

In From the Margins: Promising Practices and Possibilities

From a Working Forum for Health, Literacy and
Early Childhood Professionals

Vancouver, British Columbia

March 2-3, 2009

*By the Adult Working Group, Health and Learning
Knowledge Centre (HLKC), in collaboration with the
Early Childhood Work Group, HLKC and the Health
Human Resource Capacity Building for Health Literacy
– Education Strategies for Health Professionals Work
Group, HLKC*

HEALTH AND LEARNING

Knowledge Centre

August 2009

This document was prepared by Wendy Kraglund-Gauthier, Sue Folinsbee, Allan Quigley and H  l  ne Gr  goire for the Adult Working Group of the Canadian Council on Learning’s Health and Learning Knowledge Centre. The Adult Working Group is co-chaired by Allan Quigley and H  l  ne Gr  goire.

It is issued by the Adult Working Group of the Health and Learning Knowledge Centre as a basis for further knowledge exchange. The opinions and conclusions expressed in the document are, however, those of the contributing authors and do not necessarily reflect the views of the Health and Learning Knowledge Centre’s members. Wording appears as submitted by participants except in rare instances where minor wording changes were deemed necessary for sentence clarity.

The Canadian Council on Learning (CCL) is an independent, non-profit corporation that promotes and supports research to improve all aspects of learning—across the country and across all walks of life. The Health and Learning Knowledge Centre was one of five knowledge centres established in various learning domains by the Canadian Council on Learning. The HLKC coordinated and organized its work according to both the life stages and settings through the work of 14 working groups. The Health and Learning Knowledge Centre was located in the Faculty of Education at the University of Victoria.¹

A companion document to this report is the *Forum Reflections Report*. This report provides a detailed account and analysis of the results of the forum *In From the Margins: Promising Practices and Possibilities for Health and Learning* held in Richmond, British Columbia, on March 2 and 3, 2009.

These publications are available electronically on the Adult Working Group’s website at www.stfx.ca/events/bcforum and on CCL’s website at <http://www.ccl-cca.ca/healthandlearning>

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¹ The work of the HLKC terminated in July 2009 when its contract term ended.

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Acknowledgements

We thank all the forum delegates who came from across Canada from diverse sectors and shared their promising practices before, during, and after the forum.

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Introduction

From 2006–2008, the three Working Groups of the Health and Learning Knowledge Centre (HLKC) that focused on adults, early childhood and health professionals held consultations with their constituent groups about health and learning and health literacy issues.²

- They heard and learned how complex issues of learning and health are and how they overlap many constituencies and encompass many social determinants of health.
- They heard how the health of adults, children, and families is affected by social barriers and is often dependent on relationships with health professionals and other service providers in various settings.
- They heard how health professionals are not always aware of health literacy issues or what to do to address social barriers. Even when social determinants and health literacy issues are identified, little action is taken.

As the major activity of its 2008–2009 work plan, the Adult Working Group initiated and led the planning and delivery of a joint forum on health and learning. They partnered with a pan-Canadian steering committee of representatives from the three working groups. An advisory committee with members from the HLKC and HLKC working groups, the Adult Learning Knowledge Centre (AdLKC) and the Canadian Council on Learning (CCL) provided advice to the steering committee.

The intent was to bring those who provide services and those who use them together for knowledge exchange and knowledge mobilization through a joint forum: *In From the Margins: Promising Practices for Health and Learning*. Forum organizers wanted to encourage action by documenting and disseminating innovative, promising practices, and by collecting emerging solutions that address the common barriers related to health and learning, and health literacy that these constituent groups have experienced. These barriers were found to be consistently related to the social determinants of health, such as access to health services, poverty, literacy, discrimination, language, and culture. At the forum, participants explored together how to address such barriers. Through professional wisdom, the participants sought to propose practice and theory-based answers to the many health and learning problems that had been identified through their consultations.

² The definition of health literacy includes the capacity to get, understand and be able to talk about health information so that individuals can make appropriate decisions regarding their health and maintain good health in different health contexts throughout their lives. It also applies to the ability of health practitioners and services providers to also be able to provide information and communicate in a barrier-free way with their clients.

Collecting Promising Practices

Forum organizers sent invitations to practitioners, providers, academics and others whom they had worked with over the years who had an interest in health and learning and experience working with marginalized adults and their families. Fifty-five forum delegates came from British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia. There was representation from literacy, HIV/AIDS, and immigrant service organizations, early childhood groups, health professionals, government, and academics. Delegates represented a range of diverse communities including First Nations, Francophones, and Other Voices. The forum was held in English.

Participants were asked to submit one promising practice in either French or English as part of their advance registration. Participants were to provide a description of a promising practice, including how this work supports people to deal with, and/or overcome, barriers to accessing health information and services. Wendy Kraglund-Gauthier of HLKC’s Adult Working Group compiled all submissions of promising practices and they were distributed in draft form at the forum. During the forum, space and time was given to facilitate information sharing on these promising practices. Participants were also encouraged to bring additional materials for pick up and display.

After the forum, participants were asked to review their promising practices and resubmit if required. This document represents a collection of participants’ shared experiences and wisdom. Contributors gave their names and contact information along with the agreement that they can be contacted for follow-up.

Please note that the promising practices appear as they were submitted and they have not been tested or evaluated by members of the three working groups, the Health and Learning Knowledge Centre, or the Canadian Council on Learning.

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2010 Legacies Now Society: Literacy Now Communities

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Description of Promising Practice:

The Literacy Now Communities program of the 2010 Legacies Now Society is designed to support communities across the province of British Columbia as they participate in collaborative literacy planning processes. The program works closely with public institutions, government ministries, local government, community organizations, and a variety of literacy practitioners to animate and support discussions involving broad representation from community members.

The Literacy Now strategy takes a collaborative approach, placing trust and value in the ability of the community to find solutions. Community literacy task groups are provided with funding for the development of plans and follow-up funding over three years to implement actions in the plans. Communities are building on existing literacy work, analyzing challenges particular to their situations, and identifying joint projects and programs to address literacy gaps.

As Literacy Now becomes more embedded in communities, it is:

















- providing a provincial overview of emerging issues, trends and potential solutions;
- building community networks, partnerships, and relationships to support literacy programming;
- identifying a network of community leaders across the province who can support communities to focus on literacy support;
- assisting communities to pool and build financial and human resources to address the many related issues of community members;
- increasing the literacy skills of individual community members.

Community discussions have centered on the following topics:

- Building the strengths of the mainstream learning programs and resources that continue to allow children, young people, and adults to become literate, and to develop a joy in literacy activities such as reading, writing and participating in their community
- Creating learning programs and resources to support those children, young people, and adults who have not been, or are not, well served by these mainstream learning programs

- Embedding learning and literacy activities in all community settings, for example: libraries, community service agencies, food security initiatives, health-related initiatives, sports programs and churches
- Linking literacy as an essential and vital aspect of community health to other community planning and acting processes, public, private, and non profit.

Several common issues and themes are emerging as plans are developed. These are:

-   There is a need for ongoing learning and other options outside of formal systems. The informal learning that happens in communities is very valuable—it must be supported to the level of value that it has.
-   It is important to be able to continue to do what we already do well in terms of literacy programming. We need to sustain proven and effective literacy interventions and expand them to meet demands.
-   Community coordination of literacy work is critical to ensuring its success and sustainability.
-   Continue to develop approaches to assisting adults and families facing multiple issues, for example poverty, homelessness, addictions, violence—as well as literacy. There is a complex mix of issues for them and, consequently, a need for integrated services.
-   There is a need for more communication between community agencies, schools and colleges.
-   It is important to integrate services where it makes sense (possibly the community school concept, a clearinghouse model, or a similar initiative that houses a variety of services for families and/or for literacy development)
-   Conversely, we need to reach out to vulnerable people and take programs to places where they are already comfortable. This is often seen as an outreach arm of a centralized concept. It is also related to the understanding that there is still a stigma attached to having low literacy skills. There is general agreement that we need to find ways to erase this stigma, celebrating what people do know and their ingenuity to cope on a day-to-day basis.
-   We must find the strengths in the individuals in our communities. Local intellectual resources must be utilized. Connections must be made between those who have information and those who would like to learn— this variety of information becomes a vehicle for learning how to learn (literacy).

Alberta Health Services: 3 Cheers for the Early Years

Submitted by:

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Client Target Group:

Childcare Sector

Description of Promising Practice:

Project Goal:

To promote health growth in young children by supporting the childcare sector in creating healthy eating environments, specifically targeting child care settings with children identified as higher risk due to socioeconomic circumstances.

Background and Rationale:

1. Healthy eating is a critical part of child development. Children often spend a significant part of their day in childcare, which significantly impacts their health and influences their eating attitudes and behaviours.
2. Alberta Health and Wellness recognizes the important contribution childcare settings make to the health of children and have developed guidelines to assist in creating healthy food environments in childcare settings.

In addition to the *Alberta Nutrition Guidelines for Children and Youth*, the new Child Care Licensing Act and the Child Care Licensing Regulation provide further impetus to support child care settings to create healthy eating environments.

