

Health Evaluation Quarterly

Volume 8, Issue 1

The Newsletter of Health Evaluation Network in Saskatchewan

July 2006

Health Evaluation Network (HEN) continues to grow

Showcase participants' feedback positive

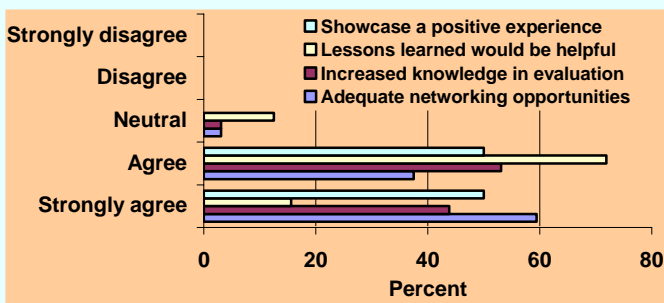
Saskatchewan's HEN continues to grow with the current membership of 110. Though a loosely voluntary network, it is serving its sole purpose of helping us, the health evaluators across the province, in keeping in contact with each other and abreast of current issues. If the Evaluation Showcase organized jointly with Canadian Evaluation Society (CES) in Regina on May 18th with the unprecedented attendance of 52 evaluators was any indication, the network can safely claim success in its endeavor.

Thirty-two participants at the Evaluation Showcase responded that their objectives of attending the event were met to a great extent (65%) or some extent (35%). Their feedback (see Chart on the right) speaks for itself showing their positive and encouraging responses on the event. There were also their specific suggestions offered to HEN for developing a website for HEN, considering regional meetings and skills workshops, keeping up the email connections and organizing brown-bag lunch type sessions to share lessons learned in evaluation. These are very helpful suggestions that we will need to address in the not too distant future.

Edited by:

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Chart: Evaluation Showcase- 2006 participants' feedback.



Provincial Epidemiologist speaks about HEN evolution

From Linda Strand to Dawn Martin, Felecia Virag, (now Watson), Daniel Blay, Maureen Jackson and Drona Rasali, we have come a long way. This is the list of past and present HEN Coordinators since its inception in 1995. In the early days, each of the 32 health districts had two HEN members and we held four meetings annually. Participation at that level was a little less than obligatory. HEN was an extension of a department-led initiative for evaluation of health district programs. In April 1996, HEN coordination moved into Saskatchewan Health's then newly created Population Health Branch (PHB), and has been under the general direction of the Epidemiology Unit since then. HEN then assumed a voluntary disposition, offering capacity-building skills to its members who could afford to attend. After a self-evaluation in 2001, the quarterly meetings were reduced to two, and HEN newsletter was introduced with outstanding success between the remaining two meetings. Subsequently in 2002, a very healthy HEN-CES collaboration was formally and finally born. This bargain has served both partners very well as the HEN membership continued to grow into currently over 100, exceeding the pre-1996 membership. We owe this progress to all members and their employers. We salute the past, present and future members as well the coordinators. Keep it up!

Dr. William Osei, Provincial Epidemiologist

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Continuing education for health practitioners

Public health is an information-intensive field that encompasses multiple disciplines. Like other health-related fields, public health knowledge and practices continually evolve. Post-secondary training prepares practitioners for practice, but continuing education is required to maintain high levels of relevant skills and knowledge. A skilled workforce is a key element to an effective public health system.

The Skills Enhancement program offers online continuing education opportunities for front-line public health practitioners in Canada. The format is a series of online modules in both official languages. The modules are offered over the Internet. Each module is available in English and French to public health practitioners across Canada. Online, distance learning is both more affordable and flexible than traditional continuing education opportunities, and participation occurs according to the schedules of the learners. The program helps increase skills in the areas of epidemiology, surveillance, information management, needs-based planning, and surveillance database and

tool use. The Skills Enhancement program will also help develop standard approaches to information management to support surveillance across Canada.

