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Canadian Healthcare
Influenza Immunization
Network



Réseau Canadien
d'Immunisation contre la Grippe
dans les Soins de Santé

Influenza Immunization in Healthcare Workers How Can We Do Better?

June 7, 2009 Workshop Report

SOINS CONTINUS
Bruyère
CONTINUING CARE



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Background:

The issue of poor influenza immunization rates amongst healthcare workers is a multifaceted problem. The Canadian Healthcare Influenza Immunization Network, supported through a research grant from the Canadian Institute of Health Research, has been involved in research activities with a view to identify ways to support practitioners and organizations to increase influenza immunization of healthcare workers. Through CIHR funding a preconference workshop was held at the 2009 CPHA conference in Winnipeg on June 7, 2009. The workshop was designed to build on the work that has already been done to improve immunization rates among healthcare workers by sharing information about best practices as well as promising practices through the development of a knowledge exchange network.

Overview:

The goals of the workshop were to:

- Identify local, provincial and national organizations involved in the immunization of healthcare workers
- Support opportunities for knowledge exchange in the area of influenza immunization
- Highlight the work of the project team, including detailed information of:
 - the Ottawa Influenza Decision Aid (OIDA)
 - the OIDA implementation guide
- Explore how knowledge exchange can be applied to influenza immunization sectors of healthcare
- Explore the ways to create a Canadian healthcare influenza immunization network using technology and creative communication systems to engage in collaborative initiatives across the country
- Increase knowledge and power of the stakeholders and advocates by streamlining the knowledge exchange processes in the field of influenza immunization in healthcare workers

This workshop was structured to include both didactic and interactive presentations. A deliberate intent was made to incorporate a variety of interactive methods to facilitate knowledge exchange and to encourage networking opportunities after the workshop.

Acknowledgments:

It is important to recognize the following individuals who participated in the workshop and provided valuable feedback:

David Williams	Emanuela DeFranco
Liz McCreight	Chris Watters
Peter Murray	Liisa Vexler
Donna Moralejo	Shaun Ellis
Patti McCann	Linda Baron
Marie Villeneuve-Scott	Melanie Sanderson
Gloria Campbell	Margaret Fast
Lorraine Poirier	Donna Dixon
Marika Bellerose	Amit Suri
Coleen Brooks	Deanne Wong
Marta Guilmette	Margaret Zamrykut
Christopher Dean	

Contact information for these individuals and those individuals who were on the planning committee can be found in Appendix A.

Workshop Objectives:

The following is the list of the workshop objectives that were identified by the planning committee:

- Capacity and network building
- Review of existing resources
- Sharing of influenza campaign best practices
- Lessons learned from the Ottawa Influenza Decision Aid (OIDA) project
- Recommendations for national strategies for building the Canadian Influenza Knowledge Exchange Network
- Identification of regional, provincial, territorial and national champions
- Review of draft OIDA implementation guide
- Developing an implementation framework and tools for the collection of input

Participant Expectations:

Prior to developing the workshop agenda, participants were given the opportunity to complete a small survey to identify their expectations and learning objectives. The following is a list of the key priority areas that were identified by the participants prior to attending:

- Evidence
- How to increase uptake
- Incentives
- Marketing
- Evaluation
- Overcoming barriers – HCW attitudes
- Influenza Network

A copy of the workshop agenda can be found in Appendix B.

Workshop Findings:

During the course of the workshop, participants were given the opportunity to discuss in small groups the following topics:

- a) **Finding solutions to identified barriers**
Please see Appendix C for details of the discussion.
- b) **Designing an Effective Influenza Immunization Campaign**
Please see Appendix D for details of the discussion.
- c) **Developing a framework for an Influenza Network**
Please see Appendix E for details of the discussion.
- d) **Leveraging H1N1 to Keep the Momentum Going**
Please see Appendix F for details of the discussion.
- e) **How to Influence the Undecided**
Please see Appendix G for details of the discussion.
- f) **Evaluation Methods and Tools**
Please see Appendix H for details of the discussion.

The following four pages include a summary of what the June 7th participants told us. These pages are formatted so that they can be removed from the report and handed out separately.

Finding Solutions to Identified Barriers

Barriers to Increasing Immunization Rates among Healthcare Workers	
Lack of faith in the effectiveness of immunization	
Misunderstanding of the need for immunization	
The vocal “nay-sayers” who influence peers	
Fear of side effects (pain etc.) and that the vaccination will cause illness	
Limited access to immunizations	
Apathy and the undecided	
Lack of support from leaders	
Lack of data related to numbers of HCW in a setting and those actually immunized	
Strategies	Solutions
Education and Promotion	Innovative thinking
	Focus on behaviour change
	Use a variety of communication methods
	Know the target audience
	Empower patients, their families and the community
	Set realistic expectations
Improved Accessibility	Mobile carts
	Make it convenient
Legislation/Regulation	Policy
	Accreditation
Measurement/Feedback	Account for the number of employees
	Identify who is and who is not immunized
	Compare results between settings
	Evaluation (Methods and Tools)
Role Models	Use role models for best impact: <ul style="list-style-type: none"> • Politicians • Senior Management • Physicians • Peers
	Develop Champions: <ul style="list-style-type: none"> • Staff advocates • Involve healthcare worker students early
Miscellaneous	<ul style="list-style-type: none"> • Offer incentives • Process efficiencies • Improve immunization competencies • Allow healthcare workers to immunize their own families

