

**CHSSN**

Community Health  
And Social Services Network  
Réseau communautaire de santé  
et de services sociaux

PROJECT REPORT

# ***CHSSN Telehealth Program & Follow-up Intervention Project 2007-2008***



**June 2008**

*A CHSSN initiative  
Funded by the McGill Training and Human Resource Development Project  
in partnership with*



Centre universitaire de santé McGill  
McGill University Health Centre

*TABLE OF CONTENTS*

*Introduction* ..... 3

*Results Achieved* ..... 4

**Table 1: Telehealth Program Schedule and Quantitative Results**.....4

**Highlights** .....4

**Partnerships**.....5

**Informal Follow-up Activities**.....5

*Follow- up Intervention Project*..... 7

**Table 2: Follow-up Intervention Plans by Community**.....8

**Highlights** ..... 11

*The Value of Community Learning* ..... 12

**Analysis of Evaluations**..... 12

*Lessons Learned* ..... 14

**APPENDIX A: Montreal Children’s Hospital Telehealth Coordination Centre**..... 15

## ***INTRODUCTION***

It has been demonstrated that videoconferencing (Telehealth Sessions) increases access of remote English-speaking communities to health and social information and resources in their language. Moreover, when these communities define their needs and work to build their capacity beyond the initial Telehealth Session by engaging in related follow-up activities, their access is greatly enhanced.

The 9 Telehealth Coordinators contributed immensely to the success of the Telehealth Program. Topics were selected based on communities' requests and a needs survey. Each community chose to host one topic.

This summary report highlights the results achieved over the past funding year (April 1, 2007-March 31, 2008):

## RESULTS ACHIEVED

**Table 1: Telehealth Program Schedule and Quantitative Results**

DATE	TOPIC/PRESENTER	HOST COMMUNITY	PARTICIPANTS
April 17, 2007 1:30-3:30 pm	<i>Bone Health</i> Myra Siminovitch, Physiotherapist	Townshippers' Association – Estrie and Monteregie	110 participants 10 sites 7 communities
May 8, 2007 1:30-3:30 pm	<i>Mental Health</i> Moira Edwards, RN, AMI Quebec	Townshippers' Association - Estrie	33 participants 6 sites 5 communities
September 18, 2007 1:30-3:30 pm	<i>Arthritis</i> Myra Siminovitch, Physiotherapist The Arthritis Society of Quebec	MCDC – Thetford Mines	97 participants 9 sites 9 communities
October 9, 2007 1:30-3:30 pm	<i>Cancer Awareness</i> , Dail Jacob, RN, and the Canadian Cancer Society (Quebec Division)	CASA - Gaspé	91 participants 13 sites 9 communities
November 6, 2007 1:30-3:30 pm	<i>Self-Esteem: Anger, Addiction and Communication</i> Desiree Chaker, Family Life Educator, Ruth Martin, Counselor	CAMI – Magdalen Islands	88 participants 11 sites 9 communities
December 4, 2007 1:30-3:30 pm	<i>Loss</i> Dawn Cruchet and Yvonne Clarke, Grief Counselors	Vision Gaspé Perce Now – Gaspé Town	64 participants 8 sites 7 communities
January 15, 2008 12:30-4:30 pm	<i>Bullying</i> Desiree Chaker and Linda Aber, Family Life Educators	COASTERS Association – Lower North Shore	57 participants 6 sites 3 communities
January 22, 2008 1:30-3:30 pm	<i>Menopause: A Hot Topic</i> Kelly Howarth, Adult Educator, Jo Ann Jones, Nurse, and Myra Siminovitch, Physiotherapist	OHSSN – Western Quebec	56 participants 12 sites 8 communities
February 26, 2008 1:30-3:30 pm	<i>Heart Health</i> Jo Ann Jones, Nurse, Sara Creighton-Weibe, Dietician, and the Heart and Stroke Foundation of Quebec	Neighbours' Association of Rouyn- Noranda – Rouyn- Noranda	90 participants 7 sites 6 communities
March 18, 2008 1:00-3:30 pm	<i>Obesity, Nutrition and Exercise</i> Dr. Stan Rog, Psychologist Katharine Asaro, Integrated Lifestyle Management Consultant	Townshippers' Association – Estrie and Monteregie	28 participants 4 sites 2 communities

### Highlights

- All 8 community organizations participated regularly in the Telehealth sessions.
- As of February 2008, the program was limited to 6 sites per session.
- Due to Quebec's severe winter, there were numerous last-minute cancellations.
- Ten Telehealth Sessions were held on community requested topics.
- 714 participants attended, averaging 71 people per session (range 28-110 participants).
- All communities attended an average of 7 out of 10 sessions (range of 2 to 8 sessions).
- The total number of sites was 86, with an average of 9 sites per session (range 4 to 13 sites).

