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## REPORT OF 2009 RESEARCH & EVALUATION ACTIVITIES

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

Prepared by:

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## Table of Contents

Introduction	2
Legend	2
<b><u>HEALTH PROMOTION DEPARTMENT</u></b>	
FOCUS: OSAID Workshop Evaluation	3
FOCUS: VALIDITY Workshop Evaluation	4
FOCUS: Taking Charge Evaluation	5
FOCUS: Municipal Drug Strategy Networking Day Evaluation	6
FOCUS: International Women's Day Webinar	7
Teaching about Body Image: 2008-2009 Dietetic Intern Project	8
<b><u>DEPARTMENT OF CLINICAL SERVICES</u></b>	
Influenza Kick-Off Evaluation 2009	10
Sexual Health Teaching Evaluation	11
<b><u>HEALTH PROTECTION DEPARTMENT</u></b>	
Almonte Water Bottle Drop-Off Evaluation	13
<b><u>HEALTH UNIT WIDE</u></b>	
2009 Corporate Retreat Evaluation	14
2009 iPHIS Reports	15
Infection Control in the Classroom Project	16
H1N1 Clinics: Staff Feedback Survey	18
Almonte Office Closure Evaluation	19
Program Review & Prioritization Process	20
<b><u>QUALITY IMPROVEMENT DEPARTMENT</u></b>	
District Health Profile	21
Provincial Benchmarking Initiative	22
Database Development	23
Syndromic Surveillance Reporting Tools	24
RRFSS Modules Analyzed in 2009	25
<b><u>PARTNERSHIPS</u></b>	
Leeds, Grenville & Lanark Cervical Screening Clinics: 2008 Summary and Client Feedback	26
Go girls! Mentoring Program	27
Value Every Kid Project	28
Mothering Transitions Postpartum Depression Treatment Trial	30
Newborn Weight Loss Study	31
Good Food for a Healthy Baby Situational Assessment	32
Epidemiology Student: Infant Feeding Survey	33
Child Health Profile	34
StatsCan Survey Skills Development Research Project	35
Youth Risk Factor Surveillance Survey	36

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**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 2009. 2009 has been a unique year for the Health Unit. In January the Health Unit began a Program Review and Prioritization Process to review local need and evidence of effectiveness for every requirement in the new Ontario Public Health Standards. This was a massive undertaking and required extensive resources. Naturally, other research and evaluation activities were minimized while this process was occurring. At the end of 2009 the gathering of evidence is complete, and in early 2010 the prioritization piece of the process will occur. More information about this process can be found on page 20. As well, in the spring of 2009 the H1N1 pandemic surfaced. This also required extensive resources, particularly in the fall when almost all staff were involved with the H1N1 response in some way or another. Between the Program Review and Prioritization Process and the Health Unit's H1N1 response there were fewer research and evaluation projects completed in 2009 compared to previous years. This was a conscious decision to allow staff to focus on these two agency priorities.

For more information about any of the activities listed in this report you may contact the individual listed as the contact person.

## Legend

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|---|--|
| • <b>AQ:</b> Additional Qualifications                            | • <b>OPHS:</b> Ontario Public Health Standards                                   |
| • <b>aLPHA:</b> Association of Local Public Health Agencies       | • <b>OSAID:</b> Ontario Students Against Impaired Driving                        |
| • <b>CAMH:</b> Centre for Addiction and Mental Health             | • <b>PHI:</b> Public Health Inspector  |
| • <b>DCS:</b> Department of Clinical Services                     | • <b>PHN:</b> Public Health Nurse  |
| • <b>EDSS:</b> Emergency Department Surveillance System           | • <b>PHRED:</b> Public Health Research, Education and Development                |
| • <b>GFHB:</b> Good Food for a Healthy Baby                       | • <b>RRFSS:</b> Rapid Risk Factor Surveillance System                            |
| • <b>HIS:</b> Health Information Specialist                       | • <b>SAQ:</b> Situational Assessment Questionnaire                               |
| • <b>iPHIS:</b> Integrated Public Health Information System       | • <b>STD:</b> Sexually Transmitted Disease                                       |
| • <b>LGL:</b> Leeds, Grenville & Lanark                           | • <b>Survey Monkey:</b> Online survey tool                                       |
| • <b>OCCHA:</b> Ontario Council of Community Health Accreditation | • <b>VALIDITY:</b> Vibrant Action Looking into Depression in Today's Young Women |
| • <b>OPHEA:</b> Ontario Physical and Health Educators Association | • <b>YRFSS:</b> Youth Risk Factor Surveillance Survey                            |

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## HEALTH PROMOTION DEPARTMENT

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### FOCUS: OSAID Workshop Evaluation

#### Investigators

Focus Coordinator, Planning & Evaluation Consultant

#### Health Unit Contact Person, Position Title:

Lucia Taggart, RN, PHN, Focus Coordinator  
Smiths Falls Office  
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#### Summary

##### *Background/Rationale:*

The FOCUS Community Coalition is a network of agencies and individuals aimed at preventing injuries and chronic diseases associated with substance use. In the spring of 2009 FOCUS hosted an OSAID (Ontario Students Against Impaired Driving) workshop for high school students. OSAID aims to promote smart decisions through public awareness.

##### *Methods:*

Following the workshop, students were asked to complete a survey assessing their satisfaction with the workshop and what they had learned.

##### *Results:*

A total of 34 students provided feedback. Half rated the workshop as good and half rated it as excellent, but 100% of respondents said they would recommend the workshop to others. Students explained that the workshop was a good opportunity to network, share ideas and learn more about OSAID initiatives and activities. Several students commented that they hoped to start new OSAID chapters at their own schools.

