

POPULATION AND  
PUBLIC HEALTH BRANCH

# highlights of our work

ALBERTA/NORTHWEST  
TERRITORIES REGION

april 1, 2003 - march 31, 2004

## annual summary



Health  
Canada

Santé  
Canada

Canada

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# Message from the Regional Director

*I am proud to share with you our 3<sup>rd</sup> Annual Report for the Population and Public Health Branch, Alberta/ Northwest Territories Region. This has been a truly exciting year full of new activities and new partnerships.*

In an effort to meet the changing needs of the Aboriginal population, Aboriginal Head Start saw the opening of three new sites this year in Edmonton, Calgary and the East Prairie Métis Settlement. New partnerships were developed with local communities and key stakeholders to begin to address issues that are multi-sectoral in nature, such as, homelessness and Fetal Alcohol Spectrum Disorder. At a more global level we were able to facilitate the signing of a Memorandum of Understanding which has resulted in the Alberta Healthy Living Network becoming a demonstration site for the Countrywide Integrated Noncommunicable Disease Intervention Programme of the World Health Organization.

As this chapter draws to a close for the Population and Public Health Branch we open another and anticipate the coming year and a new Public Health Agency. We, as your partners, maintain our commitment to Albertans and to providing support for the promotion of good public health. In sharing this report with you, our partners, we acknowledge and thank you for your hard work in achieving our mutual goals and objectives.



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

Don Onischak  
REGIONAL DIRECTOR

# Canada Prenatal Nutrition Program

## Making a Difference

All CPNP projects participate in ongoing performance measurement activities. Recent highlights from the results of *Alberta Welcome Card* reports, (a measurement tool used by all CPNP projects), demonstrate that CPNP projects are reaching the target population of women living in conditions of risk.

- Consistent with the objectives of CPNP, the reasons that were cited most often for women visiting the program included learning about healthy pregnancies (58 per cent), and learning about ways to care for their baby (45 per cent).
- Other reasons that were cited for women attending the program included accessing food, food vouchers and or food coupons (51 per cent) and learning about healthy eating (44 per cent).
- The results also indicate that approximately 85 per cent of all women surveyed noted that they were breast-feeding at hospital discharge.

- Alberta CPNP projects partnered with businesses, schools and not-for-profit organizations. Almost two-thirds of Alberta projects also partner with substance-abuse agencies.

### The Alberta CPNP Prenatal Tobacco Cessation Pilot Project Update

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 purpose of the pilot was to train CPNP project staff to intervene more effectively with those women who smoke (58 per cent of Alberta CPNP participants). Approximately 250 CPNP participants who use tobacco participated in the pilot project and 50 staff received training on how to administer the intervention. Results from the pilot indicated that between first and last prenatal contact the proportion that had quit between these two times nearly doubled from 16% to 31%. These results are in line with what has been observed with similar interventions with similar populations. The learnings from this pilot are already being applied to on-going training initiatives in the Alberta region to address tobacco, alcohol and other drug use pre and post-natally.

*"This program has helped me in many ways since I found out I was pregnant. I have received ongoing advice, encouragement and support. Without the program, I wouldn't have had the perfect healthy baby that I did."*

Quote from a parent participant.

## 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, Métis or Inuit
- are refugees or immigrants
- live in isolation or with poor access to services

## FACTS & FIGURES

22 projects were supported;  
\$2,434,210 were allocated

Approximately 6500 women were served

# 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 6 years of age who are living in conditions of risk. CAPC projects focus on children while also providing parents with the 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
- cultural programs and celebrations
- healthy physical activities
- literacy development
- community development
- community gardening

## FACTS & FIGURES

28 projects were supported;  
\$5,439,896 were allocated

A total of 4,753 children and adults received service in a typical month

284 communities throughout Alberta were served

## Making a Difference

CAPC continues to play a valuable role in Alberta communities. 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, overcome limitations and participate in the community more fully.

