

PUBLIC HEALTH
AGENCY OF CANADA

highlights of our work

ALBERTA/NORTHWEST
TERRITORIES REGION

april 1, 2004 - march 31, 2005

annual report



Public Health
Agency of Canada

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inside

Program Updates | Program Results | Special Initiatives

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Message from the Chief Public Health Officer



Public health provides the essential foundation for the rest of the system addressing the health of our society as a whole.

This includes programs in health promotion, disease and injury prevention and health protection. It is about understanding the factors that underlie health, how to use that understanding to improve overall health in a society, and detecting and controlling disease outbreaks. This is the essential upstream part of the health system. By improving the health of Canadians, public health activities contribute to not only improving and sustaining health but also helping to ensure the health care system can be sustainable.

Public health works fundamentally as a local activity, improving the health of individuals and communities, controlling outbreaks and responding to disasters. It is then most successful when it works in and takes advantage of the bigger context of national and international resources and experience.

A successful, sustainable system doesn't depend on any one individual, but on our collective efforts.

We are therefore proud of the work being done in the Agency's Alberta/NWT Region, many aspects of which are outlined in this report. In September 2004, with the transition into the new Agency, the Region added staff and responsibilities. I am confident that this upcoming year, the first in the new Agency, the Region will continue to build on its well established tradition of improving the health of Canadians.

A handwritten signature in black ink that reads "David Butler-Jones". The signature is written in a cursive, flowing style.

Dr. David Butler-Jones, MD, MHSc, CCFP, FRCPC, FACPM
CHIEF PUBLIC HEALTH OFFICER

Message from the Regional Director

I am pleased to share with you our latest Annual Report, and our first as the newly created Public Health Agency of Canada, Alberta/NWT Region. This year has brought changes, but also opportunities to look to the future. It has truly been an exciting year for all of us in the Region, as we transitioned from the Population and Public Health Branch of Health Canada into the Public Health Agency of Canada.

September 24, 2004, was the date we officially became the Public Health Agency of Canada. Our Region continues to serve communities in Alberta and to contribute to work that is national and international in scope. In the area of community capacity building, our Region remained committed to disseminating and sharing knowledge with communities, academic institutions, key stakeholders and partners both locally and internationally. Our Region has also facilitated several opportunities to link community-based funded organizations with each other to network, share project results and to build skills in community capacity. Employees continued to work interdepartmentally on joint initiatives, as well as with many existing and new partners on population health promotion initiatives. For example, as a partner in the Reality Check 2005 Conference, our Region supported and facilitated the formation of the Alberta Social and Health Equities Network, whose purpose is to share experiences and to learn more about the social, economic and public policy factors that contribute to social inequity in Alberta. Our Region also took part in the renewal process for Healthy Children and Youth Programs. This process enabled regional staff, project staff, community and provincial government representatives to review and reflect on project performance. Through community participation and partnerships with other stakeholders, projects continued to contribute to the health and well being of children and families across Alberta. I am very pleased that all of our funded projects successfully completed the renewal process. Although we were very busy with all of the above, we were pleased to provide our input into the development of the vision and mission of the Public Health Agency of Canada.

This year, we closed our work as the Population and Public Health Branch, and opened another chapter of our work as the new Public Health Agency of Canada. We, as your partners, maintain our commitment to Albertans. We remain committed to promoting, providing support, and contributing to the health of Albertans. In sharing this report with you, our partners, we acknowledge and thank you for your hard work in achieving our mutual goals and objectives. I am proud to share with you our work for the Public Health Agency of Canada, Alberta/Northwest Territories Region. This has been an exciting year of change and new activities, and we look forward to continuing our work with Albertans.



A handwritten signature in black ink, consisting of stylized, overlapping loops and a long horizontal stroke extending to the right.

Don Onischak
REGIONAL DIRECTOR

Public Health Agency of Canada Looking Ahead

In September 2004, the Population and Public Health Branch (PPHB) of Health Canada transitioned into the Public Health Agency of Canada. With this transition, regional PPHB Offices became regional Public Health Agency of Canada (PHAC) Offices.

PHAC has six regional offices across Canada, working with all provinces, and with the Territories through the Northern Secretariat¹. These offices carry out PHAC's mandate through such activities as program delivery, research and knowledge development, policy analysis and development, community capacity building, and public and professional education.

With the creation of PHAC, community-based work being done in the former Branch continues, and new areas of work emerge in regions across Canada. In Alberta, PHAC work includes: emergency preparedness and response; quarantine services; the laboratory for foodborne zoonoses; the field surveillance officer program; and community-based funding programs.

Laboratory for Foodborne Zoonoses

Located in Guelph, Ontario, with satellite units in Lethbridge, Alberta, and St-Hyacinthe, Quebec the Laboratory provides policy

makers and other stakeholders with scientific information and advice to assist in minimizing the risks of human illnesses arising from the interface between humans, animals and the environment, with special emphasis on infections due to enteric pathogens (intestinal disease-causing agents).

Satellite units provide regional opportunities for collaborative projects with universities, government agencies (federal and provincial), and public health and industry partners in the delivery of the program objectives. The Laboratory for Foodborne Zoonoses (LFZ) work is divided into the following core programs: Integrated Enteric Pathogen Surveillance; Population and Agro-Environmental Risk Factor Determinants; Microbial and Host Determinants Research; Antimicrobial Resistance in Agri-Food and Aquaculture and the Impact on Human Health; Health Risk Modelling; and Policy Advice and Policy

Effectiveness in Decreasing the Risk of Zoonotic Enteric Infections.

LFZ is staffed with experts in microbiology, molecular biology, immunology, epidemiology, policy development, and risk assessment. Staff are well positioned to conduct and integrate research activities across the food chain continuum, in collaboration with federal and provincial government agencies, university scientists, public health and industry partners.

In 2004/2005, staff from the LFZ Lethbridge unit were involved and/or continue to be involved in the following scientific research activities: molecular typing and genomic analysis of zoonotic bacterial pathogens; studying risks to human health associated with waterborne bacterial pathogens of animal origin; and research on the pathogenesis and antibiotic resistance in *Campylobacter*. Collaborative research at LFZ Lethbridge is done in partnership with Environment Canada, Agriculture and Agri-food Canada, the Canadian Water Network, Alberta Health and Wellness, the BC Centre for Disease Control, the Canadian Institute of Health Research, the Healthy Environments and Consumer Safety Branch of Health Canada, the National Microbiology Laboratory of PHAC, the Food

¹ The Northern Secretariat was created in 1999 in response to requests from territorial governments for Health Canada to adopt a single window approach to health programs in the territories. Since that time the Secretariat has assumed responsibility for managing community-based health promotion and disease prevention programs in the territories, for the First Nations and Inuit Health Branch (FNIHB), the Population and Public Health Branch (PPHB), and the Healthy Environments and Consumer Safety Branch, of Health Canada, as well as the Non-Insured Health Benefits Program of FNIHB. A memorandum of understanding (MOU) was established for the 2005/06 fiscal year, between PHAC and the Northern Secretariat, to allow the latter to continue managing the Agency's community-based programs in the three territories, without interruption.

Directorate of Health Canada, the National Research Council, the University of Alberta, the University of Calgary, the University of British Columbia, the University of Guelph, the University of Toronto, the University of Montreal, and the University of Lethbridge.

Centre for Emergency Preparedness and Response

PHAC has enhanced its regional capacities for Emergency Preparedness and Response (EPR) through a dedicated regional coordinator position in each of the Agency regional offices. Although this position reports to the Regional Director, the EPR Coordinator is responsible for carrying out the mandate of the Centre for Emergency Preparedness (CEPR) in Ottawa. The Coordinator is also responsible for providing EPR services to Health Canada.

