Data Leading to Change

Report on the January 10, 2008 workshop sponsored by:

Public Health Agency of Canada – Manitoba and Saskatchewan Region
CancerCare Manitoba
Canadian Cancer Society - Manitoba Division
Heart and Stroke Foundation of Manitoba

Partners in Planning for Healthy Living

Table of contents

For further information, please contact:

Madeline Kells
Partners for Planning in Healthy Living
CancerCare Manitoba
675 McDermot Avenue
Winnipeg, MB, R3E 0V9
Phone: 204-787-2148
Fax: 204-786-0629
Email: Madeline.Kells@cancercare.mb.ca

Tannis Erickson
Partners for Planning in Healthy Living
Interlake Regional Health Authority
Box 250
Gimli, MB, R0C 1B0
Phone: 204-642-4522
Fax: 204-642-4924
Email: terickson@irha.mb.ca

Introduction

A “community of practice” is developing within the province of Manitoba. This “community of practice” is working and learning together to build capacity and use evidence to build an integrated knowledge system that spans Manitoba and reflects the unique contexts in Manitoba.

This integrated knowledge system involves interaction between several key activities:

- Surveillance (gathering data about community members health status and risk factor prevalence)
- Identification and dissemination of effective (best) practice
- Strategic and investigation – driven research
- Policy and program implementation
- Policy and program evaluation

In an effort to support this capacity building, a group of organizations joined together to host a youth risk factor surveillance workshop entitled “Data Leading to Change”. The objectives of this workshop were to:

1. Understand the importance of having valid and reliable community/ school-level risk factor surveillance instruments for youth.
2. Understand the benefits of local data collection
3. Understand how data can be used to inform prevention interventions for youth.
4. Identify priority areas around which surveillance data will be collected.

Each RHA in Manitoba was invited to send a group of participants who were representatives of areas including RHA planning, community health assessment, school partnerships, community prevention initiatives and health promotion. Also, partner non-government organizations (i.e. Heart and Stroke Foundation, MANTRA) and partner government departments (i.e. Manitoba Health and Healthy Living, Department of Education) were also invited to attend the workshop.

In welcoming participants to the workshop Dr. D. Dhaliwal, CEO, CancerCare Manitoba highlighted the importance of the relationship between chronic disease risk factors and treatments. He addressed the need to:

- raise funding in these areas
- focus on learning more about risk factors
- find ways to obtain information and decrease risk factors

Dr. Dhaliwal is proud that Manitoba is at the forefront of integrating the development of a common approach to chronic disease prevention. He commended Manitoba Health and Healthy Living for promoting this agenda. The Manitoba Cancer Registry is second to none, providing data as current as 12 months and continues to move toward a more current electronic data system. He noted that the Registry is now being linked to Manitoba Health databases to make treatment/outcome linkages. However, he felt the most notable linkage is between data and the people able to use it.

Presentations

Overview: Journey Leading to Today's Workshop

Dr. Dexter Harvey, Volunteer, Canadian Cancer Society - Manitoba Division

Dr. Harvey reviewed the historical series of events that led to today's workshop, he:

- looked at ways we collect information and make adjustments to bring forward information to use over time.
- discussed the Interlake Regional Health Authorities Youth Health Survey process.

Dr. Harvey also spoke about:

- Building capacity:
  - Beginning to build capacity and infrastructure
  - Regions helping regions to increase capacity.
  - CancerCare provided the data analysis
  - Heart & Stroke Foundation provided $5000 grants
  - Several regions have already completed their first risk factor surveys

- How to enhance what we've done:
  - Time to grow and explore other areas
  - Try to set a course to grow Partners in Planning for Healthy Living
  - Pool information
  - Create an anonymous survey to collect consistent data across the province

SHAPES – Use of local surveys in community-level planning: School Health Action Planning & Evaluation System: Dr. Steve Manske, Scientist, Centre for Behavioral Research and Program Evaluation (CBRPE), University of Waterloo

The School Health Action, Planning and Evaluation System (SHAPES) includes machine-readable questionnaires on tobacco, physical activity, and healthy eating that are designed for students in grade five and above. In addition to including core questions that allow data to be compared across schools, school divisions, and communities, SHAPES also allows for customized questions that can be developed and incorporated into the survey with support from the University of Waterloo.

