



# Summer Institute: Health of Populations Evaluation

Winnipeg, June 2010

Final Report



**SUMMER  
SESSION**



PRAIRIE COMMUNITY-BASED  
HIV RESEARCH PROGRAM

**HEALTH  
in COMMON**





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## Introduction and Background

Community health organizations and social agencies have identified as a priority the need to enhance their capacity in using evidence for program planning and implementation, as well as increase competence to evaluate their practices. This priority has led to the creation of a partnership among three major agencies in the province (Nine Circles Community Health Centre, Health in Common, and the United Way of Winnipeg) and The University of Manitoba with the purpose of developing and implementing structured initiatives for knowledge exchange and capacity building in evidence-based practice and evaluation. Among its first initiatives was a Summer Institute on Program Evaluation on Social Determinants of Health and Community Health. The Health of Populations Evaluation (HOPE) Summer Institute ran from June 14 to 18, 2010 at the University of Manitoba in Winnipeg.

The overall goal of the Summer Institute was to create a common space where researchers and local practitioners in community-based organizations can complement their different knowledge and experience, increasing knowledge exchange and learning opportunities.

### Objectives:

The specific objectives of the Summer Institute were to:

- 1) increase the capacity of community leaders, management, staff, and university students to utilize empirical evidence for program planning and implementation and to enhance their program evaluation capabilities; and
- 2) establish a sustainable community-university network among practitioners and researchers for ongoing knowledge translation, knowledge exchange and utilization, and evidence-based practice.

The HOPE Summer Institute was open to students and community, the Summer Institute enabled participants to exchange information about evaluation for improved health promotion planning and delivery.

The program targeted:

- Project managers and coordinators responsible for the monitoring and evaluation of their programs, projects or organizations;
- Community leaders and workers with project responsibilities;
- Decision makers looking at new ways to make their programs more participatory and responsive to local needs;
- Undergraduate and graduate students seeking to improve their skills and knowledge in the area of community-based program evaluation;
- All those seeking to connect with students, practitioners and researchers involved in delivery and evaluation of a broad range of health and social services.





## The Collaborators

The Institute collaborators included representatives from:

- Health in Common: Health in Common is a not-for-profit organization that works to strengthen inter-sectoral partnerships to address the social, environmental and economic factors that build healthy sustainable communities.
- Nine Circles Community Health Centre-Prairie HIV Community-Based Research Program: Nine Circles is a community based, non-profit centre specializing in HIV/STI prevention and care, located in Winnipeg, and HIV-CBR is a CIHR funded capacity-building program to support organizations undertake HIV/AIDS community-based research and facilitate collaboration between community and researchers;
- United Way of Winnipeg: an independent community volunteer organization that ensures an essential network of programs and services by providing support to nearly 100 agency partners;
- Universities Without Walls: a national interdisciplinary learning network connecting academic, community and policy makers, and faculty members in academic training hubs in the area of HIV/AIDS led by the Ontario HIV Treatment Network
- The University of Manitoba: The Faculty of Human Ecology, the Faculty of Social Work and Extended Education are part of this initiative.

At least one member from each organization took part on the organizing committee of the Summer Institute. Further, most partners provided at least one instructor for the Institute.

## The Curriculum

A combination of lecture, case study and group work was used to introduce the participants to the concepts of participatory evaluation focusing on the social, economic and environmental determinants of health and well-being.

Through interactive sessions, researchers and program specialists reviewed the theoretical and practical aspects of using both empirical research evidence and program evaluation as tools for knowledge development and exchange. The Summer Institute participants learned about systematic reviews of research, how to develop program evaluation plans, and how to utilize findings from research and evaluation to improve planning and practice. Participants were provided with the opportunity to explore real-life case studies in using program evaluation for knowledge exchange and program planning. Community participants and university students partnered in the development of frameworks for the evaluation of their health promotion programs. The specific structure of the week-long program involved a series of lectures and presentations followed by interactive hands-on workshops directed towards the application of concepts. Community participants were asked to bring with them information on current and potential programs they are working on to utilize this common space in the development of evaluation frameworks and plans with guidance from the academics. Students developed their skills through working on these programs with community participants. Each Summer Institute participant received extensive documentation and resources regarding the topic areas that were covered. A website was created where presentations, evaluation frameworks and resources are posted, and the website continues





to be maintained and used as part of the knowledge exchange and knowledge translation network ([www.thesummerinstitute.ca](http://www.thesummerinstitute.ca)).

In addition to workshops and seminars, participants were offered five keynote presentations offered by distinguished lecturers from Canada and around the world including Dr. Michael Quinn Patton (Designing Evaluations that Actually Get Used); Dr. Margaret Kovach (Indigenous Methodologies in Evaluation); Dr. Mark Tyndall (HIV Research); Dr. Barbara Macdonald (Evaluating Programs to Reduce Malnutrition); and Dr. Shauna Butterwick (The Realities of Evaluation Interdisciplinary and Researchers as Public Intellectuals).

The Institute offered an opportunity for the community at large to attend a lecture by Dr. Patton on developmental evaluation. This event was sponsored in collaboration with the Manitoba Chapter of the Canadian Evaluation Society.

### The Case Studies

In the weeks prior to the Institute, community collaborators engaged with a number of community organizations to identify a number of possibilities for case studies to become the springboard for applying the concepts imparted in the Institute into actual situations. The community organizations sought this as an opportunity to obtain assistance in the development of evaluation plans for some of their programs. These agencies also committed to supporting a member of their organization to attend the Institute and act as a key informant during the small group work around their cases.

Seven case studies were developed from the following agencies' programs:

1. Mount Carmel Clinic – Multicultural Wellness Program
2. Nine Circles Community Health Centre – Prevention and Education
3. Nine Circles Community Health Centre – Outreach and Testing
4. Main Street Project – Community Cooks
5. North Point Douglas - Safety Coordination and Youth Outreach Workers Program
6. Aurora Family Therapy Centre and Mount Carmel Clinic - Fostering Intercultural Communication and Connections among Aboriginal and Newcomer Youth
7. Manitoba Securities Commission – Financial Literacy for Women

Diverse group of participants worked together on each case. Over the week they develop an evaluation plan, which they presented at the end of the week. The Case Studies are appended to this report. The presentations resulting from the small group work are available at <http://www.thesummerinstitute.ca/2010-hope>

### The Participants

Seventy participants attended the Institute. The majority of participants registered were either from a community non-profit agency or a student at the University of Manitoba. None of the participants were from the corporate/ business sector.

Non Profit sector	29	41.4%
University without Walls	7	10.0%
University of Manitoba student	21	30.0%
University of Manitoba other	8	11.4%
University related not U of M	5	7.1%
	70	100.0%





## Evaluation Activities

This evaluation report is based on feedback obtained during the week at interactive feedback sessions, from written evaluation forms completed daily by participants, and from a follow-up, on-line evaluation (survey) implemented after the Institute.

The response rate to daily written and end of Institute evaluations ranged from 30 percent to 53 percent with larger number of participants providing feedback to the first two days of the Institute and the online survey. Participants provided much insight on their experience with the Institute and on ideas for action during oral evaluations at during mid-week and at the end of the last day. The last session, that lasted about 40 minutes, was recorded and is summarized below.

## The Findings

### Overall Comments / Feedback

The majority (77%) of survey respondents indicated that they were moderately satisfied or very satisfied with the Summer Institute overall. Everyone indicated that they increased their knowledge and skills after attending the institute. None of the respondents left unsatisfied. In addition respondents all increased their level of comfort in program evaluation as a result of their participation in the summer institute.

The material presented was very relevant to their field or topic of study for the majority of survey respondents (73%).

Participants felt that the obstacles they faced to using this new knowledge included things like funding, manpower, confidence, clearer direction, and experience.

### Topical Area Feedback

Participants were asked to evaluate the topical presentations that were delivered during the institute. All topics presented were well received, although some topics had more relevance than others. Due to the wide range of participants during the institute their perceptions of the value and relevance of the topics varied widely. Summary tables are provided in Appendix B.

Based on general topical areas the most knowledge was gained from *Indigenous Methodologies, Evaluation Designs, Indicators/ Measures used in Evaluation* and *Presenting Evaluation Findings*. Half of the participants also wanted these same subjects expanded. Qualitative and quantitative methods provided less new knowledge, which may reflect that respondents already had significant knowledge in these areas.

Ethics was valued; however it appears that the cultural component was of less value to the respondents.

In terms of the Key Note presentations, participants valued all of the key note topics, with *HIV Research* and *Designing Evaluations that Actually Get Used* receiving the highest rating in terms of amount of new knowledge. Three subjects, *Designing Evaluations that Actually Get Used*, *Indigenous Methodologies* and *Interdisciplinary Evaluation & Researchers as Public Intellectuals* received a higher rating in terms desire for expanded information.