## Highlights and Outcomes

Performance measurement is an ongoing aspect of programming. Highlights reported by projects include the following:

- the top three objectives cited by CAPC projects include: improving parenting skills, improving child development and decreasing social isolation.
- consistent with our commitment to serving isolated communities, approximately 64 per cent of CAPC projects indicated that they serve rural and/or isolated communities

- CAPC projects have demonstrated evidence of successful partnerships. The top two partnerships cited were health organizations and educational institutions. A total of 413 partners were reported across the 28 projects
- CAPC projects reported solid involvement of volunteers in their programs. A total of 784 hours per month were donated from past and current participants, 719 hours per month were donated from partner organizations and 1620 hours per month from individuals that volunteered from other organizations
- families from a variety of cultural groups including Aboriginal populations (First Nations, Métis and Inuit) participated in the projects

*"I am grateful to this community project. I have not only learned many positive parenting skills that have helped me nurture my children in the best possible way, but [the project] also provided me with the strategies to manage stress in my life and feel better."*

Quote from a parent participant

## CAPC's 10th Anniversary

The origin of CAPC comes from the 1990 United Nations World Summit for Children. In 1992 the Government of Canada initiated a response to the summit with a National Plan of Action which was the birth of CAPC. Project implementation began in 1994 in Alberta

In recognition of 10 years, the Alberta region held a celebration event in November 2003 in Edmonton for CAPC project staff. A total of 49 long term service certificates were awarded to project staff who have been with CAPC since the early years of the program.



# Fetal Alcohol Spectrum Disorder

## Making A Difference

Funding was provided to CAPC and CPNP projects to:

- train project staff
- purchase FASD resource materials
- host community workshops
- provide follow-up support and learning modules in applying motivational interviewing techniques
- provide more intensive levels of programming
- undertake and support activities commemorating International FASD Day in 11 communities across Alberta

In addition to supporting specific initiatives, project funding was allocated for the following purposes:

- to sponsor seven regional training sessions for projects and community agencies working with substance-using women who are pregnant
- to support the development of a community-based proposal for an inter-departmental, cross-jurisdictional pilot project to address the links between FASD and homelessness in the Edmonton area

- to support a mini-conference on FASD hosted by the Alberta Cross-Ministry Committee on FASD

Over the past year, Health Canada has worked with a National Advisory Committee on further developing national diagnostic standards and 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.

### A Strong Vision for the Future

**Imagine** a world in which individuals, families/caregivers and communities across Canada protect children from prenatal exposure to alcohol... a world in which FASD is effectively prevented in all communities across Canada.

**Imagine** a world in which diagnosis, supports and services are available and accessible for people with FASD and their families throughout their lives.

**Imagine** that in this world, Canadians recognize FASD as a disability and demonstrate compassion and respect for those with FASD so that they are able to participate in society to the best of their abilities.

**Imagine** that in this world, Canadians have compassion and respect for women at risk of having a child with FASD and understand that this disability is preventable through effective and concerted action to address the underlying risk factors.

**Moving forward calls for commitment, leadership and collaboration.**

For a complete electronic copy of the Framework document, visit [www.healthcanada.ca/fas](http://www.healthcanada.ca/fas)

## 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 several 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 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 Canada Prenatal Nutrition Program (CPNP), Community Action Program for Children (CAPC) and Aboriginal Head Start (AHS) programs.

## FACTS & FIGURES

\$75,000 were allocated

# 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

3 new AHS sites were funded

17 projects with 21 sites were supported; \$4,402,480 were allocated

Approximately 490 children were served

## Making a Difference

Alberta AHS sites participate in ongoing performance measurement processes.

Highlights from a baseline assessment of Alberta AHS sites revealed the following demographic information:

- the mean age of child participants in the program is 4.26 years of age.
- approximately 49 per cent of child participants in the program are female and 51 per cent are male.
- the cultural background of the children in the program showed that: 52 per cent are First Nations, 42 per cent of children in the program are Métis.

- primary reasons parents cited for participating in the program included meeting other parents, learning other parenting strategies, learning more about Aboriginal culture, learning some of the local Aboriginal language and for parents to learn how to help their child learn

An analysis of outcome data submitted from a sample of the AHS sites for the past school year is currently underway. Performance measurement tools are being refined based on consultations with the AHS Evaluation Subcommittee, which is comprised of program coordinators from various AHS sites and Health Canada staff.

