



**Summary Report on the Partners in Planning for Healthy Living,
Annual General Meeting (May 11th, 2012)**

Prepared: May 18th, 2012

Introduction

On May 11th, 2012, Partners in Planning for Healthy Living (PPHL) held their Annual General Meeting (AGM) for members and stakeholders. The day was attended by over 50 participants from Manitoba's regional health authorities (RHAs), federal and provincial government departments and agencies, and non-governmental organizations (NGOs). In addition, guest speakers were invited from the Saskatchewan Health Empowerment for You (HEY!) CLASP Initiative to share their experiences with participants.

Donna Turner, Chair of PPHL, facilitated the business portion of the meeting in the morning before opening the day to a broader audience of stakeholders. The Honourable Kevin Chief, Minister of Children and Youth Opportunities brought greetings and discussed his appreciation of the work of PPHL, particularly relating to the Youth Health Survey and youth engagement. He expressed his enthusiasm for working with PPHL in the future and thanked participants for their efforts in helping youth make healthier choices.

This report describes the events of the AGM including the business portion of the day, the PPHL Year in Review, the keynote address from Alvin Delorme and Bev Whitehawk of the HEY! CLASP Initiative and the PPHL Working Group updates. In addition, it includes a summary of the reports from the Knowledge Exchange small group discussions in the afternoon.



PPHL Business Meeting

The PPHL Business meeting was held in the morning prior to the AGM and attended by one voting member per PPHL organization. PPHL Chair Donna Turner opened the meeting with a brief review of the 2011 AGM minutes (available online at: http://partners.healthincommon.ca/wp-content/uploads/2011/10/2011-PPHL_-_AGM_Report.pdf).

The 2012 AGM marks the midway point of the current host organization and chair term (held by Donna Turner on behalf of CancerCare Manitoba) and the time for election of the incoming host organization and chair as per the PPHL Terms of Reference.

Doreen Fey of the Interlake Regional Health Authority (IRHA) was nominated and elected for the position (13 for, 0 against, 0 abstained). The IRHA accepted the position pending any further decisions to be made relating to the recent RHA reorganizations.

In addition, two members of the Coordinating Committee (Jennifer Baker of Regional Health Authority of Central Manitoba and Mark McDonald of the Canadian Cancer Society – Manitoba Division) completed their terms on the committee. Alex Henteleff of the Winnipeg Regional Health Authority and Debbie Brown of the Heart and Stroke Foundation in Manitoba will fill the vacant positions.

PPHL Year in Review

At the conclusion of the business meeting, the AGM was opened mid-morning to a broader audience of stakeholders and attendees. Along with announcing the outcomes of the meeting, Donna Turner highlighted PPHL activities from the previous year and reviewed the PPHL Strategic Plan.

2011-2012 saw the completion and dissemination of findings of the Youth Excel CLASP Project as well as the release of the Youth Health Survey (YHS) video *Moving Towards Healthier Lifestyles: Stories from the Manitoba Youth Health Survey* (available online at: <http://partners.healthincommon.ca/>). In addition, PPHL Working Groups were busy preparing for the next implementation of the YHS as well as the implementation of the Adult Health Survey Pilot Project.

The Coordinating Committee spent time throughout 2011-2012 updating and revising the PPHL strategic plan and have incorporated it as a working document into their monthly meetings. The full strategic plan can be accessed online at <http://partners.healthincommon.ca/about-us/organizational-documents/>.

Outlined below are the four outcomes of the PPHL strategic plan along with the activities for each:

Outcome 1 – An effective, well-coordinated network with an engaged membership.

Activities for Outcome 1:

- Review workplan progress annually in advance of AGM
- 3 Membership meetings annually (including AGM)
- Coordinating Committee meetings (7/year)
- Maintain PPHL Website
- Identify and engage key stakeholders



- Receive and provide recommendations to Working Groups on membership
- Enhance and facilitate connection to primary prevention initiatives and resources
- Ensure commitment from Education, HLYS and Healthy Child Manitoba (HCM) for next cycle of YHS
- Ensure commitment for Adult Risk Factor Surveillance (ARFS)
- Ensure RHA executive & board support for ARFS and YHS

The majority of these activities were either completed or in progress as of the 2012 AGM.

