



**Australian Primary Health Care Research Institute**

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**Stream Seven**

**Linkage and Exchange Travelling Fellowships**

**Report**

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**Applicants' Details:**

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**Project Title:**

***Engaging Families through Primary Care to Prevent  
Childhood Obesity***

# 1. LINKAGE AND EXCHANGE PROCESS

## a. How did the Linkage and Exchange Process work for your Spoke?

The process was extremely productive in each location (UK, Canada, and US) due largely to the fact that prior to our visit we had clearly defined one key research goal for each location, and then developed a series of core research questions, which we sent to our main contacts in each country to identify the appropriate organisations/people to connect with.

For example, in the UK our focus was on the process of engaging primary health care providers (PHCPs) with families and other child care providers. This involved analysing different types of partnerships, networks and programs to enhance the engagement of PHCPs with local government, voluntary, business sectors, and the general public. In particular, we reviewed the processes and support mechanisms which the government had put in place to translate this policy into practice through the creation of Primary Care Trusts (PCTs) that require GPs to engage other allied health care providers, and assessed their advantages/disadvantages in different circumstances. In addition to the contacts made through the Health Management Services Centre (HMSC), prior to travelling to the UK, we also met John Clark (former director of HMSC), and Annie Anderson, a Visiting Scholar from UK (who specialised in nutrition and obesity prevention), both of whom were able to provide us with an insightful overview of the extent to which UK and Australian models of health service delivery are comparable, and given our key interests helped us to set up further meetings with key organisations.

In Canada, our focus was on visiting the Decision Support Research Team (DSRT) at the University of Calgary, whose model of analysing “best available evidence” on “promising programs” for the prevention of childhood obesity we had adapted in our Stream 4 project to focus specifically on children aged 2-6 years. Given that they are one step ahead of us (although their work focuses on adults and school aged children), the Linkage and Exchange Process enabled us to learn from their experience of how they used the systematic review to develop clear policy changes and to set up a “Framework for Community Action”, as well as how they are currently confronting some of the barriers to its implementation.

In the US, our focus was more specifically on looking at some of the operational and resource issues related to translating policy on the prevention of childhood obesity into practice particularly in low income and rural communities. In 2002, in the US, the Institute of Medicine (IOM), in response to a congressional mandate, developed a report entitled *Preventing Childhood Obesity: Health in the Balance*, which provided a series of recommendations for further action by multiple stakeholders. An outcome of the report was that the IOM established a Committee on Progress in Preventing Childhood Obesity, funded by the Robert Wood Johnston Foundation, to engage in a dissemination effort promoting the implementation of the reports findings, through three symposia, one of which was in Atlanta, Georgia. As a result of contacts we had developed with Valerie Hepburn (whom we had previously met at an APHCRI workshop in Canberra), we visited a number of the key stakeholders in Georgia, and additionally she organised a series of meetings with members of Georgia University Consortium's *Policy Leadership for Active Youth* (PLAY) program, made up of the Institute of Public Health at Georgia State University; the Department of Food and Nutrition, University of Georgia, Athens; the Department of Paediatrics and Prevention Institute at the Medical College of Georgia, and the Centres for Disease Control.

Key outcomes of the trip include:

- Ms Deborah McNeil, Director of DSRT and Professor Nicolas Mays, Health Services Research Unit, London School of Hygiene and Tropical Medicine are Associate Investigators on a research proposal submitted to the WA Health Promotion Foundation (Healthway) to test an International Obesity Task Force (IOTF) framework for translating research knowledge into government programs and action. Ms McNeil is also developing a proposal for a similar project to be implemented in Calgary.
- Dr. Suzanne Tough, Scientific Director of the Alberta Centre for Child, Family & Community Research, and Associate Professor with the DSRT, at the University of Calgary, visited our research Centre (CHPRC) on the 9<sup>th</sup> November, 2007 to discuss possible future collaborations particularly in the area of translational research;
- Writing of three joint journal articles was discussed with Shirley McIver and Iestyn Williams of the HMSC, on the topics of:

- Comparing models of health service delivery and policies driving the engagement of PHCPs and with families and other care providers in promotion of healthy weight in the UK and Australia;
- Analysing core components of successful partnerships and networking practices and how these affect the delivery of best practice in the promotion of healthy weigh – what it takes to strengthen links;
- Reviewing Leadership Models, Support and Training required to implement successful partnerships.