Dr. Manske reviewed the SHAPES Conceptual Model:

- Underlying Research
- School Health Assessment
- Feedback for Planning
- Action
- Evaluation and Adaptation
- Local Strategy and Contexts

Considerations to be addressed when conducting a youth health survey include:

- create a vision
- realize the need to co-opt people who are involved in what is going on at the community level
- fundraise (resources)

Considerations to be addressed post survey:

- Dissemination of results to stakeholders
- Determine what training is required to best deliver the results to the youth
- Determine who is best suited to deliver the results to the youth (teacher, public health, ?)
- Ensure there is knowledge use, recognize that simply providing information is not sufficient to ensure knowledge use therefore you must produce tools to help interpret data and use it in the end

Each region will interpret data and information based on the context they perceive the information was presented. This will always be an individual interpretation – a social theory of learning.

Choosing survey methodologies and determining the validity and reliability of survey tools: Dr. Scott Leatherdale, Scientist, CancerCare Ontario

Dr. Leatherdale presented the Physical Activity (PA) Module from SHAPES. He reflected upon the validity and reliability testing of the physical activity module and other 'validity' considerations for SHAPES. He stated that research tools have been developed and tested to collect physical activity/inactivity data at the student-level and data about school programs, policies and resources related to physical activity at the school-level. The main question identified was: 'What works, for whom and in what context?' Knowledge exchange – customized school-specific reports have been developed to report student-level and school-level data back to the school and public health stakeholders.

Testing for reliability, validity, readability and comprehension of the questioner was discussed.

Discussions with the workshop participants took place on the topics of:

- Readability and language barriers - Anecdotally, this was not found to be an issue. There was a tendency for less parental consent to participate in the survey where language barriers arose (very small percentage of participants).
- Reliability and validity - testing was done for one region. Can we feel confident if we use these results anywhere in Canada? - Scientifically you can not generalize to other provinces but students across Canada are fairly homogeneous therefore we have no concerns with using the tool in other areas.
- Flexibility - While working with communities what impact is there when incorporating some community specific questions or survey reconfiguration (blended questions)? - It was recommended that the core outcome questions (measures) be used due to time constraints and financial requirements to conduct reliability and validity testing.
- Validity and reliability testing – Was it done by question or by module? - Testing was done for core outcome measures (must use the entire measure).

Thinking and acting like a system in Manitoba: John Garcia, Director of Evaluation Ontario Tobacco Research Unit

Mr. Garcia gave a broad overview of 'getting on after the data has been gathered'. He stated that knowledge is the most important aspect of this process.

The system order is

- Surveillance,
- Evaluation, and
- Utilization (focused evaluation)

Surveillance for 'health promotion' planning and evaluation should be our focus. Think from a formative/logic perspective in order to cause action.

Mr. Garcia noted that Manitoba has several reasons for optimism:

- People affect change, from their positions in organizations & systems
- Complex change emerges in social movements
- Manitoba approach is emerging as a model for the country
- Changes are happening – regular physical activity in schools, surveys, KEN, multi-level leadership and collaboration (Manitoba Health, NGOs PHAC, RHAs, school boards, others)
- Challenge to developing shared meaning, link surveillance to planning, interventions and further evaluation – to think and act as a system.

Group Discussions and Reports

Workshop participants were divided into groups (by region or organization) and asked to discuss and report back on the following questions:

1. What information do RHAs/communities/schools need for planning? Identify topics.
2. What types of assistance do RHAs/communities/schools need to use and disseminate local risk factor surveillance information? (dissemination and translation)
    - How should this information be reported?
    - What are the knowledge exchange needs?
3. In what ways would the youth health surveys meet the surveillance needs of their organizations?

Details from the group reports appear below.

1. What information do RHAs/communities/schools need for planning? Identify topics.

KEY THEME: **Risk Factors for Youth**

Demographics of Youth:

- What is youth – 0-18? 0-19? 0-21? 0-25?
- Who (age, etc. and demographics) and where are the kids?
- When do children start risk taking behaviors?

Non-school Youth Population:

- Need information from high risk group of school drop outs
- Accessing school drop outs
- Why aren't they going to school?

Mental Health and Addictions:

- How are we at stress management?
- Mental health issues: self esteem, body image with link to eating disorders, self harm (cutting)
- How stressed are all ages regarding knowledge, pressure, expectations?
- Drugs/alcohol use
- Do kids (school and street) drink, do drugs, smoke?
- Do predisposing factors (psychological/social make up) increase risk?

Violence:
- Questions about violence

Relationships:
- How are we at healthy relationships?