Outcome 2 – Shared understanding and support for a province-wide surveillance system.

Activities for Outcome 2:

- Contact each RHA with update regarding next cycle of YHS and begin process of data sharing agreements
- In consultation with YHS WG, determine additional needs
 - Access resources based on identified needs (submit proposals, develop partnerships etc.)
- In consultation with ARFS WG, determine additional needs
 - Access resources based on identified needs (submit proposals, develop partnerships etc.)
- Develop a plan and budget for the ongoing community-based system
- Identify potential funding sources
 - Complete and submit funding applications
- Complete CLASP case study as beginning of PPHL evaluation
 - Review case study findings to inform PPHL evaluation action
 - Determine evaluation priorities for next two years
- Continue contact with Primary Prevention Syndicate through PPHL attendance at Syndicate meetings

Although many of these activities were complete or in progress at the time of the AGM, PPHL continues to look for sustainable funding for each portion of the provincial surveillance system.

Outcome 3 – Tools, processes and protocols for the surveillance system developed, implemented and utilized.

Activities for Outcome 3:

- See YHS workplan and activities (including both Tools & Methods and KE sub-groups)
- See ARFS workplan and activities

Each activity under Outcome 3 is coordinated and led by a specific working group of PPHL. These groups routinely provide updates to the Coordinating Committee on their activities and receive feedback and support for their work.



Outcome 4 – Active knowledge development and exchange between groups and sectors.

Activities for Outcome 4:

- See YHS workplan and activities
- See DARP documents for the purpose and activities of the DARP committee

Similar to Outcome 3, knowledge exchange activities are coordinated by PPHL working groups that report to the Coordinating Committee for feedback and direction.

Keynote Address

Alvin Delorme and Bev Whitehawk from the Federation of Saskatchewan Indian Nations gave the keynote address on their experience with the *HEY! Health Empowerment for You - CLASP Initiative*. This presentation is available online at <http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings/>.

Health Empowerment for You (HEY!) is a culturally relevant training program intended to promote healthy living as a way to reduce risk factors for cancer and chronic disease with youth in First Nation communities. The project engages First Nations in developing a chronic disease prevention strategy for use at the community level and is First Nations led in order to build capacity at the community level and empower facilitators and community youth. HEY! is based in Manitoba and Saskatchewan and includes First Nations partners, government representatives (federal and provincial), post secondary institutions as well as government and non-government funded cancer and chronic disease agencies.

The goals of the HEY! program are to:

1. Develop the partnership
2. Develop the curriculum
3. Create sustainable actions

The HEY! project strives to respect diversity within the many tribal and language groups of Manitoba and Saskatchewan. In addition, it respects that not all First Nations follow the traditional ways, but that First Nations people have a choice about their spirituality.

Cultural inclusion is an important aspect of HEY! with a multi-cultural steering committee working to improve health outcomes for First Nations communities. Throughout the project First Nation and non-First Nation healing traditions have been blended in a respectful manner. In addition, culture is included through prayers at meetings, smudge ceremonies, sweat lodge ceremonies, horse dances and feasts. Elder guidance is incorporated regularly through Talking Circles, use of the Medicine Wheel and an annual Elders' Meeting.

Developing Partnerships

Some of the challenges associated with developing partnerships for HEY! include First Nations engagement, administrative barriers, partner communication and respecting First Nations culture. Some of the benefits associated with the project include increased collaboration of CLASP partners, a greater understanding of partner organizations and an increased understanding of the need for action instead of research in order to address the health challenges. In addition, partners learn how to work alongside First Nations to deliver programs for First Nations people, build effective partnerships with First Nations, reach communities, and how to work at the speed of First Nations business and respect the traditional protocols.



Developing the Curriculum

Challenges associated with developing the HEY! curriculum includes determining common risk factors, developing common messaging, including First Nations perspectives and finding appropriate language levels. Participant feedback notes the difficulty with “writing curriculum with medical and health terminology to a layman audience while still being accurate”.

