



**2006-2007  
Annual Report**

believe

# Our **Goal** is Healthy Children

## Our Mission is

to reduce the occurrence of disabling conditions in children.

## Guiding Principles

- Child-centered support for families, delivered with compassion and professionalism, engendering hope
- Excellence
- Knowledge transfer that meets identified needs and reflects current, evidence-based information
- Embracing diversity
- Community capacity building
- Collaborating with stakeholders to build community partnerships
- A healthy and effective work environment for employees that rewards integrity, commitment to the Prevention Institute's vision, professionalism, responsibility, accountability, and team work

Primary prevention aims to prevent disabling conditions from occurring. Preventing disabilities is both an individual and societal responsibility; however, it is important to recognize that not all disabilities can be prevented. The Prevention Institute promotes primary prevention by focusing on the following:

- **Communications**
- **Community Development**
- **Education**
- **Information Services**
- **Research and Evaluation**
- **Special Projects**



## Program Areas and Projects

### Alcohol, Tobacco & Other Drugs

**Fetal Alcohol Spectrum Disorder:** Provincial Coordinating Committee, Speaker's Bureau, and Regional Committees. *Decreasing the incidence of FASD throughout Saskatchewan.*

**Environmental Tobacco Smoke:** Marty-the-No-Smoking Moose. *Preventing disabilities that result from exposure to second-hand tobacco smoke.*

**Alcohol Risk Assessment Project:** *Providing tools and resources to help assess the risks of alcohol use during pregnancy.*

**Canada Northwest FASD Resource Evaluation Project:** *Collecting and evaluating primary prevention FASD resources developed and distributed across northwestern Canada.*

### Childhood Injury Prevention

Child Passenger Safety, Bicycle Safety, Million Messages, Shaken Baby Syndrome, General Injury Prevention: *Promoting safe practices that prevent unintentional and intentional injuries to children.*

### Maternal and Infant Health

**Perinatal and Infant Health:** Domestic Violence, Folic Acid, Neural Tube Defects, Infant Mortality, Routine and Special Tests During Pregnancy; Preterm Birth, Safe Sleeping, Sudden Infant Death Syndrome (SIDS): *Promoting maternal and infant health and working to reduce infant mortality.*

### Parenting Education

**Nobody's Perfect Parenting Program:** *Providing resources, programs and training in order to support positive parenting skills.*

**Healthy Parenting Home Study Program:** *Providing on-line resources and program in order to support positive parenting skills.*

**Aboriginal Parenting Resource Project:** *Empowering and strengthening the role of Aboriginal Parents through re-connecting traditional wisdom modern parenting education tools.*

**Attachment Resource Kit Project:** *Promoting healthy attachment by developing tools to help project staff support parents in developing healthy attachment relationships with their children and assess when an attachment relationship requires a referral to an appropriately trained professional.*

### Program Partners

**Community Action Program for Children (CAPC):** *Supporting programs for children who are at risk for poor health outcomes.*

**Advisory Committee on Family Planning (ACFP):** *Reporting to the Minister of Healthy Living Services, supporting programs to enhance youth, sexual and reproductive health and wellness in Saskatchewan.*



## Message from the **Chairperson** and the **Executive Director**



**O**n behalf of the Board of Directors of the Saskatchewan Prevention Institute, I request acceptance of this 2006-2007 Annual Report.

The past year was busy for our staff as they continued to provide support in our program and project areas. Many thanks to staff for the wonderful work done at the Prevention Institute, including the work for the anticipated Prevention Matters Conference to be held in Saskatoon on October 22-24, 2007.

The Board is extremely appreciative of the leadership shown by our Executive Director, Jill Shanks. She truly goes above and beyond the call of duty. In my meetings with Jill and staff, it is amazing the passion that is obvious for preventing disabling conditions in children.

Many thanks for the ongoing support from Kinsmen Telemiracle Foundation, Saskatchewan Abilities Council, University of Saskatchewan, Government of Saskatchewan, Members of the Community, and other supporters.

The Board of Directors thanks and recognizes the Members of the Corporation, the Medical Advisory Committee, the Communications Committee, and other Board Committees for their valuable guidance.

Sincerely,

Dick Longpre, *Board Chairperson*

**A**s Executive Director, I am pleased to present to you the 2006-2007 Annual Report. We believe we make a difference in the primary prevention work we do in our mission to decrease disabilities in children. We have captured our achievements in partnerships and community support to enable outreach and building community capacity for sustainability. We have begun to see differences in statistics, attitude, behavior change, and system and policy changes.

Through research and evaluation, we use best-evidence information to enhance knowledge and increase awareness.

Each program and project area highlighted in this report provides you with examples of program results that either directly or indirectly influence the health of children. There are many determinants that influence the healthy growth and development of a child and family and they are all interrelated.

As long as children continue to be injured, continue to be born with preventable physical or mental limitations, or continue to grow up in environments that do not enable them to be cared for in a loving safe place, then there is a need for prevention efforts for children.

Thank you to the Members of our Corporation, our Board and staff for their commitment and belief that our work makes a difference. I look forward to an effective and productive year ahead.

Jill Shanks, *Executive Director*

*"I believe that primary prevention is critical to decreasing disabilities in children and that prevention efforts can never stop".*

# Partners in Prevention

**Our partners in prevention provide support in a variety of ways, including financial and in-kind contribution and the sharing of expertise.**



## Kinsmen Telemiracle Foundation

The Kinsmen Telemiracle Foundation provides financial assistance to hundreds of Saskatchewan individuals every year to facilitate quality of life and independence.



## Saskatchewan Abilities Council

The Saskatchewan Abilities Council works with people with varying disabilities to enhance their independence and participation in the community through vocational, rehabilitation, and recreational services.



## University of Saskatchewan

The University of Saskatchewan belongs to the people of Saskatchewan. As an academic community, the University's mission is to achieve excellence in the scholarly activities of teaching, discovering, preserving, and applying knowledge. The colleges of Education, Nursing, and Medicine are active partners with the Prevention Institute.



## Government of Saskatchewan

The Prevention Institute works closely with Saskatchewan Health, Saskatchewan Learning, and Saskatchewan Community Resources, in addition to other government departments in the areas of prevention and health promotion, with the goal of decreasing the occurrence of disabilities in children.

## Community-at-Large

The Prevention Institute gratefully acknowledges the support and guidance received from a number of dedicated Saskatchewan citizens who serve as community members-at-large.

## Members of the Corporation

Dr. George Peacock, *Member-at-Large, Chairperson*  
Laura Klassen, *University of Saskatchewan*  
Mary Martin-Smith, *Saskatchewan Health*  
Joan Steckhan, *Kinsmen Telemiracle Foundation*  
Doug Surtees, *Saskatchewan Abilities Council*  
Jill Shanks, *Executive Director*

## Executive Committee

Dick Longpre, *Chairperson*  
Dr. William Bingham  
Dr. David Mykota  
Kent Smith-Windsor  
Terry Summers, *Treasurer*  
Jill Shanks, *Executive Director*

## Medical Advisory Committee

Dr. Garth Bruce, *Chairperson*  
Dr. Patricia Blakley  
Dr. George Carson  
Dr. Laurentiu Givelichian  
Dr. Stephen Helliard  
Sharon Huber  
Dr. James Irvine  
Dr. Denis Lehotay  
Dr. Sharon Leibel  
Dr. William Osei  
Linda Restau  
Dr. Oscar Rivera  
Dr. Mo Shokeir  
Jill Shanks, *Executive Director*  
Tracey Carr, *Staff*

## Communications Committee

Dr. Marvin Brown, *Chairperson*  
Robin Chapman  
Patti Donlevy  
Dick Longpre  
Bob Neufeldt  
Steve Rennie  
Jill Shanks, *Executive Director*  
Pam Barker, *Staff*



**2006 - 2007 Board of Directors**

*Back Row, Left to Right: Robin Evans, Shelley Thomas Prokop, Gladene Robertson, Terry Summers, William Bingham, and Joan Steckhan.  
 Middle Row, Left to Right: Isabelle Mills and Barbara Smith. Front Row, Left to Right: Bob Neufeldt, Jill Shanks, and Dick Longpre.  
 Missing: Rosemary Beckie, Marvin Brown, Mary Martin-Smith, Garth Bruce, Jenny Hoffman,  
 Anne Sloboda, Kent Smith-Windsor, David Mykota, and Greg Trotter.*

**Board of Directors**

**University of Saskatchewan**

Dr. William Bingham:

*College of Medicine*

Dr. Garth Bruce:

*College of Medicine*

Robin Evans:

*College of Nursing*

Dr. David Mykota:

*College of Education*

**Government of Saskatchewan**

Rosemary Beckie/Anne Sloboda:

*Saskatchewan Learning*

Mary Martin-Smith:

*Saskatchewan Health*

Bob Neufeldt:

*Department of Community Resources*

**Kinsmen Telemiracle Foundation**

Joan Steckhan

Greg Trotter

**Saskatchewan Abilities Council**

Dr. Marvin Brown

Dr. Isabelle Mills

**Community-at-Large**

Jenny Hoffman

Dick Longpre

Dr. Gladene Robertson

Barbara Smith

Kent Smith-Windsor

Terry Summers

Shelley Thomas Prokop

commitment

# We Believe in Board Recognition

The 2006 Holiday Celebration Dinner, held at the Willows Golf and Country Club, was the perfect setting to a wonderful evening of fun, laughter, and reflection on the hard work and dedication of Board Members, Partners, Funders, and Staff.