A first draft of the initial journal article is already underway.

- We met with Nick Mays and invited him to be a visiting fellow on translational research within our Centre. We will be submitting a proposal to Healthway in August to finance his visit in 2009.
- John Clark, previously Director of HMSC, and now a visiting policy advisor to Neale Fong, Director General of the WA Department of Health, who assisted us to set up some of our meetings in England, requested to meet with us on November 5<sup>th</sup>, during his visit to Perth, to discuss findings of our exchange program and translation in the WA health system.
- Discussions and on-going e-mails have indicated a keen interest on the part of Patrick Lowe, Lead Officer of Children's Nutrition & Health, of Birmingham City Council and Director of the City's Taskforce on the Prevention of Overweight and Obesity, to pilot our portfolio presently being developed as part of our APHCRI Stream 5 project.
- Professor Deborah Dewey, and Dr. Marja Cantell, invited us to be co-investigators on a proposal they are submitting to the Canadian Institute of Health Research in January, 2008.
- Dr. Charlotte Jones, Director of the Calgary Health Regions' Hypertension & Cholesterol Centre, and an Associate Professor of Endocrinology and Metabolism, within the Department of Medicine at the University of Calgary will be visiting our Centre next year as part of a Visiting Scholarship to study the link between Hypertension and Obesity with regards ethnicity, socio-economic status, gender and age.

**b. How could the process have been improved?**

Perhaps we were overly ambitious visiting 3 countries, and may have been better to have focused on two countries and spent slightly longer in Canada. While the US offered some important insights into processes and relationships for translation of childhood obesity prevention research into policy and practice at community level, the health service delivery models and policies in the UK, and particularly Canada, were more appropriate to the Australian context. Alternatively, New Zealand, as opposed to USA, on reflection may have been a better option, with similar social, political and economic contexts to Australia. Nevertheless, Valerie Hepburn's input and in-depth knowledge and understanding of the Australian context, and of our interests (due to her Packer Policy Fellowship visit to Australia and our previous meeting with her at an APHCRI workshop) enabled us to draw valuable comparisons with the US context.

**c. What additional steps could be incorporated in subsequent programs?**

While we are greatly looking forward to the opportunity to present the findings of our study and exchange travelling fellowship relevant policy people in Canberra in April 2008, we feel their interest in these findings would have been enhanced had they had an input into the research evidence obtained and questions asked during our exchange program. We would therefore recommend that any future program incorporate a small amount of funding for individual meetings with appropriate policy people prior to the visit, to ensure that the goals of the travelling fellows are relevant to their policy needs. Furthermore, while health policy is developed in Canberra, translation of that policy into practice involves State policy makers and other stakeholders, and hence the translation of the findings could perhaps be enhanced through their presence at the presentations in April.

**d. How did the 1:3:25 report approach go? How effective was it?**

The process of developing the report was excellent. It helped us to analyse the issue of

childhood overweight and obesity within the context of Australia beginning with national and state policies, going on to look how strategic plans have aimed to engage key stakeholders and actors in the implementation process, and what barriers policy makers have had to address to overcome these. Thus, particularly the seminar by Nick Mays and the initial articles given to us in the *Journal of Health Services Research & Policy*, enabled us to develop a report that created a much more in-depth understanding of the different levels of evidence policy makers need to satisfy different stakeholder groups and translate research findings into policy and practice. Instead of being a purely academic piece of writing, this report highlighted the strengths of, as well as the resource and training requirements, and costs implications of implementing “promising” projects in the real world – rather than assessing the efficacy/effectiveness of projects implemented under “ideal” experimental circumstances.

Yet while this process was productive and enlightening, the practical implications of adopting the Lomas<sup>1</sup> and Buse, Mays and Walt (2005) policy analysis triangle<sup>2</sup> meant our first report rather than being 1:3:25, was in fact 1:3:76 (with a further 100 pages of appendices), so that it could incorporate: the context, actors, programs, and processes. While writing this detailed report was clearly very important, in terms of clarifying our thoughts around the issue, and making the information available to those who do require this level of detail, perhaps emphasis should be placed on ensuring that researcher then complete a 25 page maximum report, with one executive summary of approximately 5 standard pages. It was felt that both the 1 and 3 page components were too limited and gave a poor indication of the quality and extent of research that went into the key document.

