

Health Evaluation Newsletter

Volume 9, Issue 1

The Newsletter of the Health Evaluation Network (HEN) in Saskatchewan

July 2007

HEN Updates...

Evaluation Showcase is the Mainstay

The 2007 Evaluation Showcase organized in Regina on May 10 was yet another great success. It was the Spring event of continuing collaboration between HEN and the Canadian Evaluation Society's Saskatchewan Chapter. Forty people interested in evaluation participated in a full day's program. The participants from a wide range of professions within and outside the health sector took part in the event. There were a total of six oral and six poster showcases presented (see abstracts in this newsletter). The event was fully interactive among the participants in a special way to share the experience and lessons learned. By all counts, the evaluation showcase as an annual event remains the mainstay in moving the network forward. Feedback from most participants indicated that the showcase was a positive experience, providing an opportunity for evaluation networking.

A Webpage for HEN

HEN has now a [webpage](#) within Saskatchewan Health's website for improved dissemination of information. This should enhance our health evaluation networking across health regions and health institutions in the province.

Stay tuned for HEN announcements, as we continue exploring further opportunities!

Edited by:

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A Health Profile of Saskatchewan Seniors, 1992-2003

Saskatchewan has the highest percentage of seniors in Canada --- one in every seven people, or 14.8 per cent, is aged 65 or older. The national average is 13 per cent.

A Health Profile of Saskatchewan Seniors, the first of its kind in Saskatchewan, is a comprehensive report about the health of older Saskatchewan residents and their use of health care services. The report provides solid statistical information for government and health regions to use in planning and setting priorities within the health care system. At the same time, the publication will be of interest to anyone wanting to learn more about the health of Saskatchewan seniors. Those interested individuals include seniors, health regions, seniors' organizations and clubs, educators, researchers and planners. In this report, the data are drawn from a variety of sources, including Saskatchewan Health's Covered Population, the Canadian Community Health Survey (CCHS), and various administrative databases. In most instances, the study analyzes information from 1992 to 2003.

The following 11 topics are covered in the report: population characteristics, health determinants, health status, hospitalizations, injuries, physician visits, chiropractic visits, prescription drugs, community-based services, deaths, and health care costs.

The highlights of findings in the report include:

- The majority of Saskatchewan seniors consider themselves healthy: 71 per cent of them reported their health as excellent, very good or good.
- Nearly half of every health care dollar is devoted to seniors' health care services.
- Seniors account for more than 80 per cent of all deaths in the province.

The full report can be downloaded from:
<http://www.health.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=1558,94,88,Documents&MediaID=999&Filename=health-profile-sk-seniors.pdf>

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Update on the Project Evaluation and Reporting Tool (PERT) and the Program Data Collection and Analysis System (PDCAS)

A Public Health Agency of Canada (PHAC) contribution

In 2005, the **Population Health Evaluators Network (PHEN)** announced the launching of the Project Evaluation and Reporting tool and the Program Data Collection and Analysis System project. Since then, a great deal of progress has been made, and this article will provide you with an update on their current status and plans for the upcoming months.

What is PHEN?

The PHEN is an Agency network whose members consist of regional and national evaluators and program consultants from across PHAC population health programs. The network provides a platform for staff interested in evaluation to share best practices and to review, discuss, and make recommendations on common evaluation issues.

Why Develop the PERT and PDCAS?

Using the Project Evaluation and Reporting tool (PERT), population health programs will be able to consistently collect data using common and program-specific questions. This will strengthen Agency program monitoring and evaluation processes by supporting consistent and comparable reporting and by increasing access to program level data. The Program Data Collection and Analysis System (PDCAS) will enable the systematic assessment of evidence and improve results-based reporting across the Agency.

What are the PERT and PDCAS?

This evaluation initiative consists of two main components. The first component is the project data collection questionnaire, otherwise referred to as the PERT that funded organizations complete at various stages throughout their project.

