

# Annual Report

april 1, 2006 - march 31, 2007

PUBLIC HEALTH  
AGENCY OF CANADA

ALBERTA/NORTHWEST  
TERRITORIES REGION

## Our Vision:

*Healthy Canadians and communities in a healthier world*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada



## **Our Mission:**

*To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health*

# Table of Contents

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<b>2</b>	<b>Message from the Chief Public Health Officer</b>
<b>2</b>	<b>Message from the Regional Director</b>
<b>3</b>	<b>Introduction</b>
<b>4</b>	<b>Aboriginal Head Start</b>
<b>6</b>	<b>AIDS Community Action Program</b>
<b>8</b>	<b>Canada Prenatal Nutrition Program</b>
<b>10</b>	<b>Community Action Program for Children</b>
<b>12</b>	<b>Fetal Alcohol Spectrum Disorder</b>
<b>14</b>	<b>Hepatitis C Prevention and Community-based Support Fund</b>
<b>16</b>	<b>Population Health Fund</b>
<b>18</b>	<b>Canadian Diabetes Strategy Community-Based Program</b>
<b>19</b>	<b>Regional Emergency Preparedness and Response</b>
<b>20</b>	<b>Special Initiatives</b>
<b>24</b>	<b>Final Remarks</b>
<b>25</b>	<b>References</b>

## Message from the Chief Public Health Officer

*This past year brought with it the coming into force of the Public Health Agency of Canada Act (the Act), which reaffirmed the federal government's commitment to public health and the work of the Public Health Agency of Canada (the Agency).*

The Act enables the Agency to fully pursue its mandate, including responsibilities of the Chief Public Health Officer as deputy head, public health advisor to the Minister and lead public health professional in Canada. Since the passing of the Act, the Agency has made significant progress in developing its five-year strategic plan, including a focus on the important contributions of Agency regional offices. The strategic plan guides plans for delivering on priorities, while supporting the Agency's accountabilities to the Minister of Health and to Canadians as a stand-alone government department in the Health Portfolio. The plan also articulates the importance of ensuring that actions are supported by integrated information and knowledge functions, and outlines measures to develop PHAC's workforce by providing tools, leadership, and a supportive culture. Public health requires the involvement of individuals within strong communities supported by active and engaged institutions. The alignment and coherence between regional and national levels of the Agency will further allow us to help communities address major public health challenges, contribute to stronger public health capacity, address underlying health determinants, and reduce disparities. I am proud of the work that the Alberta/NWT Region has done in contributing to a stronger public health system.



Dr. David Butler-Jones  
CHIEF PUBLIC HEALTH OFFICER  
Public Health Agency of Canada

A handwritten signature in cursive script that reads "David Butler-Jones".

## Message from the Regional Director

*As outgoing Regional Director, I am proud to present to you the 2006-2007 Annual Report of the Alberta/ NWT Region.*

This report is an account of the continued public health work that the Alberta/ NWT Region has done with community members and for community members. The content reflects the emerging identity of the Public Health Agency of Canada. We were able to accomplish national and regional priorities with the help of our partners. The work that was done garnered local and international recognition. It has been my pleasure to work with the many talented and dedicated public health professionals who share the vision of healthier Albertans.

A handwritten signature in cursive script that reads "Don Onischak".



Don Onischak  
REGIONAL DIRECTOR  
Public Health Agency of Canada,  
Alberta/NWT Region

# Introduction

The Alberta/NWT Region of the Public Health Agency of Canada (PHAC) is pleased to provide highlights of our work over the past year. This report reflects the work of 40 staff in Edmonton and Calgary who support community stakeholders in enhancing the health of Canadians.

Six national priorities guide the work of the Public Health Agency of Canada. These priorities are:

- Infectious Disease Prevention and Control
- Health Promotion and Prevention/Control of Chronic Disease and Injury
- Emergency Preparedness and Response
- Public Health Capacity
- Determinants of Health
- Internal Capacity

This Annual Report is a description of our programs and special initiatives that help address these priorities.

## Overview

### The Public Health Agency of Canada

The Public Health Agency of Canada (PHAC) delivers on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. Created in September 2004, PHAC incorporated staff and programs of Health Canada's former Population and Public Health Branch, in addition to emergency preparedness and response and laboratory functions. The creation of PHAC marked the beginning of a new approach to federal leadership and collaboration with provinces on efforts to renew the public health system in Canada and support a sustainable health care system. Focused on more effective efforts to prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks, PHAC works closely with provinces and territories to keep Canadians healthy and help reduce pressures on the health care system.

The Agency is part of the public service and is headed by the Chief Public Health Officer, who reports to the Minister of Health. It has two pillars, one in Winnipeg and one in Ottawa, along with management, staff and expertise in all regions of the country. For more information on PHAC, visit the Agency's web site at [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca).



# Aboriginal Head Start

## Program Description

The Aboriginal Head Start (AHS) program in urban and northern communities was introduced in 1995 to enhance child development and school readiness for Aboriginal children. This comprehensive program is designed to meet the spiritual, emotional, intellectual and physical needs of the child, with a focus on three to six year olds and their families. The goal of AHS is to demonstrate that local Aboriginal controlled and designed early intervention strategies can provide Aboriginal preschool children with a positive sense of themselves and a desire for learning. This program aims to provide opportunities for children to develop fully and successfully as young people. AHS programs have been operational in Alberta since 1996. The AHS program funded through the Public Health Agency of Canada (PHAC) is delivered to off-reserve children and families. There are 113 sites located in diverse communities across Canada. Approximately 3,600 children are served each year.

Program components for Aboriginal Head Start include:

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

## QUICK FACTS & FIGURES

In Alberta, 17 projects across 23 sites were supported; \$4,430,279 were allocated.

## Making a Difference

Evaluation results<sup>1</sup> indicate that AHS projects are having a positive impact on participating children and families. Results from a recent regional evaluation<sup>1</sup> are highlighted below.

### Program Reach

- Over 650 children and 445 parents and family members participated in AHS programs in Alberta over the past year.
- The program reached 290 First Nations children, 254 Métis, 20 Non-status, 1 Inuit child and 54 other children.

### Promoting Culture and Language

- Consistent with the objectives of the program, projects incorporate a range of cultural elements into their programming and promote Aboriginal language. Evaluation results indicate that the most common Aboriginal language taught by projects to children is Cree, however many projects incorporate a range of other languages including Blackfoot, Dene, Saulteaux, Ojibwe and Slavey.
- Participants are exposed to Aboriginal culture and language through a cultural curriculum, posters and resources throughout the classroom, cultural activities and celebrations, and through involving elders or traditional teachers in programming.

### Promoting Educational Outcomes

- All projects noted that their main goal is to improve school readiness for children.
- Many projects have an established cultural curriculum and include culturally appropriate educational resources in programming such as Aboriginal books and toys.

*“The teacher in kindergarten says that she notices that our kids are more prepared than those who weren’t in AHS”*  
(Project Coordinator)

### Health Promotion

- Projects are involved in a broad range of activities to promote health, including: providing support for mental health, special needs, life skills training, immunization and promoting healthy hygiene for participating children and families.

### Providing Social Support

- Results indicate that most projects provide support for participants including facilitating access to family support systems and including participants in cultural activities and celebrations.

*“Having a family support worker has made a big difference to our program”*  
(Project Coordinator)

### Providing Nutritional Support

- Projects provide a vast array of nutritional support. The majority of projects provide nutritional counselling and refer participants to food banks.

## Parent and Family Involvement

- Involving parents and extended family in programming is also a main component of AHS. Projects all have a Parent Advisory Committee (PAC) that provides advice on program delivery. Parents are also provided with access to knowledge and resources to increase their understanding of child development.