## **Case Study Approach**

Participants felt that the teamwork process for the case study was clear, teams and materials were appropriate and the project was valuable in the learning process. Some participants felt that teams did not necessarily work together towards the final outcome. Overall, the incorporation of a key informant for the case studies was felt to be helpful and meaningful.

## **Format of Institute**

For the most part, survey respondents and comments in the wrap up evaluation session all merged in their preference for a five-day/one week Summer Institute. Six to seven hours per day was deemed appropriate.

Respondents indicated that they should have a central location downtown such as the library or a school in the community. Some indicated that parking and hotels should also be considered when choosing a venue, but many were happy with the current location as well.

One area noted for improvement was the food served during the week.

## **Promoting the Event**

Over half of the survey respondents heard about the Institute from friends, family members and co-workers, about 25% were notified by email and 20% found it through a website link.

None of the survey respondents said they heard about the conference through Facebook or an Internet search. It was suggested that professional organizations be marketed to so that more people from this sector could be in attendance.

## **Resources Provided**

Handout materials were limited to those essential to be used during the workshops. All presentations and resource materials were provided to the participants on a USB Stick at the end of the week. Three quarters (75%) of the people surveyed indicated that they felt the USB stick with resources was very valuable.

Written comments were mostly very positive while a few people indicated that they felt that hard copies are valuable especially during sessions. One person suggested giving out the USB stick prior to/ or early in the week so that participants might print the ones that they felt they would use during sessions.

## **Potential Future Activities**

On the final day of the Institute, participants were asked to consider ways in which the collaboration between community and university initiated through the *Summer Institute* could be sustained. Participants were enthusiastic about the opportunities for partnership provided. Participants provided many innovative ideas for sustaining the community-university collaboration and supporting ongoing participatory evaluation and knowledge exchange efforts.

In order to support ongoing learning and capacity building, a mentorship program linking evaluation experts with students and practitioners was suggested. One suggestion was to establish an on-





line forum for sharing and dissemination (e.g. blogspot) as well as utilizing existing sites for dissemination (e.g. CAPTURE<sup>1</sup>).

Opportunities for face to face interaction were also suggested. For example, ongoing events and workshops offered throughout the year that would enable community/university members to come together in a variety of forums. These could include public lecture, world café discussions and social events in which participants could showcase work that has been done in the area of program evaluation. Activities should involve those with evaluation experience and networks such as the Canadian Evaluation Society that can demonstrate how evaluation findings are applied and used. Future sessions could focus on presenting actual evaluation projects in which participants could be invited to discuss, provide feedback and critique methods and approaches for mutual learning. The purpose of such discussions would be to expand on basic knowledge and examine what has worked and what hasn't in a real world context.

Overall, within the large group discussion, participants stated that they valued the learning experience offered through the Summer Institute. Opportunities for improvement related primarily to logistics and location: hold the event in a more central location; provide examples of evaluation frameworks for participants to work from; include a social event for networking. The need to broaden participation was also mentioned. Engaging “peers,” those with lived experience, in future activities would provide valuable insight and perspective. As well, engaging with professional organizations from a range of sectors would broaden the scope and enhance collaboration.

In the words of one participant, the Summer Institute brought together “us and them ... funder, evaluators, academics” and should “keep working to break down barriers.”

## Conclusions and Recommendations

The objectives of the Summer Institute were fulfilled in that the findings from the evaluation show that participants have increased their skills and capacity in the area of program evaluation. The Institute was also successful in bringing together a number of partners from different sectors who were able to fully contribute to the project. As a “test-run” activity between the partners, the Institute demonstrated that partners were ready, interested and able to develop a successful joint activity. The partners continued to strengthen their collaboration through other activities<sup>2</sup> and plan to utilize the findings of the evaluation to build a learning Centre for sustained capacity-building.

### Recommendations:

- General suggestions included:
  - Adding more courses,
  - Inviting Peers to participate
  - Increasing the variety of speakers so that members could see speakers from their areas
  - Offering better vegetarian options,

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<sup>1</sup> CAPTURE is a project intended to collect, share and support the use of “real-world” evidence on what works, for whom and in what context, to improve primary prevention of chronic disease. This is a project based at Simon Fraser University in B.C. For more information go to <http://www.thecaptureproject.ca>

<sup>2</sup> The collaborators planned a workshop led by Dr. Potvin (University of Montreal) for September 2-3, 2010.





- Providing a completed evaluation plan, and
- Recognizing the varied needs of the audience with respect to topics such as quantitative and qualitative research methods.
- Participants recommended the following topics/subjects to be presented at next year's Institute:
  - Becoming an evaluator
  - Proposal writing
  - Reviewing existing evaluations and case studies
  - Utilization-focused evaluation
  - Different types of evaluation
  - More about final products and logic models.
  - More advanced material,
  - Expanded to include the participation of users of evaluation services
  - Focus on community agencies or organizational perspectives
  - Examples of different uses for qualitative and quantitative approaches
- The participants requested key note speakers such as
  - Local project coordinators
  - Evaluators from large organizations
  - Speakers with community based perspectives and practical experience
  - Speakers from outside of the health sector

#### What can be done outside of the Summer Institute?

- It was suggested that these keynote speakers become a more regular event with members meeting every 3-6 months.
- Many participants felt that they were able to share and they felt comfortable, however some suggested having an informal dinner at the end or providing internet forums or blogspots to continue their discussions about tools and methodologies.
- Several suggestions were made to bring people together on a more regular basis for informal and formal forums throughout the year.
- It was suggested that a mentorship program be put into place, and that people from diverse backgrounds should be brought together informally on a more regular basis in order to increase people's skills and confidence with the tools that they learned.





## Appendix A – Institute Schedule and Case Studies

Time	Monday, June 14	Tuesday, June 15	Wednesday, June 16	Thursday, June 17	Friday, June 18			
8:30								
8:45	Opening Session	Indigenous Methodologies - <i>Margaret Kovach</i>	HIV Research - <i>Mark Tyndall</i>	Programs to Reduce Malnutrition: Measuring their Progress and Understanding their Impact - <i>Barbara MacDonald</i>	Interdisciplinary Evaluation & Researchers as Public Intellectuals - <i>Shauna Butterwick</i>			
9:00								
9:15								
9:30	Introduction to Program Evaluation - <i>Javier Mignone</i>	Instructions for Team Work	Instructions for Team Work	Instructions for Team Work	Team Work Day 4			
9:45								
10:00	Break	Break	Break	Break				
10:15	Introduction to Program Evaluation - (Cont'd)	Team Work Day 1	Team Work Day 2	Team Work Day 3	Break			
10:30								
10:45	Intro to Participatory Approaches to Evaluation - <i>Lawrence Deane</i>	Team 1 Presentation	Team 2 Presentation	Team 3 Presentation	Team 1 Presentation			
11:00								
11:15								
11:30	Lunch break	Lunch break	Lunch break	Lunch break	Team 2 Presentation			
11:45								
12:00								
12:15	Lunch break	Lunch break	Lunch break	Lunch break	Team 3 Presentation			
12:30								
12:45								
1:00	Plenary: Designing Evaluations that Actually get Used - <i>Michael Quinn Patton</i>	Evaluation Designs A <i>Javier Mignone</i>	Qualitative Methods B <i>Paula Migliardi</i>	Quantitative Methods A <i>Bohdanna Kinasevych &amp; Aynslie Hinds</i>	Indicator Development A <i>Javier Mignone</i>	Reporting & Use of Evaluation Findings A <i>Mike Tutthill</i>	Ethical & Cultural Issues in Evaluation B <i>Sasha Kondrashov &amp; Kaye Grant</i>	Team 4 Presentation
1:15								
1:30								
1:45	Break	Break	Break	Break	Break	Break	Team 5 Presentation	
2:00								
2:15								
2:30	Plenary: Designing Evaluations - <i>Patton</i> (Cont'd)	Evaluation Designs B <i>Javier Mignone</i>	Qualitative Methods A <i>Paula Migliardi</i>	Indicator Development A <i>Javier Mignone</i>	Quantitative Methods B <i>Bohdanna Kinasevych &amp; Aynslie Hinds</i>	Ethical & Cultural Issues in Evaluation B <i>Sasha Kondrashov &amp; Kaye Grant</i>	Reporting & Use of Evaluation Findings A <i>Mike Tutthill</i>	Team 6 Presentation
2:45								
3:00								
3:15	End of Day	End of Day	End of Day	End of Day	End of Day	End of Day	Team 7 Presentation	
3:30								
3:45								
4:00	Public Lecture: Developmental Evaluation - <i>Michael Q. Patton</i>	Wrap-up	End of Day	End of Day	End of Day	End of Day	End of Day	
4:15								
4:30								
7:30 to 9:00pm				Research Cafe: HAART as Prevention for Key Populations in Canada- UWW				









## **Summer Institute: Health of Populations Evaluation: Summer 2010**

### **Case Study # 1**

## **Mount Carmel Clinic: Multicultural Wellness Program**

### **Introduction**

The Multicultural Wellness program was launched in 1985 in response to an identified need to newcomers to have access to culturally appropriate health care services.

