

POPULATION AND  
PUBLIC HEALTH BRANCH

# highlights of our work

ALBERTA/NORTHWEST  
TERRITORIES REGION

april 1, 2001 - march 31, 2002

## annual summary



promoting  
health



Health  
Canada

Santé  
Canada

Canada

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# Promoting Health

**The Population and Public Health Branch, Alberta/Northwest Territories Region (PPHBAB/NWT)<sup>1</sup> is dedicated to promoting the health of Canadians.**

In the Alberta and NWT Region we had an exciting year of working together with committed partners. Our initiatives covered a range of health issues including diabetes prevention, injury prevention, children's health and the environment. Our programs reached a variety of groups who have unique needs within our diverse population. Some examples are: people living in remote areas, Aboriginal children and pregnant adolescents. Through our programs we have served over 180 communities in Alberta and the NWT.

Together with our partners, we have worked to deliver programs in the spirit of collaboration and with respect for communities and individuals. We have included program updates, program results and special initiatives in this report of our activities.

## Working Together

PPHB AB/NWT worked collaboratively with many partners to deliver population health promotion programs in the Alberta/NWT Region. We have also collaborated internally and with other departments through horizontal committees to ensure a coordinated approach to a variety of health issues. All our programs, which are planned and delivered using a Population Health Approach, were implemented and directed through committees that have community, provincial and federal representation.

The **Population Health Approach** addresses the entire range of known factors that determine health, and aims to improve the health of an entire population or significant sub-population.

<sup>1</sup>July 1, 2000, Health Canada transformed the department to improve horizontal management within and outside Health Canada. This led to a name change for our Branch from the Health Promotion and Programs Branch to the Population and Public Health Branch.



**PPHB Alberta/NWT Staff**  
*Working together to support communities taking action on their health.*

# Aboriginal Head Start Initiative

## Making a Difference

Comprehensive evaluations of both the Alberta and the NWT AHS program were completed in 2001. These evaluation results provide information at the provincial, territorial and local site level that will assist Health Canada, as well as projects to enhance and improve the program.

### Evaluation results in the NWT concluded that:

- AHS children in the NWT displayed a significant improvement in school readiness skills.
- The AHS programs were effective in working with children who were initially delayed in the area of school readiness skills.

### Alberta AHS Computer Training

Alberta AHS Coordinators received Internet Training in Edmonton in January 2002. Coordinators and staff learned how to use the Internet and e-mail. The majority of AHS sites are located in remote or rural communities and have difficulty accessing computer training locally.

### Key highlights of the Alberta evaluation include:

#### Parent/Caregiver Expectations:

- 84% of parents/caregivers indicated that they were extremely or very satisfied with the AHS program

#### Culture and Language:

Statistically significant pre-to-post test changes were found in the children's knowledge of:

- cultural events
- traditional foods
- crafts
- respect for adults and elders
- understanding and expressing basic words in an Aboriginal language

#### Education and School readiness:

At the end of the school year, children were significantly more likely to:

- relate positively to other children
- show persistence and try alternatives to solve problems
- know their letters and numbers
- show an interest in and try writing

### 6th National Workshop

Representatives from every province and territory attended "Creating the Best Learning Environments" workshop, held in Edmonton in October 2001. It provided AHS teachers with skills and information to assist in their daily interaction with AHS children and their families. Topics included: Special Needs - Fetal Alcohol Syndrome/Effects; Personal Development; Stress Management; Culture and Language; and Early Childhood Education.

## Program Description

Health Canada introduced the Aboriginal Head Start Urban and Northern Initiative (AHS) program in 1995 to help 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 the program is to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal preschool children in urban and northern settings with a positive sense of themselves, a desire for learning, and opportunities to develop fully and successfully as young people. AHS programs have been operational in Alberta and the NWT since 1996 and 1997, respectively.

Program components for Aboriginal Head Start include:

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

## FACTS & FIGURES

Health Canada's AHS program funds 20 project sites in Alberta, and seven projects in the NWT.

A total of \$2,905,200 was allocated in Alberta; \$806,178 was allocated in the NWT.

