

# Health Evaluation Newsletter

Volume 10, Issue 1

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

July 2008

## HEN Updates...

### *Evaluation Showcase 2008: A variety show to learn plentiful lessons from*

Once again, the Evaluation Showcase organized in Regina this Spring was an exciting daylong event for evaluators including those in and outside the health sector. There were two case studies presented by invited speakers, who brought insights of evaluation from two different fields. Dr. Nazeem Muhajarine, Professor, University of Saskatchewan and his team presented a methodological evaluation framework for the KidsFirst Project in Saskatchewan. Mr. Dave Tullock, Director, Saskatchewan Ministry of Education shared his journey taken to research and build a performance management framework for the province's wildfire program. Other topics presented in the Showcase included evaluation of a harm reduction program (e.g. Secure Youth Detox), infectious disease surveillance (HIV, Syphilis) and a few socio-economic and well-being issues (See abstracts of their presentations in this newsletter.).

Clearly, as the main activity of the HEN in collaboration with the Canadian Evaluation Society (CES), the Showcase continues to support its members in their evaluation activities, by sharing lessons from one another's experience. The HEN invites its members to provide suggestions or any new ideas for further improvement in its activities.

#### Edited by:

Dr. Drona Rasali, Acting Provincial Epidemiologist  
Epidemiology, Research & Evaluation Unit  
Population Health Branch  
Saskatchewan Ministry of Health  
3475 Albert St., Regina SK S4S 6X6.  
Phone: (306) 787-7219; Fax: (306) 787-3823  
Email: [drasali@health.gov.sk.ca](mailto:drasali@health.gov.sk.ca) ; Webpage:  
<http://www.health.gov.sk.ca/health-evaluation-network>

## Saskatchewan Comprehensive Injury Surveillance Report: A success story of multi-agency collaboration

The Saskatchewan Ministry of Health released the Saskatchewan Comprehensive Injury Surveillance Report, 1995/96-2005/96 early this month. The report was a collaborative initiative of the provincial government, the Saskatchewan Government Insurance (SGI), the Saskatchewan Prevention Institute (SPI), the Saskatchewan Workers' Compensation Board (SWCB), Safe Saskatchewan, the University of Saskatchewan and the University of Regina.

"Keeping Saskatchewan residents healthy and safe is a top priority of this government," Health Minister Don McMorris said during the report release. "This report provides key research we need in order to strengthen injury prevention programs for our residents, thereby making Saskatchewan an even safer and healthier place to live and work."

"The report fills an important gap in identifying preventable causes of disability and death in the province," Saskatchewan's Chief Medical Health Officer Dr. Ross Findlater, the Spokesperson of the report said.

This report is a success story of multi-agency collaboration that was realized in Saskatchewan. The project partners understood that this initiative was to compile information on which stakeholders could base their injury prevention strategies. The report did achieve that goal.

The Injury Report can be downloaded from:  
<http://www.health.gov.sk.ca/injury-report>

For further inquiries about this report, please contact the Ministry of Health at: [epidemiology@health.gov.sk.ca](mailto:epidemiology@health.gov.sk.ca).

### In This Issue:

	<u>Page</u>
* HEN Updates...	1
* Saskatchewan Comprehensive Injury Surveillance Report, 1995-2005: A success story of multi-agency collaboration.	1
* PHAC: HIV/AIDS and Hepatitis C Behaviour and Knowledge Assessment Instruments for Community-Based Interventions	2

	<u>Page</u>
* QuickStats	2
* KidsFirst Evaluation in Saskatchewan: A Progress Report	3
* SEA 2008 Conference Announcement	4
* Evaluating the capacity to address illness caused by global warming in Saskatchewan	5
* Abstracts of CES/HEN Evaluation Showcase-2008	7

# HIV/AIDS and Hepatitis C Behaviour and Knowledge Assessment Instruments for Community-Based Interventions

## A Public Health Agency of Canada (PHAC) contribution

### Background

In 2005, the **Population Health Evaluators Network (PHEN)** internal to the PHAC announced the launching of the Project Evaluation and Reporting Tool (PERT) to collect consistent data across population health programs using common and program specific questions. A one-year pilot test of the PERT was undertaken in 2006-2007 to assess the validity and reliability of the tool. Revisions to the PERT have been made as a result of the validation process. The Program Data Collection and Analysis System web-based application will be updated with the revised PERT in the fall, 2008.

### Data Collection Instruments: description of activities

A working group of the PHEN led two contracts to review and assess data collection instruments appropriate for community-based interventions. Both contracts reviewed and appraised instruments that measure HIV/AIDS and Hepatitis C knowledge and behaviour change in a community context. The first contract focused on valid and reliable instruments available in published sites, while the second contract attempted to address gaps by focusing on grey literature. The purpose of both of these reports was to provide a selection of recommended instruments to funded community projects to assist them in measuring the impact of an intervention or project and to improve reporting on the PERT, for program specific questions.

