

POPULATION AND
PUBLIC HEALTH BRANCH

highlights of our work

ALBERTA/NORTHWEST
TERRITORIES REGION

april 1, 2002 - march 31, 2003

annual summary



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Message from the Regional Director

I am proud to present the Population and Public Health Branch 2nd Annual Summary Report for the Alberta/NWT Region. This report reflects our commitment to open communication with all stakeholders in the Region.

It has been a year of significant milestones. We have collaborated with stakeholders province-wide to initiate the Alberta Healthy Living Network, a progressive and integrated approach to preventing chronic diseases. As a member of Active Edmonton, we have contributed to promoting a community that supports active living. As well, our early childhood development programs have been strengthened to meet emerging community needs through a process of renewal and enhancement.

These initiatives are guided by our commitment to providing excellent programs to Albertans. We acknowledge and thank all of our partners who we have worked with to deliver programs in the spirit of collaboration and with respect for communities and individuals.



Don Onischak, Regional Director, receiving the Golden Jubilee Medal of Queen Elizabeth II from Alberta's Lieutenant Governor Lois Hole

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

Don Onischak
REGIONAL DIRECTOR

Canada Prenatal Nutrition Program

Making a Difference

- The low birth weight rate for CPNP participants (excluding multiple births) has decreased in the past year from 6.3 per cent to 5.22 per cent.
- 84 per cent of CPNP participants breast-fed their babies at discharge from hospital this year compared to 81 per cent last year.
- Of the women who attended a CPNP program, 73 per cent used the food supplements provided and 70 per cent accessed the vitamin and mineral supplements.
- 57 per cent of CPNP participants felt it was easier to get food for their babies and themselves and 71 per cent reported that they are eating better as a result of the program. Primary reasons for this include: good nutritional counselling, food supplementation, social support, and good role modeling.

"It's an awesome program. It helped me to get food for my kids and me. You also told me about [a] collective kitchen which is cheap, and I get to meet other people."

CPNP Project Client

"The program can take a mom from feeling fearful and insecure about parenting to competency and self confidence as a parent, able to access needed resources in the community."

CPNP Project Coordinator

CPNP Prenatal Tobacco Cessation Pilot Project Update

This year six CPNP projects in Alberta participated in a 10 month prenatal tobacco cessation pilot project. The purpose of the pilot was to train project staff to intervene more effectively with those women who smoke (58 per cent of Alberta CPNP participants). Research indicates that smoking in pregnancy is the most important modifiable cause of poor pregnancy outcomes including, low birth weight, pre-term birth and babies who are small for gestational age. The evaluation component of this pilot is now underway. A final report is expected in September 2003.

Renewal Process for CAPC and CPNP

This year was a renewal year for CAPC and CPNP. Renewal is a review of project performance and outcomes to determine continued financial support for the next period.

The review of renewal applications was based on the following national criteria:

- Effectiveness of project management
- Effectiveness of reaching the target population
- Effectiveness of program implementation
- Effectiveness of achieving intended outcomes and guiding principles

The renewal process provided an opportunity for:

- Individual projects to reflect on program delivery and work plans to ensure that they are responsive to the needs of the community and the population served,
- Health Canada to clearly assess individual project functioning based on the national criteria, and
- Comprehensive updated information from projects, which will enable Health Canada to better support projects.

Renewal decisions involved multiple team members and stakeholders, including Health Canada staff and a Program Management Committee with representation from Alberta Health and Wellness, Alberta Learning and Alberta Children's Services. Twenty-two CPNP projects and 26 CAPC projects were renewed.

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 postpartum. In Alberta, women have benefited from CPNP since service delivery began in 1996.