A Best and Promising Practice:

Review and feedback from agencies working with higher needs daycares show that a nutrition modeling approach³ is a required area of support in higher needs daycares. A generous anonymous donation from the Calgary Health Trust along with regional support presents an opportunity to support nutrition modeling and healthy eating environments in child care settings, with a specific focus on improving fruit and vegetable intake in children, a key dietary marker.

³ Nutrition Modeling is an approach which aims to create an environment where healthy eating is modeled through positive environments and daily practices of daycare staff and families.

The Opportunity:

Two Nutritionists from the Calgary Health Region, each working as a 0.5FTE, proposed to work with Family Resource Facilitation Project (FRFP) Managers and Resource Facilitators towards the following deliverables by March 31, 2009:

- the development of a stakeholder advisory committee to inform and guide the process around creating supportive healthy eating environments in child care settings
- the development of a framework in collaboration with the child care sector to inform the implementation and supports needed to create healthy eating environments in child care settings; and
- the development and piloting of a self assessment tool for daycares to help identify areas of nutrition strength and improvements.

Association of Canadian Community Colleges (ACCC) / Early Childhood Education (ECE): Affinity Group/Network

Submitted by:

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Target Group:

Early childhood faculty and staff, lab school practitioners and administrators from colleges/institutes

Description of Promising Practice:

The ACCC/ECE Affinity Group is a pan-Canadian network through which early childhood faculty and staff, lab school practitioners and administrators from colleges/institutes can collectively advance training and education through mutual support and collaborative efforts.

The **ECE Affinity Group** is a forum for sharing ideas, best and promising practices, current trends, issues and new initiatives/opportunities. In addition, the ECE Affinity Group attempts to:

- stimulate dialogue, learning, and interchange that informs Affinity Group members;
- promote linkages and sharing of resources (curriculum, delivery formats, resources) between and amongst institutions;
- engage participants in ongoing professional development and lifelong learning opportunities;

- advance and advocate for excellence in early childhood education and training that, in turn, promotes high quality early learning and care services for Canada’s children and families; and
- work in close collaboration with the Child Care Human Resources Sector Council and other national organizations.

ECE Faculty Forums are held annually and the 4th ECE Faculty Forum will be held in Edmonton in November 2009. Current priority areas include:

- strengthening and expansion of the ECE Network,
- review of the occupational standards; accreditation of ECE Programs, and
- recruitment and retention in the ECE sector. Leadership is provided through a pan-Canadian coordinating committee

Atlantic Summer Institute on Healthy and Safe Communities

Submitted by:

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Client Target Group:

Community leaders/practitioners working in the area of crime prevention, health promotion or social development

Description of Promising Practices:

#1 The Atlantic Summer Institute on Healthy and Safe Communities (ASI)

The Atlantic Summer Institute on Healthy and Safe Communities (ASI) is a collaborative bilingual training institute, which has offered an annual summer learning event at the University of Prince Edward Island in Charlottetown, PE since 2004. The ASI is managed by a board of directors representative of the Atlantic Region. The secretariat of the ASI is The Quaich, Charlottetown, PE.

The ASI:

- brings together researchers, policy makers and community members from across Atlantic Canada in a four-day institute that profiles the skills, knowledge and experience of the region
- uses local expertise and a community development approach to build awareness, knowledge, synergy and networks to create healthier and safer communities in Atlantic Canada. The institute program is thoroughly evaluated every year with results

that consistently show increasing intersectoral and intercultural collaboration in the Atlantic region.

- meets a need as it allows for a sharing of experience amongst people who may previously have been isolated from each other, despite working on similar issues.
- provides an opportunity for information sharing and support to address the root causes of social inequities and health determinants and serves as an infrastructure for developing social capital in Atlantic Canada. It uses the **Circle of Health**©1996 (see below) as its planning tool. For more information visit www.upei.ca/SI

To date, the ASI has focused on:

- bringing people from diverse sectors together (*Meeting of the Minds – 2004; Finding Common Ground–2005*),
- exploring the changing face of Atlantic Canada (*Embracing Diversity: Building Community–2006*),
- the challenges of engaging youth and elders in building healthy, safe, and sustainable communities (*Building Communities Across Generations–2007*), and
- literacy (*Reading Between the Lines: Health, Safety and Literacy–2008*).

The next program will focus on *Innovation and Collaboration: Building Resilient Communities in Atlantic Canada* and is scheduled for August 17–20, 2010.

#2 Circle of Health (COH)

The Circle of Health (©1996), is both a dynamic framework for health promotion and a tangible tool relevant to community, health, justice, economic, business, and environmental issues which intersect with and influence individual and community well-being. Program details include:

- constructed using the theoretical frameworks of the determinants of health, Ottawa Charter, social theory and the Aboriginal Medicine Wheel, the Circle of Health has a wide range of applications such as education, planning and partnership development,
- provides a picture of the components of health promotion at-a-glance. By moving the rings you can line up many possible interactions within and between the components, and
- The Circle of Health© can help you to understand health promotion as a very dynamic process which involves many people and strategies. It stimulates the user to search for good information, best practices and creative solutions.

Developed in Prince Edward Island, Canada, the Circle of Health© continues to gain popularity nationally and internationally. The Circle of Health Kit consists of a Circle of Health interactive tool, Learning Guide, and Background Document.

www.thequaich.pe.ca

Added Value of the Circle of Health:

- provides community friendly hand held tool for knowledge translation/mobilization of planning using multiple strategies, e.g., colour coding approach to engaging communities in planning process; vocabulary written in plain language,
- ensures a common understanding of health and what is required for health in individuals, communities, and systems,
- implies inclusion via its design —has cross cultural appeal. Congruent with concept of learning circles,
- brings the concept of balance to the forefront with the Medicine Wheel at the centre
- prompts critical questions in partnership development, e.g., do we have everyone at the table? Are we considering all levels of the community who are impacted? Have we considered impact of values in working with each level? And
- expands thinking and ensures use of evidence in planning process, e.g., What needs are identified by the community? How do these balance with other sources of knowledge? What determinants of health are resources for the community? On what do we need to take action? What strategies are in place now? What strategies could be developed?

BC Coalition of People with Disabilities: AIDS & Disability Action Program (ADAP)

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Target Group:

People with disabilities

Description of Promising Practice #1:

The AIDS & Disability Action Program (ADAP) is an HIV prevention program for people with all types of disabilities throughout British Columbia. In operation since 1987, ADAP became the cornerstone of the Wellness & Disability Initiative (WDI) and Health Literacy Network (HLN) in 2000. ADAP publishes and distributes HIV prevention and sexual health information in accessible formats (low literacy print, audio, and Braille).

The Wellness & Disability Initiative was developed as a way of raising awareness of HIV prevention/sexual health issues as part of over-all wellness—something that we all need to know about. By incorporating HIV prevention in general wellness information for people with disabilities, we have been able to minimize the stigma surrounding HIV/AIDS and encourage people with disabilities and their families and caregivers to use our materials.

The Health Literacy Network was launched to increase awareness among service providers (public health nurses, social workers, educators, paid caregivers, etc.) of the importance of providing health information in formats that people with disabilities can access themselves whenever possible.

Description of Promising Practice #2:

Disability Health Advocacy Program [in development]

The Wellness & Disability Initiative (WDI) is seeking funding to develop a strengths-based health advocacy program for people with all types of disabilities throughout BC. The goal is to facilitate health through community engagement and participation. Using models such as Positive Deviance (PD), Asset-based Community Development (ABCD), and Appreciative Inquiry (AI), people with disabilities will identify personal strengths and develop networks and capacity to share these strengths with others in their communities.

BC Mental Health and Addiction Services: Provincial Health Literacy Strategy in Mental Health and Addiction

Submitted by:

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Description of Promising Practice:

Provincial Health Literacy Strategy in Mental Health and Addiction: The Provincial Strategy to Improve Health Literacy in Mental Health and Addiction is a capacity-building initiative to support the implementation of a best practice framework to improve public understanding (i.e., mental health promotion, prevention, early recognition, help seeking, self management, and recovery), and reduce the stigma related to mental health and substance use problems.

This comprehensive framework also involves increased linkages and use of other

complementary and effective approaches including health promoting policies and targeted interventions (i.e., workplace, schools, families, aboriginal communities, multicultural communities). The strategy was developed by BC Mental Health and Addiction Services (BCM HAS) in consultation with Regional Health Authorities, Ministry of Health (MOH) and Ministry of Children and Family Development (MCFD), BC Partners for Mental Health and Addictions Information and other community agencies.

Initiatives undertaken so far include:

- Establishment of the Provincial Health Literacy Network.
- Kelty Resource Centre: the province-wide hub with a mandate to assist BC children, youth, parents, and families in finding the resources to understand and deal with mental health and substance use issues.
- BC Partners for Mental Health and Addictions Information: a coalition of seven community agencies who engage in educating the public about mental health and substance use issues – including the HeretoHelp website, Beyond the Blues screening days, Visions magazine and the BC Campus Project.
- Child and Youth Expanded Screening Days: a province wide initiative to increase the number of sites where children and youth are screened for mental health issues and risky drinking as part of the annual Beyond the Blues event.
- Multilingual Translation Project and Provincial Multicultural Dissemination Project: a project in collaboration with Provincial Language Services and the Immigrant Services Society to translate and disseminate mental health and substance use information for adults, youth and children in nine languages.
- Health Literacy Month programming (October 2008).
- Mental Health Information Line/Crisis Line Association of BC Project.