Total number of children served: approximately 660.



# Canada Prenatal Nutrition Program

## Program Description

The Canada Prenatal Nutrition Program (CPNP) was introduced in 1994 to help local community organizations address the needs of at risk pregnant women and to improve birth outcomes. The 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 and the NWT, 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

Currently there are 20 CPNP projects operating in Alberta and six projects in the NWT.

Total dollars allocated in Alberta was \$2,585,325; a total of \$490,432 was allocated in the NWT.

48% of Alberta participants had a household income less than \$1,000 per month, 42% were single, and 20% were under 18 years of age.

Total number of women served: 6,330.

## Making a Difference

CPNP makes a huge impact on the lives of at-risk women in Alberta, by empowering them and supporting them in improving their pregnancy outcomes.

### In the past year some key results include:

- 60% of participants whose diet was inadequate at program entry improved over the course of the program.
- 81% of Alberta CPNP participants breast-fed at discharge from hospital, compared to 74% of CPNP participants in the rest of Canada. Women who received

breast-feeding counselling and support were more likely to provide only breast milk to their babies than those who did not receive such support.

- The low birth weight rate for CPNP participants (excluding multiple births) was 6.3%.
- CPNP has a high degree of community ownership. Each year many new programs are “spun off”, hundreds of partnerships with community agencies are reported, and thousands of referrals occur. As a result, CPNP programs have increased the availability of prenatal care in Alberta using existing community resources.

## CPNP Prenatal Tobacco Cessation Pilot Project

- Recent 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.
- In response to a recent CPNP evaluation, which indicated 58% of Alberta CPNP participants smoke, a pilot project was launched in 2002 to train staff from six CPNP Alberta programs to intervene more effectively with these women. The intervention is designed according to the latest evidence-based best practices.
- The evaluation component of the pilot focuses on several key areas including:
  - changes in staff knowledge, perception and competencies in addressing tobacco use in pregnancy
  - women’s response to the approach including: reaction to the resources, attitudes toward reducing smoking and actual behaviour.

*“I feel very fortunate to receive support from a CPNP worker to help me eat healthy...I quit smoking when I found out I was pregnant and I’m still a non-smoker. I breast-fed for about five months and I have been accepted to college in the fall.”*

~ CPNP Mom

# Community Action Program for Children

## Making a Difference

- The national CAPC evaluation reveals that Alberta CAPC projects are embedded in their communities. On average, projects have 15 partners who contribute to the management, coordination, and/or delivery of the project.
- A key principle of CAPC is involvement of participants in determining needs and developing projects to meet those needs. In almost three quarters of Alberta projects, current or past participants played a role in the management of the project, through membership on an advisory committee or the project's governing body.

## Key highlights of individual Alberta project evaluations include:

- Teen parents participating in a CAPC project demonstrated improved understanding of child development and achieved goals

such as keeping their children safe and understanding the signs and symptoms of illness.

- Parents in CAPC Head Start programs reported improvements in their child's behaviour in the areas of independence, knowledge, language use and self care. The majority said they understood their child better and were more comfortable in dealing with schools and professionals.
- Preliminary results from an Aboriginal program showed that participants' identification with Aboriginal culture increased over the duration of the program, as did their knowledge of child development and positive communication in their families.
- Parenting groups in one CAPC project helped a substantial proportion of those parents who had experienced difficulties communicating with and disciplining their children to move into the normal range of scores in these areas.

## Special CAPC Initiatives CAPC Tool Kit

A collaborative outcome evaluation process between Health Canada and Alberta CAPC projects has been under way over the past year. Projects were clustered based on similar project focus, to discuss expected outcomes for children, families and communities, as well as review potential measurement tools. A Tool Kit of measures was prepared by an external consultant. Projects then selected instruments for measuring their outcomes and received training in their use.

## 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 CAPC project is unique. Alberta and NWT projects began operation in 1994.

Examples of services include:

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

## FACTS & FIGURES

Currently there are 28 CAPC projects serving 168 communities in Alberta and five projects operating in four communities in the NWT.

A total of \$5,561,772 was allocated in Alberta; a total of \$548,339 was allocated in the NWT.