Healthy Living Options:
- How many physical activities are free in the community? How are they accessed/ utilized?
- Level of physical activities – link to phys ed /health curriculum for Grade 11/12
- Current level of Grade 9-12 physical activity
- What do community adults/youth know about life/health risk factors i.e. eating, activity, economic influence? How urgent do these people feel is the need for change?

KEY THEME: **Data Requirements**

Local Data :
- What information / surveillance data do we have and how relevant is it?
- Reliable current statistical data to be used in local community context
- Local level data – school, school division, community
- Ongoing challenge: obtaining Aboriginal data (*this was an answer given to question 3 but it fits better in this context)*

Consistency:
- Consistent surveillance among regions
- Consistency of data collected across the province in order to compare "apples to apples"

Comparability:
- Comparison of local / regional data

Technical Assistance:
- Data analysis
- Assistance with developing comparison summaries
- RHA wants data, plus the report

KEY THEME: **Dissemination**

General Communication Strategy:
- Need support in dissemination
- Sharing success stories
- Strategies to engage community

Educators:
- How to integrate dissemination into existing programs/processes/school division plans (not an add on)

Policy Makers:
- Draw attention to policy makers

Non – Government Authorities:
- How NGOs can assist with dissemination process **;**Feedback from regions on how NGOs can help and support messages

KEY THEME: **Prioritization for Action**

Prioritizing:

- How do we prioritize in our community?
- Prioritize by problem/school/grade/community area?
- Prioritize what needs to be done; who decides – schools/experts?
- Knowing priorities (schools)
- Stakeholders prioritizing findings
- Key risk factors in schools

What Works When:

- When is intervention most effective and which topics; where is the need greatest?
- Take appropriate action
- Expertise to help us decide types of action to take
- We know want we want to focus on (nutrition, phys ed, tobacco) – what else? Next steps?

Planning Next Steps:

- Need information for planning on: breaking cycle of poverty, violence (women, youth, cultural); injury (types); addictions (substance use – what and where)
- Tangible goals
- Need to start planning to do youth health survey (ongoing, sustainable)
- Need to start with project design

Strategic Planning:

- School health is not positioned as a priority nor is health promotion
- Don't have a provincial or regional school health strategy

KEY THEME: **Evaluation**

- Long term evaluation plans
- Evaluation / summaries
- Ways to evaluate success with programs (eg. Teen Talk / peer support) vs. schools that don't use the programs

KEY THEME: **Risk Factor Surveillance Toolkit**

Tools:

- Tools - comparisons/benchmarks (clinical significance)
- Common tools (evaluation, summary, priority setting)

Survey Content:

- Content design, valid survey questions
- Surveys that catch students' interests
- What are core outcome questions?
- Are there core questions on all 4 modules?
- Develop survey that covers a wide variety of health issues. Challenge: need to limit to 4 pages or 20 minutes yet gather good information

Access:

- Central access

Linkage to Other Initiatives:

- Link survey data and questions with CDPI, Healthy Schools Initiatives, need for evidence for requests for funding (e.g. Teen Health Clinics)
- Nutrition – links to Healthy Schools Nutrition policies
- Family engagement tools for middle to senior years
- Baseline is timely now for new 11/12 phys ed and nutrition policy

KEY THEME: **Dedicated Resources**

Implementation:

- Funds for survey implementation
- Funding (human resources) for survey implementation

Data Analysis:

- Financial support

Resources for Next Steps:

- Resources to implement suggested action
- Funding to facilitate action
- Funds for support on what happens next Direct organizational (RHA) support
- Need for additional resources (PHNs, nutritionists, kinesiologists, etc)

Support for Knowledge:

- Meaningful knowledge – able to interpret and compare
- Healthy training/education opportunities to support educators

Dissemination:

- Need HR resources to disseminate results in schools in meaningful and motivational way
- Link with healthy schools' money Biggest gap is people power to facilitate use and dissemination

Partnerships:

- Build on existing resources; impetus to examine and reconfigure existing groups/coalitions

Leveraging Additional Funding:

- Agency funding
- Government policy support
- Commitment

KEY THEME: **Partnerships**

Technical Expertise:

- Partnerships between educators and direct service providers e.g. researchers at Brandon University
- Partnerships between province/school division/RHA to deliver new innovative research modules/systems
- Examples of what else works: how have others organized their interagency partnerships? What are the criteria for effective partnerships?

Youth:

- Youth involvement (schools)
- Do we talk to Healthy Living Coalition?