BC Ministry of Education, Literacy Branch: ReadNow BC

Submitted by:

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The Literacy Branch of the BC Ministry of Education is responsible for the ReadNow BC project, with a goal to increase literacy across all segments of society. The four pillars of ReadNow BC are: early learners, school-age learners, adult learners and Aboriginal learners. We recognize that health literacy is an important component of all four pillars.

BC Ministry of Health Services, Primary Health Care: Patients as Partners

Submitted by:

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Description of Promising Practice:

A partnership between the Ministry of Health Services, Legacies2010, BCMA, Health Authorities and ImpactBC will be conducting a **prototype Health Literacy and Primary Health Care collaborative** between February and December 2009.

- The teams participating in the collaborative will be made up of adult literacy programs and family physicians from the same community, supported by staff from their health authority. These teams will be learning together how to improve health literacy in their setting.
- The teams will meet face-to-face four times and have monthly interaction between meetings. They will be reporting on what they are learning about health literacy, so that they may capture what they learn and share it with others.

There have been health literacy collaboratives to improve health literacy in hospitals. We have access to information from other collaboratives that have included health literacy as part of the improvement work. To our knowledge, **this is the first effort to bring together the literacy community and primary care providers.**

The **Health Literacy and Primary Health Care collaborative** is an opportunity to engage patients as partners in primary health care transformation.

- Physicians and other health care professional need to be provided with training and screening tools to allow them to effectively deal with patients who are challenged in making sound decision about their care because of their low literacy.
- The prototype is being designed with patients as partners in primary health care design to identify promising practices for sharing and learning across BC.

A Patient Experience Collaborative:

- Designed around the Expanded Chronic Care Model and the Model for Quality Improvement
- Will engage literacy students and providers in identifying opportunities to enhance the patient experience in primary health care, and
- Followed by small tests of change in practice design towards quality improvement in care.

Canadian AIDS Society: Community Networking Groups–Tele-trainings

Submitted by:

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Target Client Group:

People living with HIV/AIDS in Canada

Description of Promising Practice:

Community Networking Groups: Tele-trainings. Through the course of networking with various communities affected by the HIV epidemic in Canada, CAS staff members are made aware of learning gaps and needs faced by these communities.

The issues are diverse, and have included building understanding of drug and vaccine trial procedures, learning outcomes of research projects that specific communities have been involved in, training on using online services and even issues related to advocacy and how groups and individuals can play different roles.

These training sessions are identified through direct contact with the community in need, and CAS then uses its resources (whether staff members or partners working in related fields) to develop a training resource. This training is then offered live through a teleconference (or two, if it is available in both official languages) and recorded and placed on a web site for future reference. CAS also ensures that requests for additional workshops and trainings are filled, based on additional needs from accessing the resource.

A current example of needs being filled by the development of training tools is the development of a **Greater Involvement of People Living with HIV/AIDS (GIPA) toolkit** which includes nine modules setting out information an individual should know as a person living with HIV/AIDS and participating in community-based groups, whether as a volunteer or paid staff member.

The development of this training kit has been led by people from the community it is being developed for—including a significant number of volunteers who have pilot tested the resource kit. The tool kit is in its final stages of development (printing and packaging) and will be available to CAS members and free download on our website. Most importantly, following the release of the kit, we have the opportunity to go out and present this resource at conferences and meetings, ensuring its use by the people it was

developed for (and by).

Canadian Association of Family Resource Programs (FRP Canada): Family Resource Programs

Submitted by:

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Client Target Group:

Adults (parents and caregivers), preschool-aged children and occasionally school-aged children and youth

Description of Promising Practice:

Regardless of their funding source, size or the specifics of their activities, **family resource programs** share a strong commitment to family support principles which make them inviting places to visit. They:

- use a strength-based approach which is non-judgmental and inclusive,
- are intentionally informal,
- are voluntary,
- focus on building warm, mutually respectful relationships with and among their participants,
- are flexible and can respond to changing needs of families and communities, and
- are well connected to other service-providers in their communities and act as a link to more formal health and social services.

Family resource centres **understand the meaning of health** in the broadest sense. They have the ability to successfully address multiple determinants of health at the same time. They weave health information throughout their programming while at the same time trying to mitigate the impact of factors such as poverty, lack of employment, poor housing, and food insecurity. Topics such as toddler nutrition, smoking cessation, injury prevention and the importance of active living are addressed within a relaxed atmosphere where information is readily accepted. Natural social support networks are encouraged among participants.

Family resource programs **also nurture healthy child development** so that children get the best start possible. Children’s health or development problems can be detected early and help provided to families in supportive ways. In a recent national survey, family support practitioners were asked if they noted any unexpected outcomes from their programs. Their comments indicate the tremendous impact that modest community programs can have in improving overall health and well-being. Here are a

few examples:

“I am repeatedly impressed by the capacity that families have to move toward strength and health, and the capacity that parents have in supporting one another, to form systems of healthy interdependence. It is a common outcome that parents form relationships with one another that allow support to move well beyond the parameters of our programs. For example, they might create help lines to check in with one another, create their own mutual support groups, provide child care for one another, share resources (baby clothes exchanged, “I found a sale of __ , so I picked you up some, too,” “I have a bed you can borrow”) and offer organized support (some parents put together a shared schedule of meals and housework for a mother who was at a low point)”

“I have seen mothers come in totally stressed out and ready to give their child away. After learning a few skills I have seen their attitudes and countenances change to be more relaxed and confident that they can be an effective parent and help their child. I think that parents appreciate knowing that they are not the only one dealing with problems. Just being able to talk to someone and share ideas and concerns, helps.”

“Parents come forward with something they feel they can offer, contributing back to others, e.g. share story-telling in their own language or child minding. They find taking time away from multiple stressors gives them renewed sense of purpose and energy. Parents can see what they are doing well instead of feeling so weighted by their challenges. This gives them hope. One of the greatest gifts is parents feeling connected with others, not feeling such isolation.”

FRP Canada’s on-line e-Valuation system invites participants at family resource programs to provide written or electronic feedback about their program participation. **Over 9,000 adult participants have completed surveys** over the past three years. Although the numerical data about the impact of their experiences is very impressive, these words from one parent perhaps tell the story best:

“The staff at this centre have been my lifeline some days. They have helped me better understand how little brains work before bad habits are formed. The staff has made me a more confident mother and has reassured me in time of difficulty how to handle different situations. Thank you to the staff for never judging me. Being an older mom with my first child and being in very unfamiliar territory and very unsure of my abilities as a mom, I only ever felt support, direction and that I was never alone and never judged for asking questions. I could go on and on. In fact, anything I am ever stuck with now I never feel silly asking for advice or

how to do things better for my child.”

Staff at family resource programs believe strongly that, “It’s not *what* you do, it’s *how* you do it.” By establishing warm, respectful relationships with program participants, they are considered trustworthy sources of information and resources. According to a recent study about health and early learning, “Relationships between parents and professions are ‘key’ for sharing health information” (*Voices on Health and Learning*, February 2008, Canadian Council on Learning).

Carl Dunst and Carol Trivette⁴ talk about the importance of family-centred help-giving in contributing to optimal benefits. According to Dunst and Trivette, **family-centred help-giving** involves two dimensions:

1. *relational practices* (such as compassion, active listening and strength-based approaches)
2. *participatory practices* which give participants choice and an active role in decision making.

Although both dimensions are important, participatory practices have the greater influence on outcomes. Both relational and participatory practices are highly valued at family resource programs.

An extensive body of literature on community connectedness has suggested a positive correlation between individuals’ sense of community belonging and self perceived health, which is linked to actual health status (“Community belonging and self-perceived health,” *Health Reports*, June 2008, Statistics Canada). Family resource programs are very successful in building the sense of community connectedness among participants.

Family resource programs are ready and natural allies in the promotion of the social determinants of health agenda. Family resource programs **are a proven model of service delivery.** They successfully engage citizens in their communities including those that may traditionally be considered hard to reach. Family resource programs have been at the forefront of working collaboratively with other service providers to reduce barriers between diverse service sectors.

⁴ Trivette, C., & Dunst, C. (2005). Community-based parent support programs. In Centre for Excellence for Early Childhood Development (Eds.), *Encyclopedia on Early Childhood Development* (pp. 1–8). [online].

Canadian Union of Postal Workers: Special Needs Project

Submitted by:

Jamie Kass, Child Care Coordinator, Canadian Union of Postal Workers
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Target Group:

Postal workers who have children with disabilities/special needs

Description of Promising Practice:

The Special Needs Project is a one-of-a-kind national bilingual program that provides information, resources and financial support to help reduce the emotional, physical and financial stresses on families with children (up to age 19) who have special needs (including disabilities, delays and special health care needs).