Number of children/families served in Alberta in a typical month: 2,343 children and 1,987 adults.

# Rural and Remote Health Innovations Initiative

## Program Description

The Rural and Remote Health Innovations Initiative (RRHII) was a two-year program (ended March 31, 2002) introduced by Health Canada to address the concerns of rural Canadians. The Initiative aimed to:

- improve the health of communities and individuals living in rural and remote areas
- provide models for use across the country
- support the development of a national rural health strategy for Canadians

Alberta priorities for action were:

- injury and suicide prevention
- intersectoral collaboration
- population health promotion model development and evaluation

The Northwest Territories priority for action was Nurse Practitioner model development.

## FACTS & FIGURES

12 projects were funded in Alberta; \$547,927 was allocated.

One project was funded in the Northwest Territories, which received \$102,681.

## Making a Difference

### Preliminary individual project results indicate that projects:

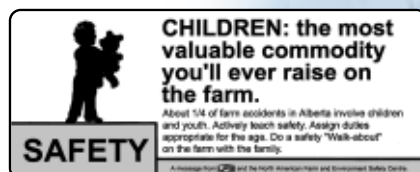
- Contributed to increased access to health services in Beaver County and among the Kanadier Mennonite and Francophone populations in southern Alberta.
- Contributed to increased access to injury prevention and mental health resources across the province, particularly in High Prairie, Grande Prairie and region, and Raymond and surrounding areas.
- Contributed new knowledge for the delivery of preventative health programming in rural and remote communities. Two

comprehensive evaluations provided knowledge of success indicators and success factors for farm safety camps and for integrated community support service delivery models.

- Developed new models for health promotion in rural and remote communities, including a transportation model; community health mentorship model; a health service access model for bilingual communities; a wellness model for marginalized populations in a remote setting; and a collaborative practice model with nurse practitioners for the NWT.

*“Turned out real good. Both my girls phoned 911 when they saw me unconscious. They learned that at the UFA [farm safety] camp.”*

~ A parent's quotation from a six-month follow-up evaluation survey of farm safety camps.



This is a sample of one of 12 farm safety messages created through the RRHII. Three of the messages were later transferred to decals, which were handed out to children at Safety Day Camps throughout Alberta.

# Hepatitis C Prevention and Community-Based Support Fund

## Making a Difference

Following are highlights from a review of individual project results to date:

- The capacity of organizations to provide hepatitis C support has been enhanced through human resource development, new information and knowledge for program development, educational resource development, and the formation of support groups.
- At least half of the projects were involved in increasing public awareness and understanding about hepatitis C. Common strategies for raising public understanding and awareness included: written materials, workshops, theatre, presentations, Internet, and displays. The following populations have been reached through these activities: youth, Aboriginal people, agencies and service providers, correctional service staff and inmates, “at-risk” people (i.e. street-involved individuals or persons who inject drugs), and the general public.
- Work involved in preventing the spread of hepatitis C has focused on raising awareness about hepatitis C prior to individuals being infected and on preventing the spread of the virus by those who are already infected. At least five

projects have focused on youth in an attempt to develop awareness strategies that will reduce risk-taking behaviours. A total of eight projects have included measures to enhance needle exchange programs or other harm reduction strategies to prevent the spread of hepatitis C in drug-using populations.

- Increased capacity to develop partnerships was reported by many organizations. Partnerships have been important for reaching communities and priority populations. The following sectors have been reached to date through project partnerships: social services, education, municipal governments, justice, business, and health.



This pamphlet was created by a project in collaboration with people living on the streets of Edmonton. The pamphlet provides easy-to-understand information about hepatitis C.

## 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. The PPHB AB/NWT addresses hepatitis C through the Hepatitis C Prevention and Community-Based Support Fund.

The Fund aims to:

- 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
- contribute to measures that will prevent the spread of hepatitis C
- strengthen Canadians' response to hepatitis C through increased awareness and capacity

## FACTS & FIGURES

14 projects were supported in Alberta. Eight projects were multi-year projects initiated in 2000-2001; six projects were new initiatives. Total dollars allocated in Alberta: \$316,000.

