



2013 Inventory of Research and Evaluation Projects

A Report From the
Sudbury & District Health Unit

Sudbury & District Health Unit
April 2014



Sudbury & District

Health Unit

Service de
santé publique

Acknowledgements

This report was prepared by Renée Chevrier-Lamoureux, Research Assistant, Resources, Research, Evaluation and Development (RRED) Division.

We would like to thank and acknowledge the contributions of the following individuals who provided summaries of projects they were involved with in 2013:

Lesley Andrade, Public Health Nutritionist
Health Promotion Division

Stephanie Bale, Health Promoter
Clinical and Family Services Division

Joanne Beyers, Foundational Standard Specialist
Health Promotion Division

Jane Bulloch, Health Promoter
Environmental Health

Shannon Dowdall-Smith,
Foundational Standard Specialist
Clinical and Family Services Division

Stephanie Hastie, Public Health Nurse
Clinical and Family Services Division

Melanie Hood, Health Promoter
Health Promotion Division

Karen Joblin, Health Promoter
Health Promotion Division

Bridget King, Public Health Nutritionist
Health Promotion Division

Marc Lefebvre, Manager
Population Health and Assessment and Surveillance
RRED Division

Suzanne Lemieux, Manager
Research, Evaluation, and Knowledge Exchange
RRED Division

Jodi Maki, Health Promoter
Clinical and Family Services Division

Darshaka Malaviarachchi, Epidemiologist
RRED Division

Joelle Martel, Health Promoter
Health Promotion Division

Alissa Palangio, Data Analyst
RRED Division

Randi Ray, Health Promoter
Health Promotion Division

Renée St Onge, Director
RRED Division

Special thanks to Renée St Onge and Suzanne Lemieux for reviewing the final report and providing guidance and support throughout its development. Thank you to Laurie Gagnon for formatting the final document.

Contact for More Information

Suzanne Lemieux, Manager, Research, Evaluation, and Knowledge Exchange
Resources, Research, Evaluation and Development (RRED) Division
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON P3E 3A3
Phone: 705.522.9200, ext. 400
Email: lemieuxs@sdhu.com

This report is available online at www.sdhu.com.

Recommended Citation

Sudbury & District Health Unit. (2014). *2013 Inventory of Research and Evaluation Projects*.
Sudbury, ON: Author.

© Sudbury & District Health Unit, 2014

Contents

Research Partnerships	v
Preface	vi
Préface	vii
Child and Youth Health	1
Infant Feeding Study	2
Pilot Study of a Standard Breastfeeding Surveillance Data Collection Tool and Method for Ontario Public Health Units	4
Communicable and Chronic Diseases	7
Evaluation of the Partners for Community Wellness	8
Hand Hygiene—Northern Healthcare Students	9
Environmental Health	11
An Environmental Scan of Built Environment Data Related to Walkability & Environmental Exposures in Urban Ontario—A Public Health Ontario Locally Driven Collaborative Project	12
Evaluation of the Sudbury Children’s Water Festival	14
A Pilot Study of Rural Community Wildfire Preparedness and Experiences	15
Health Equity	17
Building the Network of Services for Women on Methadone	18
Voices and Vision: Perspectives and Experiences of Teen Mothers in Sudbury	19
Nutrition—Healthy Weights—Physical Activity	21
Attitudes Towards Weights Survey	22
Evaluation of the Sudbury and District SCREEN© (Seniors in the Community—Risk Evaluation for Eating and Nutrition) Program	23
Evaluation of Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN©)	24
Food Mapping in the City of Greater Sudbury	25
Healthy Eating in Recreational Facilities in the Sudbury & District Health Unit Area	26
Healthy Eating in the Workplace	27
Nutri-eSTEP: The Development of an Online Nutrition Self-management Tool	28
Ontario Society of Nutrition Professionals in Public Health: Provincial Survey for Local Student Nutrition Program Providers	29
Physical Literacy Policy Toolkit Evaluation	30

Sudbury and Manitoulin Districts Aboriginal Diabetes Prevention Strategy: Phase 1 (Health Communication Campaign)	31
The Meaning of “Food Skills” for Two Ontario Priority Populations	33
Public Health Resources	35
Renewal of Public Health Systems (RePHS) Project	36
Surveillance System	38
Reproductive Health	39
Prenatal Class Evaluation	40
School Health	41
Development of a Longitudinal Study to Assess and Monitor Alcohol Misuse Among Post-secondary Students in the City of Greater Sudbury	42
Measuring Student’s Resiliency Levels—Partnership with Conseil scolaire public du Grand Nord de l’Ontario (CSPGNO)	43
SPARK Physical Activity Initiative with Rainbow District School Board (RDSB) Evaluation	44
The Impact of Classroom Scheduling on Student Health	45
Triple P School-based Evaluation	46
Sexual Health	47
Investigation of a Cluster of HIV Drug Resistant Strains in Sudbury, Ontario	48
Social Marketing Strategies for Chlamydia Prevention: Findings from Focus Groups with Youth and Young Adults	49
Sun Safety	51
Evaluation of Sun Safety on the Golf Course	52
Tobacco	53
Smoke-Free Outdoor Patio Survey	54
Smoking Cessation Gap Analysis	55

Research Partnerships

Laurentian University

Hand Hygiene—Northern Healthcare Students	9
A Pilot Study of Rural Community Wildfire Preparedness and Experiences	15
Building the Network of Services for Women on Methadone	18
Voices and Vision: Perspectives and Experiences of Teen Mothers in Sudbury	19
Food Mapping in the City of Greater Sudbury	25
Development of a Longitudinal Study to Assess and Monitor Alcohol Misuse Among Post-secondary Students in the City of Greater Sudbury	42
The Impact of Classroom Scheduling on Student Health	45
Social Marketing Strategies for Chlamydia Prevention: Findings from Focus Groups with Youth and Young Adults	49

Other Partnerships

Pilot Study of a Standard Breastfeeding Surveillance Data Collection Tool and Method for Ontario Public Health Units	4
An Environmental Scan of Built Environment Data Related to Walkability & Environmental Exposures in urban Ontario. A Public—A Public Health Ontario Locally Driven Collaborative Project	12
Attitudes Towards Weights Survey	22
Evaluation of Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN®)	24
Healthy Eating in the Workplace	27
Nutri-eSTEP: The Development of an Online Nutrition Self-management Tool	28
Ontario Society of Nutrition Professionals in Public Health (OSNPPH): Provincial Survey for Local Student Nutrition Program Providers	29
Sudbury and Manitoulin Districts Aboriginal Diabetes Prevention Strategy: Phase 1 (Health Communication Campaign)	31
The Meaning of “Food Skills” for Two Ontario Priority Populations	33
Renewal of Public Health Systems (RePHS) Project	36
Measuring Student’s Resiliency Levels-Partnership with Conseil scolaire public du Grand Nord de l’Ontario (CSPGNO)	43
Investigation of a Cluster of HIV Drug Resistant Strains in Sudbury, Ontario	48

Preface

The Sudbury & District Health Unit (SDHU) has a rich history of research and evaluation, anchored by the Resources, Research, Evaluation and Development (RRED) Division. The SDHU is affiliated with Laurentian University and the Northern Ontario School of Medicine and conducts research and program evaluations that lead to effective and innovative public health practice. The Sudbury & District Health Unit was also one of five provincial sites for the Public Health Research, Education and Development (PHRED) Program when the program ceased in December 2010. *The 2013 Inventory of Research and Evaluation Projects* showcases the breadth of research that occurs both throughout the Sudbury & District Health Unit and with our many external partners.

This Inventory is also an acknowledgement of and an expression of gratitude to our many

partners who invariably help us conduct high quality research. Our partnerships increase capacity for public health research and evaluation. The value attached to learning and innovation is demonstrated not only through the variety of topics described in this report, but also by the time and energy staff at the Sudbury & District Health Unit devote to research, evaluation and knowledge exchange. *The 2013 Inventory of Research and Evaluation Projects* is comprised of summaries of research and evaluation projects in which a Health Unit staff member has participated. Each summary includes a list of all investigators as well as a Sudbury & District Health Unit contact person. These individuals can be contacted for further information regarding the project.

We hope that you find the inventory to be of interest, and that it may form the basis for continued innovation and advancement in public health research, policy and practice.

Renée St Onge

Director, Resources, Research, Evaluation and Development Division
Sudbury & District Health Unit

Préface

Le Service de santé publique de Sudbury et du district (SSPSD) accorde beaucoup d'importance à la recherche et à l'évaluation, comme en témoignent les activités de la Division des ressources, de recherche, d'évaluation et de développement (RRED). Le Service de santé publique de Sudbury et du district est affilié à l'Université Laurentienne et l'École de médecine du Nord de l'Ontario (l'EMNO) et réalise des projets de recherche et d'évaluation qui

débouchent sur des pratiques efficaces et innovatrices en santé publique. Le SSPSD était également un des cinq sites provinciaux du programme Recherche, éducation et développement en santé publique (REDSP) lorsque ce dernier cessa en décembre 2010. *L'Inventaire des projets de recherche et d'évaluation 2013* illustre bien l'étendue des travaux de recherche qui se déroulent dans le Service de santé publique de Sudbury et du district et en collaboration avec nos nombreux partenaires externes. L'inventaire met l'accent sur l'importance de la recherche, de l'évaluation et de l'échange des connaissances au Service de santé publique.

Cet inventaire est en même temps une façon de signaler et de remercier nos nombreux partenaires qui nous aident à mener des projets

de recherche de grande qualité. Nos partenariats augmentent notre capacité dans le secteur de la recherche et de l'évaluation en santé publique. La valeur que nous accordons à l'apprentissage et à l'innovation se remarque non seulement à la variété des sujets mentionnés dans ce rapport, mais aussi au temps et à l'énergie que le personnel du Service de santé publique de Sudbury et du district consacre à la recherche, à l'évaluation et à l'échange des connaissances.

L'Inventaire des projets de recherche et d'évaluation 2013 se compose des sommaires des projets de recherche et d'évaluation auxquels a participé un membre du personnel du Service de santé publique de Sudbury et du district. Chaque sommaire inclut la liste de tous les chercheurs ainsi que le nom d'une personne contact au Service de santé publique. On peut communiquer avec ces personnes pour obtenir d'autres renseignements sur chaque projet.

Nous espérons que cet inventaire suscitera votre intérêt et qu'il pourra former le point de départ d'autres projets de recherche, de politiques et de pratiques innovateurs et d'avant-garde dans le secteur de la santé publique.

Renée St Onge

Directrice, Division des ressources, de recherche, d'évaluation et de développement
Service de santé publique de Sudbury et du district

Child and Youth Health



Child and Youth Health

Infant Feeding Study

Investigators

Shannon Dowdall-Smith, Michael King, Alissa Palangio, Darshaka Malaviarachchi, Renée St Onge, Stephanie Bale, Jodi Maki

Health Unit Contact

Shannon Dowdall-Smith
Foundational Standard Specialist
Ext. 239
dowdallsmiths@sdhu.com

Summary

Background: The purpose of this study was to increase our understanding of patterns of infant feeding practices and factors that influence these practices in the Sudbury & District Health Unit (SDHU) catchment area, during the period of birth to 12 months. The results of the survey are being used to shape programming decisions at the SDHU with respect to parent education, breastfeeding promotion, clinical supports for mothers related to infant feeding, and community-based supports for mothers and for breastfeeding.