##### *Conclusions/Significance:*

It appears that the OSAID workshop was well-received by students and that the majority planned to make use of the information from the workshop.

#### Project Status

Evaluation complete. Results will be considered when planning future workshops.

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## HEALTH PROMOTION DEPARTMENT

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### FOCUS: VALIDITY Workshop Evaluation

#### Investigators

Focus Coordinator, Planning & Evaluation Consultant

#### Health Unit Contact Person, Position Title:

Lucia Taggart, RN, PHN, Focus Coordinator  
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#### Summary

##### *Background/Rationale:*

VALIDITY stands for 'Vibrant Action Looking into Depression in Today's Young Women.' This is a project developed by the Centre for Addiction and Mental Health (CAMH). In the spring of 2009 the FOCUS Community Coalition hosted a VALIDITY workshop for individuals working with young women experiencing depression.

##### *Methods:*

At the end of the workshop, participants were invited to complete a survey assessing their satisfaction with the workshop and what they had learned.

##### *Results:*

A total of 10 completed surveys were received. All participants stated that they would recommend the VALIDITY workshop to others. In particular, participants explained that they planned to use resources or tools from the '*Hear Me, Understand Me, Support Me*' resource.

##### *Conclusions/Significance:*

Participants appear to have been satisfied with the workshop and the resources provided.

#### Project Status

Evaluation complete. Results will be considered when planning future workshops.

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## HEALTH PROMOTION DEPARTMENT

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### FOCUS: Taking Charge Evaluation

#### Investigators

Focus Coordinator, Planning & Evaluation Consultant

#### Health Unit Contact Person, Position Title:

Lucia Taggart, RN, PHN, Focus Coordinator

Smiths Falls Office

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#### Summary

##### *Background/Rationale:*

In the summer of 2009 the FOCUS Community Coalition hosted a Taking Charge workshop addressing sexual assault and substance use.

##### *Methods:*

At the end of the workshop participants were invited to complete a survey assessing their satisfaction with the workshop and what they had learned.

##### *Results:*

A total of 9 completed surveys were received. Seven respondents rated the workshop as excellent and two rated it as good. All respondents said that they would recommend the workshop to others and all planned to use a tool or resource from the presentation immediately in their work. Respondents planned to use the resources/brochures/posters and planned to adjust health assessments to ask about substance facilitated sexual assault.

##### *Conclusions/Significance:*

Participants appear to have been satisfied with the workshop and the resources provided.

#### Project Status

Evaluation complete. Results will be considered when planning future workshops.

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**HEALTH PROMOTION DEPARTMENT**

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## **FOCUS: Municipal Drug Strategy Networking Day Evaluation**

### **Investigators**

Focus Coordinator, Planning & Evaluation Consultant

### **Health Unit Contact Person, Position Title:**

Lucia Taggart, RN, PHN, Focus Coordinator  
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### **Summary**

#### *Background/Rationale:*

In the fall of 2009 the Lanark County and Town of Smiths Falls Municipal Drug Strategy Committee held their first Network Day. The purpose of the Network Day was to inform individuals of activities taking place in Smiths Falls and Lanark County to address substance abuse issues and to demonstrate ways to become involved. The Municipal Drug Strategy is based on four pillars: prevention, enforcement, harm reduction and treatment.

#### *Methods:*

At the end of the Network Day, participants were invited to complete a survey assessing if the event met their needs, if it met its own objectives, and if participants learned something new.

#### *Results:*

A total of 50 evaluation forms were handed out and 16 completed forms were received. 100% of respondents stated that the event met their needs and that it met its own objectives – particularly around providing networking opportunities. The majority of respondents stated that they learned something new and that the information they received would be helpful to them. Respondents indicated that the most important thing they learned was about the resources available in the community. As well, respondents suggested inviting youth to future events to share their ideas and perspective.

#### *Conclusions/Significance:*

Participants appear to have been satisfied with the Network Day and the opportunity to learn about resources available in the community.

### **Project Status**

Evaluation complete. Results will be considered when planning future workshops.

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## HEALTH PROMOTION DEPARTMENT

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### FOCUS: International Women's Day Webinar

#### Investigators

Focus Coordinator, Planning & Evaluation Consultant

#### Health Unit Contact Person, Position Title:

Lucia Taggart, RN, PHN, Focus Coordinator  
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#### Summary

##### *Background/Rationale:*

In the spring of 2009 the FOCUS Community Coalition hosted an International Women's Day webinar to introduce the VALIDITY project. The VALIDITY project stands for 'Vibrant Action Looking into Depression in Today's Young Women' and was developed by the Centre for Addiction and Mental Health. Participants took part in a provincial webinar to introduce the VALIDITY project and its 'See Me, Understand Me, Support Me' tool.

##### *Methods:*

At the end of the webinar and discussion, participants were invited to complete a survey assessing their satisfaction with the webinar and the VALIDITY resources.

##### *Results:*

A total of 25 completed evaluations were received from participants. Participants were asked to describe the event and used many positive adjectives such as informative, resourceful and useful. The majority stated that the webinar oriented them to the 'See Me, Understand Me, Support Me' resource and gave them ideas for how to work with young women experiencing depression and helped them to understand the factors contributing to depression in young women. Several participants suggested bringing in young women to share their experiences with depression at a future event.

##### *Conclusions/Significance:*

Participants appear highly satisfied with the webinar and discussion. The majority indicated that they learned something new and over two-thirds felt that they were able to network and make connections that will help in their work 'a lot' or 'a fair amount.'

#### Project Status

Evaluation complete. Results will be considered when planning future workshops.