## Alberta Aboriginal Head Start Regional Conference 2004

In March 2004 the Alberta AHS Committee hosted a successful regional training conference in Edmonton with the theme "A Journey of Lifelong Learning". This event attracted 200 participants including Elders and 25 delegates from the on-reserve AHS programs. The opening address was conducted by the Deputy Prime Minister, the Honourable Anne McLellan, and the closing address was conducted by the Minister of State for Children and Youth, the Honourable Ethel Blondin-Andrew. The conference featured workshops on enhancing cultural curriculum, wellness, stress management, heart beat of the drum, children's literacy programs, effective behavioural supports, time management, developing hands-on art materials, traditional dancing and singing, and principles and guidelines of AHS.

## Aboriginal Head Start Expansion and Enhancement

Expansion funds were used to increase the number of sites within the province of Alberta. An environmental scan examined demographics and related information on the Alberta Aboriginal population to determine the most suitable locations for the development of the new AHS programs. Edmonton Ben Calf Robe Society and the East Prairie Métis Settlement were the successful applicants of the Request For Proposal process. Expansion funds were also instrumental in supporting the Aboriginal Resource Centre in Calgary.

# Population Health Fund

## Making a Difference

### Creating supportive social and physical environments

Schools are a critical part of the social and physical environment that shape the behavior of youth. Projects used a variety of strategies to support active living and healthy eating in school and community environments, such as “Nutrition Family Fun Night”; promoting the use of active transportation to and from school; creating “Activity Boxes” to encourage active play at recess and at home; and weekly cooking classes. Longer-term changes in the school environment were supported through a number of healthy school policy initiatives, which included the creation of the *Healthy School Planning Guide*, the development of a local school nutrition policy; and the development of policy recommendations for supporting healthy environments for schools at local, district, and provincial levels.

### Addressing cultural and economic barriers

Poverty and marginalization have been recognized as fundamental causes of inequities in health<sup>1</sup>. A variety of strategies were implemented to increase the access of underserved populations to healthy eating and active living opportunities. Seven out of eight school-based projects initiated low or no-cost recreation activities and opportunities for youth to develop skills in choosing and preparing nutritious foods on a low-income budget. A provincial food security network was developed along

with tools and resources for communities to take action on food security. Access to social support and resources for healthy living were made available to new immigrant communities in Edmonton and to francophone communities throughout Alberta.

### Supporting collaborative action

A significant number and range of partners at various levels were engaged in addressing physical activity and nutrition issues for school-aged children and youth. In particular, partnerships between health and education sectors were strengthened. Other sectors involved in project activities include recreation, social services, business, agriculture, and environment.

### Building community capacity

Population Health Fund projects enhanced community capacity through volunteer training, community-based workshops, professional development initiatives, and mapping of neighbourhood assets to support healthy eating and active living opportunities. At least 200 educators (including teachers, principals and administrators) from 25 school districts across Alberta increased their knowledge of effective health education practices. Volunteers in 30 communities increased their skills in healthy school policy development, food security, group facilitation, and their knowledge of low-cost recreation opportunities.

*“The school division has gained exposure related to involvement in addressing student health issues. Board members and school administration have become convinced of the school division’s responsibility in building healthy policies.”*

Quote from a project sponsor

## Program Description

The goal of the Population Health Fund is to increase community capacity for action on or across the determinants of health, including social and physical environments, health services, personal health practices and coping skills, gender, healthy child development, employment and working conditions, education, and culture. Funded projects must facilitate joint planning and coordinated action among voluntary organizations, governments, and/or the private sector.

The priority for regional funding was to support projects that would contribute to the reduction of the burden of chronic, non-communicable disease through activities focussed on school-aged children and youth in their home, school, and/or community environment.

## JOINT DIABETES AND POPULATION HEALTH FUND PROJECT MEETING

## FACTS & FIGURES

14 projects were supported;  
\$765,000 were allocated.

<sup>1</sup> Canadian Institute for Health Information (2004). *Improving the Health of Canadians*.



# Diabetes Prevention and Promotion Contribution Program

## Program Description

The Prevention and Promotion Contribution Program is a component of the Canadian Diabetes Strategy, a broad five-year strategy 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:

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

*"Making [the school] junk-free has dramatically changed the eating habits of the students. Not allowing students to eat junk here has encouraged them to try healthy snacks and they do enjoy them now."*

...Teacher

40 project representatives from 22 Diabetes and Population Health Fund projects attended a two-day project meeting in January 2004. The focus of Day One included project sharing, network mapping and a presentation of the Alberta Healthy Living Framework. Day Two featured the introduction of a planning tool for community capacity building and a review of project evaluation methods.

