement of the goals of our project. Our project is designed to work with individuals and families in community participatory activities around good food. This is a 15 month project, funded to March 31, 2002. Specific details on some of our project outcomes will be presented, as well as a plan for program sustainability.

The Positive Steps Fall Prevention and Exercise Program

Pat Mazur, Regina Health District, Regina, Saskatchewan

In 1998, organizations sharing an interest in keeping Regina's seniors physically active, formed the Committee Supporting Healthy Active Living for Older Persons. The committee identified frail seniors as a vulnerable population for whom few active living programs or resources existed. Multiple health problems and mobility

issues prevent participation in many traditional forms of exercise, which leads to further deconditioning and fragility. The committee undertook several projects, one of which was the Positive Steps Fall Prevention and Exercise Program. The purpose of the project was two-fold; to provide information on fall prevention and to provide a simple exercise program suitable for frail seniors. By providing the knowledge and practical skills to prevent falls and to exercise safely in their own homes, frail older adults could participate more actively in prolonging their independence and improving their health, mobility and quality of life.

This presentation will highlight the intersectoral collaboration that resulted in the Positive Steps Fall Prevention Program, the challenges faced, and the impact on the seniors who have used the program. The presentation will be of interest to public health practitioners in search of resources for this group, and others who face the challenge of developing resources with limited resources.

Smoking and Youth: A Comprehensive Tobacco Prevention and Cessation Pilot Project

Lisa Mitchell, Hons. B.A., M. Ed. and Elizabeth Teasell, R.N., B.Sc.N.

Halton Region Health Department in Oakville, Ontario partnered with a large secondary public school to develop a comprehensive tobacco prevention & cessation plan for the 2000-2001 school year. An advisory committee comprised of school staff and students was formed. A school-wide smoking survey was distributed to determine smoking rates and related issues within the school. From the survey analysis, 64% of student smokers either had wanted to or had tried to quit smoking at some point. As well, 17% of student smokers preferred Quit and Win Contests following cutting down the number of cigarettes smoked and using the nicotine patch or gum. Based on the data, the committee launched a 2-week comprehensive Quit Smoking Contest in March 2001. Evaluation of the intervention is expected in the spring.

The process taken to engage students in their own project, to identify issues of importance to them regarding their interest in quitting and their preferences to making this behaviour change was very valuable. For participants to engage in dialogue with the Health Department planners who worked with the school, and identify steps that can be adopted to other school health programs, an oral presentation would be the best format to present this project.

Strategic Alliance to Reduce Cervical Cancer in Prince Edward Island

Mary Beth Roach, Prince Edward Island Department of Health and Social Services

In January 2000, the Prince Edward Island Department of Health and Social Services, the Medical Society of PEI and the Canadian Cancer Society, PEI Division formed a strategic alliance to increase regular Pap screening among Island women and reduce the high rates of cervical cancer in Prince Edward Island. With funding from PEI Cancer Research Council, the PEI Department of Health and Social Services used discussion groups to better understand the barriers to cervical cancer screening on Prince Edward Island. Study results identified the importance and need for health promotion and public education. This oral presentation will feature a comprehensive health promotion campaign based on research findings. Featuring three generations of Island women, the campaign uses television and radio commercials, brochures, posters and other promotional items to deliver health promotion messages to reduce the barriers to cervical cancer screening on Prince Edward Island. Explore ideas and recommendations on ways to ensure women continue to be regularly screened following the campaign.

The challenge of increasing community awareness about the broad determinants of health in a First Nation community-culturally appropriate community resource directory using a determinants of health model.

Elaine Rankin, Waycobah First Nation, Cape Breton Island, NS

In early 2000, the Central Inverness Community Health Board (CHB) began a Healthy Community-funded project for the area of Inverness Cape Breton Island, Nova Scotia. In the fall of 2000, the Interagency Committee of Waycobah First Nation collaborated with nearby Inverness CHB to develop a culturally appropriate community resource directory. The purpose of this presentation is to present a community-based model for increasing awareness about the broad determinants of health and health services beyond the traditional “medical model.” The presentation will illustrate both directories; detail the participatory evaluation processes, tools and results. Future plans for the project involve using the directory as a forum for strategic interagency action planning to shift broad health issues to a higher priority on the public and political agendas.

The Emerging Public Health Threat Posed by Antibiotic Resistant Organisms

Antibiotic resistant pathogens have been a recognized and growing menace in acute care and extended care facilities. These same pathogens are now being transmitted within the community, posing a serious public health problem. While antibiotic resistance has historically been limited to these institutional settings, community-acquired resistance is now on the rise in Canada and elsewhere in the world. Public health practitioners must quickly become aware of this emerging health threat and be provided the information and tools to limit the transmission of the pathogenic organisms as well as deal effectively with resistant infection outbreaks outside of the institutional setting.

The World Health Organization dedicated its year 2000 Infectious Disease Report to the issues of antibiotic resistance. The United States has just released its action plan to deal with this public health threat. British Columbia has just published its own action plan and Ontario, Alberta and Quebec are now taking steps to address the issue.

Background

Antibiotic resistant pathogens are a growing threat to the public regardless of age, gender or socioeconomic background. Some of the most clinically important bacteria that have developed drug resistance include pathogens causing pneumonia, ear infections and meningitis (i.e. *Streptococcus pneumoniae*); skin, bone lung and bloodstream infections (i.e. *Staphylococcus aureus*); and urinary tract infections (i.e. *E. coli*). Many other pathogens, including those that cause tuberculosis and gonorrhoea, HIV and the fungi that cause yeast infections are also becoming resistant to standard therapies. Drug-resistant infections can be acquired in health care settings, in the community and through the food supply. While anyone can contract a drug-resistant infection, certain people are at increased risk particularly children in day care centres and those using outpatient clinics. Methicillin-resistant *S. Aureus* (MRSA), which for over 25 years has been mainly a problem in hospitals, is now occurring in the community and being transmitted among the general population. Canadian public health practitioners are not yet well prepared to deal with the emerging health threat that antibiotic resistance poses.

Workshop Objectives

1. To provide current information and statistics on community-acquired antibiotic resistant infections and their implications for public health practitioners.
2. To prepare public health professionals for dealing with this emerging health threat through infection prevention and to describe emergency procedures in the event of an outbreak.
3. To describe a successful Canadian public awareness campaign and to encourage similar activities in other regions of Canada.

4. To enable attendees to describe their experiences with community-acquired resistant infections and question the panel on how the situation should be dealt with.

Workshop Agenda

The Canadian Committee on Antibiotic Resistance will host a workshop with three expert presenters each with a fifteen minute presentation followed by an opportunity for questioning from the workshop participants.

Dr. John Conly will describe the current situation in Canada where community-acquired antibiotic resistance is being encountered, the mechanisms of transmission and the implications for the public health care system.

Ms. Clare Barry will provide insight into the variety of mechanisms available to prevent community-acquired infections, describe common infection prevention practices and explain what public health professionals can do in the event of a serious outbreak. The presentation will cover vaccination and hygienic practices such as hand washing, safe food handling and other behaviours associated with prevention of infection transmission in non-institutional settings.

Dr. Edith Blondel-Hill will provide a detailed description of a successful Canadian public health program (Do Bugs Need Drugs?) to educate health care practitioners, pharmacists and the public on antibiotic resistance.

Participatory Process

Ms. Barry will ask the workshop participants to briefly describe their experiences with community-acquired resistant infections and how the problem was overcome. As well the workshop will provide several opportunities for participants to question each of the experts on the impact of this emerging health threat on their daily work and how they can minimize the problem given their particular circumstances.

Workshop participants will be encouraged to ask questions related to their own experiences or to delve deeper into areas of particular interest. In case of low workshop attendee participation and to encourage further questioning, a series of key questions will be prepared in conjunction with the CPHA prior to the workshop.

Note: The proposed workshop agenda is open for discussion with CPHA. For example, we could replace the presentation by Clare Barry with a presentation on the implications of food and water-borne pathogens and their relationship to antibiotic resistance in humans. We could also bring Dr. Lindsay Nicolle back to Canada to discuss international issues related to resistance and public health. Dr. Nicolle is on assignment from Winnipeg to the World Health Organization dealing with resistance internationally.

Evaluation of Ontario's Universal Influenza Immunization Campaign

V. Mann, C. Beynon, L. Picard, K. O'Connor, P. Nelligan, R. Sanderson, M. Sangster, J. Simpson, O. Tolemeo, & B. Wright. Ontario Public Health Research, Education and Development Provincial Program

Imagine that tomorrow you must immunize every citizen in your jurisdiction. How would you use the capacity of your local public health unit to accomplish that goal? This was the challenge faced by Ontario's public health units when, on July 25, 2000, the Ontario Ministry of Health and Long Term Care (MOHLTC) announced the universal influenza immunization program, making Ontario the first jurisdiction in North America to provide free annual influenza vaccine universally. A collaborative evaluation effort among the MOHLTC, Public Health Research Education and Development program (PHRED), Institute for Clinical Evaluative Sciences (ICES), Aventis Pasteur and local health units described the implementation, effectiveness and organizational and community impact of this program. The PHRED component documented the evolution of the campaign, and identified and measured factors essential to program effectiveness, mainly using information from a survey of all Ontario health units. This session will describe the response of Ontario's health units to the program, including marketing and promotion strategies, planning and delivery activities, vaccine distribution and storage, and collaboration and partnerships that facilitated the goals of the campaign. Local challenges and how health units overcame these challenges, useful marketing and promotional strategies, preferred locations and times of clinics also will be highlighted so that all can benefit from the lessons learned in the Ontario experience.

Effectiveness of Food Safety Interventions

Valerie Mann, Public Health Research, Education and Development (PHRED), Kingston, Frontenac and Lennox & Addington (KFLA) Health Unit, Kingston; Judy DeWolfe, PHRED, KFLA Health Unit, Kingston; Robert Hart, Brant County Health Unit, Brantford; Hussein Hollands, PHRED, KFLA Health Unit, Kingston; Rene Lafrance, Eastern Health Unit, Cornwall; Marilyn Lee, Ryerson Polytechnic University, Toronto; Jane Ying, Toronto Public Health Department, Toronto

A systematic review of the literature was conducted to summarize evidence on the effectiveness of food safety interventions that are relevant to public health. The data sources searched included 20 electronic databases, key informants and bibliographic references, as well as hand searching of key journals. Two reviewers independent

assessed the retrieved articles for relevance and methodological quality using predetermined criteria. Of the 58 relevant articles, five were rated as moderate and were included in this review. The data from the moderate articles was extracted and synthesized independently by two reviewers. The interventions found to be effective included food handler training/certification and inspection interventions. Evidence was found that some public health food safety interventions have been shown to be effective.

Community Partners and Independent Living for Seniors

Anita Moore, Winnipeg Regional Health Authority, Winnipeg

Support Services for Seniors is a unique program in Canada between Winnipeg Regional Health Authority and its partners. It enhances the independence of older persons living in the community and empowers them to improve their health. Communities are allowed to tailor services to address the determined needs of its seniors. Program direction comes from the citizens of the community rather than from government. A range of services (i.e. transportation, meals, friendly visitor) are coordinated, made accessible and affordable. They focus on promoting well being, fostering and ensuring social and physical environments that meet the needs of seniors. There are 68 programs that are sponsored by 32 agencies collaborating with other community service agencies, university and colleges, businesses, and public sector services. Evaluations of the services indicate that socialization and service use resulted in lower incidence of depression and mental illness among seniors. It also indicated that the program complements Home Care in health surveillance and monitoring as well as reducing the amount of services it provides. Furthermore, placements in Personal Care Homes are delayed. More appropriate use of the formalized health care system has facilitated a more integrated service delivery. This program is viewed as a cost effective, quality service.

The Seniors Health Resource Team: A demonstration model

Sonja Lundstrom, Eleanor Stelmack, Anita Moore, Seniors Health Resource Team, Winnipeg

Combining the principles of primary health care with a community development model, the Seniors Health Resource Team (SHRT) was developed as an innovative strategy to meet the health needs of seniors in the River East community. Established in 1999, SHRT consists of an occupational therapist and a gerontological nurse.

SHRT's goal is "to enable seniors to live independently in a health conducive community by providing primary health care, health promotion, illness and injury prevention and chronic disease management that ensures optimum quality of life" to a target population of 1500 seniors in congregate housing. The Team will share how they have mobilized existing services and agencies to provide health education, primary health care and resources. This presentation will outline the process of developing team care plans with other health care providers to prevent crisis in chronic illness. A large part of the project has been community development that addresses fully the determinants of health. Gardening projects, environmental modifications, Friendly Neighbour I'm Okay, and exercise clubs are some of the exciting developments. The team has successfully reached vulnerable seniors and early results show a reduction in medication misuse, prevention of falls and injuries, and management of chronic diseases.

Transforming primary health care from rhetoric to practice: Collaborative action for health and social change

Marcia Hills, Jennifer Mullett, Community Health Promotion Coalition, University of Victoria, Victoria

Despite much discussion about Primary Health Care, health reform, and health promotion, the translation of the rhetoric into the actual practice of Primary Health Care principles remains, by and large, unstructured, fragmented, and uncoordinated. Radical thinking is needed to fully embrace new health service delivery systems.

This paper describes a project that aims to cultivate mutual learning and collaboration among community members, community health professionals, government, and researchers through relevant research that has as its main focus the reconceptualization and transformation of Primary Health Care delivery. The unique research methodology that will be applied in this project was specifically designed by its creators (Reason, 1986, 1994; Heron, 1996) to achieve this kind of transformation and societal change. The establishment of Primary Health Care Centres in communities throughout Canada provides propitious opportunities to apply this methodology to create new ways of delivering community health services.

The British Columbia experience will be described to provide a practical example for how others might use this methodology in their own communities.

The Marriage of Population Health and Primary Health Care for Vulnerable Women

Marion Relf, Allison Akgungor, Susan Chesney

The Northeast Community Health Centre, established by the Capital Health Authority in Edmonton, uses a Primary Health Care conceptual framework to guide its delivery of services. As part of that conceptual framework, the community was involved in defining services needed and continues to play a role in planning and developing strategies for Women's Health. Women's Health focuses on the needs of the most vulnerable in our community, a focus supported by Primary Health Care and its underlying drivers of social justice and self-reliance.

When the Centre opened, Community Health Services relocated to the building, and a new Women's Health service was started. The Health Beginnings and Health For Two programs of Community Health Services provided the building blocks for the new service that would meet the needs of the most vulnerable. Community Health Services continues to use a population health approach, assisting to identify women who are needy and may not be able to access other more traditional programs within the region.

This presentation will tell the story of linking established services with new ones, and encouraging staff to work together keeping in sight the goal of improving health for individuals, families and communities.

Mothers and Daughters in Touch: Parents as a Buffer Against the Challenges of Adolescence

Liz Loewen, Barb Wasilewski, Jo-Anne St. Vincent, and Diane Labossière, Clinique Youville Clinic Inc.

Mothers and Daughters in Touch is an innovative community-based program that promotes healthy and effective communication between mothers and daughters. Through expanding mothers' capacities as mentors and resource persons to their daughters, the program seeks to strengthen a girl's self-esteem, promote a healthy body image, provide life skills for handling peer pressure and for promoting problem solving and healthy decision-making. To achieve these aims, the program includes communication exercises, identification of family strengths and communication patterns and group discussions about what to expect through puberty focussing on the girls and mothers as experts who can share their perspectives. Nurse facilitators modify the content of each course slightly to allow each group to identify priority issues however, the primary format remains consistent each time. It is offered for two age levels: 9-11 year olds and 12-14 year olds with educational content changing to address the developmental stage and priorities of the two groups. The presenters will discuss the program content and how it

can be modified to meet the needs of specific communities. Early results from an ongoing quantitative study examining the effect of the program on parent-child communication and adolescent self-esteem will also be discussed.

Capacity and Dissemination Indicators for Heart Health Promotion

Murray McKay, Dexter Harvey, Heart Health Indicators Project (HHIP), The University of Manitoba, Winnipeg
Manitoba CANADA

The Heart Health Indicators Project (HHIP), funded by the Population Health Fund (Health Canada), is a three-year project initiated in 1999. The HHIP is collaboratively working with nine provincial heart health dissemination research projects. Each provincial project is focussed on the development of capacity in one or more of health regions, regional coalitions or community committees. The HHIP is working collaboratively with the nine provincial heart health projects to: develop a set of specific CORE indicators (measures) that can be used to track the dissemination of population and heart health promotion initiatives; develop the instrumentation for the collection of the measures; develop a mechanism for collection of the data; and finally develop a database for the storage and dissemination of the data. The presentation will cover the collaborative approach used in working with nine provincial projects, followed by an identification and explanation of capacity and dissemination impact indicators. These indicators will form the basis of a process evaluation of the dissemination of heart health initiatives across Canada.

Rural Capacity Development for Heart Health Promotion

D. Harvey, E. Hook, M. McKay, D. Gelskey, The Manitoba Heart Health Project (MHHP), The University of Manitoba, Winnipeg, Manitoba CANADA

This study's primary research focus was to determine the degree to which rural community committee capacity can be enhanced to deliver heart health promotion. The presentation provides evidence based on heart health capacity development in five rural heart health community committees associated with five Manitoba rural communities. The key findings indicate that the five community committees demonstrated enhanced capacity by: 1) using an evidence-based approach for decision-making; 2) selecting and prioritizing health issues and groups of

concern; 3) identifying and implementing programs to address health issues and; 4) forming relationships with local organizations for health promotion delivery. The conclusion is that community committees can deliver population-based health promotion initiatives on a nominal budget and can influence Regional Health Authorities to provide support so that: (A) Communities may sustain activities beyond research and (B) Community committee infrastructures can be replicated in communities throughout the entire health region.

Immunization "Hot Topics"

David J. Allison, Mary Appleton

This Presentation will provide an overview of current immunization issues that are causing an increasing number of parents/ caregivers to question the safety and necessity of vaccines, leading to a discussion about the issues and the resources that are available. Attitudes towards immunization will be explored, and participants will be asked to contribute their best practices when advising parents/ caregivers. As more vaccines are approved for use in Canada, public health staff are increasingly called on to explain why vaccines are safe, effective and necessary. This practical session will help assist public health staff who are faced with increasingly difficult questions from parents/ caregivers and other health care professionals.

The Baby-Friendly Initiative in the Community

Joanne Gilmore, Johanna Bergerman, Leslie Ayre-Jaschke, Linda Gilmour Kessler, Breastfeeding Committee for Canada

The WHO/Unicef Baby-Friendly Initiative (BFI) was developed to help create conditions in which women would be supported in their efforts to breastfeed their babies. The Breastfeeding Committee for Canada (BCC) is the National Authority for the Implementation of BFI in Canada. While the Initiative's focus is hospital settings, the BCC now recognizes that a supportive community is necessary for women to initiate and maintain breastfeeding. The draft 7 point plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services, based on population health promotion principles, sets out the standard which community providers will achieve to reach levels of good practice similar to those attained by BFI accredited hospitals. The purpose of the workshop is to present the draft 7 point plan and elicit critical feedback about implementation opportunities and challenges

from CPHA membership who have experience in developing healthy public policy. This workshop will provide a participatory opportunity for delegates to gain new knowledge and skills to become leaders in this emerging global initiative.

The development of community postpartum carepaths in British Columbia: A collaborative process

Joan Reiter, BSN, IBCLC, British Columbia Reproductive Care Program

Over the last few years, the provision of early postpartum care has shifted from hospital to community. In many regions throughout British Columbia, public health nurses now provide early and ongoing postpartum care in the home. As this shift evolved, the need for standardized community postpartum care documentation tools became apparent. In August of 1999, the BC Reproductive Care Program (BCRCP) initiated a provincial partnership process in order to develop postpartum carepaths. The partnership included representation from: each health region in BC, the BC Public Health Information System, First Nations nursing, the BCRCP and the BC Perinatal Database Registry. In January 2001, the Community Health Perinatal Documentation Working Group (comprised of the above partners) introduced provincial community maternal and newborn carepaths as well as standardized documentation tools for postpartum care in the home. Guidelines for use, a video and a provincial workshop were developed to assist in education regarding the new tools. This poster will describe the collaborative process and a description of regional implementation to date will be presented.

Population Health Promotion Practice in the Primary Prevention of Type 2 Diabetes

April Barry, Elaine Clark, Karen Cooper, Marta England, Mary Martin-Smith, Saskatchewan Health

This poster is focused on an initiative to make healthy choices the easy choices by using a population health promotion approach and using type 2 diabetes as the entry point. Saskatchewan Health has funded seven demonstration sites within the province to work at removing barriers to healthy choices or providing healthy alternatives. The focus of the initiative is primary prevention and health promotion in populations as a whole – promoting health and reducing risk factors through personal and community-wide efforts. This poster describes the population health promotion model, the principles of population health promotion, and gives a brief

description of the key components of seven funded demonstration sites. A handout will further describe the activities within each site addressing the root causes of type 2 diabetes.

Working Together in Partnerships: What do Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) Projects Say is Important?

Karen Cooper, Lisa Lix, Saskatchewan Health

CAPC and CPNP projects are typically guided by a partnership of community groups. They are funded by Health Canada to deliver services to pregnant women and young children living in conditions that put them at risk. This presentation will report the findings from a survey of 66 CAPC and CPNP partnerships in Alberta and Saskatchewan. The survey collected information on partnership decision-making, conflict resolution, communication, development, program implementation, and sustainability. As well, 11 project staff and partners were interviewed for in-depth information on each of these stages/phases. A theoretical model that was developed through consultation with an advisory committee of CAPC/CPNP partnerships, Health Canada and researchers was used to validate the survey and interview results. Analysis of the survey data focussed on predictors of partnership implementation and sustainability. The findings can be used by public health policy-makers and professionals to more effectively promote and encourage collaborative opportunities within communities. While there is no single path to successful collaboration, the purpose of this presentation is to learn from those who have already walked these paths.

Making Healthy Choices the Easy Choices: Using a Population Health Promotion Approach.

Elaine Clark, April Barry, Karen Cooper, Marta England, Mary Martin-Smith, Saskatchewan Health and project participants

Saskatchewan Health applied the population health promotion framework as it developed and implemented a primary prevention program related to type 2 diabetes. It is a three-year funded initiative focused on making healthy choices the easy choices. Seven demonstration sites are working to removing barriers to healthy choices or providing healthy alternatives to address the root causes of type 2 diabetes or other chronic illnesses with some of the same risk factors. Overcoming barriers related to socio-economic factors, education and isolation have a high

priority. To date, a resource booklet, “Population Health Promotion Practice in the Primary Prevention of Type 2 Diabetes” as well as templates for proposal selection, work plans, budget, evaluation plan and sustainability were developed to incorporate population health promotion principles. This workshop will provide participants with information on how to apply a population health promotion approach, examples of activities within the funded sites and an opportunity to work with developed templates. Presenters will also share some of the lessons learned. The goal is to enable participants to use similar means to develop and implement their own programs applying the population health promotion framework.

Women’s Health Workshops as a Strategy for Capacity Building: Are They Effective?

Judith Blakeley, Violeta Ribeiro, Memorial University of NF School of Nursing, St. John’s, NF

Osteoporosis is a serious health problem which has reached epidemic proportions among Canadian women. This disease, and its concomitant fractures, places a heavy burden on society in terms of human suffering, loss of productivity, death, and health care costs. In keeping with these concerns, a Canadian community health agency has developed a series of workshops which are designed, in part, to educate women about this disease and to encourage them to take appropriate steps to prevent it or to make informed decisions about its treatment. The present study was designed to evaluate this section of one of these workshops in terms of the women’s capacity to prevent/cope with this disease.

A semi-experimental design was used to measure any changes in participants’ knowledge about osteoporosis and their prevention and treatment practices regarding this disease. A control group was used for comparison. The findings indicate that the workshop was effective in increasing the level of knowledge, an increase that was still evident six months following the session. However, it had limited impact on their actual preventive and treatment practices. These results will be discussed in terms of health promotion workshops as a capacity building strategy.

Aboriginal Women’s Perspectives on “Culturally Appropriate” HIV Counselling and Testing.

Dawn Bucharski, MSc Candidate, Centre for Health Promotion Studies, University of Alberta and Dr. Linda Reutter, Professor, Faculty of Nursing, University of Alberta

HIV/AIDS is a growing concern in the Canadian Aboriginal community, especially for Aboriginal women. Recent data from British Columbia, Alberta and Saskatchewan show that Aboriginal people account for 15%, 26% and 43% of newly diagnosed HIV positive cases respectively. Aboriginal cases tend to be younger and are more likely to be female, compared to non-Aboriginal cases.

Prevention programming, including HIV counselling and testing, are strategies presently used to increase HIV awareness. Aboriginal people and health care providers have frequently identified the need for culturally sensitive services. Little research has been done in Canada to define what is meant by “culturally appropriate”, relative to HIV prevention programming, in this community.

The purpose of this presentation is to discuss the significance of HIV prevention programming for Aboriginal women, based on the findings from a qualitative research study. A discussion of the research protocol, including the development of the Aboriginal Advisory Group will follow. Initial findings and challenges conducting the research will be shared, followed by programming and policy implications in the area of HIV counselling and testing for Aboriginal women.

Collaborative Opportunities between Public Health and the Private Sector

Lisa Ashley, City of Ottawa Public Health; Barbara J. Marshall, Hoffmann-La Roche Limited

Corporate sponsorships provide opportunities for Health Departments to work in partnership with the private sector to create healthier communities. The results of this sponsorship include increased community awareness about public health messages and the provision of foundations on which to build longer-term relationships. In 2000, the City of Ottawa’s Public Health Department and Hoffmann-La Roche Limited began working together to develop a men’s “passport to health” for local and national distribution. The “lessons learned” from this collaborative effort, as they relate to establishing parameters for sponsorship solicitation and negotiation for obtaining funds, goods and/or services, will be the topic of examination at this round table.

