



2nd Annual Conference

Building Healthy Saskatchewan Communities: *Advancing Chronic Disease Prevention & Management*

Thursday June 3, 2010 Hotel Saskatchewan

Friday June 4, 2010 Conexus Arts Center

Regina, Saskatchewan

Conference Syllabus

Sponsored by:



**Saskatchewan
Ministry of
Health**



Conference Partners:

Canadian Cancer Society
Canadian Diabetes Association
Dr. Paul Schwann Applied Health and
Research Centre

Heart and Stroke Foundation
Kidney Foundation of Canada
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CONFERENCE COMMITTEES

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Margaret Baker, Primary Health Services Branch, Ministry of Health
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Marci Scott, Primary Health Care Initiatives, RQHR

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Joy Smith, MEDEC, RQHR

ACKNOWLEDGEMENTS

As Co-Chairs of the Conference Planning Committee, we would like to extend a HUGE thank you to the hard working members of the planning committee whose effort made this event possible.

Thank you as well to the steering committee members for their advice and support over the past several months.

A very special note of appreciation to Cheri Dujardin who provided countless hours of Administrative Assistant support to our planning committee.

Thank you also to:

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Brenda Lesko & RQHR Print Shop staff

Sharon Metz, Public Affairs, RQHR

Holly Sentz, Medical Media, RQHR

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Adventure Printing Ltd.

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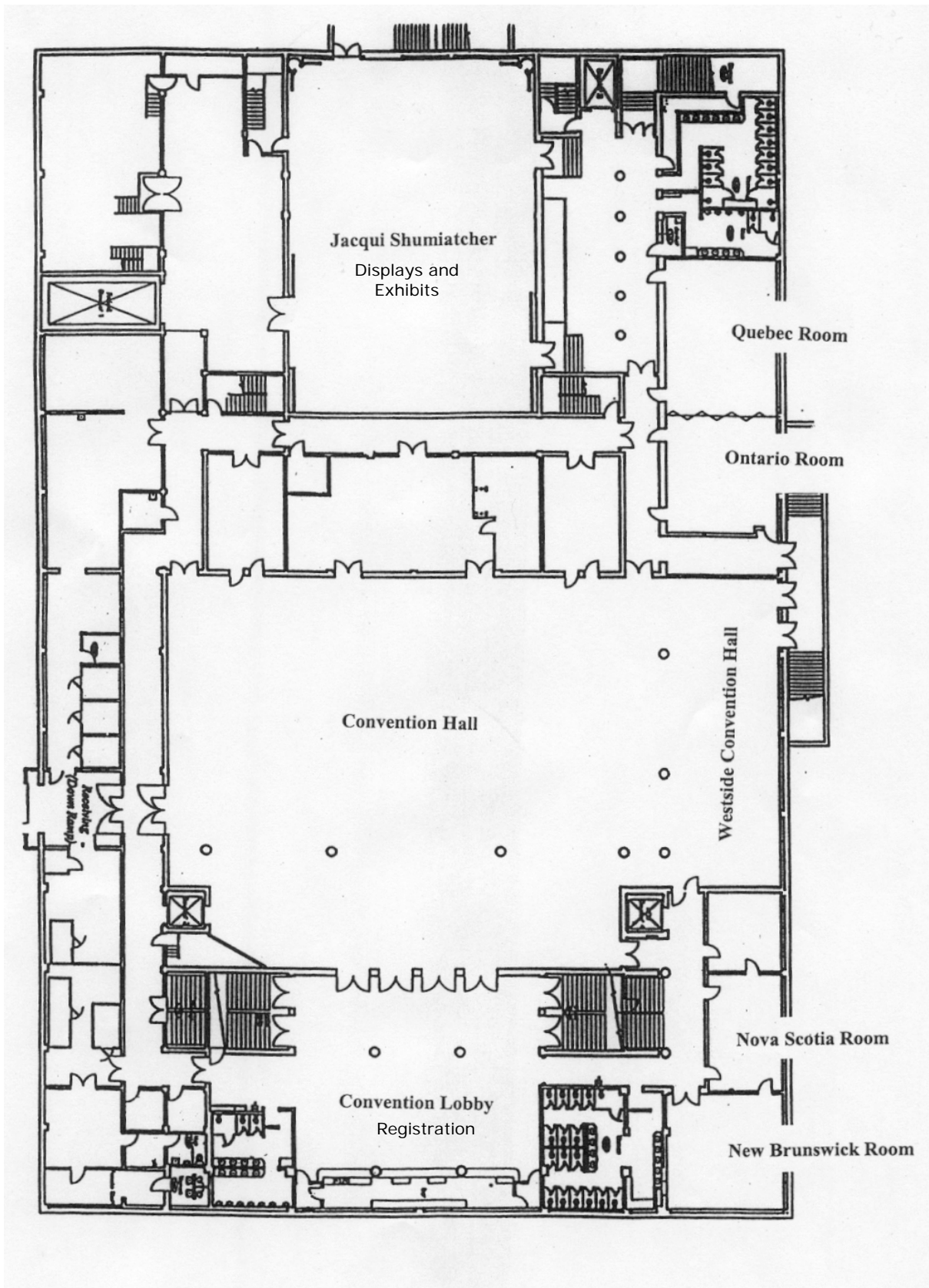
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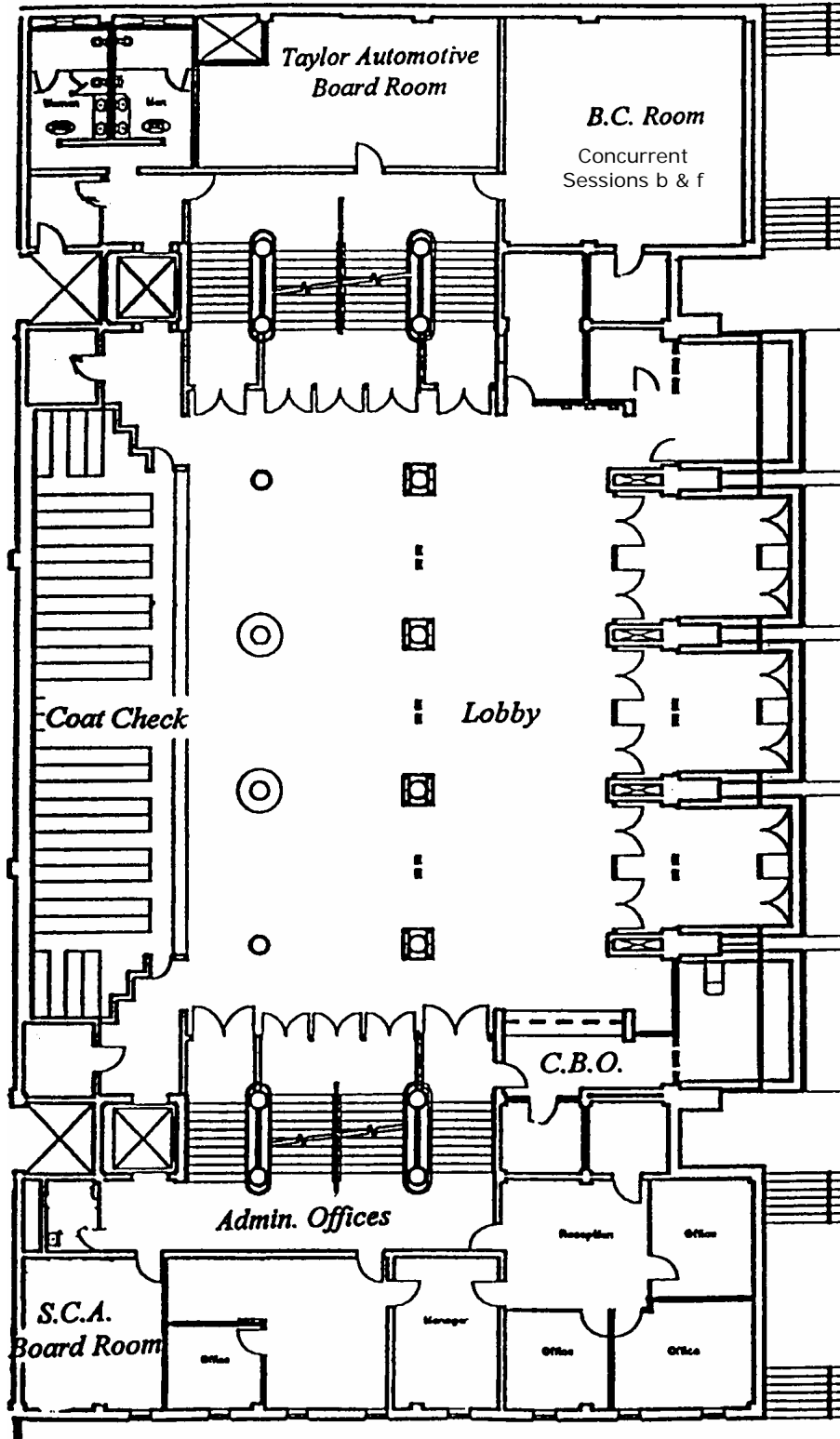