*“One of our strengths is having parents and families involved in the program. We have potluck dinners where the whole family can come”*

(Project Coordinator)

### AHS Regional Training Conference

Each year, Aboriginal Head Start (AHS) projects in Alberta host a regional training conference for all AHS project staff and community stakeholders. The Public Health Agency of Canada (PHAC) provides funding for the event. The conference sessions include training for AHS staff on areas of interest as determined by the AHS projects and representatives from PHAC. This year the conference was held from February 28- March 2, 2007. The conference was entitled *“Braids of Hope - Mind/Body/Spirit”*. Conference sessions included presentations related to improving the health of children, their families, and staff of AHS programs.

There were over 150 participants from Alberta, Northwest Territories, British Columbia, Saskatchewan, Ontario and First Nations and Inuit Health Branch’s Alberta Head Start on-reserve programs. Community stakeholders from the provincial government were also in attendance.

Highlights at the opening ceremonies included the singing of the National Anthem in Cree by Akina Shirt and an inspirational keynote address by Native American educator, Howard Rainer. Overall, the evaluation results indicated that participants enjoyed the conference and found it to be a valuable learning experience. Evaluation results are consistently integrated into the conference planning for the subsequent year. The conference is a prime example of strong community development and a holistic approach to addressing public health for Aboriginal children and families in urban and northern communities.

*“Since my son started in the program he is more aware of his culture and is more able to express himself. His fine motor skills have improved”.*

(Project participant)

## Responding to Need

- There are approximately 227,000 Aboriginal children in Canada that live in non-reserve areas<sup>2</sup>.
- Aboriginal children living in non-reserve areas in Alberta are increasingly attending preschool programs specifically designed for them<sup>2</sup>.
- The more sources an Aboriginal child can rely on for help in learning an Aboriginal language, the more likely they are to speak and understand the language well<sup>2</sup>.
- Approximately 36% of children living in poverty in Alberta are Aboriginal<sup>3</sup>.

### Longitudinal and Retrospective Models for Aboriginal Head Start (AHS)

A feasibility study was funded through PHAC this past year to explore possibilities for conducting a longitudinal and retrospective analysis with Alberta AHS projects. Five possible models for conducting a longitudinal analysis with a sample of AHS projects were proposed. The study will guide next steps for research and evaluation in this program area.

# AIDS Community Action Program

## Program Description

Integrated in 2005 as a key component of the Federal Initiative to Address HIV/AIDS in Canada, the AIDS Community Action Program (ACAP) responds to the Public Health Agency of Canada's priority to enhance infectious disease prevention and control, through regional investments in community-based HIV/AIDS programs and services.

ACAP provides funding to community-based HIV/AIDS organizations and projects across the province through the Alberta Community HIV Fund (ACHF), a joint community/provincial/federal fund disbursement model. ACAP funds are used to support the prevention of HIV infection and health promotion for people living with HIV/AIDS. They are also used to create supportive environments and strengthen community organizations.

## QUICK FACTS & FIGURES

PHAC contributed \$906,129 to ACHF in 2006/07.

14 AIDS Service Organizations (ASOs) and 11 community HIV/AIDS projects based in 13 different Alberta cities, towns and Métis settlements were supported in 2006/07.

## Making a Difference

### Collaboration in Action: the Alberta Community HIV Fund

Through a unique funding partnership between the Alberta Community Council on HIV (ACCH), Alberta Health and Wellness, and PHAC, the Alberta Community HIV Fund (ACHF) provided 25 community organizations across Alberta with access to a total of \$3,236,129 in operational and time-limited funding in 2006/07.

ACCH has provided stewardship of the Alberta Community HIV Fund (ACHF) since 1999. ACCH is a network of 14 AIDS Service Organizations (ASOs) that supports community-based responses to HIV/AIDS and provides provincial leadership through collective action and a unified voice.

ACHF allocations are determined by the ACHF Provincial Population Health Consortium, a multisectoral group of health professionals, representatives of federal and provincial governments, Aboriginal and multicultural representatives, and persons living with HIV/AIDS. In making ACHF allocation decisions, the Consortium also considers recommendations from Community Planning Committees (CPCs) across the province.

CPCs hold an important function in the ACHF model, highlighting local needs and priorities pertaining to HIV prevention and health promotion in health regions across Alberta. A needs assessment in 2006<sup>4</sup> focused on CPCs to identify ongoing support requirements and strategies to strengthen their role within ACHF.

### Alberta Community Council on HIV: Building Capacity to Address HIV in Alberta

ACCH manages four programs; three are funded in part by PHAC:

#### Community Action and Governance

ACCH provides provincial leadership on HIV/AIDS issues by coordinating special events (for example, the annual Alberta Positive Voices Conference), sharing regional trends and community-based research, and working with partners to influence public policy regarding HIV.

#### Information & Training

ACCH builds capacity within its membership to deliver an effective community response to HIV/AIDS through regular networking and skills-building opportunities. Topics for front-line and management training are proposed and prioritized by members. Sessions held in 2006/07 included "Designing Interventions to Reduce AIDS Stigma in Health Services" and "Addressing the Impact of Staff Turnover."

#### Stewardship of ACHF

Through the stewardship of ACCH, ACHF funds are used to create supportive environments for people living with and/or at risk of acquiring HIV/AIDS; to implement prevention strategies and harm reduction initiatives; to promote health for people living with HIV/AIDS; and to facilitate the strengthening of community-based organizations.



### Community Based Research (CBR)

Funded through the Canadian Institute for Health Research (CIHR), the objective of this program is to build and strengthen the community-based research and evaluation capacity of ACCH member organizations.

#### AIDS 2006: "Time to Deliver"

1. Canada played host to the XVI International AIDS Conference (AIDS 2006) held in Toronto in August 2006, and along with approximately 23,000 other delegates from across the globe, several PHAC staff from Alberta/NWT Region and Alberta ASOs were able to take advantage of this opportunity to build public health capacity both internally and through regional, national and international networks.
2. ACCH hosted a debriefing session in October 2006 to harness some of the momentum established through AIDS 2006 and its surrounding media attention. Participants from Alberta identified and discussed conference learnings, emerging priorities, and potential next steps to "deliver" on effective responses to HIV/AIDS, as was the theme of the conference.
3. Many ACCH members are "delivering" on implementation of the 'GIPA Principle' widely promoted at International AIDS Conferences: to demonstrate **G**reater **I**nvolve**m**ent of **P**eople living with **A**IDS in all aspects of program planning, delivery and evaluation.

### Responding to Need

- From 1985 to 2005, over 4,434 people in Alberta and over 58,684 across Canada have tested positive for HIV<sup>5</sup>.
- In 2006, there were 218 new HIV cases in Alberta – up from 162 cases reported in 2005<sup>6</sup>.
- People who have migrated to Alberta from countries where HIV is endemic are an increasingly affected population: heterosexual endemic groups accounted for 23.4% of all newly reported cases in 2006, up from 15.9% in 2005<sup>6</sup>.
- Men who have sex with men (MSM) also accounted for 23.4% of all new HIV cases reported in 2006 in Alberta, down from 27.1% in 2005<sup>6</sup>.
- Aboriginal people continue to be over-represented in terms of HIV prevalence, accounting for 22.9% of new HIV diagnoses in Alberta in 2006<sup>6</sup>.
- In Alberta in 2006, 21.1% of newly reported HIV infections were attributed to injection drug use (IDU)<sup>6</sup>.
- It has been estimated that in 2005 approximately 15,800 people or 27% of the HIV-infected population in Canada were unaware that they are infected because they had not been tested<sup>7</sup>.