Creating balanced and ethical partnerships, developing projects that have resonance in the market place, the alignment of social marketing with corporate marketing, human resource implications, evaluating sponsorship opportunities, and return on investment will be examined from both the Public Health and the private sector perspectives. Questions that will be posed include: What is corporate sponsorship and how does it differ from a

donation or joint venture? How can Public Health answer those difficult questions from the community? What are the benefits and risks for both Public Health and private corporations?

How an e-campaign and media advocacy can influence healthy public policy

Marlies van Dijk, Karen Then, Tanya Grierson, Jennifer Duncan, Becky Freeman, Lyle Walton, Les Hagen, Calgary Tobacco Reduction Action Coalition, Calgary

The Calgary Tobacco Reduction Action Coalition (CTRAC) is a unique group consisting of non-government organizations, the local Regional Health Authority and several health agencies collaborating together with the aim to prevent and reduce tobacco use. In January 2001, the coalition launched a web-based smoking bylaw campaign, coupled with media advocacy strategies to create community mobilization, influence policy makers and educate a large urban centre. A responsive and comprehensive website was essential to meet the needs of a diverse audience of politicians, restaurateurs and the public. The campaign was complicated by an upcoming municipal election, the “cowboy” culture and a strong hold on free enterprise. Stakeholder consultation occurred with the media, elected officials, restaurateurs, business associations and youth. The coalition balanced close working relations with City Council and their role as health advocates in the public eye. This presentation will share the campaign strategies, challenges and successes of the campaign and the preliminary findings of a comprehensive evaluation.

Successes and challenges in implementing a region wide tobacco reduction policy

Christina Melton, Marlies van Dijk, Yvette Penman, Calgary Regional Health Authority, Calgary

The planning and coordination process for a progressive tobacco policy presents numerous challenges. This presentation will share how one of the largest health authorities in Canada is moving towards a smoke-free campus. The Calgary Regional Health Authority’s Tobacco Reduction Policy is comprehensive and includes clinical tobacco training for staff, and tobacco cessation support for patients in acute care as well as for employees. A process evaluation was recently conducted and included focus groups, in-depth interviews and a randomized staff survey designed to assess attitudes towards the policy and to determine staff smoking prevalence rates. This presentation will focus on the policy implementation strategies and communication plan, and will share evaluation

findings to date. Health professionals interested in implementing a similar tobacco reduction strategy will be exposed to the complexity and factors contributing to the success of such an initiative.

Public perspectives on poverty-related policies

Linda Reutter, Anne Neufeld, Margaret J. Harrison, Faculty of Nursing, University of Alberta.

Public policy is viewed as the most effective way to address poverty and its health consequences. The policy process is influenced by public perspectives, yet there is virtually no Canadian research that has examined factors that determine public support for poverty-related policies. The purpose of this research was to examine how public perceptions of the relationship between poverty and health predict support for poverty-related policies. A random sample of 1203 Albertans were interviewed by telephone to determine their perceptions of the relationship between poverty and health (myth, drift, behavioural, structural), and their support for government spending in six poverty-related policy areas. These policies included nutrition programs, housing, child care, increased welfare allowance, low wage supplements, and recreation programs. Two-thirds of respondents supported a structural explanation. The greatest support was for child care programs, with the least support for increased welfare allowance. Explanation of the relationship between poverty and health predicted support for all policies except wage supplements and recreation programs. Those holding a behavioural explanation were less likely to support government spending than those who held a structural explanation. These findings can inform policy advocacy efforts to decrease poverty and its health effects.

Women and Health: Experiences in a Rural Regional Health Authority

Marcelle Falk, RN, Jan Roberts, MB, BS, PhD, Nancy Buchanan, M.Ed.

Increasingly, the health system is realizing that health plans can benefit from the input of women and from a gender perspective. As the principal family caregivers, women have an intimate knowledge of health systems. In addition, women are vulnerable to many social factors – such as poverty and violence against women – that put them at greater risk of ill health. To record perceptions and experiences around women’s health that could shape regional health plans, a rural Manitoba regional health authority (RHA), in partnership with a number of women’s community groups, used a variety of methods to consult with over 170 women from diverse backgrounds.

Findings identified barriers that stand in the way of women health and health care and which limit women's ability to take responsibility for health, as well as insights into the problems women face in communicating with the health care system and gaining access to services. Participants offered recommendations to health planners to assist them to work with communities to improve women's health with particular focus on information, advocacy, and mutual assistance. The findings provide specific direction for the RHA and other community agencies and groups in policy-making and planning for women's health.

Learning about the lives of low-income mothers in Saskatoon

Shardelle Brown, Kathryn Green, Department of Community Health & Epidemiology, University of Saskatchewan

Numerous programs seek to help low-income individuals develop such life skills as cooking and parenting. We wanted to provide an opportunity for women who had participated in such programs to move beyond personal skill development, to reflecting and acting on the factors that influence their health, through participatory action research. Beginning in the spring of 2000 and continuing through the spring of 2001, we met regularly with a core group of 11 women, all mothers of preschool-aged children living in poverty. The group facilitators helped the women explore aspects of the community that either support or work against their well-being, through discussions, reflections on photos that the women took using single-use cameras, and the creation of two large murals depicting their communities. The women analyzed issues of concern to them, to develop their skills in planning action. One action they decided to take was to present their murals to a group of community health workers. In 2001, the women focused on poverty as a key determinant of their health. They shared their stories of living in poverty and we provided information about the prevalence and causes of poverty. The year-long project culminated in the women producing a book containing photos of their murals and their stories, aimed at dispelling some commonly held misconceptions about low-income people, particularly mothers. This project, funded by the Prairie Women's Health Centre of Excellence, enabled the participants to develop not only social action skills, but also new understandings, self-confidence, and relationships.

Lessons learned on building capacity with health promotion practitioners: the SHHP experience

Lori S. Ebbesen, Scott McLean, David Butler-Jones, Joan Feather, Meredith Moore, Georgia Bell Woodard, Lorraine Khachatourians, Saskatchewan Heart Health Program, Saskatoon

The Saskatchewan Heart Health Program (SHHP) "Building Health Promotion Capacity" is designed to help build health promotion capacity, and to understand the capacity building process. SHHP interventions to build capacity include continuing education, consultation and networking (electronic and face-to-face), and are offered to representatives of all Health Districts in the province. Building health promotion capacity with individuals is enhanced through: an understanding of and attention to the environmental and organizational contexts in which an individual is embedded; explicit adoption of the fundamentals of adult learning in designing interventions; understanding participant needs and expectations; repeated and regular opportunities to refocus and reflect; multiple methods; creativity; a staged process to reinforce knowledge and skills; practice opportunities in the workplace to apply information and tools; and the recruitment of diverse, intersectoral practitioners. Partnering with other organizations and offering learning opportunities locally contribute favorably to capacity building. In addition, adopting and employing research and evaluation processes that are participatory, encourage reflective practice and extend the learning opportunity support capacity building as an intervention.

Navigating the river: riding the current and avoiding the shoals of intersectoral action

Joan Feather, Marcia Hills, Suzanne Jackson, Irv Rootman, Doug Wilson, Canadian Consortium for Health Promotion Research

Using a theoretical model for inquiry and capacity development, we will explore what we have learned about effective intersectoral action, and what we need to know. For example, what are the contextual factors that impede or support intersectoral action? What capacities are required, in the community and in the collaborating organizations? What are key processes and structures in the intersectoral forum that contribute to effective action? How can we promote improved capacity among intersectoral partners? These and related questions will be considered in this interactive roundtable. We invite you to share your insights from practice or research. Members of the Consortium will also briefly describe approaches to research and capacity development on this topic.

Training for Effective Intersectoral Health Promotion Practice

Meredith Moore, Joan Feather, Michaela Berkowitz, Georgia Bell Woodard, Lori Ebbesen, Saskatchewan Heart Health Program, Prairie Region Health Promotion Research Centre, University of Saskatchewan, Saskatoon

Two Health Promotion Summer Schools (1999 and 2000) built health promotion capacity by strengthening existing practitioners' skills, knowledge, and commitment. Effective adult education practices were used in the innovative curricula and process design. Both Summer Schools placed specific emphasis on socio-environmental approaches, a cornerstone of Saskatchewan population health promotion practice. Evaluation of the 1999 event provided valuable lessons which were applied in the Summer School 2000 with participants from multiple sectors in human services. The aim of the latter event was to develop personal and professional capacity, in an intersectoral learning environment, to enable participants to learn and practice skills to more effectively work with communities. Evaluation again revealed the effectiveness of the carefully designed learning methods.

More than just a smoke-free homes campaign

Brian Kreps, Hamilton Social and Public Health Services, Jane Loppe, Peel Health and Suzanne Thibault, Toronto Public Health

Breathing Space: Community Partners for Smoke-free Homes is a collaborative venture between seven Ontario health departments. This unique campaign was designed to frame smoke-free homes a part of a smoke-free social movement, rather than simply educate people about the dangers of second-hand smoke. Powerful mass media messages are combined with community-based educational activities. The local activities are conducted through community partnerships from a variety of sectors to extend the reach of the campaign. The local component allows for the message to be delivered in appropriate ways to each community. The media messages were developed using Canadian market research with four distinct target groups. An important aspect of the message is the branding of the *Breathing Space: Community Partners for Smoke-free Homes* name. By creating greater recognition of the partnership and its message, consumers receiving the message would experience the smoke-free homes message as part of a social movement denormalizing smoking in the home. Supported by \$1 million in funding from the Ontario Ministry of Health and Long-term Care's Ontario Tobacco Strategy, this collaboration has potentially reached nearly 6 million Canadians. Evaluation of the campaign's first phase, lessons learned and future directions will be discussed.

Young adult smokers' attitudes and knowledge about supplying tobacco to minors

Brian Kreps, Cathy McNally, Hamilton Social and Public Health Services

Reducing youth access to tobacco has become a cornerstone of tobacco control. In recent years, increasing attention has been focused on deterring third parties (friends, relatives, strangers) from supplying cigarettes to minors. In contrast to the area of retail sales to minors, relatively little is known about the knowledge and attitudes of those who provide minors with access to tobacco products. This qualitative study was undertaken to understand more about the knowledge and attitudes among the group most likely to supply tobacco to minors. Three focus groups were conducted with 19-24 year old smokers. Analysis of the data revealed that study participants were unaware that it is against the law in Ontario to give tobacco to someone under 19 and didn't feel that knowledge of the fact would change their behaviour. Participants indicated that they had criteria for whom they would buy or give cigarettes and that they did not wish to be responsible for helping a minor to start smoking. A variety of messages were tested with the participants as well. The findings from this study can be used to inform future interventions to reduce youth access to tobacco.

Young fathers' experiences: The process of becoming

Janet Hettler, Calgary Regional Health Authority, Dr. Ardene Vollman, University of Calgary

Based on in depth interviews with seven young fathers who ranged in age from 16-25 years old, it was found that they experienced a process of transition. Within this transition, there is a natural chronological process the young men experienced. Along with this natural process are themes that provide meaning to the experience of becoming a father. The young fathers spoke about developing a sense of responsibility during the pregnancy and beyond. Participants reported a variety of different factors such as societal support and values and beliefs that develop as a result of their environment, and which affect their developing identity as father. Family was discovered to be the most influential social support participants had in their transition to fatherhood. The mentoring participant fathers received from their own families assisted their involvement with their children. It was learned young fathers view health care practitioners as a social support. They spoke of encouragement provided by public health nurses and perinatal educators. They felt less support from physicians and hospital personnel. The presentation will address processes of how young fathers make the transition from "becoming" to "being" fathers as well as health care practitioners' roles in assisting vulnerable young fathers to move into parenting.

Mobile Agriculture Health and Safety Resource Centre – a primary care program for farmers.

Mary Smillie, Community Development Worker, Midwest District Health, Davidson, Sask.

The occupation of farming involves more risks to health than any other industry in Canada. Due to the dispersed nature of farms, most agriculture health and safety initiatives rely on awareness campaigns through the major media. These efforts have been effective in raising the consciousness of farmers to their occupational risks. However, actual adoption of health practices by farmers to reduce risk and promote health remains a challenge. The Mobile Agriculture Health and Safety Resource Centre offers comprehensive occupational health assessments to farmers in their own communities. Midwest District Health collaborated with the Centre for Agriculture Medicine at the University of Saskatchewan to provide Farmer Health Assessments. Data gathered to evaluate the program found 74% of farmers believed their participation with the program led them to make changes that reduced their risk or improved their health on the farm. This presentation will provide an overview of the program and results of the evaluation. Implications for federal and provincial health policy will be addressed.

Healthy Baby Program-Successes and Challenges in Six Winnipeg Communities

Cathy Byard, Lynette Froese, Winnipeg Regional Health Authority (WRHA), Winnipeg

The WRHA began the Healthy Baby Program in January 1999; an initiative funded by the Manitoba government. It was designed to improve the nutritional and health knowledge of low income parents. The program goal is to initiate healthier lifestyles in the following areas: pregnancy, labour and delivery, infant feeding, participant's coping skills, and parenting young children. Parents, mostly mothers, attend weekly sessions where childcare, public transportation and snacks are provided. The sessions are co-facilitated by nutritionists, public health nurses, and outreach workers. Topics vary from "tips for successful breast feeding" to "food safety in your kitchen". Parents participate in planning the educational topic at sessions. A large part of the weekly two-hour session is devoted to hands-on cooking with the mothers...many of whom have limited experience with food preparation and enjoy learning new skills. The program networks with other community resources both through involvement in program sessions and by referral to other agencies. Group size is from 5-15 parents of mixed ethnic backgrounds. Participants have attended sessions mainly through the success of home visiting by outreach

workers and public health nurses. A description of the referral system and the evaluation process will be presented.

Bilan de l'expérience d'implantation d'un programme de santé dentaire publique en terres Cries

Jacques Véronneau, Module de santé publique du Conseil cri de la santé.

En février 2000, la direction de santé publique du territoire cri de la Baie James (Québec) obtenait l'ajout d'un dentiste conseil, à demi temps, au sein de son équipe : il s'agissait d'une première dans sa courte histoire. Dès son arrivée, le Dr Véronneau s'est attardé à évaluer la situation en place en respect et concertation avec les autorités autochtones. Suite à cette analyse des besoins, un projet pilote fut mis en place afin de vérifier la faisabilité de certaines mesures de prévention dentaire tout en privilégiant la collecte de données épidémiologiques d'indicateurs de santé dentaire. Il fut expérimenté des activités de prévention de la carie de la petite enfance auprès d'enfants cris, et de leurs parents, âgés entre 12 et 24 mois. Les résultats de ce projet pilote ont mené à des recommandations sur la programmation souhaitable. Une vaste consultation s'en est suivie auprès des leaders politiques, des responsables des services de santé, des acteurs du système de soins et des organisations communautaires en place. Des considérants culturels et anthropologiques ont notamment été abordés. Une majoration des ressources s'en est suivie afin de déployer le premier programme de santé dentaire publique. Une évaluation de processus (implantation) et d'impact (santé dentaire) est en cours. Un atelier vient susciter la discussion autour de cette expérience novatrice et touchant les conditions de santé des autochtones.

Health and utilization of health services of children who witness domestic violence

Judee E. Onyskiw, K. C. Carriere, Department of Mathematical Sciences, University of Alberta

The purpose of this study was to obtain baseline data on the health and utilization of health services of children who witness domestic violence. The analysis uses data from the National Longitudinal Survey of Children and Youth (1994/95). Parents provided the information for all parent and child variables. In total, 8.6% of children witnessed some violence in their families. Results showed there were significant relationships between children witnessing violence and several demographic (e.g., family structure and income) and social factors (e.g., parental depression and drinking behaviour). Child witnesses differed from comparison children (i.e., never witnessed

violence) on general health status using both parental perceptions of health status and the Health Utility Index. There were no differences between the groups in the number of consultations with health-care professionals to discuss children's health problems but there were differences in the number of consultations with other professionals such as child welfare workers and social workers. The implications and clinical relevance of these findings will be addressed.

Monitoring the Impact of Family Health Benefits for Low-Income Families

Trish Livingstone, Lisa Lix, Mary McNutt, Evan Morris, William Osei, David Rosenbluth, Doug Scott, Felecia Watson; Saskatchewan Health, Saskatchewan Social Services, Ecotech Research Ltd.; Regina, SK

Since July 1998, Saskatchewan has provided supplementary health benefits to lower-income families through the Family Health Benefits (FHB) Program. As part of an overall restructuring of income assistance, the program assists with the health costs of raising children and is intended to remove barriers to work. It provides benefits for prescription drugs, medical supplies, dental, optometric, ambulance, and chiropractic services. Saskatchewan Health and Saskatchewan Social Services collaborated to conduct an investigation of the characteristics of FHB recipients and their use of health services. Data were obtained from administrative databases maintained by both Departments, from 1997 to 2000. Analyses revealed two main FHB groups: individuals who formerly received coverage under another benefits program, and individuals who were new recipients. Within the latter, rural and urban recipients had distinctive demographic and utilization characteristics. FHB recipients were compared to recipients of other benefits programs. Prescription drug, chiropractic, and optometric service use increased under FHB. Use of fully insured services (i.e., physician and hospital) was confounded by provincial changes in the structure/delivery of these services. The presentation will examine the policy implications for development and implementation of support programs for lower-income families, and provide recommendations for future studies of this nature.

Fall-Related Injuries among Seniors in Saskatchewan: Partnering for Prevention

Patty Beck, Trish Livingstone, Lisa Lix, Mary McNutt, Sandra Meeres, Sharon Miller, William Osei, Felecia Watson, Laurie Weiman; Saskatchewan Health; Regina, SK

Falls are the leading cause of injuries among seniors in Canada, often resulting in long-term disability, loss of independence and even death. In response to this issue, Saskatchewan Health embarked on a comprehensive study of falls among Saskatchewan seniors (65 years of age and over). To aid with interpretation and increase utilization of the research findings, partnerships with stakeholders were forged during the initial stages of the research. Data sources for the study were the hospitalization and death registration databases from 1992 and 1998. Information on the number of fall-related injuries and deaths, circumstances of falls, health region rates, gender and age group differences, and time trends can be used to develop and tailor fall prevention programs. Interest from government, academia, private, and community-based organizations (e.g., Red Cross, housing agencies) resulted in the formation of the Saskatchewan Coalition for Fall Prevention among Seniors. The coalition is in the process of developing an action plan to achieve objectives of supporting collaborative development of prevention strategies, providing opportunities to network and examine evidence, and enhancing awareness of the issue.

Integrating services for families with affective disorders: Implementing and evaluating a preventive intervention program

Tania Safnuk, Lisa Clatney, Douglas Jurgens & Lynne Mouro, Prince Albert Health District, Saskatchewan

Children of depressed parents are at significant risk for depression and other problems of adjustment (e.g., Downey & Coyne, 1990). The first objective of this longitudinal study, funded by a Health Transition Fund Grant, was to adapt and implement two short-term, psycho-educational intervention strategies (Beardslee et al., 1993) with a sample of “underserved” depressed individuals and their families in the Prince Albert Health District in Saskatchewan. The second objective was to assess whether a psycho-educational, family based treatment would be widely accepted and adopted by mental health practitioners in this health district. Results indicate that both interventions (i.e., lecture and clinician-facilitated) are satisfying and helpful to depressed clients and their families. Although mental health professionals indicate that family involvement and collaboration with other professionals are important activities in the assessment and treatment of affective disorders, a lack of time due to increasing workloads appears to be the main barrier to implementing this practice. Based on these findings, policy implications for improving services for depressed clients and their families will be discussed.

Oral Health of Saskatchewan Children – Results of a Five-Year Dental Screening Survey

Clara Ellert, Interdistrict Dental Health Educators Working Group of Saskatchewan, Future Directions and Special Projects Committees

Over the past quarter of a century, Saskatchewan has had a reputation for monitoring the oral health of Saskatchewan children. Monitoring and the delivery of oral health services has been accomplished through a variety of oral health programs, some with world-wide recognition. As we move toward the 21st Century, how much has the oral health of Saskatchewan children improved?

In the early seventies a 6-year old had an average of 6.55 decayed, missing and filled teeth and only 12% were cavity free. By 1993 a 6-year old had an average of 2.69 decayed, missing and filled teeth and 50% were cavity free.

In 1993-94 and 1998-99 dental screening surveys were carried out in all health districts to continue to monitor the oral health of Saskatchewan children. The dental screening surveys also provided data for comparison to the World Health Organization's Oral Health Goals for the Year 2000 for children age 5, 6 and 12.

The dental screening results indicate that there is an improvement in children's oral health in some areas and a decline in others. It is important to note that there are pockets of children throughout all health districts with alarmingly high levels of dental disease. Their poor oral health is impacting on their overall health (i.e.: ability to chew nutritious food, sleep, concentrate, talk clearly).

Health districts and professionals need to be aware of the lessons learned from these surveys and the future trend of children's oral health. It has significant implications for the normal growth and development of a child into a healthy, happy and self-sufficient adult.

The Intersectoral Collaboration Journey

Mary-Frances Wright, Brenda Cantin, Population & Public Health Branch (AB/NWT Region) Health Canada; Penny Mosmann, Regional Director General's Office, (AB/NWT Region) Health Canada.

Drawing on the cumulative learnings from many years of fostering Intersectoral Action (ISA), both as a partner and facilitator, this workshop will share lessons learned on the benefits and challenges of ISA as a strategy to

achieve healthy public policy. Common elements of successful collaborations and tools to assist with the ISA journey will be presented. Through presentation and discussion, participants will share their ideas, challenges and successes of intersectoral initiatives.

Objectives

1. Share lessons learned in ISA, particularly as they relate to policy change.
2. Examine ISA successes to identify short term indicators and outcomes.
3. Share tools that have been developed to foster Intersectoral Action.

Agenda

1. Introductions and activity (10 minutes)

- Overview of purpose and objectives
- Activity to determine the extent of participants' experience with intersectoral action.

2. *The Destination: Intersectoral Collaboration as a tool for healthy public policy*

(30 minutes)

- Presentation on various approaches to ISA for policy change
- Introduction of the Stages of Intersectoral Action as outlined in the Intersectoral Action Toolkit (Health Canada, 2000)
- Share learnings from successful intersectoral initiatives that led to policy change

3. *Taking a Road Test: Group Activity* (35 minutes)

- Based on the stages of intersectoral action, participants will be grouped at tables according to their current stage. Groups will be as small as possible (ideal maximum 6) to allow discussion.
- Each group will be asked to consider the following questions in their discussion:

A. Which of the challenges are you facing? How do you plan to address them? What suggestions do the participants at this table have to help you address these challenges?

B. How do you know you have been successful? What do you attribute your successes to? How will you use these learnings in the next stages of your work?

- Each group will be asked to report back on:

- 2 key challenges and ways to address them
- 2 examples of how you knew you were successful

4. *Are We There Yet? How do we know if ISA is working?* (10 minutes)

The ability to measure ISA successes is critical to sustaining the outcomes.

- What are the common accomplishments of various ISA initiatives?
- What have the successes to date taught us about measuring our progress?

5. *Evaluation & door prize* (5 minutes)

The workshop will be evaluated, followed by a door prize draw.

An Intersectoral Participatory Research Approach to Illuminating Links between Public Policy and Family Health Promotion Processes among Children and Single Mothers who have left Abusive Partners.

Marilyn Merritt-Gray, June Kerry & Judith Wuest, Faculty of Nursing, University of New Brunswick, Fredericton; Helene Berman & Marilyn Ford-Gilboe, School of Nursing, University of Western Ontario, London.

Woman abuse has longstanding effects for both women and children. Despite this fact, little attention has been given to understanding how such a history may affect health promotion efforts in single parent families or how public policy and services support these families to increase control over and improve their health. With support from policy makers in two provinces, we embarked on a participatory study to address this gap. Based on what women and their children told us about the resources, services and social conditions that influence their ability to manage their health after leaving an abusive situation, we identified relevant policy domains such as housing,, custody, and child support. Reciprocal discussions with service providers and policy makers provided opportunities to discover their perspectives on policy and services, to share families' perspectives, and to talk about how policy and services influence family health promotion processes. In this presentation, we will discuss the relevance of using this participatory research process to influence public policy and services for this vulnerable populations, and the inherent challenges and rewards. Findings related to housing, custody, and child support will be discussed.

The Community Health Nurse's Role in Health Promotion Policy: Creating Conditions for Healthy Public Policy

Dr. Lynn Scruby, University of Manitoba, Winnipeg

The literature reports the need for nurses to develop and implement health policy. The extent to which community health nurses are involved in the development and implementation of health promotion policy is the aim of the study and determines: What is the role of the community health nurse in the development and implementation of health promotion policy? What systematic changes to the existing mechanisms of policy development and implementation are required to establish health promotion policy which is congruent with the WHO's definition policy of "health promotion"? Community health nurses (n=31), working in two public health nursing service delivery agencies in an urban setting were recruited through a letter of invitation. Data were collected using a semi-structured interview schedule. Transcribed data from tape recorded interviews were analyzed verbatim using qualitative methods in the form of content analysis. All elements of the method, which is naturalistic inquiry, and more specifically women-centered interviewing, were shaped by the tenets of feminist science. This study reveals the lack of community health nurses' involvement in policy development and the impact of not involving nurses in policy making. Based on the findings, a model for policy development is presented which creates conditions for healthy public policy.