The PERT will be completed online using the PDCAS, which is the second component of the evaluation initiative comprising of an online data entry and analysis web application. Use of the PDCAS will streamline and integrate the reporting process to permit common data collection, analysis, management, and reporting, as well as provide other tools and sources of information to assist in project evaluation.

The overall goal for the PERT and PDCAS is to enable data collection, analysis and reporting on results for common outcomes across PHAC funding programs. To achieve this goal, PHEN began this initiative in the Fall of 2004 with preliminary work that led to the development of a list of common results indicators and subsequently the development of monitoring and evaluation questions for the participating programs.

These questions were refined through extensive consultation with many stakeholders both internal and external to programs.

What are the Current Status and Next Steps for the PERT and PDCAS?

A one-year pilot test of the PERT was undertaken in October 2006 to assess the validity and reliability of the tool. Following the completion of the pilot phase, the PERT will be revised as necessary. PHEN anticipates launching the PDCAS web-based application in June 2007.

PHEN would like to recognize the contribution of its partners to this project, including the Centre for Excellence in Evaluation and Program Design and the National Evaluation Team for Children. The efforts of many staff have contributed to the success of this important initiative.

Stay tuned! As the project progresses, there will be on-going communication from PHEN.

For more information on PHEN, PERT and/or PDCAS, please contact:

[Rhonda Chorney](#) at Public Health Agency of Canada.



Congratulation Briefs:

Mr. Jon Tonita, Ms. Felecia Watson and Mr. Riaz Alvi appointed as Vice-President (Population Health), Provincial Leader (Early Detection) and Provincial Leader (Epidemiology) respectively at the Saskatchewan Cancer Agency.

Evaluating the Saskatchewan public's level of awareness of the effects of alcohol use during pregnancy: the Take Action multimedia campaign

A contribution from Saskatchewan Prevention Institute (SPI)

The effectiveness of public service announcements in addressing serious health issues such as Fetal Alcohol Syndrome Disorder (FASD) prevention is controversial (Public Health Agency of Canada, 2006; Bassford and Thorpe, 2005). Evaluating actual behavioural change is crucial when considering the high costs of multimedia production and distribution. A number of national and provincial organizations have developed multimedia campaigns as part of their FASD prevention strategy. The Saskatchewan Prevention Institute's multimedia campaign strategy began with the first public service announcement in the 1980s, and continued with releases in the 1990s and 2000s and up until the last campaign in 2005-2006 and its 2007 extension.

The multimedia campaign and various supporting community activities have been developed, in large part, by the FASD Prevention Program within the Saskatchewan Prevention Institute. The Prevention Institute is a unique provincial nonprofit organization that strives to reduce the occurrence of disabling conditions in children; "Our goal is healthy children". The organization's focus is on primary prevention — prevention of disease or disability in susceptible individuals or populations through promotion of health. The majority of the Institute's FASD Prevention Program work is universal in nature with resources and information provided for the general public.

The purpose of the Prevention Institute's past FASD prevention campaigns have included: to raise public awareness of FASD (1999), to raise awareness of the role of communities in addressing FASD (2002) and to raise awareness of the male role in prevention of FASD (2003). In 2005-06, the purpose of the multimedia campaign was to show an example of positive role modeling. Campaign media included public service announcements for television and radio (translated into Cree and Dene for Northern audiences), newspaper block ads, posters and point of sale messages on liquor bags and till tapes in Saskatchewan Liquor Board Stores and outlets. All campaigns have been funded by the Saskatchewan Liquor and Gaming Authority (SLGA). The 2005-06 *Take Action* communication campaign contained three FASD behavioural prevention messages: *Plan not to drink alcohol during pregnancy and when breastfeeding*, *Support a pregnant women's choice not*

to drink alcohol and Talk to others about the harmful effects of alcohol during pregnancy.