### Products

Two reports have been released:

- "Critical Review of Grey Literature for HIV/AIDS and/or Hepatitis C Behaviour and Knowledge Assessment Instruments for Community-Based Interventions". (2008) by Charis Management Consulting Inc.
- "HIV/AIDS and Hepatitis C knowledge, skills and support instruments for evaluation of community-based interventions". (2006) by Natalie Kishchuk

### Evidence Used

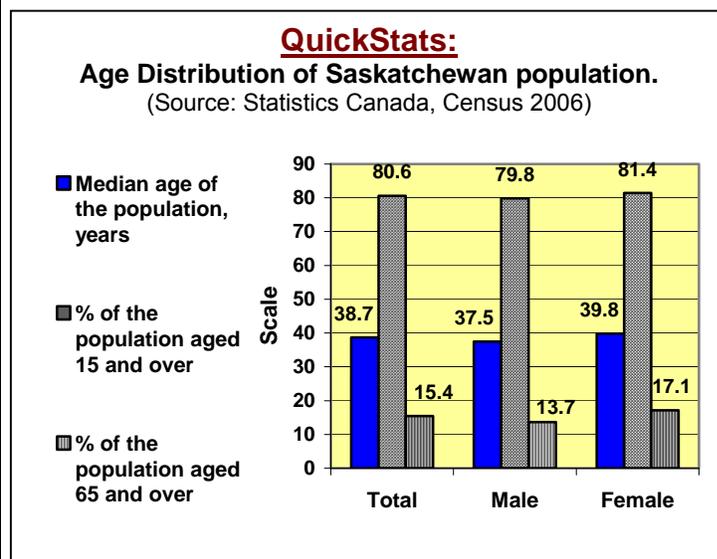
The selection criteria for the 2006 report included the following: ease of administration and scoring; reliability and validity; currency; and accessibility. A systematic review of the literature resulted in 15 recommended instruments. Similar criteria were used in the review of grey literature, and the screening process resulted in

the identification of 12 English instruments and 6 French instruments for critical appraisal. A standard format was used to appraise instruments in two areas: utility and technical strength. The accessibility of each instrument was also described, including cost, effort to access, restrictions and copyright. The top 10 instruments were selected based on the appraisal. In addition, 10 supplementary instruments that are self-administered and short were identified that did not meet the criteria for appraisal, but may be useful to community organizations with limited resources and expertise.

### Results to date

All recommended instruments are designed for specific target populations, cover a variety of topic areas and, in some instances, are available in more than one language. A description of each instrument is provided in the reports. All of the currently PHAC funded AIDS Community Action Program (ACAP) and Hepatitis C projects across the country will receive the recommended instruments that best correspond to the PERT program specific outcome questions. As well, both reports will be posted on the Community Acquired Infections Division and the Federal Initiative to Address HIV/AIDS web sites for broader access.

For more information on this initiative please contact: [Rhonda Chorney](#) at Public Health Agency of Canada.