Learning along the Way: Collaborative Research & Practice Partnerships Supporting Primary Care

Ann Casebeer & Amy Pablo, University of Calgary; Trish Reay, Karen Golden-Biddle, Royston Greenwood & Bob Hinings, University of Alberta; Jeanne Besner & June Bergman, Calgary Regional Health Authority

Investigators from both university and practice environments have received funding from the Canadian Health Services Research Foundation and the Alberta Heritage Foundation for Medical Research to undertake a program of research targeting organizational change in the health care sector. The purpose of the research program is to develop knowledge about the processes of implementing and sustaining organizational change in the health care sector, with special reference to Alberta, Canada. This presentation will describe one key strand of the research program that assesses an innovative primary health care partnership strategy adopted within a regional health authority environment. This health authority is identified as 'leading the field' in this area of strategic health system change for the improvement of primary care in a Canadian context. As a result, our study hopes to identify transferable lessons in real time and share these findings in relation to supporting wider innovation in primary care activity. We argue that joint commitment "along the way" will be a critical predictor of successful transfer of learning and innovation. Our presentation will share perspectives across the research to practice divide and

provide advice concerning how to work in a real time learning mode together and how to advance both research and practice needs and capacities.

Strengthening HIV Prevention Programming Capacity for Vulnerable Communities and Individuals: A Skills-building Workshop for HIV Prevention Workers

Ian Culbert, Chantal Landry, Jocelyne Beck-Chaperon, Benjamin Murray, Paul Kenney, Canadian HIV/AIDS•Clearinghouse, Canadian Public Health Association, Ottawa

While there have been hundreds of HIV prevention activities developed across Canada, isolated and vulnerable communities and front-line workers who work with these communities often lack the capacity or the resources to develop culturally-appropriate activities in their own communities. This workshop will provide participants with a hands-on opportunity to improve their HIV prevention work by providing them with concrete tools to research similar activities across the country and a process for linking them with other front-line HIV prevention workers who are doing similar work. Participants will further develop the capacity to develop partnerships at the local, regional and national levels that will enhance their ability to deliver effective HIV programming built upon the success of others in their field. Specifically, participants will leave with tools that will allow them to increase their knowledge and develop skills in the following areas: Literature, Resource and Project Review, Project and Partnership Development, Evaluation (lessons learned, results, etc.), Needs/Gap Analysis (identification of priorities), and Communication. Participants will increase their knowledge and skills enabling them to build innovative HIV prevention programming initiatives by capitalizing on successful, existing strategies. This will be an interactive facilitated workshop during which concrete tools will be presented and demonstrated through audio-visual/computer-assisted presentations. A hands-on approach will allow participants to access information online during the session and see the results of their efforts immediately. Participants will have the opportunity to use several different tools and ask questions directly to the workshop facilitators.

SPHERU: An Interdisciplinary, Policy-Relevant and Community-Applied Approach to Population Health Research

Ronald Labonte, Allison Williams, Bonnie Jeffery, Sylvia Abonyi, Nazeem Muhajarine, Robert Hilderman, Michael McCubbin, Leslie MacDonald-Hicks

The Saskatchewan Population Health and Evaluation Research Unit is a newly established non-profit research institute (1999), with Board representation from its two collaborating universities (University of Saskatchewan, University of Regina), and its three other founding partners (Saskatchewan Health, Saskatchewan Association of Health Organizations and the Health Services Utilization and Research Commission). It currently employs 7 researchers (all from different disciplines), 2 administrators and a number of research assistants. All SPHERU research is conducted collaboratively by its multi-disciplinary research faculty, and includes as partners community groups, policy workers and researchers from other universities. During 2001, four full programs of research will be launched in the following areas:

- I. Economic and Environmental Globalization, Governance and Health
- II. Community/Environment as a Health Determinant
- III. Multiple Roles, Gender and Health
- IV. Determinants of Healthy Childhood Development

An additional program of research on First Nations/Aboriginal health will be developed over the coming year, in full collaboration with First Nations/Aboriginal communities and organizations. This session describes SPHERU's research model, its approach to interdisciplinary collaboration and its efforts to engage with policy makers and civil society groups.

Cooperative Living for Student Moms and their Infants

Lynne Braun, Doris Colsun, Norine Shewchuk, Quint Development
Youth Resource Development Network, Saskatoon, Sask.

Pleasant Hill Place in Saskatoon, Saskatchewan is a unique community-based approach to support school-age moms with their schooling and their parenting responsibilities. With the mentoring of on-site facilitators and a co-operative approach to the tasks of daily living, young moms can pursue their academic challenges, and develop as parents in a safe, friendly and supportive environment. This opportunity enhances their ability to cope, develop, carry out responsibilities and succeed in their multiple roles. This presentation will outline the conception, creation and ongoing development of this unique resource.

Conceptualizing Capacity Building Research in the Canadian Heart Health Initiative

Susan Elliott, Jennifer O'Loughlin, Kerry Robinson, John Eyles, Dexter Harvey, Roy Cameron

This presentation will report preliminary findings from the Canadian Heart Health Dissemination Project (CHHDP), the primary goal of which is to advance our understanding of dissemination research and capacity building in order to effectively deliver (heart) health promotion in Canada. Dissemination and capacity building are the focus of the most recent phase of the Canadian Heart Health Initiative (CHHI). This phase involves an extension of best practices knowledge to build capacity, as well as a series of research initiatives aimed generally at understanding the factors affecting capacity and the dissemination of community-based heart health promotion activities. The CHHDP employs a multi-method, parallel case study design to assess the implementation and learnings from Provincial Dissemination Projects (n=8) within the CHHI in order to contribute knowledge to both practice and policy in a preventive health system. This presentation reports preliminary findings on the variations in conceptualizations of and approaches to capacity building and dissemination research across the CHHI based on a document analysis of provincial protocols. Key themes highlighted include: theoretical foundations; meanings of capacity and dissemination; intervention and research approaches; target audiences; and provincial health system context.

The Cost of Unintentional Injury to Saskatchewan - It's Influence on Public Policy

Dr. Robert Conn, Ms. Kelly Frochlich

Injury prevention and control advocates and researchers have had access to little information on the economic costs associated with injuries of different types. This lack of information has been identified as a critical gap at meetings on injury prevention. A partnership group including SMARTRISK, Saskatchewan Health, Acquired Brain Injury Partnership Project, the Saskatchewan Institute on Prevention Handicaps and the Saskatchewan Government Insurance was formed to estimate the economic costs associated with unintentional injury in Saskatchewan. The study demonstrated that the public health threat of unintentional injury is more pronounced in Saskatchewan compared to the Canadian average. Saskatchewan's injury hospitalization rate is over two times higher than the national average and the death rate is 1.4 times higher. It is expected that the results of this study will provide the necessary economic rationale and impetus for policy makers, providers, managers and citizens to make recommendations needed to bring injury prevention to be forefront of health sector policy discussions, as well as to improve existing treatment and rehabilitation approaches. The purpose of this workshop is to present the detailed findings of the economic burden report and its impact on the Saskatchewan health care system. The

intention of the workshop is to discuss actions taken since the release of the study and what elements are needed for an effective injury prevention strategy for Saskatchewan and for Canada.

Collaborative Action to Promote Healthy Eating and Physical Activity: Lessons Learned from Nova Scotia

Karen Pyra, Cancer Care Nova Scotia; Cathy Chenhall, Nova Scotia Department of Health

In March 2000, Cancer Care Nova Scotia and the Nova Scotia Department of Health held a one-day workshop to explore opportunities for collaborative action around issues of obesity, physical activity, and nutrition. At the workshop, participants from many different sectors agreed that a mechanism was needed to foster collaborative action to address these issues. After the workshop, participants embarked upon a process of intersectoral collaboration, which reached a milestone during a workshop in November 2000 when participants strongly endorsed the birth of a new multi-organization group called the Nova Scotia Alliance for Healthy Eating and Physical Activity. Member organizations of the Alliance to date include health charities, professional associations, community health boards, district health authorities, youth groups, teachers' associations and government organizations. This presentation will review the evolutionary process that led to the development of the Alliance; its accomplishments to date, and lessons learned about collaboration from the journey

“The process of developing the Hamilton Collaborative Maternity Centre – an innovative public health and primary care partnership”

Debbie Sheehan, Dr. David Price

The City of Hamilton recently received two years of pilot funding from the Ontario Ministry of Health to develop the Hamilton Collaborative Maternity Centre (HCMC). The HCMC will provide primary maternity care using a multidisciplinary model that includes a dietician, family physician, lactation consultant, midwife, nurse practitioner, public health nurse, and social worker. Our aim is to develop an innovative model that has positive health outcomes for mothers and babies, is sustainable, and is cost effective. This project is unique in that a family physician and public health Child Health Manager are working together to facilitate the development of this initiative.

This participatory workshop will explore how the formal partnership developed between the City of Hamilton Social and Public Health Services Department and the Department of Family Medicine, McMaster University has supported the planning, implementation, and evaluation of this project. The planning model used to develop this innovative initiative will be reviewed with an emphasis on the process of collaboration. Specific elements include: focus groups with pregnant and postpartum women, surveys of pregnant women and their partners, community consultation, academic detailing with family physicians, social marketing, outreach with community agencies, and consultation with professional groups (e.g. midwifery, nurse practitioners, physicians, public health nurses).

Diabetes Prevention in 55 Remote Metis and First Nations Communities - Successes and Challenges

Jan Shewchuk, James Irvine (on behalf of the Northern Diabetes Prevention Coalition)

In Northern Saskatchewan, a coalition of 3 health district/ authorities, 5 First Nations health authorities, 4 education authorities, recreation committees, Social Services and Aboriginal radio, developed and implemented multiple population health strategies to deal with increasing rates of diabetes type 2 in remote northern Saskatchewan communities. They involve the coordination of multiple agencies, jurisdictions and organizations, the development of public media campaigns utilizing Cree and Dene radio, audiovisual and print, healthy public policy development and the building of community capacity for action. All strategies are aimed at making it easier for individuals, family and communities to eat healthy and live actively through social-environmental change. The challenges of limited resources, vast geographic areas, socio-cultural changes, and rapidly increasing rates of diabetes are overcome through working in partnerships with multiple agencies and communities. The strategies of the NDPC occur at various levels to address health determinants in a multi-faceted approach.

Navigating a Traffic Safety Partnership

Catherine Harley, Calgary Regional Health Authority

Improving Traffic Safety is a complex task. It requires a variety of strategies implemented by numerous stakeholders with the view that changing public perceptions and ultimately effecting behavior change is a long-term process. Since 1998, the Calgary Regional Health Authority (CRHA) has taken a leadership role in Traffic

Safety Health Promotion specifically in the area of public education, awareness and evaluation. This role has included leading a three-year social marketing campaign in the Calgary region and commitment to coordination of comprehensive local partnerships to align engineering, enforcement and education strategies. Major project partners include Mission Possible, The City of Calgary and The Calgary Police Service under the umbrella of Mission Possible Traffic Safety Action in Alberta.

Key principles and learnings from the traffic safety intersectoral collaboration in Calgary will be shared. For instance, what brought the partners together, what grounded the partnership functioning in its successes and challenges, and how the partnership has been sustained. The progress in evaluating the value of partnerships and quantifying its contribution to the project's achievements will also be explored.

“Making Research Relevant: Building Capacity of Community Organizations to Conduct Community Based Research”

San Patten, Alberta Community Council on HIV

Based on experience in HIV/AIDS community-based research, this workshop will provide participants with the opportunity to gain a better understanding of what community-based research is, how to involve community members in research and how to incorporate research into the everyday activities of community organizations. Participants will gain a greater appreciation for the importance of sharing areas of expertise held by community organizations, community members and academic researchers.

In January 2001, the Alberta Community Council on HIV (ACCH) began a Health Canada-funded project to build capacity amongst HIV/AIDS organizations to: 1) conduct community-based research; 2) effectively apply research findings to improve programs and services; and 3) to merge knowledge and experience with academic researchers.

The ACCH is a regional coalition that represents 16 community-based HIV/AIDS organizations in Alberta. Our members provide a continuum of HIV services from prevention to support in 15 health regions and provide specialized HIV services for vulnerable populations such as Aboriginals, prostitutes, injection drug users, youth and men who have sex with men.

The two domains of knowledge held by community organizations and academic researchers all too often are developed and applied in isolation. Community involvement in research leads to the development of more relevant policies, programs and best practices. Community-based research encourages mutual knowledge and expertise sharing between community practitioners and members, the health sector and academic researchers.

The objectives of the workshop are that participants will have a:

- Better understanding of what community-based research is
- Better understanding of how to involve community members in research
- Greater appreciation for the importance of sharing areas of expertise held by community organizations, community members and academic researchers
- Better understanding of how to incorporate research into the everyday activities of community organizations
- Better understanding of the process of community-based research

The proposed workshop agenda is:

5 minutes: Introductions

5 minutes: Description of the ACCH community-based research capacity-building project

15 minutes: Overview of the principles of community-based research

10 minutes: Guidelines about how to involve community members in research projects through the entire research process from question formulation to transfer and uptake of research findings

15 minutes: Large group discussion of the benefits and challenges of partnerships between community organizations and academic researchers

30 minutes: Small Group Case Study Exercise: “Let’s Practice Community-Based Research”. Small groups will work on a sample research topic to identify the community of interest, main research methods, which academic researchers should be involved, ethical issues, and how results would be applied to programs or services.

10 minutes: Large group report-back and discussion about lessons learned

Workshop Format:

At the beginning of the workshop, participants will be asked to briefly introduce themselves and tell why they are interested in this workshop. The first half-hour of the workshop will be presentation-style. The next hour will be very interactive, with large group discussion and small group round table discussions.

“Looking Through a Wider Lens: Lessons Learned Through an Intersectoral Priority Setting Project”

San Patten, Alberta Community Council on HIV

The purpose of this presentation is to present the lessons learned through the development and delivery of the “Looking Through a Wider Lens” workshop which was delivered in two rural communities in Alberta. The workshop was a joint pilot project of the Alberta Public Health Association, Alberta Health and Wellness, and Health Canada. The goal of the project was to enhance the knowledge and skills of community level decision makers to use local, provincial and federal information and data to set community level priorities through/for intersectoral action. The intended outcomes of the “Looking Through a Wider Lens” workshop was that participants would: (1) be aware of what information sources and planning tools are available to assist them with identifying priorities; (2) have a better understanding of population health; (3) have increased understanding and commitment about their role in population health initiatives; and (4) have increased contact and communication with potential partners from a variety of sectors. This presentation will provide an overview of process and outcome evaluation data from the project that assesses whether the workshops served as a launch for more specific local planning initiatives with community partners to address community-wide issues affecting the health of the local population. With increased knowledge about population health and the determinants of health and increased understanding about the use of population health data, more intersectoral collaboration was expected to address specific health issues pertinent to rural and remote communities and the overall region. Success in strengthening intersectoral collaboration combined with relevant and evidence-based strategies at a local level began the process of building community capacity.

Learnings from an Evaluation of First Nations Health Liaison Workers

Tanya Dunn-Pierce, Dunn-Pierce Consulting and Charlotte Hamilton, Battlefords Tribal Council Indian Health Services, North Battleford, Saskatchewan

Two First Nations Health Liaison workers were hired as part of the multi-disciplinary team of the Battlefords Family Health Centre (BFHC), a primary health services demonstration site. The Primary Health Services Initiative was launched in September 1997 by Saskatchewan Health to highlight the benefits of a more integrated delivery model.

This presentation will describe the main findings of an evaluation of the First Nations Health Liaison Worker Project and discuss their implications for policy particularly relevant to building capacity with vulnerable communities and individuals. The goal of the project was to assist BFHC clients in accessing appropriate health services by assisting families in identifying their health needs and priorities, and in developing skill to meet these health needs. The project also looked at perceived gaps in accessing services as well as advocating for changes in and/or development of services to meet needs.

The Health Liaison Workers focused their work in three general areas: direct client work, advocacy, and building partnerships. The evaluation findings centre around indicators for each of these areas; a logic model created the framework for analysis. The evaluation also explored learnings related to administrative structures and processes.

An Evaluation of Integrated Services for Families of Aggressive School Aged Children

Tanya Dunn-Pierce, Dunn-Pierce Consulting and Jeff Christiansen, Northwest Regional Intersectoral Committee on Human Services

Service delivery to multi-problem families is often fragmented and planning to address the needs of these families tends to be done within a variety of sectors in isolation from each other. One aspect of the PEACE project was to stimulate development of an integrated organizational/management model where education, social services, and mental health could be equal partners in planning, delivering, and evaluating services and supports for the most vulnerable children and families. Our research/evaluation effort incorporated participatory research feedback mechanisms through which the development of this model was continually reflected upon as a learning and evaluation tool that informed future development and action.

This presentation will discuss the findings of the evaluation of the project and relevant policy implications with respect to the development of the integrated management model.

Strengthening the links between research, policy and practice: Evaluation of the Ontario Heart Health Program

Barb Riley¹, Susan Watt², Myrna Gough³, Josie d'Avernas¹

¹RBJ Health Management Associates, ²McMaster University, ³Ontario Ministry of Health and Long-Term Care

How do we improve the use of information and research in decision-making for public health policies and programs? One way is to make sure information available is relevant to those making policy and program decisions. This is a goal of the provincial evaluation of the Ontario Heart Health Program (OHHP). The OHHP is a five-year, province-wide program (1998-2003) funded by the Ontario Ministry of Health and Long-Term Care. Its goal is to reduce the prevalence of leading, modifiable risk factors (smoking, physical inactivity, unhealthy eating) associated with cardiovascular disease. The OHHP supports 37 local projects with funding, technical assistance, and a provincial evaluation. The evaluation will provide recommendations in February 2000 and March 2004 to guide the future of heart health promotion in Ontario. This presentation will highlight some key strategies being used to increase the relevance of the evaluation to policy makers and programmers. Some strategies that will be discussed include: an expert review process to develop indicators for the evaluation; an advisory committee to assist with design, interpretation and recommendations; linking findings to related national and international initiatives; and feedback to local projects and provincial partner agencies.

Health promotion dissemination: it takes strategy and opportunity

Barb Riley, McMaster University, Hamilton, ON and RBJ Health Management Associates, Kitchener, ON

Dissemination is about how new practices gain currency, acceptance and adoption. It is a fundamental concern of the •new• public health, which is strong on principles yet weak on implementation. Within Canada, dissemination of effective community-based heart health promotion strategies, which epitomise the new public health, is a current priority, as reflected in the Canadian Heart Health Initiative – a 20 year strategy (launched in 1986) that aims to integrate heart health into the existing system of health. This presentation reports the results of a case

study of the dissemination of heart health promotion in Ontario from 1989 to 2000. The Ontario experience shows that dissemination of health promotion is a long-term, iterative process involving multiple stages. The process is influenced by a complex interplay of factors operating within the public health system (especially traditional public health practice and champions), and factors in the environment in which the public health system operates (especially research, practice information and health policies). Implications of these findings for public health policy makers and programmers will be the focus of this presentation, with an emphasis on strategic and opportunistic aspects of dissemination.

Beyond measuring objectives: Capacity building evaluation for community action projects.

Jennifer Mullett, PhD, University of Victoria, Community Health Promotion Coalition

Community action projects do not fit easily into the standard logic models of evaluation frameworks with goals and objectives and expected outcomes. In this presentation, an example will be described of a collaborative evaluation framework designed to address standard objectives but also those activities in the community development process that were “outside of the boxes”. The example is applied to community action projects recently completed in British Columbia, “Women’s Health in the Mid-life Years”, that employed a community development process to create inter-sectoral partnerships (e.g. recreation, small business and education). While these projects had standard objectives such as raising awareness of health issues and increasing self confidence in decision-making around alternative therapeutic interventions they also included objectives to create a sustainable community-based effort toward alleviating key health risks associated with mid-life, to develop local networks of women and women-serving organizations and to create inter-sectoral partnerships. The issues and challenges inherent in creating a flexible evaluation process for community action projects that allows for unpredictable but profound results and builds capacity in the community to engage in evaluation will be presented. Implications for policy and evidence-based practice where the results seem initially contradictory will also be discussed.

Aboriginal Sexual Offending in Canada: A national Strategy for Research and Program Development

Dr. John Hylton, Executive Director, Canadian Mental Health Assoc.

During the past year, the author undertook a comprehensive review of issues related to Aboriginal sexual offending on behalf of the Aboriginal Healing Foundation. This paper will provide an overview of the key findings, including: 1) what is known about the incidence and trends of Aboriginal sexual offending in Canada, 2) what is known about the causes of Aboriginal sexual offending, 3) the available treatment programs for Aboriginal offenders and their effectiveness, and 4) community development and prevention strategies. The paper points out that there are major gaps in services and information. A research and program development strategy to address these needs is proposed.

Food security issues of caregivers of nutritionally vulnerable preschool children in Regina

S. Berenbaum, E. Misskey, M. Leurer, College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, SK. and Public Health Services, Regina Health District, Regina, SK.

Little is known about the specific food security issues of Saskatchewan's childhood population. This study explored the food security issues of the preschool population in Regina. The main research objective was to identify food security issues of households with nutritionally vulnerable preschoolers. Three phases guided the study. Phase 3, presented here, was a qualitative inquiry using interview methodology. Fifty caregivers of nutritionally vulnerable preschool children participated in a one hour taped interview. Transcripts were transcribed verbatim; data was analyzed using QSR-NUDIST. Major themes focused on diet, income and food management, and food acquisition. Caregivers struggle with accessing, preparing and serving adequate and acceptable foods. Numerous coping strategies are used to bring enough and high quality food into the home. These strategies include comparison shopping, using generic brands, budgeting, pawning items, using coupons, seeking help from family, and using charitable food assistance and vouchers. Caregivers identified numerous barriers to acquiring and managing food. Results provide insight and direction for planners, caregivers, organizations and others addressing food security issues.

Working in Partnership: Are We Maximizing Our Results?

Charlene Beynon, Middlesex-London Health Unit, London Ontario

Working in partnerships and collaborating with others across multiple sectors is both a reality and a necessity for today's practitioners and their organizations. And indeed, securing additional funding is often dependent on demonstrating collaboration with multiple partners. Nonetheless, working in partnerships offers both unique opportunities and challenges. Based on a review of the literature and the experiences of practitioners from two participatory action research projects, this paper will capture what it takes to build and sustain authentic partnerships. The session will focus on the benefits and challenges of working in partnerships with a particular emphasis on how such challenges can be anticipated and when encountered successfully addressed. A repertoire of approaches that can be customized to a variety of settings will be described. The paper will also address the controversial question of whether at times intersectoral collaboration is a road not to be traveled or at least approached with caution. Insights and lessons learned will be highlighted.

Collaboration at work: Developing, implementing & evaluating a media campaign

Michelle Sangster, Middlesex-London Health Unit; Susan Jack, Doctoral Candidate McMaster University; Charlene Beynon, Middlesex-London Health Unit; Donna Ciliska, McMaster University; Martha Mitchell, Middlesex-London Health Unit

A Network of 16 public health units (PHU) collaborated to develop and implement a binge drinking awareness campaign in Ontario. The campaign targeted 19 to 24 year olds with messages about the definition, risks and alternatives to binge drinking. The Network partnered with bars, restaurants, campgrounds, colleges and universities to implement the campaign. Furthermore, the Network partnered with the Public Health Research, Education and Development Program to conduct a process evaluation of the campaign. Evaluation data consisted of tracking data, a web-based survey, focus groups, and a survey of Network members. Results indicated there was a general awareness of binge drinking media messages of 29.7%. Aided awareness of the radio ads, posters, and postcards was 29.3%, 16.6%, and 11.8% respectively. Focus group participants did not relate to the term binge drinking or the definition of binge drinking advertised in the campaign. Future campaigns should customize their message to the target population. Furthermore, an effectiveness evaluation should be conducted to determine how PHUs could most effectively use mass media campaigns as part of their health promotion strategies. Collaboration, as opposed to working individually, increased purchasing power for radio ads and ultimately awareness of the target population to the campaign.

National Trauma Registry

Nicole de Guia, Julian Martalog, Canadian Institute for Health Information (CIHI), Toronto

Using data from the National Trauma Registry (NTR), this poster will present descriptive statistics on injury hospitalizations in Canada. In 1998/99, there were 195,116 hospitalizations due to injury (7% of all hospitalizations), accounting for over 1.7 million hospital days. The NTR goals are to provide data that permit the examination of national injury epidemiology, facilitate provincial and international injury comparisons, increase awareness of injury as a public health problem, assist injury prevention programs and facilitate injury research. The NTR consists of three core data sets: the Minimal Data Set, created using the Hospital Morbidity Database at CIHI, which includes all acute care hospital injury admissions since 1994/95; the Comprehensive Data Set, which contains detailed injury data on hospitalizations due to major injury since 1996/97 and is based on submissions from 26 facilities in five provinces; and the Death Data Set, currently under development, which will include data on demographics, cause of death and contributing factors for all deaths due to injury in each province/territory. The collection and dissemination of information on injury hospitalizations and deaths is important for national injury surveillance. By informing health care professionals and policymakers, this information can be used toward the creation of healthy public policy.

Intersectoral collaboration in an aboriginal context: report on a failure.

Jill Torrie, Bella Moses Petawabano, consultants EAKUA Project

In the Cree region of northern Quebec, a research-development project designed self-assessment tools to help aboriginal communities integrate their services for children. The project had also planned to assess these tools by preparing case studies of communities who had used the tools. Instead, the project itself became its own case study of a failure in intersectoral collaboration. However, the project activities and products helped some communities to begin their own forms of collaboration. One of the project documents is a practical guide on how to develop and manage intersectoral collaboration synthesised from materials produced by youth services from the Shawinigan area of Quebec.