Creating Sustainable Actions

Three of the biggest challenges to creating sustainable actions are finding funding, achieving community engagement and developing an evaluation framework.

HEY! Training Overview

The HEY! program is about youth engagement and promoting healthy behaviours in youth. It is made up of two components:

1. Train the trainer component – communities select trainees for the program
2. Community-based component – trainer returns home to facilitate workshops

The program has an introduction and seven modules:

- Introduction – European explorers and First Nations, assimilation processes, First Nations philosophy on wellness, traditional healers and medicines & importance of ceremony
- Module 1 (Vision of Health) –Medicine Wheel as a teaching tool to discuss health, four aspects of holistic health & strategies to improve health outcomes
- Module 2 (Prevention of Cancer and Chronic Disease) – common cancers and chronic diseases for First Nations communities, common risk factors related to most cancers and chronic diseases, differences between non-modifiable and modifiable risk factors & screening tools for cancer and chronic diseases
- Module 3 (Healthy Eating) – body effects of foods that are high in sugar, sodium and saturated fats (HSSF), common foods that have excess HSSF, Canada’s Healthy Food Guide, traditional healthy foods & outline of a healthy meal plan for a day
- Module 4 (Active Living) –general benefits of exercise, benefits of exercise in relation to the prevention of cancer and chronic disease, opportunities for exercise in the community, strategies to promote and maintain an active living program & traditional types of active living that can apply to current life
- Module 5 (A Healthy Body for Me) – cancers and chronic diseases that are affected by weight, recommended waist sizes for men and women, recommended Body Mass Index (BMI) for adults & realistic weight maintenance plans
- Module 6 (Smoke Free: Non-traditional Tobacco Use) – prevalence of smoking in First Nations communities, relationship of smoking, chewing tobacco and second hand smoke to cancers and chronic diseases & resources available within and outside of the community to assist persons who wish to limit or stop smoking



- Module 7 (Avoid Misuse of Substances) – discuss and define “substance misuse,” the relationships of substance misuse to cancers and chronic diseases & resources available in and outside of the community to assist persons who wish to stop or cut down on substance misuse

In follow-up to the keynote address, Jane Griffith of CancerCare Manitoba spoke briefly on the opportunities for PPHL and the HEY! initiative to work together for future CLASP funding. One day prior to the AGM, a group of HEY! and PPHL stakeholders met to discuss these opportunities.

The objectives of this meeting were:

- Explore opportunities for collaboration
- Learn about current community-led project/initiatives
- Brainstorm project ideas building upon current initiatives to further understanding of community-based knowledge exchange systems

PPHL Working Group Updates

Each of PPHL’s four Working Groups (WG) gave a brief update on their activities over the past year. This presentation is available online at <http://partners.healthincommon.ca/>.

1. Youth Health Survey – this larger WG has four task groups which include Regional Implementation, Methodology, Administrator Survey and Knowledge Exchange (KE). The Regional Implementation and Methodology groups have been active over the past year finalizing the survey tool and preparing for the fall implementation of the YHS. The Administrator Survey group has been finalizing their survey tool and processes while the KE group was involved in various presentations throughout the year and developed a video highlighting success stories from the first YHS.
2. Adults Risk Factor Surveillance (ARFS) – this group has been designing and planning a pilot project of ARFS in a small sample of communities around Manitoba. They have focused on gathering information around survey tools, processes and methodologies to inform implementation. In addition, several members attended the World Alliance for Risk Factor Surveillance (WARFS) international conference in Toronto in the fall of 2011.
3. Youth Excel CLASP – with the Youth Excel CLASP wrapping up at the end of March 2012, the group was active finalizing and disseminating the provincial and cross-case reports for the project. In addition, bridge funding was provided until the fall of 2012 so that the group could explore further opportunities as well as a potential CLASP renewal.
4. Data Access Review Panel (DARP) – this group reviewed five requests for use of YHS data in 2011-2012. In addition, they are preparing for the revision of data sharing agreements for the upcoming implementation of the YHS.