The project provides eligible Canadian Union of Postal Workers (CUPW) and Union of Postal and Communication Employees-Public Service Alliance of Canada (UPCE-PSAC) members with:

- Information and resources, including web resources and links, and a newsletter, *Member-to-Member Connection*. The newsletter includes listings of support and disability groups, articles, advocacy tips, parent letters and requests or offers of specific help.
- A Special Needs Advisor familiar with resources and services for children with special needs in each province. Advisors contact parents up to three times a year by telephone. They provide support, and information and links to available resources.
- 1-800 toll free phone support.
- Financial support to help with:
 - Child care or respite fees,
 - Recreation programs or camps related to a child’s special needs,
 - Specialized support workers and training for child care workers to enable children to attend programs,
 - Transportation costs directly related to the child’s diagnosis, and
 - Uninsured medical expenses, equipment and supplies.

The Special Needs Project identifies many of its supports and resources through member surveys and questionnaires as it tries to be responsive to the parent and child needs. For example:

- A survey of parents whose children with special needs require vitamins and hearing aids enabled the union to bargain the cost of vitamins and hearing aid batteries in the employee health package.

- A survey, conducted in collaboration with the Early Childhood Work Group, Health and Learning Knowledge Centre, identified health information needs and issues of parents. The results of this survey will provide future direction to the development of resources, including those on the project’s website.

Objectives:

- Help reduce the emotional, physical and financial stresses on postal worker families with children (birth to 19) who have special needs through support, resources (including health information) and funding
- Increase awareness in the workplace of the challenges faced by families who have children with special needs, and
- Supports healthy work-life balance by responding to member issues and concerns.

Innovation:

- One-of-a-kind program where a union provides support and recognizes the unique circumstances and needs of parents who have sons and daughters with special needs.
- Responsive to the needs of members through ongoing research and consultation with the members who have children with special needs, as well as the practitioners, experts and researchers in the field.
- Includes the health of both parents and children in its project scope through a focus on healthy work life balance and specific child health needs.

Capilano University, Department of Community Development and Outreach: Incorporating Harm Reduction Principles & Recovering Voices in Aboriginal Health Care

In partnership with WISH Drop-in Society and the Downtown Eastside Life Skills Centre North Vancouver and Vancouver, BC

Submitted by:

Betsy Alkenbrack, Instructor
email: balkenbrack@cdo.capilanou.ca

Client Target Group:

Adult learners who are also drug users and/or sex trade workers and/or survivors of violence.

Description of Promising Practices:

1. Incorporating Harm Reduction Principles into Learning:

See report *Improvements... No Less than Heroic* at

<http://www.nald.ca/library/research/heroic/cover.htm> and also poster at forum.

- Harm reduction is a set of strategies for working with people who either choose or are forced to engage in high-risk ways of living (e.g., using drugs, practicing unsafe sex, working in the sex trade, living with violence). We encourage them to engage in learning while they are on their healing journey rather than when they have finished healing.
- We do not ask people to stop doing risky things, but try to help them be safer, take control and make changes only when they are ready.
- Teaching and learning principles include being inclusive, respectful and non-judgmental; encouraging participation; giving users/learners a voice; building safe learning spaces; using holistic approaches; and recognizing and addressing poverty, violence, past trauma, racism, exclusion and vulnerability.

2. Recovering Voices in Aboriginal Healthcare:

- A bridging program for women in the sex trade who want to make the transition to a college course for Health Care Assistants (formerly called Home Support/Resident Care Attendants). We are currently offering our first 30-week course. Follow-up will include support for students who enter the college course and establishment of Health Care Assistant jobs in the Downtown Eastside.

Both programs facilitate information-sharing, skill-building and support so that people who have experienced some form of health and education barriers can take leadership in their community and help spread information and provide support to neighbours experiencing health care barriers.

Centre for Family Literacy, Edmonton, AB: Centre for Family Literacy

Submitted by:

Kimberley Onclin, Acting Executive Director
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Client Target Groups:

We work with families to enhance their ability to support both the literacy development of their children and the literacy skills of themselves and other family members. We also offer a volunteer tutor program for individual adults who self-identify as wanting to improve their literacy skills.

Description of Promising Practice:

Supporting individuals to deal with or overcome barriers to accessing health information and services: At the Centre for Family Literacy we are very aware that low literacy has a tremendous impact on the health of individuals, families and communities. This quote clearly sums up our perspective on the issue:

“Nothing – not age, income, employment status, educational level, or racial/ethnic group – affects health status more than literacy skills.” (Partnership for Clear Health Communication, as cited in Family Literacy and Health, 2007).

All of our programs and projects support our goal of enhancing the literacy skills of adults, parents and children, ensuring that they have the means to overcome barriers in order to reach their full potential in society, which would include achieving optimal health.

Three Specific Practices:



Practitioner Training and Awareness: In addition to delivering family and adult literacy programs in the Edmonton area, we are very involved in training literacy practitioners throughout Alberta and increasingly throughout Canada.

- *Foundations in Family Literacy*, our on-line course, has fifteen modules written and facilitated by a range of professionals from across Canada. Over the past eight years close to 200 literacy practitioners have successfully completed this course. Chapter 10, *Family Literacy and Health*, added as a new component this year, addresses the issue of health and literacy. The chapter was co-written by a pan Canadian team of writers and is facilitated this year by Janet Shively from Nova Scotia. The document has also been presented and distributed to groups of health practitioners.



Family Literacy Program Flexibility and Responsiveness: We deliver our family literacy programs in partnership with agencies that are able to provide wrap-around services and reach families in their own communities. Our programs provide supportive and safe environments for families to receive and discuss information - often focusing on health and child development. Relationship building between parents and children occur during programs leading to stronger, healthier and more confident families that feel able to start questioning and finding information on their own. In addition, facilitators in our family literacy programs are well aware of the connection between literacy and health. They are constantly on the lookout for ways to build health education and support into existing program sessions and to connect specifically with individuals who may require special attention or referrals. Additional components include:

- Community health brochures, health and program information etc. are

promoted on our local and Alberta *Classroom on Wheels* (COW) busses.

- Nutrition is part of the adult learning component of *Learning Together*, a 36-week program focusing on improving the literacy skills of parents and their at-risk pre-school children.
- Special presentations by health practitioners in programs are included when a need is identified by facilitators, community agencies or participants themselves; facilitators often support individual parents in making health connections/referrals.

3. Collaboration with Community Partners: The Centre for Family Literacy relies on community partners to support our work with families.

- Our mandate is to deliver programs in communities where there is the most need and public health facilities are important ongoing community partners. We work with all of our partners to help them understand the importance of using plain language when producing written documents and signage. Health clinics, pharmacies and doctor’s offices in particular are often threatening places to navigate for families with low literacy.

Coalition des organismes communautaires québécois de lutte contre le SIDA (COCQ-SIDA, AIDS Community Care): Treatment Buddies Program

Submitted by:

Ken Monteith, Executive Director, Coalition des organismes communautaires québécois de lutte contre le SIDA (COCQ)
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web: www.cocqsida.com

Client Target Group:

People living with HIV starting treatment, changing treatment, or having trouble adhering to their current treatment.

Description of Promising Practice:

Treatment Buddies Program of AIDS Community Care Montreal:

- This program offers training sessions to individuals who are HIV treatment-experienced to support them in accompanying those who are starting treatment, changing treatment, or having trouble adhering to their current treatment.

- The training includes basic information on HIV and treatment options, side-effects and strategies for dealing with them, the doctor-patient relationship, and strategies for self-care in the context of the helping relationship.
- The experiences of those participating in the training are highlighted and valued as tools to use in the subsequent buddy role.
- The strategy of this approach is to draw on the experience of those who have navigated the health care system and treatment questions for themselves to accompany those who might be less experienced and less confident in doing so.
- The goal was to enhance treatment adherence (the standard in HIV treatment is adherence at a rate of 95% in order to avoid the development of resistance to treatment) through providing sufficiently vulgarized information on the disease and available treatments and access to ‘someone who has been there’ to help navigate the twists and turns of the health care system and the practical aspects of coping with the disease, the treatment and the side effects.

Family Services of Greater Vancouver: Latin American Counselling Program

Submitted by:

Andrea Sola, Trauma Counsellor
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Client Target Group:

Immigrant and refugee population

Goals of the Organization:

- To provide opportunities for Latin American professionals and community workers to network as well as offer support and orientation to the newly arrived participants so as to provide a sense of belonging in a new country.
- To support and orient newly arrived professionals and provide orientation about the existing services, community resources and barriers based on the collected expertise of a group of internationally trained professionals;
- To help newly arrived professionals overcome barriers to getting a job where they can use their professional skills in order to help foster a professional’s self esteem.

Description of Promising Practice:

Integration Group for Refugees and Immigrants:

Background:

As the immigrant and refugee populations grow in Vancouver, it becomes essential to offer services to address their needs. Many immigrants and refugees that come to Canada have been exposed to overwhelming experiences such as violence, persecution, discrimination, abuse, torture, loss of home friends and family members, uncertainty, change of status and language and cultural barriers. The Latin American Counselling Program at Family Services of Greater Vancouver has developed a program for immigrant and refugee populations at risk called **Integration Group for Refugees and Immigrants**.

