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## REPORT OF 2010 RESEARCH & EVALUATION ACTIVITIES

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

Prepared by:

Katie Jackson, Planning and Evaluation Consultant  
458 Laurier Blvd.,  
Brockville, Ontario  
K6V 7A3  
(613) 345-5685, ext.2256  
katie.jackson@healthunit.org



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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 2010. The Health Unit's Program Review Process, which began in 2009, continued into 2010 and as such, some evaluation activities were placed on hold while the process continued (see p.11 for more details about the Program Review Process). As 2010 draws to a close, the Program Review Process is closer to completion with results expected in early 2011, and implementation following. As the Health Unit begins to implement the results of the Program Review Process, it is expected that numerous evaluations of programs/interventions will be completed during 2011.

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

## Legend

• <b>AQ:</b> Additional Qualifications	• <b>OCCHA:</b> Ontario Council of Community Health Accreditation
• <b>DCS:</b> Department of Clinical Services	• <b>OPHEA:</b> Ontario Physical and Health Educators Association
• <b>EDSS:</b> Emergency Department Surveillance System	• <b>OPHS:</b> Ontario Public Health Standards
• <b>HBHC:</b> Healthy Babies – Healthy Children	• <b>OSDUHS:</b> Ontario Student Drug Use and Health Survey
• <b>HCP:</b> Healthy Communities Partnership	• <b>PHI:</b> Public Health Inspector
• <b>HIS:</b> Health Information Specialist	• <b>PHN:</b> Public Health Nurse
• <b>IMS:</b> Incident Management System	• <b>PSW:</b> Personal Support Worker
• <b>iPHIS:</b> Integrated Public Health Information System	• <b>RRFSS:</b> Rapid Risk Factor Surveillance System
• <b>IPT:</b> Interpersonal Psychotherapy	• <b>SAQ:</b> Situational Assessment Questionnaire
• <b>LGL:</b> Leeds, Grenville & Lanark	• <b>SPSS:</b> Statistical Package for the Social Sciences
• <b>MDS:</b> Municipal Drug Strategy	• <b>Survey Monkey:</b> Online survey tool

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**HEALTH PROMOTION DEPARTMENT**

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## **Municipal Drug Strategy (MDS) Network Meetings**

### **Investigators**

Health Promotion Community Team; Municipal Drug Strategy Network

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

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

### **Summary**

#### *Background/Rationale:*

The Municipal Drug Strategy Network for Lanark County and the Town of Smiths Falls uses a four-pillar approach to tackle alcohol and other substance use issues. The Network schedules meetings throughout the year where members come together to learn about the four pillars and to learn about local trends and initiatives. During 2010 two meetings were evaluated: February and September.

#### *Methods:*

Following the February meeting, paper copies of surveys were distributed to attendees. This data was then entered into an Excel spreadsheet and analyzed using SPSS. Following the September meeting, a link to an electronic survey was emailed to attendees and they were directed to complete an electronic evaluation. Analysis was completed using the electronic survey tool (Survey Monkey).

#### *Results:*

Attendees at both meetings reported that the meetings met their needs, that they met the stated objectives and that they learned something new. In particular, attendees at the February meeting reported learning about local community resources and attendees at the September meeting reported learning about the role of police in detection. Attendees also offered suggestions for future topics.

#### *Conclusions/Significance:*

Attendees appear satisfied with the format and content of the MDS Network meeting.

### **Project Status**

Evaluation complete. Results will be considered when planning future MDS Network meetings.

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## HEALTH PROMOTION DEPARTMENT

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### AQ Course Presentation: A Tool for Every Teacher

#### Investigators

Health Promotion School Team, Planning & Evaluation Consultant

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

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

#### Summary

##### *Background/Rationale:*

The Health Unit was invited to present at an AQ Course for local teachers at the end of the summer. Staff from the School Team gave a presentation on teaching and role modeling a healthy body image, building on work that had originally been completed by a dietetic intern.

##### *Methods:*

Following the in-service, teachers were asked to complete a feedback form. Data were then entered into an Excel spreadsheet and analyzed using SPSS.

##### *Results:*

A total of 29 feedback forms were received from teachers. Following the in-service, the majority of teachers (72.4%) reported increased confidence in their ability to incorporate health into their teaching. Almost all teachers reported that the in-service met their needs, and that they learned something new. 93.1% of teachers indicated that they would be able to use something from the in-service immediately in their work. Teachers were also asked if they had read Health Matters, the Health Unit's newsletter for teachers and only 32.1% reported reading the newsletter.

