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What is Healthy Alberta Communities?

- 5-year project guided by researchers from the Centre for Health Promotion Studies, School of Public Health, University of Alberta
- Funded by Alberta Health and Wellness
- Goal: prevent chronic disease and improve health by helping to influence environments and build communities that promote and support healthy choices
- Purpose: develop, implement and evaluate a uniquely Albertan approach that can be adapted to communities across the province



Environment: Context for Behaviour

- Community as a point of access for environmental change
- Environmental changes support individual behaviours: "healthy choice is the easy choice"







Community-Driven Health Promotion

- Working in 4 diverse communities to develop models for effective community participation
- Informal methods (opportunistic) and systematic processes to engage key community stakeholders in the identification of priority areas of intervention unique to each community context.
- Identifying barriers / gaps / opportunities



The Healthy Alberta Communities

Medicine Hat and Area

- Pop: 57,000
- Older population
- Formal partnerships with health region and municipalities

St Paul

- Pop: 5,000
- Rural area
- Aboriginal communities nearby
- Active participation of local businesses and service organizations

Bonnyville

- Service centre for 10,000 people
- Extremely fast growth
- Over 60 oil and gas companies
- Formal partnership with health region

Norwood/North Central Edmonton

- Pop: 48,000
- Culturally diverse inner city
- Grassroots initiatives







HAC Approach: How do we work?

- Target the determinants of health in a community
- Leverage resources and rely on the work of individuals, groups and organizations already in the community
- Hire community coordinators
- Invest seed money to help kick-start activities and maintain momentum
- Raine, K.D., et al. Reflections on community-based population health intervention and evaluation for obesity and chronic disease prevention: the Healthy Alberta Communities project. International Journal of Public Health. (2010 DOI 10.1007/s00038-010-0187-7)



The Process

- 2005 Planning and networking
- 2006 Phone surveys and measurement clinics
 - Community capacity building workshops
 - First initiatives
- 2007/08 HAC as a resource
 - Sorting out priorities
 - New partners/ new contributions
- 2009 Community reports
 - Phone surveys and measurement clinics

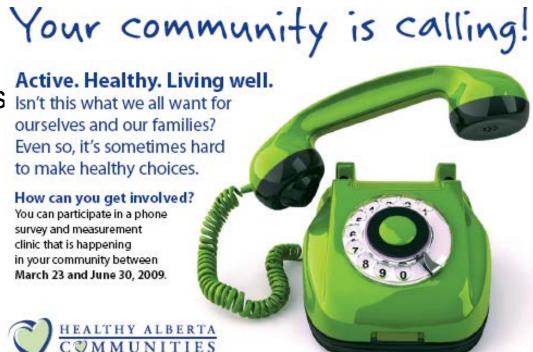




Evaluation Activities (2006 - 2009)

Impact evaluation

- Phone survey (behaviours)
- Measurement clinics (health outcomes)
- Community evaluation
 - Outcome
 - Process

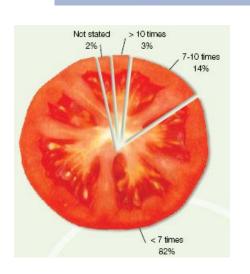


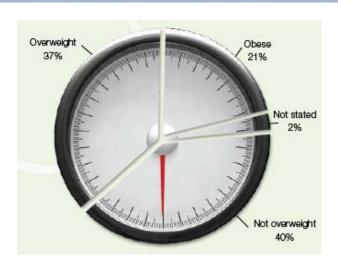


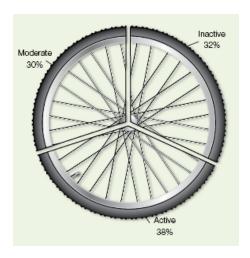
Baseline Chronic Disease Risk Factors: Community Reports



Building a **Healthy** Community:







Community Capacity Building and ANGELO (Priority Setting) Workshops





Analysis Grid for Environments Linked to Obesity

(ANGELO) (Swinburn, Egger & Raza, 1999)

ENVIRONMENT	DOMAIN	
	PA	Food
Physical		
Economic		
Political		
Sociocultural		



Intervention Development





Taking Action in Bonnyville

Healthy choices available in local restaurants



Restaurant Program

Three restaurants participating –

- Developed criteria with AHS Dietitian.
- Promoted program to local restaurants.
- Addressed concerns of restaurant owners (newspaper articles and radio ads).
- Branded the program.
- Expansion into neighboring community.



