

EVALUATION SUMMARY REPORT



Population Health Fund Alberta/NWT

2002 - 2005



Public Health
Agency of Canada

Agence de santé
publique du Canada

Canada

ABOUT THE PUBLIC HEALTH AGENCY OF CANADA

Strengthening its ability to protect the health and safety of Canadians, the Government of Canada has delivered on its commitment to establish a new Public Health Agency of Canada. When the Agency was formed in September 2004, the Population and Public Health Branch of Health Canada officially became a part of the Public Health Agency of Canada.

The creation of the Public Health Agency of Canada marks the beginning of a new approach to federal leadership and collaboration with provinces and territories 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 our partners to keep Canadians healthy and help reduce pressures on the health care system.

The Agency is headed by the Chief Public Health Officer, Dr. David Butler-Jones, who reports to the Minister of Health. Health Canada also reports to the Minister of Health. Although separate, both are members of the health portfolio and will work together to improve and protect the health of Canadians.

For more information on activities of the Public Health Agency, Alberta/NWT Region, please request a copy of the Annual Report (see contact information on next page).

Public Health Agency of Canada

Mission:

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

Vision:

Healthy Canadians and communities in a healthier world.

ABOUT THIS REPORT

I am pleased to introduce this report on the results of the Population Health Fund in Alberta. This report highlights key results and learnings from 25 projects funded between November 2002 - March 2005. The 25 projects explored various approaches to chronic disease prevention and addressing the determinants of health, reaching a diverse range of stakeholders, target populations and settings. I hope that this effort to disseminate evaluation results will benefit both regional and national chronic disease prevention stakeholders.

On behalf of the Agency, it has been a pleasure to work with members of the Alberta Population Health Fund Advisory Committee and representatives of community-based organizations throughout Alberta who have contributed to the results documented in this report. The value of their time, interest and expertise goes well beyond the limits of these pages.

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Program Description

The Population Health Fund (PHF) was initiated on April 1st, 1997 to promote prevention and positive action on the factors that affect the health of a population as a whole, or of specific population groups. These factors, known as the “determinants of health”, include income and social status, social support networks, education, employment and working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, culture, health services, gender, and biology and genetic endowment. The goal of the PHF is to increase community capacity to take action on the determinants of health.

The objectives of the PHF are to:

- develop, implement, evaluate and disseminate community-based models for applying the population health approach
- increase the knowledge base for program and policy development on population health
- increase partnerships across sectors to address the determinants of health

Population Health Fund in Alberta/ NWT Region

FUNDING PROCESS FOR 2002-2004

In March 2002, a two-day forum entitled *Preventing Chronic Disease: Working Together in an Integrated Approach* was held to create opportunities for developing and implementing an integrated chronic disease prevention strategy for Alberta. Approximately 150 provincial stakeholders representing non-profit organizations, government agencies, regional health authorities, educational institutions, professional organizations, and community groups attended the forum.

In follow-up to this forum, the PHF Advisory Committee^a determined that projects funded in 2002-2004 should support an *integrated approach to address physical activity/active living and nutrition, and their underlying determinants of health, for school-aged children and youth in their home, school and/or community environments*. The ultimate goal was to support projects that would contribute to the reduction of the burden of disease for chronic, non-communicable diseases and conditions.

In May 2002, targeted organizations were invited to submit a letter of intent. The PHF Advisory Committee reviewed the letters of intent to provide recommendations on those that should be invited to submit a full proposal. A Proposal Writing Workshop was held on June 21, 2002 for these applicants. At the workshop, participants were provided with further information on the proposal review process, PHF guidelines, and the role of the Public Health Agency of Canada program consultant.

A total of 14 seventeen-month projects were approved; \$1,264,500 were allocated over this time period.

^a The Alberta PHF Advisory Committee is comprised of representatives from Alberta Health and Wellness; Dietitians of Canada (Alberta and Territories); Métis Nation of Alberta; Nechi Training, Research and Health Promotions Institute; Alberta Cancer Board; Centre for Health Promotion Studies; Alberta Community Development; Canadian Diabetes Association; Alberta Mental Health Board; Aspen Regional Health; Alberta Heart Health Project; Health Canada; and the Public Health Agency of Canada

FUNDING PROCESS FOR 2004-2005

In 2004/2005, funding was only available for a one-year period. The Advisory Committee recommended supporting previously funded PHF projects that had shown clear plans to integrate their evaluation learnings from the first phase of the project.

As a result, the priority for regional funding in 2004/2005 was to enhance or expand on initiatives focussing on healthy eating and active living for school-aged children and youth (including those out of school); and to further develop network and partnership activities related to chronic disease prevention in Alberta.

A total of 12 one-year projects were approved; \$610,000 were allocated for the 2004-2005 fiscal year.

Evaluation data collection and analysis methods

DATA SOURCES

Program results presented in this report are based on data provided from funded projects. Each project is required to submit quarterly monitoring reports that provide qualitative and quantitative project data. Projects also submit a final report at the end of the project. Most projects also submit a separate evaluation report that is often prepared by an evaluation consultant hired by the project. These reports contain information on project activities, results, and methods used to gather evaluative data. Feedback on support received from PHAC is also solicited through these reports. In addition, eleven PHF projects completed the Community Capacity Building Tool at the beginning and end of their projects during 2004-2005.

ANALYSIS

Data from project reports

PHAC program consultants, with the support of the PHAC evaluation consultant, summarize quantitative data using descriptive statistics and analyse qualitative data using content analysis. During the analysis, the following questions are answered:

- What were the main project activities and results?
- How many people were reached through project activities?
- How many partners and sectors were reached?
- What determinants of health were addressed through project activities?
- What have projects learned about what works and what doesn't work?
- What feedback do projects have for PHAC about support received and funding program administration?

Following this analysis, project results are further examined to assess how they collectively contribute to objectives. As a final step, relevant literature is reviewed to see how program results relate to the broader body of knowledge.

Data from the Community Capacity Building Tool

The PHAC evaluation consultant analyses quantitative data using descriptive statistics and the Wilcoxon Signed-Rank Test. Qualitative data are analysed using content analysis.

DATA QUALITY

Many steps are taken to ensure that information presented in this report is accurate. Care is taken to report only those results that could reasonably be observed through reported evaluation methods and instruments. Funded projects typically use a variety of data collection methods, such as surveys, focus groups, participant feedback (oral and from forms), diaries, and pre and post measures. Program consultants may also compare the description provided to what they observed through site visits, meetings or events that they have attended. A draft of the report is circulated to the Program Advisory Committee prior to publication. In addition, projects provide a final accuracy check of their individual project summary.

LIMITATIONS

Information presented in this report is based on reports submitted by funded projects. Results described are those reported during the course of the funding period and do not reflect project impact beyond the funding period.

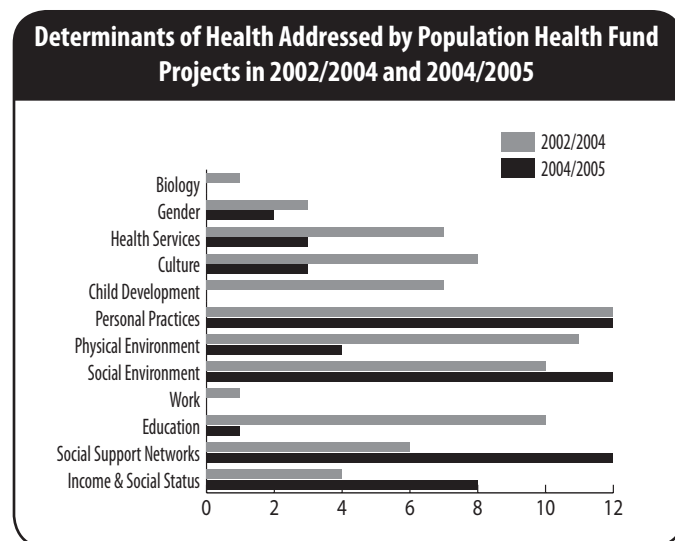


Figure 1

Program Results 2002-2005

FACTS AND FIGURES: A SUMMARY OF RESULTS

- From 2002-2004, the PHF supported 14 seventeen-month projects; and \$1,264,500 were allocated over this time period.
- In 2004/2005, the PHF supported 12 one-year projects; \$610,000 were allocated, and over \$231,000 in additional resources were leveraged.
- In 2002-2004, projects reached over 12,900 people from the following target populations: school-aged students and their parents, ethnic communities, Aboriginal youth, neighbourhood residents, teachers, health professionals, and Francophone communities.
- In 2004/2005, projects reached over 7,100 people from the following target populations: school-aged students and their parents, Aboriginal youth, neighbourhood residents, teachers, health professionals, and Francophone communities.
- In 2004/2005, over 250 project volunteers contributed more than 3,778 hours of volunteer work.
- Between 2002 and 2005, PHF projects partnered most frequently with the non-profit sector. 39% of all partners were from the non-profit sector.
- The most common determinants of health that PHF projects addressed through their project activities were personal health practices and coping skills. In 2002-2004, in addition to addressing personal health practices and coping skills, the majority of PHF projects also focused on addressing the determinants of physical and social environments, and education. However in 2004/2005, all projects also addressed the determinants of social environments and social support networks. See Figure 1: Determinants of health addressed by the PHF projects (opposite page).

EXAMINING PROJECT RESULTS THROUGH A HEALTH PROMOTION LENS

According to the World Health Organization, “health promotion is the process of enabling people to increase control over, and to improve, their health” (WHO, 1986, p.1). It includes both people and their environments, combining personal choice and social responsibility in health to create a healthier future (Health Canada, 2001). Health promotion also encourages people to examine the determinants of health and become active participants in bringing about change (Health Canada, 2002). *The Ottawa Charter*

for *Health Promotion* (WHO, 1986) highlights five strategies for health promotion action: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. The following is a summary of project results according to three of these strategies: developing personal skills, creating supportive environments and strengthening community action.