Method: The SDHU Infant Feeding Study was a longitudinal study. The same mothers were followed from when their babies were born to until their infants were 12 months old.

Mothers were eligible to participate if they were - residents of Greater Sudbury, Sudbury District, or Manitoulin District; spoke English or French; gave birth to a single child; had a live birth; had an infant weighing at least 2500 grams; had a full-term infant at least 37 weeks gestation; were discharged home with their infant; were not living on reserve; and were available by telephone.

In total, 1242 mothers who gave birth within the SDHU area during the study period consented to a 48 hour HBHC follow-up call; 905 were eligible to participate in the research study; 690 agreed to participate. Data collection points were as follows:

Phase 1: Healthy Babies Healthy Children (HBHC) 48-hour postpartum telephone call

Phase 2: HBHC in-home visit

Phase 4: Telephone survey at 2 months

Phase 5: Telephone survey at 6 months

Phase 6: Telephone survey at 12 months

Results: A large majority (84%) of participating mothers attempted to breastfeed their infants at least once. Rates of breastfeeding initiation varied significantly between certain groups—for example, a higher proportion of mothers with a university education initiated breastfeeding (95%) compared to mothers with a high school education or less (73%).

Of those mothers who attempted to breastfeed their child, the proportion who continued to breastfeed their child declined rapidly over the first 10 weeks after birth, from 91% at the end of the first week to 71% at the end of the 10th week. Afterwards, the rate of decline slowed but the proportion still breastfeeding decreased steadily throughout the remainder of the first year after birth. More than half of the mothers (55%) were still breastfeeding at six months (26 weeks) after birth. Almost one-quarter (23%) of mothers continued to breastfeed their child one year (52 weeks) after their birth.

Child and Youth Health

Infant Feeding Study



Mothers who continued to breastfeed for at least two months after their infants were born were asked why they chose to feed this way. The main reasons given were that they felt it was better for their baby (64%), for their baby's physical health (62%), for financial reasons (29%), out of convenience (25%), or to help with infant bonding/closeness (17%). Similar reasons were given by the mothers who were still breastfeeding when their infants were six months and one year old.

These findings will support SDHU program teams as they work with our communities to improve infant nutrition and support the best possible start in life.

Project Status

Year Initiated: 2010

Status: Completed

Funding: Internal

Citation: Sudbury & District Health Unit. (2013). *The Sudbury and District Infant Feeding Study: Final Report*. Sudbury, ON: Author.

Report Availability: The report is available at www.sdhu.com. The Executive Summary is available in French.



Child and Youth Health

Pilot Study of a Standard Breastfeeding Surveillance Data Collection Tool and Method for Ontario Public Health Units

Investigators

Gillian Alton (lead)¹, Sarah Edwards², Adam Stevens², Laura Zettler³, Marnie Van Vlymen³, Fangli Xie⁴, Tammy Thomson⁵, Vidya Sunil⁵, Shelly White⁵, Eileen Chuey⁶, Jennifer Beck⁷, Lorraine Hagar⁷, Suzanne Fegan⁸, Asha Sheikh⁹, Crystal Palleschi⁹, Evelyn Crosse¹⁰, Heather Lokko¹⁰, Elaina Orlando¹¹, Cathy Lowes¹¹, Nancy Ramuscak¹², Magda Mekky¹², Nicole Ethier¹³, Fidel Obu¹³, Ronda Manning¹⁴, Kerri Grummett¹⁵, Peggy Govers¹⁵, Shannon Dowdall-Smith¹⁶, Julia Ritchie¹⁶, Renée St Onge¹⁶, Marie Klaassen¹⁷, Jessica Deming¹⁸, Sharmin Jaffer¹⁸, Arianne Folkema¹⁸, Wendy Lahey¹⁹, Karen Lukic²⁰, Cathy Millard²¹, Robyn Delaney²¹, Debbie Silvester²², Liz Haugh²², Shanna Hoetmer²³, Caitlin Johnson²³, Janet Vandenberg²³, Evelyn te Nyenhuis²³

¹Oxford County Public Health & Emergency Services, ²Brant County Health Unit, ³Chatham-Kent Health Unit, ⁴Durham Region Health Department, ⁵Haliburton, Kawartha, Pine Ridge District Health Unit, ⁶Halton Region Health Department, ⁷City of Hamilton Public Health Services, ⁸Kingston, Frontenac and Lennox & Addington Public Health, ⁹Lambton Health Unit, ¹⁰Middlesex-London Health Unit, ¹¹Niagara Region Public Health Department, ¹²Peel Public Health, ¹³Porcupine Health Unit, ¹⁴Oxford County Public Health & Emergency Services, ¹⁵Simcoe Muskoka District Health Unit, ¹⁶Sudbury & District Health Unit, ¹⁷Toronto Public Health, ¹⁸Region of Waterloo Public Health, ¹⁹Wellington-Dufferin-Guelph Public Health, ²⁰Windsor-Essex County Health Unit, ²¹Leeds, Grenville and Lanark Public Health, ²²Windsor-Essex County Health Unit, ²³York Region Community and Health Services

Health Unit Contact

Shannon Dowdall-Smith
Foundational Standard Specialist
Ext. 239
dowdallsmiths@sdhu.com

Summary

Background: It is an expectation that public health units in Ontario “conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the Population Health Assessment and Surveillance Protocol” in the area of breastfeeding.

The Ministry of Health and Long-Term Care, Public Health Division, Health Promotion Division included indicators related to breastfeeding into the Provincial Accountability Agreement (2011). Baby-Friendly Initiative status is one of 14 Public Health Accountability Agreement indicators for 2011–13. It was chosen by the Ministry of Health and Long-Term Care because it aligns with breastfeeding promotion, protection and support activities mandated in the Ontario Public Health Standards.

In order to fulfill these numerous expectations, each public health unit in Ontario will be seeking data sources for breastfeeding rates.

Method: This project is using a multiple-method design conducted in a sequence of five phases. The phases with their corresponding research method(s), sampling, data collection and data analysis and interpretation plan are outlined:

Child and Youth Health

Pilot Study of a Standard Breastfeeding Surveillance Data Collection Tool and Method for Ontario Public Health Units



Phase 1: Situational assessment

Phase 2: Develop pilot breastfeeding surveillance model

Phase 3 and 4: Pilot test and evaluate the breastfeeding surveillance model in selected public health units

Phase 5: Summarize evaluation results and develop recommendations

Results: The Phase 1 scoping review and environmental scan were completed in spring 2013. The results helped to shape the Access databases being used by the six pilot sites. The pilot testing phase commenced in September 2013, to run for nine months with evaluation and recommendation phases to follow in the summer of 2014.

Project Status

Year Initiated: 2012

Status: Ongoing—Phase 3 currently

Funding: Locally Driven Collaborative Projects—Public Health Ontario—\$ 90,000

Communicable and Chronic Diseases



Communicable and Chronic Diseases

Evaluation of the Partners for Community Wellness

Investigators

Stephanie Bale, Suzanne Lemieux, Barb Eles

Health Unit Contact

Suzanne Lemieux, Manager
Research, Evaluation, and Knowledge Exchange
Ext. 400
lemieuxs@sdhu.com

Summary

Background: The Partners for Community Wellness supports the development of healthy policies in the Sudbury and Manitoulin Districts and the City of Greater Sudbury. The Partnership promotes coordinated planning, advocacy and action among community partners. The Partnership was formed in December 2010 and an interim governance structure was adopted in February 2011. Full representation has not been achieved on the Advocacy and Steering Committee and only four of the five proposed Partnership Advisory Groups have been formed. The evaluation was undertaken to help inform the Partnership and determine if the partnership has the right organizational structure to support healthy policy work in local communities. The purpose of the evaluation was to assess the functioning of the Advisory and Steering Committee and the Partnership Advisory Committees to determine whether the right governance model is in place to support the work that was set up to be accomplished within the community.

Method: The Resources, Research, Evaluation and Development (RRED) Division collaborated with members of the Advocacy and Steering Committee in order to develop a survey tool geared to current and former participants of the Partners for Community Wellness committee. The results of the survey would begin to inform on what changes need to be made to ensure the Partnership is more effective, and to improve participation.

A total of 44 current and former participants of the Partners for Community Wellness Partnership completed the Web Survey, yielding a response rate of 57%. All surveys were completed in English, and 14 (32%) respondents reported working mostly in Sudbury.

Results: Overall, many current and former members of the Partners for Community Wellness agreed that having both local Partnership Advisory Committees and a district level Advocacy Steering Committee ensured local decisions aligned with broader district policy directions. Nearly all respondents agreed that within the Partnership Advisory Committee meetings and activities, there were a lot of people to learn from, and some agreed that members were able to resolve differences of opinion throughout the committee meetings. Communication was clear and open amongst partners, and most agreed that information was received prior to meetings enabling participation. In terms of methods of communication, videoconferencing was not commonly used for meetings, but was recommended as a method that could increase meeting efficiency. With respect to equity and inclusion, most felt the Partnership was sensitive to the needs of different groups whereas fewer agreed the Partnership was sensitive to the needs of the Francophone, female, or Aboriginal population. Finally, many felt the Partnership's goals aligned with those of the respondent's organization, and by working together the Partnership could accomplish its goal more effectively.

Project Status

Year Initiated: 2012

Anticipated Completion: 2014

Funding: Internal

Communicable and Chronic Diseases

Hand Hygiene—Northern Healthcare Students



Investigators

Stephanie Vendetti-Hastie, Phyllis Montgomery¹,
Shannon Dowdall-Smith

¹*Laurentian University*

Health Unit Contact

Stephanie Vendetti-Hastie
Public Health Nurse, CIC
Ext. 366
hasties@sdhu.com

Summary

Background: In Ontario, hand hygiene compliance among health care providers is a patient safety indicator that has been publicly reported since 2009. Data are reported for several hand washing indications or moments when there are valid reasons for performing hand hygiene at a specific time (i.e. before and after patient contact). For the reporting period April 1, 2010 to March 31, 2011, average rates of hand hygiene compliance for hospitals in the Sudbury & District Health Unit catchment area were similar to the Ontario rates of 72.14% compliance for performing hand hygiene before patient contact and 83.27% for performing hand hygiene after patient contact (Ministry of Health and Long-Term Care, 2011). Individual hospital rates differed significantly from one another, with some being much lower than provincial rates.

As hand hygiene practice may be influenced by individual behaviour, it is important to learn more about the perceptions and beliefs of local health care workers and students so that future interventions can be most appropriately directed.