Goal:

- To facilitate the process of settlement in a new cultural context in a population who have been exposed to experiences of violence, persecution and migration, through the use of a psycho-educational group model.

George Brown College: Health Promotion Action Plan

Submitted by:

Barb Pimento, George Brown College, Toronto ON
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Client Target Group:

Young children and their families; early childhood educators

Description of Promising Practice:

My focus is on teaching health, safety and nutrition from a health promotion framework, preparing community college early childhood education students to support children and families with a beginning knowledge of determinants of health (focusing on the following five determinants: healthy child development, education and literacy, income and social status, social support networks and culture).

The health promotion action plan⁵ enables students to use critical thinking to address issues. One of the major learning outcomes in this course is to examine the scope and limits of the educator's role with regard to health in early childhood education, recognizing the importance of sensitivity and respect for the primary roles of families.

⁵ Pimento, B., & Kernsted, D. (2009). *Healthy foundations in early childhood settings* (4th ed.). Toronto, Ontario, Canada: Nelson Canada

One of the goals both in the college program and for graduates in the field is to see themselves as health promoters who support families in overcoming barriers and accessing health resources relevant to them.

Early Learning for Every Child Today at George Brown College

The School of Early Childhood at George Brown College is implementing *Early Learning for Every Child Today* in its professional education and development programs and in its nine lab centres. *Early Learning for Every Child Today* is a guide to support curriculum and pedagogy in Ontario’s early childhood settings, including child care centres, kindergarten classrooms, home child care, nursery schools, Ontario Early Years Centres and other family support programs, and early intervention services. It is a living document that will continue to evolve as early childhood practitioners working in early childhood settings use it (Best Start Panel on Early Learning, December, 2006).

Early Learning for Every Child Today is a practical document whose five sections describe how young children learn and develop. It provides a guide for the kind of thinking, exchange of ideas and creation that is happening at George Brown College. The Early Childhood Educators at the College have shared their work from ELECT: their revised philosophy, elements of their best practice statement, their self-reflection form and other documents at conferences and workshops. New thought has led to more thought, action to more action. Early Childhood Educators are busy delivering programs for young children and their families, ensuring quality and children’s health and safety and applying new knowledge in the service of early learning and development. (From Marie Goulet: Professor, School of Early Childhood)

The *Early Learning for Every Child Today* principles, including the principle that demonstration of respect for diversity, equity and inclusion are prerequisites for optimal development, are the foundation of the curriculum courses. The *Continuum of Development* is incorporated into child development courses and applied in observation, documentation and curriculum, and has influenced our recent revision of field placement evaluations.

- Faculty and lab centre staff are working together to develop observation, documentation and planning tools using *Early Learning for Every Child Today*.
- One of the College’s lab centres is now taking part in the provincial government’s initiative in collaboration with the kindergarten programs and Parenting and Family Literacy Centre located in the school.
- An Innovation Grant is supporting the development of electronic versions of forms for observing and documenting individual learning and development using the *Continuum*. The software is in development. The resource will include a web-based workshop package including animated PowerPoint, facilitator’s notes and handouts
- George Brown College is committed to disseminating tools for the application of *Early Learning for Every Child Today* in early childhood program settings with an em-

phasis on its potential to facilitate integrated program delivery through the Toronto Best Start Network (including Children’s Services, City of Toronto and Early Years Team, Toronto District School Board).

Healthy Aboriginal Network: Comics and Animated Shorts

Submitted by:

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Client Target Group:

Aboriginal youth

Description of Promising Practice:

We have created comic and animated shorts on health and social issues for youth. Topics we have covered already are suicide prevention, gambling addiction, diabetes prevention and staying in school.

These comics have sold 125,000 copies on a non-profit basis over the past 2.5 years. Comics we have in production are child and youth mental health, living with Foetal Alcohol Spectrum Disorder (FASD), physical activity, smoking cessation, and sexually transmitted diseases (STDs).

Anxiety / Child & Youth Mental Health

In *Just a Story*, Wendy doesn’t have any friends her age and feels overwhelmed by her busy school. Her little brother is more social but he’s quick to lose his temper and get into fights. Something is clearly bothering them both. Find out how they’re open to getting help and breaking down the stigma of mental health.

Staying in School

In *Level Up*, Terry is contemplating dropping out of school. But before he does, he’s asked to spend some time with his cousin Dave, a successful game developer. Rather than lecture Terry, Dave makes the importance of school relatable—he compares education to moving up a level in a video game.

Diabetes Prevention and Suicide Prevention: Double Issue

An Invited Threat is about a family’s realization that the food they eat is not good for them. It’s about making healthy decisions now, rather than waiting until it’s too late.

Darkness Calls is the story of a teenager who is bullied at school, misunderstood by his teacher and feels socially isolated from his family. He finds one day very overwhelming and considers taking his own life.

Home Instruction for Parents of Preschool Youngsters (HIPPY) Canada

Submitted by:

Susanne Nahm, Office Manager
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Client Target Group:

HIPPY works with low income and socially excluded families across Canada. Currently, ten sites are in operation, in Vancouver, Bella Bella (BC), Red Deer, Toronto, Ottawa, Oakville, Montreal, and Halifax. Over 70% of HIPPY families are recent immigrants, coming from over twenty different countries, with limited command of either of the official languages of their new country. Aboriginal HIPPY operates in five First Nations (on-reserve programs) and at the Vancouver Native Health Society in the Vancouver Downtown Eastside.

Low-literacy, poverty and exclusion are closely linked and part of the same problem. HIPPY is a unique, proven education system that addresses the root causes of poverty, one family at a time.

Description of Promising Practice:

HIPPY is a systematic long-term intervention that blends several components to achieve important educational, economic and social outcomes:

- Parents from the community are employed as home visitors and gain valuable work experience.
- Parents in the program develop the agency, skills, and attitudes needed to effectively educate their preschool children.
- Preschool children are nurtured and prepared for kindergarten.
- Socially isolated parents are integrated into mainstream society and connected with resources in their community.

Adults struggling with low-literacy and poverty usually live in social isolation. HIPPY

opens the door to a safe, supportive environment, in which parents come together for the sake of their children. Group meetings are part of the curriculum, providing enrichment activities for parents, who otherwise might not venture out into the community. It’s during HIPPY parent meetings that friendships form and networks, which reach deep into the community, develop.

Studies show that the HIPPY program helps to reduce public spending on special education, healthcare and crime-related problems. Because HIPPY graduates succeed in school and HIPPY parents become more employable, the economy benefits, social cohesion is strengthened and communities are healthier.

What Makes it a Promising Practice?

HIPPY takes a holistic approach to education by involving parents and communities. The program promotes multiculturalism and anti-racism, and supports settlement and immigration by helping newcomers to better understand Canadian language, life and culture, develop friendships and a sense of connectedness, and learn to access services in the community. The HIPPY program involves local businesses and other regional organizations to ensure that HIPPY is truly reflective of the communities that it serves.”
(*From Immigration to Participation: A Report on Promising Practices in Integration* - Public Policy Forum, November 2008)

Infant Development Program of British Columbia: Family-Centred Care

Submitted by:

Dana Brynelsen, Provincial Advisor
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Client Target Group:

Children age birth to three years at risk for or with a developmental delay or disability and their families. 8000 families in 53 communities are served annually in BC.

Description of Promising Practice:

Transdisciplinary Model – Family-Centred Care

Families determine the degree of involvement in program, and type and duration of service. The focus of our efforts is in supporting the child within the context of the family and community to enhance opportunities for stable, loving, and developmentally encouraging environments for all children referred. Child Development and Family Support approaches/tools used by the Infant Development Program (IDP) are family-

friendly, accessible with attention to literacy and language. Staff can accompany families to clinic/hospital assessments and assist in translating complex medical/child development information for them. Materials used by the program are thoroughly revised for parent use. Programs like the Parent-Child Mother Goose program (P-CMG) are supported, others are not.

Literacy Alberta: Health Literacy Audit

Submitted by:

Terri Peters, Project Manager
email: tpeters@literacyalberta.ca

Target Audience:

Healthcare providers and researchers working in any healthcare facility or community program, including mental health, dental health, public health, long-term care, medical research, etc.

Description of Promising Practice:

The Health Literacy Audit will help you communicate more effectively with patients. It asks you and your co-workers to assess your own organization’s service to patients in the areas of:

- advertising
- health facility navigation
- admission and discharge procedures
- appointments
- patient education
- English as an Additional Language and cultural sensitivity
- clear print communication
- staff and volunteer training

With an emphasis on plain language and cultural sensitivity, the Health Literacy Audit teaches you how to give patients the information they need in a format they can understand.


Baijayanta (Baj) Mukhopadhyay: Medical Clinical Practice


Submitted by:


Baijayanta (Baj) Mukhopadhyay, Medical Student, McGill University
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Description of Promising Practice:

As a medical student with a base in community work, I am keen to develop a clinical practice that addresses three main factors around health and learning to improve health status and access in the general community:

 The incorporation of pluralistic medical traditions into our health care system. As a trainee physician I am acutely aware of the paradigms through which healing practices are considered valid by our institutions—which has immediate impact on what is a legitimate use of (public) health resources. The incorporation of practices that may not be as intimidating as biomedicine might improve adherence to prevention and treatment regimes. This approach also, of course, necessitates the willingness of other healing traditions to submit to the scrutiny of mainstream institutions. Learning, thus, needs to occur on both sides of this divide.