Designing an Effective Influenza Immunization Campaign

Ideas/Examples
<ul style="list-style-type: none"> • Make things fun and interesting • Plastic bugs with messages; use catchy slogans; keep themes fresh
<ul style="list-style-type: none"> • Recognize the need for repetitive messaging • Address myths by focusing on reality • Identify the impact to those at risk (i.e. clear messaging about the risks placed on other by virtue of not getting immunized)
<ul style="list-style-type: none"> • Posters, bulletins, tent cards (for table tops) in the cafeteria • Email blasts • Blogs/Facebook • Send out personalized invitation from CEO to get immunized
<ul style="list-style-type: none"> • Provide information to help HCWs understand how the vaccine works • Develop targeted messages for different groups of healthcare workers (i.e. “Nay-Sayers,” Undecided etc.)
<ul style="list-style-type: none"> • Publish facility/setting immunization rates (The public might be surprised) • Encourage patients and families to inquire about the immunization status of the healthcare workers involved in their care
<ul style="list-style-type: none"> • Focus on the undecided and work with people to move them along the decision-making continuum
<ul style="list-style-type: none"> • Make it convenient by going to the staff on the units (peer pressure) • Decorate the carts
<ul style="list-style-type: none"> • Vary the hours when the immunization is offered (during staff meetings, lunch time, change of shift)
<ul style="list-style-type: none"> • Develop policy to support influenza immunization e.g. declination forms
<ul style="list-style-type: none"> • Use Accreditation Canada process to set standards for the reporting of immunization rates
<ul style="list-style-type: none"> • Develop systems to “count” healthcare workers
<ul style="list-style-type: none"> • Tracking methods to count need to be developed • Declination forms can help with tracking
<ul style="list-style-type: none"> • Track and report numbers of immunizations (post where all can see) • Compare rates between facilities/settings • Use occupational health and safety bulletin boards
<ul style="list-style-type: none"> • Need planned evaluation including identification of indicators and processes • Survey staff to identify why they do/do not get immunized and use feedback to improve next campaign
<ul style="list-style-type: none"> • Go to a senior management meeting and immunize them, then write it up as a good news story and post in agencies newsletter • Take photos of staff getting immunized • Get role models to speak passionately • Put stickers on ID badges
<ul style="list-style-type: none"> • Use incentives

Developing a Framework for a Knowledge Exchange Network

Structure:

The Canadian Healthcare Influenza Immunization Network will be the key stakeholder core group as identified below assuming responsibility for the majority of the networking activities and provision of guidance and leadership. They will partner with organizations such as The Canadian Coalition for immunization Awareness and Promotion (CCIAP) in a collaborative manner to ensure the strength and long term sustainability of the network.

Vision:

The Canadian Healthcare Influenza Immunization Network is the best place to obtain accurate and current knowledge about best practices related to influenza immunization.

Goal:

To connect people, ideas and resources.

Purpose:

- Disseminate information in an open, accessible and timely manner
- Summarize information for others to reference
- Provide feedback mechanisms
- Develop a library of tools that have been tried
- Assist with the development of evaluation methods and tools
- Provide the opportunity for the early sharing of experiences and promising practices
- Facilitate the participation in new research
- Act as a conduit for the dissemination of research findings
- Offer a forum for interested parties to link on areas of common interest
- Reduce the need for duplication and “reinvention of the wheel”
- Build on the success of others

Membership

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Developing a Framework for a Knowledge Exchange Network

Operational Plan:

First 3 months

- Establish and distribute membership contact list
- Identify a core group to work with the Canadian Coalition on Immunization Awareness and Promotion (CCIAP) to develop a Network website
- Establish the terms of reference to support ongoing website maintenance
- Identify a core group to develop a communications and marketing plan which would include launching the website
- Distribute the report from the June 7th workshop to the participants and post on the website

Next 4 - 9 months

- Further develop the network marketing efforts to increase membership by targeting groups such as Canadian Nurses Association on Immunization; Occupational and Public Health Groups; Canadian Gerontology Association; CPHA; Provincial Public Health Organizations etc.
- Work with agencies/hospitals/government etc. to determine baseline numbers of healthcare workers in all settings
- Establish the legitimacy of the network within the current public health system by aligning with credible partners

By the end of the first year

- Establish a common place to post conferences and educational opportunities related to influenza immunization (clearinghouse)
- Establish various communication mechanisms such as online chat forums and a common bulletin board that would allow for the sharing of information related to current and emerging issues among members
- Continue
- Conduct an online survey targeting organizations involved in the immunization of healthcare workers to identify tools and components they have used in their campaigns with the invitation to join the network
- Take the results from the survey and format them so they can be posted on the website as current/promising practices
- Support opportunities for ongoing face to face networking through facilitated workshops and meetings that support participant engagement such as small group discussions, electronic audience response systems etc.

Workshop Evaluation:

A total of 74 % of the workshop participants (17 out of 23) completed an evaluation feedback form. Overall participants expressed a very high level of satisfaction with 100% indicating the workshop was relevant to their needs, 93% indicating it was very likely they would change their practice as a result of attending this workshop and 82% indicating there should be more workshops on this theme.

All respondents indicated the course presentations and activities supported the achievement of the stated workshop objectives. A large number of participants indicated in the comments section that they enjoyed the interactive nature of the workshop with 100% of participants indicating an appropriate range of teaching methods and visual aids had been used. Many participants indicated they wouldn't change anything other than to increase the number of participants. It is of interest to note that none of the participants indicated the workshop was too long.

A complete summary of the workshop evaluation results can be found in Appendix I.

Recommendations:

1. Support the development of the "*Canadian Influenza Immunization Knowledge Exchange Network*" by acting as the collaborative entity.
2. Host a series of similar workshops to:
 - Validate the information received from this first workshop
 - Share information about knowledge exchange workshops
 - Promote the "*Canadian Influenza Immunization Knowledge Exchange Network*"
3. Provide seed funding and human resources to develop the "*Canadian Influenza Immunization Knowledge Exchange Network*" website.
4. Work with CCIAP and industry partners to develop a succession plan to ensure sustainability of the network and its website.

