



**Summary Report on the Partners in Planning for Healthy Living,  
Annual General Meeting (May 31<sup>st</sup>, 2013)**

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Prepared: June 19th, 2013

## Introduction

On May 31<sup>st</sup>, 2013, Partners in Planning for Healthy Living (PPHL) held their Annual General Meeting (AGM) for members and stakeholders. Over 50 participants attended throughout the day from Manitoba's regional health authorities (RHAs), federal and provincial government departments and agencies, non-governmental organizations (NGOs) and academic institutions. In addition, recipients of the 2012 Heart and Stroke Challenge Grants were invited as guest speakers to discuss their projects and findings.

The Honourable Jim Rondeau, Minister of Healthy Living, Seniors and Consumer Affairs brought greetings and discussed his appreciation of the work of PPHL. He expressed his enthusiasm for working with PPHL in the future and thanked participants for their efforts across Manitoba.

This report gives a brief summary of the events of the AGM. More detailed information from each presentation can be found on the Partners in Planning for Healthy Living website at <http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings>.



## PPHL Year in Review

Dr. Donna Turner, PPHL Chair reviewed highlights from the previous AGM as well the four main outcomes of the PPHL Strategic Plan and the activities that took place throughout the year towards achieving these outcomes.

The full PPHL strategic plan can be accessed online at:

<http://partners.healthincommon.ca/about-us/organizational-documents/>.

The Chair's Year in Review can be accessed online at:

[http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings](http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings/).

## Keynote Address- Primary Prevention Syndicate Challenge Grants

Debbie Brown of the Heart and Stroke Foundation introduced Dr. Allan Katz, the Primary Prevention Research Chair which is co-funded by Heart and Stroke Foundation and the Manitoba Health Research Council. Dr. Katz gave opening remarks pertaining to the Challenge Grants and primary prevention in Manitoba. Each of the three Challenge Grant recipients spoke about their projects. The full presentations are available at [http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings](http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings/).

- 1) *Happy Feet, Healthy Hearts through Active School Travel*- presented by Mr. Anders Swanson on behalf of Ms. Shoni Litinsky. The purpose of this project is to help make it easier for Manitoba families to find active ways to get to school.
- 2) *Building Youth Capacity for Heart Health Promotion: A School-Based Feasibility Study*- presented by Dr. Roberta Woodgate. The purpose of this two year community-based intervention was to show that it is possible to build youth's capacity for heart health promotion through a low cost health intervention.
- 3) *ENCOURAGE Project- Enhancing Primary Care Counselling and Referrals to Community-Based Physical Activity Opportunities for Sustained Lifestyle Change*- presented by Dr. Todd Duhamel. The purpose of this project was to enhance physical activity counseling in the primary care setting.

## 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/meetings-and-events/annual-general-meetings](http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings/).

1. Youth Health Survey (YHS) – the past year included the finalization and piloting of the YHS and its implementation across the province in Grades 7-12 led by the YHS Implementation Team. The 2012 YHS saw the additional of new and enhanced content areas (healthy sexuality, bullying, mental health, sun safety, and substance use and injury prevention) as well as the addition of student codes and a separate survey for school administrators. At the time of the AGM, implementation was 95% complete with 37 school divisions and 434 schools participating. The Knowledge Exchange Working Group is currently preparing for dissemination by creating a strategy and workplan to help partners in moving knowledge to action.