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## HEALTH PROMOTION DEPARTMENT

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### Teaching about Body Image: 2008-2009 Dietetic Intern Project

#### Investigators

Health Promotion School Team, Planning & Evaluation Consultant

#### Health Unit Contact Person, Position Title:

Meena Parameswaran, RD, Public Health Nutritionist

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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. This data was used by the dietetic intern to develop a '*Frequently Asked Questions*' tool for teachers. This tool was piloted by the dietetic intern with teachers during the spring of 2009 and their feedback was incorporated into a revised version of the tool. In August 2009 Health Promotion staff had an opportunity to present the revised tool at an AQ (Additional Qualifications/professional development) course and receive further feedback from teachers.

##### *Results:*

A total of 112 teachers completed the survey in Survey Monkey. Teachers indicated that they believe they are important role models for students but many lack the time and expertise to address body image. Respondents indicated that resources or lesson plans would be helpful.

During the initial pilot of the '*Frequently Asked Questions*' tool with teachers in the spring of 2009, teachers provided numerous suggestions for both the content and formatting of the resource.

Following the presentation of the revised tool at the AQ course, 38 teachers completed feedback forms. These teachers indicated that they felt more confident in their ability to teach about topics affecting body image and to role model a healthy body image. As well, teachers indicated that the information from the in-service and the tool was useful, that they learned something new, and planned to use information from the in-service and tool immediately in their work.

##### *Conclusions/Significance:*

The extensive testing of the '*Frequently Asked Questions*' tool and feedback from teachers have helped to ensure the tool will be useful and valuable to teachers.

**Project Status**

Evaluation complete. Final version of '*Frequently Asked Questions*' tool being finalized.

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DEPARTMENT OF CLINICAL SERVICES

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## Influenza Kick-Off Evaluation 2009

### Investigators

Infection Control Team, Planning & Evaluation Consultant

### Health Unit Contact Person, Position Title:

Martina Flanagan, RN, 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 2009. 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:*

A total of 27 completed evaluations were received from attendees. Almost all respondents felt that the event met their needs, and that it met its objectives. In particular, respondents felt that the event educated about maintaining cold chain and proper use of personal protective equipment. As well, almost all respondents reported learning something new from each agenda item.

#### *Conclusions/Significance:*

This evaluation revealed that respondents were 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.

### Project Status

Evaluation Complete. In-service will be repeated in 2010.

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**DEPARTMENT OF CLINICAL SERVICES**

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## Sexual Health Teaching Evaluation

### Investigators

Sexual Health Team, Planning & Evaluation Consultant

### Health Unit Contact Person, Position Title:

Jane Futcher, Director – Department of Clinical Services

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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 wished 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 conducted focus groups and surveys with students in grades 7 and 8, and facilitated the completion of a survey in grade 9 physical education classes. To assess the needs of parents, a survey was posted on the Health Unit's website using *Survey Monkey*, and paper copies of the survey were available at area schools and Health Unit offices.

#### *Results:*

A total of 585 grade 7 and 8 students completed surveys. Over 80% of respondents said that students their age talk about sex but only 40.9% said kids their age talk about sex with their parents. About two-thirds indicated they would like to learn about sexual health from a PHN, followed by parents and friends. Nine focus groups were held with grade 7 and 8 students and the main theme throughout all focus groups was that students were uncomfortable learning about sexual health from their teachers because they "have to see them everyday." Students stated that they would feel more comfortable learning about sexual health from a PHN because they are more knowledgeable and better able to answer students' questions.

A total of 317 grade 9 students completed surveys. An equal proportion (21.7%) stated that they would prefer to receive information about sexual health from a PHN or from their parents. Two-thirds of respondents did not know if their school had a sexual health clinic and just over one-half said there was a sexual health clinic in their community. Students indicated that they would be less likely to go to a sexual health clinic located in their school compared to a sexual health clinic located in the community or to their doctor/nurse practitioner.

84 parents completed the parents' survey and the majority (88%) said that they talk to their kids about sexual health. Parents who completed the survey also indicated that they would prefer to teach their

children about sexual health (compared to a PHN or teacher) and that they felt comfortable discussing sexual health with their children.

*Conclusions/Significance:*

The results of the sexual health teaching evaluation demonstrate that students in elementary school would prefer to receive information about sexual health from a PHN compared to their teacher or parents. Grade 9 students appear to be less concerned about where they receive information about sexual health from, but more concerned about confidentiality in accessing clinical services. Finally the parents who completed the survey appear comfortable and willing to teach their children about sexual health.

**Project Status**

Evaluation complete. Results will be considered within the context of the Program Review and Prioritization Process outcomes.

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**HEALTH PROTECTION DEPARTMENT**

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**Almonte Water Bottle Drop-Off Evaluation****Investigators**

Health Protection Department, Planning & Evaluation Consultant

**Health Unit Contact Person, Position Title:**

Teresa Clow, PHI, Senior Public Health Inspector

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**Summary***Background/Rationale:*

The Health Unit recommends that well owners test their drinking water three times per year. The Health Unit facilitates this process by making bottles available for pick-up and drop-off at its offices, and then sending the samples to the public health laboratory. Following the closure of the Almonte Health Unit office in February 2009, bottles for water sampling were made available at the Township of Mississippi Mills Office.

*Methods:*

To assess the impact of the change in water bottle pick-up and drop-off location, the Health Protection department developed a brief survey for individuals to complete at the Township of Mississippi Mills Office when they were picking up or dropping off their water samples. Surveys were completed during the spring and summer of 2009.

*Results:*

A total of 40 completed surveys were received. Approximately three-quarters of respondents had sampled their well water before and half stated that they test their well water more than once per year. The majority of respondents reported that the location and hours for water bottle pick-up/drop-off were convenient and did not report having problems completing the necessary form. Respondents suggested changes to the form to make it easier to complete, having a drop-off location in Lanark and having more drop-off locations.