Sheryl O'Quinn & Karen Butler
Co-Chairs, Conference Planning Committee

MAPS (CONEXUS)



MAPS (CONEXUS)



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CONTINUING EDUCATION CREDITS

College of Family Physicians of Canada

This program meets the accreditation criteria of the **College of Family Physicians of Canada** and has been approved by the Saskatchewan Chapter for **7 Mainpro-M1 credits**.

Canadian College of Health Service Executives



Canadian College of
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MAINTENANCE OF CERTIFICATION

Attendance at this program entitles certified Canadian College of Health Service Executives members (CHE / Fellow) to **3.25 Category II credits** toward their maintenance of certification requirement.

Continuing Professional Development for Pharmacists



UNIVERSITY OF SASKATCHEWAN

CEUs:

Thursday, June 3:

Friday, June 4:

1.25 CEUs

5.75 CEUs

(Total CEUs: 7.0)

APPROVED BY:

CPDP

PROGRAM

Thursday, June 3, 2010 <i>Hotel Saskatchewan Regency Ballroom, 2125 Victoria Avenue</i>	
4:15 to 4:30 pm	Registration for the Preconference "City Chase" Event
4:30 to 5:30 pm	"City Chase" Event (A great opportunity to network with health professionals)
5:30 to 7:00 pm	Conference Registration Desk Open
7:00 to 7:20 pm	Welcome and Opening Remarks Michael Redenbach, Vice President, Primary Health Care, Regina Qu'Appelle Health Region (RQHR); Lauren Donnelly, Assistant Deputy Minister, Ministry of Health, Government of Saskatchewan; Dr. Darcy Marciniuk, Medical Director, Chronic Disease Management, Saskatoon Health Region
7:20 to 7:30 pm	Presentation: <i>Triple Aim in Saskatchewan</i> Margaret Baker, Ministry of Health; Dr. Darcy Marciniuk, Saskatoon Health Region
7:30 to 8:30 pm	Keynote Address: <i>Beliefs and Illness: A Compelling Connection for Healing</i> Dr. Lorraine Wright Session Chair: Marci Scott, Regina Qu'Appelle Health Region
8:30 to 10:00 pm	Reception and Networking (Hors d'oeuvres and cash bar)



PROGRAM

Friday, June 4, 2010	
<i>Conexus Arts Centre Convention Hall (use main entrance), 200A Lakeshore Drive</i>	
7:00 am to 8:00 am	Registration and Breakfast
8:00 am to 8:15 am	Welcome and Opening Remarks
8:15 am to 9:15 am	Keynote Address: <i>Obesity: The Common Soil of Chronic Conditions</i> Dr. David Lau Session Chair: Dr. Barb Konstantynowicz, Family Physician, Regina
9:15 am to 9:45 am	Hydration/Stretch Break and Exhibit Viewing
9:45 am to 11:00 am	Keynote Address: <i>Social Inequities: The Tsunami of Chronic Conditions</i> Dr. Cory Neudorf, Dr. John Millar Session Chair: Margaret Baker, Ministry of Health
11:00 am to 11:45 am	Concurrent Sessions/Workshops
11:45 am to 12:45 pm	Lunch
12:45 pm to 1:30 pm	Concurrent Sessions/Workshops
1:30 pm to 2:30 pm	Keynote Address: <i>Physical Activity in the Prevention & Management of Chronic Disease</i> Dr. Bob Haennel Session Chair: Sheila Achilles, Saskatoon Health Region
2:30 pm to 3:00 pm	Activity Break and Exhibit Viewing
3:00 pm to 4:00 pm	Keynote Address: <i>Nicotine Dependence: Tackling it as a Chronic Condition</i> Dr. Charl Els Session Chair: Donna Bleakney, Saskatoon Health Region
4:00 pm to 4:30 pm	Closing Remarks Dwight Nelson, President and Chief Executive Officer, Regina Qu'Appelle Health Region

CONCURRENT SESSION/WORKSHOP LIST

Session 1 11:00 a.m. – 11:45 a.m.

a) The School of Wellness Community Health Challenge

Janet Bradshaw, Pharmasave Drugs (Central) Region Ltd.

The School of Wellness partners shared a common goal to work with a high risk population and thus the Community Health Challenge amongst two First Nations in Saskatchewan was born.

ONTARIO ROOM Session Chair: Jill Frigon, Lung Association of Saskatchewan

b) Building Bridges: Prevention of Chronic Kidney Disease in Saskatchewan First Nations Communities

Marlene Del Pino, First Nations and Inuit Health Branch, Health Canada

BRITISH COLUMBIA ROOM Session Chair: Rhonda Petford, Five Hills Health Region

c) Outcomes of the RQHR Bariatric Surgery Assessment Pre-Surgical Program

Allison Kapp, Bariatric Assessment Clinic, RQHR

Learn all about what happens in the 6 month RQHR Bariatric Surgical Assessment program and some of the positive outcomes being demonstrated.

CONVENTION HALL Session Chair: Heather Genik, Kelsey Trail Health Region

d) Overcoming Gaps in COPD Care Through Partnership: Experiences from the CDMC II

Erin Walling, Health Quality Council

NEW BRUNSWICK ROOM Session Chair: Diane Kozakewycz, RQHR

e) An Overview of the Canadian Best Practices Portal: Learning What Works in Health Promotion and Chronic Disease Prevention

Laura Donatelli, Public Health Agency of Canada

This presentation provides an orientation to the Canadian Best Practices Portal -- a web-based tool providing extensive community and population health interventions and resources related to chronic disease prevention and health promotion.

QUEBEC ROOM Session Chair: Jaimie Peters, Lung Association of Saskatchewan

CONCURRENT SESSION/WORKSHOP LIST

Session 2 12:45 p.m. – 1:30 p.m.

f) Leading by Example...Health Region Food and Nutrition Policies

Val Irvine, Saskatoon Health Region
Tracy Sanden, RQHR

This presentation highlights food and nutrition policies what's happening in health regions and how a resource guide, Support Healthy Eating at Work and Play developed by the Public Health Nutritionist Working Group of SK, can help move food and nutrition policies into the community.

