

PROJECT REPORT

Community Health and Social Services Network (CHSSN)

Telehealth Program and Follow-up Activity

April 1, 2006 to March 31, 2007



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Training & Human Resources Development Project

Table of Contents

SECTION A: Telehealth Program

• Illustration of Telehealth Programs Completed	2
• Results Achieved	3
• Some Qualitative Data	4
• Analysis of Evaluation	5
• Lessons Learned	6

SECTION B: Activity Follow-up

• Introduction to the Project	7
• Understanding the Process	7
• Illustration of Follow-up Activities Completed	8
• Narratives of Follow-up Activity per Region	11
• Some Qualitative Data	13
• Summary of Results Achieved	14
• Thank you	15
• Appendix A	16
• Table B	17

SECTION A: TELEHEALTH PROGRAM

ILLUSTRATION OF TELEHEALTH PROGRAMS COMPLETED

TABLE A illustrates the Telehealth Program (APPENDIX A) schedule and quantitative results at a glance:

DATE	TOPIC	COMMUNITY	REGION AND REGION #	TOTAL NUMBER OF PARTICIPANTS
May 23, 2006 1:00-2:30 pm	Attention Deficit Disorder and Learning Disabilities Dr. Peter Gantous	CASA COASTERS OHSSN Townshippers OHSSN Vision Gaspé	Baie de Chaleur, #16 Lower North Shore, #9 Rouyn-Noranda, #8 Monteregie, #16, Estrie, #5 Outaouais, #7 Gaspé Town, #11	75 participants 10 sites
October 3, 2006, 2006 1:00-4:00 pm	Mental Health 101 Alan Regenstreif, MSW Mark Stolow, Care Ring Voice	MCDC Neighbours' OHSSN Townshippers'	Thetford Mines, #12 Rouyn-Noranda, #8 Outaouais, #7 Montérégie, #16, Estrie, #5	49 participants 4 sites
October 17, 2006 1:00-4:00 pm	Bullying Desiree Chaker, Family Life Educator	CAMI CASA COASTERS Neighbours' Townshippers'	Magdalen Islands, #11 Baie de Chaleur, #16 Lower North Shore, #9 Rouyn-Noranda, #8 Montérégie, #16, Estrie, #5	91 participants 9 sites
October 31, 2006 1:00-4:00 pm	Alzheimer's Disease Stephanie Geller, MSW	CAMI COASTERS OHSSN Townshippers' Vision Gaspé	Magdalen Islands, #11 Lower North Shore, #9 Outaouais, #7 Montérégie, #16, Estrie, #5 Gaspé Town, #11	56 participants 9 sites
November 14, 2006 1:00-4:00 pm	Learning Disabilities Part 2 Dr. Peter Gantous Peter MacGibbon, QLN	MCDC CAMI COASTERS Townshippers' Vision Gaspé	Thetford Mines, #12 Magdalen Islands, #11 Lower North Shore, #9 Montérégie, #16, Estrie, #5 Gaspé Town, #11	71 participants 11 sites
November 28, 2006 1:00-4:00 pm	Drugs and Alcohol Hugh Fraser and guests, Fraser Recovery Program	CAMI CASA MCDC Townshippers' Vision Gaspé	Magdalen Islands, #11 Baie de Chaleur, #16 Thetford Mines, #12 Montérégie, #16, Estrie, #5 Gaspé Town, #11	94 participants 6 sites
December 3, 2006 1:00-3:30 pm	Grief and Loss Part 2 Dawn Cruchet, Grief Counsellor	CAMI COASTERS MCDC Neighbours' OHSSN Townshippers' Vision Gaspé	Magdalen Islands, #11 Lower North Shore, #9 Thetford Mines, #12 Rouyn-Noranda, #8 Outaouais, #7 Montérégie, #16, Estrie, #5 Gaspé Town, #11	57 participants 9 sites
January 23, 2007 1:00-3:30 pm	Cancer Part 2 Dail Jacob, Pivot Nurse Audrey Philips, Cancer Survivor	CAMI MCDC ** Neighbours' Townshippers' Vision Gaspé	Magdalen Islands, #11 Thetford Mines, #12 Rouyn-Noranda, #8 Montérégie, #16, Estrie, #5 Gaspé Town, #11	44 participants 5 sites