# Canada Prenatal Nutrition Program

## Program Description

The Canada Prenatal Nutrition Program (CPNP) was introduced in 1994 to help local community organizations address the needs of at-risk pregnant women and to improve birth outcomes. This comprehensive program offers a variety of services at no cost to participants including: nutritional counselling, food supplements, support, education, referral to other services, and counselling on lifestyle issues such as substance abuse. CPNP supports mothers and infants up to 12 months postpartum.

There are approximately 330 CPNP projects across Canada. Projects serve more than 50,000 women across 2,000 communities in Canada. Between 1998 and 2003, CPNP served an estimated 60% of all low income pregnant women and 40% of all teens delivering live births in Canada.

CPNP serves pregnant adolescents and women who:

- live in poverty.
- abuse alcohol or other substances
- live in violent situations.
- are off-reserve First Nations, Métis or Inuit.
- are refugees or immigrants.
- live in isolation or with poor access to services.

## QUICK FACTS & FIGURES

In Alberta, 24 projects were supported; \$2,661,976 were allocated.

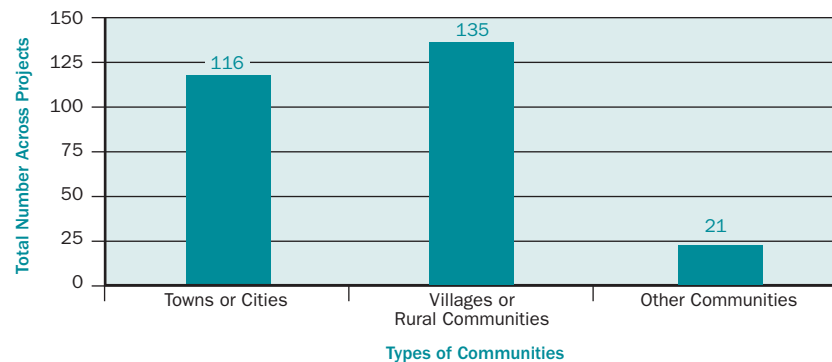
## Making a Difference

Evaluation results<sup>8</sup> indicate that CPNP projects are having a significant impact on the lives of children and families. Results from a regional evaluation<sup>8</sup> conducted this past year are highlighted below.

## Program Reach

- Consistent with the mandate of the program, projects served 6,609 participants from the intended target population. Evaluation results indicate that many of the participants served were living in conditions of risk.
- Projects served pregnant women and adolescents in a wide variety of geographic locations across 116 towns or cities, 135 villages or rural communities, and 21 other communities.

## Communities Served by CPNP



- In order to reach pregnant women and adolescents living in conditions of risk, projects provided services in diverse locations including participants' homes, community health centers, family resource centers, churches, Métis settlements, and schools.

## Demonstrating Cost Efficiency

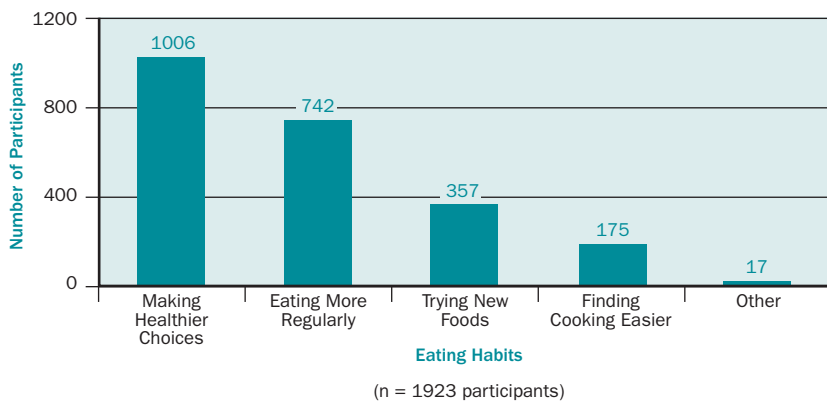
- Projects leveraged close to two million dollars in additional sources of funding. Substantial amounts of human and in-kind donations such as space, program materials and human resources were also noted.
- Over 2,500 hours per week were donated through in-kind staff and 147 hours per week through volunteers that supported program administration and delivery.

## Improved health and social outcomes

- Evaluation results<sup>8</sup> indicate that CPNP participants demonstrated improvements in several health practices during their involvement with CPNP programs including: increased intake of prenatal vitamin supplements, better eating habits, high rates of breastfeeding, low rates of delivery complications, and low rates of newborn health complications.

- In addition, mothers reported significant increases in the extent of their social support systems. Participants also reported that their lives were improved as a result of their involvement in CPNP.

### Improvements in Eating Habits



*“I’m glad this program is available as I would not have been able to receive the information, knowledge, skills or materials anywhere else. I now have all the knowledge I need to properly care for my baby and myself”.*

(Program Participant)



### Responding to Need

- CPNP was established as part of the Government of Canada’s commitment to the 1990 United Nations’ World Summit. The Summit called for participating nations to each develop an action plan for improving the welfare of their children.
- Conditions of risk still continue to persist. The rate of single parent families has been increasing over the past decade, and recent statistics indicate that nearly 20% of infants in Alberta are born to teenage mothers<sup>3</sup>.
- Research indicates that smoking is linked to low birth weight. Recent statistics indicate that approximately 22% of women in Alberta smoke during their pregnancy<sup>3</sup>. CPNP projects have all been trained in an evidence-based protocol to assist women with smoking cessation.
- Research has demonstrated that preventing health problems as early as possible in life, is particularly important and is one of the most cost-effective ways to promote health and well-being<sup>3</sup>.

# Community Action Program for Children

## Program Description

The Community Action Program for Children (CAPC) provides funding to community organizations to deliver services that address the health and developmental needs of children from birth to 6 years of age who are living in conditions of risk. CAPC projects focus on children while also providing parents with the support, information and skills they need to raise their children. Each CAPC project is unique and designed to meet community needs.

There are six guiding principles that form the foundation of all CAPC projects: children first, strengthening and supporting families, equity and accessibility, participant driven, partnerships and collaboration, community-based and flexibility. The guiding principles are reflected through a variety of CAPC project strategies that contribute to the health and well being of the child and family. In the past year, 395 CAPC projects across Canada provided services to 67,884 different participants in a typical month across 3,177 different communities.

Examples of program services include:

- Family resources centres
- Parent education and support
- Outreach and home visiting
- Play groups
- Nutritional support and collective kitchens
- Understanding and accessing health and community services
- Toy lending libraries
- Child development activities
- Cultural programs and celebrations
- Healthy physical activities
- Literacy development
- Community development
- Community gardening

## QUICK FACTS & FIGURES

In Alberta, 27 projects were supported; \$5,399,000 were allocated.

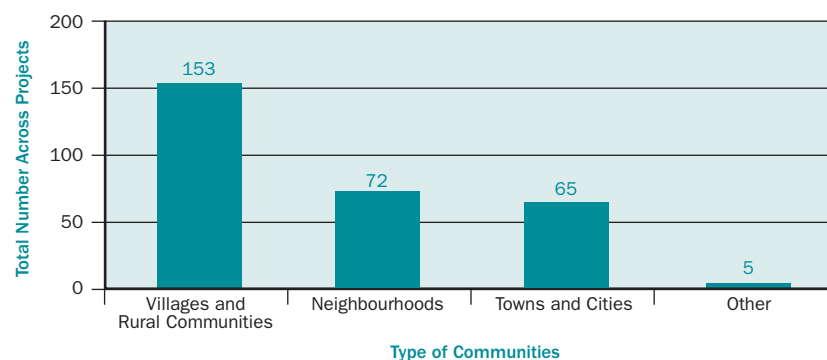
## Making a Difference

Evaluation results<sup>9</sup> indicate that CAPC projects in Alberta are addressing health and social outcomes for children and families living in vulnerable conditions. Results from a recent regional evaluation<sup>9</sup> conducted over the past year are highlighted below.