The program is designed for public health practitioners working in local public health departments and regional health authorities across Canada. This includes public health nurses, inspectors/environmental health officers, health promoters, program managers, dental hygienists, and other public health practitioners. The program provides continuing education opportunities for public health practitioners who want to strengthen their health surveillance skills and make better-informed public health decisions.

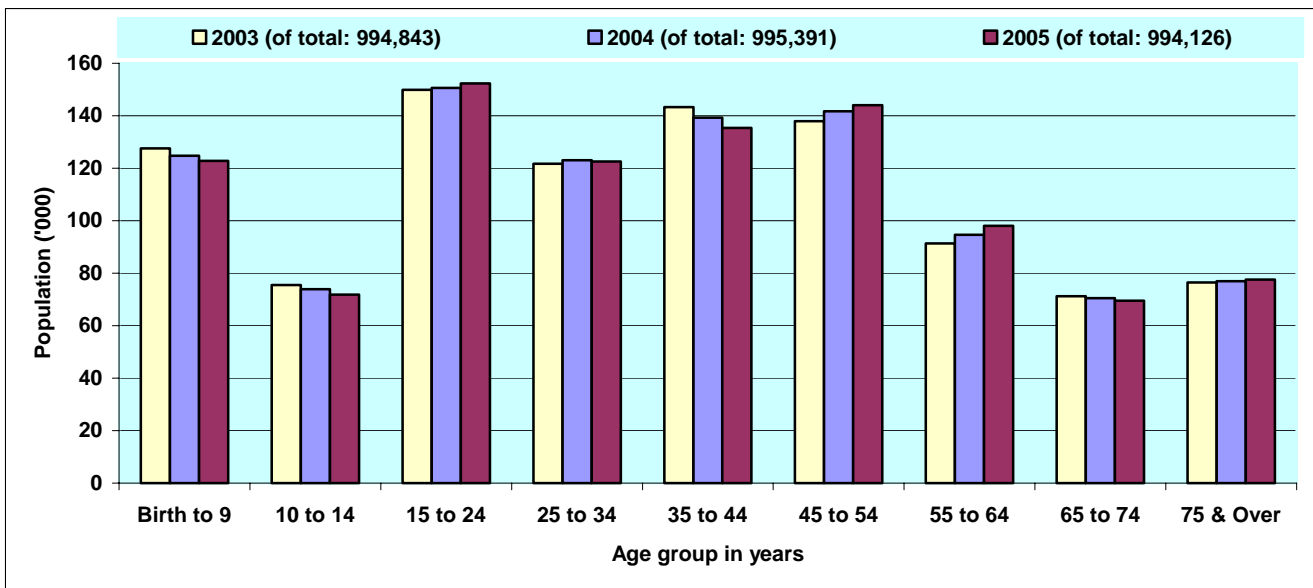
Skills Enhancement works with a number of partners across the country. These partners include federal, provincial, and territorial governments, non-government organizations, regional health authorities, local public health departments, universities, and other groups with an interest in public health and surveillance.

For more information about Skills Enhancement contact health_surveillance@phac-aspc.gc.ca or call toll free 1-877-430-9995.



QuickStats

Saskatchewan's Population by Age Group in 2003, 2004 & 2005.



Source: Saskatchewan Fact Sheet 2003, 2004 & 2005, Bureau of Statistics.

Abstracts of CES/HEN Evaluation Showcase- 2006

May 18, West Harvest Inn, Regina, Saskatchewan

Oral Presentations:

1. **Rathgeber, M., Teare, G., Smillie, M. Evaluation of Quality Improvement Projects: How do we know a change is an improvement? Health Quality Council, Saskatoon.**

Abstract: "The Model for Improvement" is a framework used to improve performance in the health care system. The model is used to develop, implement and test ideas for improved quality. Three types of measures are identified to evaluate success in quality improvement work: outcome, process and balancing measures. Time-series designs (data measured over time) provide a scientific framework to evaluate the effects of changes made. This presentation will describe the Model for Improvement and the importance of measuring data over time, using current Health Quality Council projects to illustrate the use of the model.