It was with great enthusiasm that the Saskatchewan Prevention Institute presented Board Members Bill Sinnett and Ray Bannister with a Certificate of Recognition for their years of service. Bill Sinnett also received a retirement gift on behalf of the Board for his work as Treasurer.

## Bill Sinnett

Bill started with the Prevention Institute as a Member of the Corporation representing the Saskatchewan Abilities Council.

Bill joined the Board of Directors, taking on the role of Treasurer, where he remained until his retirement in 2006. Bill also spent a year as a member of the Management Team supporting Prevention Institute administration.

Bill was honored in being selected as one of the 100 volunteers named in Saskatoon Centennial stories celebrated at City Hall.

Bill has been President of the Saskatchewan Abilities Council and served on the Board of the Victoria Order of Nurses. He continues to volunteer with the Western Development Museum.



*Bill Sinnett accepts a retirement gift from Dick Longpre, Chairperson of the Board. Bill also received a Certificate of Recognition.*

## Ray Bannister

Ray served on the Executive Committee of the Prevention Institute and as a Member-at-Large on the Board of Directors from 2001 - 2006. Ray is Chairperson for the Representative Board of Saskatchewan Pharmacists of Saskatchewan.

Ray won the Bowl of Hygea Award for Outstanding Community Service in Pharmacy in 2003.



# recognition

# We **Believe** in Staff Recognition

## Staff Long-Term Service Awards

The 2006 Holiday Celebration Dinner was an opportunity to thank staff members for their valuable services and celebrate the many achievements throughout the year. Four staff were awarded appreciation gifts and Long-Term Service Award Certificates.



**20 Year Service Award**  
**Noreen Agrey**  
(1986 – 2006)



**10 Year Service Award**  
**Lois Crossman**  
(1997 – 2006)



**5 Year Service Award**  
**Laynni Locke**  
(2001 -2006)



**5 Year Service Award**  
**Cathy Ryan**  
(2001 -2006)

# awards



## Would You Believe?

According to Statistics Canada (2003), about 14% of recent mothers report that they drank alcohol during pregnancy.

It is estimated that about 9 in every 1000 babies born in Canada are affected by FASD.

Revised Canadian costs associated with prenatal exposure to alcohol in children 0-21 are \$23,792 per child each year and the national annual total is \$571 million (Stade, Ali, Hsu-Wong and Koren; 2007).

The Saskatoon Regional Committee commissioned the writing and production of a moving play discussing issues related to FASD. The play was performed by Nutana Collegiate Drama Group in Saskatoon and at several venues around the province.

The Speakers Bureau provided over 55 presentations to over 2405 people in 17 communities in 2006-2007.

# Alcohol ... Tobacco, and Other Drugs

## Fetal Alcohol Spectrum Disorder



Laurie Brand, FASD Program Coordinator, at the Midtown Plaza promoting FASD Awareness Day.

Why does the Prevention Institute's Fetal Alcohol Spectrum Disorder (FASD)

Program work so hard toward the primary prevention of FASD? Prenatal alcohol exposure significantly impacts the well being of many individuals, families and communities every year, on many levels. Babies and children deserve to have the best start in life, so they can grow, develop and flourish in healthy ways. FASD is Canada's leading known cause of cognitive disabilities and can be prevented with knowledge and support.

The ninth day of the ninth month is FASD Awareness Day. The Prevention Institute supported communities all across the province of Saskatchewan in organizing and planning various FASD Awareness

Day 2006 activities, including information displays, walks, workshops, bell accordance, and media events.

The Prevention Institute, with funding from Saskatchewan Health and the Saskatchewan Liquor and Gaming Authority (SLGA), continued its FASD Awareness multimedia campaign into the 2006-2007 year. The key messages of the campaign were:

- Drinking alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorder.
- There is no safe time, amount or kind of alcohol.
- PLAN not to drink alcohol during pregnancy or while breastfeeding.
- SUPPORT a woman's choice not to drink alcohol.
- TALK to others about the harmful effects of alcohol during pregnancy.

The FASD awareness campaign, which was initially launched in November 2005, saw changes made to the television and radio ads in 2006-2007. The original 3-D animation was redesigned into a more classic 2-D animation, the background music was changed, and the mother Kangaroo's voice was re-recorded.

**In 2006-2007, staff delivered FASD presentations and workshops to 515 people throughout the province.**

Participants included service-providers, professionals, post-secondary students, and clients attending treatment programs. FASD Program staff collaborated with Saskatchewan Learning to coordinate and deliver professional development for school regions throughout the province and to develop a new online resource, *Fetal Alcohol Spectrum Disorder: Facts for School Personnel*.

The Prevention Institute currently supports ten Regional FASD Committees by administering a grant program, coordinating committee networking activities, and providing ongoing research, information and resources. Each Regional Committee planned unique activities to suit the specific needs of their communities.

The Prevention Institute facilitated provincial collaboration and knowledge transfer to the Saskatchewan FASD Coordinating Committee. The 23 member organizations include professional and community-based organizations, provincial and federal governments: health, corrections, education, addictions, mental health, community resources, the First Nations and Inuit Health Branch (FNIHB) and the Public Health Agency of Canada (PHAC).

The Prevention Institute coordinates the Saskatchewan FASD Speakers Bureau, a network of knowledgeable trainers who provide current, research-based presentations upon request. The Speakers Bureau members have rich and varied backgrounds, exceptional knowledge, and passion for the primary prevention of FASD.

A Northern FASD Speakers Bureau, funded by PHAC, SLGA, and FNIHB, was created in 2006/2007. This innovative project trains, supports, and coordinates a group of FASD Trainers / Speakers who live and work in northern communities. In February 2007, the Prevention Institute coordinated and conducted four days of FASD Northern Speakers Bureau training in La

Ronge with 12 participants. These participants received ongoing support and training to facilitate their valuable FASD prevention work in Northern Saskatchewan.

The Prevention Institute participated in several national and international FASD events in 2006/2007. A submission was sent to the World Health Organization (WHO) on the issues surrounding *Health Problems Related to Alcohol Consumption – Fetal Alcohol Spectrum Disorder*. The Prevention Institute hosted a site for the National PHAC Teleconference – *Environics' National Research Study: Alcohol Use During Pregnancy, Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder*. Staff presented *Can Awareness Spark Action? Lessons from a Multi-Strategy Approach to FASD Prevention*, at the Second International Conference on FASD: Research Policy and Practice Around the World in Victoria. The University of British Columbia will incorporate a published paper on this session with other research. By invitation, staff provided input at the *National PHAC Roundtable, Model for Measuring Economic Impact of FASD in Canada*, in Ottawa.

**There is a high level of awareness among the Saskatchewan public when it comes to the effects of alcohol during pregnancy. In the Prevention Institute's 2006 survey, 95.5% of respondents agreed with the statement: "Alcohol use during pregnancy can lead to life-long disabilities in the child".**

*"I believe that caring and dedicated people working together can make a positive difference to prevent disabilities in children caused by prenatal alcohol exposure."*

Laurie Brand, Program Coordinator  
- Alcohol, Tobacco, and Other Drugs Program  
Fetal Alcohol Spectrum Disorder Program



*"I believe the FASD Alcohol, Tobacco, and Other Drugs program promotes the healthy growth, development, and wellbeing of children and youth as well as their parents, families, and communities".*

Barbara Schindelka, Program Coordinator  
- Alcohol, Tobacco, and Other Drugs Program  
Fetal Alcohol Spectrum Disorder Program



Lois Crossman, Program Coordinator  
- Alcohol, Tobacco, and Other Drugs Program  
Fetal Alcohol Spectrum Disorder Program  
(November 2006)



## Would You Believe?

Researchers estimate that 90% of injuries are predictable and preventable.

*Cushman, R. Injury prevention: The time has come. CMAJ. 152(1):121-3, 1995.*

The average total cost per injury in Canada is \$4,800.

*SMARTRISK. Ending Canada's Invisible Epidemic: A Strategy for Injury Prevention. Toronto, 2005*

Research shows that some of the highest risk factors for pedestrian injury include driver speed, risky child behaviour, lack of adult supervision and crossing the street at a spot without traffic controls.

*Safe Kids Canada. Child & Youth Unintentional Injury: 10 Years in Review, 1994-2003. 2004.*

Many of the effective solutions to injury, such as the education and enforcement of car seat and bike helmet use, are extremely cost effective and yet under utilized. It has been estimated that each dollar invested in a helmet saves about thirty dollars in social costs.

*Children's Safety Network 1996 in the Economic Burden of Unintentional Injury in Ontario. SmartRisk 1999*

# Childhood Injury Prevention



Participants of the Regina CPS Technician Training look at an exploded air bag.