The presentation will report on the case study of this failure, assessing it against its own plan and against the model for intra- and intersectoral collaboration from the Shawinigan area.

Using research to improve aboriginal health services: the experience of the Cree Board of Health and Social Services of James Bay

Jill Torrie, Bella Moses Petawabano, Cree Board of Health and Social Services of James Bay

This presentation discusses the processes and structures developed in Eeyou Istchee, the Cree region of northern Quebec to integrate research and evaluation into health service planning and delivery. Unlike some other northern areas, the problem was not how to introduce research into the region. Here there is not only a long history of academic research from the 1960s to the present, but the Cree Board of Health and Social Services of James Bay also manages the Quebec public health research grants program for the region.

The presentation will discuss how the region has addressed issues such as: how to develop participatory processes in research to improve the quality of research findings and to increase Cree control of research processes; how to manage projects in order to ensure that research projects are integrated within the operation of the Cree Board of Health; how to develop processes and protocols for research projects of various types; how to formally define relationships between the Cree Health Board and communities carrying out health-related research projects; how to formally define long-term relationships with university-based researchers; and how to manage ethical review in a region with a relatively small population.

Building Capacity within the Public Health System

David Butler-Jones, Canadian Public Health Association and Dianne Kinnon, Consultant

We often talk about the capacity of communities and associations to respond to health needs, but what about the capacity of the public health system to contribute to the health of the populations it serves? What is “capacity” and how do we know when governments and regional health bodies have it? How can we strengthen public health capacity in Canada? David Butler-Jones, Chief Medical Health Officer in Saskatchewan, and Dianne Kinnon, an Ottawa-based consultant in health and social issues, will discuss these and other questions in a dialogue with each other, then with audience members. Dr. Butler-Jones will present observations from his work at the national level and in Ontario and Saskatchewan, as well as highlight initiatives by the Canadian Public Health Association on health reform, infrastructure development and integration of services. Ms. Kinnon will present information on

Canadian and international initiatives related to the evolution of public health over the last decade, and some of the challenges it is facing in a changing world. Audience questions and contributions will be encouraged.

Addressing Sexual and Reproductive Health Issues in Aboriginal Communities

Dianne Kinnon, Aboriginal Nurses Association of Canada, and Pilot Site Coordinator (to be determined)

Many Inuit, Métis and First Nations communities and organizations throughout Canada have been active during the last 10 years in addressing a array of issues related to sexual and reproductive health, such as healthy pregnancies, parenting, teen pregnancy, cervical cancer, HIV/AIDS, sexual abuse and healing from the residential school experience. Some useful resources have been created, but often these are not widely known. In too many instances, Aboriginal communities have to rely on educational materials that are not culturally appropriate. Mainstream organizations serving Aboriginal clients wish they had more Aboriginal materials to choose from. The Aboriginal Nurses Association of Canada, in partnership with the Planned Parenthood Federation of Canada, has created a draft Sourcebook on Sexual and Reproductive Health for Aboriginal Communities. A number of communities across Canada are pilot testing the Sourcebook. This workshop will present selected parts of the Sourcebook to increase knowledge of traditional approaches and available tools on a variety of issues. A pilot site coordinator will speak about their experience in addressing sexual and reproductive health issues.

Linking Community Voices in the Promotion of Health – A Population Health Promotion Project for the Primary Prevention of Type 2 Diabetes

Tammy Merasty, Jan Ayer, Public Health Services, Regina Health District, Regina, SK

Poverty, and the health and social issues that accompany it, are very familiar to the residents of the north central area of the City of Regina, a neighbourhood with a high aboriginal population. In February 2,000, this area became a demonstration site for a population health promotion project for the primary prevention of Type 2 diabetes. Input from the aboriginal population indicated that everyone has a family member, friend or acquaintance with diabetes. The impact of diabetes on this community supports the need for a different approach to address the underlying determinants of health. The willingness of residents and agencies to be involved in

activities that will improve the health of their community has evolved into a grass roots partnership. The enhanced communication and community involvement generated by this partnership is addressing the risk factors for Type 2 diabetes in a way that makes sense to this community. This model will sustain the positive effects within this community long after formal funding has ended.

This presentation will stress the importance of involving residents in the planning process, building on existing resources, working at the grass roots level and giving consideration to the sustainability of the project.

Benchmarking in Ontario Public Health

Monique Stewart, Geoff Dunkley, Linda Michelin, City of Ottawa Public Health and Long Term Care , PHRED Program

Benchmarking examines the process that produces a particular output with the view to understanding the reasons for the variance in performance and incorporating best practice. The Ontario Benchmarking Partnership has completed five pilot benchmarking projects, three involved health protection programs (i.e., Food Premise Inspection, Partner Notification for Chlamydia, School Immunization Record Process) and two focused on health promotion programs (i.e., Breastfeeding Support, Heart Health Coalitions). Based on the experience of the Ontario Benchmarking Partnership, this workshop will equip public health practitioners to understand benchmarking as it applies to public health, in particular, to understand: the types of benchmarking; types of performance indicators and how to develop them; issues in selection of comparator health units; issues of data availability, quality and standardization; and the relationship of program activity to outcome. Illustrations from the various pilot projects and dialogue with workshop participants will be used to highlight the unique and differing aspects of the benchmarking projects. The benefits of participating in benchmarking and the usefulness of the information generated will be portrayed based on the feedback received from pilot Health Units. The presenters will describe the web-based benchmarking program that is being developed to facilitate the participation of all Ontario Health Units in benchmarking.

Benchmarking in Ontario Public Health

Workshop Plan

Objectives:

- To describe the concept of benchmarking in Public Health.
- To illustrate the benchmarking process.
- To provide an opportunity to apply the benchmarking process to a case study.
- To demonstrate the benefits of participating a benchmarking project.
- To introduce the web-based benchmarking program.

Agenda:

1. Introduction to Benchmarking in Public Health (30 minutes)
 - partners
 - concept of benchmarking
 - description of the benchmarking process including illustrations from the pilot projects
2. Small Group Work (30 minutes)
 - A case study is presented in which the participants can focus more closely on the specific aspects of the benchmarking process
3. Benefits of participating in benchmarking (10 minutes)
 - Feedback received from pilot Health Units
4. Web-based Benchmarking Program (15 minutes)
5. Next Steps/Future Plans (5 minutes)

Participatory Process:

The workshop participants will be divided into small groups (approximately 8-10people/group). Each group will be led by a facilitator who will facilitate the discussion and ensure that the discussion remains focused. Each

group will work through the case study in which they will identify factors and types of information that will need to be considered as they progress through a benchmarking project.

Reaching out to sex trade workers: the London Alliance to Support Sex Trade Workers (LASST)

Bonnie Lynn Wright, Middlesex-London Health Unit, London Ontario

Sex trade workers are a disorganized, socially invisible group that is predominantly female. Their health is at risk from a variety of factors: marginalization, violence, substance abuse, low socioeconomic status and the impact of the criminal justice system. A task force was created by the London Coordinating Committee to End Woman Abuse in 1998 to address the victimization of the women working in body rub parlors through a proposed bylaw requiring licensure of these sex trade workers. The project demonstrated to the community that the health issues of sex trade workers were a higher priority for attention and resources than the moral and legal arguments related to their work. Three years and two research studies later, a new partnership has emerged, LASST, with a mission to provide education and support to assist sex trade workers in their efforts to live and work with safety and dignity. LASST continually seeks the full participation of sex trade workers in its activities. Published research regarding this population in Canada is very limited. Therefore, interventions are often at the trial and error stage. LASST's support line and resource booklet strategies will be highlighted.

The challenges of building capacity in vulnerable communities, working with the Deaf community in Halton on issues of access, inclusion and participation to achieve healthy outcomes.

Pam Forsyth, Sandra Murphy, Joyce See, Halton Region Health Department, Ontario

One of the goals of public health is to reduce educational, social and environmental barriers to accessing mandatory public health programs. Equal access is a determinant of health and affects a community's opportunities to achieve health. Deaf people have their own unique and rich culture. Their first language is not English but sign language. Long-standing issues and barriers deny the deaf community inclusion and full participation in community life. TTYs (teletypewriters) and American Sign Language Interpreter services are communication tools needed to facilitate full communication between deaf and hearing people. Interpreter services, technology and an enlightened attitude are needed if inclusion is to be achieved. The purpose of this

workshop is to present the challenges and successes of a community development project which supports a special population. Representatives from Halton's health department and deaf community will share insights into situations created by barriers, the challenges in eliminating them, and the factors which contribute or hinder the progress of building capacity in the deaf community.

A Longitudinal Study of the Effects of Prenatal Exposure to Moderate Alcohol Use, Tobacco Use and Other Risks on Children's Health, Behaviour and Academic Abilities.

Anne George, University of British Columbia, Vancouver

Considerable evidence substantiates the adverse outcomes of excessive exposure to alcohol prenatally. Various longitudinal studies in U.S.A. and Europe have described children with FAS/FAE. This study is unique in its random selection of subjects from a diverse population including varying socioeconomic backgrounds, tobacco and alcohol exposure. The purpose was to study outcomes of children prenatally exposed to social levels of drinking, to tobacco use, or both, and to examine the additive effect of disadvantaged socioeconomic background. Data were collected from women when pregnant, children were tested, and their teachers and parents were interviewed. Low birthweight relating to alcohol or tobacco exposure was not sustained, as children caught up in size by age 9. With respect to behavior, significant differences were found only at higher levels of alcohol exposure. Children with lower academic scores had been exposed to higher levels of alcohol and had fathers with low education. In conclusion, there is little evidence that moderate alcohol use contributes to poorer outcomes, in the absence of other cofactors.

New opportunities for Health Promotion graduate studies and professional development: Collaboration among four universities

*Eugene Krupa, *Gerry Glassford, ****Judith Kulig, *Kaysi Kushner, *Helen Madill, *Ron Plotnikoff, ***Blake Poland, **Billie Thurston, *Douglas Wilson (* *Centre for Health Promotion Studies, University of Alberta*; ***University of Calgary*; ****University of Toronto*; *****University of Lethbridge*)

There is a continuing need to support the development of health promotion leaders working in communities, health regions, and research and policy institutions. In response, the Universities of Alberta, Toronto, Calgary and

Lethbridge have developed graduate programs and/or courses in health promotion. The internet and distributed learning technologies have enabled us to link university resources, embark on new collaborative ventures, and enhance access to advanced learning in health promotion nation-wide. The four universities are currently working together on development and delivery of several courses: Program Planning and Evaluation, Health Promotion with Women, Community Development Approaches, Health Promotion Settings and Strategies. We have learned much about inter-institutional and inter-organizational collaboration over the last three years so such ventures can come together with greater ease and efficiency and effectiveness in the future. We will present the new opportunities in advanced learning in health promotion that have emerged, and discuss the fresh challenges that collaboration presents. Critical feedback will be welcome.

Healthy child development and Intersectoral collaboration: Lessons from the CATCH initiative and mobilizing all sectors for all children.

Eugene Krupa, Health Promotion/Prevention Specialist, & Mary Bates, Director of Public Health, Okanagan Similkameen Health Region, Kelowna, BC.

With minimal resources, the Community Action Toward Children's Health (CATCH) initiative has engaged virtually all stakeholders in child development including agencies, businesses, faith communities, First Nations, schools, recreation organizations, academics, service clubs, media, politicians, policy / decision makers and a variety of community agencies. At present, there are over 100 organizations involved and over 20 teams actively developing various aspects of the vision to "optimize the health and development of all children 0-5". We will summarize what we learned about engaging non-traditional partners, applying research in practice, focusing planning, increasing resources, evolving collaborative projects, networking provincially, evaluating growth in community capacities and measuring outcomes in child health and development. Our second annual report will be completed by that time, and can be distributed as a resource to others. In the presentation, we will draw on experience from several "projects" to illustrate principles of collaboration, capacity building, planning and evaluation, acquiring resources, etc. One example we will use is the intersectoral coalition that developed the "Positive Parenting Project" with the vision to "create a community environment in which learning to be a good parent is normal, valued and supported, and where all parents have access to quality learning opportunities." We could also discuss the development of leadership capacity with illustrations from our own CATCH Council.

Knowledge and Intake of Folic Acid for the Prevention of Neural Tube Defects among Women of Reproductive Ages.

Kathleen O'Connor, Helen Scott, Roy West, Victor Prabhakaran, Ed Randall, Shiliang Liu. KFL&A Health Unit, Kingston, Ontario.

Neural tube defects (NTD) are serious birth defects affecting approximately 1 per 1000 Canadian babies. Research has shown that more than half of all NTD could be prevented if women consumed recommended levels folic acid, a B-vitamin, around the time of conception. To ensure that all women who could benefit are reached, a policy to require cereal grain products to be fortified with folic acid has been in place in the United States since January 1998 and in Canada since November 1998. Food fortification has been accompanied by public health efforts to educate women about the importance of sufficient levels of folic acid at the beginning of pregnancy.

To evaluate the effectiveness of food fortification, a two-phase, population based study was conducted in two sites, southeastern Ontario and southeastern Newfoundland. The first phase took place in November 1997, before the fortification began. The second phase occurred in January 2001, after two years of fortification. This presentation will focus on the change in consumption of vitamin supplements containing folic acid, pre and post fortification, among women aged 19 – 44. Changes in knowledge and sources of information regarding folic acid will also be reported.

Prenatal HIV Testing: Attitudes and Practices of Family Physicians, Obstetricians and Midwives in Ontario

Guenter D¹, Carroll J³, Kaczorowski J^{1,2}, Sellors J^{1,2} Departments of ¹Family Medicine, ²Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Canada; ³Department of Family Medicine, University of Toronto

A policy of universal prenatal HIV testing with informed consent was introduced in Ontario in December 1998. The objective of this study was to describe the attitudes and practices of family physicians, midwives and obstetricians in Ontario. **Methods** Mixed-methods study between February and July 2000. Two focus groups identified key issues to be explored in a cross-sectional mailed survey of midwives (n=103), obstetricians (n=200), and family physicians (n=784), currently providing prenatal care in 3 health planning regions in Ontario. **Results** Survey response was 57% (n=622). Fifty-seven percent were aware of the current screening policy. Most (93.6%)

were convinced of the potential benefit to the infant of HIV testing in pregnancy. Eighty-five percent offered all women HIV testing. However, a significant number did not believe that women should have a choice in testing, or that counselling and consent for the test should be required. Factors associated with high uptake of testing include disagreeing with providing informed consent and greater number of years in practice. **Conclusions** Most prenatal care providers agree with universal prenatal HIV testing. However, the public health goals of high uptake and informed consent may be incompatible. Implications of these findings for prenatal testing policy are discussed.

The Voluntary Health Sector in Canada: Integrators across health domains

Margarite Keeley, Centretown Community Health Centre, Ottawa

Karen Hill, Voluntary Sector Unit, Health Canada

‘Health’ is most often thought of as ‘health services’ provided by medical professionals in hospitals. However volunteer and not-for-profit organizations such as the Canadian Diabetes Association, Canadian Cancer Society and the Heart and Stroke Foundation among others provide services to their constituents, to health professionals, and raise funds which enables them to carry out sophisticated research of direct interest to their members. As well, hundreds of small organizations inform and support care-givers and patients through volunteer effort, and thousands more provide health promotion and protection services in local communities.

This paper will explore the extent to which voluntary organizations (both ‘volunteer’, and ‘not for profit’) act to bridge and connect patients, communities as a whole, practitioners, educators and policy makers around health issues. Using Ontario Community Health Centres (registered charities) as a basis of information, ‘gray’ literature from the sector and interviews with selected Community Health Centres, results of this paper will inform academics, policy makers and practitioners about current and potential roles of the voluntary health sector.

This work is timely as governments consider Primary Care Reform, in the context of wide-spread agreement across governments and the public that Canada’s Medicare System would benefit from improved integration of services.

The Cochrane Health Promotion and Public Health Field – promoting up-to-date evidence on health promotion and public health interventions

Wilfreda E. Thurston, University of Calgary, Alberta, Canada, Elizabeth Waters, University of Melbourne, Australia, Jody Doyle, Victorian Health Promotion Foundation, Australia

The Cochrane Collaboration is an international organization, formed to ensure evidence of effectiveness in health care is available and distributed to practitioners, policy makers, administrators, academics and consumers alike. The coordination and administration of the Health Promotion and Public Health Field of the Collaboration has recently moved from Canada, to Melbourne, Australia. The aim of the Field is to promote the conduct, dissemination, and utilisation of systematic reviews of all health promotion and public health interventions. The Health Promotion and Public Health Field does not have a primary responsibility for producing systematic reviews, but aims to ensure that Cochrane Review Groups carry out reviews in all areas of health promotion and public health where the need for reviews has been identified. To ensure that health promotion and public health practitioners and policy makers, as well as the general public, have access to up-to-date evidence on health promotion and public health interventions, the field will assist with the dissemination of the findings of Cochrane reviews. This forum aims to introduce participants to the Field and to encourage participation in initiatives and projects.

Experience of Using Checklists as Evaluation Tools with Intersectoral Health Coalitions

Penelope Hawe, University of Calgary. Catherine Sefton, University of Sydney

Evaluation interests are spawning numerous initiatives to develop indicators of “healthy” intersectoral collaboration. We report the experiences of comparing two checklists (one developed in Australia and one in the USA) to assess the functioning of an intersectoral Safe Communities coalition in Sydney, Australia. Results of self-completed checklists from each coalition member were compared to the findings of in-depth interviews about the coalition with the same people (n=25). In addition, the Australian checklist was tested in a further 50 projects, comparing different forms of administration (member self completion as well as interviews with lead project officers). Our work has led to a number of conclusions. Under conditions of standard administration, the measurement properties of a checklist are satisfactory (e.g., internal consistency is high $\alpha = 0.80$). However, the chief merit of checklists appears to be in planning, reflection and values clarification, because consideration of items encourages members to think about and discuss previously untouched issues. Members can share different perspectives on “what should be” about a coalition and “what is”. Thus *non standard* use of checklists, tailored

differently to different contexts, has proved the most fruitful. However, in comparison to in depth interviews, checklist approaches to evaluation may leave serious conflict issues unaddressed.

Eating Disorders Project North: Building capacity to support women's health in rural and remote communities

Joanne Houghton, Northern Interior Regional Health Board, Prince George

Dealing with the growing number of women headed down the slippery slope towards an eating disorder is a significant concern for families, caregivers and health professionals in North America. Concerns are exacerbated in Canadian northern, rural and remote communities by limitations in resources and personnel, geographic isolation and difficult climate conditions. Together these factors can contribute to an overwhelming sense of powerlessness. All too often young women are sent away from the support of family and neighbors to be treated by strangers, 'experts' elsewhere. Recognizing the critical need to find northern solutions to northern concerns, Health Canada funded Eating Disorders Project North (EDPN). In the fall of 1998, this 18-month initiative involving more than 400 people and spanning 30 communities across northern British Columbia was launched. EDPN's mandate was to build capacity around the prevention, intervention and treatment of eating disorders. This workshop presents the process, and findings of EDPN and the implications these findings raise in terms of health policy and practice around women's health issues in rural and remote communities. Project resources including prevention, intervention and therapy manuals, final report, fact sheet and newsletter will be discussed and available for dissemination.

Expanded access to ECP's in BC: Process and impact of health policy change on utilization.

Judith Soon¹, Perry Kendall², Mary Ensom¹, Marc Levine¹, Fanny Liu¹, Brenda Osmond³ and David Fielding¹,

¹Faculty of Pharmaceutical Sciences, UBC, Vancouver BC, ²BC Ministry of Health and Ministry Responsible for Seniors, Victoria BC, ³College of Pharmacists of BC, Vancouver, BC.

Unintended pregnancy with subsequent abortion remains a major public health issue in Canada despite improving trends during the 1990's. Emergency contraception pills (ECPs) have been available for more than 25 years as a safe, effective method of reducing the risk of pregnancy even 72 hours after unprotected sexual intercourse or contraception failure. Despite this fact, more than 23% of all pregnancies in BC in 1998/99 were terminated with

an abortion. To reduce barriers of timely access to ECPs, particularly in remote and rural regions of BC, a broad-based, collaborative effort has been implemented utilizing specially-trained pharmacists to expand access to ECPs throughout BC. Both retrospective (patterns and trends in the past five years in ECP utilization) and prospective (post-policy analysis based upon data from informed consents) studies are underway as part of a comprehensive evaluation of this policy change. Currently, pharmacists are dispensing approximately 100 ECPs weekly and pharmacist-initiated ECPs are being utilized in all health regions of the province. The process of program development and implementation will be discussed. As well, utilization data and program impact to the end of the first six months of the program will be summarized and used to guide a discussion of policy implications.

Strategic Health Information & Planning Services for the Health System and Intersectoral work: The Future of the New Public Health, or a Distraction?

Dr. Cory Neudorf, Medical Health Officer, Saskatoon District Health

Recently, an MHO in Saskatoon was asked to form a Department in the Regional Health Authority from the areas of Research Services, Utilization Management, Health Information Management, and Population Health Surveillance. Its mandate was to take information from many sources and turn it into knowledge for use in planning and policy making at all levels of the Health Authority, as well as at the intersectoral level. Activities have included formation of a quality framework focused on outcomes, clinical pathway development across the continuum of care (including prevention), population health research, health services research, and development of a data repository with the cooperation of the Regional Intersectoral Committee (a planning body including Health, Social Services, Justice, Education, and Municipal government).

This workshop will discuss these activities as examples of new roles being defined for public health personnel, and encourage a debate as to whether they can be seen as new opportunities for public health/population health promotion ideologies to encourage inter-sectoral planning and re-orient health systems, or as a distraction from the provision of public health services.

Intersectoral Collaborations - The Calgary Regional Health Authority Experience

Maya Charlebois, Teresa Woo-Paw, Calgary Regional Health Authority, Calgary

Changing demographics, re-examination of sector boundaries and organizational paradigm shift, create the environment as well as the need for greater intersectoral coordinations and collaborations at the Calgary Regional Health Authority.

The CRHA's Diversity Services unit is charged with the development of a culturally competent health authority as a way of creating conditions for health in the region. Our change process includes the participation and leadership on numerous key intersectoral initiatives in the city of Calgary. They range from intersectoral coordination at the government and institutional level (The Calgary Cultural and Racial Diversity Task Force) to the collaboration at the service sectoral level (Calgary Interpreter Training Project between Health, Justice, Education, Settlement and Community organizations); and to the intersectoral partnership at the community level (Somali community project, Jewish community project and the Calgary Multicultural Health Initiative).

The objective of the presentation is to share our accomplishments and knowledge around:

- the role of the Health Authority in the intersectoral collaborations;
- the impetus for involvement;
- accountability issues within intersectoral collaboratives;
- power dynamics and;
- staff and public perceptions

A Future Gained: Re-inventing Applied Public Health Research in the Context of Inter-disciplinary Teams

Fiona Hart, Charlene Beynon

Health care in Canada has faced many fiscal challenges and resulting re-organization in the last decade. Public health is no exception to this trend. In the face of such change, the research and education unit (PHRED) of the Middlesex-London Health Unit was faced with the difficult task of re-inventing itself. Under the new matrix model, the PHRED program consists of partnerships between Brescia College, the Middlesex-London Health Unit, and The University of Western Ontario. Four faculty members and seven support positions accomplish the program's mandate of conducting, disseminating, and facilitating the uptake of applied public health research and educates students in health related disciplines.

This paper will address some of the lessons learned from this unique model. What are the challenges involved in merging two cultures in order to create a third where intersectoral collaboration is intended to close the gap between research and practice? How are research questions from the front-line best addressed? What do both the benefits and challenges tell us about the future of applied public health research in Canada today, as teams strive to be increasingly inter-disciplinary, evidence-based, and rooted in the needs of the community.

Aboriginal women share their stories in an outreach diabetes education program

Mary Pat Dressler, Kathryn Green, Joan Feather, Carol Armstrong-Monahan, Laura Wasacase, & Leonard Tan

Canadian Aboriginal people suffer disproportionately from Type 2 diabetes and its complications compared with other Canadians with the highest rates being in Ontario, Manitoba and Saskatchewan. As a result, an outreach diabetes education program called “Diabetes Morning” was launched at West Side Community Clinic in Saskatoon, SK in Fall 1998. This food resource program was designed to meet needs of Aboriginal people that were not previously met through existing diabetes education programs. This informal hands-on approach to learning about meal planning and other forms of diabetes management continues to attract a core group of about 30 women. This project, funded in part by CUISR (Community-University Institute for Social Research), is designed to determine the impact that Diabetes Morning has had on the health and well-being of the participants through observation, group and individual interviews and program record abstracts. Based on their stories, possible outcome indicators will be suggested. The poster presentation will include preliminary results of this work-in-progress.

Organizational Transformation in Health Care Delivery: The Taber Integrated Primary Care Project

Dr. Bernie Williams, Dr. Ali Dastmalchian, Dr. Bob Boudreau, Linda Janz, Faculty of Management, University of Lethbridge and Dr. Paul Hasselback, Chinook Health Region

The traditional service delivery system for primary health care in Alberta has been physician-based with services provided through hospitals and clinics; traditional compensation for physicians has been fee-for-service. At a

small rural clinic in Southern Alberta, a group of physicians in collaboration with the regional health authority is changing to a new health care delivery model that emphasizes health and wellness through education and prevention. The new model includes a change in the physician compensation system to reflect a health management approach (capitation system) and an integration of services from various healthcare providers. The physician group and the regional health authority are interested in tracking the success of the project and analyzing a number of factors to evaluate the relative success of the new health care delivery method. Our research team was formed to track the organizational transformation over a three-year period and to assess the effectiveness of the new system. The analysis provided in this presentation reflects our preliminary assessment at Time 1 (T1), as the project received approval and as the transformation began.

