
REPORT OF 2008 RESEARCH & EVALUATION ACTIVITIES

A Report from the Leeds, Grenville & Lanark District Health Unit

Prepared by:

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Table of Contents

Introduction	3
Legend	3
<u>FAMILY HEALTH DEPARTMENT</u>	
ABC's of School Health Booklet	4
Healthy Babies-Healthy Children (HBHC) Evaluation of Levels Tool	5
<u>HEALTH PROMOTION DEPARTMENT</u>	
FOCUS Evaluation	6
RRFSS: Prevalence of Alcohol Use	7
Youth Against Tanning Evaluation	8
Sun Safety Workplace Surveys	9
Teaching about Body Image: Teachers' Survey	10
Luggage Tag Survey	11
<u>DEPARTMENT OF CLINICAL SERVICES</u>	
Influenza Kick-Off Evaluation 2008	12
Hepatitis-C Education Session	13
Outbreak Cross Training	14
Mass Immunization Exercise (MIE) Evaluation	15
Travel Immunization Program Evaluation	16
Sexual Health Teaching Evaluation	17
<u>HEALTH PROTECTION DEPARTMENT</u>	
RRFSS: Emergency Preparedness Module	18
RRFSS: West Nile Virus Awareness Module	19
Private Drinking Water Evaluation	20
Hedgehog Software Evaluation	21
<u>CORPORATE SERVICES</u>	
Information Technology (IT) Needs Assessment	22
Administrative Staff Workshop Day 2007	23
2008 New Staff Orientation Evaluation	24
<u>OFFICE OF THE MEDICAL OFFICER OF HEALTH</u>	
360-Degree Performance Appraisal and Development Evaluation	25
Municipal Councillor Newsletter Evaluation	26
<u>QUALITY IMPROVEMENT DEPARTMENT</u>	

Get Caught Up Day Evaluation	27
Learning Series Staff Assessment	28
RRFSS: Socio-Demographics	29
District Health Profile	30
Provincial Benchmarking Initiative	31
Database Development	32
<u>COMMITTEES</u>	
Healthy Workplace Committee: Winter Blue Challenge Survey	33
Workplace Interdepartmental Committee: <i>Health Briefs</i> Evaluation	34
Healthy Workplace Committee: Healthy Workplace Survey	35
Health Professionals Interdepartmental Committee: Health Professionals and Office Assistants Surveys	36
Infant Feeding Task Force: 2006 Infant Feeding Survey	37
Healthy Workplace Committee: Healthy Weights Survey	38
Geographical Information Systems Task Force Strategic Plan Report	39
<u>PARTNERSHIPS</u>	
Leeds, Grenville & Lanark Cervical Screening Clinics 2007 Summary & Client Feedback	40
Eastern Region Injury Network (ERIN): 2008 ATV Use Survey	41
Community Falls Coalition: Report	42
School Health Environment Survey	43
Go Girls! Mentoring Program	44
Mothering Transitions Postpartum Depression Treatment Trial	45
Newborn Weight Loss Study	46
Good Food for a Healthy Baby Situational Assessment	47
Epi 499 Student: Infant Feeding Survey	48

REPORT OF 2008 RESEARCH AND EVALUATION ACTIVITIES

Our Vision: *Healthy people in healthy communities*

Our Mission: *We work with the community to enhance, promote and protect health*

Our Values: *Integrity, Respect, Caring, Accountability, Fairness and Excellence*

Introduction

This report summarizes the research and evaluation activities of the Leeds, Grenville & Lanark District Health Unit for 2008. These activities reflect the Health Unit’s values and contribute towards our mission and vision. Conducting research and evaluation activities is part of our continuous quality improvement journey and helps us to ensure that we are delivering the most relevant and effective programs and services that meet the needs of our clients. As of January 1, 2009 the new Ontario Public Health Standards come into effect , which place a great emphasis on research, surveillance and evaluation activities. It is our hope that this report will give readers a sense of the breadth of activities and partnerships that the Health Unit is involved in.

For more information about any of the activities listed in this report you may contact the relevant department Director.

Legend

ATV: All Terrain Vehicle	PAD: Performance Appraisal and Development
CATI: Computer assisted telephone interview	PHI: Public Health Inspector
DCS: Department of Clinical Services	PHRED: Public Health Research, Education and Development
ERIN: Eastern Region Injury Network	PHN: Public Health Nurse
GFHB: Good Food for a Healthy Baby	QIC: Quality Improvement Committee
HEAL: Healthy Eating Active Living Strategy	RAD: Racing Against Drugs
HBHC: Healthy Babies-Healthy Children	RRFSS: Rapid Risk Factor Surveillance System
ISCIS: Integrated services for children information system	RUCS: Routine Universal Comprehensive Screening
IT: Information Technology	SPSS: Statistical Package for the Social Sciences
KFLA: Kingston, Frontenac, Lennox & Addington	Survey Monkey: Online survey tool
LGL/LG&L: Leeds, Grenville & Lanark	UCDSB: Upper Canada District School Board
MIE: Mass Immunization Exercise	VPD: Vaccine Preventable Disease
MOH: Medical Officer of Health	SHES: School Health Environment Survey
MOHLTC: Ministry of Health & Long-Term Care	SPSS: Statistical Package for the Social Sciences
OCCHA: Ontario Council of Community Health Accreditation	WHO: World Health Organization
OPHS: Ontario Public Health Standards	WNV: West Nile Virus

FAMILY HEALTH DEPARTMENT

ABC's of School Health Booklet

Investigators

School Health Coordinator, Child Health Team Leader, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Cathy Millard, PHN, Healthy Babies-Healthy Children Coordinator

Ext. 2227

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Summary

Background/Rationale:

The *ABC's of School Health* booklet [*ABC Booklet*] was developed in 2003 as a resource for parents of children entering junior kindergarten. The *ABC Booklet* contains information from each department at the Health Unit, as well as contact information for various resources within the community.

Methods:

Parents visiting the Health Unit were asked to review the *ABC Booklet* and fill out a brief survey related to the booklet. The survey asked questions related to the layout, content, and distribution of the booklet.

Conclusions/Significance:

A small sample size limited the utility of the results from this evaluation. Those who responded (n=13), reported satisfaction with the layout and content of the booklet and felt that it was a useful and valuable resource.

Project Status

Evaluation Completed: January 2008

Minor changes have been made to the booklet, and it is now the responsibility of Healthy Babies-Healthy Children Coordinator.

FAMILY HEALTH DEPARTMENT

Healthy Babies-Healthy Children (HBHC) Evaluation of Levels Tool

Investigators

HBHC Coordinator, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Cathy Millard, PHN, HBHC Coordinator

Ext. 2227

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Summary

Background/Rationale:

Healthy Babies-Healthy Children [HBHC] is a free program in Ontario for pregnant women, their partners, and families with young children up to the age of six. Public Health Nurses [PHN] and Family Home Visitors [FHV] answer questions and connect families with community programs and resources. HBHC uses tools to determine the necessary levels of family support and to assess personal growth ("levels tool"). The HBHC Coordinator wished to obtain feedback from staff about the levels tool currently used in the program and suggestions for changes to the tool.

Methods:

A survey tool was adapted from an existing tool used in a previous evaluation. This survey was set up in Survey Monkey, an online survey website, and the link was emailed to all HBHC staff by the HBHC Coordinator. The HBHC coordinator also reminded staff at a team meeting to complete the survey.

Conclusions/Significance:

Staff found the levels tool to be somewhat helpful and identified barriers relevant to staff and clients to its use. Staff suggested shortening the tool, clarifying the tool and providing a user guide to make it more user-friendly. When using the personal growth chart, half of the respondents found it somewhat helpful, whereas half found it not at all helpful. Staff indicated that it is difficult for clients to develop goals for the chart. Respondents suggested adding examples of goals, using a service plan, checklists, standardized timeframes for visits and additional training as ways to improve the tool, and stated consistency, increased communication, increased ISCIS use and using the Service Plan in the future were elements of their "dream tool."

Project Status

Evaluation Completed .

Results of evaluation have been incorporated into new tools which are currently in use by HBHC staff.

HEALTH PROMOTION DEPARTMENT

FOCUS Evaluation

Investigators

Focus Coordinator, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Lucia Taggart, PHN, FOCUS Coordinator

Smiths Falls Office

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Summary

Background/Rationale:

In November 2007 the Smiths Falls FOCUS Community Coalition invited Matt John Evans to speak to students at Smiths Falls District High School about responsible drinking. The coalition wished to evaluate this presentation to ensure that the key messages from Matt John Evan's presentation were conveyed to students and that students were satisfied with the presentation.

Methods:

Following the presentation by Matt John Evans, students in selected Grade 9, 10, 11 and 12 classes completed an evaluation form. A total of 85 completed evaluation forms were returned. The results were entered into an Excel spreadsheet and imported into SPSS for analysis by the Planning & Evaluation Consultant at the Health Unit.