Appendix A

Conference Attendees and Planning Committee Contact Information

Participants				
Last Name	First Name	Organization	Position	Email Address
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Conference Attendees and Planning Committee Contact Information *(continued)*

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Chambers	Larry	Élisabeth Bruyère Research Institute	President and Chief Scientist	lchambers@bruyere.org
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Consultants				
Last Name	First Name	Organization	Position	Email Address
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Appendix B

Workshop Agenda

Influenza Immunization in Healthcare Workers: How Can We Do Better?

**CPHA Pre-Conference Workshop
Sunday June 7, 2009
9:00 a.m. – 12:00 p.m.**

Morning

1. Welcome and Introductions

Larry Chambers, President and Chief Scientist
Élisabeth Bruyère Research Institute

2. Overview of the Canadian Institute of Health Research Grant and the Ottawa Influenza Decision Aid Project

Dr Anne McCarthy, Director Tropical Medicine and International Health Clinic Division of Infectious Diseases, The Ottawa Hospital

3. Influenza Immunization and Healthcare Workers, Issues and Challenges

Dr. Shelly McNeil, Clinical Research Scholar, Canadian Centre for Vaccinology

4. Finding solutions to address identified barriers

- Brainstorming - Small Group Work

Networking Break and Refreshments

5. Influenza immunization campaigns for healthcare workers: a systematic review: Presenting the Findings

Po-Po Lam, MSC Candidate, Epidemiology (University of Ottawa)
Donna M. Pierrynowski-MacDougall, Associate Professor (Nursing), St. Francis Xavier University

6. Designing the best influenza immunization campaign

Brainstorming - Small Group Work

7. Canadian Coalition for Immunization Awareness & Promotion

Liisa Vexler, Senior Manager,
Canadian Coalition for Immunization Awareness & Promotion (CCIAP)

Lunch Break and Networking

**Influenza Immunization in Healthcare Workers:
How Can We Do Better?**

**CPHA Pre-Conference Workshop
Sunday June 7, 2009
1:00 p.m. – 5:00 p.m.**

Afternoon

8. **Canadian Healthcare Influenza Immunization Network**
Lois Crowe, Project Manager,
Canadian Healthcare Influenza Immunization Network
9. **Knowledge exchange – what is it?**
Larry Chambers, President and Chief Scientist
Élisabeth Bruyère Research Institute
10. **Developing an influenza immunization knowledge exchange network**
 - Brainstorming - Small Group Work

Networking Break and Refreshments

11. **Accreditation Canada - Role of policy in influencing immunization rates**
Christopher Dean, Lead Specialist, Research & Product Development
Accreditation Canada
12. **Networking Café – finding solutions**
 - Table 1 – Leveraging H1N1 to keep the momentum going
 - Table 2 – How to influence the undecided
 - Table 3 – The role of politics, policy and regulations in changing the way we talk about immunization
 - Table 4 – Evaluation methods and tools
13. **Recruiting Partners for Projects**
Dr Anne McCarthy, Director, Tropical Medicine and International Health Clinic
Division of Infectious Diseases, The Ottawa Hospital
14. **Next Steps – Focus on Networking and Sustainability**
 - Small Group Discussion

Wrap-Up & Evaluation

Appendix C

Finding Solutions to Identified Barriers

Key Barriers:

- Hard to reach those that refuse the vaccine
- Leaders and “top-level” people are not showing enough support for the vaccine

Identify Solutions to Address Barriers	
Barriers	Proposed Solutions
<p>Lack of faith in Immunization</p> <ul style="list-style-type: none"> • Psychology of healthcare workers in hospitals and community-‘organizations MUST protect us’ • Visual barriers (masks are easier to believe in than injected protection) • I’m healthy so I don’t need vaccination • Anti-vaccine people are always the loudest • Mismatch - perceptions that the vaccine doesn’t work • Media / word of mouth influence • Web-based misinformation • People don’t believe the information • Lack of understanding about herd immunity 	<p>Adjust strategies according to target staff you want to immunize</p> <ul style="list-style-type: none"> • Get pro-vaccine people to be louder • Make them feel guilty, but Canadian campaign is shy about that, afraid to force • Inform about staff about stats – <ul style="list-style-type: none"> ○ Database ○ Immunization registries <ul style="list-style-type: none"> ▪ E.g. MIMS - Manitoba Immunization Monitoring System • You get less protection but still protective • # of people who die, % of vaccinated • All areas of community that are affected, not just in the institution, should be part of education, <ul style="list-style-type: none"> • pictures or posters of nurses with their kids • Move focus from fear to focus on benefits of individual and community – empowerment • Pitch about doing for themselves and for the family • Social marketing – ongoing – continual process of education – build on people who have already bought into the benefits – champions • Terminology should be consistent - Vaccination versus immunization
<ul style="list-style-type: none"> • “Nay-sayers” – hard to get them to education sessions, and other interventions 	<ul style="list-style-type: none"> • Declination (“hounding”) • Policy changes • Top-down approach • Need to target physicians and nurses as they are the least likely to be immunized

Identify Solutions to Address Barriers (continued)

