

# Accelerating Youth Health: Case Studies from 2 Knowledge Exchange Systems

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COALITIONS LINKING ACTION  
& SCIENCE FOR PREVENTION

An initiative of:

CANADIAN PARTNERSHIP  
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# Youth Excel CLASP

- Youth Health Collaborative: 'Excel'erating Evidence-Informed Action (Youth Excel)
- Funded by Canadian Partnership Against Cancer (Oct. 2009-Mar. 2012)
- 2 national partners & 7 provincial teams
  - University of Waterloo (Propel Centre for Population Impact) acting as the secretariat
  - The pan-Canadian Joint Consortium for School Health
  - Provincial research teams representing BC, Alberta, Manitoba, Ontario, New Brunswick, PEI, New Foundland

# Case Studies

- Purpose: to accelerate the development of effective knowledge exchange (KE) capacity in diverse provincial contexts
- PE, MB, and NB selected as case sites due to existing capacities in youth health knowledge exchange
  - (NB unable to attend AGM)
- Exploratory case study using a multiple-case design (Yin, 2003)
  - Individual case studies
  - Cross-case analysis

# Presentation Outline

- Prince Edward Island
  - School Health Action Planning & Evaluation System-PEI (SHAPES-PEI)
- Manitoba
  - Partners in Planning for Healthy Living (PPHL)/Manitoba Youth Health Survey (YHS)
- Cross-Case Findings
- Questions/Discussion

# SHAPES – PEI & PEI YE Case Study Preliminary Results

School Health Action, Planning, and Evaluation  
System –  
Prince Edward Island



**UPEI** UNIVERSITY  
of Prince Edward  
ISLAND



# PEI Team

**PI:** Dr. Donna Murnaghan, RN

**Research Coordinator:** Dr. Brandi Bell

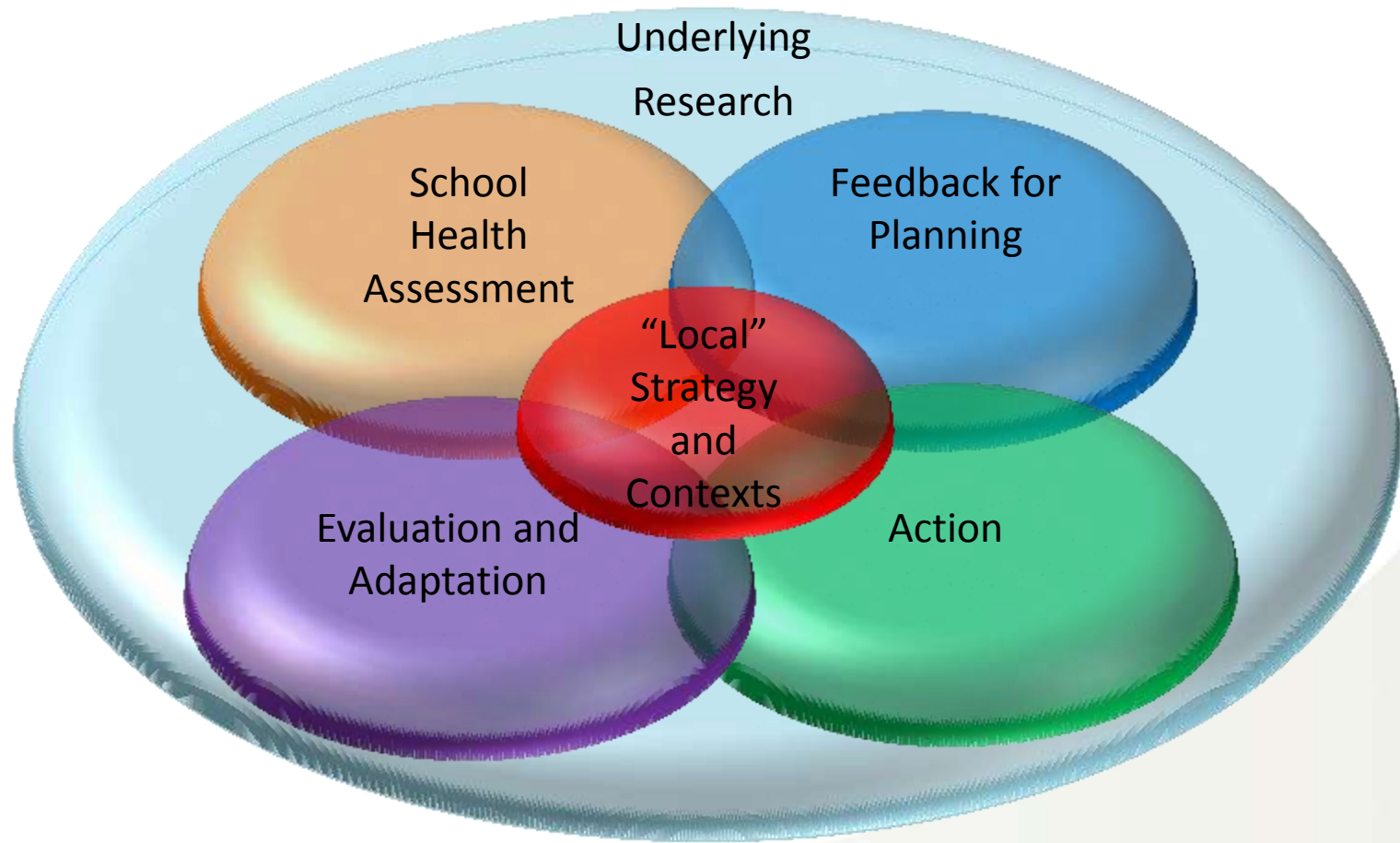
**Project Researcher:** Courtney Laurence, MA