CPNP serves pregnant adolescents and women who:

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

FACTS & FIGURES

22 projects were supported;
\$2,561,976 was allocated

Approximately 6500 women were served

55 per cent of CPNP participants don't feel they are getting enough food to eat, of those 80 per cent report the reason for this is that they do not have enough money

50 per cent of CPNP participants were living in poverty, 42 per cent were single, and 35 per cent were 19 years of age and under

Community Action Program for Children

Program Description

The Community Action Program for Children (CAPC) provides long term funding to community coalitions to establish and deliver services that respond to the health and development needs of children up to six years of age who are living in conditions of risk. CAPC projects provide parents with the support, information and skills they need to raise their children. Because each CAPC project is designed to meet community needs, each project is unique. Alberta projects began in 1994.

Examples of program services include:

- family resource centres
- parent education
- outreach and home visiting
- play groups
- toy lending
- child development activities
- cultural programs
- community development

The philosophical basis of CAPC includes: 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.

“Before [this program] I was lost and didn't know anything about pregnancy or being a mom.”

CAPC Project Client

FACTS & FIGURES

28 projects were supported;
\$5,542,000 was allocated

Approximately 4000 children and adults were served

Making a Difference

CAPC continued to play a valuable role in Alberta communities, making a positive difference in the lives of the many families and children served. Children and families reached by the CAPC projects experience multiple risks, including poverty; isolation; substance abuse; poor nutrition; developmental delays; social, emotional or behavioural problems; and cultural barriers. Through CAPC programming children and families gained skills and confidence to reduce risks and overcome limitations.

Project highlights and outcomes

CAPC continued to work with a number of community partners and key stakeholders. Partnering and collaborative initiatives have been very beneficial to projects, the communities and participants. The sharing of resources contributed to more integrated, enhanced and efficient service delivery. In one program, participants expressed feeling more comfortable transferring from one community service provider to another and being more familiar with all the services. Together, projects reported having over 400 partnerships.

A family program for children and parents observed increased physical dexterity skills, increased ability of children to participate in play activities with other children, and increased interaction between parents and children in joint play activities. Parents reported feeling supported and less isolated, and having increased information and ideas on parenting and child development.

Several projects reported that parents feel more confident in their parenting role and have adopted positive parenting techniques. Many participants have gained practical life skills including: budgeting, shopping, cooking, and healthy eating. Through CAPC, participants developed valuable relationships thus strengthening their support network. Several participants reported increased awareness of community resources and involvement in community activities.

Evaluation

CAPC continued to support project evaluation. Sessions were held with projects to review evaluative measurement tools, provide guidance in their implementation, and enhance skill in data analysis, interpretation and presentation.

“I loved the training. Now I'm looking at the data and reports totally differently than before. I am much more conscious of what data is important and how to present it.”

CAPC Project Coordinator



Fetal Alcohol Spectrum Disorder

Making a Difference

Our Region supported FASD-related activities, training, and resource development. This enabled certain CAPC and CPNP projects to:

- support outreach activities in rural communities
- provide for an interim FASD support position
- purchase, develop and distribute FASD awareness and training resources
- train project staff, and
- coordinate a collaborative CAPC and CPNP FASD Regional Training Workshop

These activities served to increase the capacity of projects in addressing FASD in their communities.

Over 150 delegates, including CAPC, CPNP and AHS representatives and community members attended the FASD Skills and Strategies Training Workshop. Training included practical strategies for working with children and adults affected by FASD and motivational interviewing techniques for working with pregnant women who are using

alcohol and other substances. Training resource materials were provided to all projects. In addition, follow-up support in applying motivational interviewing techniques has been made available to all projects.

This year, our Region continued to partner with a variety of regional and national organizations to share information, resources and strategies for addressing FASD and related issues, such as homelessness and support for Aboriginal populations.

We also shared information about regional initiatives, resources, and best practices through a national Health Canada FASD network. Over the past year, Health Canada has worked with a National Advisory Committee on:

- developing national diagnostic standards
- assessing the level of awareness of health practitioners and the general population about alcohol use during pregnancy and FASD, and
- drafting a National Framework for Action on FASD with input from regional stakeholders. The objective of the framework is to develop a broad-based collaborative effort to prevent FASD and improve the quality of life of people affected by FASD across Canada by guiding community practice.