## FACTS & FIGURES

11 projects were supported;  
\$457,848 were allocated

## Making a Difference

*Encouraging behaviours and skills to help prevent diabetes*

The Good Food Box program in Camrose offered community members an opportunity to purchase fresh fruits and vegetables at an affordable price. To date over 80 people have joined the program. Members reported that they ate more fruits and vegetables since joining the program.

In Bonnyville, 25 youth learned how to read recipes and food labels, plan menus, and cook healthy meals through the Young Chefs Program. As a result of the project, summer employment was offered to a participant by a local chef.

Over 75 children in Red Deer participated in a summer program focusing on healthy eating and active living. Parents commented that their children ate less junk food, requested healthier foods, and wanted to be more active. The program also motivated parents to start walking with their family.

Schools used a number of unique strategies to encourage healthy eating and active living, including community gardens, building bird houses and nature walks, and introducing healthier choices in school vending machines. School staff and parents reported that students ate more fruits and vegetables, and have become more active.

*Raising awareness about diabetes and its key risk factors*

Newsletters, information sessions, and community gatherings were used to increase public awareness about type 2 diabetes and its key risk factors. Target populations reached include people with chronic mental illness and their caregivers, low-income children and their families, and ethnocultural communities.

*Identifying effective approaches for the primary prevention of type 2 diabetes*

The Beyond an Apple a Day (BAAAD) project identified the nutrition and physical activity practices of Alberta youth and the key influences and barriers they face in adopting these practices. The project results indicated that some youth in Alberta are not meeting their nutritional requirements (especially girls), and that physical activity levels of youth decreased with age. The support of the school principal and the benefit to students were identified as important influences on decisions regarding physical activity and nutrition-related health issues in schools. The results will be used to influence policy and program development around physical activity and healthy eating for youth.

Training was provided to 15 multicultural health brokers in Edmonton to improve access to linguistically and culturally-appropriate diabetes prevention education. In addition to the translation of diabetes prevention materials, the multicultural health brokers implemented 18 community education activities such as meal planning workshops. Over 785 people participated in the activities in eight ethnic communities.

A project targeting the Indo-Asian community in Calgary developed culturally relevant posters, pamphlets, and fact sheets on diabetes prevention, healthy eating, and active living. The project also held eight diabetes awareness and educational events in which nearly 2000 Indo-Asians participated; and developed six television-based educational programs in Punjabi on diabetes prevention. The participation of project team members and volunteers from the Indo-Asian community played a key role in the success of the project and the accessibility of project activities to the target population.

# Hepatitis C Prevention and Community-Based Support Fund

## Making a Difference

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

Well-established partnerships enabled Alberta Non-Prescription Needle Use (NPNU) Consortium Task Groups to make a significant impact on the level of awareness of hepatitis C among at-risk youth, Aboriginal youth, non-prescription needles users, and those under incarceration. New partnerships were formed with the University of Alberta, the University of Calgary, Aboriginal film production companies, methadone experts and people involved in harm reduction research and practice from across Canada and the United States. The planning and implementing of project activities provided Task Group members with a common vision and the resources to strengthen pre-existing partnerships. Task Groups' capacity to implement harm reduction practices and to accomplish goals was also increased.

Preventing hepatitis C and supporting persons infected with, affected by, or at risk of developing hepatitis C

Projects developed resources, presentations, and outreach activities. A public service announcement was created by at-risk youth to address crystal methamphetamine use and how it affects the health of the user. An instructional video involving 'real life' scenarios was also developed and produced by Aboriginal youth to teach peers about hepatitis C risk factors and how to implement harm reduction practices.

Other products developed include:

- a harm reduction curriculum for social work students, a 'release kit' to help support women recently released from correctional institutions to reintegrate into their communities
- a toolkit for starting a hepatitis C support group
- a provincial harm reduction library database
- an *Inmate Health Study* that outlines risk behaviours of inmates in provincial correctional institutions

Projects presented information ranging from best practices in opioid treatment, available harm reduction resources, and supporting the mental health of those infected with hepatitis C, to preventing hepatitis C transmission.

Presentations were delivered to incarcerated populations, Aboriginal groups, youth service organizations, university students, physicians, and other health care professionals.