The research is a collaborative effort between the Chinook Health Region, the University of Alberta, and the University of Lethbridge.

The Voluntary Health Sector in the Health System: Understanding the Contributions

Judy M. Birdsell, Alberta Heritage Foundation for Medical Research.

For the past 10 years, Canada has been undergoing fundamental reform in the health care sector. Often, this involves structural change where publicly funded health related services are amalgamated into a regional governance structure. Services and activities of the voluntary health sector (VHS) have not been formally part of this reform, but are inevitably involved as the public system strives to achieve more effective and integrated delivery of services. It is important to understand the role and contribution of the VHS as health reform has been characterised by reversed levels of funding and the VHS has often been implicated as “part of the solution”.

This paper outlines a conceptual approach to understanding the contribution of the VHS in service delivery across the spectrum of health services from health promotion and wellness through to palliative care. This conceptual approach has been informed by published literature as well as examination of annual reports of twenty national organizations in the VHS in Canada. The paper sets out research directions which will assist in further efforts to describe and better understand the contribution of the VHS, and will thus inform future intersectoral collaboration initiatives.

The Shaping of a New Partnership Model: Involving the Voluntary Health Sector in Canadian Health Policy

Tammy Bell, Timna Gorber, Health Canada

Trends in Canadian policy development have shifted towards greater inclusion of non-governmental stakeholders and citizen-centred decision-making. Canada's approach to fiscal restraint over the past decade, coupled with the aging population and decentralization of federal health responsibilities to the provincial and regional governments have led to increasing pressure on the health system and demands for health reform. Canadian's increased reliance on voluntary organizations working in the health domain has forced the federal government to reexamine its relationship with the sector, specifically in the area of decision-making.

The purpose of this oral presentation is to present Health Canada's efforts to date in collaborating with voluntary organizations through the examination of a "partnership" case study. The case study examines the joint development of a common understanding of common priorities between Health Canada and the sector. The effectiveness of this new "partnership model" which focusses on open, transparent and collaborative decision-making, providing policy makers and stakeholders with a clear context within which decisions are to be made by ensuring buy-in from the outset of the policy development process will be explored. Impacts (challenges and successes) of using such a partnership model and their effects on creating Healthy Public Policy will also be presented.

Health Human Resources in Canada - the role of the voluntary sector

Jeff Carr, Health Canada

Volunteers are extremely important partners in the provision of health care in Canada, whether formally volunteering in hospitals or homes for the aged, or working informally in the community. With the spectre of an ageing population and the recent move toward fiscal restraint in Canada it appears that the role of the voluntary sector will only grow over time. This paper examines the voluntary health sector in Canada and relates it to the remunerated sector to provide a comprehensive picture of the scope of human resources devoted to the provision of health. Using data from the National Survey of Giving, Volunteering, and Participating (to be released in August, 2001), the current state of the volunteer sector, as well as its importance to the overall system is examined and described. A series of descriptive statistics is compared to past work on remunerated health human resources.

Second, we will present a quantitative look at which factors are the key determinants of the decision to volunteer and how much time to volunteer. A qualitative discussion of implications for intersectoral collaboration in development of public policy is also presented.

Taking a best practices approach in developing health promoting public policy

Barbara Kahan & Michael Goodstadt (Centre for Health Promotion, University of Toronto)

This workshop will assist participants to identify and implement a best practices approach in developing healthy public policies that includes effective intersectoral collaboration. The recently developed and field-tested “*Interactive Domain Model for Best Practices in Health Promotion*” (Kahan & Goodstadt, 2001) will provide the conceptual and operational framework for this workshop. This approach gives attention to: (1) health promotion goals, values, principles, theories/beliefs, and evidence; (2) a thorough analysis and understanding of the various environments; and (3) policy-related initiatives that are supported by (and contribute to) other health promotion strategies/activities/practices, that address environmental influences/barriers, and that include research/evaluation components. By working with case studies that represent the perspectives/issues of a variety of sectors/stakeholders, participants will use the IDM Framework to (1) clarify commonalities and differences among sectors, (2) work with and through differences/commonalities to a point where genuine collaboration among sectors is possible, and (3) identify ways in which the various sectors can work together in developing and implementing healthy public policies.

Overall Goal

- ◆ To link the development of healthy public policies to best practices in health promotion.

Objectives

1. To understand the role of health promotion values, theories, and understanding of the environment in the development of effective healthy public policies.
2. To provide participants with conceptual and practical tools for applying a best practices approach to the development of healthy public policies.
3. To assist participants in developing effective intersectoral collaboration in the development of healthy public policies.

Agenda

- ◆ Introduce topic, facilitators and participants (large group: 10 minutes)
- ◆ Introduce Interactive Domain Model for Best Practices in Health Promotion (large group: 15 minutes)
- ◆ Work through sector-based perspectives regarding health promotion in general and the particular policy issue in particular (small groups: 15 minutes)
- ◆ Work together collaboratively to develop a healthy public policy (small groups: 25 minutes)
- ◆ Present and discuss the results of small group deliberations (large group: 15 minutes)
- ◆ Windup (large group: 10 minutes)

Participatory Process

- ◆ Introductions (large group)
- ◆ Introduction to the Interactive Domain Model (Kahan & Goodstadt 2001) as a framework for taking a best practices approach to the development of health promoting public policies (large group)
- ◆ Participants will be divided randomly into small groups that reflect the issues and perspectives of a variety of sectors (e.g. government, community based organizations and NGOs, hospitals, private sector, academic)
- ◆ Case studies—small groups will be provided with sector-specific case related to the selected health issue
 - review (and further development) of case studies
 - identification of: (a) health promotion “underpinnings” (related to values, theories, and evidence), and (b) understanding of the environment
 - suggestions regarding appropriate policies concerning the specific health-related issue and policy-supporting actions and strategies
- ◆ Small groups will be reconstituted to reflect heterogeneity of perspectives in order to:
 - identify commonalities and differences with respect to each sector’s perspectives—with respect to (a) health promotion underpinnings, (b) health promotion understanding of the environment, and (c) proposed policy action
 - explore of the benefits and limitations of intersectoral collaboration and ways to increase its effectiveness
 - propose policy initiatives that reflect intersectoral collaboration resulting
- ◆ In large group, participants will present and discuss the results of their small group’s deliberations, and proposed policies, with a particular emphasis on:
 - the role of health promotion values, theories, and understanding of the environment in the development of healthy public policies
 - the bases for intersectoral collaboration through a process of clarification of commonalities and differences
 - mechanisms for increasing the effectiveness of healthy public policies through taking a best practices approach to health promotion
- ◆ Windup

- where to go from here
 - distribution of resources including Interactive Domain Model software, and best practices in health promotion resource manual
 - workshop evaluation
-

SESSION: CREATING CONDITIONS FOR HEALTH WITH VULNERABLE COMMUNITIES – part one

‘GETTING THE STORY RIGHT’

Bonnie Jeffrey, PhD. SPHERU, University of Regina, Jillian Daniel & Matt Jacques, Sample Survey, University of Regina

Saskatchewan’s teen pregnancy rate ranked 1st-2nd among all Canadian provinces for more than 20 years. STD/Is incidence is now higher among 15-19 year old women and men than other age groups. Results from a very recent, innovative, developmental evaluation in a mid-sized, diverse urban community supported by Health Canada include findings from:

- a large (2,367) sample of students in Grade 10 & 12, with samples of teachers/guidance counsellors, and clients (626) of a Sexual Health Centre;
- focus groups with young women and men, Centre clients, parents, Teen Mothers.

Findings (reported by sex, age/Grade, ancestry, and ‘ever physically forced to have intercourse’) provide further insight, or challenge assumptions, about:

- young women’s and young men’s involvement in, and knowledge about, sexual health activities;
- their current and preferred sources of sexual health information;
- how aware they are of, and how they value, the Sexual Health Centre,

Study methods and techniques will be discussed briefly, as contributing to honest responses and high overall response rates: these included gender-balanced teams (9) of young women and men, as well as young First Nations and other women, and young men serving as focus group facilitators.

CREATING CONDITIONS FOR HEALTH WITH VULNERABLE COMMUNITIES – part two

‘GETTING THE STORY BETTER’

Pamela Smith, Director, Sample Survey, University of Regina & Barb McWatters, Director, Planned Parenthood

Challenged by a shared mandate to reduce teen pregnancy and STD/Is rates among young women and men, Planned Parenthood Regina works in partnership with the Health District to operate a Sexual Health Centre in a mid-sized, diverse urban community. Centre policies and practices have evolved and adapted to meet the dramatic, then constant, increase in client volume between 1996-2000. A HTF-supported developmental evaluation assesses their effectiveness.

Comparing key service elements from a survey of Canadian sexual health centres (and local agencies, physicians, teachers/counsellors), and exploring principles of The Canada Health Act (accessible, affordable, equitable) and for effective, appropriate, ‘client-centred’ care, this session will discuss:

- operationalising transfer of medical function
- its effect on range of sexual health services offered
- impact of budget on key components of outreach, and effective pregnancy and STD/I prevention with young women and men
- whether the Centre is – or is not –reaching target groups, and ‘community integration’, and impact of lack of awareness about its services
- hard and soft measures of program effectiveness

Policy and practice implications will be reviewed from ‘best practice’ literature in service delivery, as will the Centre’s and others strategic planning response from the developmental evaluation.

Building Capacities with Vulnerable Communities and Individuals. The Ottawa community taking action for syphilis control among men having sex with men, M.S.M.

Paul Bélanger, Julie Levesque, Manon Morin, Healthy Sexuality Program, City of Ottawa, Ottawa, Ontario

The identification of two infectious cases of syphilis involving M.S.M. prompted the City's Public Health Branch to undertake an intersectoral strategy to control the spread of syphilis. In order to build trust and capacity with bath house users a community advisory/working committee was established including; bath house owners/managers, community agencies dealing with HIV/Aids and GLBT issues, community physicians and Public Health. This committee was instrumental in organizing a strategy that was adaptable to sensitivities relating to lifestyles, anonymity and gender. Based on input from the working group public health began implementing vigilant measures such as anonymous testing and treatment options in the bath houses , epidemiological surveillance of cases and contacts, syphilis alert information on the web and chat rooms, print media and a communications strategy for community providers and primary care physicians. Responsibility for promotion, education and to some degree partner notification was shared with Aids volunteers and bath house staff. Innovative public health services were developed to meet the needs of the bath house users such as minimal interventions, anonymous testing and creative social marketing. This presentation will interest those concerned with controlling the increase of infectious syphilis amongst MSM through an innovative capacity building strategy.

Organizational Capacity for heart health promotion within Alberta's Regional Health Authorities: Leadership and Support for health promotion

L Barrett, K Raine, R Plotnikoff, D Anderson, C Smith, R Dyck, Alberta Heart Health Project, Edmonton

The Alberta Heart Health Project is exploring the process of capacity building for health promotion within the context of health regions as learning organizations. Capacity has been conceptualized as 1) the political will, 2) infrastructure and 3) leadership necessary to implement heart health promotion initiatives and is based on the Singapore Declaration for heart health (1998). This study examines organizational leadership and support for health promotion. Some of the key indicators of leadership and support include; organizational quality of health promotion knowledge, organizational decision-making style and organizational climate, level of support for health promotion, champions for health promotion. The current level of leadership and support for health promotion in Alberta's health regions is not well known. Therefore, baseline data were collected through surveys in an attempt to assess the current organization leadership and support for health promotion. Data from 144 key stakeholders

(representing board members, senior and middle management, and service providers from all 17 regions) were used to describe the current level of leadership and support for health promotion in Alberta's Regional Health Authorities. The results show that there is a need to increase both the leadership and support for health promotion.

"Building Capacity Through Housing Initiatives"

Russell Mawby, Terry Alm

Saskatoon is leading the way in Canada in finding new and better ways to solve housing problems. In 1996 The City of Saskatoon developed a Strategic Plan to deal with the growing need for housing for low-income and special needs households, partly in response to the loss of Government funding for social housing. The Plan adopted a community development approach to housing, based on acknowledgment of the fundamental role that housing plays in enabling the physical, social and economic health and well-being of individuals, families and communities. The focus of subsequent activities was to develop greater capacity in the community to address housing needs, including: developing new programs and approaches to housing delivery; encouraging the engagement of new stakeholders not formerly involved in housing; establishing new supports, partnerships and policies aimed at addressing the continuum of housing and support needs in the community; and maximizing the outcomes of housing for other social policy objectives. Current initiatives include low-income home-ownership to help stabilize families and children to address other needs (health, education); inner-city revitalization; the engagement of the private sector in providing more affordable housing; and addressing systemic barriers in the financing sector.

Intersectoral Collaboration: Lessons to Date in an MDR-TB Case Contact Investigation

Cathy Buffett^{*}, Elizabeth Richardson^{*}, Ann Higgins^{*}, Ornella Tolomeo^{*}, Kate Feightner^{*}, Wendy Pigott^{*}, Gorette Torre-Clementino^{*}, Sandra Callery⁺,

^{*} City of Hamilton, Social & Public Health Services Dept, CDC Branch; ⁺ St. Joseph's Healthcare

Over the last decade, Tuberculosis (TB) has re-emerged as a significant cause of global mortality and morbidity. In Canada, the incidence of TB is 7 cases per 100,000 population in 2000. The face of TB is changing. A small but growing proportion (1% or approximately 20 cases) of TB cases are multi-drug resistant (MDR). These are

primarily reported in British Columbia, Ontario and Quebec. Increases in MDR are due in part to changing immigration patterns. MDR-TB is expensive to treat and, even with treatment, the mortality rate for MDR-TB patients is 40-60% and 80% for those who are immunocompromised. The need for intersectoral collaboration is essential to contain and control MDR-TB. Challenges with respect to collaboration will be explored in the context of a large MDR-TB investigation in Hamilton Ontario in 2000-2001. The 1500 potential contacts were divided equally into three distinct groups: social contacts who were primarily immigrants; hemodialysis/transplant patients; and hospital staff. The Hamilton public health department collaborated with multiple stakeholders at local, provincial and federal levels. We will describe how the differing mandates of the various stakeholders shaped the TB investigation.

The determinants of health for Canada's oldest old: Implications for building capacity.

Dorothy Forbes, RN, Ph.D., Shelly Peacock, BSc, College of Nursing, University of Saskatchewan

The Canadian landscape is changing as the fastest growing age category is Canadians over 80 years of age. The purpose of the research was to examine the determinants of health for the community-dwelling old-old so that efforts can be made to strengthen individual, family, and community resources. Subsamples from the 1994 (n=406) and 1998 (n=407) National Population Health Surveys were analyzed. Socioeconomic factors, psychological indicators, informal support, and use of health care services were examined. Hierarchical regression analyses of the 1994 data revealed that sense of coherence and mastery were more strongly correlated with health status than sociodemographic indicators. Use of home care services was more highly associated with poor health than overnight hospitalizations and consultations with health care professionals. Strategies that strengthen sense of coherence, mastery, and use of home care (i.e., enhancing access to user-friendly information, promoting supporting environments, targeting home care funding to the oldest-old) will be presented.

La santé des Inuit : influences du travail minier au Nunavik

Julie Duplantie, Université Laval, Québec.

L'ouverture de la mine Raglan en 1998 a lancé une nouvelle activité économique à l'intérieur du territoire nordique du Québec. Les conditions de santé passant, entre autres, par le travail, ce nouveau type d'emploi et

d'économie pouvait laisser croire en une amélioration de celles-ci. Ainsi, ce projet voulait, par une étude de cas, déterminer les impacts de la mine Raglan sur la santé des travailleurs inuit. Une approche qualitative faisant appel à l'observation et aux entrevues de groupe a donc permis d'obtenir cette information à partir de la perspective des travailleurs inuit, de leur famille et de la communauté. Ainsi, il semble pertinent de présenter sous forme d'affiche les résultats de cette étude dans le cadre des *Perspectives autochtones sur la création des conditions de la santé* puisqu'elle touche à ces conditions de façon particulière. Cette présentation sera d'autant plus appropriée en regard du thème puisque les résultats présentés démontrent que les impacts du travail à la mine sur la santé des travailleurs inuit sont, en fait, à la fois favorables et délétères. Favorables puisque cette nouvelle activité économique permet à plusieurs travailleurs de subvenir à leur besoins, mais délétères puisqu'il est possible de formuler l'hypothèse que se soit pour prévenir des problèmes de santé mentale que les Inuit quitteraient leur emploi.

Globalization, Trade and Health

Ronald Labomte, Mazeem Muhajarine

This roundtable session seeks to discuss four points:

- How has the recent era of economic globalization (primarily through trade liberalization) influenced the health status of populations within particular countries, and more globally?
- How has it influenced the ability of governments to provide public health care and other public services that are health promoting?
- How has it influenced the ability of governments to legislate or regulate for health-promoting social and environmental conditions?
- What can or should health researchers, policy makers and practitioners do to ensure that such agreements embody health promotion goals?

It will also provide participants with up to date information on WTO and other multilateral trade and investment negotiations, and proposed reforms of the global trade and investment system.

Please Consult With Your Physician...Experiences of Primary Care Physicians in the Implementation of the 2001 Ontario Universal Influenza Immunization Program (OUIIP).

Dr. Judith Sutton, Associate Professor, Family Medicine, The University of Western Ontario; Fiona Hart, Dr. Grant Russell, Dr. David Huffman, Dr. Irene Cohen, Dr. Graham Reid, Charlene Beynon, Dr. Bonnie Wright.

On July 25, 2001 the OUIIP was announced. The Government of Ontario allocated \$38 million to ensure free access to vaccines and vaccine administration for all residents of Ontario six months of age and over. Primary care physicians have been the primary providers of influenza vaccine to high-risk individuals and may be one of the main vaccine providers to low-priority patients in the OUIIP. Therefore, it is important for future planning to understand their attitudes, beliefs, and strategies in implementing this program. In a unique collaboration between Middlesex-London physicians and the Public Health Research, Education and Development (PHRED) Program unit, 8-10 physicians were selected to participate in semi-structured interviews using maximum variation sampling.

This session will present some of the main themes to emerge from the data. Topics to be discussed will include physician attitude towards the immunization of low-priority patients; physician attitude toward public health as the main supplier of flu vaccines; and the relationship between the Ministry of Health and primary care physicians in the implementation of such programs. In addition, economic costs or benefits to physicians of this program will be explored.

Public Health and Physicians: Can the current system adapt to the integration of public and private sector primary health services? An exploration.

Eileen Patterson, Sharon Yanicki, Chinook Health Region, Lethbridge

The Taber Integration Project is a primary care reform initiative focusing on improving population health through integration of physician and Regional Health Authority services. This presentation will focus on the Well Baby component of this project to highlight the opportunities and issues surrounding integration. Through a mixed scanning style of decision-making, the shared goals and diverse interests of a private medical clinic and public health services were assessed. Areas of shared practice were explored and duplications targeted for change. Opportunities for improvement were uncovered through service mapping. Client-centered practices, were implemented such as location change and integrated primary care appointments.

Taber project enablers will be described, including alternate payment plan for physicians, health information technology, and a participatory approach. Short-term, interim and long-term measures/outcomes of the project will be elicited from participants and compared to actual project measures. Tools for facilitating group process and management of the change process will also be shared.

This workshop will provide participants with the opportunity to grapple with the fundamental issues of inter-sectoral collaboration. Experiential learning strategies will be utilized. Decision-making models will be assessed by participants for appropriateness at various stages of planning and implementation.

Workshop Plan

Objectives

Participants will increase their knowledge through:

1. Increased awareness of service duplication within the health system
2. Development of understanding of integration opportunities
3. Awareness of literature related to primary care integration
4. Consideration of potential enablers of integration changes

Participants will be exposed to tools and processes to support skills related to:

1. Reaching shared goals
2. Assessment of stakeholder interests and protection of discipline based standards
3. Strategies to overcome obstacles
4. Multi-disciplinary group communications, processes and decision-making.

Agenda

- | | |
|---------|--|
| 10 min. | Overview of Taber Project, including key literature |
| 5 min. | Introduction of Role Play exercise (See Participatory Process) |
| 45 min. | Role Play exercise in small groups |
| 15 min. | Debrief of Role Play exercise |
| 10 min. | Compare with Taber Project decisions/outcomes |
| 5 min. | Conclusion |

Participatory Process

1. Arrange participants into groups of approximately 8 members.
2. Provide each member with a profile card describing the primary interests, tasks, goals, and fears of a particular stakeholder representative
3. Take groups through a process of identifying shared goals using framework provided.
4. Provide map of traditional service delivery model. Have group identify duplication of services.
5. Reach consensus of 1 integration change that builds on shared goals using decision-making framework provided, with defined short and long term success measures.
6. Identify major obstacles to success.
7. Build strategies to overcome obstacles; create project 'enablers'.

Resources

1. Role definition cards (Physician, PHN, Coordinator, Registration Staff, Regional Manager, Parent, Information Systems Director, etc)
 2. Map of Traditional Model of Service Delivery
 3. Integration Literature
 4. Strategic Planning Template
-

Entrenched Incapacity: Preventive Dose and Federal Health Funding Policy for small First Nations

Mark Sommerfeld and Heather Payne, Inter Tribal Health Authority, Nanaimo

An assessment of federal public health funding policy for First Nations reveals a systematic under-funding of certain small independent communities. Funding formulations fail to recognize the need for a minimal base level capacity to deliver mandatory services. Health Canada essentially subcontracts with First Nations communities to deliver a range of public health services. The funding allocated in these contracts are based on both nation wide and regional funding policy. British Columbia has more First Nation communities than any other province in Canada. A significant number of these communities have a small population base, are geographically remote, and are unaffiliated with any tribal alliance. These First Nations present some of the worst health statistics among First Nations in Canada. The combination of population size and inability to pool resources for greater economies of scale leaves this subset of communities with an insufficient level of funding to deliver the service and outcome expectations that they are contracted by Health Canada to undertake. Policy changes are needed that recognize

this funding gap and establish a minimum base capacity that will enable these Nations to deliver the “preventive dose” required to positively impact the health status of their members.

Integrating Nursing Theory ,Practice and Documentation with a First Nation’s Culture.

Heather Payne, Community Health Consulting & Jeannette Watts, Nuu-Chah-Nulth Nursing Program

Several years ago, the Nuu-Chah-Nulth Community Nursing Program developed a Nursing Framework to integrate nursing practice with the culture, traditions and beliefs of the Nuu-Chah-Nulth people. Because the culture is a “way of being” that many have lost as a result of the residential school system; it soon became clear that there was a need to develop nursing documentation that not only reflected the framework but also celebrated the culture and supported its renewal. Is it be possible to achieve this goal in the face of what appear to be two competing paradigms: the Nuu-Chah-Nulth “way of being” and the professional, technical and legal demands for nursing documentation in the new millennium? Is nursing theory, practice and documentation congruent with the culture? This oral presentation will take you on that journey with the Nuu-Chah-Nulth people and the nurses who strive to celebrate with them and to serve them within the context of their culture.

Developing A Needs Assessment Tool for High School Communities

Carol Marz, Manager, Public Health Nursing, Regina Health District, Regina, Saskatchewan

The Balfour Teen Wellness Center is the result of a partnership between a Board of Education and Public Health. It aims to create a collaborative environment of students, teachers, parents and Public Health to improve the health of the school community. As a Centre of Excellence, the team is committed to producing ideas and tools which can be used elsewhere. This poster presentation describes the collaborative issues in development and administration of a research tool which was used to assess health knowledge, attitudes and behavior of an entire school population. The survey tool has since been modified to one which can be administered annually by a local High School and Public Health team. It uses standard testing technology available to schools, with sampling recommendations. A computer model is being explored.

Effective use of Resources: Do Child Health Clinics Duplicate the Services of Family Physicians?

Pam Larsen, Nursing Consultant, Regina Health District, Regina Saskatchewan

Several Public Health Organizations in Canada continue to provide Child Health Clinics, as a venue for immunization, developmental screening and individual health counseling. The recent research on Early Childhood Development supports the need for a range of services to support families. Concern has been expressed that this is a waste of health dollars, duplicating family physician services. Regina Health District undertook a survey of 404 parents to assess this perception, and obtain recommendations. Results indicate that parents want and value comprehensive developmental guidance and health information from Public Health Nurses. They prefer physicians for assessment and management of health problems or illness. Results of this survey indicate the need for community specific planning and increased parent choice of service options to reduce duplication. Public Health Nursing protocols were developed to implement evidence based interventions which enhanced screening, health information and family self care. A post-survey is planned.

Using Research Evidence in Creating Public Health Policy

J. Underwood, S. Micucci, D. Ciliska, J. Vohra, Hamilton-Wentworth Social and Public Health Services, and McMaster University

The Public Health Research and Education Development Programs (PHRED) in Ontario work collaboratively on the Public Health Effectiveness Project. The objectives are to produce and disseminate high quality systematic reviews and summary statements of relevance to public health policy development and practice.

In the process, input is sought from practitioners and policy level people in public health throughout Ontario, related to prioritizing the systematic review topics, refinement of the review question, choosing keywords for electronic database searching, relevance and quality testing of articles retrieved, writing and review of written report and summary statements.

The products have been disseminated in a variety of ways, and have been used for making decisions about local program planning and review of the Mandatory Program Guidelines at the Ministry of Health level. In addition, several studies have been conducted to assess the preferred format of the summary statements, the attitudes of

practitioners and policy-makers to systematic reviews and their ability to overcome barriers to research utilization; and the correlates of use of the systematic reviews.