## **Partnerships**

The program's ongoing partnership with The Montreal Children's Hospital Telehealth Coordination Centre greatly facilitated the success of the program. Their flexibility and willingness to facilitate the planning and support of the activities allowed for a variety of telecommunication linkages. This included telephone conferencing and the recording on DVDs of the sessions, enabling access to those communities unable to attend.

The Telehealth Program continued its ongoing partnering with organizations such as Care-Ring Voice and AMI Quebec via Telephone Education Workshops. A focus and new important component for 2007-2008 Telehealth was outreach to national partners. This was accomplished by inviting administrative representatives to participate in Telehealth sessions taking place from the Montreal Children's Hospital. Three successful partnerships resulted:

- The Arthritis Society
- The Canadian Cancer Society – Quebec Division
- The Heart and Stroke Foundation of Quebec

These key partnerships have enabled the Telehealth Program to make use of existing available human and written resources in English. Appropriate and up-to-date English-language health information was made available from these national organizations. This increased awareness, facilitated access and contributed to building community capacity.

There is evidence that communities continued to develop and increase new local partnerships. One such important partnership was established with LEARN Quebec as communities partnered with their local Community Learning Centers (CLC's) to increase access to videoconferencing facilities:

- COASTERS Association created a partnership with its CLC in Chevreuil
- Townshippers' Association created a partnership with its CLC in Bury
- Vision Gaspé Perce Now created a partnership with its CLC in Gaspé Town

## **Informal Follow-up Activities**

Follow-up is an important aspect of building community capacity. This encompasses chosen related activities that extend community awareness, knowledge and partnerships beyond the original Telehealth Session, with the goal of increasing access to local health and social services. This was done informally by many of the participating communities. An example of this is:

- Townshippers' Association held a DVD viewing Session on *Bone Health* at the CLC in Bury due to their being unable to attend the actual Telehealth session (lack of site certification), and the Telehealth Program Community Support Coordinator and the Program Evaluator facilitated this, with 20 participants.
- Another DVD focus group session on *Grieving and Loss* was held with 10 participants at the Avante Women's Center in Bedford, facilitated by the Telehealth Program Community Support Coordinator and the Program Evaluator.

Feedback from both of these sessions was very positive regarding the content of the DVD and about the viewing session. The success of these pilot DVD viewings demonstrated the value of using the Telehealth Session DVDs as a tool for access and learning. This led to the application for funding from The McGill Training and Human Resources Development Project for Objective 6, which encompassed the Telehealth DVD Library as part of a more formal Follow-up Intervention Project, the results for which appear below.

### ***FOLLOW- UP INTERVENTION PROJECT***

Distance Community Support, Objective 6 was one of eight specific projects of the “Special Project” McGill Training and Human Resources Fund 2007 – 2008. The purpose of Objective 6 was: To promote follow-up intervention plans and partnerships among community and institutional stakeholders collaborating in the distance service delivery of public health promotion and prevention programs to English-speaking communities.

Three major activities were identified:

1. To develop follow-up intervention plans with 8 community organizations involved in distance service delivery programs that:
  - Link with Telehealth sessions and Community Radio programming 2007 – 2008
  - Recruit public and community resources to participate and partner
2. To develop a web-based and DVD resource to disseminate Telehealth and Community Radio tools and recorded program material.
3. To connect one community (Magdalen Islands) with telecommunications capacity in the absence of access to Quebec telecommunications system.