Results:

The results of this evaluation indicate that they key messages from Matt John Evan's presentation were absolutely conveyed to students and that students were highly satisfied with the presentation. Matt's personality and presentation style appealed to students and they were able to listen and take away key messages.

Conclusions/Significance:

It appears that this presentation was an effective method for the FOCUS coalition to reach students with messages about drinking responsibly. It is recommended that the FOCUS coalition invites Matt John Evans to speak at additional schools in the future, when possible.

Project Status

Evaluation Complete. Results will be considered when planning future FOCUS presentations.

HEALTH PROMOTION DEPARTMENT

RRFSS: Prevalence of Alcohol Use

Investigators

Health Information Specialist, Focus Coordinator

Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

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Summary

Background/Rationale:

The purpose of this RRFSS module was to examine alcohol consumption among Tri-County residents.

Methods:

RRFSS is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of adults in Leeds, Grenville and Lanark counties, aged 18 years and older, is interviewed regarding a variety of risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. Data were analyzed using standard data analysis protocols.

Results:

81.7% of respondents had consumed an alcoholic beverage in the past 12 months, and 12% of respondents consume an alcoholic beverage on a daily basis. 43.6% of respondents consume alcoholic beverages less than once per week, while one-fifth consume an alcoholic beverage three times or more per week. Finally, on the days that alcoholic beverages are consumed, 40.3% of respondents consume one drink, 43.0% consume two or three drinks, and 15.1% consume four or more drinks.

Project Status

Module completed between April – December 2007. Other modules ongoing.

HEALTH PROMOTION DEPARTMENT

Youth Against Tanning Evaluation

Investigators

Health Promotion School Team Leader, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Tawnya Boileau, PHN, School Team Leader

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Summary

Background/Rationale:

The Health Promotion School Team received funding from the Canadian Cancer Society for a youth anti-tanning initiative. A group of students from an area high school were identified to deliver a peer-led initiative. The group of youth leading the initiative planned and implemented four presentations, read morning PA announcements, displayed numerous posters around the school, and provided an interactive display in the hallway over two lunch periods.

Methods:

Students completed a pre-test prior to the anti-tanning presentation at their school and completed a post-test immediately following the presentation. Following completion of the post-test, the data were entered into an Excel spreadsheet and analyzed using SPSS.

Results:

The results of students' pre and post-tests indicate that more students reported tanning in the sun than using tanning beds, which may reflect assumptions that tanning in the sun is safer than using tanning beds. It appears that some students value the appearance of tanned skin and associate tanned skin with health and beauty. The results of the true-false questions on the pre and post-tests indicate that a greater proportion of students correctly answered all questions on the post-test, following the presentation. However, none of the improvements were statistically significant. The greatest improvements were seen in the questions about the body's ability to repair UV damage over time, and tanning beds as a source of Vitamin D. The majority of respondents stated that they plan to change their tanning practices because of the project and that the project changed the way they think about tanning.

Conclusions/Significance:

Based on the results of the pre and post-tests and students' responses to the open-ended questions, it appears that this project was successful in understanding students' current tanning practices and increasing their knowledge about tanning. It is more difficult to determine if this project will result in long-term attitude or behaviour changes without further follow-up with participants.

Project Status

Evaluation Completed – results shared with participating schools, the Upper Canada District School Board, Canadian Cancer Society and another health unit. A formal student-led health club was formed

at the secondary school as well following this project. Results will be used to inform similar peer-led initiatives.

HEALTH PROMOTION DEPARTMENT

Sun Safety Workplace Surveys

Investigators

Health Promotion Workplace Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Bonnie Schnittker, PHN
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Summary

Background/Rationale:

In October 2007 the Health Promotion Adult Team sent a survey about sun safety to workplaces in the Tri-County. The survey asked workplaces a series of questions about employee exposure to the sun and sun safety policies and equipment. It also asked if workplaces would be interested in partnering with the Health Unit on sun safety and if workplaces would like to participate at Level 1 (receive policies, resources and information) or Level 2 (receive same materials as Level 1 plus participate in an employee survey).

Methods:

Employees at workplaces participating at Level 2 completed a survey to assess their sun safety risk and to assess their personal sun protective behaviours.

Results:

A total of nine (9) workplaces participated at Level 2 and a total of 119 employees completed surveys. The results indicated that the majority of employees at these workplaces work outdoors and over half are exposed to UV radiation all day. Very few respondents (<20%) reported that provided shade was available to them while working or on breaks. The assessment of employees' personal sun protective behaviours indicates that most respondents do not consistently apply sunscreen, and that the majority do not apply 15-30 minutes before going outdoors nor do they reapply every 2 hours. More respondents wear sunglasses than wide brim hats or protective clothing, and few alter their behaviour according to the UV index or limit their time during peak UV times. Employees who completed the survey suggest that having sunscreen, UV protective sunglasses/safety glasses and wide brim hats/hard hat sun shades available at work would encourage them to practice sun safe behaviours.

Conclusions/Significance:

The results of these employee sun safety surveys provide these nine workplaces with valuable data to begin developing sun safety policies.

Project Status

Analysis and report complete. Results will be shared with participating workplaces in early 2009.

HEALTH PROMOTION DEPARTMENT

**Teaching about Body Image: Teachers' Survey
(Dietetic Intern Project)**

Investigators

Health Promotion School Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Meena Parameswaran, PH Nutritionist Ext. 2221
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Summary

Background/Rationale:

The Health Unit frequently receives requests from teachers to help with body image issues and with promoting a healthy body image for their students. To better understand teachers' needs and their attitudes about body image, the school team and dietetic intern developed a survey for elementary school teachers to complete.

Methods:

A survey was set up in Survey Monkey and the link was emailed to principals at all elementary schools. Principals were asked to forward the survey link to the teachers in their school.

Project Status

Data collection complete. Results available in 2009.

HEALTH PROMOTION DEPARTMENT

Luggage Tag Survey

Investigators

Health Promotion Workplace Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Bonnie Schnittker, PHN

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Summary

Background/Rationale:

The Health Unit provides travel immunization clinics as a service to clients requiring immunizations for travel. The Health Promotion workplace team felt that partnering with the travel clinics could provide an opportunity to learn more about the sun smart behaviours that local individuals practice while on vacation. The Health Promotion workplace team received funding from the Canadian Cancer Society to produce luggage tags with an individual's contact information on one side, and sun safety tips on the other. These luggage tags were available for clients to pick up at Health Unit travel clinics.

Methods:

A notice was posted on the Health Unit's website informing clients that they could schedule an appointment for travel immunization 6 weeks before their trip. Below this notice was a link to the Luggage Tag Survey, posted on Survey Monkey, and a PDF copy of the survey for clients wishing to print the survey and drop it off at a Health Unit office.

Project Status

Survey link is active. Data will be collected until April 30, 2009; results available in 2009.

DEPARTMENT OF CLINICAL SERVICES

Influenza Kick-Off Evaluation 2008

Investigators

Infection Control Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Martina Flanagan, PHN

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Summary

Background/Rationale:

The department of Clinical Services provided an in-service for infection control personnel in hospitals and long-term care hospitals in October 2008. The purpose of this in-service was to provide information to these health care personnel to assist with increasing flu immunization up-take in institutions and to decrease the transmission of communicable diseases.

Methods:

Individuals who attended the in-service were asked to complete an evaluation form assessing if the in-service met their needs, if the in-service met its own objectives, and if attendees learned something new.

Results:

Attendees felt that the event met their needs, met its objectives and felt that they learned something new from the agenda items/topics. 'Measuring the Effectiveness of a Hand Hygiene Program' appears to have been a useful topic, as the greatest number of attendees reported learning something new from this topic and felt that it met its objectives. Attendees appear to have been satisfied with all aspects of the session, particularly the handouts and food. Many attendees expressed interest in being able to send additional staff members for a cost of \$20.

Conclusions/Significance:

This evaluation revealed that respondents were highly satisfied with this in-service and that they learned something new. It was recommended that next year's Flu Kick-Off events follow a similar format, and that they consider providing the opportunity to send additional staff at a cost of \$20.

Project Status

Evaluation Complete. In-service will be repeated in 2009.

DEPARTMENT OF CLINICAL SERVICES

Hepatitis-C Education Session

Investigators

Infection Control Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Martina Flanagan, PHN

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Summary

Background/Rationale:

In September 2007 the Department of Clinical Services delivered an education session to healthcare providers on Hepatitis C. The purpose of this presentation was to increase healthcare providers' awareness of Hepatitis C in the community, increase their understanding and knowledge of risk factors and testing for Hepatitis C, and to increase their knowledge of current treatment standards, follow-up procedures and outcomes.

Methods:

Individuals who attended the in-service were asked to complete an evaluation form assessing if the in-service met their needs and if the in-service met its own objectives.

Results:

The majority of respondents felt that the education session met their needs and that it met its objectives. As well, respondents were satisfied with the facility, food, handouts, and time for questions.