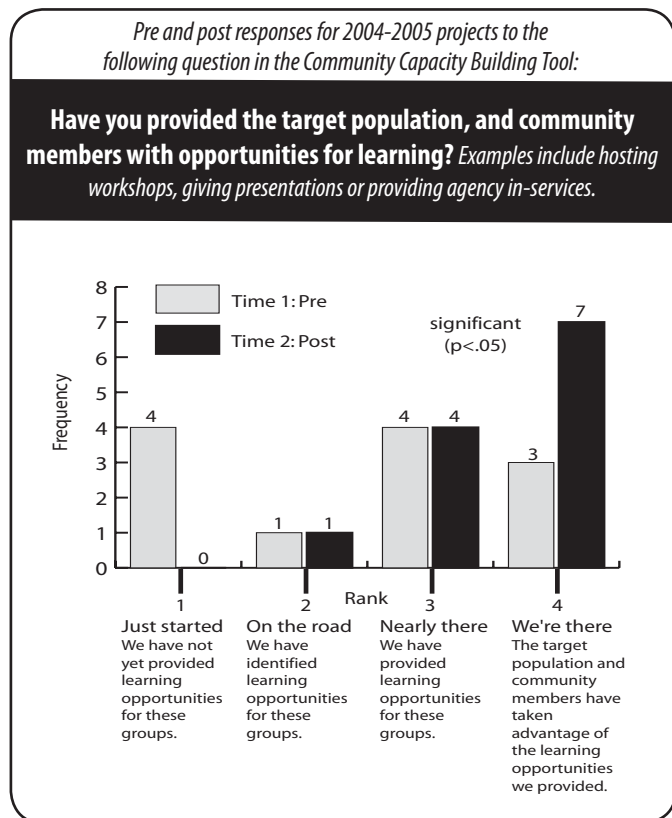
Developing personal skills

One dimension of health promotion involves supporting personal and social development by providing information and education for health, and by enhancing life skills. In doing so, it increases the options available to people to exercise more control over their own health and their environments, and to make healthy choices (WHO, 1986).

All 25 PHF projects were involved in outreach activities that helped the target communities develop personal skills. Such activities included: learning how to change community-level and school policy; training in community economic development strategies; providing healthy eating and active living skill building opportunities (such as cooking classes, physical activity programs, grocery store shopping tours); delivering workshops and presentations; distributing resources on healthy eating and active living; and organizing events to raise general public awareness

of healthy eating and active living issues. These outreach activities provided practical experiences and skills needed for healthy eating and active living. The adjacent graph reflects the increase in opportunities for learning provided to the target population and community members through 2004-2005 projects. Methods used to offer learning opportunities included community forums, conferences, workshops, print materials and social marketing.

Projects developed personal skills among children and youth, teachers, community members, and organizations' staff and volunteers.



Children & Youth

Seventeen projects focussed on providing opportunities for children and youth to develop knowledge and skills around healthy eating and active living through: training in choosing and preparing nutritious foods on a low income budget; holding weekly cooking classes; organizing diabetes prevention and awareness presentations at school assemblies and classes; and engaging youth in activities such as activity challenges and walking clubs. One project engaged students in writing and recording radio messages and writing newspaper messages encouraging healthy eating and active living. Evaluation findings through stakeholder surveys and interviews show that a number of children and their parents became more active and had healthier eating habits as a direct result of project activities. Furthermore, sponsoring organizations reported children becoming more conscious of the food choices they make.

Teachers

Enhanced professional development and support have also been reported as a result of project activities. Nine projects provided teachers with professional development activities related to healthy eating and active living. For example, one project had a designated staff person to promote healthy eating and active living activities, resulting in several teachers reporting that they planned to change their teaching practices by integrating health across the curriculum. In post-workshop surveys, the teachers indicated that they gained knowledge about effective tools and techniques for integrating healthy eating and active living in teaching practices. Additionally, a provincial consortium of teachers reported having increased understanding of the needs of teachers and school districts regarding the development of school curricula that address healthy eating and active living.

Communities

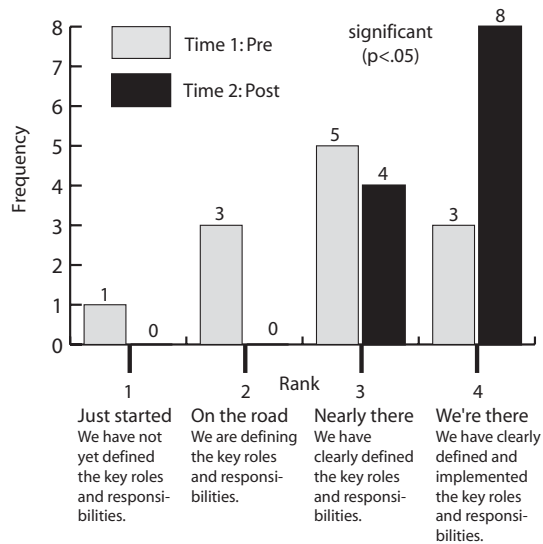
Increasing awareness of physical activity and nutrition issues in the broader community was a focus in 18 projects. In addition, as a result of their project activities, 10 projects assisted communities in developing action plans to increase awareness of healthy eating and active living.

Organizations

Organizations also reported having additional learning opportunities for staff and volunteers. These opportunities included topics such as program planning, the use of logic models, and strategies for healthy eating and active living in schools. Some of the skills gained from learning opportunities offered by projects in 2004-2005 are reflected in the following tables that illustrate the results from the Community Capacity Building Tool Leadership section on defining roles and responsibilities of leaders involved in the project, and on establishing reporting guidelines to ensure accountability.

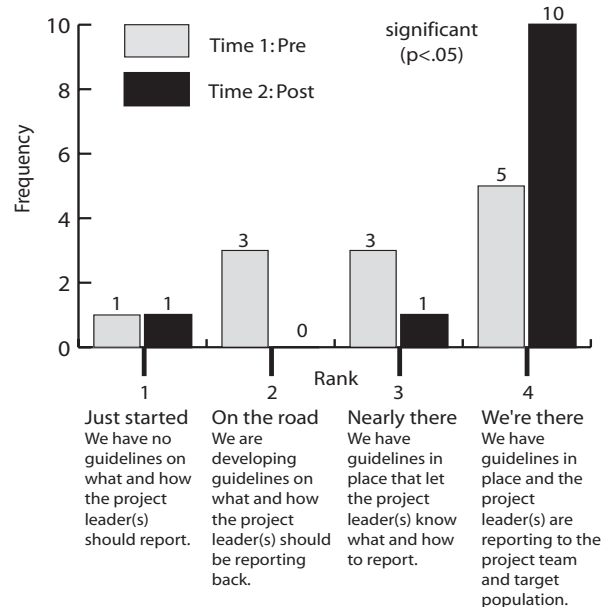
Pre and post responses for 2004–2005 projects to the following question in the Community Capacity Building Tool:

Have you defined the key roles and responsibilities of project and community leaders involved in the project?



Pre and post responses for 2004–2005 projects to the following question in the Community Capacity Building Tool:

Do you have reporting guidelines to ensure the project leader(s) are accountable to the project team and the target population?



Creating supportive environments

The concept of supportive environments for health recognizes the influence of social and physical environments on the health of individuals (WHO, 1991). According to the World Health Organization, “supportive environments enable people to expand their capabilities and develop self-reliance” (WHO, 1991, p.3). This includes increasing people’s access to resources that optimize health and opportunities for well-being (Heart Health Nova Scotia, 2002). In addressing this health promotion strategy, PHF projects impacted school environments and the broader community.

School environment

Schools are considered an ideal setting for influencing children and youth’s health behaviours. Schools can provide students “with the skills, social support and environmental reinforcement they need to adopt long term” health behaviours (Schuit et al, 2000, p.84). Twelve PHF projects contributed to developing comprehensive school health programs and implemented activities focussing on education and awareness of healthy eating and active living. The scope of projects included initiatives at the provincial, school district, and individual school levels.

Five PHF projects engaged in school nutrition policy development initiatives such as: offering healthy food choices at school canteens; creating pop free school environments;

offering healthy food selections at all school events; and offering healthy food choices in vending machines in schools and city facilities. For example, schools in the South Peace Region reported implementing new strategies (including a school nutrition policy) for healthier school environments and principals reported that their schools had a healthier environment than prior to project activities.

Eighteen PHF projects also increased physical activity opportunities for children and youth. Seventeen projects offered access to low or no cost recreation activities. Results from stakeholder focus groups and interviews indicate that participating schools increased physical activity opportunities for students, and that more resources became available in the schools, thereby enhancing school capacity in this area. For example, one school expanded its intramural program, while another project compiled activity booklets, which provided age-specific ideas for use by classroom teachers.

Community environment

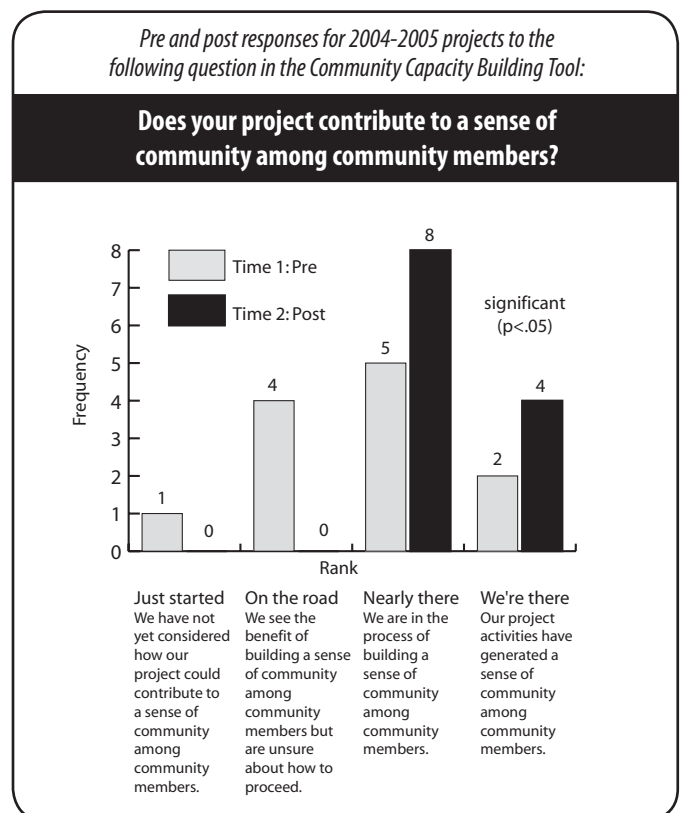
Project work to create supportive environments at the community level led to the creation of several new community structures. The term “community structures” refers to community groups and committees that foster belonging and give the community members a chance to express views and exchange information. The newly formed community structures will continue to exist after the project funding period and will provide a supportive venue for community members wanting to take action to improve health.

The term “community structures” refers to community groups and committees that foster belonging and give community members a chance to express views and exchange information.

New community structures that were formed include:

- Calgary and Area Healthy Living Alliance
- School health committees
- Community gardens
- Family gym nights
- New, more sustainable summer camp based on pooled resources
- Intersectoral project steering committees

In 2004/2005, seven projects reported contributing to an increased sense of community among community members. This outcome contributes not only to the success of the project activities, but also remains in the community beyond the project timeframes and can be drawn upon to address future community issues. This increase was statistically significant ($p \leq 0.05$).



Two examples of how projects contributed to building a sense of community are:

- A community mapping exercise led to engagement of 111 community residents visiting over 3000 homes to improve walking conditions. This community-driven activity resulted in permanent sidewalk snow removal for the community, which facilitated safe winter walking.
- Parents indicated that participating in family fun nights provided opportunity to connect with other families and to welcome new families.