The Childhood Injury Prevention Program is funded through the Acquired Brain Injury (ABI) Partnership Program of Saskatchewan Health, which in turn receives its funding from Saskatchewan Government Insurance (SGI). The Prevention Institute is represented on the ABI Provincial Advisory Group and also on the SGI/ABI Community Grant review committee.

The objective of the Childhood Injury Prevention Program is to increase awareness and knowledge of injury prevention and control leading to an increase in appropriate injury prevention behaviours, which in turn leads to a decrease in injury-related hospitalizations and deaths in Saskatchewan children.

### Child Passenger Safety

The Prevention Institute manages the training of child passenger safety technicians in the province. Two-day Technician Trainings were delivered in Regina, Saskatoon, Lloydminster, Kindersley, and Prince Albert. Evaluations of the trainings were conducted with the participants who were asked about their perceived knowledge about car seat safety before and after the training.

**The participants reported an average increase of perceived knowledge of 39% due to attending the training.**

childhood injury prevention

Sixty-three technicians were trained, leading to a total of 206 technicians and instructors, who provide information to parents and caregivers in their communities throughout the province regarding car seat safety. In 2006, 2136 seats were checked at 127 clinics in 76 communities.

### **Bicycle Safety**

The Prevention Institute acts as the lead agency for the Saskatchewan Coalition on Bicycle Safety. Each year the Coalition asks the Minister responsible for Crown Corporations to declare Bicycle Safety Week in Saskatchewan. Agencies, including EMS, RCMP, police, health regions, First Nation communities, and elementary schools are sent an information package encouraging them to promote awareness of bicycle safety during Bicycle Safety Week. The Saskatchewan Coalition on Bicycle Safety provides support for the activities by providing activity guides, materials, handouts for children, and media promotion.

**In 2006, 142 agencies participated in Bicycle Safety Week in 111 communities, an increase of 56% from the previous year.**

The planned activities reached an estimated 18,195 children throughout the province. There were 36,510 resources such as media guides, bike rodeo guides, helmet observation survey guides, temporary tattoos, activity books, reflective stickers, and colouring pages distributed. A survey of the participants showed that the Coalition was able to increase bicycle safety activities. The respondents reported that 27% of the activities were new in their communities.

### **Million Messages**

The Million Messages program is the development of a comprehensive plan to standardize messages about injury that are given to parents by public health nurses (PHNs) and community health nurses (CHNs). Each of these messages are simple, consistent, routine, and targets an issue that affects children at specific stages in their growth and development. The messages are organized in a table format based on the ages when a particular injury is most likely to occur. Contact by the nurse with the key message and appropriate handout are then given out. The target of the messages are parents/caregivers of children below the age of 6 years.



*Laynni Locke instructing at the Saskatoon CPS Technician Training Session.*

The Child Health Clinic Protocols Working Group recommended that the PHNs and CHNs from the Health Regions and First Nation communities within the working group accept the recommendation to implement the Million Messages program. This recommendation was accepted.

### **Pedestrian Safety**

A Walking School Bus Guide was developed and distributed to all elementary schools. A Walking School Bus is a group of children (passengers) and adults (drivers and conductors) who walk to and from school along a designated safe route. The “bus” picks up students in the morning and drops them off, in the reverse order, in the afternoon.

**The Walking School Bus decreases traffic congestion around the school (every child that travels by the “bus” can mean one less vehicle on the road), and provides a safe, active, and environmentally friendly trip for children to and from school.**

The Prevention Institute partnered with Saskatchewan *in motion*, Road Map 2020, City of Saskatoon, and Saskatoon Health Region *in motion* in the development and distribution of the Walking School Bus Guide. The Guide was developed, in part, with a grant from Safe Kids Canada. The Prevention Institute was one of 10 agencies in Canada to receive this grant.

*“I believe that child injury prevention strategies that use a combination of education, enforcement, and engineering are the most effective”.*

Laynni Locke, Program Coordinator  
- Childhood Injury Prevention



## Would You Believe?

In Canada, 85% of deaths among children under the age of 5 occur in infancy, in the first year after birth.  
*Statistics Canada*

The leading cause of infant (<1 year of age) death in Canada is perinatal conditions, followed by congenital anomalies and Sudden Infant Death Syndrome (SIDS).

Children regularly exposed to Environmental Tobacco Smoke are 50% more likely to suffer damage to their lungs, leading to breathing problems such as asthma.  
*Health Canada, 2006.*

A greater percentage of Saskatchewan women report smoking during their last pregnancy compared to Canadian women (16.6% and 14% respectively).  
*Canadian Community Health Survey, 2003.*

# Maternal and Infant Health

## Perinatal and Infant Health

Following the Infant Mortality Symposium in 2000, a partnership was formed between the Prevention Institute and Saskatchewan Health to form the Perinatal and Infant Mortality Program, which was later renamed the Perinatal and Infant Health (PIH) Program. The ultimate goal of the PIH Program is *“to improve perinatal and infant health in Saskatchewan through a coordinated population health approach”*.

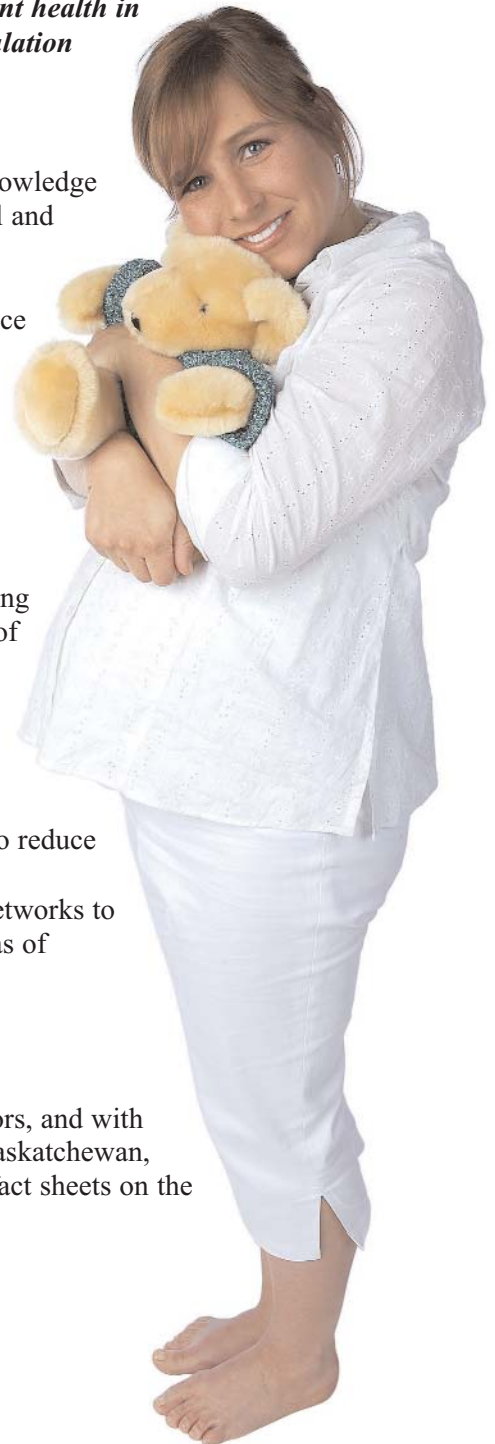
PIH Program objectives are:

- To increase the breadth and depth of knowledge about factors that contribute to perinatal and infant deaths in Saskatchewan
- To increase awareness among parents, prospective parents, professionals, service providers and Saskatchewan residents about the major causes of perinatal and infant mortality
- To increase knowledge of strategies to reduce specific causes of perinatal and infant mortality
- To assess the relevance of existing strategies and programs aimed at reducing the risk of infant mortality in the areas of Saskatchewan that have the highest rates of infant mortality
- To facilitate forums and other opportunities for information sharing between professionals about existing reproductive health services and ways to reduce perinatal and infant mortality
- To build on existing partnerships and networks to enhance collaborative efforts in the areas of perinatal and infant health

## Antepartum Fact Sheets

Along with the Provincial Perinatal Educators, and with the assistance of obstetricians throughout Saskatchewan, the PIH Coordinator developed a series of fact sheets on the following topics:

- Antenatal Depression
- Diabetes and Pregnancy
- Gestational Diabetes
- Hypertension and Pregnancy
- Induction of Labour
- Premature Rupture of Membranes
- Post-Term Birth



## Congenital Anomalies

### Registry

The PIH Program continues its involvement with a working group dedicated to developing a congenital anomalies registry in the Saskatoon Health Region. Once established in one region, it can hopefully be expanded province wide.

## Human Breast Milk Bank

Following her attendance at the Breastfeeding Nature's Way conference in Saskatoon in January 2007, the PIH Coordinator joined a small committee dedicated to re-establishing a human breast milk bank in Saskatchewan.

## Regional Differences in PIH

In response to feedback received from the PIH Forum in 2005, the PIH Coordinator conducted focus groups in 12 communities across Saskatchewan in November 2006 to discuss factors which health professionals felt contributed to infant mortality in Saskatchewan and potential solutions to deal with current challenges.

Focus groups were held in the following communities: Buffalo Narrows, La Ronge, Moose Jaw, North Battleford, Prince Albert, Regina, Rosetown, Saskatoon, Swift Current, Tisdale, Weyburn, and Yorkton.