The goal of this research is to investigate northern health care students' perceptions, attitudes, and beliefs concerning their hand hygiene practices.

Objectives:

1. To synthesize the body of evidence in the literature concerning health care students' hand hygiene perceptions, attitudes, and beliefs.
2. To engage consenting northern health care students during orientation in a knowledge translation activity to examine their hand hygiene practices.

Method: This sequential mixed method study is being carried out in two phases. In Phase 1, an integrative review of the literature will be undertaken to provide a summary of the body of evidence that exists regarding health students' attitudes and beliefs relative to hand washing. This information will be transformed into theoretical statements about hand hygiene for use in Phase 2.

Q methodology is an approach designed to conceptualize a phenomena from various viewpoints. Q methodology will be used to examine the ways in which health care students view hand hygiene practices. In Phase 2, multidiscipline health care students will be invited to sort and rank the set of theoretical hand hygiene statements generated from Phase 1. Each student sort will yield a representation of his/her hand hygiene orientation. Collectively, these phases will comprehensively address the multiple dimensions of enacting hand hygiene.

Project Status

Year Initiated: 2012

Status: Ongoing

Funding: Louise Picard Public Health Research Grant—\$5,000

Environmental Health



Environmental Health

An Environmental Scan of Built Environment Data Related to Walkability & Environmental Exposures in Urban Ontario

Investigators

Daphne Mayer¹, Paul Belanger¹, Novella Martinello¹, Bill Hunter², Deborah Moore², Ryan Waterhouse², Ahalya Mahendra³, Marc Lefebvre, Asim Qasim⁴, Caitlyn Paget⁴, Helen Doyle⁴, Jaime Chow⁴, Mira Shnabel⁴

¹Kingston, Frontenac and Lennox & Addington Public Health (KFL&A), ²Niagara Region Public Health, ³Public Health Agency of Canada, ⁴York Region Public Health

Health Unit Contact

Marc Lefebvre, Manager
Population Health Assessment and Surveillance
Ext. 353
lefebvre@m@sdhu.com

Summary

Background: The Ontario Public Health Standards mandate local public health units to address the built environment by increasing public awareness, supporting healthy public policy, and creating supportive environments. In order to fully understand the relationship between the built environment and health, public health practitioners and researchers alike need metrics that are current, reliable, and geographically commensurate. Objective built environment measures that reflect the scale of walkability and environmental exposures (e.g. air pollutants and extreme heat) in a community could help public health practitioners monitor health outcomes, facilitate research, and guide the development of evidenced-informed interventions, programs, and policies. Yet assessments of the built environment are hampered by several inconsistencies, including variations in terminology, computational methods, and data sources.

Method: This project consisted of an environmental scan used to support the identification of walkability and select environmental exposure (air quality and extreme heat exposure) data for use in the assessment of the urban built environment in Ontario. The environmental scan included a literature review, key informant interviews, and a survey of Ontario public health units (PHUs). The findings were synthesized through a gap analysis of measurement approaches and data availability, and subsequently applied to the development of guiding principles and recommendations to influence future directions for research and policy development in Ontario.

Results: Although the topic areas examined in the environmental scan (i.e. walkability, air quality, and extreme heat) are unique in some respects, many of the challenges related to the measures and data were similar. For instance, several organizations were using similar types of measures, but they were using different terminology, computational methods, and a variety of data sources. Data availability, human resource capacity, financial capacity, and variations between municipalities were reported as prominent challenges in the assessment of the urban built environment.

The built environment and health are closely tied to equity. Thus, for all topic areas, sociodemographic characteristics were identified as important factors to account for in the assessment of the urban built environment.

Environmental Health

An Environmental Scan of Built Environment Data Related to Walkability & Environmental Exposures in Urban Ontario



Conclusion: A number of guiding principles and recommendations were proposed. Given the cross-disciplinary nature of built environment assessments, the potential audience for the recommendations is broad. The overarching guiding principles and related recommendations are presented below.

1. Strengthen Multidisciplinary Cooperation
2. Provide Methodological Guidance
3. Improve Data Availability and Accessibility
4. Engage in Systematic Knowledge Transfer and Exchange (KTE)
5. Strengthen Capacity
6. Strengthen Built Environment and Health Research

Project Status

Year Initiated: 2011

Status: Completed

Funding: Locally Driven Collaborative Projects—Public Health Ontario —\$90,000

Citation: Kingston Frontenac and Lennox & Addington Public Health. (2012). *An Environmental Scan of Built Environment Data Related to Walkability & Environmental Exposures in Urban Ontario*. Kingston, ON: Author.

Report Availability: This report is available at www.sdhu.com.



Environmental Health

Evaluation of the Sudbury Children's Water Festival

Investigators

Jane Bulloch

Health Unit Contact

Jane Bulloch

Health Promoter

Ext. 764

bullochj@sdhu.com

Summary

Background: The Sudbury Children's Water Festival is an annual educational event offered by the SDHU. During the day-long Festival, children in Grades 3 visit close to 20 creative and hands-on activities related to water. The activities teach children about water protection, conservation, utility and safety, and how these themes are experienced in today's world. The evaluation investigates how well key messages conveyed at the Sudbury Children's Water Festival are remembered by the children that attend. Further, the evaluation investigates the strengths and weaknesses of the Festival from a teacher's perspective, and assesses teacher interest in attending a shorter, half-day event.

Method: Children were asked to fill out activity sheets to report on "the 3 most important things" that they remembered from the Festival. Each activity sheet was scored to determine to what degree it was consistent with key themes conveyed at the Festival. Teacher response forms were provided to collect feedback on strengths and weaknesses of the Festival and interest in attending a shorter, half-day event.

Results: 308 activity sheets were received representing a 37% response rate. The average score over the dataset was 2.6 out of a maximum of 3, suggesting that children remembered key messages from the Festival well to very well. Teacher response forms indicated positive impressions of the Festival and some suggestions for improvement. Further, the majority of teachers would attend a shorter, half-day Festival if it was offered.

Conclusion: One week after the Sudbury Children's Water Festival, messages conveying water protection, conservation, safety and utility are remembered well to very well by children that attended. Teacher feedback indicates that the Festival is well-received and that the majority of teachers would attend a shorter, half-day Festival if it was offered.

Project Status

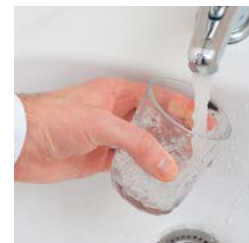
Year Initiated: 2013

Status: Completed

Report Availability: This is an internal document only

Environmental Health

A Pilot Study of Rural Community Wildfire Preparedness and Experiences



Investigators

Ido Vettoretti, Nancy Lightfoot¹

¹*Laurentian University*

Health Unit Contact

Ido Vettoretti

Community Environmental Health Specialist

Ext. 213

vettorettii@sdhu.com

Summary

Background: The examination of wild fires as a health hazard is consistent with the Ontario Public Health Standards, Health Hazard Management Standard and Emergency Response Standard. Evidence based findings within this study may assist in the review of these standards as well as in the review of provincial legislated protocols. The proposed development of a resource to raise personal awareness of steps that can be taken by vulnerable individuals to prepare and/or put measures in place to mitigate the impact of wild fires, including evacuation, in northern rural communities will be undertaken.

Information about personal emergency response preparedness, personal health and safety measures, evacuation preparedness, and potential assistance available from local agencies relating to wild fires is lacking in an easily accessible format. Public Safety Canada, a large national organization that produces booklets focused on safety and security, and especially about emergency preparedness lacks content on wild fire preparedness. Information specific to vulnerable populations would be of particular value.

Survey findings will be utilized to inform the development of a resource to raise personal

awareness of steps that can be taken by vulnerable individuals to prepare and/or put measures in place to mitigate the impact of wild fires, including evacuation, in northern rural communities. This will be done in formats easily accessible to rural populations, (e.g. booklet, web site, phone book insert, etc.). Northern organized municipalities, hamlets, villages, tourist resorts and local administrative service boards in unorganized townships as well as rural emergency service providers will benefit. All northeastern health units will benefit from such a resource and enable proactivity in addressing this very real emergency possibility.

The study team is particularly interested in the northeastern Ontario region/experience. We are also anticipating a final product which will focus on the experiences (positive/negative) of the individual resident and action they would undertake/recommend in wildfire situations, before, after and during the event.

Method: To conduct a mixed methods pilot study consisting of focus group interviews and a cross sectional questionnaire that will focus on both positive and negative experiences of individual residents of two northeastern Ontario communities, and the actions they would undertake and or recommend to others in wildfire situations before, during and after the event.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Louise Picard Public Health Research Grant—\$5,000

Health Equity



Health Equity

Building the Network of Services for Women on Methadone

Investigators

Shannon Dowdall-Smith, Phyllis Montgomery¹,
Jodi Maki

¹*Laurentian University*

Health Unit Contact

Shannon Dowdall-Smith
Foundational Standard Specialist
Ext. 239
dowdallsmiths@sdhu.com

Summary

Background: The Drug and Alcohol Registry of Treatment (2009) lists Sudbury as the top city in northern Ontario for the number of requests for treatment for drug and alcohol addictions. It is estimated that 26% of these requests were for Methadone Maintenance Treatment. Provincially, approximately 26,000 people were being prescribed methadone for opioid addiction as of 2010 (Canadian Association of Mental Health [CAMH], 2010). Further, the CAMH (2010) report states that there are not enough publicly funded clinics to cover the needs of this population especially in northern and rural communities. This only compounds the issue of a community's capacity to provide comprehensive care to a vulnerable population.

Working to build on previous research addressing the service needs of women maintained on methadone, the study will focus on what is working well within the current system in northern Ontario. This approach involves a collaborative process with a variety of stakeholders working towards a collective consensus to improve service delivery.

Method: This research used a strength-based qualitative approach using focus groups to have women on methadone share their stories of success with methadone, what is working well for them, and what services could be strengthened. Additional groups will be held with providers of services for women on methadone to understand their perspectives on the issues.

Project Status

Year Initiated: 2012

Status: Ongoing

Funding: Louise Picard Public Health Research Grant—\$5,000

Health Equity

Voices and Vision: Perspectives and Experiences of Teen Mothers in Sudbury



Investigators

Suzanne Lemieux, Leigh McEwan¹

¹*Laurentian University*

Health Unit Contact

Suzanne Lemieux, Manager
Research, Evaluation and Knowledge Exchange
Ext. 400
lemieuxs@sdhu.com

Summary

Background: The objectives of this research project were to explore the experiences of teen mothers in Sudbury, including to highlight their strengths, to better understand their challenges and to identify areas for improvement that could potentially help mitigate some of these challenges. The goal is to use their voices, stories, and photographs that they have taken to document their local experience of being teen mothers.

Method: A photovoice project is ongoing with eight teens. There are four sources of data for this project:

1. a demographic questionnaire
2. three group activities
3. an individual interview with each of the participants
4. photographs (10 from each participant)

Results: Preliminary results indicate that each of the teen mothers in this study were trying to do the best they could to provide a good life for their child despite significant personal, family, community, and social barriers.