“I have been a Community Health Nurse forever, but I really felt that I have learned a lot in the past two days re: how to address uncomfortable issues with families that we see.”

Feedback from a participant at the FASD Skills and Strategies Training Workshop

Program Description

Fetal Alcohol Spectrum Disorder (FASD) is a pattern of birth defects and developmental delays caused by the use of alcohol during pregnancy. The degree of disability varies with the pattern of alcohol use, timing and conditions of exposure, and with the individual mother and fetus. FASD presents lifelong disabilities and is 100 per cent preventable.

In 1996, Health Canada joined national partners in issuing a joint statement on the need to work with communities to prevent FASD and mitigate its impacts. In 1999, funding for a FASD initiative was included in the expansion of the Canada Prenatal Nutrition Program (CPNP). Since then, direct and indirect investments continue to support FASD-related awareness, prevention, and mitigation activities within the CPNP and Community Action Program for Children (CAPC), and Aboriginal Head Start (AHS) programs.

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

FACTS & FIGURES

13 projects with 19 sites were supported; \$4,373,880 was allocated

Total number of children served: 490

Making a Difference

Evaluation

AHS projects have increased their capacity in evaluating and reporting on their work. Pilot tests on a variety of evaluation tools were conducted this past year. AHS coordinators and staff learned child observation techniques and methods of recording activities, such as High/Scope Child Observation Record Keeping. This will contribute to creating individual learning plans for each child based on their current level of development. Projects are now better positioned to demonstrate the difference they are making in the lives of children and their families.

Alberta Aboriginal Head Start Regional Conference 2003

On February 26-28, 2003 the Alberta AHS Committee hosted a successful regional training conference in Edmonton with the theme "Working Together With Our Children." This event attracted 175 participants including 35 delegates from the on-reserve AHS programs, and representatives from the Northwest Territories (NWT), Saskatchewan and

British Columbia. The highlight of the conference was the keynote address by Howard Rainer, a Taos Pueblo American Indian from New Mexico who is a well known presenter in the area of motivational skills and self-empowerment. The conference featured workshops on culture, history, stress management, behavioural attention deficient disorders, effective communications, and traditional educational methods.

Aboriginal Head Start Enhancement

The AHS program received enhancement funds in January of 2003, as promised in the Speech From The Throne. Enhancement funds were used for increasing the number of children participating in the program, equipment upgrades, renovations, and salary increases. In addition, an Environmental Scan examined demographics and related information on the Alberta Aboriginal population to determine the most suitable locations for the development of new AHS programs.

"When my son turned three, I registered him into the program. This has been the best thing that I could have done for him. Not only has AHS given him the opportunity to learn and to be proud of his cultural heritage, they also had all the resources in place to help him with his language skill. Along with his new ability to communicate, came confidence. Along with his confidence, he became the boy he is today."
AHS Project Client



Population Health Fund

Making a Difference

Supporting provincial action for integrated chronic disease prevention

Based on the recommendations at the provincial Healthy Living Forum held in March 2002, an Alberta Healthy Living Network has formed to provide leadership for integrated, collaborative action to promote health and prevent chronic disease. This Network has created opportunities for health and non-health organizations involved in chronic disease prevention and health promotion to discuss common issues. The Network has led the process of developing the *Alberta Healthy Living Framework: An Integrated Approach* that will provide guidance to all Alberta stakeholders.

In response to the increasing burden of chronic diseases in Canada, eleven new Population Health Fund projects began mid-year to focus on addressing active living and nutrition, and their underlying determinants of health, for school aged children and youth in their home, school and community environments.

Promoting healthy living among Albertans through social marketing
An innovative partnership produced a 16 page insert that addressed the barriers to healthy living. This was printed in all major daily and weekly papers in Alberta. Over a million copies were distributed. To reinforce the messages, four different full-page ads were published in the Edmonton Journal and Calgary Herald on separate occasions.