The EPR Coordinator's priority is to work with the federal/provincial/municipal partners to ensure that the Alberta/NWT Region has a coordinated and integrated Regional Emergency Preparedness and Response Plan that is supportive of and consistent with the departmental EPR framework and other relevant emergency plans.

The EPR Coordinator will manage information for the analysis of major health, socio-economic and environmental risks across the region by continually scanning the environment to keep current on industrial, sociological and scientific developments.

Quarantine Services

To help reduce the spread of serious communicable diseases and to ensure all travellers are aware of action they could take should they begin to experience symptoms of

illness, PHAC maintains Quarantine Services at Canada's major international airports.

Currently, there are Quarantine Officers at Halifax, Montreal, Ottawa, Toronto, Calgary, Edmonton, and Vancouver international airports to meet international flights and perform health assessments.

Approximately 94% of all international airline travellers coming into Canada arrive through these airports. Quarantine Services maintain hours of service that ensure health care professionals can respond to the arrival of all international flights at these airports. In addition to other Government of Canada officials such as Customs Officers, they are continually vigilant in their surveillance for travellers who are exhibiting respiratory problems or other symptoms of communicable disease.

Most airport Quarantine Officers are registered nurses with significant experience working in public health, emergency, or primary health care settings. They have responsibilities that include:

- assessing ill travellers arriving on international flights who are suspected of having, or having been in contact with, someone with a serious communicable disease
- assessing the medical and travel histories of travellers who have died in-flight and en route to Canada
- arranging for the diagnostic assessment of travellers by local health care providers when necessary under the authority of the Quarantine Act
- advising appropriate public health authorities when an

individual is assessed under the provisions of the Quarantine Act

- maintaining ongoing liaison with the airport authority, other government departments at the Port of Entry, and with local emergency medical and public health authorities

If there is a major international outbreak of a serious communicable disease, Quarantine Officers may also perform visual screening of travellers arriving on all international flights from an area affected by a particular outbreak and assess travellers that have been identified as possibly being ill through other screening measures.

In addition to performing regular responsibilities, Quarantine Services also performed the following activities in 2004/2005:

- involving Quarantine Officers in table-top and active exercises (e.g. chemical, biological, radiological, and nuclear exercise)
- developing a partnership with the Regional Coordinator of Alberta/NWT Regional Emergency Preparedness and Response Program

Field Surveillance Officer Program

In 1997, the final report of the Commission of Inquiry on the Blood System in Canada (Krever Commission²) was released and included recommendations around: the safety of the blood supply in Canada; the need to develop a national surveillance program of human immunodeficiency

² Further information on the Krever Commission can be found on the Health Canada Website http://www.hc-sc.gc.ca/ahc-asc/activit/com/krever_e.html

virus (HIV)/ acquired immunodeficiency syndrome (AIDS), sexually transmitted infections (STIs) and other blood-borne infections; and the enhancement and improvement of integration and coordination between federal, provincial and territorial governments. Part of Health Canada's response to these recommendations included the development of the Field Surveillance Officer (FSO) Program.

Through this Program, field surveillance officers (FSOs) are deployed across the country to act as liaisons between provincial/territorial and federal surveillance activities. The Program now resides within the Public Health Agency of Canada and is currently operational in seven provinces and territories, including Alberta. Functions and activities of the Program include: improving coordination and communication between federal and provincial/territorial surveillance programs; developing a network of FSOs across Canada to support and enhance surveillance activities; contributing to more effective data collection methods within surveillance programs; and where required, providing technical assistance and support for surveillance system development and implementation.

The FSO in Alberta works from both the Provincial Health Office and the Provincial Laboratory of Public Health in Edmonton, Alberta. The Alberta FSO provides

epidemiological expertise and support for provincial and national surveillance programs. In 2004/2005, Alberta's FSO was involved in activities such as: participating in a national project examining the strain and drug resistance patterns of newly diagnosed HIV cases in Canada; and participating in provincial initiatives examining HIV/AIDS, STIs and other blood-borne infections, including an evaluation of provincial prenatal screening programs and an examination of the access to health care services for persons newly diagnosed with HIV.

Community-Based Funding Programs

PHAC, Alberta/NWT Region is also dedicated to promoting the health of Canadians through the development, implementation and evaluation of community-based funding programs. Initiatives cover a range of health issues including chronic disease prevention, infectious disease prevention, and children's health and development. Programs reach a variety of groups who

have unique needs within the Region's diverse population, such as people living in remote areas, Aboriginal children, and pregnant adolescents.

Regional staff work with many partners to deliver population health promotion programs. Located in Edmonton and Calgary, the Alberta/NWT regional Population Health and Healthy Children and Youth Sections collaborate with government, non-government, and non-profit organizations on a variety of health issues. All of the Region's community-based programs, which are planned and delivered using a population health approach, are implemented and directed through committees that have community, provincial and federal representation. The following pages present highlights of each funding program for 2004/2005.



AIDS Community Action Program

Program Description

In January 2005, the Government of Canada announced *The Federal Initiative to address HIV/AIDS in Canada*, which builds on previous government initiatives to provide a comprehensive and integrated response to HIV/AIDS in Canada. The AIDS Community Action Program (ACAP) is one component of the Federal Initiative. ACAP, which has been in existence since 1989, provides funding to community-based organizations addressing HIV issues to: increase abilities of organizations to better serve the needs of those most at-risk of becoming infected; and sustain organizations in their role as a direct link to rapidly changing local conditions.

In Alberta, ACAP continues to support AIDS service organizations (ASOs) and community projects through the Alberta Community HIV Fund (ACHF). The ACHF is a joint community/provincial/federal fund disbursement model.

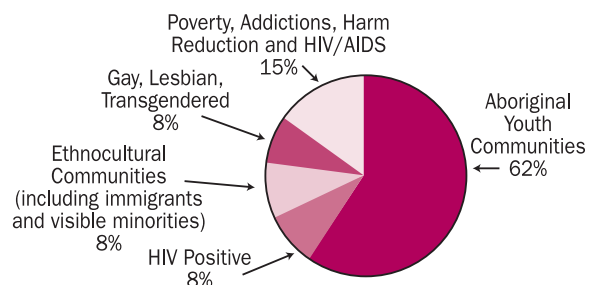
Role of the Alberta Community Council on HIV

• Since 1999, the Alberta Community Council on HIV (ACCH) has been the steward of the ACHF. ACCH is a partnership of 15 non-profit ASOs who come together to present a unified voice on common issues, provide training opportunities, and participate in community and organizational development. Other partners of ACCH include: 15 ASOs in Alberta, both of Alberta's HIV clinics, First Nations and Inuit Health Branch of Health Canada, all ACHF project sites, nine Community Planning Committees⁴, six national AIDS organizations, eight other provincial government departments, and non-governmental organizations.

- Through a collaborative partnership among the ACCH, Alberta Health and Wellness, and PHAC, ACHF provides community organizations with one window access to a total of \$3,235,779³.
- ACCH strengthens networks through building formal communication mechanisms with all ACCH members and holding regular provincial meetings three times a year to network, share learnings and address emerging issues provincially and nationally.
- ACCH works to strengthen social environments by taking action on issues such as addiction, housing, and human rights that impact the quality of life of those infected, affected by, or at risk for contracting HIV/AIDS.

Figure 1. Target Groups Reached by the ACHF Project Stream. In 2004/2005, 13 Project Sites reached five main target groups.

SOURCE: ACHF NARRATIVE REPORTS (2005).



QUICK FACTS & FIGURES

PHAC contributed \$905,779 to ACHF.

13 Project sites and 16 Operational sites were supported.

³ As of April 1, 2005.