BRITISH COLUMBIA ROOM Session Chair: Mark Pettitt, Sun Country Health Region

g) The Journey of Primary Health Care Provider Teams and Regional Intersectoral Relationships

Louise Verklan, Kelsey Trail Health Region
Rita Robertson, Kelsey Trail Health Region

This presentation will focus on how rural KTHR Primary Health Care Provider Teams evolved, and demonstrates the importance of developing partnerships and intersectoral relationship building with agencies and community in order to address healthy lifestyles and identified wellness needs.

NEW BRUNSWICK ROOM Session Chair: Shannon Runcie, Cypress Health Region

h) Photovoice: Picturing Healthy, Active Living Amongst Advocates Who Support All Nations People Experiencing HIV/AIDS and Hepatitis C

June LeDrew, Faculty of Kinesiology and Health, University of Regina

This presentation will explore the personal meaning (as indicated through pedometer usage and photovoice) of healthy, active living with health-care advocates.

ONTARIO ROOM Session Chair: Laura Donatelli, Public Health Agency of Canada

i) Improving Depression Care: Approaches to Stepped Care and Self-Management

Cathy Cole, Health Quality Council
Jackie Rorquist, Sun Country Health Region

An overview of the CDMC II depression collaborative with specific examples of how stepped care, self-management, and shared care have been used to improve the quality of care for people living with depression.

CONVENTION HALL Session Chair: Lori Latta, Canadian Diabetes Association

CONCURRENT SESSION/WORKSHOP LIST

j) Telehealth and Chronic Disease Management: How is this Technology Helping Us?

Michelle Hrychuk, Kelsey Trail Health Region

Nicole Moore, Kelsey Trail Health Region

Telehealth technology is used in KTHR in many ways to deliver services in the area of Chronic Disease Management. A recent Pulmonary Rehab Program using Telehealth highlights the collaborative efforts to assist patients in managing and treating their conditions.

QUEBEC ROOM Session Chair: Anna Kristoff, RQHR

KEYNOTE SPEAKER BIOS/ABSTRACTS

Beliefs and Illness: A Compelling Connection for Healing

Dr. Lorraine Wright, Professor Emeritus of Nursing, University of Calgary

BIO: *Lorraine M. Wright*, RN, PhD (Website: www.lorrainewright.com) is an international lecturer, author, and consultant in family nursing and family therapy. She is also Professor Emeritus of Nursing, University of Calgary, Calgary, Canada. Dr. Wright's clinical scholarship includes spirituality and suffering in the context of illness; the illness beliefs of individuals, families and health professionals; and family interventions that enhance healing.

Dr. Wright has authored *Spirituality, Suffering, and Illness: Ideas for Healing* (Trinity Model), 2005. In 2009, she co-authored *Beliefs and Illness: A Model for Healing* (Illness Beliefs Model) and *Nurses and Families: A Guide to Family Assessment and Intervention* (5th ed.) (Calgary Family Assessment and Intervention Models) Dr. Wright has written a total of 8 books and 70 articles, chapters and book reviews.

Dr. Wright produced the educational DVD program "Spirituality, Suffering, and Illness: Conversations for Healing" and also co-produced 5 educational programs in the "How to Family Nursing" DVD series. (www.familynursingresources.com).

Among her awards, she has been honored with an Honorary Doctorate (2008) by the University of Montreal; the Distinguished Contribution to Family Nursing Award (2005) by the 7th International Family Nursing Conference and a Significant Contribution to Marriage and Family Therapy Award (1995) by the American Association for Marriage and Family Therapy Research and Education Foundation.

SESSION OVERVIEW: What we as health professionals believe about the cause, the prognosis, and how persons/families should respond to illness directly affects the very care that we offer. Serious illness and loss often invites suffering in individuals and families that is often not adequately addressed by health care providers due to their constraining beliefs. This keynote will address how we as health professionals can challenge our constraining beliefs about illness experiences of those we care for and invite more facilitating beliefs that will promote healing in individuals and families. Very specific microskills will be presented that enable health professionals to bring forth the most caring and compassionate clinical practice.

KEYNOTE SPEAKER BIOS/ABSTRACTS

Obesity: The Common Soil of Chronic Conditions

Dr. David Lau, Professor of Medicine, Biochemistry and Molecular Biology; Chair of the Diabetes and Endocrine Research Group, University of Calgary

BIO: *Dr. David Lau* is a practicing endocrinologist who specializes in diabetes, obesity and lipid disorders. He is currently Professor of Medicine, Biochemistry and Molecular Biology, and Chair of the Diabetes and Endocrine Research Group at the University of Calgary. Dr. Lau is also the Founding President of Obesity Canada, a not-for-profit organization aimed at improving the health of Canadians by reducing the occurrence of obesity through research, education and service. Dr. Lau is a graduate of the University of Toronto and trained in internal medicine and endocrinology at Harvard Medical School and the University of Toronto. Dr. Lau was Head, Division of Endocrinology and Metabolism, at the University of Ottawa and the Ottawa Hospital from 1990 to 1999. Dr. Lau's current basic research interests include fat cell biology in health and obesity, development of insulin resistance in obesity and diabetes, and cellular mechanisms of diabetic vascular complications. He is also involved in population health and clinical research programs in diabetes and obesity, and lipid disorders in children and adults. Dr. Lau has published over 100 scientific papers in peer-reviewed medical journals, periodicals, and books. He is currently Editor-in-chief of the Canadian Journal of Diabetes and Associate Editor of the journal *Adipocytes*, and formerly Associate Editor of the *Obesity* journal. He also serves as external reviewer for a number of leading peer-reviewed journals and granting agencies (Can. Institutes for Health Research Res. and Heart and Stroke Foundation of Canada). He lectures widely to practicing physicians and health professionals across the country and has received teaching awards for undergraduate medical students. He is also actively involved in giving public lectures and forums on diabetes, lipids and obesity. Dr. Lau has also served as an expert panel member on the WHO-International Obesity Task Force, the 1998, 2003 and 2008 Can. Diabetes Association Clinical Practice Guidelines (CPG) for the diagnosis and management of diabetes, and the 2003 Health Canada Guidelines for Body Weight Classification. Dr. Lau was a member of the expert panel committee on the 2008 CDA CPG update and principal author of the chapter entitled "Management of obesity in diabetes". Dr. Lau was an expert panel member of the 2009 Canadian Cardiovascular Society Canadian Guidelines for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease in the adult. Dr. Lau guided and chaired of the Obesity Canada Clinical Practice Guidelines Steering Committee and Expert Panel. The evidence-based CPG on the management and prevention of obesity in adults and children was published as a supplement in the *Can. Med. Assoc. Journal* in April 2007. Dr. Lau was honoured with the 2008 Physician Scientist Lecture Award by the Canadian Lipoprotein Conference. In 2004, Dr. Lau was honored as the top 20 notable Calgarians, and top 50 Albertans for his contributions to improve the health of Albertans and exemplary leadership in shaping Alberta's future.

KEYNOTE SPEAKER BIOS/ABSTRACTS

- *Obesity: The Common Soil of Chronic Conditions – continued* -

SESSION OVERVIEW: Obesity is reaching epidemic proportions globally in both adults and children. A majority of adult Canadians are overweight or obese. Childhood obesity is one of the most serious and pressing health threats globally. One in four Canadian children between the ages 2-6 years is overweight, and one in 10 adolescents is obese. Obesity, notably abdominal obesity, is now widely accepted as an independent risk factor for type 2 diabetes and cardiovascular disease, both of which are associated with reduced life expectancy. Overweight and obese individuals are predisposed to a variety of other co-morbidities, including hypertension, sleep apnea/sleep-disordered breathing, fatty liver disease, certain forms of cancers, and musculoskeletal abnormalities leading to mobility issues. Importantly obesity has become one of the most prevalent health issues resulting in absenteeism and presenteeism at the work place. Obesity can be considered as a common soil for many chronic diseases. A concerted effort is required by health professionals, policy makers, and the private sector to manage and prevent this most prevalent public and chronic health issue. This presentation will review the genetic, environmental and societal factors driving the obesity epidemic, and practical solutions to improve the health and quality of life of overweight and obese people.