##### *Conclusions/Significance:*

Teachers appear satisfied with the content and format of the in-service. The small proportion of teachers reporting reading Health Matters suggests this may be an area for additional research/evaluation.

#### Project Status

Evaluation complete. Results have been reviewed by the School Health Team, and the 'A Tool for Every Teacher' resource has been finalized, printed and distributed.

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**DEPARTMENT OF CLINICAL SERVICES**

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## **Influenza Kick-Off Evaluation 2010**

### **Investigators**

Infection Control Team, Planning & Evaluation Consultant

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

Martina Flanagan, RN, PHN  
Smiths Falls Office  
martina.flanagan@healthunit.org

### **Summary**

#### *Background/Rationale:*

The department of Clinical Services provided an in-service for infection control personnel in hospitals and long-term care hospitals in fall 2010. 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. Data were then entered into an Excel spreadsheet and analyzed using SPSS.

#### *Results:*

#### *Conclusions/Significance:*

### **Project Status**

Results available in 2011.

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DEPARTMENT OF CLINICAL SERVICES

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## Infection Prevention Lecture

### Investigators

Communicable Disease Team, Planning & Evaluation Consultant

### Health Unit Contact Person, Position Title:

Martina Flanagan, PHN, Communicable Disease Team Leader  
Smiths Falls Office  
martina.flanagan@healthunit.org

### Summary

#### *Background/Rationale:*

In March 2010 staff from the Health Unit delivered a lecture about infection prevention and communicable diseases to personal support worker (PSW) students at St. Lawrence College. The purpose of the lecture was to increase students' awareness of infection prevention and control, increase knowledge of outbreaks and communicable disease, and to increase skills in the use of gloves and hand hygiene.

#### *Methods:*

Following the lecture a survey was distributed to students and they were asked to provide feedback. Data were then entered into an Excel spreadsheet and analyzed using SPSS.

#### *Results:*

A total of 37 completed evaluation forms were received from students. 100% of students felt that the lecture met their needs and the majority felt that the lecture met its stated objectives 'to a great extent.' The majority of students also reported learning something new from the lecture topics, particularly about communicable disease.

#### *Conclusions/Significance:*

Students appear satisfied with the lecture content and format.

### Project Status

Evaluation Complete. Results have been reviewed by the Communicable Disease Team and will be considered when planning future presentations.

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**DEPARTMENT OF CLINICAL SERVICES**

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## **2010 Flu Clinic Evaluation**

### **Investigators**

Department of Clinical Services, Planning & Evaluation Consultant

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

Rebecca Kavanagh, Manager – Department of Clinical Services

Smiths Falls Office

rebecca.kavanagh@healthunit.org

### **Summary**

#### *Background/Rationale:*

The Health Unit provides annual seasonal community flu clinics throughout Leeds-Grenville and Lanark. These clinics require extensive Health Unit resources both in terms of planning and staff time. In addition to Health Unit clinics, many local physicians/nurse practitioners also provide flu clinics, as well as some workplaces, pharmacies and other venues. Senior management wishes to evaluate the 2010 seasonal community flu clinics in order to determine what the Health Unit's role should be in the future.

#### *Methods:*

Clients at each flu clinic are given a survey to complete after receiving their immunization. Clients are instructed to complete their survey while they wait in the recovery area and to drop their completed survey into a designated drop-box. In addition to client feedback, the costs associated with providing flu clinics will also be calculated.

### **Project Status**

Evaluation in process. Results available in 2011.



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## HEALTH PROTECTION DEPARTMENT

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### Emergency Preparedness Training

#### Investigators

Health Protection Department, Planning & Evaluation Consultant

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

Kwesi Douglas, PHI, Public Health Inspector

Smiths Falls Office

[kwesi.douglas@healthunit.org](mailto:kwesi.douglas@healthunit.org)

#### Summary

##### *Background/Rationale:*

During September 2010 the Health Protection Department participated in an Emergency Preparedness Training Session. The purpose of the training session was to provide staff with an overview of emergencies and emergency management, as well as an overview of the Incident Management System (IMS) model.

##### *Methods:*

An electronic feedback form was developed and the link was sent to all Health Protection staff. Analysis was completed using the electronic survey tool (Survey Monkey).

##### *Results:*

A total of 19 staff participated in the training and 13 completed feedback forms, resulting in a response rate of 65%. All respondents felt that the training session met their needs, and the majority felt that it met its objectives either 'to some extent' or 'to a great extent.' As well, the majority of respondents reported learning something new either 'to some extent' or 'to a great extent.' Respondents also provided open-ended comments and suggestions.

