

Community Health and Social Services Network (CHSSN)

***We Can Act***

*A Community Health Promotion  
Strategy for English-speaking Communities*

**Final Report on Results 2008-2009**



For

Population Health Fund - Public Health Agency of Canada

**CHSSN**

*Community Health  
And Social Services Network*  
Réseau communautaire de santé  
et de services sociaux

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## I. Brief Summary

The We Can Act (WCA) project is *a community health promotion strategy for English-speaking communities* built on an initiative launched in 2003: “A Community Guide to the Population Health Approach”. The purpose of this guide was to introduce community organizations to the population health approach towards defining needs, priorities and actions to improve the health determinants affecting minority English-speaking communities in the Province of Quebec, Canada. Since 2005, the WCA project has enabled the CHSSN, its affiliated community organizations and their health and social service partners, to apply and share population health strategies, models and approaches enunciated in the guide.

The 2008-2009 project was established according to an evolution of strategies identified since 2005, and from the recommendations identified in the 2007-2008 WCA evaluation report. These strategies are *mobilization; community capacity building; and strategic information*. A full listing of activities accomplished can be seen in illustration I.

Each strategy has produced a significant outcome in 2008-2009. The mobilization strategy has resulted in the development of a public health collaboration framework between the CHSSN and the Institut national de santé publique (INSP). This collaboration identifies a five-year commitment in addressing health inequities in the minority English-speaking community. In addition, a CHSSN community action plan 2009-2013 was developed which provides a comprehensive road map for achieving certain public health results.

The community capacity building strategy resulted in supporting fourteen non-profit organizations and nineteen schools in building partnerships with public health professionals for the piloting of adapted public health programs and services for the minority English-speaking community. Among other outcomes, this strategy has helped strengthen the role of the non-profit and community sector in public health, and mobilized minority community members and networks to actively address health inequities facing them.

The strategic information strategy strengthened the role of public health professionals (INSP) in identifying the health inequities that exist in the minority English-speaking communities in the province of Quebec. This is demonstrated by the INSP producing health determinant information on the English-speaking community and making it accessible by placing it on their web portal *santéscope*.

***These outcomes are strengthening the capacity of the community, non-profit sector and public health professionals serving them in becoming more aware of, and taking action on, the health determinants affecting them.***

## II. Background

(For a full background on CHSSN please refer to the WCA evaluation report 2008-2009.)

### ***Background 2008-2009:***

As part of the Official Languages Health Contribution Program *Networking and Partnership Initiative* 2009-2013, the CHSSN will be engaging new administrative regions for the development of community health and social service networks. Additional networks provide further opportunity to employ population health strategies and greater involvement of the English-speaking population in the province of Quebec. In addition, the CHSSN *Community Action Plan* 2008-2013 identifies public health strategy including five-year targets to be achieved. This plan should strengthen partnerships and commitment to public health in future years.

(A description of overall project needs is available in the WCA evaluation report 2008-2009).

### ***Demographic and health determinant characteristics of English-speaking communities***

The Report to the Federal Health Minister and a companion evidence base show a general demographic decline of communities in most regions, with dramatic decline in certain areas.<sup>1</sup> The phenomenon of aging communities and loss of adult-aged members traditionally providing social support is identified along with vulnerable groups living with low income (unattached individuals and single-parent families). The portrait of low income is generalized across the regions with many English-speaking minority communities relatively more disadvantaged when compared to the French-speaking majority.

English-speaking communities are generally experiencing higher unemployment rates than the Francophone communities of their regions. In the national context, English-speaking minority communities are second after New Brunswick with respect to high jobless rates relative to adjacent majority communities.

English-speaking minority communities are vulnerable with respect to social environments and social support networks. The evidence points to a weaker sense of belonging to local communities, when compared to other groups. The belief that the future of English-speaking minority communities is threatened is prevalent, and indications of youth out-migration are identified. There is a phenomenon of significant recourse to family and friends in the case of illness. This is reflected in dramatic rates of unpaid care of seniors in English-speaking minority communities, when compared to other groups.

A national portrait of use of health services by official language minorities and majority groups reveals that English-speaking minority communities scored lower than all other groups with respect to having a regular doctor, use of hospital services and difficulty getting care from a specialist. The study also

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<sup>1</sup> CCESMC, "*Building on the Foundations – Working Toward Better Health Outcomes and Improved Vitality of Quebec's English-speaking communities*", Compendium of Demographic and Health Determinant Information on Quebec's English-speaking communities, CHSSN, 2007. The document is available on the CHSSN website, <http://www.chssn.org>.

noted significant differences with regard to rating of quality and satisfaction with health care and community-based services.<sup>2</sup>

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<sup>2</sup> Elena Tipenko, *Statistical analysis of health system utilization, use of diagnostic testing, and perceptions of quality and satisfaction with health care services of Official Languages Minority Communities (OLMC)*, working paper, MSDAD, Health Canada, 2006.

### III. What did you intend to do in this project?

Three major strategies and outcomes were desired for the 2008-2009 project.

#### 1. Mobilization Strategy:

Evolve and strengthen the capacity and interests of major project stakeholders to enter into more collaborative partnerships.

- ✓ *Intended Outcome:*  
*An action plan and formal partnership in public health has been established between the CHSSN and the INSP.*

#### 2. Community Capacity Building Strategy:

Extend support to communities in their efforts to engage public health professionals in the piloting of adapted public health programs.

- ✓ *Intended Outcome:*  
*Adapted public health programs in selected English-speaking regions have been piloted and the community/volunteer sector has strengthened their role in public health.*

#### 3. Strategic Information Strategy:

Continue to support community and public health professionals in applying health determinant information as means to identify public health priorities and partnerships.

- ✓ *Intended Outcome:*  
*Public health professionals (INSP) are producing and using health determinant information on the English-speaking community.*

**Illustration I: Portrait of primary activities achieved**

	<b>Activities Achieved</b>
<b>Mobilization Strategy</b>	<ul style="list-style-type: none"> <li>✓ Developed a collaboration framework between the CHSSN and the INSP.</li> <li>✓ Inclusion of a public health strategy including five-year targets in the 2008-2013 CHSSN Community Action Plan.</li> <li>✓ Organized exchanges between minority language health and social services networks.</li> </ul>
<b>Community Capacity Building Strategy</b>	<ul style="list-style-type: none"> <li>✓ Supported fourteen community organizations and their public health professionals in the piloting of adapted public health programs in the English-language, including involvement of nineteen English-speaking schools.</li> <li>✓ Adapted and made accessible a provincial health campaign 5/30 Health Challenge to the English-speaking community.</li> <li>✓ Hosted a forum to share population health strategies, models and resources.</li> <li>✓ Supported the delivery and partnership development of a Community Public Health Education Program.</li> <li>✓ Participated in the 2008 provincial forum on public health (JASSP).</li> <li>✓ A senior's health promotion binder was produced.</li> </ul>
<b>Strategic Information Strategy</b>	<ul style="list-style-type: none"> <li>✓ 2006 Statistics Canada profiles were developed for each health region.</li> <li>✓ Purchased 2006 data from Statistics Canada according to mother tongue.</li> <li>✓ INSP produced health determinant information on the English-speaking community. Available on their website <i>santéscope</i>.</li> <li>✓ Produced a portrait on the situation of poverty of the English-speaking community in the province of Quebec.</li> </ul>

*Describing unintended activities and difficulties encountered.*

**Mobilization Strategy:**

The CHSSN and its affiliated health and social service network coordinators met face to face for an information exchange with the francophone health and social service network representatives operating outside the province of Quebec. This activity occurred as a result of the timing and location of the JASSP conference held in Quebec City.

**Community Capacity Building Strategy:**

To strengthen a provincial partnership with the Montreal Children's Hospital in the delivery of a Community Public Health Education Program, the CHSSN created a partnership agreement for the delivery of twelve health education sessions via video conferencing involving approximately 700 participants.

**Strategic Information Strategy:**

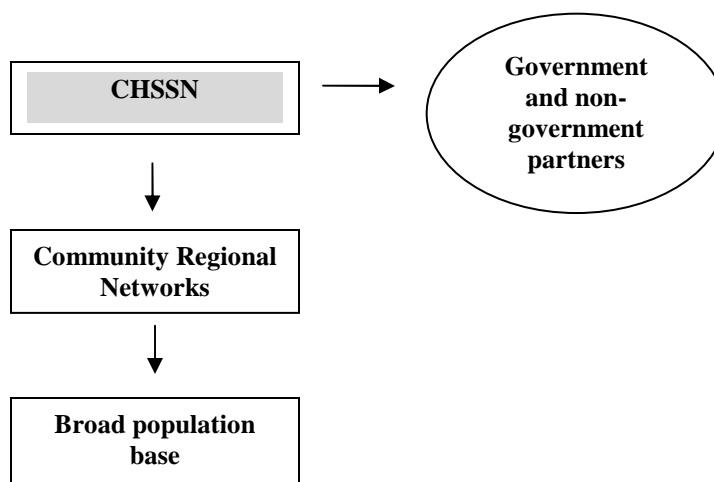
The CHSSN was unable to access data from the post censal survey and instead purchased 2006 Statistic Canada data on mother tongue so that the INSP could make it available on their website. This data has also been added to the CHSSN data model and can be accessed by researchers.

Concerning 2006 census data on revenue and low-income of the English-speaking community in the province of Quebec revealed a need to develop a more detailed portrait on the situation of poverty of the English-speaking community. This health determinant has now been identified as a high priority, and will be a future focus for the CHSSN and its partners.

## IV. Participation of the Population Group

The CHSSN works in partnership with nine health and social services networks and five other regional community organizations. These networks and organizations consist of paid staff and volunteers, and are a representative body and voice for the community. Government and non-government organizations participate as network members acting as the link between community and the coordination and delivery of services to community. This network model serves as the process through which the population group (community) is consulted and solicited to participate in project activities. Illustration II below highlights the CHSSN network model for community engagement and participation.

