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

PROJECT REPORT

Community Health Education Program (CHEP) 2008-2009

June 2009

A CHSSN initiative
funded by the McGill Training and Human Resource Development Project
in partnership with

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INTRODUCTION

The Community Health Education Program (CHEP) is a dynamic program that facilitates distance community learning of English health and social information in remote Quebec communities via 5 different mediums:

- Videoconferencing
- Telephone conferencing
- Videoconferencing Session DVD's
- Community radio (Internet access)
- Follow-up activities

Previously called the Telehealth Program, this program was renamed the Community Health Education Program to reflect this diversity of program delivery options.

The 9 Telehealth Coordinators contributed immensely to the success of this year`s Community Health Education Program. Topics were selected based on communities' requests and a needs survey. Each community chose to host one topic specific to the needs of their region and largely based on an identified health priority. All coordinators completed the CHEP Planning Template (See example in Appendix A) to facilitate their planning and evaluation throughout the programming.

The general objective of this distance community support program is to offer services so as to provide more health and social services (promotion and prevention) for the English-speaking populations of the regions. The planned activities for achieving this are:

1. To coordinate, deliver and evaluate sessions
2. To support communities in identifying and delivering follow-up activities
3. To develop a virtual resource library

This was considered a transition year for the Community Health Education Program. During this transition year, a new approach of tailoring the sessions to identified and specific health priorities of the communities was taken. Rather than publish a programming schedule at the outset, the CHEP Coordinators worked with the communities to determine their specific needs and then fit the programming to those needs. Communities were given the option to put their funding into other activities and not necessarily into videoconferencing.

Communities were also strongly encouraged to participate in less CHEP videoconferences and instead, tie relevant follow-up activities to their selected topics. Communities largely chose to host and participate in videoconferencing activities as their main focus during this year's programming. They also utilized the other delivery mediums in conjunction with and as a complement to the videoconferencing and for follow-up purposes.

Dynamic, interactive experts in their respective fields, CHEP presenters from a variety of health and social backgrounds--nursing, counselling, psychology, education and community medicine--came to share their expertise. Invited guest speakers from organizations representing chosen topics, complemented the presenters.

This summary report highlights the results achieved over the past funding year (April 1, 2008-March 31, 2009).

RESULTS ACHIEVED

Table 1: Summary of Results at a Glance

DATE	TOPIC/PRESENTER	HOST COMMUNITY	PARTICIPANTS
June 17, 2008 1:00-3:30 pm	***Stroke*** Dr. Nancy Mayo, B.Sc., M.Sc., PhD., McGill Researcher	None	54 participants 5 sites 5 communities
September 30, 2008 1:00-3:00 pm	***How to Make a Good Thing Better*** Jo Ann Jones, RN, M.Ed. Kelly Howarth, M.Ed., Dpl. Ad. Ed.	Special *Train the Trainer* session designed for community coordinators/ facilitators	7 communities: CAMI, CASA, Townshippers, Neighbours, Vision Gaspe, OHSSN, MCDC
October 22, 2008 6:30-8:30 pm	***Prostate Cancer 101*** Dr. Irwin Kuzmarov Urologist, Director of Hospital Services – Santa Cabrini	CASA, Vision Gaspe Perce Now and MCDC	60 participants 5 sites 4 communities
November 3, 2008 1:30-3:30 pm	***Fall Prevention*** Dr. Nancy Mayo, B.Sc., M.Sc., Ph.D., McGill Researcher	Townshippers' Association – Estrie & Monteregie	60 participants 9 sites 7 communities
December 2, 2008 1:00-2 :15 pm	***Nutrition*** Jaimie Yue Ting Shing, McGill Dietetics Student and Marie Lefrancois, Dietician and Instructor	OHSSN	87 participants (3 professionals, incl. 1 public partner) 6 sites 5 communities
December 4, 2008 5:30-7:00 pm	***Trauma/Crisis Intervention*** Yvonne Clark, Grief Counsellor and Guest: Randy Barrington, First Responder	CAMI	36 participants 6 sites, including Huntingdon CLC 2 communities
January 20, 2009 1:30-3:00 pm	***Medications: Ask an Expert*** Marie Botrus, B.Sc., Pharmarcist	Neighbours Association	33 participants 3 sites 3 communities
February 10, 2009 1:00-3:00 pm	***What to do when your plumbing malfunctions: kidneys & bladder*** Myra Siminovitch, B.Sc. Physiotherapist	Neighbours Association, MCDC	37 participants 5 sites 4 commununities
February 16, 2009 1:00-2:30 pm	***Building Healthy Self-Esteem in Youth*** Desiree Chaker, Family Life Educator and Ruth Martin, Counsellor	North Shore Community Association (NSCA) – Baie Comeau *	35 participants 1 site + 1 audio site 1 community
February 16, 2009 6:30-8:00 pm	***Promoting and Supporting Healthy Self-Esteem in Youth*** Desiree Chaker, Family Life Educator and Ruth Martin, Counsellor	North Shore Community Association (NSCA) – Baie Comeau	7 participants 1 site + 1 audio site 1 community
March 17, 2009 12:30-2:00 pm	***When they go away to work: separation anxiety*** Marla Yanofsky, Psychologist	COASTERS Association	2 participants 1 site 1 community
March 27, 2009 10:00-11:00 am	***Achieving Healthy Self-Esteem in Youth: Follow-up Session*** Desiree Chaker, Family Life Educator and Ruth Martin, Counsellor	North Shore Community Association (NSCA) – Baie Comeau	32 participants 1 site 1 community
TOTALS:	**12 sessions**	**8 original communities + 1 pilot community**	**443 participants**