 Navigating the intricacies of policy and regulations governing access and treatment in our health care system. Two fronts in this realm are of particular importance: the increasing privatization of our health care system and the concomitant restriction of access our health care system, both of which target recent immigrant communities, for example. The advocacy work that we need to tackle issues of convoluted government policy requires raising consciousness among such targeted communities on the health care in Canada, its history, the challenges it faces and the threats to accessing it. Canada’s health care system is criticized for not protecting patient rights and advocacy enough. Innovative community organizing and patient education strategies are imperative in this regard as people need to learn how to mobilize effectively to retain ownership over their health.

 A profound reorientation in the cultural literacy of health professionals themselves. Increasing diversity in peoples in class backgrounds, gender expressions, sexual practice, religious faith, and disease burdens are only examples of other social shifts we are witnessing. Thus, as health professionals we cannot merely continue to address barriers such as language and access, assuming these approaches are sufficient. Instead, we need a further profound reorientation of understanding diverse people’s perspectives on the doctor-patient relationship, on healing, on institutional spaces and on the authority of expertise.

Northern BC Aboriginal HIV/AIDS Task Force

Submitted by:

Emma Palmantier, Chair Northern BC Aboriginal HIV/AIDS Task Force
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Target Group:

Aboriginal people, both on and off reserve, of Métis, Inuit and First Nations ancestry in Northern BC from 100 Mile House to Treaty 8 area (Fort St. John), to as far as Queen Charlotte Island, and to the border of the Yukon Territory.

Description of Promising Practice:

In 2005, the **Northern Aboriginal HIV/AIDS Task Force** was launched with the mandate of developing a strategic plan to improve services to aboriginal HIV/AIDS infected and affected individuals and their families in northern British Columbia. As part of the plan, the Task Force was committed to improving access to services and addressing a number of key areas related to the prevention and treatment of infectious disease.

Since the epidemic of HIV/AIDS increased in Northern BC, the Task Force mandated the Chair to schedule, coordinate, and facilitate regional sessions in the four regions of Northern BC to present the draft strategic plans. As a result of the Regional sessions, the Chiefs, Councillors, Health Directors, Community Health Nurses, youths, and elders presented numerous recommendations. These recommendations were reviewed by the Task Force members and developed into a work plan.

The priority that was set out was to provide an Education and Awareness HIV/AIDS workshop to First Nations communities. As northern BC has a vast geographic area, we were successful to secure funds to hold Mobilizing HIV/AIDS in the four regions for Health Directors, CHR and other frontline workers.

We also held separate **HIV/AIDS Train the Trainer** workshops targeting the youths in these regions. The training program has been successful as participants utilize the tools they have learned to schedule their own community awareness workshops within their own respective communities. As the First Nations populations have a majority youth population, we are proposing additional workshops.

At the time of this submission we are also in the midst of planning and scheduling a Joint Northern Youth and Chiefs HIV/AIDS Forum for the summer of 2009.

The **Community Education and Awareness Workshop** is assisting many of our people from isolated communities gain the knowledge of treatment services and locations in

the urban areas such as Houston, Smithers, Prince George, and Vancouver.

The **Mobile Wellness Van program** is part of an overall harm reduction strategy to reduce the number of individuals contracting blood borne infectious diseases including Hepatitis C (HCV) and HIV. The operation of the Van was the result of a collaborative effort involving Carrier Sekani Family Services, Northern Health, Positive Living North and Task Force. The Mobile Wellness Van provides harm reduction services such as needle exchange, glass pipe and condom distribution, as well as other basic health care services to those at the greatest risk of infection and who otherwise may not have access to other healthcare services.

OPTIONS Sexual Health Association (OPTIONS): Parenting Between Cultures for Immigrant and Refugee Men

Submitted by:

Robert Smith, Acting Executive Director
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Client Target Group:

Immigrant and refugee men and their children

Description of Promising Practice:

Parenting between Cultures for Immigrant and Refugee Men: The primary intent of this project, created as a result of research conducted to identify specific needs of immigrant families—and in particular, fathers—was to provide an opportunity for immigrant and refugee men to learn about parenting differences and similarities between their own culture and the Canadian experience.

The project fits into a health knowledge and learning perspective based on the learning skills of individuals whose first language is not English and whose knowledge of health care and population health approaches would be minimal to non-existent. **OPTIONS Multicultural Sexual Health Educators**, in collaboration with community advisors, designed and delivered the workshops.

The project delivered a series of workshops on a variety of issues and afforded the participants opportunity to learn, to question, and to compare experiences with men from different ethnic backgrounds. The workshops were built into outings to various recreation venues throughout Edmonton, such as the Fort Edmonton Park, the River

Valley Zoo, The Royal Alberta Museum, a swimming pool, and even the middle of a soccer field.

The whole family was invited to the outing and time was allotted for fathers to participate in activities with their families. They separated for a 1 to 1.5 hour workshop while volunteers and OPTIONS staff continued to entertain and interact with the families. This inclusive approach also gave the mothers an opportunity to learn from volunteers about specific issues they faced with their husbands and parenting skills.

Funding:

Edmonton Community Adult Learning Association (ECALA), Emerging Needs and Innovative Approaches, City of Edmonton multicultural immersing needs fund.

Focus Points:

- The role of the father in the family,
- Parental skills learned by participants,
- How to manage their time effectively between work and family,
- Parenting children living in two cultures,
- Spending more quality time with the family, and
- Participating immigrant men have a network of peer support.

Project Genesis, Montreal, Quebec: Health Integration for Immigrant Families of Côte-des-Neiges

Submitted by:

Rehana Akhter, Board of Directors
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Target Client Groups:

Residents of the Côte-des-Neiges neighbourhood of Montreal and in particular: new immigrants; immigrant families; refugees; refugee-claimants; non-status residents; people living in poverty; people of colour; residents fluent in their primary language, yet with little or no knowledge of either English and French; women.

Project Genesis is working with a focus on the inter-related social determinants of health that are marginalizing the overlapping population groups:

- Income and socio-economic status (low income in present context; poverty)
- Employment/working condition (high unemployment and poor working conditions in particular)

- Social environment (public institutions that may be experienced as alienating or excluding, given a lack of information by professionals on legal entitlements to health care, in particular)
- Legal/political discrimination regarding health services (based on political decisions, lack of legal access to public health insurance, depending on immigration status, in particular, within a wider context of increased privatization of public health care)
- Gender (sexism, in particular)
- Culture (structural racism, in particular)
- Physical environment (unaffordable, cramped, and poor housing conditions in particular)

The marginalizing effects of the above social determinants of health all result from a common thread of various forms of social injustice and inequity.

Description of Promising Practices:

1. **Wider organizational action on those social determinants of health:** Project Genesis addresses people’s questions and difficulties related to tenant-landlord relations, welfare, pensions, family allowance and other income supplement programs, immigration issues, access to public health insurance, and other areas. We defend social and economic rights with people through individual services and community organizing. In the 2007–2008 year, Project Genesis’ Storefront Drop-in Centre’s volunteers, student interns, and staff provided 9,546 in-person interventions with people from 130 countries of origin, plus an estimated 10,500 interventions over the phone. Through its community organizing, Project Genesis provides concrete opportunities for local residents to reflect and act on the social causes of various problems and injustices we encounter within our individual services and on other issues of local concern. Based in Montreal’s multi-ethnic Côte-des-Neiges neighbourhood and with common goals, we strive for social justice and better living conditions for people on low incomes.
2. **Specific promising practice to widen access and knowledge to health care services:** A one-year project, called “Health Integration for Immigrant Families of Côte-des-Neiges” to build on the knowledge of neighbourhood residents about:
 - Existing health services and resources available within the neighbourhood (community-based, e.g., community organizations; para-public, e.g., centre local de services communautaires (CLSCs, i.e., local community service centres); public, e.g. hospitals) as well as to build on the knowledge of local residents, local health professionals, and local community organization staff about:
 - entitlements, by law, to public health care services according to immigration status,

- obstacles to accessing public health care, including legal/political obstacles such as the 3-month waiting period for new immigrants and temporary workers before being eligible for public health insurance, as well as how people can participate in addressing those obstacles.

3. Means, implemented by a Project Genesis community organizer, included:

- a Public Assembly with 50 local residents, health professionals and community organization staff
- several training workshops with scores of local and Montreal-wide health professionals and community organization staff
- the production and distribution within the community of several thousand informational pamphlets on access to health care for immigrant families and new arrivals in 6 languages: French; English; Arabic; Russian; Mandarin; and Spanish.
- the production and distribution of about 100 documents regarding access to health care for immigrant families and new arrivals among local health professionals and community organization staff
- the encouragement of dialogue and concerted action among neighbourhood residents, health professionals of para-public and public institutions, and community organization staff, on the access to health care issues raised
- support to an emerging Montreal-wide network of health professionals, community organizations, and institutions to assist and support those populations with a precarious immigration status lacking access to public health care, and the practical linking up of people to that emerging network.