**SHAPES-PEI Coordinator:** Melissa Munro-Bernard, MA

**SHAPES-PEI Partner/Funder:** Dept. of EECD

PEI Youth Excel Steering Committee

# SHAPES – Conceptual Model



# SHAPES-PEI Development

- Planning began in 2007
  - The CSHR Group (UPEI, Dr. Murnaghan) and the PEI Dept. of Education and Early Childhood Development (DEECD)
- Support/Partnerships
  - University of Waterloo
  - Ministers, Deputy Ministers, Departments of EECD & Health
  - PEI School Boards (3) & Schools
  - NGOs & associations (e.g., CCS, PEITF, Home & School)
- Funding
  - DEECD: SHAPES-PEI
  - Health Canada: Youth Smoking Survey (YSS), implemented simultaneously



# 2-Year Cycle

- Year 1
  - Data collection
  - Reports/Profiles to schools, boards, and province
- Year 2
  - Knowledge exchange and use

# Data Collection

- 2008-09 and 2010-11, expected 2012-13
  - Over 85% of schools participated in 2008-09 and 90% in 2010-11
- Student survey:
  - Students in grades 5-12 (on four health behaviours)
  - Paper based survey completed during 1 classroom period
- Administrator survey (Healthy School Planner, JCSH):
  - Administrator at each school (on policies and programs)
  - 3 modules (healthy eating, physical activity, tobacco)
  - Completion not required, but recommended

# SHAPES-PEI Profile Reports

- School level
  - Each school receives report with student results, unless student sample is too small
- Board level
  - All 3 boards receive a report with aggregated results from participating schools in their district
- Provincial

# Use of Reports

- Reports positively received
  - User-friendly, good quality of information, comprehensive
- Some use of reports for evidence-informed planning
  - School health grant
- Need continued communication with stakeholders and schools
  - Information gathered remains of value to both