⁴ Community Planning Committees (CPCs) are intersectoral committees which provide a coordinated and collaborative population health approach to the delivery of HIV prevention, care, and support initiatives in both rural and urban Alberta communities, and include representatives from regional health authorities.

AIDS Community Action Program...continued

Making a Difference

To meet their objectives this year, ACCH hosted seven information training sessions for their members. Sessions included training on: increasing capacity to work with sex trade workers, human resources skills building, HIV/AIDS and immigration, and building networking capacity to strengthen partnerships between ACCH members and their external partners.

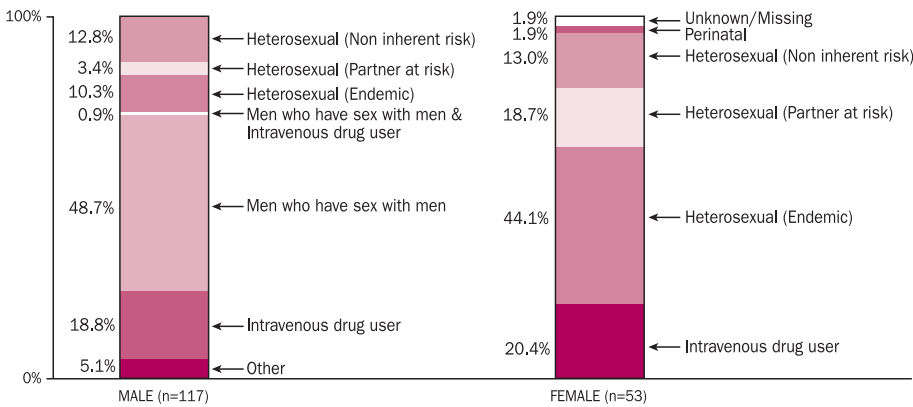
In 2003, the ACHF Provincial Evaluation Framework was implemented in partnership with Alberta Health and Wellness and PHAC. This year, ACCH took leadership to collect evaluation data identified in the Framework. ACCH is also currently developing a database to collect data from ACCH members to demonstrate results of HIV/AIDS work through the ACHF.

In September 2004, over 40 participants from Alberta ASOs and CBOs engaged in a networking session that provided a valuable opportunity to meet colleagues working in HIV/AIDS and hepatitis C and learn about each other's activities:

"[I liked] networking [because] it was my first ACCH meeting. ...a great opportunity to meet our partners throughout the province".

Participant, ACHF Workshop

Figure 2. Proportion of Newly Reported HIV Cases in Alberta by Exposure Category Diagnosed in 2004 among males and females (n=170)



SOURCE: ALBERTA HEALTH AND WELLNESS, DISEASE CONTROL AND PREVENTION BRANCH (APRIL 14, 2005).

Hepatitis C Prevention and Community-Based Support Fund

Program Description

The Hepatitis C Prevention and Community-Based Support Fund is one of a number of federal initiatives to improve hepatitis C prevention and treatment and to help all Canadians infected with, affected by, or at risk of developing hepatitis C.

The Fund aims to:

- prevent the spread of hepatitis C
- increase Canadians' awareness and capacity to respond to hepatitis C
- support persons infected with, affected by, or at risk of developing hepatitis C
- provide evidence for hepatitis C policy and programming decisions

For 2004-2005, the nine task groups and committees of the Alberta Non-prescription Needle Use (NPNU) Initiative were invited to submit proposals for 6-month projects. The goal of the NPNU Initiative is to reduce the harms associated with non-prescription needle use as they relate to the transmission of blood-borne pathogens such as HIV and hepatitis. The membership of the NPNU Initiative is province-wide and represents the following sectors: education, corrections, health care, policing, human resources, harm reduction, AIDS service organizations, addictions, and mental health.

QUICK FACTS & FIGURES

Nine projects were supported; \$257,000 were allocated and approximately \$76,000 in resources were leveraged.

A total of 1,475 people were reached through from the following target populations: youth, health professionals, and people living with hepatitis C.

A total of 82 volunteers contributed 940 hours of volunteer work.

Making a Difference

Preventing the spread of hepatitis C

Aboriginal youth developed and distributed a video and peer user guide entitled *That's It For Now*. The resource focussed on hepatitis C awareness and prevention and was distributed by 19 trained youth facilitators within their communities and to correctional facilities. To prevent the spread of the Hepatitis C virus (HCV) among people recently discharged from prison, one project worked with 67 inmates to develop a brochure of Alberta harm reduction resources and community services.

Increasing awareness and capacity to respond to hepatitis C

Five projects aimed to improve quality and access to harm reduction services among people who inject drugs to prevent the spread of HCV. Two of these projects trained 203 addictions workers and prison case workers on harm reduction principles and the services available in Alberta. The 6th Annual Alberta Harm Reduction Conference also helped raised

awareness about the application of harm reduction principles among 209 professionals and service providers. Another project increased professionals' capacities by facilitating inter-agency exchanges and developing a provincial library of resources for those who provide harm reduction services.

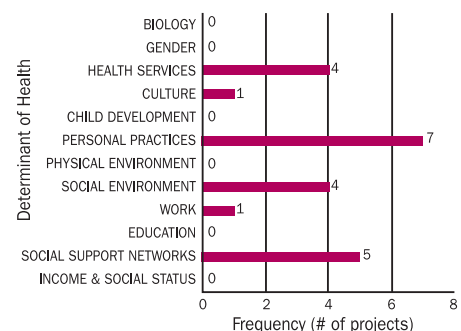
To generate awareness and public support for harm reduction programs and services in Alberta, one project developed brochures and public presentation materials entitled *Harm Reduction Saves Lives*, which are available through the NPNU Initiative.

Supporting persons infected with, affected by, or at risk of developing hepatitis C

One project supported people living with hepatitis C and raised awareness in their communities about the disease. The *HCV Support Group Toolkit: for the Peer Supporter* was created for people living with hepatitis C. This Toolkit contains information about living with hepatitis C such as local

Figure 3. Determinants of Health Addressed by Hepatitis C Projects in 2004/2005

SOURCE: BUCHANAN, MJ., CANTIN, B., MACLELLAN-WRIGHT, MF. & ROBERTS, A. (2005).



Hepatitis C Prevention and Community-Based Support Fund...continued

resources, nutritional needs, when to disclose their hepatitis C status, and treatment options. In addition, 14 volunteers provided eight hepatitis C presentations to Central Alberta community groups, businesses, and schools to demystify hepatitis C.

Thirty people who use drugs also attended the Alberta Harm Reduction Conference to enhance their own capacity to respond to their health needs and have a voice in harm reduction programming.

Providing evidence for hepatitis C policy and programming decisions

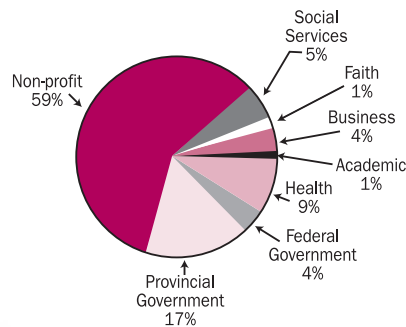
Two projects conducted needs assessments that may impact policy and programming decisions in Alberta. One assessment determined the professional and peer supports needed by people living with hepatitis C. Several recommendations were made for

enhancing services and policies including: reducing stigma and discrimination around hepatitis C; improving access to professional and peer support; employing more hepatitis C competent and compassionate health professionals; providing transportation to treatment centres; enhancing access to treatment and support for people living in rural and remote communities; and improving access to safe housing, employment and nutrition for people living with hepatitis C.