KEYNOTE SPEAKER BIOS/ABSTRACTS

Social Inequities: The Tsunami of Chronic Conditions

Dr. Cory Neudorf, Chief Medical Health Officer, Saskatoon Health Region

Dr. John Millar, Epidemiologist; Co-Chair of Task Group on Surveillance of Chronic Disease and Injury, Vancouver

Dr. Cory Neudorf

BIO: Dr. Neudorf is the Chief Medical Health Officer for the Saskatoon Health Region. He received his medical degree from the University of Saskatchewan, a Master's of Health Science degree in Community Health and Epidemiology from the University of Toronto, and is a fellow of the Royal College of Physicians and Surgeons of Canada with Certification in the specialty of Community Medicine. He is the past president of the National Specialty Society for Community Medicine, Chair of the Canadian Public Health Association, and Chair of the Canadian Population Health Initiative Council. Dr. Neudorf is a Clinical Associate Professor in the Department of Community Health and Epidemiology at the University of Saskatchewan, College of Medicine.

His research interests include Health Inequalities, health status indicators and surveys, Health status monitoring and reporting, and integrating Population Health data and Geographic Information Systems into public health and health planning.

SESSION OVERVIEW: Health Inequities have been studied extensively over the years in many countries, with much of the focus being the health gap seen between rich and poor countries. More recently, within country differences have been studied, showing that the gaps at this level are often even more extensive than those at the country level of comparison. The sheer magnitude and pervasiveness of these inequities combined with the growing income gap and the aging of the population has been described as the ingredients for a perfect storm that could overwhelm the health service sector – a tsunami on the horizon.

Highlights of health inequities at these various levels of comparison will be discussed with particular emphasis on chronic disease and health behaviour data from Saskatchewan. Major causes of these inequities (many of these outside the direct purview of the health sector) will be explored, followed by examples of what health systems can do to decrease health inequities in specific patient populations. Particular emphasis will be placed on the approach being taken in Saskatoon on the development of a health care equity audit tool, and how it might be used by staff to improve equity.

KEYNOTE SPEAKER BIOS/ABSTRACTS

- *Social Inequities: The Tsunami of Chronic Conditions* – continued -

Dr. John Millar

BIO: Dr. Millar is the Executive Director, Population Health Surveillance for the Provincial Health Services Authority in British Columbia. In this capacity, Dr Millar works in close collaboration with PHSA agencies and other provincial stakeholders, providing leadership and technical expertise in developing strategies for health surveillance, and identifying population health trends and opportunities for enhancing chronic disease prevention and management. Previously he served as VP, Research & Population Health for the Canadian Institute for Health Information in Ottawa; and as the Provincial Health Officer in BC.

Dr Millar currently serves as the Chair of the National Advisory Board for the National Collaborating Centre for the Determinants of Health and the Co-Chair of the F/P/T Task Group on Surveillance of Chronic Disease and Injury. Recently, Dr. Millar was appointed to a two year term on the Board of Directors of the Canadian Patient Safety Institute. In BC, Dr Millar Chairs the BC Healthy Built Environment Alliance, the BC Obesity Reduction Task Force and the BC Health Inequities Coalition. He also Co-Chairs the Population & Public Health Evidence & Data Expert Group and is a member of the BC Health Officers Council, the BC Healthy Living Alliance and the BC Population Health Network.

Dr. Millar was born in Vancouver and graduated in Medicine from the University of British Columbia He has a background of international health experience, having spent two years with the Zambian Flying Doctor Service and ten years as a Medical Officer and Assistant Secretary for Health in Papua-New Guinea. His interest in third world health problems continues and in recent years he has worked on projects in Laos, Trinidad, Brazil, Kosovo, Transcaucasia and Uganda.

SESSION OVERVIEW: In all provinces across Canada we face a growing burden of chronic disease. All the major chronic diseases are increasing in prevalence: diabetes, hypertension, heart disease, stroke, cancer, musculoskeletal disease and mental health problems. This increasing burden of chronic disease, along with aging and the increasing costs of human resources, drugs and technology are causing unsustainable increases in health spending in all provincial budgets. As a result, other government spending priorities such as education, early child development, housing, transport, economic development and welfare are being squeezed out. This rising burden of chronic disease also means that overall population health is being eroded with the result that economic productivity and growth are being eroded. Canada's overall productivity has been declining and we are now ranked low among OECD countries.

Most of the burden of chronic disease is borne by those who are economically disadvantaged and marginalized and have been unable to reach their full potential. This is why the WHO Commission on the Social Determinants of Health has stated that social injustice is killing millions of people.

Addressing health inequities and the underlying social injustices will require a 'whole of society' and 'all of government' approach at all levels of organization. It will be necessary to bring to the table not only all government ministries, but major private sector organizations as well as civil society and the philanthropic foundations.

KEYNOTE SPEAKER BIOS/ABSTRACTS

- Social Inequities: The Tsunami of Chronic Conditions – continued -

It is proposed in BC to bring together these stakeholders on a 'Prosperity & Well-being' Agenda. This would be a cooperative, inclusive partnership designed to improve the wealth and health of all citizens. This agenda will have several pillars:

1. Improve labour market attachment – investing in literacy, education and skills training as well as financial incentives for those who are most vulnerable and precarious in the labour market.
2. Create jobs – through innovation, entrepreneurship and investments such as microfinance.
3. Increase productivity – equipping a generation for competing in an international knowledge-based economy through early child development & education, innovation and improved workplace wellness programs.
4. Restoring the social fabric – 'a strong social fabric is an essential component of economic prosperity', not only for reasons of social justice but also to create a well-educated workforce. This requires consideration of such issues as food and income security for those that are unable to work, access to child development resources, education, literacy, affordable housing and the built environment.

The recent Canadian success with the Olympics has shown that public/private/philanthropic partnerships have powerful potential; let us realize that potential to improve health and productivity to gain prosperity for all.

The Conference Board of Canada. Mission Possible Executive Summary: Sustainable Prosperity for Canada. 2007
U:\Prosperity (take 2).doc

KEYNOTE SPEAKER BIOS/ABSTRACTS

Physical Activity in the Prevention & Management of Chronic Disease

Dr. Bob Haennel, Professor and Chair, Department of Physical Therapy, Faculty of Rehabilitation Medicine, University of Alberta

BIO: *Dr. Bob Haennel* received his PhD from the University of Alberta in 1987. He went on to complete a post-doctoral fellowship in the Division of Cardiology at the University of Alberta before joining the Faculty of Rehabilitation Medicine. In 1990, he accepted a position at the University of Regina, where he served as a Professor in the Faculty of Kinesiology and Health Studies through to 2005. While in Regina he directed the Cardiovascular Research Unit and the Dr Paul Schwann Centre Cardiac Rehabilitation program. In 2005, he returned to the University of Alberta to become the Chair of the Department of Physical Therapy in the Faculty of Rehabilitation Medicine. In addition to his current appointment, Dr. Haennel has a cross appointment with the Mazankowski Alberta Heart Institute, is a member of the Research Committee for the Canadian Association of Cardiac Rehabilitation and the Medical and Scientific Section of the Lung Association, Alberta and NWT.