# Knowledge Exchange and Use

- Focus of activities in 2009-10, 2011-12, and 2013-14
- PEI School Health Grant Program
  - Schools/Boards encouraged to use Profiles as basis of application
  - Provides funds to implement, improve, and/or evaluate one or more of the four health behaviours studied
- Presentations & Meetings
  - With schools, teachers, students, parents, etc.
  - At academic conferences

# PEI Case Study Objectives

1. To document and understand the development of SHAPES-PEI
2. To explore SHAPES-PEI evidence synthesis, distillation, and use
3. To understand stakeholder perspectives on school health knowledge exchange

# Data Collection Activities

<u>Summary of Data Collection Activities</u>				
	Documents	Interviews	Survey Respondents	Focus Groups (# of participants)
<b>Objective 1</b>	50*	9		
<b>Objective 2</b>	69*	6	69	
<b>Objective 3</b>		11		7 (51)
<b>Total:</b>	<b>119</b>	<b>26**</b>	<b>69</b>	<b>7 (51)</b>
<p>* Some documents overlapped between the two objectives, but are only counted here once.</p> <p>** Note that, in some cases, more than one interview was conducted with a research participant and the total here represents the total number of interviews conducted not the total number of different individuals interviewed. Similarly, there is overlap between survey respondents interviewees.</p>				

# Select Lessons: SHAPES-PEI Implementation

- Importance of building positive relationships and partnerships
- Clear communication with schools needed throughout whole process
- Need to respond to partners'/schools' needs
- Value of school-level profile reports
- Schools not prioritizing student health



# Select Lessons: SHAPES-PEI Reports/Profiles

- Parent lack of awareness of reports
  - Need to get reports out to a broader audience
- Principals unsure how to share results
  - Unfamiliar with research and what results actually mean
- Schools need practical solutions
  - Don't have time or expertise to develop their own

# Knowledge Exchange Challenges

- Moving evidence to action
  - Principals don't have the experience or training to do so
- Lack of communication across different settings
  - Policy, research, practice, etc.
- Small province size creates challenges
  - One school health specialist for 63 schools
  - People with many different responsibilities
- Provincially, school/youth health not a priority

# Enhancing Knowledge Exchange

- Identify school health champions at various levels
  - Schools, government, research, etc.
- Encourage sharing
  - Support for schools, principals
  - User-friendly presentations
  - Media, websites, etc.
- School Health Network
  - Avenue to continue discussions in a formalized way
  - Not policy focused, but for information sharing
  - Needs to involve members from schools