## Program Reach

- In the past year, 12,400 participants were served across 295 geographic communities in Alberta.
- Consistent with the mandate of the program, projects served participants from the intended target population. Many of the participants served were living in conditions of risk.

## Geographic Reach of Alberta CAPC Projects



## Demonstrating Cost Efficiency

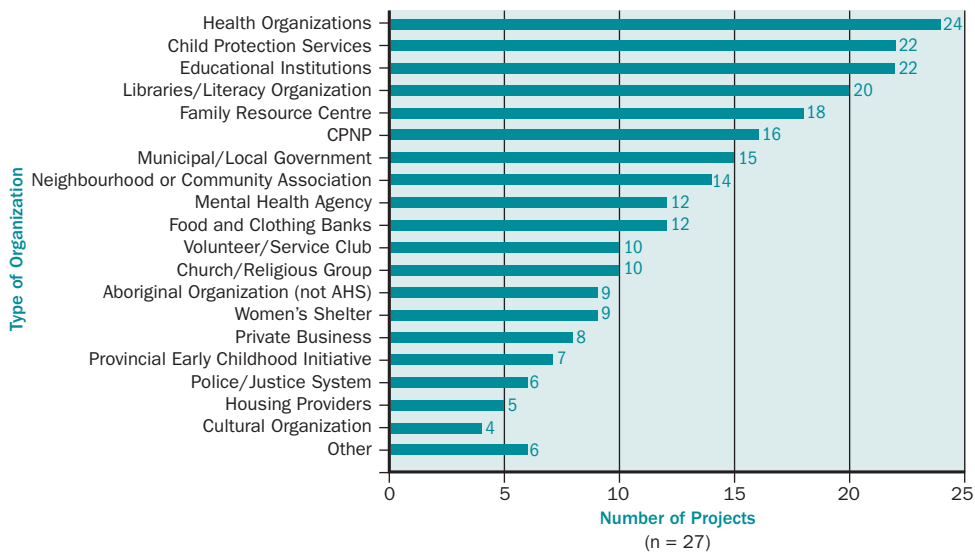
Projects used a variety of strategies to leverage funding received to improve program delivery. Overall, projects received close to seven million dollars in additional sources of funding and \$690,000 through in-kind donations.

- Over 700 volunteers were involved in CAPC projects in the past year. A total of 4,515 volunteer hours were donated in a typical month.
- Evaluation results also indicate that projects have an extensive network of partners that contribute human and/or financial support. CAPC projects had an average of 14 partners each. The majority partnered with health organizations, educational institutions and library or literacy organizations.

*"I have seen many changes in my children as they have been part of this program and I am happy that I have been part of those changes by being here every week with them. I have met many new families and made new friends which is not always easy to do when you are in a new country. Also I have learned new skills that may help me get a job but I think that I would also like to become a volunteer in my children's school when they are ready to go because in that way, I can continue to be a part of their education."*

(Project participant)

### Number of CAPC Projects by Type of Partnership



### Improved health and social development for children and families

Evaluation results<sup>9</sup> indicate that CAPC projects contribute to improving the health and social development of participating children and families in many ways.

Among the evaluation outcomes addressed by projects include the following:

- Improving parenting skills (100%)
- Referring parents to a health or social service (100%)
- Improving social support for parents (100%)
- Addressing the needs of children with developmental delays (92%)
- Offering culturally appropriate program delivery (92%)
- Increasing school readiness for children (89%)
- Addressing issues of family violence (100%)
- Improving life skills for participants (82%)

... "My biggest dream for my children is for them to graduate from high school and go to college as I did not have this opportunity—they deserve to live a happy life. Through this program, I can see that they will break through the negative cycle of my life"...

(Project participant)



### Responding to Need

- CAPC originated as a result of the 1990 United Nations' World Summit for Children. The Summit called for participating nations to each develop an action plan for improving the welfare of their children.
- It is estimated that 1.2 million children in Canada live in poverty<sup>10</sup>.
- There are nearly 270,000 children in Alberta under the age of six<sup>3</sup>.
- There are over 38,000 children under the age of six that live in poverty in Alberta<sup>3</sup>.
- At some point in their lives, 10% to 20% of children face at-risk circumstances such as parental low income, low education, poor health, social isolation, and lack of supportive networks<sup>11</sup>.
- There is evidence to suggest that chronic conditions such as high blood pressure, diabetes and some types of mental health conditions are set by the conditions experienced from conception to age five<sup>11</sup>.



# Fetal Alcohol Spectrum Disorder

## Program Description

Fetal Alcohol Spectrum Disorder (FASD) is a life-long disability resulting from prenatal exposure to alcohol. An estimated 9 in 1,000 babies born in Canada are affected by the disability. FASD places a heavy social and economic burden on those with FASD, their families, their communities and our society as a whole. While there is no cure, the disorder is preventable with appropriate interventions and support provided to at-risk pregnant women and their families. Moreover, those with FASD can lead happy and productive lives, with the right supports, approaches, and services.

In 1996 Health Canada joined other federal departments in issuing a joint statement on the need to work with communities to prevent FASD and mitigate its impacts. In 1999, funding for FASD initiatives was included in the expansion of CPNP. Since then, direct and indirect investments continue to support FASD-related awareness, prevention, and mitigation activities within CPNP, CAPC, and AHS programs.

## QUICK FACTS & FIGURES

A total of \$211,018 was allocated to 14 CPNP and CAPC projects to support FASD capacity building and awareness raising initiatives in their communities and to support a training event for all regional AHS projects.

## Making a Difference

### Program Activities

Funding was provided to projects to:

- Provide training to project staff and community partners.
- Develop, purchase, and disseminate FASD resources.
- Provide intensive levels of service to at-risk clients and those who themselves are affected by FASD.
- Host public awareness raising events.

### Project and Community Capacity Building: Increasing public and professional understanding of FASD

- Front-line project staff participated in and presented at training sessions hosted by the Cross-Ministerial Committee on FASD, the Organic Brain Dysfunction Triage Institute, Lakeland Centre for FASD, and the University of British Columbia Interprofessional Continuing Education.
- CAPC and CPNP projects supported and hosted FASD training sessions and conferences in communities such as Calgary, Red Deer, Medicine Hat, Edmonton, High Prairie, Fort McMurray, Cold Lake, and St. Paul. In total, over 400 people were trained and educated through these events. Up-front and support planning was also provided for a conference taking place in High Level in June, 2007.
- This past spring, Aboriginal Head Start Project staff participated in training on FASD entitled, "FASD: A Hands-On Approach. Techniques, Tools & Strategies." Approximately 100 delegates attended the training session which focused on a variety of strategies for working with both children and families affected by FASD.
- Projects reported strengthened partnerships with local FASD committees and agencies, such as the Calgary Fetal Alcohol Network, the Northwest FASD Society, and the Edmonton and Area Fetal Alcohol Network.

In 2006, the Calgary Fetal Alcohol Network (CFAN) hosted a one-day conference for educators called "FASD Strategies for the classroom." It was supported by funding from PHAC to

*"Our workshop will be successful if other agency staff will take notice that FASD and homelessness are definitely connected. Many homeless people are alcohol affected. More support for children and young teens with FASD may keep them from being part of the homeless population in five or ten years."*

(Project Coordinator)

respond to an expressed need to provide educators within the City of Calgary and surrounding area with more information about FASD and strategies that could be used in the classroom. The conference was such a great success that the Network decided to host a two-day conference for educators. This year, it attracted between 130-140 delegates from all over Canada. Furthermore, because of the support from PHAC, CFAN was able to bring in speakers with a great deal of expertise in the field of FASD.