# KidsFirst Evaluation in Saskatchewan: A Progress Report <sup>1</sup>

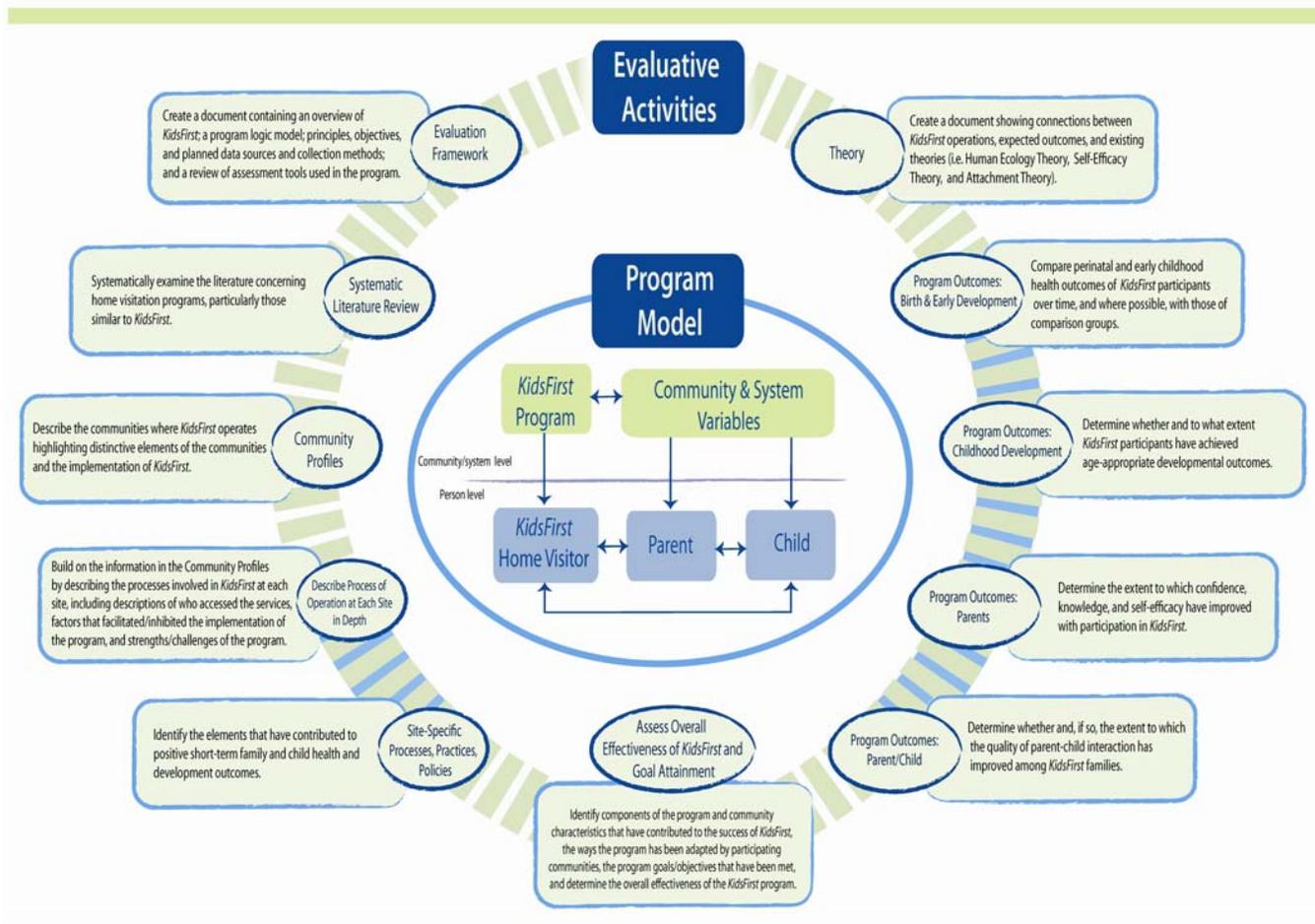
N Muhajarine, D Nickel and KidsFirst Evaluation Team (A Bowen, J Glacken, K Green, B Jeffery, F Macqueen Smith, T McIntosh, D Rosenbluth, G Russell, N Sari)

Saskatchewan Population Health and Evaluation Research Unit, University of Saskatchewan, University of Regina

*KidsFirst* is a locally delivered provincial program (Saskatchewan), which aims to help parents and communities provide better conditions for children's development. The goals of *KidsFirst* are ambitious and set so that changes are achieved at multiple levels and over long time horizons. Evaluating its effectiveness requires careful planning—with a view to theory, methodological rigour and diversity—engaging a broad set of stakeholders, and examining outcomes at child, parent, and community levels. Figure 1 includes a model of relationships within *KidsFirst* along with a number of activities that are part of the evaluation of

*KidsFirst*. These activities will be completed in three phases. The first phase of our evaluation of *KidsFirst* involves the development of an evaluation framework. The second phase involves drawing connections between *KidsFirst* and established theories, describing the communities in which *KidsFirst* is offered, including program implementation, conducting a systematic literature review on the effectiveness of home-visitation programs, and mixed methods longitudinal research evaluating specific outcomes. The third phase involves integration of the findings. Activities in these phases comprise both formative and summative evaluation.

Figure 1. KidsFirst Saskatchewan evaluation model and activities.



<sup>1</sup> This research is supported by CPHI-CIHI and the Government of Saskatchewan. We gratefully acknowledge the cooperation and collaboration of the KidsFirst Program Managers. The findings and opinions expressed in this paper are the responsibility of the research team, and do not necessarily reflect those of CPHI-CIHI or the Government of Saskatchewan.

## **KidsFirst Evaluation ... (cont'd)**

To date, we have developed an evaluation framework, describing evaluation objectives, and a program logic model in consultation with *KidsFirst* program managers and staff, and we have conducted a review of assessment tools used within *KidsFirst*. Although *KidsFirst* programming has been built on research findings, it has been largely atheoretical. Recognizing this missing piece, we have been working on a document that shows connections between *KidsFirst* goals and operations and three theories: Attachment Theory, Self-Efficacy Theory, and Human Ecology Theory. We are nearing completion of the community profiles, which summarize demographics, services, and challenges in *KidsFirst* communities. In addition, the profiles describe the implementation of *KidsFirst* and the key changes that have occurred in each of the communities. The systematic literature review is underway. As the literature base has grown considerably over the past 15 years, we have recently chosen to frame this piece as a 'review of reviews'. It is our hope that this approach will allow us to concisely capture the key findings from research on home visiting programs similar to *KidsFirst* and to have these findings inform the subsequent mixed-methods research and program development.