On the contrary, our article written for the *Australian Journal of Public Health* has been of far greater interest to the people we have met both during our Linkage and Exchange Program and through other activities, because it synthesizes the findings. We recommend that all participants be encouraged to develop a range of these articles for different stakeholder groups – academics, policy papers, etc.

e. **How else could the evidence be made available to relevant audiences?**

During our international consultations, references to the materials on the APHCRI web-site appeared to be the favoured means, and this could be supplemented by progress reports, power point presentations, etc. However, we feel that to convey the information to key stakeholders and particularly decision makers in Australia, required more than just inviting them to the Stream Four workshops, as these were too general and dealt with too broad a range of topics for decision makers. Perhaps greater translation of findings would have occurred with more targeted meetings between individual Spoke members and appropriate policy makers working in their areas of research. Also, greater distinction needs to be made between knowledge ‘exchange’ and knowledge ‘translation’. For the latter, key funding bodies (other than governments) need to be invited to participate in the process and processes need to be put in place to enhance partnerships and networks.

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<sup>1</sup> Lomas J. Using ‘linkage and exchange’ to move research into policy at a Canadian foundation. *Health Affairs* 2000; 19:236-40

<sup>2</sup> Buse K, Mays N, Walt G. *Making Health Policy* 2005 ed. Open University Press England SL6 2QL

## 2. **DETAIL OF THE ACTIVITIES UNDERTAKEN DURING THE INTERNATIONAL VISIT**

The focus of our international visit was to compare and contrast the development and implementation of policy and programs to engage primary health care services with parents and other carers to prevent childhood obesity in the UK, the US, Canada and Australia. The visit involved two weeks in the UK (primarily with HMSC in Birmingham), one week in Canada (primarily with the DSRT in Calgary), and a week travelling around Georgia, USA (hosted by members of the PLAY (Policy Leadership for Active Youth) Leadership Council).

Please see Appendix 1, for details of activities undertaken at each site.

## 3. **A COMPARISON OF THE RESULTS FROM STREAM FOUR PROJECT SET WITHIN THE INTERNATIONAL CONTEXT**

Results of our Stream Four project, highlighted a number of key issues:

- That despite the existence of innovative preventative policies within Australia to promote healthy weight that focus beyond the child, on strengthening the role of parents, families, communities, and particularly primary care services and providers, the translation of such policies into practice will require overcoming key barriers (organisational, attitudinal, knowledge & skills, research and resource barriers) that are presently limiting the level of engagement of primary health care providers, parents, and other carers.
- Given the highly complex nature of the issue, and the fact that it covers a number of jurisdictions (health, education, family and community services, social environment, etc.) it was clear that decision makers required different types of evidence (process, impact, feasibility, cost effectiveness, etc) to make informed decisions on how best to address these barriers. Moreover, given the lack of “excellent” evidence, based on randomised controlled trials, the study indicated a need for a methodology that assessed the quality of programs based on “best available evidence”, highlighting “promising” programs and their relevance in different settings and contexts.
- To date greatest emphasis in promoting healthy weight among children has been placed on school aged children with limited programs or policies aimed at promoting healthy weight among pre-school children – a process that does not adequately recognise that food preferences, and also to some extent the sedentary lifestyles, of children are generally well-established by the time children reach school age, the report therefore focused on the need for more research into promising programs for developing healthy lifestyle habits among toddlers.
- Finally, our Stream 4 report highlighted the significant difference between different local health areas and health care settings, and recommended the development of a portfolio of alternative interventions, with the aim of enabling decision makers to select an appropriate mix of strategies based on local needs and resources.

In England, policy changes encouraging greater community engagement with primary health care providers and other allied health care workers had been promoted through a number of key policy papers *Choosing Health*, *Every Child Matters*, and *Our Health, Our Care, Our Say*. The aims of these policies were to:

- Reflect public health priorities and to tackle key issues eg. prevention of obesity rather than illness focus;
- Ensure that the NHS contributed to the achievement of these through planning, commissioning & partnerships with local government, voluntary, business sectors, public etc.
- Create a system that promoted well-being and reduced health inequalities

To achieve these aims, general practice-based local Primary Care Trusts (PCT's) have been established with autonomy to commission teams of allied care workers or other providers to address issues such as social care and education that impact on health at the local level. In the Greater Birmingham area, which was the focus of our visit, there were three PCT's, each was working largely on their own, and while many promising projects were emerging, limited collaboration existed either between the PCTs, or with the key national bodies, such as, the NHS

National Institute of Health and Clinical Excellence (NICE) that develops guidelines and guidance for tackling issues, or the NHS Institute of Innovation and Improvement, which provides support in delivery, quality and values and leadership. Consequently many of the barriers highlighted in our initial report were also evident in the UK. Furthermore, as found in our report, by far the greatest emphasis was on promoting healthy weight among school aged children, and few significant studies had looked at preschool children.