Bob's research interests are focused on the role of physical activity and exercise in the management of cardiopulmonary and metabolic diseases. His research is supported by the Canadian Institutes of Health Research, the Alberta Cancer Board, the Lung Association and the Heart and Stroke Foundation. Over the past 5 years he has over 40 publications including 3 chapters in the last two editions of the Canadian Guidelines for Cardiac Rehabilitation and Cardiovascular Disease Prevention.

SESSION OVERVIEW: For chronic disease patients the acquisition and maintenance of healthy behaviors is vital from the viewpoints of mobility, mortality and quality of life. As health care providers we acknowledge that physical activity is a cornerstone of effective chronic disease management programs. Numerous studies have demonstrated that physical activity and exercise training contribute to improved mood, quality of life and vigor among patients. We also have evidence to suggest that such program reduce fatigue and healthcare costs. So why is it that the majority of patients do not comply with exercise rehabilitation programs?

We inform and educate our patients on the value of exercise but the real challenge is helping them establish and maintain an active lifestyle. In this session we will briefly review the health benefits associated with exercise for patients with chronic diseases. We will then turn our attention to the efficacy of various chronic disease models in achieving improved exercise capacity and long term exercise adherence. We will delve into the barriers that impede a patient's ability to establish an active lifestyle and examine strategies which can be used to overcome these barriers. Finally we will explore the role of the broader community in facilitating lifelong adherence to an active lifestyle.

KEYNOTE SPEAKER BIOS/ABSTRACTS

Nicotine Dependence: Tackling it as a Chronic Condition

Dr. Charl Els, Addictions Specialist, University of Alberta Hospital; Clinical Assistant Professor, Department of Psychiatry, University of Alberta

BIO: *Dr. Charl Els* is a qualified and registered psychiatrist, addiction specialist, medical review officer (MRO), and a Diplomate of the American Board of Addiction Medicine. He completed undergraduate training in medicine and post-graduate training in psychiatry (cumlaude) in South Africa and further completed two fellowships in Addiction Medicine and Addiction Psychiatry at the University of Toronto and the Centre for Addiction and Mental Health. Since 1999 he has acted in the following capacities: clinical service delivery, advocacy research, teaching, policy work, volunteering and expert witness testimony before the Court of Queens Bench and the College of Physicians and Surgeons of Alberta and British Columbia.

Dr. Els serves as the President of the Addiction Medicine Section of the Canadian Psychiatric Association, the Alberta Director of Physicians for a Smoke-Free Canada, completed a term on the National Board of the Canadian Society of Addiction Medicine, functions as an affiliate of the Ontario Tobacco Research Unit, and has been appointed as an honorary director of Action on Smoking and Health (ASH). He is the author of numerous journal publications and chapters and has presented his peer-reviewed work in several countries over the last few years.

SESSION OVERVIEW: Nicotine from cigarettes leads to a strong addiction, a chronic disease, and the leading preventable cause of death and disease. It affects about 1 in 5 of the population and has its typical onset during adolescence. Like other chronic medical conditions, it can be successfully treated using the right interventions. This session will focus on the evidence-based treatment for tobacco addiction, including the safety considerations in cardiovascular populations and the neuropsychiatric considerations in cessation. It aims to help the participant understand tobacco in the context of a chronic disease paradigm, and to increase the participant's skills and confidence in successfully treating this medical condition.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

The School of Wellness Community Health Challenge

Janet Bradshaw, Diabetes Educator Consultant, Pharmasave Drugs (Central) Region Ltd.

The School of Wellness developed the Community Health Challenge based on its goal to assist members of a high-risk population in health promotion and maintenance, enable them to take care of their own health and to create a sustainable program that could be taken to other organizations or communities for implementation.

Meetings and teleconferences were held regularly throughout 2009 in order to get the Challenge underway by September. It was only through the co-operation and efforts of the committee members who took on this extra role that this unique challenge was developed and implemented.

The Challenge between the neighboring Peepeekisis and Standing Buffalo First Nations commenced Sept. 22, 2009 in Fort Qu'Appelle, SK and concluded on Dec. 8, 2009.

Participants had to be at least 18 years of age, a member of either First Nation, excited about living a healthier life and committed to attending 12 weekly events.

Teams of 10 participants from each community participated in a 12-week program that included weekly educational sessions on topics such as chronic disease management, nutrition, physical activity, holistic care, smoking cessation, and self esteem. Participants were encouraged to engage in regular physical activity, develop effective eating habits, and manage more effectively their chronic disease risk factors. Joint sessions include the kick-off, the grocery store tour, the cooking demonstration, and the windup. Friends, family and other community members were invited to attend the weekly sessions as well.

Elders from both communities selected were consulted by the School of Wellness during the developmental process. They were an integral part of the weekly modules leading in prayer and talking circles as well as providing motivation and support for the participants.

The two facilitators were Kinesiology students from the U of R who were doing this as a class credit. Various health professionals in the region participated by leading and presenting at the weekly sessions.

Each participant was measured on a number of physical and health dimensions, but for the purpose of the competition, the team that demonstrated the largest reduction in total waist circumference over the 12 weeks won the competition.

The first place prize of \$5000 was awarded to Peepeekisis First Nation towards a community health initiative and second place of \$1000 to Standing Buffalo First Nation towards a community health initiative.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Building Bridges: Prevention of Chronic Kidney Disease in Saskatchewan First Nations Communities

Marlene Del Pino, Clinical Nurse Specialist, First Nations and Inuit Health Branch, Health Canada; Kim Lytle, Manager, Provincial Programs, The Kidney Foundation of Canada, Saskatchewan Branch; Chris Horton, Manager, Chronic Renal Insufficiency Unit, Regina Qu'Appelle Health Region

Purpose:

First Nations individuals are at higher risk for diabetes and chronic kidney disease. The purpose of this initiative was to bring the efforts of the First Nations, federal and provincial governments along with The Kidney Foundation to bring a kidney health education and targeted screening program to 3 Saskatchewan First Nations communities, in an effort to help prevent chronic kidney disease.

The Kidney Foundation of Canada, SK Branch works under the guidance of the Canadian Society of Nephrology.

Objectives:

To provide education regarding kidney health and screening to health care workers employed in 3 First Nations communities.

To provide education regarding kidney health and screening to community members of 3 FN communities.

To identify FNs individuals who may be at higher risk of CKD due to Type 2 Diabetes.

Promote self-management behaviours to prevent or delay progression of CKD, diabetes, and cardiovascular disease.

Generate evidence-based data to inform public policy initiatives in regards to prevention, early detection and management of chronic disease in First Nations communities.

To promote case management approach for individuals found to be at risk for CKD or living with CKD, that supports collaboration of First Nations health care systems, the federal government, the provincial government and The Kidney Foundation.

Description:

Feb. 4, 2010 - Provided kidney health and screening education to Gordon's, Muskowekwan, and Cowessess health centre workers. Excellent turnout, high interest expressed by all communities. Each community has lived with the reality of chronic kidney disease, dialysis, and death related to kidney failure. Communities welcome the opportunity to work with federal and provincial systems to build continuity of care in a case management approach.

Community Screening Dates Set:

Cowessess - Feb. 24th and March 4th

Gordon's - Feb. 25th and March 25th

Muskowekwan - Mar. 17th and March 24th

Each screening session will include the following:

Collaboration of First Nations community, The Kidney Foundation, two RN's from the Regina Qu'Appelle Health Region (Chronic Renal Insufficiency Unit), and a program manager from First Nations and Inuit Health, Health Canada.