One project was supported in the Northwest Territories, which received \$39,500.

A conservative estimate of the number of people reached through project activities is 2300.



# Diabetes Prevention and Promotion Contribution Program

## Program Description

Initiated in 2000, as part of the Canadian Diabetes Strategy, the Prevention and Promotion Contribution Program 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

## did you know<sup>1</sup>...

- There are currently *over two million Canadians* with diabetes and approximately *60,000 new cases* diagnosed every year (the highest prevalence is among seniors and Aboriginal people).
- 90% of diagnosed cases in Canada are type 2, which is largely preventable through physical activity and healthy eating.

<sup>1</sup>Health Canada (1999). *Diabetes in Canada. National Statistics and Opportunities for Improved Surveillance, Prevention and Control.*

## FACTS & FIGURES

11 projects were supported in Alberta; \$455,202 was allocated.

One project was supported in the NWT; \$50,578 was allocated.

## Making a Difference

### Highlights of projects completed to date:

#### Increased awareness of the behaviours and skills necessary to reduce the incidence and prevalence of diabetes and its complications

- A Healthy Living Fair, held in Calgary, focused on skills and behaviours that reduce the complications of diabetes, such as: foot care, cooking techniques, and exercise. Of the Fair survey respondents, 77% indicated an intention to make changes in their daily lives. Over 200 people attended.
- The newly piloted Diabetes Health Curriculum Toolkit for NWT children in Grades 5 - 6 will be used by teachers and community workers throughout the NWT to teach children about the links between diabetes, healthy eating, and active living.
- The Healthy Choices cooking clubs for adults, hosted in Hay River, Fort Smith, and Yellowknife provided participants with fast and easy recipes and a greater awareness of locally available ingredients for preparing healthy meals. Children who participated in the Yellowknife and Hay River after school cooking programs developed food preparation skills and improved their food choices.

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

- Albertans viewed the *Nutrition File*<sup>®</sup> public service announcements (PSAs), which included messages about key diabetes risk factors, an estimated

4,093,800 times. The PSAs will be aired again in Spring 2002.

- The Yellowknife Healthy Living Fair was attended by 501 people. In addition to fun activities, this event gave members of the public opportunities to ask questions of health professionals and to test their blood glucose levels. The event received significant media coverage, extending the message about diabetes prevention and its key risk factors. Local students benefited from their involvement in planning and hosting the Fair.

#### Identified effective approaches for the primary prevention of type 2 diabetes

- An Alberta-wide environmental scan and consultation provided information on key stakeholders' views on the issues, needs and challenges for the prevention and management of diabetes in Alberta. This information assisted in identifying priorities for regional initiatives.
- A Community Framework for the Prevention of Obesity identifying a comprehensive approach to prevention of obesity in children and youth was developed.



# Community Animation Program

## Making a Difference

### Following are highlights of individual project results:

#### Developed resources on environment and health issues, including:

- A Community Watershed Toolkit; an alternative transportation video; a satellite imagery and low level aerial photography display that visually demonstrates the cumulative impacts of human land use activities; a community garden resource manual; a database of downtown Edmonton's assets and resources related to health and the environment; a Listserv<sup>2</sup>, database, and website focusing on climate change; and a PowerPoint slide show on suburban sprawl and health.

#### Increased public awareness and understanding of the link between the environment and health

- Over 3,000 people in Alberta and the NWT were reached through CAP project activities.
- An urban natural areas conference, attended by over 200 people, increased public awareness and interest in urban natural areas, and provided participants with an opportunity to discuss their role, and the roles of government, industry and non-government organizations in urban conservation.

#### Developed skills to apply to environment and health issues

- Project staff, volunteers, and participants developed skills related to: grant writing, research, partnership development, project management, database development and management, interviewing, public relations, electronic networking, video production, theatre, and organic seed bank development.

#### Built capacity of voluntary organizations

- A Clean Air Forum was held November 2001 in Edmonton. Participants gained new ideas, skills, and resources to address air quality and health issues.
- Representatives from communities across the NWT attended a workshop in Hay River February 2002 where they identified, planned, and developed potential health and environment projects.
- Expanded organizations' membership base and formed approximately 60 new partnerships, including one with European farmers working with organic seeds.