**One hundred and five (105) surveys were initially distributed to a variety of health professionals ranging from clinicians to administrators along with an invitation to attend a focus group in their region. Forty-eight surveys were returned. (response rate 45.71%)**

Survey responses were presented at the focus groups and used to guide additional follow-up questions. In total, 63 people attended the various focus groups. Participants had a variety of different backgrounds including nurses, doctors, medical health officers, health region VPs, nutritionists, non-profit staff (*i.e. Kids First, Healthy Baby, etc.*), addictions workers, nursing students, health promotion and population health staff.

Thematic analysis of comments made at the focus groups and in the surveys revealed eight general areas of concern, and many suggested solutions.

- Addictions
- Breastfeeding
- Health system performance factors
- Parenting
- Population demographics factors
- Poverty
- Teen pregnancy
- Transience

Overall, there was a great deal of discussion around the multiple causes of infant mortality and the inter-relationship between factors. Participants were cognizant of the fact that while change is required, it will not happen quickly nor without the cooperation of many stakeholders.

## Safe Sleeping for Infants

As a follow up to recommendations of the Safe Sleeping Advisory Committee, the PIH Coordinator developed a series of Safe Sleeping resource materials for the public and for health professionals. These were distributed to all 13 health regions.

**To promote the launch of these new resources, the PIH Coordinator conducted a Telehealth session on Safe Sleeping Practices for Infants (September 12, 2006) that was attended by 23 sites throughout Saskatchewan, the Northwest Territories and Nunavut.**

*"I believe that by working together with a variety of partners, the Perinatal and Infant Health Program at the Prevention Institute can contribute to the reduction of infant mortality in Saskatchewan".*

Amy Metcalfe, Program Coordinator  
Maternal and Infant Health Program  
- Perinatal & Infant Health Program



Debbie Mpofu, Program Coordinator  
Maternal and Infant Health Program  
- Perinatal & Infant Health Program  
(April 2006)



## Would You Believe?

The number of parents, caregivers, and professionals registered for the Healthy Parenting Home Study Program is now more than 6,500.

There were 44 new Facilitators in this fiscal year for the Nobody's Perfect Parenting Program.

The Nobody's Perfect Parenting Program is currently undergoing a national evaluation.

The Healthy Parenting Home Study Program is available on-line in french at [www.healthyparenting.ca](http://www.healthyparenting.ca)

An article in the November edition of Today's Parent Magazine featured the Healthy Parenting Home Study Program, resulting in an increase in the number of registrants from across Canada.



# Parenting Education

## Nobody's Perfect Parenting Program

The Nobody's Perfect Parenting Program is an educational and support program for parents/care givers of children from birth to age five. These parents/care givers may be facing challenges that prevent them from accessing resources to assist them with parenting. The program is designed for parents who are young, single, low income, have low formal education and are socially, culturally, or geographically isolated.

The program is offered throughout Saskatchewan by trained facilitators using adult learning methods that support parents by determining their needs, recognizing their existing knowledge and skills, and building on their experience as parents. The Prevention Institute has coordinated the Nobody's Perfect Parenting Program in Saskatchewan since 1991 with funding support from the Department of Community Resources.

The Prevention Institute is a proud partner in a National Evaluation and Revitalization Project for the Nobody's Perfect Parenting Program. The lead organization for this project is the Canadian Association of Family Resources with the principal partner being the BC Council for Families. The Prevention Institute is one of three regional partners, along with Nobody's Perfect Manitoba and the Newfoundland and Labrador Provincial Association of Family Resource Centres.

The Prevention Institute entered into a partnership with Public Health Agency of Canada and the University of Calgary in an international project in the Dominican Republic. The project was at a child health program based at the Dr. Elias Santana Hospital in Los Alcarizos, a poor periurban district on the outskirts of Santo Domingo. The program is for malnourished children and provides parenting education and support for parents of those children. It was identified that the program may benefit from a Canadian early intervention program to provide that parenting education and support.



**This project was a large undertaking in that all the materials were translated into Spanish, new informational modules were designed, and the delivery of the program was in Spanish.**

The Canadian team consisted of the Saskatchewan Nobody's Perfect Coordinator, a trainer from Saskatchewan, and Dr. John McLennan from the University of Calgary. The Nobody's Perfect Program provided a structure and format for the delivery of the parent education program, with the insertion of locally relevant content, emphasized an empowering/participatory strategy, and covered the age range of most children in the clinic. Seven facilitators were initially trained in July 2006; there was a follow-up visit in March 2007. All seven facilitators continue to be involved with the program three times per week. There continues to be strong enthusiasm for building on this program and strong support from the supervisor of the Child Health Program at the hospital, the director of the hospital, as well the parents from the community.

The Dominican Republic Nobody's Perfect Parenting Project provided a wonderful opportunity to share some of the Prevention Institute's resources and expertise in the area of parenting with a country in need.

## Healthy Parenting Home Study Program

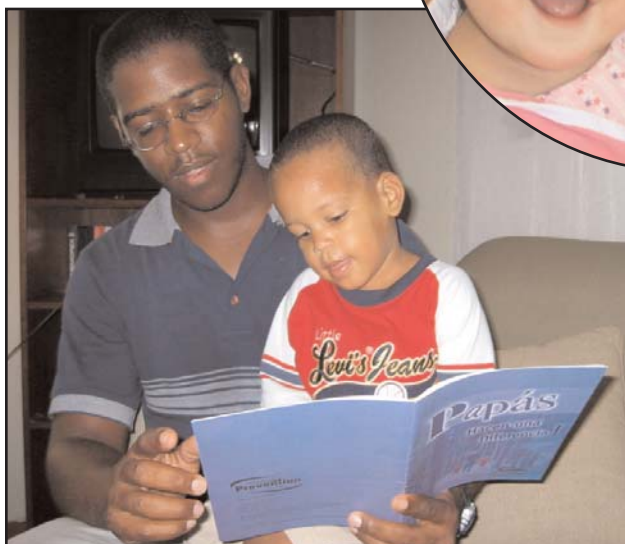
The Healthy Parenting Home Study Program is for parents, parents-to-be, and caregivers of children birth to age five. This program is ideal for parents who prefer to learn on their own and/or those who do not have access to group parenting programs.

The Prevention Institute entered into a partnership with SaskTel in October 1999 to raise awareness on the important issue of healthy parenting practices. The Healthy Parenting Home Study Program continues to reach parents across Canada.

The Healthy Parenting Home Study Program has been translated into French and is currently available on-line and in a manual format.

**The number of parents, caregivers and professionals registered for the program is more than 6,500.**

Due to the success of the program here in Saskatchewan, and with recent revisions to it, the Prevention Institute is now offering the manual version of the program outside of the province. The on-line version of the program continues to be available worldwide to anyone with internet access.



*"I believe ... to grow up safe, secure and happy children need to be protected, cared for and loved by the adults in their lives".*

Sue Haffey, Program Coordinator  
- Parenting Education



## Would You Believe?

The Aboriginal Parenting Resource Project is drawing from the strengths of the three aboriginal cultures in Canada: Metis, First Nations, and Inuit.

Healthy Aboriginal parenting is something to celebrate and as our communities grow in understanding, we become a healthier society.

When we expect our children to have self worth and feel good about themselves, we as parents must also begin to exercise this philosophy within our own lives.

# Aboriginal Parenting Resource Project



*2nd National Meeting of the Advisory Committee for the Aboriginal Parent Resource Project was held in Ottawa, Ontario in January 2007.*

*Back Row Left to Right: Mark Laycock, Lily Robinson, Lee Hinton, Lorna Blind, Joyce Atcheson, Debbie Boyd-Crowther. Front Row Left to Right: Melanie Paniaq, Natalie Beauvais, Mary Owingayak, Winnie Owingayak, Nancy Linklater, Maria Linklater, Walter Linklater, Mary Easterson, and Bernice Yahyahkeekoot.*

The Aboriginal Parenting Resource Project is a national project dedicated to providing First Nation, Inuit, and Métis families with culturally-relevant parenting resource materials. It is a project of the Prevention Institute, funded by the Population Health Fund, Public Health Agency of Canada.

The goal of this project is to support parents in order to strengthen and enhance healthy parenting in Aboriginal families with children aged six to twelve years.

Since its launch in 2005, the Aboriginal Parenting Resource Project has utilized the guidance and direction of traditional Elders in developing its resources. The inclusion of traditional child rearing practices from an aboriginal perspective is paramount to understanding the parenting resource needs of aboriginal communities.

**The Aboriginal Parenting Resource Project has recognized the importance of a traditional and cultural foundation in literary and audio visual material in the development of these resources.**

The project will focus on parenting children ages 6 to 12, providing useful information from a traditional, holistic approach that is relevant to the three Aboriginal groups: Métis, First Nations, and Inuit. The resources will provide practical suggestions for parenting issues, including: communication, bullying, discipline, self esteem and nutrition. Cultural values and tradition in child rearing will be shared through discussions with traditional Elders.