Barriers	Proposed Solutions
<p>Fear of side effects</p> <ul style="list-style-type: none"> • People don't like needles/injected substance • Blame all illnesses contracted that year to the influenza vaccination – cause and effect • Sore arm a deterrent • Allergies 	<ul style="list-style-type: none"> • Take Tylenol at same time as vaccine to offset reaction to the actual shot. (Data reflects that this helps with any direct response to vaccination) • Share personal stories about bad influenza experiences that people went through in the past • Bring info through true stories that staff can relate to, giving good info, within smaller communities inside organization • Side effects occur with placebo as well • Always ask if they eat cake = not allergic to egg, maybe just have sensitivities
<p>Access to actual shot</p> <ul style="list-style-type: none"> • Don't know about when and where to get immunization <p>Operational barriers</p> <ul style="list-style-type: none"> • Time • Work shifts • Access, information • Disseminated to first line • Challenges with home care workers 	<p>Improve Accessibility</p> <ul style="list-style-type: none"> • Strong leadership • Staff member identified as provider • Make it easily accessible • Timed clinics to help • If can't make it will go to the public health clinics or occupational health clinics • Sign on sign-in sheet if got vaccination outside of facility • Bring cart to actual floor • Internet page just dedicated to influenza – perhaps a video

Identify Solutions to Address Barriers (continued)

Barriers	Proposed Solutions
<p>Low Immunization Rates (apathy)</p>	<p>Incentives</p> <ul style="list-style-type: none"> • I.e. day off-would average approx \$300/day off • Wii game, CD and DVD players • Raffle/food • Free lunch/coffee • Stickers • Ensure incentives meet requirements of organization's policies and/or collective agreements <p>Champions, influencers (for each shift)</p> <ul style="list-style-type: none"> • Dedicated person that is a strong believer • Talk about campaign • Reduces fears • Give info on vaccine components • Facility immunization nurses = champions • Get people to go to occupational health • Track them individually with restrictions to work (Ontario) • Impacts on smaller organizations • Mandatory survey to identify why people don't get immunized • Campaign to address the top five reasons of refusing the vaccine • Shortage of vaccines may spark people • I.e. Outbreaks may delay you from receiving the vaccine • Leveraging uptake with pandemic vaccine • Universal access / more methods of access / implementation – remove finance as a barrier i.e. pharmacists – open access in Alberta (no clinic time waits)
<p>Apathy about immunization</p>	<p>Organizational change</p> <ul style="list-style-type: none"> • Champions • Peer-to-peer • Champion engages with peers in nonthreatening, natural ways • Managers can also be champions – role modeling informed declination – include physicians • Find the motivation
<p>The Undecided</p>	<ul style="list-style-type: none"> • Decision aids (but will not convert the vehemently opposed)

Identify Solutions to Address Barriers (continued)

Barriers	Proposed Solutions
<p>Lack of physician/organizational leader support</p> <ul style="list-style-type: none"> • If against then people lose faith 	<ul style="list-style-type: none"> • Use opinion leader to help inform • Top people must be vaccinated • Need visible vaccination of top people, champions at the top
<p>Physicians not necessarily willing to immunize or promote because it doesn't pay enough</p>	<p>Capitalize on physician ability to influence</p> <ul style="list-style-type: none"> • Experts like physicians can really impact decisions • There is good evidence that physicians influence immunization uptake
<p>Institutions don't know their rates</p> <ul style="list-style-type: none"> • Don't know if people got immunization outside org 	<ul style="list-style-type: none"> • So important to track rates • Inform staff about stats <ul style="list-style-type: none"> ○ Database/registries • # of people die, % of vaccinated, • Need to identify the ones who get immunized outside org • Need to identify a process to track those who were immunized elsewhere <ul style="list-style-type: none"> ○ Note on prescription ○ Copy of an immunization record
<p>Lacking program consistency across organizations</p>	<ul style="list-style-type: none"> • Accreditation Canada standard – is a start • Need to clarify what constitutes qualification of standard? • Starting point was broad → build on from that so testing for compliance can be done

Appendix D

Designing an Effective Influenza Immunization Campaign

Education/Promotion	
Themes	Ideas and Experiences to Share
Innovative thinking	<ul style="list-style-type: none"> • Education and promotion are necessary, on its own is never enough...so innovative thinking can be considered part of a more comprehensive campaign. • Enthusiastic nurse-placed plastic bugs. Put them on items (phones, desks) and make things fun and interesting. Add key messages attached to bugs - that they are everywhere. • Put a message on your voice message - Have you had your flu shot??? Or some catchy slogans . • Survey – on what would change your mind • Tailor campaign to your audience...that people are really well educated in risk communication. • Having a common multifaceted approach • Need to keep the theme fresh • Need dedicated staffing all year with the expertise required for planning campaign
Know the target audience (select your strategies)	<p>Over-Coming the Nay-Sayers</p> <ul style="list-style-type: none"> • Influenza facts sheet – countering vaccine not being a good match the previous year...and helping them understand how the vaccine works • Temper your education program according to which camp they belong to • Nothing really out there about influenza...how crappy you feel when you have influenza <p>Target messages regarding who is affected</p> <ul style="list-style-type: none"> • Family • Media – fact or fiction • Important to get them to see what flu can do: sickness, death... • Working with immuno-compromised patients • Taking home to children and elderly parents • Repeat messaging • LTC safety of the residents, their home, more stable staff than in acute

Education/Promotion (continued)	
Themes	Ideas and Experiences to Share
Focus on behaviour change	<ul style="list-style-type: none"> • Know that people may have to go to an influenza session 5 times before they get the key messages re: what vaccination is all about • Myths remain a huge barrier • Flu or common cold?
Use a variety of communication methods	<ul style="list-style-type: none"> • Posters/bulletins/in pay cheques/tent cards in cafeteria • Common posters across multiple organizations • Email blast
Empower patients, their families and the community	<ul style="list-style-type: none"> • Let the public know about immunization rates (they might be surprised). Could result in professional pressure • Empower patients and families to ask if people involved in their care have been immunized
Set realistic expectations	<ul style="list-style-type: none"> • Different groups, some people will never get the shot and others will always get it. Always a group of undecided • Work with those to move people along the decision continuum