Projects actively engaged at-risk populations in planning, implementing, and achieving project outcomes. For example, injection drug users were supported to form their own advisory committee to guide the planning of the Alberta Harm Reduction Conference; infected peers reached out to each other in learning about and coping with hepatitis C; and at-risk and Aboriginal youth were brought together to design their own harm reduction video to prevent hepatitis C infection.

## 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 Region 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

## Hepatitis C Funding Process

Over the past year, hepatitis C project funding was distributed through the NPNU Consortium. The purpose of the NPNU Consortium is to reduce the harms associated with NPNU as they relate to blood-borne pathogens such as HIV and hepatitis. Membership in the NPNU Consortium is province-wide and represents the following sectors: education, corrections, health care, policing, human resources and development, harm reduction, AIDS service organizations, addictions, and mental health.

National priorities of hepatitis C funding are to prevent new hepatitis C infections and to support those already affected among youth, Aboriginal populations, prison populations, and intravenous drug users.

## FACTS & FIGURES

9 projects were supported;  
\$254,071 were 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 \$3,012,687<sup>1</sup>.

This year, ACAP contributed \$682,687 for disbursement through the ACHF. Sixteen ASOs received operational funding for programming and staffing key positions; 15 projects, sponsored by other community-based organizations, were also supported in Alberta. ACAP funds also supported activities related to the implementation of the ACHF Provincial Evaluation Framework.

## Making a Difference

The Alberta Community HIV Fund (ACHF) Provincial Evaluation Framework

In 2002, a comprehensive evaluation framework was designed and implemented to account for the collective results of HIV/AIDS work funded through the ACHF. *The Response to HIV in Alberta: Mid Cycle Report* (McCaffrey, 2003) was released to describe the extent to which ACHF has responded to the context and trends of HIV transmission in Alberta for 2001 to 2003. Key findings are summarized below.

### Capacity Building for HIV Programming

Qualitative evidence demonstrates capacity for HIV programming has been enhanced through the development of policies for volunteer training, recruitment, and retention; the availability of a wide range of training opportunities for staff, board, volunteers and clients; and the inclusion of the target population in programming activities. Areas for improvement were also identified and include data collection and analysis.

### HIV/AIDS Program Outcomes

Program outcomes include the integration of HIV/AIDS issues within other organizations and sectors, public and target population awareness regarding HIV/AIDS, the capacity of persons living with HIV to cope, and quality end of life care. The level of integration of HIV/AIDS issues into other sectors is inferred through multi-sectoral representation on the ACHF Provincial Population Health Consortium and through AIDS Service Organization (ASO) partnerships with organizations from various sectors other than health. An evaluation study was conducted to assess the extent to which ASO work has contributed to HIV/AIDS issues being integrated into other organizations and sectors. The study shows that ASO

partner organizations were positive about their relationship with their ASOs and they benefited substantially from such relationships and partnerships. The relationships between an ASO and partner organizations varied from largely collaborative partnerships to those where the partner organizations were highly dependent on the ASO.

Qualitative evidence from *The Response to HIV in Alberta: Mid Cycle Report* implies that the capacity of persons living with HIV/AIDS to lead safe and healthier lives has been enhanced through access to a variety of peer and professional supports. Report findings demonstrate positive change in awareness, attitudes, knowledge, and skills of target populations.

### Knowledge Development

Knowledge development, including "lessons learned" and contribution to "best practices" resulting from HIV/AIDS programming was assessed. Key lessons learned were identified, including financial management; target populations; education of human service professionals; client perceptions of services offered; and effectiveness of partnership models.

## ACHF Capacity Building Workshop

In September 2003, the first ACHF Capacity Building Workshop was delivered to funded organizations as well as organizations who were interested in applying to the ACHF. There were 37 participants from both rural and urban Alberta who attended the one-day interactive workshop. Overall, the feedback from participants was positive. Participants of the workshop developed new skills in creating program logic models, developing ACHF proposals, and program evaluation planning. The workshop also provided an opportunity for participants to network with other organizations.

<sup>1</sup>As of February 25, 2004.