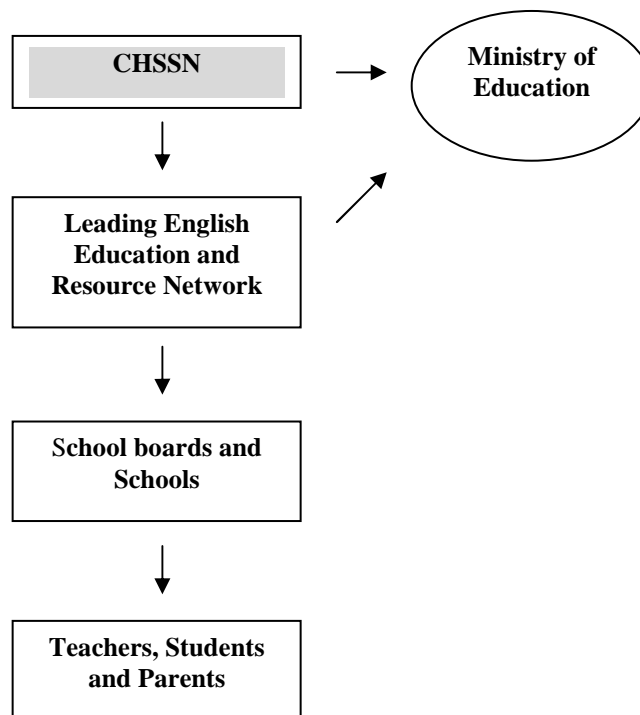
Illustration II: CHSSN Community network model for community engagement and participation



***Adaptation to the model 2008-2009:***

In 2008-2009, an adaptation to the model was required to accommodate a provincial partnership with the Ministry of Education in the advancement of a school-based health promotion program *Healthy Schools*. Illustration III describes this model.

Illustration III: CHSSN school-based network model for community engagement and participation



## V. Partnership and Intersectoral Collaboration

Partners consisted of nine health and social service networks, five regional community organizations, and two provincial partnerships. These partnerships were with the Institut national de santé publique and the Leading English Education and Resource Network. The following chart (Illustration IV) demonstrates how the population group participated with the CHSSN in the WCA 2008-2009 project:

Illustration IV: Participation of population group/partners

Strategy	Population Group/Partners Involved	Contribution
Mobilization Strategy	INSP Société Santé en Français (SSF)	INSP-In kind staff time for development of collaboration framework. SSF- covered half the costs associated to hosting an exchange with French-language networks outside of Quebec.
Community Capacity Building Strategy	Voice of English-Speaking Quebec Townshippers' Association East Island Network for English Language Services Outaouais Health and Social Services Network Neighbours Regional Association Lower North Shore Coalition for Health North Shore Community Association Magdalen Island Network for Anglophones Vision Percé-Gaspé Now Committee for Anglophone Social Action Megantic Community Development Corporation 4 Korner LEARN QCGN Montreal Children's Hospital	These organizations provided in-kind human resource time in the design and piloting of adapted public health programs.
Strategic Information Strategy	INSP	In-kind staff time and space and promotion on website.

## VI. Results

*Describe what you see as the major accomplishments or achievements of the project and what difference this project made in the community.*

- ✓ A public health collaboration framework between the CHSSN and INSP has initially resulted in the INSP producing health determinant information on the English-speaking community. This will allow community and health planners to access health determinant data on the minority English-speaking community, and should lead to increased awareness of health determinants affecting them. This is one of many results expected in this five year collaboration agreement.
- ✓ The inclusion of a public health strategy in the 2009-2013 CHSSN community action plan, identifies a focus for the CHSSN and its partner's in addressing inequalities in health in the minority English-speaking community in the province of Quebec. This focus should lead to improved health status of the community.
- ✓ An exchange between minority health and social services networks in Quebec and outside of Quebec has lead to increased resource sharing and knowledge transfer. Continued efforts to do this kind of exchange should increase the capacity of minority health and social service networks across Canada to engage their communities in addressing persisting health inequities.
- ✓ A provincial partnership with LEARN has resulted in nineteen schools (teachers, parents and students) participating in the design and delivery of health promotion activities. These activities are advancing the healthy schools framework adopted by the ministry of Education.
- ✓ Minority English-speaking communities successfully developed partnerships with public health professionals, further strengthening their role in public health. This should lead to an increase in public health services available to the English-speaking population.

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*Describe your experiences and knowledge gained by applying a population health approach (including which determinants of health were affected or influenced and how they were influenced).*

**The following four insights were gained in the 2008-2009 project:**

1. Exchanges to sensitize health planners and related public health professionals need to, and have led to, formal written commitments (ie. collaboration agreement with INSP). These formal commitments are essential benchmarks for the immobilization of partners and resources necessary in addressing determinants of health and ultimately health inequalities of a population.
2. Experiences in exchanges with other minority health and social service networks across Canada reveal an abundance of untapped knowledge and resources. Efforts must be made to better capitalise on the experiences of minority-language health and social networks in addressing determinants of health in their various communities. across
3. As suggested in the WCA evaluation report 2007-2008, community capacity building techniques (i.e., empowerment, acquisition of new skills, information, resources and knowledge and leadership opportunities) aids the population group take action on their health. The integration of these techniques within the WCA project has led to an increase in leadership and community involvement in planning and delivering population health initiatives.
4. Continued from 2008-2009, emphasis in addressing social environments as a key determinant of health aids in the strengthening of social networks, and enhances participation (building of attachments) between institutions, organizations and the populations at large.
5. Again, continued from 2008-2009, the network and partnership model adopted by the CHSSN continues to be effective in the delivery and sustainability of population health initiatives. This provides, among other things, an administrative and planning framework for the implementation of adapted public health programming.
6. A portrait on the situation of poverty of the English-speaking community in the province of Quebec reveals high disparities between majority and minority language communities on a number of important health determinants such as low-income and unemployment.

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***If any activities will continue beyond the project-funding period, describe them and indicate how they will continue.***

***Mobilization Activities:***

The collaboration agreement between the CHSSN and INSP provides a four year commitment to public health. Activities generated from this collaboration should continue beyond the project funding period. Further, contacts established between minority language community health and social services networks should also continue beyond the project funding period.

***Community Capacity Building Activities:***

The CHSSN network model for community engagement and participation continues to support regions in sustaining activities and identifying resources. Sustaining the ongoing implementation of adapted public health programming could vary according to the level of partnerships and fiscal and in-kind contributions acquired by each regional network.

***Strategic Information Activities:***

The CHSSN Community Support Team provides an ongoing resource for communities in developing statistical health determinant profiles of their communities.

***If any resources were produced during the project, describe the dissemination process (i.e., what material was disseminated to whom; was the material in hard format, electronic, web based CD, and how it was distributed).***

***Mobilization:***

Two documents were produced (public health collaboration agreement and CHSSN Community Action Plan). The latter document is available on the CHSSN website and was disseminated to all CHSSN members.

***Community Capacity Building:***

A community health education template was produced. It was disseminated at a mini workshop directed at community health networks, and then posted on the CHSSN website.

***Strategic Information:***

2006 Statistics Canada profiles were developed and disseminated to each health region. The INSP produced health determinant information on the English-speaking community and this resource is available on their website *santéscope*.

Further, a portrait on the situation of poverty of the English-speaking community in the province of Quebec was produced and disseminated to community health networks, and a poster presentation at the 2009 conference on poverty hosted by the Canadian Council on Social Development was also produced.

## VII. Evaluation

*Describe the evaluation process carried out during each activity or phase of your project.*

Illustration IV: CHSSN WCA Evaluation Process

Steps	Actions
1. Defining the project work	<p>Working session with CHSSN staff in development of draft work plan.</p> <p>Validation of work plan and proposed activities with regional networks according to their needs assessments and priorities developed.</p> <p>Solicitation and input from identified partners.</p> <p>Identification of contracted partners, resources and skills required.</p> <p>Confirmation of project administration team and delivery of participatory evaluation training and dissemination of information.</p> <p>Confirmation of the results-based participatory evaluation process.</p>
2. Developing success indicators and their measures	<p>Created evaluation/indicators grid for CPHS projects. Created column for indicators on CPHS project submission template. Working session held with INSP in identifying activities and corresponding indicators.</p>
3. Collecting the evaluation data	<p>Designed and delivered of participatory evaluation focus groups with regional networks, CHSSN staff and affiliated partners.</p> <p>Administered large group feedback session proceeding community retreat and training.</p> <p>Implemented reporting template created in previous year to collect results of the 14 public health projects.</p>

<p>4. Analysing and interpreting the data</p>	<p>As evaluation data was collected, it was disseminated to the implicated population group and partners for key learning's to be identified.</p> <p>Responses to interviews were themed and compiled according to the participatory evaluation framework template. Templates were reviewed by evaluator and CHSSN team in preparing final reports and the mandatory final report for PHAC.</p>
<p>5. Using the results</p>	<p>Results and learning's identified by individual health networks were shared with other networks. Many tools and best practises were shared.</p> <p>Analysis of participant feedback has led to the planning of a future meeting between minority language health networks across Canada.</p> <p>Recommendations stemming from the study on poverty has led to the planning a more in-depth study in a particular region.</p> <p>Community interest in using health determinant statistical information is leading greater awareness health inequities facing English-speaking minority communities in the Province of Quebec.</p>

## VIII. Recommendations

1. Information exchanges between minority language communities sharing similar health inequities should be continued. It provides an important forum for the transfer of knowledge, innovation, sharing of resources, and avoids isolation and duplication.
2. Important long-term partnerships are establishing between community health networks and public health professionals. Continuing to support communities in their efforts to partner with health professionals for the piloting of adapted public health programs should lead to improved health status of the population.
3. The voluntary sector is demonstrating an enhanced capacity to build partnerships and collaborations with health professionals. Ongoing training and professional support offered to this sector should strengthen their role as credible partners in addressing the health inequities.
4. The piloting of adapted provincial health promotion campaigns in the English-language and involvement of the minority community in its promotion, is achieving results. This model could be replicated to other health promotion campaigns inaccessible to the English-speaking minority community.
5. Involving the community in addressing a major health determinant such income and social status, is revealing new information and mobilizing community to take action. An in-depth analysis focusing on a particular region should reveal barriers to poverty and strategies to overcome these barriers.