Another needs assessment explored Alberta's readiness and the design of a drug user network. It was recommended that two local user groups and one provincial network be developed to increase the participation and engagement of Alberta drug users in the policy directions of the NPNU Initiative.

Figure 4. Partners by Sector for Hepatitis C Projects in 2004/2005 (n=78)

SOURCE: BUCHANAN, M.J., CANTIN, B., MACLELLAN-WRIGHT, M.F. & ROBERTS, A. (2005)



Diabetes Prevention and Promotion Contribution Program

Program Description

The Diabetes Prevention and Promotion Contribution Program (PPCP) is a component of the Canadian Diabetes Strategy, initiated in 1999 to address type 2 diabetes in Canada.

The intent of the Program is to identify and support effective approaches for primary prevention of diabetes, and to raise awareness and knowledge of:

- diabetes and its complications
- the risk factors for type 2 diabetes
- the behaviours and skills needed to prevent type 2 diabetes

Making a Difference

Encouraging behaviours and skills that help to prevent diabetes

Projects used a variety of strategies to encourage healthy eating and active living behaviours including: organizing collective kitchens; providing active living opportunities for children and youth at little or no cost; holding weekly cooking classes; hosting workshops on modifying traditional recipes; incorporating healthy eating and active living into the school curriculum; holding a community walk/run event; and organizing a “youth get fit challenge” at a local mall. Pre- and post- survey results collected through three projects revealed that physical activity levels and healthy eating behaviours increased among project participants.

Raising awareness about diabetes and its key risk factors

Information sessions, school and community events, distribution of materials, displays and websites were some of the methods used to raise awareness about diabetes and its risk factors. Six projects documented that awareness was increased among children and youth, families, school staff, eight ethnic communities, and the general public.

Identifying effective approaches for the primary prevention of type 2 diabetes

Through consultations with key stakeholders across Alberta, the Alberta Healthy Living Network (AHLN) identified criteria needed to develop, implement and disseminate a Best Practices Framework for Chronic Disease Prevention in Alberta. Consultations

QUICK FACTS & FIGURES

In 2004/2005, the PPCP supported eight time-limited projects, each ranging from three to six months in duration. \$427,655 were allocated; and over \$300,000 was leveraged through in-kind and partner contributions.

Projects reached a total of 4,594 people from the following target groups: children/youth, school communities, families, ethnic communities, francophone communities, and health professionals.

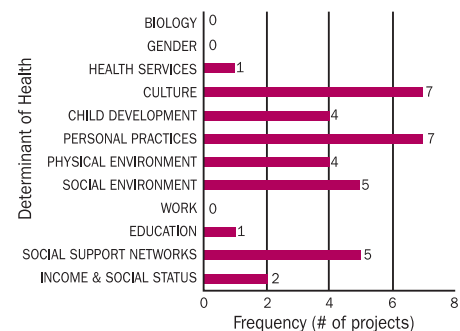
A total of 236 project volunteers contributed 1,405 hours of volunteer work.

The project is valued by students, parents and teachers. As one parent recently commented, “Thank you so much. Keep doing what you’re doing. You have made such a difference in our home”.

Parent Participant, PPCP Project.

Figure 5. Determinants of Health Addressed by PPCP Projects in 2004/2005

SOURCE: BUCHANAN, M.J., CANTIN, B., MACLELLAN-WRIGHT, M.F. & MOSCARDELLI, S. (2005).



Diabetes Prevention and Promotion Contribution Program...continued

also identified how the AHLN could provide more support to Alberta practitioners in partnership development and building community linkages. The results will be used to develop and implement the Framework and to strengthen collaboration among organizations within and outside the health sector to address chronic diseases, including type 2 diabetes.

Four organizations partnered to pilot-test the feasibility and cost of developing nutrition practice guidelines for type 2 diabetes prevention and management on two topics: diabetes prevention for cultural/ethnic groups, and gestational diabetes. Data generated from the pilot project will be used to inform the development of comprehensive nutrition guidelines

for type 2 diabetes prevention and management.

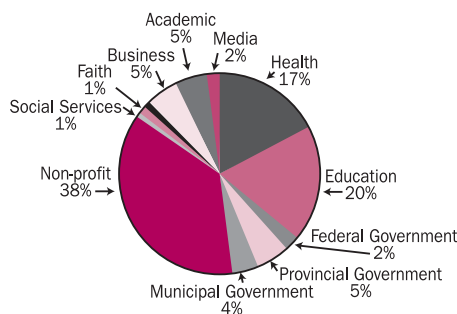
Using a peer-led approach and with the assistance of a project coordinator, youth in Lethbridge and Cardston created and implemented a social marketing campaign unique to each of their communities to promote healthy eating, active living and healthy lifestyle messages to their peers. In preparation for the campaign, youth attended learning workshops on topics such as nutrition and social marketing, and consulted with health promotion specialists and media personnel. A template of this youth-driven initiative has been developed to guide others in implementing a similar project in their communities.

“The most important thing is that I have learned that I am at risk of getting type 2 diabetes. I never thought of obesity and hypertension as risk factors for diabetes. Now I know why my family doctor was worried about my health and insists on my weight loss. I know that I can help myself and prevent diabetes.”

50 year old female, overweight and hypertensive, who was reached by a project.

Figure 6. Partners by Sector for PPCP Projects in 2004/2005 (n=94)

BUCHANAN, M.J., CANTIN, B., MACLELLAN-WRIGHT, M.F. & MOSCARDELLI, S. (2005).



Population Health Fund

Program Description

The goal of the Population Health Fund (PHF) is to increase community capacity for action on the determinants of health. Funded projects must facilitate joint planning and coordinated action among voluntary organizations, governments, and/or the private sector.

In 2004/2005, the priority for regional funding was to enhance or expand on initiatives focussed on healthy eating and active living for school-aged children and youth (including those out of school); and to further develop network and partnership activities related to chronic disease prevention in Alberta.

QUICK FACTS & FIGURES

In 2004/2005, the PHF supported 12 time-limited projects; \$610,000 were allocated, and over \$231,000 in resources was leveraged.

The Community Capacity Building Tool was used as an evaluation tool at the beginning and end of each project, in addition to regular monitoring reports.

Projects reached over 7,300 people from the following target groups: school-aged students, Aboriginal youth, neighbourhood residents, teachers, health professionals, and francophone communities.

Over 250 volunteers contributed more than 3,770 hours of volunteer work.

Creating supportive environments

To address the social and physical environments that impact youth behaviours, several projects focussed on school-based initiatives. The scope of projects included initiatives at the provincial, school district, and individual school levels. Projects contributed to developing comprehensive school health programs and implemented activities focussing on education and awareness of healthy eating and active living.

Five PHF projects engaged in nutrition policy development initiatives such as having: healthy food choices at school canteens; pop-free schools; healthy food selections at all school events; and healthy food choices in vending machines in schools and city facilities.

Strengthening community action

Capacity building for project staff and volunteers was integral to the implementation of PHF projects. Several project staff were hired and many volunteers were recruited from target communities. This provided opportunities for professional development in areas such as leadership and public speaking skills, which resulted in increased community connectedness. Two projects also

developed train-the-trainer sessions on food security and financial literacy, which facilitated further skill building in their respective communities.

All projects were engaged in activities that strengthened partnerships. Results included enhanced provincial networks on food security and school health, and a pilot project that facilitated the growth or creation of local networks in three Alberta communities.

Projects also partnered with municipalities to support healthy eating and active living opportunities: three projects contributed to the development of walking trails and safe winter walk pathways; and one project collaborated with the municipality to offer summer camps, which resulted in decreased program duplication and increased participation.

By involving volunteers and having a broad range of partnerships, PHF projects demonstrated the range of community action that can be taken when those involved believe that health is everybody's business.