The Multicultural Wellness program is under the umbrella of community services with programs such as Assertive Community Treatment (ACT), Mental Health Commission Homeless initiative, Health Promotion Social Workers, Parenting Support Program and Sage House.

### **Background**

Mount Carmel Clinic (MCC), Canada's first community based health clinic, is a non profit organization that was established in 1926 to serve the immigrant Jewish community. In 1948 this focus was expanded to the wider community.

The work of the Clinic has been recognized not only in the province of Manitoba but also across Canada and into the United States. It has been seen by many to model a concept of total care that is responsive to community needs and that addresses root causes of poor health. In terms of economics, the focus on health promotion and illness prevention that is integrated within all Clinic programs is undoubtedly a cost-effective approach with positive health benefits for community residents.

The main funder is the Winnipeg Regional Health Authority; however, additional funds come from Manitoba Labour and Immigrant, Province of Manitoba, Manitoba Healthy Living, the Winnipeg Foundation, and United Way, and other small funders for specific projects. MCC has the support of Mount Carmel Clinic foundation, a community fundraising organization that supports research, innovative programming and capital development in order to enhance and broaden the programs and services of MCC.

Since moving into the new facility in 1982, the programs at Mount Carmel Clinic have continued to evolve and grow. The Anne Ross Day Nursery now has its own building adjacent to the Clinic with space for 45 children. Newer programs such as the Cross-Cultural Counselling Program, the Diabetes and Hepatitis C Clinics, Teen Clinic, the R.B. Russell Student Health Clinic and the Parenting Student Support Program arose in response to the needs of the community, consistent with the approach pioneered by Anne Ross in the 1950's.

### **Multicultural Wellness Program**

The Multicultural Wellness Program (MWP) offers community based, culturally appropriate services that promote mental, emotional and physical health for immigrants and refugees.

Services include:

- Culturally appropriate counselling and follow up
- Advocacy with social services, government and other agencies
- Bridging between social service agencies and clients





- Public education and awareness about immigrant and refugee health issues
- Primary health care (doctors and nurses)
- Dental health care

Last year, between April 2009 and March 2010, the program supported 423 clients from 141 countries through 800 counselling sessions. In addition, the program delivered 29 community education sessions and 25 professional education sessions. In addition, the program has trained and supported 25 Community Based Educators (CBE'S) that delivered 43 education sessions in first language and dialects (26 languages and dialects) and reached 691 participants.

The program is operated with 2.8 E.F.T. (employment full time) staff as follows:

- Full time Jaime Carrasco and .8 Arlene Elliot from resources of WRHA.
- The other 1.5 are casual counsellors
- Labour and Immigration funded 1.5 workers (three part time workers for Hindu, Philippine and African communities)

#### Components or main activities of the Multicultural Wellness Program

### **Community Education**

1. Education and Information Sessions
  - a. Information sessions on existing services and resources for immigrants
  - b. Education sessions to immigrant communities through community-based educators (trained community educators deliver education mostly in first language) (*Strengthening Families Program*)

### **Community Networking**

1. Capacity building activities with ethno cultural communities, schools and associations
  - a. Current work with Filipino, African and Indo-Canadian communities to facilitate support and collaborative initiatives to strengthen communities, community organizations, and enhance knowledge of and access to current resources. These three communities have a Social Worker each that provides information about immigrant and refugee services (e.g., employment, health care, etc.), support specific ethnocultural activities such supporting the Heritage Week from the Philippine Community and providing support with food, transportation and childminding for community members to be able to participate in the education activities.
  - b. Community building through the *Strengthening Families Program*. The program identifies needs for specific grassroots initiatives from different community groups and assists such groups with supports in the form of resources and administration to develop the identified initiatives. For instance, the program has supported initiatives such as the Somali sewing group, ACOMI English as Additional Language classes and social support group, After School Program and Women's' Traditional Coffee Ceremony with the Eritrea community.
  - c. Supportive Counselling - Brief counselling based on problem solving approach (solution focus). This is a new approach that the Clinic is trying to implement (vs. current approach that is involving clients on longer term counselling). Brief counselling would include group, individual and family counselling. The supporting counselling team engages with clients by providing solution focus therapy, and trauma therapy for war or political conflict. The counselling includes advocacy on issues around Child and Family Services (CFS), housing,



health and dental services, income assistance, and issues faced by foreign workers.

*The Target population* of these two components/activities are any immigrant or refugee without definition regarding the number of years in Canada, belonging to any ethno-specific community. The program is inclusive and it does not ask for immigration status, furthermore it provides counselling to multicultural couples (except for ethno-specific aspects such as capacity-building with Filipino, etc. 1.a.). The program has part-time or casual staff from different community backgrounds (i.e., Spanish speaking, Indo-Canadian, Filipino, African)

## 2. Professional Education and Training

- a. Professional training with students. Mount Carmel has an agreement with University of Manitoba (Social Work, Psychology) and Red River College to provide education and practical knowledge on working with immigrant and refugees or applying cultural competence approaches. The focus is on mental health, trauma and resilience based on extensive expertise in dealing with trauma among these populations. Education is provided to students. Staff are interested in learning about the impact of the training: e.g., does the training enhance skills? Enhanced knowledge? Satisfaction? Use of the tools/knowledge? The action plan shows lots of other examples in which MCC is involved with training or engagement with students.
- b. Professional education with community agencies. Focus of education is on cultural competence when providing services to immigrant and refugees and expertise in the area of trauma.

Evaluation has been conducted for the some parts of this program; Community Education 1b, and Community Networking 1b. The challenge at this point is to develop a comprehensive evaluation framework that will enable multiple reporting to different funders who also have different foci and expectations. Mount Carmel Clinic hopes to use the evaluation framework to guarantee a half-time evaluation position to carry out the evaluation of the Multicultural Wellness Program.

## Information Contacts

Organizational Contact/Participant: Laura Cogollo  
Case Group Facilitator: Bohdanna Kinasevych







## **Summer Institute: Health of Populations Evaluation: Summer 2010 Case Study # 2**

### **Nine Circles: Health Promotion and Outreach Team Education Program**

#### **Introduction**

The Education Program was implemented in order to increase Nine Circles' capacity to initiate and respond to HIV-related community education. The Education Program responds to Nine Circles' mandate of: supporting HIV & STI prevention through testing, education and treatment; providing coordinated medical and social supports for people living with HIV; promoting sexual and personal health, including harm reduction, to those at risk.

Nine Circles has had numerous education initiatives in the Centre's 10 years of operation. The Education program was introduced in its current state in 2007, with the Education Program Coordinator. Since then, two health educators have joined the team.

We are interested in defining and assessing measures of success in relation to prevention educational programming.

We would like evaluation tools/methods to do the following:

1. Identify strategies to assist with program development, i.e. define where additional prevention/outreach resources should be directed? How to determine 'hot spots' and underserved groups?
2. Measure knowledge gained (workshops, evaluation of infoline calls)
3. Measure 'intent to adopt new practices or change current practice in order to keep yourself or others safer' (i.e. how do we know that people will apply the knowledge they've gained?)

#### **Background**

In 1998 Nine Circles was established as a centre for HIV care in Winnipeg resulting from the amalgamation of four community based AIDS service organizations: Village Clinic, Manitoba Aboriginal AIDS Task Force, AIDS Shelter coalition and Kali Shiva AIDS Services. This integrated model of AIDS service delivery was the result of joint consultation, which established the initial framework for a model of HIV care, prevention, treatment and support in Manitoba.

In recent years, Nine Circles programs and services have evolved to respond to the changing epidemic and growing partnerships with community groups and health care agencies. In 2006, a Strategic Plan was implemented for the development, management and evaluation of its services through 2009.

#### Our Vision

Client-centred care that: reduces rate of infection for HIV and STIs; improves quality of life for those living with and affected by HIV/AIDS; reduces the stigma and discrimination associated with sexuality and sexual health, resulting in the overall improved health of our community.

The Nine Circles Community Health Centre is a community based, non-profit centre specializing in HIV/STI prevention and care. We:





- support HIV & STI prevention through testing, education and treatment
- provide coordinated medical and social supports for those living with and affected by HIV/AIDS
- promote sexual and personal health including harm reduction to those at risk

Nine Circles offers services in a safe, non-judging place for those of every race, religion, sexual orientation and socio-economic status who are made to feel welcome. We are proud to represent and support many diverse communities - the GLBTTQ\* community, Aboriginal community, immigrant refugee community among numerous others – and we wholly embrace the diversity of all communities and individuals we serve.