Increasing access to social support, health services and resources for francophone Albertans

To provide access to French language resources across the province, two resource centres were strengthened in Bonnyville and Legal. In addition, five resource centres were created in Cold Lake, Fort McMurray, Medicine Hat, Falher, and west Edmonton.

Program Description

Health Canada initiated the Population Health Fund in 1997 to promote prevention and positive action on the factors that affect the health of a population as a whole, or that of specific population groups. These factors, known as the “determinants of health,” include social and physical environments, health services, personal health practices and coping skills, gender, biology and genetic endowment, healthy child development, education, employment and working conditions, and culture. The fund aims to increase community capacity to take action on the determinants of health.

The objectives of the Population Health Fund are to:

- develop community-based models for applying the population health approach
- increase the knowledge base for program and policy development on population health
- increase partnerships across sectors to address the determinants of health

JOINT DIABETES AND POPULATION HEALTH FUND PROJECT WORKSHOP

FACTS & FIGURES

Three projects were completed, one is ongoing, and 11 new projects were initiated; \$665,000 was allocated

Diabetes Prevention and Promotion Contribution Program

Program Description

The Prevention and Promotion Contribution Program, initiated in 2000, is a component of the Canadian Diabetes Strategy, which is part of a broad federal effort 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

“A parent reading the information dealing with the symptoms of diabetes made a connection to the symptoms their child was showing. The child was tested and diagnosed with diabetes. With diet changes and medication, the parent reported that the child is doing much better.”

A parent's story from a project evaluation

Diabetes and Population Health Fund projects attended a two-day workshop on evaluation and project sustainability. On day one, projects from each fund were separated. Diabetes projects looked at their project successes and challenges and identified best practices. Population Health Fund projects learned about the key elements of project evaluation. On day two, all projects came together to learn practical ways to sustain their work and outcomes using creative and asset-focused techniques.

FACTS & FIGURES

Nine projects were supported;
\$457,848 was allocated

Making a Difference

Encouraging behaviours and skills that help to prevent diabetes

Over half of the funded projects brought active living and healthy eating programs to schools. Children and youth were reached in over 25 schools in rural and urban Alberta. Creative strategies were used, such as integrating active living and nutrition activities into the art, health, and physical education curricula; and having over 100 medical students provide nutrition and active living lessons to students. Professional development was provided to teachers in over 100 schools. School teachers and staff reported increased healthy eating and active living awareness and behaviours, thus becoming healthy role models to students. Work with schools has led to schools incorporating wellness goals into their planning, developing nutrition policies, and the development of 20 school game plans in two districts to promote health behaviours.

Professional development was provided to 65 seniors lodge activity coordinators to increase their capacity to promote physical activity and healthy eating to seniors.

One project developed a toolkit to create and support active living environments in the workplace.

Raising awareness about diabetes and its key risk factors among the general public

One project raised awareness through consistent nutrition and active living messages targeting women aged 25-49 with families. In the spring of 2002, three televised Public Service Announcements

(PSAs) aired 857 times; a Healthy Living Kit and website supported the PSAs (4000 kits were requested and the website received 111,000 hits during peak PSA airtime). In addition, 275,000 copies of a newspaper insert promoting healthy eating and active living were distributed in three daily Alberta newspapers. This spring, a second newspaper insert was produced (see the Population Health Fund for details).

In Edson, 2000 “Passports to Health” were distributed to engage the community in healthy living activities. Eighty per cent of evaluation respondents indicated the Passport was useful for becoming involved in community healthy living activities.

In Fort Macleod, 40 people attended a workshop that promoted awareness of the impact of poverty on diabetes prevention.

Identifying effective approaches for the primary prevention of type 2 diabetes

Projects reported that systematic planning is key to ensuring project success. Examples of systematic planning are: doing a needs assessment, knowing the audience and community, building on existing resources, and involving the community in all project phases. In the words of one project coordinator, “it is essential to let the steering committee and community members drive the process to successfully build community capacity.” The development of partnerships was also identified as an important success factor for projects.