##### *Conclusions/Significance:*

Participants appear satisfied with the emergency preparedness training session and it appears to have met their needs.

#### Project Status

Evaluation complete. Results will be considered when planning future training sessions.

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## HEALTH PROTECTION DEPARTMENT

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### Food Disclosure Surveys: Public and Operators

#### Investigators

Health Protection Department, Planning & Evaluation Consultant

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

Teresa Clow, PHI, Senior Public Health Inspector

Smiths Falls Office

teresa.clow@healthunit.org

#### Summary

##### *Background/Rationale:*

Health Units are required to have food disclosure systems in place so that the public is able to access inspection results. The Health Protection department wished to understand members of the public and food operators' preferences for a food disclosure system.

##### *Methods:*

Two electronic surveys were developed using an electronic survey tool and links to the surveys were posted on the main page of the Health Unit's website. One survey was developed for the public, and another for operators. A media release also appeared in local newspapers to inform the public of the survey.

##### *Results:*

A total of 58 individuals completed the public survey and 37 food establishment operators completed the operators survey.

**Public Survey:** The majority (96.4%) of respondents indicated that they were interested in accessing information about previous inspections of restaurants. Respondents indicated that they would prefer to access this information from the Health Unit's website, and that they were most interested in accessing "good comments as well as problems" and "pass/fail." The majority of respondents indicated that they would be willing to wait 48-hours or less to access results and that they would check results when they were planning to eat out.

**Operators' Survey:** The majority of operators indicated that they were aware of the new requirement to disclose inspection results, and close to 40% of respondents indicated that they already share inspection results with staff and customers. Over half of respondents felt that the public should have access to "pass/fail" results, and operators indicated that they would like to receive copies of the regulation as a form of support, and that they prefer to receive information by mail.

##### *Conclusions/Significance:*

The small number of respondents limits the utility of each survey, however the results do provide some direction for Health Protection to proceed with developing a food disclosure system.

#### Project Status

Evaluation Complete. Results considered during development of disclosure system; disclosure system is now in place.

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## HEALTH PROTECTION DEPARTMENT

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### Food Handler Spring 2010 Course Evaluation

#### Investigators

Health Protection Department, Planning & Evaluation Consultant

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

Teresa Clow, PHI, Senior Public Health Inspector

Smiths Falls Office

teresa.clow@healthunit.org

#### Summary

##### *Background/Rationale:*

During the spring of 2010 the Health Protection department delivered 4 food courses in various locations to a total of 133 participants. The course is a full-day course and upon successful completion of an exam, participants are recognized as a "certified food handler."

##### *Methods:*

Following the completion of the food handler course, participants were asked to complete a feedback form. The data were entered into an Excel spreadsheet and analyzed using SPSS.

##### *Results:*

A total of 85 participants completed feedback forms, resulting in a 64% response rate. 100% of participants indicated that the course met their needs and almost all felt that the material was presented clearly. As well, participants indicated that they had learned something new that they would be able to use at work or at home.

##### *Conclusions/Significance:*

Overall it appears that participants were highly satisfied with all aspects of the food course. Some participants indicated that the size of the Powerpoint handouts was too small which may identify one area for improvement.

#### Project Status

Spring 2010 evaluation complete. Fall 2010 evaluation results will be available in 2011.

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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  
Brockville Office  
shani.gates@healthunit.org

#### 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.

#### Project Status

Note: More detailed information about the Program Review Process can be found on the Health Unit's website.

During the winter of 2010 the Prioritization Committee scored all submitted Situational Assessment Questionnaires (SAQs) and a ranked list was produced as the outcome. This ranked list was shared with the Board of Health as well as staff in the spring of 2010. Following the release of the ranked list, the Health Unit hired consultants to design the Resource Allocation process as the next step in the Program Review. Consultants were hired and developed the Health Unit's Resource Allocation process during the summer. The process developed for the Health Unit is based on Program Budgeting and Marginal Analysis. Beginning at the end of the summer and early fall, staff began outlining the minimum levels of service required to meet the OPHS requirements. After several drafts, the final versions of the minimums were submitted to Corporate Services for costing. At the same time, the Resource Allocation Committee has been establishing the criteria for resource allocation, in consultation with staff. To complete the next step, departments will prepare investment and divestment options to be rated by the Resource Allocation Committee. The options will be rated early in 2011 and investments and divestments will be selected. An appeals process will be implemented before the Health Unit begins implementing the changes.