These resources include Fact Sheets on the five topic areas, and a DVD that is upbeat, contemporary and reflects a pride and sense of the strengths of aboriginal culture. Through in-depth personal interviews and the sharing of traditional and cultural information, aboriginal families become the highlight of the DVD, with captivating music, a little humor, and a snapshot of a larger national aboriginal community.

**This project will reflect the cultural diversity of aboriginal languages and cultural traditions setting the tone for actively “parenting” in today’s society by meeting challenges with cultural empowerment and positive attitude.**

Through awareness and constant networking and dialogue with aboriginal communities, the health community will grow in understanding. Aboriginal communities play an integral role in the health and wellness of our societies.



## Cultural Highlights

The goal of the Aboriginal Parenting Resource Project is to create an understanding of the three aboriginal cultures, First Nations, Inuit and Métis and acknowledge within the resources the role of cultural values and tradition as a parenting tool for families.

The Aboriginal Parenting Resource Project strives for an environment of growth and understanding, beginning by acknowledging and respecting the traditions and culture of aboriginal communities. Traditional wisdom, oral tradition, and culture all play a key role in the Aboriginal Parenting Resource Project resources.

The project has worked closely with traditional Elders from across Canada since its inception. The role of the Elders continues to provide cultural direction and guidance for the project. The Aboriginal Parenting Resource Project serves as a model of a culturally-based program with sensitivity to traditional understanding and customs. It is the Prevention Institute’s goal to create valuable parenting resources for families that recognize the strength and diversity of Aboriginal nations.

From historical points of yesterday to the changing society of today’s world, aboriginal culture and traditions continue to sustain and provide knowledge and practical guides to living in a challenging society.

*“I believe that we can apply the wisdom of traditional child rearing in today’s world and create a better society for our children. We must collectively strive to offer the very best knowledge and information to parents to build and strengthen families.”*

Bernice Yahyahkeekoot, Project Coordinator  
- Aboriginal Parenting Resource Project

Cathy Ryan, Project Coordinator  
- Aboriginal Parenting Resource Project  
(November 2006)



## Would You Believe?

Since no safe limit has been established for alcohol consumption during pregnancy, women who are pregnant or may become pregnant are advised to completely abstain from drinking alcohol.

*Health Canada, 1996.*

Although 95.6% of physicians in the Prairies ask about alcohol use, only 67.7% use a standardized screening tool.

Health care professionals including physicians, nurses, social workers, and many more can play an important role in counselling pregnant women about drinking in pregnancy.

Heavy drinking, such as binge drinking (four or more standard sized drinks on one occasion), and increased duration of exposure have been found to be particularly damaging to the fetus (*Jacobson 1994, 1999*).

# Alcohol Risk Assessment Project

The Prevention Institute conducted Phase One of the Alcohol Risk Assessment (ARA) Project from 2005 to 2007, with funding from Saskatchewan Health.

The project included three main strategies:

- survey of existing practices
- development of resources
- facilitation of training opportunities including regional visits.

Alcohol consumption during pregnancy is a leading cause of Fetal Alcohol Spectrum Disorder (FASD), a preventable disability resulting in birth defects and developmental delays (Health Canada, 1996).

Health care professionals who work with women prior to and during pregnancy play a vital role in preventing FASD by asking about alcohol use and providing timely advice, counselling, and referral services to help women change their drinking behaviour. While some professionals are very knowledgeable about alcohol use during pregnancy, many are uncomfortable or unsure about asking about alcohol use. (*Diekman et al., 2000; Nanson et al., 1995*). Others are not aware of the current accepted screening methods (*Best Start, 2004; Nevin et al., 2002*).

## The ARA Survey

The Prevention Institute conducted a survey of physicians and nurse practitioners in Saskatchewan to determine current alcohol risk assessment practices among women of childbearing age and pregnant women. The survey also assessed practitioners' learning and resource needs for alcohol risk assessment. Questions included the frequency of asking women of childbearing age and/or pregnant women about alcohol use as well as the use of standardized screening tools.

**It was found that while many of these practitioners ask women of childbearing age (88.7%) and pregnant women (97.9%) about alcohol use, their use of a standardized screening tool to sensitively guide this discussion is low (33.3% for women of childbearing age and 40.6% for pregnant women).**

**Approximately 50% of respondents reported using motivational screening techniques with women of childbearing age and 59.4% of respondents reported using these techniques with pregnant women. In addition, the survey found that the majority of respondents either were not using a standardized screening tool to assess alcohol risk or were using a less sensitive screening tool.**

## Focus Groups

Meetings were held with health care professionals in 12 of the 13 Regional Health Authorities to discuss the creation of a sustainability plan for the ARA Project, to introduce the ARA Project and resources, and to discuss local referral systems.

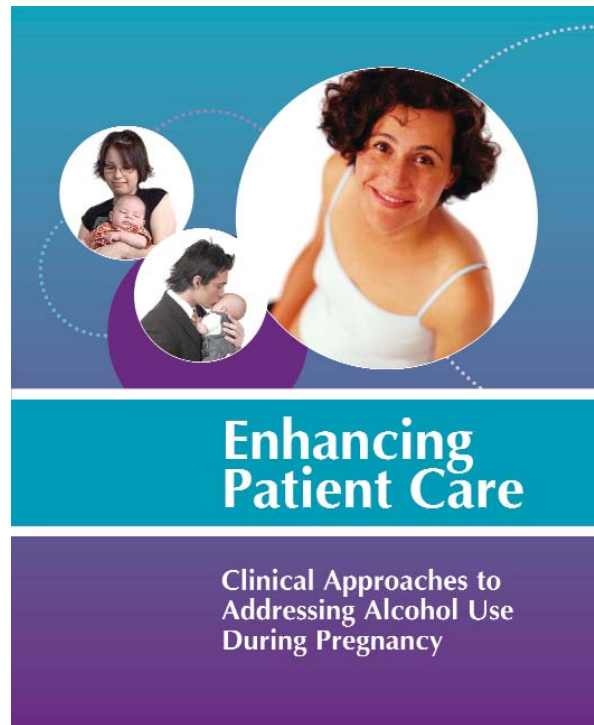
Results of the focus groups indicated:

- the need for further education of addiction and mental health counsellors in the area of assessing alcohol risk,
- the need for the strengthening of existing referral systems for women of childbearing age and pregnant women within Health Regions and throughout Saskatchewan, and
- strong support for the introduction of curricula on FASD, alcohol risk assessment, harm reduction, and brief motivational interviewing into programs for social work, nursing, youth workers, addiction workers, and medicine, to ensure a standard level of training for all professionals involved in a woman's care.

## Resource Development

The following resources were developed as part of the ARA Project:

- Alcohol and Pregnancy: Are You Pregnant, Planning a Pregnancy, or Sexually Active? Things You Need to Know. (*Brochure*)
- Screening for Alcohol Risk. (*Quick Reference Tool for Health Care Professionals*)



- Enhancing Patient Care: Clinical Approaches to Addressing Alcohol Use During Pregnancy: (*Health Care Professional Manual*)
- Fetal Development Posters

## Trainings

A number of training initiatives have occurred and are yet to occur as part of the ARA Project. A teleconference in March 2007 was very successful and has led to increased interest in the resources as well as the topic area.



Cindy La, Project Coordinator  
 - Alcohol Risk Assessment Project  
 (March 2007)



Crystal Petryk, Project Assistant  
 - Alcohol Risk Assessment Project  
 (March 2007)



## Would You Believe?

Attachment refers to the bond a child forms to their caregiver(s). An attachment figure (parents or other caregiver) is someone the child relies on for care and protection.

Attachment is very important for personality development and mental health.

Secure attachment contributes to resilience and psychological health.

The first two years of life are most important for developing attachments; however, attachments can develop after this as well.



# Attachment Resource Kit Project



*National Advisory Committee (AC)*  
*Back Row Left to Right: Laurie Marcella, Roxana Nielsen-Stewart, Angela Flynn, Janet Howell (Evaluation Consultant), Chantal Ménard, and Kim Adamson.*  
*Front Row Left to Right: Megan Clark and Joanne King.*  
*Missing: Linda Floyd-Sadler, Lee Hinton, Laura Stevens (Ex-Officio).*

The Prevention Institute received funding from the National Projects Fund (NPF) of the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) to develop an Attachment Resource Kit to support the work of CAPC/CPNP projects across Canada.

A National Advisory Committee (AC) guides the development of the Attachment Resource Kit and ensures that the project addresses the broad range of CAPC/CPNP perspectives and needs. There is representation from each of Canada's Health Regions on the AC.

In order to ensure full participation of all committee members, French/English translation and interpretation are provided for all communications and meetings of the AC. The AC meets regularly by teleconference, communicates by email, and meets in-person twice a year. Most recently the AC met in March 2007 in Ottawa. At this meeting the AC reviewed the resources being developed, contributed feedback and input, and named the resource kit: Connections for Life: An Attachment Resource Kit.