Our next steps involve examining the short-term outcomes of *KidsFirst* participants. In preparing for this work, a number of methodological challenges are coming to the fore. First, what group that we might have

access to represents the counterfactuals of *KidsFirst* families (i.e., comparison group) reasonably well? Second, what is the role of theory? Should it guide the evaluation, aid in interpretation, refinement of programming elements, or some combination of these? Third, there are questions surrounding program fidelity. With multiple sites, there may be significant differences between the ways in which *KidsFirst* operates. While this diversity of program delivery may be a strength of the program to the extent that it indicates responsiveness to needs in the community, how can we assess this meaningfully? Fourth, which outcomes best assess the effectiveness of *KidsFirst* in meeting its goals and making a difference in families' lives? Finally, we believe we need to include qualitative elements in this evaluation. What combination and sequence of qualitative and quantitative methods of research will best allow us to capture the impact of *KidsFirst* in participants' lives?

While the evaluation of *KidsFirst* is on-going, several lessons have already emerged. First, as our understanding of the program deepens, our ideas concerning what might be the best course of evaluation also changes. Second, there are always options (particularly in methods one employs), and each has advantages and disadvantages. Third, this evaluation is a prime example of evaluating people's work with people (human care services). Therefore it is important we pay attention to people as well as to programs.



## Saskatchewan Epidemiology Association

2008 Annual Fall Symposium and Workshop  
(October 2 & 3, 2008)

"Bridging Gaps in Epidemiology and Public Health Practice"

### Workshop:

**Back to Basics: A Refresher Course in Applied Epidemiology and Biostatistics  
(Friday, October 3)**

### Venue:

**ParkTown Hotel  
Saskatoon, Saskatchewan**

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

---

# Evaluating the capacity to address illness caused by global warming in Saskatchewan

Evan Morris, EcoTech Research Ltd., Regina  
Elaine Wheaton, Saskatchewan Research Council, Saskatoon

This paper outlines a methodology for evaluating the current capacity of health-related systems to effectively address increased rates of illness resulting from global warming. Such an evaluation in Saskatchewan consists of three steps:

- Project and describe Saskatchewan's future climate
- Estimate the likely health consequences of these climate changes
- Determine the capacity of the current health system to address increased levels of illness and death due to global warming.

Below we discuss these steps, briefly describe our findings to date, and list future areas of exploration.

## Predicting Saskatchewan's future climate

Scientists have used several techniques to predict the environmental consequences of global warming:

- Analyze existing climatic trends
- Develop climate change scenarios using results from computerized global and regional climate models to estimate the effect of emitting large amounts of carbon dioxide and other emissions into the atmosphere
- Analyze paleoclimatic information to determine the range and importance of climatic variations.

Climate models predict that in Saskatchewan global warming will result in:

- Increased temperatures, especially in the winter and spring
- Longer summers and shorter winters with less snow cover
- An increase in the frequency and duration of drought and flood conditions
- Increased risk of water scarcity
- An increased frequency of severe storms.

Several of these changes are already occurring in Saskatchewan and other areas of the world. For example, the frost-free season has already increased by about 30 days in southern Saskatchewan since 1900. Mean annual temperatures have increased by about 1.5°C in Saskatchewan. This is one of the greatest rates of change in Canada. The length of the snow cover season has shrunk considerably.

## Determining possible health impacts of climate change

One method to determine the impacts of global warming on health is to predict what the climate will be like in 5 to 50 years in a region, and then find a location currently experiencing a similar climate. A literature search and an examination of health records may indicate, for example, differences in the incidence of heat stroke, vector- and water-borne diseases, cardio-respiratory conditions, skin cancer and adaptive capacities.

Our key method involves identifying various pathways by which global warming could affect health. One area we are investigating is the effect of particulate matter on cardio-respiratory health. We expect to see an increase in airborne particles from natural sources due to climate change, particularly from more forest and grassland fires and increased wind erosion of soil. A number of studies have shown that suspended particles cause several adverse health effects for both adults and children.

Our research indicates that longer and hotter summers will create an upsurge in the risk of more forest fires in the province. These forest fires will create substantial quantities of airborne particles, which the wind will spread over large areas of the province. The increase in airborne particles will likely result in an increase in cardio-respiratory illnesses.

Our research also indicates that a greater frequency of severe storms due to climate change will lead to increased wind erosion. Increased wind erosion will result in a higher concentration of dust particles in the air. This increased concentration of dust may result in an increased incidence of cardio-respiratory problems and an increased number of traffic accidents. Wind erosion is also a source of stress for farmers because of the many problems it creates.

In order to estimate the impacts of global warming on human health, each prediction in the pathway must be examined for confidence levels. In the wind erosion example the first prediction is that changes in climate will result in increased frequency and severity of storms. We can examine records to see if this is occurring, and continue to estimate future conditions.

---

## Evaluating the capacity ...(Cont'd)

The next prediction in this logical sequence is that these storms will increase the amount of wind erosion. Considerable evidence from the 1930s onward shows that the amount of wind erosion depends on the severity of a storm. This evidence was gathered in various ways:

- Experiments have been carried out in wind tunnels where controlled blasts of air are directed at different soils. The amount of soil that is moved by the wind is dependent on the wind speed.
- Observations under real life conditions show that more wind erosion occurs when wind speeds are high.
- The placement of wind erosion samplers and meteorological instruments in fields indicates that most wind erosion on fields occurs during only a few days of the year when wind speeds are very high.