### **Health Promotion and Outreach Team (HPO) Education Program**

Education and health are the rights of individuals. The Nine Circles Health Promotion team assists people to increase control over and to improve their health. The team seeks to empower individuals through education, raising HIV/AIDS and STI awareness and working toward healthier lifestyle choices.

#### **Strategic Goals:**

- To reduce rates of HIV, sexually transmitted infections and other blood borne pathogens through primary HIV prevention.
- To provide early diagnosis of HIV in order to enable people to discover as early as possible thereby allowing access to appropriate interventions that will promote individual health and reduce risk of onward transmission.
- To facilitate the empowerment of people with HIV to take personal control and management over their health and experience the best quality of life.

#### **Primary tools include:**

- Interactive workshops
- Education sessions
- Resource handouts
- Harm reduction tools
- Sexual health promotion

Educational services are provided to groups, individuals, families and communities – examples include schools, community agencies, health care providers, correctional facilities, and other engagements upon request.

#### **Outreach:**

When clients face challenges in finding and keeping support, the Outreach team works to make services available in their homes, communities and other meeting places. Individuals receive information and resources for personal health, harm reduction tools, and the opportunity to link with services to help make the connections faster and stronger.

The Education and Information Coordinator and Health Educators are members of the Health Promotion and Outreach Team (HPO) and are responsible for assessing, creating and implementing strategies related to education and prevention of HIV, Hepatitis and sexually transmitted infections. This includes working with other members of the HPO team and Clinical Team to develop strategies for focused primary and secondary positive prevention initiatives for those living with HIV and those most at risk. As well, the Education and Information Program will implement education programs aimed at increasing knowledge, awareness and risk reduction among members of target populations.



Specific target population:

- People living with HIV
- People at high risk of HIV transmission including men who have sex with men (MSM), injection drug users (IDU) and sex trade involved.
- Service providers of high risk target population (e.g. street outreach programs, employment/income/housing support programs, shelters)

Following are the three key objectives and related activities:

1. Develop and implement resources, workshops, and trainings for Nine Circles clients and community.
  - Develop or adapt resources based on client or care provider needs
  - Develop and disseminate monthly, themed resources and information via bulletin boards, Gathering Place, outreach, and client contacts
  - Maintain a supply of current P&P, safer sex, and harm reduction resources
  - Training modules developed and utilized for capacity building trainings
  - Plan and implement NC volunteer training

Outcomes #1

Short Term

- Clients indicate awareness of HIV prevention, treatment, care, and support resources
- Increased HIV education programming in Gathering Place
- Workshop participants indicate intent to adopt preventative strategies
- Clients indicate increased access to harm reduction supplies

Long Term

- Increased number of people aware of their HIV status.
- Increased access to HIV education and prevention resources
- Clients indicated increased knowledge of HIV/STI/BBP

2. Increase capacity among service providers to integrate HIV prevention, testing, care and support information into regular program activities.
  - Develop, implement and maintain HIV education and prevention resource manual with basic, intermediate and advanced modules
  - Design and deliver HIV health education training modules
  - Provide ongoing trainings

Outcomes #2

Short Term

- Improved partnerships and communication with key organizations serving people at risk or living with HIV
- Increased knowledge and awareness of HIV prevention, testing, care and support among service providers and volunteers
- All Manitobans diagnosed with HIV are referred to the Manitoba HIV Program
- Service providers report increased knowledge
- Increased uptake in HIV testing through education and outreach



Long Term

- Increased access and appropriateness of services for people at risk of HIV or living with HIV in the community
  - Volunteers indicate an increase in knowledge and skills
  - Volunteers feel well-trained and supported
3. Increase awareness among members of the general public to HIV related issues in the community.
- Collaborate with Manitoba HIV Program partners (researchers, clinicians) to develop prevention campaign based on local epidemiology information Disseminate information about HIV/STIs and testing through the infoline, web resources and community presentations
  - Plan, coordinate and implement community events in collaboration with community partners (e.g. WAD, Pride, SHAW, AIDS Walk, MB HIV conference, AIDS Awareness Day, etc.)

Outcomes #3

Short Term

- Increased awareness re: testing options and availability in Manitoba
- Increased presence of Nine Circles key messages within the media (print, radio and TV) and in the community
- Improved external communication with community partners, members and supporters

Long Term

- Improved public support and reduced stigma and discrimination towards those affected and infected with HIV in Manitoba

**Information Contacts**

Organizational Contact/Participant: Gina McKay

Case Group Facilitator: Paula Migliardi





## **Summer Institute: Health of Populations Evaluation: Summer 2010**

### **Case Study # 3**

## **North Point Douglas Women's Centre (NPDWC): Safety Coordination and Youth Outreach Workers Program**

### **Introduction**

North Point Douglas has been unsafe. Issues have ranged from physical and verbal assaults, personal safety, dumpster fires, drugs, gangs and theft.

NPDWC has found that women and their families are the most affected by lack of safety in the community, and that by facilitating the concerns of and empowering the women of the neighbourhood, effective positive social change can occur. The Safety Coordination and Youth Outreach Workers Program was created to address these issues.

### **Background**

The North Point Douglas Women's Centre (NPDWC) is a registered charity. The organization has been in existence since 1999, was incorporated in 2002, and has been operating out of the existing building (221 Austin St.) since 2003.

The NPDWC relies on the generosity of the community. Past and current funders and partners include: Assiniboine Credit Union; Families and Children Together (FACT); Government of Canada – Human Resources and Skill Development Canada; Government of Manitoba – Energy, Science & Technology (Community Connections); Government of Manitoba – Neighbourhoods Alive!; Government of Manitoba – Community Places; Healthy Child Manitoba – Chronic Diseases Prevention Initiative; Investors Group; Mediation Services; Mennonite Central Committee of Manitoba; North End Revitalization Inc. (NERI); North End Community Renewal Corporation; Point Douglas Residents Committee; River East Mennonite Church; SISTARS; United Way of Winnipeg; The Winnipeg Foundation; Winnipeg Harvest; Winnipeg Partnership Agreement; Individual Donors.

Acquisition of the building, by the North End Community Renewal Corporation for the Women's Centre, is one of the positive steps being taken to reclaim the community. \$84,070 was obtained from Neighbourhoods Alive!, Manitoba Intergovernmental Affairs, and The Winnipeg Foundation toward the purchase and renovations. A further \$15,700 was received from Neighbourhoods Alive! for operational costs. The Winnipeg Foundation contributed a further \$7,930 toward furnishings. The Housing and Homelessness Initiative provided \$30,000 for renovation costs.

*Mission:* To create opportunities for women in North Point Douglas to develop their potential and to engage fully as citizens in the neighbourhood and in the broader community.

*Vision:* A safe, healthy vibrant community for women and their families in North Point Douglas.





#### *Guiding Principles:*

- Women can achieve personal growth through sharing knowledge, contributing to their community and establishing social connections;
- The Centre must be responsive and accountable to its constituents: the women it serves; its volunteers and staff; the community and its funders;
- Transparency must be maintained through an open and dynamic working structure among the board, committees, staff and volunteers;
- Decision-making by consensus;
- Every woman has value and has the potential to make a positive contribution to the Centre;
- All tasks and activities undertaken by volunteers and staff are equally important;
- The Centre has a role in working collaboratively with other community organizations in North Point Douglas and the broader community;
- Volunteers and staff are mutually accountable and responsible to each other for the work of the Centre;
- It is important to respect each other's feelings, opinions, ideas and experiences; and
- It is important to be welcoming, accepting and supportive.

The programs target women and their families in North Point Douglas

NPDWC works with residents and local groups to build community through partnerships, information sharing, and advocacy. NPDWC offers services and programs that: help meet basic needs; build job, life, and social skills; make the community a safer place; give parents information and support; provide recreation activities for children and families; and encourage a healthy lifestyle.

NPDWC currently employs seven staff, including an Executive Director, Neighbourhood Resource Coordinator, Safety Coordinator, Youth Outreach Worker, Drop-in Coordinator, Office Management Coordinator, and Office Assistant.

Since its establishment in 2002, the NPDWC has developed as a primary resource for women to seek assistance to address issues of inequality and violence. In 2008, NPDWC reported a significant service demand from the community recording 8115 participant visitors (75% women) to its drop-in for meeting basic needs, information, mentoring, community access to information and computers, community phone, and health and recreation activities.