4. Perceived results included:

- increased knowledge by community residents about existing local health care services and resources, as well as residents' legal entitlements to health care
- increased knowledge among various community actors, including those receiving and those providing health care, about (a) access to public health care for immigrant families and new arrivals, (b) obstacles to such access, including legal/political barriers, and (c) opportunities for concerted action to address those obstacles in practical and strategic ways
- stronger and new collaborative relationships toward action on barriers to access to public health care

Prostitutes Empowerment Education Resource Society (PEERS): Provincially-coordinated Network and System of Focused Interventions for FASD

Submitted by:

Barbara Smith, Social Worker, Prostitutes Empowerment Education Resource Society (PEERS)

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Client Target Group:

- Women and men in and from the sex industry who are interested in transitioning into healthier lifestyles
- Women who are addicted to drugs and alcohol who are pregnant or have children affected with Foetal Alcohol Spectrum Disorder (FASD)
- Women affected with Foetal Alcohol Spectrum Disorder
- Women who are involved with the Ministry of Children and Family Development
- Communities who are dealing with street crime and street survival sex work

Description of Promising Practice:

Currently, PEERS is involved in a three year project funded by Victoria Foundation and Status of Women. This project is to develop a provincially coordinated network and system of focused interventions to address the FASD crisis in BC's sexually exploited youth/sex workers.

This entails training seven communities across BC in four initiatives. It is designed to increase capacity in all seven communities by hiring experiential coordinators to liaison between survival sex workers and organizations.

The projects we are sharing with the communities are:

SWAT (Sex Workers Addressing Treatment): a project developed by sex workers for sex workers and communities to better understand the barriers sex workers face when transitioning out of sex work.

Access to Justice: Using the family group conferencing model, this project assists women to advocate for themselves and their children involved with the Ministry and strives to improve relationships with our clients and Ministry social workers. We do this through attending court with clients, individual coaching in conflict management and communication skills to prepare clients for the alternative dispute resolution experience.

Family Collaborative Homes Project: provides 24-hour care for moms and children in specially trained and empathic Collaborative Family Care Homes in order for the mother to raise her own child, while building her capacity for not only her parenting, but also building a support network of formal and informal resources which will improve her life and that of her child.

Moms Mentoring Moms: The purpose of this grassroots project is to develop a model of support for women with complex lives due to substance misuse that could be used in other communities.

Other Voices Forums: an annual forum that provides an avenue for those who are traditionally excluded from learning and health promotion initiatives and workshops and conferences—despite being the object of research and policy investigations.

Canadian Council on Learning: developed a national network of those who offer programs to marginalized women; conducted a literature review regarding evidence-based promising practices when developing programs for this population.

Red River College and Ndinawe: The Experiential Child and Youth Care Program (ECYCP)

Submitted by:

Cathy Denby, Child and Youth Care Instructor
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Client Target Group:

Experiential Child and Youth Care students formerly involved in the sex trade.

Description of Promising Practice:

The Experiential Child and Youth Care Program (ECYCP) at Ndinawe and Red River College in Winnipeg, Manitoba offers an educational certificate for individuals who have had previous life experience in the sex trade. The students accepted into the program have either been involved working in the sex trade as adults or as sexually exploited children/youth.

1. **The program is designed with supports built in from a community based perspective** to help aid the students through to the first year of a Red River College Child and Youth Care diploma.

Ndinawe is an Aboriginal community organization that provides culturally competent and supportive resources to the Aboriginal community of Winnipeg. The ECYCP believes that the students with prior life experience regarding exploitation and work within the sex trade bring an expertise and specialized knowledge of the issues surrounding the sex trade that are valuable and crucial to child and youth care work.

2. **The program is unique in that it is the only one to date in Canada that offers a community based/college level** educational delivery specific to participants with prior life experience in the sex trade.
3. **The program reaches to prospective students who are Aboriginal; however, it is inclusive and accepting of all who wish to apply.** The program incorporates and supports Aboriginal cultural best practices within the curriculum and program operations.
4. **The program has a team** that consists of a coordinator, counsellor, teaching assistant, and two full time instructors.

Promising Practice Focus:

- To educate and graduate the students who will bring their expertise and specialized knowledge along with educational skills to at-risk children and youth as a prevention strategy to deter child and youth involvement in the sex trade.

Résosanté Colombie – Britannique : un réseau provincial de santé en français

Submitted by:

Séverine Debacker, Gestionnaire de programme

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Groupe visé:

La population francophone de la Colombie-Britannique.

RésoSanté C.-B. est un réseau provincial de santé en français. Il a été créé en 2003 suite à des études provinciales et nationales démontrant les iniquités d'accès aux services de santé auxquelles font face les francophones vivant en situation minoritaire au Canada. Il est un des 17 réseaux membres de la Société santé en français qui travaille pour les communautés francophones minoritaires dans les diverses provinces et territoires du pays. Il regroupe cinq types de membres incluant: des professionnels de la santé et des représentants d'institutions de santé, de la communauté francophone, d'instituts de formation en santé, et des gouvernements.

Quelques actions menées par RésoSanté :

Diffusion d'information sur les services et référence vers les ressources appropriées; promotion de la santé auprès de la population; soutien et participation au développement d'initiatives améliorant les services et l'accès en français; appui à la recherche et au partage de pratiques exemplaires; concertation entre les intervenants en santé et le milieu communautaire francophone.

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**Client Target Group:**

Francophone population of British Columbia  
RésoSanté C.-B. is a provincial health network in French. It was created in 2003 in response to provincial and national studies which revealed inequities in access of health services for Francophones living in minority situations in Canada. RésoSanté C.-B. is one of the 17 networks, members of *Société santé en français* who works for minority Francophone communities in the diverse provinces and territories of the country. It brings together five types of members including health professionals and representatives from health institutions, the Francophone community, health educational institutions, and governments.

**Description of Promising Practice:**

Dissemination of information about services and referrals to appropriate resources, health promotion for the population, support and participation in the development of initiatives to improve French services and access, research and sharing promising practice support, coordination between health stakeholders and the francophone community.

## Marg Rose: Developing Links and Partnerships with Literacy and Health Educators

### Submitted by:

Marg Rose, Master of Adult Education degree in health literacy  
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### Client Target Groups:

Adult learners and patients in hundreds of affiliated programs across Canada

### Description of Promising Practice:

At [www.health.mb.literacy.ca](http://www.health.mb.literacy.ca) you will find the description of a series of one-day workshops that were delivered in 16 settings in 8 regional health authorities, their evaluation, and recommendations by all 332 literacy and health educators and learners. Outcomes range from the establishment of new relationships, internal reviews of materials, requests for cross-referrals, inclusion of each other in programs and as guest speakers, involvement of learners as speakers and ambassadors for further change, a ClearDocIndex checklist, and a Patient Prompt Card for empowering adult learners as they face the complex medical system.

Further work led to the creation of an adapted *Going to the Doctor* learner booklet and Facilitator’s Guide, building on the Yukon Learn original. Go to [www.mb.literacy.ca](http://www.mb.literacy.ca) and click on Plain Language for samples.

The **promising practice** is that even ONE DAY of collaborating on revising materials in plain language can be a first step to problem posing among educators and then developing further partnerships with a myriad of benefits to all. Marg Rose completed an award-winning master’s thesis at St. Francis Xavier University on the power of collaborative work among health and adult/literacy educators. She has since prepared a handout that summarizes a model of maximizing the abilities of both of those groups, sample programs, and recommended collaborative frontiers to benefit learners in each location in Canada. Go to [www.literacy.ca](http://www.literacy.ca) or [www.nald.ca](http://www.nald.ca) to locate the provincial literacy coalition near you and the current contact people to help make those connections and new materials.

## St. Christopher House: Immigrant and Refugee Services Program (IRSP)

### Submitted by:

**Mahassen Mahmoud**, Coordinator, Immigrant and Refugee Services  
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### Client Target Group:

**The Immigrant and Refugee Services Program (IRSP)** provides services to socially marginalized immigrants, refugees, and non-status individuals and families. Our agency is neighbourhood-based, so we serve a relatively low income population that is diversified in terms of gender, age, ethnic-background, languages and legal status in Canada. Most of our clients are “socially marginalized” and faced by multiple or systemic barriers.

### Description of Promising Practices:

We would like to highlight the following seven Promising Practices:



#### **Innovative Approach to Funding to Enhance Access and Equity**

Whereas the funding provided by Citizenship and Immigration Canada (CIC) restricts services to eligible clients who are mainly landed immigrants and convention refugees; it also excludes those with no legal status or those still in the process of claiming refugee status and, therefore, can not get settlement-related support. Through combining different streams of funding, we were able to service everyone who requires settlement support. Settlement support means providing information, referrals, follow up, case management, and interpretation for those with health-related needs among other settlement needs. In addition, we were a part of the negotiation /communication with CIC to accept providing services to “ineligible” clients if the services were offered through “in-kind contribution”, i.e., space or technical expertise provided by other entities rather than CIC-funded projects.