*Conclusions/Significance:*

The majority of respondents were from the Mississippi Mills/Almonte area, which may help to explain the high percentage that found the drop-off location and hours convenient. Clients appear satisfied with the change in location for picking-up/dropping-off water bottles and also appear satisfied with the hours. The small sample size limits the utility of these results, as well as the lack of representation from North Lanark County.

**Project Status**

Evaluation complete. Results will be considered within the context of the Almonte Office Closure Evaluation (page19).

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**HEALTH UNIT-WIDE**

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**2009 Corporate Retreat Evaluation****Investigators**

Corporate Retreat Planning Committee

**Health Unit Contact Person, Position Title:**

Katie Jackson, Planning & Evaluation Consultant

Ext. 2256

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**Summary***Background/Rationale:*

In the spring of 2009 the Health Unit held a corporate retreat to Camp Merrywood. The theme was 'Focus on Resilience' and a total of 109 staff attended the day. The day consisted of a 'Get Caught Up' session with the Board of Health chair, the distribution of long-term service awards, a catered lunch, break-out activities or free time for staff to participate in, and a key-note speaker.

*Methods:*

Following the corporate retreat, staff were sent an email containing a link to a survey in Survey Monkey. Staff were asked to complete the survey to provide their feedback about the day and suggestions for future events.

*Results:*

105 staff completed the electronic survey resulting in a very high response rate (96.3%). Over three-quarters of staff rated the retreat as either excellent or very good and close to three-quarters stated that they prefer the spring time for a retreat. The majority of staff were satisfied with the location, theme and food at the retreat. In terms of the activities during the day, some staff expressed disappointment with the 'Get Caught Up' session and did not feel that questions were adequately answered. Staff were satisfied with the long-term service awards and enjoyed seeing personal photos of staff. As well, some staff were disappointed with the key-note speaker and found he did not offer anything new and was too high-energy. To help make the event greener, an intranet page was set up with all of the information about the retreat: over 90% of staff visited this site and almost all thought it was helpful and a good way to communicate information. As well, a bus was organized to transport staff from the Brockville office to Camp Merrywood and over 97% of staff felt this should be done again in the future, perhaps with expanding the service to additional branch offices.

*Conclusions/Significance:*

Overall, it appears that the 2009 Retreat was a success and staff were satisfied with the day.

**Project Status**

Evaluation complete. Results were reviewed by organizing committee and incorporated into a planning document to be used for future corporate retreats.

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## HEALTH UNIT-WIDE

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### 2009 iPHIS Reports

#### Investigators

Communicable Disease Team, Medical Officer of Health, Health Information Specialist

#### Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist (HIS)

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#### Summary

##### *Background/Rationale:*

In Ontario, the integrated Public Health Information System (iPHIS) is the information system used for reporting case information on all reportable communicable diseases for provincial and national surveillance, as described in the Health Protection and Promotion Act (HPPA) (1). Each public health unit is responsible for collecting case information on reportable communicable diseases occurring within their boundaries.

##### *Methods:*

The HIS uses Cognos ReportNet, a reporting tool, to generate quarterly reports of local reportable disease data.

##### *Results:*

In 2009 to-date, the HIS has generated three quarterly reports. Each report summarizes the number of reportable disease cases and compares to the same quarter in previous years (2008, 2007, 2006 and 2005).

##### *Conclusions/Significance:*

The surveillance data in iPHIS reports is used by the Communicable Disease Team and Medical Officer of Health to plan and respond to local trends and needs. As well, the data in these reports has been used for the Program Review and Prioritization Process.

#### Project Status

HIS will prepare iPHIS report for October 1, 2009 to December 31 2009 in 2010.

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## HEALTH UNIT-WIDE

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### Infection Control in the Classroom Project

#### Investigators

Infection Control in the Classroom Coordinating Committee

#### Health Unit Contact Person, Position Title:

Tawnya Boileau, RN, PHN, School Health Team Leader

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#### Summary

##### *Background/Rationale:*

During the spring and summer of 2009, Health Unit staff began planning a comprehensive school health approach to infection control to be delivered to teachers and school staff in the early fall. The comprehensive school health approach to infection control used the Foundations for a Healthy School Framework components developed by the Ontario Ministry of Education. Health Unit staff received training and then delivered a standard infection control presentation to school staff with the Upper Canada District School Board, the Catholic District School Board of Eastern Ontario and local French and Private schools. Health Unit staff also answered questions and provided curriculum resources, infection control resources, and resources for parents.

##### *Methods:*

Following the presentations, principals were sent an email containing a link to a survey and asked to distribute it to their staff. As well, Health Unit staff participated in a debriefing facilitated by the Planning & Evaluation Consultant.

##### *Results:*

A total of 80 schools/groups were visited by 16 Health Unit staff over the two-day period and approximately 2400 teachers/school staff were reached. 155 school staff provided feedback via Survey Monkey resulting in a response rate of just over 6%. The majority of respondents reported learning something new from each of the presentation topics. Encouragingly, 100% of respondents indicated that they planned to promote hand hygiene in their school or classroom and the majority also planned to promote respiratory etiquette.

At the debriefing, staff discussed what went well, what the challenges were, and the lessons learned. In terms of what went well, staff felt the planning that took place over the summer, the training they received, and the positive reception they received from school staff were all positives. Staff found the timelines challenging since the majority of the planning took place over the summer months when school staff were unavailable to schedule presentations. Another challenge was one school board's policy about not using alcohol-based hand sanitizer. Finally, the Health Unit's webmaster and Director of Health Promotion were both off during the summer which was challenging. Staff learned that the messages received from school boards and the messages from individual schools can be quite different, and that the Health Unit's staff are capable of working together to complete large projects.