**As a foundation for the project, a Best Evidence Report on Attachment was developed. This report covers what attachment is, why it is important, what influences it, and ways to promote secure attachment. This report is being used as the basis for the resources being developed.**

The Connections for Life Resource Kit includes:

- **An Educational DVD on Attachment**, providing an evidence-based, consistent understanding of attachment: what it is, why it is important, what influences it, and ways to promote secure attachment.
- **A Parent Support Resource**, providing 8 suggested activities that promote secure attachment relationships that parents can be encouraged to do with their children. This resource will include descriptions of the activities as well as descriptions of how to introduce these activities to parent groups using group facilitation techniques that promote learning and behavioural change.
- **A Resource Guide**, facilitating use of the Resource Kit and the resources within it, as well as presenting information from the DVD in other formats.

The production phase of the DVD is currently underway with filming at various locations, including a CAPC project with teen parents, daycares, and home settings. Efforts have been made to ensure a multicultural perspective. A clinical psychologist with expertise on attachment will be filmed working with parent-child pairs and interviewed. Filming will also be done in Nunavut.

A consultant from the Psychology Department of the University of Saskatchewan is assisting the project to develop 8 activities and group facilitation plans to introduce the activities. A consultant from the Curriculum Studies Department of the University is assisting with revisions to ensure that appropriate instructional design is used. The Resource Guide is being developed with the help of an Instructional Design Consultant.

All materials use plain language and will be available in French.

**This project is on the final stretch. The Connections for Life Resource Kit will be complete at the end of August, 2007, and 1500 copies will be distributed to CAPC and CPNP projects across Canada. Starting in the fall of 2007, each of the regions across Canada will be conducting training on new resources, including the Connections for Life: Attachment Resource Kit. The Kit will also be available for order on the Prevention Institute's website.**



*"I believe in the importance of understanding children's attachment needs; by helping parents to understand that their child needs to feel loved, cared for, and protected, and helping them know how to give their child this, we can contribute to children developing the trust and confidence they need to be all they can be".*

Megan Clark, Project Coordinator  
- Attachment Resource Kit Project



## Would You Believe?

Over one million children in Canada live in conditions which threaten their ability to develop into healthy and productive adults because of poverty, poor health, unhealthy living conditions, neglect, or abuse.

CAPC grows out of the recognition that “it takes a village to raise a child”. Parents have primary responsibility for the nurture and care of their children, but they rarely do it alone.

CAPC projects in Saskatchewan impacted 4815 adults and children during a one year period.

# We Believe in the Importance of Program Partners

## Community Action Program for Children (CAPC)



There are 28 Community Action Program for Children (CAPC) projects in Saskatchewan. The Prevention Institute has housed the CAPC Community Development (CD) and Networking Project, funded by Public Health Agency of Canada (PHAC) since 1994. The CD Project involves working with communities throughout Saskatchewan to support parenting and children’s programs. Priority populations for CAPC projects are children (0 to 6 years of age) and their families who are at risk for poor health outcomes. CAPC strives to promote healthy child development and build capacity within communities to address the determinants of health.

Site visits and telephone support have been made to the eight projects assigned to the CD Program Coordinator over the past year. The projects are located throughout Saskatchewan in the communities of Esterhazy, Moose Jaw, Swift Current, and Saskatoon (5). These projects offer a variety of programming such as: preschools, family resource centres, and parenting programs.

The CD Program Coordinator’s role in working with project staff, sponsors, and community members includes:

- Program development
- Assisting with reporting requirements, proposal writing, and fundraising
- Supporting board development
- Building partnerships
- Providing resources, training, and opportunities



Since 2004, the Prevention Institute has also housed the Saskatchewan CAPC Evaluation Coordinator. Under the direction and guidance of the CAPC Evaluation Working Group, the Evaluation Coordinator is responsible for the following activities:

- Coordinating the Saskatchewan CAPC evaluation project
- Developing evaluation tools
- Collecting evaluation data
- Entering and analyzing evaluation data
- Preparing reports based on results of evaluation data

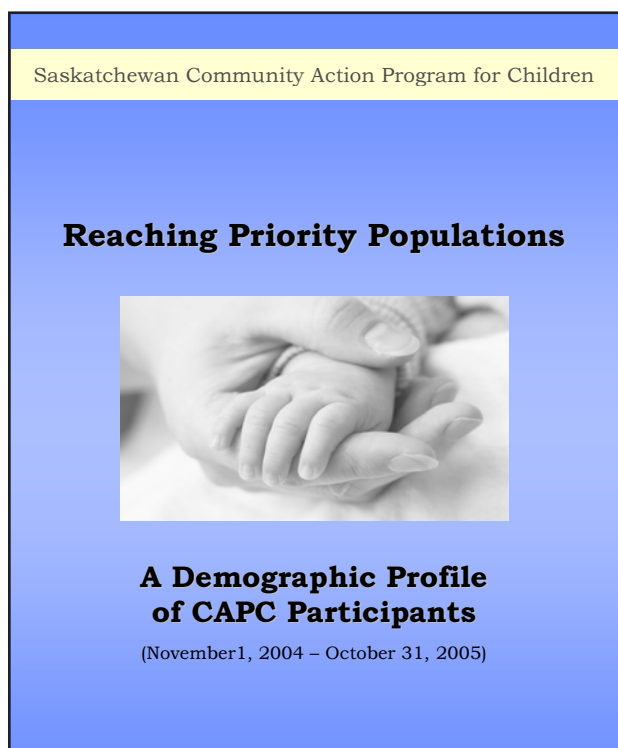
**During this past year, the report, “Reaching Priority Populations: A Demographic Profile of CAPC Participants” was completed, with the official launch taking place at the CAPC Networking meeting in October of 2006.**

This report was based on demographic information of Saskatchewan CAPC participants that was collected during a one-year time period. Specifically, the report outlines the numerous risk factors faced by participants and how CAPC

projects have been successful in reaching priority populations. In order to share these findings, the full report and a summary report were distributed to relevant stakeholders both provincially and nationally.

With the completion of the demographic profile report, plans for the second phase of the Saskatchewan CAPC evaluation are under way. This phase of the evaluation will focus on determining if participants are achieving desired outcomes as a result of attending CAPC projects, along with determining the impact of adopting a community development approach.

The CD Program Coordinator and Saskatchewan CAPC Evaluation Coordinator works collaboratively with PHAC staff and other community developers to provide support to other projects funded by CAPC and participate on the CAPC Evaluation Working Group, CAPC Technical Review Committee, the Canada Prenatal Nutrition Program (CPNP) Subcommittee, and the CAPC/CPNP National Project’s Fund Advisory Committee.



*“I believe that investing in early childhood development and parenting programs plays a pivotal role in helping to build positive futures for our communities”.*

Connie Kirk, Community Development Coordinator  
- Community Action Program for Children (CAPC)



*“I believe that evaluation is key to making sound decisions about program delivery, helping to ensure that programs are offered that best meet the needs of children and their families”.*

Tanya Robertson-Frey, Evaluation Coordinator  
- Community Action Program for Children (CAPC)



## Would You Believe?

95% of victims of online sexual predators are girls with an average age of 13 years  
*Cybertip!ca 2005*

68% of sexually active Canadian youth reported engaging in oral sex, and 17% of these already sexually active youth were unaware that sexually transmitted infections can be transmitted through oral sex.  
*Canadian Association for Adolescent Health 2006.*

Saskatchewan has the highest number of youth per capita compared to all other Canadian provinces and territories with a teen pregnancy rate which remains considerably higher than the national average (48.2/1000 compared to 38.2/1000).

*Mckay, A. 2004. Sexual health education in the schools: Questions and Answers. Sex Information and Education Council of Canada (SIECCAN).*

Aboriginal youth are four times more likely to be teen mothers compared to non-Aboriginal youth, and national studies suggest that the teen pregnancy rate on-reserve jumps to 18 times that of the urban rate for First Nations youth.

*Advisory Committee on Family Planning, 2005. The Sexual Health and Wellness of Youth in Saskatchewan.*

# We Believe in the Importance of Program Partners

## Advisory Committee on Family Planning (ACFP)

The Advisory Committee on Family Planning (ACFP) was appointed in 1994 and reports to the Minister of Healthy Living Services, Government of Saskatchewan. The committee gives direction to the government on the development of policies and programs that will improve reproductive health, contribute to healthy pregnancies and birth, and reduce the incidence of teenage pregnancies and sexually transmitted infection in Saskatchewan.