This video was produced through CAP. The 15-minute video, entitled "Shifting Gears", focuses on alternative transportation.



## 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

One CAP project included the visit of 25 Grade 5 students to an abandoned mine site. After the visit one student wrote an essay about the devastation she saw and submitted it to the United Nations Environmental Programme. As a result, the student was selected to sit on the Junior Planning Team that is organizing the 3rd International Children's Conference on the Environment to be held May 2002 in Victoria for 800 children from around the world.

## FACTS & FIGURES

15 projects and a Clean Air Forum were supported in Alberta.

Nine projects and a Capacity Building Workshop were supported in the NWT.

A total of \$150,000 was allocated in Alberta and the NWT (\$75,000 in each area). Of this total, Health Canada and Environment Canada each contributed \$75,000.

<sup>2</sup>An electronic mailing list of people who wish to receive specified information from the Internet.

# 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 the abilities of organizations to better serve the needs of those most at-risk of becoming infected
- sustain the organizations in their role as a direct link to rapidly changing local conditions

## FACTS & FIGURES

One project was supported in the Northwest Territories through ACAP, which received a total of \$88,349.

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 in pooled funds. ACAP contributed \$847,688 for disbursement through the ACHF. Sixteen ASOs received operational funding for programming, staffing key positions, and overhead and administrative costs; 20 projects, sponsored by other organizations, were also supported in Alberta.

## Making a Difference

### Building capacity for evaluation

Since 2000, a provincial database has been in use to enable all AIDS service organizations to document their work. One example of this documentation is over a one year period, 230,406 male condoms and 1,486 female condoms were distributed in the province, 1,464,351 needles were given out, and 1,512,741 used needles were handed in. Work is underway on a provincial evaluation framework that will guide the analysis of organizations' program and project results.

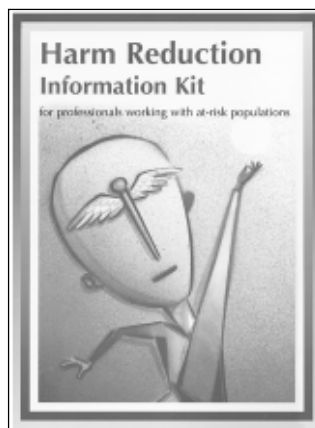
### New toolkit & video

Last year, a Harm Reduction Information Kit for professionals working with at-risk populations was developed through a partnership with the Alberta Non-Prescription Needle Use Consortium. This kit deals specifically with harm reduction and non-prescription needle use. The messages are broad and can be applied to the prevention of

other harmful practices, including drug use, risky sexual behaviour, and smoking. This year, a public service announcement and documentary video are being created to increase Albertans' awareness of harm reduction approaches in the community. The documentary video has also received support through the Hepatitis-C Prevention and Community-Based Support Fund.

### Community action on HIV

Projects and organizations supported through the ACHF have worked extensively on HIV prevention through workshops, the web, theatre, media outreach, mentorship, advocacy, and other avenues. People infected with, and affected by HIV, have been supported through professional and peer support. All funded activities are based on the principles of community development, health promotion, population health, partnerships and collaboration, and evaluation.



This Information Kit was created for professionals working with at-risk populations.





# Population Health Fund

## Making a Difference

**Key results of projects completed in the last two years include:**

### Built community capacity through the development and provision of resources

A number of projects developed resources that enabled health and community agencies to serve their populations better. Examples include a guide for promoting caring and wellness in schools, a directory of French-speaking health and social services professionals, and a “Proposal for Action” outlining priorities for public health in Alberta.

### Built community capacity through the development of skills

Through project activities, some staff and their project partners learned new skills, such as how to conduct needs assessments, develop a peer support model, and strengthen social action. Some of these activities focused specifically on developing skills in youth to research, plan, partner, advocate, write proposals, and deliver workshops.