Lessons Learned: A Community-University Institute for Social Research

Allison M. Williams, Jim Randall, Kate Waygood

Now half-way through the three-year SSHRC-funded Community University Research Alliance (CURA) program, the University of Saskatchewan's Community University Institute for Social Research (CUISR) is in a position to share the successes and pitfalls of engaging in community-based research to enhance public policy. The overall goal of CUISR is to build the capacity of researchers, community-based organizations and citizenry to enhance community quality of life. Each of the three research modules which focus the work of CUISR – (1) *Community Health Determinants and Healthy Policy* (led by Cory Neudorf and Nazeem Muhajarine), (2) *Community Economic Development* (led by Len Usiskin and Lou Hammond Ketilson), and (3) *Quality of Life Indicators* (led by Bill Holden and Allison Williams) -- have taken a unique direction in the quest to 'Build Healthy, Sustainable Communities'. To meet the above-stated objective, this roundtable presentation will first provide a review of the work conducted in each of the three modules. Next, the successes and the pitfalls of the Institute's work will be discussed from the community perspective, followed by that of the university. The presentation will conclude with a general discussion of the lessons learned, together with a framework for moving forward. Ample time will be made available for questions and comments.

A Women-Friendly Research Process: Results, Empowerment & Policy!

Allison M. Williams, Susan Wagner, Monic Buettner, University of Saskatchewan, SK

A review of women's health research in Canada suggests that funding for women's health overall is generally insufficient and that a disproportionately high amount of that funding is allocated to research on women's reproductive capacities. In addition, a large amount of the research being conducted is highly quantitative, illustrating little balance between quantitative and qualitative methodologies, the latter of which allow women's own perspectives to be heard. The objective of this presentation is to illustrate a 'women friendly' research process, which includes the development of strategies to transform research results into health policy. Using both

quantitative and qualitative methods the research, which examines the impacts of restructuring on the work lives and health of home care practitioners in Saskatoon, illustrates how the research process can be empowering for the participating respondents. This research was sponsored, in part, by the Prairie Women's Health Centre of Excellence.

Sickness and Symptom: Experiences of Diabetes Among the Moose Factory Cree.

Sylvia Abonyi¹, Randy Kapashesit²; Angela Lafontaine³, and Ann Herring⁴;SPHERU and Dept. of Community Health and Epidemiology, University of Saskatchewan, SK¹; MoCreebec, Moose Factory, ON²; Misiway Milopemahtesewin; Timmins, ON³, and Anthropology Dept., McMaster University, Hamilton, ON⁴.

This paper reports on experiences of diabetes in the Cree community of Moose Factory on the southwest coast of James Bay, Ontario. The research was conducted using a participatory action approach, incorporating Aboriginal perspectives on health. With respect to diabetes, this means viewing the experience of diabetes both from the perspective of sickness and symptom. Diabetes is seen as a reflection of economic and social conditions, but also of individual and collective low cultural esteem and self worth arising from a colonial past. Current sources of education, care and support focus on diabetes as a sickness of individuals. There is some frustration at the treatment level because medical professionals and community members differently perceive both the importance of diabetes relative to other concerns and the goal of treatment strategies. The challenge is to translate the Moose Factory Cree experience into an integrated strategy that includes not only the individual sickness experience, but also addresses the broader level historical contingencies that lead to contemporary conditions of life at the community level. Attending to diabetes as symptom is part of the renegotiation of identity and revaluation of culture discussed by community members as pivotal to creating conditions of health for future generations.

Health People in Healthy Communities

Marjorie McNeill and Don Gamache NOR-MAN Community Nurse Resource Centre

The NOR-MAN Community Nurse Resource Centre is a pilot project, which uses primary health care as it's guiding principles. Therefore, intersectoral collaboration and a multi-disciplinary approach are central to the goal of strengthening community participation in the development of its programs and services. This means that the

appropriate sectors, with a particular focus on community members, are involved in the identification, the planning, the implementation, and the evaluation of programs and services to address community health issues. The NOR-MAN CNRC operates two centres within the NOR-MAN Regional Health Authority, but our programs extend to other communities in northern Manitoba and northeastern Saskatchewan. Since opening in January 2000 we have developed strong partnerships with other community sectors which have resulted in a variety of successful programs demonstrating intersectoral collaboration. We have also faced many challenges in engaging different sectors. We would like to share the lessons learned from our practice. The oral presentation would be the optimal format for allowing dialogue about the complex relationships that are required to promote intersectoral cooperation.

Convergence of Aboriginal perspectives on health with population health concepts

Judy Bader, Donna Lentjes, Dr. Elizabeth Steinhauer, Calgary Regional Health Authority, Calgary

Aboriginal perspectives on health are centered within the traditional philosophy of connectedness and wholeness as expressed through the concept of the Medicine Wheel. The four directions of the Medicine Wheel in relation to health represent the four aspects of complete health – physical, mental, emotional and spiritual. Health is seen as comprising all factors (eg. social, education, and economics) that impact on health. These perspectives are very coherent with evolving concepts around population health models that stress the need to focus on determinants of health. This paper will explore the interconnectedness of these concepts.

Health and Literacy in Canada

Andrew Aitkens, Kathy Bose, Canadian Public Health Association

The National Literacy and Health Program is an of the initiative of the Canadian Public Health Association that was established over ten years ago. Bringing together some 28 health and literacy organizations, this partnership has been responsible for promoting awareness of the strong links between literacy and health, primarily through association newsletter articles, workshops, and an impressive array of publications. The program focuses on vulneravle segments of the population and assists health professionals to meet special needs when low literacy levels may place individuals at risk.

This presentation will outline the scope and accomplishments of the program, and will feature three current project activities: the Plain Language Services: a project to develop literacy-oriented materials for youth at risk of violence: and the development of a set of guidelines for pharmaceutical manufacturers to promote the use of plain language in patient information materials for low-literacy seniors.

Blending social capital - The challenges of shared ownership and shared leadership - Lessons form Six cases Studies of Social Capital

Dennis Chubb, Bill Werry

This session will outline the development of the structures including the HSIF and the RICs. It will also describe the successes and challenges of the Saskatchewan experience from the provincial and local perspectives with an exphasis on the Saskatchewan Early Childhood Development program "Building on Community Success". This presentation will also report on some diverse efforts in one community undertaken as means of improving the quality of life "at-risk" populations, and simultaneously reforming the relations among community partners. The challenges of ahsred ownership and shared leadership are among the most taxing for those involved with collaborative work in building healthy communities.

Best Start Pilot Program,

June Tessier, RN, PHN, Cert P. Adm, Queen's Region Health, Prince Edward Island

In June, 1999, the Best Start Pilot Program (one of three national sites), commenced from a partnership between Public Health Nursing, CHANCES (Family Resource Centre) and National Crime Prevention Centre. The overall mission of Best Start is to maximize the development of young at-risk children and their families, in order to increase the children's opportunities for later success by universal early screening, assessment and intervention following specific objectives. The Best Start Program utilizes Public Health Nurses to screen every newborn infant (family), assess those that present with challenges and make referrals for families who will benefit from *intensive in-hone* visiting . The evaluation is being conducted by the Canadian Research Institute for Law and the Family (CRILF) and is providing a critical benchmark for tracking the children and families participating. A

comparison group in another region is being followed by a Public Health Nurse utilizing the same evaluation tools but these families are without in-home support. Initial findings will be presented. These results strongly indicate the Best Start model has merit for application throughout the Island and indeed, nationally. This Program emphasizes prevention and the achievement of health and wellness as a result of interventions aimed directly at the newborn/families.

The Rewards and Challenges of Creating Healthy Lifestyles and Building Community Capacity in Aboriginal Communities through the Aboriginal Head Start Initiative

Doris Wesaquate, Population and Public Health Branch, Health Canada
Joan Delowski, Candida Ratt, Aboriginal Head Start Initiative Projects

In 1994, the federal government introduced the Aboriginal Head Start (AHS) Initiative. Details and approval for funding were confirmed in April 1995. The overall goal of AHS is to support early childhood development strategies designed and controlled by Aboriginal People. Sixteen Saskatchewan AHS projects in affiliation with non-profit organizations are now operational. Their primary focus is on the health and well-being of Aboriginal children with parents/caregivers being the natural advocate of the child.

Each project is unique in that it provides a range of services to address six major components while simultaneously delivering programs in conjunction with parents and community members. Since its conception, AHS has provided opportunities for building capacity with vulnerable northern communities, urban centres and individuals through empowerment strategies, targeting high-risk families, developing partnerships and linkages to other support services, but more profoundly by providing pre-school opportunities which enable children to acquire a meaningful head start and access to life-long learning. There are varying stages of growth and development, yet hundreds of children and their families have gained useful, inciteful and rewarding experiences by participating in AHS. As roles, responsibilities, direction and initiatives change, so do the opportunities and challenges to greater address the broad range of needs and issues expressed in each community and urban centre.

Collaborating to Assess Regional Health Needs and Resources: Challenges and Lessons to Date

Sandra MacDonald, Abraham Ross, Judith Blakeley,
Donna Best, Lorna Bennett, Creina Twomey
Memorial University of Newfoundland, School of Nursing

Collaboration is critical when conducting community health needs and resources assessments. Memorial University of Newfoundland, School of Nursing collaborated with three regional, community health boards across the province to conduct descriptive, exploratory regional assessment studies. Qualitative and quantitative data was collected to reflect on community health needs and resources of the three regions. This presentation will reflect on the challenges and lessons learned from the experience. A discussion of collaboration between the university and the community health boards, as well as collaboration between the research team and community health nurses and health professionals will be presented. Findings from the study will also be presented in relation to implications for intersectoral collaboration when developing healthy public policy and programs at the regional level. Recommendations regarding regional collaboration between boards will also be discussed.

A collaborative system-wide response to Influenza Outbreak Management in Saskatoon District Health
Cordell Neudorf, Aderonke Obayan, Saskatoon District Health-Public Health Services, Saskatoon

In the 1999-2000 Influenza season 8 of the 20 Long-Term Care facilities in Saskatoon District Health (SDH) reported outbreaks to Public Health Services. SDH includes acute care, long-term care, home care, public health services and mental health services. A system-wide response was put together including public and physician education, outbreak management, bed utilization, and immunization. This response included representatives from Long Term Care Facilities, Infection Control, Laboratory Services, Pharmacy, Occupational Health, Infectious Diseases, Medicine, and Public Health. As a result of this collaboration, and the continued review of Influenza prevention and management activities by this group, many creative solutions were developed and the whole health system benefited. Outcomes included better physician education materials, improved diagnostic and surveillance protocols, routine creatinine clearance calculations, improved staff immunization coverage rates, and less emergency room visits. The purpose of this round table discussion is to share the lessons learned from the successful collaborative experience and discuss the benefits of Public Health Services working as part of a collaborative team in the process. Members of the committee will be facilitators at the roundtable.

An intergenerational creative movement program in a nursing home setting: a pilot project.

D. Drinkwater, J. Krohn, B. Kalyn, Kinesiology and Education, University of Saskatchewan, Saskatoon, SK

Engagement of shut-in and less physically able seniors in a regular programs of physical activity which maintain interest, and thereby encourage compliance, are a continual challenge. Our project involved children in grades 2 and 3 from Bishop Pocock School (Catholic School System) and their teachers together with residents from St. Ann's Nursing Home and Community Village in Saskatoon, St. Ann's recreation director and faculty and students from the Colleges of Kinesiology and Education. Groups of approximately 30 children together with 10 to 15 seniors, in two separate sessions, participated in a five-week pilot program, twice per week, 35-40 minutes per session of creative movement activities comprising primarily of flexibility, coordination and strength movements. All sessions were videotaped. Over the course of the program video analyses revealed increased physical engagement of the Seniors in the various activities, apparent improvements in interest and mood, increased socialization, and bonding with the children. Video analyses also revealed which activities were more effective than others in eliciting the desired outcomes. This project demonstrates the possibilities for successful collaboration between health care providers, the public school system, and the university community to contribute to enhanced quality of life for seniors.

Strategies for encouraging physical activity: challenges and benefits of partnerships

Saskatoon *In Motion*¹

Karen Chad, Tom Archibald, Saskatoon District Health, University of Saskatchewan, City of Saskatoon, ParticipACTION

Strategic alliances are a matter of practical necessity given the prevalence of chronic diseases and the increased demands and cost of health services. Formation of effective alliances becomes more urgent as the cost of acute health care services increase; limiting the funding for new or existing programs for health promotion or risk reduction. In the spring of 1999 four core agencies (Saskatoon District Health, the City of Saskatoon, the University of Saskatchewan, and ParticipACTION) formed a partnership to develop and implement a community-wide active living strategy, *In Motion*. The mandate of this initiative is to unite the strengths of public agencies, private organizations, and industry with the goal of inspiring Saskatoon and district residents to lead physically active lives as a means of enhancing their health and quality of life. The design and administrative structure and function of this partnership will be presented, as well as challenges and benefits of forming community-university

alliances in health promotion. Areas such as communication and marketing, program development, financial support, leadership development, community capacity building, and research opportunities will be discussed

A community *In Motion*: An active living schools initiative

M. Louise Humbert, K.E. Chad¹, L. Martin², D. Ratcliffe-Smith²¹University of Saskatchewan, ²Saskatoon District Health

Due to the increasing level of physical inactivity patterns observed in Canadian children, intervention strategies to increase physical activity are warranted. The purpose of this project was to determine whether a community-based active living strategy, *In Motion*, implemented in schools would positively affect the physical activity levels of children. A total of 400 children from 3 schools in Saskatoon and District participated in the *In Motion* physical activity intervention with the goal of achieving 30 minutes of physical activity per day. Physical activity levels were measured by the PAQ-C physical activity questionnaire prior to and following the intervention. Changes in physical activity level over time were assessed using a repeated measures ANOVA analysis. A significant increase ($p=0.01$) in physical activity was observed following the *In Motion* physical activity intervention. Findings also showed a significant increase in the number of days per week children were active right after school ($p=0.01$) and in the evenings ($p=0.01$). In addition, teachers and administrators observed positive social behaviour following the intervention. These results provide evidence that physical activity intervention strategies incorporated within schools lead to a more physically active child, which may positively affect the social climate of a school.

Smoking Zine: Web-Based Intervention for Youth Smoking Prevention and Cessation

Harvey A. Skinner, Oonagh Maley, Cameron Norman

Department of Public Health Sciences, University of Toronto

Today's youth have access to more health information than ever. Yet with few exceptions, health risk behaviors such as smoking, drug and alcohol use have remained steady or increased. Our challenge is to identify new ways to engage youth in health promotion.

Since 1995, the TeenNet Project, (lead by Dr Harvey Skinner and based at the Department of Public Health Sciences, University of Toronto) has been a pioneer in synthesizing new technologies, community mobilization, and action research to engage teens in positive lifestyle behaviors. In 1997, TeenNet developed a virtual youth environment called CyberIsle (www.cyberisle.org). In 2000, TeenNet worked with youth to create The Smoking Zine.

The Smoking Zine is organized into five interactive stages based on social cognitive theory and the transtheoretical model: Step 1: Makin' Cents (consciousness raising), Step 2: It's My Life (assessment), Step 3: To Change or Not to Change (readiness for change), Step 4: It's Your Decision (decision balance regarding the pros and cons of change) and Step 5: What's Next (cognitive behavior strategies for smoking cessation).

Through interactive tours, participants will identify ways to integrate the Smoking Zine into their work with youth. Also, results will be presented from an initial trial.

Child Health Research: Realigning research evidence with policy making and community advocacy

Nazeem Muhajarine, University of Saskatchewan, Saskatoon

This roundtable session focuses on child health. Its purpose is to engage participants in a critical discussion of the state of the current child health research in Canada and to identify future research areas that may make a difference for the children's well-being. The discussion will consist of a review of current research evidence and policy initiatives, identify the specific areas where the evidence is either lacking or not commensurate with the policy or advocacy interest shown, and suggest ways in which researchers, policy makers and community advocates could better support child health promotion initiatives.

Potential of Community Health Centres to Influence Conditions Affecting Health: the Saskatoon Community Clinic Experience.

Patrick Lapointe, Saskatoon Community Clinic, Saskatoon

During this workshop our representatives would address how the community health centre model of primary health care delivery has enormous potential to positively affect health outcomes. The objectives of the workshop would be to:

- Provide an overview of the community clinic model and its ability to influence conditions that affect health;
- Provide specific examples from the Saskatoon Community Clinic's experiences that could be used as models in other communities;
- Allow Participants an opportunity to reflect on how the principles underlying the community clinic model and programming of the Saskatoon Community Clinic could be initiated in other communities.
- Foster discussion about the role and importance of primary health care in meeting the health needs of the community.

Specific examples of programs, initiatives and models of delivery that have been undertaken by our organization would be highlighted. Within this context the presenters would highlight specialized programs targeted to low income people, aboriginal person and seniors.

Information would be included on how the Saskatoon Community Clinic through its programs and services addresses and approaches all of the themes of this year's conference.

Intersectoral Action for Kids: A Manitoba Success

Sandra Dalke, R.N., B.N., B.A., Donalda Wotton, R.N., B.N., M.N., Tracy Moore, Marilyn Taylor

In Manitoba, health, education and social services created a program to support children with special health care needs. One emerging issue in schools and community programs is the presence of children with life-threatening allergies and/or asthma. The Winnipeg Regional Health Authority and lead departments of Family Services and Housing, and Education, Training and Youth, initiated the production of research based resource modules that are geared to increase the knowledge of teachers and child care providers in the area of anaphylaxis and asthma.

Working intersectorally takes commitment, time and energy. The oral presentation will highlight the collaborative process used to develop these professional resource modules. Allergists and family physicians acted as clinical experts to identify the knowledge and skill that teachers and child care providers require to provide a safe environment for children with anaphylaxis and asthma. School and public health nurses participated in the

creation of strategies and tools for teaching the target audience. Lessons learned illustrate that intersectoral action for kids creates conditions for health.

Mission Possible: Creating a New Direction for Public Health at the Winnipeg Regional Health Authority

Joyce Slater, M.Sc., RD, Donalda Wotton, R.N., B.N., M.N., Claire Betker, R.N., B.N., M.N.

Public Health in Winnipeg has undergone radical transformation recently, requiring a shift in philosophy, policy and program direction. In 1999, the two Public Health departments which had existed for 85 years in the City of Winnipeg merged under the Winnipeg Regional Health Authority (WRHA). Formal strategic planning began in 2000 and continues to challenge the program as it evolves. Extensive debate and discussion, including consultations with the public health staff, informed the decision to organize the program into six areas: Healthy Beginnings, Healthy School Age Children, Life Long Wellness, Communicable Disease Control, Injury Prevention and Healthy Environments. Program area working groups were struck whose task was to research evidence of best practice, draft objectives for the program areas and make program recommendations. Their resulting work was analyzed for overlap and common themes, and summarized into a consultation document for distribution to all WRHA staff and community stakeholders. Feedback from consultation will inform future direction. This presentation will share the process, challenging and difficult at times, which has led to a commitment to planning as an integral, ongoing part of the WRHA Public Health program.

Health Promotion in Action: Linking Theory and Practice

Dr. Marcia Hills, Dr. David Butler-Jones, Dr. Jose Roberto Ferreira, Dr. Paulo Buss, Helena Monteiro

For the past 3 years CPHA and the broader health promotion community in Canada, have collaborated in an innovative project to incorporate health promotion concept and theories into the post-graduate training programs at the National School of Public Health, Rio de Janeiro, Brazil. The Academic Health Unit attached to the School has been the laboratory for understanding the knowledge and skills required to permit public health professionals to work effectively to address the overall determinants of health. The Municipal Health Authorities in Rio, (which has responsibility for implementing primary health care programs) was actively involved in determining intersectoral strategies for health promotion. Study visits to a wide variety of health promotion settings have been

made to Canada and Canadian health promoters have provided technical assistance in Brazil. At the end of the three years of collaboration, the lessons learned and recommendations for health promotion practitioners, professors and policy makers will be drawn from this experience and presented for the first time at CPHA Annual Conference. This presentation will be made by both Canadian and Brazilian leaders for the project.

Developing Multidisciplinary PHC Teams to Sustain the Health of the Populations at Risk of Chronic Disease

Peter R Hatcher, University of Alberta

In 1998 the Health Transition Fund funded a three year project in Calgary to strengthen the capacity of primary health care (PHC) professionals to prevent and manage diabetes and osteoarthritis in identified populations at risk. These chronic conditions affect significant proportions of the population and are more prevalent in the elderly and women. These populations are particularly vulnerable given their need for access to early risk identification, preventive health education, coordinated continuing and social care services. The fragmented PHC services in Calgary have been increasingly unable to address the needs of these rapidly growing populations. This Project piloted the development of multidisciplinary PHC teams of family practitioners, public health and home care nurses, occupational and physiotherapists and dieticians to assess at risk populations and empower individuals to sustain their health. Participatory development and implementation of multidisciplinary Team Plans incorporated evidence-based findings and identified the roles and tasks of different team members. Factors identified to enhance capacity of PHC teams include: understanding of capabilities and roles of different PHC professionals and social agencies; focus on prevention and self-management by at risk individuals; links with social sector to support necessary life style changes; coordination with and access to specialist and social care.

Leave The Pack Behind: A smoke-free initiative for post-secondary students

Sharon Lawler, Niagara Regional PHD; K. Lawrance, J. Cairney, Brock U., St. Catharines.

Leave The Pack Behind is a smoking cessation initiative involving students, health professionals, researchers, and administrators. It consists of a multi-channel communication campaign, and peer-led and other smoking cessation interventions. In September and October, the two colleges and six universities involved in the initiative monitored

the number of students who visited staffed display tables and requested smoking-related information and services. More than 6000 students visited the displays. Visitors described themselves as: non-smokers who smoke sometimes (8.5%); light smokers (26%); regular smokers (60.5%); and ex-smokers (3%). Two-thirds of visitors requested information or services. Among other materials provided, 767 carbon-monoxide tests were administered and 600 self-help programs were distributed. Multi-channel communication involving interpersonal contact was effective here and is recommended to reach this mobile population. Intensive interventions are not desired by young adult smokers, and ‘social smokers’ who limit smoking to weekends or social gatherings, are difficult to reach.

Smoking Cessation Preferences of University Students

Kelli-an Lawrance, Brock University; Sharon Lawler, Niagara Regional Public Health Department; John Cairney, Melodie Shick-Porter, Regan Rawson, Brock University, St. Catharines.

Five hundred upper-level students from a small Ontario university were asked about their smoking habits and perceptions of smoking cessation methods. One-fifth of the students were regular smokers; and 40% smoked cigarettes occasionally. Regular smokers and non-smokers differed in terms of the smoking cessation methods they thought smokers wanted, $\chi^2(3, N=325) = 15.8, p < .01$. In response to the options: *self-help* (e.g., booklets, websites, etc.); *group* (e.g., group programs, contracts with buddies, etc.); *pharmacological* (e.g., zyban, acupuncture, etc.); and *independent* (i.e., telling no one and using nothing), the proportions of regular smokers preferring these methods were: 17%; 25%; 30%; and 28%, respectively. Non-smokers believed that 14%, 49%, 20%, and 16% of smokers respectively would have chosen these options. These results have implications for peer-led and other smoking cessation programming on university campuses. Non-smoking peers may not understand smokers’ preferences; and a multiplicity of smoking programs and services are needed.

Gambling Expansion in Canada: Shaping the Public Health Agenda

David Korn and Harvey Skinner, Department of Public Health Sciences, University of Toronto

From a public policy perspective, legalized gambling in Canada exists under the authority of the federal Criminal Code of Canada with responsibility for gambling operations delegated to the provinces and territories.

Government- owned gambling expanded dramatically during the 1990's associated with public policy intended to increase government revenue without additional taxation. In the new millennium, Internet gambling through casino-style games and speculation in financial markets have emerged as new phenomena that have important implications for public health.

At the 2000 annual general meeting of CPHA, a position paper was adopted on gambling expansion as an emerging public health issue. It incorporated the following goals to focus public health action and accountability:

1. **Prevent** gambling-related problems in individuals and groups at risk of gambling addiction.
2. **Promote** informed and balanced attitudes, behaviors and policies towards gambling and gamblers both by individuals and by communities.
3. **Protect** vulnerable groups from gambling-related harm.

This workshop will provide an overview of the responses of the federal, provincial and territorial governments to this CPHA policy initiative and highlight innovative examples of research, policy, and practices congruent with CPHA goals. The impact of gambling on vulnerable and special needs populations including lower socio-economic groups, youth, older adults, women and aboriginal people will be reviewed. An overview of the health, social and economic cost and benefits will be presented as a basis for understanding the value of a public health perspective. Participations will learn the prevalence literature on gambling related problems, and a public health model for understanding the determinants of gambling-related problems. The authors will present their framework for balanced public health action based on healthy public policy and harm reduction principles.

WORKSHOP OBJECTIVES

1. To provide an overview of the responses of the federal, provincial and territorial governments to this CPHA policy initiative,
2. To describe a public health model for understanding the determinants of gambling-related problems and multi-level interventions,
3. To discuss how to use this framework for balanced public health action, based on healthy public policy and harm reduction principles.

AGENDA

1. Introduction
 - a. Introduction of the presenters and participants
 - b. Goals and Objectives for the workshop
 - c. Process and Agenda for the workshop

2. Growth of Gambling
 - a. What is gambling?
 - b. History and economics of gambling
 - c. Prevalence of gambling related problems
 - d. Impact on vulnerable and special needs populations including lower socio-economic groups, youth, older adults, women and aboriginal people

3. CPHA policy initiative
 - a. Overview of the CPHA position paper
 - b. Innovative examples of research, policy, and practices congruent with CPHA goals.