Individual informed consents that explain the purpose of the initiative and permits data collection and sharing of results with family physician.

Participants will receive a record of their individual results, along with one-on-one education with a registered nurse that specializes in kidney disease.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

- Building Bridges: Prevention of Chronic Kidney Disease in Saskatchewan First Nations Communities – continued -

Aggregate data will belong to the community.

The Kidney Foundation will collect non-identifiable data for statistical purposes.

Each client will be screened for blood pressure, blood glucose, and kidney disease.

Next Steps:

Pre and post screening tests will capture screening and education impact on knowledge level, lifestyle behaviours, and prevention strategies.

Each First Nations community participating will receive a summary report of the results of the community screening and will have an opportunity to help identify next steps to promote future prevention, screening, care and treatment.

Following screening client and the team will work together to establish care and treatment plans that integrate the First Nations health care system, the federal system, the provincial system and the efforts of The Kidney Foundation.

Case management approach will be coordinated for individuals assessed with kidney disease or at high risk for kidney disease.

Presentation at the conference would focus on review of process, screening results, case management coordination, and collaboration.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Outcomes of the RQHR Bariatric Surgery Assessment Pre-Surgical Program

Stephanie Cook, Manager, Clinical Nutrition Services, Regina Qu'Appelle Health Region;
Allison Kapp, Dietitian, Bariatric Assessment Clinic, Regina Qu'Appelle Health Region; Ali
Bell, Research Scientist, Regina Qu'Appelle Health Region

Obesity rates in Canada have increased over the past two decades at an alarming rate, with 30% of Saskatchewan adults currently classified as obese. The economic and societal costs of obesity are substantial. For the morbidly obese, in whom conventional methods of weight control have failed, bariatric surgery is considered a last option and produces the greatest weight loss and improvements in co-morbid conditions. In 2008, the Regina Qu'Appelle Health Region created a multi-disciplinary bariatric assessment clinic consisting of a surgeon, registered dietitian, registered nurse, psychologist and exercise therapist. Upon entry into the clinic clients are required to demonstrate compliance with a six-month nutrition and behaviour program prior to approval for bariatric surgery. This pre-surgical program is a mandatory program consisting of two group nutrition classes, a minimum of four one-on-one nutrition counseling sessions, exercise evaluation and a psychological assessment with regular follow-up from the team for six months. Patients unwilling or unable to make changes to their lifestyles prior to surgery are deemed unsuitable as surgical candidates due to the unlikelihood that they will make or maintain the significant behavioural adjustments required post-operatively. The purpose of this study was to provide preliminary data on the clients enrolled in the bariatric assessment clinic and to determine the success of the six-month pre-surgical program in promoting improvements in a number of clinical markers. Clients with incomplete anthropometric measurements at six months were excluded from the analysis. Consequently, 72 clients, 53 (74%) of whom were female and 19 (26%) were male completed the six-month pre-surgical program. Mean age in this sample was 45.2 yrs (SD 8.9 yrs). Several co-morbid conditions were frequently self-reported at initial assessment in this sample, with 39% of clients indicating they had diabetes, 58% hypertension and 61% arthritis. Concomitantly, 46% of patients also indicated they suffered from depression. Mean weight of this group at baseline was 151.2 kg (SD 24.1 kg) with a mean BMI 53.0 (SD 7.4). At the six-month time point, mean weight had significantly ($p < .001$) decreased to 145.1 kg (SD 22.4 kg), with 84% of clients achieving some degree of weight loss. Following the six month intervention, clients total and LDL- cholesterol had decreased significantly ($p < .05$), as had the cholesterol: HDL ratio ($p < 0.001$). Of those patients completing the 6 month pre-surgical program, 81% proceeded on to surgery. Approximately 6% of clients were ineligible due to non-compliance and a further 7% were ineligible due to medical complications. Four clients declined surgery after the 6 month program, indicating that their success in the pre-surgical program was a consideration in their decision to withdraw from the surgical waiting list. These results suggest that the pre-surgical bariatric program is successful in providing clients with the education and support they require to make the necessary lifestyle changes as well as to detect those who may be unwilling to commit to a lifelong dedication to the healthy lifestyle required for successful weight management.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Overcoming gaps in COPD care through partnership: Experiences from the CDMC II

Erin Walling, Quality Improvement Consultant, Health Quality Council; Jan Haffner, RESPTrec Administrator, Vice President, Health Initiatives, Lung Association of Canada

Purpose:

To describe how the Chronic Disease Management Collaborative currently underway in the province has been a forum for aligning, creating and promoting resources in COPD. Utilization of these resources by clinicians, patients and health regions will result in better evidence-based care for people living with COPD. We would also like to highlight areas where partnership needs to be further explored and developed.

Objectives:

At the end of this session participants will be able to:

- Explain how the CDM Collaborative and partnership within that Collaborative is approaching gaps in care for COPD patients in a new way.
- Describe current COPD resources that are underutilized.
- Describe a resource they would like to promote in their region or how partnership could be used more within their region to improve COPD care.
- Describe areas of COPD care that still need to be addressed and identify possible partnerships that could be explored.

Description (Where, when, how, why, what was learned)

A second Chronic Disease Management Collaborative is currently underway that is focusing on improving care for patients living with COPD and/or depression. The Collaborative will run from October 2009 to April 2011. Fifty two family practices from across the province are involved in the Collaborative. The COPD aim for the Collaborative is:

By April 2011, patients living with Chronic Obstructive Pulmonary Disease (COPD), within participating practices, will experience a decrease in exacerbations as evidenced by:

- 40% decrease in COPD-related hospitalizations; and
- 40% decrease in COPD-related emergency room visits.

By June, the Collaborative will have 6 months of data for measuring our aim and 5 COPD key measures.

Many lessons have been learned so far and fortunately there is still time to make adjustments as we continue on in the Collaborative. The value of partnership and building on existing resources and programs has been well demonstrated during the Collaborative and it has been a lesson learned to try to build more of this into the remaining Collaborative.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

An Overview of the Canadian Best Practices Portal: Learning What Works in Health Promotion and Chronic Disease Prevention

Laura Donatelli, Knowledge, Development and Exchange Analyst, Public Health Agency of Canada

The Public Health Agency of Canada's Canadian Best Practices Portal (CBPP) is a virtual front door to community and population health interventions related to chronic disease prevention and health promotion. These interventions have been evaluated, shown to be successful, and have the potential to be adapted and replicated by other health practitioners working in similar fields. The Portal is intended to increase the proportion of public health decisions made using the best available evidence. These decisions are particularly important when they support the changing face of Canada, the reduction of health disparities and integrated approaches to the prevention and treatment of chronic diseases.

This 30 minute oral presentation will provide the audience a general overview to the Portal (<http://cbpp-pcpe.phac-aspc.gc.ca>), including its history, format and content.

The presentation objectives are:

- To provide an orientation to the CBPP
- To highlight improvements in version 2.5 (launched January 2010)
- To increase confidence to use the CBPP in public health work
- To encourage submission of Saskatchewan interventions and resources to the Portal

The Portal's main components are:

- (i) A catalogue of best practice systematic review sites from organizations such as the Campbell Collaboration, the Canadian Task Force on Preventative Health Care and the Cochrane Library;
- (ii) A searchable database of community-level interventions; and
- (iii) Resources to help reach public health planning, chronic disease prevention and health promotion goals.

These resources are organized according to the National Collaborating Centre for Methods and Tools' seven steps of evidence-informed public health.