# Student Perspectives

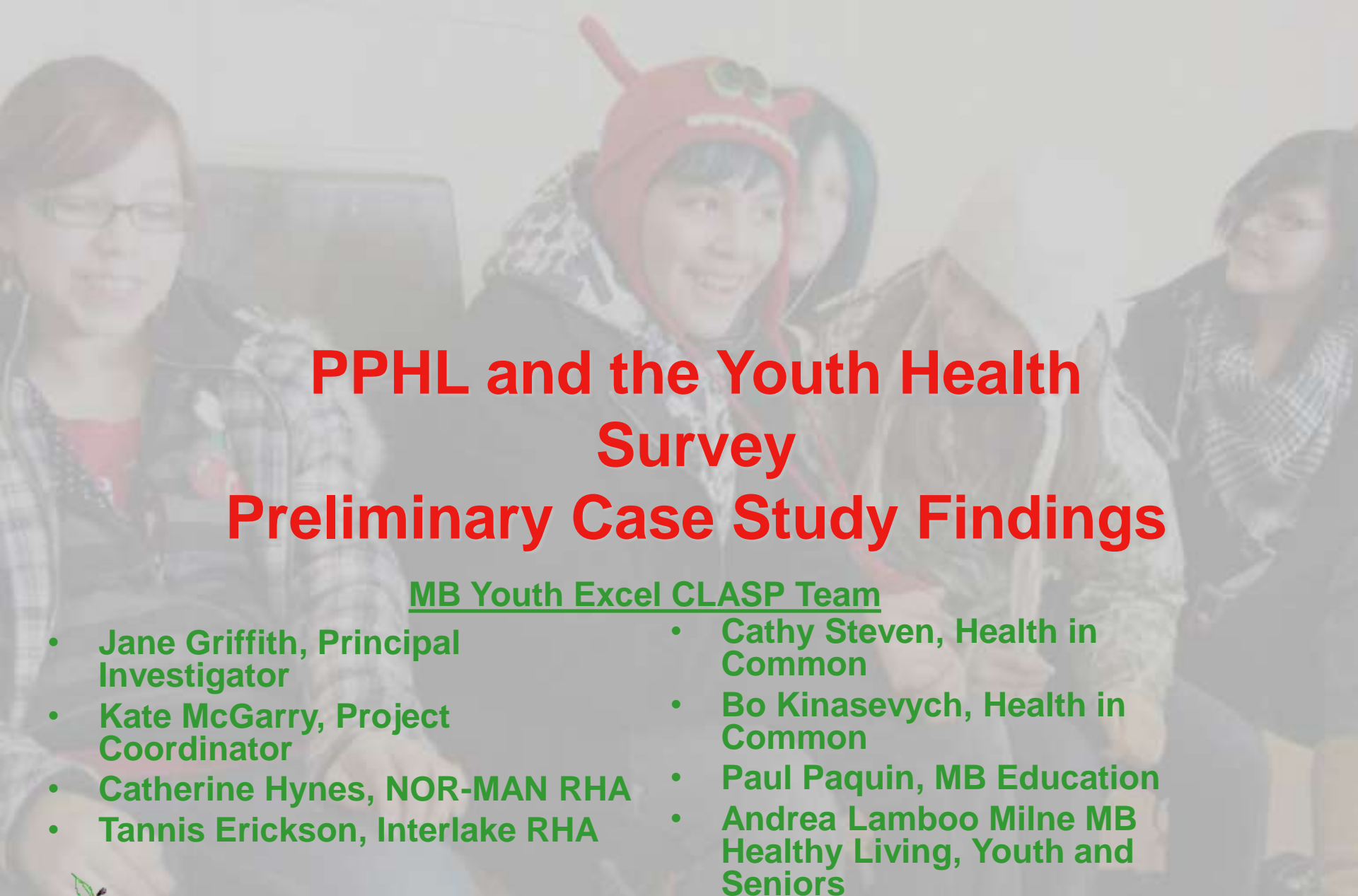
- Biggest health issues in school:
  - Poor food quality/expensive
  - Lack of options for phys. ed. classes/intramurals
  - Bullying (physically and verbally)
  - Stress
- Students felt unable to influence change in their schools
- Potential future actions:
  - Increased connection between teachers/principals/counsellors and students
  - Idea wall/box for suggestions
  - Better access to school and community fitness facilities

# Some Noteworthy Findings

- School health not a priority (for province or schools)
- Need to increase awareness and encourage use of SHAPES-PEI profile reports
- Schools and principals require more support
  - Interpreting profile reports and data
  - Providing ideas for action
- School Health Network could be beneficial

# Next Steps

- Conducting follow-up interviews and focus groups with participants to validate findings
- Feedback will be incorporated into final report
- Further analysis of PEI case study findings
  - As part of the cross-case comparison with NB and MB
  - Based on PEI stakeholders' needs



# PPHL and the Youth Health Survey

## Preliminary Case Study Findings

### MB Youth Excel CLASP Team

- Jane Griffith, Principal Investigator
- Kate McGarry, Project Coordinator
- Catherine Hynes, NOR-MAN RHA
- Tannis Erickson, Interlake RHA
- Cathy Steven, Health in Common
- Bo Kinasevych, Health in Common
- Paul Paquin, MB Education
- Andrea Lamboo Milne MB Healthy Living, Youth and Seniors