Improved Accessibility	
Themes	Ideas and Experiences to Share
Mobile carts	<ul style="list-style-type: none"> • Bring to meeting – peer pressure • Make it easier and convenient as it can be hard for staff to leave units • Decorate the carts • Allows for staggered hours and days – with roving clinics • Peer group pressure
Make it convenient	<ul style="list-style-type: none"> • Highest turn-around lunch time • Accessibility – at times when people with young children can access it • Vary hours offered – early before night shift, evening shift (may start at 1500h) • A couple of hours in am and pm at change of shift • Make it available at any time during the day

Legislation/Regulations	
Themes	Ideas and Experiences to Share
Policy	<ul style="list-style-type: none"> • Advertise when increased sick time is leading to the need for longer or extra shifts • Peer pressure to stay home from work as well as peer pressure to get immunized • Talk down aggressive – is not approved way, but doing the right thing is to encourage to think of the public's health • Use of declination form – people still didn't get it
Accreditation	<ul style="list-style-type: none"> • Pressure the organizations to post rates

Measurement/Feedback	
Themes	Ideas and Experiences to Share
Account for no. of employees	<ul style="list-style-type: none"> • Develop system to “count” healthcare workers
Identify who is and who is not immunized	<ul style="list-style-type: none"> • Tracking methods need to be developed • Declination forms helps to track workers • Work with public health to ensure that they provide the HCW with proof of immunization documentation
Compare results between settings	<ul style="list-style-type: none"> • Private sector can get to a 68% immunization rate • Better response among support workers rather than professionals (housekeeping/kitchen staff) • Each facility knows the numbers it needs. Can show one department is doing better than others • Track immunization during campaign <ul style="list-style-type: none"> ○ Poster with rates that you put on wall ○ Needle to show numbers vaccinated ○ Step ladder of rates • Feedback always affects rate, brings competition, to show that it is improving (at all levels of organization) • Compare units within same org • Health and safety bulletin board – rates – by the dining room
Evaluation Methods & Tools	<ul style="list-style-type: none"> • Need planned evaluation of campaign • Survey staff - Use an evaluation form • Understand why people choose or do not choose immunization • Use feedback to improve next campaign • With H1N1 – phone survey in org of one of the participants: Would you consider getting vaccine next year, would you shift your decision?

Role Models	
Themes	Ideas and Experiences to Share
Use role models for best impact	<ul style="list-style-type: none"> • At the end of one senior management meeting, everyone marched down and got vaccinated • Turn this into a good news story for communication • Just hearing a role model speak passionately about getting vaccinated can increase numbers
Politicians	<ul style="list-style-type: none"> • Premier – can be positive or negative • Letter from senior staff
Senior Management	<ul style="list-style-type: none"> • Leaders in our organization – strong influence • Tread carefully as staff will say forget it if senior leadership push too hard
Physicians	<ul style="list-style-type: none"> • Physicians' recommendations have been shown to be the strongest influencers, but depends who they are addressing • NACI recommendations don't seem to carry the necessary or influential weight
Peers	<ul style="list-style-type: none"> • Take pictures of staff receiving the shot – people they knew – showcase champions through a poster • Sticker on ID badge • Buttons (I got the flu shot) • Maintenance people – bragging • Testimonials – flu shot stories • Pharmacists • Peer group pressure
Develop Champions	<ul style="list-style-type: none"> • Staff advocates • Involve healthcare worker students early <ul style="list-style-type: none"> ○ Involve health students to vaccinate each other and also get immunized themselves ○ Junior students to be involved in the planning ○ Senior students to actually immunize – example: community-based vaccine clinics are operated with a lot of help from students

Other Ideas	
Themes	Ideas and Experiences to Share
Offer incentives	<ul style="list-style-type: none"> • Chocolate impact • Pay up to \$50/HCW to reimburse if got from family doc...reimburse actual cost up to \$50 • Prizes (more of a habit)
Process efficiencies	<ul style="list-style-type: none"> • Dividing up immunization work: who draws it up, who does the injections • Staffing – share with public health – since they hire immunizers – share expertise and resources with other organizations
Improve immunization competencies	<ul style="list-style-type: none"> • Incorporate into skills training – IM injections in practice • Leverage for resources: pandemic plan – need for vaccinators and rapid vaccinations • Nursing students – course for pandemic – single competency for giving influenza vaccine • Preparedness planning – other vaccinators • Accreditation in Alberta – pharmacists as back-up vaccinators
Increase vaccine access to families	<ul style="list-style-type: none"> • Have nurses give vaccine to administer to their family, each to the community

Appendix E

Developing a Framework for a Knowledge Exchange Network

Knowledge Exchange Network

What would you like your knowledge exchange network to look like?

Hybrid network which has timely info and is open and accessible. Need clear instruction and governance, some structure, clear understanding of who makes sure that there is a continuity, and sustainability.

Dominant core of stakeholders with a support entity to administrate content and necessary work related to it and group doing the organization

Legitimacy – where does it come from, how does the provincial / federal government view the network?