## Appendix I: Chart on Results of the Community Public Health Strategy

<b>COUNCIL FOR ANGLOPHONE MAGDALEN ISLANDERS (CAMI)</b>	
<b>ACTIVITIES ACCOMPLISHED</b>	<b>RESOURCES PRODUCED</b>
<p><b><u>Partnering to address the issue of substance abuse for Anglophone youth of the Magdalen Islands</u></b></p> <ul style="list-style-type: none"> <li>• Round table discussion with CSSS des Iles officials, CAMI reps, ADAPT reps and other potential stakeholders</li> <li>• CAMI presented the PH strategy and as a result was able to determine some of the services that are available, in regards to substance abuse awareness for youth.</li> <li>• CSSS interveners collaborate with CAMI &amp; ADAPT to execute awareness and prevention activities within the ES schools during alcohol and drug awareness week. Support from CLSC nurse and school health nurse. An activity on drugs and alcohol and the risks of sexual assault was done at Grosse Ile school with the collaboration of CALACS. The Street worker, attended activities at Entry Island School during prevention day and also attended at one of the prevention days at Grosse Ile School.</li> <li>• Meet with the director of the Maison des Jeunes to discuss the availability of the street worker and to encourage a greater interest in the ESC (as this street worker has been hired by the Agency to serve the entire population of the Magdalen Islands and shows little interest in the community, we are following up with them on a regular basis)</li> <li>• Host Drug and Alcohol prevention week at Grosse Ile School in collaboration with Entry Island School, CLSC nurse, street worker of Maison des Jeunes du Havre-Aubert and EI school's Spiritual Animator.</li> <li>• Themes were: "<b>Hugs not Drugs Day</b>" messages were put in a bottle and set out to sea. "<b>Keeping our bodies healthy</b>"</li> <li>• "<b>Letting go</b>" A letting go ceremony was held by letting go balloons that had a drug or alcohol free message written on them. The children were asked to think of someone who has overcome addiction or someone who has suffered because of this disease. Parents were invited to have a healthy lunch with us and afterwards we all participated in a drug/alcohol information rally. "<b>Turn your back on drugs day</b>" Mr Hugh Fraser from Fraser Recovery Program helped during those activities and also had discussion with the students. A full afternoon of awareness and information activities on addition with the professionals which the street worker and the First Responder Captain/Chief of Fire department answered any questions students had. Parents were asked to attend a workshop "motivate parents to motivate children" given by the School Principal.</li> <li>• Collaborate with local volunteers, street worker, leisure animator, student council to implement drug and alcohol free activities at the newly developed "community room" for youth at the school. (this room will be led primarily by volunteers. The purpose of developing this room is to keep youth off the streets and encourage them to participate in structured activities such as movie nights, game nights, etc.) ie: Mother/daughter self esteem pj party.</li> <li>• Information tools, resources, etc. made available on CAMI's recently developed website "Island Odyssey for Health". <a href="http://islandodysseyforhealth.com/">http://islandodysseyforhealth.com/</a></li> </ul>	<p>Resources for parents a direct link on school website. Weekly pamphlet distributed to high school students with knowledge on various drugs Prevention week-Information sessions with Fraser Recovery program, school officials, CSSS des Iles health professionals and Street worker. Drug &amp; Alcohol awareness rally for prevention The Public Health drug and alcohol awareness strategy in partnership with Adapt Pamphlet (10 things every kid should know about drugs)</p> <p>Agenda – Drug and alcohol prevention and awareness week at Grosse Ile High School from November 24<sup>th</sup> – 28<sup>th</sup>.</p> <p>Newsletter update (WCA and A.D.A.P.T.) Island Odyssey for Health". <a href="http://islandodysseyforhealth.com/">http://islandodysseyforhealth.com/</a></p>

- Distribute fact sheets bi-monthly youth at the ES school emphasizing on a specific drug and its affects.

**Partnering to develop a holistic health program for ES seniors of the Magdalen Islands**

A coordinator was hired to develop and pilot activities and development of partnerships with CSSS, Foster Home, 50 Plus Club, Centre de jour program, Adult Education Centre, CEDEC, etc.

Program is as followed:

- Senior Walking Club (ages 50-65, 65 and older)
- Healthy Cooking Classes
- Computer Course
- Day Center in the local foster home (The coordinator for this program is not fluent in the English language, therefore the CAB DES Iles has agreed to support the CSSS by having their Coordinator on site for the day. The CAB Coordinator is able to act as a “Translator” and also co-animates the day’s activities.
- A holistic health program for seniors is developed tailored to the needs of the ESC.
- A senior’s consultation is organized prior to the development of the program in order to determine the needs & priorities of ES seniors of the Islands (at this consultation the seniors were given a brief overview of the project and were asked to complete a short survey. As a result, the aforementioned activity program was developed.

Additional support is available to English speaking Caregivers I collaboration with CSSS health professional.

- Palliative Care workshops are organized and carried out in the English speaking community for families and caregivers.
- “How to care for a senior at home” workshops are organized and offered to English-speaking caregivers.

## COMMITTEE FOR ANGLOPHONE SOCIAL ACTION (CASA)

ACTIVITIES ACCOMPLISHED	RESOURCES PRODUCED
<p><b><u>Port Daniel and neighbouring communities</u></b></p> <ul style="list-style-type: none"> <li>Expanded knowledge base of the three targeted ESC's: Focus groups and surveys were completed before Christmas and compilation and analysis of the data was done throughout January and February. A draft of the report has been submitted but it needs revision, an executive summary and recommendations to be drafted for CASA and the CSSS's. Report should be completed by Mid-May.</li> <li>Formal entente de service between the CSSS Baie-des-Chaleurs and the CSSS Rocher Percé to serve the targeted ESCs: Agreement between the two CSSSs has been signed by the latter, but not yet by the former institution. Follow-up will continue until the document is completed and implemented. A program of child stimulation and parental support activities has been developed by the Paspébiac CLSC (CSSS B-d-C) for the target population, but not yet implemented. This is a priority since the need for infant stimulation is high in the target group. We will follow up to ensure the CLSC moves forward on this issue. 2 meeting with project partners to review the results of the study and to plan the family fair day.</li> </ul> <p>Public health plan for the targeted ESCs: On Saturday March 21 at the Shigawake-Port Daniel School we held a family fair day bringing parents and children out together and informally bringing parents up to date on the outcome of the study and the future plans for health promotion activities and the day was a great success, attracting 42 participants and nine community groups. The day included brief presentations by the CLSC staff who will be providing the program for parents and children. An evaluation of the day indicated that parents want more activities for the youth – especially sports for the older ones – and more social activities for the adults. We also discovered that many who did not go to the event found it was too far to go: separate events in each of the three municipalities may encourage greater participation in the future. A calendar of health promotion activities has been drawn up with emphasis on the use of Tele health materials, in response to needs expressed in the report.</p>	<p>Questionnaire on health care issues (Hopetown-Shigawake-Port Daniel area)</p> <p>Study on Health care needs amongst the English-speaking people, Hopetown to Port Daniel (draft)</p> <p>Calendar of health promotion activities</p>

## COASTERS

ACTIVITIES ACCOMPLISHED	RESOURCES PRODUCED
<p>To finish portrait (including workplan/strategic plan) from phase 1 of public health programming offered to the region (regional document produced in partnership with North Shore Association)</p> <ul style="list-style-type: none"> <li>• Schedule of activities created and achieved</li> <li>• Created data base of public health planners identified for health planners in region 09 and outside of region 09. Accessed and compiled all H&amp;SS activities available to children aged 0-5. Accessed and compiled all physical activity and nutrition programs for youth 0-17 and available infrastructures in each community on the LNS.</li> <li>• Planned, prepared and held two (2) meetings with LNSCH to discuss and plan strategies to improve access to public health programs. Public Health Strategy developed and pending approval from LNSCH.</li> <li>• Component developed in regards to on and off coast public health programs/services and added to HSSNPI Strategic and Sustainability Plan (pending approval from LNSCH).</li> <li>• Planned, prepared and held two (2) meetings with CSSSBCN to discuss and plan strategies to improve access to public health programs.</li> <li>• Public Priority actions developed for 2009-2010.</li> </ul> <p>Public Health activity planned, carried out and evaluated: All Municipalities (High Schools): Prevention and promotion in building self esteem, bullying awareness and education strategies for stronger youth by setting-up information booths</p> <ul style="list-style-type: none"> <li>• Work sessions held with each high school to discuss priorities, strategies and actions</li> <li>• Five events held in the five (5) High schools on the LNS</li> <li>• St. Augustine and Netagamiou School Pink T-shirt day were held, 128 children took part and wore pink t-shirts to support and put an end to bullying throughout the day. Games were played and discussions held around building self esteem and bullying awareness</li> <li>• In MGR Scheffer and Mecatina schools 200 youth took part in and created videos, power point presentations and radio clips on the topic of bullying, and then hosted a day with parents to show various presentations created by the students and discuss the topic of bullying.</li> <li>• In St. Paul's High school an educational set of DVD's were purchased and training sessions were held with 30 teachers and support staff to be able to better deal with the issue of bullying</li> </ul> <p>Promotion and Animation of the Program 5-30 which will encourage the population to participate in 5-30 events and adopt a healthier lifestyle</p> <ul style="list-style-type: none"> <li>• Created job posting and hire and assistant for activity implementation</li> <li>• 250 people enrolled in the 5-30 program</li> <li>• 2 newsletters produced</li> <li>• 2 interviews with local radio stations held</li> </ul>	<p>Newsletters</p> <p>Radio capsule</p>