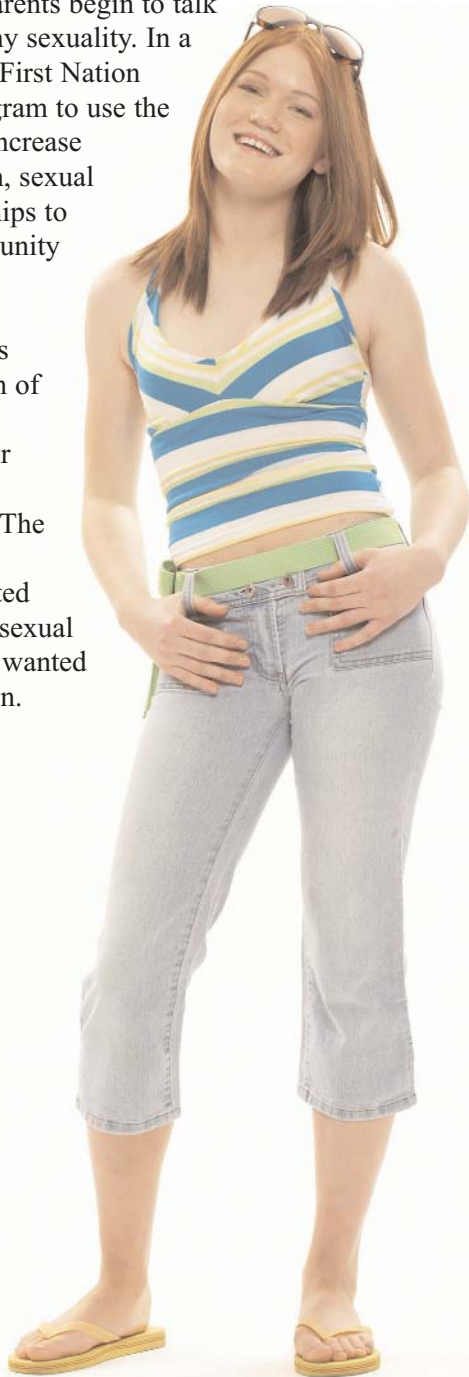
Members on the committee represent a cross section of Saskatchewan's population and geographic locations. It is the goal of the committee to improve sexual and reproductive health particularly in adolescents and young adults. The committee works from a community development framework and strives to involve families, schools, community members and organizations and all levels of government in sharing responsibility for promoting sexual and reproductive health.



**This fiscal year the committee was proud to implement a Youth Wellness Community Grant. Over 20 grants were given throughout the year and included conferences, supports, resources, plays and needs assessments. One urban example is of a grant given to All Nations Hope at the AIDS Network of Regina. This project developed resource tools for youth to use to gain knowledge about programs and other community resources that are youth friendly.**

The resources also helped parents begin to talk to their children about healthy sexuality. In a rural setting, Sturgeon Lake First Nation developed an education program to use the medicine wheel concept to increase knowledge about self esteem, sexual health and healthy relationships to students, families and community members.

Another accomplishment this year has been the completion of a survey of parents in Saskatchewan regarding their thoughts about sexual health education for their children. The intent of the survey was to determine what parents wanted their children to learn about sexual health and when/where they wanted them to learn this information.



Over 800 parents responded to the survey! A large majority of parents believe that sexual health education should be provided in schools and that both parents and educators should share the responsibility of ensuring that children receive sexual health education. A majority of parents believe that issues connected with sexuality, such as healthy relationships, should also be taught within schools.

This year's work has provided a framework for future work plans of ACFP focusing on building community capacity, increasing participation of educators in sexual health education and creating sexual health curriculum for schools.

Noreen Agrey,  
Program Coordinator  
- Advisory Committee on Family  
Planning (April 2007)



Anu Belgaumkar,  
Program Assistant  
- Advisory Committee on Family  
Planning (March 2007)



Carmen Dyck, Researcher/Writer  
- Advisory Committee on Family  
Planning (May 2006)



# We Believe in Evaluation

## Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Resource Evaluation Project

This project is funded by the Canada Northwest FASD Research Network and its main objectives are: 1) collect and catalogue primary prevention FASD resources across British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories, and Nunavut, and 2) collect any evaluations completed on the above resources for the evaluation report. This information will be used to launch an online primary prevention resource database and to help develop a team to conduct further research in resource evaluation.

### What is Primary Prevention?

Primary prevention is defined as the use of broad-based, universal, or targeted strategies to increase public knowledge and awareness of a particular health problem. Strategies could include media campaigns, resources for health professionals and the general public, and school curricula.

### Findings to Date

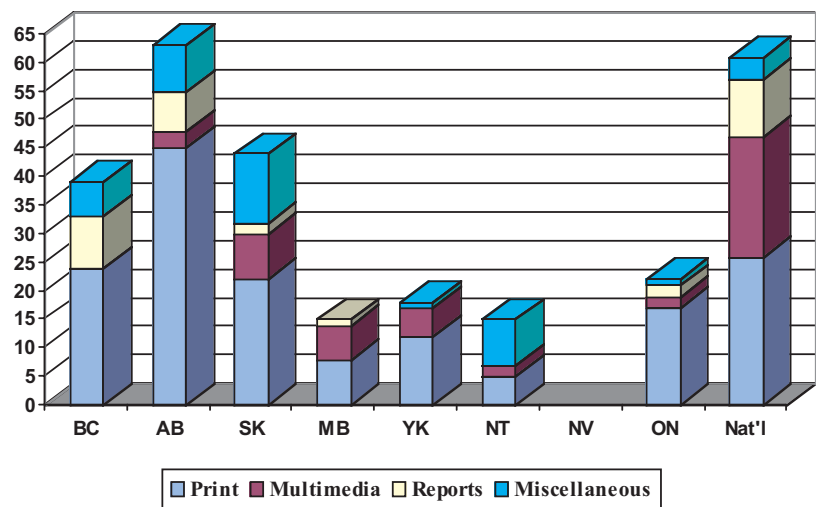
Resources collected are separated into four categories: 1) print, 2) multimedia, 3) reports, and 4) miscellaneous.

Print resources include posters, brochures, fact sheets, information cards, booklets, and facilitator/curriculum guides. Multimedia resources include public service announcements (PSA) (television and radio), and videos. Reports include research related papers developed by the government and research networks.

Miscellaneous resources include unique prevention items such as bracelets, pens, postcards, pins, and mascots.

The following table shows the distribution of these resource types by province and territory.

Table 1: Resource Type Collected by Region



The most popular resources designed to date have been posters, brochures/fact sheets, public service announcements (PSAs), and educational guides. The most commonly recalled resources include television PSAs, posters, and radio PSAs. Over time the messages and images developed have evolved from fear/shame based (i.e. a pregnant woman holding an alcoholic drink) to being more supportive/positive (i.e. friends supporting and modeling alcohol free activities). Awareness campaigns have increased knowledge about FASD and the dangers of drinking alcohol while pregnant.

*“I believe that as individuals we have the ability to continuously change and shape ourselves and the world around us...as long as we have the knowledge, support and strength to make the right decisions. FASD primary prevention resources can provide us with these tools when trying to change behaviours and misconceptions around alcohol use during pregnancy”.*

Robin Thurmeier, Project Coordinator  
- Fetal Alcohol Spectrum Disorder Resource Evaluation Project



## Would You Believe?

Over the last fiscal year the Prevention Institute has worked closely with the media and partners to expand awareness of our programs and projects, thus increasing provincial recognition. By receiving Honourable Mention for the FASD Multimedia Campaign from the SAHO 2007 Green Ribbon Award Program, we are able to see that our efforts do not go unnoticed.

An article on Healthy Parenting Home Study Program was featured in the Canadian Today's Parent Magazine.

Brent Loucks from Rawlco Radio conducted an interview with our FASD Coordinator in correspondence with our FASD Awareness Day Event.

PHAC's Newsletter featured an article about the Prevention Institute entitled: "Responding to the Needs of Children: The Saskatchewan Prevention Institute"

# We Believe in Communications and Brand Awareness

An External Scan and Organizational Review was conducted and a focus on Communications revealed some interesting results.

Overall in the area of "Brand Awareness", stakeholders indicated that the Prevention Institute was seen as credible, progressive, results oriented and knowledgeable. The organization was rated on the effectiveness of promotional campaigns, print and program materials, as well as scope and impact of our work. The average overall rating was 7.75 out of 10.

A new website with an online shopping cart was developed, enabling access to Prevention Institute's resources 24/7. This allows efficient communication with stakeholders and clients through up-to-date information that is easily managed in-house.

Information Sheets that highlight all programs and projects were developed, along with a corporate postcard, and portable display. These items will be part of brand awareness at various conferences and displays.

Also to facilitate brand awareness, the Prevention Institute networks with various venues of the media. The Prevention Institute was recognized through the media in the following ways:

- Article on Healthy Parenting Home Study Program in the Saskatchewan RRN (Rural, Remote, Northern) Connection Winter 2007 Newspaper
- SGI/ABI Community Grant Program Interview with Shaw Cable
- SMA (Saskatchewan Medical Association) Newsletter Article on Patient Care: Alcohol Risk Assessment Resources and Training Project
- Play and Parenting Fall Newsletter article on the French Version of Healthy Parenting Home Study Program
- Regina Leader Post and Regina Sun Community News interviews and articles on "Child Pedestrian Safety", "Crossing the Street Takes Care", and "Booster Seats Save Lives"
- Saskatchewan Home Based Business Association Newspaper article on Holiday Safety

With the help of a strong Communications Committee to guide the Prevention Institute's Strategic Plan, and with continued support from our dedicated staff, we are able to focus our goals towards the wellness of children.

*"I believe that through networking with the media, and continued branding awareness, the Prevention Institute will become a household name both provincially and nationally".*



Pam Barker, Communications Coordinator

# communications

# We Believe in Research and Evaluation

Evaluation is a systematic way to improve and account for health promotion activities. Evaluation takes place at all stages of activity development and employs strategies that help target efforts to develop efficient materials and programs, make adjustments during development, and prove success of these efforts.