## Client Support

Some of the activities that projects were involved with included:

- More intensive levels of support to high-risk clients and to children and parents who themselves may have FASD.
- Education and information on the risks of consuming alcohol and other substances while pregnant.
- Screening of clients for potential risk factors and their children for possible developmental delays that could be attributed to prenatal exposure to alcohol.
- Client referral to partner agencies.
- Integration of FASD information into regular programs, such as: home visits; support groups; prenatal classes; parenting programs; and family circles.

*"We are serving a higher number of clients than predicted on our workplan and this amendment will enable us to provide more intense services to our clients who have identified alcohol use in their pregnancy."*

(Project Coordinator)

## Resource Development

Resources developed included:

- An FASD public service announcement to run on 53 screens at 4 Edmonton movie theatres before the main feature.
- A reusable "Jeopardy" game with questions regarding FASD
- The translation and printing of resources into French for projects' Francophone clients
- The distribution of culturally appropriate resources to Aboriginal Head Start projects.

## Regional Initiatives

- The PHAC Alberta regional office funded a University of Calgary study on the use of the Addiction Severity Index as a tool to develop a profile of Canadian women involved in home visitation and mentoring programs for the prevention of FASD. The Agency had its summary translated for posting on regional and national websites, and supported a follow-up meeting with a Seattle researcher, the research team, and agencies working with the Addiction Severity Index to discuss the study and potential future collaboration.
- PHAC is represented on the Alberta Aboriginal FASD Committee and works closely with the regional First Nations and Inuit Health Branch FASD program staff to identify FASD resources appropriate for projects with Aboriginal clients.

## Statement of Need

- FASD is one of the leading causes of preventable birth defects in Alberta<sup>12</sup>.
- There are an estimated 23,000 Albertans affected by FASD. Each year, approximately 364 more Alberta babies are born with FASD<sup>12</sup>.

Throughout their lives, individuals affected by FASD require extensive support and services:

- 80 percent of those affected by FASD will not be capable of living independently<sup>12</sup>.
- 60 percent of those affected by FASD will be expelled or suspended from school, or drop out<sup>12</sup>.
- 80 percent of those affected by FASD will have employment problems<sup>12</sup>.

### **"Promising Practices, Promising Futures"**

Over 800 delegates attended the Provincial FASD Conference, "Promising Practices, Promising Futures," February 1 and 2 in Edmonton, hosted by Alberta Children's Services and the Cross-Ministerial Committee on FASD. The PHAC Alberta/NWT regional office participated on the conference planning committee and provided funding that supported travel subsidies for 30 representatives from community-based organizations and offset presenters' expenses.

# Hepatitis C Prevention and Community-based Support Fund

## Program Description

The Hepatitis C Prevention and Community-Based Support Fund is one of a number of federal initiatives to improve hepatitis C prevention and treatment and to help all Canadians infected with, affected by, or at risk of developing hepatitis C.

The Fund aims to:

- prevent the spread of the hepatitis C virus (HCV)
- increase Canadians' awareness and capacity to respond to hepatitis C
- support persons infected with, affected by, or at risk of developing hepatitis C
- provide evidence for hepatitis C policy and programming decisions

## QUICK FACTS & FIGURES

Five 5-month projects were supported; \$231,800 were allocated and \$133,139 in-kind and financial resources were leveraged.

A total of 1170 people were reached.

Personal health practices, coping skills and social environments were the determinants of health most commonly addressed.

## Making a difference

The hepatitis C project activities, outputs and outcomes below have been gathered and analyzed from projects' self-reported monitoring and evaluation reports submitted during the past year.

### Increasing awareness and capacity to respond to hepatitis C

**Harm reduction** is an important strategy to prevent the transmission of hepatitis C among people who use illicit drugs. Two projects increased the capacity of professionals to apply a harm reduction approach to their work.

The Alberta/NWT Region provided partial funding for the *8th Alberta Harm Reduction Conference: Walk a Mile in Our Shoes* in March. A record 278 participants attended the conference in Calgary that offered four plenary sessions and 25 concurrent sessions about hepatitis C, addictions, sex work, housing, and policy. Conference evaluations indicated that many participants gained new knowledge and skills to work with people most vulnerable to hepatitis C. They made new contacts and increased their understanding of the experiences of harm reduction service providers and users. Participants most appreciated the meaningful involvement of people who use drugs and the diversity of stakeholders. The conference provided partial or full scholarships to 129 participants.

One project developed a guide, *Working with People Who Use Drugs: A Harm Reduction Approach*, to help service providers apply a harm reduction approach to their work. This expanded and updated guide shares the harm reduction insights of 26 professionals and community leaders. It offers new harm reduction approaches, personal stories and specific strategies for nurses, physicians, pharmacists, social workers and counselors, corrections staff, police and community leaders. Over 2000 copies of the guide are available for professional development opportunities throughout Alberta.

*"Supporting harm reduction does not mean we agree with drug use".*

(Pharmacy educator)

### Supporting persons infected with, affected by, or at risk of developing hepatitis C

The transition from prison to community makes people especially vulnerable to hepatitis C infection and overdose. However, it is also an opportunity for prevention, support and behaviour change. One project gathered an expert committee of ex-inmates, prison staff, outreach workers, and a filmmaker to develop a 30-minute DVD entitled, *Getting Out, Staying Safe*. The video draws on the expertise of professionals, inmates and community leaders to educate inmates about to be released from prison about blood borne pathogens, harm reduction strategies and community supports. *Getting Out, Staying Safe* has been peer reviewed by inmates. Both the Alberta Solicitor General and Public Security, and Correctional Service Canada have expressed interest in the video.

Alberta Addicts Who Educate & Advocate Responsibly (AAWEAR) is a group of people in Alberta with a history of drug use that get together to build their capacity to be heard and improve their health. Their project, funded by the Alberta/NWT Region, developed the capacity of people who use drugs and strengthened the infrastructure for sustainable peer groups in Edmonton (As

*It Is*) and Calgary (*Grateful or Dead*). Group members report increased self-awareness and stability in their lives due to a sense of belonging and support as well as feeling more responsible and able to support their peers by sharing information they have gained. AAWEAR recently gained two seats on the Non Prescription Needle Use Consortium, a multi-sectoral initiative that makes policy and program decisions to reduce the harms associated with HIV and hepatitis C in Alberta.

*“Since I began attending the group, I’m regaining my interest in society – something I lost when I first started drugs eleven years ago”.*

(Group member)

### Providing evidence for hepatitis C policy and programming decisions

One project conducted a needs assessment that identified appropriate public health responses to crack cocaine use. The resulting Health Needs of People who Smoke Crack: Harm Reduction and Best Practices report and resource binder offers best practices and resources for street-level service workers and community partners. A literature review, resource review and focus groups with sex workers and people who use drugs contributed to the report.

#### “Nothing About Us Without Us”

The greater, meaningful involvement of people who use illegal drugs is consistent with the population health approach. “People who use drugs are often best able to identify what works in a community that others know little about ... and have a vital role to play in defining the health, social, legal, and research policies that affect them”. \* They must be involved to create appropriate responses to hepatitis C and HIV.