### Strengthened collaboration

Many projects encouraged networking through workshops and forums. Topics included taking action on child poverty and coordinating appropriate nutrition and active living resources in schools. Other projects facilitated the development of partnerships in various areas including cancer prevention in Métis communities, the development of an integrated chronic disease prevention strategy for Alberta, and the delivery of consistent nutrition and active living messages for Albertans.

### Promoted participation

Some projects directly involved its target population (e.g. seniors and youth) and various sectors (corporate, education, social services, cultural, and recreation) in the planning, implementation and evaluation of their activities.

### Enhanced and shared local knowledge in the community

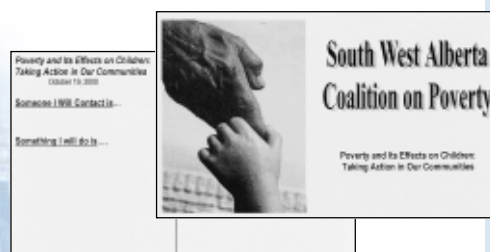
Projects gathered and disseminated information through needs assessments and environmental scans to better inform future activities. Projects also provided information on postpartum depression, Francophone services, tobacco reduction, and healthy living directly to members of the public.

## Program Description

Health Canada initiated the Population Health Fund in 1997 to promote prevention and positive action on those 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, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, healthy childhood development, health services, education, employment and working conditions, gender and culture. The fund aims to increase community capacity on or across 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



Participants at a child poverty forum were asked to complete the postcard above indicating their commitment to take action on child poverty. The postcard was mailed back four months later as a reminder of their commitment.

## FACTS & FIGURES

Five projects were supported in Alberta; \$550,000 was allocated.

One project was supported in the NWT; \$75,000 was allocated.



# Special Initiatives

## Conferences and Training Workshops

### Toward Healthy Living - Preventing Chronic Disease: Working Together in an Integrated Approach

This year organizations involved in chronic disease prevention came together to plan and implement a forum aimed at developing an integrated chronic disease prevention strategy for Alberta. Partners included government ministries, non-profit organizations, community agencies, Regional Health Authorities, and professional organizations. Over 150 people attended the Forum in March 2002.

### Regional CAPC/CPNP Conference: Children and Families Celebrating Strengths

In the past, CAPC and CPNP have held separate conferences. This year, for the first time, a joint conference took place including both CAPC and CPNP programs from across Alberta. For three days, project staff had the opportunity to learn from one another and from conference presenters. The conference facilitated the process of building capacity within projects, thereby enhancing opportunities to better support children and families.

## New Resources

### Population Health Promotion Tree

#### *The Population Health Promotion Tree*

is a plain language tool developed by the Health Promotion Association of Lethbridge and Area in collaboration with PPHB AB/NWT and the Chinook Health Region. The resource is a PowerPoint presentation with speaker's notes that presents health promotion and population health theory in a creative, easy-to-understand format. The resource can be used with community members, health professionals and sectors outside of health. *The Population Health Promotion Tree* uses the structure of the apple tree (roots, trunk, branches, leaves, flowers and fruit) to illustrate the principles of Population Health Promotion.



### Conference Presentations

PPHB AB/NWT staff gave presentations and workshops at a variety of regional and national conferences this year, including the Alberta and Canadian Public Health Association Conferences, Canadian Evaluation Society Conference, and Dietitians of Canada national conference. Topics included intersectoral collaboration<sup>3</sup>, qualitative evaluation research methods and community-based prenatal nutrition programs.

## Academic and research links

PPHB AB/NWT is an active supporter of *The Alberta Consortium for Health Promotion Research and Education (ACHPRE)*. This association of health promotion research centres and regional health authorities, focuses on advancing health promotion research, education and dissemination to inform policy and improve the health of Albertans. Consortium members include: Centre for Health Promotion Studies, University of Alberta; Health Promotion Research Group, University of Calgary; Alberta Centre for Active Living; Nechi Training, Research and Health Promotions Institute; Chinook Health Region; and David Thompson Health Region. The Edmonton Social Planning Council acts as a secretariat for the Consortium.