February 13, 2007 1:00-3:30 pm	<i>Dyslexia</i> Desire Chaker, Family Life Educator	CAMI ** COASTERS MCDC	Magdalen Islands, #11 Lower North Shore, #9 Thetford Mines, #12	55 participants 7 sites
March 6, 2007 1:00-3:30 pm	<i>Diabetes Type 1: Children and Adolescents</i> Anne Bossy, BSc. N. Evelyne Pytka, Pdt.	CAMI MCDC	Magdalen Islands, #11 Thetford Mines, #12	24 participants 5 sites
March 27, 2007 9:00-11:30 am *	<i>Diabetes Type 2: Adults</i> Carmela D'Avella, BSc. N. Gilda Bastasi, Pdt.	CAMI ** COASTERS MCDC	Magdalen Islands, #11 Lower North Shore, #9 Thetford Mines, #12	69 participants 10 sites
TOTALS	11 topics/sessions		6 regions	718 participants

Notes:

- Topics were selected based on communities' requests and a needs survey.
- Time was shortened to 1:00-3:00 pm EST (* with one exception) with an option to log off or remain on until 3:30 pm with questions.
- A morning session was held based on a community request from CAMI.
- A new option to join the session by speakerphone was offered to communities**.
- Time between sessions was increased from every two weeks in the fall to every three weeks in the winter at the request of the communities.

RESULTS ACHIEVED

TABLE B (attached) summarizes the annual statistics for Telehealth. Eleven Telehealth Sessions were held on community-requested topics with a total of 718 participants. The numbers ranged from 21 to 94 participants, with an average of 62 people per session.

All 8 community organizations participated regularly in the Telehealth Sessions from the 4 pilot communities and 4 new communities. New communities included: Vision Gaspé Perce Now, Townshippers' Association, Outaouais Health and Social Service Network (OHSSN), and Neighbours Association of Rouyn-Noranda. One new community, Innuulitsivik Health Centre, was approached to participate as a pilot in the *Diabetes Type Two* Telehealth Session. Although unable to attend, this community has expressed an interest for the upcoming funding year.

The 9 Telehealth Coordinators contributed immensely to the success of the Telehealth Program. Communities attended an average of 6 out of 11 sessions (with a range of 3 to 10 out of 11 sessions). Evaluations are now being completed and handed in on time. Attendance sheets and consent forms are signed, enabling for dissemination of the session DVDs. Despite staff changes, new coordinators have quickly adapted to their roles. Utilizing the Telehealth ToolKit has greatly facilitated the process so that there was no obvious gap.

In consultation with the pilot sites, the Telehealth ToolKit was updated, finalized and uploaded to CHSSN's designated Telehealth Section on its website: www.chssn.org/En/Telehealth_program.html It is now available for existing and new communities and their staff interested in Telehealth programming.

Another valuable tool was developed. In collaboration with the Montreal Children's Hospital, a portable poster describing the Telehealth Program was created. This was initially presented at a national conference and is now available for community open houses, information sessions and other such promotional purposes.

Due to the growing popularity of videoconferencing in general, it became increasingly difficult for some of the community organizations to book a site, limiting their ability to join in, i.e., CASA. Several of the communities developed new partnerships, which enabled them to increase the number of locations available for Telehealth in their areas, including:

- Townshippers' Association's Montérégie area created a new partnership with Massey Vanier
- Townshippers' Association's Estrie area created a new partnership with Champlain College
- Neighbours' Association of Rouyn-Noranda created a new partnership with their local CSSS
- CAMI created a new partnership with their high school
- CASA created a new partnership with two high schools
- Vision Gaspé had access to several new sites in their area, although technical support was lacking

This proactive move on the part of the Anglophone population created an awareness of the need and commitment for better services and information in their own language.

A new development for Telehealth was the availability of the telephone conferencing in lieu of videoconferencing due to inclement weather or being bumped. This option was used by two organizations—CAMI and MCDC—with favorable results.

SOME QUALITATIVE DATA

When asked, "What did you learn that is worth remembering for a lifetime?" participants cited the following memorable quotes:

"Not to always be on the back of these children. Allow for time as a normal child."

(Learning Disabilities)

"Clinical depression is an illness, not a person's fault." *(Mental Health 101)*

"That bullies are probably victims of something themselves and we need to find out what's bothering them." *(Bullying)*

"That because I forget things sometimes doesn't mean I have this disease."

(Alzheimer's Disease)

"Self-esteem is the most important thing you can instill in a child." *(Learning Disabilities Part Two)*

"Don't turn your life to drugs." *(Drugs and Alcohol)*

"Grieving is the flipside of loving." *(Grieving and Loss)*

"Always ask questions." *(Cancer Part Two)*

"That dyslexia is a learning disability, not an intellectual deficiency." *(Dyslexia)*

"What to give a person [with] low blood sugar." *(Diabetes Type One: Children)*

"Healthy eating and exercise can reduce or prevent diabetes." *(Diabetes Type Two: Adults)*

ANALYSIS OF EVALUATIONS

An amazing number of evaluations were received. With a range of 60 -100% completed session evaluations diligently returned by the Telehealth Coordinators, the average return rate was 87.3%!!