Hepatitis C Prevention and Community-Based Support Fund

Making a Difference

Preventing hepatitis C infection

In the past two years projects presented information on hepatitis C to over 6000 people in different communities. Over half of the funded projects took their programs and services directly out to the locations where target populations gather. Examples of activities include offering information to target populations through outreach on mobile needle exchanges, going to 13 raves where project staff talked with youth and handed out over 3600 packages containing harm reduction materials, and doing presentations to over 150 people in four Aboriginal communities.

Some projects have also engaged their target populations extensively in project activities, which resulted in the production of highly relevant and effective educational products that have been well-received within their respective communities.

Examples of educational products for raising awareness and understanding of hepatitis C include: information cards targeted at youth attending raves; stickers, tattoos, posters, coasters, and sweatshirts with information on hepatitis C; a low literacy brochure; brochures targeted at Aboriginal populations; presentation materials; facilitator's guides; videos; and mobile displays.

Strengthening Canadians' response to hepatitis C by increasing awareness and capacity through partnership development

Many projects reported that establishing partnerships was integral to their

success. Benefits cited for partnering included getting assistance with volunteer recruitment, accessing target populations, and making referrals; accessing needed skills, knowledge, and resources; and increasing the community's awareness of the project. Partners ranged from AIDS service organizations, educational institutions, and health care workers to local businesses that catered to projects' target populations.

Supporting persons affected with or at risk of developing hepatitis C: Project insights

Projects identified that there is an increasing need to target youth to prevent and reduce high risk behaviours associated with the transmission of the virus. A number of projects also reported that the stigma associated with hepatitis C (and related risk behaviours) can make program delivery challenging, especially when running support groups and offering public education sessions.

Program Description

In September 1998, Health Canada introduced a number of initiatives to improve hepatitis C prevention and treatment and to help all Canadians infected with, affected by, or at risk of developing hepatitis C. PPHB Alberta/NWT addresses hepatitis C through the Hepatitis C Prevention and Community-Based Support Fund.

The Fund aims to:

- contribute to measures that will prevent the spread of hepatitis C
- strengthen Canadians' response to hepatitis C through increased awareness and capacity
- support persons infected with, affected by, or at risk of developing hepatitis C
- provide a stronger evidence base for hepatitis C policy and programming decisions



This is one of a series of postcards that were created to hand out to youth at raves. The back of each card has information on hepatitis C, HIV, safer partying, and youth empowerment.

FACTS & FIGURES

17 projects were supported;
\$320,800 was allocated

AIDS Community Action Program

Program Description

The AIDS Community Action Program (ACAP) is a component of the Canadian Strategy on HIV/AIDS, the federal government's response to the AIDS epidemic in Canada. 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
- sustain organizations in their role as a direct link to rapidly changing local conditions

FACTS & FIGURES

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. Through a collaborative partnership between the Alberta Community Council on HIV, Alberta Health and Wellness, and Health Canada, the ACHF provides community organizations with one window access to a total of \$2,827,687.

This year, ACAP contributed \$782,688 for disbursement through the ACHF. Sixteen ASOs received operational funding for programming, staffing key positions, and overhead and administrative costs; 19 projects, sponsored by other organizations, were also supported in Alberta. ACAP funds also supported activities related to the implementation of the ACHF Provincial Evaluation Framework.

Making a Difference

Implementation of the ACHF provincial evaluation framework

In 2002, a comprehensive evaluation framework was designed to account for the collective results of HIV/AIDS work funded through the ACHF. The framework was developed with all operationally funded organizations and was implemented in the fall of 2002. Ongoing activities are planned next year to get a complete picture of the difference the ACHF has made in Alberta.

Increasing the abilities of organizations to implement HIV programming

Partnerships have played a particularly important role in increasing the capacity of organizations to carry out effective and sustainable programming and meet client needs. Partnership development has led to increased client referrals, networking and learning opportunities, joint program planning, attainment of common goals, and in-kind funding and resource sharing (e.g. office space).