Taking Action in St. Paul

To promote unstructured play amongst children and youth

- Do More Watch Less
 Challenge Get off the
 Couch and Go!
- Principal Partner: St. Paul Community Health Services
- Sponsors, Brochure, Resource Kit
- Access to facilities
- Leaders in playgrounds in summer





Taking Action in Medicine Hat:

Promote alternative transportation, including walking and cycling

Coalition for Active & Alternate Transportation (CAAT)

- Networking and partnering with KEY stakeholders
- Now housed at the Be Fit for Life Centre



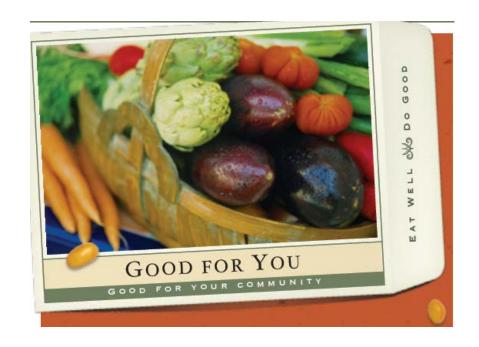


Taking Action in Norwood/ North Central Edmonton:

The Good Food Project

Priority: Support food security

- Urban social enterprise project
- Local food production/household food security
- Sustainable in 2010!



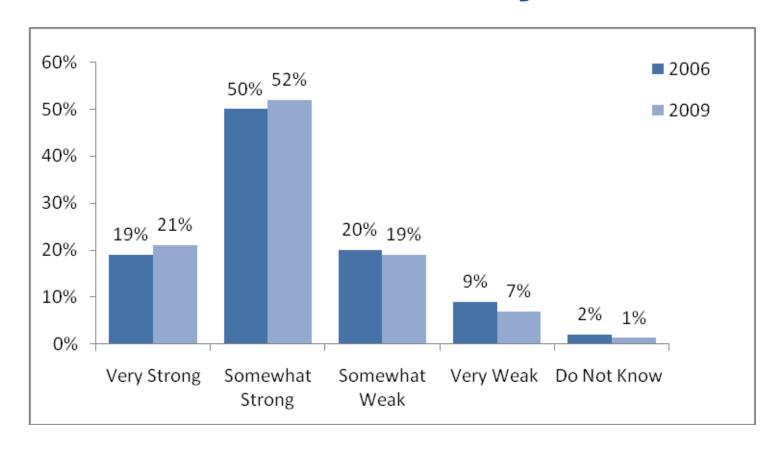


The Measure of Health: Did We Make a Difference?

- Telephone surveys 2006-09: Self-report
- > 4700 people responded in both years
- Results represent pooled data from all 4 communities
- All of the data have been weighted statistically to ensure results represent the adult populations of the communities

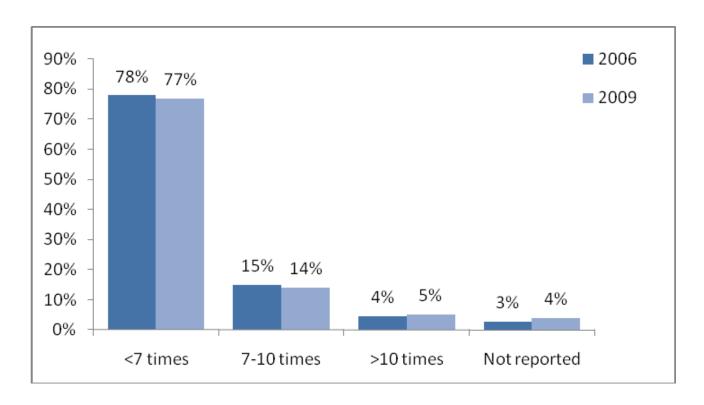


Sense of Belonging to Community





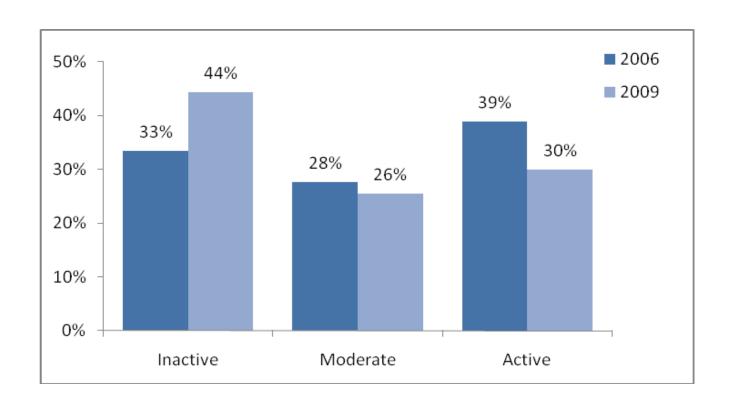
Daily Consumption of Fruits and Vegetables