<ul style="list-style-type: none"><li>• 1 radio interview held with CBC radio</li><li>• 1 radio capsule created for local radio stations</li><li>• 5-30 radio capsules with Otis Grant distributed to local radio stations</li></ul> <p>Prevention and promotion kits for cancer awareness, heart disease, diabetes, etc...</p> <ul style="list-style-type: none"><li>• Schedule and held meetings with CSSSBCN staff</li><li>• Research and ordered materials for 400 prevention and promotion bags for breast and colon cancer awareness, heart disease, and diabetes</li></ul>	
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## COMMUNITY LEARNING CENTRE (CLC)

### ACTIVITIES ACCOMPLISHED

### RESOURCES PRODUCED

#### Healthy living Habit

- Snow shoes and trails: Improving youth nutrition through guided meal preparation,; Healthy snacks are fun; Mini chef nutrition project; Community garden; Healthy schools approach launch with healthy choices activities; Nutrition Week; Tools for fitness (Wii and snowshoes): Dance your socks off; Nutrition
- More than 1222 Youth in schools were involved
- More than 377 families were involved
- More than 100 Community members were involved, with some strategies touching entire towns
- Over 16 community groups and over 65 teachers were involved
- Health Week videoconferences: 15 CLCs took part – 3 CLSC involved

#### Safe and Healthy Behavior

- Safe Games and Friendship; Headstart Tutoring; Healthy life skills program; Community Quilts; Self Esteem; Information on risky behaviour; Low fitness room and yoga at lunch
- More than 256 youth in schools were involved
- More than 83 community members and 7 community groups were involved
- More than 22 school staff were involved
- 2 CLCs took part – 1 NPI



<ul style="list-style-type: none"><li>• Nutrition quizzes</li><li>• Weekly news, quotes, encouraging messages</li><li>• “Did you know”, information about healthy foods</li></ul> <p>In schools:</p> <ul style="list-style-type: none"><li>• Gave out pedometers</li><li>• Newsletters used: quizzes given to students, quotes posed in the lobby</li><li>• Provided teaching plans to teach healthy eating class (activities which could be done with students).</li><li>• Stayed in close contact with school representatives (eg Student advisor or community organizer) and provided additional material when needed</li></ul> <p>Evaluation:</p> <ul style="list-style-type: none"><li>• Sent out certificates and evaluation forms</li></ul>	
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## ENGLISH NETWORK RESOURCES IN COMMUNITY HEALTH (ENRICH)

### ACTIVITIES ACCOMPLISHED

### RESOURCES PRODUCED

Partnership formed with the Western Quebec School Board:

- Teachers produce the pedagogical component, based on the Quebec Education Program, for the RAP DVD Look Good Feel Great
- they developed a Learning Evaluation Situation (L.E.S.) to accompany the video
- A professional package was developed and includes the DVD and LES for the use of cycle 2 secondary teachers
- Regional Dissemination plan developed, LES and the DVD package is promoted in WQSB Schools
- Consultation with the local School Board – Delivery of product to local schools (*\*these activities will be carried over to the first quarter of the next fiscal year*)
- Provincial dissemination plan developed, Less and DVD package is promoted in English schools across Quebec English School Board Associations and Leading English Education and Resources Network (LEARN)
- Delivery of product to schools / school boards across the province (*\*these activities will be carried over to the first quarter of the next fiscal year*)

100 hundred copies of the Learning and Evaluation Simulation, containing the teacher's guide with supporting materials and the Canadian Food guide Rap Video

**JEFFERY HALE - SAINT-BRIGID'S**

**ACTIVITIES ACCOMPLISHED**

**RESOURCES PRODUCED**

Seniors Health Promotion

- Ongoing communication with Administrative support & NPI Regional Coordinators advancement of “Senior’s Workshops Toolkits”
- Teleconference call with NPI Regional Coordinators re: sensitization to additional community based programs aimed at senior’s health promotion available from Jeffery Hale- Saint Brigid’s Hospital Community Services
- Analysis of date: **Seniors’ Health Promotion Needs Assessment Questionnaire** regarding modules deemed priority for the various NPI regions
- Production and assembling of x 15 Seniors Health Promotion Binders
- Preparation of x 15 memory Keys with Health Promotion Binder Contents
- Teleconference call to regions regarding interest re: **Train the Trainer** sessions

15 binders “Seniors Health Promotion”  
 15 memory keys with Health Promotion  
 Binder contents

## MEGANTIC ENGLISH-SPEAKING COMMUNITY DEVELOPMENT CORPORATION (MCDC)

### ACTIVITIES ACCOMPLISHED

### RESOURCES PRODUCED

#### School project: (Walk to Vancouver)

- Committee came together for the first time. Enthusiastic reaction from all, major information items covered: objectives/budget/publicity-division of tasks and responsibilities/logistics etc
- Contacts made on suggestions from staff members re motivational speakers-high profile athlete / Jouez gagnant program etc-application previously made for support under this program
- Confirmation of availability of David Gill – First Nations runner-highly successful University level athlete, David Gill appeared to provide many qualities important to this project: motivation, inspiration, youth, perseverance, dedication, actions, adapted to reality (you don't always realize your ultimate goal, but must be prepared to adjust and make the best of your abilities to assure your success), affordable. David's presentation entitle "Dreams and Actions" (see website at [www.davidgill.ca](http://www.davidgill.ca))
- Feb. 24 we conducted an interview on local radio station. The next day, food for snacks were picked up at IGA (for after the walk). They specially printed wall Map for the main hall, smaller ones for each class and stickers for each student were delivered to school. David Gill arrived, during the day 2 assemblies with both elementary and high school took place, lunch with guest speaker and telephone interview with CBC radio. At 2:15 the same day the official launch of the Walk to Vancouver began led by David : the first leg was finished at 3 p.m. Healthy snacks were served to all, surplus was donated to the school breakfast program. Press releases were distributed to local and regional media.
- March 17<sup>th</sup>: Yannick Lupien, Olympic swimmer and World silver medalist spoke to elementary and secondary students about his career, experiences, the importance of setting up goals and committing to them, he also incorporated the Walk to Vancouver project into his presentation.

Calendar of events for public  
Posters  
Wall maps, stickers  
Press releases and photos  
Pedometers (Walk to Vancouver)

The Walk will continue until the end of the school year and will begin again in September, culminating in February of 2010.

No formal evaluation was conducted. However, we know the following:

- The organizing committee, including the Principal and the Vice-Principal, expressed their enthusiasm throughout the process and are 100% committed to this project until the end.
- 90% of all elementary and high school students signed up for the 5/30 challenge. Because the challenge ends in mid-April, it is impossible to know how many stuck to the challenge throughout the 6-week period. That will be determined at the end of April only.
- We were hoping to have 10 community members join the walk. As of today, we have 15 community members walking alongside the school to Vancouver.

#### 5/30 Challenge

- We promoted the 5/30 challenge throughout the community and encouraged community members to sign up on

the web through our March 1<sup>st</sup> monthly newsletter. We contacted the local IGA grocery store and asked them to order 5/30 kits in English for our community. We then encouraged community members to pick up their kits in English. (the 30 English kits were all claimed by community members.

- We published capsules on subjects related to public health in our monthly news
- We arranged for a bus trip to go to Sherbrooke to see the “We can act too” cabaret presented by Townshippers. (This was a true success).

## TOWNSHIPPERS - ESTRIE

ACTIVITIES ACCOMPLISHED	RESOURCES PRODUCED
<p>We Can Act Too! Social Theatre tour, Estrie; Healthy Choices Program, Princess Elizabeth Elementary School: Working relationships are bettered between members of English-speaking community in the Estrie and health and social service providers.</p> <ul style="list-style-type: none"> <li>• Organized the venues and tour dates for the WCA Too</li> <li>• Publicized the shows</li> <li>• Invited health and social service providers</li> <li>• Coordinated the events</li> <li>• Created and distributed a program</li> <li>• Provided refreshments and information tables</li> <li>• Carried out an evaluation.</li> <li>• Sunshine Theatre Productions troupe was contracted to carry out the tour.</li> <li>• Toured in 5 different locations 2 elementary schools, and adult education center, a senior organization and an intergenerational event, the message of the play was therefore given to a wide cross-section of ages</li> <li>• Summary evaluation</li> </ul> <p>Approximately 375 people attended the 5 shows. CSSS representatives attended the play and were available to answer questions from audience members. They were very pleased with the event and the opportunity to engage with the English-speaking community following the play.</p> <p><b><u>Healthy Choices Program, Princess Elizabeth Elementary School:</u></b></p> <p>A steering committee consisting of representatives from the CSSS, the ETSB, Townshippers and CAL was established for the program and met twice to establish program priorities and recruitment strategies. A dinner get-together was planned on October with three objectives:</p> <ol style="list-style-type: none"> <li>1. To make the school more accessible and welcoming for at-risk families;</li> <li>2. To create a network among English-speaking families in the Magog area;</li> <li>3. To begin to familiarize the families with resources available in the community and familiarize families with basic fire prevention and appropriate websites of fire safety to review with students.</li> </ol> <ul style="list-style-type: none"> <li>• Six families were invited to the get-together. A total of 9 adults and 10 children (5 families) were in attendance.</li> <li>• Children were babysat and parents had a chance to socialize while supper was being prepared for them. Following the supper, the topic of fire prevention was introduced, links to websites were presented and parents had the opportunity to test out a fire extinguisher.</li> </ul>	<p>Play Program</p>

- Five workshops will have been held during this past quarter where discussions on dental care and home health safety were discussed including basic hygiene. ie. How to brush teeth their children’s teeth. In order to reduce the perceived stigma of receiving interventions, these activities were framed as a “dining at P.E.E.S.” series, with meals prepared by teachers. One on first aid and nutrition. The diabetes project that is coordinated by Townshippers’ was integrated into the workshop in . The innovative “Dining at P.E.E.S.” project is that, once a month, a few families, teachers and the principal get together to discuss topics of relevance over a meal prepared by school staff.
- Dining at P.E.E.S. is not a hurried event with a heavy agenda. During the meals, time was taken to explore relevant issues chosen by parents. Ideas, problems and possible solutions were discussed over entrees and continue through dessert and coffee. Chosen topics ranged from home safety and homework to health services available for English families.
- No materials were produced from the program.