The development of policies for volunteer recruitment, training and retention, and increased opportunities for volunteers were reported within organizations. It is anticipated that this will help improve the capacity of organizations through establishing standards and guidelines, minimizing duplication of effort, and increasing availability of human resources.

Projects have reported developing their knowledge in a variety of areas including organizational development (human resources, financial management, and administrative processes); target populations; political processes; education for human service professionals; boundaries among staff, clients, and volunteers; the cycle of addiction; sense of community;

effectiveness of partnership models; and client perceptions of services offered by operationally-funded sites.

Raising awareness and providing resources for HIV prevention

Evidence gathered between 2001 and 2003 confirms that the ACHF has contributed to changes in target populations' awareness, attitudes, knowledge, and skills. Awareness raising activities include displays, HIV/AIDS walks, National Condom Week, and media reports. In the first half of this year, education on HIV/AIDS has been provided to over 2900 people in public settings, schools and to professional groups. Projects reported that workshops and awareness campaigns have influenced the target populations' awareness of HIV/AIDS. Projects tracked the distribution of education and prevention resources. For example, in the first half of this year, projects distributed 14,960 resources (info sheets, videos, newsletters, pamphlets, etc.), 73,978 condoms, and 698,258 needles.

Access to supports, such as nutrition programs, peer support and housing has been an important strategy for supporting people affected by HIV. Results indicate that various target populations accessed a wide variety of supports, with over 12,500 support contacts being recorded in the first half of this year.

Community Animation Program

Making a Difference

Increasing community members' understanding of the links between health and the environment

Over 1900 Albertans participated in CAP project activities. In two wilderness areas, volunteer stewards worked with park visitors and neighbouring residents to increase awareness of human impact on the area, to protect and promote the sustainability of natural environments. Extensive public outreach on the link between mountain ecosystems, water and health culminated in the development of a water quality monitoring program in one mountain community.

Understanding of the link between health and air quality was promoted in several communities. For example, staff in junior and senior high schools in one community received education on air quality issues, which led to the integration of air quality activities and lessons in the classroom and other school-based clean air projects. Two other air quality projects promoted the use of bicycle racks on city buses and use of public transportation. One project strengthened its organization's ability to promote active modes of

transportation to and from schools, and another project developed a community mapping process for community members to connect the environment to health and identify community resources. Promotion of new ecological footprint resources raised awareness of the health and environment impact of product choices, consumption patterns and waste reduction.

Increasing communities' abilities to take action on health and environment issues

New resources have been produced to support community action, such as an on-farm organic research guide and video, an oil and gas development best management practices guide to facilitate dialogue between community and industry representatives, an ecological footprint calculator prototype with fact sheets, and Spanish language organic gardening materials.

Individuals with common interests have been linked through newly established networks for organic gardening and naturalization practitioners across the prairie provinces, local organic farming associations, and conservation stakeholders in the Bow Valley region.

Several organizations reported an increased ability to support action on health and environment issues as a result of increased membership, volunteer recruitment and training, creation of promotional resources, and skill development for staff and board members. Over 5800 hours were logged by volunteers engaged in CAP projects.

Program Description

Since 1994, the Community Animation Program (CAP), jointly managed by Health Canada and Environment Canada, has supported projects that demonstrate action on health and environment-related issues.

The goals of CAP are to:

- increase community members' understanding of the links between health and the environment
- increase communities' abilities to take action on health and environment-related issues

FACTS & FIGURES

18 projects were supported

A total of \$100,000 was allocated in Alberta. Of this total, Health Canada (allocated from the Population Health Fund) and Environment Canada each contributed \$50,000



Special Initiatives

New Resources

Looking Through a Wider Lens Workshop Kit

The *Looking Through a Wider Lens Workshop Kit*, co-produced with Alberta Health and Wellness, is a guide that helps communities plan and deliver workshops to enhance the knowledge and skills of community members in leadership positions. In the training, participants are encouraged to use local, provincial and national information in setting community level health priorities with partners from many sectors.