Average consumption 5 servings per day



Self-Reported Physical Activity



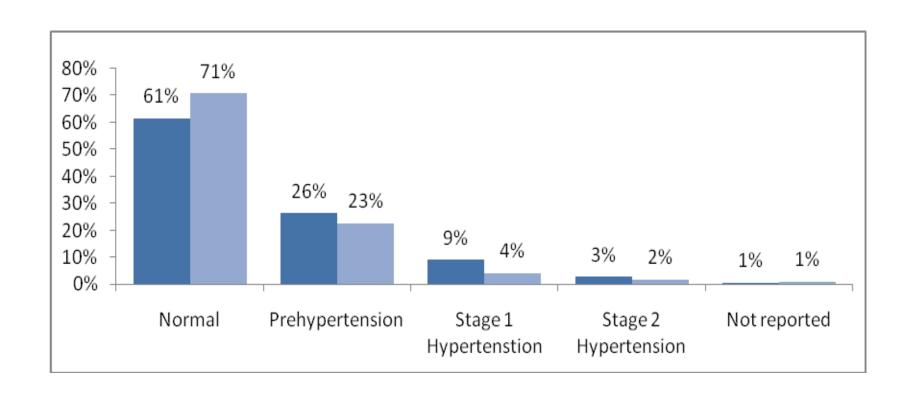


Physical Measures from Clinic Attendance

- A sub-sample of telephone respondents in all 4 communities to come in to a clinic to have a more thorough health assessment
- Trained technicians took blood pressure and measures obesity (height and weight)
- In 2006 more than 1550 people were measured in the clinics
- In 2009, more than 1800 participated

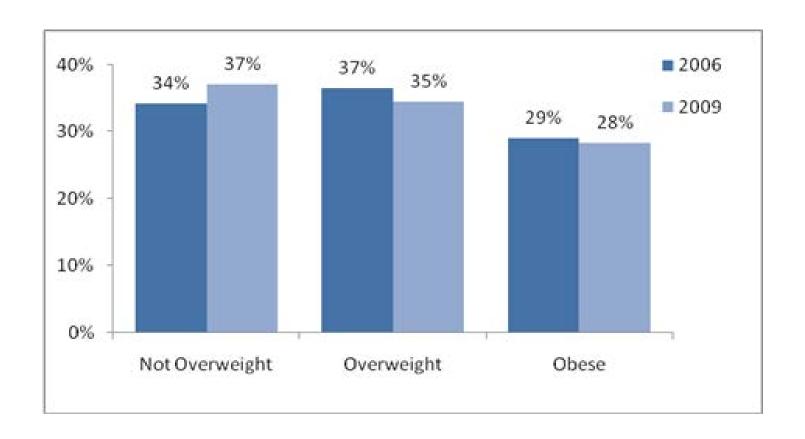


Blood Pressure





Obesity – BMI Classification





Preliminary Conclusions: Health Impact

- Self-reported health and well-being outcomes, as well as measured blood pressure and body weights showed positive trends over the three years, outcomes we have yet to compare to secular trends in Alberta
- Community-based interventions may help to slow progression of obesity and associated chronic diseases, although further data analysis is necessary to enable comparisons and explain mechanisms



Community Evaluation

- Helped to advance understandings of how communities change
- Demonstrated the value of a partnerships that value the knowledge and expertise within the community
- Builds local capacity to act on determinants of health
- Changing environments supports healthy living



An Investment in Community for Chronic Disease Prevention

Community evaluation

Sustainability of community projects

Economic evaluation

 A small investment (< \$2/ person/ year) has grown substantially

Chronic Disease Outcomes: Pending/ Promising

 Parallel evidence tells us that creating supportive environments changes behaviour and attitudes that lead to health outcomes



HAC: Future

- Sustainability of individual projects
- Platform for connected projects: CHBE, Alberta Policy Coalition for Cancer Prevention
- Sharing our experiences with others...grow to other communities (on-line resource – PHAC portal)
- Expanding to 100 communities throughout AB in partnership with ACE communities (THR!VE on Community Wellness) AHS/ ACF



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making healthy choices easier

Home

Model

Networking

Partnering

Prioritizing

Planning

Supporting

Feature Projects

Model for Capacity Building in Health Promotion



"Model for Capacity Building in Health Promotion" was adopted from the master's thesis "Capacity-Building in Chronic Disease Prevention Initiatives: An Exploration of the Process of Capacity-Building Among Community-Based Health Promotion Workers", by **Genevieve Selfridge**.

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Centre for Health Promotion S T U D I E S

Making the Healthy Choice the Easy Choice: Policy

- Capacity to make large-scale changes in the social environment dependent upon policy change
- Population policy moves beyond the community level
- Applying lessons from tobacco reduction to physical activity and nutrition





Policy Approaches for Environmental Change

- Restrict unhealthy food and beverage advertising targeting children
- Promote policies on urban design and zoning that promote active living and healthy eating.
 - Active transportatin
 - Restrict access to unhealthy foods within 500m of schools.
- Encourage financial incentives and disincentives to promote healthy living
 - taxation of energy-dense, nutrient-poor food and beverage choices.
 - Use of tax revenues to subsidize fruits and vegetables



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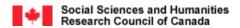


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