
REPORT OF 2011 RESEARCH & EVALUATION ACTIVITIES

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



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REPORT OF 2011 RESEARCH AND EVALUATION ACTIVITIES

Our Vision: *Healthy people in healthy communities*

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

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

Introduction

This report summarizes the research and evaluation activities of the Leeds, Grenville & Lanark District Health Unit for 2011. These activities reflect the Health Unit's values and contribute towards our mission and vision. Conducting research and evaluation activities is part of our continuous quality improvement journey and helps us to ensure that we are delivering the most relevant and effective programs and services that meet the needs of our clients and staff. Dedicated staff and support from the Quality Improvement department are integral to completing these activities and are evident in the number of activities completed or work in process. It is our hope that this report will give readers a sense of the breadth of activities and partnerships that the Health Unit is involved in.

For more information about any of the activities listed in this report, you may contact the individual listed as the contact person or the Departments Director/Manager.

Legend

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

HEALTH PROMOTION DEPARTMENT

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

Health Promotion Community Team; Municipal Drug Strategy Network

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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, local trends and initiatives.

Methods: Following the November 2011 Networking Meeting, an electronic fluid survey was distributed directly to attendees. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: Attendees reported the meeting met their needs, met the stated objectives and they learned something new. In particular, attendees reported the information they received at the network day will help assist them when dealing with issues related to alcohol and substance misuse/abuse. 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.

Tipping the Scales in Her Favour Workshop

Investigators

Health Promotion School Health Team; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Meena Parameswaran, MAN, RD

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Summary

Background/Rationale: In November, Health Promotion staff delivered a body image workshop. The participants were front-line staff from a variety of agencies including child and youth workers. As well, staff from the YMCA, teachers, social workers, and the youth centre.

Methods: Attendees completed an evaluation form at the end of the workshop. A total of 34 individuals attended the workshop and 30 completed feedback forms were received, resulting in a response rate of 88%. The data was then entered into an Excel spreadsheet and analyzed using SPSS.

Results: Majority of respondents reported the content of the event met their needs. Almost all participants reported they felt confident in their knowledge about topics affecting body image and confident in their ability to role model a healthy body image. Over three-quarters of participants felt the information from the workshop was 'very useful' with the remaining participants rating the information as 'somewhat useful.' Just over half of participants indicated they learned something new 'to some extent' and the remaining participants indicated they learned something new 'to a great extent.' Respondents also provided additional suggestions which can be viewed in the full report.

Conclusions/Significance: Participants were satisfied with both the content and format of the in-service. They learned something new and would be able to apply something from the in-service immediately in their work. It was recommended that the results of this evaluation (as well as the open-ended comments in the appendix) be reviewed and considered when planning future in-services related to body image.

Project Status

Evaluation complete

HEALTH PROMOTION DEPARTMENT

Do the Math**Investigators**

Health Promotion Community Team; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale: The “Do the Math - Eat the Math” initiative was a regional food security campaign that involved local leaders volunteering to live exclusively from a food bank hamper in order to raise awareness about poverty in the Leeds, Grenville and Lanark communities.

Methods: Each participant was asked to complete a survey on his/her experience with the campaign. Twenty responses were received. The data was analysed and a final evaluation report was prepared.

Results: The results provided insight in the experiences of community leaders as they confronted food insecurity and poverty. Many of the participants identified the need for further action either individually (donating nutritious foods) or politically (increase social assistance and rental incomes to accommodate access to food).

Conclusions/Significance: Participants of the “Do the Math – Eat the Math” campaign provided detailed feedback. It was recommended that these results be disseminated to participants. In addition, it may be useful to engage stakeholders in a forum to identify ways to reduce food insecurity in the community. It was also recommended that the results be considered when planning future events or campaigns regarding food security.

Project Status

Evaluation complete

HEALTH PROMOTION DEPARTMENT

School Health eNewsletter**Investigators**

Health Promotion School Health Team; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale: The School Health Team distributes a monthly e-newsletter with content for parents, teachers and administrators to the administrators of elementary and secondary schools. The School Team wanted to evaluate the effectiveness and appropriateness of this e-newsletter by completing a survey with teachers and administrators.

Methods: An electronic Fluid Survey was distributed to teachers and school administrators. Twenty-nine respondents submitted the survey. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: Majority of respondents reported they were receiving the e-newsletter regularly and found it very to somewhat useful. In terms of value there was 50-50 split between those who found it very useful and somewhat useful. Majority shared the content with parents while others added selected content to use in their own newsletters. Seventy six percent of respondents reported it was appropriate to have an e-newsletter for both elementary and secondary schools. Respondents also indicated how often they like to receive the e-newsletter, what time of the month and in what method (i.e. embedded in an email or hard copy). They provided additional comments and suggestions which can be found in the evaluation report.

Conclusions/Significance: School teachers and administrators have provided feedback about the School Health e-Newsletter. It was recommended that the Health Promotion School Team review these results and take them into consideration regarding how to improve the development and distribution of the School Health e-Newsletter. It was also recommended that these results be shared with staff.

Project Status

Evaluation complete

HEALTH PROMOTION DEPARTMENT

Work on the Math**Investigators**

Health Promotion Community Team; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Carole Chang, Public Health Nutritionist, MSc, RD
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Summary

Background/Rationale: Work on the Math was an event held on June 24th, 2011 at the Leeds, Grenville and Lanark District Health Unit. This event provided the opportunity for participants and key stakeholders to discuss the issues surrounding food insecurity in the community.

Methods: A feedback form/survey was distributed to participants at the conclusion of the event. The data was then analyzed and presented in a final evaluation report.

Results: A total of 17 surveys were received. Overall the participants rated the agenda items high (useful-very useful). They also provided additional comments on the agenda items. The overall rating of the event was good-excellent. All respondents thought the event was worthwhile. Many noted that the event was informative and should be continued. The meeting participants provided additional details/comments on how they felt things needed to move forward and provided possible barriers.

Conclusions/Significance: A few common themes appeared in the responses of the participants and it was recommended that the findings of the evaluation be used to inform future activities. Specific recommendations for further steps should be established in collaboration with the program coordinator and key stakeholders. It was also recommended that the results of this evaluation be shared with the participants and staff.

Project Status

Evaluation complete

HEALTH PROMOTION DEPARTMENT

Health Promotion Staff Development Survey**Investigators**

The Health Promotion Department; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale: The Health Promotion Staff Development Committee assessed the Health Promotion Department's educational and training needs to assist with coordination and planning for 2011 and beyond. The survey also aimed to obtain input on other issues including setting up a social fund and lunch meeting options.

Methods: An electronic survey was distributed directly to the Health Promotion Department staff. Responses were received from July 20th to August 2nd 2011. Analysis was completed using Fluid Survey.

Results: A total of 15 completed surveys were obtained. Staff indicated which topics they would like to see covered in 2011. The most popular selected topics included 2012 requirements of the College of Nurses for QA, team building, and policy development. The majority of respondents preferred two full days per year for staff development and indicated they would be interested in contributing to a social fund. Attendees provided additional suggestions for future events.

Conclusions/Significance: It was recommended that the Staff Development Committee take these findings into consideration when planning future events and the results of this evaluation should be shared with the participants and department staff.

Project Status

Evaluation complete

HEALTH PROMOTION DEPARTMENT

School Planning Task Force**Investigators**

The Health Promotion School Health Team; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Tawnya Boileau, PHN

School Health Coordinator

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Summary

Background/Rationale: The Health Promotion and the Clinical Services Departments have been working together over the past year around school health initiatives. The purpose of this partnership is "to provide a forum for Clinical Services and the Health Promotion School Team to communicate, coordinate, and plan school health initiatives in the school setting". They wanted to investigate how the partnership was working and how it can be improved.