Satisfaction rates revealed that on a scale of 4 out of 5, the presentations were helpful, interesting, met their expectations and provided useful resources. The majority reported that their questions were adequately answered. The expertise of the chosen speakers is paramount to the success of this program. Audio-visual handouts were highly rated as clear and useful. Participants appreciated the availability of the presenters' session handouts. This was made possible by having an advance schedule of Telehealth Sessions. Each presenter continued to prepare session handouts and these were available sooner to the communities.

What participants liked most were the question periods and the opportunity to interact with the presenters. Therefore, we increased the session time from 1.5 hours to 2 hours, providing the option for communities to stay on for an additional half hour. Most communities without travel constraints elected to stay.

Technical difficulties were generally less reported than during the previous programming year. The sessions were started a half hour earlier to enable more effective site check-in and troubleshooting. Utilization of the mute button continues to be a problem at some locations and some freezing was reported. However, due to the expertise of the Telehealth Technician at the MUHC, difficulties were minimized and overcome.

In order to learn more about our population and their needs, the Participant Evaluation Form was adjusted halfway through the year. Additional questions about demographics, suggested topics and community needs allowed for tracking of the number of professionals (education, social and health) attending, categorization of topics requested and community follow-up needs (See Section B).

It is important to note that almost all participants reported that they would recommend the Telehealth Sessions to others.

LESSONS LEARNED

The lessons learned over the past year of Telehealth programming include:

- Troubleshooting problems in the initial half hour of each session minimized technical difficulties.
- The optional half hour dedicated to a question period successfully dealt with leftover questions.
- The advance schedule helped promote the sessions; however, obtaining the content from the speakers in time (for editing, for getting it to the Lower North Shore) remains a challenge.
- Contacting local, provincial and national organizations for written material sparked an interest in the Telehealth Program, producing more diverse partnerships.
- Power Point was not initially used for presentations but has recently proven successful for presenting graphs and diagrams.
- Utilizing expert speakers that are dynamic is essential for the success of the program. This was proven by the fact that presenters who returned by request significantly drew more participants.
- Chosen topics that were well presented, stimulated communities to develop related follow-up activities (See Section B).
- Telehealth Sessions, originally requested every 2 weeks, proved too frequent for the adequate promotion and evaluation requirements of this program. As of January 2007, sessions were scheduled every 3 weeks, which proved more satisfactory.
- Promotion of the Telehealth Program seems to be a key issue that needs to be addressed in the upcoming year. It is a concern that many of the population do not understand Telehealth.
- Due to the volume of evaluations received and number of topics suggested, a more integrated plan for the upcoming program will be developed.

SECTION B: ACTIVITY – TELEHEALTH FOLLOW-UP

INTRODUCTION TO THE PROJECT

The goal of Telehealth programming is to enhance the capacity of English-speaking communities to increase access to health and social services. Follow-up is an important aspect of building community capacity. This encompasses a chosen related activity that extends community awareness, knowledge and partnerships beyond the original Telehealth Session.

Enhanced resources from McGill University enabled community organizations to conduct post videoconferencing partnership development and provide follow-up activities in health and social services.

The objectives of this project were to:

1. Effectively utilize the additional financial resources dedicated to follow-up health promotion activities after Telehealth Sessions.
2. Choose activities that encourage learning and empower individuals, communities and institutions beyond the scope of the initial Telehealth Sessions.
3. Enhance the capacity of community and institutional partners to forge sustainable partnerships.

UNDERSTANDING THE PROCESS

Guidelines were developed focusing on adult learning principles. Communities were encouraged to:

1. Ensure the use of designated funds for follow-up activities.
2. Integrate a follow-up activity with a chosen Telehealth session (hosted) or choose a time closely following the session.
3. Involve their health and social service partners as well as share with their Telehealth partners.
4. Find and utilize all related resources, i.e., those given by the speaker, local and national resources, and specialized foundations. Some resources can be found on the CHSSN Telehealth page at http://www.chssn.org/En/Telehealth_Resources.html

ILLUSTRATION OF FOLLOW-UP ACTIVITIES COMPLETED

TABLE A identifies the communities and their chosen follow-up activities stemming from the related Telehealth Sessions (as noted in the left column):