Links with the University of Alberta have led to opportunities for PPHB AB/NWT staff to present as guest lecturers on the topics of population health, proposal writing, and community health project planning.

<sup>3</sup>Intersectoral collaboration means working with more than one sector of society to take action on an area of shared interest.

## **Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effects (FAE)**

Our region continues to partner with a variety of organizations to address FAS/FAE, including the Alberta Partnership on FAS. Regional initiatives are on-going to enhance the CPNP and CAPC projects' capacity to address FAS/FAE. For example:

- FAS Resource Kits were developed and distributed to all CPNP, CAPC and AHS projects and other stakeholders in Alberta in June 2001.
- PPHB, First Nations and Inuit Health Branch (FNIHB) and the Nechi Training, Research and Health Promotions Institute partnered to purchase Aboriginal FAS table top displays for distribution throughout the province in 2001.

## **Metropolis Project**

The Metropolis Project is an international cooperative research project designed to stimulate multi-disciplinary research on the effects of international migration on cities. Four centres of research across Canada, including the Prairie Regional Centre of Excellence for Immigration and Integration (PCERII), participate

in the Metropolis Project with the support of several federal government departments, including Health Canada.

## **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 AB/NWT participates on a Health Canada working group that addresses the working relationship between the department and voluntary organizations working in health.

## **Official Languages**

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

## **Mobilization of Population Health**

PPHB offices of Health Canada initiated a regional mobilization strategy in 1998 "to document what the regions have learned and accomplished in mobilizing a population health approach, and to use the knowledge gained through the mobilization strategy to inform the theory and practice of population health internally and externally".<sup>4</sup>

Six case studies were documented and analyzed (one from each PPHB Regional Office). Partnerships for *Intersectoral Action in Alberta* and the *Alberta Community HIV Fund* (ACHF) were selected for the case study in our Region. Each case study involved:

- a review of evaluation and background documents
- a review of key products and reports
- interviews with project, provincial and Health Canada staff

A cross-case analysis of the six case studies was conducted to identify collective key learnings in the regional mobilization of population health. Learnings on how to mobilize people to take action on the determinants of health include the importance of:

1. finding people with the same natural affinities, collaborative skills, and passion, and giving them an opportunity to work together
2. building a network of relationships for intersectoral action prior to taking action on the determinants of health
3. ensuring availability and commitment of staff time, where staff are active partners
4. learning more about the underlying interaction among the determinants of health
5. re-examining health and social problems from the angle of other determinants, which can lead to new ways of addressing them

<sup>4</sup>Kishchuk, N. (2001). *Case Studies of the Regional Mobilization of Population Health*. Ottawa: Population and Public Health Branch. P. VI.

# Moving on

On April 1, 2001, the Northern Secretariat became the single delivery point for Health Canada's health promotion and illness prevention programs in the Yukon, the NWT and Nunavut. Over the year we worked to ensure a smooth transition from our office to the Northern Secretariat. All files were successfully transferred to the Northern Secretariat February 1, 2002. PPHB wishes program sponsors continued success as they deliver quality programs in the NWT.

## Final Remarks

**HEALTH CANADA  
Population and  
Public Health Branch  
Alberta/NWT Region**

**EDMONTON OFFICE:**  
Suite 815 Canada Place  
9700 Jasper Avenue  
Edmonton AB T5J 4C3  
Phone: 780.495.2754

**CALGARY OFFICE:**  
Suite 620  
Harry Hays Building  
220 - 4th Avenue SE  
Calgary AB T2G 4X3  
Phone: 403.292.6714

The creation of this document has provided an opportunity for Health Canada, PPHB AB/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 assisted you in gaining a better understanding of 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 the Alberta/NWT 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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## annual summary

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

**HIGHLIGHTS OF OUR WORK • APRIL 1, 2001 - MARCH 31, 2002**

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Suite 815 Canada Place  
9700 Jasper Avenue  
Edmonton AB T5J 4C3

Phone: 780.495.2754

### **CALGARY OFFICE**

Suite 620 Harry Hays Building  
220 - 4th Avenue SE  
Calgary AB T2G 4X3

Phone: 403.292.6714

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