



2014 Inventory of Research and Evaluation Projects

A Report From the
Sudbury & District Health Unit

September 2015



Sudbury & District

Health Unit

Service de
santé publique

Acknowledgements

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Laurentian University

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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. Affiliated with Laurentian University and the Northern Ontario School of Medicine, we conduct research and program evaluations that lead to effective and innovative public health practice. The 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 *2014 Inventory of Research and Evaluation Projects* showcases the breadth of research that occurs both throughout the Health Unit's service area 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 devote to research, evaluation and knowledge exchange. The *2014 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 individuals who 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

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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 SSPSD 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 2014* illustre bien l'étendue des travaux de recherche qui se déroulent dans le SSPSD 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 consacre à la recherche, à l'évaluation et à l'échange des connaissances.

L'Inventaire des projets de recherche et d'évaluation 2014 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

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Child and Youth Health

Child and Youth Health

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

Investigators

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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. Baby-Friendly Initiative (BFI) status is one of 14 Public Health Accountability Agreement indicators included in the Ministry of Health and Long-Term Care (Public Health and Health Promotion Divisions) Provincial Accountability Agreements (2011). 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.

The objective of this project was to work collaboratively with Ontario public health units (PHU) to determine the feasibility of developing a standardized tool and method for collecting infant feeding surveillance data that would enable PHUs to have locally useful and externally comparable data.

Methodology: The project was a multi-phasic study including: 1) situational assessment; 2) development/adaptation of a tool and data collection methods; 3) pilot-testing of tool and data collection methods; 4) pilot evaluation; and 5) summary, recommendations and dissemination. The pilot (Sept 2013–Sept 2014) collected qualitative and quantitative data regarding a shared data collection tool and was evaluated based on the following themes: response rates and timeliness, data quality, accuracy and completeness, simplicity and cost, questionnaire relevance and function, representativeness of various priority populations, lessons and suggestions for improvement, and compliance with BFI data requirements.

Child and Youth Health

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

Results: Results of the pilot and discussions with key public health stakeholders, including the Breastfeeding Committee for Canada Assessment Committee, led to the development of recommendations related to time points, sampling, consent, contact method, contact window, contact attempts, questionnaire, intervention, and analysis. The results are currently being disseminated.

Project Status

Year Project Initiated: 2012

Anticipated Completion: 2015

Citation: Haile R., Procter TD., Alton GD. et al. on behalf of LDCP Breastfeeding Surveillance Project Team. (2015). *Infant Feeding Surveillance Pilot Study: Final Report and Recommendations*. Woodstock, ON, Canada.

Funding: Locally Driven Collaborative Projects (LDCP)—Public Health Ontario—\$88,000

Communicable and Chronic Diseases

Communicable and Chronic Diseases

Hand Hygiene—Northern Healthcare Students

Investigators

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Summary

Background: Although presented as a simple, mechanical procedure, compliance associated with hand hygiene (HH) is in fact very complex and incorporates knowledge and behaviours at many levels (Cole, 2009). While some studies are available to inform knowledge regarding the beliefs of healthcare students concerning HH, there is a gap in available Canadian literature to inform our understanding of the beliefs of local students. Having local evidence is integral to developing relevant orientation for students new to community health.

The goal of this research was to investigate northern health care students' perceptions, attitudes, and beliefs concerning their HH 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.

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

Results: The Q analysis yielded three discrete perspectives and one consensus perspective. The three discrete perspectives were labeled: perceived protection; personal- and empirical-informed assessments; and availability of traditional HH supplies. The consensus across the three perspectives was labeled illness prevention and health protection, a collective understanding that aligns with the public health mandate.

Health care students receive theoretical and practical education and training on HH from a variety of sources. This education is provided as part of the program specific curriculum, as well as through formal and informal learning opportunities within clinical placements. HH educators and influencers are academic professors, clinical instructors, staff preceptors/mentors and other health care workers.

This study suggests that there are diverse perspectives on the factors known to influence the HH behaviour of healthcare students. It is imperative that the enablers and barriers to HH are assessed and addressed in order to support the health care provider and promote compliance (PIDAC, 2014). As such, it is important that educators and preceptors explore student perspectives regarding HH and adapt teaching strategies to address divergent perspectives. Doing so will improve the science and art (Can J Infect Control 2013; 28(4):235) of providing infection prevention and control education to healthcare students.

Project Status

Year Project Initiated: 2012

Project Completed: 2014

Citation: Sudbury & District Health Unit. (2014). *Northern Healthcare Students' Hand Hygiene Perceptions, Attitudes, and Beliefs, Final Report*. Sudbury, ON: Author.

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

Communicable and Chronic Diseases

Evaluation of Immunization Clinics

Investigators

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Summary

Background: The Health Unit offers flu clinics as part of the Universal Influenza Immunization Program (UIIP) between October and December each year. The clinics are held at the main office in Sudbury, in district office locations (Sudbury-East, Espanola, Chapleau and Manitoulin), and in various locations throughout Greater Sudbury and surrounding areas. In 2013, a total of 84 flu clinics were held between October and December. Since the method of delivering the UIIP has not changed much since its inception more than 10 years ago, a process evaluation of the SDHU flu clinics was undertaken to identify successes and gaps in programming, and to understand the cost effectiveness of the delivery of the UIIP at the SDHU.

Methodology: Two data collection methods were used. The first included collection of clinic process data from the Vaccine Preventable Diseases (VPD) program on the planning and implementation of the annual flu clinics. The second data collection method included an online survey of all Control Infectious Disease (CID) staff who participated in the flu clinics.

Results: The evaluation results show that the processes in place allow for efficient delivery of the flu clinics, the locations support the delivery of the clinics, there were adequate numbers of volunteers supporting the flu clinics, and the SDHU has the capacity necessary to deliver the clinics. Some challenges identified include access to efficient and

appropriate equipment, availability of IT support before, during or after the flu clinics, and lack of training. Some survey responses represented mixed views. Some participants commented about the need for more staff while some suggested a reduction in staff at each clinic. Similarly, there was no consensus about the number of clinics, scheduling, hours, and locations.

Conclusions: The results of the evaluation have several implications for practice. While there was significant variability in response to the processes involved in the planning and preparation of the annual flu clinics, and no real consensus around the topics of training and preparation as well as the locations and hours of the flu clinics. There was however, a consistent message around the need for additional IT training, after hours and external IT support, and better equipment.