2. Adults Risk Factor Surveillance (ARFS) – over the course of the year this group has seen some membership changes including the addition of two group members from the Public Health and Primary Care Division of Manitoba Health who have offered their expertise and support in planning and implementing an Adult Health Survey (AHS) in Manitoba. The group has been working on a project charter in order to determine what is ideal and feasible in terms of data collection. Discussions have centered around how to generate the sample, what level of data should be collected and what resources are required to implement an AHS. The group has been exploring existing models in order to learn from the work of similar systems. ARFS will continue to look for resources while finalizing methodologies and tools for the collection of the AHS.
3. Youth Excel CLASP – funding for Youth Excel CLASP ended on March 31<sup>st</sup>, 2012 and the team was not successful in obtaining Phase II funding to continue the project. However the project still had many successes including new partnerships and opportunities for peer learning. CLASP announced that it will fund four new projects and PPHL submitted an application for developing and implementing knowledge to action systems within real life contexts. Four communities (including three First Nations) are engaged and if funded, three more communities will be added. Funding will be announced near the end of summer 2013.
4. Data Access Review Panel (DARP) – between 2010 and May 2013 the DARP group gave nine approvals for use of YHS data to a variety of different stakeholders and researchers. The group will continue to review requests for use of the 2009 YHS data while new processes are developed and put in place for use of the 2012 YHS data. A YHS Identifiers Expert Group was formed to discuss the processes and safeguards for implementing student codes associated with the 2012 YHS. This group also discussed guidelines for access and use of this data and included representatives from RHAs, MB Health, Education, Healthy Child MB, MB Centre for Health Policy and CancerCare Manitoba. Discussions are currently underway to develop the guidelines for new Data Access Forms.

## **Knowledge Exchange (KE) Small Group Discussions**

In the afternoon, the chair of the YHS KE Working Group facilitated a session of small group work using sample data from an anonymous YHS Feedback Report. Participants were asked to self-identify into one of the following content areas:

1. Physical activity
2. Healthy Eating
3. Tobacco and Substance Use
4. Mental Health & Bullying
5. Healthy Sexuality

The objective of the session was to look at examples of real life YHS data and discuss the interpretation and use of the data. In particular, participants were asked to discuss the following questions:



- a) Review your content section, look at highlighted results:
  - I. What do these results mean to you?
  - II. What is important about these graph/results?
  - III. What stakeholders need to know about this?
  - IV. What are your next steps? (Be specific!)
- b) What do you **need** to help move this evidence into action? (\$\$, connections, human resource, etc)

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

### **Area 1- Physical Activity**

- Students appear more active than what has been reported elsewhere (e.g., AHK - Active Healthy Kids Canada Report Card)
- Some confusion in terms of definitions of METS (Metabolic Equivalent of Task) and KKD's (Kilocalorie per day), can they be compared to PA (Physical Activity) guidelines (needs to be clarified during Knowledge Exchange activities)
- Students in grades 11-12 drops off, but possibly not as much as pre-K to 12 PEHE (Participatory Efforts for Healthy Environment) policy implementation.
- Present efforts have been targeting all students which are consistent with Dr. Katz's comment regarding focus on population, not just at risk groups.
- Further provincial level analysis may tease out more understanding and Knowledge Exchange fodder (boys vs. girls/ comparison to 2008)

### **Area 2- Healthy Eating**

- Data under discussion is "Daily Drink Consumption"
- Cautions: don't have quantity (i.e., serving size); good choices lumped with bad choices - maybe separate out?
- More kids drink regular pop than diet
- Most popular bad choice - fruit juice then pop then sports drinks
- Never '0' - in 2 times or less maybe have 'never' at provincial level.
- 2/3 of students drink water 3+ times/
- Milk: 40% of students drink milk 3+ times/day
- Stakeholders need to know: How many have access to healthy choices? What is the environment that supports healthy choices? (i.e. health choices in school/ McDonald's across the street)
- Share the good news- milk and water most common choice
- Next steps: conversation with context/cautions
- Very hard to draw conclusions from graph.
- How do we need to ask the questions in future to get the data?
- Opportunities to make healthy eating policy (nutrition policy) more rigid.