# MB Case Study

## Outline:

- MB Case Study Objectives
- Case Study Methods
- Reflection on PPHL/YHS activities
- Case Study Findings
  - Partnership
  - Surveillance/Knowledge Development
  - Knowledge Exchange
  - Evidence into Action
- Challenges/Successes
- Lessons Learned



# Manitoba Case Study Objectives

- 1) To document and understand the context and events that led to the development of PPHL and the YHS
- 2) To understand PPHL member perspectives on PPHL's ability to function as a network of partners
- 3) To explore youth risk factor surveillance activities in Manitoba

# Case Study Methodology



# Data Collection Activities

- 6 Focus Groups (n=57, 8 participated in both FG and interview)
- Key Informant Interviews (n=32)
- Document Review
  - included MPESA/PPHL KE survey
- Total number of Participants= **81**

# Case Study Participants

Table 1. Case Study Participant Characteristics

Sector	PPHL member /working group member (n=35)	PPHL non member (n=46)
Government	6	2
NGO	10	0
RHA	15	8
Schools/School Division	4	36

# Reflection



# PPHL ACTIVITIES

2006

Interlake RHA (IRHA) creates and implements the YHS.

Assiniboine, Central, and North Eastman RHAs implement the YHS.

PPHL is formed. Partners bring in-kind and financial support.

PPHL workshop "Integrating Evidence with Practice" introduces PPHL and RFS.

2007 & 2008

New PE/HE policy is implemented creating a need for baseline data.

Ministers of Manitoba Education and Manitoba Healthy Living write letter of support to local superintendents.

The 7 remaining RHAs implement the YHS with support from partners.

PPHL workshop "Data Leading to Change" encourages and supports capacity building for surveillance.

2009

School, school division and regional reports are distributed.

PPHL secures CLASP funding to conduct evaluation of YHS, and takes part in cross-case analysis with NB and PEI.

PPHL symposium "From Chaos to Clarity" encourages and supports regions in using their YHS data.

Members of the ARFS Working Group attend BRFSS conference.

2010

Youth Health Survey Provincial Report released.



2011

Planning for 2012 YHS underway.

PPHL symposium "Growing Up: Expanding from Youth to Adult RFS" investigates capacity for adult survey.

# Manitoba Risk Factor Surveillance System

## Manitoba Risk Factor Surveillance System Conceptual Model

(Adapted from Riley and Harvey, 2006)



# Key Findings





# Partnerships

- Engaging Partners in PPHL
  - Clear communication
  - Explore new communication technologies
- PPHL values important to maintaining partnerships
  - Flexible
  - Non-judgemental
  - Inclusive/Community friendly

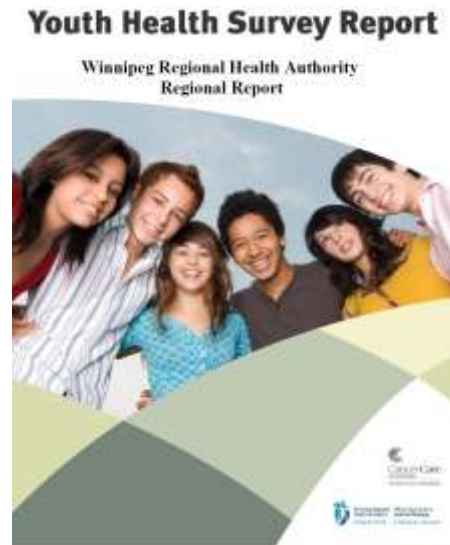
# Surveillance

- Letter from the Minister of Education Citizenship and Youth and Healthy Living/Chair Healthy Child Committee of Cabinet
- Existing partnerships
  - 9 of 11 RHAs identified existing relationships with schools prior to YHS
- Survey Fatigue

# Knowledge Development

## Knowledge Products:

- School, school division, regional and provincial level feedback reports
  - Quick Facts Sheet
  - Video
  - PPHL Website/toolkit
- 
- Feedback reports are clear, easy to understand and use
  - Quick fact sheet important tool in KE