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## HEALTH UNIT-WIDE

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### Program Review Partner Survey

#### Investigators

Senior Management Committee, Program Review Team, Planning & Evaluation Consultant

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

Katie Jackson, Planning & Evaluation Consultant

Brockville Office

katie.jackson@healthunit.org

#### Summary

##### *Background/Rationale:*

In 2009 the Health Unit embarked on a Program Review and Prioritization Process. One component of the Program Review's Situational Assessment is an assessment of the partnerships/collaborations required to implement interventions. To complete this component, a Partner Survey was developed in consultation with the Program Review Team and the Program Review Steering Committee. The purpose of the Partner Survey was to assess partners':

- Perceptions of the effectiveness of partnerships and relationships with the Health Unit
- Capacity to participate in partnerships with the Health Unit
- Perceptions of duplication between their programs/services and Health Unit programs/services
- Suggestions for making partnerships with the Health Unit more effective

##### *Methods:*

The survey was set up in Survey Monkey to enable electronic completion. Health Unit staff developed distribution lists and partners received either an email or a fax with an invitation to complete the survey and a letter outlining the Health Unit's Program Review Process. Recipients were instructed to forward the survey throughout their organization.

##### *Results:*

Approximately 580 invitations were sent to partners and 193 partners completed the survey. When assessing the effectiveness of specific programs/services/planning groups, the majority of partners felt that their partnerships with the Health Unit were "very effective" and that they had the capacity to "fully participate in providing programs/services or planning." Overall, 59.2% of partners rated their relationship with the Health Unit as "very effective" and 37.3% rated it as "somewhat effective." Over 80% were "very interested" in working with the Health Unit.

##### *Conclusions/Significance:*

The partner survey provided valuable feedback about partners' perceptions of their relationship with the Health Unit.

#### Project Status

Evaluation Complete. Results were shared with Health Unit staff, the Board of Health, partners and the community (through a media release).

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## HEALTH UNIT-WIDE

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### 2010 Health Unit Retreat Evaluation

#### Investigators

Corporate Retreat Planning Committee

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

Katie Jackson, Planning & Evaluation Consultant  
Brockville Office  
katie.jackson@healthunit.org

#### Summary

##### *Background/Rationale:*

At the beginning of June the Health Unit held its annual retreat at the Brockville Memorial Centre with a total of 108 staff in attendance. This year's theme was 'Looking Back, Launching Forward' and the day consisted of a welcome and introduction of new staff, an open mic session, an introduction to the new Medical Officer of Health, long-term service awards, a BBQ lunch, free time and an animal personality activity.

##### *Methods:*

On the Monday following the retreat, staff received an email with a link to an electronic (Survey Monkey) survey and a request to complete the survey to evaluate the day.

##### *Results:*

A total of 86 staff completed evaluations, resulting in a response rate of 79.6%. The majority of staff rated the day positively with close to three-quarters rating the day as either 'excellent' or 'very good.' Staff did identify some areas that could be improved for next year including a more central location, more professional development (or removal of professional development as an objective of the day) and allowing staff to contribute to long-term service award speeches. Several staff commented that they liked the Medical Officer of Health's introduction and felt that the day was very relaxed and enjoyable. In terms of the free time activities, bowling was particularly popular and rated positively.

##### *Conclusions/Significance:*

Overall, staff were satisfied with this year's Health Unit Retreat.

#### Project Status

Evaluation complete. Results will be used when planning future retreats.

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## HEALTH UNIT-WIDE

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### 2010 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)  
Brockville Office  
wanda.goodridge@healthunit.org

#### 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 2010 to-date, the HIS has generated three quarterly reports. Each report summarizes the confirmed case counts of reportable diseases and compares to the same quarter in previous years (2009, 2008, 2007 and 2006).

##### *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.

#### Project Status

HIS will prepare iPHIS report for October 1, 2010 to December 31 2010 in 2011. More in-depth disease-specific reports are planned for 2011.

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**HEALTH UNIT-WIDE**

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**H1N1 Staff and Management Evaluation****Investigators**

Senior Management Committee, Planning & Evaluation Consultant

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

Katie Jackson, Planning & Evaluation Consultant

Brockville Office

katie.jackson@healthunit.org

**Summary***Background/Rationale:*

Following the first round of H1N1 activity, in November 2009, an electronic survey was sent to all staff to obtain feedback about their comfort with roles and responsibilities related to H1N1, communication, staffing, what worked well, what could be improved, and lessons learned. A debrief was also held with staff and management to identify issues. The results of the survey and debrief were then used to make adjustments before the second round of H1N1 clinics.