Conclusions/Significance:

This evaluation revealed that respondents were highly satisfied with this in-service and it was recommended that other education sessions follow a similar format

Project Status

Evaluation Complete. Results will be used when planning future education sessions.

DEPARTMENT OF CLINICAL SERVICES

Outbreak Cross Training

Investigators

Infection Control Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Martina Flanagan, PHN

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Summary

Background/Rationale:

During November 2007 the Department of Clinical Services delivered two Outbreak Cross Training sessions for staff in the Department of Clinical Services and staff in the Health Protection Department. The purpose of these sessions was to build capacity within the two departments to manage a large-scale outbreak.

Methods:

Individuals who attended the in-service were asked to complete an evaluation form assessing if the in-service met their needs and if the in-service met its own objectives.

Results:

The results of the staff feedback suggest that the Outbreak Cross Training was a useful exercise. The majority of respondents (close to 95%) felt that the session met their needs, and almost all participants felt the session met its objectives 'to some extent' or 'to a great extent'. Respondents reported learning the most from the 'Respiratory Scenario' and the 'Enteric Scenario.'

Conclusions/Significance:

This evaluation revealed that respondents were highly satisfied with this in-service and it was recommended that other education sessions follow a similar format

Project Status

Evaluation Complete. Results will be used when planning future education sessions.

DEPARTMENT OF CLINICAL SERVICES

Mass Immunization Exercise (MIE) Evaluation

Investigators

MIE Planning Team, Epidemiologist, Planning & Evaluation Consultant, Director - Quality Improvement,

Health Unit Contact Person, Position Title:

Jane Futcher, Director – Department of Clinical Services

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Summary

Background/Rationale:

As part of provincial pandemic planning, the Health Unit was selected to take part in a Mass Immunization Exercise on November 30, 2007. This exercise took place in Smiths Falls with a community clinic at the mall and with school clinics at schools in the community. The purpose of this exercise was to implement the Health Unit's mass immunization plan, and to immunize as many individuals as possible in one day. The purpose of the evaluation was to assess how well the clinics functioned, how many individuals were immunized, how satisfied clients were with the clinics, how clients learned about the clinics, and how satisfied staff were with the day.

Methods:

Individuals arriving at the mall flu clinic were asked how they heard about the clinic by a Health Unit greeter while they were waiting in line. After receiving their flu shot, an evaluator intercepted the individual and asked him/her to verbally complete a brief survey assessing their satisfaction with the clinic. After the clinic all staff were asked to complete an on-line survey using *Survey Monkey* to assess their satisfaction and preparedness for the day, comfort with their role, and suggestions for improvement. As well, nursing staff were asked to complete an additional survey assessing the suitability of the clinic locations, availability of supplies and hand washing facilities and other aspects of the clinics.

Results:

2332 individuals were immunized and 100% were satisfied with the service they received. Clients suggested that increased signage and direction from Health Unit staff would improve the clinics. Over 90% of staff felt comfortable enough in their role and responsibilities to act effectively during a pandemic, and over 85% of staff agreed that their role and responsibilities were well-explained in their job description. Staff suggested increased signage, child-sized equipment and increasing staffing at the beginning of the clinics for improvements.

Conclusions/Significance:

The MIE provided the Health Unit with a good opportunity to test its pandemic planning and helped to identify some key areas for improvement.

Project Status

Evaluation Complete. Results will be used for future pandemic planning.

DEPARTMENT OF CLINICAL SERVICES

Travel Immunization Program Evaluation

Investigators

Travel Vaccine Improvement Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

The Health Unit offers a travel immunization service to residents who wish to obtain information about necessary and recommended immunizations and/or wish to receive immunizations at a Health Unit office. The VPD team was concerned that the human and financial resources required to run this program were inefficient and that perhaps a more efficient system could be implemented.

Methods:

A survey was developed to determine how individuals would like to receive travel immunization services and the amount they would be willing to pay for these services. This survey was distributed to Health Unit clinics and to travel agencies throughout the community for individuals to complete. A cost analysis was completed using data from the Clinical Services Program Assistant and Human Resources. A staff survey was developed using *Survey Monkey* and was sent to all staff working in the travel immunization program. Finally, an environmental scan of other Health Units' practices around travel immunization was completed by a PHN.

Results:

Clients preferred to speak to a nurse in-person about their travel immunization needs and were interested in receiving information about recommended and required immunizations and outbreaks and advisories in areas they are travelling to. About 65% of clients would be willing to pay a \$25 fee. Staff felt that Tropimed and experienced staff work well in the program, but lack of time, lack of training and lack of consistency do not work well. The program costs approximately \$27 000 per year to run and the potential revenue from charging a fee ranges from \$15 775 - \$38 680, depending on amount of the fee. KFLA and Hastings-Prince Edward health units charge consultation fees for travel services while Eastern and Renfrew health units do not.

Conclusions/Significance:

The working group developed some immediate recommendations to improve the program (training, new receipts, update website, develop key processes), and recommended to delay the implementation of a consultation fee until a comprehensive travel package can be offered (similar to what other health units that charge fees offer).

Project Status

Evaluation Complete.

DEPARTMENT OF CLINICAL SERVICES

Sexual Health Teaching Evaluation

Investigators

Sexual Health Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Jane Futcher, Director – Department of Clinical Services

Ext. 2236

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Summary

Background/Rationale:

The Department of Clinical Services (DCS) has been delivering sexual health teaching to students in grades 5-8 as part of their sexual health programming. In the past, this service has been time-consuming and has been inconsistently delivered between schools in the north and south, however staff feel it is a valuable service in providing knowledge and developing relationships with students. The new Ontario Public Health Standards do not specifically mention delivering sexual health teaching in schools as a requirement, so the DCS staff wishes to evaluate the need for this service to aid in making a decision about the continuation of sexual health teaching in the schools.

Methods:

To assess the needs of students, PHNs will conduct focus groups with students in grades 7 and 8, and will facilitate the completion of a survey in grade 9 physical education classes. To assess the needs of parents, a survey will be posted on the Health Unit's website using *Survey Monkey*, and paper copies of the survey will be available at area schools and Health Unit offices. PHNs will also informally interview grade 9 teachers about their needs and will conduct focus groups with grade 7 and 8 teachers. Finally, the capacity of the DCS to provide this service will be reviewed.

Project Status

Evaluation in progress – results available in 2009.

HEALTH PROTECTION DEPARTMENT

RRFSS: Emergency Preparedness Module

Investigators

Health Protection Department, Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, epidemiologist

Ext. 2270

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Summary

Background/Rationale:

Understanding potential risks and knowing the geography of a region are key factors in preparing for and managing a potential emergency at the family level. Public Safety Canada provides a planning guide for mitigating the risks involved in an emergency entitled *Your Emergency Preparedness Guide*. This RRFSS module asked 6 questions about household preparedness for emergencies or disasters resulting in a disruption of normal daily activities for a period of at least 3-days.

Methods:

RRFSS is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of adults in Leeds, Grenville and Lanark counties, aged 18 years and older, is interviewed regarding a variety of risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. Data were analyzed using standard data analysis protocols.

Results:

60.5% of respondents ($n = 405$) in Leeds, Grenville and Lanark counties stated that they have taken steps to prepare for an emergency or disaster, yet only 42.1% of respondents ($n = 170$) stated that they had any family plans on how to contact each other, where to get help and where to meet each other in the event of an emergency or disaster. 82.4% of respondents in Leeds, Grenville and Lanark counties reported having sufficient food supplies to last 3-days in the event of an emergency of disaster; however, only 65.8% of respondents reported having sufficient bottled water and 54.9% sufficient money stored away to last 3-days.

Conclusions/Significance:

The above statistics reflect a lack of understanding and planning on the part of families in LGL about the potential for interruption in their daily lives that an emergency or disaster could precipitate. The seriousness of not having sufficient water, money or medication to last at least 3-days cannot be understated. The results of this RRFSS module suggest that further pandemic preparedness education of our population is required.

Project Status

Module completed between April – November 2007. Other modules ongoing.

HEALTH PROTECTION DEPARTMENT

RRFSS: West Nile Virus Awareness Module

Investigators

Health Protection Department, Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

Ext. 2270

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Summary

Background/Rationale:

Current federal/provincial/territorial and local West Nile virus (WNV) prevention activities include raising public health awareness about the need to avoid mosquito bites and implementing measures to protect blood and tissue donations. As well, public health units in Ontario are involved in a province-wide WNV prevention strategy to help assess the risk of WNV. The purpose of this RRFSS module was to monitor public knowledge, attitude and behaviour regarding WNV.

Methods:

RRFSS is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of adults in Leeds, Grenville and Lanark counties, aged 18 years and older, is interviewed regarding a variety of risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. Data were analyzed using standard data analysis protocols.