*Conclusions/Significance:*

The comprehensive school health approach to infection control appears to have been successful in meeting its objectives and encouraging school staff to promote infection control practices. As well, it appears to have been a positive experience for staff and an example of working together as an agency rather than individual departments.

**Project Status**

Evaluation complete. A logic model has been developed to demonstrate the comprehensive school health approach utilized; the results will be shared with all staff who participated as well as with the Board of Health at a future presentation.

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**HEALTH UNIT-WIDE**

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**H1N1 Clinics: Staff Feedback Survey****Investigators**

Senior Management Committee, Planning & Evaluation Consultant

**Health Unit Contact Person, Position Title:**

Katie Jackson, Planning & Evaluation Consultant

Ext. 2256

katie.jackson@healthunit.org

**Summary***Background/Rationale:*

In fall of 2009 the Health Unit began offering mass community H1N1 clinics. In order to meet public demand, staff were pulled from all departments to help out either at clinics, or at the office answering phones and communicating information. Prior to the second round of clinics, Senior Management wished to obtain feedback from staff about the Health Unit's H1N1 response to-date.

*Methods:*

An email was sent to all staff with a link to a survey in Survey Monkey and staff were asked to provide their anonymous feedback.

*Results:*

A total of 67 staff provided feedback. Over 80% of respondents stated that they felt comfortable with their role and responsibilities related to H1N1 activities. Over half of respondents felt that their role and responsibilities were well-explained in the job description and that the training session met their needs (these questions were not applicable to approximately 20% of staff). Staff indicated that communication between staff was better at H1N1 clinics than at Health Unit offices and also felt that communication between Senior Management/Incident Management Group and staff was sufficient. Staff commented about the need to get information to branch offices and front-line staff answering phones promptly and the need for consistent screening at H1N1 clinics. There were numerous positive comments from staff about the teamwork and camaraderie of working together with colleagues from all departments and about the food that was provided for staff both at clinics and at the office.

*Conclusions/Significance:*

In general, staff appeared satisfied with the Health Unit's H1N1 response to-date and offered several feasible suggestions for the planning committee to improve the second round of H1N1 activities.

**Project Status**

Evaluation results discussed at H1N1 planning debriefing and incorporated into future H1N1 activities.

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## HEALTH UNIT-WIDE

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### Almonte Office Closure Evaluation

#### Investigators

Senior Management Committee

#### Health Unit Contact Person, Position Title:

Katie Jackson, Planning & Evaluation Consultant

Ext. 2256

katie.jackson@healthunit.org

#### Summary

##### *Background/Rationale:*

In February 2009 the Health Unit closed its Almonte office. Staff were relocated to the Smiths Falls office but services remained available in Almonte and the surrounding municipalities, including clinical services one day per week in the old office location. To determine the impact of the Almonte office closure a comprehensive evaluation is being conducted to assess one time costs; operating costs; efficiency and effectiveness of client service delivery; accessibility to clients and the public, and staff morale. The results may be used to help make decisions about service delivery in other Health Unit outer offices.

##### *Methods:*

To analyze one-time costs, operating costs and efficiency and effectiveness of client service delivery, Corporate Services is completing a retrospective review of costs and analyze mileage costs for staff. To assess accessibility to clients and the public, a survey for clients dropping off water bottles at the new drop-off location and a client feedback survey have been completed. As well, a survey was conducted with staff to analyze their perception of levels of service delivery and impact on the community as well as morale.

#### Project Status

- Draft report completed January 11, 2010
- Report to be finalized by Senior Management Committee in Feb-Mar 2010

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## HEALTH UNIT-WIDE

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### Program Review & Prioritization Process

#### Investigators

Senior Management Committee

#### Health Unit Contact Person, Position Title:

Shani Gates, Director Quality Improvement

Ext. 2242

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#### Summary

##### *Background/Rationale:*

In October 2008 the Ministry of Health and Long-Term Care released the new Ontario Public Health Standards (OPHS) which outline the minimum requirements for fundamental public health programs and services. Prior to the release of the OPHS, the Board of Health passed a motion for a comprehensive programs and services review. In light of the motion passed by the Board and because the OPHS will require the modification of programs and services and the development of some new programs and services, the Health Unit began undertaking a Program Review and Prioritization Process at the beginning of 2009. The overall goal of the process is the effective and efficient delivery of the OPHS requirements. The process is based on the four foundational principles of the OPHS: need, impact, capacity and partnerships.

##### *Methods:*

To complete the process several groups have been established. **The Program Review Team** consists of staff from each department and is responsible for collecting local data on need (with the assistance of the Health Intelligence Team) and researching the impact of evidence-based interventions to meet the OPHS requirements. All data collected by the Program Review Team are transferred onto Situational Assessment Questionnaires (SAQs). The SAQs consist of 9 criteria and one questionnaire is completed for each requirement. Next, the **Prioritization Committee**, which also consists of staff from all departments, will receive the completed SAQs and will have the task of assigning each SAQ a score based on a criteria scoring document. Following the prioritization process, **Senior Management** will have the task of assigning resources to the OPHS requirements taking into consideration prioritization scores, the partnerships available and the capacity of the Health Unit. A **Steering Committee** has also been established to ensure that the entire process is carried out in a fair and effective manner and to ensure that the results are used in decision-making.

#### Project Status

Situational Assessment Questionnaires undergoing final review, approval and formatting. Prioritization Committee meetings scheduled to begin in February 2010. Results are expected to be released to the Board of Health at the May 2010 meeting.