The North Point Douglas neighbourhood is a high needs inner city neighbourhood facing challenges of poverty, poor housing, and minimal programming for youth. The neighbourhood is adjacent to hotels on the Main Street strip which encompasses social problems such as: homelessness, severe alcohol and drug addictions, and a high unemployment rate. This has a devastating effect on the neighbourhood.

#### **The Safety Coordination and Youth Outreach Workers Program (SCYOW)**

The Safety Coordination and Youth Outreach Program of North Point Douglas address the following risk factors:

- *Neighbourhood/Community:* Neighbourhood disadvantage and poverty; disorganized neighbourhood; availability of weapons, particularly firearms; high crime neighbourhood.
- *Individual:* early aggressive, disruptive and impulsive behaviour; early substance abuse; early onset of anti-social and criminal behaviour.
- *Family:* Parental and sibling criminality; parental anti-social behaviour and beliefs; parental substance abuse; family violence, abuse, and neglect; poor parental supervision; parents'





poor child-rearing practices; low socioeconomic status of family; extreme economic deprivation; child access to weapons, especially firearms.

- *Peer*: Association with delinquent peers; rejection by peers.
- *School*: Poor academic performance; disruptive behaviour in school; bullying; dropping out of school; truancy; school exclusion; low aspirations and school motivation.

*The activities* for the SCYOW include holding weekly safety talks at the NPDWC and discussing: domestic violence; managing stress; bullying; gang warning signs; and many discussions about safety in the area which led to individual follow up discussions and community engagement activities.

The community engagement activities include:

- Developing a Point Douglas Safety Walk – Neighbours Helping Neighbours to get to know your neighbourhood and neighbours to help improve safety in the neighbourhood
- Speed watch program
- Hiring, and supervising 6 Urban Green Team youth from May – August 2009
- Developing 21 raised garden vegetable beds for residents to grow locally; 24 flower boxes built by area children for businesses and residents, a curb side garden, and a vacant house lot garden
- Daily contact with area youth
- Developing a Walking School Bus and obtaining funding to hire “community monitors” to assist children having difficulties arriving at school every day
- Alternatives to Violence – Peace Is You! Training in June, 2009
- Bike Rodeo in June, 2009
- Safety Barbecues in North Point Douglas in July and August, 2009. A neighbourhood Safety Survey was completed at the barbecues by 154 residents
- Connecting and maintaining partnerships with the following community based organizations: Norquay Community Centre; Boys and Girls Club; Norquay School; Point Douglas Residents’ Committee; Powerline and the Police; North End Renewal Corporation; Graffiti Art Gallery; Welcome Home; Mount Carmel Clinic; Mediation Services; Winnipeg Outreach Network; Street Reach; Sexually Exploited Youth Network; Citizens on Patrol (COPPS); and Speed Watch.

Additionally, the Safety Coordinator supervises the Youth Outreach Workers (YOWs) which resulted in YOWs connecting with 1,207 area youth which included providing escorts to and from programs through gang territory; 16 bullying interventions; school monitoring and relationship building. They also conducted 427 Safety Audits, including park and school surveillance; 207 Parent contacts; 142 Program referrals; 88 business contacts; 30 High risk incidents; attending 18 events; 12 networking meetings, and 6 Youth Safety Council meetings.

The staff at the NPDWC for the Safety Coordination and Youth Outreach Workers Program (SCYOW) is composed of a Safety Coordinator and two Youth Outreach Workers. While many more initiatives and staff members are part of the NPDWC, this program description and evaluation is solely for these staff directly associated with the SCYOW program.

SCYOW is a holistic social development approach to crime prevention. This approach recognizes the social, economic, and cultural processes which contribute to crime and victimization. SCYOW focuses on reducing risk factors including: poor living conditions, poverty and unemployment, poor parenting, school dropout and substance abuse by strengthening the range of personal, social, health and economic factors which protect families, children and young people from becoming involved in crime and victimization.

The target group of the Safety Coordination and Youth Outreach project is the low income families and youth of North Point Douglas. The characteristics of the target group are low income





households with the median household annual income of \$21,673 of which 52.9% are low income households and 65% are female lone parents. The youth of these families in North Point Douglas are youth from alcohol and drug addicted parents; at-risk of joining gangs; low school attainment; and poor parental practices.

Safety Surveys include information in the following areas:

- Home ownership
- Household residents
- Type of residence
- Feelings on place
- Number of years in the neighbourhood
- Status of door locking
- Primary issues of concern in the neighbourhood
- Thoughts on incidents of crime
- Thoughts on feeling of safety
- Sources of information on neighbourhood crime
- Actions taken to protect against crime
- Safe play areas for children
- If respondent was a victim of crime
- What prevention activities / programs respondent feels is necessary
- Basic demographics

The Youth Outreach Workers also record information related to their activities, including: number of contacts; number of interventions; number of safety presentations; number of community events / meetings held and their attendance; number of safety visits; and basic notes of daily activities.

The Safety Coordination and Youth Outreach Worker programmes have been in existence since 2008, and continue until December 31, 2010. The height of their work is during the summer months, and will be approaching their peak in the coming weeks. Funding has already been scaled back for 2010, and no funding has been secured for future years. Based on the feedback from the original evaluation, and through conversations with the community members, the program needs to be continued for the next few years at minimum. It is the goal of the NPDWC to continue the program for at least three to five years.

The main parties affected by the program are the Safety Coordinator, the Youth Outreach Workers, with the NPDWC. The community at large voiced their support for the program, and a significant change in the community was felt by the evaluation of the program initially. As such, the North Point Douglas community is also affected by this program.

A program evaluation has been conducted in the past; organization staff has been trained in some aspects of evaluation; the current funding agreement requires evaluation and ends on December 31, 2010, however evaluation would be ongoing as data collection continues throughout the year.

There is a need for an evaluation that fills a summative need for the current year, and could pose as a formative need for future years.

### **Information Contacts**

Organizational Contact/Participant: Linda Williams, North Point Douglas Women's Centre  
Case Group Facilitator: Daniel Gravenor, Health in Common





## Summer Institute: Health of Populations Evaluation: Summer 2010 Case Study # 4

### Manitoba Securities Commission: Financial Literacy for Women

#### Introduction

A public awareness survey was commissioned by Manitoba Securities Commission to understand the attitudes of Manitoba public toward investing and managing household finances. The survey was conducted between February 11 and February 18, 2010. This was a province wide survey of 600 Manitobans.

Based on this research some trends became evident amongst Manitoba women aged 18-34 and their relationship to investing and finances. Some of the key findings are:

- Males (63%) are significantly more likely to report awareness of the Manitoba Securities Commission than females (49%), and
- 64% of females were more apt to say they worry about attaining their financial goals compared to 42% of males.

The profiles of females that are more apt to worry are:

- Younger women, particularly under 34 years of age,
- Women with lower levels of education, typically with a high school equivalency or less,
- Perhaps not surprisingly, residing in households of lower annual incomes of \$40,000 or less, and
- Those who say paying monthly bills is difficult (39%).

Based in these findings the Manitoba Securities Commission has proposed a project called “Financial Literacy for Women Guide”.

The project involves the development of a Financial Literacy Guide targeting women between 18 and 34 years of age. The guide is under development. At this point the Commission is interested in developing an evaluation that would determine how well this guide meets the needs of the target group. Initial pilot launch will be in Winnipeg but the evaluation should also identify the appropriateness or modifications needed for a rural application.

#### Background

The Manitoba Securities Commission (MSC) is an independent agency of the Government of Manitoba that protects investors and promotes fair and efficient investment markets in the province.

The Commission's securities industry mandate is to act in the public interest to protect Manitoba investors and to facilitate the raising of capital while maintaining fairness and integrity in the securities marketplace.

There are a number of key activities that fulfil this mandate which include the following activity which is specifically relevant to this project:

*To develop and offer public education to provide information about potentially illegal activity and to*





*help members of the public understand investing and market issues and to be able to make appropriate investment decisions;*

The mission of the Commission is to protect the public interest by facilitating dynamic and competitive capital and real estate markets that contribute to the economic development of Manitoba while fostering public confidence in those markets.

The administrative arm of the Commission is made up of full time employees of the provincial government and conducts the day-to-day operations including registrations, processing of applications and prospectuses, preparing matters for the referral to the Commissioners and conducting investigations, prosecutions and other hearings.

The functional arm of the Commission is comprised of two operating divisions; the Securities division and the Real Estate division. The Securities division is organized into seven operational sections being investigation, legal, registration and compliance, corporate finance and continuous disclosure, finance and administration and education/information.

### **Financial Literacy for Women Project**

The main objective of the project is to encourage women to become financially independent and more proactive money managers.

To accomplish this objective, MSC needs to look at the existing habits of women, not only informing women about investing and money management but also providing a reason as to why it is so important. To achieve this, it is recommended that a women's money booklet be developed.