The current *Take Action* campaign was the Prevention Institute's first use of a pre and post survey and 3D animation as an opening and ending of a public service announcement. The animation took the form of a mother and baby kangaroo talking about the "No safe time, no safe amount, no safe kind of alcohol during pregnancy" FASD prevention message. Organizations have increasingly used post campaign evaluations such as surveys, but many have not completed pre campaign evaluation to help gauge target audiences' prior knowledge and for comparison to post changes in perceptions and attitudes. Multimedia campaigns should follow a well defined process from beginning to end with clear goals, needs assessment, research, definition of the target audience and assessment of their prior knowledge, budget and timelines. Ideally, a collaborative team carefully selects messages and role models based on focus testing with the target audience. The missing piece is often the research and evaluation.

The evaluation of the *Take Action* campaign involved two random telephone surveys, one in 2005 (n=401) and one in 2006 (n=400), of a representative geographical distribution of Saskatchewan residents. The 2005 pre campaign telephone survey measured recall of past campaign messages, gauged public awareness and knowledge of effects of drinking alcohol during pregnancy on the child. These results also guided content of the 2006 campaign messages and provided a baseline for the follow-up campaign.

The 2006 post campaign telephone survey measured recall of the current campaign messages, gauged public awareness and knowledge of effects of drinking alcohol during pregnancy on the child and measured respondents' prevention behaviors. The top messages recalled in the 2006 post campaign survey were: *Don't drink during pregnancy*, *Alcohol is harmful to the unborn baby* and *Alcohol causes FAS/FASD*. Respondents' perceptions revealed that 87% who recalled messages considered them effective, 26% indicated they learned something from campaign, and of the 36% who recalled characters, 10% recalled the kangaroo. Respondents who did not recall the campaign were more likely to agree with "Only large amounts of alcohol during pregnancy can lead to disabilities in the child" than respondents who did recall the campaign. This was consistent with the campaign messages.

The Institute's 2005 pre campaign survey results indicated that overall awareness of the effects of alcohol during pregnancy was very high in Saskatchewan. The majority of respondents believed there was no safe time, amount or kind of safe alcohol during pregnancy. Despite high awareness, participation in prevention activities was low (Saskatchewan Prevention Institute, 2005). The 2006 post campaign survey results again indicated overall awareness of effects of alcohol during pregnancy was very high. An increased proportion of the 2006 respondents believed there was no safe time, amount or kind of safe alcohol during pregnancy. Respondents in 2006 reported moderate participation in prevention activities (Saskatchewan Prevention Institute, 2006).

Results of this evaluation suggest that future campaigns place further emphasis on the behavioral components of prevention. Awareness of FASD prevention is high in Saskatchewan, however the behaviours related to prevention should continue to be promoted.

References:

Bassford, D.L. & Thorpe, K. (2005). *State of the evidence: Fetal alcohol spectrum disorder (FASD) prevention*. Edmonton, AB: Alberta Centre for Child, Family and Community Research, University of Lethbridge.

[Saskatchewan Prevention Institute FASD Prevention Pre-Campaign Survey June 2005.](#)

[Public Health Agency of Canada \(2006\). What we have learned: Key Canadian FASD awareness campaigns. Ottawa, ONT: Health Canada.](#)

[Saskatchewan Prevention Institute FASD Prevention POST-Campaign Survey July 2006](#)

For Information on the Saskatchewan Prevention Institute Multimedia Campaign and copyright permission/use questions contact:

Saskatchewan Prevention Institute
 1319 Colony Street
 Saskatoon, SK S7N 2Z1
 Phone: 306-655-2512 Fax: 306-655-2511
 Website: <http://www.preventioninstitute.sk.ca/>
 Email: info@preventioninstitute.sk.ca



Congratulation Briefs:

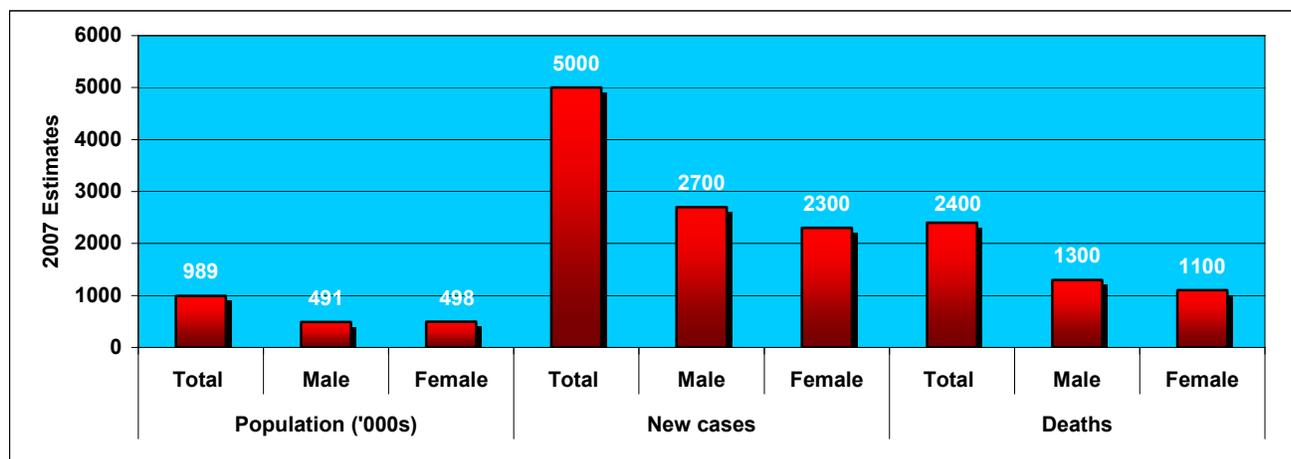
Dr. William Osei, Provincial Epidemiologist of Saskatchewan Health appointed as Fellow of the American College of Epidemiology (FACE) as well as Adjunct Professor at the Department of Community Health & Epidemiology, College of Medicine, University of Saskatchewan.

Ms. Trish Livingstone and Ms. Sandra Meeres appointed as Director and Senior Policy Analyst respectively in the Policy & Planning Branch of Saskatchewan Health.

Ms. Heather Murray appointed as Project Manager at the Research, Evaluation & Central Support Unit, Community Care Branch of Saskatchewan Health.

QuickStats

Estimated Provincial Population and All Cancer New Cases and Deaths by Sex, Saskatchewan, 2007



Source: Canadian Cancer Statistics, 2007.

Abstracts of CES/HEN Evaluation Showcase - 2007

May 10, West Harvest Inn, Regina, Saskatchewan

Oral Showcases:

O-1: Kruger, J, Barrington, G. **CESEF: What's it all about?** Canadian Evaluation Society Educational Fund (CESEF), 2737 Regina Avenue, Regina, SK (Phone) 306-584-1599 kruger@accesscomm.ca.

Abstract: The purpose of the Canadian Evaluation Society Educational Fund (CESEF) is to provide scholarships, awards, and educational opportunities to Canadians wishing to further their knowledge within the field of "Evaluation." CESEF is a registered charity in Canada. The CESEF Board has approved several programs for the 2006-2007 year. This showcase provides a summary of the program.

Take home lessons learned/practical advice for evaluators: Evaluators would have an opportunity to see how they can support students and "new" evaluators.

The **Canadian Evaluation Society Educational Fund (CESEF)** is officially registered as a Canadian Charity (tax receipts will be issued).

CESEF has had an Educational Assistance Award winner from Saskatchewan (see Programs). Please visit **CESEF** web site at : <http://www.evaluation-education.org/index.html>

Consider becoming a member, making a donation, or partnering with **CESEF** on funding a program with a government organization or other agency.

CESEF brochure and membership form are included at: http://www.evaluation-education.org/downloads/CESEF_Brochure.pdf

O-2: Diener, T, Abbas, Z, Martin, D. **Travel Immunization Acceptance Rates Among Immigrants Visiting Friends or Relatives (VFRs) In Their Home Countries As compared to Business and Those Travelling For Work/Study Abroad.** Population and Public Health Services, Regina Qu'Appelle Health

Region, 2110 Hamilton Street, Regina SK
(Phone) 306-766-7770 tania.diener@rqhealth.ca.