The teen mothers discussed their own strengths for parenting, relationships with family and friends, and community programs as providing support, helping them to build confidence, and improving their experiences as mothers.

There were individual and agency barriers that presented challenges to each of the teen mothers.

Although the majority recommended that agency programs and services provided to teen mothers by numerous agencies could be improved with a less judgmental approach, they also suggested educating the public in order to eliminate the social stereotypes of teen mothers.

Conclusion: The results of the current study will provide insight into the struggles and barriers that teen mothers face in society. Recognizing these barriers is the initial step to implementing programs and/or policies designed to break down these barriers thus improving the social determinants of health for teen mothers.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Louise Picard Public Health Research Grant—\$5,000

Nutrition—Healthy Weights—Physical Activity



Nutrition—Healthy Weights—Physical Activity

Attitudes Towards Weights Survey

Investigators

Jenny Godley¹, Lesley Andrade,
Darshaka Malaviarachchi

¹*University of Calgary*

Health Unit Contact

Lesley Andrade, Acting Manager
Health Promotion Division
Ext. 364
andradel@sdhu.com

Summary

Background: Understanding the patterning of attitudes towards weights will enable the Health Unit staff to identify both barriers to and facilitators of cultural change within the organization. These findings can then be used to support the fifth SDHU Strategic Priority 2013–2017 “Foster organization-wide excellence in leadership and innovation.”

Method: An online survey was conducted among SDHU staff in the summer of 2013, to understand attitudes towards weights. All SDHU staff (full-time, part-time, contract staff, students, and volunteers) excluding the co-principal investigators were eligible to take part in the study. The survey consisted of demographic information and an attitudinal questionnaire (using the Attitudes Towards Obese Persons (ATOP) and Beliefs About Obese People (BAOP) scales—both are valid measures of weight bias). Data collection using the online survey tool and data analysis was conducted by the principal investigator from University of Calgary.

Results: Of the 272 eligible employees, 226 completed the survey (83% response rate). Overall, the SDHU fared well, but there is room for improvement (i.e. reduction in weight bias). Results showed that weight bias training had little effect on “attitudes” towards obese people and personal opinions about gaining weight, but had a greater effect on “beliefs” about obese people. This finding supports continued professional development/training for SDHU staff. Furthermore, division was found to be more important than profession as it relates to personal attitudes and opinions about obese people, which supports the need for more targeted and tailored messaging in knowledge exchange opportunities.

Results were presented to relevant program managers, the Executive Committee, as well as the SDHU Wellness Committee in December 2014. Ongoing training and knowledge exchange will be offered in 2014, and an internal mentorship model will be explored.

Project Status

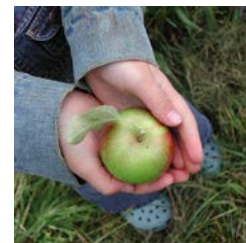
Year Initiated: 2013

Status: Completed

Funding: University of Calgary—\$5000

Nutrition—Healthy Weights—Physical Activity

Evaluation of the Sudbury and District SCREEN[®] (Seniors in the Community—Risk Evaluation for Eating and Nutrition) Program



Investigators

Jenna Baysarowich, Marissa Bertens

Health Unit Contact

Bridget King
Public Health Nutritionist
Ext. 288
kingb@sdhu.com

Summary

Background: This project is part of a larger study, Nutrition Screening for Older Adults in the SDHU catchment area.

The purpose of this project was to assess the satisfaction of SCREEN[®] administrators with the current resource binder and folder system and to ensure consistency of use of these resources among all administrators. The feedback from the administrators of SCREEN[®] is intended to guide the development and revision of appropriate, meaningful resources and referral services for community-dwelling seniors. Subsequently, the intention is that the revised resource binder and folders will help increase consistency of use among administrators, which may help enhance the efficiency of SCREEN[®] in decreasing nutrition-related problems in community-dwelling seniors.

Method: Semi-structured, face-to-face interviews with SCREEN[®] administrators were conducted. The sample consisted of five administrators of SCREEN[®] from the Sudbury and District SCREEN[®] Work Group. A predetermined interview guide was used for each individual interview. Both closed and open-ended questions were used. The majority of the questions used in the interview guide were open-ended to encourage detailed and elaborate

responses in order to gather qualitative information. Written notes were taken during the interviews to complement the audio-recorder. The audio recording was transcribed after the interview occurred.

Results: Satisfaction with both the resource binder and folder system was varied among participants. Strengths of the resource binder and folder system were identified by some participants as: helpful, useful, appropriate and satisfactory. Limitations of the resources within the resource binder were identified by some participants as confusing, overwhelming, inappropriate and unsatisfactory for older adults. The folder system was described by some participants as unclear. Administrators provided recommendations for improvement of the resource binder and folder system.

Conclusion: The information collected from the standardized interviews will be considered by the program lead when making any necessary modifications to improve the resources and administrator training associated with SCREEN[®].

Project Status

Year Initiated: 2012

Status: Completed

Funding: Internal

Citation: Baysarowich, J.; Bertens, M.; King, B. (2013). SCREEN[®] administrator satisfaction of resources to support nutrition screening process of older adults in Sudbury, Ontario. Northern Ontario Dietetic Internship Project.



Nutrition—Healthy Weights—Physical Activity

Evaluation of Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN®)

Investigators

Stephanie Bale, Bridget King, Suzanne Lemieux

Health Unit Contact

Suzanne Lemieux, Manager
Research, Evaluation, and Knowledge Exchange
Ext. 400
lemieuxs@sdhu.com

Summary

Background: Since 2011, the Sudbury & District Health Unit has been facilitating the use of SCREEN® (Seniors in the Community: Risk Evaluation for Eating and Nutrition) by community agencies. SCREEN® is a validated, 14 question tool designed to identify nutrition risk in community dwelling older adults. Individuals at risk are given educational information and encouraged to visit a health care provider. For those not at risk, relevant education materials are shared (Keller, 2012). The implementation review consisted of three phases, including: a process evaluation of the implementation of SCREEN®, nutritional risk assessment using SCREEN® scores, and a community scan of nutrition services offered to older adults in the SDHU area.

Method: The process evaluation consisted of telephone interviews with a sample of SCREEN® Administrators who were actively SCREENing older adults in the SDHU area. The administrator interviews were conducted to review accessibility of resources and support services, determine facilitators and barriers to the implementation of SCREEN®, and to learn what is needed to better address the nutritional needs of older adults in the SDHU area.

The community scan included a review of key reports and documents on the services available in the SDHU area, Internet searches, a list of operating long term care facilities in the SDHU area, and a review of demographic information on older adults in the community.

Collection of SCREEN® scores commenced December 2012 and ended March 2013. Data were analyzed using descriptive statistics for numeric variables and frequencies for categorical variables. SCREEN® scores can range from 0 to 64. In the Sudbury and District use of SCREEN®, scores are interpreted in the following way: a score of 46 or greater indicated the older adult is doing well and not at nutritional risk and a score of 45 or less indicates the older adult is at nutritional risk.

Results/Conclusion: The results of the *process evaluation* indicate that the questionnaire and referral materials are conducive to an efficient SCREENing process, as well as the SCREEN® location and the overall time it took to SCREEN® in general. Although the administrators felt that the overall process was working well, additional formatting of the referral materials was recommended. Also, additional advertising and targeting methods would help to encourage additional participation from non-active members of community programs and may identify more at-risk individuals.

The results of the SCREENing found 25% of older adults in the SDHU area to be at nutritional risk, which could indicate the need to determine how older adults can be better served in the community.

The community scan provided a list of nutrition services, location, and description of services offered throughout the SDHU district. The scan provides a picture of what is offered in the community and what gaps there may be in services. Further exploration is required.

Project Status

Year Initiated: 2012

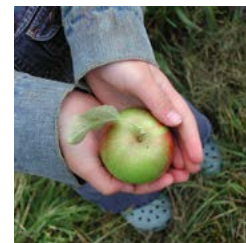
Status: Completed

Funding: Local Health Integration Network—\$5000

Citation: Sudbury & District Health Unit. (2013). *Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN®): Implementation Review*. Sudbury, ON: Author.

Nutrition—Healthy Weights—Physical Activity

Food Mapping in the City of Greater Sudbury



Investigators

Jorge Virchez¹, Bridget King

¹*Laurentian University*

Health Unit Contact

Bridget King

Public Health Nutritionist

Ext. 288

kingb@sdhu.com

Summary

Background: This study will provide the community with a better understanding of access to healthy retail food, an important component of our food system and overall health.

Method: This project focuses on the food retail environment (grocery, convenience, gas station, department, and pharmacies) and identifying the existence of areas with limited availability of healthy food in the City of Greater Sudbury. Included in this mapping project will be an assessment of the availability, price, quality, and place of origin of healthy food options in select food retail locations. The study is being carried out through a coordinated effort between Laurentian University and the SHDU.

Mapping the Community Food Environment:

The mapping will begin by initially identifying the location of all food retail (not restaurants) in the City of Greater Sudbury (CGS). This will occur through the review of available lists at the SDHU, printed Yellow Pages, online directories, and field work. Specialty stores selling few items such as bakeries or butchers will be excluded from the study. This identification data will be shared with the City of Greater Sudbury. The CGS will then use this data to provide maps of public transportation routes in relation to food retail outlets.

With the assistance of Geographic Information Systems we will measure the proximity to

“Shopping Hubs” for the various residents within the communities of Greater Sudbury. The chosen program for this particular project is ArcGIS, an essential research tool capable of aiding the researchers with various computational layer constructions, measurements, approximations, and data tables ready for final reports. We are able to input and measure points, lines and areas—that is, locations, streets, and area parks all of which will be atop a raster image of the City of Greater Sudbury.

Assessing the Community Food Environment:

Each year the SDHU participates in the Nutritional Food Basket (NFB) costing. The Nutrition Environment Measures Survey (NEMS-S) is an evaluated tool used to measure the nutrition environment within retail food stores by assessing the availability of healthy options, price and quality (Glanz, et al., 2007). This study will consider the NEMS-S and build on the NFB costing tool to assess the availability, price, quality, and place of origin of select healthy food options at select grocery stores and convenience stores in the City of Greater Sudbury. The availability of food options will be based on their presence or absence. The price will be assessed based on the lowest price on the shelf (based on NFB Guidance document procedure). Quality will be based on a rating of acceptable or unacceptable. For vegetables and fruit this will be assessed by considering the majority of the items being clearly bruised, old looking, over-ripe, or spotted (Glanz, 2007). The place of origin will be assessed by documenting region/province/country of origin (if available).

Project Status

Year Initiated: 2012

Status: Ongoing

Funding: Louise Picard Public Health Research Grant—\$5,000



Nutrition—Healthy Weights—Physical Activity

Healthy Eating in Recreational Facilities in the Sudbury & District Health Unit Area

Investigators

Bridget King, Victoria Giannotta

Health Unit Contact

Bridget King
Public Health Nutritionist
Ext. 288
kingb@sdhu.com

The end goal of the project is to develop program plan using the Eat Smart®! Recreation Center Program tool kit and other similar evidenced based tool kits in recreation facilities in the Sudbury & District area.