## TOWNSHIPPERS - MONTÉRÉGIE

ACTIVITIES ACCOMPLISHED	RESOURCES PRODUCED
<p>“We Can Act - Social Theatre 2008-2009 Tour ” <i>Theme: “I am taking care of my health.”</i> Members of the English-speaking community (ESC) will gain knowledge about and confidence in using the health care services available to them. <i>Theme: “Health and Public health and social service providers will gain insight into concerns and needs of members of the ESC.</i></p> <ul style="list-style-type: none"> <li>▪ Various media in our strategy to attract audiences were used</li> <li>▪ Several articles appeared in local newspapers</li> <li>▪ Promotion of the new play on community</li> <li>▪ Media and partners were invited to a preview – a Sneak Peak</li> <li>▪ 7 performances were offered in the Montérégie part of the Eastern Townships: Granby, Knowlton, Bedford, Waterloo, Sutton, Cowansville and Bromont</li> <li>▪ 315 participants attended, children not included in totals</li> </ul> <p>The CSSS Haute-Yamaska has asked us to see if there is a possibility of translating the play into French. This is a big step in mobilizing a community – when a minority community gets involved and uses its resources and creates something that will be used by the entire community. We have come full circle from being recipients to participants and from clients to citizens.</p> <p>Formal evaluation process - developed and distributed at the performances; 137 (43.5%) of 315 participants complete evaluation</p>	

## VISION GASPÉ PERCÉ NOW

### ACTIVITIES ACCOMPLISHED

### RESOURCES PRODUCED

#### YOUTH PROJECT

- Update youth profile – ongoing, incorporating new data, services and recommendations.
- Ongoing dialogue with Agence, DSP, CSSS and educational partners about elements of a community public health strategy that focuses on in this territory
- Meeting with new CSSS interim e.d. to achieve two objectives: re-appointment of a CSSS rep. (CLSC social worker) to youth network, b) re-appointment of a CSSS rep. (CLSC nurse) to accompany Healthy Schools Committee
- Meeting with L'Escale counsellor to achieve our objectives:
- Meeting with Maison des Jeunes coordinator to continue and extend discussion about ESC youth needs
- Participation as partner at launch of Gaspé Reserve Community Detox
- Presentation to Poly governing board of a modified prevention / promotion policy to respond to drug & alcohol use among students
- Request to governing board to present youth profile and its recommendations.
- Work with two elementary school principals to identify their needs for alcohol & drug prevention work to be done with
  - grades 5 & 6
- Recommendations of youth profile presented to Agence Director of Community health and social service programs
- ESC youth reality and needs in MRC Rocher Percé included in policy recommendations of Ville de Percé Family Policy
- Three meetings of Ville de Gaspé Family Policy Committee
- Prevention & awareness work on diabetes carried on in three schools with approximately 80 students in collaboration with diabetes project during Health Week
- Diabetes awareness activity carried on with EI. School (cooking sugar & fat free cookies), then linked students with local shelter/food bank to promote availability of health promotion foods to clients in need
- VCN sessions for youth coordinated by CLC partner

#### SENIORS PROJECT:

- Update seniors: community profile – ongoing, incorporating new data, services and recommendations.
- Ongoing dialogue with Agence, Access Committee, DSP and CSSS about elements of a CPHS that focuses on seniors in this territory, the fastest aging CSSS territory in all of Québec encouraging development of pilot projects with our small ESC, that can then be expanded to the entire territory and region: research, decentralized and modified services, health promotion (eye, bone, heart, nutrition, exercise, social inclusion, physical and intellectual stimulation etc., making use of CHEPS dvds)

<ul style="list-style-type: none"> <li>• Meeting with CSSS interim e.d. to achieve objectives.</li> <li>• Meeting &amp; communications with CSSS integrated seniors' services</li> <li>• Planning for day-centre pilot project to ensure that health services provided in the a.m. by the CSSS will be followed by community-health programming in the afternoon: promotion, awareness and prevention.</li> <li>• First meeting (2<sup>nd</sup> scheduled for April 16<sup>th</sup>) with Agence person responsible for "telemedicine" project to learn about it.</li> <li>• Participated in CHSSN-Jeffery Hale-Canadian Institutes of Health Research conference</li> <li>• Three meetings of Ville de Gaspé Family Policy Committee.</li> <li>• Representatives of seniors' network participate in planning processes with Agence senior management and CSSS</li> <li>• Planning with the CLSC nurse trained in the PIED program for its delivery in English in autumn 09</li> <li>• Set up Cancer Support Group in partnership with St.Peter's MalBaie, Anglican Church</li> <li>• Coordination work with Care-Giver Support Group</li> <li>• Prevention &amp; awareness work on diabetes carried on in three schools with approximately 80 students in collaboration with diabetes project</li> <li>• Diabetes prevention &amp; awareness materials validated by CSSS diabetes nurse</li> <li>• Preparation of indoor walking circuit tool: "It's not the Edmonton Mall but...." Designed for use along with distributed pedometers by those with limited mobility seeking to maintain winter exercise, as requested for them last year</li> </ul>	<p>Pedometers</p>
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## VOICE OF ENGLISH-SPEAKING QUEBEC (VEQ)

### ACTIVITIES ACCOMPLISHED

### RESOURCES PRODUCED

#### **Fitness 4 All / 5-30 Challenge**

Development of a course of action plan for the Quebec City region for the 5/30 Health Challenge involving VEQ and Quebec HS and CLC

Promotional Campaign developed to reach the target market of the Quebec City Region, involving VEQ, QHS and CLC

- Three half-page advertisements were placed in the local English newspaper, the Quebec Chronicle-Telegraph. Two advertisements contained information regarding the 5/30 Health Challenge and the third was to inform the public about our kick-off event at the campus of CEGEP Champlain St.Lawrence.
- Posters were sent out to our target market and a web page was created for the promotion of the 5/30 Health Challenge.
- A CBC radio interview with 5/30 Health Challenge spokesperson, Otis Grant and CLC Coordinator was aired on March 24<sup>th</sup>.
- Registration Campaign, 380 registrations were manually recorded. We don't have a recording method for those who registered online.
- 5/30 Kick-off, Ex-world boxing champion Otis Grant visited Quebec to promote the challenge, he was able to address nearly 1000 school students and staff members on his multi-school tour to speak about his career as a professional boxer and the benefits of having health eating habits and an active lifestyle.
- Fitness animators from Energie Cardio led the group in attendance in a twenty minute aerobic workout.
- Community partners CHSSN, VEQ, Jeffery Hale Community Services, Central Quebec School Board and Acti-menu meet face-to-face to see the collaborative effort in action.
- Health Information session / open-gym
- A Health Information Day was organized with a project team comprised students from CEGEP St.Lawrence.

Advertisements were placed in the Quebec Chronicle-Telegraph.

Posters

## DEVELOPMENT FUNDING

<b>4-KORNERS</b>	
<p><b><u>Interactive website and online health and social services directory</u></b>            In March 2009, 4 Korner launched an interactive website with the following key components:</p> <ul style="list-style-type: none"> <li>• An on-line forum featuring a “<i>Speakers Corner</i>” inviting residents throughout the Laurentian region to give their comments concerning health and social services in their area. The site also includes a “<i>talk back</i>” section.</li> <li>• Directory of Health and Social Services with several hundred links to services available to the ESC in the Laurentian region (CSSS, Hospitals, Seniors, Home Care, Food Banks, etc...)</li> <li>• Meeting and discussions with stake holders throughout Laurentian region, including specific CSSS, agencies, community organizations and learning centres.</li> <li>• A flyer was produced outlining the project and is being distributed at organizations who offer services to the ESC.</li> <li>• Local media was contacted regarding participation in the project. Specific participation was requested in the form of printing or broadcasting highlights of the “Speakers Corner” on an ongoing basis.</li> <li>• Have undertaken a proactive campaign of visiting other community groups to let them know about 4 Korner.</li> </ul>	Flyers
<b>AGAPE</b>	
<p><b><u>Healthy body, healthy minds (for Seniors)</u></b></p> <ul style="list-style-type: none"> <li>• We prepared a healthy menu for seniors – altering the menu as we prepared ourselves to meet the different cultures and communities of Laval</li> <li>• Met with a nutritionist at the Jewish Rehab. Hospital in Laval and she altered our menu, when necessary, informing us on how to present the food to various groups</li> <li>• Met with several community members who belong to different seniors’ organizations and we brought the food which we prepared. There were tasting sessions, explanations on various healthy foods, information sessions. This was done following the eating well with Canada’s food guide (Resource for Educators and Communicators) which we had reviewed and studied with the nutritionist.</li> <li>• Distributed the menus as we met and each individual received a seven day program on Eating healthy (always with the approval of the nutritionist</li> <li>• Worked on obtaining valued information from the Dairy Farmers of Canada which we also distributed to the participants</li> <li>• Eating well as we get older document was also donated to the guest and discussed during the meetings.</li> </ul> <p><b><u>Butting out</u></b></p> <ul style="list-style-type: none"> <li>• Gathered documents, games, DVD’s, teachers’ manuals, etc. and all our primary schools received this valuable information. Material and guides were prepared for students of the 4 to 6 grades</li> </ul>	Menu

- High Schools: gathered documents, games, DVD's, teachers' manuals, etc. were received for the appropriate age groups. We got support from the C.L.C. Coordinator and one teacher, a special show was prepared by the students

**Physical Fitness for Teens:**

Project very well received by the Senior High School Students and a program was offered by Curves – Chomedey to the 15 to 18 years old girls.