RELATED TELEHEALTH SESSION	HOSTING ORGANIZATION	SELECTED ACTIVITY	PARTICIPANTS	PARTNERSHIPS
<i>Attention Deficit Disorder and Learning Disabilities</i> (May 23, 2006)	COASTERS Association (Lower North Shore, #9)	Researched and created a Telehealth Resource Center Hosted Dyslexia Telehealth Session (Feb. 13/07)	LNS Telehealth partners 7 sites with 55 participants	CSSS BCN Lower North Shore Coalition for Health (LNSCH) CSSS Bas Cote Nord (BCN) LNSCH MCDC CSSS (BCN) Local schools
	OHSSN (Outaouais, #7)	Hosted the Learning Disabilities Telehealth Session	71 participants from 7 communities	Western Quebec School Board (WQSB) Quebec Learners' Network (QLN)
<i>Mental Health 101</i> (Oct. 3, 2006)	Townshippers' Association (Estrie, #5)	Organized a Mental Health Information Session at the CHUS Hospital (Mar. 29/07)	MCDC, communities of Montérégie, Estrie and Thetford Mines with 65 participants	Mental Health Estrie Centre Hospitalier Université de Sherbrooke (CHUS) MCDC
	(Montérégie, #16)	Facilitated a community cluster for Care-Ring Voice Telephone Education Workshops	Individuals and cluster groups from Montérégie and Estrie	AMI Quebec Mental Health Estrie Avante Women's Centre Connections for Mental Health OASIS
	(Estrie, #5, and Montérégie, #16)	Hosted Mental Health Telehealth Session (May 8/07)	Telehealth Partners	AMI Quebec Mental Health Estrie
<i>Bullying</i> (Oct. 17, 2006)	CASA (Baie de Chaleur, #11)	Involvement in Challenge Day (Sept. 07)	345 Students, 135 adults	Challenge Day presenters 3 local schools: teachers, counsellors, students and parents
<i>Alzheimer's Disease</i> (Oct. 31, 2007)	Townshippers' Association (Montérégie, #16)	Promoted an English Alzheimer's Information Session	30 participants	Alzheimer's Society of Granby Avante Women's Centre Manoir Lac Brome
<i>Learning Disabilities Part 2</i> (Nov. 14, 2006)	OHSSN (Outaouais, #7)	Organized a Parent Workshop on learning disabilities (May, 2007)	Parents	AQETA Western Quebec School Board Quebec Learners' Network

Drugs and Alcohol (Nov. 28, 2007)	CAMI (Magdalen Islands, #11)	Created a Newsletter Contest on drug and alcohol awareness	CAMI members	Fraser Recovery Program Local merchants (Rona, Sports Excellence)
		Held a post-session working meeting (Nov. 21/06)	4 community members and 4 health care professionals	CSSS 3 local schools Fraser Recovery Program
		Hosted a team visit by the Fraser Recovery Program	Grosse Isle High School: students and staff (25 participants, ages 10-82)	Grosse Isle High School Fraser Recovery Program
	Vision Gaspé Percé Now (Gaspé Town, #11)	Hosted a team visit with Drugs and Alcohol Information Session by the Fraser Recovery Program (Dec. 4-6/07)	School staff, parents and students	Gaspé Polyvalent Gaspé Elementary School CEGEP de Gaspé et des Isles de Madeleine Fraser Recovery Program
	Townshippers' Association (Montérégie, #16)	Initiated a SADD Chapter (Mar. 13/07)	Students, school staff	SADD (USA Chapter) Massey Vanier High School Optimist Club
	(Montérégie, #16)	Provided financial support for Zero Tolerance Program	High school students, teachers, counselors	Zero Tolerance Program Massey Vanier High School
	(Estric, #5)	Provided financial support for a theatre group called MADD (Feb. 28/07)	High school students, teachers, counselors	MADD Student Council of Alexander Galt High School
Grief and Loss Part 2 (Dec. 3, 2006)	Vision Gaspé Percé Now (Gaspé Town, #11)	Initiated a Grief Support Group with Resource Library (Apr. 07)	Community members: 10 female participants	Neighbours' Association Gaspé Greater Parish – St. Paul's
	Neighbours' Association (Rouyn-Noranda, #8)	Initiated a Support Group on Grief and Loss (Feb. 18/07)*	Community members and counselor	CSSS Vision Gaspé Perce Now CBC Radio The Grief Center in Montreal
Cancer Part 2 (Jan. 23, 2007)	Neighbours' Association (Rouyn-Noranda, #8)	* Integrated with above activity from Grief and Loss Part 2		
	CAMI (Magdalen)	Follow-up	Grosse Isle	Canadian Cancer Society of