Comments:

- NSCA sessions were pilot sessions with Baie Comeau projected to join the CHEP.
- Most videoconferencing sessions were follow-up and outcomes of previous sessions.
- Not appearing here is the myriad of follow-up activities, combined in some cases, with communities' We Can Act strategy projects (to be discussed here in a later section).
- More individualized topics were requested and resulted in less sites/participants per session.
- Diversified scheduling resulted in less time to plan and promote the videoconferences.
- Sites reported conflicting activities and difficulty reserving due to increased traffic on the TELUS network.
- Videoconferencing session DVDs were produced and made available upon request by communities to use for follow-up.
- Statistics reveal less attendance in videoconferencing sessions during this transition year. This can be attributed to the fact that communities were encouraged to identify needs specifically related to their community. The lesson learned is that videoconferencing topics must be general and utilized so that they appeal to a wider audience, i.e. *Fall Prevention* versus *When they go away to work: separation anxiety*. The specific topics could be addressed in future via telephone conference, which would reach many sites within the local regions.
- Evaluations consistently reveal that the participants appreciate and learn from the presence and questions from other communities across the province. This is the added value of the videoconferencing sessions as well as the availability of the recorded DVDs.

Highlights

- All 8 community organizations participated regularly in the CHEP sessions
- One new pilot community, Baie Comeau, joined the program
- Twelve videoconferencing sessions were held on community requested topics
- 443 participants attended, averaging 37 people per session

Significant Outcomes from the Videoconferences

Women and Heart Health, a topic initiated by videoconferencing and available on DVD, was further promoted in 2009 by community radio clips and face-to-face presentations throughout the province, from Bedford to Gaspé.

A most successful 2009 event involved six public partners:

1. CSSS provided the physician speaker
2. Community CHEP coordinator did the promotion
3. The Town provided the Community Center
4. CHEP moderated the evening question period
5. A local service club provided the refreshments, and
6. The Heart and Stroke Foundation of Quebec sent bilingual resource materials

This event was a resounding success with 75 participants and requests for more such health promotion opportunities!

The *Fall Prevention* videoconference resulted in all eight community coordinators requesting participation in the established CSSS *P.I.E.D./Stand-Up* 12-week free exercise program. CHEP enabled and encouraged communities to reserve space for sessions to be brought to their regions. The DVD of this excellent session via videoconference is now being shown to seniors' groups in preparation.

Making communities aware of this valuable but not well known resource available in English has increased their access to health care around fall prevention in their area.

Prostate Cancer 101 resulted in a new group attending videoconferences. With the determination of our community CHEP Coordinators, CBC radio promotion and the enthusiastic presence of The Montreal West Island Prostate Cancer Support Group, a men's support group, four communities brought together 38 men. The excellent speaker, a well known urologist, engaged these first-time participants in an active and informative session. The support group shared experiences, offered resources and a help-line. They were most appreciative for the opportunity to reach out to remote areas in English.

A follow-up videoconference has been requested and is planned for September 2009, which is Prostate Cancer Month.