# Community Animation Program

## Making a Difference

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

Understanding of the link between health and water quality was promoted in several communities. For example, Lac St. Anne residents were educated about the impact of shoreline activities on the health of their local lake ecosystem and participated in 10 home site assessments. Support through CAP also provided an opportunity for 43 grassroots organizations to attend the Mountains as Water Towers Conference. The purpose of the conference was to provide access to national and international expertise and to develop new relationships and partnerships to address water issues in Alberta.

A variety of methods were used to increase public and industry awareness of the links between cosmetic pesticide use and health, such as a residential door-to-door campaign, the development of a pesticide education program for industry, a radio segment aired in Banff National Park, and a health and environment fair for Pakistani Canadians. The extensive public outreach on the link between cosmetic use of pesticides and health has fostered a policy review regarding residential pesticide use in two mountain communities.

Examples of resources and educational activities that were undertaken to promote the relationship between the environment and health include:

- utilizing film and multidisciplinary/visual arts as a forum to raise public awareness on issues such as recycling, consumerism, and genetically modified foods
- developing a "Young Naturalists" handbook for children and their parents to encourage awareness of the natural environment and environmental issues, and to

cultivate a sense of responsibility and respect for the community

- creating a radio series featuring information on such diverse issues as water and air quality, hazardous materials, and mountain risks, and providing positive actions that the listener can take
- creating and delivering a presentation on the environment and health, which incorporated traditional First Nations' beliefs, to over 75 Aboriginal youth

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

Opportunities for individuals and organizations with common interests to connect include three community gatherings held in Fort McMurray, Edmonton, and Lethbridge to identify key urban ecosystem health issues. A workshop was also held for stakeholders to determine the feasibility of creating a stewardship network. A key outcome of the workshop was commitment to the development of a provincial network to assist local stewardship groups to deliver their activities more effectively and efficiently. A follow-up session to advance the outcomes of the workshop will be conducted in June 2004.

Projects developed individuals' skills in organic gardening and naturalization practices through a naturalist-in-residence program, a community youth garden and camp, a large rural organic community garden, and a local Spanish community gardeners group.

Several organizations have reported an increased ability to support action on health and environment issues as a result of increased knowledge and skills in volunteer recruitment, fundraising and accessing sources of funding, program planning and evaluation, as well as increased recognition of potential opportunities to collaborate with new partners.

## Program Description

The Community Animation Program (CAP), jointly managed by Health Canada and Environment Canada, was introduced in 1994 to support projects that demonstrated action on health and environment-related issues. The goals of CAP were 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

14 projects were supported

Health Canada and Environment Canada contributed equally for a total allocation of \$100,000

Funding for CAP ended March 31, 2004



# Special Initiatives

## Capacity Building

### Parenting for a Literate Community

In the past year, projects in the Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) received training in family literacy. Training was based on the resource, *Parenting for a Literate Community*, a program designed to promote early literacy through family and community activities performed in daily life. Training was coordinated by an Advisory Committee comprised of representatives from six different Alberta CAPC and CPNP projects in collaboration with two trained facilitators. An action plan was developed for each of the projects that were present. More than two thirds of the action plans were implemented by project staff. Projects noted increased awareness of family literacy, increased staff skills towards creative approaches to literacy, increased literacy partnerships in the communities served, and integration of increased literacy in CAPC and CPNP programming.

### Risk Management Workshops

The objective of the training was to provide an overview of risk management and look at ways to address risk to attain greater organizational health. In particular, roles and responsibilities of project sponsors (board and staff) in delivering government funded projects were reviewed and issues of organizational capacity as identified by sponsor agencies were discussed. Sessions were held in Edmonton and Calgary. A total of 20 participants from projects and a variety of stakeholder groups were in attendance. The workshops provided an opportunity for both board and staff to come together to discuss risk management, identify what it means for their organization, and share experiences with other agencies in the province. Participants noted an enhanced understanding of the roles

and responsibilities of board and staff to ensure policies and procedures are well established.

### Connex.ca

An official Connex.ca launch was held in November 2003 as part of the CAPC 10th anniversary celebration. Connex.ca is a web portal, intended primarily as a communication tool for CAPC, CPNP, and AHS projects to network and share information among themselves. Connex.ca also serves as a vehicle for communication between funded projects and Health Canada. The co-management team is comprised of a project representative from each of the three funding streams; CAPC, CPNP, and AHS, with the support of Health Canada representatives. This team is responsible for guiding and overseeing the development of the web portal, the project progress, and evaluation. A number of training sessions were offered to project and Health Canada staff, from November through to the end of March 2004. Feedback on the training sessions was very positive.