**Table 2: Follow-up Intervention Plans by Community**

HOSTING ORGANIZATION	FOLLOW-UP INTERVENTION	LINK	PARTICIPANTS	PARTNERSHIPS	RESULTS
<b>CAMI (Magdalen Islands)</b>	<p>Provided isolated Entry Island with a weekly DVD and Coordinator.</p> <p>Received videoconferencing equipment</p>	<p>Telehealth Topics:  <i>Bone Health</i>  <i>Arthritis</i>  <i>Cancer</i>  <i>Self-esteem</i>  <i>Grief &amp; Loss</i>  <i>Bullying</i>  <i>Menopause</i>  <i>Hearth Health</i>  <i>Obesity, Nutrition &amp; Exercise</i></p> <p>Community Radio</p>	<p>Entry Island residents unable to travel by plane or boat</p> <p>Seniors at Bayview Residence unable to travel</p>	<p>CSSS des Isles</p> <p>Entry Island School</p> <p>Bayview Seniors Home</p> <p>Church Minister</p>	<p>DVDs proved to be popular learning tools</p> <p>Traveling coordinator delayed due to weather</p> <p>New partnership with seniors home</p> <p>“An excellent way to transmit health information and resources”</p>
<b>CASA (Baie de Chaleur)</b>	<p>Organized a local Seniors Nutrition Day 18 March 08</p>	<p><i>Diabetes II</i>  <i>Heart Health</i>  <i>Bone Health</i></p> <p>Community Radio</p>	<p>68 participants from Chandler, New Carlisle, New Richmond and Casapedia – St. Jules area</p>	<p>RNA students (Hope Town Adult Ed Centre)</p> <p>Diabeters</p> <p>CSSSBC (Nutritionist)</p> <p>KINO Quebec</p> <p>Nurse (local)</p>	<p>Increased personal knowledge of their own:            Blood pressure            Blood sugar            Nutrition (Healthy lunch on take-home portion control plate)            Basic exercises</p> <p>“We will change our eating habits”</p>
<b>COASTERS Association (Lower North Shore)</b>	<p>Organized a two-part Telehealth session on Bullying for</p> <ol style="list-style-type: none"> <li>1) Students</li> <li>2) Parents &amp; teachers</li> </ol>	<p>This is a follow-up to <i>Bullying</i> presented in 2007</p>	<p>Secondary 1 – 3 students, teachers and parents from St. Paul’s River, St. Augustine, La Tabatiere, Chevry, Lourdes de Blanc Sablon</p>	<p>Teachers, parents</p> <p>CLC Chevry</p> <p>CLC La Tabatiere</p> <p>LNSCH</p>	<p>An unexpected storm cancelled all sites except one</p> <p>DVDs arranged to be shown in schools at a future date - April 2008</p>



HOSTING ORGANIZATION	FOLLOW-UP INTERVENTION	LINK	PARTICIPANTS	PARTNERSHIPS	RESULTS
	Resumed Resource Library Project initiated in 2007	The follow-up project from 2007 added to their resources and information 2007 – 2008.  Community Radio	All communities on the Lower North Shore  Telehealth coordinator	LNSCH  Telehealth support coordinator and evaluator	Completion of this project pending  Plan is to find funds for: 1) Flyers 2) Web design Radio promotion
<b>Vision Gaspé Percé Now (Gaspé Town)</b>	Initial plan was to create a caregiver's support group	Telehealth sessions: <i>Alzheimer's Disease</i> <i>Cancer</i> <i>Mental Health</i>	60 local participants attended 3-day event Info night lunch training workshop	Alzheimers Society of Gaspé	Caregiver's support group deferred in light of new partnership with the Alzheimer's Society, which provided funding for an Alzheimer's support group.  Library of Books, DVDs and Videos established.
<b>Townshippers' Association (Estrie)</b>	1) Arthritis Exercise Program  2) Organized a Community Kitchen	Telehealth sessions: <i>Bone Health</i> <i>Arthritis</i>  <i>Bone Health</i> <i>Heart Health</i> <i>Obesity, Nutrition and Exercise</i>	15 senior women Haute St. Francis MRC  10 women on limited income	CLC (Bury)  Women's Centre Steering Committee (Estrie)  Arthritis Society (Estrie)  Women's Centre (Haute St. Francis MRC)	Regularly attended 10-week exercise program, improved flexibility, quality of life socially and physically improved  Increased knowledge of healthy recipes, cooking skills and budgeting

HOSTING ORGANIZATION	FOLLOW-UP INTERVENTION	LINK	PARTICIPANTS	PARTNERSHIPS	RESULTS
	3) Organized a High School Drug Awareness Campaign	<i>Drugs &amp; Alcohol Bullying</i> Community Radio	300 High School students Level 1 & 2  Teachers & staff	Eaton Valley CLSC  School counselors  Healthy Schools Coordinator  Drug & Alcohol School Counselor	Increased social contact and networking support for these women  Increased awareness of drugs and alcohol addiction  A workshop for 9 at-risk students  Motivational session with learning disabled students
<b>Townshippers' Association (Montéregie)</b>	Organized a series of four DVD presentations to five local communities	DVDs selected from Telehealth sessions: <i>Bone Health</i> <i>Alzheimers</i> <i>Cancer</i> <i>Bullying</i> <i>Self-esteem</i> <i>Drugs &amp; Alcohol</i> <i>Learning Disabilities</i> <i>Mental Health</i> <i>Disabetes</i> <i>Heart Health</i> <i>Grief &amp; Loss</i>  Community Radio	181 Community members (students to seniors) from: Sutton Granby Bedford Rougemont Cowansville Lac Brome Waterloo Foster	Local schools, teachers, Steering Committee (Montéregie) Social and street intervention workers	28 presentations in one month  170 evaluations  Recruited 8 organizers  Exceeded expectations of organizers and participants

## Highlights

- Five out of eight community organizations developed a total of nine follow-up intervention plans according to their communities' expressed needs.
- Four out of eight communities participated in community radio, which delivered English-language health programming on 7 of the 10 Telehealth topics, as selected by the participating communities (For more details please see the separate *Community Radio Project Report 2007-2008*).
- The English-speaking community on the Magdalen Islands (CAMI) received videoconferencing equipment, which allowed them to participate in the distant community support program.
- All 8 communities received a copy of the Telehealth DVD Library, an annotated compilation of 14 DVDs of select Telehealth sessions.
- The CHSSN Telehealth web site was made more interactive with important links to partners, health resources, and community radio programming for download ([http://www.chssn.org/En/Health\\_Education\\_Program/index.html](http://www.chssn.org/En/Health_Education_Program/index.html)).
- Follow-up activities were successfully carried out within the allotted budget and time frame (December 2007-March 2008).