\* Canadian HIV/AIDS Legal Network (2005). “Nothing About Us Without Us”

### Responding to Need

- In 2005, 1532 new hepatitis C cases were reported in Alberta<sup>13</sup>.
- Approximately 70-80% of new hepatitis C cases are transmitted by injection drug use<sup>14</sup>.
- An estimated one-third of those infected by HCV do not know they have it<sup>15</sup>.
- Hepatitis C costs the Canadian healthcare system about \$500 million every year<sup>14</sup>.



# Population Health Fund

## Program Description

The goal of the Population Health Fund is to increase community capacity for action on or across the determinants of health.

Funded projects facilitate joint planning and coordinated action among voluntary organizations, governments, and/or the private sector.

## Making a Difference

The population health fund project activities, outputs, and outcomes reported below have been gathered from projects' self-reported monitoring and evaluation reports and analyzed according to the fund's three objectives.

### Developing, implementing, evaluating and disseminating community-based models for applying the population health approach

One project developed an Aboriginal Injury Prevention Model to guide culturally relevant and self-determined action for addressing injuries affecting urban and rural Métis, First Nations, and Inuit people in Alberta. Through the use of a collaborative and inclusive approach which included a working group and focus groups, this project engaged a diverse group of individuals and organizations to develop a common understanding of injury issues, and to create capacity for addressing injury prevention across policy, practice and academic domains.

*"The process of inclusion and consultation worked very well. Members contributed greatly to the entire process which gave them a sense of ownership for the outcome".*  
(ACICR Monitoring Report, p.5)

Quilt-making, painting, and creative writing proved to be powerful tools for another project working to engage vulnerable youth and young adults to understand and take action to address the social determinants of health. This arts-based community development model created socially-inclusive opportunities for over 80 youth in Edmonton, Calgary and Lethbridge. It develops leadership skills, networks and builds relationships with peers, local citizens and decision-makers in order to take action on issues such as addictions, poverty, and inadequate housing.

Using an asset-based community development approach, one project engaged and mobilized seven rural communities to develop and implement action plans for addressing food insecurity in their local communities. This community-level momentum and capacity was sustained with support from a provincial food security network with over 250 members and a website averaging over 100 visitors per day.

### Increasing the knowledge base for program and policy development on population health

One project worked closely with stakeholders to provide 16 customized presentations to over 560 participants from community coalitions, front-line staff, managers and board members across several health regions. The presentations resulted in increased understanding about the social determinants of health (SDOH)<sup>16</sup> and created opportunities for practitioners to work with other sectors to develop action plans and strategies for reducing health disparities. In an effort to strengthen public health capacity in Alberta, another project organized and hosted a conference for over 100 practitioners. The conference evaluation demonstrated increased knowledge of the SDOH by conference participants and increased awareness and application of tools for addressing these determinants in program planning and policy work.

## QUICK FACTS & FIGURES

Six 15-month projects were supported between 2005-2007; \$410,400 were allocated for 2006/07.

Projects began January 2006 and were completed March 2007.

Over \$275,000 in in-kind and financial resources were leveraged

Education and literacy, social support networks, physical environments, and personal health practices/coping skills were the determinants of health most commonly addressed.



## Increasing partnerships and developing intersectoral collaboration to address specific determinants of health

An online needs and capacity assessment was used by one project to systematically connect with 147 health and education stakeholders, assess existing knowledge and networking capacities, and engage new partners for moving forward coalition initiatives.

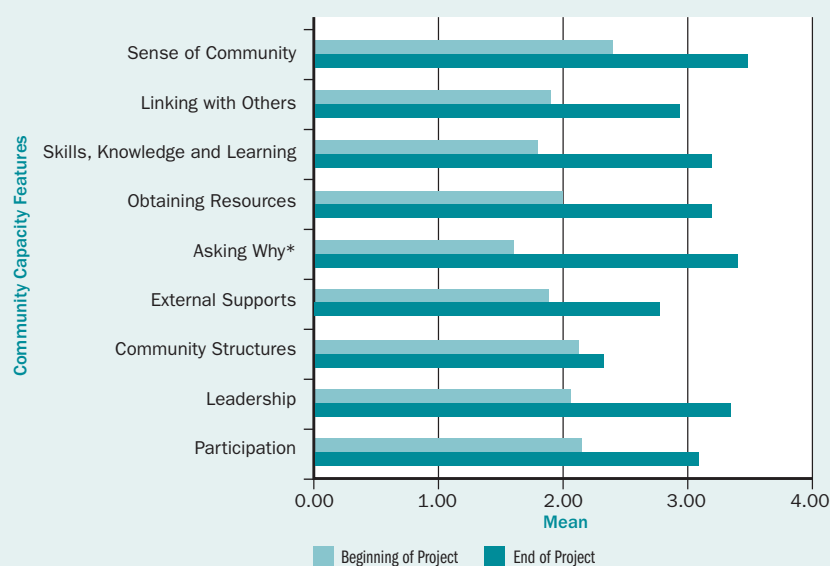
Several of the projects were hosted by provincial health coalitions or networks. During the funding term, the projects acted as catalysts for increasing visibility of SDOH and participation in the networks and coalitions. One project reported a 78% increase in network membership and a 47% increase in the number of postings to the network list serv during the project funding term, compared to periods without project funding.

### Community Capacity-Building Tool (CCBT)

The Population Health Fund projects used the Community Capacity Building Tool to plan, build and reflect on community capacity within their projects. Using the metaphor of a journey, the tool evaluates project progress across nine features (participation, leadership, community structures, roles of external supports, asking why, obtaining resources, skills knowledge and learning, linking with others, sense of community) that together, describe community capacity. Each project completed the tool at the beginning and end of the funding term.

Overall, projects demonstrated progress in building community capacity across all nine features (as illustrated by the bar graph).

Pop Health Projects: Building Community Capacity (N=5)



\*There was also a statistically significant increase in capacity in the area of 'asking why'. All of the projects successfully engaged their target populations to critically assess the root causes of community health issues within different social, political, and economic conditions. This exploration helped the projects refine their work to better meet community needs and provides an essential foundation for future work in addressing the social determinants of health.

## Responding to Need:

- The Alberta Healthy Living Framework (2005)<sup>16</sup> identified addressing health disparities to increase opportunity for healthy living among underserved populations as a priority strategy.
- Social determinants of health influence health behaviours and choices, and interact with each other to produce health or disease<sup>17</sup>.
- Social determinants of health include:
  - Income and social status
  - Employment and working conditions
  - Education and literacy
  - Physical environments
  - Social support networks
  - Culture
  - Social environments
  - Early childhood development
  - Gender

# Canadian Diabetes Strategy Community-Based Program

## Program Description

The Canadian Diabetes Strategy (CDS), originally launched in 1999, was renewed in 2005 under a larger strategy known as the Strategy on Healthy Living and Chronic Disease. While the original community-based funding component of the CDS focussed on the primary prevention of diabetes, the renewed CDS has a significantly new direction. Priority Areas for funding under the CDS Community-Based Program are:

- a) Preventing diabetes among high risk groups; and
- b) Supporting approaches for the early detection of type 2 diabetes and the management of type 1 and type 2 diabetes.

## QUICK FACTS & FIGURES

Three one-year projects were supported: \$259,511 were allocated for 2006-07. Projects began in February/March 2007.

## Making a Difference

The following projects were supported:

### A Culturally-Sensitive Diabetes Prevention Program for Indo-Asian Women with History of Gestational Diabetes

The goal of the project is to develop a community-based, culturally-sensitive post gestational diabetes prevention program for Indo-Asian women in Calgary previously diagnosed with gestational diabetes mellitus (GDM). Women with a history of GDM will take an active role in planning and implementing project activities in collaboration with Indo-Asian community leaders, health professionals and trained community members. At least four project participants will be trained as 'Lay Leaders' to deliver program activities such as grocery tours, collective kitchens, and culturally appropriate active living opportunities. Culturally-sensitive resources about GDM and type 2 diabetes prevention and management will also be produced.