Following the second round of clinics, the same electronic survey was sent to staff and another debrief was held with staff only in attendance (no management).

*Results:*

A total of 56 staff completed the survey and 51 staff attended the debrief, either in-person or by teleconference. Overall, staff felt comfortable with their roles but acknowledged that there was confusion about other roles, particularly managements' role at the clinics. Staff felt that the communication between staff at clinics was better than communication between staff at the Health Unit, and outer offices felt as though they were out of the loop. Staff also felt there was a delay in getting information to front-line staff (particularly those staff answering the phones) and felt there was a lack of communication between the clinics and staff answering the phones (e.g. about wait times, the use of bracelets, etc.) Staff were satisfied with the amount of staff working at the clinics and the office, and were satisfied with the volunteers and commissionaires. Staff felt that set-up and tear-down crews should be implemented, and staff also identified safety issues with the vans that were used and ergonomic issues.

*Conclusions/Significance:*

Staff provided a great deal of valuable feedback about the Health Unit's H1N1 experience. Overall, many lessons were learned and many staff commented positively about the sense of teamwork, camaraderie and cooperation they experienced while working with staff that they do not regularly work with.

**Project Status**

Evaluation Complete. Report and recommendations were shared with planning committee.



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## HEALTH UNIT-WIDE

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### H1N1 Surveillance Report

#### Investigators

Epidemiologist

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

John Cunningham, Epidemiologist  
Brockville Office  
john.cunningham@healthunit.org

#### Summary

##### *Background/Rationale:*

During the second wave of the pH1N1 pandemic, the Health Unit collected data using several difference indicators beginning at the end of August 2009 and ending at the end of December 2009. The Health Unit's epidemiologist prepared a report presenting the data collected and making recommendations for future surveillance.

##### *Methods:*

The following methods of surveillance were used and reported on:

- Emergency Department Syndromic Surveillance System (EDSS)
- pH1N1 vaccine administration
- Lab submissions & case sub-typing
- School absenteeism
- Health Unit resources (staff time)
- Health Unit call volume

##### *Results:*

There were 90 pH1N1-related syndromic surveillance alerts issued during wave II of the pandemic. 34,905 vaccinations were administered by the Health Unit and other agencies. There were 121 lab-confirmed cases of pH1N1 identified for the Health Unit during wave II and there was a peak of 66.9 school absences per 1000 students during the week of October 30, 2009.

##### *Conclusions/Significance:*

This report outlines the indicators used during pH1N1 and provides data about the Health Unit's experience. As well, it provides recommendations for future surveillance.

#### Project Status

Report Complete and available on the Health Unit's website.

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## HEALTH UNIT-WIDE

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### Leeds, Grenville & Lanark OSDUHS Report

#### Investigators

Health Promotion Department, Epidemiologist

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

John Cunningham, Epidemiologist  
Brockville Office  
john.cunningham@healthunit.org

#### Summary

##### *Background/Rationale:*

The OSDUHS survey is an ongoing cross-sectional epidemiological study of Ontario students that is conducted bi-annually by the Centre for Addiction and Mental Health. The aim of the survey is to describe the prevalence, incidence and trends for various mental and physical health and risk behaviours of Ontario students in grades 7 through 12 enrolled in both the public and Catholic school systems.

##### *Methods:*

In 2009, LGLDHU and several other health units participated in an oversampling of schools in our various jurisdictions that asked questions beyond what is traditionally included in the OSDUHS. LGLDHU oversampled 8 elementary and 8 secondary schools to obtain a sample of 872 students.

##### *Results:*

The report contains detailed local information related to: alcohol use, cannabis use, tobacco use, non-medical prescription drug use, and illicit drug and solvent use. The three most prevalent drugs used by local students are alcohol, cannabis and tobacco. Almost 19% of LGL students reported the non-medical use of prescription drugs, and almost 17% of LGL students reported using an illicit drug in their lifetime.

##### *Conclusions/Significance:*

This report represents the first time the Health Unit has had local data about student drug use. This data is very valuable to the Health Promotion department as well as to community partners such as schools and law enforcement.

#### Project Status

Report Complete and available on the Health Unit's website. Data have been shared with community partners through the Lanark, Leeds and Grenville Healthy Communities Partnership.