The third prediction is that increased wind erosion will result in a higher concentration of dust in the air. We can expect more dust storms to occur. Wind tunnel and observational evidence also supports the accuracy of this prediction. One of our research activities is to measure the amount and sizes of particles that are carried by the wind at different heights. Future changes in the amount of wind erosion and dust particles can be monitored by placing dust samplers in several representative locations around the province.

The final prediction is that increased levels of particles in the atmosphere will result in an increased level of adverse health effects. A literature search on the health effects due to windblown particles indicates that there is a strong link to increases in asthma attacks, for example. Researchers have conducted studies using hospital and physician records comparing incidence rates before, during and after dust storms.

In addition, studies of police records in Saskatchewan have indicated a link between dust storms and traffic accidents. Many of these accidents resulted only in property damage, but some resulted in death. However we hope to link police records of injury-related accidents with health records and estimate the health and service impact of dust storms.

Several other logical pathways exist which may link wind erosion and human health. For example, previous studies on the prairies have shown that strong winds can increase the amount of pesticides and herbicides carried in the air. These contaminants are then deposited onto surfaces, such as vegetation and water. These may also present a health risk.

## Evaluating how effective our health-related systems will be under future conditions

After estimating the impact of global warming on various health problems, several evaluation questions can be tackled.

- Evaluate the capacity of the current system to effectively address the expected increase in the number of patients with cardio-respiratory problems, etc.
- Evaluate the preparedness of organizations to deal with an increase in the number of people evacuated from forest fire areas and to deal with the existing health problems of these displaced people. Determine if plans are in place and if there is adequate coordination between various organizations.
- Evaluate communications methods to reduce the health impact of dust storms and forest fires. For example, Environment Canada issues weather warnings which are disseminated by radio and television broadcasters. We can evaluate how well information about dust storms is disseminated so that individuals can take appropriate action (such as staying indoors).
- Evaluate prevention strategies and activities. How can we reduce the negative impacts of global warming? How can we better understand and adapt to the effects of global warming? How can we reduce the total amount of greenhouse gases that are released into the atmosphere?
- Evaluate short term monitoring activities. For example, we can evaluate how effective the criteria are for evacuating individuals from forest fire areas, and for deciding when they can return. Is there a standard which states that when the concentration of airborne particulates exceeds a certain level, an area must be evacuated? Is equipment available and used to test the air to ensure it meets this standard?
- Evaluate long-term monitoring activities. Are procedures in place to measure trends in both climate change and rates of global warming-related illness?
- What improvements can be made to ensure that effective strategies are in place to prevent and address climate change related health issues?

Sufficient information exists, or could be collected, to investigate all of these evaluation topics. We are currently examining some of these questions. Evaluation results will be extremely helpful in improving the quality of population health.



---

## Abstracts of CES/HEN Evaluation Showcase – 2008

### "SHARING LESSONS LEARNED"

Thursday, May 29,  
West Harvest Inn, Regina, Saskatchewan

#### PODIUM SHOWCASES:

##### **O1. Building a Performance Management Framework for the Saskatchewan Forest Fire Program**

**Author(s):** Tulloch, D. (**Invited Speaker**), Director of Finance, Saskatchewan Ministry of Education; [Dave.Tulloch@gov.sk.ca](mailto:Dave.Tulloch@gov.sk.ca).

The presentation is set in the context of the early part of the 2000's when the program's credibility was poor and decision makers were unable to know if the work being done was good or bad. The presentation describes the journey taken by the presenter to research and build a performance management framework for the province's wildfire program. This is a program where performance can have long lasting impacts on the people it protects if performance suffers.

**Lessons learned:** The importance of the approach taken at the personal level to research and install performance measurement; some of the ways to make your information understood and accepted; and being creative with how you present your material.

##### **O2. Secure Youth Detox in Saskatchewan – are we doing what we intended to do?**

**Author(s):** Kellington, C., Policy Analyst and Murray, H., Project Lead – Saskatchewan Health; [ckellington@health.gov.sk.ca](mailto:ckellington@health.gov.sk.ca).

A program evaluation was completed by the Ministry of Health as part of the implementation of *The Youth Drug Detoxification and Stabilization Act* (YDDSA). The evaluation was undertaken to: assess the immediate impact of the YDDSA, examine the population the Act is serving, review the legal processes within the legislation, make recommendations for the future, and determine whether the facility was meeting its intended objectives. Attention will be placed on the challenges of evaluating a program so early in its development. The presentation will include information on the evaluation's methodology, results and recommendations/conclusions.

**Lessons learned:** Challenges of evaluating a program still in its infancy, practical advice on planning and implementing an evaluation and engaging stakeholders.

##### **O3. HIV surveillance in Regina Qu'Appelle Health Region, 2007**

**Author(s):** Abbas, Z., Hennink, M. and Lloyd, K. Regina Qu'Appelle Health Region, 2110 Hamilton Street, Regina, SK; [zahid.abbas@rqhealth.ca](mailto:zahid.abbas@rqhealth.ca).