Methods: An electronic survey was distributed to staff. Responses were received from July to mid August 2011. Analysis was completed using Fluid Survey. A total of 8 completed surveys were received, out of a possible 18 with a response rate of 44.4%. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: The survey respondents provided feedback about the School Planning Taskforce. Due to the small number of responses, the results of this survey should be interpreted with caution as views presented may not be representative of the group. Overall, the respondents had mixed feelings regarding general satisfaction with the School Planning Task Force, ranging from "dissatisfied" to "very satisfied", although the responses tended to be more heavily distributed in the "satisfied" to "very satisfied" categories. There were a mix of disfavoured, favourable, and indifferent responses for all questions, however in general responses were positive. It appears staff believed that although the School Planning Task Force has enabled the identification of the challenges and barriers in planning and implementing school health initiatives, it has not been as successful in addressing these challenges and barriers, nor has it been as successful in providing an effective means to communicate and coordinate school health initiatives.

Conclusions/Significance: It was recommended that the results be reviewed and taken into account when considering changes to the way in which the School Planning Task Force functions. Based on the open-ended questions, some important considerations were to: create supports to facilitate better collaboration between the departments/PHN counterparts whether they are during meetings or at other times; provide clear objectives and action plans; and provide supports to facilitate the transition from "ideas" or "decisions" to "action". It was recommended that these results be shared with staff that may also be able to provide further insight into effective steps forward.

Project Status

Evaluation complete.

HEALTH PROMOTION DEPARTMENT

Spread a New Attitude about Poverty (SNAP)**Investigators**

The Health Promotion Community Team; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Carole Chang, Public Health Nutritionist, MSc, RD

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Summary

Background/Rationale: The Spread a New Attitude about Poverty community event took place on November 4th 2011. The event was attended by Health Unit staff, community partners and community members. The goals of the event were to raise awareness about the issues of stigma around poverty as well as to provide an opportunity for networking and resource sharing.

Methods: A feedback form/survey was distributed to participants at the conclusion of the event. The data was then entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Participants were satisfied with the Spread a New Attitude about Poverty event. Majority of participants reported the agenda items very useful or useful. As well, participants provided comments on the agenda items that could be used to inform future events. Comments were also provided on how the event inspired them and the effectiveness of the event raised awareness about the issues of stigma and poverty.

Conclusions/Significance: It was recommended that these results be reviewed and considered when planning future poverty focused community events.

Project Status

Evaluation complete

HEALTH PROMOTION DEPARTMENT

Student Drug Use in LGL (OSDHUS 2009)**Investigators**

Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

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John.Cunningham@healthunit.org**Summary**

Background/Rationale: This report on student drug use contains data from both elementary (Gr. 7-8) and secondary (Gr. 9-12) schools situated in LGL. The data was gathered in May of 2009 from a total of 16 randomly selected schools and 872 students in our region. The report summarizes the use of alcohol, cannabis, tobacco, non-medicinal (NM) prescription drugs, and any illicit drugs by both male and female respondents.

The analysis presented in this report is relevant to public health and educators in general as it can be used to inform and guide drug prevention and health curricula that is more specific to LGL than the traditional regional OSDUHS reports generated by CAMH.

Methods: The OSDUHS survey is an cross-sectional epidemiological study of Ontario students that is conducted bi-annually by CAMH. The aim of the survey is to describe the prevalence, incidence and trends for various mental and physical health and risk behaviours of students in grades 7 through 12 enrolled in both the public and Catholic school systems. The OSDUHS data is robust in that it represents a weighted sample of almost 1-million Ontario students. The survey design corrects the data to allow for stratification and to control for potential clustering. This allows for the sample obtained to properly represent the Ontario student population at both the provincial level and the geography of the health unit.

Results: The 17-page report should be read to obtain full results and interpretation. In summary, alcohol was the most prevalent drug of choice amongst students in LGL in 2009 with 61.4% reporting its use in the 12-months prior to the survey. Cannabis was the second-most prevalent drug reported at 28.1% and tobacco ranked third at 17.8%. The use of opioid pain-relievers (Percocet, Percodan, Tylenol 3, Demerol, codein) for NM reasons was reported as 11.8%. The use of over-the-counter cold medications (e.g. Robitussin DM) NM use of stimulants (e.g. diet/stay awake pills) and non-medical use of OxyContin ranked 5th through 7th respectively.

Conclusions/Significance: It was recommended that these results be reviewed and considered when planning future school based interventions relating to student drug use.

Project Status

Report complete. Posted to LGLDHU website.

DEPARTMENT OF CLINICAL SERVICES

Flu Kick Off 2010 Results**Investigators**

Communicable Disease Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Martina Flanagan, PHN, Communicable Disease Team Leader

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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 the fall of 2010. The purpose of this in-service was to provide information to 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. A total of 29 attendees completed feedback forms with a response rate of 83%. The data was entered into an Excel spreadsheet and analyzed using SPSS.

Results: Participants reported they were satisfied with the 2010 Flu Kick-Off event. They felt the event met its objectives and they learned something new from the agenda items. As well, participants provided suggestions for additional material they would like to receive and ways to improve the event.

Conclusions/Significance: It was recommended that these results be reviewed and considered when planning future Flu Kick-Off events.

Project Status

Evaluation Complete

DEPARTMENT OF CLINICAL SERVICES

Flu Clinics 2010**Investigators**

Communicable Disease Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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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 wanted to evaluate the 2010 seasonal community flu clinics in order to determine what the Health Unit's role should be in the future.

Methods:

This evaluation consisted of three components:

1. Client feedback
2. Staff feedback
3. Cost analysis

Client Feedback:

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

Staff Feedback:

Staff who worked at 2010 flu clinics completed an electronic survey using Fluid Survey. This survey asked staff about the training they received, the impact of flu clinics on their workload, and whether or not they carpooled to the clinics they worked. As well, a debrief was held with all of the electronic and nursing leads to discuss locations, equipment, training, roles and specific clinics.

Cost Analysis:

The following were calculated:

- Revenue generated from the 2010 flu program
- Time spent training for 2010 clinics and cost of this time
- Time spent working in 2010 clinics (staff hours) and cost of this time
- Mileage was calculated
- Cost of supplies
- Cost of advertising
- Net cost for the organization

Results: The results of the client survey suggest clients find the Health Unit flu clinics convenient due to their locations and hours of operation. Slightly over 200 respondents indicated they attended the Health Unit's flu clinics because they did not have a doctor or nurse practitioner, or they were unable to get in to see their doctor or nurse practitioner. The majority of clients who completed surveys indicated they would still get a flu shot without the Health Unit's flu clinics from their doctor or nurse practitioner (71.3%), Community Health Centre (20.5%), Walk-in Clinic (15.9%) or at their workplace (6.8%).

Staff felt prepared to work at 2010 flu clinics and the majority felt that it was a good use of their time. It appears working at flu clinics has a minimal impact on workload for staff in Clinical Services and Family Health, whereas staff in Health Promotion perceive a greater impact on their workload. Staff at the debrief session offered suggestions for improving flu clinics in 2011 including the use of computers, training, clinic roles, staffing and hours for locations.

Conclusions/Significance: It was recommended that the Health Unit offer a modified community based flu program in 2011. These clinics should be implemented with the following efficiencies: Discontinue use of PECS program (will reduce costs associated with PECS, licence, equipment, staffing, training and transportation of equipment to and from clinics sites); reduce staff training to half day session instead of full day session; shorten selected clinics based on low traffic history; reduce staff at selected clinics based on low traffic history; reduce advertising dollars; reduce material and supplies budget (mostly due to PECS); continue to utilize Health Unit vans and utilize floating clerk time for planning and data entry activities.