Strengthening community action

Strengthening community action involves encouraging community members to get involved and take action on decisions that affect the health of their community (Heart Health Nova Scotia, 2002). PHF projects strengthened community action by skill building and partnership development.

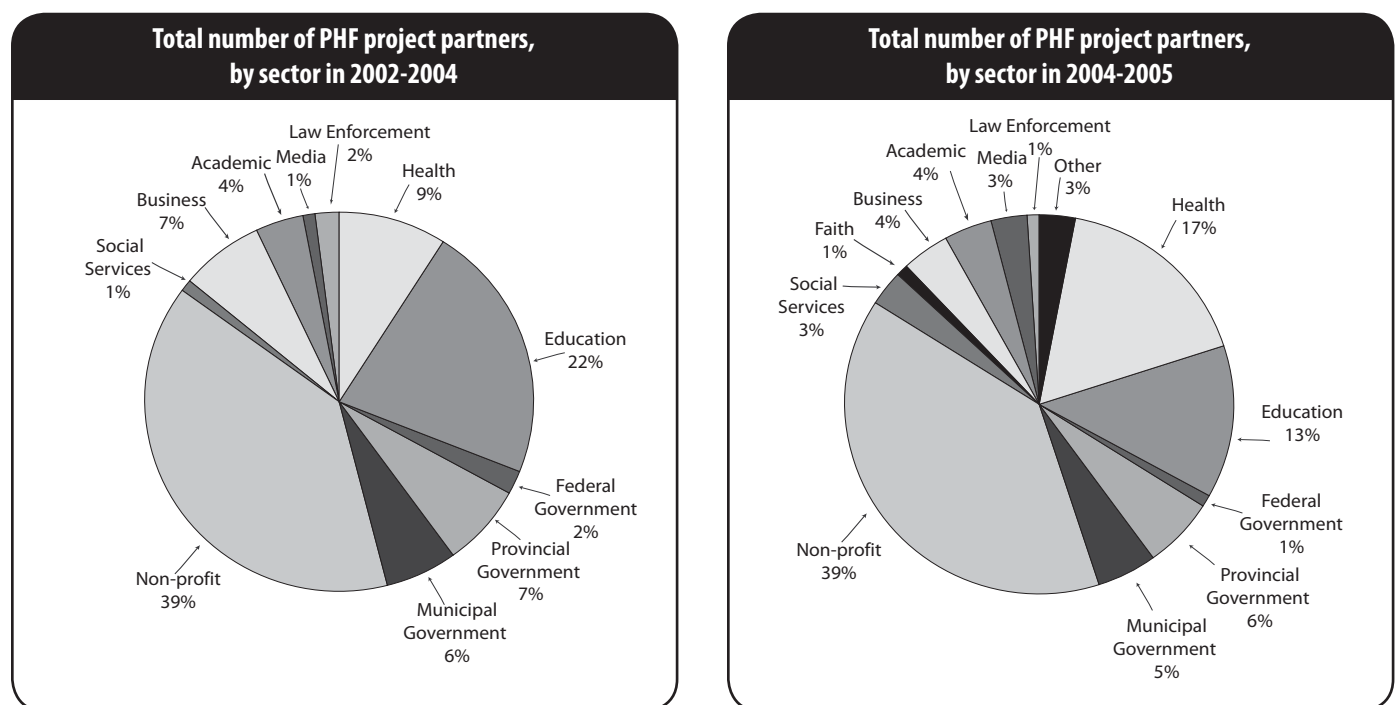
Skill building

Capacity building for project staff and volunteers was integral to the implementation of the PHF projects. Three projects hired staff and 13 projects recruited volunteers from within the target communities. In 2004/2005, over 250 project volunteers contributed more than 3,778 hours of volunteer work. This provided opportunities for skill development in areas such as changing school and community-level policy, and leadership and public speaking skills. For example, one project recruited both volunteers and its project staff from within the target communities. Over the course of the project, partner agencies observed that the project coordinator developed skills as a leader, facilitator and public speaker. Two projects also developed train-the-trainer sessions on food security and financial literacy, which facilitated further skill building in their respective communities. For example, as a result of project seed funding, a financial literacy project to address poverty as an underlying determinant of health was undertaken in a rural Alberta community. Train-the-trainer workshops were developed to prepare financial literacy workers for one-to-one work with people living in poverty. In addition, the organizations that collaborated to plan the events had not worked together before and the process of the agencies working together was considered successful and was perceived as a key benefit of the project.

Partnership development

Improving health is a shared responsibility that requires collaboration across many sectors (Health Canada, 1998). All PHF projects were engaged in activities that strengthened partnerships. For example, one organization developed a formal relationship with another organization that already had an established, trusting relationship with the target population. As a result of this partnership, there was increased opportunity for broader relationship building in the community.

Some PHF projects partnered with municipalities to support healthy eating and active living opportunities: three projects contributed to the development of walking trails and safe winter walk pathways; and one project collaborated with the municipality to offer summer camps, which resulted in decreased program duplication and increased participation. All PHF projects reported multisectoral representation on their project steering committees, which allowed for people to contribute diverse skills and expertise to carry out the project activities. Results of these intersectoral partnerships included enhanced provincial networks, such as Growing Food Security in Alberta and the Alberta Coalition for Healthy School Communities. In addition, a pilot project, facilitated through the Alberta Healthy Living Network, resulted in the development of local intersectoral networks in three Alberta communities.



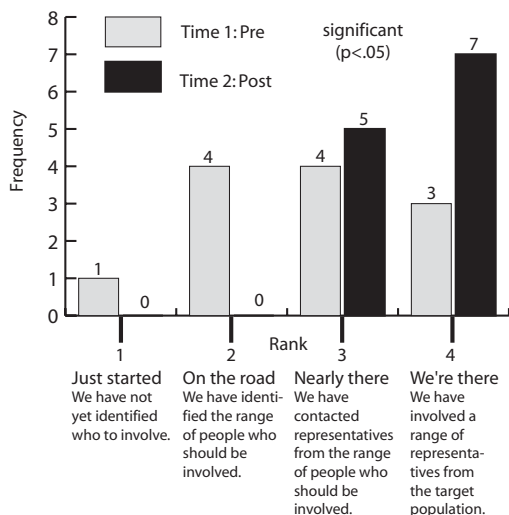
By involving volunteers and having a broad range of partnerships, PHF projects demonstrated the range of community action that can be taken when those involved believe that health is everybody's business.

Addressing cultural and economic barriers

According to the World Health Organization, "health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems" (WHO, 1986, p.2). In addressing local needs, all the PHF projects in 2004-2005 identified health inequities and barriers to community participation. For example, projects identified childcare, income, transportation, and language as barriers to community participation.

Pre and post responses for 2004-2005 projects to the following question in the Community Capacity Building Tool:

Have you actively involved a representative range, (such as different sexes, ages, ethnicities, and sectors) of target population members in your project?



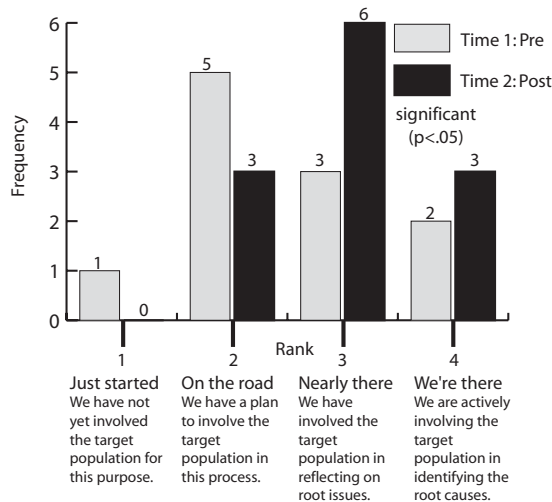
Low income, lack of work opportunities, education, qualifications, lack of adequate housing, and lack of social supports were factors that contributed to health disparities in Alberta communities. Projects built on these learnings and significantly increased target population member involvement in their projects.

As shown in the adjacent graph, 2004-2005 projects successfully engaged the target population in reflecting on the barriers to health in their communities (“asking why”).

All project sites sought to reduce these barriers and increase opportunities for health equalities, healthy eating and active living. For example, various projects increased access to fresh foods through the implementation of a food box program and community gardens, while others offered opportunities for participants to engage in low or no cost recreation activities. Two projects also provided access to health information in French, and another provided culturally relevant healthy eating and active living information for Aboriginal stakeholders in two rural communities. Two projects undertook train the trainer sessions to increase awareness and skills of practitioners to address food security and financial literacy.

Pre and post responses for 2004-2005 projects to the following question in the Community Capacity Building Tool:

Have you involved the target population in the process of asking why?



LESSONS LEARNED

In their own words, the following is a list of the lessons learned by the PHF projects funded between 2002-2005.

Intersectoral Collaboration and Network Development: Engaging Project Partners And Stakeholders

- Forming partnerships and informing parent councils, has been a great way to ensure that the parent groups stay well informed and their interest in healthier choices at the schools is very encouraging.
- Factors that contributed to the successful development of local, regional, and provincial networks:
 - Having committed leadership and partners;
 - Having at least one champion;
 - Having involvement and commitment from the respective health regions;
 - Developing networks should be inclusive and occur on “neutral ground”;
 - Linking in a variety of sectors and agencies;
 - Having the guidance of the AHLN framework.
- Factors that enhanced intersectoral collaboration included:
 - Allowing sufficient time for people to understand the project, to have a common understanding of people’s roles, and to develop a common “language” for the project.
 - Teleconferencing has proven to be an effective communication vehicle for the steering committee. However, quarterly face-to-face meetings have been key to relationship building as well.
 - Involving the local MLA and Town Council much more in the planning stages and ensuring their presence and support is felt at community events. If you have the support of your local government, it can lead to more support on a larger scale down the road.

Community Involvement: Involving the Target Population

- We found increased levels of target population participation if target population members were involved in the project planning and implementation. The lack of community involvement in the early stages of project planning, later delayed the implementation of project activities.
- A common vision along with strong citizen participation is necessary for project success and sustainability.
- Community readiness is a necessary prerequisite for project success.

- It is important to start where the community is at. For example, you may need different measures of success for different schools depending on their previous experience and interest in health promotion.
- Factors that enhanced community involvement included:
 - Connecting with others who have close relationships with target populations;
 - Supporting attendance of participants at workshops, conferences or roundtable discussions by holding events at convenient times for participants;
 - Providing refreshments;
 - Providing financial support to travel to events;
 - Including communities in the planning, implementation and evaluation of project activities;
 - Identifying and engaging champions in schools and communities who are able to carry the momentum of healthy eating and active living activities in the community.
- Key factors for successful community involvement for a school-based project:
 - Access to subject specialists in nutrition and physical activity;
 - Enthusiasm and hands-on demonstrations;
 - Continuity and consistent presence in the schools;
 - Trust and relationship building;
 - Focus on capacity building.