Results:

Almost 99% of respondents in Leeds, Grenville and Lanark counties reported having heard about WNV before, and 85% of respondents know that WNV is passed to people by mosquito bites. Only 37% of respondents reported that they are making more of an effort to avoid exposure to mosquitoes since hearing about WNV. 93% of respondents feel that they are not at risk for becoming ill due to WNV and just under 20% of respondents knew that the age group most at risk for becoming seriously ill due to WNV were older adults.

Conclusions/Significance:

Almost 99% of the sampled population has heard of WNV and 85% understood that WNV is transmitted by mosquito bites. These statistics suggest that media messages and education programs and information are reaching their target populations. However, only 37% of the sampled population reported that they are making an effort to avoid exposure to mosquitoes since hearing about WNV and 21% stated that they are not changing their behaviour at all.

Project Status

Module completed between June – November 2007. Other modules ongoing.

HEALTH PROTECTION DEPARTMENT

Private Drinking Water Evaluation

Investigators

Health Protection Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Marty Moir, PHI

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Summary

Background/Rationale:

There are between 50 000 to 100 000 private wells in Leeds, Grenville & Lanark Counties and it is recommended that all wells are tested three times per year for water quality and safety. The Health Unit facilitates this process by providing bottles for testing at all Health Unit offices, accepting water bottle samples at all offices, sending samples to the Public Health Laboratories, and interpreting results and providing information to well owners. Despite the large number of wells located in LGL, the Health Unit only receives about 15 000 samples per year, many of which are re-sampling and therefore do not represent 15 000 unique wells. The Health Protection department has identified this as a concern and wishes to better understand why the majority of residents are not testing their wells three times per year as recommended. The impact of non-testing is concerning, as many untested wells could be contaminated which creates a health hazard.

Methods:

A brief survey will be developed and sent out to LGL residents through a existing municipal mail-outs. The survey will ask residents about their awareness of well testing, and the reasons why they do not have their well tested three times per year. Data from the MOHLTC about the number of samples received in each municipality/township during 2007-2008 will help to identify locations with low sampling levels. As well, the Health Unit will work with municipalities/townships to identify an appropriate mail-out to include the survey in. Data will be collected and analyzed by the Planning & Evaluation Consultant and the results will be used to develop a plan to improve service and reduce barriers for LGL residents.

Project Status

Results available in 2009.

HEALTH PROTECTION DEPARTMENT

Hedgehog Software Evaluation

Investigators

Hedgehog Task Force, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

Hedgehog software was purchased for the Health Protection department in 2008. Training by the software company was completed in fall 2008, followed by in-house training. Staff began to use the software in mid-November with full-time use beginning in January 2009. Members of the Hedgehog Task Force wished to evaluate if training met staffs' needs, and what kinds of support they required for successful use of the software.

Methods:

A survey will be developed in Survey Monkey and sent to all public health inspectors. This survey will assess staffs' satisfaction with the training they received, their satisfaction with the support tools they have received, and their needs for future training. This survey will be repeated within 6 months to one-year following the implementation of the new version of Hedgehog. As well, a survey will be developed in Survey Monkey and sent to all clerical staff using Hedgehog. This survey will contain questions similar to the health inspector version, and will also ask clerical staff about the impact that Hedgehog has had on their workload.

Project Status

Results available in 2009.

DEPARTMENT OF CORPORATE SERVICES

Information Technology (IT) Needs Assessment

Investigators

Information Technology Committee, Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

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Summary

Background/Rationale:

The purpose of this needs assessment was to evaluate the current IT environment, identify and document performance strengths, gaps and opportunities, and develop a report with recommended improvements.

Methods:

A client satisfaction survey assessed the current IT situation, identified areas of concern and helped to determine where to recommend improvements to IT processes. The IT needs assessment survey was administered in paper format and was completed by non-IT Health Unit staff.

Results:

At total of 112/146 staff completed the assessment survey resulting in a response rate of 77%. In terms of client satisfaction, the results of the needs assessment survey demonstrate that the majority of HU staff were satisfied with the problem resolution process ($\approx 80\%$) and the communication of scheduled ($\approx 90\%$) and unanticipated problems ($\approx 80\%$) by IT services. On average, the majority of survey respondents reported that their daily work was seldom or never interrupted ($\approx 70\%$) by scheduled downtime, repairs, system upgrades, or unanticipated problems. However, nearly 30% of respondents reported being occasionally or frequently interrupted. On average, most respondents reported average to above average skill levels with MS Word, Outlook and Internet Explorer software. However, 41% and 33% of respondents reported below average to low skill levels with MS Excel and PowerPoint respectively.

Conclusions/Significance:

The statistical differences in respondents by office location suggests that the outer offices perceive that they are affected more often by downtime, repairs and upgrades than the Brockville and Smith's Falls offices. This situation should be investigated. MS Excel and MS PowerPoint training should be provided to HU staff, and Blackberry training should be provided to the current users in the HU. A protocol for the secure use of USB devices needs to be implemented for staff of the HU, and Lab-based software and hardware training should be provided to HU staff when possible.

Project Status

Needs assessment complete. These results will be incorporated into an IT workplan.

DEPARTMENT OF CORPORATE SERVICES

Administrative Staff Workshop Day 2007

Investigators

Human Resources, Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

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Summary

Background/Rationale:

An Administrative Staff Workshop Day was held in October 2007 and a total of 30 staff members attended.

Methods:

Staff attending the workshop were asked to complete an evaluation at the end of the workshop to assess their satisfaction with the day.

Results:

A total of 28 completed surveys were received out of a possible 30, resulting in a response rate of 93.4%. 68% of respondents rated the day as excellent and 28% rated it as above average. Many positive comments were also received from attendees. Attendees found the speaker (Gary Gzik from BizXcel Inc.) and the team building exercise to be the most beneficial aspect of the day.

Conclusions/Significance:

Attendees appear to have been satisfied with the Administrative Staff Workshop Day and a similar format was recommended for future workshops for this group of staff.

Project Status

Evaluation complete. These results will be used to plan future Administrative Staff Workshops.

DEPARTMENT OF CORPORATE SERVICES

2008 New Staff Orientation Evaluation

Investigators

Human Resources, Mentoring Committee, Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

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Summary

Background/Rationale:

As outlined in the Health Unit Administration Manual (HUAM) IV-20, all employees will be knowledgeable of the Health Unit's structure, responsibilities, programs and services, and how it functions as an integral part of the tri-county community and the provincial and federal health care system.

Methods:

Staff orientation is evaluated at the end of new staff orientation day using an evaluation form (COR-*/*-HRS-018). An annual summary of the evaluation results is forwarded to Senior Management Committee for review and action if required.

Results:

New staff orientation days occurred in February and October 2008, with a total of 13 feedback forms completed during these two sessions. Participants were asked to indicate how helpful they found each presentation in improving their knowledge of the department and its programs/services and the majority of participants found the presentations to be somewhat helpful. The evaluation form also asked participants to indicate how helpful they found the other components of agency orientation and participants found the majority of components to be very helpful.

Conclusions/Significance:

New staff orientation appears to have been somewhat helpful to new staff and the results of the feedback forms can be used to improve the day in the future.

Project Status

2008 New Staff Orientation sessions complete. Results will be used when planning 2009 sessions.

OFFICE OF THE MEDICAL OFFICER OF HEALTH

360-Degree Performance Appraisal and Development Evaluation

Investigators

Medical Officer of Health, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Katie Higham, Planning & Evaluation Consultant

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Summary

Background/Rationale:

The Health Unit piloted a 360-degree Performance Appraisal and Development (PAD) Process with its Directors in the spring of 2008. The goal of the 360-degree PAD was to enhance the ongoing development and performance of Directors using a continuous quality improvement philosophy.

Methods:

Participants in the 360-degree PAD completed an anonymous survey consisting entirely of open-ended questions. Three different versions of the survey were developed: one for staff, one for Directors and one for the MOH. This survey was developed using *Survey Monkey*, an online survey tool, and the link to the survey was sent to all participating staff. As well, all staff were asked to record the amount of time they spent participating in the 360-degree PAD on a time-tracking sheet, and were asked to submit this sheet to the MOH with their completed PAD.

Results:

The total amount of time spent by staff participating in the 360-degree PAD pilot was 97.0 hours, with an average of 2.42 hours per staff. Staff liked being able to recognize their Director for his/her strengths and liked being able to offer constructive criticism. The most common criticism that staff had of the process was a perceived lack of anonymity; many staff commented that they did not feel comfortable with the process because their Director chose which staff would participate in the 360-degree PAD and therefore might be able to guess which comments came from which staff. The majority of staff felt that the 360-degree PAD should continue. Time tracking forms were also received from all Directors, the MOH, and the Administrative Assistant to the MOH. The total amount of time spent by this group of staff participating in the 360-degree PAD pilot was 94.5 hours with an average of 11.8 hours per staff. Directors felt that the feedback they received was too general and was not constructive and felt that the process needed more anonymity for participating staff.

Conclusions/Significance:

Numerous staff and Directors expressed concerns about the lack of anonymity with the 360-degree PAD pilot and offered suggestions for improving this process. These concerns are valid and efforts should be made to ensure that staff feel comfortable participating in this process.