### **Area 3- Tobacco and Substance Use**

- Perceptions might not be reality - kids want to quit and could be receptive to interventions.
- 45% already stopped - interesting – experimentation
- Tobacco use - confusing terminology - should be smoking or non-traditional tobacco use.
- Majority quitting or would like to stop smoking
- Positive hope-filled. Would be interesting to learn more about the 45% (I have already stopped)
- Info back to kids for validation and context
- Share with teachers and administrators, chiefs/councils/Metis/locals

### **Area 4- Mental Health & Bullying**

- Data under discussion is “Mental Health Continuum”
- Less than 1/3 of youth is not functioning well psychologically
- This is greater than the Canadian study - reporting feeling sad or hopeless.
- This suggests we need to do something i.e., mental wellness as part of the curriculum (need partnerships w/education and province)
- Stakeholders: guidance/school personnel; parent advisory groups; RHA; province
- Use and incorporate tools/programs in schools
- Address mental well-being on a continuum
- Expand capacity of providers to address mental health and wellness (training; PC; providers ; Vital Sign)

### **Area 5- Healthy Sexuality**

- Re-order info from highest to lowest
- Do we want to know where they ‘prefer’ to get or where do they actually get info?
- Provides info as to which methods/groups to target in terms of support for info.
- Targeting the highest groups (over 30%) with information support
- Parents/caregivers
- Doctors
- Internet - supporting young people in finding accurate info
- Positive message - good news story that young people are going to parents/caregivers
- Multiple sources are used - also a positive message.
- Making sure to cross-pollinate the info between the groups.
- The graph opens conversation
- The graph does not get at the sources in-depth, various kinds of info - are youth going to the same source for STI, BC, puberty & sexuality

## **Delivery Matters: A Discussion on What Makes an Effective Presentation**

Cathy Steven from Health in Common was the final speaker of the day with a look at strategies for giving engaging an audience and giving an effective presentation. Handouts from this are available at <http://partners.healthincommon.ca/meetings-and-events/annual-general-meetings>.



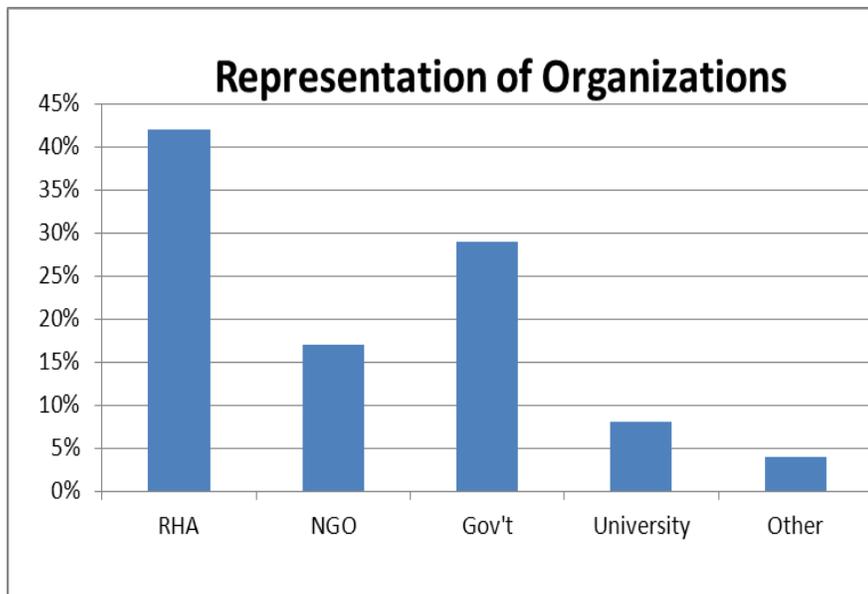
## Next Steps for Partners in Planning for Healthy Living

In her closing comments and wrap-up for the day, incoming PPHL Doreen Fey thanked all participants for their support and expressed her enthusiasm for her upcoming role as PPHL Chair.

### Summary of Symposium Evaluations

At the close of 2013 AGM, participants were asked to complete an evaluation of the event. Twenty four participants submitted an evaluation form which included demographic information as well as questions about the presentations and logistics of the day.

The following graphs show a brief summary of these evaluations:



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