Knowledge Exchange (KE) Small Group Discussions

In the afternoon, representatives of the YHS KE Working Group facilitated a session of small group discussions centred on KE and the concept of “moving knowledge into action”. The group reviewed the lessons learned from the MB CLASP Case Study and used these to guide discussions:

1. **Face to Face interactions** increase understanding and uptake of data.
2. **Linking** with existing infrastructure, systems and partners can extend KE reach.
3. **Youth** are important stakeholders but often overlooked.
4. **Senior management buy-in** is critical to increasing KE capacity.
5. **Sharing success stories** motivate & inspire others to take action.
6. **Grants** tied to data can encourage data use in planning.

The objective of the session was to help the KE group develop a YHS 2012 KE strategy and workplan while at the same time allowing organizations to have the opportunity to learn from each other.

In particular, participants were asked to discuss the following questions:

1. Given your KE experiences with the last YHS what will you:
 - Keep the same?
 - Do differently?
2. What do you **need** to facilitate and increase your organization’s KE capacity (i.e. move evidence into action)?

Following their discussions, groups shared their answers and submitted notes that have been summarized below.

Q1A. Given your KE experiences with the last YHS what will you keep the same?

- Presentations from RHAs to schools about their results and reports
- Develop connections and partnerships at all levels (division, school, etc.); get on the agendas at the school division level
- Create the different levels of reports (school, division, regional and provincial)
- Continue to share results with partners outside of PPHL (e.g. school trustees, Manitoba Assoc of School Superintendents, etc.)
- Create a short form report that summarizes results (Q & A report)
- Share results at conferences to continue creating linkages and using local opportunities/events (e.g. Healthy Schools Conference)
- Create opportunities for face to face connections with schools, parents, RMs, school boards, RHA staff, youth, etc.
- Keep commitment to let schools own their level of data
- Toolkit of presentations and templates for use in various settings (e.g. newsletters, media blurbs, presentations for various stakeholders)



- Engage youth in the process of KE
- Make use of the media to share statistics and successes
- Continue to dedicate human resources to KE
- Stress the importance of communication at all levels – with boards, school divisions, teachers, etc.
- Financial grants to support the process (e.g. Healthy Together Now and Healthy Schools grants)
- Keep using the YHS data towards Community Health Assessments and community planning initiatives; use data to fill data gaps

Q1B. Given your KE experiences with the last YHS what would you do differently?

- Improve relationships and communication both internally and externally
- Develop a more comprehensive strategic plan for KE (how can individual partners contribute?); spend more time on KE processes
- Develop a YHS website and tap in to social media in order to engage youth (e.g. YHS.com, Facebook, etc.)
- Continue to broaden reach and expand; KE with more partners and increase connections with existing partners; create awareness at all levels
- Have specialized forums that link to other events (e.g. Healthy Schools or PHE Canada conference)
- Explore ways that our partners can support schools moving evidence to action (e.g. PHNs, RHAs, MPESA, etc.)
- Include the survey tool in the report and reference the source questions during the report
- Look for a variety of mechanisms for connecting with schools to increase connections at all levels (e.g. principal's meetings, AFM, teachers, etc.)
- Include best practices in the report
- Create a visual difference in the different levels of reports (school, division, regional, provincial)
- Engage Public Health in the process
- Make sure data sharing agreements are in place before data requests come in
- Dedicate staff and resources to KE
- Be intentional in using data to make changes/improvements
- Use a collaborative approach; break down silos between various partners
- Increase engagement with First Nations, Metis, Inuit, faith-based and independent schools
- Capitalize on existing KE tools and resources (e.g. YHS video)



Q2. What do you need to facilitate and increase your organization's KE capacity (i.e. move evidence into action)?

- Identify targets – who needs the information and what direction within the organization will the information take; get on the appropriate agendas
- Identify who has the expertise to move knowledge to action and get them engaged
- Dedicated resources to implement KE (both human and financial)
- Build capacity within RHAs to be comfortable in sharing the data – need training and to learn how to facilitate the conversations with schools around next steps
- Engagement of youth from the very beginning through to the end
- CCMB support for analysis, report generation and interpretation of data
- Strategize with Education to increase commitment and uptake of results
- Face time with school divisions and other stakeholders
- Connect with champions at various levels
- As RHAs change, priorities change – need to keep the momentum going and working with timing
- Create a process map/matrix for communication at various levels and to help identify key stakeholders (showing when people and groups meet); Who are the champions? When do newsletters come out?
- Get youth involved in the matrix at all levels
- Seamless integration with existing process
- Build on the excitement/energy of what we have achieved so far

Next Steps for Partners in Planning for Healthy Living

In her closing comments and wrap-up for the day, Donna Turner discussed the many opportunities and challenges that lay ahead for PPHL in the coming year and thanked all participants for their support and enthusiasm.