In Southern Alberta, Canada, we looked specifically at the knowledge translation process, as the DSRT had completed their systematic review prior to ours and were further advanced in the process. Jointly affiliated with the University of Calgary, the DSRT research group was located within the Calgary Health Region building to facilitate greater collaboration and translation of research into practice. Calgary Health Region had embraced a community development model, with emphasis on the broader preventative components of “growing up healthy” rather than on school based efforts to deal with overweight and obesity. Primary health care networks collaborated with research and funding bodies to develop and deliver a common message on “Healthy Eating and Active Living” (HEAL) through social marketing, community awareness and education activities, environmental supports, strengthened research and primary health care provider capacity.

In Georgia, the Policy Leadership for Active Youth (PLAY) Council on Childhood Obesity, have embraced the notion that lifestyle patterns and healthy eating habits develop from a young age, and that primary prevention of overweight begins in the home environment, with parents and other family members as primary transmitters of lifestyle behaviours, especially during preschool years. To this end, PLAY have developed a 3 year policy research initiative with the Georgia State University Institute of Public Health in partnership with the Georgia Centre for Obesity and Related Disorders (GCORD) at the University of Georgia and the Medical College of Georgia (all of which we visited). This interdisciplinary group collaborates with other stakeholders including government and voluntary organisations, as well as funding bodies such as the Healthcare Georgia Foundation and the Arthur Blank Foundation. The group hosted a state-wide summit that brought together public officials, educators, clinicians, public health researchers and practitioners, and advocates for children’s health. The summit had 6 key findings all of which align with the results of our Stream 4 report:

- Engaging families is an essential component in the prevention of childhood overweight and this process must begin from an early age;
- Health professionals must serve an important role in preventing overweight by incorporating strategies and activities that are appropriate to their practice patterns and patients’ needs;
- Schools, preschools, and child care facilities, in partnership with health care providers, families and communities can serve a vital role in supporting the promotion of healthy lifestyles among children through policy interventions;
- Communities can serve as a focal point to mobilise family engagement, and should provide the context, environment and opportunity for healthy lifestyles;
- Innovative programs need to be evaluated and greater emphasis needs to be placed on disseminating successful programs;
- Effective approaches require consistent data collection, as well as staff training and capacity building.

Overall, it was clear from our visits that there was a range of contextual, content and process factors that determined the success of initiatives to engage primary care providers and parents in childhood obesity prevention. Most important amongst these were:

- A policy mandate, leadership and funding commitment to prevention programs and resources to orient primary care service delivery systems more towards prevention
- A mechanism for strategic planning and sustained communication and coordination of services with agencies outside health to ensure consistent messages and comprehensive services to families and communities
- Community readiness and access to prevention programs within existing community services to ensure successful and sustainable engagement of families