Given the number of clinics provided, and the number of clients who attend the clinics, one recommendation was the consideration of an on-call IT staff member. Other recommendations related to the addition of training for casual staff, and an in-depth review of the data on the number of vaccinations per clinic and the number of staff at each clinic.

The results led to the changing of some clinic locations and this will be evaluated at the end of the 2014/2015 flu season in spring 2015.

Project Status

Year Project Initiated: 2014

Project Completed: 2014

Citation: Sudbury & District Health Unit. (2014). *Universal Influenza Immunization Program (Flu Clinic) - Process Evaluation*. Sudbury, ON: Author.

Funding: Internal

Environmental Health

Environmental Health

Food Handler Training Program Process Evaluation

Investigators

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Summary

Background: Every year, there are approximately 2 to 3 million cases of foodborne illness in Ontario. Due to the risk of spreading disease and illness through food, food premises owners and employees should have a good understanding of food safety and safe food handling practices. In 2013, the Ministry of Health and Long-Term Care (MOHLTC) expanded the Food Safety Protocol. It mandates Boards of Health to ensure the availability of a Food Handler Training Program (FHTP) in accordance with the Guidance Document for the Provincial Food Handler Training Plan. A FHTP process evaluation was conducted during the summer and fall of 2014. The evaluation sought to identify key drivers and barriers for staff and course participants in the delivery of the FHTP since September 2013. The evaluation also sought to explore to what extent adult learning strategies are being utilized in the course.

Methodology: All public health inspectors (PHIs), managers, and clerical staff involved in the FHTP since September 2013 were invited to participate in individual interviews. Paper-based surveys were distributed by PHIs to participants in the FHTP sessions offered from June to October, 2014. No FHTP sessions were offered in the district offices during the time period. Interview notes were reviewed for common responses and categorized into themes. Survey data and some quantitative data from the interviews were compiled and summarized into frequencies and percentages.

Results: The results indicate that the current FHTP is meeting the Ministry requirements. However, improvements could be made in regards to checking participant ID and running the exam closed-book. Accessibility could be improved by raising awareness and accessibility to online FHTP education. Further, guidance for accommodating participants with differing learning, mental and physical abilities is needed. Finally, the presentation should be improved by embedding visual and interactive components into the slides.

Conclusions: Recommendations made in the final evaluation report will be used to improve the FHTP. Working groups and individuals will be assigned to address the recommendations in 2015. Changes should be incorporated into the program fully or into pilot initiatives beginning in 2016.

Project Status

Year Project Initiated: 2014

Project Completed: 2014

Citation: Sudbury & District Health Unit. (2014). *Food Handler Training Program: Process Evaluation Report*. Sudbury, ON: Authors

Environmental Health

Wildfire Evacuation Experiences and Preparedness in Northeastern Ontario

Investigators

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Summary

Background: This pilot study was initiated to explore the impact of wildfire evacuation experiences for residents of two small rural northeastern Ontario (NEO) communities who experienced wildfires in the summer of 2012. Its objective was to provide suggestions for future wildfire, emergency preparedness and evacuation strategies and tactics in order to assist rural residents that do not have readily available services to become more resilient.

Methodology: Data were collected using a survey questionnaire that was either mailed out or hand delivered to the residents of Shining Tree and Westree, and via focus groups. Participants for the focus group session were selected from those expressing additional interest to participate after having completed the survey questionnaire. Survey data were extracted from questionnaires to develop key themes, and focus groups were transcribed and analyzed. Thematic results derived from the qualitative analysis were utilized to report on local experiences and provide insights to inform the development of a resource brochure.

Results: The themes that emerged from the data touched upon a number of issues, including: the stress of the evacuation and the evacuation process; the decision to evacuate; timing of an evacuation; what to bring; evacuation of family pets; compliance with mandatory evacuation; looting of evacuated homes; care of vulnerable and medically challenged family members; criticism of the lack of basic evacuation plans; lack of information from key officials; reliance upon neighbours for assistance; communication of issues concerning evacuation and return to homes; lack of interest in controlling vegetation or in modifying homes or cottages; land for wildfire preparedness; and learning about disaster preparation kits.

Conclusions: A clear need for all local officials to provide education about wildfire and evacuation preparedness was identified. A resource brochure that includes tips and tactics for prevention and emergency preparedness for wildfires is being developed. The brochure highlights coping strategies for rural residents before, during and after evacuation, including suggestions for a safe return home.

Project Status

Year Project Initiated: 2013

Anticipated Completion: 2015

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

Health of Vulnerable Populations

Health of Vulnerable Populations

Building the Network of Services for Women on Methadone

Investigators

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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 the requests in 2009 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 limited capacity to provide comprehensive care to a vulnerable population.

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

Methodology: The design of this study was appreciative inquiry, an approach involving living with, being with, and directly participating in

the life of a human service system (Cooperrider, Whitney & Stavros, 2008). Women receiving opiate substitution treatment and service providers from a variety of community agencies actively participated and shared their stories of success with methadone, and identified what is worked well for them and what services could be strengthened. Verbal and textual data were collected during each group and thematically analyzed.

Results: Women's capacities to survive and thrive are best served through the co-creation of safe space. Safe space is not simply about providers' coordinated response to the women's complex needs. Rather, it is characterized as an interactive process to build a respectful network between women and knowledgeable, trustworthy, and resourced services for healthier communities. Women's experiences in safe space guides their efforts to establish connections in healthier communities. From the workers' perspective, genuine involvement in safe space is described as a form of "currency" for professional growth as well as a collective response to harm reduction.

Conclusions: Given that this study was a new initiative for women and service providers, it is noteworthy that many of the participants were involved in all stages of conceptualizing an improved model for service delivery. Dissemination of the findings of this study may provide evidence for service expansion across smaller urban and rural communities, and increase women's use of such services to support their well-being.

Project Status

Year Project Initiated: 2013

Anticipated Completion: 2015

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

Health of Vulnerable Populations

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

Investigators

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Summary

Background: Service providers from Better Beginnings Better Futures (BBBF), an agency that offers services to teen mothers in Sudbury, identified a need to better understand the perspectives and experiences of these mothers. In addition, the Health Unit identified the need to better understand how best to promote and deliver preconception health messaging and care among our teen population. Therefore, a project that aimed to encourage teen mothers to share their lived experience, to voice their concerns, and to identify potential solutions for any barriers or challenges that limit them in their mothering was developed through a partnership between the SDHU, Laurentian University School of Social Work, and BBBF. The group conceptualized a project that would meet the needs of all.