The Human Resource Management Tool Kit

Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects received training on *The Human Resource Management Tool Kit*, a tool kit designed to strengthen project management. The Kit was developed through a collaborative committee of projects and financially supported by the National Projects Fund (NPF). The NPF is a fund created to support the objectives of CAPC and CPNP projects across Canada. Feedback on the kit has been extremely positive. Projects have reported that the kit is informative and practical.

New harm reduction video and Public Service Announcement (PSA)

A documentary video and PSA were completed and launched to increase Albertans' awareness of harm reduction approaches in the community. These resources were created by the Public Awareness Task Group of the Non-Prescription Needle-Use Consortium and funded by the Alberta Community HIV Fund and the Hepatitis C Prevention and Community-Based Support Fund. The

video, entitled *Harm Reduction: Pieces to the Puzzle* is a teaching tool to increase understanding of the challenges facing the non-prescription needle user. Individuals and agencies who come in regular contact with the injection drug using population will gain insight into the principles of harm reduction and learn ways to apply these principles in their own work.

Resource Dissemination

The Intersectoral Action Tool Kit

Intersectoral Action Tool Kit continued to be in high demand and was widely distributed. In 2001, 3186 kits were distributed and in 2002, 7711 kits were distributed.¹

Regional staff presented four workshops on the Kit to train interested stakeholders on how to use it with their own partnerships and communities. Two workshops were offered to project stakeholders and partners. A half day workshop was offered at the *Regional Nutrition and Food Service 7th Annual Conference: Building Capacity through Partnership*. A two-day workshop was offered in an Ontario health region.

The Population Health Promotion Tree

The *Population Health Promotion Tree* was developed by the Health Promotion Association of Lethbridge and Area in collaboration with PPHB Alberta/NWT and the Chinook Health Region. This creative, plain language presentation uses a tree structure to illustrate the principles of Population Health Promotion. This year over 250 copies of the CD-Rom have been distributed to health promotion professionals across the country. The presentation was given to various groups including participants at a session on health and diversity at the *Canada: Global Model for a Multicultural State, Diversity 2002 Conference*, and members of the

Aboriginal Partnership of Southwestern Alberta on HIV/AIDS, Harm Reduction and Hepatitis C.

Research and Evaluation Initiatives

Community Capacity Measurement Tool

Funding from the Health Canada Chief Scientist Strategic Science Fund enabled our Region to undertake a research project to develop a tool to measure the community capacity building that occurs during the course of a funded project. The research was done in partnership with the David Thompson Health Region and the Centre for Health Promotion Studies, University of Alberta. Activities included hosting a national think tank where experts provided input on the development of the tool, focus testing the tool, and pilot testing the tool with funded projects.

Quarterly Monitoring Report

A Quarterly Monitoring Report (QMR) and data base were implemented in three of our newer programs (diabetes, hepatitis C and population health) to assist funded projects document their progress and results every three months. The project reports inform all stakeholders of how programs have contributed to strengthening population health in Alberta. Feedback from projects indicate the QMR has helped them keep on track, reflect on and document the work they are doing, and evaluate their projects.

Alberta Healthy Living Network

In March 2002, PPHB partnered with several Alberta stakeholders to support a forum entitled *Preventing Chronic Diseases: Working Together in*

¹Figures reflect French and English document requests and website downloads.

an Integrated Approach. The outcome of this forum was an agreement for the development of the Alberta Healthy Living Network (AHLN). Membership is multi-sectoral with province-wide representation from groups involved in chronic disease prevention and health promotion. The Network is supported through the leadership of a Coordinating Committee with membership representing: federal government, provincial government, non-profit organizations, professional organizations, regional health authorities, the research community, Aboriginal groups, and regional networks. The Network's mission is to provide "leadership for collaborative action to promote health and prevent chronic disease in Alberta." Through leadership and the development of the *Alberta Healthy Living Framework: An Integrated Approach*, the AHLN will facilitate the coordination of provincial action strategies on common risk factors, and their underlying determinants of health, for chronic disease prevention (i.e., healthy public policy development, awareness and education campaigns). The initial priorities for this framework will be healthy eating, physical activity and tobacco reduction within a population health approach.