Project Status

Year Initiated: 2013

Status: Ongoing

Summary

Background: Ultimately, the Sudbury & District Health Unit's (SDHU) goal is to support the development of a healthy food environment in recreation facilities throughout the SDHU area. To begin this process of creating change in the food environment, it is important to understand the perspective of patrons and vendors in recreation facilities. Recreation facilities are places people come to for sport and recreation. Recreation facilities may include; swimming pools, youth centers, curling rinks, bowling alleys, skating parks, community centers, and other recreation focused venues (HEPAC, 2011).

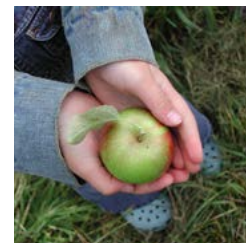
Method:

This project will consist of a survey of patrons and vendors in recreation facilities in the SDHU area, and will consider the issues related to making and providing healthy food choices in recreation facilities. The surveys will help to better understand:

- a. The type of food choices patrons currently make when using recreational facility services.
- b. The types of foods vendors have available for purchase and possible barriers that may prevent the availability of healthy food choices.
- c. Patrons and vendors' opinions on making health food choices more readily available in recreation facilities.

Nutrition—Healthy Weights—Physical Activity

Healthy Eating in the Workplace



Investigators

Lisa O'Brien¹, Jessica Love², Victoria Hall³, Kim Curtis, Bridget King, Maryann Moffat⁴

¹Algoma Public Health, ²North Bay Parry Sound District Health Unit, ³Porcupine Health Unit, ⁴Timiskaming Health Unit

Health Unit Contact

Bridget King
Public Health Nutritionist
Ext. 288
kingb@sdhu.com

Summary

In 2012, the *Call To Action: Creating a Healthy Workplace Nutrition Environment* was first introduced. The *Call To Action* provides a framework based on nine essential elements that key stakeholders can use to create, implement, and support a comprehensive workplace nutrition environment.

Foods provided in workplaces during meetings, events, or retail settings are typically foods of minimal nutritional value and are higher in sugar, fat, and salt. A food environment that favors foods classified by Canada's Food Guide as "Foods to Limit" does not support health and relies on individuals to constantly resist unhealthy foods. However, evidence demonstrates that a workplace that enhances the nutrition environment and makes healthy, diverse food accessible, and affordable leads to better food choices and ultimately improves health and wellness (Call to Action, 2012).

As part of the larger goal of implementing the *Call To Action: Creating a Healthy Workplace Nutrition Environment* project will improve our understanding of employees perspectives on healthy eating in the workplace and help to identify knowledge gaps. The project team is made up of registered dietitians from five health units from northeastern Ontario including Algoma Public Health, North Bay Parry Sound District Health Unit, Porcupine Health Unit, Timiskaming Health Unit and Sudbury & District Health Unit.

Method: The project team will conduct focus groups in eight workplaces throughout northeastern Ontario. Six to eight employees from the eight workplaces will have the opportunity to participate in an hour long focus group that will provide the opportunity for participants to share their thoughts and experiences regarding a healthy workplace nutrition environment.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Cancer Provider Screening Network—Northeast Region—\$5000



Nutrition—Healthy Weights—Physical Activity

Nutri-eSTEP: The Development of an Online Nutrition Self-management Tool

Investigators

Maria Reesor¹, Helen Haresign², Lee Rysdale¹, Christine Mehling², Heather Keller³, Joanne Beyers, Janis Randall Simpson¹

¹University of Guelph, ²Dietitians of Canada,

³University of Waterloo

Health Unit Contact

Joanne Beyers
Foundational Standard Specialist
Ext. 355
beyersj@sdhu.com

Summary

Background: NutriSTEP® (Nutrition Screening Tool for Every Preschooler) is a national, multiphase, intersectoral project that developed and validated two nutrition screening indices (Toddler and Preschooler) and is developing “best practices” for implementing community nutrition screening. The 2008 Ontario Public Health Standards includes NutriSTEP®.

Since the development of the original NutriSTEP® paper questionnaires, there has been an expressed need for the tool to be adapted to an online setting, both in English and French. The objective of this research was to create online adaptations of the NutriSTEP® screening questionnaires for parents of preschoolers and toddlers. The online Nutri-eSTEP web tool provides immediate results, feedback and links to resources, hosted on the Dietitians of Canada website at www.nutritionscreen.ca.

Method: The development of Nutri-eSTEP occurred in six phases involving parent advisors and a national advisory committee of dietitians and health professionals. The phases guided the development process and included: 1) key intercept interviews; 2) review of feedback messages; 3) usability testing; 4) modified Delphi method to determine importance of changes; and, 6) a satisfaction survey.

Anglophone and Francophone parent advisors were purposefully selected throughout southern Ontario and Sudbury and represented a variety of ages, ethnicities, and economic status. Results from each phase were used to guide the development process. The national advisory committee (n=9) provided evidence-based information and content validation for the feedback messages and links to province specific resources.

Results: Parent advisors (n=11) participated in all phases of the study with no drop-outs. Eighteen parents completed the usability analysis. Results from each phase were used to create and revise the Nutri-eSTEP pilot platform. The analysis of the completed satisfaction surveys determined that all participants were satisfied or very satisfied with the overall product.

Conclusion: Nutri-eSTEP serves as a knowledge translation vehicle to raise parental awareness of their children’s nutritional needs while providing resources to support self-management. By utilizing parental input, identifying the barriers and needs, and tailoring the platform and its resources, Nutri-eSTEP is acceptable and satisfactory for parents to obtain knowledge on their children’s nutritional needs.

Project Status

Year Initiated: 2011

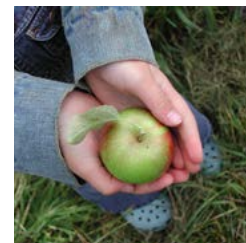
Status: Completed

Funding: CIHR—\$225,000 in 2004–06; Health Canada—\$255,000; MOHLTC—\$25,000 in 2006–07; Danone Institute—\$70,000 in 2007–09; CIHR—\$20,000 in 2008; CIHR Knowledge Transfer Supplement Grant—\$100,000 in 2012–13

Report Availability: Submitted for publication, March 2014

Nutrition—Healthy Weights—Physical Activity

Ontario Society of Nutrition Professionals in Public Health: Provincial Survey for Local Student Nutrition Program Providers



Investigators

Lesley Andrade

Partners: Public Health Dietitians and Nutritionists on the Ontario Society of Nutrition Professionals in Public Health (OSNPPH), Student Nutrition Practice Group (a sub-group of the School Nutrition Work Group)

Health Unit Contact

Lesley Andrade, Acting Manager
Health Promotion Division
Ext. 364
andradel@sdhu.com

Summary

Background: Student Nutrition Programs (SNPs) are available in many schools and receive funding through the Ministry of Children and Youth Services (MCYS). Nutrition Guidelines (2008) exist for foods and beverages served in SNPs; however, complying with these is often a challenge. Public health units have a mandate to support school-related healthy eating initiatives and were identified by the MYCS as a key stakeholder to support compliance with the nutrition guidelines. The OSNPPH School Nutrition Workgroup has a network of public health dietitians and nutritionists supporting SNPs and plan to conduct a survey to determine the needs of SNP providers as it relates to educational resources and tools to ensure that any resource or tool developed is useful. This network consists of dietitians and nutritionists from a variety of public health units across Ontario and connects via regular teleconferences.

Method: Fluid survey is being used to gather information from both public health dietitians/nutritionists and SNP providers.

Results: In 2012, an initial survey to public health dietitians and nutritionists working with SNPs was conducted. The results of this survey showed considerable differences in health unit support to SNPs and overlap of health unit regions with MCYS SNP regions. It also illustrated differences in MCYS SNP structure across the province. This new information posed a challenge to the planned survey implementation with SNP providers, and as a result, the SNP provider's survey has been postponed.

Conclusion: The OSNPPH SNP Practice group will take this new information into account and plan for survey implementation in 2014. Results from the survey will help public health staff better support SNP deliverers and develop/modify resources that will help programs comply with the SNP Nutrition Guidelines.

Project Status

Year Initiated: 2011

Anticipated Completion: 2014

Funding: Internal (participating public health units)



Nutrition—Healthy Weights—Physical Activity

Physical Literacy Policy Toolkit Evaluation

Investigators

Melanie Hood, Natalie Philippe

Health Unit Contact

Melanie Hood
Health Promoter
Ext. 524
hoodm@sdhu.com

Summary

Background: Physical literacy is defined by the Canadian Sport Centre as “the development of fundamental movement skills and fundamental sports skills that permit a child to move confidently and with control, in a wide range of physical activity, rhythmic (dance) and sport situations”. Contrary to popular belief, athleticism is not necessarily innate, and all children should be given opportunities to learn and practice fundamental skills. Young children spend considerable time in child care where currently there are no regulatory standards related to physical literacy development, physical activity, and sedentary behaviours. It has been demonstrated that investments in physical literacy programs during early childhood development are an effective means of improving fundamental movement skills abilities. In 2013, the Cancer Prevention Screening Network’s Physical Activity Working Group (CPSN-PAWG) developed a physical literacy policy toolkit to facilitate the delivery of quality physical activity programming, the creation of supportive environments and the development of policies within child care.

Purpose: The purpose of this project was to evaluate the toolkit entitled *Jump into Play: Increasing Physical Literacy in Children in Childcare Settings*, and to collect feedback as to potential issues that may arise with its implementation within this environment. It is anticipated that the results of this evaluation will allow the group to fine-tune the toolkit and its resources, and to create a plan for its dissemination

Method: Providers of care to children under the age of 12 were recruited from childcare agencies located in the districts of Sudbury, Porcupine, Algoma and Temiskaming. Participants attended a presentation on physical literacy and then were provided with a copy of the toolkit for review. Individual interviews were used to collect feedback on the toolkit, its user-friendliness and information about the participant’s attitudes related to physical activity, sedentary behaviour and physical literacy in children and in the childcare setting.

Transcribed interviews and written notes will be analyzed using N’Vivo in the spring of 2014.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: None for evaluation—toolkit funded by the Cancer Prevention Screening Network—Physical Activity Working Group

Nutrition—Healthy Weights—Physical Activity

Sudbury and Manitoulin Districts Aboriginal Diabetes Prevention Strategy: Phase 1 (Health Communication Campaign)



Investigators

Lesley Andrade, Tracey Weatherbe; Amy Campbell¹; Wendy Robertson²; Betty Ann Horbul³, Kerry Schubert-Mackey⁴.