Find out what is already exists and go from there:

- Decide the real purpose and the objectives
- Easy navigation of website
- Have to keep track of other cross messages
- Need to know what trusted sources of information are available
- Need to be linked to correct source of information

Purpose:

- Dissemination of information, which is up to date and summarized
- Prevent reinvention of the wheel
- Feedback loop of communication
 - Did you understand the information given?
 - Was it implemented?
 - What were the challenges?
 - What worked?
- Sharing of information through website, importance of face to face meetings, bringing together policy makers, practitioner, etc. at one table

Membership:

Engage “ground level” workers – variations in jurisdiction:

- CHIIN level vs. the “ground level” practitioners
- Must provide service for HCWs for sustainability
- Combination of stakeholders – sustaining it electronically – problem with lack of computers – many organizations without computers
- News bulletins – what’s new? → information overload
- Level of expertise - self-identified expertise

What would you like your knowledge exchange network to look like? (continued)

Content

- New tools, providing something I can use
- Things that are working
- Evaluation results of tools
- To prevent reinvention
- Modifiable tools so that can be personalized
- Library
 - Information
 - Tools tried and experiences
 - Materials available – e.g. posters – customization
- Report final outcomes/evaluation results
- Linking for proper evaluation methodology and expertise
- For identification of possible investigation sites
- Building a level of expertise (hub and spoke)
- New legislation that may be impactful or recent issues that impacts on activities
- Filtering and figuring out how to send it to the CHIIN
- Organizations will be open to share
- In line with public health system - Tools in line with provincial rules and regulations
 - Also consider coordination with regional health authorities
 - Provincial networks – look at regional programs – a checklist/inventory for influenza vaccine programs – to spot for gaps and areas we can address
- The six factors/campaign components
- Standardizing immunization rates
- Coordination/Communication with physician-administered vaccines
- Update notifications maybe needed
- Monthly issues – one-pager with headlines and web-links – succinct
- July – November: More frequent updates (flu season / preparation)

Partnerships

- Explore relationship with Canadian Coalition for immunization Awareness and Promotion
- Behaviour change
- To change behaviour, partnering with people doing similar things. To target non-compliant group (Michael Gardam director on infectious disease, PHAC Ontario) and Natasha Crowcroft. Michael Gardam: Theory of positive deviance to change behaviour?

What needs to happen...in the next 3 months?

- Within this group, distribute names, where they work, email addresses
- Develop website – accessible to people
- One website to go to with EVERYTHING there...using links
- Round table from other groups discussing topics...post a question and others post comments so others can watch the discussion
- What does success look like?
- Existing online resource matching the vision
- Establishing partnerships
 - Public/private/government audience?
- What is the vision/goal/analytical capacity/i.e. how is immunization in BC? Ontario?
Indicators to show progress
- Establish achievable mission statement for the next 2 years
- Practical and functional ideas
 - Correct info needs to be collected
 - Malleable and accessible tools – pdf format is not best method
- Share resources...no need to reinvent the wheel
 - Other posters/fact sheets, etc.
 - To change campaigns yearly, use ideas other centers have used in the past...i.e. ballot for an incentive/advertisement for flu clinic, sign-up sheet/consents/incentive
 - Systematic review available
- Access to resources – add cost to use the resource...i.e. trip/day off (\$300), where you can get it...which suppliers can you approach...innovative places to get prizes...are large more effective than smaller prizes? High or low budget?
- Mechanism to draw campaign stories out to share...bring it to one of the early pages of the website so don't have to look through layers of sites
- Can point out successes and failures
- Younger generation is more techno savvy
- Develop a core to start website then choose a method to invite others
- Type in a topic and info, and links would pop up to lead you to that – save time and effective/less frustrating
- Can it be multimodal?
 - Can things be automatically sent as they come up?
 - In time to copy or use in our campaign
 - So many things are electronic...not old fashion paper
 - Kijiji site for influenza campaigns – reuse/warehouse for things not used but other sites could use them
 - The OIDA...if one centre over-prints, then share what's left over
 - What can you sign up for to get updates/stay current?

What needs to happen...in the next 3 months? *(continued)*

- Need process (accountability) for someone to manage what's posted/how long/keep things rolling
- Hope peer review of links/suggestions to know if they are productive/useful
- A launch – keeping people aware of tool
- Post proceedings of this meeting/workshop
- September preparation time campaigns – new information since the workshop for people to implement use

What needs to happen...in the next 6 months?

- Need to develop the network
- Evaluation results – number of cases/immunizations
- Barriers this season to immunization
- Establish legitimacy of network within the current public health system

What needs to happen...in the next year?

- Chat rooms/interaction with others re: challenges/successes.
- Include resources...smaller communities would have the benefit of others' ideas/successes/failures
- Even if not involved in the actual chat, things posted can be viewed by others logging in once weekly, etc.
- Info re: conferences/workshops available
- Help other topic areas political issues related to immunization – health education

Knowledge Exchange Network - Other Ideas to Consider

- Schools - training HCW i.e. nursing aides – they need to be immunized
 - Perhaps more realistic time to get them started\do it early and make it just part of what they do...then will be less of an issue once they start their practice
- Vaccine companies
- Which pharmaceutical companies produce which vaccine
 - Nationally and provincially there are different companies based on cost/deals
 - Federally – want to share the companies to meet demand should there be a sudden need/increase.
- Partnerships – (as a block of the network) re: things going on
 - May be front line workers and chance to participate on something which might involve funding for research etc.
 - I.e. coalition of immunization - can use their resources in campaigns, etc. Great resource
- Novelty vs. sameness – anything out there suggesting if one is more effective than another
 - Maybe new is not needed each year
 - Perhaps same colors/format signify flu season again?
 - Familiarity might be of benefit – reminds people to get their vaccine i.e. pink means breast cancer!!
 - Brand recognition, Red/gold Canadian coalition poster – to have a template to attach to that poster could be helpful
- Idea of being part of CCIAP instead of different network?
- Could exchange every participants' emails – to encourage participation
- Who do we target?
- People from occ. health and public health
- Limitation of this initiative: Only focus on healthcare workers
- Sharing of immunization rates - most organizations are mandated to share their rates
- Good to compare to other organizations – can be also used as promotional tool
- Anticipation for pandemic - can document change and skewed results