**Appendix 1**

**SCHEDULE OF ACTIVITIES IN EACH COUNTRY**

## UK SCHEDULE

Date	Day Time Location & Contact Details	
Tues 18 Sept	9:45 – 11:45 2:30 - 3:30	<ul style="list-style-type: none"> <li>▪ Nicholas Mays, Health Services Research Unit, London School of Hygiene and Tropical Medicine,</li> <li>▪ National Institute for Health and Clinical Research (NICE)</li> <li>▪ Drive to Birmingham</li> </ul>
Wed 19 Sept	10:00 – 13:00 13:30 – 16:00	<ul style="list-style-type: none"> <li>▪ Shirley Mclver, Health Management Services Centre (HMSC)</li> <li>▪ Iestyn Williams, HMSC</li> </ul>
Thurs 20 Sept	10:00 – 17:00	<ul style="list-style-type: none"> <li>▪ Rosemary Kyle, Strategy Lead – Food Policy and Obesity, Sandwell Primary Care Trust (PCT)</li> <li>▪ Shaleen Meelu,</li> <li>▪ Lynne Thompson,</li> <li>▪ Suzanne Clark</li> </ul>
Fri 21 Sept	11:00 – 12:00 14:00 – 16:30	<ul style="list-style-type: none"> <li>▪ Helen Dickenson, HMSC, partnerships and networking</li> <li>▪ Kerry Forward, Centre Manager, Sparbrook Children's Centre, SURE –START Program</li> </ul>
Mon 24 Sept	10:00 – 2:30	<ul style="list-style-type: none"> <li>▪ Patrick Lowe, Director, Birmingham Children and Young People's Nutrition and Health Task Force, meeting and presentation with all Birmingham PCTs and other key stakeholders in the Taskforce</li> </ul>
Tues 25 Sept		<ul style="list-style-type: none"> <li>▪ Review of HMSC materials – and development of presentations for following day</li> </ul>
Wed 26 Sept	9:30 – 10:30 10:30 - 11:30 11:30 – 12:30 12:30 – 13:30 13:30 – 14:30 14:30 – 15:30 15:30 – 16:30	<ul style="list-style-type: none"> <li>▪ Sam Hudson, Lead Associate, Knowledge Management and Learning, NHS Institute for Innovation and Improvement</li> <li>▪ Claire Marsham, Knowledge Management and Learning, NHS Institute for Innovation and Improvement</li> <li>▪ Prof. Mark Batt, NHS Institute for Innovation &amp; Improvement Fellow, Consultant in Sport and Exercise Medicine</li> <li>▪ Marie Joines, Sarbjit Purewel, and Venkat Reddy, Delivery Quality and Values, NHS Institute for Innovation and Improvement</li> <li>▪ Lunch with Andrew Coe, Consultant, NHS</li> <li>▪ Rosie Benham, Acting Head of Community Engagement, Worcestershire PCT and Janie Thomas PPI Forum Chair, ex Head of Biology at a local High School</li> <li>▪ Round off session with Sam Hudson</li> </ul>
Thurs 27 Sept	11:00 - 13:00 14:00 – 17:00	<ul style="list-style-type: none"> <li>▪ Round off session and discussion of future collaborations with team at HMSC</li> <li>▪ Meeting with: Dr Linda Hindle, Consultant Dietitian in Obesity, Birmingham East and North PCT; Kevin Haywood, Senior Programme Manager (Public Health), Heart of Birmingham PCT; Michelle Howard, Obesity Programme Manager, Heart of Birmingham PCT; Dr. Peymane Arab,, Department of Public Health, Uni of Birmingham; Patrick Lowe, Director, Birmingham Children and Young People's Nutrition and Health Task Force.</li> </ul>

**Schedule for Meetings at the Alberta Children's Hospital  
October 1-5, 2007**

- **Debbie McNeil: 955-2385**
- **April Matsuno: 955-2462**

<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Meeting / Activity</b>	<b>Lead/Presenter</b>
Monday, October 1	8:00-9:00	Conf room 1	Meeting re: NutriSTEP	<ul style="list-style-type: none"> <li>- Kay Watson-Jarvis, Childhood Obesity Intervention Lead, Alberta Children's Hospital</li> <li>- Tanis Fenton, Professional Practice Leader, Clinical Nutrition, Alberta Children's Hospital</li> </ul>
	9:00-9:45	Conf room 1	Meet re: food security	<ul style="list-style-type: none"> <li>- Suzanne Galesloot, Nutrition Specialist, Food Security, Calgary Health Region</li> </ul>
	9:45-10:00		Break	
	10:00-10:45	Child Development Centre, 2112A	Meeting re: Alberta Centre for Child, Family & Community Research	<ul style="list-style-type: none"> <li>- Dr. Suzanne Tough, Associate Professor, University of Calgary; Scientific Director, Alberta Centre for Child, Family &amp; Community Research</li> </ul>
	10:45-11:00		Break	
	11:00-12:15	Conf room 1	Historical overview: <ul style="list-style-type: none"> <li>▪ CPCO</li> <li>▪ Business case development / use of synthesis review</li> </ul>	<ul style="list-style-type: none"> <li>- Farah Bandali, Leader, Community Development, Calgary Health Region</li> <li>- Debbie McNeil, Director, Decision Support Research Team, Alberta Children's Hospital</li> <li>- Catherine Morrison, Calgary Region Network Manager, Southern Alberta Child &amp; Youth Health Network</li> </ul>
	12:15-13:00		Lunch	
	13:00-16:30	Conf room 1	Growing Up Healthy Initiative <ul style="list-style-type: none"> <li>▪ Overview</li> <li>▪ Specific component presentations (HEG, HEAL CDI, RVSD HEAL, growth monitoring, MIH)</li> <li>▪ Q &amp; A</li> </ul>	<ul style="list-style-type: none"> <li>- April Matsuno, Coordinator, Childhood Obesity, Southern Alberta Child and Health Network/ Calgary Health Region</li> <li>- Farah Bandali, Leader, Community Development, Calgary Health Region</li> <li>- Kay Watson-Jarvis, Childhood Obesity Intervention Lead, Alberta Children's Hospital</li> <li>- Cheryl McCleod, School Health Program Specialist, Child</li> </ul>