Funding Timelines

- Shorter-term funding provided special challenges for recruiting project staff.
- Adequate time is necessary to not only carry out projects, but also to meaningfully engage communities and mobilize them for change.
- Developing community capacity and carrying out community development takes more time than one or two years.
- Moving to a “fee for service” program in less than 12 months was problematic.

Overcoming Poverty and Promoting Inclusion

- We find that being open and including many different persons and perspectives in planning and carrying out of events helps us to have a more holistic view.
- Poverty affects health in so many ways. It limits people’s abilities, choices, and social networks. This issue seems to be one of the key root issues. So much would improve if poverty could be alleviated in our community.
- We spent time with parents filling out the forms and helping them to understand what the program is. Sometimes we have these programs in place, but if a parent can’t fill out the form or does not know about the program then we are not accomplishing our goal either.

- Since we offered our programs barrier free (low or no cost and accessible) we managed to get a lot of the high-risk families involved.
- We are learning that these determinants are valid and that we need to continue to work on all areas, rather than focusing on one in isolation.
- Time and again we've heard from the parents or guardians of these youth that the best thing about this program is that it is cost free, which cuts the barrier for most of them to accessing our services.

PRODUCTS

Reports

Growing Food Security in Alberta: Network Baseline Report⁹
 Environmental Scan and Comprehensive Inventory (summary of food security initiatives across Alberta)⁹
 Alberta Coalition for Healthy School Communities: 3 Year Strategic Plan (2004 - 2007)³
 Summary of Chronic Disease Prevention Activities⁴
 Active Edmonton: Promoting Physical Activity Among Children and Youth (environmental scan)²
 School Health Projects and Initiatives (review of international initiatives on healthy eating and active living school policies)¹
 Policy Recommendation Summary (policy recommendations for comprehensive school health)¹

Guides

Supporting a Healthy Nutrition Environment Implementation Guide (guide to developing a school nutrition policy)¹⁴
 Toolbox for Community Action: Implementation Guide⁷
 Train the trainer manual for Financial Literacy⁴
 Making the Transition: How to get healthier food choices into canteen, vending machines, fundraisers and school functions¹²
 Healthy Schools Planning Guide¹²
 Nutrition Guide for Canteens, Concessions, and Fundraisers¹²
 Motivation in Motion Program Resource Guide⁵
 Health and Life Skills: Guide to Implementation for Kindergarten to grade 9⁵

Brochures/Fact sheets/Newsletters

Snacks that make the grade (fact sheet that can be used as a handout or for display board)¹⁸
 2004 Alberta Provincial Election Backgrounder on Food Security in Alberta⁹
 Food 4 Thought Newsletters (seasonal newsletters for distribution in schools)¹⁴
 Healthy Eating and Active Living Participation Logbook (in French)¹⁶
 Monthly School Newsletters for Parents¹²
 Family Health Tips Newsletters¹³
 Get Active Your Way, Every Day Brochure¹³
 Translation of mental health resource material (13 languages available)¹⁰
 Healthy Eating and Active Living Information Kits (Francophone information kits designed for children, youth and their families)¹⁶

Presentations

Growing Food Security in Alberta Poster Presentation⁹
 Food Security PowerPoint Presentation⁹

Videos

Growing Food Security in Alberta⁹

Directories

Community Resources Directory¹²
 Healthy Eating and Active Living Resource Pamphlet (neighbourhood resource)¹⁸
 Guide des services en Alberta⁶

Tools

Rules for Playground Games (booklet)¹⁸
 Quick Foods Made Healthier (activity)¹⁸
 Activity boxes¹⁸
 Book of grade-specific nutrition resources¹⁸
 Cooking in Colour With Kids Cookbooks¹⁸
 Classroom Cooking Capers Lesson Plans & Evaluation Tools¹⁷
 Active Aliens program¹⁷
 Motivation in Motion Resource Tool kit⁵
 Multicultural recipe book¹⁵
 School Division Nutrition Calendar (incorporates healthy eating & active living messages)¹⁴
 School Needs Assessment Tool⁵
 GFSA Food Security Virtual Tool Kit⁹
 Food Security Quiz⁹
 Nutrition Blue Bins¹⁴
 Healthy Messages Campaign¹⁴
 Icon Posters⁵
 Personal Passports⁸
 Health Resource Kits¹²
 Curriculum Facilitator Workshop Series¹¹
 K-9 Health Tool Kit¹¹

Listsers

Growing Food Security Alberta (GFSA) Listserv⁹
 Alberta Healthy Living Network Listserv⁴

Reference for Products Produced

1. Action in Schools for Physical Education and Nutrition (ASPEN)
2. Alberta Centre for Active Living
3. Alberta Coalition for Healthy School Communities (ACHSC)
4. Alberta Healthy Living Network (AHLN)
5. Alberta Teachers' Association, c/o Ever Active Schools Program
6. Association canadienne-française de l'Alberta, Secrétariat provincial (ACFA)
7. Boys and Girls Club Community Services, Calgary, Alberta
8. Boys and Girls Club of Lethbridge
9. Dietitians of Canada, Alberta and Territories Region
10. Edmonton Mennonite Centre for Newcomers
11. Edmonton Regional Learning Consortium
12. Grande Prairie Public School District No. 2357
13. Health Connections Association of South Eastern Alberta
c/o Palliser Health Region
14. Holy Family Catholic Regional Division No. 37
c/o Holy Family Catholic Schools
15. Immigrant Neighbourhoods Community Planning Association (INCPA)
16. Institut Guy - Lacombe de la Famille (IGLF)
17. Kevin Sirois Fitness Resource Centre
18. MOVE - A Vermilion Interagency Partnership

Special Events

2003-2004

Joint Diabetes Prevention and Promotion Contribution Program and Population Health Fund Project Meeting

January 20 & 21, 2004

On January 20 and 21, 2004, the Public Health Agency of Canada (then Health Canada) hosted a meeting for projects funded through the Diabetes Prevention and Promotion Contribution Program and the Population Health Fund. The event was held in Edmonton and was attended by approximately 40 project representatives. Day one of the meeting included project sharing and a presentation by the Alberta Healthy Living Network on the Network's framework and network mapping project. Day two included a facilitated discussion on sustainability and capacity building, an introduction to the Public Health Agency of Canada's Community Capacity Building Tool developed in the Alberta/NWT Region, and sharing successful evaluation methods.

PROJECT MEETING EVALUATION

Evaluation surveys were completed by 87 percent of participants (34 of 39 participants in attendance on day two). Most respondents rated the meeting sessions as useful or very useful. The majority of respondents (70%, n=24) reported that sharing and networking were the highlights of the meeting. The session topics and the meeting's participatory process were also rated as beneficial. Considerable interest was generated by the Community Capacity Building Tool, as more than half of the respondents (55%, n=19) believed learning about it was useful. Suggestions for improving the meeting were few, but included enhancing participant preparation, increasing meeting frequency, and changing the host city. Participants particularly seemed to enjoy the participatory approach that guided the meeting. Overall, the evaluation feedback indicated that participants valued the meeting.

2004-2005

Joint Diabetes Prevention and Promotion Contribution Program and Population Health Fund Project Meeting

January 20 & 21, 2005

A total of 32 project representatives attended the Joint Diabetes Prevention and Promotion Contribution Program and Population Health Fund Project Meeting (the Meeting) held in Edmonton, Alberta on January 20 and 21, 2005. A needs assessment, conducted with project representatives, informed the Meeting agenda .

Day one of the meeting included: an introduction to the structure and key appointments in the new Public Health Agency of Canada; a project sharing session where participants shared the highlights, successes and challenges of their projects; and an activity that aimed to generate a list of resources that projects use to help with capacity building work (the link to the resource list is posted on the Alberta Healthy Living Network website under resources). The day concluded with three concurrent afternoon sessions on engaging the target population, building and evaluating partnerships, and planning effective activities for healthy schools.

Day two included a session on planning for sustainability, followed by guest presentations on the topics of multicultural perspectives and issues, and the Alberta Healthy Living Network.

PROJECT MEETING EVALUATION

Evaluations were completed by 88 percent of participants (28 of 32 participants). The overall feedback was very positive. Participants expressed appreciation for the opportunity to network and the sessions were rated as “useful” to “very useful”. Their responses indicated that the information about partnerships and sustainability was especially helpful.

Special Initiatives

Alberta Healthy Living Network (AHLN)

PHAC Alberta/NWT Region and Alberta Health and Wellness continue to fund and support the AHLN. The report *Chronic Diseases in Alberta: Cost of treatment and investment in prevention* was released in December 2004. This report discusses the economic burden of chronic diseases such as chronic obstructive and pulmonary disease, heart disease, diabetes and lung cancer, as well as Alberta's investment in the primary prevention of chronic diseases.

In partnership with PHAC and Health Canada's First Nation and Inuit Health Branch TeleHealth Program, the AHLN hosted two videoconferences for AHLN stakeholders. These videoconferences highlighted common messaging around healthy eating and active living, and the sharing of community experiences and findings of the AHLN Mapping Project .

Collaborative Action for Healthy Living: It Takes Us All

PHAC, Alberta/NWT Region was a member of the Planning Committee for the *Collaborative Action for Healthy Living: It Takes Us All* conference held in Edmonton, Alberta in May 2004. In partnership with other conference sponsors, PHAC supported the conference in bringing together a national and international panel of guest speakers delivering key messages around building an integrated approach to healthy living to reduce the burden of chronic disease in Alberta. The two-day conference provided an opportunity to learn about tools for taking an integrated approach to healthy living, to share resources with others working in this area across Alberta and to find out about other regional, national and international initiatives that focus on chronic disease prevention. PHAC program consultants facilitated a session entitled: *Tools for Promoting Community Action on Chronic Disease Prevention*, which highlighted PHAC's Intersectoral Action Toolkit, Looking Through a Wider Lens Workshop Toolkit, and Community Capacity Building Tool.

Environmental Scan on Social Determinants of Health

In order to further develop a provincial network and plan of action to address social determinants of health in Alberta, PHAC Alberta/NWT Region, as part of the planning

committee for the *Reality Check 2005* conference in Calgary, supported the completion of an environmental scan of individuals and organizations currently involved in initiatives addressing the social determinants of health in Alberta. As a result of the scan, the following recommendations were made:

- In Alberta, priority social determinants for health disparities work should be adequate income and housing with the acknowledgement that determinants such as food security, social support, and an adequate social safety net also play a vital role in the health of Albertans;
- The Alberta Social and Health Equity Network should consider the suggestions from this scan for organizational structure, operation, and direction as they begin to develop the Network;
- The environmental scan respondents contact list, as well as the list of key organizations identified by respondents in the scan should be used to build the Network and related action plan; and
- The Network should consider working in partnership with other provincial coalitions and networks identified in the scan to share resources and avoid duplication.