Project Status

Evaluation complete. Evaluation results were used in the Health Unit program review process and for planning the 2011/2012 flu clinics. The results were also shared with Senior Management and staff in the Clinical Services Department.

DEPARTMENT OF CLINICAL SERVICES

Flu Kick Off 2011 Evaluation Results**Investigators**

Communicable Disease Team, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale: The Health Unit presented a Flu Kick-Off event in October 2011 for health care professionals.

Methods: Sixty three healthcare professionals attended. A total of 49 attendees completed a feedback form at the end of the event giving a response rate of 78%. The data was entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Participants appeared satisfied with the 2011 Flu Kick-Off event. The event met its objectives and they learned something new from the agenda items and topics. As well, participants provided suggestions regarding additional educational material they would like to receive and improvements for events in the future

Conclusions/Significance: It was recommended that these results be reviewed and considered when planning future Flu Kick-Off events.

Project Status

Evaluation complete

DEPARTMENT OF CLINICAL SERVICES

Sexual Health Teachers Survey**Investigators**

Department of Clinical Service; Department of Health Promotion & Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Tawnya Boileau, PHN, School Health Coordinator

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Summary

Background/Rationale: The Departments of Clinical Services and Health Promotion Department worked collaboratively to investigate how to increase the capacity of teachers to deliver the Growth & Development curriculum and promote healthy sexuality to students.

Methods: A survey was developed to obtain teachers feedback on how best to support them in delivering this important health information to students. Each sexual health school nurse met with the principals of their assigned schools in the Upper Canada District School Board, to discuss this new approach and to gain their support for the distribution of the survey to their grades 5 through 8 teachers. The survey was completed electronically using Fluid Survey from September to December 16th 2011 and a total of 97 surveys were completed. A final evaluation report was created and distributed.

Results: Grades 5-8 teachers in the Upper Canada District School Board provided feedback about the opportunities and challenges with teaching the Growth and Development (sexual health) curriculum. Teachers were also able to provide feedback regarding what support or resources would be beneficial when implementing this aspect of the curriculum as well as the challenges they face.

Conclusions/Significance: It was recommended that the survey results be reviewed and considered in future program planning. As well, it was recommended that these results be shared with staff in both the Health Promotion and Clinical Services Departments.

Project Status

Evaluation complete. The Health Promotion and Clinical Service Departments met to discuss these evaluation results and have taken them into consideration with planning for future sexual health teachings.

DEPARTMENT OF CLINICAL SERVICES

Harm Reduction Professional Workshop**Investigators**

Department of Clinical Services; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Jennifer Adams, PHN

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Summary

Background/Rationale: A harm reduction workshop for professionals was held in November 2011 in which 35 professionals working in the substance misuse field attended.

Methods: A total of 30 attendees completed feedback forms to evaluate this event providing an 85.7% response rate. The data was entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: The professionals who participated in the Harm Reduction Workshop strongly agreed that the presenters were knowledgeable in this area and the content of the workshop contributed to their learning needs. Majority of participants agreed that they were satisfied with the workshop overall and they would recommend this workshop to others.

Conclusions/Significance: It was recommended that these results be reviewed and considered when planning future events.

Project Status

Evaluation complete

DEPARTMENT OF CLINICAL SERVICES

Harm Reduction Public Education Workshop**Investigators**

Department of Clinical Services; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale: Harm reduction workshops for the general public were held in November and December 2011. A total of fifteen people interested in substance misuse information attended.

Methods: A total of 11 attendees completed feedback forms at the end of the workshops to evaluate this event providing a response rate of 73.3%. The data was entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Participants strongly agreed that the presenters were knowledgeable in this area. They also strongly agreed – agreed that the workshop taught them something new. The event also increased their understanding of harm reduction.

Conclusions/Significance: It was recommended that these results be reviewed and considered when planning future events.

Project Status

Evaluation complete

DEPARTMENT OF CLINICAL SERVICES

Hepatitis C Report**Investigators**

Department of Clinical Services; Health Information Specialist

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale: November 2011

The Health Information Specialist was asked to provide local HepC data to Clinical Services for the following:

- Years 2006 - 2010
- Counts
- Rates
- Trend lines
- Age
- Gender
- Reportable geography

Methods: The data was pulled from iPHIS and a report was created and distributed.

Results: The results were shared with the HepC roundtable.

Conclusions/Significance: Continued monitoring of Hep C will take place for Leeds, Grenville & Lanark.

Project Status

Ongoing

HEALTH PROTECTION DEPARTMENT

Outdoor Air RRFSS Report**Investigators**

Health Protection Department; Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, HIS

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Summary

Background/Rationale: January 2011

RRFSS data was analyzed for Outdoor Air and a report distributed to the Director of Health Protection.

The purpose of this module is to:

- Identify and measure public awareness of the health impacts of poor outdoor air quality.
- Identify the level of concern associated with the human health effects of poor outdoor air quality among adults.
- Identify methods used to reduce individual exposure to poor outdoor air quality.

*Outdoor air quality is influenced by smog, air pollution and weather, but not allergens.

Methods: Source: RRFSS — Rapid Risk Factor Surveillance System

Results:**Data Collection Period:** January–August 2009

- 44.1% (95% C.I. ± 5.6) responded 'yes' to outdoor air quality has an effect on the health of people living in LGL.
- 64.2% (95% C.I. ± 6.8) of respondents would say that the effect of outdoor air quality on the health of people living in LGL is 'Very positive' or 'Somewhat positive'.
- When asked if changes were made to any of their normal daily activities in the past 12 months because of the outdoor air quality in LGL, 93.6% (95% C.I. ± 1.9) of respondents said 'No'.

Conclusions/Significance: The Health Unit may run this RRFSS module again in the future to see if there is any change in public opinion around Outdoor Air Quality.

HEALTH PROTECTION DEPARTMENT

Service Delivery Planning Meeting**Investigators**

Health Protection Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Teresa Clow, PHI, Senior PHI

Smiths Falls Office

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Summary

Background/Rationale: On November 9, 2010 the Health Protection department held a planning meeting. This meeting was to review the results of a staff survey that was sent out just prior to the meeting. As well, to consider a variety of service delivery models to move towards a more efficient, more team oriented approach to Health Protection services delivery. Staff completed an evaluation to help the leadership team improve future meetings.

Methods: Following the 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: Staff reported being highly satisfied with the integrated service meeting. Staff indicated that objectives of the day were met, the day was structured well, they were able to express their ideas and felt that the environment was respectful. Staff also provided numerous positive comments about the meeting. A few staff commented that some aspects of the staff survey were not addressed, and the differences in team work between offices were not addressed.

Conclusions/Significance: It was recommended that the results be reviewed and considered when planning future Health Protection meetings.

Project Status

Evaluation complete

HEALTH PROTECTION DEPARTMENT

Food Handler Fall 2010 Course Evaluation

Investigators

Health Protection Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Teresa Clow, PHI, Senior PHI
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Summary

Background/Rationale: During the fall of 2010, the Health Protection department held eight Food Courses throughout Leeds, Grenville and Lanark. After completing the Food Course, participants wrote a standardized exam and became recognized as a "Certified Food Handler" if they passed the exam.

Methods: Following the completion of the Food Handler Course, participants were asked to complete a feedback form. A total of 89 completed evaluation forms were received. The data was entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Participants were satisfied with all aspects of the Food Course, felt that it met their needs and they had learned something new to use at work or home. One-quarter of participants felt there were areas where more information would have been useful (more exam details, food storage in fridge/freezer, infections, serving) and a few participants suggested additional topics that they would like to see covered (allergies, cross-contamination, proper fridge/freezer set-up, pathogens and how long opened/unopened food will last.)