### Culturally Responsive & Family Support Project for Diabetes Prevention & Management

The goal of the project is to strengthen the capacities of families in seven ethnic minority communities in Edmonton to prevent and manage diabetes and engage in health promoting activities. Multicultural health brokers will work with each community. Project activities include: conducting home visits with families with a member(s) at risk or living with diabetes to assess their needs and provide support for better access to healthy eating and active living opportunities; developing culturally and linguistically appropriate diabetes prevention and management resources; and building partnerships with relevant organizations to establish a network of professional and community supports for diabetes prevention and management.

### Diabète du type 2 dans les communautés multiculturelles francophones de Medicine Hat et Brooks

The goal of the project is to reduce risk for developing type 2 diabetes among francophone ethnocultural community members in Brooks and Medicine Hat by increasing awareness of type 2 diabetes and its risk factors, increasing access to culturally and linguistically appropriate resources and activities, and building the capacity of community members to adopt

healthy living behaviours. Project activities include: developing and administering a questionnaire to identify those affected by and at higher risk for type 2 diabetes in the two target communities; and training health professionals and volunteers to effectively support the communities in planning and implementing culturally appropriate healthy living opportunities.



# Regional Emergency Preparedness and Response

## Making a Difference

The Alberta/NWT Health Portfolio Regional Emergency Preparedness Committee (REPC) continues to develop regional resources and capacities to manage a regional emergency operation.

### Highlights in the 2006 - 2007 fiscal year include the following activities:

- The new Quarantine Act became legislation in December 2006. The Alberta/NWT region worked closely with national office, participating in collaborative meetings with the Calgary and Edmonton Health Authorities and remote communities to enhance awareness and promote effective implementation of the Act.
- The Regional Emergency Preparedness Committee, comprised of staff across the Health Portfolio, were involved in planning training for Health Portfolio staff, reviewing and developing policies, developing risk assessment tools and standard operating procedures, and developing communication strategies in the event of an emergency.

### The PHAC Alberta/NWT Region also:

- Worked in partnership with Public Safety Canada in Alberta and the Northwest Territories and other key stakeholders to undertake table top exercises, identify key issues in preparation for an emergency, and develop an emergency response strategy across departments and sectors for the Northwest Territories.
- Participated with Public Safety Canada in the northern Federal Coordination Group for horizontal emergency management in the NWT.
- Assisted with preparations for the International Polar Year.
- Worked closely with the national office, other regions and provincial/territorial emergency management authorities in the development of policies and response plans for Pandemic Influenza.

## Program Description

Responsibilities for the Health Portfolio Emergency Preparedness and Response activities are administered through a Memorandum of Understanding between the Public Health Agency of Canada (PHAC) and Health Canada (HC). PHAC, through the Centre of Emergency Preparedness and Response (CEPR), acts as the focal point for coordinating and providing a range of preparedness and response services for the Minister of Health. In Alberta and the Northwest Territories, Emergency Management links directly with the Office of Programmes and Business Coordination at the CEPR.

Among the region's many responsibilities are:

- develops and maintains national emergency response plans for Health Canada and Public Health Agency of Canada
- monitors outbreaks and global disease events
- contributes to keeping Canada's health and emergency policies in line with threats to public health security and general security for Canadians, in collaboration with other federal and international health and security agencies
- oversees federal public health rules governing laboratory safety and security, quarantine and similar issues
- acts as the health authority in the Government of Canada on bioterrorism, emergency health services and emergency response

## Special Initiatives

In addition to our regular program activities, these are some of the initiatives our region has undertaken to support PHAC's national priorities.

These initiatives further the ability of the Government of Canada to address Canadians' concerns that their health system be adaptable, responsive to emerging threats and able to meet their needs. The Public Health Agency of Canada works toward meeting the demand for an integrated health system that places an emphasis on promotion and prevention over the full range of the determinants of health, while at the same time, providing treatment and care. To this end, it works strategically with its key partners - such as provinces, territories, international institutions and stakeholders within and beyond the health sector - whose cooperation is fundamental to the achievement of this mandate.

### **Countrywide Integrated Noncommunicable Diseases Intervention Programme (CINDI)**

CINDI Directors from the World Health Organization (WHO) European Union attended the WHO CINDI Directors Meeting in Banff, Alberta, October 16 and 17, 2006. Subsequent to their meeting, the Alberta Healthy Living Network, a CINDI demonstration project, hosted a meeting with support from the Public Health Agency of Canada's Alberta/NWT Regional Office and other regional stakeholders. Its purpose was to showcase the work being done in Alberta, and to create

meaningful knowledge exchange between our European and Alberta colleagues. The Alberta CINDI Demonstration Showcase Event was a great success, and the meeting report is now available on the network website at [www.ahln.ca/pdfs/ABCINDI-Report.pdf](http://www.ahln.ca/pdfs/ABCINDI-Report.pdf).

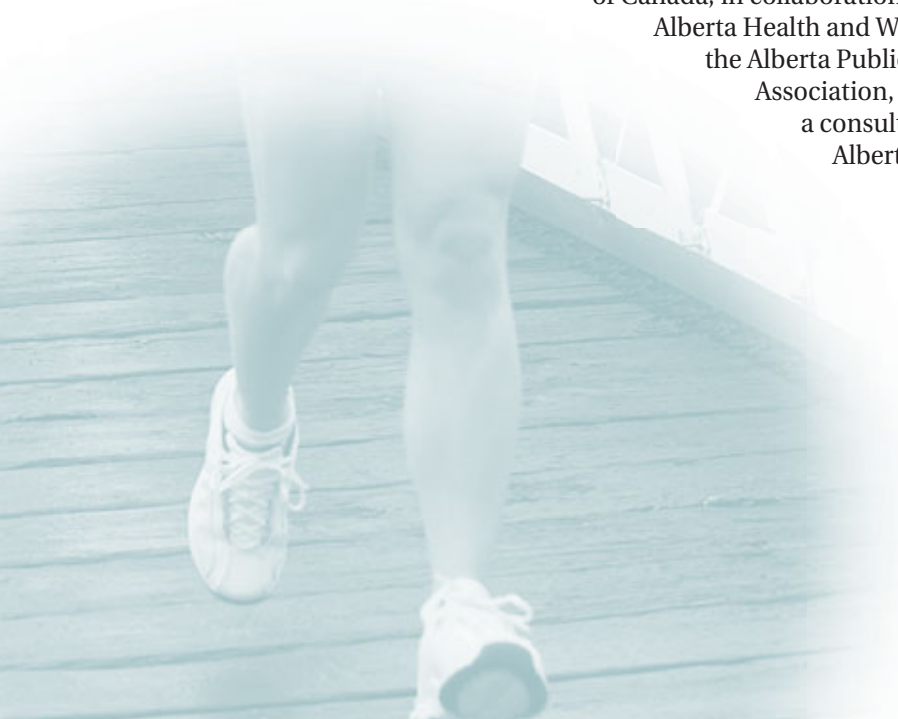
### **Pan-Canadian Core Competencies for Public Health: Alberta Consultation Day**

The Public Health Agency of Canada is leading the development of Pan-Canadian Core Competencies for Public Health to help strengthen the public health workforce. On January 11, 2007 the Public Health Agency of Canada, in collaboration with Alberta Health and Wellness and the Alberta Public Health Association, hosted a consultation in Alberta. Despite

a cold blustery day, 60 Alberta public health stakeholders identified challenges and opportunities for using core competencies, success indicators and outcomes for the core competencies, and ways to incorporate attitudinal competencies into the core competencies. This was a rare networking opportunity for public health stakeholders in Alberta. The resulting summary report from the Alberta Consultation Day is available at [www.apha.ab.ca](http://www.apha.ab.ca).