Knowledge Exchange Network - Other Ideas to Consider *(continued)*

- Inform following years of campaign – able to document trend
- Avoid – blame/game → provides a goal to target
- Graphs on rates to encourage staff
- Consideration of other factors – such as caring for our children
- Flu packages for family of healthcare workers
- Information or vaccine-shots for family?
- Groups or partners that we are aiming:
 - Nurse association on immunization
 - Occupational health, public health
 - Geriatric society
 - Gerontology association
 - CPHA, provincial levels
 - Individual practices
- Could start by focusing on acute care, and then LTC
- Internet survey: Survey Monkey – ask orgs to enter info on what they do (tools, components...) during their campaign, would allow us to compare what different orgs are doing, and how do they get people to participate.
- Get managers on board, because Decision Aids sometime bring literature issues for staff. Managers can give information
- Small group sessions with facilitators – perhaps audience response systems (all resources are not always available) short meetings
- Social obligation of influenza immunization – what does it mean socially?
 - Community immunity...

Appendix F

Leveraging H1N1 to Keep the Momentum Going

How do we use the recent H1N1 situation to get the work done during the inter-pandemic period so we are prepared for the next pandemic?

- Advertisement: made people think about mortality and morbidity related to the flu, coughing etiquette and hand hygiene
- Hand washing
- Perceived as being bad:
 - Affecting healthy adults, strong message is being pointed out
 - Younger people and even killing them.
 - Regular flu causes less mortality
 - This scares more people because young people are dying in larger quantity, in same age bracket
 - Not only people with higher risks that are affected
- Best disease management is PREVENTION. Prevention of seasonal influenza. Pertains to general management of influenza.
- Good opportunity to teach public that not everything that looks like influenza IS influenza
- Should there be levels of severity? Routine flu goes from human to human and in multiple countries but not treated as pandemic. If flu was considered pandemic, people would volunteer to get vaccine, but don't want to create fear
- Comment: Long term effectiveness of swine flu immunization – careful with that because does not apply to flu immunization – may be some cross protection if you have been vaccinated and may better respond to vaccine
- Study on efficacy of vaccine when flu not around, so difficult to get the numbers
- This was a “good practice” for pandemic preparedness. People tend to inquire on possible treatment in case of a pandemic
- Preparedness should be part of annual routine
- Kids getting message by watching adults' reaction
- Question from participant: Do you think HCWs are de-sensitized??
- General public, sometimes people don't take problem seriously. People don't feel altruistic
- Slogan: “It's not all about you...”
- CMPA: getting statement on that, as a standard of care? Being liable for patient protection against influenza. Could be for physicians...
- Another opportunity to have discussion on the topic of pandemic

Appendix G

How to Influence the Undecided

Exploring opportunities to do it better

- 3 different categories of people:
 - Always take the flu shot
 - Never take the flu shot
 - Those that vary in their decisions (i.e. “If it’s not there, I won’t get it”)
- Personal/Privacy
 - People may want to avoid controversy and conversation as to why they took the shot
 - Peer vaccination – privacy concerns
 - People are too busy to get the flu shot
 - Other factors in play to decision beyond rationality
- Accessibility and convenience
 - Hard to determine a general time where it is convenient for everyone
 - Mobile cart not really effective for all people but a more convenient method because it avoids line-ups
 - Personal care homes – strategy did not work in that particular setting
 - Not often a routine for the undecided
- Education
 - Education for the worker’s family
 - Common myths / fact sheet
 - Family members have a strong influence on the worker
 - Education beyond just workers
 - Workers are part of the public – public health effort
 - Educating children
 - Allergies to vaccine – “if you can eat cake, you can tolerate the shot”
 - Afraid of needles – other options other than the needle – Canadians prefer inter-dermal and not necessarily nasal.
 - Teaching moments – visitors not allowed to visit patients if not vaccinated, but HCWs also not vaccinated
 - Bring it home that it does effect family and person HCW
- Management
 - Unit managers allow for staff time to get vaccinated
 - Support from admin to free up the time
 - Sort of like allowing the time for vote
 - Employees perceive that this an absenteeism issue
- Perception of risk
 - Sometimes it depends on priority for the person
 - Level of risk changes through time
 - Each year worker goes through a risk assessment process

How to Influence the Undecided *(continued)*

Exploring opportunities to do it better

- Incentives
 - Candy (i.e. suckers), buttons, apples, chocolates, little prizes
 - Day-off with pay – make sure in line with employment regulations
 - Some nurses feel that incentives are offensive – coercion
- Regulation
 - Mandatory vaccination – a possibility?
 - Advocates
 - Should be a champion nurse to be the “peer vaccinator”
 - Strong statements from family doctors – personalize messages
 - Buy-in and encouragement from family doctors
 - Story-telling - personal stories: influenza transmission to patients stories - influenza-death stories; written from perspective of patient or patients' relative
 - Passing along stories – emotional aspect
- Communication
 - Media tends to feed negative things about the flu shot
 - Using letters – attached to pay stub – letter from senior staff
 - Table top displays

Appendix H

Evaluation Methods and Tools

How to evaluate the effectiveness of activities and tools designed to increase immunization rates