Lessons Learned/Practical Advice: Evaluators will be able to use the ideas outlined in the Model for Improvement to measure success of interventions; identify outcome, process and balancing measures; create run-charts to display time-series data; and understand the use of time-series designs to provide evidence of improvement.

2. **Stanford, C. The Systematic Assessment of Evidence Across Community Based Programs. Public Health Agency of Canada, Regina.**

Description: Of numerous programs in the areas of health promotion and disease prevention with varying yet valuable and limited resources, the work done by the Population Health Evaluators Network (PHEN) at the Public Health Agency of Canada represents a major advancement in establishing a common, professional framework for evaluation across programs. It includes a tool called Community Capacity Building Tool, which is part of a larger evaluation framework, incorporating a common data collection system based on common program outputs and outcomes, the identification of common indicators, a common on-line tool to collect information and a common data management system to store and analyse data.

Lessons Learned/Practical Advice: The effectiveness of community-based interventions project provides the analytical framework for which the questions are derived from the Community Capacity Building Tool as made available for use by those in attendance.

3. **Gibson, T. Policy implications on population health theory and practice among health workers. Safe Communities, Saskatoon Health Region.**

Abstract: The purpose of this study was to explore the extent to which health region staff understands population health and to determine how the Canadian Council on Health Services Accreditation (CCHSA) accreditation process addresses population health perspectives. The goal was to ascertain the knowledge, practices, and attitudes of the staff with respect to population health in general and with respect to an accreditation process in order to see how a health region integrates a population health component into its services.

A case study of the Saskatoon Health Region (SHR) was used to determine how a health region can integrate a population health component into the design and delivery of its services. The case study was comprised of a literature review, secondary data review from the 2001 Accreditation Survey Report, and primary data collection from people involved in the 2004 accreditation self-assessment which took place in the health region from March through June, 2004, which was facilitated by the Canadian Council on Health Services Accreditation (CCHSA). Primary data was captured through the use of key informant interviews of twenty employees, across different strata, in the health region. The thesis closes with discussion on policy implications and input from stakeholders that will provide opportunities for the CCHSA to improve their population health content in their accreditation documents.

Lessons Learned/Practical Advice: As to how health workers understand population health as a concept and as it relates to their practice, and how an accreditation of a health region lead to an understanding of a population health approach.

4. **Low, L., Stewart, C. Using Online Qualitative Tools as a methodology for Evaluation. Itracks Inc., Saskatoon.**

Abstract: Online Qualitative Research methods are used by researchers around the globe to collect quality data fast. Evaluators are also using these same tools to do things like program evaluations. As presented at the 2005 CES/AEA conference in Toronto. The online qualitative methodologies that are available, how they are being used, and how the applications work will be presented. The tools give evaluators opportunities to involve audiences from various geographical areas, target hard to reach people, offer anonymity to participants, etc.

Lessons Learned/Practical Advice: Online Focus Groups and Online Bulletin Boards are viable methods for evaluators to consider. We will show how easy these tools are to use / set up and some examples of how the tools are and can be used for evaluators.

5. Stadnyk, N., Muhajarine, N., Tammy J., Butler, T.J. The Impact of KidsFirst Saskatoon Home Visiting Program in Families' Lives, University of Saskatchewan, Saskatoon.

Abstract: Saskatoon KidsFirst is a program that develops and provides strength-based services and supports to vulnerable families to help improve children's health and development, parent/child relationships, and family well-being. This report researched and evaluated the home visiting component of the program. The home visiting component provides supports to families regarding child development and parenting, and also empowers, advocates, and assists families in accessing community services and resources. Research for this study was conducted by interviewing families who were participating in the KidsFirst program and holding focus groups with home visitors who provide services to those families. The research identified outcomes objectives through construction of a logic model. In an attempt to capture the subjective experiences of participating families and home visitors, parts of the data in this evaluation are presented in story form. This evaluation sought to meet three objectives: to appraise the impact that home visitors have had in the lives of participating families; to discern whether home visitors' perception of the program's effectiveness matched those of participating families; and to discern the second year indicator benchmarks for the home visiting program's objectives.

Lessons Learned/Practical Advice: As a result of putting the data into story form this piece of work is stirring, appealing and interesting to read.