Results of the environmental scan will serve as a basis for the development of an Alberta Charter on the social determinants of health.

Confronting Obesity: Research, Policy and Practice

PHAC Alberta/NWT presented a poster at the *Confronting Obesity: Research, Policy and Practice* symposium held in Edmonton, Alberta on October 21, 2004. The poster presentation entitled *A Community Capacity Building Approach to Preventing Obesity* provided an overview of information collected from the Diabetes and Population Health Fund project evaluations, quarterly monitoring reports, site visits, and proceedings from project meetings held in 2003 and 2004. The poster described the activities undertaken by the projects to address the determinants of income and social status, culture, social and physical environments, and education. The poster also highlighted the range of evaluation methods used and challenges faced by the project groups over the course of their projects.

Sponsoring Participation in Determinants of Health Workshop

In partnership with Health Canada, PHAC Alberta/NWT contributed funding to support the participation of community organizations in *En santé dans ma communauté*, a Francophone workshop on the population health approach. Representatives from Alberta participated in the workshop that took place in Regina, Saskatchewan.

Feedback on the Population Health Fund and Support from the Public Health Agency of Canada

PHF funded projects were asked to provide feedback on the funding program and the support they received from the Public Health Agency of Canada (PHAC) over the course of their project.

FEEDBACK ON THE POPULATION HEALTH FUND

Overall, projects felt that the funding gave them an opportunity to implement capacity building projects that might have otherwise not been possible.

- “The most beneficial aspect of the funding program is that it gives opportunity for organizations such as ours, to approach health issues and to build capacity within the community. Without this type of funding program, most organizations would be unable to take on these projects and so the health of communities would suffer.”

Projects also gave suggestions for program improvement. Funding timelines were the most frequently noted area for program improvement. Projects frequently commented on the need for longer funding timelines and the need for the funding timelines to coincide with the school year.

- “Funding needs to be on-going for at least two years otherwise momentum is lost.”
- “Our main challenge was the fact that the funding timelines did not coordinate well with the school year.”

Other suggestions included facilitating a regular mechanism for project sharing such as a common website or through teleconferencing, site visits, help with dissemination of products and learnings, and evaluation assistance. Projects also requested referrals to longer term funding sources as well as feedback to project stakeholders to share project successes from a Public Health Agency of Canada viewpoint so that the communities could gain a greater understanding of the impact and magnitude of the projects.

FEEDBACK ON PHAC ROLE

A number of projects provided feedback on the support they received from PHAC staff over the course of their project. Following are the response themes in order from most frequent to least frequent response. Representative quotations were selected to reflect the responses provided.

Support from Program Consultant and Grants and Contributions (G&C) Advisor

Projects commented on the value of program consultant and G&C advisor support and feedback on project activities and reporting, site visits, and information and resource sharing.

Support and feedback

Support and feedback from the program consultant and the G&C advisor

- “Both the program consultant and G & C advisor were very accessible, approachable and helpful with answering questions or providing advice to guide certain aspects of the project.”
- “It was also really helpful to receive the feedback on the quarterly reports so as to improve and incorporate the suggestions into the rest of your project.”

Site visits

- “The community action group members, community partners and the project working group were very pleased by their attendance, greetings and presentation. One comment received from our community action group members was how “important/valued” they felt by having the Public Health Agency of Canada at the event and felt that their work was being not only recognized but making a difference in their communities.”

Information and resource sharing

- “I really appreciated receiving materials other projects had used or developed and all the links to relevant websites that might enhance our work.”
- “I enjoy the email updates we receive about new websites, stories, or upcoming conferences, etc.”

Networking Opportunities

Networking opportunities mentioned by the funded projects included teleconferences, videoconferences, and face-to-face meetings.

Teleconferences and videoconferences

- “I really enjoy the teleconference sessions, where we get up to date information on what is happening at the Public Health Agency of Canada, as well as knowing what is going on around the province with each of the projects.”
- “The [video]conference was a good way to connect and share information between projects...such as possible funding sources and what other funded projects are doing.”

Joint Diabetes and Population Health Fund project meetings in January 2003 and 2004

- “Being able to meet with program consultants, and representatives from other projects is the most helpful thing that you could do! We all learn so much from each other and it is encouraging and motivating to be there!”
- “The face-to-face meetings in Edmonton gave a chance to learn about other projects, network and a ‘get away’ from the day-to-day work of the projects. Thank you for supporting this and we recommend this continue for future projects.”

Supporting Innovation

Projects reported that they appreciated the opportunity to try new strategies and work ‘outside the box’.

- “Our deliverables were somewhat soft - building a network. It was wonderful to see the funders support our idea and allow some flexibility in terms of outcomes. This allowed us to capitalize on the strengths and capacities of both our steering committee and network.”
- “The opportunity to try out an innovative strategy that would not have been possible otherwise, which allowed us to build evidence for the need for [further action].”

Creation and Dissemination of Community Capacity Building Tool

Projects reported that the Tool was helpful as a planning and evaluation tool.

- “The Tool helped us reflect on our community capacity building activities and measure them against some indicators that are grounded in evidence and best practices.”
- “The Tool would be very helpful to have at the beginning of a project... we will now be able to use this as we continue on into our next year of funding and hopefully grow as a project and pick up in the areas of weakness that we saw.”

Population Health Fund Projects

2002-2004

This section presents the project summaries of Population Health Fund projects completed between 2002-2004.

Toolbox for Community Action: Promotion of Healthy Eating and Physical Activity

SPONSOR: Boys and Girls Club Community Services SITE: Calgary, Alberta
PHONE: (403) 943-8008
WEBSITE: www.calgaryboysandgirlsclub.ca

The Boys and Girls Club Community Services, in collaboration with Calgary Health Region and other partners, sought to develop and pilot a comprehensive toolbox that would identify community assets to prevent obesity in children, support integrated community-based action on healthy eating and active living, and be available for use in other communities. Project activities included establishing community action groups in three target communities, completing community surveys, identifying and promoting existing community healthy eating and active living resources, and developing action plans to address healthy eating and active living. The community action groups implemented local activities that either addressed gaps identified through the community survey or built upon the existing strengths. These activities included: youth groups, healthy eating and active living articles in local papers, cooking classes for children and youth, monthly family fun days, and a community street challenge. As a result of the project, existing community networks were expanded and new partnerships were created.

Project partners learned that the Toolbox needed to be revised to be more flexible in order to meet community needs. The project also resulted in two positions being created within Calgary Health Region to address ongoing needs for community action on childhood obesity, and the community action groups were able to leverage matching funds to the PHAC funding through other sources of funding and in-kind support.

Personal Passport

SPONSOR: Boys and Girls Club of Lethbridge SITE: Lethbridge, Alberta
 PHONE: (403) 327-6423 WEBSITE: www.bglethbridge.com

The goal of this project was to improve access to recreational, educational and social opportunities for youth in Lethbridge that encourage a healthy lifestyle. Boys and Girls Club of Lethbridge and project partners collaborated with community members and parents to develop healthy living activities that could be accessed with the use of a “passport”. Project activities included engaging approximately 30 new partners including schools, counsellors in the schools, group homes, and at least 23 local businesses to support the project through donations of food, activities and prizes. Children were given a personal passport they had to complete that included a wide range of activities such as a family healthy cooking night and scavenger hunt, trips to a water park, gymnastics club, and the YMCA exer-play program. Approximately 400 children were reached through project activities including many who come from single parent families or live in group homes. Project outcomes included increased awareness of, access to, and participation in activities that support healthy eating and physical activity for youth in Lethbridge. Approximately 85% of children said they were more active during the program than prior to the program and about 90% of parents said their children were more aware of health and fitness since being part of the program. Many children tried activities they had never engaged in before and continued to eat healthy foods and complete their exercise logs even after project activities ended.

Action in Schools for Physical Education and Nutrition (ASPEN)

SPONSOR: Canadian Cancer Society SITE: Calgary, Alberta
 Alberta/N.W.T. Division
 PHONE: (403) 228-4487 WEBSITE: www.cancer.ab.ca

Canadian Cancer Society, Alberta/NWT Division, in collaboration with its partners, sought to create a sustainable province-wide coalition that would create and implement policies that facilitate healthy eating and active living within the school environment. Project activities included: building and strengthening partnerships among stakeholders interested in comprehensive school health; conducting an environmental scan of policies for healthy eating and active living both within Canada and internationally; identifying best or promising practice in formulating and implementing policy for healthy eating and active living within the school environment; and facilitating the sharing of information, guidelines, tools and resources related to healthy policy development in the junior high school environment. A *Policy Recommendation Summary* was produced and posted on the Canadian Cancer Society website, with links to partner sites including the Alberta Coalition for Healthy School Communities, Alberta Healthy Living Network, and

“The variety of activities offered was only possible due to the great support of the businesses.” (Project report)

“The development of a common language was essential for the Steering Committee to work effectively together given the different sectors represented, e.g. distinguishing between ‘physical education’ and ‘physical activity.’” (Project report)

Dietitians of Canada. Other outcomes of the project included the strengthening of existing partnerships between health promotion and prevention colleagues and the establishment of new, operational partnerships between education, health and the chronic disease prevention sector. Corresponding members to the project included approximately 70 individuals and organizations that work in the field of comprehensive school health in Alberta. All involved reported that they increased their understanding of fundamental concepts related to school health and the public policy process as a result of their participation in the project.

Building Food Security for Children in Alberta

SPONSOR: Dietitians of Canada
Alberta and Territories Region
PHONE: (403) 217-5211
SITE: Calgary, Alberta
WEBSITE: www.foodsecurityalberta.ca

Dietitians of Canada, Alberta and Territories Region, in collaboration with its partners, aimed to create a sustainable provincial food security network for the purposes of enhancing the health of impoverished children in Alberta. Project activities included developing a social marketing plan targeting five distinct groups; producing a comprehensive PowerPoint presentation with accompanying quiz and two-page handout; conducting presentations at thirteen different venues, including the Alberta Teachers' Association annual conference, the Alberta Cancer Board conference and a meeting of the Council of the Medical Officers of Health for Alberta; launching a website; and e-mailing invitations to join the network to over 500 groups, organizations and individuals. Various strategies were used to build relationships and interest in the network. For example, members spent time interviewing each other and completing a personal food security policy. As of March 15, 2004, the network had 43 confirmed participants, and an action plan was produced for 2004-2005. Evaluation results indicated an increased awareness of food security as a children's health issue and increased capacity for community members to implement community-based strategies addressing food security.