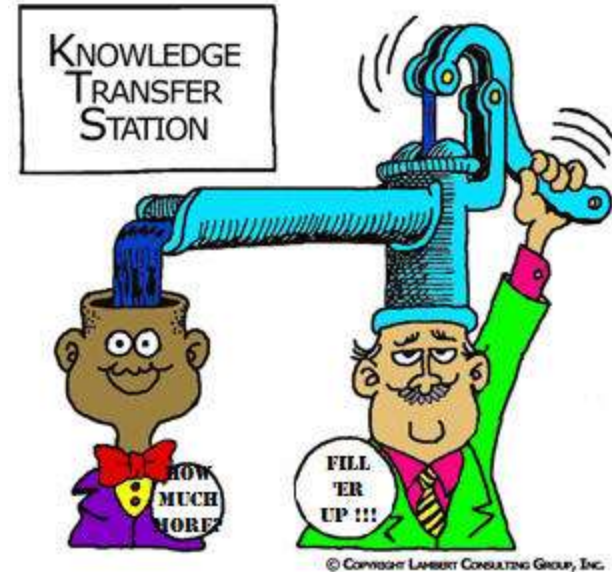
# Knowledge Exchange

- KE Brokers
  - PPHL KE brokers at Provincial level
  - RHAs KE brokers with RHA staff, schools and communities
- KE activities vary region to region because of:
  - Human and financial capacity
  - Competing priorities
- Confusion on who is the KE broker (public health nurses, single champion, health promotion staff?)

# Knowledge Exchange

Activities have included presentations to:

- Schools
  - School Boards
  - School Administration
  - Parent Advisory Councils
  - Healthy Schools Committees
  - Students
- Community
  - CDPI Committees
  - Recreation Directors
- RHA
  - RHA staff and senior management
  - Planning Network
  - HPSEN (not sure what this stands for)
  - Health Promotion Network
- Provincial Level
  - Manitoba Parent Advisory Council
  - Manitoba Association of School Boards
  - Manitoba Association of Parent Councils
  - Chronic Disease Prevention Initiative Provincial Share and Learn (2009, 2010)
  - Inter-organizational curriculum Advisory Committee
  - Healthy Child Committee of Cabinet (ministerial representation from 9 departments)
  - 2011 Healthy Schools Conference
  - Canadian Regional Risk Factor Surveillance System stakeholders
  - Behaviour Risk Factor Surveillance System conference participant