6. Walls-Ingram, S., Chessie, K., Koenders, K., Cheyne, J., Wasko-Lacey, L., Sproxtion, L., Sutherland, D. Evaluating Heartland Health Region's Rover Model. Heartland Regional Health Authority, Rosetown.

Abstract: The presentation describes the process of developing and carrying out the evaluation framework for a novel initiative which combines emergency services, population health promotion and primary healthcare into one model within a rural community of ~600 people. In the Rover Model, Emergency Medical Technicians with Advanced training attend to emergencies in an S.U.V (the "Rover") and perform patient stabilization while an attending ambulance from a nearby centre arrives for transport. Because the EMS call volume in Rover's community is relatively low, the majority of the staff's time is spent promoting population health and working within the community's Primary Healthcare Clinic. The valuation

framework seeks to determine if the goals of the Rover Model (Timely & effective EMS, Effective Primary Healthcare and Population Health Promotion, Community Acceptance, Cost-Efficiency and Staff Satisfaction) have been met. Challenges associated with, and positive outcomes of the evaluation journey will be highlighted.

Lessons Learned/Practical Advice: Benefits & Challenges of beginning evaluation at the outset of a new initiative; positioning evaluation positively in the context of a discouraged community, lessons learned about the coordination of a multi-method evaluation of a multi-service model.

Poster Presentations:

7. Derkzen, D., Lawson, K., Cultural Understanding in Assessing the Implementation of a Student Managed Health Clinic. Department of Psychology, University of Saskatchewan, Saskatoon.

Abstract: The Student Wellness Initiative Toward Community Health (SWITCH) is a student-managed inter-professional, collaborative initiative providing integrated primary health care to underserved populations in Saskatoon's core neighbourhoods. Key partners include the Saskatoon Health Region, Westside Community Clinic, professional mentors, community members, community-based organizations, and student volunteers representing nine different health science disciplines across Saskatchewan. The present study examines the importance of cultural awareness and sensitivity while conducting an implementation evaluation of SWITCH. Challenges and lessons learned while developing a culturally sensitive evaluation framework and responding to community needs are discussed.

Lessons Learned/Practical Advice: Cultural sensitivity and understanding when designing an evaluation framework.

8. Brews, A. A meta-analysis of restorative alternative to justice. Department of Psychology, University of Saskatchewan, Saskatoon.

Abstract: A meta-analytic review of restorative justice practices examines victim-offender mediation and restitution programs as alternatives to conventional measures. Comparisons were made between different types of offence, type of control group, age group of offender and the type of alternative measure. Programs were evaluated on the basis of victim satisfaction, offender satisfaction and reduction in recidivism.

While no differences were demonstrated for type of control group or age group of offender, differences were demonstrated between the type of treatment and the type of offence that was committed.

Lessons Learned/Practical Advice: Important questions to consider, when planning a review of restorative justice.

9. Jewell, L. Rigor Versus Accessibility: Considerations When Working with Teenage Parents. University of Saskatchewan, Saskatoon.

Abstract: Teenage parents constitute a unique population that can be challenging to access and to measure when conducting evaluations. Therefore, common features of the teenage parent population that need to be considered when designing and conducting an evaluation will be discussed. The advantages and disadvantages associated with using various randomized and quasi-experimental designs to measure the outcomes of programs designed to support teen parents will also be presented. Implications of the various experimental designs on the rigor of the results likely to be obtained and the likelihood of accessing the population are addressed.

Lessons Learned/Practical Advice: Evaluators will learn about the key characteristics of the teenage parent population that need to be considered, when designing and conducting evaluations with this population. Evaluators will also be able to identify the trade-offs associated with choosing various experimental designs to evaluate this population.

10. Tanasichuk, C. Proposal for an Evaluation of Parents Forever. Applied Social Psychology, University of Saskatchewan, Saskatoon.