"Overall, sustainability and influence of the Committee look very strong and full of possibility. The team has many strengths, ideas and practical strategies to support their vision and goal of 'All children and families in Alberta have healthy food.'" (Project report)

Comprehensive School Health - Professional Development Initiative

SPONSOR: Edmonton Regional Learning Consortium
PHONE: (780) 963-4010
SITE: Edmonton, Alberta
WEBSITE: www.erlc.ualberta.ca

The goal of this project was to build capacity of Edmonton and Region classroom teachers to effectively influence students' knowledge and skills in healthy living and to implement the provincial health and life skills curriculum. The project conducted a needs assessment, identified and trained over 150 teachers to act as health education advocates in Edmonton and surrounding areas, and developed numerous professional development resources for

"Many teachers reported that they planned to change their teaching practice by integrating health across the curriculum and others mentioned they would make changes to their assessment practice or add a media literacy component." (Project report)

A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working (Cappon, 2006).

teacher curriculum facilitators. Resources developed included a workshop that focuses on developing a school vision around comprehensive school health, three workshops on each of the general student learning outcomes for the program, and a workshop that facilitators can use at school/parent council meetings. A Health Toolkit was also developed and distributed at an initial workshop. The Toolkit contained print resources, tools for student learning, and information on community organizations that aligns with student learning outcomes. Project results included enhanced knowledge of effective teaching practice and increased sharing and collaboration on health curriculum implementation among facilitators attending the workshop and amongst the participating school districts.

Motivation in Motion

SPONSOR: Alberta Teachers' Association

c/o Ever Active Schools Program

SITE: Edmonton, Alberta

PHONE: (780) 454-4745

WEBSITE: www.everactive.org

The Ever Active Schools Program piloted a program where a qualified physical and health education specialist “motivator” was brought into three Edmonton elementary schools for a limited time to model inclusive and comprehensive approaches to health education. Activities of the motivators included: providing professional development for the school staff; working with the students and parents to enhance student learning; providing opportunities for school staff to observe innovative and positive physical education classes; bringing community resources to the school; and discussing assessment strategies to motivate students. As a result of the project, one of the motivators from the pilot program was hired as a staff member at one of the schools and this person team teaches with every other elementary teacher on staff. Another school changed their timetable to ensure every classroom has a daily 30 minute physical education lesson and teachers continue to use project lessons and resources. The third school has maintained the motivator as a regular classroom teacher and as a facilitator for others, and there are other teachers on staff who help promote the activity programs. Evaluation results also indicate an improvement to physical education equipment and facilities in each of the schools, and changes in offering nutritious snack options for students.

“The attitude change in teachers along with the ability of teachers to use lesson plans and resources was perceived as a major impact in all three pilot schools. In none of the schools does the job of promoting healthy active lifestyles rest on the shoulders of one person alone.” (Project report)

Living Healthier in Grande Prairie and Area

SPONSOR: Grande Prairie Public School

District No. 2357

SITE: Grande Prairie, Alberta

PHONE: (780) 513-7525

WEBSITE: www.gppsd.ab.ca

Grande Prairie Public School District No. 2357 and its project partners sought to enable local schools and communities to develop supportive environments that promote healthy eating and active living for youth and their families. Project activities included conducting

workshops for teacher representatives from each school on topics such as the new health curriculum from Alberta Learning; a session on active living in the schools by Ever Active Schools; and a session highlighting local contacts and resources including the City of Grande Prairie Recreation department and Peace Country Health nutrition services. Seed funding was also provided for local healthy eating/active living projects in eleven communities surrounding Grande Prairie for activities such as an After School Cooking Club, Winter Fun/Try-it Days and various Ever Active Schools activities. Evaluation results indicate that through community outreach activities, parent council involvement, school newsletters, school policy changes and classroom activities, almost 10,000 children in the South Peace region were impacted along with up to 2,000 community members in the surrounding area. Over 90% of schools reported implementing new strategies for a healthier school environment, and 91.6% of school principals reported their school had a healthier environment.

Project L.I.N.K. for Health

(formerly known as Meyo Pimat'sowin)

SPONSOR: Holy Family Catholic Regional Division No. 37

c/o Holy Family Catholic Schools

SITE: Peace River, Alberta

PHONE: (780) 624-3956

WEBSITE: <http://www.hfcrd.ab.ca/Project%20LINK/Project%20LINK.htm>

Holy Family Catholic Regional Division No. 37 sought to address the nutritional needs of their students and families through culturally sensitive education and school policy. Project activities included an in-service on body image, nutrition, and the stages of change for teachers from each school in the division; a Healthy Messages campaign in which students participated in writing and broadcasting radio and newspaper messages encouraging community members to make healthy decisions regarding eating, active living, and smoking; Family Fun events at two schools; monthly cooking classes at one school; and the production and distribution of over 1500 seasonal nutrition newsletters and calendars. In addition, a *Nutrition Policy and Implementation Guide* was developed and adopted for partial implementation by the end of the 2003/4 school year and full implementation by the end of the 2004/5 school year. Results of the project included increased understanding by teachers of the challenges that students face in regards to health issues; increased skills and experience of students in preparing healthy foods; and increased capacity of the school division to establish links with Peace Country Health Region and developing healthy school policies.

"It is likely that many aspects of the project will continue. There are plans to host another lead teacher workshop as part of the second phase of the project in the hopes of maintaining connections with the schools. As well, the Health Region will continue to provide the schools with resources such as newsletter information and resource directories." (Project report)

"At this point, our Nutrition Policy is the most sustainable effect of our current project. Board members and school administration have become convinced of the school division's responsibility in building healthy policies." (Project report)

Productive Lifestyles for All Young People (P.L.A.Y.)

SPONSOR: Immigrant Neighbourhoods Community Planning Association (INCPA)

SITE: Edmonton, Alberta

PHONE: (780) 428-6512

Immigrant Neighbourhoods Community Planning Association aimed to ensure that children, youth, and families of Queen Mary Park and Central McDougall, two multicultural central Edmonton communities, had opportunities to acquire information, access resources, and develop skills to live a healthy lifestyle. Project activities included: publicizing events through a monthly newsletter, recruiting the Multicultural Health Brokers Co-op and other community groups to support the project and community events; assisting families in identifying their specific needs and available resources for achieving healthy lifestyles; giving assistance in accessing and understanding available resources; conducting community kitchens in five cultural communities; and hosting two multicultural events that brought the five cultural communities together. In partnership with iHuman, youth took leadership in producing a contemporary 15 foot mural that identifies INCPA's important neighbourhood gathering place. A multicultural recipe book was also developed and published. Results of the project included increased awareness, skills and knowledge of healthy eating and nutrition among immigrant women and their families; increased sense of social support for both individuals and families; increased facilitation and leadership skills among community members to take action on community issues; and improved cross cultural relations. Partnerships were also strengthened among project participants, the Multicultural Health Brokers, and central Edmonton schools.

MOVE - Making Our Vermilion Energized

SPONSOR: MOVE - A Vermilion Interagency Partnership

SITE: Vermilion, Alberta

PHONE: (780) 853-5270

Website: www.healthyalberta.com/vermilion.asp

MOVE (A Vermilion Interagency Partnership) sought to improve the health of children and youth in Vermilion by enhancing and developing physical activity and healthy eating opportunities. Project activities included offering: *MOVE and Groove*, a session for girls ages 9-13 that included different fitness activities and making healthy snacks; weekly Family Gym Nights that had turnouts of up to 94 per night, including many high-risk families; Healthy Living Fairs; cooking classes; and a presentation at a district wide Youth Conference that was held at Vermilion Elementary School for students in Grades 4 through 6. The MOVE project coordinator also actively participated in classroom teachings and spent time in each class either working on improving nutrition skills and knowledge or doing different activities to get children moving. As a result of the project, teachers, students, and volunteers have access to a variety of resources to promote healthy

"Success for immigrant families in attending in these community events was dependent upon the collaboration between the [partner organizations]. Without this partnership the PLAY project could have not achieved its desired outcomes." (Project report)

"Having such a diverse board of 10 different partners all representing different organizations throughout the community, brought about much expertise and ideas around programming, as well as a strong network of support in terms of [meeting space], in-kind volunteer hours and awareness to the community." (Project report)

eating and active living, including *Cooking in Colour With Kids* cookbooks; *MOVE's Book of Games*; and activity boxes that contain an instruction booklet and items to be used for a wide variety of physical activities that students can use both at school and at home. Six volunteer parents were trained to continue as gym night leaders, and project partnerships were strengthened. Plans are also in place to continue working on healthy school policy and implementing permanent changes in foods that are served at school events, fundraisers and in school cafeterias.

Our Community ... "Moving and Choosing" ... To be Healthy

SPONSOR: Health Connections Association of South Eastern Alberta
c/o Palliser Health Region

SITE: Medicine Hat, Alberta PHONE: (403) 502-8302

Health Connections Association of South Eastern Alberta sought to increase the community's capacity to provide children, youth and their families with access to resources, skills, and knowledge needed to adopt a healthy, active lifestyle. Project activities included the development of a snack program addressing food insecurity as well as nutrition education; experimenting with different types of physical activity at noon hours in various schools; assisting with upgrading nutrition quality of food available in the canteen and in the vending machines; assisting with a program of fitness testing and information to encourage more physical activity among high school students; developing a fitness club; and working with a teacher committee to plan physical activity and nutrition events for Education Week, 2004. A *Family Health Tips* newsletter was also developed and distributed, and presentations were made at various events including a Teachers' Convention, Children's Festival, Youth Wellness Conference, and a *Healthy U* exhibit at the Medicine Hat Exhibition and Stampede. As a result of the project, the junior high school added healthy foods to vending machines; students showed an increased acceptance of the changes to the school environment; and new partnerships were formed to continue delivering healthy snack programs and develop more comprehensive guidelines for implementing healthy policies within the schools.

"This active participation of school and community partners has been a significant achievement, particularly in light of the challenge in bringing together people from different sectors who do not have the same frame of reference for this work. Identifying and engaging the champions in the schools and the community that are willing and able to advocate and influence others is also essential." (Project report)

Community-based Immigrant Mental Health Project

SPONSOR: Edmonton Centre for SITE: Edmonton, Alberta
Newcomers

PHONE: (780) 423-9675 WEBSITE: www.emcn.ab.ca

The goal of this project was to increase the capacity of five Edmonton immigrant communities to develop and provide preventive, educational and support services related to mental health within their own communities, using their own resources. Through project activities, seven mini-projects were implemented, including a multicultural

“For most of the groups there was a sense of accomplishment in knowing that they had planned, implemented and documented their projects well and a [renewed] confidence that they could now consider accessing other available funds.” (Project report)

immigrant women’s fair that attracted 250 participants; sessions with seniors on various mental health topics; three workshops for East Indian and African women from the Caribbean; a Ladies’ Fun Evening organized by the Sikh Women’s Association that attracted approximately 120 participants; regular social events in the Vietnamese and Latin American communities; and a support group for parents of children with disabilities in the Chinese community. The project also engaged institutional partners and community participants in a needs assessment and translation of brochures covering ten mental health topics into 13 languages (one of which included three dialects), including *Alcohol and Drug Problems Happen in All Kinds of Families*, *Making Sense of Depression*, and *Does Someone You Know Have a Mental Illness?* Materials were distributed to ten sites within all 14 ‘linguistic’ communities, for a total of 140 sites. Results of the project included improved cross-cultural understanding, reduced sense of stress and isolation, improved leadership skills, and improved access to existing mental health services for immigrant women and their families. Volunteer capacity was increased in each of the immigrant communities with all of the leaders and volunteers involved reporting that they felt fulfilled and inspired by their added involvement in their respective communities.