				<ul style="list-style-type: none"> <li>– and Women’s Health, Calgary Health Region</li> <li>– Carole Micholuk, General Services Manager, Rockyview General Hospital</li> <li>– Initiative members</li> </ul>
Tuesday, October 2	<b>8:00-10:00</b>	<b>Conf room 8</b>	<b>Synthesis review session</b>	<ul style="list-style-type: none"> <li>– Debbie McNeil, Director, Decision Support Research Team, Alberta Children’s Hospital</li> </ul>
	<b>10:00-11:30</b>	<b>Conf room 8</b>	<b>Meet re: policy</b>	<ul style="list-style-type: none"> <li>– Sue Gudmundson, Leader, Healthy Public Policy, Calgary Health Region</li> <li>– Catherine Ford, Healthy Childhood Public Policy Coordinator, Calgary Health Region</li> </ul>
	11:30-12:30		Lunch	
	<b>12:30 – 13:30</b>		<b>Child Health Research rounds</b>	
	13:30-14:00		Break	
	<b>14:00-16:00</b>	<b>Conf room 9</b>	<b>Meet with initiative component leader/group Growth Monitoring</b>	<ul style="list-style-type: none"> <li>– Cheryl McCleod, School Health Program Specialist, Child and Women’s Health, Calgary Health Region</li> <li>– Debbie McNeil, Director, Decision Support Research Team, Alberta Children’s Hospital</li> <li>– Cyne Johnston, Evaluation Specialist, Decision Support Research Team, Alberta Children’s Hospital</li> </ul>
	Evening		Dinner at River Café	
Wednesday, October 3	<b>8:00-10:00</b>	<b>Conf room 14</b>	<b>Meet with initiative component leader/group CDI</b>	<ul style="list-style-type: none"> <li>– Farah Bandali, Leader, Community Development, Calgary Health Region</li> <li>– Amber Arnold, Community Development Leader (rural) , Calgary Health Region</li> <li>– Nanette Gropp, Community Development Leader (urban), Calgary Health Region</li> <li>– Crystal Dennis, Community Nutritionist, Calgary Health Region</li> <li>– Carole Doucet Love, Community Nutritionist, Calgary</li> </ul>

				<b>Health Region</b>
	10:00-10:15		Break	
	<b>10:15-11:00</b>	<b>Conf room 14</b>	<b>Meeting re: SACYHN</b>	– <b>Catherine Morrison, Calgary Region Network Manager, South Alberta Child and Youth Health Network</b>
	<b>11:00-12:00</b>	<b>Conf room 14</b>	<b>Meeting re: Active Living</b>	– <b>Marg Sevcik, Manager, Active Living, Healthy Communities, Calgary Health Region</b> – <b>Team members</b>
	12:00-13:30		Lunch	
	<b>13:30-16:00</b>	<b>BRU</b>	<b>Behavioural Research Unit</b>	– <b>Prof. Deb Dewey, Department of Paediatrics, Community Health Services</b> – <b>Dr.Marja Cantell, Department of Paediatrics, Community Health Services</b>
Thursday, October 4	<b>8:00-10:00</b>	<b>Conf room 14</b>	<b>Daycare centres &amp; 3 Cheers Early Years Program</b>	– <b>Shelly Philly, Co-ordinator, Healthy Children Health Communities, Calgary Health Region</b> – <b>Maureen Devolin, Manager, 3 Cheers Program, Calgary Health Region</b>
	10:15-10:30		Break	
	10:30-12:00	Conference room 14	Chinook Health Region activities	Telehealth Conference with Chinook Health Region Team
	12:00-13:00		Lunch	
	13:00-16:00	SCHC	South Calgary Health Centre, Child and Youth Community Health Services, Primary Care Partnership	– <b>Mary McIntyre, District Manager, Child and Women's Health, Child and Youth Community Health Services,</b> – <b>Eleanor Benterud</b> – <b>Mina Sisodiya, Nurse consultant, Professional Practice and Development, Calgary Health Region</b> – <b>Bryan Pepper, DSite Director, South Calgary Health Centre</b>
Friday, October 5	8:00-9:30	Conf room 14		<b>Debbie McNeil, Director, Decision Support Research Team, Alberta Children's Hospital</b>
	<b>9:30-</b>	<b>Conf room 14</b>	<b>Research</b>	– <b>Dr, Charlotte Jones, Associate Professor, medicine, University</b>