Conclusions/Significance: It was recommended that the results of these evaluations and the suggestions provided by participants are reviewed and considered when planning future Food Courses.

Project Status

Evaluation complete

HEALTH PROTECTION DEPARTMENT

Food Courses – Winter/Spring 2011**Investigators**

Health Protection Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Teresa Clow, PHI, Senior PHI

Smiths Falls Office

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Summary

Background/Rationale: During the Winter-Spring of 2011, the Health Protection department held 14 Food Courses throughout Leeds, Grenville and Lanark. After completing the Food Course, participants wrote a standardized exam and became recognized as a “Certified Food Handler” if they passed the exam.

Methods: A total of 674 completed evaluation forms were received. The data was then entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Participants in general were satisfied with all aspects of the Food Course and felt it met their needs, the course was informative and interesting, and the instructors did a good job at presenting the material. Areas where more information would have been useful include: meat handling and storage, food allergies, and food safety legislation.

Conclusions/Significance: It was recommended that the results of these evaluations and the suggestions provided by participants be reviewed and considered when planning future Food Courses.

Project Status

Evaluation complete

HEALTH PROTECTION DEPARTMENT

Food Courses –Fall/Winter 2011

Investigators

Health Protection Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Teresa Clow, PHI, Senior PHI

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Summary

Background/Rationale: During the Fall-Winter of 2011, the Health Protection Department held 9 Food Courses throughout Leeds, Grenville and Lanark. After completing the Food Course, participants wrote a standardized exam and become recognized as “Certified Food Handlers” if they passed the exam.

Methods: Attendees were provided an evaluation form to be completed at the end of the course. The data was then entered into an Excel spreadsheet and analyzed using SPSS.

Results: Food Handlers Course Evaluation results will be available in the 2012 Summary of Evaluation Report.

Conclusions/Significance:

Project Status

Fall/Winter 2011 Food Handlers Course Evaluation results will be available in the 2012 Summary of Evaluation Report.

HEALTH PROTECTION DEPARTMENT

Bug Busters Survey**Investigators**

Health Protection Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Martina Flanagan, PHN, Communicable Disease Team Leader

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Summary

Background/Rationale: In January 2011 a survey was developed for members of Bug Busters to assess their support for a new meeting format. The survey explained that the new meeting format would consist of a bi-monthly, 1 hour teleconferences and long-term care homes and retirement homes would meet separately from the hospitals. The annual 'Flu Kick-Off Day' would remain in Smiths Falls and act as a yearly networking day.

Methods: An electronic Fluid Survey was distributed to attendees. Analysis was completed using the electronic survey tool (Fluid Survey). A total of 15 individuals completed the survey out of approximately 30-35 individuals who were invited to complete the survey, resulting in a response rate between 40-50%.

Results: Respondents provided feedback about the meetings in their current format. A major barriers identified by respondents were the time commitment and 'other things' that became a higher priority. Travel distance to the meetings and irrelevant topics did not appear to be major barriers for respondents.

Feedback was provided about the proposed new format for the meetings.

Conclusions/Significance: It was recommended that these results are reviewed and considered when developing a new format for Bug Busters meetings. Participants appear somewhat supportive of the proposed new format; however they did indicate they would miss the other groups' perspective and they would miss the face-to-face interaction. Therefore it is recommended that the new format for Bug Busters consist of a combination of teleconferences and face-to-face meetings.

Project Status

Evaluation complete

HEALTH PROTECTION DEPARTMENT

Water Testing Information System Electronic Notification (WTISEN)**Investigators**

Health Protection Department, Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, HIS

Brockville Office

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Summary

Background/Rationale: The Ministry of Health and Long Term Care, Laboratory Services Branch offers a free water sampling service that allows residents to test for the presence of bacteria in their drinking water. WTISEN is an Excel based program that is used to report all results of water samples collected by local residents and reported to the Health Unit on a daily basis. In September of 2011, the HIS analyzed the Sep 2007 – August 2008 & Sep 2010 – Aug 2011 data.

Methods: The WTISEN data was analyzed using SPSS.

Results: 12,456 records were received during the 2007/2008 year and 11,190 for the 2010/2011 year. Monthly totals were put into a chart as well as the status indicator of the results. Results were also analyzed by City/Town/Municipality as well as the Coliform and E Coli levels.

Conclusions/Significance: The conclusion was to produce this report on a consistent basis for the Health Protection Department to use for monitoring and planning purposes.

Project Status

Ongoing

HEALTH PROTECTION DEPARTMENT

ASPHIO Responses – Spring 2011**Investigators**

Health Protection Department, Health Information Specialist

Health Unit Contact Person, Position Title:

Jane Lyster, Director of Health Protection

Brockville Office

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Summary

Background/Rationale: The director of Health Protection is a member of the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO). In the spring of 2011, the director sent the following questions to the group to find out how other agencies use the WTISEN data:

This is an inquiry to our colleagues regarding WITSEN data.

1. Is GIS being used?
 - a. Anyone producing maps?
 - i. Any difficulty in producing maps due to postal code limitations?
2. How is the data utilized?
 - a. Health Unit wide - any linkages with other Health Unit data?
 - b. As a resource for Management and PHI's?
 - c. Other?
3. How is confidentiality managed?
4. Any recommendations you would make further to the above?

Methods: The results were consolidated by the HIS and a report written and forwarded to the Director of Health Protection.

Results: Results varied per agency. The WTISEN data is difficult to manage/challenging and if it is being used, it is for internal use and planning. A few use WTISEN for GIS mapping of background information and the majority do not use it for linking other Health Unit data. The WTISEN data is used by management and PHI's

Conclusions/Significance: We will continue to use WTISEN data in our Health Unit for monitoring purposes with the goal of mapping the data in the future for internal purposes only.

Project Status

Ongoing

FAMILY HEALTH DEPARTMENT

New Family Health Department Service Delivery Model**Investigators**

Family Health Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Jane Hess, Director of Family Health

Brockville Office

Jane.hess@healthunit.org

Summary

Background/Rationale: The Family Health Department evaluated staff perceptions of the process changes that have resulted from the new service delivery model implemented April 1st, 2011. The results of this evaluation would help inform potential changes that may need to be made to address any issues identified in the evaluation.

Methods: Using an online survey, staff was asked to provide their feelings and experiences before and after the change, and to provide suggestions and recommendations for next steps. The target group for this survey included Family Health department Public Health Nurses (PHNs) impacted by the new service delivery model. Specifically PHN's working on Healthy Babies Healthy Children (HBHC), General Program, or both. A total of 20 surveys were completed. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: Staff provided detailed feedback about how the service delivery changes have affected the department, themselves and their clients. They also, indicated what they would like to see happen in the future and provided detailed comments.

Conclusions/Significance: The Family Health Department took these results into consideration when making future departmental changes and decisions.

Project Status

Evaluation complete

FAMILY HEALTH DEPARTMENT

Family Health Staff Development Survey**Investigators**

Family Health Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Jane Hess, Director of Family Health

Brockville Office

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Summary

Background/Rationale: The Family Health Department conducted an evaluation of their Staff Development Meeting held on June 10th, 2011. They provided staff with an opportunity to provide feedback on their current meeting and suggestions for future meetings.

Methods: An electronic Fluid Survey was distributed directly to attendees. A total of 22 completed surveys were received and analyzed. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: Staff rated how useful they found the agenda items on a variety of topics and suggestions regarding items they would like to see at upcoming meetings. They rated the session as good to excellent overall and provided comments about what they liked best about the meeting. Attendees were also asked to provide specific questions they would like answered at upcoming meetings about infection control.

Conclusions/Significance: It was recommended that these results be used to help plan future meetings and that results be shared with staff.