Population Health Fund...continued

Developing personal skills

Several projects focussed on providing opportunities for youth to develop healthy eating and active living knowledge and skills through: choosing and preparing nutritious foods on a low-income budget; holding weekly cooking classes; diabetes prevention and awareness presentations at school assemblies and classes; and engaging youth in activities such as activity challenges and walking clubs.

Addressing cultural and economic barriers

All projects identified health inequities and barriers to community participation such as childcare, income, lack of transportation, and language. Communities also identified factors that contribute to health disparities in Alberta communities including: low income; lack of work opportunities due to

lower education levels or minimal qualifications; lack of adequate housing; and lack of social supports.

Project sites sought to reduce these barriers and increase opportunities for health equalities and active living. For example, projects increased: access to fresh foods through the implementation of a food box program and community gardens; opportunities for participants to engage in low or no-cost recreation activities; access to health information in French; and cultural responsiveness of healthy eating and active living information with Aboriginal stakeholders in two rural communities. Two projects also undertook train the trainer sessions to increase awareness and skills of practitioners to address food security and financial literacy.

“The results suggest that leadership and community engagement, particularly during the initial project stages might be critical factors for achieving sustainability. In addition, having pre-existing community networks and partnerships may also facilitate long-term sustainability. These factors need to be considered when implementing [a] community development project”.
PHF Project, 2005.

Figure 7. Determinants of Health Addressed by PHF Projects in 2004/2005

SOURCE: BUCHANAN, M.J., CANTIN, B., DELA CRUZ, A., MACLELLAN-WRIGHT, M.F. & SIMPSON, T. (2005).

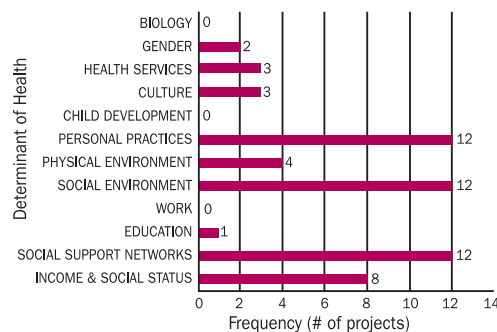
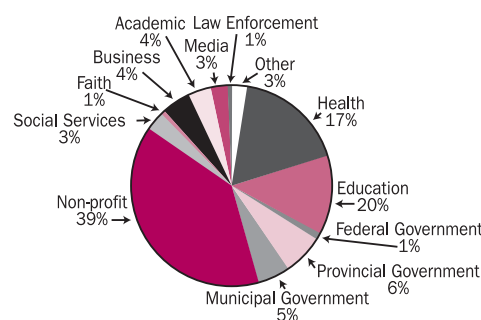


Figure 8. Partners by Sector for PHF Projects in 2004/2005 (n=156)

SOURCE: BUCHANAN, M.J., CANTIN, B., DELA CRUZ, A., MACLELLAN-WRIGHT, M.F. & SIMPSON, T. (2005).



Aboriginal Head Start Initiative

Program Description

The Aboriginal Head Start (AHS) program in Urban and Northern Communities was introduced in 1995 to enhance child development and school readiness for Aboriginal children. This comprehensive program is designed to meet the spiritual, emotional, intellectual and physical needs of the child, with a focus on three to six year olds. The goal of AHS is to demonstrate that local Aboriginal controlled and designed early intervention strategies can provide Aboriginal preschool children with a positive sense of themselves and a desire for learning. The program aims to provide opportunities for children to develop fully and successfully as young people. AHS programs have been operational in Alberta since 1996.

Program components for Aboriginal Head Start include:

- Culture and Language
- Education
- Health Promotion
- Social Support
- Nutrition
- Parent & Family Involvement

"Keep up the good work, and thanks for helping my child and I learn."

Parent participant, AHS program.

QUICK FACTS & FIGURES

16 projects and 23 sites were supported; \$4,246,255 were allocated.

Making A Difference

All Alberta AHS projects participate in ongoing national and regional performance measurement processes.

Alberta AHS projects complete a standard set of evaluation tools that measure the implementation and outcomes of program delivery.

National, regional and site evaluation reports have been compiled with the data collected. The results indicate the following:

Program Reach

- Alberta AHS projects reach approximately 510 children per year.
- Fifty-seven percent of the participants are 3 years of age and under and 43% of the participants are 4 years of age and older.
- Fifty-seven percent of the children accessing the program are of First Nations descent, followed by 36% that are Métis, and 7% that are of another cultural background.
- Results from the High Scope Child Observation Record (a standardized

assessment tool) indicate statistically significant increases from pre to post program in all areas of child development examined.

Parental Involvement

- The highest level of participation for parents and caregivers was in the following areas: participated in head start activities (81%); attended an AHS event (such as a pow-wow, traditional ceremony or field trip) (71%); contacted head start on child's progress (64%); volunteered in class (60%); and attended parent advisory meetings (60%).
- Parent and caregiver assessments showed that children increased their knowledge of Aboriginal language and traditions.

Aboriginal Head Start Regional Conference 2005

In March 2005, the Alberta AHS Committee hosted a regional training conference in Edmonton with the theme "A Celebration of Success Embracing the Future, 1995-2005, 10 Years!". Bea Shawanda, the keynote speaker, focussed on a central concept of AHS - the importance of passing on Aboriginal culture and language to children.

The Mother Earth and Me Program has designed a program activity called "Triage". The triage model involves meetings with a multi-disciplinary team of staff from the project, the regional health authority and other community partners. A team of professionals work together to discuss care and action plans for children in need of special assistance. A home liaison worker is also involved in the meetings to follow-up on areas of concern. The triage program is a highly effective model because it displays preventative and public health activities at its highest level, through involving a number of health professionals on the team that are committed to supporting the health needs of children and families.

Canada Prenatal Nutrition Program


All Alberta CPNP projects participate in national and regional performance measurement processes. Regional data compiled for the past year indicate the following:

- Alberta CPNP projects have extensive reach to the target population. Projects serve over 6300 women per year.
- CPNP projects reported that they provided services to 110 cities and towns, and 152 villages and rural communities.
- Twenty-one of the 22 Alberta CPNP projects reported receiving in-kind contributions. Twenty projects (95%), received in-kind contributions of space, while 17 projects (81%) received donations for participant use outside of the projects. Five projects (24%) noted that they received donations of transportation services.

- All 22 projects identified partnerships in the past year. The most frequently reported partnership was with a health professional/service (identified by all 22 projects), followed by a smoking cessation program (20 projects or 91%), and a church/place of worship (18 projects or 82%).

Consistent with the mandate of CPNP, projects reached the following target populations:

- 46% of participants had a net household income of less than \$1000 per month
- 35% of participants were single
- 27% of participants were Aboriginal
- 25% of participants were less than 20 years old
- 21% of participants had less than 10 years of education
- 21% of participants were recent immigrants



"I feel less afraid now that I have been coming to prenatal classes and I am so thankful that these classes are here because I would not be able to afford the other prenatal classes. I have learned so much and think I am ready to have this baby now. This program has been a great support to me and I am very thankful that it is here."

Parent participant, CPNP program.

Program Description

The Canada Prenatal Nutrition Program (CPNP) was introduced in 1994 to help local community organizations address the needs of at-risk pregnant women and to improve birth outcomes. This comprehensive program offers a variety of services including: nutrition counselling; food supplements; support; education; referral to other services; and counselling on lifestyle issues, such as alcohol abuse. CPNP supports mothers and infants up to 12 months after birth.