This booklet would focus on various financial areas like investing, saving, spending habits, etc. and would all come from a woman's perspective. Included in this booklet would be specific, real-life stories from real women that pertain to the areas of focus above. Upon completion of this booklet it is also recommended that an awareness campaign take place, targeting women across the province. The campaign would take place in February of 2011.

#### Project Budget

Women's Money Booklet – Conceptualization, design, photography and printing of 5,000 Women's money booklets. These booklets would include information on investing, budgeting, financial habits, coupled with real stories from real women about the importance of being financially independent. Printing pricing is included and is for a 24-page piece with Kraft and Light Pink VIA stock. 2 colour printing is specified.

Facebook Advertising – Facebook campaign targeted at women ages 18 – 34 for the month of February, this campaign will be targeted at a group of approximately 170,000 women.

Development of Online Videos and a Radio Script which includes scripting 10 second weather/traffic sponsorships and producing a short video for the online big box ad. A one-minute interview video for each of the women will also be shot and put up on the website.

Radio Advertising - Running the Radio campaign message as 10 sec. weather/traffic sponsorships on the top three radio stations (ranker attached) against the female listeners including HOT103, CURVE and QX104 is recommended. The messaging will simply include a brief campaign message and drive the listener to click to MSC's website to learn more.





Online Ads - The secondary recommendation is placement within a big box (Video) ad option feature on the three top radio station website's media player page. The media player page on the radio station's websites is a prevalent page visited by the youth market, when they listen to music online.

Media Relations – Work will be done to specifically target rural publications, women's publications and major media in Winnipeg. Distribution points for the manual will also be discussed.

Project staff are in place to develop the project.

The project evaluation is to be developed and conducted in conjunction with the development and launch of the guide. The development of the evaluation design will be done during the beginning of the project to make sure that the project is set-up with the proper measures and indicators in place to ensure that the evaluation can inform the expansion of the project to rural Manitoba.

### **Information Contacts**

Organizational Contact/Participant: Ainsley Cunningham  
Case Group Facilitator: Karen Duncan

### **Additional Information Available**

Public Awareness Report – 2010 by NRG Research Group



## Summer Institute: Health of Populations Evaluation: Summer 2010 Case Study # 5

### Main Street Project: Community Kitchen

#### Introduction

The Community Kitchen is part of Transitional Services & Project Breakaway at Main Street Project (MSP). The project targets homeless individuals who are moving into housing. The majority of these individuals experience the following concerns:

- Low income and food insecurity
- Gaps in their food literacy and other life skills (i.e. inadequate knowledge of food acquisition/shopping, budgeting, food preparation, food safety), and may have the desire to address these gaps
- Inadequate access to food preparation facilities (may not have a stove or adequate refrigeration/freezer; may only have a microwave oven)
- Need for ongoing socialization

Some MSP clients are participating in a national initiative (“Housing First”) where they are being provided with a home containing new furnishings, including kitchen equipment. Another group of clients who are not part of this initiative, are moving into homes, or are waiting for a home through MSP’s “Transitional Services and/or Project Breakaway”. The housing they receive may not have new or adequate food storage and preparation facilities, which will impact their food security. This may be compounded by their lack of food-related life skills.

MSP would like to implement a pilot project which would:

- Assess the needs of clients moving into housing with respect to food-related life skills
- Assess baseline food security (and possibly nutrition status)
- Facilitate a “Community Cooks” food program for clients where they would plan, shop and cook a series of healthy meals that could be taken home. The program would include elements of nutrition, budgeting, socialization, cultural foods, and food safety
- Demonstrate benefit to clients

Currently MSP is seeking funding for the two year project.

As part of this project MSP would like to set up an evaluation plan that would provide both formative and summative evaluation information. The formative evaluation would evaluate the process and the appropriateness of program activities and elements while the summative evaluation would relate to the impacts in terms of food security, socialization, healthy eating, etc.

Potential issues to impact evaluation: commitment of clients; changing participants; funding; literacy; other?

#### Background





The Main Street Project (MSP) was established in 1972 (38 years ago). It is a non-profit and offers community social services. Current funders are Winnipeg Regional Housing (WRHA), Police Dept, Province of MB, Family Services & Consumer Affairs, United Way and Winnipeg, Housing Homeless Initiative (WHHI).

The target clients for the project are homeless and heavily street entrenched individuals. The agency currently serves approximately 5,000 individuals annually.

Programs/ Services offered are:

- Non-medical detoxification Area
- Intoxicated Persons Detention (Area IPDA)
- Mainstay Transitional Housing
- Drop-in
- Shelter
- Project Breakaway
- Transitional Services

## Community Kitchen

The community kitchen project has been developed as a support and educational program targeting two specific groups:

1. Shelter/Mainstay Clients (Drop In Cooking)
2. Case Managed Clients in the Community (Community Cooks Program)

The project has been developed as a two year (24 month) project comprised of 4 months development phase followed by 18 months implementation with the final 2 months used to wrap up the project and finalize the evaluation.

The project objectives are to:

- Increase food security of MSP clients
- Increase nutritional status of MSP clients
- Improve quality of life
- Enhance MSP's services to include a community kitchen

This project will implement two food security projects:

1. Shelter/Mainstay Clients (Drop In Cooking): these individuals do not have housing but are hoping to be housed in the near future. The drop-in cooking class will happen twice per week with approximately 8 different clients per class. The class will be facilitated by a coordinator, who will have purchased the ingredients for the classes. Recipes will be decided on the previous week. Clients will eat the food together in a meal after the class and will take a minimal amount of food away with them.
2. Case Managed Clients in the Community (Community Cooks Project): these individuals have been placed into housing and have a case-manager who assists them with lifeskills and daily living. The Community Cooks project will consist of two identical curriculums, with approximately 8 clients per class. The class will be facilitated by a coordinator who will meet with the clients on day 1 to plan and shop, then the group will re-convene on day 1 to prepare approximately 3 recipes. The group will consume a meal after the class but will also package and take home 5-7 meals to be stored and consumed during the following week.



## Activity Details

### **1. Community Cook Program**

- Shopping
  - a. Harvest
  - b. Groceries
- Food Preparation/Cooking
  - a. Preparation/Cooking
  - b. Packaging/Storage
- Nutrition
- Food/Kitchen Safety
- Budgeting
- Cultural Foods/awareness
- Planning
  - a. Menu
  - b. Recipes

### **2. Drop in Cooking Classes**

- Menu Planning
- Budgeting
- Cultural foods/awareness
- Food/Kitchen Safety
- Nutrition education
- Food Preparation/Cooking
  - a. Preparation/Cooking
  - b. Packaging/Storage

The program will be overseen by a Program Coordinator with staffing support by an occupational therapist and activity workers and volunteers.

Inputs required to operate the program are:

- Staffing
- Funds
- Facility (Sunshine House)
- Transport
- Food, Supplies
- Volunteers
- Packaging
- Utilities/Rent
- Communication
- Evaluation

### Short Term Outcomes:

- Increase life skills and client knowledge
- Increase socialization
- Increase satisfaction with the program
- Increase consumption





### Long Term Outcomes

- Increase food security
- Increase quality of life
- Increase health and nutritional status

### **Information Contacts**

Organizational Contact/Participant: Paula Hendrickson, Main Street Project,  
phendrickson@mainstreetproject.ca

Case Group Facilitator: Kaye Grant, Reconnaissance Management Consulting Group Inc.





## Summer Institute: Health of Populations Evaluation: Summer 2010 Case Study # 6

### Aurora Family Centre & Mount Carmel Clinic Fostering Intercultural Communications and Connections Amongst Aboriginal and Newcomer Youth

#### Introduction

Immigration to Winnipeg has been increasing at a rapid pace. At the same time, Winnipeg is Canada's city with the largest share of the urban Aboriginal population. Bearing in mind these demographic trends and Winnipeg's increasingly pluralistic state, we cannot afford to overlook the way that Aboriginal and newcomer communities view and interact with one another.

Recent Winnipeg-based research has shown that members of the Aboriginal and immigrant communities know very little about one another, that misperceptions exist, and that inter-community relations are generally distant.

A pilot initiative funded by *Welcoming Communities Manitoba* was successfully run by Aurora Family Centre in partnership with the N.E.E.D.S. Inc centre (the latter of which hosted the drumming and storytelling sessions). During the pilot project, staff realized that in order for youth to break down trust barriers and build authentic connections, sessions need to happen over an extended period of time and in a neutral setting. Thus, the post-pilot, enhanced project will run for a longer period of time, and in partnership with Mount Carmel Clinic which is seen as a neutral agency because it serves both newcomers and Aboriginal peoples.