¹North Bay Parry Sound District Health Unit,

²Algoma Public Health, ³Porcupine Health Unit,

⁴Timiskaming Health Unit

Health Unit Contact

Lesley Andrade, Acting Manager
Health Promotion Division
Ext. 364
andradel@sdhu.com

Summary

Background: The project aims to expand the Ministry of Health and Long-Term Care's Diabetes Prevention Program into areas of the province with elevated rates of type 2 diabetes, including the five northeastern Ontario public health units, which include the Sudbury & District Health Unit (SDHU), North Bay Parry Sound District Health Unit, Algoma Public Health, Porcupine Health Unit, and Timiskaming Health Unit. The Diabetes Prevention Program consists of the following components: Health Communication Campaign; Environmental Supports and Policy Development; and Training and Deploying Lay Health Educators. The Health Communication Campaign phase is being carried out collaboratively with the participating health units in northeastern Ontario. The purpose of this phase is to increase awareness of type 2 diabetes and the behaviours known to help prevent its onset. The main goal of this phase of the project is to develop social marketing tools for North Eastern Ontario.

Method: To achieve its goal, the project team carried out the following tasks: conducted an environmental scan of print resources and campaign materials targeting adult Aboriginal populations for lifestyle-focused diabetes education/prevention; researched population needs and drivers in the area of diabetes education and prevention through key informant interviews; developed a draft of culturally appropriate social marketing materials and tools; confirmed the acceptance and impact of these materials and tools through focus groups; and completed production-ready social marketing materials and tools.

Results: As a result of this project, the health communication campaign slogan "Bring Back the Tradition of Healthy Living: Eat Right, Drink Water, Get Active" was developed. Regionally, television commercials were produced and aired on MCTV and APTN from January to March of 2012. Newsletter inserts were produced and inserted into two Aboriginal newspapers (Anishnabek News and Wawatay News), which when combined reached all Aboriginal communities on-reserve in northern Ontario. In consultation with the Sudbury and Manitoulin Districts Aboriginal Diabetes Prevention Strategy Advisory Committee, local health communication materials were also developed, including posters, displays, bus back ads, and collaterals and program incentives.

Conclusion: The final report "Community Action on Diabetes Prevention" provides a valuable synopsis of the results of their research into factors that can be used to influence diabetes prevention behaviours amongst adult Aboriginals in Ontario. The resulting health communication's campaign materials and



Nutrition—Healthy Weights—Physical Activity

Sudbury and Manitoulin Districts Aboriginal Diabetes Prevention Strategy: Phase 1 (Health Communication Campaign)

resources were developed and used in the 2011–2012 phases of the SDHU Aboriginal diabetes prevention project, and will continue to be used, in combination with other healthy living programming, to achieve the Ministry’s objective to increase awareness of diabetes risk factors in Aboriginal populations residing in the Sudbury and Manitoulin districts.

Project Status

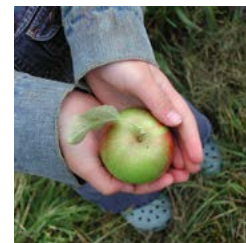
Year Initiated: 2011

Status: Completed

Funding: Ministry of Health Promotion and Sport—Special Funding Opportunity valued at approximately \$20,000

Nutrition—Healthy Weights—Physical Activity

The Meaning of “Food Skills” for Two Ontario Priority Populations



Investigators

Ellen Desjardins¹, Amy MacDonald², Janice Dunbar², Ruby Samra³, Heather Thomas⁴, Thelma Maxwell⁵, Riddhi Shukla⁵, Lyndsay Davidson⁶, Margaret Anne Munoz⁷, Marie Traynor⁸, Elizabeth Smith⁹, Bridget King

¹Public Health Ontario, ²Huron County Health Unit, ³City of Hamilton Public Health Service, ⁴Middlesex-London Health Unit, ⁵Windsor Essex County Health Unit, ⁶Chatham Kent Public Health Unit, ⁷Perth District Health Unit, ⁸Prince Edward County, ⁹Registered Dietician—no affiliation

Health Unit Contact

Bridget King
Public Health Nutritionist
Ext. 288
kingb@sdhu.com

Summary

Background: There is a link between choosing healthy food, preparing and cooking food, healthy eating and overall health. The art and skill of choosing, preparing and cooking safe, healthy and culturally appropriate food, which can also be described as “food skills,” appears to be fading. People’s ability to choose and prepare healthy food and the food skills that are needed to do this may be unique to specific groups or people, from youth, to people living in poverty, to pregnant and breastfeeding women, to higher income families with children. This research project aimed to understand the meaning of food skills for two specific groups of people in Ontario.

Peer reviewed research on the topic of food skills for a diversity of population groups is not available. Therefore, health units in Ontario lack a clear definition of what specific food skills should be provided to the priority populations in our catchment areas. We believe that by working

collaboratively to define food skill needs from the perspective of priority populations, we can contribute to the development of meaningful food skills programming for all health units throughout the province.

Method: In-depth interviews in five health unit areas across the province with two priority populations (at-risk youth and young parents) were conducted.

Results: This project found there is a broad range of food skills among teens and young parents, both male and female. A hierarchy of food preparation levels was developed, based on the meanings of food skills expressed and practiced by study participants. Those who acquired food skills at a young age have an advantage in terms of food skills and confidence in preparing food; but those who learn later display a high degree of self-directed learning. What young people know how to prepare and what they actually do prepare on a daily basis depends upon psychological, social, environmental and financial circumstances. These are determinants which can influence the actual practice of food skills once they are acquired. Two conceptual models and a definition for food literacy were developed.

Conclusion: This study provided new perspectives on food preparation experience and perceptions of young people at risk for poor health in Ontario. Food skills should be included in the curriculum of schools (elementary, secondary and alternative) and into widespread community programs in both rural and urban areas. This would be an investment in physical and mental health.

Project Status

Year Initiated: 2012

Status: Completed

Funding: Public Health Ontario—Locally Driven Collaborative Projects—\$100,000

Public Health Resources



Public Health Resources

Renewal of Public Health Systems (RePHS) Project

Investigators

Principal Investigators: Ruta Valaitis¹, Marjorie MacDonald²

SDHU Investigator: Renée St Onge

¹*School of Nursing, McMaster University*, ²*School of Nursing, University of Victoria*

Partners: Ottawa PHRED/Ottawa Public Health, Sudbury PHRED, Region of Peel Public Health, City of Toronto Public Health, Perth District Health Unit, Porcupine Health Unit; Ontario Agency for Health Protection and Promotion (OAHP), Ministry of Health and Long-Term Care (MOHLTC) – Public Health Division, Ministry of Health Promotion; University of Waterloo; University of Western Ontario; Vancouver Island Health Authority, Interior Health Authority, Vancouver Coastal Health Authority, Fraser Health Authority, Northern Health Authority, Provincial Health Services Authority; BC Ministry of Healthy Living and Sport; University of British Columbia

Health Unit Contact

Renée St Onge, Director, Resources, Research, Evaluation and Development (RRED) Division
Ext. 510
stonger@sdhu.com

Summary

Background: In response to public health concerns such as Severe acute respiratory syndrome (SARS) and listeriosis, public health across Canada has undergone major reforms. British Columbia (BC) and Ontario (ON) are no exception. Both provinces have identified essential functions of public health, yet define them somewhat differently and have different processes for administering and implementing them. These naturally occurring variations in the implementation and administration

of public health programs and services within BC health authorities and ON health units, and between BC and ON, create a unique opportunity for a “natural experiment”. Funding has been received from the Canadian Institutes for Health Research to conduct a five-year (2009–2014) project that will examine the implementation of two essential functions (chronic disease prevention and sexually transmitted infection prevention) across the two provinces.

Using a complexity lens, researchers across the two provinces are seeking to answer two major research questions applying a number of data collection strategies:

1. What are the processes of implementation of the Ontario Public Health Standards/BC Core Public Health Functions for two core public health programs in Ontario and BC (chronic disease prevention and sexually transmitted infection prevention), and how do contextual variations within and between each province affect the implementation processes?
2. What are the impacts and outcomes of the two core programs and how does variation in context and the processes of implementation affect these?

There are also three nested questions:

1. To successfully implement the two core public health programs in Ontario and BC, what are the implications for public health human resources planning related to workforce competency, skill development, and for basic and continuing education?
2. What are the relationships between public health and primary care sectors within and across the implementation of the two core programs and what effects do these relationships have?

Public Health Resources

Renewal of Public Health Systems (RePHS) Project



3. How and to what extent is an equity lens integrated into the two core programs and how does it influence implementation and outcomes?

In addition to addressing these questions, it is hoped that the project will contribute to: a) Public health systems renewal in BC and Ontario to inform system renewal in Canada and, in turn, contribute to improving population health and reducing health inequities; b) advancing the field of public health services research in Canada by implementing a consensus-based research agenda and applying/ developing innovative research methodologies; c) informing integration and linkage of public/ population health and primary care services; and d) training expert public health services and population health researchers.

Data collection is ongoing.

Project Status

Year Initiated: 2009

Anticipated Completion: 2014

Funding: Canadian Institutes of Health Research—\$1,471,250



Public Health Resources

Surveillance System

Investigators

Marc Lefebvre, Michael King, Darshaka Malaviarachchi, Alissa Palangio

Health Unit Contact

Marc Lefebvre, Manager
Population Health Assessment and Surveillance
Ext. 353
lefebvrem@sdhu.com

Summary

Background: The SDHU surveillance system is designed to provide managers and program staff at the SDHU with current data to inform program planning. The reports are designed for internal use only. The most common sources of data for the surveillance reports are the Rapid Risk Factor Surveillance System (RRFSS), Canadian Community Health Survey (CCHS), and the Integrated Public Health Information System (iPHIS).

Method: A template for presenting the data is used in order to provide consistent presentation of findings.

Results: Twenty-four reports were produced in 2013 on a number of topics, including:

- Animal Rabies Immunization 2011
- Awareness of Human Papilloma Virus (HPV) 2011
- Awareness of the Low-Risk Alcohol Drinking Guidelines 2010
- Beauty and Body Art 2011
- Body Mass Index 2011
- Childhood Immunization: Awareness and Beliefs 2011

- Colorectal Screening 2011
- Fruit and Vegetable Consumption 2011
- Food Safety in the Home: Time and Temperature 2011
- Food Safety in the Home: Awareness 2011
- Food Security 2009–2010
- Health Information 2011
- High Physical Activity 2011
- Illicit Drug Use 2009–2010
- Knowledge and Causes of Climate Change 2011
- Link Between Cervical Cancer and Smoking 2011
- Maternal Experiences: Tobacco Use/Exposure During Pregnancy/Breastfeeding 2007–2010
- Outdoor Air Quality 2011
- Road Safety Perceptions 2011
- Selected Chronic Diseases 2010
- Smoke-Free Homes 2011
- Smoking in Multi-Unit Dwellings 2011
- Smoking Other Tobacco Products 2007–2010
- Triple P Campaign Awareness 2011

Project Status

Year Initiated: 2005

Status: Ongoing

Funding: Internal

Reproductive Health



Reproductive Health

Prenatal Class Evaluation

Investigators

Karen Joblin

Health Unit Contact

Karen Joblin

Health Promoter

Ext. 588

joblink@sdhu.com

Summary

Background: The prenatal classes at the SDHU provide information to pregnant women and their partners on topics such as nutrition, breastfeeding, infant safety and care, as well as labour and delivery.