Abstract: The showcase prospectively assesses the acceptance rates of recommendations made in terms of immunization and malaria chemoprophylaxis among immigrants and their Canadian born children visiting friends and relatives in their countries of origin compared to people who travel for business or work/study abroad.

Take home lessons learned/practical advice for evaluators: VFRs constitute a risk group for contracting and importing communicable diseases during their travels abroad. VFRs show different rates of seeking pretravel immunization. Many of the VFRs are children of immigrant VFRs as suggested by the high proportion of children in the VFR group.

O-3: Hennink, M, Abbas, Z, Choudhri, Y, Diener, T, Lloyd, K, Archibald, CP, Cule, S. **Self Reported Risk behaviours for infection with human immunodeficiency virus and hepatitis C virus among people who inject drugs in Regina, Saskatchewan.** Population and Public Health Services, Regina Qu'Appelle Health Region, 2110 Hamilton Street, Regina SK
(Phone) 306-766-7772
maurice.hennink@rqhealth.ca.

Abstract: 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.

Take home lessons learned/practical advice for evaluators: There is ongoing risk of sexual transmission of HIV between IDUs and their sexual partners, since reported condom use during sexual activity with regular sexual partner was very low as well as syringe sharing and equipment sharing with regular sexual partners.

O-4: Clatney, L, Timmerman, T, Delaney, C, Gander, L. **Taking the Team Approach in Long-term Care: Improving drug management for residents in SK Long-term care homes.** Health Quality Council, 241-111 Research Drive, Saskatoon, SK S7N 3R2. (Phone) 306-688-8810 ext 106 lclatney@sasktel.net

Abstract: Medication management is an integral part of providing safe, quality care to the elderly. In 2004, the HQC examined drug-dispensing patterns for SK Long-term care residents and found that there was room to improve residents' medication management. In response to these findings, the Health Quality Council launched a demonstration project to learn how evidence-based improvement strategies demonstrated to improve medication management could best be implemented in SK long-term care homes. Results from the evaluation suggest that enhancing the interdisciplinary approach to medication management including enhanced pharmacy consulting services and improving core medication processes results in improved medication management for SK seniors residing in long-term care.

Take home lessons learned/practical advice for evaluators: Strategies for engaging staff in quality management, evaluation techniques, importance of having the sites 'own' their project and contributing factors to 'sustainability' of the project have been learned.

O-5: Schellenberg, T, Vooght, M, Kell, R. **Adult & Senior Needs Assessment Survey – Survey Issues and Problems.** Five Hills Regional Health Authority, 107-110 Ominica St. W. Moose Jaw, SK S6H 6V2 (Phone) 306-691-1541 tschell@fhhr.ca

Abstract: Respondents were assigned to groups based on age, adults (20-64 yrs; N = 400) or seniors (≥65 yrs; N = 400). The survey collected information on: demographics, nutrition, physical activity (PA) and other areas using a telephone questionnaire. 731 residents responded (Adults: N=444, mean age=47 yrs, Male=32%, Female=67%; Seniors: N=287, mean age=67 yrs, Male=27%, Female=72%). An example of some findings was, 90% of seniors and 85% of adults reported to participate ≥30 min/day, 5 days/wk in PA. Respondents were not representative of the FHHR population in variables such as gender distribution. There are many issues and problems that could arise when collecting survey information.

Take home lessons learned/practical advice for evaluators: Surveys are not just a quick and dirty method to collect information. They require much time, effort, analysis and interpretation. A survey done properly is a value tool, but a survey done poorly is useless.

O-6: Murray, H, Cairns, M, Froehlich, K. **Acquired Brain Injury Partnership Project Program Evaluation – Where we have been, where we are going.** Saskatchewan Health, Community Care Branch, 3475 Albert St, Regina, SK (Phone) 306-787-0525, hmurray@health.gov.sk.ca

Abstract: The ABI Partnership Project has been evaluated on three occasions in the last 11 years. This presentation will provide a brief summary of the first two evaluations that occurred earlier in the program and how they influenced more recent evaluations. Focus will be placed on the most recent evaluation, as well as, the future direction of evaluations for this program. Attention will also be placed on the challenges of evaluating a provincial program comprised of multiple and diverse programs. The presentation includes information on the most recent evaluation's methodology, results and recommendations/ conclusions.