#### Background

**Aurora Family Therapy Centre** is a non-profit organization that has been serving Winnipeg and Manitoba communities for 38 years. It provides therapy services to families, couples and individuals, and is also a training venue of the Master of Marriage and Family Therapy Program at the University Winnipeg. It is part of Aurora's mission to foster and increase diversity awareness amongst staff, student and client populations, and to promote principles of inclusion and equality in the larger community. Aurora has developed many partnerships with agencies and government organizations, including Manitoba Labour and Immigration, Manitoba Victims Services, United Way, Winnipeg Foundation, Thomas Seal Foundation, RCMP and many more. Aurora's Therapy Program for Immigrant and Refugee Families has been successfully providing therapy services to newcomer families for over three years. Aurora is committed to serving clients from many diverse groups. It provides services to many Aboriginal and immigrant/ refugee clients.

**Mount Carmel Clinic** is a non-profit organization in Winnipeg's North End. Established in 1926, it is Canada's first community health centre with a mission to create and promote healthy inner city communities. Mount Carmel Clinic serves North End community members, immigrants, refugees, teens, and individuals across their life span. The clinic considers the social, physical, environmental, cultural, and economic factors that influence a community's overall health. The Multicultural Wellness Program, created in 1985, offers community based and culturally-appropriate services that promote mental, emotional and physical health for immigrants and refugees.





## Proposed Project

This proposed project aims to use Aboriginal/African drumming, storytelling and sharing circles as a means to facilitate personal healing and build meaningful connections among Aboriginal and newcomer youth. By enhancing last year's successful pilot initiative we intend to offer weekly drumming, storytelling and sharing circle sessions to a larger group of youth (24 participants) over an extended period of time (26 weeks).

Co-led by newcomer and Aboriginal community facilitators, the weekly group sessions will offer youth (aged 16-24) a safe and collective space to interact, dialogue and learn about what they have in common. Learning about one another's similar experiences (e.g., injustices and similar spiritual worldviews) is crucial for improving inter-group relations. Although the program targets youth, it will also be open to family members who wish to participate. The project will be evaluated through qualitative and quantitative methods by gathering feedback from a range of stakeholders, such as the project supervisor, the group facilitators and participating youth from both communities.

- By drumming and sharing stories, the project will **foster intercultural communication and connections** amongst youth. Over the weeks, participants from both communities will come to realize the many similarities that they share in common. They will also be more aware of each other's past experiences and common future goals.
- During some of the sessions, professional guest speakers and elders from both groups will be invited to share their life struggles, experiences and feats. This will **challenge stereotypes** that youth may have of the "other" group. Moreover, at the end of the project, volunteer youth will go out to community groups in Winnipeg as well as rural areas, and speak about how the project shifted their views of one another. Doing this will promote **awareness of multiculturalism in both urban and rural areas**.
- The project will build **training capacity** of four facilitators (two Aboriginal and two newcomer facilitators). The facilitators will be mentored and supervised by an experienced therapist and faculty member, to carry out the intercultural drumming workshops, storytelling and sharing circles.

Staff members (and weekly work hours) are as follows:

- Four co-facilitators; two Aboriginal facilitators and two newcomer facilitators. They will facilitate the three hour weekly drumming and story telling sessions
- One supervisor to provide guidance and support to the facilitators (Approximately two hours a week)
- One evaluator (Approximately four hours a week)

The staff members of project planning committee would like to evaluate the post-pilot project, to show positive outcomes to the community and funders and hopefully garner sustainable ongoing support for the project.

The committee has requested ideas for an evaluation framework for the post-pilot enhanced project, which is scheduled to begin in September 2010 – March 2011 (pending funding)

## Information Contacts

Organizational Contact/Participant: Lucia Madariaga-Vignudo  
Case Group Facilitator: Ainslie Hinds





## **Summer Institute: Health of Populations Evaluation: Summer 2010 Case Study # 7**

### **Nine Circles: Health Promotion and Outreach Team: Testing and Outreach Component**

#### **Introduction**

The Health Promotion Outreach and Education Program was implemented in order to increase Nine Circles' capacity to initiate and respond to HIV-related community education. The Program responds to Nine Circles' mandate of: supporting HIV & STI prevention through testing, education and treatment; providing coordinated medical and social supports for people living with HIV; promoting sexual and personal health, including harm reduction, to those at risk

Nine Circles has had numerous education initiatives in the Centre's 10 years of operation. The Education program was introduced in its current state in 2007, with the Education Program Coordinator. Since then, two health educators have joined the team.

We are interested in defining and assessing measures of success in relation to prevention educational programming.

We would like evaluation tools/methods to do the following:

4. Identify strategies to assist with program development, i.e. define where additional prevention/outreach resources should be directed? How to determine 'hot spots' and underserved groups?
5. Measure knowledge gained (workshops, evaluation of infoline calls)
6. Measure 'intent to adopt new or change current practice in order to keep yourself or others safer' (i.e. how do we know that people will apply the knowledge they've gained?)

#### **Background**

In 1998 Nine Circles was established as a centre for HIV care in Winnipeg resulting from the amalgamation of four community based AIDS service organizations: Village Clinic, Manitoba Aboriginal AIDS Task Force, AIDS Shelter coalition and Kali Shiva AIDS Services. This integrated model of AIDS service delivery was the result of joint consultation, which established the initial framework for a model of HIV care, prevention, treatment and support in Manitoba.

In recent years, Nine Circles programs and services have evolved to respond to the changing epidemic and growing partnerships with community groups and health care agencies. In 2006, a Strategic Plan was implemented for the development, management and evaluation of its services through 2009.





### Our Vision

Client-centred care that: reduces rate of infection for HIV and STIs; improves quality of life for those living with and affected by HIV/AIDS; reduces the stigma and discrimination associated with sexuality and sexual health, resulting in the overall improved health of our community.

The Nine Circles Community Health Centre is a community based, non-profit centre specializing in HIV/STI prevention and care. We:

- support HIV & STI prevention through testing, education and treatment
- provide coordinated medical and social supports for those living with and affected by HIV/AIDS
- promote sexual and personal health including harm reduction to those at risk

Nine Circles offers services in a safe, non-judging place for those of every race, religion, sexual orientation and socio-economic status who are made to feel welcome. We are proud to represent and support many diverse communities - the GLBTTQ\* community, Aboriginal community, immigrant refugee community among numerous others – and we wholly embrace the diversity of all communities and individuals we serve.

Education and health are the rights of individuals. The Nine Circles Health Promotion team assists people to increase control over and to improve their health. The team seeks to empower individuals through education, raising HIV/AIDS and STI awareness and working toward healthier lifestyle choices.

Primary tools include:

- Interactive workshops
- Education sessions
- Resource handouts
- Harm reduction tools
- Sexual health promotion

Educational services are provided to groups, individuals, families and communities – examples include schools, community agencies, health care providers, correctional facilities, and other engagements upon request.

### Outreach:

When clients face challenges in finding and keeping support, the Outreach team works to make services available in their homes, communities and other meeting places. Individuals receive information and resources for personal health, harm reduction tools, and the opportunity to link with services to help make the connections faster and stronger.

## **Health Promotion and Outreach Team (HPO) Program: Testing and Outreach Component**

Strategic Goals:

- To reduce rates of HIV, sexually transmitted infections and other blood borne pathogens through primary HIV prevention.
- To provide early diagnosis of HIV in order to enable people to discover as early as possible thereby allowing access to appropriate interventions that will promote individual health and reduce risk of onward transmission.
- To facilitate the empowerment of people with HIV to take personal control and management over their health and experience the best quality of life.



The Outreach Nurse in collaboration with other members of the Health Promotion and Outreach Team (HPO) is responsible for assessing, creating and implementing strategies related to education and prevention of HIV, Hepatitis and sexually transmitted infections. This includes the development of strategies focused on primary and secondary positive prevention initiatives for those living with HIV and those most at risk, including testing in community settings.

In operation since the Fall of 2009, the Nursing Outreach component of the HPO Program has established partnerships with Main Street Project and the Youth Addiction Stabilization Unit (YASU) at Marymount (YASU is a short-term program that supports families with a child 17 years of age and under who has an addiction to alcohol or other drugs). The distinctive activity of this program is that it offers Point of Care Testing (POCT) outside the clinical setting. Nine Circles is a pioneer in the provision of POCT testing in Manitoba, and the only community agency providing this testing option in the province.