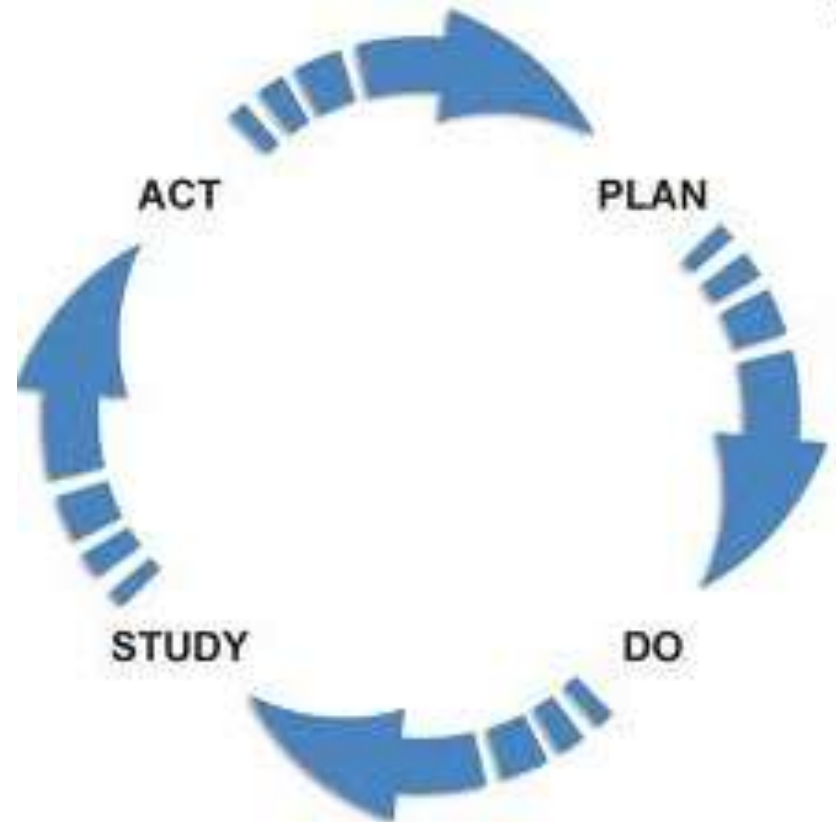
# Evidence Into Action

How to make data come ALIVE!

- Schools that have had the most success in moving the YHS data into action have had:
  - I. Personal follow-up
  - II. A champion within the schools,
  - III. Engaged youth,
  - IV. Received support from their RHA and/or other partners
  - V. Funding (CDPI, community partners/foundations)
- School have asked for success stories to help them determine how they can transform their YHS data into action and avoid duplication of work

# Evidence into Action

- Chronic Disease Prevention Initiative
- Community Health Assessment
- Baseline for Physical Education/Health Education Policy implementation (MB Education and HCMO)
- School planning/grant applications
- New School Programs



# Challenges/Successes





# Challenges

- Funding
- Geographical boundaries between school divisions/RHAs
- Communication within and across a large network
- To develop shared meaning, link surveillance to planning, interventions, and further evaluation
- Work is not mandated

# Successes

- Implemented a million dollar surveillance system on in-kind human and financial resources!!!
- Change in expectations for **leadership** –regional, school division, NGO, community, provincial and others could provide leadership
- School **champions** are emerging
- Beginning to see evidence moving into action
- Health and Education working together
  - MPETA Coalition Award

# Lessons Learned

- Clear **communication** is key to engaging and building partnerships
- **Consistency** and **continuity** in stakeholders is key to having the time to build trusting partnerships.
- Continue to allow partners to be **leaders**
- Leverage **existing partnerships** to help create awareness about YHS and increase data use.

# Lessons Learned

- Engage **Youth!**
- Need to **support** schools and other organizations in moving evidence into action
- Support RHAs as **KE brokers**
- Continue knowledge exchange at **all levels** so that it becomes integrated into decision making
- Keep a **positive environment** so that members want to stay engaged !!!

# Cross Case Findings NB,MB & PEI

# Sustaining Partnerships

- Partnerships need ongoing attention
- Challenges to sustainability
  - Lack of committed resources
  - Often rely on champions/individuals
  - People not mandated to do this work
  - People with multiple areas of responsibility

# Knowledge Exchange

- Knowledge exchange activities need to happen on different levels (e.g., provincial and school/local)
  - Need to have a broad range of stakeholders involved.
  - Engagement of youth or youth leaders in a manner in which they are familiar.
- Embed knowledge development & exchange into existing systems and structures

# Using Evidence

- Sharing success
  - Local stories are critical, especially to help move evidence to action.
- Personalize approaches
  - Follow-up with schools helps to encourage use and integration of their results.
- Resources are needed for moving evidence to action
  - Interventions require money, people, and time.