The updated version of the Portal includes new functional features such as a centralized search centre, a video, and a rotating spotlight section on the home page to showcase specific interventions and news stories. 'Best' and 'promising' practices in priority gap areas have been added. New content focuses on topics that include: Asthma and lung disease; Children and youth aged 3 to 17; Hypertension and cardiovascular disease; Misuse of medications; Adults and seniors; Tobacco and alcohol; Chronic gambling; Food security; Physical activity; and Aboriginal populations.

The CBPP is now more user-friendly by including streamlined navigation, improved looks, simpler language and easier access to key features such as topic-specific pages and Interventions-at-a-Glance. A revised feedback form has been added for users to provide comments on specific interventions and share information with their peers. Users are encouraged to sign on for a free Portal membership which allows them to save targeted searches to "rerun" at a later date or to have the system email them if new interventions or resources are posted in their area of interest. In addition, the Portal now has the ability to link to the Online Health Program Planner to use Portal evidence as part of an integrated planning cycle.

Finally, the presentation will review how interventions and resources are selected for the Portal and how to nominate your own "best" practices.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Leading by Example...Health Region Food and Nutrition Policies

Val Irvine, Public Health Nutritionist, Saskatoon Health Region; Tracy Sanden, Public Health Nutritionist, Health Promotion, Regina Qu'Appelle Health Region

Purpose: Both the presentation and poster highlight the importance of having food policies wherever food and beverages are served. Food policies ensure that healthy choices are not only made available, but encourage users of the various venues to choose them. This creates supportive environments, which provide users with the opportunity to make healthy choices. Making healthy food/beverage choices is one of the elements of health promotion and chronic disease prevention.

Where/why: All of the health regions in the province are in various stages of developing food policies. Health regions have the responsibility to lead by example, showing our community partners that we are supporting our employees, volunteers, and users of the health care facilities in making healthy choices. With the experience nutritionists and others are gaining in developing our own food policies, we can assist our community partners to do the same.

Objectives: To encourage and assist workplaces and recreational facilities in developing food policies. These areas are being targeted in this initiative since that is where a good proportion of the Saskatchewan population spends their time ("at work and play"). Personnel at these organizations/facilities are being made aware that public health nutritionists in their health regions can provide assistance in several forms: Nutritionists can provide a prepared presentation to their wellness committees or boards, to get the various stakeholders involved and on board with the concept of a food policy; Nutritionists can provide others with the resource tool (*Support Healthy Eating at Work and Play*), which takes a "step-by-step" approach to developing a food policy; Nutritionists can also offer any other assistance necessary to get our target groups started on the road to food policy development.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

The Journey of Primary Health Care Provider Teams and Regional Intersectoral Relationships

Louise Verklan, Primary Health Care Manager/Facilitator, Kelsey Trail Health Region; Rita Robertson, Community Wellness Coordinator/Facilitator, Kelsey Trail Health Region

Within Kelsey Trail Health Region there are six primary health care sites with primary health care provider teams. These teams have been forming over the past 5 years and are made up of health professionals and community representatives. All teams have a similar purpose and that is to work collaboratively with communities in order to meet wellness needs. This is congruent with the KTHR vision "Healthy People in Healthy Communities". The teams are at various stages in team development and have engaged in a variety of team development strategies to move the work forward. Formation of Team Charters, workplans, and team building opportunities are part of the process. In the early stages the work of the teams often focused on meeting the wellness needs of the individual versus a community or population. We have been moving towards building capacity at the community level utilizing community development approaches to reach our end goal of healthy people in healthy communities. We would like to share our experiences and lessons learned from our journey.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Photovoice: Picturing Healthy, Active Living Amongst Advocates Who Support All Nations People Experiencing HIV/AIDS and Hepatitis C

June LeDrew, Faculty of Kinesiology and Health, University of Regina; Rebecca Genoe, Faculty of Kinesiology and Health, University of Regina; Margaret Akan, Chief Executive Officer, All Nations Hope AIDS Network

Purpose of the Community-based Project:

To explore the personal meaning of healthy, active living with health-care advocates for All Nations people experiencing HIV/AIDS and hepatitis C.

Project Objectives:

To attempt to discover the meaning of healthy, active living (HAL) for the project participants within the context of their work, home and community environments.

To determine whether pedometers (step-counters that measure level of physical activity) influenced the meaning of HAL for these participants.

Where, when and how was the project done:

This project was conducted in winter 2010 in Regina, Saskatchewan. Participants were initially asked to wear pedometers (step-counters that measure level of physical activity) and record their daily and weekly steps accumulated. Eventually, to give some structure to our collective meeting without dictating its agenda and without relying on written texts or numeric data sets, we used photovoice, "a participatory action research method in which individuals photograph their everyday health and work realities" (Baker & Wang, 2006, p. 1405). Participants were provided with disposable cameras and asked to take photos that represented challenges and opportunities to healthy active living at work, home, and in their communities. Photos were developed and each participant chose his or her three favourite photos to guide focus group discussions. A series of focus groups were conducted, transcribed verbatim, juxtaposed alongside the pedometer data collected and analyzed systematically to identify recurrent themes and potential strategies for increased health promotion.

Why was the project done:

Physical activity is recognized as a method of prevention and treatment of a wide range of physical and psychological disorders (Dishman et al., 2004). People who are physically inactive are twice as likely to be at risk for heart disease or stroke than people who are physically active (Heart & Stroke Foundation of Canada, Aug, 2008). The community-based researchers (including faculty and students from the University of Regina, and staff and board members) were open to learn from one another about a variety of topics throughout the evolution of the project.

What we learned:

While the pedometer was introduced as the initial healthy, active living data collection tool in this community-based project, the project transformed from a numbers-based inquiry (received with temperate facial expression) to a more empowering form of inquiry when cameras were introduced (and received with greater enthusiasm). The evolution of, and assumptions about, the project and alternative lens it was viewed through will be presented.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Improving Depression Care: Approaches to Stepped Care and Self-Management - Part 1

Cathy Cole, Quality Improvement Consultant, Health Quality Council

Purpose:

To highlight innovative ideas, tools, and partnerships that have resulted in improved depression care and how the Chronic Disease Management Collaborative (CDMC II) aims are used to advance the care of depression.

Objectives:

By the end of this session attendees will be able to:

- Identify best practice ideas and tools that can be used to improve care for people living with depression
- Describe how the Collaborative methodology can result in partnerships that can remove barriers to provide better care for people living with depression
- Identify how the aims of the Collaborative are used for improving depression care

Why:

The prevalence of Major Depressive Disorder (MDD) in Canada is estimated at 3.2 – 4.6%. Depression seriously reduces the quality of life for those who experience the illness and often worsens the outcome of other physical health problems. Depression rates are particularly high among individuals with other chronic conditions such as chronic obstructive pulmonary disease, coronary heart disease and diabetes. In North America more than eighty percent of all depression cases are diagnosed, managed and treated in primary care. It has been noted that depression is the second most common reason for visiting an office-based physician in Canada (IMS Health Canada). In the primary care setting, only half of patients receive an accurate diagnosis of depression, and of those diagnosed, only one-third receive appropriate care. Based on the prevalence and significance of this disease, it is essential that primary care physicians and other health professionals are given tools and resources to provide the best possible depression care. To meet this need, one focus of the Chronic Disease Management Collaborative (CDMC II) has been to improve the care for people living with depression. Using the Collaborative methodology, more than 200 physicians, office managers, nurse practitioners, mental health specialists, and other health care professionals are participating in this second large-scale improvement initiative.