This report describes trends in newly acquired human immunodeficiency virus (HIV) infection and presents the results of 2003-2007 surveillance data of HIV in Regina Qu'Appelle Health Region (RQHR). We analysed all reported cases with a new diagnosis of HIV in Regina Qu'Appelle Health Region between 2003 and 2007, excluding cases first diagnosed in another health region/overseas.

**Lessons learned:** The goal of the **HIV Surveillance Program** is to provide a comprehensive picture of the HIV cases in order to support prevention and health promotion activities delivered by the Population and Public Health Services. HIV Surveillance data are disseminated to Saskatchewan Health and other stakeholders.

##### **O4. KidsFirst Evaluation in Saskatchewan: A Progress Report**

**Author(s):** Muhajarine, N. (**Invited Speaker**), Nickel, D. and *KidsFirst* Evaluation Team (Bowen, A., Glacken, J., Green, K., Jeffery, B., Macqueen-Smith, T., McIntosh, T., Rosenbluth, D., Russell, G., Sari, N.), Saskatchewan Population Health and Evaluation Research Unit, University of Regina and University of Saskatchewan; [nam128@campus.usask.ca](mailto:nam128@campus.usask.ca).

*KidsFirst* is a provincial program (Saskatchewan) aimed at helping parents and communities provide better conditions for children's development. As the goals of *KidsFirst* are ambitious, evaluating its effectiveness requires careful planning. The first phase of our evaluation of *KidsFirst* involves the development of an evaluation framework. The second phase involves drawing connections between *KidsFirst* operations and existing theories, describing the communities in which *KidsFirst* is offered, and mixed methods longitudinal research evaluating specific outcomes. The third phase involves integration of the findings. To date, we have completed the first phase and are well into the second phase of our evaluation. This presentation will report on work done to date and discuss some of the key issues under consideration.

## **O5. A Syphilis Outbreak in Regina Qu'Appelle Health Region**

**Author(s):** [Stang, L.](#), Hennink, M., Abbas, Z. and Lloyd, K., Population Health and Public Health Services, RQHR, 2110 Hamilton Street, Regina. [laurel.stang@rqhealth.ca](mailto:laurel.stang@rqhealth.ca).

From October 2006 to December 2006, 9 cases of infectious syphilis were diagnosed in homo/bisexual men in Regina Qu'Appelle Health Region (RQHR) and neighbouring health regions. We describe a sporadic outbreak of syphilis in the Regina Qu'Appelle Health Region (RQHR) which was almost exclusively in homosexual men. As part of the outbreak investigation, public health nurses (PHN) from the sexual health program, RQH followed up cases and their contacts to determine the demographic information, behavioural risk factors and social circles of infected persons to identify persons at risk; initiate treatment of partners of infected persons prior to development of seroreactivity and control of syphilis outbreak.

**Lessons learned:** Sustained increase in the number of cases of reported syphilis requires enhanced surveillance both in the health region and the province as a whole.

## **O6. Saskatchewan View and Vote Survey: "A Tool for Evaluation of Anti-Tobacco Television Ads."**

**Author(s):** [Racette, D.](#), Rasali, D., Martin-Smith, M., Sanderson, K. and Luhning, L. Population Health Branch, Saskatchewan Ministry of Health; [dracette@health.gov.sk.ca](mailto:dracette@health.gov.sk.ca).

An effective anti-tobacco television campaign can provide young people with an opportunity to think critically about tobacco and keep them tobacco-free. Students from across Saskatchewan in grades 6 to 12 were given the opportunity to view and vote on some the best international, American and Canadian anti-tobacco television ads. The ads were the tool to generate student discussions about the effects of tobacco use. The students then voted on the ad that they felt would keep them from starting to use tobacco or if they do use tobacco, the ad that made them think most about quitting. A View and Vote Survey was developed as a participatory evaluation tool to select the most effective TV ad among Saskatchewan youth for two cycles with 13,120 and 16,746 ballots completed by school students in 2006 and 2007 respectively. Overall, the most effective TV ads, both in 2006 and 2007, secured convincing 25.9% of votes.

**Lessons learned:** This evaluation tool had a number of benefits:

1. Large Number of participants benefited directly by this campaign as a population health promotion program.
2. The tool provided evidence for effective anti tobacco TV ads with province-wide confidence.
3. The tool served as a valuable educational resource for teachers across the province.
4. The tool provided evidence for identifying gaps for future anti- tobacco programming across various demographic factors among people.

### **POSTER SHOWCASES:**

#### **P1. Evaluation of the Influence of Saskatchewan Car Seat Clinics on Caregiver Knowledge and Behaviour**

**Author(s):** [Trinder, K.](#), Carr, T., MA Student, Locke, L., Morrison, M.  
Applied Social Psychology, University of Saskatchewan, Box 26E RR5 Station Main, Saskatoon, SK, S7K 3J8, 306-665-5903; [Krista.trinder@usask.ca](mailto:Krista.trinder@usask.ca).