Abstract: "Parents Forever" is a community organization that serves parents with learning difficulties in Saskatoon, SK. They attempt to improve the quality of child-parent relationships as well as prevent abuse and neglect. The proposed outcome evaluation assesses whether or not the program is effectively improving parenting skills, self-esteem, self-efficacy, and social supports. Additionally, semi-structured interviews are conducted with staff from referral agencies (e.g., Family Services, Mental Health) to gain feedback on their satisfaction with the program. Detailed methodological information is provided.

Lessons Learned/Practical Advice: The main lessons learned while preparing this proposal were the special considerations concerning research methods that must be taken into account when dealing with a vulnerable population, such as adults with intellectual disabilities.

11. Calvez, S.S. Evaluability assessment: A student proposal. University of Saskatchewan, Saskatoon.

Abstract: The evaluability assessment for any program is an important component in a series of evaluations. Developing a clear and documented 'road map' of a program is an indispensable process. Through this

examination process, the evaluability assessment can make salient the complexities that can arise if a program is not well thought-out or documented. This presentation explores the process of evaluability assessments in a context that supports its use on a more routine basis. It is this student researcher's opinion that evaluability assessments should be considered as a required component of all evaluations, much like literature reviews for journal articles.

Lessons Learned/Practical Advice: The purpose of this poster is to express the invaluable contribution that evaluability assessments can give to the development and analysis of all evaluations.

12. Dorgan, H. Effective Delivery Models for Adult Pneumococcal Vaccine (PPV). Rural East Community Health Services, Regina Qu'Appelle Regional Health Authority, Grenfell.

Abstract: At the 1998 Canadian consensus conference national target rates for pneumococcal immunization were established at 80% coverage for recommended target groups by 2003. Accurate PPV coverage rates in the RQHR are not known; however, based on the assumption that RQHR rates do not significantly differ from Canadian rates, improvement in the delivery method of PPV is required if RQHR is going to meet the 80% target. This systematic review explored the question, "In an adult population, what is the effectiveness of different delivery models for administration of pneumococcal vaccine in terms of cost, coverage rates, and retrievability of client records?"

Lessons Learned/Practical Advice: Start with what is already known in the literature; Be systematic in determining what is already known, and keep track of your search strategy so that you can explain it if necessary.

13. Nadin, S., Grant, P.R. A Formative Evaluation of a Work Readiness Program for Skilled Immigrants and Refugees. Department of Psychology, University of Saskatchewan, Saskatoon.

Abstract: The Mentorship Project is designed for people who received their education and work experience outside of Canada. The program aims to provide participants with skills and knowledge essential for finding and keeping a job, and provide a socially supportive environment for participants. Since the program was in its second offering, a formative evaluation was conducted. Daily observations of the program were the main research method; facilitator-programming notes, participant feedback sheets and files were also used. Results showed that the program is reaching its target population, and working toward meeting its goals. Several program strengths and limitations were identified. Lessons learned are discussed.

Lessons Learned/Practical Advice: The value and limitations of non-participant observation as an evaluation method.

14. Ellis, S., Lawson, K. A System of One: The Benefits and Limitations of a Client Representative Case Study. Applied Social Psychology, University of Saskatchewan, Saskatoon.

Abstract: A client representative case study regards the individual as a representation of the overall system. Studying one person systematically provides rich illustrative data that can assist program coordinators in understanding the functional relationship between the program, the context and client. It can demonstrate the flexibility of the program, and highlight areas within the program in need of improvement and/or enhancement. However, it cannot show the extent of problems, may be historic/retrospective, may lack sufficient breadth for larger programs, may not be representative of the client-base in programs servicing a diverse population, and has a greater risk of selection bias.

Lessons Learned/Practical Advice: When using this method it is important to ensure that the client chosen fully meets the pre-determined criteria that will demonstrate the breadth of range for the program, is representative of the intended users of the program, and can provide information that is highly relevant to the operation of the present services. It may be necessary to conduct several representative case studies for larger programs to sufficiently capture the diversity of services.

15. Luong, D., Wormith, J.S. Effectiveness of Psychological Sex Offender Treatment: Contributions of Meta-Analysis to Evaluation Practice. Forensic Psychology, University of Saskatchewan, Saskatoon.