Project Status

Results will be used to improve the 360-degree PAD process.

OFFICE OF THE MEDICAL OFFICER OF HEALTH

Municipal Councillor Newsletter Evaluation

Investigators

Medical Officer of Health, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Katie Higham, Planning & Evaluation Consultant

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Summary

Background/Rationale:

In January 2007 the Health Unit began mailing copies of its newsletters to municipal councillors to increase their awareness of the Health Unit and its programs and services. Copies of *Health Briefs* (workplace wellness), *NEXUS* (health professionals), *Health Matters* (schools), and the *Board of Health Quarterly Report* were mailed to councillors' homes or to their municipal offices. The purpose of this evaluation is to examine if municipal councillors felt that receiving these newsletters had increased their awareness of the Health Unit's programs and services. As well, this evaluation examined if municipal councillors would like to continue receiving the newsletters and if so, how they would like to receive them (i.e. by mail, fax, e-mail or by accessing the Health Unit's website).

Methods:

A one-page survey was mailed to all municipal councillors currently receiving the newsletters in early January 2008. Councillors were asked to complete the survey and either fax or mail it back to the Health Unit.

Results:

Over 90% of respondents answered 'Yes' that they had read any of the newsletters. When asked 'Did you learn anything new about the Health Unit by receiving these newsletters?' close to three-quarters of respondents answered 'Yes', while just under 20 percent answered 'No.' Councillors were the most interested in receiving *Health Briefs* and the *Board of Health Quarterly Report*, and the majority wished to receive these newsletters by mail.

Conclusions/Significance:

Respondents' comments indicate that some individuals were very receptive to this initiative and appreciated receiving the newsletters and learning about the Health Unit, while others felt the initiative was a waste of paper and money. It was recommended to include a notice in the next mailing to councillors with instructions for contacting the Health Unit if they wish to no longer receive newsletter(s), or if they wish to receive them by Email, and explaining that not all respondents provided this information in the returned surveys

Project Status

Results have been used to update the councillors' newsletter mailing list.

QUALITY IMPROVEMENT DEPARTMENT

Get Caught Up Day Evaluation

Investigators

Director – Quality Improvement, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Katie Higham, Planning & Evaluation Consultant

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Summary

Background/Rationale:

The Health Unit's current strategic plan, titled *Moving Upstream 2006-2010*, is based on the National Quality Institute's Framework for Excellence. Several committees and task forces were formed to work on implementing activities outlined in Moving Upstream and the Quality Improvement Committee (QIC) identified a need for these groups to communicate to, and receive feedback from, staff on their work. The QIC organized Moving Upstream Day, the purpose of which was to provide a forum to share progress on activities in the Moving Upstream Strategic Plan and to gather input from all staff.

Methods:

A survey consisting of open and close-ended questions was designed using *Survey Monkey*, an online survey tool. An email containing the link to this survey was sent to all staff following Moving Upstream Day, and several reminder emails were sent.

Results:

Over 90% of staff rated day as 'good' or better, although some staff expressed concerns about Senior Management members leading sessions and the comfort levels of staff to openly share their ideas in this setting. Over 80% of staff reported that they were aware of the Moving Upstream plan and its activities. Over 90% of staff understood the importance of using evidence to make decisions and reported using the best available evidence to do their work. Over half of staff are involved in planning & evaluation activities but 24.1% of staff do not use evaluation results to improve their programs. 20% of staff do not feel safe to communicate openly without fear of retribution, and 23.2% of staff do not feel the Health Unit's physical environment supports staff to make healthy choices. Finally, over 90% of staff understood the importance of managing work processes, but only half reported that their work processes are well-documented.

Conclusions/Significance:

Have a neutral staff member lead focus groups or group discussions at future workshops if possible. Continue to build the capacity of all staff and provide encouragement to participate in quality improvement activities through methods such as team meetings, Learning Series, and workshops. Continue to offer all-staff professional development days on an annual basis.

Project Status

Results will be used to help plan future Corporate Retreats.

QUALITY IMPROVEMENT DEPARTMENT

Learning Series Staff Assessment

Investigators

Director – Quality Improvement, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Katie Higham, Planning & Evaluation Consultant

Ext. 2256

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Summary

Background/Rationale:

The Quality Improvement (QI) Department was asked to develop a Learning Series for staff to promote professional development and to increase staffs' knowledge and skills. To plan this series, the QI Department opted to survey staff to determine the topics they would be interested in and the preferred day and time for a Learning Series.

Methods:

A survey was developed with input from the QI Department and the Evaluation Community of Practice. An anonymous, 9-question survey was set up in *Survey Monkey*, an online survey tool, and the link to the survey was e-mailed to all staff.

Results:

A total of 44 staff completed the online survey out of a possible 161 staff, resulting in a response rate of 27%. Of those who responded to the survey, 84% indicated that they would be interested in attending Learning Series seminars. Staff were given a list of potential topics and asked to indicate all topics that they would be interested in. The most popular topic was '*How to create a logic model*' with 68.4% of staff indicating they were interested in this topic. Staff were asked to indicate which topic(s) they were most interested in and the most popular responses were '*How to create a logic model*' (14 staff), '*Web searching tips*' (11 staff) and '*Report writing*' (10 staff). Staff were asked which day of the week they preferred for the Learning Series and what time of day they preferred. 28.2% of staff had no preference for the day of the week, and slightly more staff preferred Friday (25.6%) to the other days. Morning was the most popular time for the Learning Series (63.2%) compared to the lunch hour (7.9%) or afternoon (7.9%).

Conclusions/Significance:

The results provided feedback for the QI department about which topics staff would be interested in, and the preferred day and time for the Learning Series sessions.

Project Status

Evaluation Complete. Results have been used to plan Learning Series Sessions for fall 2008.

QUALITY IMPROVEMENT DEPARTMENT

RRFSS: Socio-Demographics

Investigators

Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

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Summary

Background/Rationale:

The purpose of the socio-demographics module information is to describe the population of Leeds, Grenville & Lanark and provide demographic information for each of the indicators.

Methods:

RRFSS is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of adults in Leeds, Grenville and Lanark counties, aged 18 years and older, is interviewed regarding a variety of risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. Data were analyzed using standard data analysis protocols.

Results:

54.3% of respondents were female and 45.7% were male. The age group majority was 45-64 with 41.4% and English was the language spoken in the home by 98.6%. Close to two-thirds (65.2%) of respondents were married, and half of respondents graduated from college or university. 48.8% of respondents were currently employed for wages, and 32.8% of respondents reported a total household income from all sources (i.e. savings, pensions, rent, as well as wages) received in the year ending December 31, 2004 before taxes to be in the \$30 000 - \$69 000 category. About one-third (34.9%) of respondents have children aged 17 and under living in their household.

Conclusions/Significance:

The data obtained in this RRFSS module help to better describe the socio-demographic characteristics of the population living in Leeds, Grenville and Lanark counties and can be used to help with planning appropriate programs and services.

Project Status

Module completed between January 2007 – January 2008. Other modules ongoing.

QUALITY IMPROVEMENT DEPARTMENT

District Health Profile

Investigators

Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

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Summary

Background/Rationale:

The Health Unit is developing a District Health Profile as a living document that follows previous Health Status Reports produced in 2000 and 2004. This profile presents analysis of trend and surveillance information to our stakeholders and the general public. The primary objectives of the profile are to provide a broad overview of the social, economic, demographic and geographic health status of the residents living in Leeds, Grenville and Lanark Counties. This document is available on the Health Unit's website and is continuously being added to and updated.

Methods:

Data from national surveys (e.g. Statistics Canada, Canadian Community Health Survey, Health Planning System) as well as provincial (e.g. Provincial Health Planning Database, Niday Prenatal Database) and local data (e.g. from the Rapid Risk Factor Surveillance System) are used in the District Health Profile.

Project Status

Sections on 'Demographic Profile and Trends' and 'Chronic Diseases' have been completed. Oral Health and Reproductive Health sections will be added next.

QUALITY IMPROVEMENT DEPARTMENT

Provincial Benchmarking Initiative

Investigators

Health Information Specialist

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

Benchmarking was identified by the Provincial Public Health Research, Education and Development (PHRED) Program Steering Committee as one of four priority provincial projects for the 1998-1999 funding year. Representatives from five provincial PHRED programs in addition to representatives from Association of Local Public Health Agencies (alPHA) and Ontario Council on Community Health Accreditation (OCCHA) formed a collaborative initiative that became known as the Ontario Public Health Benchmarking Partnership.

The goals of the Partnership are to promote, support and sustain benchmarking in Ontario public health units. The Partnership assumed responsibility for developing, monitoring, and evaluating the workplan and overseeing all components of the project. The three pilot benchmarking projects that were initiated in 1998 included: Food Premises Inspection, Immunization Record Process, and STD Contact Tracing¹.