Project Status

Evaluation complete

FAMILY HEALTH DEPARTMENT

Family Health All Staff Day December 2011

Investigators

Family Health Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Lori Cleverdon, Assistant to the Director

Smiths Fall Office

Lori.cleverdon@healthunit.org

Summary

Background/Rationale: The Family Health Department held an All Staff Day meeting in December 2011. An evaluation of the meeting was completed.

Methods: A Fluid Survey link was distributed to the Family Health Department staff (50 people). A total of 18 surveys were completed. The response rate for this survey was 32%. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: Over three quarters of respondents rated the Family Health Department meeting as 'good'. The remainder indicated that it was 'excellent'. Staff members have also provided feedback and suggestions on improvements that could be made in the future.

Conclusions/Significance: It was recommended that these results be used to help plan future meetings and that results be shared with staff.

Project Status

Evaluation complete

FAMILY HEALTH DEPARTMENT

New Staff Orientation 2011**Investigators**

Family Health Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Lori Cleverdon, Assistant to the Director

Smiths Fall Office

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Summary

Background/Rationale: An online survey was launched by the Family Health Department to evaluate the new staff orientation process and resources in 2011.

Methods: An electronic Fluid Survey was distributed directly to the departments new staff members. A total of seven evaluations were completed by new staff in a variety of disciplines.

Results: New staff provided feedback on the Family Health Department's orientation process and resources. They indicated how useful and/or helpful specific aspects of the orientation process were for them (i.e. the Intranet and orientation checklist). They were also given the opportunity to provide comments on what would help to improve the usefulness of resources or the process in general. Due to the low number of surveys completed the results should be considered with caution.

Conclusions/Significance: It was recommended that the results be reviewed by staff and taken into consideration for future planning. As well, if this survey is to be competed in the future, data should be collected over the course of a full year to allow for more responses to be included and analyzed.

Project Status

Evaluation complete

FAMILY HEALTH DEPARTMENT

Triple P Training Evaluation

Investigators

Family Health Department, Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

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Summary

Background/Rationale: The Triple P – Positive Parenting Program © is an evidence-based parenting program originally developed in Australia. This program uses a population health approach and has been implemented in Leeds & Grenville counties by the Health Unit and other community partners. The objective of this report was to provide a summary of the findings of a survey that was administered to Triple P practitioners who had received training in the spring of 2011. Where possible, results were broken down by practitioner work setting (i.e. community agency, school, primary health care, community health care).

Methods: A Fluid Survey was used to evaluate the degree of usage of the Triple P training among trained practitioners, the circumstances under which the training was useful, the barriers and challenges to using the training, other suggestions or comments on the training and how it can be improved.

Results: Overall, it appears that all respondents believed the training was useful, however not all respondents felt they had the opportunity to provide the training to clients due to certain barriers including lack of time to provide the training, lack of receptiveness from parents, the lack of direct contact with parents, and the complexity of the types of children they see and for which the training is difficult to apply (children with special needs). Respondents felt they were able to apply the training in instances where parents directly ask for help or when parents raise issues during a visit. There were a number of recommendations for improvement. Very few responses were received for all questions and therefore results should be interpreted with caution.

Conclusions/Significance: The recommendations for this report are to be developed in collaboration with the program coordinator. Some suggestions include: Making changes to the training material to include parenting strategies for children with special needs; incorporate parenting questions in the 18-month enhanced well-baby visit; provide more regular training and with a local trainer; provide a forum in which Triple P practitioners can come together (offline or online) to discuss their use of the training and help each other identify solutions to any common challenges.

Project Status

Evaluation complete

QUALITY IMPROVEMENT DEPARTMENT

Triple R Day**Investigators**

Human Resources; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Tammy Anderson, HR

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Summary

Background/Rationale: The 2011 Leeds, Grenville & Lanark District Health Unit Corporate Retreat was held in Smith Falls on Friday, June 17th, 2011. The all-day retreat had the theme of “Relax, Recharge and Reconnect.

Methods: Post-retreat, Health Unit staff was sent an online survey to evaluate their perception of various aspects of the day, to obtain feedback on how to improve the retreat, as well as mechanisms for how management can show appreciation for staff. An electronic Fluid Survey was distributed directly to attendees. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: The general consensus of staff in regards to the Triple R (all-staff) day was staff found the day to be “fair” to “very good”. The theme, location, and lunch were generally highly rated, however the give-away were poorly rated. Agenda items were rated fairly well, except the keynote speaker was rated very poorly. Although the staff appreciation and networking objectives were at least to some extent met, many respondents felt that professional development opportunity was lacking. All of the after-lunch activities were rated well. In general, staff enjoyed the variety of activities, the welcoming skit, and the approach to the long-term service awards. Suggestions from staff include identifying a more effective and engaging keynote speaker, lessen the amount of time for presentations, provide more interactive activities, and change the give-away or do not provide a give-away. In terms of staff appreciation days, most of the respondents felt that professions/roles should be acknowledged. CAKE day, emails, personal thanks/appreciation messages from management and directors were appropriate mechanisms. Or, staff indicated all staff appreciation could be incorporated within all-staff day.

Conclusions/Significance: The results of this report were shared with Management in order to improve future all-staff days as well as to provide insight into the organization of staff appreciation day(s). More specific suggestions about actions that may be taken were listed in the report.

Project Status

Evaluation complete

QUALITY IMPROVEMENT DEPARTMENT

Program Review – Staff Focus Groups**Investigators**

Director of Quality Improvement & Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Shani Gates, Director of Quality Improvement Department
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Summary

Background/Rationale: The Health Unit began its program review process (hereafter referred to as the 'process') in January 2009. Since its beginning the majority of staff has been involved in the process or affected by it either directly or indirectly. The Health Unit has evaluated the process. One component of this evaluation is staff feedback, which is essential for understanding the impact on staff and for making recommendations for the process in the future.

Methods: It was decided to conduct focus groups with several different groups of staff. The 'original' Program Review Team (PRT) members made up the first focus group, the 'non-original' PRT members made up the second group, and staff who were not directly involved in the process made up the third group. Focus groups were facilitated by the Planning and Evaluation Consultant and a program assistant acted as the recorder. The purpose of the focus groups was to gather staff feedback about the benefits and challenges of the process, its impact, communication throughout the process and suggestions for improvements. Following the analysis of the focus group data, an electronic survey for all staff was designed.

A total of 17 staff took part in four focus groups, representing Family Health, Clinical Services, Health Promotion and Health Protection. As well, one member of the 'original' PRT provided feedback after the focus group as they were unable to attend, and the feedback from one appeal originally submitted to the Program Steering Committee has been incorporated into this report.

Results: The staff focus groups outlined the personal, departmental and organizational benefits from the process. They also outlined the challenges they experienced with the process, departmental inconsistencies, and communication and engagement. The impact and changes resulting from the process were also discussed. A theme that emerged from the staff focus groups revolved around communication from Senior Management and between and within departments. The perceived costs of the process were discussed. Staff provided suggestions for the future.

Conclusions/Significance:

It was clear that the program review process had an immediate impact on staff, and it remains to be seen what this impact will look like in the future. Clearly, there is room for improving this process in the future, as well as improving staff engagement and communication in general. Based on the results of these focus groups, the following recommendations are offered:

- Repeat focus groups or a staff survey in six-months to one year
- Develop guidelines for a future process that ensure consistency between departments in terms of methods, staff engagement and communication
- Develop strategies to create more consistent communication between departments so that all staff hear the same message and receive the same information from their Director
- Share the results of the staff focus groups with Senior Management as well as staff
- Develop strategies to address feelings of low morale and burn-out among staff
- Acknowledge and celebrate the completion of the program review process

Project Status

Staff focus groups complete.