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## HEALTH UNIT-WIDE

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### Student Clinic Tours Evaluation

#### Investigators

Clinical Services & Health Promotion School Planning Task Force, Planning & Evaluation Consultant

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

Tawnya Boileau, RN, PHN, School Health Coordinator

Brockville Office

tawnya.boileau@healthunit.org

#### Summary

##### *Background/Rationale:*

During the fall of 2010, Public Health Nurses in Clinical Services and Health Promotion began providing tours of the Health Unit's clinics to high school students. The purpose of the tours is to familiarize students with the clinics and their locations, and to increase students' awareness of the clinics and what could be expected if they attended.

##### *Methods:*

Following the clinic tour, students are asked to complete a feedback form asking how likely they are to use the clinic, if they think the tours are a good idea, and if they would recommend the clinic to a friend.

#### Project Status

Data collection in progress. Results available in 2011.

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## HEALTH UNIT-WIDE

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### Accreditation Staff Survey

#### Investigators

Health Information Specialist, Planning & Evaluation Consultant

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

Wanda Goodridge, Health Information Specialist

Brockville Office

wanda.goodridge@healthunit.org

#### Summary

##### *Background/Rationale:*

During the spring of 2010 the Health Unit began preparing for accreditation by the Ontario Council on Community Health Accreditation (OCCHA). This process was led by the Accreditation Coordinator with assistance from staff assigned to the Program Accreditation Team and the Accreditation Documentation Committee. Following the completion of the agency questionnaire in the spring, evidence was collected throughout the summer months to prepare for OCCHA's site visit during September 13-15. Once OCCHA had completed the site visit and given staff a general debrief, a survey was developed to provide staff with an opportunity to comment on the process and offer suggestions for improving accreditation in the future.

##### *Methods:*

A link to an electronic survey was sent to all staff and a total of 31 staff completed the survey.

##### *Results:*

Staff felt the process for accreditation worked very well and they were pleased with the Accreditation Coordinator's role and performance. Staff who attended the training sessions and who visited the Accreditation site on the Intranet found these to be helpful. As well, staff found the 20-week email communication and contest to be enough communication. Several staff commented that the process seemed less stressful than it had in the past and several staff commented that the new, annual audits by OCCHA will be a welcome change. Overall, it appears that staff felt well-prepared for accreditation and pleased with the process.

##### *Conclusions/Significance:*

Overall, staff provided positive feedback about the Health Unit's accreditation experience. It was recommended to share the final accreditation report from OCCHA and to develop a system/process to accommodate preparation for annual surveys.

#### Project Status

Evaluation Complete. Accreditation will become an ongoing responsibility of the Health Information Specialist.

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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:

Shani Gates, Director – Quality Improvement  
Brockville Office  
shani.gates@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 was completed to assess onetime costs; operating costs; efficiency and effectiveness of client service delivery; accessibility to clients and the public, and staff morale.

##### *Methods:*

To analyze one-time costs, operating costs and efficiency and effectiveness of client service delivery, Corporate Services completed a retrospective review of costs and analyzed mileage costs for staff. As well, a review of the number of client visits for clinics, HBHC, prenatal classes and baby talk before and after the office closure was completed. To assess accessibility to clients and the public, a survey for clients dropping off water bottles at the new drop-off location will be completed and a client feedback survey will be completed. As well, a survey was developed to assess clients' awareness of the office closure, their use of Health Unit services before and after the office closure and their perception of the impact of the closure on their personal health and on the community's health. Finally, staff were invited to complete a survey about their perceptions of effectiveness, efficiency, and accessibility of service delivery since the Almonte office closure, perceptions about how the closure affected the health of the community, how the closure affected staff personally, and suggestions to improve service delivery.

##### *Results:*

##### Component: Accessibility to clients and the public

Many clients are unaware of the Almonte office closure; slightly over 60% were aware that the Almonte office had closed. Less than one-third of clients felt that the Almonte office closure had affected them personally, but close to three-quarters felt that the closure had affected the health of the community. Clients identified accessing Health Unit services and having to travel to access services as issues related to the closure of the Almonte office. As well, clients felt that Smiths Falls was not a central location for an office and numerous clients suggested opening/reopening an office in Almonte or Carleton Place. Clients were also concerned about the pressure that the Almonte office closure places on other community health services

##### Component: Review of One-Time and Operating Costs

Monthly fixed operating costs have decreased by \$712.88 per month, which translates to an estimated annual savings of \$8554.56. One-time costs related to the closure amounted to over two-thousand dollars. Annual savings from a potential move to Carleton Place were greater, at \$34 720.80.