Take home lessons learned/practical advice for evaluators: Challenges of evaluating a diverse program, practical advice on planning and implementing an evaluation and engaging stakeholders.

Poster Showcases:

P-1: Tanasichuk, CL. **The Importance of Inclusive Evaluations: Lessons learned.** Dept. of Psychology, University of Saskatchewan, 9 Campus Dr., Saskatoon, SK, S7N 5A5 (Phone) 306-651-1632 carrie.tanasichuk@usask.ca .

Abstract: An implementation evaluation was to be conducted as part of a summer internship project at a maximum-security federal penitentiary run by the Correctional Service of Canada. Staff were highly resistant to the new program, and as such, the implementation evaluation could not be carried out without first accommodating staff members' concerns. After acknowledging staff members' recommendations for improvement to the program, they were much more receptive to the new program. This presentation will focus on the valuable lessons learned during this process, such as the importance of inclusive evaluations.

Take home lessons learned/practical advice for evaluators: Planning for staff resistance, several strategies to increase staff buy-in to a new program, and the importance of inclusive [participatory] evaluations.

P-2: Jewell, L., Lawson, K, D'Eon, M. Evaluating Inter-professional Problem-Based Learning: Methodological and Ethical Issues Associated With a Large Interdisciplinary Project.

University of Saskatchewan, Multi-PBL Research Team, 19-320 Clarence Avenue South, Saskatoon, SK, S7N 1H6, (Phone) 306-374-1853, lisa.jewell@usask.ca

Abstract: Inter-professional Problem-Based Learning (PBL) is an innovative learning approach that is currently being used at the University of Saskatchewan to enhance health science students learning about current topics of concern, as well as about different discipline's professional roles. Approximately 600 students and 75 tutors from the disciplines of Nutrition, Nursing, Medicine, Pharmacy and Physical Therapy were involved in this interdisciplinary project during the 2006-2007 academic year. Data about students' and tutors' experiences with PBL was collected using questionnaires and focus groups. The showcase discusses methodological and ethical challenges associated with focus group recruitment, receiving informed consent, and maintaining participants' confidentiality.

Take home lessons learned/practical advice for evaluators: Evaluators will be able to learn about the challenges associated with collecting, managing, and analyzing data in the context of a large, interdisciplinary project. In addition, advice with respect to how to increase focus group recruitment and to ensure that informed consent is received will be provided.

P-3: Hawkey, J, Osei, W. The Saskatchewan Diabetes Profile: Design, Development, Application and Evaluation. Saskatchewan Health, Population Health Branch, Epidemiology, Research & Evaluation Unit, 3475 Albert Street, Regina, SK. S4S 6X6, (Phone) 306-787-8697 jhawkey@health.gov.sk.ca

Abstract: A sound perception of the health system burden of diabetes and its comorbidities is essential for effective program planning and intervention. The objective of this descriptive study was to estimate the incidence and prevalence of diabetes in Saskatchewan. We also provided an analysis of comorbidities related to

diabetes. Provincial population-based health services databases were used to estimate rates of diabetes along with rate ratios of comorbidities among those with and those without diabetes. The diabetes incidence and prevalence rates were 5.1/1000 and 57.3/1000, respectively for the Saskatchewan general population in 2004/2005. Incidence rates in the general population decreased by 3.4% while prevalence rates increased by 27.5% between 2000/2001 and 2004/2005. The incidence and prevalence rates for the registered Indian population were 4.2/1000 and 64.1/1000 respectively. Incidence rates in the registered Indian population decreased by 32.7% while prevalence rates increased by 42.7% over the five years of surveillance*

*Rates are provisional.

Take home lessons learned/practical advice for evaluators: Usefulness of administrative data for program planning and/or evaluation of best practices.

