

Background

- Public health events have emphasized the need to strengthen & develop the public health workforce
- Health disparities among Northern and Aboriginal populations persist
- Lack of workforce capacity and high turnover in staff

A pan-Territorial Approach

- Build on competencies & tools, adapt for North as necessary
- Honour previous tri-territorial work and consultations
- Prioritize the implementation

SKILLS ONLINE

A series of continuing education modules offered in English & French, 3 times per year

- Provides front line public health practitioners with a professional development opportunity to acquire or maintain the *Core Competencies for Public Health in Canada: Release 1.0*
- Participants learn in inter-professional teams of 15-20 public health practitioners from across the country, led by a trained facilitator over an 8-week period

Sample of discussion among participants in the recent online module, Basic Epidemiological Concepts

Compiled Messages - Mozilla Firefox

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Subject: Multiple cause/single effect model best describesTB **Topic:** Discussion 2
Author: Stephanie **Date:** June 2, 2009 12:40 PM

I believe that the Multiple Cause/Single Effect model is the most appropriate when speaking of tuberculosis (TB). Several factors combine to aid the spread of the TB bacteria from person to person.

TB remains a concerning health issue in the Canadian Arctic. When examining the most at risk populations for contracting TB, Inuit in Nunavut fit the profile. Those who have come into close contact with people who have TB or live in communities where the illness is present, as is the case in Nunavut, are at a higher risk of getting active TB. As well, those who smoke are more susceptible to the disease- a staggering 64% of people in Nunavut over the age of 15 smoke daily. The Public Health Agency of Canada states, 'If you live in overcrowded housing with poor air circulation, you may be more at risk of getting latent TB infection.' Nunavut's population lives in some of the most overcrowded housing in the country, aiding the spread of the TB bacteria. Finally, it is known that those in low income populations who are medically underserved are at higher risk of getting TB than others. Nunavut residents again fit into this category.

These multiple factors combined contribute to Nunavut's high rate of TB. Until each risk factor is addressed and solutions found, the disease will continue to have a negative impact in Canada's North.

Reply Forward

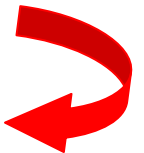
Subject: Re:Multiple cause/single effect model best describesTB **Topic:** Discussion 2
Author: Lynn **Date:** June 8, 2009 3:49 PM

Stephanie,

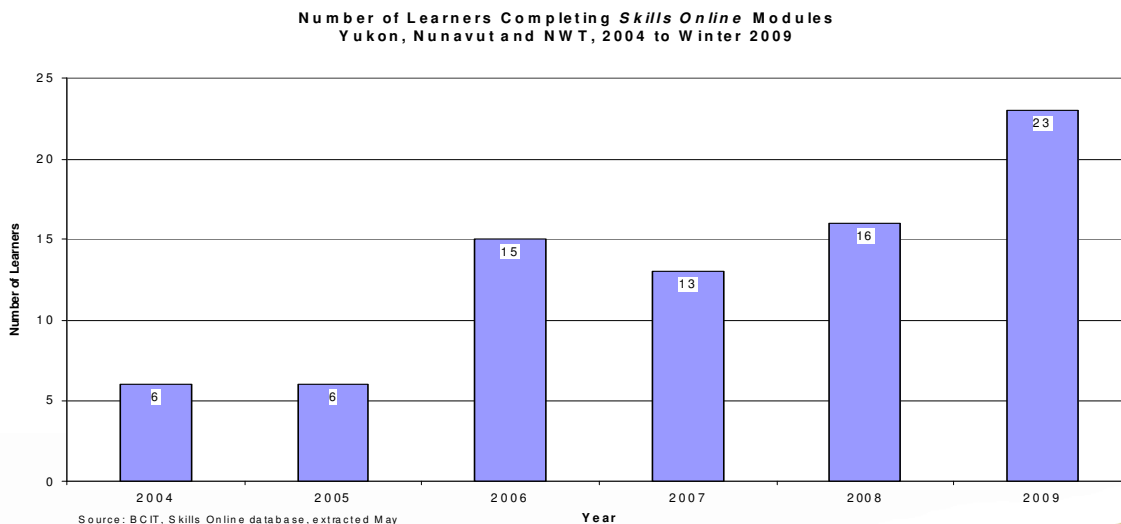
Thank you for sharing this essential information. I had no idea how bad TB is in Nunavut. Has there been any efforts to help support and improve their living conditions? This is indeed a vulnerable population who is in desperate need of help.

Reply Forward

Learn how several Inuit organizations are using **Skills Online** to meet their needs



The number individuals in the North completing Skills Online modules is growing year-over-year:

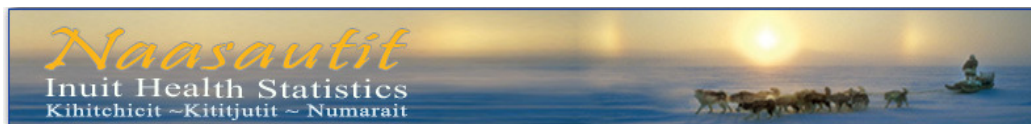


By providing professional development opportunities, the Skills Enhancement for Public Health Program is enhancing the way public health practitioners work & interact with their colleagues & the environment

Pilot of *Skills Online* for Northern Aboriginal Public Health Workers

“...this course has given me the confidence to move forward as a health data analyst”

Inuit participant in Measurement of Health Status



The pilot was held to meet the learning needs of Inuit without an undergraduate health degree who were hired for the *Naasautit* project to become Health Data Analyst Interns within the 4 Inuit regional land claims organizations. Epidemiological concepts such as correlations and causality were essential for the staff mandated to describe and distribute population health statistics on determinants and conditions. The pilot was designed to test the appropriateness of the *Skills Online* content and learning modality for this learner group and

to identify improvements that could be made to the online learning module for aboriginal

learners. The *Naasautit: Inuit Health Statistics* project also invited Keewaytinook Okimakanak Telemedicine (Nishnawbi-Aski Nation) to join the pilot. A total of 3 Inuit and 2 First Nations learners enrolled in *Basic Epidemiologic Concepts* during the Sept-Nov. 2008 pilot. One person from each group did not start the course due to work/ travel commitments or family pressures. One person from each group completed. In July 2009, staff from the *Naasautit* project (3) and the Inuit Tuttarvingat of the National Aboriginal Health Organizations (1) completed courses.

Module Completions by July 2009

Basic Epidemiologic Concepts - 4

Measurement of Health Status - 1

Participating Organizations

Naasautit Inuit Health Statistics project, Inuit Tuttarvingat
National Aboriginal Health Organization (NAHO), Ottawa
Inuvialuit Regional Corporation, Northwest Territories
Keewaytinook Okimakanak Telemedicine, Ontario
Nunavut Tunngavik Incorporated, Nunavik
Nunatsiavut Government, Newfoundland & Labrador

Participants told PHAC

- They were supported by their employers, but more time to complete lessons and assignments would be appreciated
- Recruiting by word of mouth was effective, but time consuming
- Organizations could easily access the *Skills Online* program
- Weekly teleconference support with a mentor increased understanding of module content and provided an important social connection to people in the field
- Posting in the discussion forums with highly experienced health professionals was intimidating for the newcomers
- A mixed Inuit, First Nations and Métis and non-Aboriginal learning group is acceptable
- Completing assignments and discussing public health experience is challenging for learners at the start of their careers
- Learners would appreciate more Northern and Aboriginal content (e.g., case studies, statistics, etc.)

Tell us if your organization can use *Skills Online*!

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