Methodology: This project used multiple data collection strategies, anchored in a photovoice approach. A total of eight teen mothers were recruited to the study through a youth engagement group that offers prenatal and parenting services for teens 18 years of age or younger at BBBF. Data were collected using various methods, including photographs (one to ten per participant), individual interviews, and group interviews (three in total). Demographic information was collected via questionnaire.

Results: Research participants provided insights into pregnancy and postpartum experiences,

the challenges of motherhood, their strengths and resilience, and their needs as teen mothers. Challenges identified by the teen mothers relate to things like time management, relationship issues, financial burdens, health problems, difficulties with education, stigma and stereotypes, and difficulty accessing services.

The majority of participants stressed that public awareness is necessary to reduce stigma and stereotypes associated with teen mothers in the community. It was noted that public awareness will make it easier to access various services designed for not only teen mothers, but for all mothers. The participants identified the need for welcoming and non-judgemental services and service providers, and recommended education for professionals to learn how to eliminate unprofessional behavior and language.

Conclusions: The project team, in collaboration with the teen mother participants, created a video highlighting the perspectives of these young women. The *We are Teen Moms* video will be used to facilitate community discussions about how to best service and support teen mothers in a positive and inclusive manner.

Project Status

Year Project Initiated: 2013

Anticipated Completion: 2015

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

Injury Prevention

Injury Prevention

Community Car Seat Strategy Consultation

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Summary

Background: The SDHU Tobacco and Injury Prevention team identified the potential for developing a comprehensive community car seat safety strategy with a diverse group of community partners in the city of Greater Sudbury (CGS), including: enforcement, child care services, health care professionals and public health representatives. The purpose of the consultation process was to assess the desire and perceived need for a comprehensive community car seat strategy. There were two objectives for delivering this consultation process: 1) To work collaboratively with community partners to determine the level of interest and the perceived utility of a comprehensive car seat safety strategy in the CGS; 2) To identify the next steps with moving forward with a community car seat strategy if it was deemed a priority by participants during the consultation process.

Methodology: Community partners with an interest in the early years and car seat safety within the CGS were invited to participate in the consultation to discuss the possibility of a comprehensive car seat strategy. Invitations were extended to staff from Health Sciences North, Best Start Hubs, police services, retail stores, midwifery organizations, fire services, not-for-profit organizations, and other health care agencies that work with families. Of the 31 agencies contacted, 12 representatives participated in the discussion from seven of the agencies.

Results: The group determined that in order to have an effective comprehensive strategy, many stakeholders from a variety of sectors need to be involved. The key attributes of a comprehensive car seat strategy that were identified in the literature include knowledge dissemination, building capacity, partnerships, and policy and enforcement. These elements align with best-practices and will help to guide the next steps for a comprehensive strategy for the CGS.

Conclusions: The SDHU will work with community partners to conduct a stakeholder analysis to clarify agency roles and interests (e.g. develop a process to bring partners together to identify a shared vision and alignment with respective agency mandates/ roles). This will be an ongoing process from 2015 onwards.

Project Status

Year Project Initiated: 2014

Anticipated Completion: 2015

Nutrition—Healthy Weights—Physical Activity

Nutrition—Healthy Weights—Physical Activity

Beyond BMI: Investigating the Feasibility of using NutriSTEP® and Electronic Medical Records as Surveillance System for Healthy Weights including Risk and Protective Factors in Children (LDCP)

Investigators

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Summary

Background: Local public health units do not have region-specific estimates for child overweight and obesity, calculated using the Body Mass Index (BMI), nor do they fully understand the risk and protective factors that influence these estimates. Assessing childhood obesity on an ecological level enables the design of interventions that will align with the development of supportive environment policy changes. This project was divided into two phases and aimed to 1) estimate healthy weights prevalence using 18-Month Well Baby Visits (WBV) data from Electronic Medical Records (EMR) from the Better Outcomes Registry & Network (BORN) Ontario; and 2) understand the barriers and facilitators to using NutriSTEP® screening in primary health care (PHC) sites as a means to collect risk and protective factors for child healthy weights.

Methodology: Phase 1—Request for, and analysis of three separate de-identified data files transferred from BORN Ontario, using a secure File Transfer.

Phase 2—Qualitative interviews with PHC practice settings across Ontario currently using NutriSTEP®. Qualitative analysis compared themes across interviews to conclude whether it is feasible to implement an electronic version of NutriSTEP® in PHC practices.

Results: Phase 1—A total of 2 126 records for 18-month WBV were extracted for the period September 2013 to June 2014.

Phase 2—Practices using NutriSTEP® found the screening easy to incorporate. Providing feedback to parents ‘starts the conversation’ about nutritional status. There is a high receptivity among PHC providers to have NutriSTEP® data gathered electronically and have it linked to EMR data, and a willingness to share this data for surveillance purposes.

Conclusions: Prevalence estimates of overweight and obesity from the 18-month WBV, while not generalizable to Ontario’s population, underscore the need to establish an EMR-based surveillance system for healthy childhood weights which includes the risk and protective factors. Key findings from this project will inform the next stage of this research.

Project Status

Year Project Initiated: 2014

Anticipated Completion: 2015

Citation: Beyond BMI Research Team. (2015). *Beyond BMI: Investigating the feasibility of using NutriSTEP® and Electronic Medical Records as a surveillance system for healthy weights including risk and protective factors in children*. Toronto, ON: Locally Driven Collaborative Projects.

Funding: Locally Driven Collaborative Projects (LDCP)—Public Health Ontario—\$75,000

Nutrition—Healthy Weights—Physical Activity

Celebrate You! Pilot Project and Evaluation

Investigators

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Summary

Background: In today's world where media outlets surround us at every turn, children are growing up with multiple conflicting messages about body image and self-worth. They are being socialized to believe that appearance is an important basis for self-worth and over time, these messages begin to have an especially disruptive, confusing and negative effect on self-esteem (Clay, Vignoles, & Dittmar; Kater, 2012). Body angst, poor eating, and weight concerns are extremely difficult to reverse once they are established. Fortunately, children can learn to recognize and resist unhealthy pressures and to make competent choices that will enhance their health and wellbeing (Kater, 2012). The *Celebrate You!* pilot program was created as a community-based program for young girls to promote interactive learning on body image, self-esteem, media, relationships, communication, puberty, healthy eating and physical activity.