RHAs

- What are key success factors in RHA staff/resources to assist school in making changes from survey outcomes? (staff type / time / resources)
- Need for strong RHA presence in school to develop team approach
- Role of RHA staff to help initially, build capacity, school develops self sustainability

School & Community Level:

- Meaningful accessible to communities through various strategies (media/student body/parent advisory)
- Partnerships have been established with schools and school divisions; need to start with planning to do youth health survey and project design
- People/relationships are important

KEY THEME: **Promising Practice**

Meeting Community Needs:

- Providing promising practice information while remaining true to common development principles
- Balance evidence with community needs and interpret within community context

Evidence:

- Need data/evidence on sexual activity to support funding for Teen Health Clinics

Process:

- Process to apply promising practices

Share & Learn

- Time to share what works, best practice

2a. What types of assistance do RHAs/communities/schools need to use and disseminate local risk factor surveillance information? (dissemination and translation)

KEY THEME: **Champions**

- Picking up on and sharing success stories
- Champions who can influence others (including youth champions)
- Develop relationships with phys ed consultants

KEY THEME: **Coordination**

- Dedicated person to liaise between community players (facilitator) i.e. health promotion coordinator; who is responsible for health promotion? How do we get people together to get organized and sustainable with constant turnover?
- Coordination with upcoming CHA process

KEY THEME: **Prioritization for Action**

- Ensure report translates into action – how do we support our schools in this?
- Figure out next phase process helping local schools deal with results
- Resources for in-house coordination to do surveys to take full advantage of the learning during evaluation process to move towards action implementation
- Resources to build linkages at local level

2b. How should this information be reported?

KEY THEME: **Media**

- Consider release of local reports to schools and public health
- Local media (newspapers, TV, radio) to get out messages and information

KEY THEME: **Involve Target Audience in reporting**

- Presentations to Parent Advisory Councils – get parents as advocates for change
- Sharing information with students
- Schools/educators could receive today's (date of workshop) information
- Sharing results with student populations (may inspire healthy competition); profiling actions taken by students; present to school board/municipal council

2c. What are the knowledge exchange needs?

KEY THEME: **Dissemination Tools**

- Report must be easy to understand for stakeholders
- Template for school newsletters
- Lesson plans/Blackline Masters use research data from area that is linked to curriculum/inservice for teachers

KEY THEME: **Partnerships**

- Partner with Healthy Schools to encourage use of results
- Health Day – pre SAG?

KEY THEME: **Data Requirements**

- Data analysis
- Simplified language

3. In what ways would the youth health surveys meet the surveillance needs of the organizations?

KEY THEME: **Comparable Data**

- Provide comparative context
- Get baseline data for target population

KEY THEME: **Local impact**

- Community level data provide powerful incentive
- Local data connects local groups
- Local health related information would be helpful to: Addictions Foundation, Recreation Commissions, Town Councils, Aboriginal organizations, government agencies (Child and Family Services, Youth, Justice); Learning/Resource centres, schools

KEY THEME: **Informs Planning**
▪ Monitor risk factors to affect what we do [impacts planning] ▪ Assists in planning ▪ Integrated program planning and delivery process ▪ Provide evaluation, planning, and programming needs; highlight changes over time ▪ Inform their planning and activities, establishing partnerships
KEY THEME: **Relationship Building**
▪ Provides reason for relationship building ▪ Resource sharing between regions (no duplication) ▪ Acquire common language and capacity to work together ▪ Connect partners ▪ Identify roles for various sectors; opportunities for engagement
KEY THEME: **Additional Data Sources**
▪ AFM has its own survey and would be able to connect to other components of a healthy lifestyle

Next Steps

A report highlighting the workshop presentations and discussions will be distributed to all who participated. The results of the group discussions will be used by the Partners in Planning for Healthy Living Surveillance/Knowledge Exchange Working Group to establish their priorities and goals.

Summation

In closing, Dr. Manske, John Garcia and Dr. Leatherdale commented o the workshop.

'Manitoba has a national reputation for enlisting involvement from schools for youth health smoking surveys along with addressing what we can do to influence youth health. He applauded the work that has been done in Manitoba'. (Manske)

'In Manitoba you come together for a common cause, you think like a system. People are looking at Manitoba; they are very interested in what is happening here. You are creating a model for the country and elsewhere'. (Garcia)

Workshop Participants

The January 10, 2008 workshop involved 10 Health Regions and 12 organizations with a total of 82 participants.