	Islands, #11)	Workshop on Cancer (Autumn 06) Reviewed the DVD with cancer survivors and professionals (Feb. 06) Formed a cancer awareness subcommittee and created a journal for cancer patients (Mar. 07)	residents Nurse, students, community members Health care professionals and community members	Rimouski CSSS des Isles CSSS des Isles (Oncology Nurse) Hopital de L'Archipel
Dyslexia (Feb. 13, 2007)	COASTERS Association (Lower North Shore, #9)	Hosted Dyslexia Telehealth Session	6 communities, 7 sites	St. Paul's River Lourdes de Blanc Sablon St. Augustine River La Tabatière Telehealth Partners
Diabetes Type 2: Adults (Mar. 27, 2007)	MCDC (Thetford Mines, #12) Neighbours' Association (Rouyn-Noranda, #8)	Integrated a nutritional diabetic snack with the Telehealth Session Established 4 Resource Centers Hosted a Diabetic Luncheon post Telehealth Session	Community members Residents of Chaudiere-Appalaches Community Members (20 participants)	CSSS Hotel Dieu Lévis Hospital Diabetes Amiante Support Group Hotel Dieu Lévis Hospital CSSS of Thetford CSSS (Dietician and Nurse)

* Sessions whereby some communities combined related topics for their follow-up activity.

NARRATIVES OF FOLLOW-UP ACTIVITY PER REGION

All of the community organizations that received funds selected and organized one major follow-up. It is important to note that while communities chose major follow-up activities, they also carried out some smaller spin-off activities. One of the most popular of these is the *Care-Ring Voice Telephone Education Workshops*. *Care-Ring Voice* is a province-wide education workshop series on mental health for caregivers, available to groups and individuals throughout the province of Quebec, via telephone conference.

CAMI – Magdalen Islands

As its major activity, CAMI created a drugs and alcohol awareness contest, and promoted this in its Newsletter. This involved sponsorship from local merchants such as Rona and Excellence Sports, which enabled new partnerships towards raising awareness.

CAMI also held a post-session working meeting around drugs and alcohol with community members and health care professionals, to identify issues and explore ways of dealing with this issue in its community. Following this, it hosted a team visit to several of its local schools, by the Fraser Recover Program, an on-going partnership.

CAMI also participated in the *Mini-Med* health videoconferencing workshops out of the Montreal Children's Hospital and the *Care-Ring Voice Telephone Education Workshops*. They really involved their community.

CASA – Baie de Chaleur

CASA helped promote anti-bullying throughout its area schools by meeting the student sand working with the teachers to create a healthy learning environment and encourage non-violence in the schools. *Challenge Day*, which took place over 4 days at 3 different schools, gave both youth and adults the opportunity to speak out about the issues around bullying and what they would like to see from each other.

The goal of *Challenge Day* was to increase personal power and self-esteem and to shift dangerous peer pressure to positive peer support, eliminating the acceptability of teasing, violence and all forms of oppression. Youth were taught effective methods of communication, acceptance and forgiveness. The adults were very open to the process and were taught the same skills as youth but also made aware of the obstacles the youth face daily. They became more aware of the youth's needs and were given the tools to assist and support youth in the region. The day was intended to unite school and community members and empower them to make changes. CASA reported that at the end of each day, participants felt bonded, empowered and committed to maintaining the change that they had made during the day itself.

COASTERS Association – Lower North Shore

COASTERS developed a resource library, using materials from the Telehealth Sessions, along with the session DVD's, pamphlets, and fact sheets. The goal was to gather all the information obtained and make it available on COASTERS website and create a flyer to be mailed to 1900 residents across the Lower North Shore and use radio to advertise this resource library. Given the amount of time for the coordinator's salary and the cost of web design, there is a need for additional funds to move this project to the next stage.

COASTERS also made the *Care-Ring Voice* flyers available across the Lower North Shore to promote the telephone health and social education workshops. It requested that each partner on the LNSCH advertise these telephone education workshops at their places of business and points of service. These workshops are also announced on 3 local radio stations and information has been faxed to local stores in each community with a request to advertise.

MCDC – Thetford Mines

MCDC chose to establish a resource center in the territory covered by Chaudière-Appalaches, which includes 3 different locations. It was a way to link Telehealth with information and education, as well as provide a logical follow-up to this valuable service for its community. These centers consist of a large pamphlet/book display rack stocked with a wide range of documentation. This 4-rack display is available to the community, which has made use of the information. Three of the display racks have already been installed—two displays have been received by the Thetford Hospital and are awaiting their use by the community—and a fourth will soon be placed in its designated location. MCDC will be using volunteers to keep this resource center sustainable. Feedback has been excellent; community members have eagerly made use of the information displays.