Progress:

Staff at the Health Unit completed five benchmarking surveys in 2008:

- (1) Breastfeeding Support
- (2) Universal Influenza Immunization
- (3) School Health
- (4) Food Premise Inspection Visit Process
- (5) West Nile Virus

Project Status

Benchmarking data can be used to compare trends either by health unit districts or provincially.

¹ Benchmarking Public Health in Ontario. "More about Benchmarking." <https://www.benchmarking-publichealth.on.ca> (accessed 10 December 2008).

QUALITY IMPROVEMENT DEPARTMENT

Database Development

Investigators

Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

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Summary

Background/Rationale:

The creation of the Health Information Specialist (HIS) position at the Health Unit has resulted in the addition of valuable computer skills, particularly database development skills, within the Quality Improvement Department. The ability to manage, organize and analyze data using a database has the potential to improve the efficiency of many Health Unit programs and services.

Databases Created:

(1) Prenatal Classes Database (Family Health Department)

This database contains the prenatal registrations and participant evaluations for both the weekend class series and the seven weekly class series. Instructors' evaluations are also included in the database.

(2) Program Activity Review Database (Quality Improvement Department)

This database was developed to assist the Quality Improvement Department with gathering data and producing reports for the Senior Management Committee and the Board of Health.

(3) Health Action Line (Family Health Department)

This database is being developed to house the protocols for the 1-800 line that the Health Unit operates.

(4) Transfer Interview Database (Corporate Services)

This database was developed to assist Human Resources with tracking transfer interview data.

(5) Comprehensive Workplace Health Database (Health Promotion)

This database is being developed to assist the Health Promotion workplace team with managing data related to workplaces. Characteristics of various workplaces will be entered into the database, as well as records of the Health Unit's involvement with these workplaces.

(6) Quality Improvement Time Tracking (Quality Improvement)

This database is being developed to track the time of the Quality Improvement staff. Staff will enter their daily work into the database, and the Director, Quality Improvement will be able to produce reports and better understand which programs staff are working in.

(7) Pamphlet Inventory (Quality Improvement)

This database is being developed to assist with tracking the pamphlet inventory. The completion of this database will result in efficiencies for program staff.

HEALTH UNIT COMMITTEES

Healthy Workplace Committee: Winter Blue Challenge Survey

Investigators

Healthy Workplace Committee, Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

Ext. 2296

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Summary

Background/Rationale:

Part of the Healthy Workplace Committee's mandate is to be living and practicing workplace wellness. In 2008, the committee developed a challenge during the month of February, to reward staff who are physically active. A chart was developed and posted in each Health Unit office with the day of the month across the top, and staff were instructed to write their names on the chart and place a heart sticker beside their name on each date in which they had been physically active for 30 minutes. Once staff accumulated three stickers, they were eligible to enter their name into a draw for a prize basket.

Methods:

An anonymous survey was sent to all staff using *Survey Monkey* to collect information about staff satisfaction with the Winter Blue Challenge and suggestions for improving future challenges.

Results:

55 completed evaluations were received, and 65.5% of respondents indicated that they had participated in the challenge. The majority of respondents felt that their level of physical activity had increased somewhat (44.4%) or not at all (47.2%) as a result of this challenge; however, several staff commented that they found the challenge fun and rewarding to record their daily physical activity. Staff reported that time and bad weather were barriers to their participation. 72.2% of respondents indicated that they would participate in a similar event in the future, and several staff suggested offering group fitness activities in a future event.

Conclusions/Significance:

Although this event did not appear to increase staffs' physical activity levels, it does appear that staff enjoyed participating.

Project Status

Evaluation Complete. Results used to plan similar event in fall 2008.

HEALTH UNIT COMMITTEES

Workplace Interdepartmental Committee: *Health Briefs* Evaluation

Investigators

Workplace Interdepartmental Committee, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Ginny Ferguson, PHN

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Summary

Background/Rationale:

Health Briefs is a workplace wellness newsletter produced and distributed by the Health Unit. Approximately 200 workplaces throughout the Tri-County receive a hard copy of *Health Briefs* to distribute to their employees three times each year. The Workplace Health Interdepartmental Committee, which produces *Health Briefs*, wished to evaluate the newsletter to determine how useful it was to workers and to identify suggestions for improvements.

Methods:

A survey assessing if/how *Health Briefs* is distributed at workplaces was developed and included in the Winter 2007 edition of *Health Briefs*. Respondents were asked to complete the survey and return it to the Health Unit to be entered into a draw to win a \$50 gift certificate for an Eat Smart! restaurant. As well, focus groups were completed to assess client satisfaction with the newsletter. Four different workplaces participated in focus groups: two that currently received the newsletter, and two that did not receive the newsletter.

Results:

The majority of respondents to the distribution survey reported receiving the newsletter by hard copy, and reported that they distributed it within their workplace. The most common way of distributing *Health Briefs* was posting it on a bulletin board. Close to half of respondents indicated that they would like to receive the newsletter by email, and several respondents indicated that they would like to receive both a hard copy and an electronic copy. The focus groups provided valuable information about satisfaction with the newsletter and suggestions for improvement. In general, focus group participants liked the layout and the variety of articles in the newsletter; some suggested more colour and graphics for the newsletter. The focus group participants also suggested numerous topics that they would like to see in future editions, and liked the idea of changing the name of the newsletter.

Conclusions/Significance:

The results of this evaluation provided the Workplace Interdepartmental Committee with valuable information about the newsletter, and provided direction for the committee to make changes to the newsletter as well.

Project Status

Evaluation Complete. Results are being used to make changes to the newsletter and it will soon be re-launched as '*Smart Living*.'

HEALTH UNIT COMMITTEES

Healthy Workplace Committee: Healthy Workplace Survey

Investigators

Healthy Workplace Committee, Health Information Specialist

Health Unit Contact Person, Position Title:

Tammy Anderson, Chair, Healthy Workplace Committee

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Summary

Background/Rationale:

In 2002 the Healthy Workplace Committee conducted a staff survey to collect baseline health data and information on staff expectations and priorities for a workplace wellness program. In May of 2007, the Healthy Workplace Committee conducted a second survey to determine if there had been any changes to baseline data, and if the needs of staff had changed. The committee also wanted to evaluate the activities that had been implemented as a result of the first survey, and to gather suggestions for future activities.

Methods:

Paper surveys were available for all staff to complete. Staff were instructed to complete the anonymous survey and place their completed survey in a manila envelope marked "Workplace Wellness Survey."

Results:

A total of 87/130 surveys were returned, resulting in a response rate of 66.9%. 59.5% of staff indicated that their health was either *excellent* or *very good* and 38.1% rated it as *good*. The greatest priorities identified by staff for improving their health were *getting more exercise*, *eating better*, and *achieve a healthy body weight*. Barriers to improving their health most frequently reported by staff were not having enough time (34.5%), followed by not having enough energy (27.6%). When asked if they engage in physical activity during lunch hour and/or breaks, 32.9% responded that they did. Staff were most interested in an extended lunch hour and financial assistance to be physically active as forms of support. Many staff are not meeting the recommendations in the Canada Food Guide, and *eating more vegetables and fruit* was the most frequently reported strategy to improve eating habits. Staff reported that *job pressures* and *job schedule (including travel)* were the biggest barriers to eating healthy and that they would like to see healthy foods at meetings and a healthy weight program at the Health Unit. Finally, 42.4% of respondents reported that they feel highly stressed at work.

Conclusions/Significance:

Several recommendations were made to the Healthy Workplace Committee based on the survey results. The committee is currently working to develop a healthy weight program for staff.

Project Status

Evaluation Complete. Results are being used by the committee to plan wellness activities for staff.

HEALTH UNIT COMMITTEES

Health Professionals Interdepartmental Committee: Health Professionals and Office Assistants Surveys

Investigators

Health Professionals Interdepartmental Committee, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

Building on previous literature reviews and environmental scans, this committee wished to survey health professionals and their office assistants to better understand health professionals' preferences for receiving and accessing information, and to understand the role that office assistants play in the flow of information from the Health Unit to health professionals.

Methods:

The committee developed one survey for health professionals and another for office assistants. Health professionals received a fax from the Health Unit asking them to indicate their preferred method for receiving the upcoming survey: fax, mail or by email (Survey Monkey). Surveys were sent according to health professionals' preferred methods, and it was assumed one office assistant per dentist, physician and veterinarian.

Results:

A total of 81/267 completed surveys were received from health professionals, resulting in a response rate of 30.3%. The most preferred form of communication reported by health professionals was newsletters, followed closely by education sessions. PDA was the least preferred form of communication. The majority of respondents were aware of the Health Unit and its services. Respondents reported satisfaction with the Nexus newsletter, pamphlets and faxes, and many reported that they had not accessed the Health Unit's 1-800 line or website. Finally, close to 80% of respondents indicated that they would be interested in attending in-person professional development sessions worth credits. A total of 49/206 completed surveys were received from office assistants, resulting in a response rate of 23.8% (it should be noted that the denominator of 206 office assistants was an approximation). The results of this survey indicated that the majority of office assistants review information received for relevance before handing it off to the health professional that they work with. Over half of respondents had accessed the public section of the Health Unit's website, but over 70% had not accessed the health professionals section of the website.