What:

Throughout the work of CDMC II, we aim to accomplish that there will be an improvement in the management of patients living with depression by: (I) 65% of patients achieving a 50% symptom reduction within 12 weeks of activation; (II) 50% of patients achieving symptom remission as defined by the PHQ-9 within 1 year of activation; and (III) 90% of patients (who achieved remission) remain in remission until the end of CDMC II. The Collaborative is working to improve these aims with a variety of different best practice methods. Some of those methods include:

- fostering partnerships among practitioners and health professionals with the ultimate goal of a shared care approach to depression care
- using tools and resources that follow guideline care that are determined as best practice, and by
- promoting the importance of evidenced-based decision making by presenting data on the Collaborative aims for depression and how this data is used for improvement.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Improving Depression Care: Approaches to Stepped Care and Self-Management – Part 2

Jackie Rorquist, Chronic Disease Management Facilitator, Sun Country Health Region; Sheila Szakacs, Mental Health Social Worker, Sun Country Health Region; Angela Gervais, Occupational Therapist, Sun Country Health Region

Purpose:

- To improve the care provided to patients with depression
- To determine at what point in the continuum of care to involve occupational therapy
- To determine if occupational therapy is beneficial at low, moderate and severe levels of depression.

Objectives:

- To develop a stepped care model of treatment that involves the nurse practitioner, mental health social worker and occupational therapist
- To develop a standardized set of resources and self management tools
- To manage the lengthy wait list of the mental health social worker
- To take the lessons learned forward and spread it throughout Sun Country Health Region.

Depression is quickly becoming one of the leading causes of illness in the world and approximately 8% of Canadians will experience depression firsthand (Mood Disorders Society of Canada, 2009). It is also highly under-diagnosed and many people with depression rarely seek treatment. A province-wide quality improvement initiative has recently started in order to improve the care of Saskatchewan patients who have depression. The practice in Maryfield, SK is one of the practices participating in the Health Quality Council's Chronic Disease Management Collaborative II. Since its inception in the fall of 2009, a practice team has been created and includes a nurse practitioner (NP), registered psychiatric nurse, home care registered nurse, mental health social worker, occupational therapist and the office manager. The Patient Health Questionnaire-9 (PHQ-9) is the tool used to measure the severity of a patient's depression.

Involving occupational therapists (OT) in depression treatment is a good way to expand the capacity of a strained mental health care system. Occupational therapists often treat depressed patients in other jurisdictions but this is not common practice in Saskatchewan. Mental health social workers and OT both provide counselling and work with patients on goal setting and self-management skills. OT also focus on improving functional activities of daily living and will often work with patients in their home.

A stepped care model of treatment is being developed between the NP, mental health social worker and OT. Two proposed methods for including occupational therapy are when depressed patients lose contact with their mental health social worker for at least six weeks, and when cases deemed to be non-urgent are placed on a wait list.

The self-management approach being used is based on the cognitive behavioural therapy approaches in the book titled, "Antidepressant Skills Workbook". It was developed as a patient friendly resource at Simon Fraser University and can be used as a stand alone treatment or in conjunction with antidepressant medications. It is also beneficial because it teaches patients to develop coping mechanisms and to manage their depression symptoms in a positive manner when problems arise.

The effectiveness for both the stepped care model of treatment and the self-management approach will be measured through PHQ-9 scores and patient satisfaction surveys.

CONCURRENT SESSION/WORKSHOP ABSTRACTS

Telehealth & Chronic Disease Management – How is this technology helping us?

Michelle Hrychuk, Regional Telehealth Coordinator, Kelsey Trail Health Region; Colleen Naber, Director Therapies, Kelsey Trail Health Region; Nicole Moore, Physiotherapist, Kelsey Trail Health Region; Sandy Pieterse, Nurse Practitioner, Kelsey Trail Health Region

Reducing travel, improving access, and encouraging optimal use of health care providers are some of the provincial goals in the Telehealth Saskatchewan program. In Kelsey Trail Health Region, Telehealth is used as a tool to provide enhanced service in the prevention and treatment of many chronic diseases we are managing.

The purpose of the presentation will be to describe the many ways that Telehealth Technology is being used to deliver these services throughout the region. Telehealth, being a part of Community Services in Kelsey Trail has allowed the enhanced awareness and acceptance of this method of delivery. Some of the applications that will be touched on include diabetes education for both patients and healthcare providers, prevention and treatment of cardiovascular disease as well as information for management of Depression.

The highlight of our collaboration is the Kelsey Trail Pulmonary Rehab Program that was piloted to provide accessibility for residents living with COPD in the communities throughout the region. The KTHR program was developed and implemented by an interdisciplinary team including providers and management from Primary Health Care and Therapies departments and utilizes the newly developed Lung Association COPD Toolkit. The program runs twice a week for 6 weeks and involves self management education, disease management and supervised exercise. The education component is run via Telehealth with providers taking turns presenting in order to reduce workload on one provider. The exercise component is supervised by Therapies staff and/or a Nurse Practitioner (NP). The program has the capability of running in multiple sites concurrently which provides better access to our smaller communities. This program will become a regular program in KTHR based on the success of the pilot.

POSTER PRESENTATIONS

Blue Cross Chronic Disease Management Program: Functional Adaptations in People with Chronic Disease

JE Silbernagel, PA Bend, JL Ruland, KT Miller, JM Ludlow, JP Neary

Bridging the gap for vulnerable members of the community

Tara Cal, Carlene Schmaltz, Chris Hudyma, Heather Genik

Chronic disease surveillance using self-reported and administrative data: Prevalence of hypertension in Saskatchewan and its health authorities, 2007-2008

Dr. Drona Rasali

CKD Outreach: A Collaborative Approach in Aboriginal Communities

MaryLou Dyck, Iris Keindel, Carolyn Cyr

Congestive Heart Failure - A Rising Health Concern

Vicki Ehrlich, Brenda Hiebert

Development, Implementation and Evaluation of a Cancer and Chronic Disease Curriculum for SK & MB First Nations Communities

Harvey Thunderchild, Marlene Del Pino, Cheryl Whiting

Effects of Inulin Fibre Supplementation on Lipid and Glucose Profiles of Individuals Diagnosed with Type 2 Diabetes

Nana Bonsu, Shanthi Johnson

From Research to Reality - The Champlain Community Connection Strategy

Priyanga Seyon, Erin Rae

Heads Up for Healthier Brains

Bobbi Krushkowski

Improving Program Excellence...Improving Patient Care

Diane Shendruk, Carmen Berglund, Julie Nhan

Leading by Example... Health Region Food and Nutrition Policies

Val Irvine, Tracy Sanden

LiveWell Diabetes Program AIM 4 Health Program: A Community Exercise and Learning Program in a Local Mall

Lois Crossman

Nutrition Screening in the LiveWell COPD & Pulmonary Rehabilitation Programs

Rochelle Anthony, Ashley Richmond, Pam Gellrich, Erin Graham

"Practice What You Preach" - Employee Health Assessments

Denise Levorson

Sun Country Health Region's Early Detection CKD (Chronic Kidney Disease) Program

Mark Pettitt

POSTER PRESENTATIONS

The Benefits of First Link

Trina Hodgson

The Cost of Healthy Eating in Saskatchewan 2009: Impact on Food Security

Terry Ann Keenan

The Self-Management of Chronic Pain: A Group Intervention

Dr. Harriett Novak-Galgan

The Travelling Screening Team for Pre-Diabetes

Donna Bleakney, Sheila Achilles, Leslie Worth, Karen Davis, Julie Bunney, Jaime Aubichon

Triple Aim: A Quality Improvement Initiative focused on Patient Centered Care and the Management of Chronic Disease

Lois Crossman

Urban Low Income Diabetes Project

Lori Latta, Brittney Stricker, Margaret Molesky

What Works? Evaluating Chronic Disease Self-Management Support in Canada

Priyanga Seyon, Erin Rae