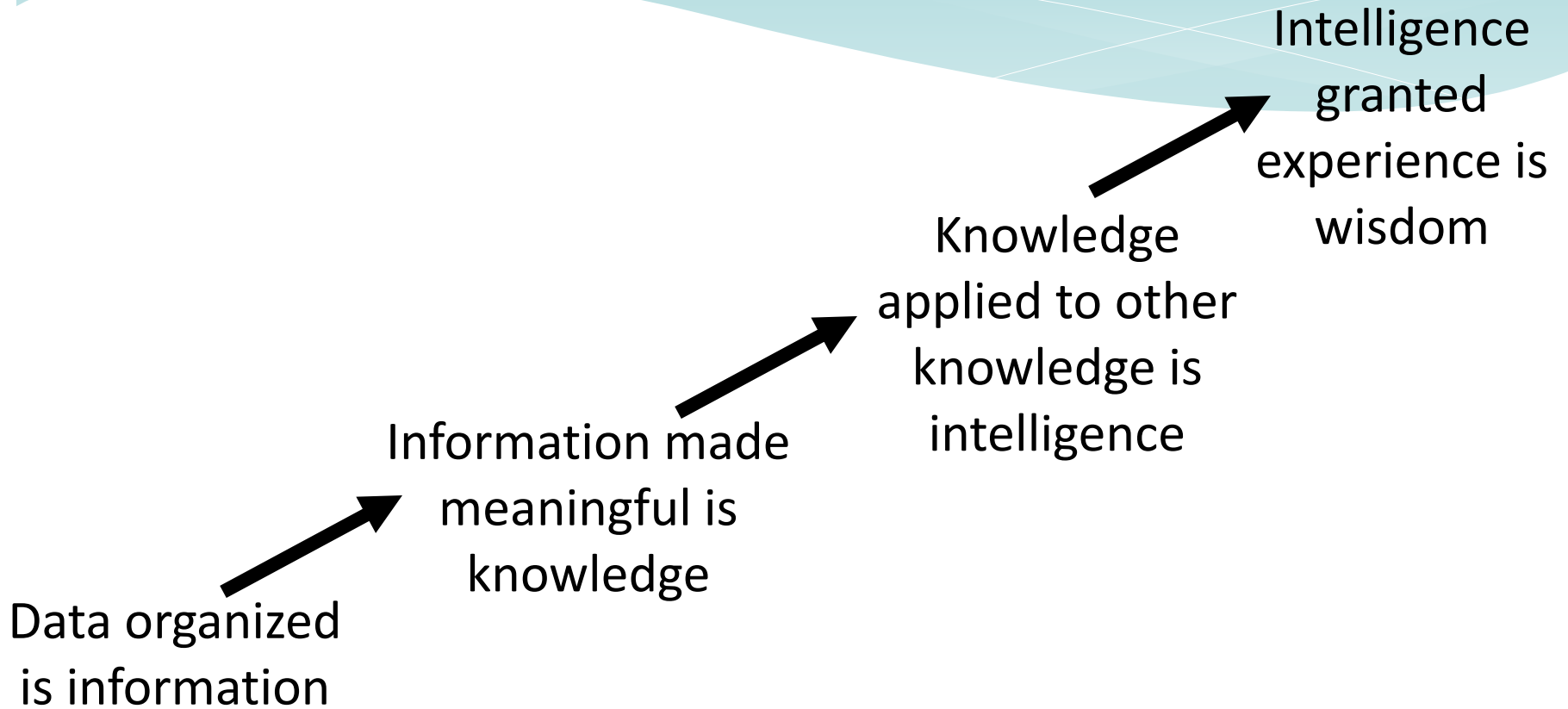
# Resources

- Resources (e.g., money, people, time) are critical:
  - To widely engage others in KE and build trusting relationships
  - Interventions require money, people, and time to raise awareness, increase uptake, encourage use, & realize integration
- Commitment to multi-year initiatives, although no 'real' sustainable funds:
  - Positively impacts on participation and uptake of knowledge

# Resources

- Embed the youth health KE system within existing provincial structures and systems:
  - Helps mitigate the impacts of non-sustainable funding
  - Involves designing the KE system to coordinate with other systems, processes or practices to facilitate KE

# "Data to Wisdom"



# Questions? Thank You

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