The piloting of a 9th community, Baie Comeau (North Shore Community Association), yielded a new CHEP community. The CHEP Coordinators worked very closely to orient this new community in the details of effective videconferencing--from promotion, to hosting, to follow-up. This resulted in the delivery of 3 successful specifically-requested videoconferences and complementary follow-up activities.

It is important to note that many of the videoconferences were follow-ups to previous (Telehealth) programming. For example, Fall Prevention followed from Stroke. Prostate Cancer 101 was a follow-up to last year's videoconference on Cancer Awareness. The Kidneys and Bladder videoconference was another key follow-up from Prostate Cancer 101 as it addressed the affects of the disease regarding incontinence.

The Community Health Education Program planning is designed in such a way so as to build upon topics, thereby building community capacity to achieve greater access to English-language health and social information toward sustainability.

Evidence of Resource-Sharing and Partnering

The CHEP utilized many resources and engaged with a diversity of partners this programming year in its effort to build community capacity, including:

- A kick-off train the trainer session *How to Make a Good Thing Better* to teach communities about how to enlist the help of volunteers, effectively animate sessions and properly use the videoconferencing technology.

- CSSS *Pied/Stand-Up Programme* expanded across the province

- McGill research offer of the *Adopt a Stroke* Programme
- OHSSN shared its video resource: *Eat Good Feel Great*
- Montreal West Island Prostate Cancer Support Group outreach to the regions
- A student presenter from McGill University for the *Nutrition* videoconference
- Heart and Stroke Foundation of Quebec resources
- Care-Ring Voice invitation for focus groups
- Videoconferencing session DVDs were reviewed and distributed based on request
- The Montreal Children's Hospital outreach via videoconferencing their MCH Career Day (attended by 7 out of 8 communities) and the Mini-Med Programme
- Greater partnering with the Community Learning Centers (CLC's) and LEARN Quebec
- Presenting a workshop *Bridging the Distance* at 1st Annual Provincial Conference of the Quebec Association for Adult Learning (QAAL) held at Concordia University March 21, 2009
- Continued update and improvement of the CHEP web site: http://www.chssn.org/En/Health_Education_Program/index.html, involving: 1) Reorganizing and categorizing resources, 2) Making important links to partners such as the Alzheimer's Society, 3) Creating a link to The Montreal Children's Hospital Continuing Medical Education web site for professionals, and 4) Completing and posting 6 out of 10 Impact Reports for 2008-2009 videoconferences

The program's ongoing partnership with The Montreal Children's Hospital Telehealth Coordination Centre continued to facilitate the success of the program. The Centre's flexibility and willingness to facilitate the planning and support of the activities allowed for a variety of telecommunication linkages. This included telephone conferencing and recording the sessions on DVD, enabling access to those communities unable to attend.

The Community Health Education Program continued its ongoing partnering with organizations such as Care-Ring Voice and AMI Quebec via telephone education workshops. Continued outreach to national partners was accomplished by: 1) Inviting administrative representatives to participate in CHEP sessions taking place from the Montreal Children's Hospital, and 2) Utilizing English-language resources from local, provincial and national associations, including the above-mentioned Heart and Stroke Foundation of Quebec, the Canadian Prostate Cancer Network, the Montreal West Island Prostate Cancer Support Group and the *PIED/Stand-Up Programme.*

Communities continued to work with their local Community Learning Centers (CLC's) based on their established partnership with LEARN Quebec. This increased and facilitated access to videoconferencing facilities. A new pilot CLC site for the CHEP was the Huntingdon CLC for its

videoconference on *Trauma*, from which both an invited guest speaker and the CHEP Evaluator attended the session.

Follow-up Activities

Follow-up is an important aspect of building community capacity. This encompasses select related and complementary activities that extend community awareness, knowledge and partnerships beyond the original CHEP session, with the goal of increasing access to local health and social services. Three communities engaged in follow-up activities despite the fact that no extra funding was made available. This was done by the participating communities as an extension of their We Can Act funding as it related to their chosen CHEP session topic.

Some important examples of follow-up activities are:

1. OHSSN focused on nutrition as part of its campaign with its youth and in conjunction with its We Can Act program, making available its rap video *Eat Good Feel Great* to participating communities.

2. Townshippers' Association and OHSSN made important links with their local CSSS for the *PIED/Stand-Up Programme* to provide more information and start groups in the coming year for their community members.