MCDC also participated in the *Mini-Med* health series of videoconferencing workshops held out of the Montreal Children's Hospital as well as the *Care-Ring Voice* health education workshops.

Neighbours' Association – Rouyn-Noranda

Neighbours' developed a partnership with the CLSC, and its counsellor for the French-speaking support group. From the Telehealth Sessions on Grieving and Loss and Cancer, they realized there is a need in the area for a Grief Support Group. It held a first planned open house style meeting to pinpoint an objective and focus for the group. Flyers were sent out to the majority of the English-speaking community through Neighbours' mailing system and also it will be advertised on CBC radio, Neighbours' newsletter and at upcoming social events towards attracting more people. Contact was made with the Telehealth presenter, Dawn Cruchet, who agreed to send information on support groups and flyers about grief. *The Grief Support Group* has been meeting for 4 months now with an average of 3 participants.

Neighbours' followed up the *Diabetes Type Two* Telehealth Session by a diabetic luncheon. It hosted 2 guest speakers, the dietician from the CLSC and also a registered nurse who did blood sugar levels before and after the luncheon to all willing participants. The dietician spoke about diet: diabetic, salt-free and cholesterol-free and the importance of taking vitamins and most importantly vitamin D and calcium. There was a question period during and after the information period, which lasted 2 hours. The feedback from participants was very positive.

OHSSN - Outaouais

OHSSN's major chosen follow-up activity consists of hosting an information/workshop session on learning disabilities for parents. Based on surveys and focus groups conducted throughout the region, it was determined that there is a need for information about services and support groups around the issue of learning disabilities. The aim is to provide information in English, facilitate access to available resources and services, strengthen links between organizations and parents, evaluate the potential for starting a support group for parents, and to explore future partnerships towards improving access. This event is scheduled for May 2007. Key partners are the Association Québécoise pour les troubles d'apprentissage (AQETA), the Western Quebec Career Center (WQSB) and the Quebec Learners' Network, which has made available its online and CD format tool called *The Learning Puzzle*.

Townshippers' Association – Montérégie and Estrie

Estrie organized an information session regarding mental health with Dr. Beauséjour of the Centre Hospitalier Université de Shebrooke (CHUS), who spoke about the services available in English and how to link health care professionals to provide care for patients. The session was very well attended and the feedback was positive.

Estrie also provided financial support to the *Mothers Against Drunk Driving (MADD) Theatre Group*, which was part of the high school's continuous efforts to inform about and discourage students from drugs and alcohol. Both the students and teachers appreciated this play as indicated by the positive feedback received.

Montérégie initiated a *Students Against Drunk Driving (SADD) Chapter*, involving a partnership with a SADD USA chapter. It also provided financial support for two cars and drivers under a program entitled *Zero Tolerance*, and this involved transport for students to a school dance.

Montérégie also promoted a first-ever English information session for Alzheimer's Disease, gathering together partners from the Alzheimer Society of Granby, Avante Women's Center and Manoir Lac Brome.

Both Estrie and Montérégie participated in the *Care-Ring Voice Telephone Education Workshops*. Townshippers' Association promoted community clusters, gathering participants together at several locations, partnering with Avante Women's Centre and Mental Health Estrie and Connections for Mental Health to call in via speakerphone and listen to a health education workshop on mental health.

Vision Gaspé Perce Now – Gaspé Town

Their major activity was an information session on drugs and alcohol in partnership with the Fraser Recovery Program. They chose this activity because of a student death from a drug overdose. This gave students the opportunity to debrief after the death of a friend, while providing them with accurate information about drug use. Parents gained information about what to look for in their children regarding substance abuse patterns and symptoms as well as access to professional support services. Teachers had the opportunity to identify their role in substance use and the support available to them. The community now has a well-established partnership with Fraser Recovery Program and can utilize the expertise they provide on a regular basis.

Their second major activity is a *Grief Support Group*, which offers people a safe place to share their personal stories. Led by a bereaved parent and spouse who have participated in workshops given by the renowned grief specialist, Elisabeth Kubler-Ross, this is open to all residents. A library of resources was developed and is made available to people who are grieving. A partnership exists with the Gaspé Greater Parish – St. Paul's to ensure that this support group continues. According to evaluations received from the initial meeting, participants were very satisfied. Evaluations revealed that 100% of participants are directly affected by this topic and would recommend the group to a friend.

SOME QUALITATIVE DATA

Where available, qualitative data from evaluations yielded the following feedback:

“Once more an excellent evening! It was great to have his broader point of view both for us and the local medical community.” (Townshippers’ Association presentation by Dr. Beauséjour re: *Mental Health*).