- Methodology
 - RCT-rigorous
 - Evaluation question has to be very clear
 - Evaluation does take more resources
 - There needs to be prioritization as to what needs to be done first
- Need to identify the number of healthcare workers
 - Database development – Development of a flexible, computerized database to prioritize, record, and report influenza vaccination rates for healthcare personnel
 - Need to identify the direct patient care categories
 - Then create a software program available to do this
 - Need to identify agencies and ask them how to classify their employees
 - Who is working here today?
 - Must define the basics to be consistent – who your staff are
 - Who needs to be identified to come in during pandemics/vaccinations/Tamiflu/who is more at risk.
- Research and Evaluation is a priority for the Canadian Healthcare Influenza Immunization Network
- Standardization
 - Currently there are not standardizations
 - There are no regional, provincial or national approaches
 - Need to identify the public indicators of long term care homes....to list falls, cognitive problems, hospitalizations, etc...but not interested in addressing influenza vaccination rate
 - Ontario has data re: long term homes but not releasing it
- Reporting
 - Public reporting another level of intervention
 - In defence of organizations, if we could standardize numerators and denominators would be helpful but not available now
- Surveillance
 - In Kingston – Queens University re: nosocomial infections, are able to identify hot spots for outbreak infections

Evaluation Methods and Tools *(continued)*

How to evaluate the effectiveness of activities and tools designed to increase immunization rates

- Evaluation tools
 - Beside the RATE of immunization to evaluate the effectiveness of the campaign
 - Include the 5 components of a successful immunization campaign
 - If rate is so difficult, is it possible to evaluate i.e. education programs?
 1. Are they satisfied?
 2. Did their attitude change as a result of this?
 3. Did their knowledge change?
 4. Did this lead to changes in their behaviour?
 5. Can they identify anything in their agency that benefited/changed due to this education?
 6. Did it have an effect on the health – i.e. uptake in vaccine compliance?
 - Rule of 10 for number of variables; if more than 10 the value of the information decreases
- OIDA provides information on whether or not an individual, after completing the OIDA feels
 - Supported in their decision
 - Value system
 - Knowledge
- Champions
 - Role models
 - Could they identify anyone within their organization to be a champion?
 - Senior leaders have a HUGE influence in how they effect uptake
 - Is there any way to get the message across to those against influenza vaccination to keep quiet!!!???
 - Ensure the managers are on board to, in end, increase uptake due to role modeling
 - If one physician against, can greatly impact those around. Only takes a few bad apples...!!!
- Professional Duty
 - Can you make it a duty to NOT spread negative messages?
 - But, they think they are right

Appendix I

Workshop Evaluation Feedback

Please indicate your opinion about each statement below by marking an "X" in the most appropriate box.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The course objectives were clear 100% strongly agree or agree	0	0	--	2 (12%)	14 (82%)
2. The course presentations and activities supported the achievement of workshop objectives 100% strongly agree or agree	0	0	--	4 (24%)	13 (76%)

Please consider each pair of statements and decide which most clearly reflects your view and circle the number in the box. The box closest to the statement indicates stronger agreement.

3. This workshop was very relevant to my needs 100% strongly agree or agree	12	5	0	0	This workshop was not at all relevant to my needs
4. This workshop has greatly improved my knowledge and understanding 88% strongly agree or agree	5	10	2	0	There has been no improvement to my knowledge and understanding
5. As a result of this workshop, it is very likely that I'll change my practice 93% strongly agree or agree	7	6	0	1	As a result of this course, it is very unlikely that I'll change my practice
6. The presenter(s) used an appropriate range of teaching methods 100% strongly agree or agree	10	7	0	0	The presenter(s) did not use an appropriate range of teaching methods
7. The presenter(s) made effective use of excellent visual and other aids 100% strongly agree or agree	8	9	0	0	The presenter(s) made ineffective use of poor visual and other aids
8. There should be more workshops on this theme 82% strongly agree or agree	8	6	1	1	There have been sufficient workshops on this theme

9. In your view, what was the most successful and/or useful aspect of the workshop?

- Networking sessions (small groups)
- Face to face networking, sharing strategies, well organized with wide variety of activities, kept attention focused, good facilitation
- Brainstorming group work, handouts, short multiple speakers, great information, great networking
- Interactivity, sharing ideas
- Anticipation of using website, networking
- Enjoyed the facilitated groups/discussion and sharing of ideas, end of day sharing idea
- Presentations, new info, knowledge sharing
- I liked the idea of discussing the presentation after and sharing ideas
- Information on networks – I think that I will be a better participant and also make better use of a network, component of successful campaign
- I really liked the small discussion groups
- Networking – getting ideas from others especially re: tools available
- New ideas to improve staff rates
- The afternoon workshops were the most effective parts
- The group activities worked well and gave everyone a chance to express their thoughts and ideas on the topics discussed, working in small groups worked well also
- Range of activities, relevant content
- Some real examples of what others are doing in their sites/locations to promote increase of HCP getting flu shots
- Presentations as well as informal networking

10. What would you recommend be changed?

- Nothing
- More participants, 25 – 30 would be preferred
- 2010 Conference to evaluate this very “BIG” upcoming flu season with this group to see what we have achieved
- Nothing – good balance of presentation/discussion, good networking opportunities, perhaps include speaker bios for future reference
- Very enjoyable, great discussion, everyone was very welcoming and warm, lots of great group sharing/discussion, excellent food, comfortable atmosphere
- Not much
- More info on OIDA
- Nothing – would like to keep in touch with group and meet again
- Focus on evaluating a program and getting evidence
- Asking attendees to bring samples of resources they use to promote staff immunization e.g.: Sample of “declaration declining” immunization
- More precision on the objective
- This was my 1st time attending CPHA conference
- Was a very useful session, Aim to increase number of participants next time

11. General Comments

- Thank You!
- Offer hot chocolate packages as an alternative to coffee and tea
- Good workshop
- Great resource binder and literature
- Very beneficial to me, time well spent, see you next year!
- I liked it – thought-provoking and look forward to website/network
- Great job
- Resources, handouts and learning about CHIIN & CCIAP were very helpful
- Good day
- With this being Sunday the conference thus far has identified concerns that are and have affected all parts of our country
- Very useful, interesting, engaging