Conclusions/Significance:

The results of these surveys provide the Health Professionals Interdepartmental Committee with valuable data about health professionals' and office assistants' needs and preferences for communication.

Project Status

Evaluation Complete. Results will be used by committee and shared with Health Unit staff.

HEALTH UNIT COMMITTEES

Infant Feeding Task Force: 2006 Infant Feeding Survey

Investigators

Infant Feeding Task Force

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

The World Health Organization (WHO) recommends “infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond”². Despite these recommendations, many women do not practice exclusive breastfeeding or do not continue breastfeeding for the recommended duration.

Methods:

The 2006 LGLDHU Infant Feeding Survey was based on a retrospective inception cohort design of 500 new mothers, residing within the Leeds, Grenville and Lanark Counties, giving birth between March and October of 2006. Survey participants were identified through the Integrated Services for Children Information System (ISCIS) database, which generated lists of all mothers giving birth between March 1, 2006 and October 1, 2006. All mothers were sent a letter from the health unit requesting permission to release their personal information to a survey research company. A structured telephone CATI (computer assisted telephone interview) survey was conducted using trained female interviewers by CompuStat Consultants on behalf of LGLDHU.

Results:

Close to 85% of respondents initiated breastfeeding within the first two days after their baby was born and 41.2% of mothers continued to breastfeed after 6 months. Mothers’ age, education level, timing of infant feeding decision and prenatal class attendance were associated with breastfeeding initiation while mothers’ education level, smoking status, timing of infant feeding decision and receipt of formula samples were associated with breastfeeding duration. Mothers with higher education levels, non-smokers, those who planned to breastfeed for more than 6 months while pregnant, and those not returning to work within the next year were more likely to delay solid foods until 6 months of age.

Conclusions/Significance:

Many of the factors that influence infant feeding are related and also influence the introduction of solid foods.

Project Status Survey Complete. Results will be shared with Health Unit and its partners.

² The World Health Organization. “The World Health Organization's infant feeding recommendation.” 2008

HEALTH UNIT COMMITTEES

Healthy Workplace Committee: Healthy Weights Survey

Investigators

Healthy Workplace Committee, Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

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Summary

Background/Rationale:

The Healthy Workplace Committee completed a survey with Health Unit staff in 2007 in which 46% of respondents (40/87) indicated that they would like to see a “healthy weight” program in the workplace. The committee wished to better understand staff needs and their vision for a “healthy weight” program so a follow-up survey was developed using Survey Monkey.

Methods:

A survey was developed using Survey Monkey and sent to all staff in September 2008.

Results:

A total of 50 staff completed surveys. When asked to describe their vision of a “healthy weight” program, staff stated they would like Weight Watchers to return, group physical activities, nutrition education sessions, and subsidies for gym memberships or allowances to purchase equipment. Staff selected ‘tips on healthy eating’, ‘organized physical activities’ and ‘on-line tracking tools’ as the most popular options from a list of “healthy weight” program components. Staff commented that they would hope to achieve weight loss, become more physically active and learn to maintain weight by becoming part of a “healthy weight” program. A questions designed to assess the stage of change that respondents are currently at found that 60% of respondents are in the ‘action’ stage of trying to lose weight, and that 68% of respondents wish to lose less than 20 pounds of weight. The majority of participants reported that they would like a “healthy weight” program to be offered on-site (as opposed to on-line) during lunchtime.

Conclusions/Significance:

The results of the Healthy Weights survey will be used to develop a “healthy weight” program. The committee has recommended that a “healthy weight” program consist of tips for healthy eating, group physical activity, on-line tracking tools, information about physical activity, regular weigh-ins, and cooking classes. As well, the Health Unit dietitians have been asked to prepare an evidence-based rationale explaining why Weight Watchers is not suitable for a “healthy weight” program.

Project Status

Evaluation Complete. Results are currently being used by committee to develop “healthy weight” program.

HEALTH UNIT COMMITTEES

Geographical Information Systems Task Force: Strategic Plan

Investigators

GIS Task Force, Epidemiologist

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

Geographic Information Systems (GIS) is a collection of computer hardware, software, and geographic data for capturing, managing, analyzing, and displaying all forms of geographically referenced information.

Methods:

The Health Unit (HU) GIS advisory taskforce undertook a needs assessment to determine potential GIS requirements for the 6 HU departments. A focus group was held with representatives from all departments in the HU. All respondents reported map-making as the most common potential use of GIS. Using GIS to schedule and route staff during their daily work was the second most frequent potential use of GIS cited. Using GIS for answering spatial questions was reported as the third most frequent use.

Results:

Access to geospatial data used to be expensive. However, many government jurisdictions have recognized the value of GIS and are now providing this data to users at no direct cost. Large volumes of spatial data are already available to the HU from a variety of government and commercial sources. Much of this data can now be accessed for free as long as an agreement between the HU and the data warehouse is in effect. The HU cannot afford to dedicate an FTE staff member solely to a GIS role at this time. The current GIS users at the HU are employed in related but different analytical jobs and will use GIS as one of many tools to support their job functions. The use of GIS in the HU will become more widespread as the availability of easy to use GIS tools and software that meet their business needs become more readily available via technical innovation and the potential institution of a web-based GIS query portal at the HU in the medium to long-term.

Conclusions/Significance:

The HU vision for establishing a GIS will be realized by addressing the three key recommendations proposed below:

1. Establish a GIS framework
2. Build internal HU GIS capacity
3. Eventually build web-based GIS portal capacity for all HU staff, clients and stakeholders

Project Status

Draft strategic plan complete.

PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT

Leeds, Grenville & Lanark Cervical Screening Clinics 2007 Summary & Client Feedback

Investigators

Adult Team - Health Promotion, Health Information Specialist

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

In January 2006, a new cervical screening coalition for Leeds, Grenville and Lanark was established with the following partners: LG&L District Health Unit, Country Roads Community Health Centre, North Lanark County Community Health Centre, Merrickville Community Health Centre, Community and Primary Health Care (formerly VON), The Canadian Cancer Society and the Regional Cancer Program for Southeastern Ontario. The purpose of the coalition was to increase awareness of the importance of cervical screening in LGL and to increase capacity for screening through the co-ordination and promotion of cervical screening clinics.

Methods:

During 2007, clinics were planned and implemented both spring and fall, in the following locations: Brockville, Lanark, Portland, Merrickville and Smiths Falls. Women who attended the clinics were asked to complete an Intake Assessment and a Feedback Form. Data collected for Leeds, Grenville & Lanark was entered into the Cervical Screening Database, developed by Suzanne Sinclair, Epidemiologist, KFL&A Public Health and exported to SPSS for analysis.

Results:

135 women attended the cervical screening clinics during the year of 2007 in Leeds, Grenville & Lanark, with 82 women attending the spring clinics and 53 in the fall. Less than 5 women were returning clients. 86 (63.7%) women who completed the intake form indicated that they had a healthcare provider, whereas 48 (35.6%) said they did not. 100% of respondents reported that *it was easy to book their Pap test appointment* and less than 5% reported that *the location was not convenient or the time was not convenient*. 100% of respondents felt *they could ask questions of the health care provider*.

Project Status

Evaluation Complete. Clinics took place again in 2008 and results will be considered when planning future clinics.

PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT

Eastern Region Injury Network (ERIN): 2008 ATV Use Survey

Investigators

ERIN ATV Subcommittee, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

ERIN is “a network comprised of injury prevention stakeholders in Eastern Ontario whose purpose is to facilitate collaboration and communication in order to maximize the effectiveness and efficiency of injury prevention programs in Eastern Ontario”³. One focus of ERIN’s efforts has been reducing the risk of ATV-related injuries among children. To help focus their efforts, ERIN developed a survey assessing individuals’ attitudes towards children under 16 years of age driving and riding ATVs. As a follow-up to a 2007 survey about attitudes toward ATV use, ERIN developed a survey assessing attitudes towards ATV use and three posters that they wished to focus-test.

Methods:

The Leeds, Grenville & Lanark District Health Unit, Renfrew County and District Health Unit, Hastings and Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox & Addington Health Unit, and Eastern Ontario Health Unit distributed surveys at Ontario Power Generation, Frontenac ATV Club, Fairmount Homes, Brockville General Hospital and at 3M during November 2007. Data were entered into an Excel spreadsheet by a student at the Children’s Hospital of Eastern Ontario, and were analyzed using SPSS by the Planning & Evaluation Consultant at LGLDHU.