“...Teleconference so that remote areas could also participate.” (Townshippers’ Association presentation by Dr. Beauséjour)

“It was a day that made lasting changes in the participants; it had the potential of creating a lasting change in the region and was, without a doubt, the highlight of the Crime Prevention efforts in 2006.” (CASA on Challenge Day re: *Bullying*).

“The short-term or long-term impact is difficult to evaluate but the teachers were very pleased with the event as it was the type of activity that appeals to students.” (Townshippers’ Association on MADD Theatre Group, *Drugs and Alcohol*).

“I am not a ‘religious person’, but my heart’s in a good place. I think that each person has a way to get through their journey.” (Participant of Vision Gaspé’s Grief Support Group, re: *Grief and Loss*).

“The feedback from our community has been excellent and they have eagerly made use of the information made available.” (MCDC on its Telehealth Resource Center).

SUMMARY OF RESULTS ACHIEVED

- 5 administrative regions implicated (Regions 5, 7, 9, 11, 12, and 16)
- 25 follow-up activities completed as a result of 10 Telehealth Sessions
- 50 (approx.) new partnerships developed, i.e., local hospitals, CSSS, educational institutions, local and regional associations, businesses and guest speakers/presenters
- 3 support groups initiated
- 2 resource centers created
- 1 contest created to promote drug and alcohol awareness
- 4 regions participated in provincial health promotion programming. i.e., *Care-Ring Voice* and *Mini-Med*

Thank you....

The Telehealth Program team acknowledges and thanks the following organizations and individuals for their participation in this project:

- All of the community organizations involved in bringing Telehealth to their communities (CAMI, CASA, COASTERS, MCDC, Neighbours' Association, OHSSN, Townshippers' Association, Vision Gaspé Perce Now)
- AMI Quebec
- Avante Women's Centre
- Care-Ring Voice
- Connections for Mental Health
- CSSS in participating regions
- Fraser Recovery Program
- McGill University Health Centre
- Mental Health Estrie
- Montreal Children's Hospital, specifically the Telehealth Department staff and technicians
- OASIS
- Quebec Learners' Network
- Schools and hospitals throughout the region that donated their time and facilities
- Telehealth Presenters
- The Grief Center

APPENDIX A:

Situation

English-speaking regions are experiencing a significant decrease in access to H&SS. This is largely due to linguistic barriers and a lack of available health promotion services and resources in English. In many cases, regions do not have any English-speaking health professionals to address immediate and long-term health problems (i.e. mental health, drugs and alcohol). Videoconferencing equipment is available in most rural English-speaking regions. Regional English-speaking community-based organizations have interest and capacity to participate as project promoters.

Priorities

English-speaking regions are better able to access health promotion services and resources in English. Videoconferencing serves as viable means to deliver health promotion services (only in the absence of a local English-speaking professional). Building capacity of regional English-speaking organization to participate as project promoters. Fostering relationships and partnerships between community and local and regional H&SS professionals and organizations.