The past year provides a benchmark for Connex.ca moving from a developmental phase into an active implementation phase in 2004-2005.

### Fetal Alcohol Spectrum Disorder and Tobacco Cessation Training

Through a partnership with the Alberta Alcohol and Drug Abuse Commission, PPHB Alberta/NWT Region provided funding for training for CAPC and CPNP project staff and other community agencies on working with substance using women who are pregnant. A newly developed screening, intervention and referral resource was introduced to participants, along with the outcomes of the regional PPHB tobacco cessation pilot projects. CAPC and CPNP projects hosted seven training sessions in six communities across Alberta, attended by over 200 project staff and front line workers in attendance. Participants

expressed a high degree of confidence in applying the training in their work with at-risk clients.

### Community Capacity Tool

The Health Canada Chief Scientist Strategic Science Fund enabled PPHB Alberta/NWT Region to develop a community capacity measurement tool to plan, reflect, and build capacity within the context of regionally funded community health projects. The tool was presented to community groups, government employees, health promotion practitioners and evaluation professionals at various events that included the *2004 Joint Population Health and Diabetes Workshop*, the *Community Animation Program Workshop*, and the *Effectiveness of Community Interventions Project Workshop*. There has been significant interest expressed by health promotion practitioners internationally and across Canada to use it with local community groups. Funded groups will use the tool to help track the capacity building process during the course of their project. The tool will also be presented at the *2004 Canadian Public Health Association Conference*.

### Student Development

Staff participated in the instruction of graduate students of the Master's Program, Centre for Health Promotion Studies, University of Alberta, on population health theory and proposal development.

### Looking Through a Wider Lens Workshop Kit

Staff presented the *Looking Through a Wider Lens Workshop Kit* to First Nations and Inuit Health Branch regional managers, nursing staff, and environmental health officers. The resource will be used with on-reserve Aboriginal communities and other partners to increase understanding of the population health approach and to increase the application of evidence in intersectoral priority setting.

## Interdepartmental

### Fetal Alcohol Spectrum Disorder and Housing

PPHB Alberta/NWT Region provided funding for the development of a study by the United Way, Success by Six, and Region 6 (Child and Family Services Authority) FASD Committee to identify housing needs of FASD affected families in Edmonton and to propose a supportive housing model. PPHB Alberta/NWT Region will work in partnership with Human Resources and Skills Development Canada, Alberta Children's Services, the Edmonton Housing Trust Fund and Catholic Social Services on the development of a supportive housing pilot project.

### International Women's Day

A presentation on the challenges and rewards of a career in the public service was given at the "Women as Role Models" International Women's Day event which recognized the contributions of women in the federal public service in Alberta.

## Intergovernmental

### Promising Practices, Promising Futures

PPHB provided funding to Alberta Children's Services and the Alberta Cross-Ministry Committee on FASD to support a conference on FASD, entitled *Promising Practices, Promising Futures*, held in March 2004 in Red Deer. Over 200 participants from across the province, including government representatives, service providers, and community stakeholders, attended the conference and shared best practices.

### Alberta Healthy Living Network and Alberta Healthy Living Framework

The Alberta Healthy Living Network (AHLN) was formed in 2002 to provide leadership for collaborative action to promote health and prevent chronic disease in Alberta. In 2003, the AHLN developed the *Alberta Healthy Living Framework: An Integrated Approach* to facilitate the coordination of provincial action strategies on common risk factors (unhealthy eating practices, tobacco use and physical inactivity), and their underlying determinants of health for chronic disease prevention. The Framework describes the vision for

healthy living, the underlying principles and values to guide the vision, and the priority strategies for healthy living in Alberta.

The *Alberta Healthy Living Framework: An Integrated Approach* was officially launched in November 2003. Approximately 250 individuals attended in Calgary and other videoconference locations across Alberta. The event featured Dr. Leonard Syme, Professor of Epidemiology (Emeritus), School of Public Health, University of California who presented *Interventions to Improve Health: The Importance of the Community as an Empowered Partner*. The launch also included a review of national and international perspectives on healthy living and local examples of integrated chronic disease prevention. The event was supported by PPHB Alberta/NWT Region in partnership with Alberta Health and Wellness, Calgary Health Region, Canadian Cancer Society, Canadian Diabetes Association, and the Heart and Stroke Foundation.