Abstract: Individual evaluations of the effectiveness of sex offender treatment often do not have sufficient power to detect real treatment effects. Practical and ethical limitations associated with the delivery of sex offender programs constrain the methodology used to evaluate outcome, which in turn limits the statistical power to detect significant treatment effects. A meta-analysis allows researchers to increase statistical power to detect even small treatment effects by combining the results from a number of studies. The present study illustrates the use of meta-analysis in examining the effectiveness of psychological sex offender treatment on sexual and any recidivism.

Lessons Learned/Practical Advice: Meta-analysis can be a very useful tool to summarize research results, but its quality depends on the quality of the individual studies included. Issues that evaluators need to be aware of when designing and presenting

evaluations in order to make the study amenable to meta-analytic synthesis are highlighted.

16. Kirtzinger, B. Financial Outcome Measures for Primary Care Site Evaluation. Primary Health Care, Prairie North Health Region, North Battleford.

Abstract: This study is a systematic review of articles to answer the research question, "Which financial outcome measures are useful in evaluating the direct costs associated with Primary Care sites?" Three key categories were identified among the financial outcome measures: General Financial Outcome Measures, Program Costs, and Patient Costs. The limited availability of relevant literature, and the even lesser body of research in the area of financial outcomes for Primary Care site evaluation, strongly suggests that there is a need for further research. Financial indicators offer information on one facet of a Primary Care site's operation. They should not be used in isolation, but as a compliment to other sources of information.

Lessons Learned/Practical Advice: Learning what information currently exists, and knowing how to assess that information is half the battle in research and evaluation.

(Presenter's name is underlined)



**"An Epidemiologic Triad:
Research, Policy and
Practice"**

**Fall Symposium of the Saskatchewan
Epidemiology Association
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**Workshop: An Introduction to Systematic
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SEA Website: www.saskepi.ca

Evaluation Study Abstract:

Risk behaviours for infection with human immunodeficiency virus (HIV) and hepatitis C virus (HCV) among intravenous drug users in Regina

Maurice Hennink¹ and Zahid Abbas²

¹ Deputy Medical Health Officer, ² Epidemiologist

Population & Public Health Services
Regina Qu'Appelle Health Region

The Regina Qu'Appelle Health Region (RQHR) in collaboration with the Centre for Infectious Disease and Prevention and Control (CIDPC), Public Health Agency of Canada (PHAC) implemented an enhanced surveillance system to monitor risk behaviours among Intravenous drug users (IDU) as well as their exposure to and utilization of HIV and HCV testing.

Cross-sectional data collected in 2005 from injecting drug users (IDU) using a standardized questionnaire

covering drug use, risk behaviours in terms of needle sharing and lending, and sexual risk were analyzed. HIV and HCV serostatus was obtained by dried blood sample testing.

A total of 136 males (54.4%) and 114 females (45.6%) IDU were recruited from March to April 2005.

Twenty-three (9.2%) shared and 25 (10%) lent needles/syringes in the past 6 months. One hundred and thirteen (83.1%) males and 105 (92.1%) females reported heterosexual activity in the preceding six months. The sexual risk behaviour was found to be high. Approximately 70% of the participants never used condoms with regular partners. Almost 20% of males and 29% of females never used condoms with their casual partners.

HIV prevalence was 2.9% and HCV prevalence was 63.7% in the study population.

There is ongoing risk of sexual transmission of HIV between IDUs and their sexual partners, as reported condom use during sexual activity with regular sexual partner was very low along with the substantial syringe and equipment sharing with regular sexual partners.



AMERICAN EVALUATION ASSOCIATION (AEA) GUIDING PRINCIPLES FOR EVALUATORS

The *Guiding Principles for Evaluators* developed by AEA are now available online, free of charge.

The components of these principles are:

*Systematic inquiry,
Competence,
Integrity/honesty,
Respect for the people and
Responsibilities for general and public welfare.*

To download the printable version of the document in its entirety, [click here](#).

To download the *abbreviated* version of the *Guiding Principles* in PDF format, [click here](#).



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