The purpose of this project was to evaluate the impact of the *Celebrate You!* program on markers of body image, self-esteem, physical activity and nutrition in a group of pre-adolescent girls. In addition, an evaluation served to evaluate participant satisfaction with the program components and to collect feedback to improve the materials, activities and delivery of *Celebrate You!*

Methodology: A total of 21 girls aged 9 to 12 participated in the program, and 13 provided

parental consent to participate in the research project. Questionnaires were distributed during the second and last weeks of the program and a post-program evaluation was distributed to all participants at the end of the final week. The questionnaire sought information on the program's impact relative to indicators of girls' body image. Additional questions were included to obtain feedback on the program implementation. Data were analysed by a health promoter using descriptive statistics and thematic groupings.

Results: Preliminary examination of the pre-program data (n=9) revealed that all respondents reported making commitments to being physically active and having a number of good qualities. The majority of respondents (89%) reported agreement that healthy bodies come in all shapes and sizes, and that they felt joy from feeling their body move during physical activity. Two of the participants did not agree that all foods can be part of healthy eating, and three individuals reported discontent with the way their body looks and moves. Questionnaire results were not statistically different after participation in *Celebrate You!* however the evaluation findings revealed 100% satisfaction (n=12) with the program. Fun and learning were the most frequently cited benefits attributed to the pilot program.

Conclusions: The *Celebrate You!* program activities will be revised as a result of the participant evaluation. Further research with a larger sample size may be required to infer any direct impact of the program on markers of body image, self-esteem, and perceptions relating to physical activity and healthy eating.

Project Status

Year Project Initiated: 2014

Anticipated Completion: 2015

Funding: Internal

Nutrition—Healthy Weights—Physical Activity

Craving Change Pilot™—Program Evaluation

Investigators

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Summary

Background: Craving Change™ is a cognitive-behavioural program created by a Registered Dietitian and a Psychologist to promote mindful eating. Certified Craving Change™ facilitators from the Sudbury & District Health Unit (SDHU) delivered the program to staff in the spring of 2014, as part of the SDHU Wellness Committee health plan. Participation in this program provided staff with an opportunity to acquire transferable skills and evidence-based behaviour change techniques in health promotion programming and activities. The implementation of Craving Change™ is part of a larger strategy to promote the adoption of the SDHU Balanced Approach Philosophy by all staff. However, before integrating this program into the SDHUs healthy weights strategy, and offering to staff on a regular basis, an evaluation of the process and impact of the Craving Change™ program was warranted.

Methodology: All SDHU staff members were invited to participate in the Craving Change™ program and to attend the introductory session for more information. Program participants were then invited to participate in the evaluation. Evaluation data were collected using self-administered questionnaires. Participants were asked to complete a *Change Questionnaire* before the first activity and once again at six months follow up. This questionnaire served to evaluate the impact of the program on participants' attitudes, beliefs and self-reported behaviours. An *Evaluation Questionnaire* was also administered on the last day of the program to collect participants' opinions related to the delivery of the program.

Results: Analysis is currently underway.

Project Status

Year Project Initiated: 2012

Anticipated Completion: 2015

Funding: Internal

Nutrition—Healthy Weights—Physical Activity

Examining Residents' Viewpoints of the Impacts of Ridgecrest Playground on Their Physical, Social, and Psychological Health

Investigators

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Summary

Background: Ridgecrest Playground is the only fully accessible park in New Sudbury and features an outdoor rink, indoor and outdoor community gathering areas, linking pathways and a new, inclusive play structure. Ridgecrest represents an ideal context to examine the significance of inclusive play spaces and gathering areas for individuals and families within a Northern Ontario community.

The purpose of this research project is to determine the impacts of Ridgecrest Playground on the physical, social and psychological health of its local neighbourhood residents. There are two phases to this project. The first phase explores the impact of Ridgecrest Playground on the community, while the second phase examines the impact of the park on residents' community connectedness, perceptions and understandings of disability, physical activity level, and social and mental health.

Methodology: Phase I—Key informant interviews were conducted on the basis of convenience sampling with volunteer members of the Ridgecrest Accessible Neighbourhood Association. Semi-structured interviews were conducted in either French or English and transcribed verbatim. Key informants were asked to reflect on the revitalized playground as well as on perceived neighbourhood impacts resulting from the revitalized park.

Phase II—French and English questionnaire packages were delivered to all interested households located within a 1km radius surrounding Ridgecrest Playground. Individuals aged 9 to 17 were invited to complete the youth questionnaire while those 18 and older and/or parents/guardians, were to complete the adult questionnaire. In addition to the paper questionnaire, an online version was made available through the use of REDCap, a university supported data capture tool. Implied consent was assumed for both the adult and youth questionnaires in the paper and online versions. Completed surveys were obtained via mail or online on the REDCap server.

During the summer of 2015, a purposive sample of park visitor intercept surveys will be conducted over various time frames. Open and close-ended questions will be used to collect participant characteristics and data regarding park use and the relative importance of various park features. The majority of the data will be sorted and analyzed statistically through the use of Excel while the qualitative responses will be thematically analyzed through the use of NVivo.

Project Status

Year Project Initiated: 2014

Anticipated Completion: 2015

Funding: Louise Picard Public Health Research Grant (Phase I and II): Sudbury & District Health Unit, Laurentian University—\$5,000

Laurentian University Research Fund (Phase II): Laurentian University—\$4,898.50

Nutrition—Healthy Weights—Physical Activity

Food Mapping in Greater Sudbury

Investigators

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Summary

Background: This study was initiated to provide a better understanding of access to healthy retail food, an important component of our food system and overall health. Access to healthy food considers both geographic access as well as cost, and quality.

Methodology: This project focused on the food retail environment (grocery, convenience, gas station, department stores, and pharmacies) to identify the existence of areas with limited availability of healthy food in Greater Sudbury. Included in this mapping project was an assessment of the availability, price, quality, and place of origin of food options in select food retail locations. The study was carried out through a coordinated effort between Laurentian University and the Health Unit.