### Countrywide Integrated Noncommunicable Disease Intervention Programme (CINDI), World Health Organization

As a result of its leadership and innovation, the AHLN was nominated as a demonstration site for the CINDI program of the World Health Organization. The CINDI programme provides support to over 105 demonstration sites in 30 countries, in various socio-economic and cultural settings, to facilitate an evidence-based approach to public health and health promotion.

In July 2003, the Federal Minister of Health, the Honourable Anne McLellan and the Provincial Minister of Health and Wellness, the Honourable Gary Mar signed a Memorandum of Understanding that demonstrated mutual commitment and support of AHLN as a demonstration site.

As a demonstration project, the AHLN is committed to facilitating community involvement, collaboration, capacity building, and integrated approaches, as well as strengthening networks, using best practices, mobilizing communities, and building healthy

environments through policies and practices to prevent chronic disease. The CINDI program provides an opportunity for the AHLN to build on lessons already learned, to disseminate and share Alberta's best practices and to potentially influence the direction of future research projects and the establishment of health policies nationally and internationally.

### Chronic Diseases in Alberta: Cost of Treatment and Investment in Prevention

Chronic disease places a significant social and economic burden on individuals, families and communities, and is a major cause of morbidity and premature mortality in Alberta. As a result of the increasing focus on integrated action to prevent chronic disease, a study funded by PPHB Alberta/NWT Region and Alberta Health and Wellness was undertaken to estimate the cost of chronic disease and investment in prevention in Alberta. Using data from the *Canadian Community Health Survey* and provincial cost data, the province wide economic burden of chronic obstructive pulmonary disease, heart disease, lung cancer, and diabetes was estimated. A province wide survey of organizations involved in the prevention of chronic disease attributable to specific risk factors (inactivity, nutrition, smoking) was conducted to estimate the total provincial investment in these activities in 2003.

## Community Outreach

### Developing a Network Mapping Template and Measurement Tool for the Alberta Healthy Living Network (AHLN)

AHLN and PPHB Alberta/NWT Region partnered to facilitate a network mapping project to assess the level of collaboration and integration among chronic disease prevention and healthy living organizations in Alberta. The connections between member organizations of the AHLN were identified and the nature and strength of these linkages were examined. A preliminary analysis of the findings will be presented May 2004. The information will be used to strengthen

partnerships and to enable coordinated mobilization of resources in the community to address the strategic priorities identified in the *Alberta Healthy Living Framework*.

#### **SummerActive School Resource**

Ever Active Schools, Schools Come Alive, and Dietitians of Canada (Alberta and Territories) developed the *2004 SummerActive School Resource Guide* to support the promotion of the national SummerActive campaign in schools throughout Alberta. The Guide includes information on how students, school staff, administrators, parents, and community partners can work together to create environments that support healthy eating and active living for students in Grades K-12. The Guide was disseminated to every school community in Alberta. Funding for development of the resource was provided by PPHB Alberta/NWT Region.

#### **Official Languages**

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

Programme Franco-Accueil, a CAPC project in the St. Paul area provides culturally and linguistically appropriate services for at-risk francophone children and their families by undertaking four major activities: health promotion for children from 0 to 6 years of age through articles in newspapers and local newsletters; home visiting; and services such as play groups and parent support groups for at-risk families. The project links with regional agencies and government institutions to ensure that services are provided in French for the francophone population of the region. Families have indicated that the Programme meets their needs by providing access to information in the French language, supporting their role as parents, and enabling them to use the French language in their everyday lives.

Accès-santé received funding through the Population Health Fund. The project sponsor and partners supported francophone families across the province in accessing appropriate health care information, services, and resources in French through regional resource centres, home visitation programs, and the development and dissemination of health and social service directories. The project partners developed and disseminated information in French about the links between literacy and health and produced a literacy toolkit for health and social service professionals.

## Final Remarks

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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 suggestions, or questions, please contact our office or visit our website.*



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## annual summary report

Health Canada • Population and Public Health Branch • Alberta/NWT Region

HIGHLIGHTS OF OUR WORK • APRIL 1, 2003 – MARCH 31, 2004

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