

Health Evaluation Quarterly

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The Newsletter of Health Evaluation Network in Saskatchewan

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The HEN: A Way Forward

Health Evaluation Quarterly is one of our networking resources! This newsletter, we hope, will continue to keep the Health Evaluation Network (HEN) members touch based with each other in between its meetings.

To recall, the HEN was formed in 1995 with the purpose of helping health evaluators across the province keep them in contact and abreast of current issues. The HEN basically aims to promote the work of its members. This network is also an excellent opportunity for any possible collaboration to happen among health evaluators within the province.

As we look forward to having the HEN as a vibrant network striving for excellence in health sector, we will continually make efforts in sharing new ideas from all its members.

In our efforts in making the most out of our membership in the network, being connected through active collaboration, contributing actively to the network, and providing feedback to any activity organized will be helpful. Believing that information is power, we will resort to a variety of communication means- meetings, newsletters, email exchanges, tele- and video- conferences to name a few, to keep ourselves better informed about the work of health evaluation within and outside of the network membership. We need to diversify our communications and collaborations as a way forward.

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No meeting in Fall 2005

We regret to inform our network members that there will be no HEN meeting this fall due to unavoidable circumstances beyond our control. This has also been partly due to recent staff change at the coordinating end. Nevertheless, we will continue to collaborate with the Canadian Evaluation Society (CES) in organizing joint meetings or activities in the forthcoming spring and thereafter.

West Nile in the Community

Saskatchewan experienced an outbreak of West Nile Virus (WNV) in the summer of 2003. The Five Hills Health Region in the South-Central part of the province recorded the highest number of WNV cases. A survey was undertaken in the Five Hills Health Region (FHHR) to assess the seroprevalence of the virus confirmed by a blood test, and the knowledge, attitude and behaviors of the residents.

The study highlights: The seroprevalence rate in the FHHR was 9.98% of 501 residents, which is the highest rate in North America thus far. Rural areas (16.8%) were hit harder than the urban areas (3.2%). Most survey participants (97%) perceived WNV as an important health issue. There were good levels of understanding among them regarding prevention of the spread of WNV.

There were many factors that could have potentially influenced this outbreak including type of eco-region, early prolonged periods of hot weather, level of mosquito control programs in place, differences between urban and rural communities, occupation, and personal protective behaviors.

For further information on this report, please contact [Dr. William Osei](#), Provincial Epidemiologist, Saskatchewan Health, phone: (306) 787-1580.

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PUBLIC HEALTH AGENCY OF CANADA:

Celebrating its first year of service to Canadians

September 24, 2005 will mark the first anniversary of the Public Health Agency of Canada (PHAC). The creation of the Public Health Agency of Canada marked the beginning of a new approach to federal leadership and collaboration with provinces and territories on efforts to renew the public health system in Canada and support a sustainable health care system.

Focused on more effective efforts to prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks, the Public Health Agency of Canada works closely with provinces and territories to keep Canadians healthy and help reduce pressures on the health care system.

The Agency is part of the public service and is headed by a Chief Public Health Officer, Dr. David Butler-Jones. Based in Winnipeg, Dr. Butler-Jones provides leadership in the government's efforts to keep Canadians healthy and ensuring Canada is prepared in the event another serious infectious disease hits our shores.

The following sub-headings (some with weblinks) provide outlines of the various components that make up PHAC:

- [Centre for Healthy Human Development \(CHHD\)](#)
- [Centre for Chronic Disease Prevention and Control \(CCDPC\)](#)
- [Centre for Infectious Disease Prevention and Control \(CIDPC\)](#)
- [Centre for Emergency Preparedness and Response \(CEPR\)](#)
- [Centre for Surveillance Coordination \(CSC\)](#)
- [Strategic Policy Directorate \(SPD\)](#)
- [Management and Program Services Directorate \(MPSD\)](#)
- [Business Integration and Information Services Directorate \(BIISD\)](#)
- [Laboratory for Foodborne Zoonoses \(LFZ\)](#)
- [National Microbiology Laboratory \(NML\)](#)
- [Regions](#)

PHAC has a presence in all regions of Canada and with the Northern Secretariat. These offices carry out the Agency's mandate through such activities as program delivery, research and knowledge development, policy analysis and development, community capacity building, and public and professional education.

- [Atlantic Region](#)
- Quebec Region
- Ontario & Nunavut Region
- Manitoba & Saskatchewan Region
- [Alberta & Northwest Territories Region](#)
- BC and Yukon Region

For additional information please visit the Public Health Agency of Canada website at:

<http://www.phac-aspc.gc.ca> or contact

[Dr. Christina Stanford](#), phone: (306) 780-8347 at the Saskatchewan office.