Active Edmonton Research and Evaluation Initiatives

SPONSOR: Alberta Centre for Active Living

SITE: Edmonton, Alberta

PHONE: (780) 427-8008

WEBSITE: www.centre4activeliving.ca

and: www.activeedmonton.com

Active Edmonton is a five-year initiative that was launched in May 2003 to increase physical activity participation among residents of Edmonton. The objectives of this project were to measure the effectiveness of Active Edmonton strategies, to identify barriers and strategies to increase physical activity participation, and to document and share the learnings of Active Edmonton with other communities across Canada. Project activities included: conducting an environmental scan to identify existing community resources and current children and youth physical activity initiatives in Edmonton; conducting focus groups to determine current physical activity levels, awareness of physical activity guidelines and Active Edmonton programming; and conducting interviews with human resources executives at various Edmonton businesses to determine physical activity programming currently in place, participation rates, motivational factors and barriers, and awareness of the Active Edmonton program. A survey was also conducted with Active Edmonton members and partners to evaluate the effectiveness of Active Edmonton as an organization, its communication mediums and future strategies, and to determine the overall impact of Active Edmonton. A final project activity included a follow-up telephone survey conducted with respondents who participated in Active Edmonton’s baseline study.

Accès Santé

SPONSOR: Association canadienne-française de l'Alberta, Secrétariat provincial

SITE: Edmonton, Alberta

PHONE: (780) 466-1680

WEBSITE: www.acfa.ab.ca

The aim of this project was to support francophone Albertan families in accessing appropriate health care information, services and resources in the French language. Key partners included the Fédération des parents francophones de l'Alberta, l'Institut Guy-Lacombe de la famille, and the Société de centre de l'éducation permanente du Nord-est de l'Alberta. Project activities included: conducting a survey to determine the information needs of the community; researching, adapting, and developing resource materials relevant to the identified information needs; extending the accessibility of "Francophones aux couches", a French language home visiting program; and exploring, developing, and disseminating information in French about the links between literacy and health. The implementation of a story hour within the resource centres resulted in an increase sense of social support among parents. As a result, the resource centres became referral and information sharing sites for families. Sharing the results of the survey throughout the Francophone community helped to increase awareness about the resource centres, which lead to an increase in the circulation of their resources. Furthermore, the establishment of a network among the resource centres decreased the sense of isolation felt by some rural centres and increased resource sharing. Also, the development of a health guide resulted in increased knowledge of services available to meet health needs among the Francophone community. The guide is now available on the web at www.acfa.ab.ca/sante.asp



Population Health Fund Projects 2004-2005

This section presents an overview of Population Health Fund projects completed in 2004-2005. Projects funded during this year are those that enhanced or expanded on initiatives focussing on healthy eating and active living for school-aged children and youth; and to further develop network and partnership activities.

Making Our Vermilion Energized (MOVE)

SPONSOR: Making Our Vermilion Energized (MOVE) Partnership

SITE: Vermilion, Alberta

PHONE: (780) 853-5270

WEBSITE: www.healthyalberta.com/vermilion.asp

This project sought to increase the capacity of the Vermilion community to ensure sustained access to physical activity and healthy eating opportunities for all school-aged children and youth. Project activities included: completing an inventory of policies and programs that support healthy eating and physical activity for all income levels in Vermilion; partnering with schools in Vermilion to provide low or no-cost activities such as open gym nights and after school cooking programs for children and families; and identifying and training youth and parents to provide ongoing volunteer leadership for healthy eating and active living initiatives. Project partners also worked with the school community to develop school nutrition policies and implement activities in support of Alberta Education's Daily Physical Activity initiative. Evaluation information from previous work by project partners was used to plan and implement project activities. Evidence shows that behaviour change took place in many of the students. This was demonstrated by children bringing healthier lunches to school, increased sales of water in the high school, and the number of parents who have observed their children making healthier choices for school snacks at the grocery store. In addition, permanent changes to school nutrition policies were made, such as "water and 100% juice only" rules in classrooms, healthy classroom party menus, and healthy food items being served at all school-related events.

MOVE was awarded the *Speaking of Food and Healthy Living* Award from the Dietitians of Canada.

Napi Groundmiles

SPONSOR: Napi Friendship Association

SITE: Pincher Creek, Alberta

PHONE: (403) 627-4224

This project supported the participation of Aboriginal families in Pincher Creek in culturally appropriate healthy eating and active living opportunities. Project activities included hosting sport clinics, diabetes presentations, and monthly meetings to share healthy eating and active living information and recipes. Project partners also collaborated to host non-competitive events such as a ceremonial walk/run. All activities were offered at low or no cost. Through collaboration with a local business, the project was able to offer reduced membership rates to a local gym. Evaluation survey results show that participants felt they improved their health and fitness by increasing healthy eating patterns, such as substituting junk food with more nutritious snacks and learning how to read food labels. Overall, project participants felt that the project increased their motivation to make healthy eating choices by providing a better understanding of their own health and fitness levels, helped them to develop and maintain a more active lifestyle through participation in a variety of enjoyable healthy activities, and helped nurture supportive relationships with others who are improving their health and fitness.

“Project partners learned of the need to address the social and economic determinants of health as barriers to healthy eating and active living.”
(Project report)

Promoting Nutrition and Recreation for High Level Aboriginal Youth

SPONSOR: Friendship Centre Society

SITE: High Level, Alberta

PHONE: (780) 926-3355

WEBSITE: www.albertafriendshipcentres.ca/ANFCA_Friendship_Centres/High_Level_Pages/hlevel.htm

This project sought to increase awareness among youth and their families of the impact of physical activity and nutritional choices on health and enhance the capacity of the High Level community to provide low-cost recreation and healthy eating opportunities for High Level youth. Project activities included: linking with youth volunteers and partner agencies that have expertise in nutrition and physical activity to plan, organize, and deliver project activities; providing information sessions for youth on the impact of physical activity and nutritional choices on health; training staff and community volunteers to deliver a variety of no cost recreational activities; and developing and implementing cooking classes to enhance shopping and food preparation skills among youth. Project evaluation results suggest that more High Level youth are selecting nutritious after-school snacks, and there are increased opportunities for High Level youth to experience various recreation activities. Many youth tried activities they had never engaged in before.

“With older youth attending regularly, they are slowly realizing that they are role-models to the younger youth and they are beginning to make efforts to be more conscious of their own actions.” (Project report)

Living Healthier in Grande Prairie and Area - Phase 2

SPONSOR: Grande Prairie Public School District No. 2357

SITE: Grande Prairie, Alberta

PHONE: (780) 513-7525

This project increased the capacity of school communities in the Grande Prairie Public, Grande Prairie Catholic, and Peace Wapiti School districts to ensure sustained access to physical activity and healthy eating opportunities for all school-aged children and youth. Evaluation information from previous work by project partners was used to plan and implement project activities. Project activities were offered at low or no-cost and included implementing an after school cooking club in three participating schools, facilitating Family Fun Nights, and conducting school-based healthy living challenges. Project partners also worked with the school community to create school environments that were supportive of healthy eating and active living. This included implementing initiatives in support of daily physical activity and developing school nutrition policies, such as healthy alternatives in the school canteen and a breakfast program. Teacher training sessions were also offered. Parent councils were involved and were very supportive of the healthy eating and active living initiatives. Parent feedback on the project indicated a high degree of satisfaction and changes in their approach to healthy eating and active living.

Growing Food Security in Alberta ... sowing the seeds for a sustainable food security network

SPONSOR: Dietitians of Canada
Alberta and Territories Region

SITE: Calgary, Alberta

PHONE: (403) 217-5211

WEBSITE: www.foodsecurityalberta.ca

This project increased awareness among Albertans of food security as a health issue for children and increased community action in the area of food security through building a sustainable province-wide food security network. Project activities included: initiating and updating a listserv, website and bi-monthly newsletters; poster presentations; workshops; panel discussions; updating and promoting a food security virtual tool kit; developing an election backgrounder that linked public awareness to political influence; creating and distributing a documentary video on food security issues; and facilitating learning opportunities to foster awareness and promote action on food security issues among community members, service organizations and the private sector. The project evaluation focused on the formation of the Steering Committee and the capacity built within the Steering Committee members. Several sub-committees were formed: Policy, Social Marketing, Network, Website, and Research. A resource review team was formed to approve resources to be shared via the website. The video and accompanying discussion guide are now available on the GFSA website: www.foodsecurityalberta.ca

“Healthy social environments and social support networks were formed through project activities that contributed to an increased sense of community and provided opportunity to welcome new families.” (Project report)

“Food security is the condition in which all people at all times can acquire safe, nutritionally adequate, and personally acceptable foods in a manner that maintains human dignity.” (Kalina, 2001, p.1)



Healthy Children and Families in Pembina Hills II

SPONSOR: Pembina Hills Regional School District #7

SITE: Barrhead, Alberta

PHONE: (780) 674-8518

WEBSITE: www.phrd.ab.ca

This project enhanced the capacity of the Pembina Hills school communities to provide a supportive environment for children and their families to choose healthy eating and active living behaviours. Project activities within the schools included: developing displays; integrating healthy eating and active living activities within several aspects of the school curriculum; offering the Adult Healthy Lifestyle Course (HUGS); and establishing healthy eating contests and activities. Additionally, a healthy school policy committee was formed, resulting in a pop-free zone policy that took effect in September 2005. Recognizing that poverty affects health in so many ways, the project worked in collaboration with community partners to participate on local committees addressing related determinants of health such as Action on Poverty and Barrhead Community Garden. Displays, newsletters and a media campaign served to increase community awareness about healthy eating and active living, as did the development of an active living directory. This project also facilitated the implementation of low or no-cost recreation opportunities, including working with the municipality to develop walking trails.

“Collaboration among the project partners has helped affect change in the overall health of the community.”
(Project report)

Enhancing Local Investment in Nutrition Knowledge (L.I.N.K.) for Health

SPONSOR: Holy Family Catholic Regional Division (HFCRD) No. 37

c/o Holy Family Catholic Schools

SITE: Peace River, Alberta

PHONE: (780) 624-3956

WEBSITE: www.hfcrd.ab.ca/Project%20LINK/Project%20LINK.htm

This project enhanced knowledge among adolescent students and staff regarding the role of nutrition and physical activity in preventing chronic disease and built support for implementation of a nutrition policy in all eight HFCRD No. 37 schools. Evaluation information from previous work by the intersectoral project planning committee was used to plan and implement project activities. Project activities were designed to build capacity within each school and included: establishing a Student Health Team; training additional students and community members to facilitate interactive workshops on the impact of nutrition and activity choices on health; providing cooking classes for youth; developing a website; and facilitating seminars for teachers and parents on key issues such as fundraising, classroom rewards and role modelling. The development of monthly themes and communication seminars with staff lead to the development of champions within each school. Healthy living calendars were developed and over 1800 copies were distributed to all students in the school division. In order to provide ongoing support and coordination of project LINK activities, school principals allocated funding from their 2005-2006 budgets to share the cost of a part-time dietitian.