Results:

A total of 279 surveys were completed, and the majority of respondents were female (61.6%). 53% of respondents were parents/grandparents to children under 16, and 50.4% of these respondents reported that their children/grandchildren do not drive ATVs. Respondents felt that riding on ATVs was safer than driving ATVs for children under 16 years of age. Respondents were also asked to compare three posters and explain what they liked, disliked, what the message was and if they related to each poster. Respondents provided valuable feedback about each poster, but were not asked to pick their favourite.

Conclusions/Significance:

The results of the ERIN ATV survey provide this group with valuable information for focussing their initiatives. As well, the results help ERIN to finalize their posters.

Project Status

Evaluation Complete.

³ ERIN. “About ERIN.” <http://www.plan-itsafe.com/ERIN.html> (accessed 20 December 2007)

PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT

Community Falls Coalition: Report

Investigators

Community Falls Coalition, Health Information Specialist

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

The Leeds Grenville and Lanark Falls Prevention Coalition formed in 2006, consists of a diverse group of community agencies, hospitals/organizations and volunteers with a commitment to enhancing the safety of the at-risk adult population.

Methods:

A community needs assessment survey was created and distributed in 2007 by coalition members to a variety of locations across the tri-county where seniors live, work or gather. The survey was designed to identify priorities of seniors in their communities and how to help them prevent falls.

Results:

A total of 165 surveys were returned. Half of respondents felt that providing educational materials about risks and prevention was a high priority, while about 40% felt that delivering education through pamphlets, flyers, magazines and newspaper articles was a priority, followed by slightly less than 40% who felt that mall displays were a priority for the coalition. Survey respondents overwhelmingly felt that this was a high priority in each of the areas of focus for increasing city and township councils' awareness of falls risks and prevention of falls for seniors. When asked where to focus services for seniors, respondents felt that providing exercise classes for seniors and educating store and supermarket owners about falls risks were priorities. The majority of respondents reported that either they had personally fallen, or knew a senior who had fallen in the last three years. When asked about interest in free education sessions, the majority of respondents were not interested. At the end of the survey, respondents had the opportunity to provide additional comments, and many commented on specific issues within their own communities.

Conclusions/Significance:

The results of this needs assessment survey provided the coalition with valuable information in planning their programs and services.

Project Status

Evaluation Complete.

PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT

School Health Environment Survey

Investigators

School Health Team, University of Waterloo Population Health Research Group, Upper Canada District School Board, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

The Population Health Research Group at the University of Waterloo, PHRED in Sudbury and the Ministry of Health Promotion developed the School Health Environment Survey (SHES) to support Ontario's Action Plan for Healthy Eating Active Living (HEAL). Public, Catholic and French school boards throughout Ontario were randomly selected to participate in the SHES. In the LGLDHU area, the Catholic District School Board of Eastern Ontario was initially selected to participate, but declined. The UCDSB was not initially selected to participate, however, the LGLDHU learned that the Health Unit could recruit the UCDSB to participate. The Senior Management Committee at LGLDHU supported the Health Unit's recruitment of the UCDSB, so a letter outlining the SHES and the Health Unit's endorsement of it was sent to the Director of Education and the UCDSB agreed to participate.

Methods:

An e-mail was sent to all principals and vice-principals within the Tri-County, inviting all schools to participate. Interested schools were asked to contact the Health Unit's Planning & Evaluation Consultant, or the vice-principal who sent the e-mail for more information or to request a survey package. Survey packages were mailed from the Health Unit to all interested schools. Survey packages consisted of a paper copy of the SHES as well as instructions for completing the SHES online.

Results:

A total of 56 schools were eligible to participate in the SHES. Out of these 56 schools, 29 requested to receive the SHES survey package (51.8%). Of the 29 schools that received survey packages, 22 completed the SHES (75.5% of recipients, or 39.3% of all eligible schools). 5 high schools and 17 elementary schools completed the survey.

Conclusions/Significance:

The University of Waterloo sent each school that completed the SHES a thank-you card containing the \$100 honorarium provided by the Health Unit. Each participating school also received an e-mail directing them to their school's on-line feedback report. The Health Unit received a raw data file containing the results of participating schools in the Tri-County.

Project Status

Survey Complete. Results are currently being used by School Liaison nurses to work with their schools, and Tri-Health is developing a pilot program to make use of the results.

PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT

Go Girls! Mentoring Program

Investigators

Health Promotion School Team, Big Brothers-Big Sisters, Provincial Centre for Excellence in Child and Youth Mental Health, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

The Health Unit partnered with Big Brothers-Big Sisters to deliver Go Girls!, a mentoring program for girls in grades 7-8 developed by OPHEA (Ontario Physical and Health Educators Association), in Lanark County. Small groups of grade 7 and 8 girls are matched with an older female mentor (preferably a post-secondary student) and meet weekly for 1.5 hours for discussions and activities about body image, self-esteem, physical activity, and nutrition.

Methods:

A school in Smiths Falls was identified to host a pilot Go Girls! mentoring program and secondary school and post-secondary students were recruited and trained as mentors. Feedback forms were completed by those who attended the mentor training and at the end of the 10-week Go Girls! session, focus groups were held with the participants to assess their perceptions of the program.

Project Status

Focus groups complete. Results available in 2009. Results will be used to implement Go Girls! in additional schools in 2009.

PARTNERSHIPS: FAMILY HEALTH DEPARTMENT

Mothering Transitions Postpartum Depression Treatment Trial

Investigators

Family Health Department, University of Toronto

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

There is currently a lack of systematic or evidence-based approaches to the treatment of postpartum depression, despite its prevalence among new mothers (approximately 13% prevalence rate). The University of Toronto developed a randomized control trial to assess the effectiveness of telephone-based interpersonal psychotherapy (IPT) administered by trained nurses.

Methods:

Public Health Nurses at the Health Unit identify clients who may be eligible to participate in the trial (using the Edinburgh Postnatal Depression Scale) and obtain verbal consent from the client to pass on their contact information to the trial coordinator. Women who agree to have their contact information passed along to the trial coordinator and are eligible for the study are randomly assigned to either the control group (usual postpartum care) or the intervention group (usual postpartum care plus IPT). Participants are then interviewed 12-weeks, 24-weeks, and 36-weeks post randomization interview.

Project Status

Results available in 1-2 years.

PARTNERSHIPS: FAMILY HEALTH DEPARTMENT

Newborn Weight Loss Study

Investigators

Family Health Department, University of Ottawa

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale:

Many new mothers stop breastfeeding within the first few days due to infant weight loss. The factors influencing this weight loss are not well understood, and a better understanding of this could lead to improved support for new mothers.

Methods:

The researcher will be collecting information about factors that might affect a baby's weight loss in the first weeks after birth. After completing an initial questionnaire, participants will be asked to weigh all of their baby's diapers and record the weights for the first 3 days and record all of their baby's feeds in the first 3 days, and then record their baby's weight daily for two weeks. Mothers in the study will be loaned a baby scale so that they can weigh their babies and their babies' diapers. All study participants will complete a telephone questionnaire when their babies are 2 weeks old.

Project Status

The researcher is currently recruiting participants through Health Unit prenatal classes, Baby Talk Groups and by leaving pamphlets at the Almonte office.

PARTNERSHIPS: FAMILY HEALTH DEPARTMENT

Good Food for a Healthy Baby Situational Assessment

Investigators

Family Health Department, Connections

Health Unit Contact Person, Position Title:

Jane Hess, Director – Family Health Department

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Summary

Background/Rationale:

In partnership with Connections, the Health Unit provides Good Food for a Healthy Baby (GFHB), a drop-in program for pregnant women and new mothers with babies up to three months old. The purpose of this program is to improve birth outcomes for women and their infants living in conditions of risk.

Methods:

To ensure that the program is meeting client needs a survey will be completed with women attending GFHB to assess their reasons for attending, whether or not they have a primary care practitioner and barriers associated with accessing primary care, and whether or not they are interested in attending prenatal classes offered immediately before GFHB group. As well, a survey of Health Unit and Connections staff involved in GFHB will be distributed to assess what is working well in the program and what could be improved. Finally, a scan of the literature and previous needs assessments that have been completed in the Tri-County with similar populations will be sought out.

Project Status

Situational assessment is in planning stages. Results available in 2009.

PARTNERSHIPS: QUALITY IMPROVEMENT DEPARTMENT

Epidemiology Student: Infant Feeding Survey

Investigators

Epidemiology Student & John Cunningham, Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

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Summary

Background/Rationale:

The Health Unit completed an infant feeding survey in 2006 and has been working towards completing data analysis and finalizing the report. A fourth year Health Sciences student at Queens University enrolled in the Epi 499 course elected to complete her research project at the Health Unit. It was decided that the student would work on further analysis of data from the infant feeding survey.

Methods:

The student is currently investigating how the birth hospital affects breastfeeding initiation and duration. As well, she is completing a principal components analysis to determine which variables in the survey are highly correlated (and therefore unnecessary). This information will assist with reducing the number of survey questions in future infant feeding surveys, as well as reducing the cost of administering the survey.

Project Status

Data analysis in process. Results available in 2009.