Evaluation of a web-based enteric outbreak alert site

- Dr. Zahid Abbas
Regina Qu'Appelle Health Region

Background: Health Canada estimates that the health and economic impact of enteric diseases exceeds \$1.3 billion annually in Canada. A major Canada-wide outbreak of *Salmonella enteritidis* associated with contaminated cheese in pre-packaged lunch products in 1998 highlighted the need to enhance real-time national enteric disease surveillance and timely information sharing among provincial and federal health authorities.

[The Canadian Enteric Outbreak Surveillance Centre \(CEOSC\) Alert site](#) is intended to support early notification to public health professionals of real or suspected outbreaks, who can then contact others across the country with similar cases/outbreaks.

Methods: This evaluation focused on the system attributes of timeliness, usefulness and acceptability. It also examined CEOSC's ability to meet its objective of early notification of enteric diseases and linking cases in different jurisdictions. Data captured by the Alert site were analyzed and compared to other early notification systems. Interviews were conducted among stakeholders at the national, provincial and local levels.

Results: Alerts are written, reviewed and posted the same day in most cases. Stakeholders consider the CEOSC Alert site to be useful in identifying links to cases in their jurisdiction and other areas. CEOSC Alerts have led to discussions between the author of an Alert, provincial health authorities and Health Canada. However, the users/writers hesitate to post an Alert if it contains confidential information. The system's sensitivity is limited by non-reporting from all provinces and for all suspected clusters of cases.

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Conclusions: The CEOSC Alert site succeeds in identifying early links between cases occurring in different areas. CEOSC Alert site could be improved by having written privileges for more users and encouraging the provinces/writers who have not posted an Alert to do so. Creating Alerts for other diseases/syndromes (e.g., respiratory outbreaks) and making the site more user-friendly can further improve its utility.

SK surveillance study on deaths completed

A surveillance study on deaths in Saskatchewan has been completed, with a report entitled *A Surveillance Report of Deaths in Saskatchewan Regional Health Authorities* brought out last March. This study was conducted by Saskatchewan Health to provide a comprehensive description of trends and factors in the occurrence of deaths in the health regions. It summarizes information for Saskatchewan and by health regions for the 5-year study period from 1995 to 1999. The ultimate goal of this analysis is to provide information for planning of prevention and intervention programs in the health regions. The information from the report on the study can assist in assessing the health status and quality of care of specific causes of death.

The information in the report is structured mainly in five-year averages. These averages include crude death rates, age-sex standardized death rates, and potential years of life lost. Also included are age specific death rates and average age at time of death for selected causes. While all of the data are presented for Saskatchewan as a whole, there are health region-specific data as well.

Main findings include:

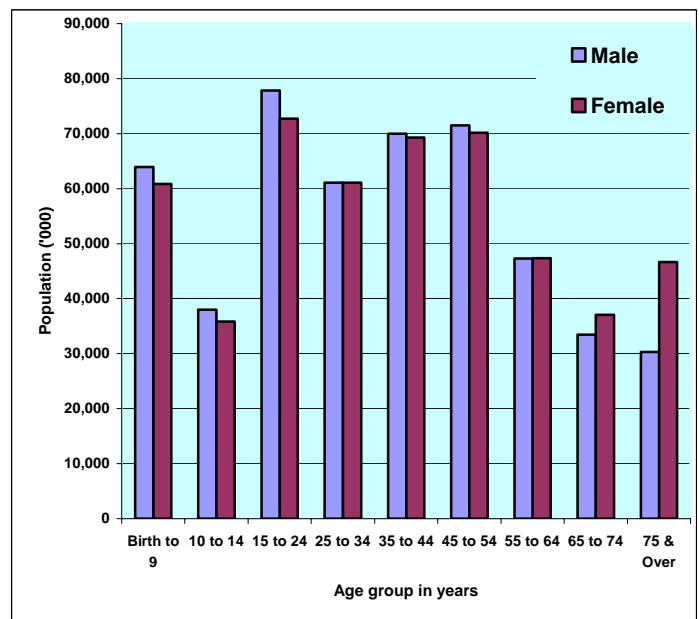
- 43,201 Saskatchewan residents died in Saskatchewan between 1995 and 1999, an average of 8,640 deaths per year.
- On average, 23 people (12 males and 11 females) die in Saskatchewan every day.
- The crude death rate in Saskatchewan for all causes of death is 8.2 per 1,000 population per year.
- The leading cause for potential years of life lost for Saskatchewan males is suicide.
- On average, every three days, someone in Saskatchewan commits suicide.
- The leading cause for potential years of life lost for Saskatchewan females is motor vehicle traffic injuries.
- On average, every three days, someone in Saskatchewan dies in a motor vehicle traffic "accident".
- The leading cause of death in Saskatchewan is heart attack (acute myocardial infarction), with a rate of 83.3 per 100,000 in the population.