3. CAMI of the Magdalen Islands now has a follow-up structure in place for dealing with trauma situations; a link for support was created between the firefighters, first responders and the local CSSS.

4. Vision Gaspe has committed to use the *Fall Prevention* DVD as a pilot in the day center over the coming months. Moreover, English Gaspe Town seniors now have access to prevention services, in cooperation with seniors' organizations, the CSSS and the public health department.

5. Vision Gaspe hosted CPR sessions in response to the strong interest in the *Heart and Stroke* videoconference, resulting in external clinics and the CSSS taking an interest in prevention and accountability through people learning the warning signs of heart attack and stroke.

6. Neighbours Association of Rouyn-Noranda organized a health forum involving health professionals who presented different areas of health, along with a pharmacist who came in to follow-up the *Medications: Ask an Expert* videoconference.

THE VALUE OF COMMUNITY LEARNING

Participants completed evaluations at each CHEP session. When asked, "What did you learn that is worth remembering for a lifetime?" session participants cited the following memorable quotes:

> "The exercises to build the pelvic muscles," "Everything can be controlled, you don't have to live with anything," "Exercise can really help!" "Limit your consumption of tea and coffee." (*What to do when your plumbing malfunctions: kidneys & bladder*)

"When in doubt, ask your pharmacist," "Go generic, it pays!" "How to read the label." *(Medications: Ask an Expert)*

"A healthy approach for eating," "Eating healthy and exercise are important," "[I liked] the plate with portion sizes," "Serving sizes and food groups." (*Nutrition*)

"Importance of fitness and exercise," "Importance of building core strength in addition to general muscles," "Avoid fear of falls," "Everyone can fall—no one is immune," "Precaution is prevention," "To remove the clutter in the house and to be careful with scattered rugs," "Nordic walking." (*Fall Prevention*)

"Early detection is crucial! Have that yearly check-up!" "Cooked tomatoes are more effective than raw," "I didn't know it was hereditary," "Prostate cancer is treatable," "Be aware of PSA numbers."*(Prostate Cancer 101)*

Dr. Irwin Kuzmarov, Jo Ann Jones, Kelly Howarth and Dr. Audrey Wise, an associate of Dr. Kuzmarov –*Prostate Cancer 101*

Analysis of Evaluations

Participant evaluations continued to validate and contribute to the design and direction of the program. Satisfaction rates remain high, with comments that the presentations were helpful, interesting, met their expectations and provided useful resources. Questions were adequately answered. The expertise of the chosen speakers was repeatedly cited and continues to be paramount to the success of this program.

Written resources by presenters and associations continued to be valuable and were highly rated as clear and useful. Question periods and the opportunity to interact with the presenters during the videoconference, continued to be cited as most popular. The optional half hour question period was very successful, with most sites choosing to stay on. Being able to see people at other sites was also cited, particularly by youth, as beneficial.

Technical difficulties persisted and were reported as being less prevalent with fewer sites. Limiting sites did seem to make a difference, yet key is the training of the community coordinators in dealing with the technology, especially with the mute button on the remote.

LESSONS LEARNED

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

- That the CHEP Planning Template is a valuable tool for planning and assessing results attained.

- The importance of a train the trainer session for the Community Facilitators at the beginning of the programming year in how to effectively promote sessions, use the videoconferencing technology and the steps to follow for animating groups, as necessitated by staff changes.

- Communities value and wish to continue with videoconferencing as a focus from which to build sustainable complementary follow-up activities.

- That selected topics must be based on community need and health priorities while at the same time, not be too region-specific in order to appeal to and attract a wider audience.

- Establish a programming schedule so that communities can plan and promote the sessions for greater attendance and organize timely related follow-up activities.

- Advance planning will also help given the increased traffic in videoconferencing.

- Community Organizers need to engage the help of volunteers for best results in promotion and to aid the Community Facilitator during sessions.

- The importance of integrating follow-up activities as a means of building community capacity and sustainability of access to English-language health information and resources.

- CHEP session DVDs are powerful tools for those communities with no access to videoconferencing and as a means of follow-up. There needs to be better coordination and evaluation of the use of DVDs to maximize their potential for benefitting the communities.

- Student presenters can be a valuable source of information; at the same time they must be supervised more closely by the attending professor.

- Integrating the use of community radio as a complementary tool for pre- and post- session promotion and for follow-up on priority topics.