Transportation and fitness sessions were done by 2 staff members of Agape and the C.L.C. coordinator.

## NEIGHBOURS REGIONAL ASSOCIATION ROUYN-NORANDA

**Promotion of 0-5-30 program among the ESC of Rouyn-Noranda**

- Met with principal and teachers at the local English School
- Classroom sessions on the different steps of the 0-5-30
- Elementary & high school students had cooking courses on healthy snacks and exotic fruits and vegetables
- The whole school monitored daily activities outside of school in attempts to reach 30 minutes of activity a day
- Motivational materials were presented to the students
- Students attended a tele-health session on nutrition
- Series of articles on the 0-5-30 program in newsletter

**Translations**

- 2 meetings with the CSSS
- English documentation available (Users Guide, Guide for Persons who are hospitalized, blood tests, Emergency room protocol, code of Ethics)
- Plan in place for the possible translation of "some of the signage at the local hospital"
- Working relationship developed with the Liaison Person to ESC at the CSSS

**English Encounters**

- Hosted 2 meetings with ESL students; providing an opportunity for Health care professionals; who are currently enrolled in English Second Language Courses, to interact with members of the ESC, to experience different cultural accents
- Began the development of a long term plan to aid ESL students with their training
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## NORTH SHORE COMMUNITY ASSOCIATION (NSCA)

- Continued to maintain partnership with regional agency to evaluate identified needs of the ESC of the region.
- Contact made with agency and other ESC partners for information exchange in relation to improving access to

Health and social services list

<p>services in English for the 09 Region.</p> <ul style="list-style-type: none"> <li>• Worked with various English educational institutions to gain a better understanding of the health services offered and to help identify the needs of our youth within the educational system.</li> <li>• The Association gained knowledge of the level of satisfaction received amongst the ESC for public health programs and accessibility in English.</li> <li>• Compiled a report on the recommendations and results obtained during needs analysis of ESC.</li> <li>• NSCA held board discussion on determining the specific needs of the ESC and created priorities and recommendations that work towards improving access to health and social services in English on the North Shore.</li> <li>• Updated Agency of recommendations and results obtained during needs analysis and board discussions.</li> <li>• Contact made with Agency in discussing the recommendations and results obtained during needs analysis and list of priorities from the Association. Meeting held with new resource person for the Access Program at the Agency.</li> <li>• Worked with Agency and other partners to plan strategies and actions in regards to addressing the identified needs of the ESC.</li> <li>• Coordinated and hosted 2 tele-health programs on building self-esteem, high school students of Baie-Comeau , teachers &amp; parents of students. Invited 3 CLC schools in Eastern Shores School board and 3 CLC schools in Littoral School Board to attend the sessions.</li> <li>• Contacted 2 schools to deliver both programs by DVD presentation to deliver both programs by DVD presentation</li> <li>• Follow-up sessions held for high school and CLC – Increased knowledge of public health program initiatives at local schools and needs of youth.</li> </ul>	<p>NSCA 2008-2009 Community Public Health Strategy Report</p> <p>10 DVD's produced</p> <ul style="list-style-type: none"> <li>• Building Healthy Self-Esteem in Youth (4)</li> <li>• Promoting &amp; Supporting Healthy Self-Esteem in Youth: Adults &amp; Teachers (2)</li> <li>• Achieving Healthy Self-Esteem: Follow-up session (2)</li> </ul>
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## Appendix II: Five Key Evaluation Questions – Participating Networks in the CPHS

<p><b>Did we do what we said we would do?</b></p> <p><b>“What?”</b></p>	<p><b>What did we learn about what worked and what didn’t work?</b></p> <p><b>“Why?”</b></p>	<p><b>What difference did it make that we did this work?</b></p> <p><b>“So what?”</b></p>	<p><b>What could we do differently?”</b></p> <p><b>“Now what?”</b></p>	<p><b>How do we plan to use evaluation findings for continuous learning?</b></p> <p><b>“Then what?”</b></p>
<p>Activities targeting vulnerable English-speaking minority populations included:</p> <ol style="list-style-type: none"> <li>Working with Thetford Mines partners to produce an awareness calendar that promoted important health information and dates.</li> <li>Collaborating with Thetford Mines schools to encourage students to adopt healthy living habits, involving the Walk to Vancouver and the 5/30 Challenge.</li> <li>Hosting an information activity for Thetford Mines seniors, involving attending the <i>We Can Act Too</i> Cabaret in Sherbrooke.</li> <li>Meeting with key stakeholders (public partners, schools, agencies, etc.) to prioritize programs for the English-speaking population and to outline a draft plan for creating a Laurentian-wide information network for health and social services.</li> <li>Collaborating with</li> </ol>	<p>Most health professionals are overworked and resources are overextended and they have their own set of priorities. We need to do as much as we can on our own and only defer to them for what we cannot do for ourselves.</p> <p>Needs and demographics vary greatly throughout a region.</p> <p>Even when the project is a communications tool, need to focus on internal communications with the region.</p> <p>That we need to plan an earlier launch date to better equip the animators for a successful campaign. This program is best supported when it can be presented at the beginning of the school year so that space and time can be allocated to the programming.</p> <p>What really worked was offering many choices to schools and allowing them to choose the animator they wanted which enabled schools to complement their present services and fill any gaps where they lacked expertise.</p>	<p>Doing this work...</p> <ul style="list-style-type: none"> <li>Raised awareness about public health and public health issues throughout the community.</li> <li>Created observable changes in student behaviours throughout the project.</li> <li>Maintained and strengthened our partnerships with public institutions.</li> <li>Generated positive feedback through evaluations.</li> <li>Opened up dialogue between groups and individuals who had no previous contact.</li> <li>Helped to gain a greater understanding of the individual needs surrounding a</li> </ul>	<p>Find a better, more innovative way to evaluate the impact of our activities on the community.</p> <p>Need to build upon the work that has been done.</p> <p>Need to get involved with other community organizations to be informed of what is going on and see how to help with or exchange services.</p> <p>Prioritize programs for the ESC in the different areas, link the Laurentian networks and better advocate our needs as a community.</p> <p>Establish a forum to voice our concerns.</p> <p>Hold a series of information nights in different areas with all partners in the ES area.</p> <p>Start promotion earlier!</p> <p>Keep on meeting seniors all over Laval and encourage</p>	<p>Carefully review evaluation findings, examining what could have been done differently to generate better results, and have the flexibility to adapt our programs and activities.</p> <p>Findings served as a clear indicator for how we should proceed. It is essential to build upon the momentum created by this project if we want to meet the larger mandate in the whole region and produce tangible results.</p> <p>Providing evaluation findings to the school board to let them know what collaboration with a health partner can do in terms of validating the policies that they have put in place for healthy eating and active living.</p> <p>Look at creating new teaching materials that can be incorporated into lesson plans during the campaign period.</p>

