

Pathways to Well-Being – A Population Health Demonstration Project

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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.

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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⁺,

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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.