The classes are offered in two formats; four weekly evening two-hour sessions as well as one full-day Saturday class. This evaluation is being conducted to inform the family health team if the class content as well as structure requires improvement based on participant feedback.

Method: All participants (pregnant mothers and their partners) are invited to complete a survey at the end of each class.

Results: To date, 94 responses have been collected. We will continue to collect responses until the end of 2013.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Internal

School Health



School Health

Development of a Longitudinal Study to Assess and Monitor Alcohol Misuse Among Post-secondary Students in the City of Greater Sudbury

Investigators

Alain Gauthier¹, Joëlle Martel, Diana Urajnik¹,
Véronique Charbonneau¹, Nathalie Thistle,
Julie Dénomme, Marc Lefebvre, Darshaka
Malaviarachchi, Isabelle Michel², Sandra Laclé

¹Laurentian University, ²College Boréal

Health Unit Contact

Joëlle Martel
Health Promoter
Ext: 533
martelj@sdhu.com

Summary

Background: Heavy alcohol consumption in the post-secondary setting is one of the most challenging issues facing institutions of higher education.

According to the SDHU, young adults have the highest rates of non-compliance with Canada's low-risk drinking guidelines (LRDG's) and a significant proportion of students engage in episodic heavy drinking. Harmful use or misuse can lead to sleep disturbances, missing classes, lower grades, and degradation of the on-campus environment all of which may affect the quality of education.

The assessment of alcohol-related behaviours (e.g. student use, knowledge, awareness of harms), will inform a comprehensive strategy that addresses the extent of misuse, and the context within which it occurs. The goal of this project is to assess trends in alcohol use among post-secondary students (as per the LRDG); their knowledge of the harmful effects of misuse; and to identify—via collaborative input—prevention /intervention strategies from which students will benefit. The sheer prevalence of alcohol misuse amongst young people underscores the importance of an in-depth examination.

Results will inform programs designed to target consumption behaviours.

Method: A survey based on existing population health surveys will be collated. All students enrolled at Laurentian University, Cambrian College and Collège Boréal will be given access to the survey via their student email account in November/December 2013.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Louise Picard Public Health Research Grant—\$5,000

School Health



Measuring Student's Resiliency Levels— Partnership with Conseil scolaire public du Grand Nord de l'Ontario (CSPGNO)

Investigators

Joëlle Martel, Monique Dubreuil¹

¹CSPGNO

Health Unit Contact

Joëlle Martel
Health Promoter
Ext: 533
martelj@sdhu.com

Summary

Background: A person's resiliency can be defined as the capability to cope successfully in the face of stress-related, at-risk, or adversarial situations. Resiliency Initiative's research consistently demonstrates that youth with higher resiliency factors and developmental strengths are less likely to be involved with a number of risk-taking activities (such as substance abuse, antisocial behaviour, violence, school problems, and gambling). Consequently, the research also shows that youth with higher resiliency factors and developmental strengths are more likely to be involved in a number of positive and constructive activities (success in school, values diversity, maintains good health, volunteerism, exhibits leadership, resists danger, delays gratification, overcomes adversity).

In 2013, the *Conseil scolaire public du Grand Nord de l'Ontario* (CSPGNO) committed to implementing the *Resiliency Initiatives Child/Youth Resiliency Questionnaire - Assessing Developmental Strengths* survey for five school years. The results of the survey will help define youth resiliency levels and determine any trends over time, and will assess any changes in youth resiliency and be used to inform planning decisions for the subsequent year. Decision makers will focus their efforts on areas where low resiliency scores have been identified.

Method: This evaluation focuses on what works, what doesn't work and what needs to be in place to improve the implementation of the Resiliency Initiatives survey. In addition, the evaluation seeks to identify programs and interventions which are perceived to have an impact on youth resiliency and on creating a supportive environment in the school community. Also, the evaluation will seek a better understanding of what seems to influence, hinder, or facilitate youth resiliency levels.

Various data collection methods will be used in this study:

- Documentation review of the following: meeting minutes, project logs, Community as a Client forms, school attendance records, test scores
- Key stakeholder interviews with school staff, SDHU staff, and CSPGNO staff
- Survey implementation: implementation of the Child/Youth Resiliency Questionnaire to students

Data collection will take place in May/June every year for five years (2013–2017).

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Internal and CSPGNO internal funding



School Health

SPARK Physical Activity Initiative with Rainbow District School Board (RDSB) Evaluation

Investigators

Joëlle Martel

Health Unit Contact

Joëlle Martel

Health Promoter

Ext: 533

martelj@sdhu.com

Summary

Background: The Sudbury & District Health Unit and the Rainbow District School Board partnered to implement the SPARK pilot project during the 2012–2013 school year. The project's goal was to co-create healthier children and youth by providing opportunities to encourage physical activity. The SPARK pilot project sought to replicate results from Dr. Ratey's work described in his book, *SPARK: The Revolutionary New Science of Exercise and the Brain*, which demonstrates that regular cardiovascular exercise substantially improves one's ability to learn, one's attention and mood, as well as decreases anxiety and depression.

In addition to offering physical activity sessions, the SDHU implemented the *Nutrition Tools for Schools* (NTS) program as part of this pilot.

Method: Data for the pilot included the following:

- Documentation review: *Community as a Client* forms, project logs, attendance tally from the schools
- Key stakeholder interviews with school principals
- Survey implementation with students and teachers from two participating schools
- Anecdotal information provided by the public health nurses and dietician involved in the program

Results: Overall, the physical activity component of the pilot was well received and met its objectives of getting students active. Most students had a sense of belonging and inclusiveness during the sessions, which is reflective of the program's emphasis on individual fitness and the love of movement, rather than sport. It was reported on days when the sessions were offered, students were less restless, better able to listen to instruction, and that there were less referrals to the principal's office. All schools that took part will continue with the program in 2013–2014 school year, and additional schools have been added.

The NTS program was successfully implemented in five schools. Each school assessed their school needs and identified a focus for the school year which included improving access to healthy choices, creating healthy classroom celebrations, and providing healthy lunches for students. To help achieve their goals, students, staff and parents took part in recipe challenges and food skills training to help create a healthy nutrition environment. All schools have plans to continue the implementation of NTS during the 2013–2014 school year with the support of the SDHU.

Conclusion: The program met its objectives of establishing a program that enabled students' to be active and impact student's sense of belonging. The NTS program was a good fit with the physical activity component, helping to provide healthy nutrition environments. Both programs are receiving support to continue implementation during the 2013–2014 school year.

Project Status

Year Initiated: 2012

Status: Ongoing

Funding: Internal

School Health

The Impact of Classroom Scheduling on Student Health



Investigators

Joëlle Martel, Sandra Dorman¹

¹Laurentian University

Health Unit Contact

Joëlle Martel

Health Promoter

Ext: 533

martelj@sdhu.com

Summary

Background: Given that classroom scheduling impacts time allocated for eating and play, it is an important component to children's overall health. Despite the importance of kindergarten in building a healthy foundation for both physical activity and learning, no systematic evaluation of the health-related effects of the Early Learning Kindergarten (ELK) program scheduling on student nutrition and exercise has been completed. This study will qualify and quantify food consumed during breaks, estimate total daily energy expenditure and document classroom behaviour in kindergarten children attending two separate schools in the same geographic area: one using the Early Learning Kindergarten program and the other using the Traditional Full-Day Kindergarten program.

Method: Data collection took place in May 2013 over a five-day period.

Nutrition (Food): The contents of student's lunchboxes were photographed three times throughout the school day. Photographs were visually assessed to determine which types of food (as outlined by Canada's Food Guide) that children are choosing to eat first. Data from the photographs will be entered into the Nutribase Pro 10 Software program to analyze kilocalories consumed over each block of the day. This methodology was piloted in 2011 and published (Dorman et al. 2013).

Physical Activity: Every morning, each student were outfitted with a pedometer, which they were asked to wear for the duration of the school day. At the end of each day, step counts were logged and the pedometer were returned to the investigator. Average step counts will be calculated at the end of the week. This methodology was piloted and published in 2012 (Gauthier et al. 2012).

Student Behaviour: Behavioural assessments were made three times during the school day by observation using a standard behaviour check-sheet. Data analysis is currently underway.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Louise Picard Public Health Research Grant—\$5,000



School Health

Triple P School-based Evaluation

Investigators

Joëlle Martel, Karen Joblin

Health Unit Contact

Joëlle Martel
Health Promoter
Ext: 533
martelj@sdhu.com

Karen Joblin
Health Promoter
Ext: 588
joblink@sdhu.com

Summary

Background: Recent literature has demonstrated success in implementing the Triple P parenting program with focused efforts in schools. As described by Ralph and Sanders (2004), “Schools provide a convenient and appropriate community-based contact point where such parenting issues can be discussed”. This project builds from the existing, population-wide parenting model that currently exists in the Sudbury and Manitoulin districts. Four schools (one within each board) have been chosen as pilot sites for the project. An evaluation of this project will provide insight into the effectiveness of concentrated efforts within a school community.

Method: The subjects will be recruited through each pilot school. Subjects will include: teachers and school staff from the schools who will receive Triple P training and/or information, as well as parents of children who attend the schools. Each person will be asked to complete a voluntary questionnaire.

Interviews will also be conducted with the school project team (which could include teacher rep, principal, SDHU Triple P practitioner, parent rep, etc.).

Data collection will take place at the end of the each school year (2013–2014 and 2014–2015 school years).

Project Status

Year Initiated: 2013

Status: Ongoing

Sexual Health



Sexual Health

Investigation of a Cluster of HIV Drug Resistant Strains in Sudbury, Ontario

Investigators

Dr. Robert Remis¹, Shannon Dowdall-Smith

¹*Univeristy of Toronto*

Health Unit Contact

Shannon Dowdall-Smith

Foundational Standard Specialist

Ext. 239

dowdallsmiths@sdhu.com

Conclusion: The cluster of MDR HIV strains in Sudbury is unprecedented and was primarily observed among IDU.

Project Status

Year Initiated: 2012

Status: Completed

Funding: Internal with contribution from the University of Toronto

Summary

Background: In a review of many North American HIV studies, it was found that 13% of those with HIV carry some type of resistance to treatment (WHO, 2012). The incidence of resistance is approximately 50% in the Sudbury area. HIV exposure locally demonstrates higher rates in injection drug users (IDU) and lower rates for men who have sex with men (MSM) than provincial averages.

Method: Data were extracted from all HIV positive persons who had their first positive test from January 2005 until June 2012. Data were then sent to the Public Health Agency of Canada field officer at Public Health Ontario (PHO). Descriptive statistics were used to examine the characteristics of this group and the proportion who attended the HAVEN clinic.