#### **Across-Sectors Work/Advisory Committee**

St. Christopher House is the lead in chairing an across-sectors advisory committee to facilitate access to services, among them are health services (including mental and culturally appropriate mental health support), comprising 16 social services sectors and about 65 agencies. The advisory committee promotes awareness across sectors, shared learning, and advocacy.



#### **Forum on Best Practices and Outreach Strategies**

St. Christopher House was the lead in organizing the Access to Services Forum where two documents were released. One document is focused on best practices, and the

second deals with outreach strategies in order to support accessing services, including health.

### **Provision of Services at other Agencies’ Sites**

As a way of enhancing outreach, promoting partnership, and expanding the base of services in a comprehensive approach, our workers provide settlement services at various agencies, which include gender-based, homeless drop-in centers, shelters, hospitals, health centers, etc., thus, promoting multi-sectors services including health.

### **Case Management Model**

One of our programs adopts a case management/coordination approach where various service providers take a collective role in providing collaborative case management across-sectors for specific clients (those who are faced by multiple barriers or systemic barriers), so their multiple needs (health, settlement, etc.) would be met.

### **Community Development Support**

Our programming is aligned with an agency strategic focus on community development, promotion of volunteering and building bridges across communities. At IRSP we have about 8 staff members and we aim at about 80 volunteers in 2009. We have group-based support and one-on-one. The support group has different focus areas, which could be to access recreational, educational, cultural, health services, etc. We train the volunteers to provide basic information about available services, which accelerates our capacity to service additional clients and at the same time foster social inclusion and awareness among non-immigrant communities.

## **7. Combining Settlement Services with another Service**

We have noted that newcomers and immigrants are under multiple pressures to integrate economically, especially in such a hard time of economic crisis. Our services go the extra step beyond “traditional” settlement services of providing information and referrals to services, we also act as a provider of an additional service, which would be housing support, language support or activity based programming for youth. We also provide information workshops on health issues and collaborate with health professionals to build capacity of our staff.

## University of New Brunswick: Early Childhood Centre

### Submitted by:

Pam Nason, Faculty of Education, UNB, Fredericton, NB  
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### Description of Promising Practice:

As a professor of early literacies and curriculum theory, I have participated in a number of collaborative action-research projects with childcare and parent educators, primary teachers, family resource personnel and early interventionists. Our collaborative work has focused on simultaneously understanding and improving our respective practices and the social contexts that shape and are shaped by them. We begin with the assumption that all members of literate communities are literate, but in different ways. By sharing what we know and actively seeking to de-stabilize theory/practice dichotomies, we begin to disrupt dominant discourses, challenge inequitable relations of power and privilege and re-conceptualize our understandings of and our work with young children and their families.

Most recently my work has been with childcare educators. For example in a Canadian Council on Learning knowledge exchange project with infant/toddler caregivers we have engaged in critical conversations to render our working theories, embedded beliefs, tacit knowledge and practical wisdom about infant/toddler education and care visible to each other. A common and dominant theme has been negotiating the tensions of emotional labour, particularly given the changing expectations for infant/toddler caregivers in a neo-liberal policy context.

We have documented our encounters with each other, with other health and education professionals, and with children and families in a number of ways, including: professional letters that celebrate childcare educators' accomplishments and articulate connections to the values and goals of NB curriculum documents; learning stories and documentation that enable reflection and cyclical planning, and make the work visible locally; and conference presentations and polyphonic publications that contribute to ongoing conversations about early learning and childcare within broader childcare and research communities, underscore the partial and provisional nature of our thinking and invite alternative perspectives and interpretations.

In 2004, the Early Childhood Centre, UNB published *Language Literacy and Health Development: The Work of CAPC and CPNP Projects*. It is available to download in PDF form at <http://www.phac-aspc.gc.ca/dca-dea/pubs/lang/index-eng.php>

## University of Regina: Seniors Education Centre (SEC)

### Submitted by:

Kerrie Strathy, SEC Division Head University of Regina  
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### Target Client Group:

Older Adults 50+, though some participants are in their late 40s.

### Description of Promising Practices:

#### 1. Older Adult Literacy Volunteer Tutors

SEC trains older adult volunteers who are matched with older literacy learners. These pairs meet weekly to improve literacy skills. Many of the learners have health issues which become content for literacy sessions. Volunteers are involved in regular networking meetings and professional development sessions to enhance their skills and awareness of matters that can be used to assist their learners to age well. Over the years, SEC staff have spoken about this approach at literacy conferences and encouraged others to develop literacy programs specifically for older workers.

#### 2. English as a Second Language Partners/ESL Class

As above, SEC trains older volunteers to work as Conversation Partners with older ESL learners. Many of these ESL Conversation Partners work with learners to teach them how to make contact with and deal with doctors and other health professionals. Content for ESL class sessions includes discussion about health issues.

#### 3. Aboriginal Grandmothers Caring for Grandchildren Support Network

SEC offers a monthly support meeting with Aboriginal grandmothers at Four Directions Community Health Centre in collaboration with the local health region and First Nations University of Canada. Speakers are invited to talk about a range of health and wellness topics of interest to the Grandmothers including nutrition, aging well, parenting skills, etc. We are currently in the process of analyzing results interviews held with some of these grandmothers to find out more about their health and social support needs.



## Vancouver Coastal Health: Population Health Team

**Submitted by:**

Ted Bruce, Executive Director, Population Health  
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**Client Target Group:**

Health Professionals

**Description of Promising Practice:**

Vancouver Coastal Health created a Population Health Team that works externally to influence healthy public policies but also supports internal staff of the health authority to develop their capacity to address the needs of specific populations.

One strategy has been to develop an inequities lens that encourages teams to examine their client/patient base and identify health inequities. Teams are then better able to consider the social determinants and policies that contribute to these inequities and identify potential ways to address health inequities. They are also better able to consider barriers to equitable access to health care.

Health literacy is one barrier that can be considered when examining inequities and equitable access to health care. A package of assessment tools has been assembled including a health literacy assessment tool to support the health inequities assessment. An advocacy workshop is also available to facilitate teams to discuss potential issues they want to address as a team. The issue of health literacy has not yet been a focus of teams examining health inequities although the application of a “women’s health lens” to youth clinics does identify issues related to health literacy as affecting uptake of clinic services.

Population Health is currently working with the Richmond Health Services Delivery Area to examine the issues and access to services and information related to the Chinese population with diabetes. It is expected that health literacy assessment will be considered in this project. Additional teams will be encouraged to use health literacy assessments to identify policies and procedures that will reduce literacy barriers.

## Vancouver Coastal Health: SMART Fund

### Submitted by:

Lezlie Wagman, Manager, Smart Fund

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### Description of Promising Practice:

The **SMART Fund** is an operational program of the Population Health department of Vancouver Coastal Health. The Fund provides grants to non-profit agencies to support innovative health promotion projects that reduce inequalities in health across VCH communities.

Each agency that receives SMART Fund funding is building community capacity and improving health determinants in concrete ways. Increasing access to health information, services and programs is one of the main outcomes of SMART grants.

SMART programs break down isolation and build the skills and leadership abilities of participants. These include:

- Peer support program like the Community and Residents Mentors Association (CARMA) where people with disabilities support one another through peer support and mentoring.
- Population health programs like the Seniors Healthy Community Project at Kiwassa Neighbourhood House that involves seniors helping each other achieve and maintain independent living.
- Other programs identify and work with common issues that affect youth-at-risk, young children and adults living with poverty.
- Prevention education program like the I Can Choose, We Can Choose program through Collingwood Neighbourhood House that recruits, trains, and supports high school and older elementary school students to deliver prevention education to their peers with a focus on drugs, alcohol and sexual exploitation.
- Health care access education programs like the Multicultural Family Centre where individuals and families from different cultures learn to access and participate in health care system.

For more information, please see our website at [www.smartfund.ca](http://www.smartfund.ca)

## Victoria Native Friendship Centre

**Submitted by:**

Jody Bauche, Aboriginal Early Childhood Development Coordinator for the South Vancouver Island  
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**Client Target Group:**

Aboriginal children

**Description of Promising Practice:**

The recent first draft of the community engagement report completed for the Ministry of Children and Family Development’s Aboriginal Early Years Strategic Plan clearly states:

*“The urgent need to improve Aboriginal children’s health and wellbeing by addressing the basic determinants of health that are inextricably linked with poverty; food; water; housing and a safe environment.”*

**Determinants of Health and Wellbeing for Aboriginal Children include:**

- Culture and Language (knowledge, pride, identity)
- Basic Needs (Food, water, housing and safety, poverty reduction and elimination)
- Emotional and Spiritual Wellbeing (emotional and spiritual health, healthy relationships, allowed to be a child, having hopes and dreams)
- Physical health and well being
- Healthy childhood experiences
- Healthy families (parenting skills, extended family, healing)
- Education
- Play and Recreation
- Social Justice

**Description of Promising Practice:**

We seek to find innovative and supportive ways to engage “people from the margins” in the creation of new policies and programs within the Aboriginal community. Our goal is to actively involve those people who access services and are overrepresented in several of our current social welfare institutions. We need to invite Aboriginal people to design future policies that address health, education and early intervention services.