Results: In this study, a three quintile deprivation index was used. These most deprived areas are located in the core, suburban areas to the east and west of the core, the peripheral areas to the north, and northwest of the core of Greater Sudbury. When the service area for grocery stores is considered in relation to areas identified as most deprived, some areas have limited access to grocery stores (i.e. they are not within one kilometre of a grocery store). These areas include: the Donovan, Little Britain, the Flour Mill, Gatchell, parts of Copper Cliff, the

Ramsey View Court area, Minnow Lake, parts of the downtown, part of two areas in New Sudbury, part of Garson, part of Capreol, part of Hanmer, and part of Chelmsford.

Conclusions: The food retail environment plays a role in the ability of individuals to make healthy choices. The food retail environment can exacerbate health inequities by, for example, limiting access to healthy choices. This study provided some insight on the availability and accessibility of healthy food in Greater Sudbury. Access to food retail in Greater Sudbury is quite good considering the large geographic area and how thinly populated it is in many areas. However, access and availability to healthy food can and should be improved. This should occur by building on current community relationships and further engaging the community to better understand how they would like to see access and availability improved. Linkages may exist between living in areas with more limited access to healthy fruit and existence of individual and household food insecurity. The possible existence of this relationship indicates advocacy regarding poverty reduction should continue to occur along with increased community engagement regarding access. With improved access, ultimately consumption, especially of vegetables and fruit, will be improved.

Project Status

Year Project Initiated: 2012

Project Completed: 2014

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 Service Area

Investigators

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Summary

Background: In 2012, the Healthy Kids Panel outlined a three-part strategy that would have a positive impact on child health. The components of the strategy include: 1) start all kids on the path to health, 2) change the food environment, and 3) create healthy communities. Children spend a considerable portion of time at recreation facilities. Recreation facilities are an ideal location for changing the food environment and creating healthy communities. This project was developed to better understand the current food environment in recreation facilities to ultimately provide direction on how it can be enhanced to ensure the healthy choice is the easy choice. Recreation facilities in Greater Sudbury and Sudbury East agreed to participate in the project.

Methodology: This project surveyed patrons and vendors in recreation facilities in the Health Unit service area, and considered issues related to making and providing healthy food choices in recreation facilities. The purpose of the surveys was to help in better understanding:

- 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 healthy food choices more readily available in recreation facilities.

Results: The results provided some indication of the types of food and beverages currently available in some recreation facilities and the type of food and beverage options participants would like to see in the facilities.

Conclusions: The vendors indicated some interest in having the SDHU help support recreation facilities in improving their food environment by:

- Working with recreation facility operators (vendors) to identify ways of enhancing/modifying their cooking facilities to ensure healthy options can be available.
- Offering training on healthy options to recreation facility operators (vendors).
- Providing promotional materials for healthy options.
- This project has provided some indication of how the SDHU can work with community partners to support the enhancement of the food environment in recreation facilities as per the *Healthy Kids Panel* recommendations.

Project Status

Year Project Initiated: 2013

Project Completed: 2014

Funding: Internal

Nutrition—Healthy Weights—Physical Activity

Healthy Eating in the Workplace

Investigators

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Summary

Background: 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.

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

Methodology: The project team conducted focus groups in seven workplaces throughout northeastern Ontario. Six to eight employees from the eight workplaces had the opportunity to participate in the hour-long focus group, where participants shared their thoughts and experiences regarding a healthy workplace nutrition environment. A total of 51 people participated in the seven focus groups.

Results: Through the data collection, a number of issues/concerns with the current workplace food environment and ways to improve the food environment in workplaces were shared. The results indicate that even though many workplaces have some provisions in place to support healthy eating, a number of challenges exist. Working offsite and/or shiftwork were described as situations where healthy eating became especially difficult. Most of the respondents favoured the idea of promoting healthier options and provided many suggestions.

Conclusions: Further research and exploration is required to support the implementation of the *Call to Action: Creating a Healthy Workplace Nutrition Environment*.

Project Status

Year Project Initiated: 2013

Project Completed: 2014

Funding: Cancer Provider Screening Network—Northeast Region—\$5,000

Nutrition—Healthy Weights—Physical Activity

LaCloche Foothills Food Network Healthy Eating in Older Adults

Investigators

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Summary

Background: As a result of community conversations held in 2010, the LaCloche Espanola Area Partnership (LEAP) Advisory Committee—now known as the LaCloche Foothills Food Network (LFFN)—was formed. Members include representatives from four communities: Espanola, Nairn, Baldwin, Sables-Spanish Rivers, and several agencies including Our Children Our Future (OCOF), Espanola Community Gardens, Canadian Mental Health Association, Espanola Seniors' Centre, Espanola Helping Hand Food bank, LaCloche Manitoulin Business Assistance Corporation (LAMBAC), Sudbury & District Health Unit, Espanola & Area Family Health Team, Community Living, and the Ministry of Agriculture and Food. During the LFFN's recent planning sessions, the group identified the need to better understand healthy eating supports for older adults. As a result, the group proposed a project to engage with older adults in the communities throughout the Espanola LaCloche area.

The objectives of the project are:

1. To identify barriers and facilitators (community food assets) to older adults engaging in healthy eating in the LaCloche Foothills area.
2. To discuss possible initiatives (e.g. policies and programs) to improve healthy eating among older adults in the area.

Methodology: Members of the LFFN who work in the communities will identify and invite potential participants (older adults living in the communities). The aim is to recruit and conduct seven focus groups in seven different communities in the Espanola LaCloche area (Nairn, McKerrow, Espanola, Webbwood, Massey, Walford, and Birch Island).

Project Status

Year Project Initiated: 2011

Anticipated Completion: 2015

Funding: Healthy Communities Fund—\$2,300

Nutrition—Healthy Weights—Physical Activity

NutriSTEP® Nutrition Screening and Follow-up Pilot Project

Investigators

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Summary

Background: Children are especially vulnerable to poor nutrition, which can lead to many negative health outcomes such as failure to thrive, obesity, anemia, restrained eating, poor lifelong eating habits, lack of school readiness and reduced ability to learn at school. Early surveillance and prevention of nutrition problems begins with valid and reliable screening tools that can identify problems before they become serious or irreversible (NRC, 2008). The purpose of this research project was to identify current trends in children's eating habits, to determine the required resources and appropriate processes for implementing NutriSTEP®, and to evaluate the success and barriers to screening, referral, and follow-up in the community.