Physical Activity Guidelines: Provincial Launch

In February 2003, Ever Active Schools Program and Schools Come Alive partnered with a variety of stakeholders to coordinate the provincial launch of Health Canada's *Canada's Physical Activity Guides for Children and Youth* and supporting material, which include a *Family Guide* for parents and other caregivers, a *Teacher's Guide* for educators, and interactive magazines for children and youth. The launch event, partially funded by PPHB Alberta/NWT Region, was hosted at eight schools across Alberta; the main launch site was in Edmonton.

Active Edmonton

Active Edmonton is a new initiative to bring together representatives from all levels of government, health, education, and the non-profit and commercial sectors to promote a community that supports active living. Our Region is a member of the steering committee and financially supported the baseline data collection survey to determine current physical activity levels of Edmontonians.

Voluntary Sector Initiative

The Voluntary Sector Initiative is a joint initiative that aims to strengthen the capacity of the Voluntary Sector and to enhance the relationship between the Voluntary Sector and the Government of Canada. PPHB Alberta/NWT provided support to the national "Citizens for Mental Health" project and an Edmonton-based project entitled "Multicultural Coalition for Equity in Health and Well-Being."

Presentations

Regional staff gave presentations and workshops at a variety of regional and national conferences.

Staff presented at:

- two conferences hosted by the Alberta Native Friendship Centre on the AIDS Community Action Program/Alberta Community HIV Fund and the Diabetes Prevention and Promotion Contribution Program.
- the *1st International Conference of Inner City Health* on the effectiveness of asset-based community development as a strategy for addressing issues in inner city health. An example was provided from the Streetworks "Natural Helpers" project that was funded through the Hepatitis C Prevention and Community-Based Support Fund.
- the Canadian Public Health Association annual conference called "*Our Environment, Our*

Health" on a variety of animation techniques used by the Community Animation Program (CAP) to promote and support healthy communities. The workshop session entitled *The Healthy Communities Toolbox: Techniques and Tools to Engage Citizens Around Health and Environment Issues*, was presented by CAP Health Canada and Environment Canada colleagues from British Columbia, Yukon, Alberta, NWT, Ontario, and Nunavut.

- the Master's Program of the Centre for Health Promotion Studies, University of Alberta on population health theory and proposal development for graduate-level courses.

Alberta Official Languages

To contribute to the development of official language minority communities in Alberta, as described under the Official Languages Act, PPHB Alberta/NWT solicits the participation of francophone communities and provides support to funded projects.

Sharing Solutions Across Borders

Our region hosted two guests from Chulalongkorn University, Bangkok, Thailand. Arranged by the University of Calgary, two Thai scholars visited various government, non-government, and academic organizations to learn more about health promotion practice and policy at multiple levels of the health system. The scholars were part of a research project to develop a long term strategic plan for the Thai Health Promotion Foundation. This exchange was an opportunity for the PPHB Team and the Thai scholars to discuss funding models, community capacity building, and the dissemination of population health promotion concepts.

Final Remarks

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The creation of this document has provided an opportunity for the Health Canada, PPHB Alberta/NWT Region staff to share with you the diverse and interesting work that was done in our Branch over the past year. We hope the information has given you an insight into the wide ranging activities, programs and projects that fall within our mandate.

Our goal is to continue supporting the development of excellence in population health promotion programs in this Region. We will continue to embrace the process of learning through collaboration, partnerships and evaluation and share the results of the work that is being done in our Region.

We welcome your feedback. If you have any questions, or suggestions, please contact our office or visit our website.

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