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**QUALITY IMPROVEMENT DEPARTMENT**

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**District Health Profile****Investigators**

Epidemiologist

**Health Unit Contact Person, Position Title:**

John Cunningham, Epidemiologist

Ext. 2270

john.cunningham@healthunit.org

**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. Much of the data analyzed in 2009 as part of the Program Review and Prioritization Process will be incorporated into the District Health Profile.

**Project Status**

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

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## QUALITY IMPROVEMENT DEPARTMENT

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### Provincial Benchmarking Initiative

#### Investigators

Health Information Specialist

#### Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

Ext. 2296

wanda.goodridge@healthunit.org

#### 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 the Association of Local Public Health Agencies (alpha) and the 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 work plan 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 Tracing.

#### Project Status

Benchmarking was put on-hold for 2009 due to the Program Review and Prioritization Process and H1N1 activities.

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**QUALITY IMPROVEMENT DEPARTMENT**

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## Database Development

### Investigators

Health Information Specialist

### Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

Ext. 2296

wanda.goodridge@healthunit.org

### Summary

#### *Background/Rationale:*

Part of the Health Information Specialist's (HIS) role at the Health Unit is the creation of databases. 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. Due to the Program Review and Prioritization Process several databases that were started at the beginning of 2009 were put on hold and several databases related to H1N1 were created.

#### *Databases Started and Put on Hold:*

##### (1) Health Promotion Workplace

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.

##### (2) QI Time Tracking

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.

##### (3) Pamphlet Inventory

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

#### *Databases developed and implemented in 2009:*

(4) 1-800 Line Protocols (awaiting testing by Family Health)

(5) Transfer Survey – Corporate Services

(6) H1N1 – Influenza Confirmed Cases 2009

(7) H1N1 – School Absenteeism

(8) H1N1 – Staff Absenteeism

#### *Databases Planned for 2010:*

(9) Clerical Activity Tracking – Family Health

(10) Program Review & Prioritization Process Database

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**QUALITY IMPROVEMENT DEPARTMENT**

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## **Syndromic Surveillance Reporting Tools**

### **Investigators**

Epidemiologist

### **Health Unit Contact Person, Position Title:**

John Cunningham, Epidemiologist

Ext. 2270

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### **Summary**

#### *Background/Rationale:*

The Health Unit participates in the Emergency Department Syndromic Surveillance (EDSS) in partnership with Kingston Public Health Research, Education and Development and Queen's University. Three local hospitals provide real-time data to the EDSS and this data is extremely useful for surveillance of infectious and gastrointestinal diseases. The EDSS was extremely useful during the H1N1 activity in the fall of 2009.

#### **Project Status:**

Three local hospitals currently provide real-time data to the EDSS and the Health Unit would like to increase the number of local hospitals providing data in 2010. As well, the epidemiologist is in the process of developing reporting tools for weekly and/or outbreak reporting to be used by Health Unit on-call staff as well as training for on-call staff.

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**QUALITY IMPROVEMENT DEPARTMENT**


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## RRFSS Modules Analyzed

### Investigators

Health Information Specialist

### Health Unit Contact Person, Position Title:

Wanda Goodridge, Health Information Specialist

Ext. 2296

wanda.goodridge@healthunit.org

### Summary

#### *Background/Rationale:*

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 are analyzed using standard data analysis protocols. As part of the Program Review and Prioritization Process, a total of 46 RRFSS modules were analyzed to provide local risk factor data.

#### *RRFSS Modules Analyzed for Program Review and Prioritization Process:*

<ul style="list-style-type: none"> <li>• Alcohol Use</li> <li>• Animal Immunization - Cats &amp; Dogs</li> <li>• Artificial Tanning</li> <li>• Attitudes Towards Mothers</li> <li>• BMI</li> <li>• Booster Seat</li> <li>• Breastfeeding Awareness</li> <li>• Car Seat</li> <li>• Childhood Injuries - Mechanisms of Childhood Injury</li> <li>• Childhood Injuries - Prevention Beliefs &amp; Perceptions</li> <li>• Early Childhood Tooth Decay</li> <li>• Exposure to ETA's</li> <li>• Falls Modules - plus consultant report – Wanda</li> <li>• Family Violence</li> <li>• Fetal Alcohol Syndrome - FAS</li> <li>• Flu Immunization-CD/65+</li> <li>• Flu Immunization-Children</li> <li>• Flu Immunization-Location/Reasons</li> <li>• Food Access &amp; Security</li> <li>• Food Safety Disclosure</li> <li>• Fruits &amp; Vegetables</li> <li>• H1N1</li> <li>• Helmet Use</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization I - Flu</li> <li>• Immunization II – Pneumonia</li> <li>• Immunization III - Tetanus</li> <li>• IPAQ - Physical Activity</li> <li>• Pap Smears</li> <li>• Parenting Consistency</li> <li>• Postpartum Mood Disorder</li> <li>• Reproductive Health I &amp; II (Folic Acid)</li> <li>• Road Safety</li> <li>• Safe Water</li> <li>• Seat Belt Use</li> <li>• Sexual Education I - Children</li> <li>• Sexual Education II - Youth</li> <li>• Sociodemographics - Children</li> <li>• Sun Safety</li> <li>• Tobacco – Home</li> <li>• Tobacco - Minor's Access</li> <li>• Tobacco Use</li> <li>• Violence Against Women</li> <li>• WNV – awareness</li> <li>• WNV - protection/household</li> <li>• WNV - protection/personal</li> <li>• Women Abuse and RUCS</li> </ul>
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**PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT**

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**Leeds, Grenville & Lanark Cervical Screening Clinics: 2008 Summary & Client Feedback****Investigators**

Adult Team - Health Promotion, Health Information Specialist

**Health Unit Contact Person, Position Title:**

Bonnie Schnittker, RN, PHN  
Smiths Falls Office  
bonnie.schnittker@healthunit.org

**Summary***Background/Rationale:*

In January 2006, a new cervical screening coalition for Leeds, Grenville and Lanark was established with the following partners: LGL 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. In 2007 the Smiths Fall Community Health Centre joined the coalition. 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 2008, clinics were planned and implemented in the spring and fall in Brockville, Lanark, Merrickville and Smiths Falls. Women who attended the clinics were asked to complete a 'How did we do in this Pap clinic?' survey.