Results: There were a total of 85 cases used in this study; the majority are male, with a median age of 36. The majority (61%) are IDU, followed by MSM (17.6%). Overall, 51.5% have multi-drug resistant (MDR) HIV.

Sexual Health

Social Marketing Strategies for Chlamydia Prevention: Findings from Focus Groups with Youth and Young Adults



Investigators

Jodi Maki, Roberta Heale¹

¹*Laurentian University*

Health Unit Contact

Jodi Maki

Health Promoter

Ext. 285

makij@sdhu.com

Summary

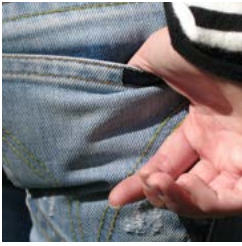
Background: The annual incidence rate of chlamydia has been steadily increasing over the last several years in the Sudbury area. Local surveillance data indicate that teenaged and young adult females (ages 15–24) report the highest incidence rates, followed by young adult males (ages 20–24). In response to the high chlamydia rates, we conducted formative research to inform the development of social marketing campaigns targeting chlamydia prevention in youth and young adults. Due to the popularity of social media within the target group, and support from the literature that social media represents a useful tool for youth sexual health promotion, this research investigated the use of social media to promote sexual health and deliver social marketing campaign messages.

Method: This research study was formative in nature and involved the use of focus groups with youth and young adults in the Sudbury area. The objectives were to explore the knowledge, attitudes, beliefs, and behaviours of youth and young adults related to sexual health and sexually transmitted infections (STIs); identify social marketing strategies and messages that would most effectively impact this target group; and determine what social media strategies would effectively reach this age group. A convenience sample of 16 adolescent and young adult women (aged 15–26) participated in

three separate focus groups between May 2012 and August 2012. Focus group discussions were guided by semi-structured questions and were audio recorded. Content analysis was undertaken to identify, compare, and categorize themes.

Results: Focus group participants agreed that youth and young adults have limited knowledge about STIs and low perceived susceptibility. Barriers to getting a Pap test were discussed when participants were asked to describe barriers to being tested for an STI. The topic of stigma was raised frequently in the discussions. Suggested messages to promote included ‘you are at risk’ and encouraging people to talk more openly about STIs. Humour, shock value, and fear were described as effective types of messaging. However, participants advised that messages should not only focus on the negative aspects of STIs, but also on ways that people their age can protect themselves. Having access to a female health care provider and increased access to STI testing were suggested as enablers to getting tested. Schools and bars were noted as venues for reaching youth and young adults with health promoting messages. The Internet was noted as the most frequently used source of sexual health information, and participants agreed that social media could be used to effectively deliver sexual health education and promotion to youth and young adults.

Conclusion: Findings suggest that high chlamydia rates may be the result of factors such as lack of knowledge about STIs, low perceived susceptibility, and a perceived lack of seriousness. This indicates that there is a need to provide sexual health education and convey messages about the risk and consequences of STIs. Strategies to encourage regular chlamydia screening should include education about testing procedures and promotion of available testing options in the community. High schools and post-secondary schools appear



Sexual Health

Social Marketing Strategies for Chlamydia Prevention: Findings from Focus Groups with Youth and Young Adults

to be good venues for delivering these messages. Findings also indicate that social media could provide an excellent channel for reaching this audience. A sexual health program that utilizes a variety of social media may best meet the needs of a wide range of youth and young adults. However, anonymity and confidentiality were raised as concerns, and these factors would need to be considered when using social media in sexual health promotion.

Project Status

Year Initiated: 2011

Status: Completed

Funding: Louise Picard Public Health Research Grant—\$5,000

Citation: Sudbury & District Health Unit & Laurentian University School of Nursing. (2013). *Social Marketing Strategies for Chlamydia Prevention: Findings from Focus Groups with Youth and Young Adults: Summary Report*. Sudbury, ON: Sudbury & District Health Unit.

Report Availability: The report is available at www.sdhu.com. The Executive Summary is available in French.

Sun Safety



Sun Safety

Evaluation of Sun Safety on the Golf Course

Investigators

Melanie Hood, April Jalbert

Health Unit Contact

Melanie Hood
Health Promoter
Ext. 524
hoodm@sdhu.com

Summary

Background: Skin cancer is one of the most frequently diagnosed cancers in Canada, and claims the lives of approximately 1500 Canadians every year (Canadian Cancer Society, 2013). An important contributing factor to the development of skin cancer is exposure to ultraviolet radiation (UVR) (Horsham et al., 2014). Certain groups of individuals such as athletes and outdoor workers may be more susceptible to the development of skin cancer. In 2011, the Sudbury & District Health Unit (SDHU) developed a series of messaging to promote sun safety on the golf course. The messages created by the SDHU cater to the male population. Sun safety messages were focused on the promotion of sunscreen and wearing protective clothing, and were disseminated throughout four local golf courses during the 2012 and 2013 golf seasons.

Purpose: The primary objective of this evaluation was to obtain golfers' feedback related to the sun safety messaging disseminated throughout golf courses, and to explore the practices used by golfers to minimize exposure to UVR. Additionally, the practices of golf course staff to practice, promote and support sun safety were investigated, along with a study of how policies and environmental supports at golf courses influenced personal practices.

Method: Participant recruitment occurred through convenience sampling of golfers at local golf courses. Data collection occurred between the months of June and August 2013. Golfers were asked to participate in a brief questionnaire about sun safety on the golf course. The questions

were focused on participants' sun safe practices, awareness, and opinions of sun safety messages located on the golf course. Golf course staff were also invited to complete a questionnaire about golf course practices, policies, and supports related to sun safety.

Results: A total of 94 golfers and 16 staff completed the questionnaires. The most frequently reported methods of sun protection amongst golfers were wearing a hat (66%) and seeking shade (58.5%). Wearing sunscreen was the least popular practice. Golfers found the design and messaging of the posters to be positive, however placement on the course was considered poor as only 32% of respondents indicated having previously viewed the posters.

Only 25% of staff participants identified that the golf course at which they are employed had implemented one or more policies related to sun safety. Less than one-third of staff respondents (31%) indicated that sun safety information was provided to staff.

Conclusion: These findings support the inclusion of shade messaging in sun safety promotion on the golf course. This evaluation also provides substantiation for the development of supportive environments including policy, shade structures, and the provision of sunscreen on golf courses.

Project Status

Year Project Initiated: 2012

Status: Ongoing (report in progress)

Funding: Internal

Tobacco



Tobacco

Smoke-Free Outdoor Patio Survey

Investigators

Francine Brunet-Fechner, Randi Ray, Cheryl Harvey, Mary Ann Diosi, Katherine Farrell, Alissa Palangio, Amanda Schraeder, Renée Chevrier-Lamoureux, Darshaka Malaviarachchi, Marc Lefebvre

Health Unit Contact

Francine Brunet-Fechner
Public Health Nurse
Ext. 275
brunetf@sdhu.com

Summary

Background: The City of Greater Sudbury and the Sudbury & District Health Unit were asked to conduct an opinion survey on the topic of Smoke-Free Patios by the City of Greater Sudbury Municipal Council. The request was to target restaurant and bar establishments within the City of Greater Sudbury.

Method: The survey was completed using a combination of a telephone-based survey and an Internet-based survey that was made available on the SDHU website. This project was approved by the Sudbury & District Health Unit Research and Ethics Review Committee.

Results: A total of 376 were contacted. This was due to some seasonal bar and food premise establishments being closed for the season and recent business closures. Each establishment was contacted least once via phone or mail out methods. Of the establishments contacted, a total of 131 respondents completed the survey giving a response rate of 35%. Over half the respondent groups were Owners (52%) with the remainder being Operators/Managers (42 %) or Staff/Servers (6%).

Of the 131 respondents, the majority, 62% were strictly restaurants and 24% were a bar and restaurant combination, typically where alcohol was served. Most respondents (57%) were in support of the bylaw. The majority (60%) of respondents strongly disagreed that a smoke-free patio would have an effect on their business, compared to 21% that strongly agreed. Of the 131 establishments, 27% currently operate an outdoor patio and 73% do not. Most (76%) establishments do not currently have any policies that restrict smoking beyond the Smoke-Free Ontario Act.

Conclusion: Based on the result of the survey and existing evidence from the literature, the SDHU made the following recommendations:

- Implement a Smoke-free Patio by-law for the City of Greater Sudbury
- Implement a multi-phased and sustainable approach to enforcement (education, warning, offences)
- Increase smoke-free signage at all outdoor patios
- Encourage restaurant/bar owners to implement internal policies for their establishments

Project Status

Year Initiated: 2013

Status: Completed

Funding: Internal

Citation: Sudbury & District Health Unit. (2013). *Smoke-Free Outdoor Patio Survey: For the City of Greater Sudbury*. Sudbury, ON: Author.

Report Availability: Upon request

Tobacco

Smoking Cessation Gap Analysis



Investigators

Randi Ray

Health Unit Contact

Randi Ray
Health Promoter
Ext. 796
rayr@sdhu.com

Summary

Background: The Smoke-free Ontario Strategy public health unit tobacco control program guidelines, directs public health units to conduct a gap analysis of existing smoking cessation services, with particular reference to priority target populations, including youth and young adults. The assessment should identify existing smoking cessation services; assess service reach; assess awareness of and satisfaction with existing services; and identify need for additional services throughout the health unit catchment area.

- Based on the analysis health units should strengthen coordination and knowledge sharing of cessation service providers to improve the reach and impact of cessation support services.
- Health Units are also expected collaborate with community partners utilizing a regional network of partners to develop and implement a plan that addresses identified gaps. Representation should include various health care settings such as primary health care, community pharmacies, dental and allied health professional practices, hospitals, mental health and addiction services, Smokers' Helpline and non-health care settings such as workplaces, community-based resources, high schools, colleges and universities.

- Increase awareness of cessation services and accessibility to cessation pharmacotherapy where appropriate.
- Identify opportunities to include youth cessation through the implementation of the school-based tobacco use prevention pilot program or other initiatives, where applicable.

The SDHU is currently undertaking a gap analysis of existing smoking cessation services in the Sudbury and district.

The Tobacco team and Prevention and Cessation of Commercial Tobacco Use PIKE (Planning, Implementation, and Knowledge Exchange) are planning to do a gap analysis of existing smoking cessation services in the Sudbury and district with the help of the RRED Division.

Method: The project team identified a list of agencies offering smoking cessation services in the SDHU area. The identified agencies were contacted via telephone to gather information regarding smoking cessation services at their agency. The phone assessment lasted approximately 5–10 minutes in length. All agencies were asked the same questions. A snowball sample methodology was used to identify other agencies offering cessation services. Data analysis is currently underway.

Project Status

Year Initiated: 2013

Status: Ongoing

Funding: Internal



Sudbury & District

Health Unit

Service de
santé publique

705.522.9200 | 1.866.522.9200
www.sdhu.com