Methodology: Data were collected from June 2013 to May 2014 from a convenience sample of parents/caregivers of children 18 months to 5 years of age who were invited to participate in the study while attending a playgroup within Greater Sudbury. Data were collected during two phases: at screening events upon completion of the NutriSTEP® questionnaires, and approximately six weeks after the screening event through follow-up telephone calls. The parents/caregivers of 49 preschoolers and 48 toddlers participated. A total of 50 respondents (52% response rate) participated in the follow-up phone call survey.

Results: Of the toddlers screened, the majority (75%) had a low risk score, while 17% had a moderate risk score and 8% had a high risk score. Of the preschoolers screened, the majority (78%) had a low risk score, while 12% had a moderate risk score and 10% had a high risk score. The scores of individual questions on each questionnaire were also examined as a way to identify areas of concern for each age category.

Toddler concerns included: grain consumption (63% ≤ 3 times per day), watching TV during mealtimes (58% some, most or all of the time), meat and meat alternative consumption (46% once a day, a few times a week or not at all), screen time (46% ≥ 2 hours per day), and juice and flavoured beverage consumption (40% ≥ 2 times per day). Preschooler concerns included: supplement use (67% some, most or all of the time), grain consumption (61% ≤ 3 times per day), watching TV during mealtimes (39% some, most or all of the time), milk product consumption (37% ≤ 2 times a day), fruit consumption (35% ≤ 2 times per day).

Conclusions: The study results suggest that when the NutriSTEP® questionnaires are administered in parent playgroup programming using a guided model, it is an effective education tool that allows parents to make changes to their behaviour and follow-up with additional services if needed. This study validates the need for the continued use of NutriSTEP®. The results of this study will help inform the continued implementation of NutriSTEP® in Best Start Hubs and Our Children, Our Future, as well as inform the expansion of its use across additional programs, services, settings, and community partners.

Project Status

Year Project Initiated: 2013

Project Completed: 2014

Funding: Internal

Nutrition—Healthy Weights—Physical Activity

Physical Literacy Policy Toolkit Evaluation

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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”. It has been demonstrated that investments in physical literacy programs during early childhood development are an effective means of improving fundamental movement skills abilities (Hardy et al., 2013). 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 settings.

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 regarding potential issues that may arise with its implementation in an early learning setting.

Methodology: Through convenience sampling, participants from five early learning settings in the northeastern Ontario districts of Sudbury (1), Porcupine (2), Algoma (1), and Timiskaming (1) were recruited by their local representative of the CPSN-PAWG. Participants attended a presentation

on physical literacy and were provided with a copy of the physical literacy toolkit for review. Group interviews were then conducted by one of four CPSN-PAWG representatives to obtain participant feedback on the toolkit. A total of 28 Early Learning Practitioners from five early learning organizations in northeastern Ontario participated in the evaluation. Interviews were recorded and transcribed for analysis. Responses were grouped according to themes.

Results: The findings revealed that the most useful sections of the toolkit were the sections on the Early Learning Environment Assessment Tool (64%) and on fundamental movement skills (39%). The sections providing information for parents and caregivers and information on how to develop policies and procedures were perceived to be the least helpful (3.6% respectively). The majority of participants felt that the toolkit aligned with their organization’s beliefs and practices and 93% noted that it provides useful recommendations for future early childhood programming. Participants also provided recommendations for improving the format of the toolkit.

Conclusions: While many early learning settings already have some resources and knowledge regarding physical activity and sedentary behaviour, this particular toolkit was found to be a good resource for the development of physical literacy. The majority of the respondents favoured the use of the toolkit and provided suggestions for its improvement. All feedback was reviewed and modifications were made. A revised copy of the toolkit is now available.

Project Status

Year Project Initiated: 2013

Project Completed: 2014

Citation: Sudbury & District Health Unit (2015). *Jump into Play: Increasing Children’s Physical Literacy in Early Learning Settings – Toolkit Evaluation*. Sudbury, ON: Author.

Funding: Internal

Nutrition—Healthy Weights—Physical Activity

STAND UP! Falls Prevention Program Evaluation

Investigators

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Summary

Background: The STAND UP! program is a multifaceted program aimed at preventing falls and fall-related injuries among autonomous seniors. STAND UP! for Health is a maintenance program offered after STAND UP!. This was a process and impact evaluation with the purpose of identifying enablers and barriers associated with the implementation of the STAND UP! and STAND UP! for Health programs. The evaluation also aimed to better understand what impact the programs have on maintaining overall balance, strength, and related healthy behaviours.

Methodology: In order to evaluate the programs, individual telephone or face-to-face and group semi-structured interviews were conducted in the Sudbury & District Health Unit service area with two agency leads, 21 facilitators, and 23 participants during March and April of 2014.

Results: The findings provided an overall picture of the program from all perspectives. Several themes emerged: experiences before entering the STAND UP! program; the delivery of the program; experiences participating in the program; the benefits of participating in the program; the value of external support; and experiences with participating in the Maintenance program. A number of potential

implications for practice also emerged from the data. These recommendations focused on training opportunities, strategies for recruiting and promoting STAND UP! and opportunities for improving the program delivery.

Conclusions: Where possible, the recommendations from this evaluation will be used to help shape future STAND UP! programs in our districts. The North East Local Health Integration Network (NE-LHIN) is implementing a new funding model that will allow for the expansion of STAND UP! programs across the northeast. Findings of this report will be shared, as appropriate.

Project Status

Year Project Initiated: 2014

Project Completed: 2014

Citation: Sudbury & District Health Unit. (2014). *STAND UP! Falls Prevention Program Evaluation*. Sudbury, ON: Author.

Funding: Local Health Integration Network (LHIN)—\$10,000.

A summary of the report is available in French.

A summary of the report is available at www.sdhu.com.

Reproductive Health

Reproductive Health

Prenatal Class Evaluation

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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, and labour and delivery. The classes are offered in two formats: four weekly evening two-hour sessions, or one full-day Saturday class. Prenatal classes were evaluated to determine whether the class content and structure require improvement based on participant feedback.

Methodology: Over the course of three months, all prenatal class participants (pregnant mothers and their partners) were invited to complete a survey at the end of each class. A total of 158 surveys were completed, with 103 responses from expectant mothers, 45 from partners, and 10 from support persons. Surveys were provided to every participant at the end of each class (i.e. classes 1–4) so there are instances in which responses come from repeat participants.