CPNP serves pregnant adolescents and women who:

- live in poverty
- abuse alcohol or other substances
- live in violent situations
- are off-reserve Aboriginal, Metis or Inuit
- are refugees or immigrants
- live in isolation or with poor access to services

The "Health for Two" program is a unique partnership that continues to involve over 30 community agencies. Community partners and public health centres provide convenient access at over 50 sites across Edmonton and surrounding areas, and deliver services in "safe" community environments where the staff are known and trusted by clients, specifically women with social and economic risks. Partnerships are built on collaborative relationships and mutual agreements. Partner agencies integrate prenatal information, support, and distribution of nutrition supplements into their ongoing programs.

QUICK FACTS & FIGURES

22 projects were supported;
\$2,611,976 were allocated.

Community Action Program for Children

Program Description

The Community Action Program for Children (CAPC) provides funding to community organizations to deliver services that address the health and developmental needs of children from birth to six years of age who are living in conditions of risk. CAPC projects focus on children while also providing parents with support, information and skills they need to raise their children. Each CAPC project is unique and designed to meet community needs.

There are six guiding principles that form the foundation of all CAPC projects. They are: children first, strengthening and supporting families, equity and accessibility, participant driven, partnerships and collaboration, community-based and flexibility. These guiding principles are reflected through a variety of CAPC project strategies that contribute to the health and well-being of the child and family.

Examples of program services include:

- family resource centres
- parent education and support
- outreach and home visiting
- play groups
- nutritional support and collective kitchens
- understanding and accessing health and community services
- toy lending libraries
- child development activities
- healthy physical activities
- cultural programs and celebrations
- community gardens
- literacy programming
- community development.

QUICK FACTS & FIGURES

28 projects were supported;
\$5,549,000 were allocated.

Making A Difference

All Alberta CAPC projects participate in ongoing national and regional performance measurement processes.

Highlights from national and regional evaluations indicate the following:

- Alberta CAPC projects reach approximately 4,628 participants in a typical month.
- The top three objectives identified by projects in their program delivery approach are:
 - 1) To improve child and parent development (85%)
 - 2) To increase social networks and empowerment of participants (63%)
 - 3) To improve children's readiness to learn (44%)
- The total number of partnerships from all Alberta CAPC projects is 375. The average number of partnerships per project is 14.
- The top three types of partners reported by projects include health organizations (93%), educational institutions (82%) and neighbourhood or community associations (67%).

"I learned how strong of a person this program made me and how good of a parent I am going to be"

Parent participant, CAPC program.

The Children's Centre was chosen as the recipient of a Gift of Sight Program sponsored by Lens Crafters Canada. Through partnerships with local optometrists free eye examinations were provided to children. When children required corrective lenses, they were supplied eye glass frames and lenses to families at no cost. Through partnering with local optometrists and Lens Crafters Canada, The Children's Centre has been able to address the health and vision care needs of children living in conditions of risk.

The Children's Centre, Fort McMurray.



Fetal Alcohol Spectrum Disorder

Making a Difference

FASD funding was provided to CAPC and CPNP projects to: provide training to project staff and partners; develop, purchase and print FASD resources, including a strategies guide for caregivers of children with FASD that was distributed to all CAPC, CPNP and AHS projects; provide more intensive levels of service to at-risk clients and those who themselves are affected by FASD; and host and support activities commemorating International FASD Day in 20 communities. A summary of key activities include:

Community Outreach and Partnership Development

- Projects reported on active and developing partnerships with local FASD committees.
- Involvement with community FASD initiatives has led to recognition of one project's expertise in the area of the partner's role in preventing FASD.

Project Capacity Building

- Project staff participated in local, regional, and national training events and disseminated learnings through in-service sessions to other staff.

Client Support

- Provided education and information on the risks of consuming alcohol and other substances while pregnant.

- Screened clients for potential risk factors and their children for possible developmental delays that could be attributed to prenatal exposure to alcohol.
- Made referrals for support to partner agencies.
- Provided more intensive levels of support to high risk clients and to children and parents who themselves may have FASD.
- Integrated teaching FASD information into regular programs, such as home visits, support groups, prenatal classes, parenting programs, and child care classes.

Regional Initiatives

PHAC provided funding support for two regional conferences:

- *The Obstetrics & Gynaecology Conference, Science and Beyond III*, held November 11-13, 2004 in Banff and co-sponsored by the Departments of Obstetrics and Gynaecology from the Universities of Alberta and British Columbia and Misericordia Community Hospital.
- *The Alberta FASD Conference, Promising Practices, Promising Futures*, held March 4, 2005 in Red Deer under the sponsorship of the Fetal Alcohol Spectrum Disorder Cross Ministry Committee.

"All of our clients are provided with information on FASD during the initial interview and throughout their involvement in the program. Referrals to AADAC and other agencies are given for any clients desiring help with their addiction. If the Public Health Nurse or Aboriginal Liaison Worker suspects the baby may be born with FASD, the family is referred to the FASD Diagnostic team for support and early intervention."

Building Better Babies, Peace River.

Program Description

Fetal Alcohol Spectrum Disorder (FASD) is a life-long disability resulting from prenatal exposure to alcohol. An estimated 9 in 1,000 babies born in Canada are affected by the disability. FASD places a heavy social and economic burden on those with FASD, their families, their communities and our society as a whole. While there is no cure, the disorder is preventable with appropriate interventions and support provided to at-risk pregnant women and their families. Moreover, those with FASD can lead happy and productive lives, with the right supports, approaches, and services.

In 1996 Health Canada joined other federal departments in issuing a joint statement on the need to work with communities to prevent FASD and mitigate its impacts. In 1999, funding for FASD initiatives was included in the expansion of CPNP. Since then, direct and indirect investments continue to support FASD-related awareness, prevention, and mitigation activities within CPNP, CAPC, and AHS programs.

QUICK FACTS & FIGURES

A total of \$120,000 was allocated to 33 CPNP and CAPC projects to support FASD capacity building and awareness raising initiatives in the community.

Special Initiatives

Capacity Building

A key focus of the Alberta/NWT Region is to bring people's commitment and skills together, and to build on strengths within the community in order to engage people to address gaps and health issues in their communities.

Knowledge Dissemination and Sharing

In the past year, the Alberta/NWT Region participated in numerous activities to share and disseminate information, lessons learned, success stories, and key strategies in population health promotion. From teleconference meetings, to delivery of interactive workshops, to formal conference participation, staff have been able to contribute to the knowledge base of population health promotion. In 2004/2005, regional staff participated in the following:

- **Confronting Obesity: Research, Policy and Practice** (Edmonton, Alberta. October 21, 2004). Poster presentation entitled *A Community Capacity Building Approach to Preventing Obesity*.
- **Collaborative Action for Healthy Living: It Takes Us All** (Edmonton, Alberta. May 17-18, 2004). Session presentation entitled *Tools for Promoting Community Action on Chronic Disease Prevention*.
- **5th Annual International Heart Health Conference** (Milan, Italy. June 13-16, 2004). Poster presentation entitled *The Alberta Health Living Network: A World Health Organization CINDI Demonstration Site*⁶. Co-Chair for Session entitled

National Action Plans for Heart Disease and Stroke Prevention.

- **Alberta Injury Control Teleconference** (Various sites, Alberta. December 8, 2004). Session presentation entitled *Capacity Building - Introducing the Community Capacity Building Tool*.
- **Building an Inclusive Community: Building Community Capacity in North Western Alberta**. (High Level, Alberta. March 21, 2005). One-day workshop focussing on strategies on how to engage community members in community-based initiatives.