P-4: Carr, T, Brand, L, Schindelka, B. Assessing the Public's Knowledge of FASD: The Impact of a Multimedia Campaign. Saskatchewan Prevention Institute, 1319 Colony Street, Saskatoon, SK, (Phone) 306-655-2513, tcarr@preventioninstitute.sk.ca

Abstract: In 2005, a pre-survey measured recall of past multimedia prevention messages to establish a baseline for the Saskatchewan public's awareness of Fetal Alcohol Spectrum Disorder (FASD). The telephone survey assessed the respondents' awareness of the effects of alcohol during pregnancy and their level of involvement in prevention activities. While overall awareness was very high, respondents did not report high levels of preventative activities. Based on these results, 2006 campaign messages targeted three specific actions that individuals can do to prevent FASD. A post-campaign survey gauged the impact of these new campaign messages. The showcase presents experience gained from the evaluation of the multimedia campaign.

Take home lessons learned/practical advice for evaluators: This presentation provides evaluators with practical advice on how to assess public knowledge of health related issues. Other lessons include: We developed, implemented and evaluated health promotion campaigns.

P- 5: Meeres, S., Evert, L., Livingstone, T.,
Quality and Efficiency in the Healthcare System: An evaluation of Saskatchewan Health's Technical Efficiency Program
Saskatchewan Health, 3475 Albert Street, Regina SK (Phone) 306-787-6766
smeeres@health.gov.sk.ca

Abstract: The major challenges facing health care in Canada are increasing costs and gaps in quality. In 2004, the federal government provided additional resources to the provinces and territories to address several priority areas related to improving patient access to quality health care. Saskatchewan Health allocated \$1M to a new *Technical Efficiency Fund (TEF)* in order to support the conduct of technical efficiency reviews over a two-year period that identify areas of health system delivery that could benefit from the application of one or more process improvements. A summative evaluation of the TEF is now underway to examine the results of the improvement projects that were funded. The showcase reviews the evaluation approach utilized, the framework developed, and the work implemented.

Take home lessons learned/practical advice for evaluators: Evaluators would learn about the approaches used to evaluate a funding program including a review of the evaluation framework developed, implementation of the work plan, along with strategies for analysing the information, summarizing the evaluation findings, developing recommendations, and planning for dissemination of the results.

P- 6: Robertson-Frey, T¹, Roy, D.², Comaskey, B.²,
Saskatchewan Community Action Program for Children (CAPC): Reaching Priority Populations.
Saskatchewan Prevention Institute, 1319 Colony Street, Saskatoon, SK, (Phone) 306-655-4074,
trobertsonfrey@preventioninstitute.sk.ca; ²Public Health Agency of Canada; Members of the SK CAPC Evaluation Working Group.

Abstract: CAPC is a national program funded through the Public Health Agency of Canada.

Through this long-term funding, community groups deliver programs that address the health and developmental needs of children (aged 0-6) and their families who are living in conditions of risk.

Over a one year time period, demographic information was collected from participants of the 25 CAPC projects in Saskatchewan. The purpose of implementing this demographic tool was to learn more about who is participating in CAPC projects and to determine if priority populations were reached. Results revealed that participants face numerous factors that may place them at risk for poor health outcomes. Furthermore, projects have been successful in reaching priority populations.

Take home lessons learned/practical advice for evaluators: This presentation would provide evaluators with lessons learned pertaining to implementing a province-wide demographic tool and the importance of working with community groups when doing so.

(Presenter's name is underlined)



Saskatchewan Epidemiology Association

2007 Symposium, Student Conference and Workshop
(October 11 & 12, 2007)

"Putting Epidemiology in Context: Outside the Box"

Workshop: An Introduction to Social Network Analysis (October 12)

Venue:

**MacKenzie Art Gallery
3475 Albert St., Regina, Saskatchewan S4S 6X6, Canada
(<http://www.mackenzieartgallery.ca/>)**

**Visit SEA website for more information:
<http://www.saskepi.ca/Upcoming Events.html>**