Results: Most participants indicated that the date and time of the class they attended worked well for them, although three participants indicated that they were either unaware of the Saturday option or were not able to attend due to the class being full and would have preferred that day.

Most participants felt they learned something new in the classes. The main areas of learning listed were breastfeeding, child safety, labour and delivery, baby care, and nutrition. A few participants noted that the videos were long, non-stimulating and seemed old. Some would have preferred to have more hands-on learning and activities that get people up and moving. In terms of helping prepare for parenthood, approximately half responded that the class was very useful and the half responded that the class was useful (66) respectively. Finally 57% of participants rated the instructor's teaching skills as very good, 25% percent rated it as good, and 8% as average.

Conclusions: Based on the results of the survey, it is clear that participants benefited from attending the prenatal classes held at the Sudbury & District Health Unit. Certain topics in which many participants learned something new should continue to be part of the existing prenatal curriculum such as breastfeeding, child safety, and labour and delivery. Areas to consider changing were mainly around the way the information was shared such as, having more hands-on activities versus videos. Also, others things to consider would be updating and providing more information on the website.

Project Status

Year Project Initiated: 2013

Project Completed: 2014

NOTE: District office data were collected in 2014 and continues to be collected in 2015.

School Health

School Health

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

Investigators

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Summary

Background: Heavy alcohol consumption in the post-secondary setting is one of the most challenging issues facing institutions of higher education. Previous research reported by the SDHU identifies young adults as having the highest rates of non-compliance with Canada's low-risk alcohol drinking guidelines (LRADGs) 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 goal of this project was to assess trends in alcohol use among post-secondary students (as per the LRADG); 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.

Methodology: The *Campus Alcohol Behaviour Survey*—a 50 item questionnaire—was collated based on questions from pre-existing population health surveys. All students (~15 000) enrolled at one of three post-secondary institutions in Greater Sudbury (Laurentian University, Cambrian College, and Collège Boréal) were given access to both English and French versions of the survey

via their student email account in the fall of 2013. Participation was voluntary and an incentive was offered. Survey data were analysed in IBM® SPSS® Statistics 21.

Results: A total of 1 829 students completed the survey. The majority of respondents attended Laurentian University (n=1 518). The average age was 22.8 years old and 68.5% (n=1 247) of respondents were between the age of 19 and 24 years. Seventy-five percent (n=1 360) of the respondents were female. Ninety-two percent (n=1 677) of the students reported consuming alcohol in the past 12 months. Forty-six percent (n=840) of respondents drank in excess of at least one of the LRDG measures in the past year. Fifteen percent (n=278) had seen or heard of the LRDG in the past. Students between the age of 19 and 24, who were males, and students in residence were found to be more likely to exceed the weekly and daily limits. The preferred means to receive information about the LRDG was 'through the media' (32.4%; n=574), and 'electronically' (31.6%; n=560).

Conclusions: The results support the need to encourage the responsible consumption of alcohol in post-secondary institutions in Greater Sudbury. Students, administrators, and health promoters/educators all have a responsibility to implement strategies and initiatives to reduce and prevent alcohol-related harms. The key to success is to create a campus where responsible drinking behaviours are the social norm, where policies are in place to reduce risks and support students in engaging in healthy behaviours, and health messaging is tailored appropriately for the target audience. Only then will a culture of moderation be embraced.

Project Status

Year Project Initiated: 2013

Project Completed: 2014

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

Investigators

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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) (Hammond, Resiliency Initiatives, 2006).

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* (C/Y: ADS) 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.

Methodology: 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 in the school setting.

Various data collection methods are being 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

To date, the survey has been implemented in the fall of 2012, spring of 2013, and spring of 2014 in three pilot schools. Data and trends are currently being analyzed.

Project Status

Year Project Initiated: 2013

Anticipated Completion: 2016

Funding: Internal and CSPGNO internal funding

School Health

The Impact of Classroom Scheduling on Student Health

Investigators

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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.

Methodology: Data collection using three tools took place in May 2013 over a five-day period.

Nutrition (Food): The contents of students' 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 was 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 pedometers were returned to the investigator. Average step counts were 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.

Results: Data analysis is currently underway.

Project Status

Year Project Initiated: 2013

Anticipated Completion: 2015

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

School Health

The Impact of the CATCH Early Childhood Program on Preschoolers' Physical Activity, Nutrition, and Behaviour

Investigators

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Summary

Background: Embedding healthy behaviours in our youngest cohort of children is an important community goal. Daycare centres provide an ideal setting for the implementation of approved programs teaching healthy choices and promoting physical activity. However, it is critical to evaluate any proposed interventions prior to adoption on a wider scale. Therefore, the purpose of this study is to examine the implementation of a health intervention program (namely the CATCH Early Childhood (CEC) program), toted to improve food behaviour and increase daily physical activity in pre-school aged children. Specific objectives include:

1. To determine how much and what type of food children are consuming while in daycare settings before and after implementation of CEC;
2. To evaluate the food knowledge, food preferences and knowledge of healthy choices before and after implementation of CEC;
3. To estimate energy expenditure and quantity of free-play vs structured activity while in daycare before and after implementation of CEC.

Methodology: Two daycare centers in the same geographic area within Greater Sudbury were recruited. One daycare served as the experimental group and measures were collected before and after the CEC program intervention. The CEC program was not implemented in the other daycare and this

setting, therefore, served as the control group. The control daycare followed its regular programming and measures were collected in parallel with the experimental group. Children in the toddler and preschool rooms at each daycare were invited to participate in the first data collection phase (before intervention) in the spring. The type and quantity of food consumed and physical activity levels (number of steps determined via a pedometer) were recorded throughout the day for each child over a five-day period. Researchers will also record amounts of structured and unstructured play time. Children's health behaviours were assessed with modified versions of the After School Student Questionnaire (ASSQ); completed by parents and daycare staff. Following the baseline testing, the CEC program was introduced at one daycare setting via a training session with all registered early childhood educators (ECEs) on staff. After a period of 3–4 months the same measures were evaluated in the fall post intervention. Data analysis is ongoing.

Project Status

Year Project Initiated: 2014

Anticipated Completion: 2015

Funding: Internal

School Health

Triple P School-based Evaluation

Investigators

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Summary

Background: Recent literature has demonstrated success in implementing the Positive Parenting Program (also referred to as Triple P) with focused efforts in schools (Triple P International, 2003; Ralph and Sanders, 2004; Sanders, Ralph, Thompson, Sofronoff, and Gardiner, 2005). As described by Ralph and Sanders (2004), “Schools provide a convenient and appropriate community-based contact point where such parenting issues can be discussed” (p. 2). 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) were 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.