<p>Laurentian regional print media to include a featured segment outlining activities and publishing the highlights on the feedback section of website.</p> <p>6. Creating an interactive website featuring an online forum and online health and social services directory (also available in limited edition printed version) for Laurentian residents.</p> <p>7. Producing an information flyer for distribution in seniors' centres and social clubs serving the Laurentian English-speaking population.</p> <p>8. Developing a campaign around healthy eating and lifestyles to promote the Health Challenge and carry out a health kick-off day with Laval students.</p> <p>9. Reaching Laval seniors via a <i>Healthy Body Healthy Minds</i> program for eating properly.</p> <p>10. Exposing Laval elementary and junior/senior high school students to the facts about smoking and its effects on health via the <i>Butting Out</i> program.</p> <p>11. Collaborating with CSSS and Fraser Recovery Centre, two English schools, the Anglican Parish and the ADAPT committee to address the issue of substance abuse for Anglophone youth of the</p>	<p>Increased number of Quebec City Region registrations, which was largest percentage ever for the ESCs.</p> <p>The activity got more people talking about the subject of healthy eating and active living.</p> <p>Diversity of programming helped to reach a wider audience.</p> <p>Everything worked—they were interested, wanted to learn, eat healthy and were ready to make the necessary changes in their daily food habits.</p> <p>Offering projects to senior students can only be beneficial if we receive the support of their teachers.</p> <p>There is a need for drug and alcohol prevention amongst the youth. However, no support of the Surete du Quebec although their presence was requested at scheduled events.</p> <p>Prevention must start early.</p> <p>Given the toughness of the subject of drugs and alcohol, parental involvement was difficult to get.</p> <p>Using more than one method to collect information is more reliable.</p> <p>Some communities are more willing to participate than others;</p>	<p>common theme.</p> <ul style="list-style-type: none"> <li>• Provided greater access to updated information of local and regional health programs.</li> <li>• Garnered greater involvement and empowerment of community members.</li> <li>• Encouraged public health leaders to better recognize and address the needs of the ESC in the region.</li> <li>• Laid the groundwork for an action plan for the Laurentian English Services Advisory Network.</li> <li>• Sensitized seniors on the importance of eating well, keeping well and staying in good health.</li> <li>• Created awareness of the effects of certain foods on their medical conditions, promoting a readiness to make the necessary changes to remain healthy.</li> <li>• Resulted in large</li> </ul>	<p>them to follow this program.</p> <p>Follow up would be necessary in the near future.</p> <p>Encourage more participation from the parents as a means of improving self-esteem issues for older teens.</p> <p>More involvement from the CSSS.</p> <p>Research questionnaire with community groups before the survey.</p> <p>Need for long term planning and to continue working on the partnerships crated.</p> <p>Plan on meeting health care providers on their own turf and not expect them to come to us.</p> <p>Important to increase the publicity of projects, thereby increasing interest and public awareness.</p> <p>It is important to keep the momentum going given need for continuity and in order to establish our credibility within the communities.</p>	<p>Create stronger relationship with the health sector.</p> <p>Try to reach a different clientele.</p> <p>Program should be renewed every year because of student turnover (graduations, departures, etc.).</p> <p>Empower youth to take the initiative in forming their own groups, making their own decisions and planning their own activities.</p> <p>Work with public health partners to plan strategies and actions that will respond to the identified needs.</p> <p>Try to find a sustainable means of continuing projects.</p> <p>Continue developing and nurturing partnerships.</p> <p>Look at ways to transfer this model to make all public health programs more accessible.</p> <p>Evaluation will help us to improve the package and establish new partnerships with other organizations, such as MELS and the MSSS in order to disseminate the package.</p> <p>Rather than plan large events for many communities,</p>
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<p>Magdalen Islands.</p> <p>12. Researching and analyzing the needs of the English-speaking North Shore population for access to public health services, which involved conducting a survey, compiling and sharing the results with the public partners (CSSS)</p> <p>13. Planning, promoting and delivering a series of videoconferences on building, promoting and supporting healthy self-esteem in North Shore youth and involving parents and teachers.</p> <p>14. Providing English encounters for Francophone Rouyn Noranda health and social service professionals to aide in improving their English.</p> <p>15. Translating health materials from French to English for Rouyn Noranda ESC users.</p> <p>16. Establishing partnerships towards improving access to public health programming and aided in improving relations between community and public health nurses of Rouyn Noranda.</p> <p>17. Continuing development of social theatre cabaret, We Can Act Too, in partnership with CSSS of the Estrie and Monteregie regions, aimed at how community members can relate to service</p>	<p>need to hold focus groups or public meetings in order to discuss their needs.</p> <p>Within partnerships, there exists different goals, priorities and timetables; the flexibility of this project helped to make everything work out.</p> <p>Lack of involvement of public health partners.</p> <p>People in the target villages are easily intimidated and lack interest when events are too official or formal. Need to make people feel they are having a good time so they are not intimidated.</p>	<p>numbers of students who were positively involved and some even decided to talk it out with their parents. Children wanted their smoking parents to participate in the activity with them. If we can prevent now, there will be no reason to cure later on.</p> <ul style="list-style-type: none"> <li>• Made the Association more aware of specific health and social service needs within the ESC; list of priorities and recommendations created which will serve as a guideline towards improving access to health and social services in English.</li> <li>• Forged strong partnerships.</li> <li>• Enabled further integration in the public health partners` structures and programs.</li> <li>• Enabled public forums that helped to introduce the community players to the citizens, who</li> </ul>		<p>people respond better to smaller events in their own communities where they know each other and feel more at ease.</p> <p>This project highlights the importance of going deeper.</p>
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<p>providers.</p> <p>18. Developing and implementing a complete learning evaluation package that includes teaching materials, a CD, and a rap DVD, consistent with the Quebec Education Program, targeting Grade 9 Outaouais students to provide them with knowledge, positive messages and awareness of healthy eating habits.</p> <p>19. Surveying Gaspé area community about what they know of available services and how these could be improved, as well as hosting a Family Fun Day to involve families and children in being accountable for their own health care.</p> <p>Updating Gaspé Town community health profiles and creating a seniors' services booklet.</p>		<p>realized that these people do speak English and are ready to help.</p>		
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### Appendix III: Five Key Evaluation Questions – Participating Networks is the 5/30 Health Challenge

Did we do what we said we would do?  “What?”	What did we learn about what worked and what didn't work?  “Why?”	What difference did it make that we did this work?  “So what?”	What could we do differently?  “Now what?”	How do we plan to use evaluation findings for continuous learning?  “Then what?”
<p>Working with schools and public partners to implement programs aimed at promoting zero tobacco use, healthy nutrition via the 5 food groups (Canada Food Guide) and 30 minutes of exercise per day via activities targeting English-speaking youth, through a Healthy Schools Approach:</p> <p>Activities involved:</p> <ul style="list-style-type: none"> <li>• Promotion -information booths, radio contests, presentations to network and to schools.</li> <li>• Materials – guidelines, handouts on healthy eating and physical activity, promotional materials and newsletters.</li> <li>• Follow-up activities during the challenge – healthy recipes, tips for healthy eating and exercise, nutrition quizzes and school and local contests, encouraging messages, quotes and weekly news.</li> <li>• In schools – distributing pedometers, newsletter quizzes for students, providing teaching plans,</li> </ul>	<p>Tools such as pedometers, recipes, information booths, newsletters and contests in the schools worked well.</p> <p>Students like gadgets and were happy to walk and run as much as possible when they had the use of pedometers.</p> <p>Need to get more schools on board; some teachers did not have the time to get all the students registered.</p> <p>Diabetes conference was useful for sharing ideas and getting the challenge started.</p> <p>Kiosks worked very well on an individual basis because people felt they could get nutritional information right then and there.</p> <p>The time delay is getting the approval of key players involved such as principals, teachers and community workers made it difficult to build consensus, get schools onboard and in a timely</p>	<p>Doing this work...</p> <ul style="list-style-type: none"> <li>• Enabled the sharing of ideas through presentations at big meetings.</li> <li>• Yielded positive feedback emailed right away.</li> </ul> <p>Allowed participating groups to accomplish a lot with few resources and support and in little time.</p>	<p>Not target schools unless many people are involved and there is more time for advance planning.</p> <p>Plan in advance booth location to maximize participation in community events.</p> <p>Present the challenge at as many meetings as possible.</p> <p>Promote early!</p> <p>Work earlier with Acti-Menu.</p> <p>More links with Public Health Agency.</p>	<p>Need to have more advance planning and start promotion earlier.</p> <p>Need to take into consideration the weather in certain regions, which ultimately caused a delay past the deadline.</p> <p>Continue with the newsletters.</p> <p>Need to plan around March break so that it does not interfere.</p>

<p>close contact with school representatives (student advisors, community organizers.</p> <p>Evaluation – certificates and evaluation forms were sent out to participants.</p>	<p>manner.</p> <p>Difficult to get students registered due to lack of computers or the timely distribution and return of forms.</p> <p>Follow-up on students' progress was difficult in terms of how much exercise and kind of food eaten.</p>			
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## Appendix IV: Summary of Collaboration between CHSSN and ACTI-MENU

### Rapport d'activités du Défi Santé 5/30 en lien avec la collaboration du CHSSN

#### 1. Description sommaire du projet

Le Défi Santé 5/30 est une vaste campagne provinciale qui invite tous les Québécois et Québécoises de 4 ans et plus, pendant 6 semaines du 1<sup>er</sup> mars au 11 avril, à s'engager à atteindre ou maintenir deux objectifs clés pour leur santé:

- manger au moins 5 portions de fruits et légumes (objectif «5»)
- bouger au moins 30 minutes (objectif « 30 »)

au minimum 5 jours par semaine.

Les participants qui souhaitent aller au-delà du 5 et du 30 peuvent également ajouter un ou plusieurs objectifs PLUS à leur Défi. Le Défi invite de plus les adultes à faire le point sur leur poids et leur tour de taille, et les enfants à limiter le temps d'écran (télévision, ordinateur, jeux vidéo).

En s'inscrivant au Défi, les participants reçoivent différentes formes de soutien pour acquérir ou maintenir des réflexes santé telles que le site Internet DefiSante530.ca, les bulletins d'encouragement et la trousse IGA du Défi Santé 5/30.

Les participants peuvent relever le Défi individuellement ou en équipe, avec des amis, des collègues ou en famille. Les milieux de travail sont également invités à promouvoir le Défi Santé 5/30 en diffusant le matériel promotionnel à leurs employés pour les inciter à s'inscrire au Défi et à adopter de saines habitudes de vie. Enfin, par leur mobilisation et leur grand intérêt envers le Défi, les nombreux partenaires du Défi ont contribué à son succès en le faisant vivre dans leurs milieux.

#### 2. Activités reliées à la collaboration du CHSSN

Afin de rejoindre davantage les communautés anglophones du Québec, un projet avec le CHSSN a été élaboré et mis sur pied à la mi-janvier 2009, soit tout juste après le lancement de la campagne médiatique francophone au début janvier 2009. Dans le cadre de ce projet, 3 régions principales ont été désignées pour faire la promotion du Défi Santé 5/30 soit Québec, Montréal Est et la Basse Côte-Nord. Afin de bien soutenir ces régions, la majorité du matériel promotionnel et de soutien a été traduit en anglais (tableau 1).