The purpose of this evaluation was to investigate whether caregiver knowledge and behaviour regarding car seat use changed after clinic attendance. Surveys (N=278) were completed by caregivers both immediately prior to and after seat inspection. Caregivers (N=171) were contacted one month later to document whether they changed how they used their seat. Overall, both knowledge and behaviour concerning correct car seat use increased after clinic attendance. However, poor awareness of height requirements and seat installation tightness remained. While clinic satisfaction was high, some caregivers expressed concerns about clinic infrequency and waiting times. Recommendations to address these concerns will be discussed.

**Lessons learned:** Evaluators will be provided with practical advice on how to assess caregivers' knowledge and behavior before and after experience with a car seat clinic. Lessons learned regarding how to enhance injury prevention strategies are also included.

#### **P2. Assessing Public Satisfaction with Police:**

##### **Lessons Learned**

**Author(s):** [Tanasichuk, C.L.](#), Wormith, J.S.. Applied Social Psychology, Department of Psychology, University of Saskatchewan, 9 Campus Dr., Saskatoon, SK, S7N 5A5; [carrie.tanasichuk@usask.ca](mailto:carrie.tanasichuk@usask.ca).

Assessing public satisfaction with police has become increasingly common. Past research has shown that citizens who are less satisfied are less likely to contact police or to provide officers with information regarding criminal activity. There are four main influences on public satisfaction: (1) past experiences with police, (2) demographics, (3) ethnicity, and (4) media exposure. Additionally, it is important that participants rate their *general* satisfaction, as well as their satisfaction with

*specific* police characteristics (e.g., police visibility). Currently, there is no “gold standard” survey for this purpose. There is a need for such a survey to be developed so that comparisons may be made in differing communities.

**Lessons learned:** The main lesson learned was that assessing public satisfaction is not as straightforward a task as it may seem. Reviewing the literature as well as contact with other police services highlighted the difficulties at hand. This knowledge enabled the researchers to critically assess the instrument currently used, as well as to suggest improvements to the existing survey.

### **P3. A Proposal to Evaluate an Unstructured Self-Esteem Program for Battered Women in a Transition House**

**Author(s):** [Franklin, A.](#), M.A. student, Applied Social Psychology, University of Saskatchewan;  
[amber.franklin@usask.ca](mailto:amber.franklin@usask.ca)

The Interval House, in Saskatoon, is a community-based organization that serves women and their children who are forced to leave their current living situations due to domestic abuse. The agency attempts to address issues of self-esteem, education and empowerment with two meetings a week, during the women’s maximum of 30 day stay. The proposed outcome evaluation will assess whether or not these meetings are effective in improving self-esteem in women staying at the Interval House, using a pre-test - post-test design. Detailed methodological information is provided, highlighting the difficulty of developing an evaluation of such a program in this context.

**Lessons learned:** The main lessons learned while preparing this proposal were the special methodological considerations that must be taken into account when dealing with a vulnerable population, such as women who are fleeing abusive situations. This program is based on meetings that happen twice a week that are basically unstructured and occurring in a fluid environment, so this raised many challenges in finding a way to evaluate such a program.

### **P4. Prince Albert Parkland Health Region Health Status Report 2008.**

**Author(s):** [Dubyk, M.](#), Lanoie, L., Berg, L., Stuart, P., Atcheson, W., Bray, B., Dahl, D. Prince Albert Parkland Health Region, 800 Central Avenue, Box 5700, Prince Albert, SK S6V 7V6; 306-765-6459;  
[mdubyk@paphr.sk.ca](mailto:mdubyk@paphr.sk.ca)

This is the first health status report for the Prince Albert Parkland Health Region (PAPHR). This project was deemed a priority in order to provide an overview of

the health status of PAPHR residents. This is an important tool that will be used to identify health related priorities for PAPHR residents and staff. It will also serve as a baseline for future evaluation efforts.

**Lessons learned:** Many different information sources exist that can be accessed to generate an overview of health status. Use your contacts - they can be tremendously valuable in steering you in the right direction and helping to avoid duplicate efforts.

### **P5. Preliminary Outcome Evaluation of the Early Childhood Intervention Programs (ECIP)**

**Author(s):** [Simon, T.](#), M.A. Student, Applied Social Psychology Program, University of Saskatchewan, Psychology Department, 9 Campus Drive, Saskatoon, SK, S7H 2R7, 966-6719; [terri.simon@usask.ca](mailto:terri.simon@usask.ca)

The Early Childhood Intervention Programs (ECIP) of Saskatchewan is an organization that provides family-centered, home-based intervention services for families with children (birth to school age) who are developmentally delayed or are at risk for developmental delay. A preliminary outcome evaluation was undertaken to obtain information regarding the impact of ECIP on the children and families it serves. The evaluation plan required modification as the evaluation progressed due to file review difficulties and time constraints. Descriptive and preliminary outcome results are presented, and lessons learned are discussed.