4. Public Health Framework for Gambling
 - a. Overview of the model
 - b. Applying the Model for
 1. Understanding determinants
 2. Guiding interventions and best practices
 3. Developing public policy
 - c. Future work

5. Wrap-up
 - a. My take home message
 - b. Next Steps

PARTICIPATORY PROCESS

Several learning methods will be employed in the workshop. A presentation format will be used for the introductory component on the history and growth of gambling. A case study and community example will be presented and discussed in small groups to illustrate use of the public health model. Emphasis will be placed on adapting the model for use in local settings of participants. Throughout the workshop, participants will be encouraged to ask questions and initiate discussion, and presenters will conduct periodic check-ins to ensure that information is being understood and that the process is supportive of learning. The case study will provide a forum for participants to present ideas and creatively discuss the material in small groups and with the larger group.

Dissemination of Evidence-Based Prevention Guidelines to Canadian Public Health Professionals.

John W. Feightner, Bruce A. Reeder, Nadine Wathen, et *al.*

The workshop will cross-cut the conference themes by focusing on the role of evidence and evidence-based practice guidelines, especially in the context of enhancing clinical and/ or public policy, both in the public health and clinical practice sectors. The approach will highlight several Canadian Task Force topics of relevance to the public health context, including varicella vaccination, breast cancer screening and asthma education programs. The main goals will be to: 1) provide information about the CTF and the way it conducts systematic reviews and makes practice recommendations; 2) present the CTF's new dissemination approaches and get advice from participants on ways to best communicate relevant guidelines to them; and 3) engage participants in discussion about the interface between individual and population level prevention and the potential role of the CTF in contributing to the evidence-based at this interface.

Preventing Tap Water Scalds: A Healthy Public Policy Challenge

Sonya Corkum, Amy Zierler, Safe Kids Canada, Toronto

Each year in Canada, approximately 540 children are hospitalized due to scald burns. The most common causes of scalds are tea, coffee, soup and hot tap water. Household tap water causes 10% of these scald injuries. One of the most effective strategies to reduce tap water scalds is to limit the temperature of tap water. This can be achieved by reducing the temperature set on the thermostat for home water heaters. Reduction of the hot-water temperature in all homes to 49°C (120°F) can be expected to eliminate most tap-water scalds.

In Canada, most hot water heaters are pre-set at 60°C (140°F). Currently, there is no Canadian legislation which limits the temperature to a safer level of 49°C. Setting home water heaters at a lower temperature would not only reduce the number and severity of childhood scald injuries, but it would have a positive impact on other areas (e.g. other populations at-risk for hot water burns including elderly people and people with physical and cognitive disabilities). Safe Kids Canada, in collaboration with other organizations, is leading a campaign to advocate for legislation to lower residential hot water temperature, but faces challenges from competing public health concerns such as legionella.

Pathways to Well-Being – A Population Health Demonstration Project

Joanne Franko, Daphne Goodman-Eifler, Sandra Belanger Saskatoon District Health (SDH);

Karen Archibald, Child Hunger and Education Program (CHEP); May Henderson, Saskatoon Indian and Metis Friendship Centre (SIFMC); Saskatoon Tribal Council (STC); Annette Horvath, Canadian Diabetes Association (CDA).

Pathways to Well-Being (PWB) is one of 7 population health primary prevention demonstration projects funded by Saskatchewan Health. This project is a partnership between SDH, CHEP, SIMFC, CDA and STC. Pathways to Well-Being has 2 goals: to enable Aboriginal families in Saskatoon to make healthy food choices and to promote understanding within the Aboriginal community that Type 2 Diabetes may be preventable. In order to accomplish these goals, an Aboriginal project worker has been hired, to work with the Aboriginal community to promote our initiatives. Activities undertaken by our project include enhancing access for aboriginal families to the Good Food Box program of CHEP to provide basic foods culturally acceptable to Aboriginal people; initiating Good Food Box cooking sessions; cooking classes with Aboriginal youth; and presentations on the prevention of Type 2 Diabetes. An empowerment process (or a community development approach) is fundamental to the achievement of the goals of our project. Our project is designed to work with individuals and families in community participatory activities around good food. This is a 15 month project, funded to March 31, 2002. Specific details on some of our project outcomes will be presented, as well as a plan for program sustainability.

The challenge of increasing community awareness about the broad determinants of health in a First Nation community-culturally appropriate community resource directory using a determinants of health model.

Elaine Rankin, Waycobah First Nation, Cape Breton Island, NS

In early 2000, the Central Inverness Community Health Board (CHB) began a Healthy Community-funded project for the area of Inverness Cape Breton Island, Nova Scotia. In the fall of 2000, the Interagency Committee of Waycobah First Nation collaborated with nearby Inverness CHB to develop a culturally appropriate community resource directory. The purpose of this presentation is to present a community-based model for increasing awareness about the broad determinants of health and health services beyond the traditional “medical model.” The presentation will illustrate both directories; detail the participatory evaluation processes, tools and results. Future plans for the project involve using the

directory as a forum for strategic interagency action planning to shift broad health issues to a higher priority on the public and political agendas.

Effectiveness of Food Safety Interventions

Valerie Mann, Public Health Research, Education and Development (PHRED), Kingston, Frontenac and Lennox & Addington (KFLA) Health Unit, Kingston; Judy DeWolfe, PHRED, KFLA Health Unit, Kingston; Robert Hart, Brant County Health Unit, Brantford; Hussein Hollands, PHRED, KFLA Health Unit, Kingston; Rene Lafrance, Eastern Health Unit, Cornwall; Marilyn Lee, Ryerson Polytechnic University, Toronto; Jane Ying, Toronto Public Health Department, Toronto

A systematic review of the literature was conducted to summarize evidence on the effectiveness of food safety interventions that are relevant to public health. The data sources searched included 20 electronic databases, key informants and bibliographic references, as well as hand searching of key journals. Two reviewers independent assessed the retrieved articles for relevance and methodological quality using predetermined criteria. Of the 58 relevant articles five were rated as moderate and were included in this review. The data from the moderate articles was extracted and synthesized independently by two reviewers. The interventions found to be effective included food handler training/certification and inspection interventions. Evidence was found that some public health food safety interventions have been shown to be effective.

Mothers and Daughters in Touch: Parents as a Buffer Against the Challenges of Adolescence

Liz Loewen, Barb Wasilewski, Jo-Anne St. Vincent, and Diane Labossière, Clinique Youville Clinic Inc.

Mothers and Daughters in Touch is an innovative community-based program that promotes healthy and effective communication between mothers and daughters. Through expanding mothers' capacities as mentors and resource persons to their daughters, the program seeks to strengthen a girl's self-esteem, promote a healthy body image, provide life skills for handling peer pressure and for promoting problem solving and healthy decision-making. To achieve these aims, the program includes communication exercises, identification of family strengths and communication patterns and group discussions about what to expect through puberty focussing on the girls and mothers as experts who can share their perspectives. Nurse facilitators modify the content of each course slightly to allow each group to identify priority issues however, the primary format remains consistent each time. It is offered for two age levels: 9-11 year olds and 12-14 year olds with educational content changing to address the developmental stage and priorities of the two groups. The presenters will discuss the program content and how it can be modified to meet the needs of specific communities. Early results from an ongoing quantitative study examining the effect of the program on parent-child communication and adolescent self-esteem will also be discussed.

The development of community postpartum carepaths in British Columbia: A collaborative process

Joan Reiter, BSN, IBCLC, British Columbia Reproductive Care Program

Over the last few years, the provision of early postpartum care has shifted from hospital to community. In many regions throughout British Columbia, public health nurses now provide early and ongoing postpartum care in the home. As this shift evolved, the need for standardized community postpartum care documentation tools became apparent. In August of 1999, the BC Reproductive Care Program (BCRCP) initiated a provincial partnership process in order to develop postpartum carepaths. The partnership included representation from: each health region in BC, the BC Public Health Information System, First Nations nursing, the BCRCP and the BC Perinatal Database Registry. In January 2001, the Community Health Perinatal Documentation Working Group (comprised of the above partners) introduced provincial community maternal and newborn carepaths as well as standardized documentation tools for postpartum care in the home. Guidelines for use, a video and a provincial workshop were developed to assist in education regarding the new tools. This poster will describe the collaborative process and a description of regional implementation to date will be presented.

Poster Presentation Abstract

Population Health Promotion Practice in the Primary Prevention of Type 2 Diabetes

April Barry, Elaine Clark, Karen Cooper, Marta England, Mary Martin-Smith, Saskatchewan Health

This poster is focused on an initiative to make healthy choices the easy choices by using a population health promotion approach and using type 2 diabetes as the entry point. Saskatchewan Health has funded seven demonstration sites within the province to work at removing barriers to healthy choices or providing healthy alternatives. The focus of the initiative is primary prevention and health promotion in populations as a whole – promoting health and reducing risk factors through personal and community-

wide efforts. This poster describes the population health promotion model, the principles of population health promotion, and gives a brief description of the key components of seven funded demonstration sites. A handout will further describe the activities within each site addressing the root causes of type 2 diabetes.

Contact:

April G. Barry

Population Health Branch

Saskatchewan Health

3475 Albert Street

Regina, Saskatchewan, S4S 6X6

Tel: (306) 787-4086

Fax: (306) 787-3823

Email: abarry@health.gov.sk.ca

Working Together in Partnerships: What do Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) Projects Say is Important?

Karen Cooper, Lisa Lix, Saskatchewan Health

CAPC and CPNP projects are typically guided by a partnership of community groups. They are funded by Health Canada to deliver services to pregnant women and young children living in conditions that put them at risk. This presentation will report the findings from a survey of 66 CAPC and CPNP partnerships in Alberta and Saskatchewan. The survey collected information on partnership decision-making, conflict resolution, communication, development, program implementation, and sustainability. As well, 11 project staff and partners were interviewed for in-depth information on each of these stages/phases. A theoretical model that was developed through consultation with an advisory committee of CAPC/CPNP partnerships, Health Canada and researchers was used to validate the survey and interview results. Analysis of the survey data focussed on predictors of partnership implementation and sustainability. The findings can be used by public health policy-makers and professionals to more effectively promote and encourage collaborative opportunities within communities. While there is no single path to successful collaboration, the purpose of this presentation is to learn from those who have already walked these paths.

Women's Health Workshops as a Strategy for Capacity Building: Are They Effective?

Judith Blakeley, Violeta Ribeiro, Memorial University of NF School of Nursing, St. John's, NF

Osteoporosis is a serious health problem which has reached epidemic proportions among Canadian women. This disease, and its concomitant fractures, places a heavy burden on society in terms of human suffering, loss of productivity, death, and health care costs. In keeping with these concerns, a Canadian community health agency has developed a series of workshops which are designed, in part, to educate women about this disease and to encourage them to take appropriate steps to prevent it or to make informed decisions about its treatment. The present study was designed to evaluate this section of one of these workshops in terms of the women's capacity to prevent/cope with this disease.

A semi-experimental design was used to measure any changes in participants' knowledge about osteoporosis and their prevention and treatment practices regarding this disease. A control group was used for comparison. The findings indicate that the workshop was effective in increasing the level of knowledge, an increase that was still evident six months following the session. However, it had limited

impact on their actual preventive and treatment practices. These results will be discussed in terms of health promotion workshops as a capacity building strategy.

Learning about the lives of low-income mothers in Saskatoon

Kathryn Green, Shardelle Brown, Department of Community Health & Epidemiology, University of Saskatchewan

Numerous programs seek to help low-income individuals develop such life skills as cooking and parenting. We wanted to provide an opportunity for women who had participated in such programs to move beyond personal skill development, to reflecting and acting on the factors that influence their health, through participatory action research. Beginning in the spring of 2000 and continuing through the spring of 2001, we met regularly with a core group of 11 women, all mothers of preschool-aged children living in poverty. The group facilitators helped the women explore aspects of the community that either support or work against their well-being, through discussions, reflections on photos that the women took using single-use cameras, and the creation of two large murals depicting their communities. The women analyzed issues of concern to them, to develop their skills in planning action. One action they decided to take was to present their murals to a group of community health workers. In 2001, the women focused on poverty as a key determinant of their health. They shared their stories of living in poverty and we provided information about the prevalence and causes of poverty. The year-long project culminated in the women producing a book containing photos of their murals and their stories, aimed at dispelling some commonly held misconceptions about low-income people, particularly mothers. This project, funded by the Prairie Women's Health Centre of Excellence, enabled the participants to develop not only social action skills, but also new understandings, self-confidence, and relationships.

Training for Effective Intersectoral Health Promotion Practice

Meredith Moore, Joan Feather, Michaela Berkowitz, Georgia Bell Woodard, Lori Ebbesen, Saskatchewan Heart Health Program, Prairie Region Health Promotion Research Centre, University of Saskatchewan, Saskatoon

Two Health Promotion Summer Schools (1999 and 2000) built health promotion capacity by strengthening existing practitioners' skills, knowledge, and commitment. Effective adult education practices were used in the innovative curricula and process design. Both Summer Schools placed specific emphasis on socio-environmental approaches, a cornerstone of Saskatchewan population health promotion practice. Evaluation of the 1999 event provided valuable lessons which were applied in the Summer School 2000 with participants from multiple sectors in human services. The aim of the latter event was to develop personal and professional capacity, in an intersectoral learning environment, to enable participants to learn and practice skills to more effectively work with communities. Evaluation again revealed the effectiveness of the carefully designed learning methods.

Healthy Baby Program-Successes and Challenges in Six Winnipeg Communities

Cathy Byard, Lynette Froese, Winnipeg Regional Health Authority (WRHA), Winnipeg

The WRHA began the Healthy Baby Program in January 1999; an initiative funded by the Manitoba government. It was designed to improve the nutritional and health knowledge of low income parents. The program goal is to initiate healthier lifestyles in the following areas: pregnancy, labour and delivery, infant feeding, participant's coping skills, and parenting young children. Parents, mostly mothers, attend weekly sessions where childcare, public transportation and snacks are provided. The sessions are co-facilitated by nutritionists, public health nurses, and outreach workers. Topics vary from "tips for successful breast feeding" to "food safety in your kitchen". Parents participate in planning the educational topic at sessions. A large part of the weekly two-hour session is devoted to hands-on cooking with the mothers...many of whom have limited experience with food preparation and enjoy learning new skills. The program networks with other community resources both through involvement in program sessions and by referral to other agencies. Group size is from 5-15 parents of mixed ethnic backgrounds. Participants have attended sessions mainly through the success of home visiting by outreach workers and public health nurses. A description of the referral system and the evaluation process will be presented.

Bilan de l'expérience d'implantation d'un programme de santé dentaire publique en terres Cries

Jacques Véronneau, Module de santé publique du Conseil cri de la santé.

En février 2000, la direction de santé publique du territoire cri de la Baie James (Québec) obtenait l'ajout d'un dentiste conseil, à demi temps, au sein de son équipe : il s'agissait d'une première dans sa courte histoire. Dès son arrivée, le Dr Véronneau s'est attardé à évaluer la situation en place en respect et concertation avec les autorités autochtones. Suite à cette analyse des besoins, un projet pilote fut mis en place afin de vérifier la faisabilité de certaines mesures de prévention dentaire tout en privilégiant la collecte de données épidémiologiques d'indicateurs de santé dentaire. Il fut expérimenté des activités de prévention de la carie de la petite enfance auprès d'enfants cris, et de leurs parents, âgés entre 12 et 24 mois. Les résultats de ce projet pilote ont mené à des recommandations sur la programmation souhaitable. Une vaste consultation s'en est suivie auprès des leaders politiques, des responsables des services de santé, des acteurs du système de soins et des organisations communautaires en place. Des considérants culturels et anthropologiques ont notamment été abordés. Une majoration des ressources s'en est suivie afin de déployer le premier programme de santé dentaire publique. Une évaluation de processus (implantation) et d'impact (santé dentaire) est en cours. Un atelier vient susciter la discussion autour de cette expérience novatrice et touchant les conditions de santé des autochtones.

Monitoring the Impact of Family Health Benefits for Low-Income Families

Trish Livingstone, Lisa Lix, Mary McNutt, Evan Morris, William Osei, David Rosenbluth, Doug Scott, Felecia Watson; Saskatchewan Health, Saskatchewan Social Services, Ecotech Research Ltd.; Regina, SK

Since July 1998, Saskatchewan has provided supplementary health benefits to lower-income families through the Family Health Benefits (FHB) Program. As part of an overall restructuring of income assistance, the program assists with the health costs of raising children and is intended to remove barriers to work. It provides benefits for prescription drugs, medical supplies, dental, optometric, ambulance, and chiropractic services. Saskatchewan Health and Saskatchewan Social Services collaborated to conduct an investigation of the characteristics of FHB recipients and their use of health services. Data were

obtained from administrative databases maintained by both Departments, from 1997 to 2000. Analyses revealed two main FHB groups: individuals who formerly received coverage under another benefits program, and individuals who were new recipients. Within the latter, rural and urban recipients had distinctive demographic and utilization characteristics. FHB recipients were compared to recipients of other benefits programs. Prescription drug, chiropractic, and optometric service use increased under FHB. Use of fully insured services (i.e., physician and hospital) was confounded by provincial changes in the structure/delivery of these services. The presentation will examine the policy implications for development and implementation of support programs for lower-income families, and provide recommendations for future studies of this nature.

Fall-Related Injuries among Seniors in Saskatchewan: Partnering for Prevention

Patty Beck, Trish Livingstone, Lisa Lix, Mary McNutt, Sandra Meeres, Sharon Miller, William Osei, Felecia Watson, Laurie Weiman; Saskatchewan Health; Regina, SK

Falls are the leading cause of injuries among seniors in Canada, often resulting in long-term disability, loss of independence and even death. In response to this issue, Saskatchewan Health embarked on a comprehensive study of falls among Saskatchewan seniors (65 years of age and over). To aid with interpretation and increase utilization of the research findings, partnerships with stakeholders were forged during the initial stages of the research. Data sources for the study were the hospitalization and death registration databases from 1992 and 1998. Information on the number of fall-related injuries and deaths, circumstances of falls, health region rates, gender and age group differences, and time trends can be used to develop and tailor fall prevention programs. Interest from government, academia, private, and community-based organizations (e.g., Red Cross, housing agencies) resulted in the formation of the Saskatchewan Coalition for Fall Prevention among Seniors. The coalition is in the process of developing an action plan to achieve objectives of supporting collaborative development of prevention strategies, providing opportunities to network and examine evidence, and enhancing awareness of the issue

Integrating services for families with affective disorders: Implementing and evaluating a preventive intervention program

Tania Safnuk, Lisa Clatney, Douglas Jurgens & Lynne Mouro, Prince Albert Health District, Saskatchewan

Children of depressed parents are at significant risk for depression and other problems of adjustment (e.g., Downey & Coyne, 1990). The first objective of this longitudinal study, funded by a Health Transition Fund Grant, was to adapt and implement two short-term, psycho-educational intervention strategies (Beardslee et al., 1993) with a sample of “underserved” depressed individuals and their families in the Prince Albert Health District in Saskatchewan. The second objective was to assess whether a psycho-educational, family based treatment would be widely accepted and adopted by mental health practitioners in this health district. Results indicate that both interventions (i.e., lecture and clinician-facilitated) are satisfying and helpful to depressed clients and their families. Although mental health professionals indicate that family involvement and collaboration with other professionals are important activities in the assessment and treatment of affective disorders, a lack of time due to increasing workloads appears to be the main barrier to implementing this practice. Based on these findings, policy implications for improving services for depressed clients and their families will be discussed.

Oral Health of Saskatchewan Children – Results of a Five-Year Dental Screening Survey

Clara Ellert, Interdistrict Dental Health Educators Working Group of Saskatchewan, Future Directions and Special Projects Committees

Over the past quarter of a century, Saskatchewan has had a reputation for monitoring the oral health of Saskatchewan children. Monitoring and the delivery of oral health services has been accomplished through a variety of oral health programs, some with world-wide recognition. As we move toward the 21st Century, how much has the oral health of Saskatchewan children improved?

In the early seventies a 6-year old had an average of 6.55 decayed, missing and filled teeth and only 12% were cavity free. By 1993 a 6-year old had an average of 2.69 decayed, missing and filled teeth and 50% were cavity free.

In 1993-94 and 1998-99 dental screening surveys were carried out in all health districts to continue to monitor the oral health of Saskatchewan children. The dental screening surveys also provided data for comparison to the World Health Organization's Oral Health Goals for the Year 2000 for children age 5, 6 and 12.

The dental screening results indicate that there is an improvement in children's oral health in some areas and a decline in others. It is important to note that there are pockets of children throughout all health districts with alarmingly high levels of dental disease. Their poor oral health is impacting on their overall health (i.e.: ability to chew nutritious food, sleep, concentrate, talk clearly).

Health districts and professionals need to be aware of the lessons learned from these surveys and the future trend of children's oral health. It has significant implications for the normal growth and development of a child into a healthy, happy and self-sufficient adult.

SPHERU: An Interdisciplinary, Policy-Relevant and Community-Applied Approach to Population Health Research

The Saskatchewan Population Health and Evaluation Research Unit is a newly established non-profit research institute (1999), with Board representation from its two collaborating universities (University of Saskatchewan, University of Regina), and its three other founding partners (Saskatchewan Health, Saskatchewan Association of Health Organizations and the Health Services Utilization and Research Commission). It currently employs 7 researchers (all from different disciplines), 2 administrators and a number of research assistants. All SPHERU research is conducted collaboratively by its multi-disciplinary research faculty, and includes as partners community groups, policy workers and researchers from other universities. During 2001, four full programs of research will be launched in the following areas:

1. Economic and Environmental Globalization, Governance and Health
2. Community/Environment as a Health Determinant
3. Multiple Roles, Gender and Health
4. Determinants of Healthy Childhood Development

An additional program of research on First Nations/Aboriginal health will be developed over the coming year, in full collaboration with First Nations/Aboriginal communities and organizations. This session describes SPHERU's research model, its approach to interdisciplinary collaboration and its efforts to engage with policy makers and civil society groups.

Collaborative Action to Promote Healthy Eating and Physical Activity: Lessons Learned from Nova Scotia

Karen Pyra, Cancer Care Nova Scotia; Cathy Chenhall, Nova Scotia
Department of Health

In March 2000, Cancer Care Nova Scotia and the Nova Scotia Department of Health held a one-day workshop to explore opportunities for collaborative action around issues of obesity, physical activity, and nutrition. At the workshop, participants from many different sectors agreed that a mechanism was needed to foster collaborative action to address these issues. After the workshop, participants embarked upon a process of intersectoral collaboration, which reached a milestone during a workshop in November 2000 when participants strongly endorsed the birth of a new multi-organization group called the Nova Scotia Alliance for Healthy Eating and Physical Activity. Member organizations of the Alliance to date include health charities, professional associations, community health boards, district health authorities, youth groups, teachers' associations and government organizations. This presentation will review the evolutionary process that led to the development of the Alliance; its accomplishments to date, and lessons learned about collaboration from the journey.

Abstract title: Navigating a Traffic Safety Partnership
Name of author: Catherine Harley
Position/Title: Injury Prevention and Control Project Coordinator
Healthy Communities, Calgary Regional Health Authority

Improving Traffic Safety is a complex task. It requires a variety of strategies implemented by numerous stakeholders with the view that changing public perceptions and ultimately effecting behavior change is a long-term process. Since 1998, the Calgary Regional Health Authority (CRHA) has taken a leadership role in Traffic Safety Health Promotion specifically in the area of

public education, awareness and evaluation. This role has included leading a three-year social marketing campaign in the Calgary region and commitment to coordination of comprehensive local partnerships to align engineering, enforcement and education strategies. Major project partners include Mission Possible, The City of Calgary and The Calgary Police Service under the umbrella of Mission Possible Traffic Safety Action in Alberta.

Key principles and learnings from the traffic safety intersectoral collaboration in Calgary will be shared. For instance, what brought the partners together, what grounded the partnership functioning in its successes and challenges, and how the partnership has been sustained. The progress in evaluating the value of partnerships and quantifying its contribution to the project's achievements will also be explored.

Abstract

**Learnings from an Evaluation of First Nations Health Liaison Workers
Tanya Dunn-Pierce, Dunn-Pierce Consulting and Charlotte Hamilton,
Battlefords Tribal Council Indian Health Services, North Battleford,
Saskatchewan**

Two First Nations Health Liaison workers were hired as part of the multi-disciplinary team of the Battlefords Family Health Centre (BFHC), a primary health services demonstration site. The Primary Health Services Initiative was launched in September 1997 by Saskatchewan Health to highlight the benefits of a more integrated delivery model.

This presentation will describe the main findings of an evaluation of the First Nations Health Liaison Worker Project and discuss their implications for policy particularly relevant to building capacity with vulnerable communities and individuals. The goal of the project was to assist BFHC clients in accessing appropriate health services by assisting families in identifying their health needs and priorities, and in developing skill to meet these health needs. The project also looked at perceived gaps in accessing services as well as advocating for changes in and/or development of services to meet needs.

The Health Liaison Workers focused their work in three general areas: direct client work, advocacy, and building partnerships. The evaluation findings centre around indicators for each of these areas; a logic model created the framework for analysis. The evaluation also explored learnings related to administrative structures and processes.

ABORIGINAL SEXUAL OFFENDING IN CANADA: A NATIONAL STRATEGY FOR RESEARCH AND PROGRAM DEVELOPMENT,

Dr. John Hylton, Executive Director, Canadian Mental Health Assoc.