**Tableau 1 : Matériel traduit dans le cadre du projet avec le CHSSN**

<b>Matériel promotionnel</b>	<b>Matériel de soutien</b>
Carton promotionnel	Formulaire d'inscription papier
Carton de confirmation d'inscription	Outils téléchargeables du site Internet (déclaration d'engagement, Mon objectif 30, Mon objectif 5, 4 missions)
Publicité éditable pour les hebdos	Section milieu de travail du site Internet
Invitation à un ami	Section Famille du site Internet
Courriel aux anciens participants	Pages d'introduction du site Internet (ex. Défi en famille, mission 5/30 etc.)
Messages clés pour soutenir les intervenants	Guide d'implantation pour les intervenants
Bon de commande de matériel promotionnel	
Courriels promotionnels pour les organisations/milieus de travail	
Présentations PowerPoint décrivant le Défi Santé 5/30	
Communiqués de presse (en cours de Défi et à la clôture)	
Bannières web	
Publicité radio 15 secondes	

Un effort particulier a également été déployé afin de faciliter la distribution des trousse d'accompagnement IGA dans la région de Québec ainsi qu'en Basse Côte-Nord.

De plus, l'ex-champion de boxe Otis Grant a été engagé comme porte-parole afin de promouvoir le Défi Santé 5/30 auprès des communautés anglophones et la publicité radio a été traduite.

Afin de maximiser l'impact de cette campagne, certaines activités médiatiques ont été déployées :

#### Publicités

- 127 diffusions de la pub radio sur les ondes de Virgin (CJFM Mix 96) à travers le Québec

#### Relations publiques

- Entrevue avec Kimberly Buffitt et Annick Vézina sur CBVE-FM–Québec (8:30 minutes le 20 février)
- Entrevue avec Kimberly Buffitt et Annick Vézina sur Québec - AM (5:54 minutes le 20 février)
- Lancement à Québec et tournée des écoles avec Otis Grant.

#### Internet

- QCOonline.com : English community takes on 5/30 Health Challenge. 4 mars 2009
- Bannières web sur le site Internet du Chronicle Telegraph pendant le mois de février 2009

#### Hebdos

- Sherbrooke record: Sherbrooke challengers couch potatoes and Saguenay. 3 février 2009
- Sherbrooke Record: Are you up to the challenge? 25 février
- Contact (Temiscaming): Challenge quit to win and 5/30. 4 février 2009
- Quebec Chronicle-Telegraph (Ste-Foy) : English community takes on 5/30 Health Challenge. 4 mars 2009

### **3. Résultats de la campagne auprès des communautés anglophones du Québec**

Suite à un sondage OMNIBUS de Léger Marketing sur la notoriété du Défi Santé 5/30, il a été démontré que la notoriété du programme est en hausse chez les anglophones, passant de 18% en 2008 à 25% en 2009, ce qui s'avère très encourageant pour la suite du projet.

Lorsque nous analysons les résultats d'inscriptions, nous pouvons noter que les inscriptions des participants anglophones ont pratiquement doublé en 2009 comparativement à 2008. Les régions ciblées par ce projet ont en général connu une importante hausse de participation, notamment à Québec et en Basse Côte-Nord, qui ont connu une participation respectivement de près de 20 fois et 10 fois supérieure cette année (Tableau 4).

De plus, nous notons que les participants anglophones sont majoritairement des femmes et que la plupart se sont inscrits en solo (Tableau 2 et 3).

**Tableau 2 : Répartition des participants anglophones selon le sexe**

Sexe	Nombre de participants anglophones
Masculin	781
Féminin	1452
Total	2233

**Tableau 3 : Répartition des participants anglophones selon la formule d'inscription**

Formule d'inscription	Nombre de participants anglophones
Solo	1435
Équipe	236
Famille	562
Total	2233

**Tableau 4 : Inscriptions de participants anglophones au Défi Santé 5/30 en 2009 en comparaison avec 2008 pour les différentes régions du Québec**

Régions	2008	2009
1. Bas St-Laurent	1	3
2. Saguenay Lac-St-jean	10	2
3. Québec*	18	346
4. Mauricie	4	4
4.5 Centre du Québec	2	4
5. Estrie	52	75
6. Montréal	616	774
7. Outaouais	52	80

8. Abitibi-Témiscamingue	9	29
9. Côte-Nord	15	164
10. Nord du Québec	1	1
11. Gaspésie-Ile de la Madeleine	47	48
12. Chaudière-Appalaches	21	136
13. Laval	91	111
14. Lanaudière	16	22
15. Laurentides	58	59
16. Montérégie	218	317
17. Nunavik	0	0
18. Terre-Cries	0	0
Québec sans région	0	58
Total au Québec seulement	1231	2233

\* : Dans la région de Québec, 181 inscriptions ont dues être refusées car reçues le 12 mars 2009.

#### 4. Conclusion

Bien que le projet ait démarré un peu tard, c'est-à-dire après que la campagne médiatique francophone ait été lancée, nous avons obtenu une augmentation significative de la participation des anglophones au programme. Même si ce projet ciblait 3 régions spécifiques, l'ensemble du Québec a pu bénéficier de la promotion auprès des anglophones, ce qui s'est traduit par une augmentation globale de la participation de près du double comparativement à l'année précédente.

En regardant de plus près les activités déployées dans les régions ciblées, il s'avère évident que les activités sur le terrain ont un impact très marqué, en plus de la promotion traditionnelle incluant la publicité radio, les cartons promotionnels et les relations publiques.

Les résultats obtenus cette année nous donnent beaucoup d'espoir quant à la participation future des participants anglophones compte tenu de l'apprentissage au cours de l'édition 2009 ainsi que du fait que les efforts de promotion pourront être définis et mis en place en même temps que la campagne destinée aux francophones en 2010.



		<p>programs.</p>	<p>wider.</p> <p>Issues that arose:</p> <ul style="list-style-type: none"> <li>• Why is community getting money and CSSS not?</li> <li>• Are we creating more tensions in some areas?</li> <li>• How to involve public partners to counteract this.</li> <li>• New people at the Agence versus same people at the CSSS.</li> <li>• Some people think that communities should not be doing this because it is an insult to the public health system and against the community having a role in public health promotion.</li> <li>• How do we handle it when these communities come forward with the same topic for funding each year?</li> </ul>	<ul style="list-style-type: none"> <li>• Public Partner</li> <li>• Description</li> <li>• Region</li> <li>• Partnership</li> <li>• Comments</li> </ul> <p>Communities are strongly encouraged to make their priorities fit with public health and to get a letter.</p> <p>They are already demonstrating that they are working with the different levels.</p> <p>5 million dollar funding envelope for the Agence</p> <p>We are in the process of developing evaluation criteria.</p> <p>Six questions for community to answer as they apply for funding this year.</p> <p>Cannot create a new project that can sustain itself unless we are almost done with the other project.</p> <p>There is an attempt to create meanings for criteria for evaluation.</p> <p>Do we accept repeat projects even if they are getting great results, strengthening partnerships but getting no fiscal</p>
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<p>3. Strategic Information</p>	<p>Profiles of public health determinants posted to web site</p> <p>2006 Census information was important for crating why what we are doing is important.</p>	<p>Communities strongly encouraged to use this and past baseline data reports to gain insights into community needs vis-a-vis current health priorities.</p>	<p>Census information very costly and would involve a separate project where we would need to hire a researcher.</p> <p>Inability to access information in a timely manner was disappointing because this targets the minority language communities.</p> <p>Need to help communities work with the strategy information via one on one meetings, which would be built into the project.</p> <p>Need to ensure funds for this work.</p>	<p>contributions from other sources?</p> <p>Need to fill gap versus changing priorities.</p> <p>Need to move the groups along. Last year we paid for staff time; this year we saw the groups pitch in with that.</p> <p>Need to look towards the next steps such that we are considering the evolutionary feature of a project and guide all communities in this same direction.</p> <p>Great outcomes.</p> <p>Two failures: 1) faulty data provided by Statistics Canada, and 2) inability to access post-census information.</p> <p>New information from baseline data report will be available for use with the groups.</p> <p>Need to look at available resources and go back to basics; update communities regarding the basic portrait and see if they need any assistance.</p> <p>Need to involve the</p>
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				<p>ministry so this it is their statistics we are using—not change our focus but change and evolve so we can use their statistics to help build their portrait.</p> <p>Give money to the Agence to do research.</p> <p>We fill a need for the system as they have used our stats and have moved beyond to see that they are not producing statistics on our communities.</p> <p>As there is very little statistics available on the Anglophone communities, now when they are producing their portrait, they are including English minority language statistics.</p>
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## Appendix VI: Five Key Evaluation Questions – The Healthy Schools Approach Partner, LEARN

Did we do what we said we would do?  “What?”	What did we learn about what worked and what didn’t work?  “Why?”	What difference did it make that we did this work?  “So what?”	What could we do differently?  “Now what?”	How do we plan to use evaluation findings for continuous learning?  “Then what?”
<p>The CHSSN-WCA provided a grant of \$24,000.</p> <p>We sent the 22 CLCs a grant application to receive \$1250 to implement a program that implemented the “Healthy Schools Approach”, specifically touching either “healthy living habits” or “safe and healthy behavior”.</p> <p>19 schools responded with proposals that touched their specific needs.</p>	<p>That a small grant can really kick-start innovative programs and enable organizations like the CLC to reach many groups of community members.</p> <p>That reporting/accountability has challenges that we need to think about if we do this again next year.</p>	<p>Money is a real obstacle for implementing even modest programs. The grant allowed coordinators to think about the healthy school approach and respond with a program or project. Some examples include: hiring a chef or nutritionist, allowing for snow shoes to be repaired or purchased and how to utilize already existing resources.</p> <p>The goals of the WCA were reached because the grant enabled CLCs to address specific needs based upon their capacity.</p>	<p>We could use some help in developing a better system to deal with 19 schools.</p> <p>Need to think about how to link schools not targeted by CSSS.</p> <p>It would be good to have a conversation about CHSSN reporting needs in order to better understand the information we need to collect.</p>	<p>Through a sharing session, where we discuss lessons learned and best practices so others can duplicate the successful projects.</p> <p>Overall, this was a great partnership and was beneficial for the Community Learning Centre project.</p>