Methodology: The participants were recruited through each pilot school. They included: teachers and school staff from the schools who received Triple P training and/or information, as well as parents of children who attended the schools. Each participant was asked to voluntarily complete a questionnaire.

Interviews were conducted with the school project teams (which included a teacher representative, principal, SDHU Triple P practitioner, and/or parent representative).

Data collection was planned for the end of the each school year (2013–2014 and 2014–2015). Data collection and analysis are ongoing.

Project Status

Year Project Initiated: 2013

Anticipated Completion: 2015

Funding: Internal

Social Determinants of Health

Social Determinants of Health

Develop and Test Indicators of Ontario Local Public Health Agency Work to Address the Social Determinants of Health to Reduce Health Inequities (LDCP)

Investigators

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Summary

Background: While “[a]ddressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario” (Ontario Public Health Standards (OPHS), p.2), no program standards have been established. The OPHS outlines broad requirements for action, however, they do not provide boards of health with guidance to assess whether their efforts are appropriate or sufficient to meet their responsibilities. This study will provide boards of health with a rigorously tested and comprehensive set of indicators that is relevant to their work to address health inequities as required by the OPHS.

Methodology: This study is comprised of two distinct phases. Phase 1 will involve an environmental scan consisting of a) a literature review and b) consultation with content experts, to establish a face-validated set of indicators to test. Phase 2 will involve testing indicators at selected public health sites. Indicators will be tested for feasibility, understandability/clarity, relevance, validity, reliability and comparability.

Results: The project team is currently finalizing the literature review report and analysing the content expert consultation data.

Project Status

Year Project Initiated: 2014

Anticipated Completion: 2016

Funding: Locally Driven Collaborative Projects (LDCP)—Public Health Ontario—\$99,888

Sun Safety

Sun Safety

Evaluation of Sun Safety on the Golf Course

Investigators

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Summary

Background: Skin cancer is one of the most frequently diagnosed cancers in Canada, and claims the lives of approximately 1 500 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 SDHU developed a series of advertisements to promote sun safety on the golf course. The messages cater to the male population which has traditionally demonstrated inferior sun protection practices compared to their female counterparts (Gavin et al., 2012; Buller et al., 2011). 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.

An evaluation project was developed to obtain golfers' feedback related to the sun safety messaging disseminated throughout golf courses, and to explore the practices used to minimize exposure to UVR. Additionally, the practices of golf course staff to practise, promote and support sun safety were investigated, along with a study of how policies and environmental supports at golf courses influenced personal practices.

Methodology: Participant recruitment occurred through convenience sampling of golfers and staff members at four local golf courses. Data collection occurred between the months of June and August 2013. Male golfers over the age of 16 were asked to participate in a brief questionnaire. The questions 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: Four golf courses participated in the evaluation with a total of 94 golfers and 16 staff members completing the questionnaires. The most frequently used practices for reducing exposure to UVR on the golf course were wearing a hat (66%), seeking shade (58.5%) and wearing sunglasses (50%). Wearing sunscreen was the least popular method of sun protection among golfers. Golfers found the design and messaging of the sun safety posters to be positive, however placement on the course was considered poor as only 32% of respondents indicated having previously viewed the posters.

Of the staff participants, only 25% 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. Methods by which information was shared with staff included posting of The Weather Network's UV Index, discussion at staff meetings, and word of mouth. Thirty-one percent (31%) of staff respondents also reported regularly providing sun safety information to patrons, such as wearing or buying a hat on sunny days and reminding them of the importance of wearing sunscreen.

Sun Safety

Evaluation of Sun Safety on the Golf Course

Conclusions: The results demonstrate that the sun safety advertisements developed by the SDHU have the potential to effectively convey sun safe messages if they are widely disseminated and appropriately positioned. This evaluation also provides substantiation for the enhancement of resources that improve education and awareness as well as for the development of supportive environments including policy, shade structures, and the provision of sunscreen on golf courses. Participant recommendations will contribute to the development of a comprehensive Sun Safety and Hot Weather Practices Policy Toolkit that will include information for sun safety practices on the golf course.

Project Status

Year Project Initiated: 2012

Anticipated Completion: 2014

Citation: Sudbury & District Health Unit. (2014). *Sun Safety on the Golf Course: Evaluation of Practices, Policies and Environmental Supports*. Sudbury, ON: Author.

Funding: Internal

Tobacco

Tobacco

Smoking Cessation Gap Analysis

Investigators

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Summary

Background: The Smoke-free Ontario Strategy Public Health Unit Tobacco Control Program Guidelines direct 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. In 2013–2014, the Tobacco team and the Prevention and Cessation of Commercial Tobacco Use Planning, Implementation, and Knowledge Exchange (PIKE) group conducted a gap analysis of existing smoking cessation services in the Sudbury and district.

Methodology: The project team identified a list of agencies offering smoking cessation services in the SDHU service area. These agencies were initially contacted via email, then by telephone to gather information regarding smoking cessation services at their agency. A snowball sample methodology was used to identify other agencies offering cessation services. In total, 70 providers/agencies in the Sudbury and Manitoulin districts responded out of 113 contacted, for a response

rate of 62%. Subsequent telephone interviews were conducted with participants to identify types of cessation services offered, types of health care professionals that deliver cessation services, services provided to the public and specific populations, and geographic areas for service coverage. Responses were documented electronically and compiled for statistical analysis.

Results: There were several key themes that emerged from the findings. Firstly, the SDHU service area has cessation services to support each respective community such as Minimal Contact Intervention (MCI), individual and group counselling, fax and community referrals, nicotine replacement therapy, and prescription smoking cessation medications. Other types of health care providers that offer services include physicians, pharmacists, social workers, addiction counsellors, nurses, midwives, and other providers (e.g. dental professionals). In addition, there are a few cessation services that target youth smokers, Francophone and Aboriginal populations who smoke, and smokers of low socioeconomic status.

Conclusions: From the gap analysis report, researchers developed a resource that was distributed to each of the participants in September 2014 based on their location. Participants were invited to join the north east cessation network in September 2014.

Project Status

Year Project Initiated: 2013

Project Completed: 2014

Funding: Internal



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