*Results:*

27 women reported attending the spring cervical screening clinics and 30 reported attending in the fall. 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, and 100% of respondents were satisfied with their visit to the Pap clinic.

*Conclusions/Significance:*

Overall, respondents appear highly satisfied with the cervical screening clinics, similar to the past. Women appreciate the 'woman-friendly environment' and report feeling comfortable receiving their Pap test.

**Project Status**

Evaluation Complete. Clinics took place again in 2009 and results will be considered when planning future clinics. The Health Information Specialist is planning to prepare a report in 2010 comparing demographic and test result data from clients in 2007, 2008 and 2009.

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**PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT**

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**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:**

Danielle Shewfelt, PHN  
Smiths Falls Office  
danielle.shewfelt@healthunit.org

**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. During the spring of 2009 the first sessions of Go Girls took place at 5 schools.

*Methods:*

Participants completed a pre-test at the first Go Girls session and a post-test at their last session.

*Results:*

A total of 54 girls participated in the spring Go Girls session and 44 of their pre and post-tests could be matched and analyzed. The proportion of girls who reported "always" being active during their physical education classes increased from the pre-test to the post-test. As well, the proportion who ran and played "quite a bit" and "most of the time" at recess increased from the pre-test to the post-test. A series of true-false questions assessed participants' eating habits and some appeared to have improved (i.e. eating vegetables, avoiding deep fried foods) while others had declined (i.e. eating three meals per day, emotional eating). As well, the proportion of participants agreeing with the statement "I am happy with my body" increased from the pre-test to the post-test.

*Conclusions/Significance:*

In general, the amount of time spent participating in physical activity appears to have increased. In terms of eating habits, despite improvements in some areas, the majority of participants were not meeting the daily requirement for fruit and vegetable servings. The small number of matched pre and post-tests limited the statistical analysis that could be completed.

**Project Status**

Evaluation of spring 2009 series complete. Pre and post-test was adjusted based on results and a modified version was used for fall 2009 sessions.

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**PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT**

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## Value Every Kid Project

### Investigators

Health Promotion School Team, Girls Inc. of Upper Canada, Value Every Kid, Planning & Evaluation Consultant

### Health Unit Contact Person, Position Title:

Tawnya Boileau, PHN, School Team Leader

Ext. 2226

tawnya.boileau@healthunit.org

### Summary

#### *Background/Rationale:*

The Health Unit partnered with Girls Inc. of Upper Canada, Value Every Kid, and Country Roads Community Health Centre to apply for a grant from Health Canada's Drug Strategy Community Initiatives Fund. A total of \$122 000 was received for the 'Value Every Kid' project. This project is a comprehensive approach to reducing substance use among girls while increasing self-esteem and resilience. Girls participate in the Friendly PEERsuasion program and learn and practice decision-making, assertiveness, and communication skills. These girls then teach what they have learned to 'PEERsuade Me's' – younger students. In addition to the Friendly PEERsuasion program, the Value Every Kid project consists of an extensive media campaign and a parents' component.

#### *Methods:*

To help select messages for the media campaign, two parents' councils completed a one-page survey. This survey asked parents to select their top-six messages related to developmental assets as well as provide feedback about the ads and logo for the Value Every Kid Project.

To evaluate the Friendly PEERsuasion program, participants completed a pre-test developed by Girls Inc. at their first Friendly PEERsuasion session and an identical post-test at their final session.

#### *Results:*

A total of 31 parents provided feedback about the media component of the Value Every Kid project. The top six developmental asset messages selected by parents were: *Help youth practice coping skills when difficult situations arise; Teach young people to be responsible for all of their thoughts, words and actions; Give young people appropriate and important responsibilities within the family; Encourage youth to take leadership roles in their community; Remember that mistakes are part of living and growing; Let youth know you are proud of their talents, capabilities and discoveries.*

A series of true-false questions assessed participants' knowledge about substance use and participants demonstrated improvements in several questions. Participants also completed several scenario questions where they read a scenario and selected an appropriate action for the girl in the scenario. Participants demonstrated improved coping skills to refuse alcohol and cope with stress. On the post-test, over 90% indicated that they feel comfortable talking about drugs, alcohol and other serious issues with their parent/guardian. As well, 100% felt they could teach something to students younger than them and could influence younger students to avoid using drugs or alcohol.

*Conclusions/Significance:*

As a result of the feedback from parents, the Communications Coordinator at the Health Unit was able to select the six developmental asset messages that would appear in the media ads, and revise the logo and ads for the media campaign.

It appears that the first Friendly PEERsuasion sessions were successful and participants experienced improvements in some areas.

**Project Status**

Evaluation of spring 2009 sessions complete. Results were discussed with partners and suggestions for improvements to the fall 2009 sessions were made.