QUALITY IMPROVEMENT DEPARTMENT

Health Unit Client Satisfaction Survey**Investigators**

Planning & Evaluation Consultant & Director of Quality Improvement

Health Unit Contact Person, Position Title:

Shani Gates, Director of Quality Improvement Department
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Summary

Background/Rationale: The Health Unit launched a Client satisfaction survey to gather data to help inform our current practices, to understand what we are doing well and how we can improve the services provided in the Leeds, Grenville and Lanark district.

Methods: Surveys were distributed to all of the outer office locations. Hard copies were made available at sexual health and immunization clinics, baby talk, baby home visits and prenatal classes. Electronic versions of the survey were posted on the Health Unit website and sent to workplaces in Leeds, Grenville and Lanark. A total of 173 surveys were returned. The data was then entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Majority of respondents reported they lived, worked, played or studied in the Leeds, Grenville or Lanark area. It appears that the respondents were very satisfied with the services, programs or information being provided by the Health Unit. The most accessed services, programs, information reported include immunization/vaccine clinics, sexual health clinics and water testing. They also, strongly agreed that the Health Unit staff were knowledgeable and competent. In addition, the services, programs or information provided met their needs and was provided in a reasonable amount of time without any problems. There were many positive comments made regarding how friendly and professional the Health Unit staff were when dealing with clients in a variety of settings.

Conclusions/Significance: Respondents provided suggestions on how the Health Unit could improve. While many comments provided positive feedback and reported that no changes were needed, one issue that emerged was that they would like to see additional hours of operation. Suggested changes included that the Health Unit be open longer hours or offer some services on additional days or at additional locations. It was recommended that these results be taken into consideration when conducting future planning and be shared with staff.

Project Status

Evaluation Complete

QUALITY IMPROVEMENT DEPARTMENT

Client Walk- In Study 2011**Investigators**

Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, HIS

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Summary

Background/Rationale: The government enacted the Accessibility for Ontarians with Disabilities Act in 2005. This act requires both the public and private sectors to work together to make Ontario accessible for people with disabilities. To ensure we are complying with the standards, senior management decided to take a look at our philosophy on service delivery and how we serve the public. A client walk-in study was developed to evaluate the number of clients walking through the doors of all LGLDHU offices, tracking what the clients are looking for and which staff they are requesting to speak with.

Methods: An Excel spreadsheet was set up for receptionists in each of the four offices. Receptionists record the purpose of a client walk-in that was not related to a previously booked appointment, meeting, or planned programs such as Baby Talk or clinics. Collection of this data started mid January and this evaluation looks at data from February 1, 2011 – May 31, 2011. The data has been analyzed using IBM SPSS Statistics software.

Results: The data collected consisted of the date of walk-in, time of day, purpose, purpose description and conclusion. 4237 clients walked in from February 1, 2011 – May 31, 2011 with 42% of clients going to the Smiths Falls office, 24% in Brockville, 18% in Kemptville and 16% in Gananoque. 33% of the total clients walked in during the month of May and 54% of the total clients walked in during the morning hours of the day. The main purpose was Water Bottle Drop Off @ 43.4% followed by Water Bottle Pick Up @ 21.4%, Immunization @ 8.9% and Land Control @ 6.5%.

Recommendations: Recommendations were to continue the Client Walk-in Study until the end of July which would give six months of data, capturing three seasons. As one of the main considerations for completing this study is the Accessibility Act, it was also recommended to combine this data along with six months of data collected for the 1-800 Line Call Tracking and the Health Unit's website enquiries.

Conclusions/Significance: Senior Management reviewed the report and agreed with the recommendation to extend the study with the suggestion of continuing until November 2011. As well, to record postal code data and to include the 800 Line Call Tracking along with the Health Unit website statistics.

Project Status

Study continued and a final report completed in 2012.

QUALITY IMPROVEMENT DEPARTMENT

Annual RRFSS 2010 Report**Investigators**

Health Information Specialist

Health Unit Contact Person, Position Title:

Wanda Goodridge, HIS

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Summary

Background/Rationale: RRFSS is an on-going telephone survey occurring in various public health units across Ontario that provides timely and relevant local health unit data. A random sample of adults (aged 18+) in Leeds, Grenville & Lanark counties is interviewed monthly regarding risk behaviours, knowledge, attitudes and awareness about topics important to public health. Data collected in the RRFSS survey is used to support community awareness programmes regarding the risks for chronic diseases, infectious disease and injuries, health unit programme planning and evaluation, media campaigns, public policy development and evidence-based research as mandated by the Ontario Public Health Standards.

Methods: Data from RRFSS is analyzed using IBM SPSS Statistics software and Microsoft Office Excel. Standard table symbols defined by Statistics Canada are used throughout the report. The RRFSS survey consists of two types of modules, core and optional. Core modules are asked by all RRFSS participating health units across the province. Optional modules are the survey questions chosen by the Leeds, Grenville & Lanark District Health Unit to be asked with the purpose of meeting our local health unit programs and service needs. On average, the RRFSS survey is 20 minutes in length and is conducted by the Institute for Social Research (ISR) at York University, on behalf of the Leeds, Grenville & Lanark District Health Unit. ISR uses computer assisted telephone interviewing (CATI) technology, with sampling based on random digit dialing (RDD).

Results: Over the full year during 2010, there were 1038 respondents to RRFSS in Leeds Grenville & Lanark. 22 modules ran during the year as well as several sub modules. The full report can be viewed on the Health Unit website.

HEALTH UNIT-WIDE

District Health Profile – Mortality (Death Summary Data)**Investigators**

Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

Brockville Office

John.Cunningham@healthunit.org**Summary**

Background/Rationale: The purpose of this chapter is to describe the amount and type of mortality in the population of Leeds, Grenville and Lanark Counties as an indicator for evaluating health status. In Ontario, mortality is recorded by underlying causes (immediate and antecedent) on a death certificate and submitted to the Office of the Registrar General. The underlying causes of death include the disease or injury that initiated the train of events leading to death but may miss other co-morbid causes that contributed to the death. This may result in uncertainty when classifying the underlying cause of death. For example: recording a death due to heart disease resulting from diabetes may miss diabetes being a contributing factor in the cause of death.

The relating of death counts by cause points to areas where potential socioeconomic, behavioral, and medical interventions may lead to reduced loss of life. As well, analysis of patterns of death helps to focus public health resources and interventions.

Methods: This report provides information on all deaths by cause (overall and by age and sex), as well as years of life loss due to premature deaths. Standardized comparisons are made between LGL and Ontario where appropriate. The disease classification used in this report was the International Classification of Diseases Version 10 (ICD-10) Chapters and Lead Cause Groups for mortality in Ontario. The analysis presented is based on the most recent calendar year of data availability (2005). Where possible, year-over-year trend analysis is also provided (2000—2005). The Provincial Health Planning Database (IntelliHealth) was accessed to provide all death and the population data analyzed in the report. Analyses were performed using both age groups and sex. Trend analysis between populations (LGL and Ontario) were age and/or sex standardized to adjust for potential differences in population demographic structure based on the 1991 Standard Canadian Population.

Results: The report should be read in full to obtain a full understanding of the results. In summary, there were 1655 deaths in LGL in 2005, resulting in a crude death rate of 983.1 persons per 100,000 population. Diseases of the circulatory system were the leading cause of death at 33.8% of deaths overall. Age standardized death rates for LGL were higher when compared to Ontario as a whole. Age and sex standardized death rates for LGL and Ontario as a whole were higher for males than females. The leading cause of premature death in LGL was neoplasms for both males and females. The average life expectancy at birth in LGL in 2005 was 81.0 years for females and 77.2 years for males.