## ***THE VALUE OF COMMUNITY LEARNING***

Participants completed evaluations at each Telehealth Session. When asked, “What did you learn that is worth remembering for a lifetime?” Telehealth Session participants cited the following memorable quotes:

“Any activity that doesn’t involve sitting in your couch is considered exercise...requires effort.” (*Nutrition, Obesity and Exercise*)

“Menopause is not a disease, but a life transition.” (*Menopause: A Hot Topic*)

“Overuse instead of underuse...when in doubt, call 911” (*Heart Health*)

“We grieve from losses due to illness, accidents, divorce, etc – not just from death.” (*Loss*)

“There is no time constraint on grief.” (*Loss*)

“How to stand up for yourself and not be scared.” (*Bullying*)

“Stay calm, listen, use positive words, talk about your feelings.” (*Self Esteem: Anger, Addictions and Communication*)

“All the help and support available to cancer patients.” (*Cancer Awareness*)

“That the Arthritis Society is there for us all.” (*Arthritis*)

“People with mental illness need to be understood and also need help coping with the illness.” (*Mental Health*)

“The facts concerning the amount of vitamin D and calcium necessary as we age.” (*Bone Health*)

“That osteoporosis can be prevented by lifestyle.” (*Bone Health*)



### **Analysis of Evaluations**

Evaluations continued to validate and contribute to the design and direction of the program.

Satisfaction rates remain high, with comments that the presentations were helpful, interesting, met their expectations and provided useful resources. Questions were adequately answered. The expertise of the chosen speakers was repeatedly cited and continues to be paramount to the success of this program.

Written resources were highly rated as clear and useful.

Question periods and the opportunity to interact with the presenters continued to be cited as most popular. The optional half hour question period was very successful, with most sites choosing to stay on.

Technical difficulties persisted and were reported as being less prevalent with fewer sites. It remains to be seen if limiting sites makes a difference.

## ***LESSONS LEARNED***

The lessons learned over the past year of Telehealth programming include:

- A maximum of 6 sites participating in a videoconference at any one time is more effective.
- Communities need instructions on group animation so as to more effectively engage their participants, stimulate learning and help them to feel more connected to each other and to the speaker.
- Telehealth session DVDs provide powerful tools for those communities with no access to videoconferencing.
- Community partnering with national organizations had a two-fold advantage: 1) The communities learned that there are resources and services available in English, and 2) The partner organizations learned that there is an English population in small communities throughout Quebec, seeking their services.
- Community radio can be used to support Telehealth session promotion and follow-up.
- The evaluation process must be simplified so that communities will be confident and independent in holding and evaluating sessions, engaging their public partners and moving forward with related follow-up activities.
- Timing of the sessions, use of telephone conferencing and the availability of session DVDs and community radio, are all key to dealing with the ongoing challenge of geographical distance and inclement weather.

## ***APPENDIX A: Montreal Children's Hospital Telehealth Coordination Centre***

Once again this year, the Montreal Children's Hospital Telehealth Coordination Centre collaborated in our multiple public health education sessions.

As you can note from the information in the table below, the efforts involved in the planning and organization are quite significant, in addition to the required close collaboration with the group in Telehealth. First, CHSSN sends out invitations to participating partners, who, in turn, communicate with the Montreal Children's Hospital Telehealth Coordination Centre, in order for them to be added as a participant to a given session. With increased coordination of events, there have been fewer last-minute additions in the past year.

The table below outlines the workflow and cost for work provided by the Montreal Children's Hospital Telehealth Coordination Center to support the planning and delivery of the sessions. For example, in providing support to remote site, one multipoint activity per month requires numerous interventions such as: communication, reservation, utilization of different communication networks (ISDN, IP, RISQ and audio), site certification and onsite technical support.

We wish to extend a special thanks to Carolle Legault and Martine Nagy at the Montreal Children's Hospital Telehealth Coordination Centre for their ongoing help and collaboration.

Participation of the Montreal Children's Hospital Telehealth Technician(s) has been equally appreciated during the course of our yearly sessions. Thanks to their collaboration and coordination of our sessions, our work has been facilitated, especially with respect to troubleshooting when distant sites had difficulty connecting.



### CHSSN Community Development Process