	<b>10:30</b>			of Calgary
	10:30-11:00		Break	
	<b>11:00-12:30</b>	<b>Conf room 14</b>	<b>Primary care &amp; PCNs – share &amp; compare service models</b>	<ul style="list-style-type: none"> <li>– <b>Micheline Nimmock, Director, Primary Care, Calgary Health Region</b></li> <li>– <b>Jo Ann Beckie, Manager, Primary Care, Calgary Health Region</b></li> <li>– <b>Jim Huston, Director, Primary Care Workforce Planning</b></li> </ul>
	12:30-13:30		Lunch	
	<b>13:30-14:30</b>	<b>Conf room 8/14</b>	<b>Research</b>	– <b>Dr. Carol Adair, Associate Professor, Departments of Psychiatry and Community Health Sciences, University of Calgary</b>
	<b>14:30-15:30</b>	<b>Conf room 8/14</b>	<b>Research</b>	– Dr. Lindsay McLaren, Assistant Professor and AHFMR Population Health Investigator, University of Calgary
	15:30-17:30	Conference room 8/14		– Round off session with Debbie McNeill

**Georgia University Consortium, Policy Leadership for Active Youth (PLAY)**

**Visit from Dr. Lydia Hearn and Ms. Margaret Miller, Visiting Research Fellows  
School of Exercise, Biomedical and Health Sciences  
Edith Cowan University, Churchlands, Western Australia**

DATE	ACTIVITY/LODGING
<b>Sunday, 7 October</b>	Arrive Atlanta Airport, Taxi to Hotel <b>LODGING: Residence Inn, Atlanta Downtown, 011-1-404-522-0950</b>
<b>Monday, 8 October</b>	10am, Pick Up from Hotel by Dr. Valerie Hepburn Morning and Lunch at Georgia State University Afternoon at CDC Child and Adolescent Health Division Drive to University of Georgia in Athens, Dinner with Dr. Valerie Hepburn <b>LODGING: Georgia Center for Continuing Education, 011-1-706-548-1311.</b>
<b>Tuesday, 9 October</b>	9am, Pick Up from Georgia Center by UGA Researchers (Dr. Rebecca Mullis and Dr. Rick Lewis) Morning and Lunch at University of Georgia, Department of Foods and Nutrition Afternoon in Washington, Georgia, to View Community Program Meet Faculty of Medical College of Georgia for Transit to Augusta, Georgia <b>LODGING (TWO NIGHTS): Augusta Marriott Hotel and Suites, 011-1-406-722-8900</b>
<b>Wednesday, 10 October</b>	Day at Medical College of Georgia, Department of Pediatrics and Prevention Institute, Dr. Bill Kanto and Dr. Deborah Younghyman and team –series of presentations and discussions
<b>Thursday, 11 October</b>	Depart early morning with MCG Faculty for travel to Atlanta Attend and Present to the PLAY Leadership Council Meeting at the Blank Foundation Offices (Afternoon – Dr. Hearn Departs) <b>LODGING: Residence Inn, Midtown Atlanta (Margaret Miller only), 011-1-404-872-8885</b>
<b>Friday, 12 October</b>	Final Visit with Faculty at Georgia State University (Dr. Marshall Kreuter, Professor Rodney Lyn) Lunch and Meeting with Healthcare Georgia Foundation, Martha Katz, Policy Director Wrap Up of Issues Travel to Airport