**Lessons learned:** Though an abundance of information may be available, it’s format may not make it easily accessible for evaluation purposes. In addition, evaluators must recognize that organizations do not always have evaluation in mind when recording client or program information.

### **P6. Assessing Drug Use by Rural Youth in East Central Saskatchewan Evaluation Report**

**Author(s):** [Stadnyk, N.](#), MSW and [Doepker, J.](#), RSW, 611 Taylor Street East, Saskatoon, Sask. S7H 1V9; [reinstad@shaw.ca](mailto:reinstad@shaw.ca)

The purpose of the Drug study project was to complete a needs assessment study in East Central Saskatchewan in what is known as the Horizon School Division. This study formed the basis of a community consultation to address healthy lifestyle and risk behaviours, which included drug use by youth in this region. This evaluation report describes the Drug study project as it reached its conclusion. The method used to evaluate the project was a qualitative participatory evaluation process. The first step was to design the logic model. This involved a collaborative approach with members of the stakeholder committee. In the report there is an analysis to determine if the outcomes were achieved.

There are two parts to the report. Part A describes the project and speaks to the achievement of the outcomes outlined in the Program Logic Model as well as speaking to the “what” questions of program evaluation. The second section, Part B, is the completed Community Capacity Building Tool at the conclusion of this needs assessment project.

**Lessons learned:** This report presents how building the logic model with committee members then becomes the evaluation framework. This evaluation will provide information on the practical use of the Community Capacity Building Tool in evaluating a project.

#### **P7. Immunization Coverage Rates Among Two-Year Olds, RQHR, 2007.**

**Author(s):** Diener, T. and Abbas, Z., Regina Qu'Appelle Health Region; [Tania.diener@rqhealth.ca](mailto:Tania.diener@rqhealth.ca)

The objective of this study was to determine immunization coverage rates among children born in 2005 and registered in Saskatchewan Immunization Management System (SIMS). We accessed web-based Saskatchewan Immunization Management System (SIMS) in January 2008 to determine coverage rates of early childhood immunizations in 2005 birth cohort. Our assessment focused on immunizations children should have by 24 months of age, specifically 4 doses of Diphtheria, Tetanus and acellular Pertussis (DTaP) and 2 doses of Measles, Mumps and Rubella (MMR). Antigen-specific completion rates for children 2 years of age were determined by Regina city neighbourhood and rural communities.

**Lessons learned:** The target group consists of the cohort of zero- to two-year-old children, and the members of the group therefore change annually. Immunization coverage is therefore a *sensitive* indicator: if measured annually, it can provide timely evidence of improvement or deterioration of immunization services.

#### **P8. Direct Cost of Fall Injury Hospitalizations in Saskatchewan Seniors, 1995/96- 2004/05.**

**Author(s):** Rasali, D., Osei, W., Hawkey, J., McRae, S., Johnson, S. Saskatchewan Ministry of Health, University of Regina; [drasali@health.gov.sk.ca](mailto:drasali@health.gov.sk.ca).

This study was carried out to assess the direct cost of fall injury hospitalizations among senior residents aged 65+ years and draw implications on seniors' fall injury acute care in Saskatchewan. We performed descriptive and statistical analyses on hospital discharge data for seniors hospitalized with fall injury diagnoses from 1995/96 to 2004/05. The direct cost (COST) was derived using resource intensity weight (RIW) assigned to each hospital separation and estimated acute care funding per weighted case in each fiscal year. A total of 26,834 seniors were hospitalized with fall injuries. There were 69.8% females and 30.2% males hospitalized comprising the following age groups: 65–74 years (21.5%); 75–84 years (40.4%) and 85+ years (38.1%). The senior patients were responsible for 30,757 fall injury separations recorded over the 10-year period. Males had slightly higher LOS and COST than females, while both LOS and COST increased with advancing age. COST rose over the 10-year period, despite significant decline in LOS. Both LOS and COST in the cases who died in hospital were more than double the values in those who survived. The COST was higher in large urban and Northern areas of the province as compared to other urban and rural areas.

**Lessons learned:** An increasing trend in burden of direct acute care costs associated with fall injury hospitalization among Saskatchewan seniors was evident. This would have implications in planning and budgeting for future health care needs of ever growing population of seniors in the province and particularly in the heavily impacted regions and areas. Future studies should consider cost estimations in constant dollars to allow comparison across years.

(Presenters' names are underlined)



#### **Farewell Brief:**

In November last year, Saskatchewan Ministry of Health bid farewell to Dr. William Osei, Provincial Epidemiologist and Director of Epidemiology, Research & Evaluation Unit at the Ministry's Population Health Branch. After working in the Ministry for over 13 years, Dr. Osei accepted a position as the Medical Health Officer for the Northern Interior Health Region in Prince George, B.C.

Upon Dr. Osei's departure from the Ministry, the two positions he held are filled for the interim by Ms. Winanne Downey as the Acting Director of the Unit and by Dr. Drona Rasali as the Acting Provincial Epidemiologist.

Dr. Osei played a key role from the Ministry in providing direction in the development and advancement of HEN.