Conclusions/Significance: It was recommended these results be used to inform educational and program planning. The report was circulated to Health Unit staff and has been posted to the LGLDHU website.

Project Status Ongoing

HEALTH UNIT-WIDE

Deprivation Index**Investigators**

Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

Brockville Office

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Background/Rationale: The Deprivation Index used in this project was a recreation of the methodology developed by Robert Pampalon and Guy Raymond at the Institut national de santé publique du Québec (INSPQ). The methodology of combining the material and social components of the INSPQ Deprivation Index was developed by the Canadian Institute for Health Information (CIHI). Data used in the index came from the 2006 Census Dissemination Areas, Statistics Canada. The indicators included in the Deprivation Index were:

1. Education (The proportion of people who have not graduated from high school)
2. Employment Ratios (The ratio of employment to population)
3. Income (Mean Income)
4. Marital Status (Proportion of persons who are separated, divorced or widowed)
5. Family Structure (Proportion of single-parent families)
6. Persons Living Alone (Proportion of people living alone)

Methods: For each of the six indicators, a principal component analysis (PCA) produced a factor score which represents the value of the component in each DA. The DA's were then ranked according to their factor scores from the most to the least privileged and divided into quintiles based on the population of each DA. Each quintile represents 20% of the population. In order to uncover the unique heterogeneity of socio-economic conditions in specific regions, like a Public Health Unit, the deprivation rank was re-calculated based on the proportioned population. For example, for Public Health Units, only the population of the DA's within the region were included in the creation of the quintiles.

Results: A complete deprivation index was produced for LGLDHU. The index has since been used in several projects as supportive evidence.

Conclusions/Significance: Further refinement of the deprivation index needs to be done. Analysis at the local level will be done as part of the priority population's work. As well, an updated version of the index will be created when the results of the 2011 Census are released. A presentation of the index was given to PCC in 2011.

Project Status

Ongoing

HEALTH UNIT-WIDE

New Staff Orientation Evaluation 2010**Investigators**

Human Resources & Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Tammy Anderson, Human Resources Consultant
Brockville Office

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Summary

Background/Rationale: The Leeds, Grenville & Lanark District Health Unit provides new staff with an orientation session on a yearly basis. The objectives of this session are to inform new staff of the different Health Unit departments and their programs and services.

Methods: Staff completed and submitted an evaluation by end of the session. For the 2010 year, a total of 11 surveys were received. The data was then entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Staff rated how helpful they found each presentation in improving their knowledge of each department and its programs/services. Staff generally felt the presentations throughout the day were somewhat to very helpful. Participants provided additional information on what they liked about the orientation session and what could be improved. They also indicated how helpful they found other components of the agencies orientation (i.e. W.H.M.I.S training). The components of the agency orientation were generally rated as somewhat to very helpful. Participants provided additional information on what they liked about their orientation to the Health Unit and what could be improved.

Conclusions/Significance: It was recommended that management review these results and take them into consideration when planning future new staff orientation sessions.

Project Status

Evaluation complete

HEALTH UNIT-WIDE

New Staff Orientation Evaluation 2011**Investigators**

Human Resources & Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Tammy Anderson, Human Resources Consultant
Brockville Office

Tammy.anderson@healthunit.org

Summary

Background/Rationale: The Leeds, Grenville & Lanark District Health Unit provides new staff with an orientation session on a yearly basis. The objectives of this session are to inform new staff of the different health unit departments and their programs and services.

Methods: Staff completed an evaluation at the end of the session. For the year 2011, a total of 16 surveys were received. The data was then entered into an Excel spreadsheet and analyzed using SPSS. A final evaluation report was created and distributed.

Results: Staff rated how helpful they found each presentation in improving their knowledge of each department and its programs/services. The agenda items overall appeared to be somewhat to very helpful. Participants provided additional information on what they liked about the orientation session and what could be improved. They also indicated how helpful they found other components of the agencies orientation (i.e. W.H.M.I.S training). Generally, staff felt the orientation components were somewhat to very helpful. Participants provided additional information on what they liked about their orientation to the Health Unit and what could be improved.

Conclusions/Significance: It was recommended that management review these results and take them into consideration when planning future new staff orientation sessions.

Project Status

Evaluation complete

PARTNERSHIPS: HEALTH UNIT WIDE

Healthy Communities Partnership Recreation Summit**Investigators**

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

Health Unit Contact Person, Position Title:

Lois Dewey, Healthy Communities Coordinator

Smiths Falls Office

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Summary

Background/Rationale: On November 16th 2011 the Healthy Communities Partnership held a Recreation Summit in Smiths Falls. The event was attended by community partners, municipal councils, municipal sports and recreation representatives, services clubs, program providers, and community members. The purpose of the event was to bring physical activity and sport and recreation stakeholders together for the opportunity to learn collaborate and share recommended practices. The event also wanted to foster the creation of a physical activity and sport and recreation Healthy Communities Partnership for the Lanark, Leeds and Grenville, constellation. They wanted to provide a platform for a physical activity and sports and recreation 'Trade Show' of invited participants. Lastly, to build a physical activity and sports and recreation contact list.

Methods: An electronic Fluid Survey was distributed directly to attendees. Analysis was completed using the electronic survey tool (Fluid Survey).

Results: Participants of the Healthy Communities Partnerships, Recreation Summit, provided feedback about the event. The majority of respondents felt the event met their needs. Respondents shared ideas for future recreation summits including topics they would like to see, as well as, possible speakers. Many positive comments were provided about the event, as well as suggestions for upcoming events. Almost all of the participants would like to attend future events.

Conclusions/Significance: It was recommended that the Healthy Communities Partnership review these results and read all of the material in the appendix when planning future events.

Project Status

Evaluation complete

PARTNERSHIPS: HEALTH UNIT WIDE

Girls Inc. Friendly PEERsuasion Feedback Evaluation**Investigators**

Girls Inc., the Health Promotion School Health Team; Planning & Evaluation Consultant

Health Unit Contact Person, Position Title:

Tawnya Boileau, School Health Coordinator

Brockville Office

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Summary

Background/Rationale: Girls Inc. Friendly PEERsuasionSM responds to the needs of girls' ages 11 to 14. It approaches drug abuse prevention as a peer issue, using the positive influence of young people modeling healthy behavior. Participants build communication skills, learn to recognize stress, and practice responding to stress in healthy ways. These three abilities form the basis upon which decision-making and resistance skills are built. The participants also analyze media messages that glamorize substance use and plan and implement substance use prevention activities for groups of younger children ages 6 through 10. This opportunity to serve as leaders and mentors reinforces the older girls' commitment to avoiding substance use. This Girls Inc. program is made possible through a partnership between Every Kid in Our Communities, the Leeds, Grenville and Lanark District Health Unit, Country Roads Community Health Centre, and the local school boards. The goal is to build developmental assets in children and encourage adults to focus on asset-building in an effort to reduce illicit drug use amongst youth.

Methods: At the end of the program, the participants were asked to complete a self-report feedback form (open ended questions). The forms were completed between December 2009 and April 2011. A total of 357 completed forms were received. The feedback responses were entered into and analyzed qualitatively in Excel.

Results: Participants have provided their feedback regarding the Friendly PEERsuasion program. Overall, the program was well-received. They provided feedback on what they liked about the program. The most common response themes are related to knowledge acquisition, enjoyment in the use of role-play, games, activities in learning the material, and self-empowerment in applying the knowledge and sharing knowledge. In addition, the participants liked the program and the program facilitator. They found the program to be fun and they enjoyed working in groups and being with their friends. The program also affected the participants' self-esteem in a positive way. In terms of direct answers, the majority of participants thought the program changed the way they think, act or feel about substance use or peer pressure. In terms of the types of changes, the participants identified that they were able to deal with peer pressure, that they are more self-confident and that they have greater self-empowerment, and understand better the harms of substance use and abuse. Some participants thought the program could be improved by using more games and activities that promote active learning, including the use of acting and role-play. Some participants thought the program should or could be longer in terms of the number of sessions and the length of time for each session. Overall, the participants appeared to enjoy the program and thought it was fun. Some participants noted that they liked the program facilitator and were thankful for the program.