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**PARTNERSHIPS: FAMILY HEALTH DEPARTMENT**

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## **Mothing Transitions Postpartum Depression Treatment Trial**

### **Investigators**

Family Health Department, University of Toronto

### **Health Unit Contact Person, Position Title:**

Michelle Murray, PHN

Ext. 2355

michelle.murray@healthunit.org

### **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.

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## PARTNERSHIPS: FAMILY HEALTH DEPARTMENT

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### Newborn Weight Loss Study

#### Investigators

Family Health Department, University of Ottawa

#### Health Unit Contact Person, Position Title:

Jane Hess, Director – Family Health Department

Ext. 2207

jane.hess@healthunit.org

#### 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.

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**PARTNERSHIPS: FAMILY HEALTH DEPARTMENT**

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**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

Ext. 2207

jane.hess@healthunit.org

**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 was meeting client needs, focus groups were completed with women attending GFHB groups to assess their reasons for attending, whether or not they had a primary care practitioner and barriers associated with accessing primary care, and whether or not they were interested in attending prenatal classes offered immediately before GFHB groups. The Planning & Evaluation Consultant from the Health Unit facilitated these groups. As well, data collected for the Canada Prenatal Nutrition Program was analyzed to provide a 6-month snapshot of clients.

*Results:*

Between October 1, 2008 and March 31, 2009 a total of 41 women took part in GFHB groups. Two-thirds of women reported a low income level and half reported family isolation. Over one-third had no transportation and close to half reported few friends/supports.

Five focus groups took place during June and July 2009: one at each GFHB group location. Participants explained that they liked meeting other mothers and having a nurse available to answer questions. They also liked having food available, recipes and learning about low-budget recipes. Participants had many positive things to say about GFHB groups and very few negative comments. In terms of prenatal classes, participants indicated that childcare and transportation were the main barriers to attending. All participants reported having a doctor or nurse practitioner, but explained that transportation was a barrier to accessing their healthcare provider. Participants had few suggestions for improving the GFHB groups and many commented that they liked the groups as-is and would not like to see any changes.

*Conclusions/Significance:*

GFHB group participants appear to be highly satisfied with the format and content of the GFHB groups. The GFHB groups appear to be good sources of support and role modeling for participants.

**Project Status**

Evaluation complete. Results reviewed with Connections Coordinator and Director, Family Health. No changes made to program as it currently operates.

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**PARTNERSHIPS: QUALITY IMPROVEMENT DEPARTMENT**

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## **Epidemiology Student: Infant Feeding Survey**

### **Investigators**

Epidemiology Student & John Cunningham, Epidemiologist

### **Health Unit Contact Person, Position Title:**

John Cunningham, Epidemiologist

Ext. 2270

john.cunningham@healthunit.org

### **Summary**

#### *Background/Rationale:*

The Health Unit completed an infant feeding survey in 2006 and produced a comprehensive report of the results. 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 investigated how the birth hospital affects breastfeeding initiation and duration. As well, the student completed a principal components analysis to determine which variables in the survey were 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 complete. Poster presentation completed to share results.

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**PARTNERSHIPS: QUALITY IMPROVEMENT DEPARTMENT & FAMILY HEALTH DEPARTMENT**

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## **Child Health Profile**

### **Investigators**

Epidemiologist, South East Region Children Services Planning Groups, Ministry of Children and Youth Services, United Ways

### **Health Unit Contact Person, Position Title:**

John Cunningham, Epidemiologist

Ext. 2270

john.cunningham@healthunit.org

### **Summary**

#### *Background/Rationale:*

Every few years the Ministry of Children and Youth Services, along with numerous partners, produces a local Child Health Profile profiling the reproductive health of mothers and their children. This profile serves as a planning tool as well as providing educational indicators and family demographics.

Previously, the profile consisted primarily of data presented in tables; this year the profile will contain time trend analysis and more description. The Child Health Profile is a useful tool for the Family Health Department.

### **Project Status**

Research/analysis started. Results available in 2010.

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**PARTNERSHIPS: QUALITY IMPROVEMENT DEPARTMENT**

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## **StatsCan Survey Skills Development Research Project**

### **Investigators**

Health Intelligence Team, Director – Quality Improvement, Statistics Canada

### **Health Unit Contact Person, Position Title:**

John Cunningham, Epidemiologist

Ext. 2270

john.cunningham@healthunit.org

### **Summary**

#### *Background/Rationale:*

In February 2009 StatsCan approached the Health Unit about the possibility of conducting a survey as part of their Survey Skills Development Course. Participants in StatsCan's Survey Skills Development Course develop a survey based on the Health Unit's interests, complete door-to-door data collection, analyze the results and provide the Health Unit with a report.

#### *Results:*

The Health Unit requested survey content include: residents' awareness of the Health Unit; residents' knowledge and understanding of well water testing; residents' knowledge of influenza; and walking/bicycling in our communities. During the last two weeks of September, course participants completed door-to-door data collection in Smiths Falls, Perth, Lanark, Carleton Place, Merrickville, Montague, Beckwith, Elizabethtown-Kitley and North Grenville.

### **Project Status**

Data collection and analysis complete. Health Unit now has data and report from StatsCan.

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**PARTNERSHIPS: QUALITY IMPROVEMENT DEPARTMENT**

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## **Youth Risk Factor Surveillance Survey**

### **Investigators**

Epidemiologist, Centre for Addiction and Mental Health, Institute for Social Research

### **Health Unit Contact Person, Position Title:**

John Cunningham, Epidemiologist

Ext. 2270

john.cunningham@healthunit.org

### **Summary**

#### *Background/Rationale:*

The Youth Risk Factor Surveillance Survey (YRFSS) is based on the Ontario Student Drug Use and Health Survey, which is completed across Ontario every two years with students in grades 7-12. The primary goal of the YRFSS was to generate health unit-level estimates comparable to the province. The survey included questions related to drug, alcohol and tobacco use, physical activity, healthy eating, and sun safety. Data were collected by self-completed questionnaires administered in schools by the Institute for Social Research at York University.

### **Project Status**

Data collection complete. Health Unit has received weighted Health Unit-level and provincial data; data analysis will occur in 2010.