Specific target population:

- People living with HIV
- People at high risk of HIV transmission including men who have sex with men (MSM), injection drug users (IDU) and sex trade involved
- Service providers of high risk target population (e.g. street outreach programs, employment/income/housing support programs, shelters)

The key objectives related activities and outcomes are as follows:

1. To increase access to STI and HIV testing among members of the target population (MSM, IDU and sex trade involved).
2. To assist in the identification of potential sites (“hot spots”) in the community where to conduct testing and nursing/education outreach
3. To develop partnerships with community agencies or other community groups or program to facilitate access to testing to populations at risk

Activities:

- Develop and disseminate HIV, sexual health, and harm reduction resources (including hand bills, safer sex/IDU kits)
- Train and support Pre and Post Test Educators
- Collaborate with communities and groups to develop and implement prevention strategies
- Provide STI, HIV (Point of Care Testing), pregnancy testing, and offer treatment whenever appropriate (e.g., for treatable STIs) and referrals in community settings (i.e., outside Nine Circles’ clinical setting)
- Participate in network of service providers working in sexual health





Outcomes:

Short Term

- Increased number of people at risk attending for HIV and STI testing.
- Increased harm reduction resources and tools available for use by HPO staff
- P & P volunteers receive regular training updates
- Increased access to prevention resources
- Testing campaigns include collaboration from other organizations

Long Term

- Increased number of people aware of their HIV status.
- Increased number of high-risk individuals being tested at Nine Circles (through STI clinic or Outreach RN)
- Newly diagnosed cases are identified earlier and referred to care rapidly.

**Information Contacts**

Organizational Contact/Participant: Tina Sorensen  
Case Group Facilitator: Lawrence Deane

**Additional Information Available**





## Appendix B – Evaluation Data (selected items)

### Appendix B: Topical Summary

#### Morning Key Note Presentations

<b>Plenary: Designing Evaluations that Actually get Used: Michael Quinn Patton</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.5	
Relevance of material presented	4.6	
Usefulness of resources/handouts provided	4.5	
Effectiveness of audio visual tools	4.5	
Did the presentation provide you with new information on the topic?	4.6	
Gained a lot of new knowledge		71%
Value (% wanting subject expanded)		46%
Value (% good as it)		50%
Brief Summary of Comments	Excellent, engaging, somewhat offended by racist cartoons, good story teller.	

<b>Indigenous Methodologies: Margaret Kovach</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.7	
Relevance of material presented	4.6	
Usefulness of resources/handouts provided	3.9	
Effectiveness of audio visual tools	4.3	
Did the presentation provide you with new information on the topic?	4.1	
Gained a lot of new knowledge		54%
Value (% wanting subject expanded)		42%
Value (% good as it)		42%
Brief Summary of Comments	Very good, interactive, insightful, informative, could have used a few more examples, thorough.	





<b>HIV Research: Mark Tyndall</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.8	
Relevance of material presented	4.5	
Usefulness of resources/handouts provided	4	
Effectiveness of audio visual tools	4.6	
Did the presentation provide you with new information on the topic?	4.6	
Gained a lot of new knowledge		74%
Value (% wanting subject expanded)		39%
Value (% good as it)		52%
Brief Summary of Comments	Fabulous, great, excellent, wish he could speak longer.	

<b>Programs to Reduce Malnutrition: Measuring their Progress and Understanding their Impact: Barbara Macdonald</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.4	
Relevance of material presented	3.6	
Usefulness of resources/handouts provided	3.2	
Effectiveness of audio visual tools	3.6	
Did the presentation provide you with new information on the topic?	3.8	
Gained a lot of new knowledge		42%
Value (% wanting subject expanded)		31%
Value (% good as it)		54%



Brief Summary of Comments	Excellent, knowledgeable, interesting, confusing that the slides didn't match the handout.
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<b>Interdisciplinary Evaluation &amp; Research as Public Intellectuals: Shauna Butterwick</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.2	
Relevance of material presented	4.2	
Usefulness of resources/handouts provided	3.0	
Effectiveness of audio visual tools	4.0	
Did the presentation provide you with new information on the topic?	3.9	
Gained a lot of new knowledge		33%
Value (% wanting subject expanded)		42%
Value (% good as it)		50%
Brief Summary of Comments	Amazing, creative, interesting, interactive, difficult and challenging.	

## Lecture Presentations

<b>Introduction to Evaluation: Javier Mignone</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	3.9	
Relevance of material presented	4.3	
Usefulness of resources/handouts provided	2.4	
Effectiveness of audio visual tools	3.7	
Did the presentation provide you with new information on the topic?	3.8	
Gained a lot of new knowledge		38%
Value (% wanting subject expanded)		58%
Value (% good as it)		42%



Brief Summary of Comments	Dynamic Speaker with lots to learn good discussion but confusing directions, a little lengthy for topic, perfect topic for day 1.
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<b>Introduction to Participatory Approaches to Evaluation: Lawrence Deane</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.1	
Relevance of material presented	4.2	
Usefulness of resources/handouts provided	3.6	
Effectiveness of audio visual tools	3.9	
Did the presentation provide you with new information on the topic?	3.7	
Gained a lot of new knowledge		30%
Value (% wanting subject expanded)		58%
Value (% good as it)		35%
Brief Summary of Comments	Very good, clear, informative presentation, informal presentation.	

<b>Evaluation Designs: Javier Mignone</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.2	
Relevance of material presented	4.7	
Usefulness of resources/handouts provided	3.5	
Effectiveness of audio visual tools	4.0	
Did the presentation provide you with new information on the topic?	4.2	
Gained a lot of new knowledge		35%
Value (% wanting subject expanded)		61%
Value (% good as it)		39%
Brief Summary of Comments	Very researched focused and a bit confusing, but informative for those who understood.	

<b>Qualitative Methods: Paula Migliardi</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
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<b>Qualitative Methods: Paula Migliardi</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.2	
Relevance of material presented	4.2	
Usefulness of resources/handouts provided	3.8	
Effectiveness of audio visual tools	4.4	
Did the presentation provide you with new information on the topic?	3.3	
Gained a lot of new knowledge		18%
Value (% wanting subject expanded)		19%
Value (% good as it)		82%
Brief Summary of Comments	Speaker spoke too quickly; group discussions were very beneficial.	

<b>Quantitative Methods: Aynslie Hinds</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.2	
Relevance of material presented	4.2	
Usefulness of resources/handouts provided	4	
Effectiveness of audio visual tools	4	
Did the presentation provide you with new information on the topic?	3.2	
Gained a lot of new knowledge		14%
Value (% wanting subject expanded)		14%
Value (% good as it)		52%
Brief Summary of Comments	Tough topic, too bad she reviewed basic stats and couldn't go more in depth with examples, good PowerPoint and hand out.	



<b>Indicator Development: Javier Mignone</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.1	
Relevance of material presented	4.1	
Usefulness of resources/handouts provided	3.4	
Effectiveness of audio visual tools	4	
Did the presentation provide you with new information on the topic?	3.8	
Gained a lot of new knowledge		36%
Value (% wanting subject expanded)		59%
Value (% good as it)		36%
Brief Summary of Comments	Confusing, good intro and summary, needed to be simplified.	

<b>Reporting &amp; Use of Evaluation Findings: Mike Tutthill</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
Clarity of presentation	4.4	
Relevance of material presented	4.7	
Usefulness of resources/handouts provided	4.8	
Effectiveness of audio visual tools	4.4	
Did the presentation provide you with new information on the topic?	4.3	
Gained a lot of new knowledge		43%
Value (% wanting subject expanded)		50%
Value (% good as it)		50%
Brief Summary of Comments	Very useful, relevant, great activity	

<b>Ethical &amp; Cultural Issues in Evaluation: Sasha</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey</b>
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<b>Kondrashov &amp; Kaye Grant</b>		
Clarity of presentation	4.4	
Relevance of material presented	4.2	
Usefulness of resources/handouts provided	4	
Effectiveness of audio visual tools	3.8	
Did the presentation provide you with new information on the topic?	3.5	
Gained a lot of new knowledge		29%
Value (% wanting subject expanded)		27%
Value (% good as it)		52%
Brief Summary of Comments	Interesting, enjoyable, knowledgeable, a bit too much stereotyping, helpful handouts.	

### Case Approach

<b>Team Work process</b>	<b>Written Evaluation Average (out of 5)</b>	<b>Survey Average Rating (4 point scale)</b>
Clarity of presentation	4.1	
Clarity and ease of access to case materials	4.8	
Effectiveness of team process	4.1	
Brief Summary of Comments	Not much guidance, intimidating, great experience, more time was needed.	

<b>Case Approach</b>	<b>Very Much/ Somewhat Agree</b>	<b>Somewhat / Very Much Disagree</b>
A – the teamwork process was clear and well communicated	87%	12%
B – the team assignments were appropriate	100%	0%
C – the case study materials were appropriate as a learning experience	100%	0%
D – our team worked well together – all team members contributed to the final outcome	83%	17%
E – the team work process facilitated my	100%	0%



learning process		
F – the time devoted to the case study / team work was a valuable use of my time	95%	5%