Conclusions/Significance: It was recommended that these results are consulted when considering if any and what types of changes to programming are needed, if there is capacity to do so. Any recommendations for further action may be developed in consultation with the Planning and Evaluation Consultant and/or key stakeholders.

Project Status

December 2009 and April 2011 evaluation Complete

PARTNERSHIPS: HEALTH UNIT WIDE

Girls Inc. Friendly PEERsuasion Pre & Post Tests**Investigators**

Girls Inc., the Health Promotion School Health Team; Epidemiologist

Health Unit Contact Person, Position Title:

Tawnya Boileau, School Health Coordinator

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Summary

Background/Rationale: Girls Inc. Friendly PEERsuasionSM responds to the needs of girls' ages 11 to 14. It approaches drug abuse prevention as a peer issue, using the positive influence of young people modeling healthy behavior. Participants build communication skills, learn to recognize stress, and practice responding to stress in healthy ways. These three abilities form the basis upon which decision-making and resistance skills are built. The participants also analyze media messages that glamorize substance use and, plan and implement substance use prevention activities for groups of younger children ages 6 through 10. This opportunity to serve as leaders and mentors reinforces the older girls' commitment to avoiding substance use. This Girls Inc. program is made possible through a partnership between Every Kid in Our Communities, the Leeds, Grenville and Lanark District Health Unit, Country Roads Community Health Centre, and the local school boards. The goal is to build developmental assets in children and encourage adults to focus on asset-building in an effort to reduce illicit drug use amongst youth.

Methods: A self-complete survey developed by the national Girls Inc office was used to collect information on key program indicators from spring 2009 to fall 2010. This survey was administered by the program facilitator at the first and last sessions. A participant pre- and post-test was performed using the responses of the surveys. Participant records were excluded in the analysis if a pre-test survey and post-test survey was not received for that participant. Of a possible 498 records, a total of 412 completed records were available for analysis. The results were analyzed using SPSS statistical software by the Leeds, Grenville and Lanark District Health Unit Epidemiologist. A McNemar Chi-square statistic for paired data was used to determine the level of significance in the differences between the group's responses before and after the program.

Results: The results of the pre- and post-test show a general improvement in the frequency of desirable responses for most of the questions on the participant survey in the following areas: knowledge, communication, managing stress, dealing with peer pressure and self-empowerment and self-confidence. The only significant decrease in the proportion of desirable response was for [the] statement, please choose one of these: Agree, Disagree, Not sure. "I can leave a place where others my age are drinking alcohol". It was observed that some of the participants who had responded "agree" on the before survey had answered "not sure" on the after survey. It is not clear which factors, and whether they were related to the program material or the way in which it was taught, had influenced this result.

Conclusions/Significance: It was recommended these results be used to inform any improvements to programming and that they be shared with program staff.

Project Status Evaluation Complete

PARTNERSHIPS: HEALTH UNIT WIDE

Children & Youth Community Profile**Investigators**

Children's Services Planning Tables Southeast Region, KFLA, United Way, LGLDHU
Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist
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Summary

Background/Rationale: Indicators for Children and Youth in the South East Region, is the result of a collaborative community effort. The report is intended to provide specific information that will support service providers, parents, professionals, and organizations by identifying areas of strength and vulnerability in the population of children and youth. The data contained within this resource is but one piece of a more complete picture that supports our experience and personal knowledge of the communities we serve.

Methods: The Community Profile includes 35 indicators to measure how well children and youth are doing in various neighbourhoods across the South East Region. The report provides a brief explanation of the indicator themes and their connection to child and youth well-being. Data from the Canadian Community Health Survey, Niday Perinatal Database and Dental Indices Survey were used. Percentages and associated confidence intervals were produced and graphed. Measure of statistical significance were provided. Measures of family economic resources, EDI and educational quality were also calculated at the community level

Results: The report should be viewed in its entirety to see results. An overall health indicators report was produced for LGL, KFLA and HPE health units. As well, individual reports were produced at the Census Division level (County) for Lanark and UCLG. These reports also present data at the Census Sub-Division level (Community).

Conclusions/Significance: It was recommended these results be used to inform any improvements to programming. The reports have been circulated to Health Unit staff and have been posted to the LGLDHU website.

Project Status

Complete

PARTNERSHIPS: HEALTH UNIT WIDE

Safe Communities Coalition of Brockville and Leeds & Grenville**Investigators**

Safe Communities Coalition of Brockville and Leeds & Grenville, BGH, Brockville Police, LGLDHU
Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist
Brockville Office
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Summary

Background/Rationale: Safe Communities Canada is a national charitable organization dedicated to helping communities across the country build the capacity and resources they will need as they commit to mounting coordinated, collaborative programmes designed to reduce the pain and cost of injury and promote a culture of safety for all their citizens.

This goal is achieved through an injury prevention prioritization exercise using tools developed by Safe Communities Canada and SMARTRISK. The exercise' goal is to establish valid and credible injury prevention priorities based on a transparent process of consensus building amongst community stake holders.

Methods: The priority setting process is data driven using multiple sources of health information. Hospital ambulatory visits, inpatient discharges and mortality data were analyzed to provide counts, average length of hospital stay and potential years of life lost. A total of 8 injury categories were chosen based on the 19 categories considered. Frequency of injury and ability to address the causes were criteria employed in the injury category selections.

Prioritization was done using the Safe Communities Canada prioritization process. See here for more information: <http://brockville.safecommunities.ca/index.php>

Results: The coalition met on June 7th at the Brockville Country Club. The four-hour session brought together close to 50 citizens of influence from 30 agencies and organizations including health, police and firefighters, municipal politicians and industry representatives. Using a Likert Scale ranking system the participants created a consensus that replaced the previous safety concern, motor vehicle accidents, with self-harm (suicide) as the issue most in need of addressing. This group was the first community to choose this indicator in Canada.

Conclusions/Significance: It was recommended by the local coalition co-chair that the final data be presented to participants and establish groups charged with addressing self-harm specific concerns. Several agencies indicated a willingness to volunteer in future discussions and to tailor policy to reflect the priorities of the meeting.

Project Status

Complete

PARTNERSHIPS: HEALTH UNIT WIDE

Gananoque Symposium**Investigators**

LGLDHU staff, Board members, MOH, Communications Officer, Epidemiologist

Health Unit Contact Person, Position Title:

John Cunningham, Epidemiologist

Brockville Office

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Summary

Background/Rationale: The Gananoque Symposium was a town-hall styled meeting designed to introduce the public and municipal officers from the town of Gananoque and municipality of Leeds and the Thousand Islands to the mandate of public health under the OPHS, health unit staffing, health unit board of directors, health unit budget, accountability and the new MOH. As well, a data summary using local health indicators was presented.

Methods: An ad hoc group of health unit staff and board members formed to plan the event and to brainstorm about health data indicators to present. The ad hoc group was chaired by the QIS director.

Results: The symposium group met on the evening of November 2nd at the Fire Hall Theatre in Gananoque. The 2-hour session brought together close to 30 community members consisting of elected officials, police, fire, education, citizens, health unit staff and others. The evening consisted of Power Point and Prezi presentations.

Conclusions/Significance: Getting the message to the public and other interested parties about attending the event was a challenge. The members of the public who attended the event were given an evaluation to complete.

Project Status

Complete