### **Wider Lens Workshop at Northern Lights Health Region (April 2006)**

Northern Lights Health Region invited PHAC to present our Wider Lens Workshop to staff and community partners in High Level and Fort McMurray in April. The presentation reviewed the elements of a population health approach and planning processes, practiced interpreting health information and setting priorities, and celebrated some local examples of intersectoral collaboration.





### **17th International Conference on the Reduction of Drug Related Harm: Hear + Now**

Two PHAC Alberta/NWT Region program consultants attended the 17th International Conference on the Reduction of Drug Related Harm in Vancouver, May 2006. Alberta Region also supported eight Alberta harm reduction programmers to attend the Conference to enhance their professional development and the capacity of the harm reduction community in Alberta. The Non Prescription Needle Use Initiative Consortium presented a poster entitled, “Shared Vision, Shared Action”, about its model of a collaborative harm reduction approach. Major themes identified by Alberta delegates were human rights as a determinant of health, the opportunities and challenges of drug policy in Canada and internationally, the inclusion of people who use drugs, and youth engagement.

### **Economic Analysis of Early Intervention Programs**

Two projects were funded through the Public Health Agency of Canada (PHAC) for the University of Calgary, Centre for the Study of Social and Physical Environments and Health to conduct two studies. The first study was the development of models of economic analysis for early intervention programs similar to the Community Action Program for Children (CAPC), Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS). The second project was a systematic review of the economic effects of early intervention programs similar to CAPC, CPNP and AHS. Both projects will guide next steps regarding economic analyses conducted in these program areas.

### **Alberta Canada Prenatal Nutrition Program (CPNP) Coordinator Network**

The Alberta CPNP Coordinator Network was created to address “prenatal and post natal nutrition to ensure healthy birth outcomes for women with challenges that put them and their baby at risk.” This past year, the Network received funding from PHAC for their first in-person meeting. The purpose of the meeting was to examine strengths, opportunities, challenges, and hopes for CPNP for the future. The Network meeting provided CPNP coordinators with an opportunity to share ideas, best practices and lessons learned with other CPNP projects from the Alberta region. During the meeting, the Network was able to achieve many of their goals, including drafting a Terms of Reference and working together to build capacity, problem solve, and increase their ability to strategically move forward as a Network.



## Program Capacity Building

Many capacity building opportunities were made available for the people who deliver the Community Action Program for Children (CAPC), the Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS). The areas addressed were:

### 1) Mental Health:

CAPC/CPNP: a full-day workshop entitled “Depression and the Family” was well received in five communities in Alberta. The objectives of the workshop were to provide an overview of depression and how to support an individual experiencing symptoms of depression. Participants learned how depression can impact family relationships and functioning, particularly the effects on the parent-child relationship when the parent is depressed. The CAPC/CPNP participants indicated that they would like more in-depth training on mental health issues. As a result, opportunities to apply the Alberta Mental Health Board’s

Mental Health First Aid Kit and develop culturally appropriate versions are being explored.

AHS: Project staff received training and certification in Mental Health First Aid this past spring. Mental Health First Aid is help that is provided to a person that may be developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis is resolved. The concept is based on the model of medical first aid and the training was delivered by the Alberta Mental Health Board.

### 2) Governance:

CAPC/CPNP: A workshop was held to support the CAPC and CPNP project managers. This workshop continued along the theme of mental health and addressed stress in the workplace. Participants particularly enjoyed the opportunity for networking and to learn from each other’s experience and ideas.

AHS: Governance training for the Alberta Aboriginal Head Start sponsors occurred in the fall of

2006. A contractor facilitated a two day training event which covered topics such as sponsors’ roles and responsibilities, fiduciary responsibilities, lessons learned, successes, challenges, risk management and evaluation. As a result of the training, a governance orientation binder was then created for all sponsors to use for future reference.

### 3) Food Security:

CAPC/CPNP: A full-day workshop was supported based on the “Thought about Food” food security workbook created by the National Projects Fund. Food security is closely related to poverty issues, which was identified as a topic of concern for all CAPC/CPNP programs. Here again, the workshop was provided in five regions across Alberta. The participants indicated that they had increased energy and motivation to implement some small activities related to food security into their everyday work and that they were thoroughly engaged in the topic. One participant commented that what she enjoyed most about the session was “learning how I can change policy to help my clients have more access to secure food resources.” As a result of these workshops, all of the communities trained have made a commitment to creating partnerships that would address food security in their area.



### **STARSS (Start Thinking About Reducing Secondhand Smoke)**

STARSS is a program that teaches skills to mothers that will enable them to protect their children as much as possible from second hand smoke in the home. While STARSS is not a smoking cessation program, the outcome for the majority of STARSS program participants is a reduction in the number of cigarettes smoked, quit attempts, or smoking cessation. STARSS was developed by the community organization AWARE (Action on Women's Addictions - Research and Education) in Ontario. Initial pilots and evaluation took place in several Ontario CAPC projects. The National Rollout for STARSS project was funded by Health Canada's National Tobacco Strategy. PHAC partnered with the initiative and five CAPC projects across Canada were chosen to participate, as they are already established in their communities and are successful in reaching low-income women and their children who face conditions of risk (i.e. poverty, social and geographic isolation, and family violence, among others). Babies Best Start, the CAPC/CPNP project in Grande Prairie, was selected as one of the pilot sites for the STARSS program.

### **Aboriginal Head Start (AHS) Best & Promising Practices Committee**

Best and Promising Practices Committee was designed to discover, develop and recommend appropriate, achievable and realistic best and promising practices that will strengthen and enhance Alberta Aboriginal Head Start programs, recognizing that the needs of each child, family and the community are unique. During the past year the committee commissioned a literature review of Aboriginal early childhood programming and site profiles of each of the AHS projects in Alberta.

### **Support for Official Language Minority Communities**

The PHAC Alberta/NWT regional office provided funding to the Franco-accueil Community Action Program for Children (CAPC) project in St. Paul, Alberta, in partnership with the Aspen Health Region health units, and the Réseau d'adaptation scolaire (Francophone special education network). The purpose was to host information sessions for Francophone families in Cold Lake and St. Paul

entitled "Specialists en residence - Partir du bon pieds" (Starting on the right foot). The objectives of the sessions were to: assemble a team of specialists to inform parents of the importance of early detection of developmental difficulties in children aged 2 to 6 years; to offer parents and children the possibility of meeting bilingual specialists, and; to recognize the difficulties early on and be able to build on the child's strengths. Specialists participating in the sessions included registered public health nurses, occupational therapists, psychologists, and speech therapists. Louise Reidy, the coordinator of the Franco-accueil CAPC project, stated that "we need to have children assessed in their maternal language so that we know the child is being assessed correctly". The information sessions garnered media coverage in the St. Paul and Cold Lake papers and an interview on Radio Canada.

The PHAC Alberta/NWT regional office continues to support Francophone projects through our funded programs.



## Final Remarks

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The Alberta/NWT Region plays an important role in supporting the achievement of PHAC's priorities across Canada. Equally, the Alberta/NWT Regional office links the context and needs of this region to the Public Health Agency of Canada. The achievements from the past year demonstrate how local energy, combined with national perspective supports public health in Alberta.

*We welcome your feedback. If you have any suggestions or questions, please contact our office or visit our website.*



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# Annual Report

**Public Health Agency of Canada • Alberta/NWT Region**

**APRIL 1, 2006 – MARCH 31, 2007**

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