CHSSN Telehealth Program

Action - Logic Model

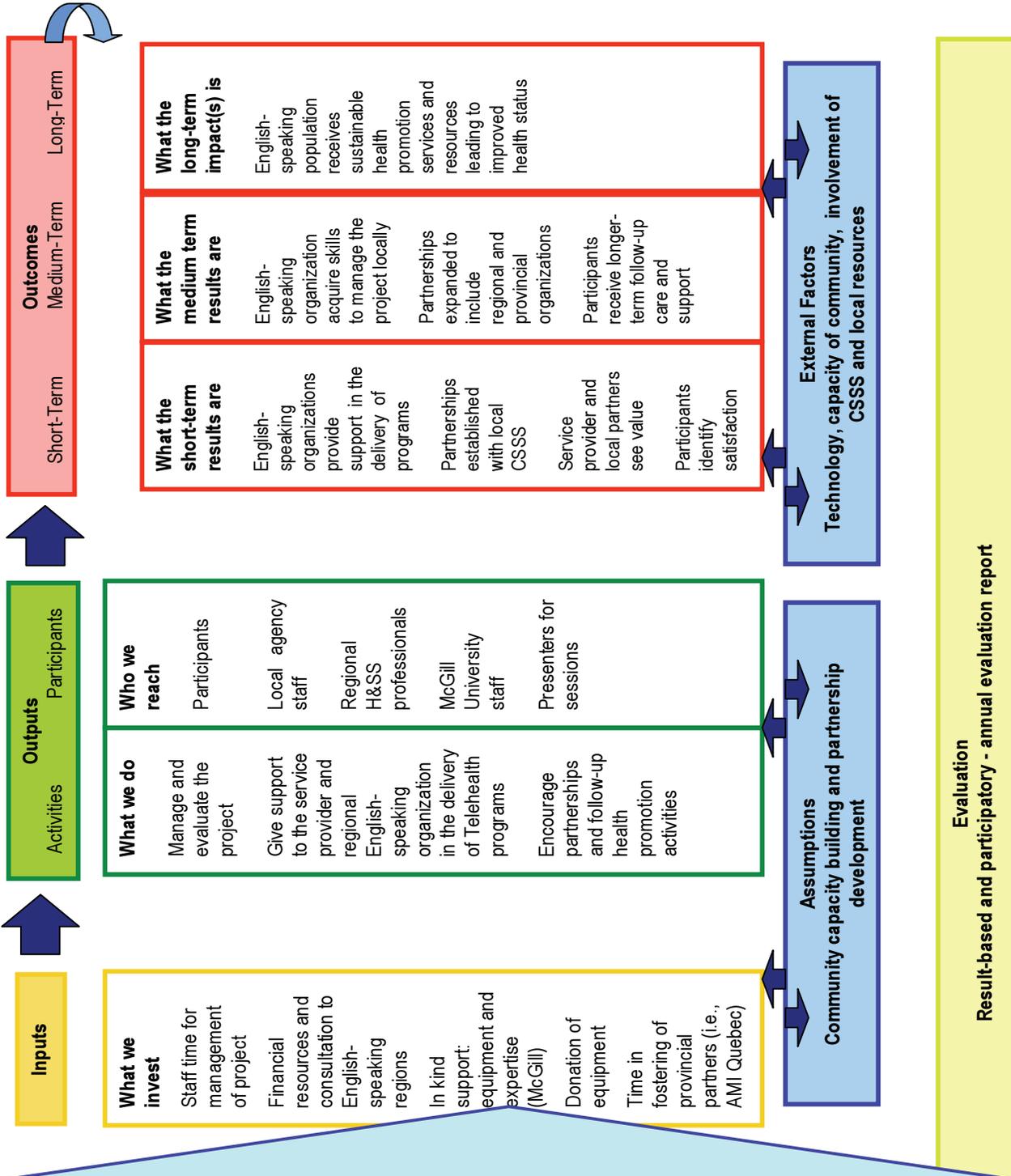


TABLE B: ANNUAL STATISTICS FOR TELEHEALTH – APRIL 1, 2006 - MARCH 31, 2007

<i>Organization</i>	<i>Region and Region #</i>	<i>Coordinator</i>	<i>Site(s)</i>	<i>Locations Available</i>	<i># of Sessions Attended</i>	<i># of Participants</i>	<i>Coord. Budget</i>	<i>Follow-up Activities (\$2000 per org.)</i>
CAMI	Magdalen Islands (#11)	Janey Clarke *	1	Hospital CLSC	8 out of 11	46	\$1800 (+\$500)	Youth Project –Drugs and Alcohol
CASA	Baie de Chaleur (#11)	Cathy Brown	3	Hotel, 2 schools	3 out of 11	79	\$1600	Youth Challenge (Bullying)
COASTERS Association	Lower North Shore (#9)	Ida Jones	7	Health Clinics	7 out of 11	167	\$2000 (+\$1000)	Resource Center on all topics
MCDC	Thetford Mines (#12)	Peter Whitcomb	2	CEGEP, Hospital	7 out of 11	54	\$1000 (+\$700)	Resource Center on all topics
Neighbours' Association	Rouyn-Noranda (#8)	Nancy MacEachern *	2	High School Hospital	7 out of 11	69	\$2000 (-\$250)	Community Support Groups for all topics
OHSSN	Outaouais (#7)	Danielle Lanyi	1	School	6 out of 11	69	\$2000	Learning Disabilities (Autism)
Townshippers' Association	Montérégie (#16)	George Courville	2	CEGEP, High School	10 out of 11	69	\$2000	Mental Health re: Care-Ring Voice Telephone
	Estrrie (#5)	Shannon Keenan	2	Health Care Institution CEGEP	9 out of 11	111		Education workshops, MADD Project (youth), Alzheimer's Information Session for Mental Health
Vision Gaspé Percé Now	Gaspé Town (#11)	Tracey Diotte * Now replaced by Cheryl Henry-Leggio *	2	Regie, School	8 out of 11	54	\$1600 (+\$250)	Community Support Groups on Grief and Loss
TOTALS (Range):			(1-7)		(3-10/11)	(21-94)		

* Designated Telehealth Coordinators

Comments:

Total number of participants: 718 people attended 11 sessions

Average number of participants per session: 62 people (range 21 to 94)