Component: Efficiency and Effectiveness of Client Service Delivery

Mileage appears to have decreased since the Almonte office closure and savings of just over \$2000.00 has been estimated for service delivery and administrative mileage in an 8-month period (calculated to be approximately \$3030 for a 12-month period). However numerous factors could have influenced the decrease in mileage costs, which cannot necessarily be attributed to the closure of the Almonte office. Service delivery, as measured by the proportion of HBHC referrals receiving postpartum visits, has decreased since the Almonte office closure, but again may not be attributable to the closure of the Almonte office. Directly attributable to the closure of the office was the staffing efficiency gained from the transfer of the receptionist from the Almonte office to a program assistant role in the Smiths Falls office.

Component: Staff Perceptions and Morale

For the most part, staff feel that the closure of the Almonte office has had a negative impact on service delivery. Staff perceive that their travel time has increased, that staff and services are less accessible to clients, that staff are less connected to the community and that relationships with community partners have eroded. Numerous staff suggested re-opening an office in Almonte or Carleton Place.

*Conclusions/Significance:*

This evaluation was difficult to complete due to staff movement within and between departments and without a consistent time-tracking system across the Health Unit. It appears the financial savings associated with the office closure were modest and the report recommended that any decisions about office locations in the future be handled through a change management process that allows sufficient time to minimize disruption to service delivery and the impact on staff morale and public perception.

**Project Status**

Evaluation Complete. The Health Unit is hiring a consultant in 2011 to review how the Health Unit should deliver services to clients.

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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

Brockville Office

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.

#### Project Status

Sections on '*Reproductive Health*' and '*Mortality*' have been completed. The '*Infectious Diseases*' section will be added next.

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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  
Brockville Office  
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) 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.

**(3) 1-800 Protocols Database**

This database is being developed to assist with accessing protocols for PHNs working on the 1-800 Line.

*Databases developed in 2010 and to be implemented in 2011:*

*Health Promotion Activity Tracking Database*

*Family Health Activity Tracking Database*

*Family Health Clerical Activity Tracking Database*

*Quality Improvement Tracking Databases for Health Intelligence Team and Creative Team*

*Client Walk-In 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

Brockville Office

john.cunningham@healthunit.org

### **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 2011.

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## QUALITY IMPROVEMENT DEPARTMENT

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### RRFSS Modules Analyzed in 2010

#### Investigators

Health Information Specialist

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

Wanda Goodridge, Health Information Specialist

Brockville Office

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. A total of 5 RRFSS modules were analyzed to provide local risk factor data.

##### *RRFSS Modules Analyzed in 2010:*

- Outdoor Air Quality - 2009
- Website Module - 2008
- Familiarity with Health Unit – 2008/2009
- Health Information - 2009
- Media Patterns – 2008/2009

#### Project Status:

Reports for data analyzed above will be written in 2011.

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## PARTNERSHIPS: HEALTH UNIT WIDE

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### Lanark, Leeds and Grenville Healthy Communities Partnership

#### Investigators

Lanark, Leeds and Grenville Healthy Communities Partnership, Planning & Evaluation Consultant

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

Lois Dewey, RN, PHN, Healthy Communities Coordinator  
Smiths Falls Office  
lois.dewey@healthunit.org

#### Summary

##### *Background/Rationale:*

The Ministry of Health Promotion and Sport launched the Healthy Communities Fund in 2009 to replace the Heart Health Networks. In LGL, the members of Tri-Health, a Heart Health Network, agreed to continue as an Interim Steering Committee for the new HCP. The members of the Interim Steering Committee developed two task forces: The Community Profile and Needs Assessment Task Force and the Partnership Development and Asset Map Task Force. Between the work of the Interim Steering Committee and these two task forces, the HCP completed numerous activities during 2010.

#### Project Status

The following is a summary of the HCP activities in 2010:

- Partner survey distributed during spring
- HCP Partnership Day Oct 21<sup>st</sup>
- Community Profile produced for Oct 21<sup>st</sup>
- Core Committee struck following Oct 21<sup>st</sup>
- Network Map data collected Oct 21<sup>st</sup> to November 30<sup>th</sup>
- Structure and Governance Training Nov 10<sup>th</sup>
- Collecting community feedback via focus groups during November
- Priority Setting training Dec 10<sup>th</sup>

In 2011, the HCP is planning:

- Setting priorities and recommended actions - January
- Additional community feedback - January
- Final Community Picture produced - Feb/March
- Begin mobilizing community and working on policies - after March

*More detailed information about the HCP can be found on their website: [www.healthyLLG.org](http://www.healthyLLG.org)*

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**PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT**

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**Leeds, Grenville & Lanark Cervical Screening Clinics: 2007-2009 Summary****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:*

Women attending the cervical screening clinics complete an intake assessment form and a feedback forms. This data is then entered into a database and exported to SPSS for analysis.