- The second leading cause of death in Saskatchewan is ischaemic heart disease with a rate of 80.1 per 100,000.
- On average, of the 23 people that die in Saskatchewan every day, 7 die from some form of heart disease.
- Life expectancy in Saskatchewan (for 1996) is 75.4 years for males and 81.4 years for females.
- Disability-free life expectancy in Saskatchewan (for 1996) is 68.3 years.
- Mamawetan Churchill River Health Region and Keewatin Yatthé Health Region at 69.2 and 114.5 per 100,000, respectively reported the highest crude death rates for cancer of the lung, trachea and bronchus.
- Average age of death is youngest for congenital anomalies (18.3 years), homicide (35.3 years) and fire/burns (38.1 years).
- The report also includes the most recent information on infant mortality and communicable disease deaths. The average annual infant mortality rate for Saskatchewan (1997 to 2001) is 6.9 per 1,000 live births.
- Infectious diseases were the cause of less than 7% of all deaths reported in the period under study.

For further information on this report, please contact [Dr. William Osei](#), Provincial Epidemiologist, Saskatchewan Health, phone: (306) 787-1580.

QuickStats

Saskatchewan population by Age Group – July 2004.



Saskatchewan's 2004 population is 995,391, with 494,391 males and 501,000 females. There were 11,793 births and 9,245 people who died in the year.

Source: [Saskatchewan Fact Sheet 2005](#).

SK study on seniors' health status

Seniors make up a significant portion of the population both in Saskatchewan as well as in Canada. Saskatchewan, in particular, is known to have one in seven people of 65 years of age or older. This is a proportion higher than any other province or territory. Given seniors' share in the demography, their population makes substantial implications on the extent, type and quality of health care provided in the province. The knowledge of the basic profile on their population with the understanding of the pattern of health care utilization of this group is important in planning and prioritizing components of health care system. It is also important for the informed public to understand how the tax dollars are utilized in providing health care services to this segment of the population.

As a follow up program of International Year of Older Persons (IYOP) celebrated in 1999, Saskatchewan has formed a Provincial Advisory Committee of Older Persons (PACOP) in June 2000. The PACOP developed the *Provincial Policy Framework and Action Plan for Older Persons* in May 2003 with a vision to protect and promote the health, dignity and well being of all older persons in the province.

Saskatchewan Health has recently commissioned a research study based on the following rationale:

- 1) A study on the seniors' population would provide evidence to support the work of the PACOP and its recommendations;
- 2) Given that seniors are a substantial demographic group in the province, which uses substantial health services, understanding the pattern of health care utilization of this group would be useful in program planning and intervention;
- 3) By understanding seniors' health service utilization patterns and their overall health status, effectiveness of the program intervention, areas of concerns and future program needs can be determined; and
- 4) Institutional capacity for carrying out a retrospective multidisciplinary study was available within the Saskatchewan Health.

The study is due for completion this month. For further information, please contact [Laurie Weiman](#), phone: (306) 787-1509 or [Dr. Drona Rasali](#), phone: (306) 787-7219 in the Saskatchewan Health.

An article for education and debate:

[Framework for design and evaluation of complex interventions to improve health](#), Campbell et al. (2000), *BMJ*: 321 (7262): 694. (189K)



The 2005 [Canadian Evaluation Society](#) Conference will be held in conjunction with the American Evaluation Association. This exciting international conference will be held in Toronto from **Wednesday, October 26 to Saturday, October 29**. Pre and post conference professional development workshops will be held. It is anticipated that there will be more than 2000 in attendance at this conference. All are welcome – those who are new to evaluation and seasoned experts.

The Conference is broken into two areas, one focusing on the conference theme of "Crossing Borders, Crossing Boundaries", the other focusing on issues of special relevance to the Canadian evaluation community. Each day of the conference features keynote presentations and concurrent sessions on a wide variety of evaluation topics. Presenters come from all over the world and include well-known evaluators such as Michael Quinn Patton and J. Bradley Cousins.

Additional conference information including program and registration information can be found at <http://c2005.evaluationcanada.ca/>.

[Saskatchewan Epidemiology Association \(SEA\): Symposium \(October 21-22, 2005\) at the Ramada Hotel, Saskatoon](#)

Theme: Geography and Health

Invited Speakers: Dr. Allison Williams, School of Geography and Geology, McMaster Univ. and Dr. Rebecca Corrigan, Western Coll. of Veterinary Medicine, University of Saskatchewan (October 21).

Student Presentations: This will feature the most current work being done by the association's student members (October 21).

GIS Workshop:

Location: University of Saskatchewan, Saskatoon, Saskatchewan; Leader: Elise Pietroniro, Manager/GIS Technologist, GI Services, Univ. of Sask. This will be an all day "hands-on" introductory workshop on aspects of GIS and spatial distribution of health events (October 22).

SEA Annual General Meeting – Will be held with the Symposium.

If you would like more information about this symposium, please contact [Dr. Sarah Parker](#); phone: (306) 966-1994.