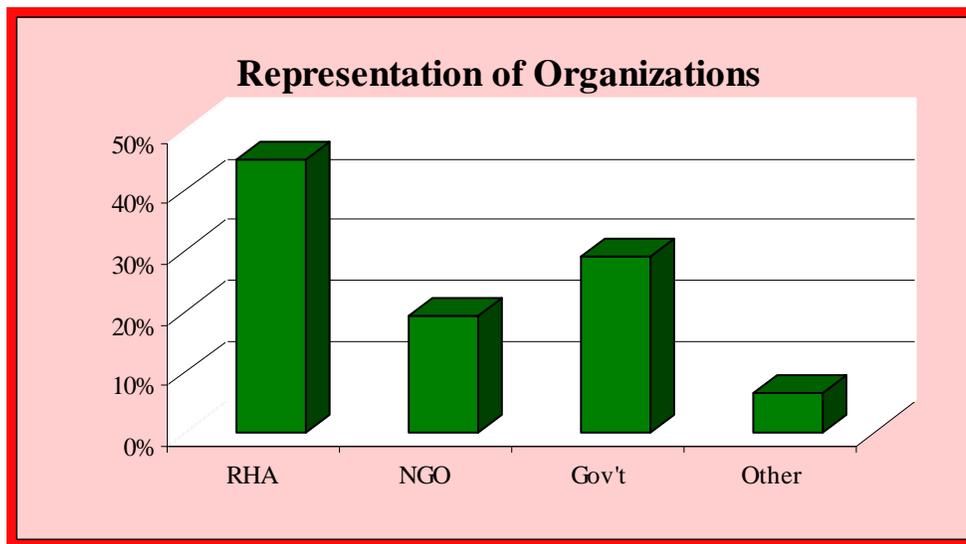


Summary of Symposium Evaluations

At the close of 2012 AGM, participants were asked to complete an evaluation of the event. Thirty-one participants submitted an evaluation form which included demographic information as well as questions about the presentations and logistics of the day.

The following is a brief summary of these evaluations:

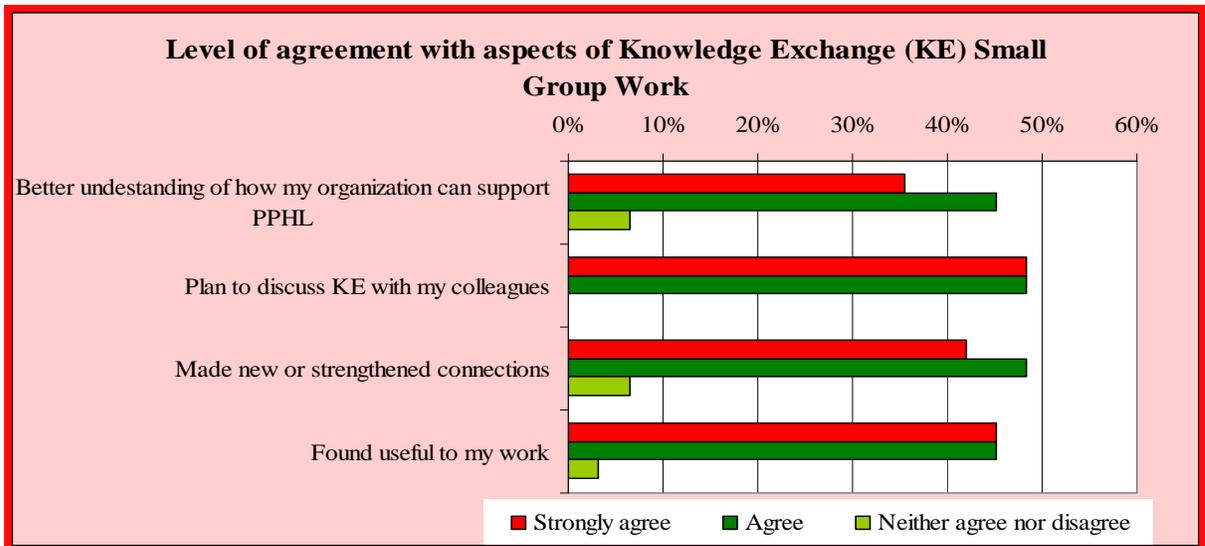
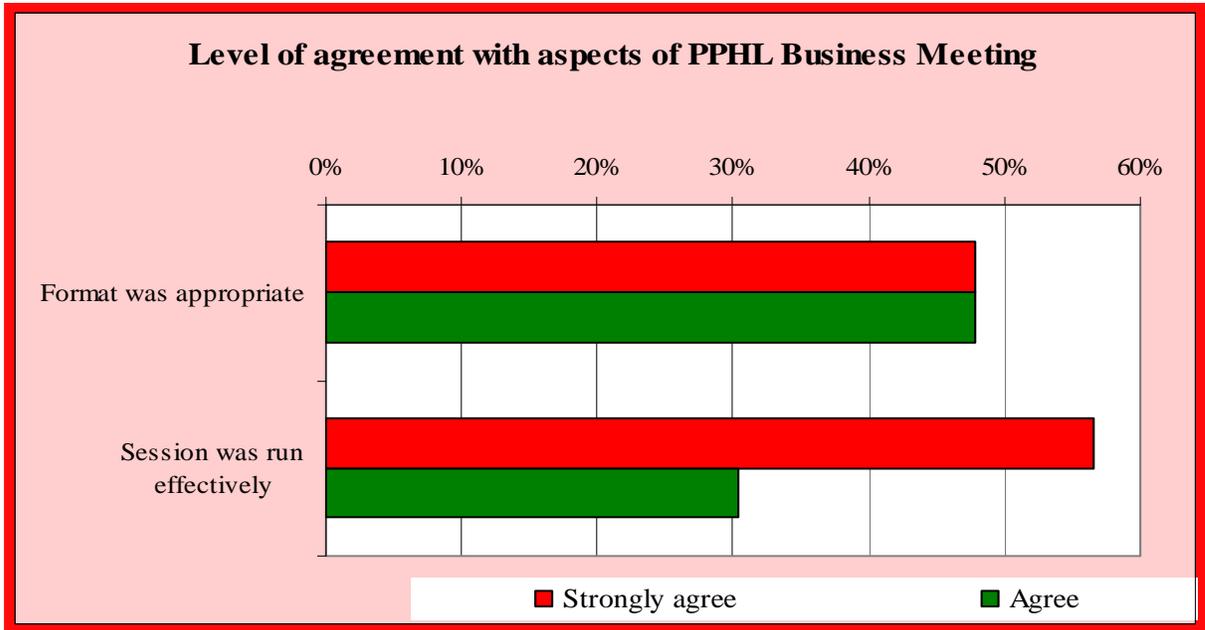
- 90% of respondents indicated that their organization was a member of PPHL.
- 29% of respondents were from the provincial or federal governments, while 45% represented an RHA.



Participants were also asked to indicate their level of agreement on various aspects of the day:

- 96% of respondents felt that the format of the PPHL Business Meeting was appropriate while 87% felt that the session was run effectively.
- 100% of respondents indicated that the PPHL and Working Group updates were informative and useful.
- 90% of respondents strongly agreed or agreed that they gained new knowledge of PPHL activities during these updates.
- 80% of respondents indicated that the Knowledge Exchange (KE) Small Group Work gave a better understanding of how their organization can support PPHL while 98% plan to discuss KE when they return to their organization.
- 90% of respondents felt they made new or strengthened connections among other PPHL stakeholders during the small group work.





The following additional comments were made:

“Great day, excellent networking opportunities.”

“Interesting and exciting!”

Excellent networking and learning opportunity. Food was really good as well. Thanks!