*Results:*

A total of 136 women attended the 2007 clinics, 62 attended the 2008 clinics, and 74 attended the 2009 clinics. It is noted that the two participating community health centres were accepting new patients during the spring of 2008 and were able to add women to their caseload rather than referring them to the clinics. The majority of women attending the clinics (over 90% each year) were new clients. Clients identified the main reason for coming to the clinic as a preference for a female healthcare provider and the majority of clients became aware of the clinics from advertising. Although the majority of women screened fell into the 60+ age category, less than one-third of clients over the age of 50 had attended the OBSP or been screened for colon cancer. Overall, clients were very satisfied with their clinic experience and expressed satisfaction with the booking process, location, time of day and the service they received.

*Conclusions/Significance:*

Overall, the clinics from 2007-2009 were well attended and well received by clients.

**Project Status**

Evaluation Complete. Data from 2010 clinics will be analyzed in 2011.

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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, 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 fall of 2009 and winter of 2010 Go Girls sessions took place at 4 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 50 girls participated in the fall 2009/winter 2010 Go Girls sessions and 41 of their pre and post-tests could be matched and analyzed. The results of the physical activity questions, nutrition questions and self-esteem/body image questions were all very similar from the pre-test to the post-test. It is noteworthy that a large proportion of respondents reported that they were prevented from participating in their normal physical activity in the previous week due to injuries, illness and other obligations (over 40%). It is also noteworthy that very few participants meet the daily recommendations set out in Canada's Food Guide for vegetables and fruit (less than one-quarter) or for grain products (less than 15%). Participants indicated that the ideal size for a Go Girls group would be 7-9 participants and three mentors.

*Conclusions/Significance:*

This set of data is difficult to compare due to the overall small sample size and the unequal number of completed pre and post-tests. Although the data may not be terribly useful for comparing differences between the pre and post-tests, it still provides valuable information about participants' physical activity levels, nutrition choices and self-esteem.

**Project Status**

Evaluation Complete. Results shared with Big Brothers-Big Sisters and pre and post-test was adjusted and a modified version is being used for fall 2010 sessions. Small modifications were made to the program, and Mentor training was modified to include role modeling component as per the "Tool for Teachers" resource.

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**PARTNERSHIPS: HEALTH PROMOTION DEPARTMENT**

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## Value Every Kid Project

### Investigators

School Health Coordinator, Girls Inc. of Upper Canada, Every Kid in our Communities of Leeds & Grenville, Country Roads Community Health Centre Planning & Evaluation Consultant

### Health Unit Contact Person, Position Title:

Tawnya Boileau, PHN, School Health Coordinator  
Brockville Office  
tawnya.boileau@healthunit.org

### Summary

#### *Background/Rationale:*

The Health Unit partnered with Girls Inc. of Upper Canada, Every Kid in our Communities of Leeds & Grenville, 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:*

Participants complete a pre-test developed by Girls Inc. at their first Friendly PEERsuasion session and an identical post-test at their final session. The pre and post test consist of a series of true-false questions as well as several scenario questions. Beginning in 2010, participants also completed a feedback form consisting of open-ended questions.

#### *Results:*

The data from the pre and post-tests clearly illustrates improved knowledge related to alcohol and substance use as well as improved coping skills and confidence. Numerous questions showed a statistically significant improvement from the pre-test to the post-test. The data from the feedback forms provides powerful evidence of the impact of Friendly PEERsuasion on participants' confidence, their strength and their ability to say no to their friends without fear that they will lose their friends. For example, "I liked that I learned how to feel good about myself and to refuse my friends but still keep them" and "This program helped with how I thought of peer pressure. I thought I would always have to say yes or lose my friends."

#### *Conclusions/Significance:*

It appears that the Friendly PEERsuasion program is meeting its objectives of increasing participants' knowledge, skills and support systems to resist peer pressure to use harmful substances.

### Project Status

Data analysis of winter and spring 2010 data complete. Data collection for fall 2010 and winter 2011 sessions will continue with results available in 2011.

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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:**

Erin McLean, PHN

Smiths Falls Office

erin.mclean@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: 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  
Brockville Office  
[john.cunningham@healthunit.org](mailto: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

Analysis complete and submitted to the Ministry of Children and Youth Services. Results available online at:

[http://www.child-youth-health.net/site/child-youth-health/Publications\\_and\\_Resources\\_p233.html](http://www.child-youth-health.net/site/child-youth-health/Publications_and_Resources_p233.html).