“The website has received over 1300 hits from across Canada. See www.hfcrd.ab.ca - click on Project LINK for Health.”
(Project report)

Toolbox for Community Action: Building Sustainability

SPONSOR: Boys and Girls Club Community Services

SITE: Calgary, Alberta

PHONE: (403) 943-8008

WEBSITE: www.calgaryboysandgirlsclub.ca

This project built sustained capacity in three Calgary area communities to provide supportive environments for healthy eating and active living in children and youth. The project also completed an evaluation of the *Toolbox for Community Action Implementation Guide*, developed and piloted in 2002-2004. Project activities included: supporting the ongoing development and implementation of action plans in three Calgary communities; recruiting and training additional community members as needed; and conducting a comprehensive evaluation in order to finalize and package a *Toolbox for Community Action*, which will assist other communities in the development of community capacity to support healthy behaviours in children and youth. Strategic intersectoral partnerships were built in order to carry out the project activities. This included establishing linkages with community associations. Local action included the development of community gardens and walkable winter pathways to increase opportunities for healthy eating and active living.

Promoting Healthy School Communities for the 21st Century

SPONSOR: Alberta Coalition for Healthy

School Communities (ACHSC)

SITE: Edmonton, Alberta

PHONE: (780) 413-7910

WEBSITE: www.achsc.org

This project increased awareness and knowledge of comprehensive school health in Alberta school communities and strengthened networks and collaborative action among practitioners, teachers, government agencies, and all stakeholders currently involved in comprehensive school health initiatives. Project activities included: developing a logo; updating the ACHSC website (www.achsc.org); identifying comprehensive school health initiatives and gaps that existed in the province; developing a communication plan to disseminate knowledge, research and promising practices related to comprehensive school health; updating and further developing a membership database; and organizing knowledge-sharing and consultation opportunities. ACHSC has developed a 3-year strategic plan that represents a provincial strategy for comprehensive school health, including efforts to expand partnerships and collaborative action on healthy school policy. Over 270 delegates attended the conference *It Takes Us All: Creating and Sustaining Healthy School Communities*. Conference delegates reported that the conference increased knowledge exchange and evidence-based practice for creating and sustaining healthy school communities. Evaluation of the project reported a better-informed public and stakeholder body and more advocates or champions for comprehensive school health.

“Community members show ownership of the projects. [There have been] lots of spin-offs [which] confirms that community development can work.” (Project report)

Elements of Comprehensive School Health:

- Whole school approach
- Multi-faceted strategies
- Champions provide leadership
- Coordinated processes
- Evidence-based interventions
- Evaluation

(Alberta Coalition for Healthy School, Communities, 2004)

Results also showed that an increased number of people are aware of school community “promising practices” at the school site level and of successful developments at schools, both regionally and provincially.

Footsteps for Hope, Health & Happiness

SPONSOR: Kevin Sirois Fitness Resource Centre SITE: Red Deer, Alberta

PHONE: (403) 342-3103

WEBSITE: www.rdc.ab.ca/continuingeducation/fitness_and_lifestyle/be_fit_for_life.html

The goal of this project was to facilitate social support network development and build community capacity to support healthy eating and active living among school-aged children in three Red Deer communities. Project activities included: implementing a nutrition and active living summer program for school-aged children in the communities of Aspen Heights, Normandeau and Riverside Meadows; establishing Active Living or Health Action committees in the three participating schools; developing and implementing *Cooking Capers* a healthy eating, food preparation and food safety program for Grade 5 students in three target schools; and integrating the Be Fit For Life Network’s existing resources, including the *Active Aliens* program, into the physical education curriculum of the three target schools. The establishment of school health facilitators and champions resulted in enhanced school resources and provided community linkages for enhanced student health. Evaluation results, through the use of pre and post surveys show increased knowledge and skill of healthy eating and active living, more active children, increased awareness of resources in the community and increases social supports.

Building Provincial Integrated Networks for the Prevention of Chronic Disease in Alberta

SPONSOR: Centre for Health Promotion Studies SITE: Edmonton, Alberta
c/o University of Alberta

PHONE: (780) 492-6502

WEBSITE: www.ahln.ca

The goal of this project was to increase awareness and support for the Alberta Healthy Living Network (AHLN) Framework and its priority strategies among community groups, coalitions, and other organizations; and increase networking opportunities among key stakeholders to facilitate increased collaboration within and across sectors to address chronic disease in Alberta. Project activities included: disseminating weekly provincial updates; promoting AHLN membership and sharing the AHLN Framework with community groups, coalitions, and other organizations around Alberta; developing and piloting a process of creating action plans within the context of the AHLN Framework in three sites – Calgary, Westlock and Lethbridge; and providing seed money to the three

“... hiring from within the communities and having the opportunity to mentor and develop these informal leaders is one of the real successes of this project because this will impact sustainability which will continue to benefit the individuals and communities long after this project is done.”
(Project report)

“Community project representatives reported that the AHLN Framework was helpful in that it provided shared language to develop their action plans.” (Project report)

selected pilot communities for the planning and implementing of action plans for working collaboratively to prevent chronic disease. Two pilot sites used the AHLN Framework as the basis for the development of local action plans. One site hosted a community forum, while another delivered train-the-trainer workshops. As a result of the project new partnerships were created and existing partnerships were strengthened. The project also provided impetus for action on other initiatives and projects, including the formation of the Calgary and Area Healthy Living Alliance.

Santé en Action

SPONSOR: Institut Guy-Lacombe de la Famille

SITE: Edmonton, Alberta

PHONE: (780) 468-4882

WEBSITE: <http://collections.ic.gc.ca/guylacombe/>

This project sought to increase the Francophone community's awareness of healthy eating and promote physical activity, particularly in youth, by offering information, workshops, and activities in partnership with la Fédération des parents francophones de l'Alberta, via 14 community resource centres and Francophone schools across Alberta. Project activities included: collecting, disseminating and facilitating access to Francophone information about healthy eating and physical activity by obtaining French language resources that could be loaned to community members; developing a healthy eating and active living resource toolkit that was distributed to 4000 French speaking youth in Alberta; developing healthy eating and physical activity initiatives for youth; and printing articles in locals newsletters. The project also hosted a province-wide physical activity and nutrition awareness week in February targeting Francophone families. This event was planned and implemented in partnership with local resource centres, parent committees and school boards.

"The Santé en Action project increased my awareness. I was surprised how many servings of fruit and vegetables I do not give my children, and all the while I thought we were eating very well. However, through this activity I noticed how active and sport-minded we are as a family."
(Community participant)



New Population Health Fund Projects 2005-2007

The following projects were approved in December 2005. Project results and learning will be shared in the Program Evaluation Summary Report in 2007.

Strengthening Public Health in Alberta

SPONSOR: Alberta Public Health Association

This project aims to strengthen public health in Alberta by building support among decision makers for increasing public health capacity, celebrating public health success stories to increase awareness of the role of public health in promoting population health, and increasing the capacity of public health practitioners to promote healthy living and reduce health disparities. Project activities include: working with project partners and stakeholders to plan and implement a one-day celebration of public health education and media event, as well as a health promotion summer school.

Building Capacity to Address the Social Determinants of Health for the Prevention of Chronic Disease in Alberta

SPONSOR: Governors of the University of Alberta
c/o Alberta Healthy Living Network

This project aims to increase the capacity of communities and practitioners to understand and address the root causes of health disparities while working in integrated chronic disease prevention approach in Alberta. Project activities include: hosting videoconference learning and networking opportunities; identifying and disseminating tools to increase awareness and understanding of the social determinants of health; promoting AHLN membership; and sharing the AHLN Evaluation Framework with community groups, coalitions and other organizations around Alberta.

Collaborative Action for Capacity Building with Vulnerable Youth in Alberta

SPONSOR: Alberta Public Health Association
c/o Alberta Social and Health Equities Network

This project will engage the participation of vulnerable youth to increase their awareness of the social determinants of health (SDOH) and facilitate capacity building initiatives on social policy development and advocacy. Project activities include: identifying barriers to participation among vulnerable youth; producing and disseminating communication tools; facilitating learning opportunities through local community workshops for vulnerable youth to increase awareness and skills to promote collective action; planning and implementing a provincial workshop on SDOH and policy change strategies; facilitating networking opportunities to assist youth in identifying champions among decision makers and to develop strategic alliances.

Urban Aboriginal and Métis Settlement Populations: Developing an Action Framework for Injury Prevention

SPONSOR: Alberta Centre for Injury Control and Research

This project aims to strengthen partnerships among injury control stakeholders to develop and disseminate a culturally relevant framework for injury control among urban Aboriginal and rural Métis. Project activities include: establishing an intersectoral Aboriginal Injury Prevention Working Group; conducting an environmental scan to identify gaps in awareness, knowledge, capacity and resources in injury prevention; conducting stakeholder focus groups; and developing a framework for action plans to address injury prevention needs of urban Aboriginal and rural Métis. The action framework will serve as a culturally appropriate “process model” to guide future injury prevention initiatives by urban Aboriginal and rural Métis settlements.

Growing Food Security in Alberta – Participatory Community Based Workshops

SPONSOR: Dietitians of Canada Alberta and Territories Region
c/o Growing Food Security in Alberta

This project aims to build capacity within five to seven rural Alberta communities to develop action plans to address food security. Project activities include: hosting learning and skill building opportunities to foster awareness and promote action on food security issues among community members, service organizations and the private sector in the target communities; providing support for these communities in planning and implementing local food security action plans; maintaining and updating the Growing Food Security in Alberta listserv and website; producing and distributing communication tools; and distributing a documentary video on food security issues.

Building Networks for Comprehensive School Health

SPONSOR: Alberta Coalition for Healthy School Communities

This project aims to increase awareness and knowledge of comprehensive school health (CSH) in Alberta school communities and enhance networks and collaborative action among practitioners, teachers, government agencies, and all stakeholders currently involved in CSH initiatives. Project activities include: completing a stakeholder needs and capacity assessment for CSH planning, implementation and evaluation; developing and disseminating a background paper on socio-economic determinants of child, family and community health in school settings; compiling a resource of evidence-based practices on school nutrition policies and health disparities in the context of CSH; and planning and hosting a provincial conference to increase knowledge-sharing and networking opportunities.

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