During the past year, the author undertook a comprehensive review of issues related to Aboriginal sexual offending on behalf of the Aboriginal Healing Foundation. This paper will provide an overview of the key findings, including: 1) what is known about the incidence and trends of Aboriginal sexual offending in Canada, 2) what is known about the causes of Aboriginal sexual offending, 3) the available treatment programs for Aboriginal offenders and their effectiveness, and 4) community development and prevention strategies. The paper points out that there are major gaps in services and information. A research and program development strategy to address these needs is proposed.

Food security issues of caregivers of nutritionally vulnerable preschool children in Regina

S. Berenbaum, E. Misskey, M. Leurer, College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, SK. and Public Health Services, Regina Health District, Regina, SK.

Little is known about the specific food security issues of Saskatchewan's childhood population. This study explored the food security issues of the preschool population in Regina. The main research objective was to identify food security issues of households with nutritionally vulnerable preschoolers. Three phases guided the study. Phase 3, presented here, was a qualitative inquiry using interview methodology. Fifty caregivers of nutritionally vulnerable preschool children participated in a one hour taped interview. Transcripts were transcribed verbatim; data was analyzed using QSR-NUDIST. Major themes focused on diet, income and food management, and food acquisition. Caregivers struggle with accessing, preparing and serving adequate and acceptable foods. Numerous coping strategies are used to bring enough and high quality food into the home. These strategies include comparison shopping, using generic brands, budgeting, pawning items, using coupons, seeking help from family, and using charitable food assistance and vouchers. Caregivers identified numerous barriers to acquiring and managing food. Results provide insight and direction for planners, caregivers, organizations and others addressing food security issues.

Working in Partnership: Are We Maximizing Our Results?

Charlene Beynon, Middlesex-London Health Unit, London Ontario

Working in partnerships and collaborating with others across multiple sectors is both a reality and a necessity for today's practitioners and their organizations. And indeed, securing additional funding is often dependent on demonstrating

collaboration with multiple partners. Nonetheless, working in partnerships offers both unique opportunities and challenges. Based on a review of the literature and the experiences of practitioners from two participatory action research projects, this paper will capture what it takes to build and sustain authentic partnerships. The session will focus on the benefits and challenges of working in partnerships with a particular emphasis on how such challenges can be anticipated and when encountered successfully addressed. A repertoire of approaches that can be customized to a variety of settings will be described. The paper will also address the controversial question of whether at times intersectoral collaboration is a road not to be traveled or at least approached with caution. Insights and lessons learned will be highlighted.

National Trauma Registry

Nicole de Guia, Julian Martalog, Canadian Institute for Health Information (CIHI), Toronto

Using data from the National Trauma Registry (NTR), this poster will present descriptive statistics on injury hospitalizations in Canada. In 1998/99, there were 195,116 hospitalizations due to injury (7% of all hospitalizations), accounting for over 1.7 million hospital days. The NTR goals are to provide data that permit the examination of national injury epidemiology, facilitate provincial and international injury comparisons, increase awareness of injury as a public health problem, assist injury prevention programs and facilitate injury research. The NTR consists of three core data sets: the Minimal Data Set, created using the Hospital Morbidity Database at CIHI, which includes all acute care hospital injury admissions since 1994/95; the Comprehensive Data Set, which contains detailed injury data on hospitalizations due to major injury since 1996/97 and is based on submissions from 26 facilities in five provinces; and the Death Data Set, currently under development, which will include data on demographics, cause of death and contributing factors for all deaths due to injury in each province/territory. The collection and dissemination of information on injury hospitalizations and deaths is important for national injury surveillance. By informing health care professionals and policymakers, this information can be used toward the creation of healthy public policy.

Using research to improve aboriginal health services: the experience of the Cree Board of Health and Social Services of James Bay

Jill Torrie, Bella Moses Petawabano, Cree Board of Health and Social Services of James Bay

This presentation discusses the processes and structures developed in Eeyou Istchee, the Cree region of northern Quebec to integrate research and evaluation into health service planning and delivery. Unlike some other northern areas, the problem was not how to introduce research into the

region. Here there is not only a long history of academic research from the 1960s to the present, but the Cree Board of Health and Social Services of James Bay also manages the Quebec public health research grants program for the region.

The presentation will discuss how the region has addressed issues such as: how to develop participatory processes in research to improve the quality of research findings and to increase Cree control of research processes; how to manage projects in order to ensure that research projects are integrated within the operation of the Cree Board of Health; how to develop processes and protocols for research projects of various types; how to formally define relationships between the Cree Health Board and communities carrying out health-related research projects; how to formally define long-term relationships with university-based researchers; and how to manage ethical review in a region with a relatively small population.

Addressing Sexual and Reproductive Health Issues in Aboriginal Communities

Dianne Kinnon, Aboriginal Nurses Association of Canada, and Pilot Site Coordinator (to be determined)

Many Inuit, Métis and First Nations communities and organizations throughout Canada have been active during the last 10 years in addressing a array of issues related to sexual and reproductive health, such as healthy pregnancies, parenting, teen pregnancy, cervical cancer, HIV/AIDS, sexual abuse and healing from the residential school experience. Some useful resources have been created, but often these are not widely known. In too many instances, Aboriginal communities have to rely on educational materials that are not culturally appropriate. Mainstream organizations serving Aboriginal clients wish they had more Aboriginal materials to choose from. The Aboriginal Nurses Association of Canada, in partnership with the Planned Parenthood Federation of Canada, has created a draft Sourcebook on Sexual and Reproductive Health for Aboriginal Communities. A number of communities across Canada are pilot testing the Sourcebook. This workshop will present selected parts of the Sourcebook to increase knowledge of traditional approaches and available tools on a variety of issues. A pilot site coordinator will speak about their experience in addressing sexual and reproductive health issues.

New opportunities for Health Promotion graduate studies and professional development:

Collaboration among four universities *Eugene Krupa, *Gerry Glassford, ****Judith Kulig, *Kaysi Kushner, *Helen Madill, *Ron Plotnikoff, ***Blake Poland, **Billie Thurston, *Douglas Wilson (**Centre for Health Promotion Studies, University of Alberta; **University of Calgary; ***University of Toronto; ****University of Lethbridge*)

There is a continuing need to support the development of health promotion leaders working in communities, health regions, and research and policy institutions. In response, the Universities of Alberta, Toronto, Calgary and Lethbridge have developed graduate programs and/or courses in health promotion. The internet and distributed learning technologies have enabled us to link university resources, embark on new collaborative ventures, and enhance access to advanced learning in health promotion nation-wide. The four universities are currently working together on development and delivery of several courses: Program Planning and Evaluation, Health Promotion with Women, Community Development Approaches, Health Promotion Settings and Strategies. We have learned much about inter-institutional and inter-organizational collaboration over the last three years so such ventures can come together with greater ease and efficiency and effectiveness in the future. We will present the new opportunities in advanced learning in health promotion that have emerged, and discuss the fresh challenges that collaboration presents. Critical feedback will be welcome.

The Cochrane Health Promotion and Public Health Field – promoting up-to-date evidence on health promotion and public health interventions

Wilfreda E. Thurston, University of Calgary, Alberta, Canada, Elizabeth Waters, University of Melbourne, Australia, Jody Doyle, Victorian Health Promotion Foundation, Australia

The Cochrane Collaboration is an international organization, formed to ensure evidence of effectiveness in health care is available and distributed to practitioners, policy makers, administrators, academics and consumers alike. The coordination and administration of the Health Promotion and Public Health Field of the Collaboration has recently moved from Canada, to Melbourne, Australia. The aim of the Field is to promote the conduct, dissemination, and utilisation of systematic reviews of all health promotion and public health interventions. The Health Promotion and Public Health Field does not have a primary responsibility for producing systematic reviews, but aims to ensure that Cochrane Review Groups carry out reviews in all areas of health promotion and public health where the need for reviews has been identified. To ensure that health promotion and public health practitioners and policy makers, as well as the general public, have access to up-to-date evidence on health promotion and public health interventions, the field will assist with the dissemination of the findings of Cochrane reviews. This forum aims to introduce participants to the Field and to encourage participation in initiatives and projects.

Aboriginal women share their stories in an outreach diabetes education program

Mary Pat Dressler, Kathryn Green, Joan Feather, Carol Armstrong-Monahan, Laura Wasacase, & Leonard Tan

Canadian Aboriginal people suffer disproportionately from Type 2 diabetes and its complications compared with other Canadians with the highest rates being in Ontario, Manitoba and Saskatchewan. As a result, an outreach diabetes education program called “Diabetes Morning” was launched at West Side Community Clinic in Saskatoon, SK in Fall 1998. This food resource program was designed to meet needs of Aboriginal people that were not previously met through existing diabetes education programs. This informal hands-on approach to learning about meal planning and other forms of diabetes management continues to attract a core group of about 30 women. This project, funded in part by CUISR (Community-University Institute for Social Research), is designed to determine the impact that Diabetes Morning has had on the health and well-being of the participants through observation, group and individual interviews and program record abstracts. Based on their stories, possible outcome indicators will be suggested. The poster presentation will include preliminary results of this work-in-progress.

The Voluntary Health Sector in the Health System: Understanding the Contributions

Judy M. Birdsell, Alberta Heritage Foundation for Medical Research.

Program Insert: A conceptual approach to understanding the contribution of the voluntary health sector in service delivery across the spectrum of health services from health promotion and wellness through to palliative care will be presented.

Abstract:

For the past 10 years, Canada has been undergoing fundamental reform in the health care sector. Often, this involves structural change where publicly funded health related services are amalgamated into a regional governance structure. Services and activities of the voluntary health sector (VHS) have not been formally part of this reform, but are inevitably involved as the public system strives to achieve more effective and integrated delivery of services. It is important to understand the role and contribution of the VHS as health reform has been characterised by reversed levels of funding and the VHS has often been implicated as “part of the solution”.

This paper outlines a conceptual approach to understanding the contribution of the VHS in service delivery across the spectrum of health services from health promotion and wellness through to palliative care. This conceptual approach has been informed by published literature as well as examination of annual reports of twenty national organizations in the VHS in Canada. The paper sets out research directions which will assist in further efforts to describe and better understand the contribution of the VHS, and will thus inform future intersectoral collaboration initiatives.

The Shaping of a New Partnership Model: Involving the Voluntary Health Sector in Canadian Health Policy

Tammy Bell Health Canada
Timna Gorber Health Canada

Program Insert: This presentation will present Health Canada’s efforts to date in collaborating with voluntary organizations through the examination of a “partnership” case study. Impacts on health public policy will be examined.

Abstract:

Trends in Canadian policy development have shifted towards greater inclusion of non-governmental stakeholders and citizen-centred decision-making. Canada’s approach to fiscal restraint over the past decade, coupled with the aging population and decentralization of federal health responsibilities to the provincial and regional governments have led to increasing pressure on the health system and demands for health reform. Canadian’s increased reliance on voluntary organizations working in the health domain has forced the federal government to reexamine its relationship with the sector, specifically in the area of decision-making.

The purpose of this oral presentation is to present Health Canada’s efforts to date in collaborating with voluntary organizations through the examination of a “partnership” case study. The case study examines the joint development of a common understanding

of common priorities between Health Canada and the sector. The effectiveness of this new “partnership model” which focusses on open, transparent and collaborative decision-making, providing policy makers and stakeholders with a clear context within which decisions are to be made by ensuring buy-in from the outset of the policy development process will be explored. Impacts (challenges and successes) of using such a partnership model and their effects on creating Healthy Public Policy will also be presented.

Organizational Capacity for heart health promotion within Alberta’s Regional Health Authorities: Leadership and Support for health promotion

L Barrett, K Raine, R Plotnikoff, D Anderson, C Smith, R Dyck, Alberta Heart Health Project, Edmonton

The Alberta Heart Health Project is exploring the process of capacity building for health promotion within the context of health regions as learning organizations. Capacity has been conceptualized as 1) the political will, 2) infrastructure and 3) leadership necessary to implement heart health promotion initiatives and is based on the Singapore Declaration for heart health (1998). This study examines organizational leadership and support for health promotion. Some of the key indicators of leadership and support include; organizational quality of health promotion knowledge, organizational decision-making style and organizational climate, level of support for health promotion, champions for health promotion. The current level of leadership and support for health promotion in Alberta’s health regions is not well known. Therefore, baseline data were collected through surveys in an attempt to assess the current organization leadership and support for health promotion. Data from 144 key stakeholders (representing board members, senior and middle management, and service providers from all 17 regions) were used to describe the current level of leadership and support for health promotion in Alberta’s Regional Health Authorities. The results show that there is a need to increase both the leadership and support for health promotion.

Intersectoral Collaboration: Lessons to Date in an MDR-TB Case Contact Investigation

Cathy Buffett^{*}, Elizabeth Richardson^{*}, Ann Higgins^{*}, Ornella Tolomeo^{*}, Kate Feightner^{*}, Wendy Pigott^{*}, Gorette Torre-Clementino^{*}, Sandra Callery⁺,

^{*} City of Hamilton, Social & Public Health Services Dept, CDC Branch; ⁺ St. Joseph’s Healthcare

Over the last decade, Tuberculosis (TB) has re-emerged as a significant cause of global mortality and morbidity. In Canada, the incidence of TB is 7 cases per 100,000 population in 2000. The face of TB is changing. A small but growing proportion (1% or approximately 20 cases) of TB cases are multi-drug resistant (MDR). These are primarily reported in British Columbia, Ontario and Quebec. Increases in MDR are due in part to changing immigration patterns. MDR-TB is expensive to treat and, even with treatment, the mortality rate for MDR-TB

patients is 40-60% and 80% for those who are immunocompromised. **The need for intersectoral collaboration is essential to contain and control MDR-TB. Challenges with respect to collaboration will be explored in the context of a large MDR-TB investigation in Hamilton Ontario in 2000-2001. The 1500 potential contacts were divided equally into three distinct groups: social contacts who were primarily immigrants; hemodialysis/transplant patients; and hospital staff. The Hamilton public health department collaborated with multiple stakeholders at local, provincial and federal levels. We will describe how the differing mandates of the various stakeholders shaped the TB investigation.**

**The determinants of health for Canada's oldest old:
Implications for building capacity.**

Dorothy Forbes, RN, Ph.D., Shelly Peacock, BSc, College of Nursing, University of Saskatchewan

The Canadian landscape is changing as the fastest growing age category is Canadians over 80 years of age. The purpose of the research was to examine the determinants of health for the community-dwelling old-old so that efforts can be made to strengthen individual, family, and community resources. Subsamples from the 1994 (n=406) and 1998 (n=407) National Population Health Surveys were analyzed. Socioeconomic factors, psychological indicators, informal support, and use of health care services were examined. Hierarchical regression analyses of the 1994 data revealed that sense of coherence and mastery were more strongly correlated with health status than sociodemographic indicators. Use of home care services was more highly associated with poor health than overnight hospitalizations and consultations with health care professionals. Strategies that strengthen sense of coherence, mastery, and use of home care (i.e., enhancing access to user-friendly information, promoting supporting environments, targeting home care funding to the oldest-old) will be presented.

La santé des Inuit : influences du travail minier au Nunavik

Julie Duplantie, Université Laval, Québec.

L'ouverture de la mine Raglan en 1998 a lancé une nouvelle activité économique à l'intérieur du territoire nordique du Québec. Les conditions de santé passant, entre autres, par le travail, ce nouveau type d'emploi et d'économie pouvait laisser croire en une amélioration de celles-ci. Ainsi, ce projet voulait, par une étude de cas, déterminer les impacts de la mine Raglan sur la santé des travailleurs inuit. Une approche qualitative faisant appel à l'observation et aux entrevues de groupe a donc permis d'obtenir cette information à partir de la perspective des travailleurs inuit, de leur famille et de la communauté. Ainsi, il semble pertinent de présenter sous forme d'affiche les résultats de cette étude dans le cadre des *Perspectives autochtones sur la création des conditions de la santé* puisqu'elle touche à ces conditions de façon particulière. Cette présentation sera d'autant plus appropriée en regard du thème puisque les résultats présentés démontrent que les impacts du travail à la mine sur la santé des travailleurs inuit sont, en fait, à la fois favorables et délétères. Favorables puisque cette nouvelle activité économique permet à plusieurs travailleurs de subvenir à leur besoins, mais délétères puisqu'il est possible de formuler l'hypothèse que se soit pour prévenir des problèmes de santé mentale que les Inuit quitteraient leur emploi.

Public Health and Physicians: Can the current system adapt to the integration of public and private sector primary health services? An exploration.

Eileen Patterson, Sharon Yanicki, Chinook Health Region, Lethbridge

The Taber Integration Project is a primary care reform initiative focusing on improving population health through integration of physician and Regional Health Authority services. This presentation will focus on the Well Baby component of this project to highlight the opportunities and issues surrounding integration. Through a mixed scanning style of decision-making, the shared goals and diverse interests of a private medical clinic and public health services were assessed. Areas of shared practice were explored and duplications targeted for change. Opportunities for improvement were uncovered through service mapping. Client-centered practices, were implemented such as location change and integrated primary care appointments.

Taber project enablers will be described, including alternate payment plan for physicians, health information technology, and a participatory approach. Short-term, interim and long-term measures/outcomes of the project will be elicited from participants and compared to actual project measures. Tools for facilitating group process and management of the change process will also be shared.

This workshop will provide participants with the opportunity to grapple with the fundamental issues of inter-sectoral collaboration. Experiential learning strategies will be utilized. Decision-making models will be assessed by participants for appropriateness at various stages of planning and implementation.

Workshop Plan

Objectives

Participants will increase their knowledge through:

1. Increased awareness of service duplication within the health system
2. Development of understanding of integration opportunities
3. Awareness of literature related to primary care integration
4. Consideration of potential enablers of integration changes

Participants will be exposed to tools and processes to support skills related to:

1. Reaching shared goals
2. Assessment of stakeholder interests and protection of discipline based standards
3. Strategies to overcome obstacles
4. Multi-disciplinary group communications, processes and decision-making.

Agenda

10 min.	Overview of Taber Project, including key literature
5 min.	Introduction of Role Play exercise (See Participatory Process)
45 min.	Role Play exercise in small groups
15 min.	Debrief of Role Play exercise
10 min.	Compare with Taber Project decisions/outcomes
5 min.	Conclusion

Participatory Process

1. Arrange participants into groups of approximately 8 members.
2. Provide each member with a profile card describing the primary interests, tasks, goals, and fears of a particular stakeholder representative
3. Take groups through a process of identifying shared goals using framework provided.
4. Provide map of traditional service delivery model. Have group identify duplication of services.

5. Reach consensus of 1 integration change that builds on shared goals using decision-making framework provided, with defined short and long term success measures.
6. Identify major obstacles to success.
7. Build strategies to overcome obstacles; create project 'enablers'.

Resources

1. Role definition cards (Physician, PHN, Coordinator, Registration Staff, Regional Manager, Parent, Information Systems Director, etc)
2. Map of Traditional Model of Service Delivery
3. Integration Literature
4. Strategic Planning Template

Developing A Needs Assessment Tool for High School Communities

Carol Marz, Manager, Public Health Nursing, Regina Health District, Regina, Saskatchewan

The Balfour Teen Wellness Center is the result of a partnership between a Board of Education and Public Health. It aims to create a collaborative environment of students, teachers, parents and Public Health to improve the health of the school community. As a Centre of Excellence, the team is committed to producing ideas and tools which can be used elsewhere. This poster presentation describes the collaborative issues in development and administration of a research tool which was used to assess health knowledge, attitudes and behavior of an entire school population. The survey tool has since been modified to one which can be administered annually by a local High School and Public Health team. It uses standard testing technology available to schools, with sampling recommendations. A computer model is being explored.

Effective use of Resources: Do Child Health Clinics Duplicate the Services of Family Physicians?

Pam Larsen, Nursing Consultant, Regina Health District, Regina Saskatchewan

Several Public Health Organizations in Canada continue to provide Child Health Clinics, as a venue for immunization, developmental screening and individual health counseling. The recent research on Early Childhood Development supports the need for a range of services to support families. Concern has been expressed that this is a waste of health dollars, duplicating family physician services. Regina Health District undertook a survey of 404 parents to assess this perception, and obtain recommendations. Results indicate that parents want and value comprehensive developmental guidance and health information from Public Health Nurses. They prefer physicians for assessment and management of health problems or illness. Results of this survey indicate the need for community specific planning and increased parent choice of service options to reduce

duplication. Public Health Nursing protocols were developed to implement evidence based interventions which enhanced screening, health information and family self care. A post-survey is planned.

Using Research Evidence in Creating Public Health Policy

J. Underwood, S. Micucci, D. Ciliska, J. Vohra

Hamilton-Wentworth Social and Public Health Services, and McMaster University

The Public Health Research and Education Development Programs (PHRED) in Ontario work collaboratively on the Public Health Effectiveness Project. The objectives are to produce and disseminate high quality systematic reviews and summary statements of relevance to public health policy development and practice.

In the process, input is sought from practitioners and policy level people in public health throughout Ontario, related to prioritizing the systematic review topics, refinement of the review question, choosing keywords for electronic database searching, relevance and quality testing of articles retrieved, writing and review of written report and summary statements.

The products have been disseminated in a variety of ways, and have been used for making decisions about local program planning and review of the Mandatory Program Guidelines at the Ministry of Health level. In addition, several studies have been conducted to assess the preferred format of the summary statements, the attitudes of practitioners and policy-makers to systematic reviews and their ability to overcome barriers to research utilization; and the correlates of use of the systematic reviews.

A Women-Friendly Research Process: Results, Empowerment & Policy!

Allison M. Williams, Susan Wagner, Monic Buettner, University of Saskatchewan, SK

A review of women's health research in Canada suggests that funding for women's health overall is generally insufficient and that a disproportionately high amount of that funding is allocated to research on women's reproductive capacities. In addition, a large amount of the research being conducted is highly quantitative, illustrating little balance between quantitative and qualitative methodologies, the latter of which allow women's own perspectives to be heard. The objective of this presentation is to illustrate a 'women friendly' research process, which includes the development of strategies to transform research results into health policy. Using both quantitative and qualitative methods the research, which examines the impacts of restructuring on the work lives and health of home care practitioners in Saskatoon, illustrates

how the research process can be empowering for the participating respondents. This research was sponsored, in part, by the Prairie Women's Health Centre of Excellence.

An intergenerational creative movement program in a nursing home setting: a pilot project.

D. Drinkwater, J. Krohn, B. Kalyn, Kinesiology and Education, University of Saskatchewan, Saskatoon, SK

Engagement of shut-in and less physically able seniors in a regular programs of physical activity which maintain interest, and thereby encourage compliance, are a continual challenge. Our project involved children in grades 2 and 3 from Bishop Pocock School (Catholic School System) and their teachers together with residents from St. Ann's Nursing Home and Community Village in Saskatoon, St. Ann's recreation director and faculty and students from the Colleges of Kinesiology and Education. Groups of approximately 30 children together with 10 to 15 seniors, in two separate sessions, participated in a five-week pilot program, twice per week, 35-40 minutes per session of creative movement activities comprising primarily of flexibility, coordination and strength movements. All sessions were videotaped. Over the course of the program video analyses revealed increased physical engagement of the Seniors in the various activities, apparent improvements in interest and mood, increased socialization, and bonding with the children. Video analyses also revealed which activities were more effective than others in eliciting the desired outcomes. This project demonstrates the possibilities for successful collaboration between health care providers, the public school system, and the university community to contribute to enhanced quality of life for seniors.

A community *In Motion*: An active living schools initiative

M. Louise Humbert, K.E. Chad¹, L. Martin², D. Ratcliffe-Smith²¹ University of Saskatchewan, ²Saskatoon District Health

Due to the increasing level of physical inactivity patterns observed in Canadian children, intervention strategies to increase physical activity are

warranted. The purpose of this project was to determine whether a community-based active living strategy, *In Motion*, implemented in schools would positively affect the physical activity levels of children. A total of 400 children from 3 schools in Saskatoon and District participated in the *In Motion* physical activity intervention with the goal of achieving 30 minutes of physical activity per day. Physical activity levels were measured by the PAQ-C physical activity questionnaire prior to and following the intervention. Changes in physical activity level over time were assessed using a repeated measures ANOVA analysis. A significant increase ($p=0.01$) in physical activity was observed following the *In Motion* physical activity intervention. Findings also showed a significant increase in the number of days per week children were active right after school ($p=0.01$) and in the evenings ($p=0.01$). In addition, teachers and administrators observed positive social behaviour following the intervention. These results provide evidence that physical activity intervention strategies incorporated within schools lead to a more physically active child, which may positively affect the social climate of a school.

Mission Possible: Creating a New Direction for Public Health at the
Winnipeg Regional Health Authority

**Joyce Slater, M.Sc., RD, Donalda Wotton, R.N., B.N., M.N., Claire
Betker, R.N., B.N., M.N.**

Public Health in Winnipeg has undergone radical transformation recently, requiring a shift in philosophy, policy and program direction. In 1999, the two Public Health departments which had existed for 85 years in the City of Winnipeg merged under the Winnipeg Regional Health Authority (WRHA). Formal strategic planning began in 2000 and continues to challenge the program as it evolves. Extensive debate and discussion, including consultations with the public health staff, informed the decision to organize the program into six areas: Healthy Beginnings, Healthy School Age Children, Life Long Wellness, Communicable Disease Control, Injury Prevention and Healthy Environments. Program area working groups were struck whose task was to research

evidence of best practice, draft objectives for the program areas and make program recommendations. Their resulting work was analyzed for overlap and common themes, and summarized into a consultation document for distribution to all WRHA staff and community stakeholders. Feedback from consultation will inform future direction. This presentation will share the process, challenging and difficult at times, which has led to a commitment to planning as an integral, ongoing part of the WRHA Public Health program.