The Prevention Institute is committed to continuous improvement and ensuring the measurement of program outcomes. One evaluation method that all programs have used is the development of program logic models. Each program describes its inputs, activities, and outputs in relation to its short-term, intermediate, and long-term goals.

In the past year, the Prevention Institute benefited from partnerships with the Departments of Psychology and Community Health and Epidemiology at the University of Saskatchewan. On a number of occasions, the evaluation expertise of the graduate students and faculty of the applied social psychology program was utilized. In particular, an evaluability assessment of the Fetal Alcohol Spectrum Disorder (FASD) prevention program was conducted in order to better match program goals with activities. The assessment will assist in the development of future evaluation efforts.

Research has played an important role in program development over the past year. One example is the primary caregiver survey of alcohol risk assessment best practices in Saskatchewan.

Results from the survey informed resource development and provided critical information about current practices in Saskatchewan.

Another example is the public opinion poll regarding the FASD Awareness multimedia campaign.

Results from the public opinion poll determined a more targeted audience for the future campaign. The ability to assess the attitudes and behaviors of the people and health care professionals of Saskatchewan is imperative for optimal delivery of primary prevention programs.



*"I believe research and evaluation are critical to high quality prevention programming".*

Tracey Carr, Research and Evaluations Officer

# research & evaluation

# We Believe in Support to our Organization

## Program Management

One of the main focuses of program management is to provide support to each program and project and to help ensure that the Prevention Institute's work reflects the overall mission and Strategic Plan. Programs are evidence-based and reflect the needs, strengths, and diversity found throughout Saskatchewan. All programs and projects fall under one of four main program areas: Alcohol, Tobacco, and Other Drugs; Childhood Injury Prevention; Maternal and Infant Health; and Parenting Education. By ensuring a focus on these key areas, the Prevention Institute strives to increase the health of children and decrease the incidence of disability in our province. Community development, capacity building, health promotion, and research are key.

The team works to ensure that the work of the Prevention Institute is professionally and responsibly conducted and that program staff are supported in all areas.

Noreen Agrey, Program Manager  
- Childhood Injury Prevention Program  
(April 2007)



*"I believe through working together as a team, a community, and a province, we can ensure that children are given opportunities to live happy, healthy, and fulfilling lives".*

Lee Hinton, Program Manager



## management, administration & finance

### Administration and Finance

The Prevention Institute's team of administrative and financial staff takes pride in providing the day-to-day expertise and support that is essential to the work of the Prevention Institute, promoting a standard of excellence for our current programs and a creative approach to new initiatives.

The Prevention Institute strives to foster a healthy and effective work environment. An organizational review and staff survey were conducted in 2005/2006, as well as team-building exercises. Staff members are provided with opportunities for personal and professional growth in order to continually build upon their gifts and skills.

Each staff member plays a vital role in achieving the goal of "Healthy Children".

*"I believe that every child has a right to the highest standard of health that is possible and that this can be achieved through preventative health care and health education."*

Kathy McGaffin, Executive Assistant



*"I believe it is everyone's responsibility to create a healthy and safe environment for children".*

Keri Dalsgaard, Senior Secretary



*"I believe every child deserves the best possible beginning in life, and unlimited love and support as he or she grows to their full potential".*

Sandra Kilborn, Secretary



Lorraine Shantz, Business Manager  
(March 2007)

Lynne Carmichael, Program Secretary  
(July 2006)



# We **Believe** in the Importance of Committees and Memberships

## **The Prevention Institute has membership in the following provincial and local committees:**

- Acquired Brain Injury/Saskatchewan Government Insurance Community Grant Review Committee
- Canada Northwest Fetal Alcohol Spectrum Disorder Partnership
- Community Action Program for Children Evaluation Working Group
- Community Action Program for Children Provincial Advisory Committee
- Community Action Program for Children Technical Review Committee
- Congenital Anomalies Registry Working Group
- Kinsmen Children's Centre Library Committee
- Kinsmen Children's Centre Occupational Health & Safety Committee
- Prairie Region Health Promotion Research Centre Summer School Committee
- Saskatchewan Aboriginal Injury Prevention Partners
- Saskatchewan Acquired Brain Injury Advisory Group
- Saskatchewan Coalition for Tobacco Reduction
- Saskatchewan Injury Prevention Symposium Planning Committee
- Saskatchewan Interagency Car Seat Safety Committee
- Saskatchewan Learning Fetal Alcohol Spectrum Disorder Experts Panel
- Saskatchewan Safety Council Home and Community Division
- Saskatoon Car Seat Partners
- Saskatoon Parenting Education Committee
- Saskatoon Youth Addictions Strategy
- University of Saskatchewan College of Dentistry Admissions Committee

## **The Prevention Institute has membership in the following national committees:**

- Active and Safe Routes to School
- Advisory Group for the Special Needs Car Seat Manual
- Canadian Collaborating Centres on Injury Prevention and Control
- Canadian Pediatric Society Maltreatment Section Shaken Baby Syndrome Multidisciplinary Guidelines Committee
- Community Action Program for Children/Canada Prenatal Nutrition Program National Projects Fund Advisory Committee - Annotated Inventory of Parenting and Parent-Child Programs
- Community Action Program for Children/Canada Prenatal Nutrition Program National Projects Fund Attachment Advisory Committee
- Curriculum Review Committee for Canadian Curriculum on Injury Prevention and Control
- Program Planning Committee for Canadian Injury Prevention and Safety Promotion Conference

committees  
and

**Staff of the Prevention Institute hold memberships in the following organizations:**

- AIDS Saskatoon Board of Directors
- Canadian Association of Art Therapists
- Canadian Association of Road Safety Professionals
- Canadian Coalition for Agricultural Safety and Rural Health
- Canadian College of Health Service Executives
- Canadian Council on Social Development
- Canadian Evaluation Society
- Canadian Institute of Child Health
- Canadian Public Health Association
- Canadian Society for Epidemiology and Biostatistics
- Canadian Society of Association Executives
- Canadian Women's Health Network
- Infant Mental Health Promotion
- Saskatchewan Abilities Council
- Saskatchewan Association of Human Resource Professionals
- Saskatchewan Association of Social Workers
- Saskatchewan Epidemiology Association
- Saskatchewan Interactive Media Association
- Saskatchewan Public Health Association
- Saskatchewan Publishers Group
- Saskatchewan Registered Nurses Association
- Saskatchewan Safety Council
- Saskatchewan Teachers Federation
- Saskatchewan Writers Guild
- The Vanier Institute of the Family
- Volunteer Saskatoon
- Women Entrepreneurs of Saskatchewan

**The Prevention Institute is the lead agency in the following committees:**

- Advisory Committee on Family Planning to the Minister of Healthy Living Services
- Saskatchewan Coalition on Bicycle Safety
- Saskatchewan Fetal Alcohol Spectrum Disorder Coordinating Committee
- Saskatchewan Fetal Alcohol Spectrum Disorder Speakers Bureau Steering Committee
- Saskatchewan Parenting Education Advisory Committee
- Saskatchewan Regional Fetal Alcohol Spectrum Disorder Committees



memberships

# We **Believe** in Financial Accountability

## *Financial Statements Summary* Year Ended March 31, 2007

<b>Statement of Financial Position</b>		<b>2007</b>	<b>2006</b>
<b>Assets</b>	Current & Long Term	<b>\$1,163,385</b>	\$911,559
	Capital	38,870	38,252
	Total Assets	<b>\$1,202,255</b>	\$949,811
<b>Liabilities</b>	Current & Long Term & Deferred	<b>\$ 570,296</b>	\$433,247
<b>Net Assets</b>	Invested in Capital Assets	<b>\$ 38,870</b>	\$ 38,252
	Internally Restricted	<b>367,053</b>	387,053
	Unrestricted	<b>226,036</b>	91,259
	Net Assets	<b>631,959</b>	516,564
	Total Liabilities and Net Assets	<b>\$1,202,255</b>	\$949,811
<b>Statement of Core Operating Revenue and Expenditures</b>			
<b>Revenue</b>	Government of Saskatchewan	<b>\$ 204,443</b>	\$140,552
	Kinsmen Telemiracle Foundation	<b>120,000</b>	110,000
	Saskatchewan Abilities Council	<b>30,625</b>	30,000
	Interest and Other	<b>24,207</b>	22,975
	Total Revenue	<b>\$ 379,275</b>	\$303,527
<b>Expenditures</b>	Administration	<b>\$ 109,545</b>	\$ 98,106
	Development & Research	<b>3,805</b>	2,827
	Public Education	<b>191,768</b>	201,248
	Total Expenditures	<b>\$ 305,118</b>	\$302,181
<b>Excess of Revenue Over Expenditures Prior to Specified Items</b>		<b>\$ 74,157</b>	\$ 1,346
<b>Less: Board Consultant</b>		<b>—</b>	(15,525)
<b>Other Income (Expenses)</b>		<b>41,235</b>	(12,872)
<b>Excess (Deficiency) of Revenue Over Expenditures</b>		<b>\$ 115,392</b>	(\$27,051)

These numbers are derived from the Audited Financial Statements for the year ended March 31, 2007.

A set of Audited Financial Statements and accompanying Auditor's Report is available by contacting the Saskatchewan Prevention Institute.



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