- The necessity for bringing in new communities to the CHEP in order to expand various regions' access to English-language health and social information.

- Continued partnering with diverse groups greatly facilitates community capacity building and the success of the Community Health Education Program to help communities sustain their access to quality English-language health and social information.

APPENDIX A: An Example of the CHEP Planning Template completed by CAMI, The Magdelen Islands

Community Health Education Program Planning Template

Name of Network: CAMI - Magdalen Islands	**Telephone: 1-418-985-2516/ 1-418-985-2116**
Name of Contact Person: Janey Clarke	**Date: 12-03-2008**

Which population group do we want to target?	What changes/health behaviours do we want this group to maintain or adopt?	What information do we have to ensure that this is a priority?	What activities and partners do we need (short-term / long-term) to support this group in maintaining or adopting the desired health behaviour?	What type of evaluation activities do we need?	What are the project costs for each activity and from what funding source?	Results Achieved	Comments
Youth: all ages First Responders/Fire Fighters Community members	How to move on after a tragedy or Trauma To help volunteers go back to doing what they always did with no constant reminders of the episode. To be able to move on without feeling negativity	We have had 2 deaths in our small community with 1 at 15yrs and 1 at 18yrs. . An increase of calls in the community with numerous deaths. One accident affected 2 families directly and more or less	1). Create planning committee with a representative from school, CSSS, Anglican church from our community. 2). Identify activity options with youth/parent involvement: 2a) Activity options short-term: - Follow up sessions in school with the spiritual animator. . **videoconferencing session** to parents, community members and local fire fighters and first responders.: **Follow-up** 2b) Activity options long-term: - Create an ongoing	Meet with Captain of First Responders and Fire fighters to assess their needs. Measure the success and improvements immediately after events.	Annual Budget: $2,000 hosting of activities $5,000 coordinator time $2,000 supplies and materials $1,000 evaluation Short-term funding sources: - $2,000 from CHSSN Community Education Program - $5,000 CHSSN Community Public Health Strategy - $2,000 School Board (in-kind for materials and supplies) - $1,000 private donations. -other?	**Target population:** 26 attendees 6 youth 20-65 range of age 25 First Responders & Fire Fighters and 1 community member. **Changes in health and behaviours;** A follow-up structure has been put in place after each traumatic situation. A link of support was created between the Fire fighters and First Responders and CSSS. The population knows they have the support of the Anglican Minister at all time and situations.	Since the installation of the new video conferencing equipment at the high school, our participation rate has almost doubled. This has decreased travel time and cost related to each session. We now have a DIRECT link with the program director of the CSSS. Most of our participants preferred evening sessions over day sessions. The part time coordinator for the video conferencing system provided more information on health sessions.

Which population group do we want to target?	What changes/health behaviours do we want this group to maintain or adopt?	What information do we have to ensure that this is a priority?	What activities and partners do we need (short-term / long-term) to support this group in maintaining or adopting the desired health behaviour?	What type of evaluation activities do we need?	What are the project costs for each activity and from what funding source?	Results Achieved	Comments
		caused friction in our small community.	committee with annual events. - Organize weekly 15 min radio segment s with community radio. - - Seek partnerships with other first responder units on the island. - Initiate information sessions and meeting dealing with trauma with local Ambulance technicians.	Encourage CSSS, School Board to develop longer-term evaluation measures.	Longer-term funding sources: -municipality Municipality des lies -Shift in resources from school board, health board etc.. -private donations grants	The health providers of the CSSS are more conscious of the needs of the English speaking communities. The first responders and fire fighters discuss their episodes in a whole opposed to dividing the groups up, that way they can help each other. Information to ensure that this is a priority: For the session on Trauma the participation was 26 attendees. As for the other offered sessions the participation rate was high so it showed that there was a need in the community other than trauma. Radio capsules were designed for other health related sessions. Follow up sessions has been put in place on and after a	

Which population group do we want to target?	What changes/health behaviours do we want this group to maintain or adopt?	What information do we have to ensure that this is a priority?	What activities and partners do we need (short-term / long-term) to support this group in maintaining or adopting the desired health behaviour?	What type of evaluation activities do we need?	What are the project costs for each activity and from what funding source?	Results Achieved	Comments
						traumatic encounter. Information obtained after all sessions an evaluation form is filled out. Monthly meetings are in place to discuss following a call for 911 to discuss the different scenarios of how to approach in different ways.	