In 2003/2004, *Connex.ca*, a web portal was launched for AHS, CAPC, and CPNP as a communication tool for funded organizations to network and share information with each other. *Connex.ca* also serves as a valuable communication mechanism between funded organizations and the Alberta/NWT Region. Full implementation of *Connex.ca* began in 2004/2005. Much focus was on increasing awareness and use of this web portal among funded groups. This year, an evaluation was completed on *Connex.ca*, which demonstrates awareness and actual use of *Connex.ca* among funded organizations. Funded organizations also reported having new and increased numbers of contacts with other funded organizations. In addition, funded organizations have reported that *Connex.ca* is being used as a source of information for their programs. *Connex.ca*

continues to be co-managed by representatives from CAPC, CPNP, and AHS.

The *National Projects Fund* (NPF) funds initiatives which support the goals and objectives of Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects across Canada. The Alberta/NWT Region's input and involvement into NPF occurs through regional staff, and CAPC/CPNP surveys and questionnaires. In 2004/2005, regional CAPC and CPNP project representatives participated on national committees focussing on the following issue areas: fathering, food security, rural issues, breastfeeding, tobacco use during pregnancy, best practices, and policy development.

Networking and Skills Building Opportunities

Staff planned, implemented and evaluated joint networking and skills building workshops. In September 2004, the Alberta/NWT Region, in partnership with the Alberta Community Council on HIV (ACCH), delivered a one and a half day workshop that brought together funded organizations from the Alberta Community HIV Fund (ACHF) and other community-based organizations, including those funded by the Hepatitis C Prevention and Community-Based Support Fund to network and enhance skills in program evaluation. Participants included AIDS Service Organizations, community-based organizations, and representatives from regional health authorities.

⁶ Public Health Agency of Canada, Alberta/NWT Region co-author for submission.

In January 2005, 32 representatives of funded organizations from the Population Health Fund and the Diabetes Prevention and Promotion Contribution Program gathered together for a joint two-day workshop. With a focus on chronic disease prevention and school-based programming, participants were able to network, engage in discussions on strategies for engaging target groups, building and evaluating partnerships, developing effective activities for healthy schools, and planning for sustainability.

In March 2005, a one and a half day workshop entitled *Manager's Training and Networking Event* was delivered and targeted to CAPC and CPNP managers and coordinators. Grant MacEwan Community College facilitated training on supervisory skills, communication and coaching in teams, and human resource management processes. The event also included a facilitated networking session where project staff met to share information and discuss key learnings from project work.

Student Development

The Alberta/NWT Region continues to maintain its long standing relationship with the Centre for Health Promotion Studies (CHPS), at the University of Alberta. In the Fall of 2004, staff participated in the delivery of the Centre's graduate-level capping course. In this course, staff evaluated students and their course work in the development of a community-

based program proposal using a population health approach.

Staff also acted as mentors and supervisors for graduate students who were completing graduate studies at the University of Alberta.

Inter-governmental Initiatives

Alberta Healthy Living Network (AHLN)

PHAC and Alberta Health and Wellness continue to fund and support the AHLN. This year, the report *Chronic Diseases in Alberta: Cost of treatment and investment in prevention* was released in December 2004. This report discusses the economic burden of chronic diseases such as chronic obstructive and pulmonary disease, heart disease, diabetes and lung cancer, as well as Alberta's investment in the primary prevention of chronic diseases.

In partnership with PHAC and the FNIHIB TeleHealth Program, the AHLN hosted two video conferences which highlighted common messaging around healthy eating and active living, and the sharing of community experiences and findings of the AHLN Mapping Project. Videoconferences are open to all AHLN stakeholders and partners as well as FNIHIB Health Centres and Regional Health Authorities.

Community Outreach

Resource Development

Alberta/NWT Regional programs and staff are committed to supporting the development of resources to support community-

based initiatives. In 2004/2005, PHAC funded and supported 3 resources that were developed in partnership with our stakeholders:

- *Growing Food Security in Alberta: It's everybody's business.* Growing Food Security in Alberta (GFSA) recently produced a video that focuses on the issues of food security and explains ways in which the everyday person can help to address this issue. A discussion guide is being produced to support the video. Information on how to obtain a copy of the video is posted on the GFSA website www.foodsecurityalberta.ca.
- *Healthy Active Schools: A resource to support the 2005 Summer Active Campaign.* In support of the 2005 SummerActive campaign in Alberta, 12 organizations partnered to develop a resource that includes information and ideas for teachers, administrators, parents and community leaders to promote regular physical activity, healthy eating and living tobacco-free in the school, community, and at home.
- *Learning Together: A Perinatal Training Resource for Outreach Workers* with CPNP and CAPC Projects. This resource is a CD-ROM training module based on the Health Canada resource *Within Our Reach*⁷. A committee consisting of project coordinators from CAPC and CPNP revised and updated the original Health Canada resource to reflect the current training needs of perinatal outreach workers in CPNP and CAPC programs in Alberta. The goals of this training program were to: share information on best practices;

⁷ Health Canada (1997). *Within Our Reach: A Self-Study Program for Perinatal Outreach Workers*. Open Learning Agency.

offer practical strategies on teaching participants about nutrition, healthy pregnancy, breastfeeding, postpartum health, and parenting; offer regional-specific resource materials; and to provide self-study activities for outreach workers to practice what they have learned.

Official Languages

In 2004/2005 PHAC continued to contribute to the development of official language minority communities in Alberta, under the Official Languages Act. PHAC solicited the participation of francophone communities and provided support to several funded projects and initiatives.

Through CAPC, the *Programme Franco-Accueil* continues to provide early childhood development support to francophone families in St. Paul, Mallaig, and surrounding communities. In 2004, the project sponsored French Fetal Alcohol Spectrum Disorder (FASD) training for two public health nurses, thereby increasing local capacity in this field. The project coordinator continues to chair a national coalition of francophone CAPC projects outside of Quebec. The coordinator was awarded the 2004 Dr. Jean-Paul Bugeaud prize in health by the Association canadienne-française de l'Alberta for her work with the project and in promoting the health care needs of the francophone community.

The Institut Guy-Lacombe de la famille was funded through the PHF to implement *Santé en action*. The project sponsor and

partners supported francophone families across the province by planning and implementing activities to encourage healthy eating and active living. The project established community partnerships that resulted in the creation and distribution of approximately 4000 healthy living resource packages to francophone schools and resource centres across the province of Alberta. Other key activities include awareness raising initiatives carried out during a designated healthy eating and active living week.

The Association Multiculturelle Francophone de l'Alberta was also funded through the PPCP to implement a project called *Le diabète de type 2 dans la communauté multiculturelle francophone d'Edmonton*. Together with their partners, this organization supported Edmonton's multicultural francophone community in accessing healthy living information in French through the development of healthy living display boards, school and community presentations, nutrition and physical activity workshops, and supermarket tours. French healthy living information and tools were also disseminated through the establishment of a diabetes resource centre that houses a variety of French books and pamphlets.

In addition to the funded projects that the Region supported, several community resources and tools were translated into French to ensure that Alberta and other Canadian francophone communities are able to access

population health promotion tools and resources. The *Population Health Promotion Tree/L'arbre de promotion de la santé de la population*, as well as a guide book entitled *Living Well...Diabetes Prevention Logbook/ Vivre en Santé...Carnet de route pour la prévention du diabète* were translated and made available for communities. In addition, the Alberta/NWT Region partnered with the Quebec Region to translate the *Community Capacity Building Tool/L'outil de renforcement des capacités communautaires*.

Finally, in partnership with Health Canada, the Alberta/NWT Region contributed funding to support the participation of community organizations in "*En santé dans ma communauté*", a francophone workshop on the population health approach. Representatives from Alberta participated in the workshop which took place in Saskatchewan.

Performance Measurement and Project Renewal

Integrated Performance Measurement Framework

An integrated performance measurement framework is being developed for Healthy Children and Youth programs. The framework includes: a regional logic model; Quarterly Monitoring Reports (QMR); and an annual evaluation report that incorporates questions and indicators common to all four program areas: CAPC, CPNP, AHS and FASD. The objective of this process is to produce common data for the four program areas and to streamline reporting.

Project Renewal 2004/2005

Project renewal provides an opportunity for projects and PHAC staff to review and reflect on project performance to date. In the Alberta/NWT Region, a total of 28 CAPC, 22 CPNP, and 16 AHS projects submitted renewal packages.

CAPC and CPNP projects are assessed by the Program Management Committee (PMC), and the Joint Management Committee (JMC) against four nationally determined criteria:

- Effective Project Management
- Reaching the Target Group
- Effective Project Implementation
- Achieving the Intended Outcomes/Following Guiding Principles

Under this process CPNP projects cited many strengths including: strong partnerships; effective governance; comprehensive and responsive community services; involvement of participants at the planning and decision making levels; and a significant number of participants reached through project activities.

AHS projects are reviewed by an external committee comprised of community and provincial representatives with a professional background in one of the following areas: early childhood development, community development, policy development, programming implementation, regional fund development and education, and children's services. Included in this committee is an Elder with a background in early childhood programs.

AHS projects are assessed against four nationally determined criteria:

- Adheres to the AHS Principles and Guidelines
- Reaching Aboriginal Children
- Effective Project Management
- Effective Capacity Development in all Areas

Data collected through the renewal process indicated that CAPC, CPNP, and AHS projects continue to provide meaningful services in a number of communities throughout Alberta.

Special Advisory and Steering Committee Involvement

Collaborative Action for Healthy Living: It Takes Us All

The Alberta/NWT Region was a member of the Planning Committee for the "Collaborative Action for Healthy Living: It Takes Us All" conference in Edmonton, Alberta. The Region supported the conference in partnership with other conference sponsors, in bringing together a national and international panel of guest speakers delivering key messages on building an integrated approach to healthy living to reduce the burden of chronic disease in Alberta. The 2-day conference provided an opportunity to learn about tools for taking an integrated approach to healthy living, to share resources with others working in this area across Alberta and to find out about other regional, national and international initiatives that focus on chronic disease prevention.

Evaluation of the Ever Active Schools Program

Ever Active Schools (EAS) is a membership-based program that supports, recognizes and rewards schools that foster social and physical environments that support healthy active lifestyles. In 2004, PHAC was a representative on the EAS steering committee. Funding was approved to support an evaluation of the EAS program to assess program effectiveness, identify barriers to growth, and provide evidence for the need to improve or modify services.

Reality Check 2005: Inequity and Well-Being in a Debt-Free Alberta

The Alberta/NWT Region participated on the Planning Committee for the "Reality Check 2005" conference in Calgary, Alberta on March 3 and 4, 2005. This conference brought together social development and public health practitioners, researchers, and those experiencing exclusion and inequity in Alberta to share real-life stories and knowledge about health inequalities, as well as about what is working and what needs to be done to make a difference. A key result of this conference was the formation of the Alberta Social and Health Equities Network, whose purpose is to share experiences; to learn more about the social, economic and public policy factors that contribute to inequity in Alberta; and to stimulate community action to address those factors. The Alberta/NWT Region continues to participate as a member of the steering committee for the Network.

Environmental Scan on Social Determinants of Health (SDOH) initiatives

In order to further efforts to develop a provincial network and plan of action to address social

determinants of health (SDOH) in Alberta, PHAC Alberta/NWT Region, as part of the planning committee for the Reality Check 2005 conference in Calgary, supported the completion of an environmental scan of individuals and organizations currently involved in initiatives addressing SDOH in Alberta.

As a result of the scan, the following recommendations have been made:

- In Alberta, priority social determinants for health disparities work should be adequate income and housing with the acknowledgement that determinants such as food security, social support, and an adequate social safety net also play a vital role in the health of Albertans.
- The Alberta Social and Health Equities Network⁸ should consider the suggestions from this scan for organizational structure, operation, and direction as they begin to develop the Network.
- The environmental scan respondents contact list, as well as the list of key organizations identified by respondents in the scan can be used to build the SDOH Network and related action plan.
- The Network should consider working in partnership with

other provincial coalitions and networks identified in the scan to share resources and avoid duplication.

Calgary Children's Initiative

The Alberta/NWT Region continues to participate as a member of the Council of Champions for the Calgary Children's Initiative. The Calgary Children's Initiative (CCI) was established in 1998 by the United Way and the Calgary community as a means to mobilize long-term positive change for every child in Calgary. CCI is a collaboration of over 80 individuals and organizations. The initiative invests in research, long-term planning, and action for children and youth. Through collaborative engagement of the whole community, the Calgary Children's Initiative addresses six major shared outcomes:

- all children are born healthy
- all children well cared for and safe
- all children and youth successful at school
- all children and youth practising healthy behaviours
- all youth making successful transition into adulthood

The initiative has an on-going and substantive commitment to valuing children and shifting attitudes and thinking about the lives of children.

Urban Aboriginal Strategy (UAS)

Staff participate in the Urban Aboriginal Strategy by sitting at the funders table of the Calgary Urban Aboriginal Initiative along with other federal and provincial organizations that provide funding to Aboriginal organizations to implement collaborative projects. In 2004/2005, a Calgary AHS site was the recipient of UAS funding which allowed them to purchase a building for their AHS project. The new site provides space for a range of services for Aboriginal children and their families in Calgary.

⁸ This Network was created as a result of the Reality Check 2005 conference in Calgary.

Final Remarks

We are committed to supporting the development of public health and population health promotion in our communities. As we continue to embrace the process of learning more through our evaluation and our partnerships with you, our partners, we look forward to continued growth and success as the Public Health Agency of Canada.



List of Acronyms

AADAC	Alberta Alcohol and Drug Abuse Commission	HCV	Hepatitis C Virus
ACAP	AIDS Community Action Program	HCYS	Healthy Children and Youth Section
ACCH	Alberta Community Council on HIV	HIV	Human Immunodeficiency Virus
ACHF	Alberta Community HIV Fund	JMC	Joint Management Committee
AHLN	Alberta Healthy Living Network	LFZ	Laboratory for Foodborne Zoonoses
AHS	Aboriginal Head Start	MOH	Medical Officer of Health
AIDS	Acquired Immunodeficiency Syndrome	MOU	Memorandum of Understanding
ASO	AIDS Service Organization	NPF	National Projects Fund
CAPC	Community Action Program for Children	NPNU	Non Prescription Needle Use
CASA	Children Adolescents Service Association	PHAC	Public Health Agency of Canada
CBO	Community-Based Organization	PHF	Population Health Fund
CCI	Calgary Children's Initiative	PHS	Population Health Section
CEPR	Centre for Emergency Preparedness and Response	PMC	Program Management Committee
CHPS	Centre for Health Promotion Studies (University of Alberta)	PPCP	(Diabetes) Prevention and Promotion Contribution Program
CPC	Community Planning Committee	PPHB	Population and Public Health Branch
CPNP	Canada Prenatal Nutrition Program	QMR	Quarterly Monitoring Report
EAS	Ever Active Schools	RHA	Regional Health Authority
EPR	Emergency Preparedness and Response	SARS	Severe Acute Respiratory Syndrome
FASD	Fetal Alcohol Spectrum Disorder	SDOH	Social Determinants of Health
FNIHB	First Nations and Inuit Health Branch	STI	Sexually Transmitted Infection
FSO	Field Surveillance Officer	UAS	Urban Aboriginal Strategy
GFSA	Growing Food Security in Alberta		

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annual summary report

Public Health Agency of Canada • Alberta/NWT Region

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